



## NOTICE OF MEETING

<b>Meeting</b>	Health and Wellbeing Board
<b>Date and Time</b>	Thursday, 9th December, 2021 at 10.00 am
<b>Place</b>	Ashburton Hall, EII Court, Winchester
<b>Enquiries to</b>	members.services@hants.gov.uk

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

## FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website. 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** (Pages 13 - 14)

To receive any announcements the Chairman may wish to make.

**6. STARTING WELL: HAMPSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT** (Pages 15 - 86)

For the Board to consider the Annual Report of the Hampshire Safeguarding Children Partnership for 2020 to 2021.

**7. STARTING WELL: JOINT HIOW CYP MENTAL HEALTH AND EMOTIONAL WELLBEING LTP** (Pages 87 - 134)

For the Board to consider the 2021 refresh of the Hampshire Children and Young People's Mental Health Local Transformation Plan.

**8. STRATEGIC LEADERSHIP: JOINT STRATEGIC NEEDS ASSESSMENT WORKSHOP UPDATE** (Pages 135 - 142)

For the Board to consider the outcomes of the workshop held on the Joint Strategic Needs Assessment since the last meeting.

**9. STRATEGIC LEADERSHIP: HAMPSHIRE INTEGRATION AND BETTER CARE FUND PLAN 2021-22** (Pages 143 - 188)

For the Board to consider recent developments associated with the Hampshire Integration and Better Care Fund Plan.

**10. STARTING, LIVING AND AGEING WELL: HEALTHY WEIGHT STRATEGY** (Pages 189 - 216)

For the Board to consider the Hampshire Healthy Weight Strategy for 2022 to 2026.

**11. FORWARD PLAN** (Pages 217 - 220)

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

**ABOUT THIS AGENDA:**

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

**ABOUT THIS MEETING:**

**The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require**

**wheelchair access, please contact [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk) for assistance.**

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

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# Agenda Item 3

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Thursday, 7th October, 2021

Chairman:

\* Councillor Liz Fairhurst

\* Councillor Roz Chadd

\*Present

## **Co-opted Members**

Dr Barbara Rushton, Simon Bryant, Steve Crocker, Cllr Philip Raffaelli, Tricia Hughes, Julie Amies, Alex Whitfield, Jason Avery, Paul Archer, Councillor Michael Hope, Mary O'Brien and Luke Stubbs

## **1. APOLOGIES FOR ABSENCE**

Apologies were received from:

- Graham Allen, Director of Adults Health and Care (Paul Archer, Deputy Director, attended as substitute)
- Donna Jones, Hampshire Police and Crime Commissioner (Cllr Luke Stubbs, Deputy PCC attended as substitute)
- Ann Smith, Healthwatch (substitute for Healthwatch a vacancy)
- Dr Nicola Decker
- Cllr Anne Crampton (Cllr Michael Hope attended as substitute)
- Ron Shields, Southern Health (apologies also from Paula Anderson the substitute)
- David Radbourne, NHS England (Mary O'Brien attended as substitute)

## **2. DECLARATIONS OF INTEREST**

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

## **3. MINUTES OF PREVIOUS MEETING**

The minutes of the last formal meeting held on 18 March 2021 were reviewed and agreed. It was noted that the meeting held on 1 July 2021 was informal so no minutes were taken.

#### 4. **DEPUTATIONS**

No deputations were received at this meeting.

#### 5. **ELECTION OF VICE CHAIRMAN**

Nominations for Vice Chairman of the Health and Wellbeing Board were invited. Cllr Fairhurst nominated Dr Barbara Rushton, this was seconded by Alex Whitfield.

RESOLVED:

Dr Barbara Rushton appointed Vice Chairman of the Health and Wellbeing Board for 2021/22.

#### 6. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made a number of announcements:

##### Changes in membership

The Chairman welcomed new Members attending the Board for the first time: Cllr Luke Stubbs, Deputy Police & Crime Commissioner for Hampshire Jason Avery, representing Hampshire & Isle of Wight Fire and Rescue Service Cllr Michael Hope from Rushmoor Borough Council

##### Informal Meeting in July

It was reported that an Informal meeting of the Board was held on 1 July 2021. At this session the Director of Public Health gave an update on the Board Survey Response and Actions. Richard Samuel gave an update on the Hampshire and Isle of Wight Integrated Care System. Officers from Adults Health and Care gave an update under the Ageing Well Theme. The Director of Public Health gave updates regarding the refresh of the Joint Strategic Needs Assessment and the Pharmaceutical Needs Assessment, and consideration was given to forward planning topics for future meetings of the Board.

##### Public Health Consultation and Health Impact Assessment

The Chairman announced that following the consultation on public health services, consideration was being given to the responses and proposals would be made to an Executive Member decision day in November. An assessment of the health impact of the proposals would be part of the consideration for the decision.

##### Ethnic Minority Groups and COVID-19 Rapid Health Needs Assessment

It was highlighted that the needs assessment which had been previously circulated highlighted the key health and care needs of the ethnic minority population. The members of the board were asked to review the recommendations and implement in their own organisation. A key action was that we improve recording of ethnicity in patient and client records. The recommendations will be overseen by the Turning the Tide Board and the ICS Prevention and Inequalities board.

### Upcoming Planning Item

The Chairman noted that with the upcoming White Paper on Planning, the December Health and Wellbeing Board agenda would include a very timely conversation around building health into place. Please could Board Members share their views around policy priorities via email so they could be considered and drive the presentation and discussion.

### Board Logo

The Chairman reminded Board Members that they would have received an email from the Board Manager on the 1st of October with mock ups of potential Logos for the Health and Wellbeing Board. Board members were encouraged to give their feedback. The Logo was intended to help increase visibility of the Board.

## 7. **STRATEGIC LEADERSHIP: ICS UPDATE**

The Board considered a report and supporting presentation from representatives of the Hampshire Southampton & Isle of Wight Clinical Commissioning Group and the Frimley Clinical Commissioning Group, providing an update on development of Integrated Care Systems (ICS) for the Hampshire area (see Item 11 in the Minute Book).

The Board heard:

- Recruitment of Chair and Chief Executive for the ICSs were underway
- that the Frimley ICS was the smallest in the country and one of only two that were not co-terminus with the upper tier local authority
- ICS was helping to formalise integration and give higher priority to population level issues like health inequalities and wider determinants of health
- The structures supporting the ICS would not be finalised by April 2022, there would be ongoing work to develop the system

Board members commented:

- The Director of Public Health indicated the Joint Strategic Needs Assessment should be used to inform the ICS work
- The Voluntary Sector representative queried the extent to which the voluntary sector were represented in emerging ICS governance
- The District Councillor representative noted that there had been good involvement of councillors with the Fareham and Gosport Clinical Commissioning Group, but it was proving harder with the larger geography of the ICS
- With some Hampshire residents accessing care from the Frimley ICS, this introduced some complexity and risk around data as the resident cohort may not be the same as the cohort of registered patients

RESOLVED:

That the Hampshire Health and Wellbeing Board:

Receive the report and note the direction of travel and anticipated development work planned for 2021/22.

Work with other key partners to ensure the role of the Health & Wellbeing Board is clearly defined in the emerging governance framework.

## 8. **DYING WELL: THEME DEEP DIVE**

The Board received a report and supporting presentation from representatives of Frimley Integrated Care System (ICS) and Hampshire and Isle of Wight ICS regarding work being undertaken in support of the Joint Health and Wellbeing Strategy Theme 'Dying Well' (see Item 7 in the Minute Book).

The Board heard:

- A Palliative and End of Life Care Group was in place for both the Frimley ICS and the Hampshire & Isle of Wight ICS and links between the two had been established to share learning
- A number of key pieces of work were under development, with a number of initiatives implemented, as detailed within the presentation
- Hospice Collaboratives had been established in both areas, at the early stages of development.
- Frimley had held 'death fairs' which received positive feedback and increased the confidence of attendees in talking about death. H&IOW ICS have sought learning from this process and have developed a BAME pilot model within the PSEH patch with plans to develop a broader programme of death fairs across the ICS
- It was important to encourage conversations at the early stages about death and to ensure these discussions were held more broadly to include the patient, carers, family members etc.

Board Members commented:

- The H&IOW Fire and Rescue Service representative queried the role of employers in supporting employees who had a terminal diagnosis
- The Director of Public Health highlighted support to those that are bereaved especially regarding mental health, and that inequality may influence who isn't 'dying well'
- That a new Board sponsor was needed for this theme
- Ways to measure improvements were recognised as under development pending the work with the SE Regional team around an PEOLC Dashboard e.g. increasing the number of people on an End of Life care pathway
- The Acute Trusts representative highlighted that the Winchester Hospice was now open, and that it would be helpful to see a map of service provision such as hospices to help identify where there may be gaps in coverage. This links with the existing mapping work being completed by the Hospice Collaboratives.
- The Vice Chairman suggested encouraging 'anticipatory care plans' when frailty was identified, so this took place earlier than at the point of a hospital admission

RESOLVED:

The Health and Wellbeing Board:

1. Support the current approach and ongoing development of ICS wide End of Life Care Board/Steering Group, enabling end of life care specialists to come together across the patch to drive, develop and enhance end of life care locally. To enable appropriate representation from health, social care and voluntary organisations.
2. Support the developing partnership between Frimley ICS and HIOW ICS as we work together to share learning in the development of end of life care locally.
3. Acknowledge and agree the ICS priorities and deliverables that have been identified to date around end of life care, noting that the deliverables will be subject to regular review.
4. Agree the outlined approach specifically related to the following workstreams:
  - End of Life Interoperability  
To support the multiple approaches taken across ICS to tackle interoperability, noting due to the complexity of the challenge that successful and effective engagement and delivery requires sufficient planning and development.
  - End of Life Care Dashboard  
To support plans to engage with the South East Regional work underway to review and develop an end of life care dashboard. Noting that whilst this will result in delays in visibility of ICS wide data, a regional approach will ensure consistency and support to tackle complex issues.  
To support discussions with commissioning bodies to outline expectations, supported by Public Health data expertise.

9. **STRATEGIC LEADERSHIP: JSNA PROGRAMME UPDATE AND HIA FINDINGS SUMMARY**

The Board received a report and supporting presentation from the Director of Public Health providing an update on the Joint Strategic Needs Assessment (JSNA) work programme, including a summary of the Hampshire COVID-19 Health Impact Assessment report (see Item 8 in the Minute Book).

The Board heard:

- The Covid 19 Health Impact Assessment had identified that working age women were more likely to be impacted by long covid, and Rushmoor and Basingstoke had a higher impact from the pandemic than other parts of Hampshire. The pandemic had also exacerbated inequality, impacting existing vulnerable groups more
- The Director of Public Health intended to write to Board Members to ask them to confirm how their organisation takes account of the JSNA findings

Board Members commented:

- That further detail unpacking the findings of the JSNA would be appreciated

- That time spent in good health was decreasing even before the pandemic, and this was something as system leaders the Board should be looking at

RESOLVED:

That the Hampshire Health and Wellbeing Board consider and take forward the report findings and recommend areas for organisational and system wide analysis.

That a representative from each organisation represented on the Board be nominated to work together on the JSNA in more detail, to then bring the topic back to a future meeting of the Board for a longer slot.

#### 10. **STRATEGIC LEADERSHIP: UPDATED BUSINESS PLAN**

The Board received a report and presentation from the Director of Public Health regarding the current priority areas for each of the themes within the Health and Wellbeing Board Business Plan (see Item 9 in the Minute Book).

RESOLVED:

That the Hampshire Health and Wellbeing Board agree to take forward actions outlined in each of the theme areas in the presentation.

#### 11. **STARTING, LIVING, AND AGEING WELL: PHYSICAL ACTIVITY STRATEGY**

The Board received a report from the Chief Executive of the charity 'Energise Me' regarding the recently published "We Can Be Active Physical Activity Strategy" (see Item 10 in the Minute Book).

The Board heard:

- That there were opportunities at every contact to raise peoples awareness of the benefits of physical activity
- The development of the strategy had included reaching out to people who were inactive to understand what the barriers are
- Examples were provided on the Energise Me website of people who had been inactive who had become active
- The strategy was simplified compared to previous similar documents. The Board now needed to consider how to link the strategy to other work streams

Board Members commented:

- The Director of Public Health offered to work with the Voluntary Sector representative on a delivery plan and bring it back to the Board
- It was important to make being physically active easy to do, and therefore to build in physical activity to planning and infrastructure

RESOLVED:

That the Hampshire Health and Wellbeing Board:

Adopts the We Can Be Active Physical Activity Strategy for inclusion in the Health and Wellbeing Strategy.

Led by the project sponsors, facilitate action planning sessions with relevant people and organisations for the starting well, living well and ageing well chapters of the health and wellbeing strategy. These actions to be integrated into the Board's business plan.

12. **FORWARD PLAN FOR FUTURE MEETINGS**

The Board considered the Forward Plan for future items to be considered by the Board (see Item 12 in the Minute Book).

RESOLVED:

The Forward Plan was noted.

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Chairman,

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Hampshire Health and Wellbeing Board
<b>Date:</b>	09 December 2021
<b>Title:</b>	Hampshire Safeguarding Children Partnership (HSCP) Annual Report 2020/21
<b>Report From:</b>	Derek Benson, Independent Chair, HSCB

**Contact name:** Tim Sandle, Strategic Partnerships Manager

**Tel:** 03707790448

**Email:** tim.sandle@hants.gov.uk

#### Purpose of this Report

1. The Hampshire Safeguarding Children Partnership (HSCP) [Annual Report](#) covers the reporting period 1 April 2020 to 31 March 2021. The Annual Report provides an assessment of the effectiveness of agencies across Hampshire to safeguard and promote the welfare of children, set against a comprehensive analysis of the local safeguarding context in line with responsibilities under Working Together to Safeguard Children 2018. The Annual Report contains a summary of the work undertaken to deliver the HSCP's Business Plan and outlines the priorities over the next year.

#### Recommendation

2. **The Health and Wellbeing Board is asked to note the content of this report.**

#### Executive Summary

3. The Health and Wellbeing Board is asked to note that safeguarding and well-being of children across Hampshire has remained at the forefront of HSCP work, with a continued commitment to protecting children demonstrated across the partnership during the COVID –19 Pandemic.
4. HSCP agencies and their workforces continue to make positive progress in many areas of child protection. This includes maintaining robust and integrated front-line services in conjunction with the Children's Services partnership with Hampshire.

- 5 The Annual Report reflects the HSCP vision and partnership approach:
- Child-focussed leadership which is effective and ambitious across the partnership.
  - Agencies that understand their roles and actively engage in multi-agency safeguarding arrangements.
  - An environment in which multi-agency practice can flourish.
  - Effective information sharing systems which professionals are confident and knowledgeable about.
  - Strong support and healthy challenge within the multi-agency system.
  - Creating a culture of continuous improvement and learning.

### **Contextual Information**

- 6 Safeguarding remains a firm priority for all partner agencies, demonstrated by consistently good levels of attendance, effective engagement in subgroups, and a strong culture of constructive challenge and debate. Multi-agency work within the HSCP's groups and subgroups continue to promote work to drive a range of improvements to both the safety and welfare of children and young people.
- 7 The Hampshire statutory safeguarding partners for the Isle of Wight, Portsmouth, and Southampton known locally as 'HIPS' continue to collaborate over the wider geographical area. This benefits professionals working across more than one of the local authority areas, ensuring greater joined-up working on strategic issues and common themes.
- 8 The HSCP Business Plan informs the basis of the partnership's work. The Business Plan sets out the strategic commitment of the partnership to embed good practice making its vision a reality. Performance is measured against the HSCP Business Plan's outcome measures and is reported to the Business Group and Main Board which includes the statutory safeguarding partners and executive.
- 9 The Business Plan and work programme is developed in partnership with all agencies, drives a range of improvements to both the safety and the welfare of children. The priorities remain flexible for the duration of the Business Plan, and the detail will be set out in specific work plans of the subgroups and task and finish groups. The HSCP reviewed its Business Plan and priorities at a development day in January 2021 with a review in August, the next development day review is scheduled for January 2022.
- 10 Themed priorities for 2021-22 include:
1. Safeguarding adolescents in the home and the community (linking with contextual safeguarding).
  2. Neglect.
  3. Child sexual abuse (including interfamilial abuse).
  4. Improving collaboration between children and adult service providers (The Family Approach).

5. Mental health and emotional wellbeing.

11 Part A of the HSCP Business Plan contains long-term strategic objectives spanning the period 2020-2023. These objectives cover complex areas of children's safeguarding which require a deeper collective understanding to inform a targeted and coordinated partnership response. The strategic objectives will remain the same for the three-year period of the plan but the activities that sit underneath them need to be reviewed and refreshed annually.

12 **Part A Strategic Objective Safeguarding Adolescents**  
A task and finish group has developed an Adolescent Safeguarding Strategy and practice tools and materials on safeguarding themes to support the strategy. The Strategy will be launched on 9 December 2021.

Actions Taken:

- Audit and surveys undertaken, and results used to evidence understanding of the range of complex and interrelated risks that impact adolescents.
- Safeguarding Adolescents Strategy drafted.
- Safeguarding Adolescents Toolkit materials for Professionals drafted.

Areas for further development in 2021/22:

- Adolescent Strategy and Toolkit to be launched 9<sup>th</sup> December 2021.
- Transitions Group set up across four Safeguarding Adults Board ( areas will inform the strategy and toolkit.
- Training needs and workforce development programme developed.

13 **Part A Strategic Objective Responding to Neglect.**  
The HSCP and Isle of Wight Safeguarding Children Partnership (IOWSCP) jointly revised the Neglect Strategy and toolkit which was relaunched in February 2021. There is a plan to audit, evaluate and measure the impact of the Neglect Strategy, Toolkit and Training Offer in 2022 /23.

Actions Taken:

- Joint HSCP and IOWSCP Task and Finish group re-established to review and update the Neglect Strategy and Toolkit.
- Strategy Review work completed.
- Neglect Strategy and Toolkit re launched in February 2021 with additional materials included.
- Training offer revised to include scenario-based activities.

Areas for further development in 2021/22

- Once the new materials and training are embedded, they will be evaluated in terms of impact on practice.

14 Part B of the HSCP Business Plan contains several shorter-term activities, typically covering a reporting year. This part of the Business Plan will be refreshed annually with new activities identified when appropriate. These should be identified from the Partnership's existing scrutiny and learning review programmes and support the HSCP's statutory functions.

15 **Part B Strategic Objective: Evaluate the impact of HSCP initiatives and programmes.**

Actions 2020/21

In partnership with the Hampshire Safeguarding Adults Board, evaluate the local response to the HIPS and 4LSAB Family Approach protocol and toolkit.

In collaboration with the other HIPS LSCPs, launch the Lurking Trolls online safety campaign aimed at primary school aged children. Lurking Trolls was launched in July 2021.

Proposed 2021-22

Continue with the same Strategic Objective and Outcome, changing actions to:

- In collaboration with the other HIPS LSCPs, evaluate the impact of the Lurking Trolls online safety campaign.
- HSCP to evaluate the understanding and application of the updated Unborn Baby Protocol post implementation in March 2021.
- Continue to embed the Hampshire 'Every Sleep Counts' program and conduct an evaluation by the end of the reporting period.

The Lurking Trolls evaluation is being undertaken by Portsmouth LSCP. The unborn baby Protocol evaluation is currently being undertaken by a Health Task and Finish Group.

The Every Sleep Counts program continues to be embedded within services with additional organisations rolling out work within their agency. HSCP offers virtual training on the program as well as incorporating it into other relevant sessions such as safeguarding infants and learning from Local Child Safeguarding Practice Reviews. A combined audit on safeguarding infants is being planned which will include the evaluation of the Every Sleep Counts program.

16 **Part B Strategic Objective: Improved and effective dissemination of and communication channels across HSCP safeguarding partners and relevant agencies.**

Actions Taken:

- HSCP published its Learning and [Learning and Improvement Framework](#)
- HSCP to develop and publish a Communications Strategy outlining use of social media and how information and initiatives will be shared with agencies and front-line professionals in Hampshire.
- HSCP to work with Communications Colleagues in partner agencies to develop communications plans for core initiatives and key information dissemination to professionals.

- HSCP member agencies to incorporate learning from HSCP activity into messages and policy for their workforce.

Proposed 2021-22

Continue with the same objective and outcomes with more onus on partner agencies to provide evidence of impact.

Areas for further development in 2021/22

- HSCP member agencies to evidence how they have incorporated learning from HSCP activity into messages and policy for their workforce and report on the impact to the HSCP.

Communication of HSCP activities is included in the S11 audit. Information on specific initiatives is also included in other audits and evaluations of programmes undertaken by the HSCP.

17 **Part B Strategic Objective 2020/21: Understanding the safeguarding risks for children who are excluded from education and/or receiving reduced hours provision (not in full-time education).**

Outcomes

- For HSCP members to maintain regular oversight and develop a greater understanding of children in Hampshire who are excluded from education (both fixed term and permanently) and those on reduced hours provision.
- HSCP members to agree where further partnership working is needed to ensure these children are not at greater risk of becoming vulnerable to exploitation or exposure to crime or to other forms of Adverse Childhood Experience (ACEs).

18 **Part B Strategic Objective 2020/21: Child Sexual Abuse Strategy**

To be undertaken in partnership with the Isle of Wight SCP.

Outcomes

The HSCP and IOWSCP produce a child sexual abuse strategy that addresses identification, intervention and prevention of child sexual abuse.

Staff in HSCP and IOWSCP agencies are support in their work via provision of:

- Multi-agency training and awareness raising on child sexual abuse specifically,
- Direct work tools specifically developed to help children speak to trusted people about sexual abuse.

This is now a HIPS group. Small working groups have been established to develop chapters of the strategy. A toolkit will be developed upon completion.

Proposed 2021-22

The established joint HSCP and IOWSCP Task and Finish Group will:

- Develop a HSCP and IOWSCP Child Sexual Abuse Strategy.
- Collate examples of good practice and establish how this can be shared across agencies.
- Utilise collated responses and learning to influence and develop tools, training and support.
- Incorporate learning from national and local Child Safeguarding practice reviews.

#### 19 **Part B Strategic Objective 2020-21: Child Exploitation Review**

Outcomes

Assurance that staff in agencies across the partnership are:

- identifying children at risk of exploitation.
- coordinating services to intervene, support and protect children and their families from harm.
- effectively sharing intelligence and information
- that partners are engaging with the child's extra familial contexts.
- the voice of child and their family/ carers are heard and responded to.
- engaging in ethical decision making.

#### 20 **Part B Strategic Objectives 2021-22**

The established multi-agency review group will complete phase 2 which includes:

- Review of the roll out of the new CERAF (and mini CERAF for health settings).
- Review and coordinate implementation the of the Hampshire delivery plan to aid reporting to the Safeguarding Partners and HIPS Child Exploitation Group.
- Revisit audit outcomes identified in phase one and review implementation and evidence of impact.
- A Hampshire group has now been established to implement the Delivery Plan.

### **Conclusions**

- 21 The multi-agency partnership in Hampshire is mature, robust and effective, with a clear commitment from senior leaders to review and improve ways of working, building on strengths within the strong partnership relationships that exist. Members of the partnership hold a strategic role within their organisations and can speak with authority, commit to matters of policy, and hold their organisation to account.



- 22 Safeguarding has remained a firm priority for all partner agencies since the HSCP inception in 2019 demonstrated by consistently good levels of attendance, effective engagement in subgroups, and a strong culture of constructive challenge and debate.
- 23 Despite the challenges of the COVID 19 pandemic the partners adapted quickly to the national situation, responding effectively to local need and risk. Strong strategic leadership ensured rapid and decisive action to safeguard Hampshire's children and young people at risk of harm or abuse and ensured access to the most appropriate support services to keep them safe. Hampshire schools and early years settings remained open during the reporting period ensuring that rates of attendance for Hampshire children were among the highest in the country and that a professional gaze remained for the county's most vulnerable children.
- 24 Key to the HSCP's success has been a focus on the different safeguarding contexts that exist across Hampshire, with emphasis being placed on children and young people being safeguarded in their lives at home, in their friendship circles, in health, in education and in the public spaces that they occupy both offline and online.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
<a href="#">Hampshire Safeguarding Children Partnership Annual Report</a>	December 2020
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

### **2. Equalities Impact Assessment:**

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

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# Hampshire Safeguarding Children Partnership Annual Report 2020-21

# Foreword - Safeguarding Partners

Welcome to the Annual Report of the Hampshire Safeguarding Children Partnership (HSCP). This report covers the period April 2020 to March 2021.

The HSCP operates in accordance with the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018 statutory guidance. The HSCP provides the safeguarding arrangements under which the safeguarding partners and relevant agencies work together to coordinate their safeguarding services, identify and respond to the needs of children in Hampshire, commission and publish Local Child Safeguarding Practice Reviews, and provide scrutiny to ensure the effectiveness of the arrangements.

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

At the heart of these arrangements is a commitment from us, as safeguarding partners, to work together effectively, encourage constructive challenge where needed, and to foster a culture of professional curiosity and continual learning to drive improvement.

The challenges brought about by the past year and the COVID-19 pandemic, have further emphasised the benefits we can derive from proactive collaborative partnership working. We are extremely proud of the way our partners responded to the pandemic and how quickly they adapted to ensure Hampshire's children continued to have their safeguarding needs prioritised. As we move towards a period of recovery, we recognise the vital role the HSCP will play in coordinating a response that places best outcomes for children and families at its centre.

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



**Louise Spencer**  
*Interim Executive Director of Quality & Nursing*  
**Hampshire, Southampton & Isle of Wight**  
**Clinical Commissioning Group (CCG)**



**Hampshire, Southampton and**  
**Isle of Wight**  
**Clinical Commissioning Group**

**Rachel Farrell**  
*Chief Superintendent*  
**Hampshire Constabulary**





# Welcome from Derek Benson, Independent Scrutineer



It is my pleasure to welcome you to the HSCP's Annual Report for 2020/2021, which covers the performance year to the 31 March 2021.

Whilst the year has undoubtedly been dominated by the COVID 19 pandemic and the unique challenges this has presented, day to day safeguarding issues and the wellbeing of children and young people have remained at the forefront of our minds and efforts. Colleagues from across the partnership, led by the local authority, the police and health in their role as the safeguarding partners, came together to respond to these new challenges whilst maintaining essential service provision with energy, innovation, and a collective determination to protect some of the most vulnerable members of our communities.

In my role as the Independent Chair and Scrutineer, I saw first-hand a fierce commitment to safeguarding; sharing timely and relevant information, agreeing priorities, maintaining a necessary line of sight, and taking effective action. We have learned many important lessons and will continue to work together to address areas where we can improve; tackling neglect, identifying at the earliest opportunity those in need of help, and making sure children and families are at the heart of everything we do. The safeguarding partners were visible and active in their respective and joint roles throughout 2020/21 maintaining an effective line of sight to our most vulnerable children, and the HSCP remains committed to the children and young people of Hampshire.

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Hampshire  
**Safe**guarding  
**Children**  
Partnership

**Derek Benson**  
**Independent Chair**  
**Hampshire Safeguarding Children Partnership**

A handwritten signature in black ink, appearing to read 'Derek Benson'.

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Hampshire  
**Safe**guarding  
**Children**  
Partnership







# About the Annual Report

# Introduction

The Hampshire Safeguarding Children Partnership (HSCP) publishes an Annual Report as part of its statutory responsibilities under [Working Together to Safeguard Children 2018](#).

The Annual Report details the Partnership's achievements collected from the activity of the subgroups, training evaluations, learning from Local Child Safeguarding Practice Reviews and audits, and single agency audits, as well as assurance and monitoring activities.

The Annual Report reaffirms the Partnership's commitment to working collaboratively across diverse organisational boundaries. Working in partnership with other public sector bodies and voluntary and community sector organisations, HSCP seeks to cultivate inter-professional communication

and cooperation to safeguard, promote and improve the welfare and outcomes for children and families. The HSCP's vision is to protect children from harm, shield them from the risk of being harmed and support their recovery after experiencing harmful situations. Drawing on the reflective, proactive and innovative practice of the children's workforce across Hampshire, the HSCP continues to develop and improve services through effective safeguarding, learning and development.

The Annual Report identifies how effective multi-agency safeguarding arrangements have promoted safeguarding for Hampshire's children with a focus on impact, evidence, assurance and learning, as agreed by the HSCP and scrutinised by the Independent Chair.





# The Independent Chair

## The Independent Chair

The role of the Independent Chair is to provide critical challenge and to seek assurance when judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of children in Hampshire, including arrangements to identify and review serious child safeguarding cases. The independent chair is:

- **objective**
- **acts as a constructive critical friend**
- **promotes reflection to drive continuous improvement.**

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## The Independent Chair's Functions in 2020/21:

1. Acted as chair for the HSCP Main Board and other meetings, including the Section 11 Panel, and worked closely with the three safeguarding partners (who hold statutory responsibilities for the coordination of multi-agency working). In addition, the chair maintained oversight of the subgroups' workplans and monitored engagement and progression.
2. Scrutinised whether the three safeguarding partners were fulfilling their statutory obligations and acted as a critical friend to inspect performance management, support audits and ensure quality assurance mechanisms were effective.
3. Supported and encouraged an open culture of mutual and constructive challenge and arbitrated any resultant professional disagreements between the three statutory safeguarding partners.
4. Worked with the statutory partners in examining progress and measured impact and outcomes through monitoring and reviewing the HSCP Business Plan.
5. Supported the three safeguarding partners in their responsibility to identify and measure success and impact, and thereby ensured that arrangements had a positive impact on the lives of children.



# The Strategic Leadership Group

This consists of:

- **Hampshire County Council's Children's Services**
- **Hampshire Constabulary**
- **Hampshire, Southampton and Isle of Wight Clinical Commissioning Group** (*which replaced West Hampshire CCG on 01 April 2021*)

Acting as a strategic leadership group the three lead safeguarding partners oversee the HSCP.

Members of the partnership hold a strategic role within their organisations and can speak with authority, commit to matters of policy, and hold their organisation to account. All three lead safeguarding partners have equal and joint responsibility for local safeguarding arrangements. Scrutiny of the effectiveness of the safeguarding arrangements is undertaken by the Independent Chair representing the partnership.

The multi-agency partnership in Hampshire is mature, robust and effective, with a clear commitment from senior leaders to review and improve ways of working, building on strengths within the strong partnership relationships that exist.

Despite the challenges of the COVID-19 pandemic, the partners adapted quickly to the national situation, responding effectively to local need and risk. Strong strategic leadership ensured rapid and decisive action to safeguard Hampshire's children and young people at risk of harm or abuse and ensured access to the most appropriate support services to keep them safe. Hampshire schools and early years settings remained open during the reporting period ensuring that rates of attendance for Hampshire children were among the highest in the country and that a professional gaze remained for the county's most vulnerable children.

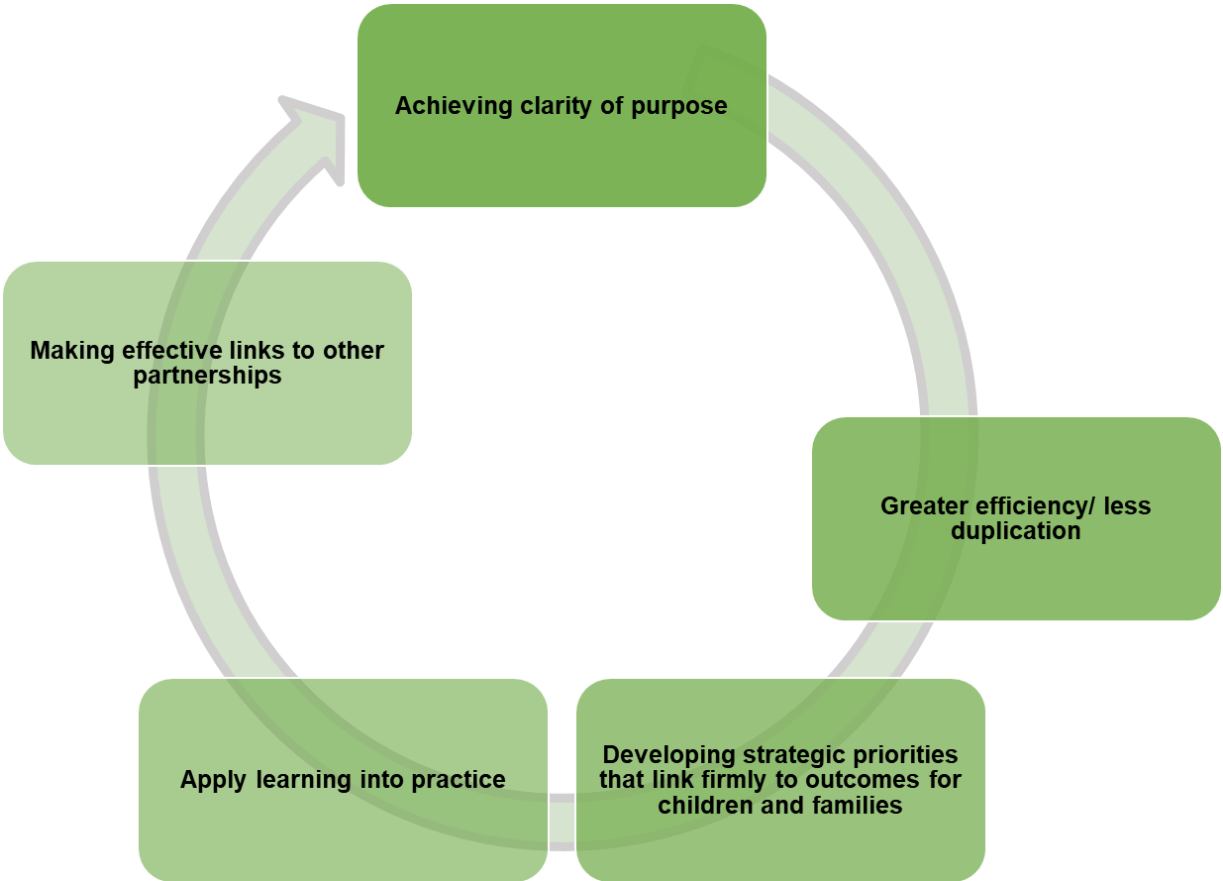
This Annual Report's findings provide evidence that safeguarding remained a firm priority for all partner agencies during 2020/21, demonstrated by consistently high levels of attendance, effective engagement in subgroups, and a strong culture of constructive challenge and debate. Key to the HSCP's success has been a focus on the different safeguarding contexts that exist across Hampshire, with emphasis being placed on children and young people being safeguarded in their lives at home, in their friendship circles, in health, in education and in the public spaces that they occupy both offline and online.



# The Hampshire, Isle of Wight, Southampton, and Portsmouth (HIPS) Partnership

The HSCP works in partnership with the statutory safeguarding partners for the Isle of Wight, Portsmouth and Southampton, known locally as 'HIPS'. It is acknowledged that for many agencies and professionals who work across more than one of the local authority geographical areas, the HIPS partnership provides greater joined-up working on strategic issues and common themes. Given that each local area was keen to retain some degree of distinct local arrangements, partners agreed to form the Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) Executive Group, supported by four subgroups, to work alongside the four local partnerships.

### Benefits to all four areas:



# The Hampshire, Isle of Wight, Southampton, and Portsmouth (HIPS)

**The HIPS Executive:** The HIPS Executive membership consists of the lead safeguarding partners across Hampshire, Isle of Wight, Portsmouth and Southampton plus the Independent Chair. The role of the HIPS Executive Group is to provide strategic direction, identify shared safeguarding priorities and opportunities and coordinate safeguarding activity across the four HIPS areas.

**Health Group** – coordinates health sector safeguarding business across the HIPS area. It takes the lead on the promotion and implementation of any best practice and learning for the health sector.

**Child Exploitation Group** – identifies risks requiring strategic intervention. The Group supports the development of a shared understanding of the threat and response to child exploitation, including patterns of activity that may reflect the organised exploitation of children. Operational requirements are managed through existing local structures to drive forward a collective response to child exploitation through a tasking system that maximises the specialist skills and experience of staff across the HIPS area. Vulnerabilities and risks associated with children who go missing are understood and incorporated within a consistent and robust multi-agency response.

**Policies and Procedures Group** – develops all common multi-agency policies and procedures that inform single agency policy and practice across the HIPS area.

**Child Death Overview Panel** – performs the functions outlined in Working Together 2018.

The key functions of the Child Death Overview Panel (CDOP) are to:

- Review all child deaths, excluding those babies who are stillborn and planned terminations of pregnancy carried out within the law.
- Determine whether the death was preventable (if there were modifiable factors which may have contributed to the death).
- Decide what, if any, actions could be taken to prevent such deaths happening in the future.
- Identify patterns or trends in local data and report these to the Safeguarding Partnerships.
- Refer cases to the Safeguarding Partnership chairs where there is suspicion that neglect, or abuse may have been a factor in the child's death. In such cases a Serious Case Review (SCR) may be required.



# Review of Safeguarding Arrangements

- The HSCP [Local Safeguarding Arrangements](#) provide details about how support services are arranged to meet the needs of Hampshire’s children and families, whilst seeking to continually improve services so that even better levels of support and assistance can be offered in the future.
- Other relevant agencies listed in the Annual Report as specified in [The Child Safeguarding Practice Review and Relevant Agency \(England\) Regulations 2018](#) provide support with the implementation of local and national learning, including learning from serious safeguarding incidents.
- All partner agencies are committed to ensuring the effective operation of the HSCP, supported by Local Safeguarding Arrangements that define the fundamental principles through which the HSCP is governed.



# The HSCP Business Plan

The HSCP Business Plan informs the basis of the partnership's work for 2020-2023. The Business Plan sets out the strategic commitment of the partnership to embed good practice making its vision a reality. The HSCP acknowledge that, for services to be effective, they should be based on a clear understanding of the needs and views of children and their families.

Multi-agency work within the HSCP groups and subgroups promotes work to drive a range of improvements to both the safety and welfare of children and young people and to reduce risk factors while increasing protective barriers. Partnership membership extends across several working groups to provide continuity.

The Business Plan also aims to ensure that the Partnership continues to oversee and advance improvements in its core business. Additionally, it will seek to ensure that an overview of safeguarding issues that affect a smaller number of children and young people are maintained.

The Business Plan and work programme developed in partnership with all agencies continued to progress a range of improvements to both the safety and welfare of children and young people during the reporting period 2020/21. The priorities remain flexible for the duration of the Business Plan, and the detail will be set out in specific work plans of the subgroups and task and finish groups. The HSCP reviewed its Business

Plan and priorities at a development day in January 2021. It agreed a revision of its thematic work, to better respond to local and national areas of safeguarding need and subsequently developed its 2021-22 Business Plan.

## THEMED PRIORITIES FOR 2021—2022

Safeguarding Adolescents in the Home and in the Community (linking to Contextual Safeguarding)

Neglect

Child Sex Abuse (including Interfamilial Abuse)

Improving Collaboration between Children and Adult Service Providers (The Family Approach)

Mental Health and Emotional Wellbeing



# Funding Arrangements

Working Together 2018 states that the three safeguarding partners should agree the level of funding secured from each partner (which should be equitable and proportionate), and any contributions from each relevant agency, to support the local arrangements. Hampshire County Council, West Hampshire Clinical Commissioning Group and the Hampshire Constabulary contribute £258,306 towards the total HSCP cost of £291,864.

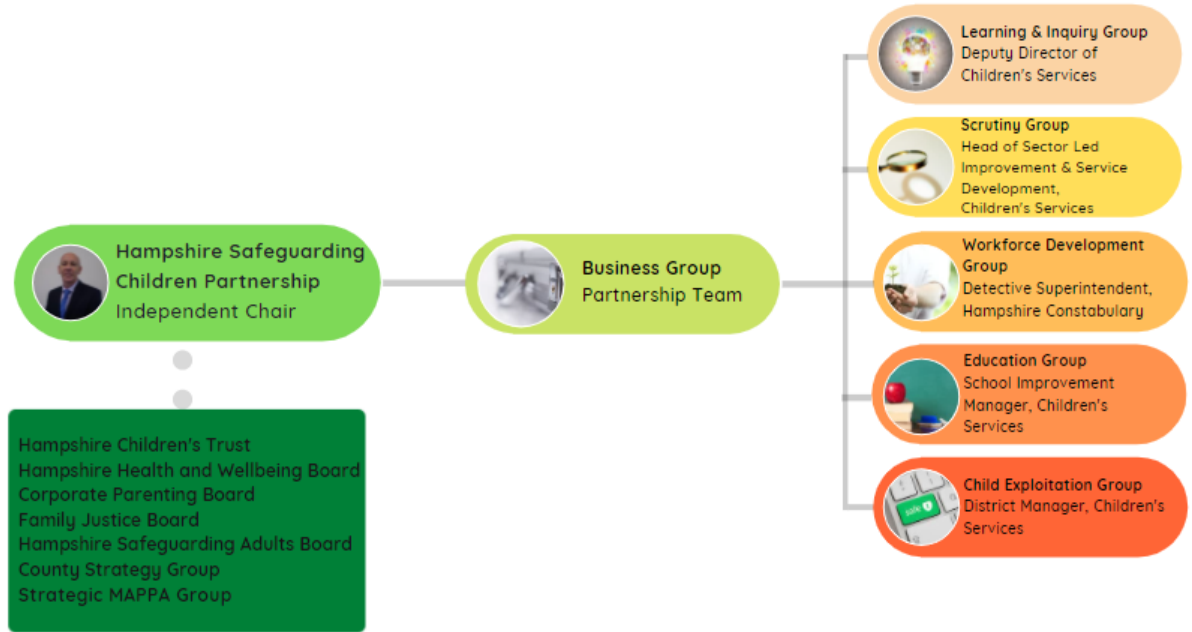
The current funding arrangements also comprise of contributions by partner organisations. Partner agencies continued to contribute to the HSCP budget for 2020-21, in addition to providing a variety of resources, such as staff time for training. The funding arrangements are regularly reviewed by the three lead safeguarding partners. Accommodation, legal and communications services are provided by Hampshire County Council.

The financial challenge for many frontline services across the safeguarding partnership is one of increasing demand, with reducing income from central government. The HSCP statutory and non-statutory partners have expressed their

commitment to cross-agency support and continued to demonstrate a shared responsibility to safeguarding during 2020-21 ensuring that Hampshire's innovative and rigorous partnership is sustained. Although the HSCP local statutory safeguarding partners do not make equal funding contributions, they do make an equal and proportionate resource contribution in partnership time, demonstrated by high levels of attendance and effective engagement in subgroups. These groups ensure that the Partnership really makes a difference to local practice and to the outcomes for Hampshire's children and young people. Each subgroup has a clear remit and a transparent mechanism for reporting to the HSCP, and each subgroup's terms of reference and membership are reviewed annually.

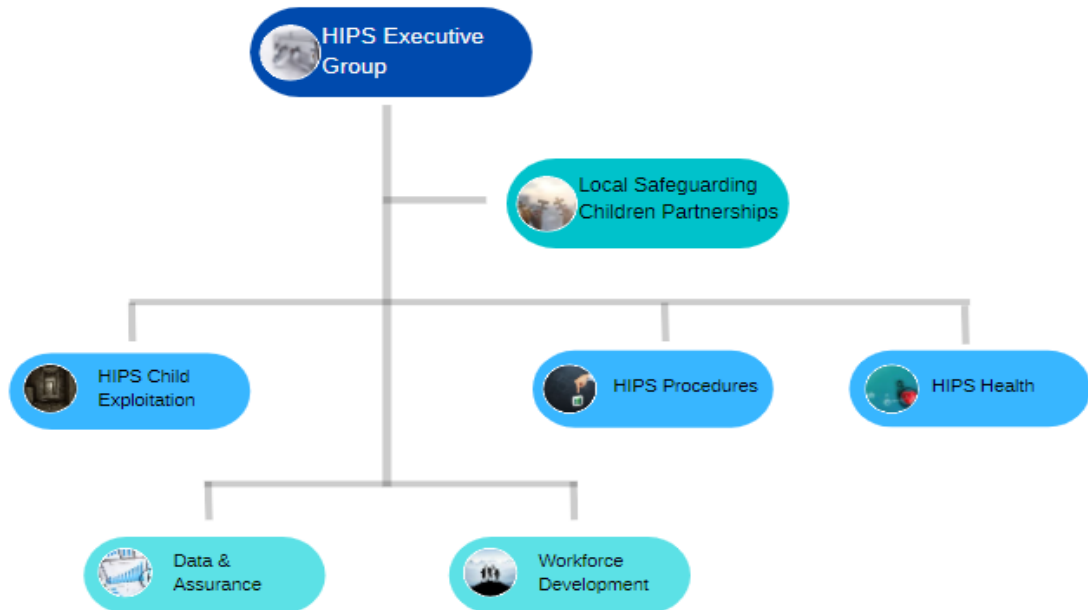


# HSCP Structure



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# HIPS Structure



# Links to Other Partnerships

The HSCP has formal links with other Hampshire and pan-Hampshire strategic partnerships, namely the Health and Well-being Board:

HIPS Child Death Overview Panel

Community Safety Partnership

Hampshire Safeguarding Adults Board

Domestic Abuse Partnership Board

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Prevent Partnership Board

Police and Crime Commissioner

Hampshire County Council Corporate Parenting Board

Violent Reduction Unit

Hampshire Community Safety Strategy Group

Neighbouring Safeguarding Children and Adult Partnership Chairs and Government Inspection Bodies

# Reporting and Scrutiny Partnership Structure and Subgroups

Scrutiny and reporting processes include a regular review of the performance and impact of the HSCP. Performance is measured against the HSCP Business Plan's outcome measures and is reported to the Business Group and Main Board which includes the statutory safeguarding partners and executive.

The statutory partners are responsible for appointing an Independent Chair. The Independent Chair meets with the statutory safeguarding partners four times a year to review the effectiveness of the arrangements and the impact of the HSCP. The safeguarding partners are further held to account

by the multi-agency Scrutiny Group.

The HSCP continue to strengthen the governance interface between the HSCP and other key strategic forums, subgroups, and their chairs, maintain the HSCP Learning and Improvement Framework, scrutinise and challenge performance, identify, disseminate and embed lessons, engage with Hampshire's children, young people and their families and evaluate the impact on outcomes.

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# Voice of the Child

The HSCP strongly believes that children and young people should have a say when decisions are made which may affect them. It also believes that children and young people should have the means and opportunities to be able to raise issues which are important to them, and be assured that they will be listened to. By doing so, this should create a stronger child protection system that is more responsive to the needs of Hampshire's most vulnerable children.

The HSCP ensures that children and young people are appropriately involved in the governance and decision making of the Partnership. The HSCP also challenges and holds partnership members to account on their engagement and involvement of children and young people within their own agencies, including through the Section 11 audit process.

The HSCP has continued to request that agencies consider how the voice of the child has impacted on their specific area of work. These contributions have provided a rich evidence base of how services are responding to children's voices in the day-to-day delivery of services and in longer-term strategic work.





# Work Across the Partnership

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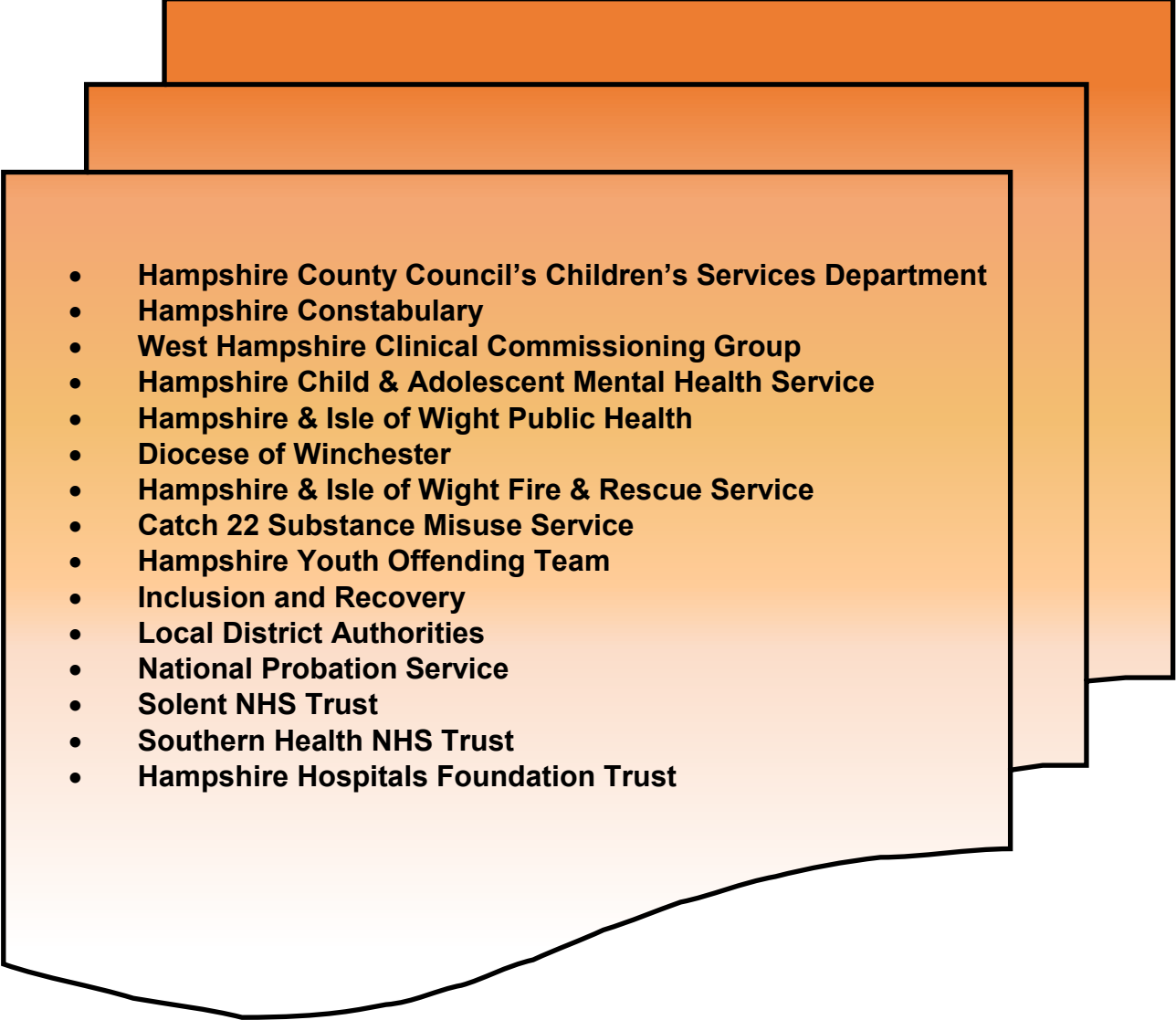
# Introduction

The safeguarding leads and wider safeguarding partners within their agencies are active members of the Hampshire Safeguarding Children Partnership (HSCP) groups and subgroups.

Safeguarding leads from the wider safeguarding partners have been involved in producing information, guidance and toolkits that have been made available through the HSCP.

This has led to a positive impact on the organisational understanding and awareness of key safeguarding themes across the children's workforce in Hampshire.

*The following agencies have submitted evidence of the impact of the collective work of the wider safeguarding partners within the reporting period April 2020 - March 2021:*

- 
- Hampshire County Council's Children's Services Department
  - Hampshire Constabulary
  - West Hampshire Clinical Commissioning Group
  - Hampshire Child & Adolescent Mental Health Service
  - Hampshire & Isle of Wight Public Health
  - Diocese of Winchester
  - Hampshire & Isle of Wight Fire & Rescue Service
  - Catch 22 Substance Misuse Service
  - Hampshire Youth Offending Team
  - Inclusion and Recovery
  - Local District Authorities
  - National Probation Service
  - Solent NHS Trust
  - Southern Health NHS Trust
  - Hampshire Hospitals Foundation Trust

# Effective Safeguarding of Unborn and Newborn Babies

Staff from the health service, with support from staff across the children's workforce contributed to the development of the updated **Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) Unborn Baby Protocol**, launched in March 2021. The updated Protocol has been delivered to staff across the partnership. Social care staff have adopted a new approach ensuring cases remain open where required and working with babies and their families referred under the Unborn Baby Protocol, which promotes the need for additional support to be made available to unborn and newborn babies.

**Hampshire & Isle of Wight (HIOW) Public Health** also played a key role in analysing and interpreting the Unborn Baby Protocol audit and in informing how the review of the Unborn Baby Protocol could ensure effective guidance was available to practitioners. HIOW Public Health were involved in the launch of the updated Unborn Baby Protocol in March 2021 to help raise awareness across the partnership (including working in partnership with the commissioned Public Health Nursing Services).



**Public Health's** contribution to the review of the Unborn Baby Protocol has provided assurance that the new Protocol will be more effective for safeguarding unborn and newborn babies. The Public Health commissioners of services (the Public Health Nursing Services) have then been able to ensure awareness and implementation through the usual contractual routes.

Practitioners in **Hampshire Hospitals Foundation Trust (HHFT)** Safeguarding Children Team were members of all three working groups updating the HIPS Unborn Baby Protocol; the named nurse for safeguarding children took the lead in the development of the risk assessment within the Protocol.

The Protocol has been shared with all maternity colleagues and forms part of the Maternity Safeguarding Children Training. It is recorded when the Protocol is referred to in safeguarding supervision. The HHFT Maternity Safeguarding Children Guidelines include local pathways which mirror the Protocol. The Protocol also formed part of the HHFT Safeguarding Children Forum agenda with a virtual tour of the tool.

Named nurses and members of the safeguarding team from **Southern Health NHS Trust** were members of all the Unborn Baby Protocol subgroups. Following the launch, the Protocol was circulated across the organisation including the development of a 'learner set' for staff and a Trust wide communication strategy to highlight the use of the Unborn Baby Protocol. Multi-agency training to identify increased risk of domestic abuse during pregnancy includes reference to the Unborn Baby Protocol.



# Effective Safeguarding of Unborn and Newborn Babies



# Protocol

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Senior managers from **Hampshire Children's Services** have, throughout the year, developed and delivered several webinars on the Unborn Baby Protocol, Safer Sleep, Baby Bruising Protocol, Unidentified Adults, and Disguised Compliance, as well as identifying the training requirements for children's social care arising from individual case reviews.

**The National Probation Service (NPS)** have engaged with HSCP objectives, specifically around the Unborn Baby Protocol and the changes around expectations of Children's Services involvement when the baby is born, which has been disseminated to staff. The NPS is aware and up to date on the HSCP Business Plan objectives and is committed to supporting their delivery within their organisation.

The launch of the revised Unborn Baby Protocol has raised awareness across Hampshire's children's workforce and ensured that unborn and new-born babies' vulnerabilities are fully understood and responded to in a multi-agency approach. **The embedding of the Protocol is evidenced in increased referrals to the Multi-Agency Safeguarding Hub (MASH) where the Unborn Baby Protocol has been referenced.**

# Child Health and Wellbeing: Supporting Parental Understanding

**Southern Health NHS Trust** have blended the HSCP and Hampshire Adult Safeguarding Board (HASB) policies into one 'Safeguarding Family Approach Policy' with contributions from members of the Southern Health Safeguarding Forum.

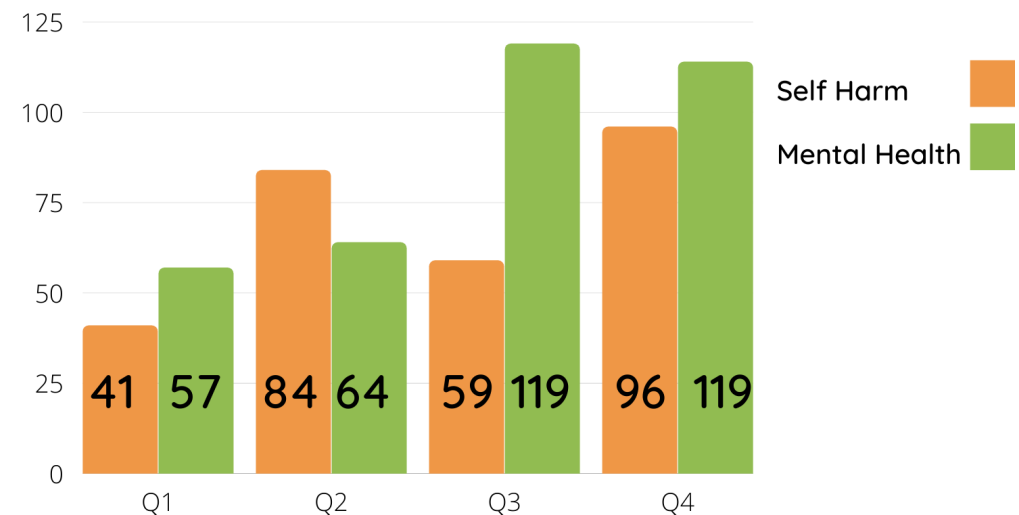
Data from **Hampshire Hospitals Foundation Trust (HHFT)** during the pandemic highlighted a significant change in young people accessing healthcare. There was a notable increase in children attending the acute trust in mental health crisis or significant self-harm during the last 18 months. The development of safeguarding dashboards, quality frameworks including data and reporting mechanisms, enabled HHFT to identify themes and trends to mitigate risks, for example, MASH data to inform 0-19 business.

Prior to lockdown, there had been a steady increase in children attending with psychological and behavioural problems, however, as with the rest of the country, this year's increase has been overwhelming. The rise in presentations in children who have deliberately self-harmed occurred shortly after lockdown restrictions were lifted in 2020, when there was a return to the community setting. There has also been an increase in children with learning difficulties, autism and behaviour concerns attending the Emergency Department.

As a result, **HHFT** are working with **CAMHS** to introduce a **Paediatric Psychiatric Liaison Service** and a cohort of youth workers into the Emergency Duty Department to

assess and support children when they come through the front door. The reduction in time a child spends in an Emergency Duty Department will improve outcomes, and early assessment of risk will determine appropriate discharge plans and should result in less admissions to paediatric wards. There will be period of evaluation, however, after reviewing the nature of the attendances of children in crisis. In nearly all cases, an admission has been appropriate.

## Mental Health and Self Harm



# Child Health and Wellbeing: Supporting Parental Understanding

HHFT have employed a **mental health lead nurse** who is recruiting a team to support departments across the Trust. It is anticipated that a children's psychiatric nurse will be part of this team to support children's services within the hospital.

HHFT are also in the process of securing a **safe room** in both Winchester and Basingstoke paediatric departments which will be designed to reduce the possibility of children self-harming on the wards.

Southern Health NHS Trust staff are provided with learning regarding managing risk and are required to complete detailed assessments using the HSCP & HSAB Family Approach.

These are then reviewed at supervision or during staff appraisal processes and Internal Management Assessments. This has also been reviewed with the formulation of Quality Improvement Plans.

Hampshire Hospitals   
NHS Foundation Trust



# Safeguarding Missing, Exploited and Trafficked Children

There has been a significant focus across the partnership on missing children and the processes in supporting children at risk of exploitation. This has included:

- **Updating the Hampshire Children’s Services Missing Policy to incorporate new processes and minimise the risks associated with child exploitation.**
- **Production of leaflets to highlight missing children and the risk to both children and parents/carers.**
- **Renaming the ‘Return Interview’ to a ‘Return Conversation’, to make it more child-friendly and separate from the police ‘Safe & Well checks’**
- **Development of a new form by Hampshire Children’s Services for the Return Conversation that is more child focused and aligned to the Hampshire Approach.**
- **Monitoring daily and weekly missing data by Hampshire Children’s Services Willow Team (a specialist team based within Children’s Social Care supporting and working with children at risk of exploitation) to support district teams in ensuring their reporting is correct and received in a timely manner. Overall, this has been successful, and is gradually being returned back to the districts.**
- **Incorporating ‘missing’ as an ongoing agenda item for the District Operation Missing Exploited Trafficked Meetings.**
- **Establishment of a HIPS Missing Task and Finish Group that has focused on missing children including missing children from other local authorities (OLA), training gaps and some of the wider pan-Hampshire policies being used.**
- **Development of a training course, devised by Southampton and Hampshire, and delivered across the HIPS area.**

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# Safeguarding Missing, Exploited and Trafficked Children

The September 2021 launch of the new Child Exploitation Risk Assessment Framework (CERAF) located at [3.1 Children who are Exploited | Hampshire, Isle of Wight, Portsmouth and Southampton \(hipsprocedures.org.uk\)](#) supported by **Hampshire Children's Services** and **Hampshire Constabulary** has been subject to a HIPS-wide review of the way child exploitation is considered. This has ensured consistency across the four local authority areas. Hampshire Constabulary has dedicated staff to manage those children most at risk of exploitation and work with partners to determine an effective intervention.

HIPS Safeguarding Children Partnerships have conducted a review of the [3.8 Children and Families that go Missing | Hampshire, Isle of Wight, Portsmouth and Southampton \(hipsprocedures.org.uk\)](#) Procedure to incorporate a contextual safeguarding approach.

Hampshire Constabulary have launched **Op Endeavour**, where details of children that are regularly reported missing are shared with their school using the police **Public Protection Notice (PPN1) Form**. This enables the school to consider any pastoral intervention that may be required and share any intelligence they hear regarding the child and missing episodes with police via a **Community Partnership Information (CPI) Form**. Op Endeavour is supported by research undertaken in Wales and has shown to be effective in supporting children who are regularly reported as missing.

Hampshire Constabulary commissioned the **'Missing People' charity** to conduct a review of the way in which missing person investigations were dealt with by Hampshire

Constabulary. The review also considered return interviews conducted by police officers. This review has provided clear areas for improvement for Hampshire Constabulary and an action plan has been put in place to deliver these improvements.



**National Probation Service staff** have attended training to improve awareness of risk factors and support for children who are at risk, or have been considered at risk, of exploitation or sexual harm. There has been a focus to improve the quality of referrals across the service and a Practice Improvement Tool has been developed to ensure that referrals to Children's Services are timely, of good quality and include key information.

# Safeguarding Adolescents

The Safeguarding Adolescents Task and Finish Group was established to progress the HSCP's safeguarding adolescents Business Plan [HSCP-Business-Plan-2020-23.pdf \(hampshirescp.org.uk\)](https://www.hampshirescp.org.uk) objective, which identifies the following outcomes:

**The HSCP has a good understanding of the range of complex and inter-related risks that impact on the safeguarding of adolescents in Hampshire. This should include consideration of transitional safeguarding issues.**

**Staff in HSCP agencies understand and can recognise factors and indicators of safeguarding risks to adolescents.**

**Staff in HSCP agencies are supported in their work with adolescents by practical, applicable tools and information to keep adolescents safe from harm.**

The Task and Finish Group is chaired by a senior manager from Children's Services in collaboration with safeguarding leads and professionals from the wider partnership from Hampshire and the Isle of Wight (HIOW). The work is being supported by young people who attend all task and finish groups to ensure that the strategy is relevant and meaningful.

**During 2020/21 the Group have:**

- *Scoped the current level of multi-agency understanding and response to risks that impact on adolescent safeguarding.*
- *Collated examples of good practice and established how this can be shared across agencies.*
- *Listened to the experiences of children and families who have received services from HSCP partner agencies.*
- *Consulted with multi-agency professionals and identified what tools, training, and support would help develop practice.*
- *Developed an outline for a multi-agency strategy and toolkit.*

During 2021/22, the group is focusing on developing the HSCP and IOWSCP Safeguarding Adolescents Strategy which will include integrated tools, training and support aimed at strengthening practice for adolescent children and their families. A launch event is scheduled for December 2021.

# Safeguarding Adolescents

These are two examples highlighting the impact of this work from partner agencies:

**1. Hampshire & Isle of Wight (HIOW) Public Health** are active members of the HSCP Adolescent Safeguarding Task and Finish Group, with a key leadership role within the mental health team in partnership with Isle of Wight Child and Adolescent Mental Health Services (CAMHS). The scope of this work included a review and learning from activity in other areas. This has led to Public Health and partners prioritising a children and young people's mental health needs assessment (0-25 years), which commenced in March 2021.

**2. Catch 22 Substance Misuse Support** have used contextual safeguarding research highlighted as part of the Adolescent Safeguarding Strategy Task and Finish Group to ensure that there is a clear understanding for staff across their service, responding to, and working with, young people to address adolescent experiences of significant harm and risks.

The Adolescent Strategy will provide an accessible source of information for children, young people, parents, carers and professionals. The Strategy will support greater awareness of the specific needs of adolescents with resources that can be utilised to provide support and advice generally, but also in supporting staff in social care to have the appropriate tools available to intervene and engage to reduce risks.





# Responding to Neglect

The updated Hampshire and Isle of Wight Local Safeguarding Children Partnership's Neglect Toolkit [Neglect Strategy - Hampshire Safeguarding Children Partnership \(hampshirescp.org.uk\)](https://hampshirescp.org.uk) was launched in February 2021 across the partnership with support from **Hampshire Children's Services, Hampshire Constabulary, and the Clinical Commissioning Group**. Safeguarding leads and practitioners from the wider partnership provided clear insight into the design and direction for the use of the Neglect Toolkit. HSCP safeguarding children training has been strengthened to develop staff understanding of neglect and to consider the potential risks on the health and wellbeing of children.

The impact of the Toolkit is evidenced in the increased number of **Hampshire Hospitals Foundation Trust (HHFT)** Safeguarding Children Health Liaison Forms received by the Safeguarding Children Team, where neglect has been identified as either a presenting factor or is identified when a child attends HHFT for treatment. Further evidence has been identified in the 60% increase in Safeguarding Children Health Liaison Forms received following an adult presentation where practitioners are considering the wider social context for the child.

HHFT staff are signposted to the Neglect Strategy and Toolkit in supervision, child forums and peer reviews. The HHFT's Safeguarding Children Newsletter included a direct link to the Toolkit and a description of how to use the thresholds.



The use and awareness of the Neglect Strategy and Toolkit has led HHFT to request multi-professional meetings following children presenting in the acute where neglect has been suspected. The early identification of neglect has led to quicker multi-agency planning, evidenced through the increase in the number of professional's meetings attended by consultant paediatricians and the increase in inpatient Child Protection Medicals.

**Solent NHS Trust** have developed a Health Neglect Toolkit that aligns with the HSCP Neglect Strategy and Toolkit. This health-focused tool helps support practitioners to recognise neglect and to include evidence of thresholds within referrals. Named nurses have contributed to the development of the Neglect Toolkit. Information about the Toolkit has been provided across the organisation, including development of a 'learner set' for staff and a Trust-wide communication strategy to highlight the use of the Neglect Strategy and Toolkit when risk assessing service users.



# Responding to Domestic Violence

The Domestic Abuse Bill strengthens local district authorities' protocols when housing families affected by domestic abuse. The recent guidance about children and young people who are victims/survivors of domestic abuse has been implemented by **Local District Authorities Housing and Community Safety Teams**. Families who are affected by domestic abuse are prioritised for housing.

By implementing the guidance on working with individuals who have been affected by domestic abuse, vulnerable residents are further supported and protected. Local district authorities housing officers making referrals relating to children or young people use the established HSCP threshold guidelines. The threshold guidelines have helped housing officers to understand when and who to make a safeguarding referral to.

**Hampshire Youth Offending Team (HYOT)** has supported awareness raising of adolescent to parent violence, which has largely been a hidden problem. Findings from a thematic inspection were put together with national research to inform the HYOT strategy. This has resulted in the issue becoming more of a focus for HYOT. As a result, HYOT finance the Non-Violent Resistance (NVR) Programme which HYOT delivers alongside **Hampshire Children's Services**.





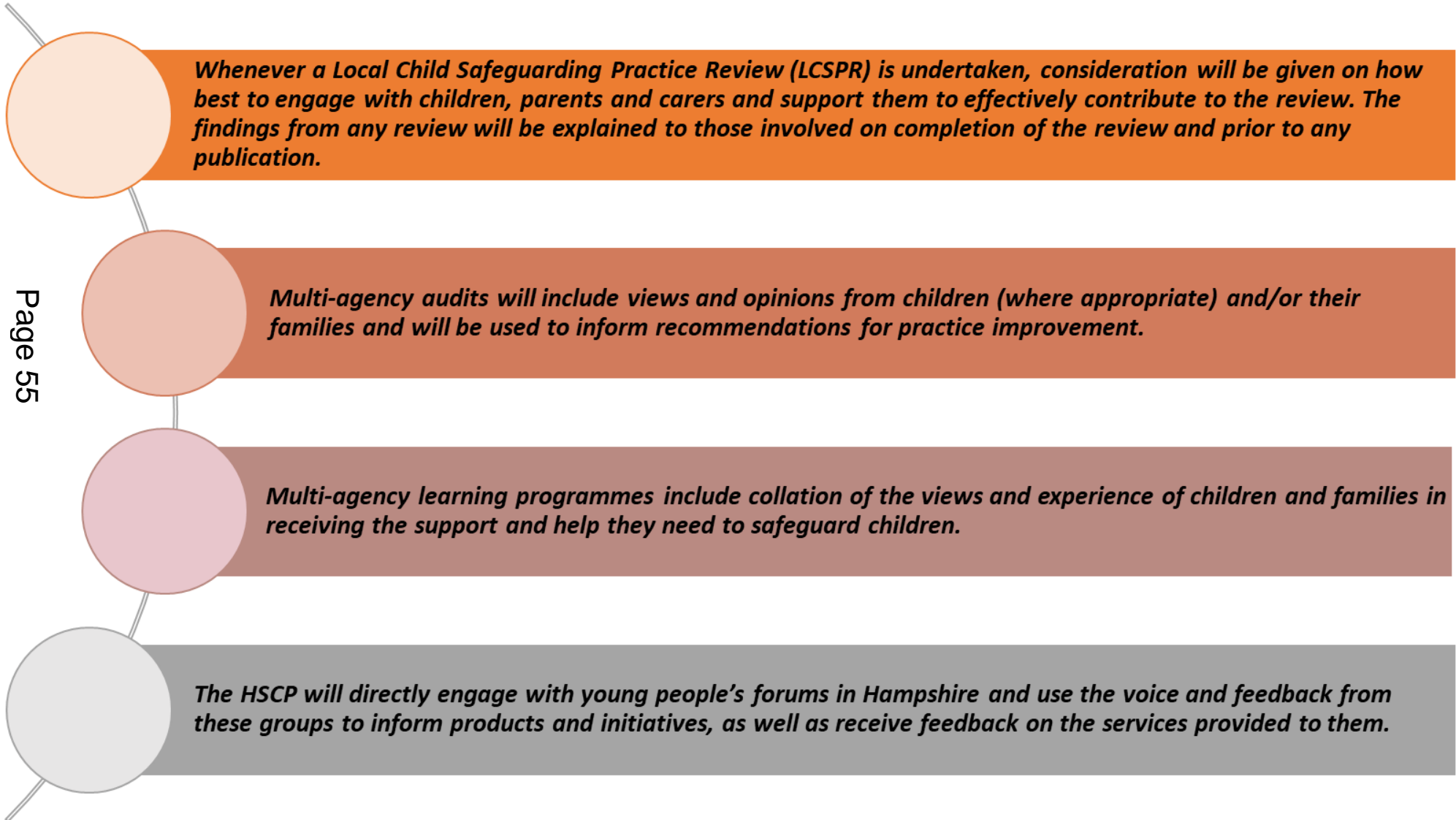


# **The Voice and Lived Experience of Children and Families**



# Introduction

The voice and experience of children and families is central to how Hampshire Safeguarding Children Partnership (HSCP) operates:



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# Spotlight on three Hampshire Young People's Forums

## (1) Youth Commission

The Youth Commission allows young people to act as a conduit between their peer group and the Police and Crime Commissioner, exploring real experiences on policing and crime, coupled with finding solutions for those issues.

Members are aged between 14 and 25 from Hampshire, the Isle of Wight, Portsmouth and Southampton and, from diverse backgrounds, including some who may have direct experience of the police and justice systems.

Members of the Youth Commission are currently taking an active role in the Safeguarding Adolescent Task and Finish Group and have influenced the development and implementation of the Adolescent Strategy and Toolkit and

will co-lead the launch events planned for 2021/22.

Members of the Youth Commission attend the HIPS Strategic Child Exploitation Group. They have a standing agenda item to feedback on results of their 'Big Conversation' and provide responses to lines of enquiry posed by the group members.



# Spotlight on three Hampshire Young People's Forums

## (2) Hampshire Child and Adolescent Mental Health Services (CAMHS) Participation Project

Hampshire CAMHS Participation Programme was relaunched during 2020 with new branding and a more streamlined registration. The Programme continues to support and promote the involvement of young people, parents, and carers in shaping how services are provided, and improving the service they offer. This is not just for those young people who have or are currently accessing CAMHS services. Initiatives that young people have been involved in shaping during 2020/21 include:

### Lockdown Letters Project

Young people were invited to write letters about their experience of COVID-19 and lockdown. The intention was to capture a major life event that everyone will have gone through but will have had different experiences based on a number of factors. This was an opportunity to hear the voices of young people, share, connect and learn about others' experiences. In addition, open letters from adults to young people were shared. The letters have been read by a selection group made up of young people, a parent and two published authors. The selected letters are now part of a book that Hampshire CAMHS are self-publishing for launch in mid-July 2021.

### E-Learning

A basic introduction to mental health has been created for those professionals working with young people that do not have mental health training, such as school staff, police, social care, paediatrics and accident and emergency staff. There are four modules that include child development, what mental health and mental illness is and managing crisis. The modules are engaging and easy to understand and free to access from the [Hampshire CAMHS](#) website.

### Recipes4wellbeing

A series of 15 A5-sized cards have been created, targeting parents and carers. The cards cover a range of issues including: low mood, bullying, relationships, and anxiety. The information is to assist in identifying and supporting young people and includes relevant suggestions and signposting. These are available as a downloadable PDF, printed card, or QR poster on the [Hampshire CAMHS](#) website.

# Spotlight on three Hampshire Young People's Forums

## (3) Hampshire Children's Services Participation Programme including Care Ambassadors

The Care Ambassadors Meetings have continued throughout the pandemic, moving to online platforms in response to COVID-19 regulations. This group had previously operated as a 'closed' group of young people who have made a longer-term commitment to the role. However, the impact of COVID-19 has led to some changes to this. Over the lockdown period, several care ambassadors have paused or ended their involvement, reporting that other pressures such as exams, accommodation and employment issues etc. have taken priority. In response, the participation officer has continued to hold Care Ambassador Meetings and, where possible, offered participation opportunities as one-off commitments. The roles and remit of the Care Ambassadors Group are being considered as part of the Participation Strategy refresh and may require a 'relaunch'.

**For 2020/21, the Care Ambassador Group were involved in:**

### Accommodation Inspections

The Care Ambassador Group works with commissioning to complete inspections of post-16 accommodation. Young people can give their own unique perspectives which are

then incorporated into the inspection report and fed back to the provider for action, where required. Young people completed three accommodation inspections during 2020 and one in 2021. One provider was required to produce an action plan as a result of concerns raised by the inspection team.

### Interviews for the New Virtual School Head

In June 2020, a young person was involved in the interview process for the new Virtual School head. Feedback from the panel showed that his contribution was valued and useful in confirming their decision.



# Spotlight on three Hampshire Young People's Forums

## (3) Hampshire Children's Services Participation Programme including Care Ambassadors

### Consultation on County Policies and Strategy

In the reporting period, care experienced young people were consulted on three areas of service improvement – personal allowance payments, health passports and the review of the Independent Reviewing Service (IRS). In total, eight young people were involved in these consultations. These projects have now been completed and improvements rolled out.

This project continues to make progress, with the videos for University and Homebid completed and signed off.

The intended outcome is for Basingstoke and Deane to produce accessible and informative housing advice that is specific to the needs of care leavers, and for this to be available in one place.

### Care Experienced Young People/Housing Project

Basingstoke and Deane Housing Services are working with six care leavers to produce a video and '10 top tips' relating to specific areas of housing need:

How to safely live with a private landlord

[Homebid](#)  
[University](#)

What to do if you are homeless





# Seeking the views of children and their families

HSCP regularly seek opportunities to gather the views of children and their families to inform initiatives and partnership developments. During 2020/21, two surveys were distributed across the partnership. A summary is included below:

## HSCP Website Survey

The HSCP disseminated three separate surveys to gauge views on its website relating to its accessibility and if it meets the requirements of our target audience.

Approximately 60% of children and young people surveyed indicated that they had not heard of HSCP before starting the survey. A similar number advised they had never visited the website.

Of those who responded, 60% of parents and carers had not heard of HSCP and 76% advised they had not visited the website.

Whilst there were some positive comments received, some feedback indicated there was work to do in improving accessibility of the site. This included:

***The colours of the tabs are a bit all over the place! The text lists just roll into one. If they were broken up a bit with titles or boxes, it would be easier to read.***

***Not clear where to look for the info you want.***

***Home page is a bit messy. Content is all good but could be presented in a more up to date design and be a bit more user friendly.***

***Very busy, looks "old school" style as opposed to the new dynamic websites that I have seen.***

Results from the survey indicated the HSCP website was not frequented by young people and their families, and on the occasions when they did visit the website, they were not always successful in finding what they were looking for. The safeguarding partners have approved for the website to be refreshed during 2021/22. Children and their families will be asked to contribute to its design and support promotion of its re-launch.

# Seeking the views of children and their families

## Safeguarding Adolescent Survey

The HSCP disseminated three separate surveys on the theme of safeguarding adolescents and what form a strategy and toolkit on this theme should take. Each survey targeted a different audience; namely, children and young people, parents and carers and professionals.

The highest number of responses were received from children and young people. They stated that emotional mental health was the most significant theme impacting on them and identified this as being something that required a central focus in any strategy. Other themes were very split, which affirmed the need for a broad consideration of themes.

Overwhelmingly, a trusted adult was identified as the place children and young people would go if they were worried that they, or a friend, were unsafe. This included teachers and parents. Given these findings, ensuring parents, carers and professionals have access to relevant information would support safeguarding adolescents; as these are the people who are most likely to be supporting them in managing their concerns. On exploring how best to present resources, use of video clips, followed by interactive resources, appeared to be the preferred options.

**Some comments gathered from children completing the survey are included below:**

**1** *“Yes, we're younger and can be very immature at times, but being treated like slightly larger children, or patronised, doesn't exactly provide a motivation to be mature.”*

**2** *“Make it approachable by not using complicated information.”*

**3** *“Make sure that the resources heavily use teenagers and their own experiences.”*

# Seeking the views of children and their families

Overall young people have confirmed that their voice is central to the project.

Parents and carers also offered some important insights and described how they would seek advice and support from professionals which further reinforced the need to ensure professionals have easy access to relevant information to appropriately support them.

*Adolescents are unique and there's not a one fits all solution to the issues that they encounter through life.*

*Just that it's good you are raising awareness, as parents we need to be aware our young people are exposed to all sorts of risks, sadly, and that it's good to know support is available to help keep them safe.*

*It is great that you are looking into this. The transition to adulthood can be a treacherous one. There is lots of support with difficult times with young children, but a lack of information on guiding young people in a helpful way.*

*It would be amazing to have an easy to use platform for any individual (parent/young person) to use, that was friendly and well known to all.*

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Recommendations from the survey have been incorporated into a template for a joint HSCP and Isle of Wight Safeguarding Children Partnership (IOWSCP) Adolescent Strategy and Toolkit, due for launch in 2021/22.

# Areas for Development

Whilst a focus on maintaining this approach has been retained during 2020/21, the challenges associated with COVID-19 have led to some changes in practice and reliance on virtual platforms. It is hoped that during 2021/22 some forms of face-to-face engagement can recommence including scrutiny visits to organisations, where the views of those using the service are actively sought. HSCP is committed to:

- *Seeking ongoing opportunities to engage with children, parents and carers, and to support them to effectively contribute and understand findings associated with Local Child Safeguarding Practice Reviews (LCSPRs).*
- *Evolve mechanisms to include views of children and their families and consider their lived experiences within HSCP auditing and assurance activities.*
- *Develop engagement with children and their families in the multi-agency learning programme to ensure their views and experiences are reflected and acted upon.*
- *Directly engage with young people's forums in Hampshire and include them in relevant HSCP groups, to ensure their voice and feedback is used to inform and shape initiatives.*

## Planned activities include:

- *Relaunch of the HSCP website in line with outcomes of consultation with children and their families.*
- *Launch of the Adolescent Strategy and Toolkit with members of the Youth Commission acting as co-chairs.*





# Scrutiny & Assurance





# Introduction

The Hampshire Safeguarding Children Partnership (HSCP) undertakes regular auditing and scrutiny of multi-agency safeguarding arrangements in Hampshire. This work is commissioned by the HSCP Scrutiny and Education Subgroups. Learning is disseminated to frontline practitioners through a programme of collation of performance data, events, briefings and conferences. Over the last year, HSCP undertook multiple activities to establish how well agencies work together to identify and respond to key safeguarding issues, an overview of which is provided below.

The COVID-19 pandemic presented multiple complex challenges, which included reduced capacity of partners, significant changes in safeguarding themes and moves to virtual

platforms. The HSCP Scrutiny Group has delivered large portions of its delivery plan and has adapted quickly to new working practices. The exceptions are that scrutiny visits and completion of Joint Targeted Area Inspections (JTAI) dry-runs were placed on hold but will reconvene during 2021/22. In accordance with [HSCP's Learning and Improvement Framework](#), the HSCP Team incorporate the learning auditing activities within its commissioned and in-house training programme for multi-agency professionals.

# Multi Agency Audits on the Theme of Child Exploitation

Exploitation themed audits were commissioned by the HSCP Scrutiny Group as part of a broader scrutiny exercise looking at the partnership understanding and response to children who are at risk of exploitation. The review has continued into 2021/22.

## During 2020/21 activities completed included:

**MASH Audit**  
**District Tracking Audit**  
**District Missing Exploitation Trafficking Review**

HSCP uses audits and scrutiny events as a window into current practice and to identify good practice and areas for development. It is recognised that the sample size presents a 'snapshot' rather than evidence of systemic practice. Therefore, the findings of HSCP audits are considered alongside other single and multi-agency quality assurance activities where themes can be identified.

Pass

## MASH Audit

On 4 August 2020, a multi-agency group comprising Scrutiny Group members from HSCP, along with staff and partners who work as part of the Multi-Agency Safeguarding Hub (MASH), reviewed eight cases referred to MASH.

The audit focused on referral, assessment and decision-making processes for cases referred due to alleged child exploitation.

### The following good practice was noted:

- ✓ Police MASH were prepared for the Section 47 strategy discussion within the required timescale. Consideration was given to potential criminal investigations where applicable.

- ✓ High quality police referrals/Police Protection Notices (PPN1) were received that clearly identified exploitation risk factors.
- ✓ The Children's Reception Team and MASH successful identification of risk and protective factors associated with exploitation.
- ✓ Additional requested information provided by partners was of a high quality and timely.
- ✓ All case outcomes and follow-up were compiled within agreed timescales.
- ✓ Good quality health information was provided to inform case decisions and strategy discussions.

# Multi Agency Audits on the Theme of Child Exploitation

## Opportunities for learning were identified regarding:

- Consideration of all known information and risk factors, including the need for professional challenge when not completed.
- Consistency of inclusion of the voice of the child in referrals.
- Referral feedback mechanisms in districts.
- Consistent completion of the Sexual Exploitation Risk Assessment Form (SERAF) now the Child Exploitation Risk Assessment Framework (CERAF) by referrers.

## The recommendations taken forward included:

- Reissuing of criteria for health and police checks.
- Redesign of the Inter Agency Referral Form (IARF) to include voice of the child prompts for referrers.
- Partner agencies being asked to provide assurance to HSCP that professionals take appropriate account of the child's voice when referring.
- Findings of the audit used to develop the CERAF form and guidance.
- Assurance of referrer feedback mechanisms.



# Multi Agency Audits on the Theme of Child Exploitation

## District Tracking Audit

On 7 and 21 August 2020, a group of multi-agency professionals reviewed eight cases referred from MASH to District Children Service's Teams, where risk factors associated with child exploitation had been identified.

### The following good practice was noted:

- Strengths in partnership working. Factors such as positive communication, tenacity, creativity and family engagement were all highlighted.
- Appropriate and timely use of the National Referral Mechanism (NRM).
- Recognition of children's vulnerability against the risk of harm they may pose to others was well considered.
- Evidence of good cross-border working.
- Use of multi-agency meetings to explore the context of risk around particular cases, which strengthened partnership understanding and response.
- Positive application of Child Abduction Warning Notices (CAWN).

### Opportunities for strengthening practice were identified:

- Shared understanding of partnership responses associated with accommodating children, use of CAWN and sharing of intelligence.
- Sharing information to ensure a mutual understanding of exploitation risk factors across multi-agency systems.
- Response to identified diversity needs and application of trauma informed approaches.

### The recommendations taken forward included:

- Production and promotion of myth busting guides on accommodating children and CAWNs.
- Strengthening health representation at district MET meetings.
- Ongoing review and update of the CERAF tool and guidance.
- Ongoing assurance activities associated with the multi-agency response to children's diversity needs.

# Multi Agency Audits on the Theme of Child Exploitation

## District Missing, Exploited and Trafficked (MET) Children Meetings Review

District level Operational MET Meetings were established in early 2020. They act as a subgroup to the County Operational MET process, building on the local knowledge to ensure the identification, support, safeguarding and diversion of children who are at risk of or, are being exploited within the district. Over July and August 2020, all District Operational MET Meetings have been attended by HSCP representatives.

### The following good practice was noted:

- All groups included multi-agency partners from across the local area.
- There was evidence across all groups of strong multi-agency engagement in the decision-making process including consideration of the means of exploitation for high-risk cases.
- Use of the Exploitation Risk Assessment Framework.
- Opportunities to share information relating to children who are on the cusp of exploitation activity and would benefit from targeted multi-agency working.
- The use of a comprehensive MET mapping document outlining known links between children and perpetrators, intelligence on locations and other related issues.

### Opportunities for strengthening practice were identified regarding:

- Need for increased clarity of meeting governance and consistency in meeting arrangements across the districts.
- Need to include more on the broader context of exploitation in the district, including trends and themes, perpetrator profiles and other intelligence mapping to feed into the county-wide Operational MET Meeting.
- Increased consideration of police-led interventions and disruption techniques.
- Key moments in meetings to inform next steps in partnership working.
- Increased recognition of the education status particularly for children who are Not in Education, Employment or Training (NEET) or accessing limited provision.

### The recommendations taken forward included:

- Sharing of findings with district chairs and wider partners.
- A revisit of observations to identify what progress and changes have been adopted.

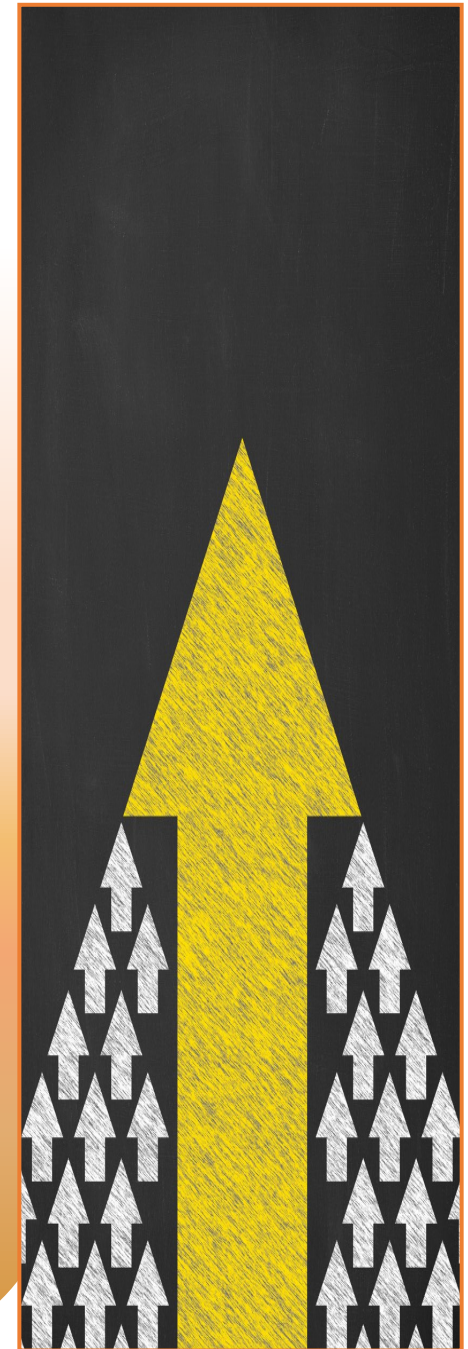


# Multi Agency Audits on the Theme of Child Exploitation

## What impact has this work had?

1. *Understanding and identification of risks/issues.*
2. *Supporting a culture of continuous improvement which includes identification of good/best practice.*
3. *Improvements in policy and procedure and information sharing.*
4. *Informed training and development.*
5. *Frontline professionals and managers provided with an opportunity to have their views heard and contribute to multi-agency understanding.*
6. *The voice of the child and their lived experience has been heard and acted upon.*

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# Section 11 Audit

The purpose of the Section 11 Self-Assessment Audit, which is aligned with the safeguarding standards outlined in [Section 11 of the Children Act 2004](#), is to:

- Enable agencies to scrutinise and reflect on their safeguarding governance, processes and practice, and to identify how arrangements could be strengthened.
- Enable agencies to showcase areas of good practice where positive outcomes for children can be evidenced.
- Provide a feedback mechanism to the safeguarding children partnerships on progress against areas for improvement, including any barriers to partnership working.

The Keeping Children Safe - Section 11 Audit is a key mechanism utilised by the HSCP to discharge these functions.

The process which is endorsed by the four HIPS Safeguarding Partnerships reflects a two-year cycle of self-assessment (year 1) followed by monitoring and tracking of action plans (year 2). The focus for 2020/21 was to revisit the safeguarding standards through completion of a new self-assessment and a mandatory staff survey (year 1).



# Section 11 Audit

In total, 44 organisations submitted a return. Due to the breadth and diversity of agencies that completed returns, the identification of consistent themes was challenging. Some patterns were observed, as detailed in the summary below:

Areas of Strength	Areas for Development
<p><b>1.1</b> Our organisation has a designated senior lead with overall responsibility for safeguarding.</p> <p><b>1.4</b> There are internal processes that support proper reporting of child protection concerns to the Multi-Agency Safeguarding Hub (MASH).</p> <p><b>1.8</b> Our organisation has written a safeguarding policy that incorporates support for vulnerable groups (e.g., missing, exploited, trafficked and those at risk of radicalisation) that is reviewed regularly (at least every three years).</p> <p><b>3.2</b> Every member of staff always has a named identified manager, including times when the organisation has management vacancies.</p> <p><b>6.8</b> Records are maintained detailing checks taken in respect of staff and volunteers.</p> <p><b>7.2</b> There is a named senior officer with responsibility in respect of complaints and allegations against staff and volunteers and they are aware of who their Local Authority Designated Officer (LADO) is.</p> <p><b>7.4</b> Incidents and allegations of abuse are recorded appropriately.</p>	<p><b>1.5</b> Our organisation has an identified staff member to support practitioners with early help processes i.e., the early help assessment and Team Around the Family practice across the organisation.</p> <p><b>2.8</b> Staff are made aware, and specific training is provided where appropriate, of the additional vulnerabilities a child with communication difficulties, a child for whom English is not their first language and/or who is from a different culture, may face.</p> <p><b>8.3</b> Staff are able to identify children with additional needs who require an early help assessment.</p> <p><b>11.3</b> Staff in our organisation that work with/have contact with disabled children and their families have been given specific training to help them support families and understand and identify the risk factors to look out for.</p> <p><b>11.5</b> Our organisation has access to an up-to-date list of resources, local specialist services, intermediaries and registered and qualified interpreters who are prepared to undertake child protection work.</p> <p><b>11.9</b> Our organisation ensures participation of disabled children in service development and improvement so that they are listened to and encouraged to voice their views and thoughts.</p> <p><b>12.8</b> Contractors and sub-contractors are enabled to receive HIPS information, updates and have access to LSCP training.</p>



# Section 11 Audit

In recognition of pressures and challenges associated with COVID-19, some adaptations were made and a separate section on the self-assessment tool titled 'COVID-19 Assurance' was added. There was significant evidence of how models of practice had been adapted in response to restrictions and shifting needs, which have continued to evolve since the returns were completed. HSCP will continue to seek assurance on how multi-agency systems will respond to the longer-term impacts of the pandemic and what recovery and reconstitution looks like during year 2 of the process.



## ***What impact has this work had?***

- *Offers assurance from partner agencies that services are compliant with safeguarding standards.*
- *Enables partner agencies to showcase areas of good practice where positive outcomes for children can be evidenced.*
- *Enables partner agencies to reflect on their safeguarding priorities and to identify areas for improvement.*
- *Provides a feedback mechanism on progress against areas for improvement including any barriers to partnership working.*
- *Sharing of good practice and best practice examples.*
- *Supports a culture of continuous improvement and professional accountability for safeguarding practices.*
- *Hears the voices of frontline practitioners.*

# Education Safeguarding Children Audits



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There is a requirement for all schools and colleges, including local authority-maintained schools, academies and the independent sector, to complete an **Annual Safeguarding Children Audit**. This Audit is conducted in line with the statutory obligations placed on the governing bodies (or equivalents) by Keeping Children Safe in Education (KCSiE) 2016 (with reference to section 175 of the Education Act 2002, section 7 of the Education (Independent School Standards) Regulations 2014 and Section 3 of the Non-Maintained Special Schools (England) Regulations 2015).

Accompanying the HSCP request was a self-assessment tool which schools could have chosen to use to support their summative return. In the context of the challenges faced by schools because of COVID-19, additional time was given to schools. There was a 100% return rate for all schools.

HSCP and the Assistant Director (for Education and Inclusion) of Hampshire Children's Services commissioned a quality assurance (QA) exercise in relation to the annual school audit process. In 2019/20, this QA process was undertaken by Hampshire County Council's Internal Auditing Team. It was agreed that the process would assess the effectiveness of controls in place, focusing on those designed to mitigate risk.

Within the audit return, schools were asked to respond to ten questions and identify whether they feel they have fully met, partially met, or not met the statement. All schools indicated they had met or partially met each of the ten statements. Colleges identified that they had met all the statements. Schools identifying areas that were partially met were contacted and offered advice on how they can secure the required improvements.



# Education Safeguarding Children Audits

The majority of schools and colleges provided a number of priorities within the action planning section of their return. This means that, whilst they believe that they meet requirements in a particular area, they wish to further strengthen that area or place a spotlight on it in order to maintain the current standard. The following highlights the top six key themes identified by headteachers, governors and designated safeguarding leads (DSLs) completing the form:

Theme	Number of schools
<b>Training</b>	437 schools identified training in their action planning.
<b>DSLs</b>	211 schools mentioned DSLs within their action planning.
<b>Governors</b>	145 schools mentioned governors within their action planning.
<b>Curriculum</b>	144 schools mentioned curriculum in the context of their action planning. Many schools mentioned the development of a safeguarding curriculum.
<b>Policies</b>	95 schools mentioned policies within their action planning.
<b>Parents</b>	46 schools mentioned parents within action planning. The majority of these were associated with building awareness of online safety.

# Education Safeguarding Children Audits

## *What impact has this work had?*

- Requires schools and colleges to demonstrate implementation of aspects of KCSiE.
- Prompts schools and colleges to self-assess and to evidence their judgements.
- Offers assurance that schools and colleges self-assess as being compliant with safeguarding standards and/or are taking appropriate action.
- Enables schools to showcase areas of good practice where positive outcomes for children can be evidenced.
- Enables schools to reflect on their safeguarding priorities and to identify areas for improvement.
- Provides a feedback mechanism on progress against areas for improvement.
- Offers sharing of good practice and best practice examples.
- Enables HSCP to identify any common themes for professional development/strategic improvement focus.
- Supports a culture of continuous improvement and professional accountability for safeguarding practices.
- Helps inform the content of DSL newsletters, Safeguarding Matters (a booklet for schools produced by

Hampshire Inspection and Advisory Service (HIAS)), training offered by governor services, the area safeguarding forum events and the annual HSCP DSL conference.



# Multi-Agency Dataset

HSCP oversees an agreed dataset that monitors multi-agency child protection arrangements. This is requested quarterly from the safeguarding partners and relevant agencies.

HSCP's dataset is reported biannually to the HSCP Scrutiny Group and Main Board. This includes analysis undertaken by the HSCP Team against key themes linked to safeguarding priorities. This enables HSCP members to understand how their services are performing and highlights any emerging safeguarding issues that require strategic intervention.

The dataset demonstrates the performance of the partnership in terms of its strategy to improve outcomes for children across all priority areas. Clear explanations of upward or downward trends, including performance against national and local targets, are shared. Relevant comparisons are made with other areas and/or organisations, and the analysis identifies further opportunities to strengthen practice. This has enabled partner agencies to take forward areas identified in the report as requiring strategic intervention and oversight. This supports early identification and analysis of new safeguarding issues and emerging threats.

## Specific areas the safeguarding partners have considered during 2020/21 include:

**Early help** - given the sustained reductions in the number of cases open to early help, alongside the challenges of engaging with families during the COVID-19 pandemic, Board members were asked to reaffirm their commitment to early help alongside the restoration and recovery of their core services.

**Mental health** - with the reported increase in mental health concerns for both children and their families, the safeguarding partners have sought additional assurance during the restoration and recovery phase to ensure that the mental and physical health needs of children are being met.

**Family approach** - given the risks associated with increasing parental domestic abuse, substance misuse and mental ill health, a focus on collaborative responses was retained.

**Elective home education** – increased numbers of children known to be electively home educated has helped support the need for ongoing focus and challenge.



# Themed Scrutiny Events

Safeguarding partners can establish specific events to explore emerging safeguarding themes and risks.

**During 2020/21 this included:**

***Restraint practices in secure settings***—During 2020/21 an extraordinary meeting to review the use of restraint practice in secure settings took place. Overseen by the HSCP, independent chair representatives from the safeguarding partners formed a Scrutiny and Assurance Panel to review the three secure settings in Hampshire (two hospitals and one secure children’s home). This event demonstrated assurance that there is appropriate governance, oversight and review of identified themes and it also helped facilitate sharing of good practice. The Hampshire Physical Intervention Steering Group will be asked to report on restraint practices annually to the HSCP.

***Taxi and private hire vehicle standards*** -In November 2020, requests were sent on behalf of the HIPS Child Exploitation Meeting seeking assurance on the updated [Taxi and Private Hire Vehicle Standards](#), with particular reference to the requirements for safeguarding awareness training to identify warning signs associated with county lines exploitation. Licensing authorities within the HIPS area provided details of their compliance via completion of a brief assurance questionnaire. Locally, there was a 100% response rate, with fourteen licensing authorities confirming that they do have training implemented, which complies with the requirements. HSCP, on behalf of the HIPS Child Exploitation Meeting, will repeat the exercise annually so that the HIPS Child Exploitation Group can continue to seek assurance and have written confirmation of compliance.



# Areas for development during 2021/22

*Continued focus and development of inclusion of the voice of the child and their lived experience within assurance activities, e.g., identified as the theme for the 2021/22 MASH audit.*

*Progression of assurance activity associated with the HSCP's strategic objectives to enhance understanding of partnership responses to safeguarding adolescents and neglect.*

*Auditing of the [HIPS Unborn Safeguarding Protocol](#) to assess impact of the 2021 revision.*

*Resumption of peer scrutiny visits and JTAI dry run activities.*

*Completion of year 2 of the Section 11 process, which will include a focus on action planning implementation.*

*Evaluation of the [Every Sleep Counts](#) Programme.*







# **Local Child Safeguarding Practice Reviews (LCSPR)**

# Local Child Safeguarding Practice Reviews (LCSPRs)

## Serious child safeguarding cases are those in which:

- abuse or neglect of a child is known or suspected, and
- the child has died or been seriously harmed.

Meeting the criteria does not mean that safeguarding partners must automatically carry out a **Local Child Safeguarding Practice Review (LSCPR)**. It is for them to determine whether a review is appropriate, considering that the overall purpose of a review is to identify improvements to practice. Issues might appear to be the same in some child safeguarding cases but reasons for actions and behaviours may be different and so there may be different learning to be gained from similar cases. Decisions on whether to undertake reviews should be made transparently and the rationale communicated appropriately, including to families.

**Working Together to Safeguard Children 2018** requires that all multi-agency reviews undertaken are LCSPRs and are required to be published. Families and frontline professionals should be invited to participate in the review. Different methodologies can be used to complete the LCSPR to enable identification of learning in a way that is proportionate.

Where a case meets the criteria for a **Local Authority Serious Incident Notification** as set out in Working Together to Safeguard Children 2018, Local Safeguarding Children Partnerships (LSCPs) are required to undertake a **Rapid Review**. This requires key partners to review information from all available agencies to identify learning and establish whether a further review (LCSPR) is required. The timescale for a Rapid Review is 15 working days, from notification of the serious incident.



# Local Child Safeguarding Practice Reviews (LCSPRs)

During 2020/21, the Hampshire Safeguarding Children Partnership's (HSCP) Learning and Inquiry Group (LIG) received 15 referrals. This is an increase of one from 2019/20.

## Of the 15 cases referred to LIG:

- Three cases resulted in a LCSPR being undertaken.
- Twelve cases did not result in any requirement for further review.

Year	Referrals	No further action	SCR	MAR/ Single Agency Review	LCSPR
2015/16	17	10	1	6	NA
2016/17	12	6	2	4	NA
2017/18	10	2	5	3	NA
2018/19	9	4	1	4	NA
2019/20	14	9	NA	NA	5
2020/21	15 (including four Rapid Reviews)	12	NA	NA	3

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# Local Child Safeguarding Practice Reviews (LCSPRs)

During 2020/21, work continued in the development of the Rapid Review process to enable learning to be identified from cases without the requirement for a further review.

These figures illustrate the impact in volume of work immediately following amendments in the additional guidance and definition of a Serious Case Review (SCR) provided in Working Together 2013, updated in 2015 and the transition to a Local Safeguarding Children Partnership in 2019.

HSCP 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 2020/21, HSCP published one SCR, which had been commissioned in previous years: [Child Z](#).

The SCR reports and HSCP responses are published on the [HSCP website](#).

Learning from these reviews has been built into current HSCP workstreams and training opportunities for frontline professions. For a full list of recommendations please review the [SCRs](#) on the HSCP website.



## Disseminating Lessons Learnt from Reviews

During 2020/21 learning lessons from reviews were included in the HSCP virtual training offer, including a dedicated session on Learning from LCSPRs as well as courses on themes that have arisen from LCSPRs such as disguised compliance, fabricated or induced illness, unidentified adults and understanding and identifying and responding to neglect.



# **Multi-agency Training & Workforce Development**

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# Multi-agency Training & Workforce Development

Hampshire Safeguarding Children Partnership (HSCP) commissions and delivers multi-agency learning to complement single agency training. HSCP offers fully funded multi-agency events that bring professionals together to develop knowledge and skills, emphasising the benefits of working together to deliver positive outcomes for children and families. HSCP have produced a [Training Brochure](#) that includes the learning outcomes for each multi-agency course.

As a result of the COVID-19 restrictions at the end of 2019/20, HSCP suspended all face-to-face training.

Work was undertaken to develop the HSCP virtual offer comprising of a series of eLearning programmes and webinars based on themes arising from Local Child Safeguarding Practice Reviews (LCSPRs), audits and national legislation, research and findings.

On 26 June 2020, HSCP hosted its first Webinar Wednesday, comprising of three one-hour sessions based on the theme of Missing, Exploited and Trafficked (MET) Children.

Throughout 2021, a further 37 different themed webinars were delivered to professionals across Hampshire with new courses being developed for delivery in 2021/22.

A total of 15 eLearning programmes were also devised during 2020/21, with more in development for 2021/22.



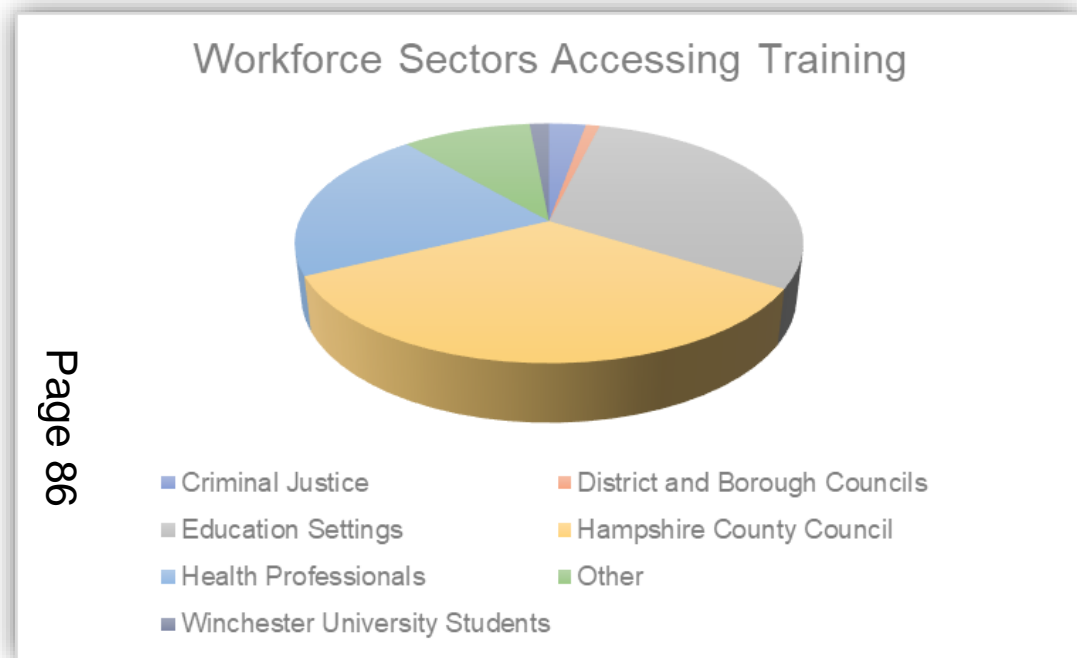
## **Examples of some of the courses developed include:**

<b>Harmful Practices</b>
<b>Learning from Local Child Safeguarding Practice Reviews</b>
<b>Disguised Compliance</b>
<b>Unidentified Adults</b>
<b>Domestic Abuse themed webinars</b>
<b>Missing and Child Exploitation themed webinars</b>
<b>A Family Approach</b>
<b>Safeguarding Infants</b>
<b>MASH Workshops</b>
<b>Prevent</b>

# Multi-agency Training & Workforce Development

## Attendance

A total of 4225 professionals attended HSCP Webinar Wednesdays during 2020/21 :



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Feedback on all virtual courses has been overwhelmingly positive, with learning gain identified on every course.

Professionals have fed back that undertaking shorter virtual sessions has enabled them to access more training than they had previously been able to, and that the increase in subject areas has been extremely beneficial to them.

Below are a sample of responses on how the training will inform future practice :

*Able to disseminate information through training opportunities and to colleagues.*

*I am now more aware of how to support clients and also who to go to for further advice and support.*

*Feeling more confident to ask the necessary questions and to feel that this is a part of my role.*

*Be able to share with colleagues in school and also Pastoral Heads of Year and will look at the resources and toolkit to see if there are tips to improve how I talk to students and families. I reported back to my line manager how useful this was and urged her to email colleagues to register with the website and undertake this course and browse others which may be relevant to them.*

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Hampshire Health and Wellbeing Board
<b>Date:</b>	9 December 2021
<b>Title:</b>	2021 Hampshire Children and Young People's Mental Health Local Transformation Plan Refresh
<b>Report From:</b>	Tim Davis / Ciara Rogers / Jenny Erwin, Hampshire, Southampton and Isle of Wight CCG

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**Purpose of this Report**

1. The purpose of this report is to inform the Hampshire Health and Wellbeing Board about the ambition, vision, commitments and challenges expressed in the 2021 Refresh of the Hampshire Children and Young People's Local Transformation Plan.

**Recommendation(s)**

That the Hampshire Health and Wellbeing Board:

2. Note the 2021 refresh of the Hampshire Children and Young People's Mental Health Local Transformation Plan, the improvements in capacity, quality, reach and timeliness of service access it describes, and how this will achieve a better mental health offer for children and young people across the county, in line with the priorities of the Hampshire Health and Wellbeing Strategy.

**Executive Summary**

3. This report seeks to highlight for the Health and Wellbeing Board how the 2021 Hampshire Children and Young People's Mental Health Local Transformation Plan (LTP) addresses:
  - The impact of the pandemic and other issues upon children and young people's mental health.
  - How the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (HSI CCG) has met and exceeded the requirements of the national mental health investment standard in its ambition for improving children and young people's mental health.



- The six key objectives that have been identified as key to addressing the challenges faced by children, young people, young adults and their families through this LTP.
- The six priorities themes that will inform how we address each of these objectives through this 2021 LTP Refresh.
- The risks, including workforce and financial that the NHS and its partners face in the delivery of this plan, and how we are working to mitigate and manage these.

## Contextual Information

4. CCG led Children and Young People's Mental Health LTPs were first published in 2015 and cover the whole of England. They set out how CCGs will invest resources to improve children and young people's mental health, and how they work together with other partners to improve the mental health offer as a whole, including the effectiveness of wider partnerships. These plans are intended to be 'living documents' and local areas are asked to refresh, and for CCGs to publish them every year. Since 2015, guidance relating to the Five Year Forward View and the NHS Long Term Plan have increasingly specified how LTPs should describe investment against the Mental Health Investment Standard, and the key performance measures set out in the NHS Long Term Plan against which CCG delivery of the ambitions set out for children's mental health in the NHS Long Term Plan will be evaluated by NHS England. NHS England has a separate process for its approval of CCG Children and Young People's Mental Health Local Transformation Plans. The 2021 refresh is the first time that the Hampshire LTP has passed the NHS England threshold since their inception in 2015.
5. Due to the specific expectations in place for LTPs as mandated plans, it is important to note that whilst they cover many aspects of children and young people's mental health offer, their content is not intended to cover the effectiveness and/or comprehensiveness of:
  - The Primary Care Children and Young People's mental health offer.
  - Tier 4 (Mental Health Inpatient bed) services which are commissioned via NHS England specialist commissioning through Provider Collaboratives
  - Other related areas of the NHS Long Term Plan that are led by adult mental health, including:
    - Perinatal Mental Health
    - Maternity Outreach Clinics
    - Improving Access to Psychological Therapies (IAPT) services
    - Early Intervention in Psychosis services
6. The planning context for the 2021 Hampshire Local Transformation Plan Refresh is unusual in that LTPs are normally published each March ahead of the coming financial year. The 2021 refresh was delayed from March 2021 due

to the ongoing COVID-19 Pandemic. As such this refresh of the Hampshire LTP sets out, in relation to the Hampshire children and young people's mental health offer:

- work that has already taken place over the first 6 months of 2021/22
- the plan for the remainder of 2021/22 and
- a look forward to 2022/23

7. It is expected that a further refresh of the plans will be required by 31 March 2022 to clearly set out investments for 2022/23 and take a look forward to 2023/24 in more detail. This is likely to be an overarching ICS plan with detail for each place, compared to the current planning requirement for LTPs, which has a stronger focus upon specific mental health systems, such as the Hampshire area. With that in mind there are opportunities over the remainder of this year to develop more consistency across our ICS to the approach taken to:

- Our understanding of the prevalence of mental health conditions in children and young people populations across the four Hampshire and Isle of Wight ICS areas, and in relation to those areas of Hampshire that fall within Frimley ICS (Hart and Rushmoor districts).
- How we should be modelling current and future service demand, and how we can influence that demand through more effective prevention and early help in the right place in the right time through better collaboration with other services working with children, young people and families.
- How investment prioritisation decisions are made to address problems that span different administrative geographies.
- Reviewing our sense of population outcomes and service performance, particularly for those aspects of the children and young people's mental health offer for which there isn't a national target, and to shift our focus from timeliness of access to include impact of interventions.
- The format and presentation of future Children and Young People's Local Transformation Plans to address both place and system considerations and issues.

8. In addition to the priorities set out in the Hampshire Local Transformation Plan, there are also a number of areas of mental health and wellbeing where each of the four systems in the Hampshire and Isle of Wight ICS is experiencing challenge. These opportunities and areas of collective challenge will be prioritised by the ICS CAMHS Transformation Board, to ensure plans going into 2022/23 are robust and aligned This includes:

- Community Eating Disorder service demand.
- Waiting times for assessments relating to attention deficit hyperactivity disorder (ADHD) and Autism Spectrum Conditions.
- Hospital admissions for self-harm, and safe discharge from hospital following self-harm episodes of inpatient care.

- Reporting data and outcomes, locally and to the national Mental Health Services Data Set.
  - Development of the mental health pathway and offer for early adulthood, and transition into early adulthood (ages 16-25)
9. The 2021 Hampshire LTP refresh is framed around commitments and actions framed against six key objectives. These include:
- Improve access and waiting times for children and young people’s mental health services
  - Develop prevention, early help, integration and targeted outreach for higher risk groups of children and young people
  - Improve service quality and access for children and young people in mental health crisis
  - Improve transition arrangements for 16 & 17 year olds and access to mental health services for 18-25 year olds
  - Improve service quality, developing the workforce and embedding the use of data & outcomes to demonstrate service effectiveness
  - Assess and take action to reduce the inequity of access, experience and outcome for more vulnerable and disadvantaged children and young people
10. In addition to the six key objectives above, around which the 2012 Hampshire LTP action plan is framed, the Hampshire LTP also continues to embed six cross cutting priorities. These weave through each of the six objective as part of the wider strategic context for these objectives. They include:
- Priority 1: Children and Young People’s emotional wellbeing and mental health is everybody’s business
  - Priority 2: Support for good mental health of parents
  - Priority 3: Whole school/educational settings approach to mental health
  - Priority 4: Support mental health of vulnerable children and young people
  - Priority 5: Reducing rates of self-harm
  - Priority 6: Improvement of service provision
11. Following publication of the Hampshire LTP, the next steps relate to improving our arrangements for delivery of the objectives and commitments set out in the Plan, and in the preparation for a further refresh of the LTP as soon as March 2022 through effective communication, dialogue and engagement with key service and population stakeholders. The LTPs are intended to be live documents. Further stakeholder engagement will take place over the remainder of 2021/22 to inform our future plans. In addition the following will be developed with support from our communications teams and partners:
- Children and Young Person Friendly Versions

- Easy Read versions
  - Short visual presentations for key stakeholders
12. The 2021 Hampshire CYP Mental Health Refresh should therefore contribute to the following strategic commitments from the Hampshire Health and Wellbeing Strategy:
- Promoting wellbeing and preventing ill health
  - Focusing on reducing the significant difference between those with the best and worst health in Hampshire
  - Aiming to create an environment that makes it easier for people to take responsibility for their own health and wellbeing
  - Continuing to prioritise the safeguarding of children and vulnerable adults, since feeling safe is an essential starting point for people’s wellbeing
  - Improving services so they deliver good, accessible and joined-up care
  - Championing coproduction and engagement so that the voice of the public, patients, service users and their families – current and future – is better reflected in the design and delivery of health and social care
  - Using local networks, knowledge and partnerships to ensure services and activities are joined up and respond to what communities need
13. The LTP also sets out how, in relation to mental health and emotional wellbeing in particular, NHS commissioned and led services with work with other services to improve the following priorities within the Starting Well and Living Well strategic areas of focus for the Hampshire HWB Strategy, with a particular focus upon:
- Starting Well - Improve mental health and emotional resilience for children and young people and their families. This will prioritise prevention and earlier intervention, for example through more support in schools and the wider community, to improve mental health at an earlier stage. There will be a particular focus on vulnerable groups, including those experiencing Adverse Childhood Events, the mental health of parents including perinatal mental health, and emotional resilience in educational settings.
  - Starting Well - 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. Promoting wellbeing and preventing ill health.
  - Living Well - Improve the population’s mental wellbeing and reduce mental ill-health.
  - Dying Well - Improve access to bereavement support and services locally, for all age groups, especially for parents, families and educational communities following the death of a child, for children experiencing the loss of a parent, and for long-term carers who may also need support when their caring role ceases.



14. The 2021 LTP Refresh is also informed by, and consistent with the service development and transformation enablers set out in the Hampshire HWB Strategy. In particular in relation to:
- Delivering care closer to home – the LTP sets out a range of measures that improve the capacity of community mental health services across the county, and introduces consistency to the level of support available to all children and young people in mental health crisis attending hospitals in the Hampshire system.
  - Harnessing the potential of digital solutions – the LTP sets out a number of areas both in specialist CAMHS and in relation to community support where existing services are now offering digital interventions and service contact as standard, and new services to support the earlier mental health needs of 11-25 year olds via the Kooth.com digital platform in addition to existing digital platforms.
  - Support a sustainable workforce of paid staff and support unpaid carers and volunteers – Investments confirmed in the LTP have significantly expanded the paid workforce. Whilst the pandemic made it harder to develop the voluntary workforce the CCG is mobilising a Grants programme for services to start from April 2022 targeting smaller community and voluntary sector groups to extend their capacity.
  - Consistent and accessible information and advice – The LTP sets out a number of ways in which the NHS is working with schools, colleges and other services to improve the consistency of accurate and up to date information about the mental health service offer, for example through the Little Blue Book of Sunshine, Kooth.com, Hampshire CAMHS website and materials on the Healthier Together NHS platform.

## **Performance**

15. The performance of children and young people's mental health services in Hampshire in 2021 is somewhat mixed. Whilst access, as measured against the NHS Long Term plan is consistently exceeding national targets and expectations, the timeliness of access is poor, with long waiting lists having developed for specialist CAMHS services, autism assessments, ADHD assessments and for community services such as counselling.
16. Overall, despite the positive picture in relation to overall access (which will continue to benefit from the additional investments in capacity laid out in the LTP) performance is currently poor. The long waiting lists, especially in specialist CAMHS services, both for assessment (2,362) and for starting treatment (1,709) represent significant additional risks and challenges for services to balance the needs of existing patients with new ones (approximately 900 new referrals into CAMHS per month). Table 1 below sets out the level of challenge even with the ambitious and unprecedented investments confirmed into the Hampshire Mental Health offer for children and young people.

17. The LTP sets out our plan for the delivery of improvements set out in Table 1, between now and April 2024. These are founded upon investments that take service capacity past the levels of increased demand we are seeing as a result of the pandemic. This will enable services to deal most safely both with the highest risk new presenting patients as well as those on existing waiting lists. Safe progression through these waiting lists will inevitably mean that average waiting times for assessment and treatment will stay high until they are fully worked through, though they will start to reduce as the numbers of historic long waiters falls as a share of the total numbers on the waiting lists for assessment and treatment.

**Table 1: Performance targets for Hampshire CYP MH Services 2021 LTP**

<b>Commitment</b>	<b>Baseline</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>
We will see over 95% of children and young people referred to CAMHS Eating Disorder services as urgent cases within 1 week by the end of 2021/22.	63%	95% by Q4	95%	95%
We will see over 95% of children and young people referred to CAMHS Eating Disorder services as routine cases within 4 weeks by the end of 2022/23.	62%	80% by Q4	95% by Q3	95%
We will continue to exceed the national access standards targets for children and young people estimated to have a mental health disorder.	>8,379	>8,604	>9,183	>10,140
We will achieve or exceed the national access ambitions set out for increased uptake of mental health services by 18-25 year olds by the end of 2022/23.	>109	>218	>327	>437
We will achieve or exceed 90% of children and young people being assessed within 4 weeks of referral by March 2024.	17%	30%	60%	90%
We will achieve or exceed 90% of children and young people starting treatment within 18 weeks of assessment by March 2024	13%	30%	60%	90%
We will meet or exceed 90% of children and young people referred for autism assessments receiving them within 12 weeks by March 2024	0%	30%	60%	90%
Additional numbers of people will access an 18 to 25	Baseline to be established	Baseline + 188	Baseline + 238	Baseline + 378

## Consultation and Equalities

18. The 2021 LTP refresh was built upon a range of consultation feedback from children and young people, including local and national feedback. Section 5 of the LTP summarises both the key messages from this, and how we are planning to further embed the voice of children, young people, young adults and parents as we develop the 0-25 mental health offer. NHS commissioning leads for children and young people's mental health are also working closely with the County Council in relation to consultation around the development of a 2022 refresh of the Hampshire Children and Young People's Plan (CYPP).
19. In relation to equalities, mental health is one of those areas where there are significant variations and inequalities in the distribution of poor mental health. Section 3 of the LTP provides an overview of the mental health needs of local communities of children and young people, including those identified as being most at risk of poor mental health. Three particular groups have been identified as being of particular concern, though mental health outcomes for LGBTQ+ communities, and for young women from adolescence into early adulthood (14-25) are also of concern. The three highest priority groups for mental health support identified in the LTP include:
- Children in care and care leavers;
  - Children and young people with learning disabilities and/or autism (including SEND);
  - Children and young people with eating disorders

## Other Key Issues – Finance and Risks

20. Section 11 of the attached LTP clarifies the additional investment that has been made into improvement of the children and young people's mental health offer since the last LTP was published in 201/20. Hampshire CCGs, prior to their merger in April 2021 had already confirmed additional investment in the Hampshire mental health offer for children and young people during the course of the pandemic. As the NHS response to the combined effect of increased demand arising from the pandemic and historic waiting lists continues, this table confirms the continued prioritisation over and above the nationally required Mental Health Investment Standard being made by both Hampshire, Southampton and Isle of Wight CCG and Frimley CCG in relation to improved NHS provision for children and young people's mental health in 2021/22, 2022/23 and 2023/24/.
21. Section 13 highlights the key risks to delivery as intended of the 2021 Hampshire LTP. It identifies the significant risk factors identified which could still impact upon the timeliness of delivery of the Hampshire LTP, and how these are being managed to mitigate their potential likelihood and impact.

## Conclusions

22. The 2021 refresh of the Hampshire LTP reflects a transitional period of investment and capacity building by the NHS in relation to improving children's mental health specialist community provision alongside investments that will improve the prevention and early help offer. Whilst it is set in a challenging context of rising demand for mental health services, and the sustained demands and interruption of ordinary life that the pandemic has placed upon Hampshire's children, young people and families, it also represents a positive plan for getting ahead of this demand to tackle the capacity issues that are preventing too many children and young people getting the timely help with mental health problems that they need.
  
23. Joint planning with other children's services has also been developing, and will be a key area of focus as the two CCGs that serve Hampshire communities become more closely aligned within their wider Integrated Care Systems and the partnerships that support these from April 2022.



**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

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

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

Document

Location

None

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

### **2. Equalities Impact Assessment:**

A separate Equalities Impact Assessment has not been prepared in relation to the development and publication of the 2021 refresh of the Hampshire Children and Young People's Mental Health Local Transformation (LTP) as this is inherently included in the LTP itself. The LTP clearly differentiates those groups of children and young people who experience greater risk of poor mental health outcomes. The delivery plans associated with delivery of each key objective in Section 8 of the plan includes detail of how the planned activities will address priority 4 (support the mental health of vulnerable groups of children and young people) across the six delivery objectives set out in the plan.

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# Hampshire Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan (LTP)

## 2021/22 Refresh

September 2021

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Hampshire, Southampton and  
Isle of Wight  
Clinical Commissioning Group



Frimley  
Clinical Commissioning Group

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## 1. Strategic Context

The 2021/22 Hampshire Local Transformation Plan (LTP) refresh for Children and Young People's Mental Health builds and extends on the

- commitments made to children, young people and families in the 2019/20 LTP, which was published in December 2019
- commitments to improve NHS services for children and young people's mental health as set out in the NHS Long Term Plan and
- priorities set out in the Hampshire Health and Wellbeing Starting Well Strategy and the Hampshire Children and Young People's Plan

The key partnership strategy which sets the direction of travel for improved mental health services for children, young people and young adults is the Hampshire Starting Well Strategy 2019-24 (the Emotional Wellbeing and Mental Health Strategy for Children and Young People in Hampshire) which sets the following strategic priorities:

- **Strategic Priority 1: Children and Young People's emotional wellbeing and mental health is everybody's business**
- **Strategic Priority 2: Support for good mental health of parents**
- **Strategic Priority 3: Whole school/educational settings approach to mental health**
- **Strategic Priority 4: Support mental health of vulnerable children and young people**
- **Strategic Priority 5: Reducing rates of self-harm**
- **Strategic Priority 6: Improvement of service provision**

In addition the NHS Long Term Plan makes the following commitments to Children and Young People's Mental Health by 2023/24:

- In Hampshire 112,000 additional CYP aged 5-19 will have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams by March 2024 (in addition to the 947 additional children and young people across Hampshire who will be accessing other NHS Commissioned mental health services by March 2024 under the NHS Long Term Plan..)
- There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults.
  - At least 35% of the children and young people estimated to have a diagnosable mental health condition will access NHS Funded mental health support services each year.
  - From the 2019/20 baseline an additional 188 young adults (aged 18-25 years) will access NHS funded mental health services as part of a comprehensive offer for children and young people rising to 283 in 2022/23 and 378 in 2023/24.
- The 95% CYP Eating Disorder referral to treatment time standards (urgent referrals starting treatment in 1 week and routine referrals starting treatment in 4 weeks) will be achieved and maintained
- There will be 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment.
- CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), and health and justice.

And finally our refreshed plan is in the context of the requirement to support children, young people, families and services in their recovery from the impact of the COVID-19 pandemic on their mental health and emotional wellbeing

## 2. Our Vision & Principles

Our vision and principles are set out in Starting Well, the Emotional Wellbeing and Mental Health Strategy for Children and Young People in Hampshire 2019 to 2024

### Vision

For all children in Hampshire to be happy, resilient, safe, able to reach their potential, and experience good emotional wellbeing and mental health, both now and in the future

### Principles

These principles have been developed through engagement with children and young people and extensive discussions with stakeholders:

1. Work together to promote sustainable change, improve early identification of potential mental health problems and to prevent escalation of a problem into a crisis
2. Promote emotional wellbeing and mental health, including how to look after your own mental and physical health and support others around you
3. Ensure that the voices of children and young people and parent/carers and practitioners are listened to and acted upon
4. Support children and young people at greater risk of poor mental health, recognising the need to address inequalities and disadvantage
5. Reduce stigma around mental health so that more people are able to ask for help
6. Promote resilience amongst children and young people, families and communities, increasing protective factors and reducing risk factors
7. Ensure that children and young people in Hampshire have access to a confident and competent workforce, at the right level of service and/or support, at the right time
8. Have a whole school approach to mental health that delivers a positive learning environment and sense of belonging, enabling children and young people to achieve full potential, including academic success

Our Vision for NHS services as part of the Starting Well partnership is for children, young people and their families to have timely access to a range of mental health and emotional wellbeing services which are:

- appropriate to their needs,
- close to where they live and/or digitally accessible (where appropriate),
- delivered to a high quality, by staff qualified to either meet their needs and/or help them find additional support from other services where this is not possible.

We see support for the emotional wellbeing and mental health of children, young people and young adults as being part of the role of every professional who works with them, from infancy into early adulthood, according to their needs.

Where professionals reach the limits of what they can do to help, there should be clear and simple ways for them to help young people access other professionals better placed to support them as soon as they need this help.

### 3. Our Local Picture - Overview of Needs

#### Importance of Good Mental Health

Fundamentally, mental health is an important aspect of overall health and wellbeing for our whole community. Good mental health and emotional wellbeing is fundamental to young people's overall health, and is a determinant of life chances more generally, including success in employment and family life, as well as contact with the criminal justice system<sup>1</sup>. The life expectancy of adults with severe mental illness is over 20 years less than for those who live mostly without mental illness. Half of all lifetime cases of mental ill-health are evident by the age of 14, and three quarters by the age of 24<sup>2</sup>. Childhood and adolescence are therefore a critical time for intervening early to interrupt the onset of mental illness that can have lifelong implications.

#### Children and young people – Hampshire population overview

There are just over 380,000 children and young people aged 0-24 living in Hampshire<sup>3</sup>. In Hampshire, this represents over a quarter (27.7%) of the population. Population projections suggest that the number of 0-24 year olds living in Hampshire will rise to in excess of 418,000 by 2026<sup>4</sup>. The number of school aged (4-16) children in Hampshire according to latest mid-year estimates stands at 211,737. The child and young people population is more generally white British than is the case for England, but with larger Black and Minority Ethnic communities in some districts, such as Rushmoor.

#### Rates of Mental Health Problems in Children and Young People

Rates of mental health problems for children and young people have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls. The likelihood of a probable mental disorder increased with age with a noticeable difference in gender for the older age group (17 to 22 years); 27.2% of young women and 13.3% of young men were identified as having a probable mental disorder in 2020.<sup>5</sup> 17.4% of children in the South East of England have a probable mental health disorder. Applying this South East figure to the Hampshire population suggests 34,120 children in Hampshire have a probable mental disorder.

There has been an increase in the rates of self-harming behaviours affecting children and young people. It is estimated that around 10% of 15-16 year olds self-harm, with this increasing to 36% of 16-24 year olds having self-harmed at some point<sup>6</sup>. Rates of admission to hospital for young

<sup>1</sup> Centre for Mental Health, Commission for Equality in Mental Health, Mental Health for All? The final report of the Commission for Equality in Mental Health, November 2020 available from [www.centreformentalhealth.org.uk](http://www.centreformentalhealth.org.uk)

<sup>2</sup> Centre for Mental Health, Children and Young People's Mental Health: The Facts, 2018 available from [www.centreformentalhealth.org.uk](http://www.centreformentalhealth.org.uk)

<sup>3</sup> Child and Maternal Health Profiles (Fingertips), Public Health England

<sup>4</sup> Population estimates and forecasts <https://www.hants.gov.uk/en/landplanningandenvironment/facts-figures/population/estimates-forecasts>

<sup>5</sup> Mental Health of Children and Young People in England, 2020 (accessed 30 December 2020): [https://files.digital.nhs.uk/CB/C41981/mhcyp\\_2020\\_rep.pdf](https://files.digital.nhs.uk/CB/C41981/mhcyp_2020_rep.pdf)

<sup>6</sup> [Self-harm \(youngminds.org.uk\)](http://Self-harm.youngminds.org.uk)

women are significantly higher than for young men, with even higher rates for those who identify as transgender or non-binary reported nationally<sup>7</sup>. Conversely, young men are at significantly greater risk of death by suicide than young women, though less likely to report self-harming behaviour<sup>8</sup>.

### **Key headlines from the Children and Young People's Mental Health Needs Assessment Refresh:**

A refresh of the Children and Young People's Mental Health needs assessment was undertaken by Public Health in July 2021

- Hampshire children and young people generally experience lower levels of disadvantage than their peers regionally and nationally in relation to living in low income households, their likelihood of requiring help to keep them safe from harm in their home environment, or to come into local authority care.
  
- Despite this, there are many children and young people who still face disadvantage compared to their peers. Inequalities in the distribution and burden of poor mental health remains a key challenge for Hampshire. There are particular groups of Children and Young People where additional vulnerability to poor mental health outcomes is a particular concern including those:
  - Who are looked after and care leavers
  - Who have a Special Educational Need or Disability
  - With a learning disability and/or autism
  - Who misuse substances
  - Living in more deprived communities in Havant, Gosport, New Forest, Rushmoor, Basingstoke, Test Valley and Eastleigh
  - Not attending school or not in education, training or employment
  - In ethnic minority groups
  - Who identify as LGBTQ+
  - With parent/s in the criminal justice system and young offenders
  - Who are exposed to criminal and/or sexual exploitation or victims of hate crime
  - Who are bereaved, including bereavement by suicide
  
- Vulnerability due to Special Educational Needs / Disabilities are similar to the national average
- Hospital admissions for self-harm in 10-24 year olds are rising and at 626.2 per 100,000 are higher than the England average of 444 per 100,000
- Parental wellbeing is the single biggest factor influencing a child's well-being. Children and young people's services could improve their understanding of how to identify parental mental health issues, confidence in discussing mental health with parents and knowledge in how to support parents to access adult mental health services.

### **The impact of Covid-19 on the mental health and emotional wellbeing of 0-25s**

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<sup>7</sup> [Hospital admissions as a result of self-harm in children and young people | The Nuffield Trust](#)

<sup>8</sup> Hampshire and Isle of Wight 0-25 CYP Mental Health Needs Assessment, 2021 Refresh, Page 73

While it is still too soon to know the full and lasting impact of the Covid-19 Pandemic upon children and young people and families' mental health, it is already clear that it has affected some groups more than others, and has affected different groups differently.

There is evidence that coronavirus (COVID-19) and related interventions, such as social distancing and stay at home guidance including school and early years setting closures, have likely had a negative effect on some children and young people's mental health and wellbeing, it is unknown how long any impacts might last. There is also evidence that many children and young people seemed to have coped well. Life satisfaction appears to have only slightly reduced and children and young people's happiness appears to have been relatively stable. 'New' or increased anticipated needs as a result of Covid-19 due to loss of connectedness at school and in society, family functioning impacting on risk and protective factors, increased trauma are likely to include the following:

- Increase in crisis presentations including self-harm
- Increase in complexity of cases presenting to CAMHS including those with social care needs
- Higher volume of mental health difficulties including depression, behavioural difficulties and family relationship challenges
- Increased anxiety e.g. due to lockdown/virus fears, transition back to school, separation anxiety
- Worries about exam cancellation and moving into next phase of education
- Increase in mental health presentations will have a negative impact on wider family
- Later identification of emerging needs
- Increased incidents of domestic violence, and child abuse due to family/parental stress due to work/financial impact
- Increased number and severity of eating disorders
- Bereavement and Loss
- Increase in violent crime – impact on mental health and aspirations

No Limits, a local, independent charity providing prevention, early intervention and crisis support to young people, published “The Impact of Coronavirus on Children and Young People’s Mental Health – The New Normal” report in April 2021. Key findings include:

- 1 in 3 children and young people reported that their mental health got worse or continued to get worse when returning to school in the autumn
- 82% of all young people aged 15+ are worrying about their long-term future
- Almost two thirds of young people are worrying about their mental health
- 81% of young adults are worried about not having enough money to live on
- 36% of females feel they needed more support in returning to school, college or work compared with 24% of males
- 10% of young people felt they have nowhere to go for support with their emotional or mental wellbeing

The report highlighted that children and young people have experienced social isolation during lockdown, which have impacted negatively on their mental wellbeing including their relationships and engagement with work / education. Young people want a sense of control over their lives, things to do, and meaningful connections with others. Lockdown has not only had an effect on the education of our young people but also their emotional and social development.



This highlights the need to develop the system and work in partnership to meet an increase in demand for mental health support for children and young people in both the short and long term and to improve the outcomes for children and young people in response to COVID. This will continue to be reshaped as new evidence emerges

Particular concerns in relation to increased mental health problems associated with the pandemic have been highlighted in four areas:

- **Eating Disorder** presentations into both community services, acute hospitals and mental health inpatient services have all increased
- **Loneliness** reported by children and young people has increased. Loneliness is associated with future mental health problems up to 9 years later, the strongest association being with depression. The length of loneliness appeared in one study to be a predictor for future mental health problems, thus the length of school closures may directly affect children and young people<sup>9</sup>.
- **PTSD** may present as a result of pandemic disasters and their disease containment measures.
- **Bereavement** – There have been over 130,000 excess deaths in England to date directly related to Covid infections, and the wider increase in excess deaths related to wider impacts of the Pandemic upon the health and care system are likely to be significantly higher than this, with this figure still rising.

The overall picture of mental health needs in Hampshire indicates that most of the County's children, young people and young adults have solid foundations for good mental health in terms of relatively low levels of deprivation, social care need, wider social disadvantage, learning disability / SEND and other common markers for poor mental health and emotional wellbeing.

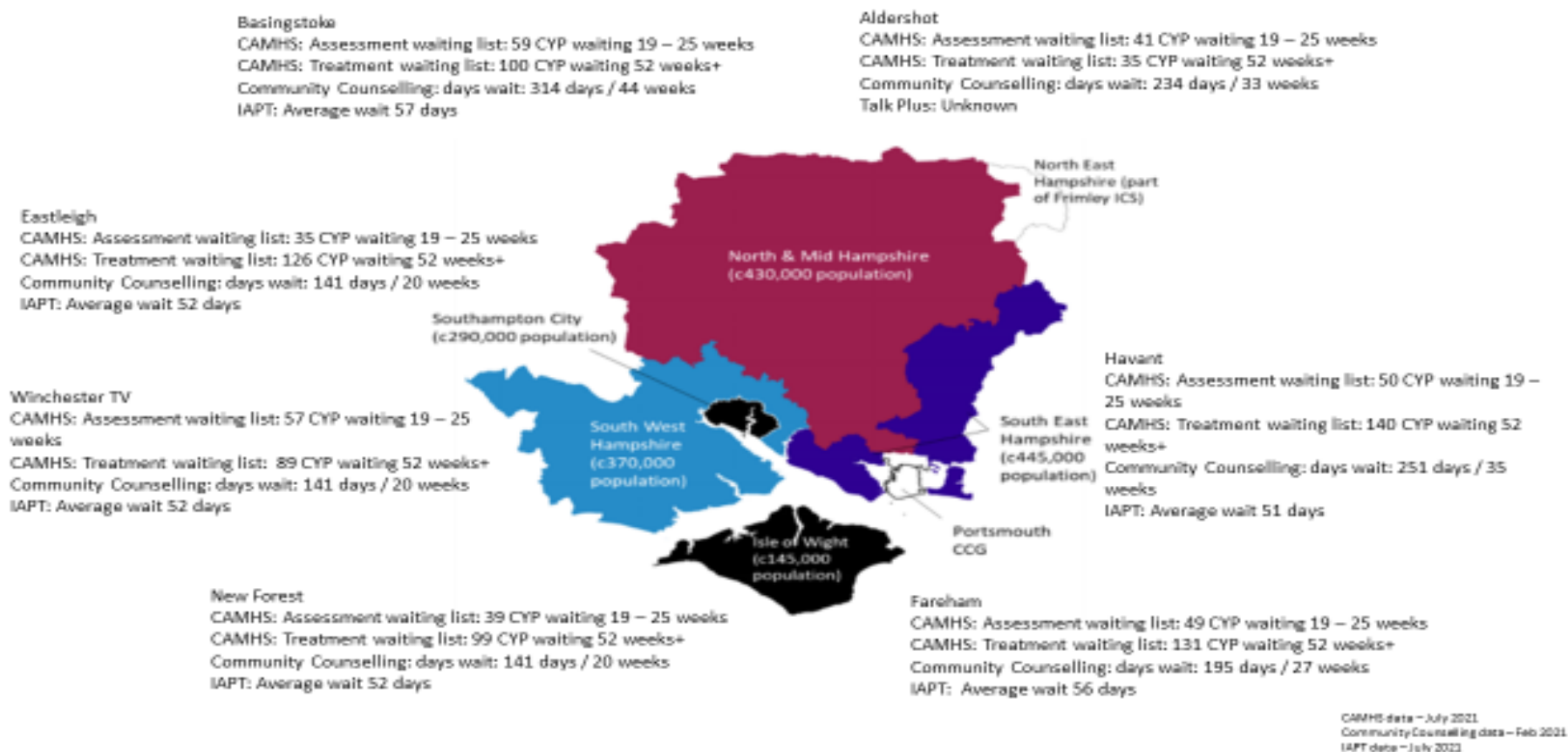
Whilst the commitments made in this Local Transformation Plan refresh for Hampshire will improve the mental health offer for all, our understanding of needs also tells us that the burden of poor mental health outcomes does not fall equally across all sections of our population of children, young people and young adults. We therefore need to ensure that the improvements we make in access, experience and outcomes are developed in a way that is inclusive to the particular needs of those groups who are most vulnerable to poorer mental health outcomes as outlined above.

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<sup>9</sup> Qualter P, Brown SL, Munn P, Rotenberg KJ. Childhood loneliness as a predictor of adolescent depressive symptoms: an 8-year longitudinal study. *Eur Child Adolesc Psychiatry*. 2010 Jun;19(6):493-501. doi: 10.1007/s00787-009-0059-y. Epub 2009 Sep 24. PMID: 19777287

#### 4. Our Local Picture - Overview of NHS Services

Services supporting children and young people in relation to mental health currently face significant demand and capacity challenges.



### Hampshire CAMHS (Child and Adolescent Mental Health Services)

Sussex Partnership Foundation Trust provide specialist community CAMHS services in Hampshire. Demand has outstripped the capacity of services over each of the past five years, resulting in:

- Large and growing numbers of children and young people waiting for assessment or treatment as outlined in the graphs below. As at 31 August 2021, 2,362 were waiting for assessment and 1,709 were for waiting treatment. This includes young people waiting for ADHD assessments whom are often among the longest waiters for assessment and/or treatment.



- Long and growing average waits for children and young people waiting to be assessed and/or treated as the service prioritises those with the most acute and pressing risks and needs.

In order to manage the increasing demands significant additional investment has been made into the Hampshire CAMHS service to:

1. Provide the capacity to deal with the growing number of referrals coming into the specialist service,
2. Provide the capacity to reduce and eliminate waiting lists for assessment and treatment
3. Increase the capacity in prevention and early help services

2020/21 is year one of a three year plan to 1) invest & clear waiting lists, 2) prevent future demand, and 3) right size service. Due to the historic waiting lists and COVID surge demand our modelling forecasts it will take until March 2024 to reduce the waiting list and bring waiting times back to within the national standards.

Hampshire CAMHS are currently recruiting 103 new posts. Recruitment is progressing solidly, with 79 of the 103 recruited and 40 having already started in post.

### **Children and Young Peoples Eating Disorders: 2020/21**

There has been a sharp rise in community eating disorder referrals, particularly in the urgent pathway. This is consistent with the national picture.

Performance:

- 52% increase in cases during 20/21 compared to 19/20, with highest increase in urgent presentations
- 62.5% of urgent referrals start treatment in 1 week (95% Target)
- 62% of routine referrals start treatment in 4 weeks (95% Target)

Access, performance and capacity is a major area of improvement focus. The service are recruiting to several vacancies and increasing the team by 11.5wte to meet the surge in demand.

### **Neurodevelopmental Pathways**

In addition to the long waits for assessment and treatment for core CAMHS services, there are also long waits for children and young people with Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Conditions (ASC) to receive an assessment.

- **Autism:** In Hampshire, there are currently approximately 1,233 children and young people waiting for an assessment for an ASC diagnosis. The average wait of those seen in July 2021 was 74 weeks, with the average wait of all those on the waiting list being 37 weeks. This is an improvement from the peak waiting list of over 1,600 in July 2020, with an average wait of approximately 104 weeks at that time. A newly commissioned service starts on 1 October 2021, which will for the first time have sufficient capacity to eliminate the existing waiting list by April 2024.
- **ADHD:** In Hampshire, children and young people with ADHD are assessed and treated for their condition, and any associated mental health problems through specialist community CAMHS services. Waiting list numbers for ADHD are not currently reported separately within the service.

### **Community Counselling Services**

Across Hampshire there are a range of community and voluntary sector provided counselling services, together with a small number of targeted services for vulnerable groups of children and young people. Waiting lists and times for community counselling services have grown in recent years as a result of increasing demand, with referrals growing year-on-year across all services. The Hampshire Community Counselling services now have a waiting list of over 600 children and young people, with average waits for starting individual or group counselling of approximately 6 months. An additional 2500 appointments will be made available from October 2021 to March 2022 to reduce the waiting list. A full service review is also underway to determine what is needed for the longer term.

### **Crisis Care and Safe Havens**

Across Hampshire and the Isle of Wight a number of initiatives have been developed in recent years to improve all age mental health crisis care and develop safe, convenient and timely access to mental health support for people in crisis.

- At the heart of this offer is a 24/7 all age mental health triage service, provided by Southern Health in partnership with South Central Ambulance Service NHS Foundation Trust and hosted in NHS 111. This service has access to all of the mental health patient care systems to support better assessment of risk and the timely notification of the need for follow up to community services.
- The NHS 111 Mental Health Triage service is also supported by a Mental Health Rapid Response Vehicle, which can attend and support people of all ages in mental health crisis in the community.
- A Paediatric Psychiatric Liaison service has been established in Winchester and Basingstoke hospitals. The team support people attending the Emergency Department.
- Alongside this, the NHS commissions a number of Safe Havens across Hampshire which can provide a safe and effective alternative to hospital Emergency Departments for people in mental health crisis. Whilst these are principally adult provisions, the Safe Haven services will be working with local teams to scope an offer for 16+ services going forward. These services are complemented by a small number of children and young people's Safe Havens in some parts of Hampshire.
- We have increased the capacity of i2i Intensive Home Treatment service
- No Limits youth workers are now supporting in hospital Emergency Departments and as part of the NHS 111 team

### **Digital Mental Health support – Kooth.com**

Kooth is a fully accredited counselling service with the British Association of Counselling and Psychotherapy. Kooth gives children and young people immediate access to an online community of peers and a team of experienced, accredited counsellors. Access is free of the typical barriers to support, there are no waiting times, no referrals, no thresholds to meet and complete anonymity. All counsellors receive regular clinical supervision in accordance with British Association of Counselling and Psychotherapy guidelines. As of January 2021 80% of all CCG areas commission Kooth. Kooth was launched in Hampshire in May 2021.

Take up by young people started very well with 584 registrations by the end of Quarter 1 (2021/22). Over 160 professionals have attended the Kooth webinars, with this number rapidly growing. The group of young people predominantly using Kooth are 12-15 year olds, with girls using



the service more than boys by a ratio of approximately 3:1. This mirrors national take-up and use of Kooth in other areas. It's encouraging that BAME registrations currently accounts for 12.1% of all people accessing the service. 100% of Young People would recommend Kooth to a friend, and over 60% use it in the evenings and weekends

### **Mental Health Support Teams in Schools (MHSTs)**

Hampshire currently has two MHSTs, one in Gosport and one in Havant, which were first established in January 2020, and were fully operational from February 2021 when the new teams completed their one year training. The MHSTs work both to support children and young people with mental health needs who don't have a need for specialist CAMHS services, and more generally with designated schools to support them in a whole school approach to promoting good mental health.

Hampshire has also been successful in attracting funding for an additional five MHSTs which will be established from January 2022. There will be two in Rushmoor, one in Basingstoke, one in Test Valley and one in the New Forest. There will be a further three MHSTs developed in Hampshire in January 2023, and a further four from January 2024. Once established, approximately 40% of school and college age children across Hampshire will have access to this enhanced support. We are working with HCC, Hampshire CAMHS and NHS England to ensure that we target areas and schools in Hampshire with the highest levels of need.

### **Health & Justice Partnerships with HCC**

There are a small number of specialist multi-agency support services, led by Hampshire County Council, that provide targeted specialist services to young offenders and young victims of crime. We work in partnership to meet the mental health needs of those accessing the services as part of the integrated team

- Youth Offending service, works with 10-17 year olds who are involved with the youth justice system as a result of offending behaviours. Many of the young people supported by youth offending services have a range of mental health needs, effective support around which can be key to improving their outcomes
- Willow Team, a multi-agency team working directly with children and young people who have been subjected to child sexual exploitation (CSE), and with the wider children's workforce to raise awareness of the signs that other young people they are working with might be subject to CSE.
- Frankie Workers provide support to children and young people who have been subjected to child sexual abuse.

### **Learning Disability & Autism Key Worker Pilot**

The NHS is creating key worker roles to work with families who have a child with a learning disability and/or autism who have recently been admitted to hospital because of their mental health. They will also work with these families where community services are finding it challenging to meet the child's needs and professionals may be considering admitting them to hospital. This is to address the NHS Long Term plan commitment that this group of children will have a designated Key Worker by 2023/24. The overall purpose of the Key Worker role is to get alongside children and families and understand their needs. It will help return them to, or keep them in, a community setting by intervening early in their care and working with the available community support – and if the support is not available, thinking strategically about how to create the required support. Also, giving children and their families the tools, they need to manage crises and when necessary to access the right support at the right time. HIOW is one of 13 national Key Worker pilot sites. Recruitment to the team is underway.

### **Children and Young People's Mental Health Additional Roles Reimbursement Scheme (ARRS)**

From April 2021, Primary Care Networks (PCNs) can recruit mental health practitioners (MHPs) through ARRS, to support the mental health of their population. The roles are employed by the specialist mental health services but embedded in the PCN. We are scoping with PCNs and Hampshire CAMHS a potential pilot of Children and Young People's Mental Health practitioners under this scheme

### **What professional tell us about the children and young people's mental health offer**

The consistent message is that there is not enough universal support widely available to parents and carers in Hampshire, and what there is, it is not widely publicised. This came through very strongly in discussion with education professionals, via the Link Programme, through conversations with Pupil Referral head teachers, and from the Primary Behaviour Service and Hampshire Parent Carer Network (both services which support children, young people and families with often complex and multiple difficulties). Professionals from a range of backgrounds highlighted that many families have both significant gaps in knowledge about basic child development, as well as about behaviours, how behaviours form, and how environmental adaptations and new and improved strategies can support children to adapt and change their behaviour, without the need for specialist service input or a diagnosis. As more frontline children's services become trauma informed in their practice, awareness of evidence of children experiencing this trauma, and of trauma in the lives of children's parents and carers is also building.

The newly commissioned Emotional Wellbeing Service (EWS), introduced to Hampshire during the Pandemic described parental frustrations when supporting their children, which stem from a lack of knowledge about how and why children behave in certain ways. The service stated that there is an increasing need to educate parents and carers about attachment and trauma, especially those who may have had their own difficult experiences which may have led to their children's challenges, e.g. experiencing domestic violence or abuse

## 5. Engagement - The Voice of Children & Young People

### What children and young people tell us about mental health services

Hampshire and Isle of Wight Public Health team undertook a health and wellbeing pupil survey<sup>10</sup> between November 2019 and January 2020 with children in year groups 5, 7 and 10 across 42 primary and 25 secondary schools. 1,862 primary and 4,796 secondary pupils participated. 23% of secondary pupils said that their school never helps them talk about their feelings. 73.2% of primary pupils described their PHSE topics covering feelings to be helpful, compared to 66.4% of secondary pupils.

Overwhelmingly, all children preferred to seek the help of an adult for support or advice, whether that was in school or via a medical professional. While secondary pupils were more likely than younger children to seek support via a website, chat, text, app, social media or other online medium, the element of wanting a human connection with a trusted adult that could offer support came across very strongly in the survey results. The survey highlighted that overall, the majority of pupils felt good or very good about themselves and their health; however there is a marked decrease in these feelings for children in secondary school. This is further exacerbated where children are young carers; young carers across both primary and secondary education had more emotional and behavioural difficulties, with young carers generally feeling worse about themselves and their health than young people with no caring responsibilities.

Children were also asked about their worries, and whether these related to their personal lives, their school lives or to their friendships and relationships. Most worries were identified as being school-related, with bullying being a significant concern for children. 32.5% of primary and 24.1% of secondary children surveyed said that they had been the victim of bullying within the last 12 months. School-based bullying was described as being the most frequently occurring, while online bullying was the least frequent (but more common for secondary pupils). Young carers are disproportionately affected by bullying, with primary-aged carers being at 70% increased risk of experiencing bullying, and secondary-aged carers at 80% increased risk of experiencing bullying.

### Where children and young people currently go for support in relation to their mental health

Helping children and young people find the best support for their mental health needs isn't easy. Across all surveys nationally and locally, children and young people consistently report that their friends and family are the most common first source of support. When parents and peers cannot provide the support needed then this can heighten their concerns. It has been noted by several agencies that many children and young people can feel uncomfortable phoning for support if they do not know who they are going to be talking to, and that similarly they are less likely to answer their phone if they do not recognise the number that is calling them. This highlights the need for services to work with the children, young people and families that their services are intended to support to ensure communication does not create additional barriers and/or anxieties for them. There is a myriad of alternative methods for communication between services and service users: including email, instant messaging/web chat, text message, video call. Services should work with their target audiences to test the attractiveness and

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<sup>10</sup> Hampshire Health in Education, Health and Wellbeing Pupil School Survey 2019/20: Summary, Hampshire County Council, 2020

acceptability of different methods. Much of the phone contact that does have credibility and acceptability to children and young people is to national help lines involving organisations that have a strong reputation for being friendly and sympathetic. Young people require access to devices to be able to engage in many of the available services.

### **Participation People, Youth Climate Report, 2021**

During the spring of 2021, the CCG, working with CAMHS providers engaged with a participation agency called “The Participation People” to review various aspects of how well children’s mental health services reflect and respect the views of children and young people in Hampshire and on the Isle of Wight. Their review was commissioned to test our approach to participation in relation to three areas of particular focus:

1. **Culture:** Whether those leading children and young people’s services are motivated to listen, value and respond to their voices

#### **Key Findings:**

- Professionals understood the importance of involving young people in decision making.
- Professional had different definitions of what good youth engagement, participation and co-production meant.
- Young people were unclear who was in charge or whom to give feedback to. They didn't know how their voice had been listened to or what had changed.

2. **Structure:** how well we enable children and young people to express their views about their experiences

#### **Key Findings:**

- Multiple youth voice and parent voice forums exist.
- They are however limited in number of young people they reach and different types of mental health lived experiences.
- Professionals outside those forums don't know what the groups do or how they affect service improvements
- Young people commented that there was a lot of paperwork, plans, surveys, and requests for their feedback.
- They expressed an interest in knowing what happens with their feedback and data in a youth-accessible way.

3. **Feedback:** how well we are organised to routinely capture the experiences, views and ideas of service users

#### **Key Findings**

- Young people want to give feedback, not just on their care, but also on how mental health services have/haven't supported them.
- Young people's voices should inform and feed into team meetings, team performance reviews, staff training plans and contract monitoring as the rule, not the exception.
- Young people want
  - Information on noticeboards in waiting rooms (designed by young people in a youth-friendly and accessible way).
  - Information regularly shared in fun and engaging ways through social media channels
  - Regularly updated short case studies, films, and news items on websites of services they access - including their school websites.
  - SMS updates on how their voice has influenced change through a survey they had taken part in.

- Supported to use creative mediums e.g. photos, film, cartoons, animation, songs and artwork to help them express their opinions, views and perceptions.

The table below sets out our planned response to the 2021 Youth Climate report.

<b>Recommended Actions arising from Hampshire and Isle of Wight Participation Youth Climate Report</b>			
<b>Timescale</b>	<b>Planned Cultural improvements</b>	<b>Planned Structural improvements</b>	<b>Planned improvements in Feedback</b>
2021/22	Facilitate a Takeover Challenge - with young people working alongside senior leaders to “take over” their roles for the day and give senior leaders an authentic experience of children and young people’s views of the issues they make decisions on every day.	With young people and professionals get all the paperwork in a room and youth proof it. Co-produce a "Youth Proof Charter" to ensure all written material is youth-friendly, inclusive, and accessible moving forwards.	Work with young people to identify what "good" looks like for each mental health support service they access. Share their recommendations publicly. Use feedback to inform contract monitoring and commissioned service specifications.
2022/23	Facilitate a reverse mentoring programme for young people to mentor senior leadership in exchange for skill development, CV, and interview support.  Support young people to scrutinise commissioners, services’ annual reports and offer their insight into service improvements.	Recruit, train and support young people to be Young Inspectors. Ask them to inspect how youth-friendly and accessible mental health services and feedback their findings to service leads  Review staff recruitment, selection, induction, training, and appraisal processes with young people. Create a toolkit to support managers involve young people in these processes.	Work with a group of young people to create a short film and hints, tips, and tools guide for maintaining positive mental health whilst waiting for access to services. Give this to young people on the "waiting list" and ask them to feedback what works for them/ other ideas to add to the guide.  Create a set of ‘Trip Advisor’ style ratings for mental health services and ask young people to rate the service they have received. Repeat and review annually with young people.



## 6. Our Approach to CYP Mental Health Service Development

The I-Thrive framework provides a context for the different types of help that children and young people might need from services depending upon whether they are already thriving and/or whether they currently need more help, and if so, what sort of help.

Our Local Transformation Plan is rooted in the iThrive Framework and comprises eight core components:

1. **Common Language** –five needs based groupings: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help, Getting Risk Support
2. **Needs-Led** - Approach based on meeting need, not diagnosis or severity.
3. **Shared Decision Making** - Voice of children, young people and families is central.
4. **Proactive Prevention and Promotion** - Enabling the whole community in supporting mental health and wellbeing.
5. **Partnership Working** - Effective cross-sector working, with shared responsibility, accountability and mutual respect based on the five needs based groupings.
6. **Outcome Informed** - Clarity and transparency from outset about children and young people’s goals, measurement of progress movement and action plans, with explicit discussion if goals are not achieved.
7. **Reducing Stigma** - Ensuring mental health and wellbeing is everyone’s business
8. **Accessibility** - Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community.



## 7. Key Achievements April 2019 to September 2021

The past 18 months has seen the CCG invest £11.5m to support the growing mental health needs of the children and young in Hampshire in the six priority areas listed below. In addition NHS England has invested £2.7m to develop mental health support teams in schools.

Key Objective	Investment 2020/21	Investment 2021/22	Achievements April 2020 to August 2021
<p><b>1. Improve access and waiting times for children and young people's mental health services</b> (Getting More Help)</p>	£1.634m	£5.421m	<ul style="list-style-type: none"> <li>• Increased capacity in core specialist CAMHS teams by 40% to address increased demand, COVID surge and legacy waiting lists, including the creation of a new blended treatment team</li> <li>• Increased the capacity of community CAMHS Eating Disorder services to move towards being able to deliver the access standards set out in the NHS Long Term Plan and meet the COVID surge demand</li> <li>• Development of new digital and blended treatment team which should start to offer treatment for children and young people from late September 2021, with a focus on those who have waited the longest, including children and young people with ADHD</li> <li>• Increased activity in relation to assessment of Autism Spectrum Conditions (ASC) from July 2020. To date this has reduced the number waiting for assessment in Hampshire by 23% from 1,600 to 1,233.</li> <li>• A new ASC service will be in place from 1 October 2021 which will clear the waiting list for ASC assessments and reduce average waiting times to 12 weeks by April 2024 (currently 74 weeks).</li> </ul>
<p><b>2. Develop prevention, early help, integration and targeted outreach for higher risk groups of children and young people</b> (Getting advice and Signposting, Getting Help)</p>	£271k	£311k CCG £2.7m NHS England	<ul style="list-style-type: none"> <li>• Improved the Hampshire CAMHS prevention and early help offer to schools and colleges by: <ul style="list-style-type: none"> <li>○ Increasing the capacity of the Single Point of Access</li> <li>○ CAMHS facilitated school and college mental health forums from Autumn 2021</li> <li>○ School and college mental health drop in clinics for children and young people of concern who don't meet CAMHS criteria.</li> <li>○ CARE programme into Hampshire Primary schools</li> <li>○ Mental Health Ambassadors programme</li> </ul> </li> </ul>

Key Objective	Investment 2020/21	Investment 2021/22	Achievements April 2020 to August 2021
			<ul style="list-style-type: none"> <li>• Successful bid to mobilise 11 additional Mental Health Support Teams in Schools from January 2022 to January 2024</li> <li>• Rollout of the Link Programme to over 70 schools across Hampshire</li> <li>• Launch of Kooth.com digital mental health offer for 11-25 year olds</li> <li>• Development of the Little Blue Book of Sunshine E-book to support children, young people, parents, schools/colleges and other services in maintaining good mental health</li> <li>• Increasing access to psychological therapies for parents through the IAPT expansion</li> </ul>
<b>3. Improve service quality and access for children and young people in mental health crisis</b> (Getting more help, Getting risk support)	£1.4m	£2.337m	<ul style="list-style-type: none"> <li>• Rollout of an all age 24/7 mental health triage service, via NHS 111, backed up with a mental health crisis rapid response car</li> <li>• Increased the capacity of i2i Intensive Home Treatment service</li> <li>• Paediatric psychiatric liaison teams in all hospital Emergency Departments and inpatient support to acute wards</li> <li>• No Limits youth workers in hospital Emergency Departments and NHS 111 to support in crisis and post discharge</li> <li>• Close collaboration with our Tier 4 CAMHS provider collaborative to improve support for children and young people admitted to hospital for mental health crisis / serious self-harm</li> </ul>
<b>4. Improve transition arrangements for 16 &amp; 17 year olds and access to mental health services for 18-25 year olds</b> (Getting advice and Signposting, Getting Help)	N/A	£3.5m all ages IAPT expansion	<ul style="list-style-type: none"> <li>• Engagement with adult mental health teams to develop the programme for 16-25 year olds</li> <li>• Increasing access to psychological therapies for 16 to 25 year olds through the IAPT expansion</li> <li>• Agreement across children's and adult services to refresh and re-commit to the transition protocols</li> </ul>
<b>5. Improve service quality, developing the workforce and embedding the use of data &amp;</b>	N/A	N/A	<ul style="list-style-type: none"> <li>• Significant workforce expansion underway – in excess of 100 additional staff</li> </ul>

Key Objective	Investment 2020/21	Investment 2021/22	Achievements April 2020 to August 2021
<p><b>outcomes to demonstrate service effectiveness</b> (Getting advice and Signposting, Getting Help, Getting more help, Getting risk support)</p>			<ul style="list-style-type: none"> <li>• Agreement across CAMHS services to ensure a consistent approach to the use of Routine Outcome Measures to help achieve a consistent overview of service effectiveness</li> <li>• Engagement with Health Education England colleagues to ensure connectivity with wider workforce development initiatives to support the significant planned expansion of the workforce currently underway</li> </ul>
<p><b>6. Assess and take action to reduce the inequity of access, experience and outcome for more vulnerable and disadvantaged children and young people</b> (Getting Help, Getting more help, Getting risk support)</p>	N/A	£856k	<ul style="list-style-type: none"> <li>• Refresh of the mental health needs assessment for under 25s with specific reference to 16-25s to support the identification of higher priority groups of young adults</li> <li>• Success in having Hampshire, Isle of Wight, Portsmouth and Southampton designated as a Keyworker Early Adopter site for children and young people with Learning Disabilities and Autism</li> <li>• Agreement between HSI CCG and Hampshire County Council to increase the capacity of Cypress Lodge in relation to the psychological wellbeing of complex children in care at risk of placement breakdown</li> <li>• CCG commitment to a revised pledge for better meeting the mental health needs of children in care through local services, and of meeting the needs of Hampshire Children in Care placed elsewhere</li> <li>• Confirmation of NHS input into health and justice services for Hampshire children and young people through the Youth Offending Service, Willow Team and Frankie service</li> </ul>

## 8. Six Key Objectives & Delivery Plan 2021/22

We have 6 key objectives:

1. Improve access and waiting times for children and young people's mental health services
2. Increase our focus on prevention and early help
3. Improve service quality and access for children and young people in mental health crisis
4. Improve transition for 16 & 17 year olds and access to mental health services for 18-25 year olds
5. Improve service quality, develop the workforce and embed the use of data & outcomes to demonstrate service effectiveness
6. Increase equity of access, experience and outcomes for more vulnerable children and young people

1. Improving access and waiting times for children and young people's mental health services (Getting More Help)	Mental Health is everyone's business	Improving parental Mental Health	A whole school MH wellbeing approach	Support for vulnerable CYP	Reducing rates of self-harm	Improving service provision
<b>Key Deliverables:</b>						
<b>2021/22</b>						
Maintain service access above the levels required in the NHS Long Term Plan	☺		☺	☺	☺	☺
Mobilise CAMHS blended treatment team to support prioritisation of people who have waited the longest						☺
Mobilise service to reduce waits for Autism assessments		☺			☺	☺
Mobilise the investment in Core CAMHS to increase contact capacity from 5,000 to 7,900 contacts per month	☺		☺	☺	☺	☺
Mobilise capacity in the Hampshire CAMHS Single Point of Access to ensure rapid triage and assessment	☺		☺	☺		☺
Mobilise additional investment in Community CAMHS Eating Disorder Services			☺	☺	☺	☺
Optimise collaboration between the NHS 111 mental health triage service, the Rapid Response car and CAMHS				☺	☺	☺
Continue to develop the Eating Disorder Service offer to fully comply with NICE guidance	☺			☺		☺
Scope the opportunity for voluntary sector partnerships to enhance the eating disorder care pathway	☺		☺	☺		☺
Scope eating disorder raising awareness offer for schools, GPs and other community partners	☺		☺	☺		☺
Scope need and pathway for Avoidant restrictive food intake disorder (ARFID) with support from NHS England				☺		☺
Alignment and development of pathways with Tier 4 Closer to Home Provider Collaborative model				☺		☺
Work with providers to ensure data on waiting times is reported monthly						☺
<b>2022/23 Onwards</b>						
Continue to expand the offer in-line with the long term plan	☺	☺	☺	☺	☺	☺



<b>2. Increase our focus on prevention and early help</b> <b>(Getting advice and Signposting, Getting Help)</b>  <b>Key deliverables:</b>	Mental Health is everyone's business	Improving parental Mental Health	A whole school MH wellbeing approach	Support for vulnerable CYP	Reducing rates of self-harm	Improving service provision
<b>2021/22</b>						
Add an additional 2500 appointments to the Community Counselling Services for the remainder of 2021/22	☺				☺	☺
Successful promotion and rollout of Kooth and Year 1 Evaluation			☺	☺	☺	☺
Develop collaborative proposals with HCC on the Wellbeing for Education Return programme	☺		☺			☺
Improve self-help, supported self-management and parental mental health information on Healthier Together	☺	☺	☺			☺
Review the impact of Hampshire CAMHS Psychological Perspectives in Education and Primary programme	☺		☺			☺
Mobilise five new MHSTs in Rushmoor (2), Basingstoke and Deane, Test Valley and New Forest	☺		☺	☺		☺
Submit proposals for 3 additional MHSTs	☺		☺	☺		☺
Deliver the Link Programme to 40 Hampshire schools	☺	☺	☺			☺
With HCC Education seek selection for further roll-out of the Link Programme in 2022/23	☺	☺	☺			☺
Scope and agree 2022/23 pilot of CYP ARRS roles focussed in areas with less benefit from MHST expansion	☺			☺	☺	☺
Review Hampshire-wide Community Counselling service provision including the LGBTQ+ provision	☺		☺	☺	☺	☺
In partnership with adult services, improve signposting and navigation for parents mental health	☺	☺	☺	☺		
Co-produce communication materials and campaigns to improve parent/carer awareness of their own mental health whilst supporting children and young people with their mental health	☺	☺				☺
Develop the parental mental health support offer for families	☺	☺				☺
Evaluate preventative Hampshire CAMHS programmes in Hampshire schools	☺	☺	☺	☺	☺	☺
<b>2022/23 onwards</b>						
Deliver a community and voluntary sector children and young people's mental health grants programme	☺	☺		☺	☺	☺
Agree the future model for Community Counselling service provision for children and young people	☺		☺	☺	☺	☺
Submit proposals for 4 additional MHST in Schools teams	☺		☺	☺		☺

3. Improving service quality and access for children and young people in mental health crisis (Getting more help, Getting risk support)	Mental Health is everyone's business	Improving parental Mental Health	A whole school MH wellbeing approach	Support for vulnerable CYP	Reducing rates of self-harm	Improving service provision
<b>Key Deliverables:</b>						
<b>2021/22</b>						
Ensure successful acute Psychiatric Liaison mobilisation		☺		☺	☺	☺
Evaluate Youth Workers in Emergency Department and Safe Haven and scope embedding within the core Psychiatric Liaison/Crisis Offer	☺			☺	☺	☺
Scope the potential for an all age Psychiatric Liaison service by integrating children's and adult services				☺	☺	☺
Further development of 111 pathway with No Limits for under 25 year olds	☺			☺	☺	☺
Develop proposals for improved provision of safe spaces for discharge from acute hospital for children and young people in acute mental health distress	☺			☺	☺	☺
Mobilise additional investment in i2i Community Home Crisis Service		☺		☺	☺	☺
Support the roll-out of the "Closer to Home" Tier 4 service				☺	☺	☺
Develop proposals for achieving 24/7 Mental Health Crisis support services	☺	☺		☺	☺	☺
Understand the data and pathways in relation to self-harm, identify areas for quality and service improvement	☺	☺	☺	☺	☺	☺
Link with public health to scope a deep dive on the characteristics of people up to 25 who have died by suicide	☺			☺	☺	☺
<b>2022/23 Onwards</b>						
Implement the agreed proposals as a result of the work above and in line with the NHS Long Term Plan				☺	☺	☺
Support the Public Health led commissioning of a suicide bereavement service	☺	☺		☺	☺	☺

4. Improve transition for 16 & 17 year olds and access to mental health services for 18-25 year olds (Getting advice and Signposting, Getting Help)  Key Deliverables:	Mental Health is everyone's business	Improving parental Mental Health	A whole school MH wellbeing approach	Support for vulnerable CYP	Reducing rates of self-harm	Improving service provision
<b>2021/22</b>						
Baseline the number of 18 to 25s receiving a dedicated service offer and set up monthly reporting						😊
Co-produce priorities for the Hampshire 18 to 25 service offer	😊	😊		😊		😊
With No Wrong Door community transformation develop solutions for 18-25 year olds who don't meet AMH criteria	😊			😊		😊
Increase access to IAPT for 16 to 25 year olds	😊	😊		😊	😊	😊
Review mental health support needs of 18-25 year olds in full or part time education	😊	😊		😊	😊	😊
Develop and sign off Transition protocol between CAMHS and Southern Health (Adult Mental Health Provider)	😊			😊		😊
Agree protocols for in children in care, care leavers & young people with learning disability transitioning into early adulthood	😊			😊	😊	😊
Agree protocol for transition from CAMHS to Primary Care Mental Health Teams	😊			😊		😊
Co-produce with young adults (16-25) transition support information that prepares them for adult community mental health services	😊	😊	😊		😊	😊
<b>2022/23 Onwards</b>						
Continued roll-out of 0-25 offer	😊	😊	😊	😊	😊	😊
Scope an all age eating disorder pathway	😊		😊	😊		😊

<b>5. Improve service quality, develop the workforce and embed the use of data and outcomes to demonstrate service effectiveness</b>  <b>(Getting advice and Signposting, Getting Help, Getting more help, Getting risk support)</b>  <b>Key Deliverables:</b>	Mental Health is everyone's business	Improving parental Mental Health	A whole school MH wellbeing approach	Support for vulnerable CYP	Reducing rates of self-harm	Improving service provision
<b>2021/22</b>						
Share the revised 0-25 Mental Health Needs Assessment widely to inform future service improvement	☺	☺	☺	☺		☺
Deliver the actions from the 2021 Youth Climate Report	☺	☺	☺	☺	☺	☺
Co-produce with children, young people, parents and carers a participation programme for 2022/23	☺	☺	☺	☺	☺	☺
Monitor impacts of the pandemic upon wellbeing, sickness and turnover in the mental health workforce	☺					☺
Encourage uptake of the staff support hub for the children and young people's workforce	☺	☺				☺
Review and embed findings from Health Education England (HEE) HIOW Workforce Development Project	☺					☺
Review of current training available to wider workforce to support emotional and mental health	☺	☺	☺	☺	☺	☺
Review opportunities to reduce levels of 'failed' referrals into Community CAMHS service	☺					☺
Improve the quality of data reporting and recording in relation to paired outcome measures						☺
Improve the quality, consistency and comprehensiveness of data on protected characteristics						☺
Upload MHST information to the MHSDS in line with national standards	☺		☺			☺
Use the outcome measures from the MHSTs to inform and develop the Whole School Approach	☺		☺			☺
CAMHS reporting using clinical coding as per SNOMED-CT system and upload Outcomes data to MHSDS						☺
<b>2022/23 onwards</b>						
Implement participation programme for children, young people, young adults, parents and carers	☺	☺	☺	☺	☺	☺
Support the implementation of a Trauma-informed practice workforce development training programme	☺	☺	☺	☺	☺	☺

<b>6. Increase equity of access, experience and outcomes for more vulnerable children and young people</b>  <b>(Getting Help, Getting more help, Getting risk support)</b>  <b>Key Deliverables:</b>	Mental Health is everyone's business	Improving parental Mental Health	A whole school MH wellbeing approach	Support for vulnerable CYP	Reducing rates of self-harm	Improving service provision
<b>2021/22</b>						
Develop a roadmap to measure access, outcomes and experience for vulnerable groups						😊
Develop collaborative proposals with HCC in relation to improving psychological support for children in care	😊			😊	😊	😊
Review learning from the Complex Children's Panel and make improvements based on that learning	😊			😊	😊	😊
Review jointly funded multi-agency services: Youth Offending, Willow & Frankie	😊	😊		😊	😊	😊
Mobilise Learning Disability / Autism Keyworker Team	😊	😊	😊	😊	😊	😊
Develop an all-age Autism Strategy aligned with publication of National and SE Autism Strategy	😊	😊		😊	😊	😊
Review and remodel the ADHD and Autism Pathways, scoping the benefits of an all age pathway	😊	😊	😊	😊		😊
Developing pathways to better meet the emotional and mental health needs of CYP with LD and/or Autism		😊	😊	😊	😊	😊
Work in partnership with HCC to develop the Cypress Lodge service	😊			😊	😊	😊
<b>2022/23 onwards</b>						
Use the developing data sets for further design and service improvement	😊			😊		😊



## 9. Measuring Success

We will meet or exceed the following commitments:

Commitment	Baseline	2021/22	2022/23	2023/24
We will see over 95% of children and young people referred to CAMHS Eating Disorder services as urgent cases within 1 week by the end of 2021/22.	63%	95% by Q4	95%	95%
We will see over 95% of children and young people referred to CAMHS Eating Disorder services as routine cases within 4 weeks by the end of 2022/23.	62%	80% by Q4	95% by Q3	95%
We will continue to exceed the national access standards targets for children and young people estimated to have a mental health disorder.	>8,379	>8,604	>9,183	>10,140
We will achieve or exceed the national access ambitions set out for increased uptake of mental health services by 18-25 year olds by the end of 2022/23.	>109	>218	>327	>437
We will achieve or exceed 90% of children and young people being assessed within 4 weeks of referral by March 2024.	17%	30%	60%	90%
We will achieve or exceed 90% of children and young people starting treatment within 18 weeks of assessment by March 2024	13%	30%	60%	90%
We will meet or exceed 90% of children and young people referred for autism assessments receiving them within 12 weeks by March 2024	0%	30%	60%	90%
Additional numbers of people will access an 18 to 25	Baseline to be established	Baseline + 188	Baseline + 238	Baseline + 378

### Outcome Measures

In addition to the above, we are also working with children's mental health service providers to develop a single approach to Routine Outcome Measures that demonstrate not only our progress in the timeliness of access to children, young people and young adults mental health services, but demonstrates the effectiveness of local mental health services in improving the mental health of those that they work with.

**To provide a wider measure of the performance and progress we will also work with our partners to report performance in the following measures:**

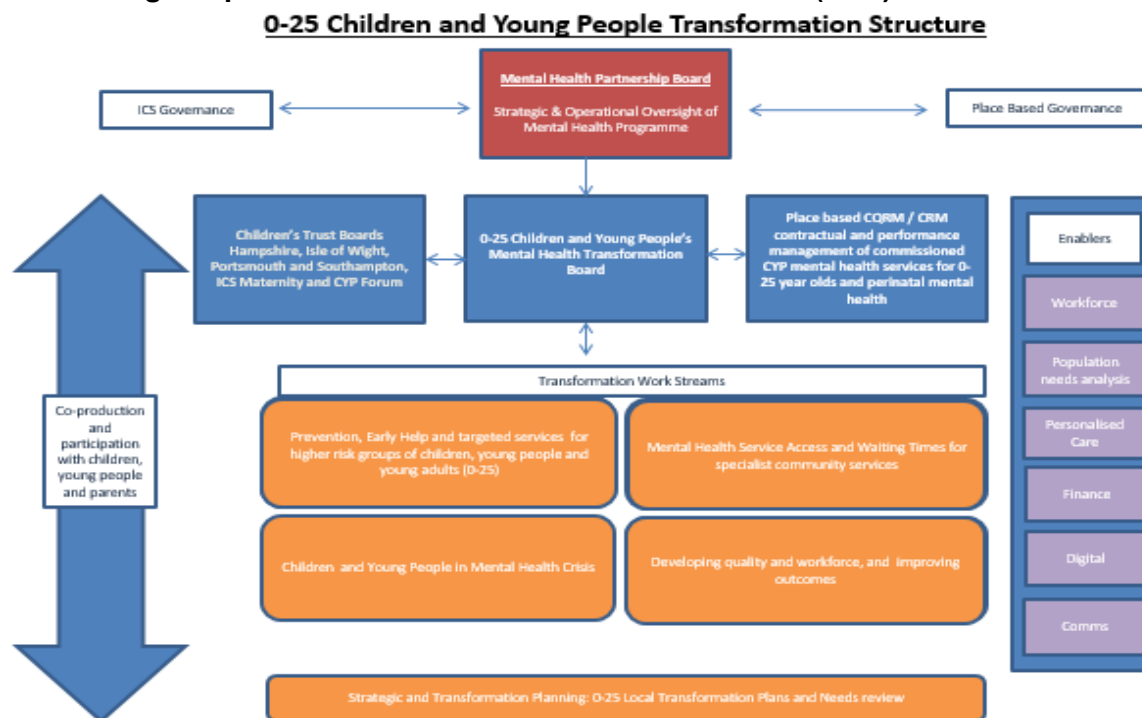
Measure
Coverage of 24/7 Mental Health Crisis services across Hampshire

<b>Measure</b>
Mobilisation of Mental Health Support Teams (MHSTs)
Numbers of Hampshire schools and colleges supported in a whole school approach through participation in the Link Programme.
Average waits of children and young people assessed by specialist CAMHS Services
Longest waits of children and young people assessed by specialist CAMHS Services
Number of children and young people awaiting assessment by specialist CAMHS services
Average waits of children and young people starting treatment by specialist CAMHS Services
Number of children and young people waiting to start treatment by specialist CAMHS services
Longest waits of children and young people assessed by specialist CAMHS Services
Number of children and young people referred to specialist CAMHS services
The number of children and young people open to treatment by specialist CAMHS services
Number of urgent and routine referrals for the eating disorder community service
Number waiting for a NICE approved eating disorder treatment on the urgent and routine pathways and how long they have waited
Longest wait for a NICE approved eating disorder treatment on the urgent and routine pathways and how long they have waited
The percentage of specialist CAMHS service users discharged from services with a paired outcome score
Number of children and young people referred to non- CAMHS community Counselling services
Number of children and young people on waiting lists for non-CAMHS community Counselling services
Average wait for starting non-CAMHS community Counselling services
The number and percentage of non-CAMHS service users discharged from counselling services with a paired outcome score
The number and percentage of users of NHS 111 Mental Health Triage services whose needs were met without attending a hospital
The rate per 100,000 of 10-24 year olds admitted to acute hospitals for as a result of self-harm
The number and percentage of children in care whose emotional wellbeing is a cause for concern
The number of children and young people referred for an Autism assessment
The number of children waiting for an Autism assessment
The average wait (in weeks) for an Autism assessment
The longest wait (in weeks) for an Autism assessment
The number of children and young people referred for an ADHD assessment
The number of children waiting for an ADHD assessment
The average wait (in weeks) for an ADHD assessment
The longest wait (in weeks) for an ADHD assessment

## 10. Governance

The CYP Mental Health Transformation Board sits under, and reports into the HIOW ICS Mental Health Partnership Board, which provides overall strategic direction for the development and transformation of the all age mental health offer. Whilst the operational and strategic governance model is likely to evolve as the NHS Integrated Care System (ICS) develops the current structure is set out below in Figure 1

**Fig 1 – HIOW Children and Young People’s Mental Health Transformation Board (0-25)**



## 11. Finance

Investment from NHS England into the Hampshire CYP MH Local Transformation Plan is derived through the NHS Long Term Plan Ambitions Tool. Because Hampshire's geography is a composite of those parts of Hampshire in the Hampshire and Isle of Wight ICS, and those parts of Hampshire in the Frimley ICS, the finances associated with CYP MH Long Term Plan have been estimated on the basis that 87% of the children in North East Hampshire and Farnham are resident in Hampshire. These figures are to be confirmed with North East Hampshire team before being finalised.

### Cumulative NHSE Investment in improving Community Services for Children and Young People's Mental Health 2019/20 to 2023/34

Area of Investment	Geography	2019/20 (£s)	2020/21 (£s)	2021/22 (£s)	2022/23 (£s)	2023/24 (£s)
Community based services and crisis services (0-25)	Hampshire Component of HIOW ICS	507,532	1,228,785	1,840,116	3,005,469	4,308,510
	North East Hampshire component of Frimley ICS	80,199	193,329	288,354	468,936	669,450
	Hampshire County Council Footprint (total of above)	587,731	1,422,114	2,128,470	3,474,405	4,977,960
Eating disorder services	Hampshire Component of HIOW ICS	223,526	444,648	458,293	468,414	478,428
	North East Hampshire component of Frimley ICS	35,321	69,958	71,816	73,085	74,337
	Hampshire County Council Footprint	258,847	514,606	530,109	541,499	552,765
<b>Total</b>	<b>Hampshire County Council Footprint</b>	<b>846,578</b>	<b>1,936,720</b>	<b>2,658,580</b>	<b>4,015,904</b>	<b>5,530,725</b>

In 2021/22, the CCGs invested well beyond the funding specifically provided by NHS England for Children and Young People's Mental Health to reduce waiting lists and respond to COVID surge demand.

### Funding Risks

A further investment of £1.356m in 2022/23 and £1.5m in 2023/24 is expected from NHS England to deliver the requirements of the Long Term Plan in relation to Community CAMHS, Crisis and Eating Disorder services for Children, Young People and Young Adults.

The funding for Eating Disorders, at a total of £23k over the two years, will not be sufficient to meet the rise in demand that CAMHS services are experiencing. Discussions are underway with NHSE about the need for an increased allocation to meet the eating disorder demand.

It is also important to note that the Long Term Plan does not provide a specific funding stream for ADHD and Autism assessment and treatment. This is also an area of significant growth in demand. We anticipate this will continue to be a need into the coming years and as such we will carry out a detailed pathway review.

## **12. Agreeing 2022/23 Local Transformation Plan Priorities**

We will work with partners and stakeholders over the next six months to finalise the investment priorities for children and young people's community mental health services, crisis services and eating disorder services to deliver on the access and outcome requirements as set out in the long term plan

However, the level of investment expected through the Mental Health Investment Standard and the NHS Long Term Plan alone will not be sufficient to deliver on all the priorities. We will develop business cases for those areas that fall outside of those long term plan commitments

A refreshed Local Transformation Plan will be published in March 2022 outlining our agreed investments, actions and delivery plans for 2022/23 in full.



### 13. High Level Risks and Issues

No	Description of Risk	Impact(s) of risk if realised	Current Risk (Impact x Probability)	Mitigating actions
1.	<p><b>Emergency Department (ED) and Paediatric Ward Presentations</b></p> <ul style="list-style-type: none"> <li>- Increases in Emergency Department presentations and paediatric ward and admissions over the winter (even as paediatric psychiatric liaison and other crisis services are mobilised and expanded) due to ongoing impact of Covid-19 and expected increases in RSV / Bronchiolitis admissions</li> <li>- Frimley Hospital (serving NE Hampshire) does not yet benefit from an equivalent CYP psychiatric liaison model as HHFT, though does have an offer.</li> </ul>	EDs and Paediatric wards may be compromised in relation to safe patient care due to increased numbers of RSV infections and high numbers of children and young people with eating disorders and other mental health presenting conditions requiring inpatient care. Patient risk may be insufficiently understood to support safe and clinically appropriate admission and discharge decisions pending mobilisation of additional psychiatric liaison and community crisis capacity.	16 (V High)	<ul style="list-style-type: none"> <li>- Investments made into acute hospital systems to establish paediatric psychiatric liaison services and Youth workers in ED</li> <li>- 24/7 access to crisis care available to all children and young people via NHS 111.</li> <li>- Participation in the development of Business Plan for Short stay Residential unit for Young People with complex social and emotional difficulties and/or Learning Disabilities/Autism in crisis Development and the offer for young people with complex behavioural, social and mental health needs.</li> </ul>
2.	<p><b>Access to CYP MH inpatient beds (T4)</b></p> <p>Continued pressures in the Tier 4 CYP MH inpatient bed estate has significant impact upon acute hospitals and community CAMHS services in supporting the additional care needs of these patients while waiting for a specialised bed. This adds to existing pressures and risks associated with high demand for these services.</p>	Additional pressure upon acute hospital inpatient provision and CYP community mental health crisis teams in supporting more complex CYP awaiting specialist assessment and treatment not available in acute hospitals. Risk of disruption, patient harm and stress upon provision not equipped for this patient group. Risk of S136 suite breaches and delayed discharge when medically fit.	16 (V High)	<ul style="list-style-type: none"> <li>- CAMHS Tier 4 Provider Collaborative working with neighbouring provider collaboratives and specialist MH inpatient providers and NHSE/I to maintain flow and optimise bed availability.</li> <li>- CAMHS Tier 4 Provider collaborative also working to improve step down arrangements from inpatient back to community and build on success of CETR project in HIOW system. Close to Home project manager in post to begin mobilisation of service</li> <li>- Paediatric Psychiatric Liaison in acute hospitals</li> <li>- Investment in Community Crisis CAMHS capacity.</li> </ul>
3.	<p><b>Increased waiting times as referrals continue to increase across services and also increasing demand due to disruption from pandemic and wider demographic changes</b></p> <ul style="list-style-type: none"> <li>- Increase in specialist CAMHS demand and demand for CYP MH services at every level</li> </ul>	Longer waiting lists and average waiting times for the assessment and treatment of children and young people requiring specialist CAMHS support increasing risk of deterioration and/or harm for those waiting.	16 (V High)	<ul style="list-style-type: none"> <li>- CAMHS Provider has business continuity plans in place</li> <li>- Significant investments in capacity of Hampshire CAMHS to increase capacity of core CAMHS services and specialist county wide CAMHS teams</li> </ul>

No	Description of Risk	Impact(s) of risk if realised	Current Risk (Impact x Probability)	Mitigating actions
	<ul style="list-style-type: none"> <li>- Projected increase in adolescent age group (who typically have higher MH needs) over next 3 years</li> </ul>			<ul style="list-style-type: none"> <li>- Continued close work across the system to identify risks, needs and potential solutions quickly as part of ongoing ICS wide transformation programme.</li> <li>- New digital services such as Kooth.com commissioned to increase range, accessibility and flexibility of support available.</li> <li>- Expansion of Hampshire Mental Health Support Teams (MHSTs) in schools by five from January 2022.</li> </ul>
4.	<p><b>Staff recruitment and retention</b></p> <ul style="list-style-type: none"> <li>- National shortage of staff particularly within a number of key roles with other services competing to recruit them.</li> <li>- Risk of staff burnout /loss from sustained high workload intensity.</li> <li>- Impact of COVID on workforce e.g. self-isolating, staff with vulnerable health conditions etc.</li> </ul>	Risk of failure to fully mobilise investments made by CCG to improve service capacity and address high levels of demand and high waiting lists.	16 (V High)	<ul style="list-style-type: none"> <li>- Work with ICS workforce programme and continue to explore how to diversify, train and grow the existing workforce</li> <li>- Provider continues to explore and exploit Recruit to Train and wider workforce development opportunities such as Physician Associates.</li> </ul>
5.	<p><b>Continued high levels of CYP Eating Disorder presentations</b></p> <p>The pandemic has changed the pattern and volume of presentations of children and young people with eating disorders, particularly urgent presentations. This patient cohort has a particularly high level of risk of harm.</p>	<p>Impacts include:</p> <ul style="list-style-type: none"> <li>- Risk of harm to CYP ED patients.</li> <li>- Failure to recover performance to meet national access standards for CYP with Eating Disorders.</li> <li>- Disruption of performance in other parts of CAMHS services as workforce is diverted to support ED patients.</li> </ul>	16 (V High)	<ul style="list-style-type: none"> <li>- Confirmed investment in increasing the capacity of Community Eating Disorder services.</li> <li>- Work with provider to further increase capacity of CAMHS Eating Disorder service to levels indicated.</li> <li>- Support for wider initiatives (such as ALPINE) to improve acute hospital confidence around care of CYP with Eating Disorders.</li> <li>- To work with providers, ICS colleagues and NHSE/I to deliver the CYP Eating Disorder Recovery Plan</li> </ul>
6.	<p><b>Neurodevelopmental Waiting Lists / Service Capacity</b></p> <p>There remain long waiting lists for Hampshire children and young people in accessing assessment for Autism Spectrum Conditions (ASC), Young people with Attention Deficit Hyperactivity Disorder (ADHD) are among the longest waiters in Community CAMHS services.</p>	Long waits for Autism Assessments and/or ADHD Treatment increases the risk of harm to children and young people with Autism and/or ADHD failing to thrive while their additional needs are poorly understood and/or controlled.	16 (V High)	<ul style="list-style-type: none"> <li>- Hampshire has invested significantly to increase the capacity of Autism Assessment services on a recurring basis and has procured a service to eliminate current waiting list over the next 2.5 years.</li> <li>- Investments in Hampshire CAMHS include plans for a blended treatment team that will help meet the needs of more long waiters, including those with ADHD.</li> </ul>

No	Description of Risk	Impact(s) of risk if realised	Current Risk (Impact x Probability)	Mitigating actions
				- Commissioners are exploring other options for addressing the needs of children and young people with ADHD only to have their needs met.
7.	<p><b>Insufficient Prevention and Early Intervention Offer to limit service demand</b></p> <p>With many aspects of public services operating under significant financial distress and constraint there is risk of continuing deterioration of the reach and impact of universal and targeted services and the community and voluntary sector to meet needs sufficiently early to prevent mental health deterioration and future demand for more specialist mental health services.</p>	<p>If children and young people cannot access timely help and/or support appropriate to their needs they may suffer deteriorating Mental Health. This increases risk of:</p> <ul style="list-style-type: none"> <li>- Harm to them and distress to families and parental mental health</li> <li>- Increased challenging behavioural presentations in universal and targeted services</li> <li>- Increased demand in specialist mental health services.</li> </ul>	12 (High)	<ul style="list-style-type: none"> <li>- Kooth digital offer has been commissioned</li> <li>- Roll-out of five additional MHSTs in Hampshire and use of MHSTs and Link to support whole school approach</li> <li>- Development of Community and Voluntary Sector Grants programme from April 2022</li> <li>- Review of Community Counselling services for Hampshire.</li> </ul>
8.	<b>Reporting of Outcomes Data to MHSDS</b>	Unable to meet national target to upload data to MHSDS and evaluate impact on service and interventions	8 (Medium)	<ul style="list-style-type: none"> <li>- Work with Providers and CSU to monitor and upload outcomes to the MHSDS</li> <li>- Secure support from NHS England if required</li> </ul>

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Hampshire Health and Wellbeing Board
<b>Date:</b>	9 December 2021
<b>Title:</b>	Joint Strategic Needs Assessment (JSNA) Update
<b>Report From:</b>	Simon Bryant Director of Public health

**Contact name:** Jenny Bowers

**Tel:** 0370 779 2612

**Email:** [Jenny.Bowers@hants.gov.uk](mailto:Jenny.Bowers@hants.gov.uk)

### Purpose of this Report

1. The purpose of this report is to provide an update on the JSNA work programme and workshop

### Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. Consider the update and support and take forward the workshop outcomes

### Summary of work progress

- Working with the web team the new JSNA content has been agreed.
- The main JSNA documents (Demography, Healthy Places, Healthy Lives, Healthy People) will consist of a high level a summary document with a supporting PowerBI data report to enable more granular analysis.
- The Hampshire COVID-19 Health Needs Assessment will be published by December 2021. This will include the full report, executive summary and slide pack.
- The Demography document will be published by the end of the year.
- JSNA Healthy Places chapter will be published in the new year.
- The remaining chapters, Healthy Lives and Health Places, will be published by April 2022.
- The JSNA workshop was held on 29<sup>th</sup> November and a presentation and verbal update of the outcomes will be provided at the Board meeting.

### **Contextual Information**

3. Hampshire's JSNA looks at the current and future health and wellbeing needs and inequalities within our Hampshire population. It is used to inform and guide the planning and commissioning of health, wellbeing and social care in the local authority area
4. JSNA provides all local partners a set of jointly agreed priorities to work on together in the new health and care system. It is therefore important the content of the JSNA chapters is considered to ensure it meets the needs of partners' and inform partner's priority setting and commissioning programme.

### **Co-Production**

5. This report was compiled by the Public Health Intelligence Team and coproduction will be built into the next steps based on key findings.

### **Conclusions**

6. The Board will continue to be updated on progress including an updated presentation to be shared at meeting following the JSNA workshop with nominated officers the week prior to the meeting.



**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u> Strategic Leadership - JSNA Programme Update and HIA Findings Presentation	<u>Date</u> October 2021
Hampshire Joint Strategic Needs Assessment Work Programme	July 2021
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

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

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

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

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

### **2. Equalities Impact Assessment:**

A full equalities impact statement was not completed at this stage as the purpose of this report is to provide details of an update on the JSNA work programme including a summary of the recent workshop and actions to take forward.

## Joint Strategic Needs Assessment Workshop Summary



Hampshire  
**Health and  
Wellbeing**  
Board

# Joint Strategic Needs Assessment Workshop

## COVID-19 Health Impact Assessment

General feeling that the key areas of focus and impacts presented were a representative reflection for all partners in the workshop.

### What have been the main impacts on your population/area?

- Mental health concerns – including ‘low level’ mental ill health concerns, carers, work force
- Housing - policy impacts on homelessness – districts have seen increased numbers of transient families and sofa surfers requiring housing support and are in addition to those who are street homeless. This will require years of work and resources. Housing debt increases also driving housing problems
- Trauma - Long term service user outcomes – quality of life – mental and physical health and safety. Also need to think about suicide prevention (suicide rate quadrupled amongst people exposed to domestic abuse nationally) in workplace policies and mental health services for prison health
- Sedentary lifestyles have grown– links to physical and mental health. Increases in obesity
- Empowerment of people to measure and report long term condition reviews e.g., oximetry@home and BP@home however a huge upturn in anxiousness with inability to make decisions about simple illness - imbalance of public expectation of need versus clinicians' advice
- Fire and Rescue: Staff absence and providing staff resource to the pandemic response such as vaccination centers, driving ambulances, working in ICU wards which had had an adverse impact on their primary employment
- The long-term fatigue around the changing profile of the virus on the work and home environment and how this impacts on mental health of colleagues.
- Impact of Long COVID in staff is a concern for all workforces

### Which key areas of focus are most important to you and what role can you play to support these?

- Increasing inequalities in a range of health outcomes previously not known.
- Social isolation – including children and young people, role of digital exclusion and this potentially exacerbating social isolation due to online nature of services, reliance on phones to contact services excluding those on expensive ‘pay as you go’ contracts.
- Deconditioning in elderly with increase diagnosis of dementia or memory loss. Mobility problems exacerbated by deconditioning still waiting for review due to backlog of elective care
- Economic impact specifically on young people and pensioners

# Joint Strategic Needs Assessment Workshop

## Health Index and Global Burden of Disease Presentation and JSNA Chapters Scope

What are the local priorities for population health? Which should be included in the Healthy People and Healthy Lives chapters?

- Life course approach: reports need to include data for children and young people as well as adult populations
- Capitalise on the increased community resilience – asset mapping to identify community groups and volunteers conducted by district colleagues– although recognition this has declined more recently
- The stratification of risk which factors the three elements of people, lives and places is similar to the Person-Centered Approach the National Fire Chief's Council have adopted with eight areas of vulnerability which consider the three areas of person, home and behaviours.
- Modifiable behaviours data, smoking particularly smoking in pregnancy, physical activity, healthy weight
- Risk factor data – high blood pressure, high cholesterol

Are there areas which require more detailed reports to be undertaken?

- More detailed data on ethnic minority groups
- Insight into what local communities feel is important - examples from local people/ neighbourhoods on what it looks and feels like living in these places
- Healthcare access for people who are not registered with a GP and those digitally and financially excluded from online and telephone services
- Data on quality of housing as well as on demographics of those more likely to experience homelessness / unstable housing.

## Next Steps

- JSNA will be a data resource for partners to use to inform their planning and priorities. Public Health recommend that a second JSNA workshop in the new year is held. This will be a practical workshop to introduce and explain the new data resources that have been developed.

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Hampshire Health and Wellbeing Board
<b>Date:</b>	9 December 2021
<b>Title:</b>	Integration and Better Care Fund Plan 2021/22
<b>Report From:</b>	Graham Allen, Director of Adults' Health and Care

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### Purpose of this Report

1. The purpose of this report is to update the Health and Wellbeing Board on the recent developments associated with the Hampshire Integration and Better Care Fund (IBCF) Plan. It also records that due to a mismatch between national planning requirements and local Health and Wellbeing Board arrangements, the Executive Member agreed Chair's action to enable the submission of the 2021/22 Hampshire plan.

### Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. The Health and Wellbeing Board is asked to note the approach to the 2021/22 Better Care Planning requirements.
3. To note that due to a mismatch between national planning requirements and local Health and Wellbeing Board arrangements, Chair's action was invoked to enable submission with required timescales.

### Context

4. Introduced in 2013, the Integration and Better Care Fund (IBCF) intended to establish a nationally agreed single pooled budget to blend investment from the NHS and local government with the aim of strengthening local joint working in support of the drive towards local integration. The policy required Clinical Commissioning Groups (CCGs) and local authorities in every area of England

to pool budgets based on a nationally determined value and to agree an integrated spending plan. The stated aim of the policy at the time was to protect social care services (not spend).

5. The latest policy requirements for 2021/22, published in September 2021<sup>1</sup>, provided the framework for an update to Hampshire's plan. The plan consists of:
  - a narrative plan
  - a completed BCF planning template, including: –
    - planned expenditure from BCF sources
    - confirmation that national conditions of the fund are met, as well as specific conditions attached to individual funding streams
    - ambitions and plans for performance against BCF national metrics
    - any additional contributions to BCF section 75 agreements.
6. The narrative set out in the policy requirements has been developed and submitted in accordance with nationally prescribed timescales on 16 November 2021. The submission of the plan was agreed by the Executive Member under Chair's action having been approved for submission by:
  - Both CCG Chief Accountable Officers and Chief Finance Officers
  - The Chief Executive of Hampshire County Council
  - The Section 151 Officer, Hampshire County Council
  - The Director of Adults' Health and Care.

### **Hampshire Integration and Better Care Fund Plan**

7. The Hampshire IBCF plan describes the high-level local vision for health and care services for the population served by Hampshire Health and Wellbeing Board through Hampshire, Southampton and Isle of Wight and Frimley Clinical Commissioning Groups (CCGs) and Hampshire County Council. It builds on previous submissions, demonstrating how the IBCF investment contributes to the care and support of residents in the community and supports the move towards more integrated health and social care services delivery.
8. In essence the plan describes how the IBCF as an enabler that supports our whole Hampshire system to deliver "joined up" health and care that meets the needs of local people in communities. It also describes how many partners are working to commission and deliver services to meet expectations of the NHS Long Term Plan and the Adults' Health and Care Strategy 2019-2024. This approach supports the delivery of high quality, integrated person-centred health and care that removes artificial divides between primary, community and secondary healthcare and social care. The plan promotes a prevention-based approach, wherever possible, to support individual health seeking behaviour,

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<sup>1</sup> [B0898-300921-Better-Care-Fund-Planning-Requirements.pdf \(england.nhs.uk\)](#)

building patient activation and behavioural change. The IBCF investment is being targeted to make a direct impact to achieve the following:

- Improve health related quality of life for people with long-term conditions;
- Help older people to recover their independence more quickly after illness or injury.
- Increase independence and self-reliance so that people retain control of their lives

In the longer term these changes to lifestyle will:

- Reduce premature and total mortality from the major causes of death;
- Reduce the difference in life expectancy between people living in the least and most deprived areas.

9. All providers and commissioners across Hampshire that are working within their local Integrated Care Partnerships (ICP) have designed, developed, contract and provide services that can care for people at locations as close to their home as possible, supporting them to manage long-term conditions, to live with dignity and independence at home and in the community and to access high quality hospital services when they need it.

## **Governance**

10. The plan confirms that aligned decision making for integration is being achieved through established governance arrangements at a whole Hampshire and Isle of Wight population level, Hampshire-wide population level (Health and Wellbeing Board and Integrated Commissioning Board) and local system place-based level in preparation for the emergent Integrated Care System in 2022.

## **Investment**

11. In 2021/22 the value of the Hampshire BCF has increased to £137,344,836. This sum includes the CCG minimum contribution of £92,732,577 of which £60,999,388 is invested in NHS community-based services. There are no additional funds invested by stakeholders in the IBCF plan. Due to the national delay in publication the plan has already largely been implemented for this year and spend allocated. The summary of investment is provided in Appendix 1 and supports:

- Community Nursing and Therapy Services
- Community Independence interventions
- Hospital Discharge Teams
- Reablement including a contribution to Hampshire Equipment Services
- Care Act duties
- Carer Support including day opportunities
- Palliative Care

12. As expected, the plan explains how health and social care partners across Hampshire are working to use this investment in the context of national conditions and nationally determined performance metrics.

### **Performance Monitoring**

13. There are 4 National conditions that are assessed through a national assurance process:

- A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
- Invest in NHS commissioned out-of-hospital services
- Plan for improving outcomes for people being discharged from hospital

14. The BCF Policy Framework requires the plan to demonstrate jointly agreed local ambitions against a set national metrics, specifically:

- effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)
- older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population
- unplanned hospitalisations for chronic ambulatory care sensitive conditions
- reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
- improving the proportion of people discharged home using data on discharge to their usual place of residence

15. It should be noted that system coherence to support hospital discharge (National Condition 4) the overarching approach is being delivered through the “Hospital Discharge and Home First Programme” across Hampshire and Isle of Wight. This programme has also facilitated additional short-term NHS investment within all systems held separate to the IBCF plan.

16. Quarterly national reporting against these metrics and expenditure is expected to recommence in the remainder of 2021/22

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

**This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:**  
Health and Wellbeing Board agreement is a national requirement of the Integration and Better Care Fund policy

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u> <a href="#">B0898-300921-Better-Care-Fund-Planning-Requirements.pdf (england.nhs.uk)</a>	<u>Date</u> 30 September 2021

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

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

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

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

### **2. Equalities Impact Assessment:**



## APPENDIX 1 Integration and Better Care Fund investment 2021-22

<b>SCHEDULE 2 FINANCES</b>					
<b>Funding Transfer to the Better Care Fund 2021/22</b>					
	Hampshire, Southampton & IOW CCG	Frimley CCG	CCG Total	HCC	Total
<b>Revised Split (removing additional spend)</b>					
<b>S256's</b>					
Section 3 - Service Integration	£18,895,466	£2,724,063	£21,619,529		£21,619,529
Section 3 - 14/15 Increase through AT	£4,598,878	£630,096	£5,228,974		£5,228,974
Section 4 - Adult Services	£1,012,112	£50,752	£1,062,864		£1,062,864
Section 6 - Community Enablement	£132,345	£0	£132,345		£132,345
Section 8 - Sitting Service/Day Care	£33,866	£0	£33,866		£33,866
Section 10 - Welcome Home Support	£55,847	£0	£55,847		£55,847
Section 15 - Palliative Care	£216,463	£0	£216,463		£216,463
Section 19 - OPMH Dementia Advisors	£142,045	£17,571	£159,615		£159,615
15/16 Agreement - OPMH Dementia Advisors	£193,003	£33,086	£226,089		£226,089
Section 26 - Frogmore Dementia Days	£0	£33,019	£33,019		£33,019
ICES	£2,606,810	£357,766	£2,964,577		£2,964,577
<b>Agreed to Transfer</b>	<b>£27,886,836</b>	<b>£3,846,352</b>	<b>£31,733,189</b>	<b>£0</b>	<b>£31,733,189</b>
<b>Community Services</b>					
SOUTHERN HEALTH: Community Care Teams					
OT's	£2,162,641	£361,336	£2,523,977		£2,523,977
Physios	£2,897,720	£435,430	£3,333,150		£3,333,150
Nursing	£28,673,188	£3,850,357	£32,523,545		£32,523,545
Fleet Hospital Community Beds	£0	£1,860,736	£1,860,736		£1,860,736
LD Community	£3,050,616	£0	£3,050,616		£3,050,616
OPMH Community Teams	£14,394,151	£0	£14,394,151		£14,394,151
Wheelchair services	£750,343	£0	£750,343		£750,343
Solent NHS Trust	£0	£0	£0		£0
Podiatry	£1,247,995	£0	£1,247,995		£1,247,995
Frimley Health NHS Foundation Trust: Community Care Teams	£0	£0	£0		£0
Rehab	£0	£1,263,720	£1,263,720		£1,263,720
Physios	£51,156	£51,156	£51,156		£51,156
<b>Agreed Transfer</b>	<b>£53,176,654</b>	<b>£7,822,734</b>	<b>£60,999,388</b>	<b>£0</b>	<b>£60,999,388</b>
<b>Other Services</b>					
Disability Grant			£0	£14,252,433	£14,252,433
Winter Pressures Grant			£0	£4,754,497	£4,754,497
Meeting Adult Social Care Needs				£25,605,329	£25,605,329
Further Service to be Identified			£0	£0	£0
<b>Agreed Transfer</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£44,612,259</b>	<b>£44,612,259</b>
<b>TOTAL TRANSFER VALUE AGREED</b>	<b>£81,063,491</b>	<b>£11,669,086</b>	<b>£92,732,577</b>	<b>£44,612,259</b>	<b>£137,344,836</b>

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# **HAMPSHIRE INTEGRATION AND BETTER CARE FUND PLAN**

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**2021 – 2022**

**NOVEMBER 2021**

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# HAMPSHIRE INTEGRATION AND BETTER CARE PLAN

## 1. Introduction

This updated Hampshire Integration and Better Care Fund (IBCF) narrative plan describes the high-level local vision for health and care services for the population served by Hampshire Health and Wellbeing Board through Hampshire, Southampton and Isle of Wight and Frimley Clinical Commissioning Groups (CCGs) and Hampshire County Council. It builds on previous submissions, demonstrating how the IBCF investment supports the move towards more integrated health and social care services delivery. The plan explains how our system is working to meet national conditions as well as the partnership working.

Our plan supports our vision of commissioning to meet expectations of the NHS Long Term Plan and enabling the delivery of high quality, integrated person-centred health and care that removes artificial divides between primary, community and secondary healthcare and social care. Wherever possible, a prevention-based approach, contributing to the improving the health and wellbeing of Hampshire residents is promoted. In 2021/22 the value of the Hampshire BCF has increased to £137,344,836. This sum includes the CCG minimum contribution of £92,732,577 of which £60,999,388 is invested in NHS out of hospital services. This investment is being targeted to make a direct impact that will:

- Improve health related quality of life for people with long-term conditions;
- Help older people to recover their independence more quickly after illness or injury.
- Increase independence and self-reliance so that people retain control of their lives

In the longer term these changes to lifestyle will:

- Reduce premature and total mortality from the major causes of death;
- Reduce the difference in life expectancy between people living in the least and most deprived areas.

COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. A central part of responding to COVID-19 and restoring services is to increase the scale and pace at which the Clinical Commissioning Group and all local NHS acute and community providers, the County Council and eleven Districts and Boroughs of work together to tackle health inequalities to protect those at greatest risk.

We are working together to strengthen service integration to more support individuals health seeking behaviour, building patient activation and behavioural change to deliver effective prevention services and improve access. Our plan reflects our continued commitment to meet and address the local and national challenges. We recognise we will only deliver our aims if we continue to co-produce solutions with our communities, involving and engaging local providers across the system.

## 2. Organisations involved in our Better Care Fund Plan

Figure 1: Organisations involved



The IBCF is an enabler that supports local system to deliver “joined up” health and care that meets the needs of local people, involving many partners (see Figure 1 above). The Hampshire Health and Wellbeing Board brings together all leaders and interests. The new leadership architecture across a single CCG, with a single Accountable Officer is facilitating a more synchronised approach to health commissioning. Aligning decision making for integration is being achieved through a number of established governance arrangements at a whole Hampshire and Isle of Wight population level, Hampshire-wide population level and local system place-based level in preparation for the emergent Integrated Care System in 2022.

All the providers and commissioners across Hampshire working together in their local Integrated Care Partnership (ICP) have designed, developed, provide and contract for services that can care for people at locations as close to their home as possible, supporting them to manage long-term conditions, to live with dignity and independence at home and in the community and to access high quality hospital services when they need it. The investment in the Hampshire Better Care Fund contributes to the delivery of these services. Systems coherence under an overarching approach for delivery of the Hospital Discharge and Home First Programme across Hampshire facilitated additional short term investment within all systems.

The ICPs operate on a foundation of mutual trust and transparency to share accountability and risk. The participants work to a set of principles based on collaboration and partnership, with organisations working collectively to ensure best outcomes and value for all patients and taxpayers rather than the interests of individual organisations. Their local governance arrangements oversee delivery of a work programme. Each ICP relies on local health and social care professionals making decisions about services in partnership with their patients and communities.



As a two-tier authority the Housing Authorities (11 Districts and Boroughs) are represented in the Health and Wellbeing Board, work jointly with the County Council to develop and implement housing solutions for local communities e.g. extra care housing schemes, and in the context of local health and wellbeing fora that take forward place-based discussions. This had resulted in a number of schemes that support the IBCF policy aims. Similarly, the Voluntary and Community Services sector also influences and contributes to local plan delivery either directly providing commissioned services funded through the IBCF for example: Carers services, dementia advisory services etc. and contributing to the design of other schemes such as supporting hospital discharge and community connectors that may be funded through other means supporting the aim of more “joined up” arrangements.

### **3. Executive Summary**

Since the inception of the Better Care Plan policy our vision has always been for a simple, “*joined-up*” and integrated health and social care pathway, supporting people to be as independent as possible and remain in their communities. Although the overall Hampshire system is complex due to the multitude of infrastructure organisations, local governance arrangements ensure oversight of delivery of a work programme to meet local need in a person-centred approach.

#### **3.1 Priorities for 2021 – 22**

As an enabler to the wider system NHS delivery plan<sup>1</sup> and the Adults Health and Care Strategy 2019-2024<sup>2</sup> the Integration and Better Care Plan contributes to this strategic agenda.

Our vision for 2021-22, reflecting the assumptions and ongoing aspiration of the Integration and Better Care Fund Policy Framework. (2021) is to:

- To transform service delivery to enable people to remain independent and live healthier lives
- To accelerate and implement new models of care in each community through integrated care delivered by a network of providers
- To address the issues that lead to avoidable admission or delay people in transferring out of hospital

The actions on these priorities are influenced by learning since 2019, particularly during the Coronavirus Covid-19 Pandemic and has shaped the key changes that have occurred.

#### **3.2 Key Changes since previous Better Care Fund plan**

Hampshire investment through the IBCF is targeted upon the out of hospital care model, in particular the community health and social care response to meeting needs of local people including when they are recovering from their health being unstable and having required acute hospital care.

The 2019 plan aimed to enable the health and care system to drive ambition for the delivery of the NHS Long Term Plan (2019) in areas relating to integrated care, networked care, improving access, prevention and workforce particularly. Hampshire system level partners worked with population health analysis to understand different health needs between cohorts to tackle the wider determinants of health (e.g. housing), case finding, proactive care planning, behaviour change interventions including a successful approach to community connectors at Primary Care Network level to enable care navigation and other primary care access initiatives as well as supporting discharge and flow.

By adopting this approach partners aimed to realise the objectives proposed by Newton 2018/19 to reduce delayed transfers and length of stay, adopting a system approach to focus upon:

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<sup>1</sup> [HIOW Strategic Delivery Plan \(hiowhealthandcare.org\)](https://www.hiowhealthandcare.org/)

<sup>2</sup> [Adults Health and Care Strategy final.pdf \(hants.gov.uk\)](https://www.hants.gov.uk/adults-health-and-care-strategy-final.pdf)

- reducing patient waits for bedded care (from 37%)
- reducing patient waits for a decision on where they will go next (from 35%)
- reducing patient waiting to get home with some support (from 21%)

During 2019 place-based and system wide monitoring indicated good progress made in these areas and partners used learning from for-runner projects in build resilience in integrated intermediate care. The IBCF plan investment supported vital delivery of community based and social care services that enable the PCN arrangements to fulfil the multi-agency requirements in local areas.

Responding to the subsequent Coronavirus Covid-19 pandemic was a test of all the local arrangements. Whilst agreed IBCF investment continued as planned, the Hampshire system response was coordinated under the auspices of the “Hospital Discharge and Home First” Programme. During March and April 2020, the system responded to national requirements for new service provisions, different ways of working, staffing models and funding streams. Temporary legislation and additional NHS Hospital discharge funding, which enabled investment in temporary, short-term home based and bed-based services to rapidly implement a Discharge to Assess model that aimed to support both the flow and discharge through Acute Hospital systems and residents in the community. The joint response:

- operated under the principle of a **right service for the right person at the right time**
- **conveyance** to acute hospital dictated by clinical need using and alternative suite of options when a person reaches a health crisis at home
- **coordinated** by multi-professional teams without silos and with equitable access to resource and timely access to a senior decision maker
- ensured **no individual moved to a long-term service without the opportunity to improve, engage and be part of a personal assessment within a short-term service.**
- **reconfigured** wider community health and social care short term bed offer to remove silos, and maintain >90% occupancy. Some community bed capacity geared to support highly complex CHC type D2A
- ensured a variety of **consistent and appropriate Home and Bed Based Short Term Services** which would support timely discharges, admission avoidance and community options for Hampshire residents to enable a strength based, person-centred assessment.
- provided services that would ensure positive outcomes utilising **accurate data** and information on meaningful patient focused outcomes
- secured competitive pricing with the market and managed the market in a constructive and positive way, for both long term and short-term service provision.
- ensured the correct associated **staffing for service assessment and delivery**
- retained the ability to **flex capacity throughout the year.**

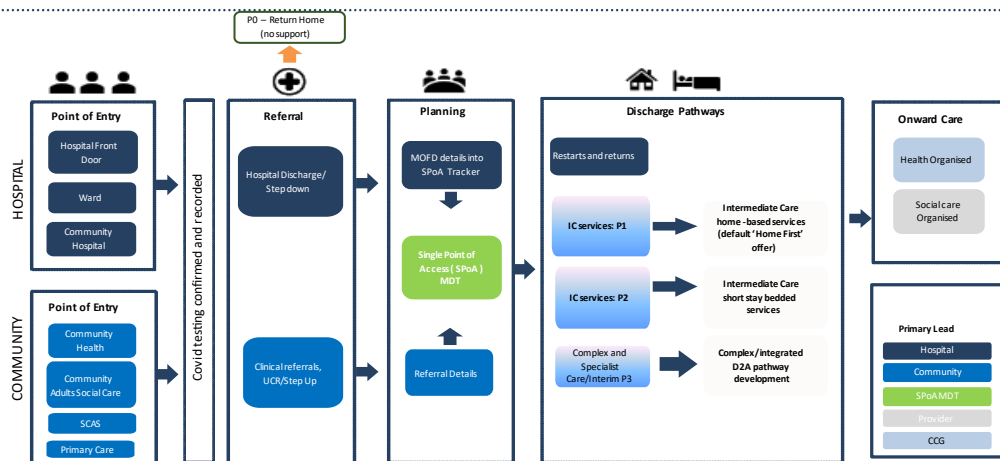
By April 2020 the system had established additional bed capacity to support Covid-19 wave 1. By February 21 this had risen to over 1,000 community hospital / D2A beds and with increasing focus on “Home First” has reduced to 767. Modelling, based on the Kent and Medway methodology is being used to predict bed capacity required. Core community services funded through Integration and Better Care Fund (IBCF) investment were incorporated in this response during unprecedented times augmented by the Hospital Discharge Fund. Access to services was also streamlined, standardised and simplified through the adoption of single points of access based around each hospital setting within the Hampshire footprint. These are illustrated in Figure 2 below and represent a significant change in the partnership approach between health and non-health agencies working in an aligned way to facilitate the most complex patients achieve safe, effective discharge. Of necessity community services evolved and transformed as described in Figure 3 below.

The system has benefited from additional investment through the hospital discharge fund throughout the pandemic. Throughput of referrals via the Single Point of Access (SPOA) and other services has led to notional reductions of 104,000 bed days in the acute sector per year (at a decreased cost of approximately £20.8m), based on reduced length of stay and avoided admissions. The Hampshire and Isle of Wight Hospital Discharge Plan and Home First Evaluation (June 2021) indicates

additional community services and capacity through the second half of 2020 and into 2021 made a substantial difference to the number of individuals supported at home. Home-based Intermediate Care (Reablement and Rehabilitation) volumes more than doubled in 12 months; 434 in April 2020 to 893 in April 2021. Discharge to Assess bed capacity supported 23,068 bed days at April 2021 and of those people 31% transferred to permanent residential and nursing care – a marked improvement on historic levels. Rapid Discharge Services (RDS) and Live in Care has been effectively utilized. These enhancements positively improved discharge and flow from the acute hospitals reducing the number of people waiting for discharge from 327 in November 2020 to 165 in April 2021, a 50% reduction over 5 months.

Figure 2 (Source Hampshire and Isle of Wight Hospital Discharge and Home First Programme)

### Accessing Community Services via the Single Points of Access – Service Model



### Community Services Evolution and Transformation

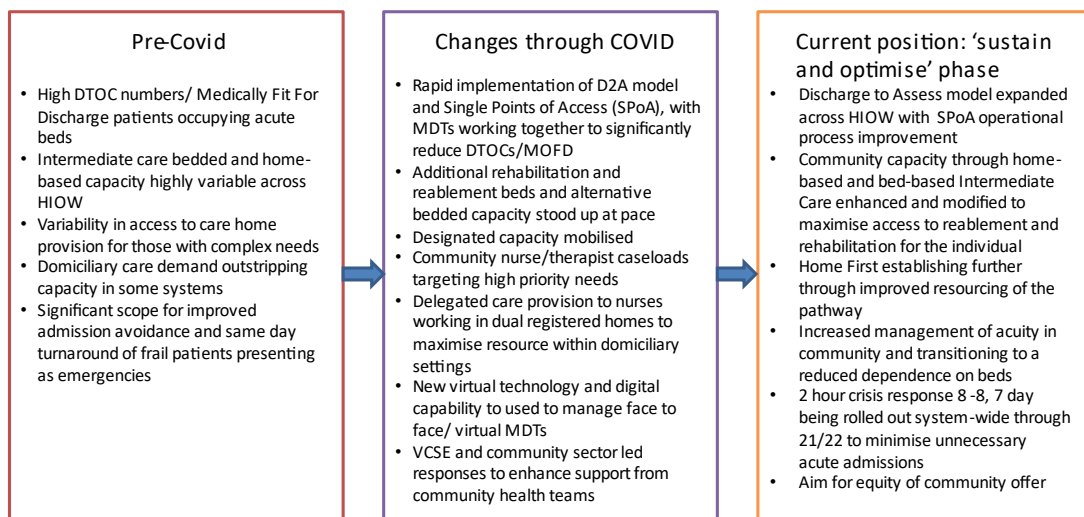


Figure 3: Community Services Evolution and Transformation (Source Hampshire Hospital Discharge and Home First Programme)

Hampshire's directly provided Reablement Services (funded through the IBCF) have supported 8,657 people to leave hospital safely through home care (CRT), Occupational Therapy and Sensory Services. Furthermore, the Hampshire Equipment Service (part funded through the IBCF) has responded and delivered 114,462 items (11% increase in 2020/21), serving a client base of 56,713. 5660 individuals have received reablement services via CRT as an interim service following discharge with 43% recovering with no ongoing care needed. Reablement have also oversee the Rapid Discharge Service.

In the same way the North East Hampshire area has continued to focus their local integration journey on integrating health and care services in the community to support the local population to “stay happy, healthy, at home”. The integrated care teams went from strength to strength and the pandemic response has supported the further integration of services to keep patients out of hospital. The Hospital Discharge Programme Funding has enabled the local system to implement further services to support patients’ discharges out of the acute hospital. Services including the Rapid Discharge Service, Live in Carers service and Discharge to Assess beds for those patients that needed bedded care upon discharge have been commissioned. The Integrated Referral and Information Service based at Frimley Park Hospital has brought together health and care partners as well as the voluntary sector to support discharges underpinning local plans to pilot integrating a social worker role within the intermediate care team and increasing the therapy support for our D2A beds with reablement and rehabilitation teams working together.

Technology supporting the delivery of the model, although not funded directly through the IBCF has played a significant role in augmenting and enabling the integrated model of care both in terms of monitoring Clinically Extremely Vulnerable people to offer support, devices to support combat social isolation and communication with others as well as safe and independent living and an innovative “Cobot” Programme deployed in the domiciliary care market to support safe handling practice and where appropriate reducing reliance on the care workforce.

The domiciliary and care market experience during the pandemic is well documented. The system has supported their efforts to both protect the health and wellbeing of their service users as well as the resilience of the market itself. During 2020/21 and early part of 2021/22 six care home providers have ceased trading and the occupancy in some care settings has significantly reduced, undermining viability. Support for this sector has benefited from additional and separate short term national grant funding managed through the Local Authority has supported providers of domiciliary and residential care to continue to operate. These services continue to be a core element of community-based services that local people need alongside IBCF funded input. Another aspect of the plan that was more challenging has been maintaining the level of Disabled Facilities Grant activity due to restrictions accessing people’s homes, availability of staff and contractors as well as delays in accessing building materials. All District and Borough Housing Authorities have been working to complete projects since restrictions have eased.

These key changes across the Hampshire system have been overseen through established governance and accountability structures.

#### **4. Governance**

The governance across the Hampshire systems is complex due to the high number of autonomous infrastructure bodies and patient flows across natural communities that are not congruent with administrative boundaries. These include:

- Presence in 2 Integrated Care System footprints
- 2 CCG Governing Bodies
- Two tier local government (one County Council, eleven Districts and Borough Councils)
- 7 Acute Trusts supporting 4 place-based systems – Frimley, north and mid Hampshire, south west Hampshire and south eastern Hampshire and Portsmouth
- 3 main Community Providers including 9 Community Hospitals
- 2 main community Mental Health Services providers
- 125 GP practices in Hampshire (5 in Surrey) with related Out of Hours service providers
- 1 Ambulance Trust
- 1 Health and Wellbeing Board
- 3 Local Authority Social Care commissioners and providers (Hampshire, Portsmouth and Southampton)

In 2015/16 a governance framework and joint leadership arrangement covering all the phases of the plan linked to both County Council and CCG transformation and efficiency plans was put

in place, to oversee delivery. Whilst our original principles still apply, the governance structures are evolving to remain fit for purpose taking account of wider national policy changes so that strategic vision for integration is translated into operational reality. Figure 4 below illustrates the alignment across the four systems that incorporate each of the place-based footprints – south west Hampshire, south eastern Hampshire, North and Mid Hampshire and Frimley Health System (including north east Hampshire population).

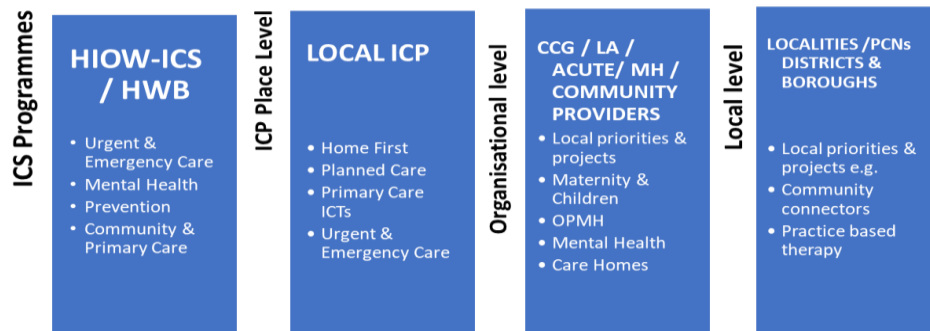


Figure 4:

In 2020/21 systems cohered under an overarching approach for delivery of the Hospital Discharge and Home First Programme across the Hampshire system. In 2021/22 the Hampshire and Isle of Wight Sustainability and Transformation Programme governance moved forwards with former Hampshire based CCGs coming together as part of a single Hampshire, Southampton and Isle of Wight Integrated Care System set up. Former North East Hampshire and Farnham CCG has been incorporated into Frimley Health System at the same time whilst maintaining strong links to Hampshire Health and Wellbeing and visa versa.

The arrangements continue reflect the fundamentally different approach in an agile system leadership required to deliver plans that focus on a common goal. Integrated arrangements for Hampshire continue to be overseen by the Hampshire Health and Wellbeing Board (HWB). Monitoring the direct delivery of Integration and Better Care Fund schemes and overseeing the operational detail of all Section 75 agreements is delegated to the Integrated Commissioning Board. The membership of the Integrated Commissioning Board incorporates Hampshire County Council, NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group and NHS Frimley Clinical Commissioning Group. The Board acts as a single health and wellbeing commissioning voice for Hampshire to ensure effective collaboration, assurance, oversight and good governance across the priority areas for integrated commissioning arrangements between partners.

This Board has been established to compliment and not duplicate work done within local “place-based” system level covering natural communities across the scale of the Hampshire geography and has operated in a similar way to the separate “Hospital Discharge and Home First Programme” approach that aligns local and County-wide change management. There are an agreed set of priorities that blend the IBCF areas and other wider aspirations to maximise the opportunity for integrated commissioning such as supporting people with mental health needs, jointly commissioning services for people living with a learning disability and those who are assessed as eligible for NHS Continuing Healthcare.

In this way, assurance of the overall delivery of the IBCF continues to be integral and monitored through and reported to the Integrated Commissioning Board and HWB. Delivery of the schemes and performance is being assessed through existing CCG Contract and Performance quality monitoring meetings with providers and where applicable involve the County Council.

These governance structures are underpinned by legal agreements as follows:

- Section 75 pooled budget agreements allowing pooling of resources to support integrated commissioning and provision.

- Over-arching Section 75 partnership agreement providing framework for integrated working.
- Section 256 agreements (with both NHS England and local commissioners) support expenditure on social care that has a benefit for health services.

The North East Hampshire and Farnham system, including around 12% of the Hampshire population is now incorporated within the an Integrated Care System Health System that centres on “Frimley Health System” that was accelerated in its development through the National Vanguard Programme. The local programme governance gives all partners equal membership, responsibility and voice alongside local communities to design and deliver the whole population management approach as detailed in Figure 5 below. A representative successfully creates a connection to the Hampshire based Integrated Commissioning Board and Health and Wellbeing Board governance arrangements.

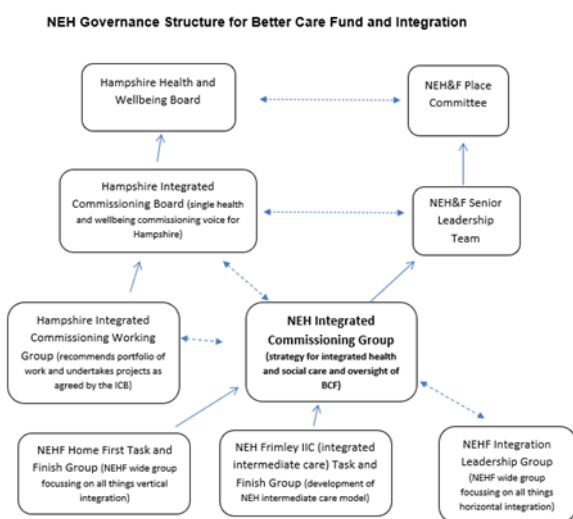


Figure 5: Exemplar placed based governance North East Hampshire IBCF governance

The key metrics proposed for monitoring the impact of the IBCF Plan have been prescribed and continue to support assessment of outcomes in the overall approach.

## 5. Overall approach to integration

As stated previously, since the inception of the IBCF plan policy the Hampshire vision has been for a simple, “*joined-up*” and integrated health and social care pathway, supporting people to be as independent as possible and remain in their communities. This vision continues to underpin our work together and aims to address our on-going key priorities illustrated in Figure 6 below:

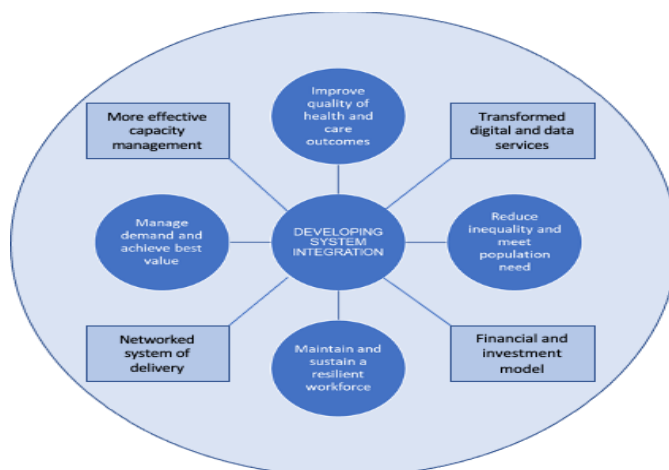


Figure 6



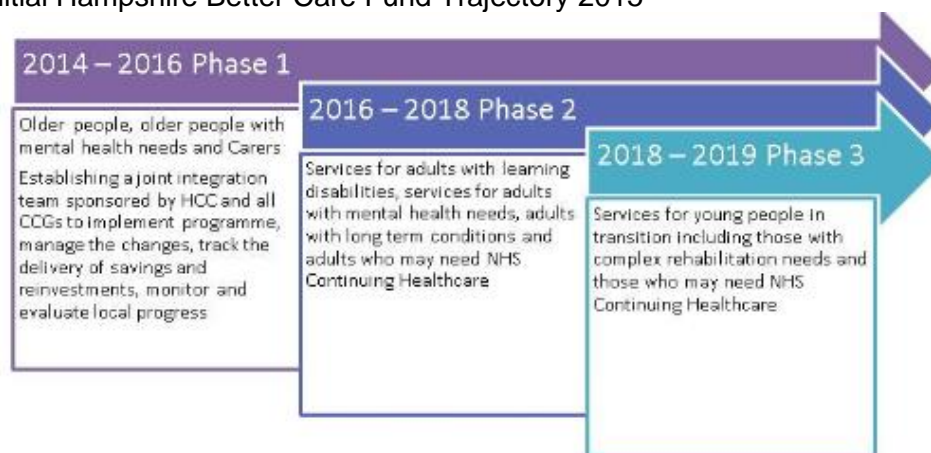
The overall approach to integration continues to be informed by our Joint Strategic Needs Assessment (JSNA<sup>3</sup>) which sets out our agreed strategy for developing healthy, happy, resilient, thriving and protected communities where people have access to services and equality of opportunity, and where all our residents residing across 1,400 square miles of the County geography, 11 districts and CCG, are able to live healthier and more fulfilled lives. Partners work together to further improve wellbeing, independence and social connectivity through the wider determinants of health including housing, employment, leisure and the environment. The Health and Wellbeing Board has continued to have a clear and important role as part of the architecture of 'place' and influence at a scale of Hampshire and Isle of Wight, using the joint strategic needs assessment and joint health and wellbeing strategy to support planning and delivery. The Overview and Scrutiny Committee role continues to be leveraged in providing invaluable democratic oversight. The Joint Health and Well Being Strategy identified four key objectives:

- **Starting Well:** so that every child can achieve its potential and will thrive through transition to adulthood;
- **Living well:** empowering people of all ages to live healthier lives;
- **Ageing well:** supporting people to exercise choice, remain independent in their own homes, in control with timely access to high quality services; and
- **Healthier communities:** helping communities to be resilient, strong and support those who may need extra help.

We understand that many factors influence mortality and morbidity. As our work evolves it is being influenced by other national policy developments. We continue to build on our understanding of evidence from the JSNA<sup>4</sup> and focus on the common themes and challenges for people in greatest need, to make a real difference to the individual, the people who deliver services and the system of care that partners seek to deliver as described in previous submissions of the IBCF plan.

From its inception in 2015 the Hampshire approach to the IBCF Plan anticipated embedding integration would be phased (see Figure 6 below). The model adopted recognised interdependency and the need to avoid destabilising the system of care. It was considered necessary to transform aspects of the health and care system simultaneously. Those early initial phases, as set out below in Figure 7 below continue to guide our trajectory, albeit the pace is variable in different local systems, due in part to historical factors and investment levels.

Figure 7: Initial Hampshire Better Care Fund Trajectory 2015



Our earlier adoption of the National Voices definition of integrated care has ensured commissioned services deliver benefits described in Figure 8 below, for local people.

<sup>3</sup> [Joint Strategic Needs Assessment | Health and social care | Hampshire County Council \(hants.gov.uk\)](#)

<sup>4</sup> [Joint Strategic Needs Assessment | Health and social care | Hampshire County Council \(hants.gov.uk\)](#)

- Improved outcomes for people with long term conditions/multiple co-morbidities
- Reduced A&E attendances/admissions for target conditions
- More people living independently at home
- Extended and expanded primary care access due to improved skill-mix in wider workforce

Figure 8: Benefits for local people

We continue to strive to transform outcomes for local people who use our services, valuing mental and physical health equally to ensure that all needs are met whilst delivering longer term sustainability by working at scale. Our approach in a changing health and care market involves engaging local stakeholders to “co-produce” models of care so that we can create the conditions necessary to deliver the aims and objectives as described in the Hampshire and Isle of Wight Strategic Delivery Plan 2019-2024<sup>5</sup> (see Figure 9 below) and the Hampshire Adults Health and Care Strategic Plan<sup>6</sup>.

### Five elements of our integrated model of care

Supporting people to stay well	<ul style="list-style-type: none"> <li>• We will empower and enable people to take greater control of their health and well-being and to make healthy lifestyle choices. We will work with partners on the wider, social factors which determine health such as education, employment and housing.</li> </ul>
Proactive, joined up care for on-going or complex needs	<ul style="list-style-type: none"> <li>• For people with on-going or complex need, teams of professionals in each primary care network will work with their population to provide tailored support. Individual care plans and a named care coordinator will be standard practice for those who need it. Care provision will become a partnership between individuals and local support within the community including multidisciplinary teams. Services will respond rapidly to support people to remain at home at times when they are unwell or need support.</li> </ul>
Better access to specialist care	<ul style="list-style-type: none"> <li>• Specialists will work with GP practices providing expert advice and guidance and joined up, proactive care to support people with long terms conditions. Increasingly specialist care will be provided in 'hub type settings' within local communities, reducing the need to travel.</li> </ul>
Integrated urgent and emergency care 24/7	<ul style="list-style-type: none"> <li>• We will encourage people to make the right choices at the right time with access to self-help information, advice and guidance when they are unwell. GP practices will increasingly work together to provide access to same day care, a local network of urgent care services, supported by enhanced primary care, will make it easier for people to get the right help quickly.</li> </ul>
Effective step up, step down nursing and residential care	<ul style="list-style-type: none"> <li>• Teams of professionals will be able to quickly respond to avoid preventable hospital admissions and ensure people are supported to remain at home or as close to home as possible. Care at home will always be the default for care delivery, with people supported to recover and regain maximum function, independence and wellbeing, and only be in hospital for the acute phases of their illness.</li> </ul>

Figure 9: Integrated Model of Care (Source HIOW Strategic Delivery Plan)

As the new model of out of hospital care accelerated through learning during the Coronavirus Covid-19 pandemic and Hospital Discharge and Home First Programme becomes further embedded, inpatient care will be preserved for people whose needs cannot be met appropriately or effectively elsewhere.

In this approach preventing ill health and actively supporting people to be independent and lead healthy lives through our early help schemes will be the norm. This means people will have greater responsibility for their own health and wellbeing, supporting them through “strengths based approach” to adopt healthier lifestyle so that they enjoy an improved quality of life overall. Importantly, people will not experience the unwarranted variation and system fragmentation. The fully integrated community-based care integrated care is part of the approach to ‘Ageing Well’, including the two hour crisis response<sup>7 8</sup>. The outcomes and metrics outlined in the IBCF Plan are translated in the local trajectories align with the Hampshire and Isle of Wight Strategic Delivery Plan 2019 - 2024<sup>i</sup> and local place-based system delivery requirements. This ensure both local and countywide delivery is understood.

<sup>5</sup> [HIOW Strategic Delivery Plan \(hiowhealthandcare.org\)](https://hiowhealthandcare.org)

<sup>6</sup> [https://hiowhealthandcare.org/application/files/9616/1124/7160/20191115\\_HIOW\\_SDP\\_V6.pdf](https://hiowhealthandcare.org/application/files/9616/1124/7160/20191115_HIOW_SDP_V6.pdf)

<sup>7</sup> <https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna/ageingwells/summary/ageingwell>

<sup>8</sup> [https://hiowhealthandcare.org/application/files/9616/1124/7160/20191115\\_HIOW\\_SDP\\_V6.pdf](https://hiowhealthandcare.org/application/files/9616/1124/7160/20191115_HIOW_SDP_V6.pdf)

## 6. Approach to embedding integrated, person-centred health, social care and housing

Local transformation and integration continues to reflect the place based population needs so that the integrated care model ensures a high quality, sustainable health and care system for all localities across Hampshire. Our previous submissions have articulated the population characteristics that have informed our approach to support health improvement for the current 1,389,000 resident population of Hampshire, the tenth least deprived principle authority, of whom:

- Children and young people under the age of 20 years now constitute almost one quarter of the total population with around 29,000 children and young people living in poverty
- 1 in 4 of our current residents are under 19 years old (less than a quarter of the population). This proportion is lower than the national average.
- Across Hampshire currently, just over 1 in 5 people (20%) are aged 65 years or above compared to nearly 1 in 6 nationally. This means that more than 286,000 people living in Hampshire are over 65 years old.
- Of the over 65 year old population, 1 in 2 are over 75 years and 1 in 7 are over 85 years. By 2025 our over 85 year old population is expected to increase by 25%.
- By 2030 for every 2 working age people it is expected there will be 1 person of pensionable age in Hampshire.
- The area accommodates a large proportion of armed forces personnel.
- The population is predominantly white British however ethnic diversity is increasing.
- 85% of the county is classified as rural, with 23% of the population living in these areas.

To respond to key issues and challenges the IBCF Plan aims to contribute to creating the conditions where:

- **Our CCG and Social Care Commissioners** continue to work together to specify joint outcomes where appropriate
- We have **maintained a focus on prevention at scale and earlier intervention** and are extending this approach through **strengths based delivery**. This support for people to remain independent and able to 'live well', is reducing the impact of social isolation and reliance on publicly funded support
- **Investment** and procurement support **integrated care delivery**.
- **Our Community Providers** are implementing **new models of integrated care delivery** that have co-produced and draw on assistive technologies where this is appropriate supporting 7 day working with care co-ordinated around individuals and connecting with the voluntary sector capacity.
- **Our General Practitioners and primary care contractors** are collaborating in wider Primary Care Networks across the CCG focused on populations of 20,000 – 50,000 within agreed geographical areas to deliver at scale
- **Our Care Home and Domiciliary Care Market** is working tirelessly to support people to remain or return to their own setting
- **Access to high quality, efficient urgent and emergency and acute care** services is being delivered locally through one of 7 acute hospitals.
- **Effective discharge and flow** ensures people only remain within an acute or community hospital bed based service when their clinical condition requires.
- **The volume of emergency and planned care activity** in hospitals, nursing and residential care homes is being managed.

The Hampshire IBCF Plan has always focused on developing a sustainable out of hospital system model for local communities. Although the impact of the Coronavirus Covid 19 pandemic has made local circumstances within each of the different systems challenging, the principles of out of hospital care model described in the 2015/16 plan remained coherent. For 2021– 2022,

through the Hospital Discharge and Home First Programme, the system has been building on the strong response throughout the pandemic during which time partners have driven innovations such as establishing a robust response to discharge needs, the 85 bed Clarence Unit Discharge to Assess facility, 3 Designated Settings, 111 First, Community Oximetry, , Urgent Community Response teams, hot hub arrangements across primary care, Virtual Wards a Long Covid service and Total Triage in Primary Care. The system is now working towards recovery, taking the learning from the pandemic to respond to the current challenging financial climate, the wider system transformation ambitions for health and care, including delivery of Strategic Delivery Plan work streams and Adults' Health and Care Strategy<sup>9 10</sup>. Our approach continues to re-shape and developing the health and social care market with key elements of a whole system model as illustrated in Figure 10 below.

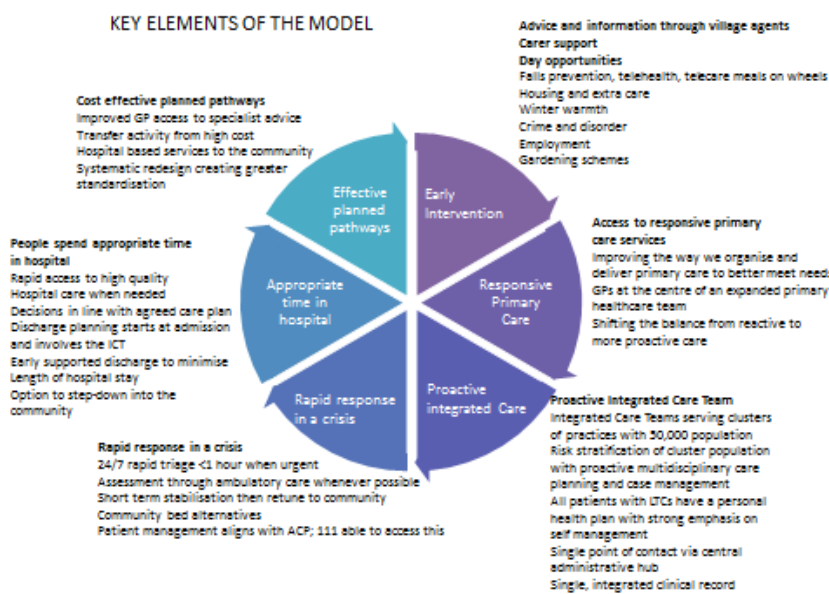


Figure 10

This means that:

- **Independence is the expectation** with support at home in the community empowering people to manage their own health and wellbeing in a strengths-based approach
- **Care is co-ordinated** around individuals, targeted to their specific needs, so they will know about and be able to access information, care and support including relevant technology, in their local community to keep them at home
- **Responsive, proactive and “joined-up” case management** reduces the likelihood that people will have to rely on more specialist services and rapidly regain their independence when they do
- **Experience of care is positive** with the appropriate services available where and when they are needed
- **Outcomes improve** enhancing independence, reducing premature mortality and morbidity

Aligned place-based projects that extend prevention and self-management, provision of primary care to facilitate fewer steps to specialist support, reducing duplication and maximising the benefits of an integrated workforce, including information sharing, single assessment and strengthened leadership. This is underpinned by a number of key enabling elements, that are commissioned as part of a wider strategic work programme in the following areas:

- Collaborative Commissioning for Rapid Discharge Services, Help to Live at Home (formerly Care at Home) including NHS Continuing Healthcare and Funded Nursing Care.
- Jointly commissioning an integrated approach to Reablement / Rehabilitation

<sup>9</sup> [A Strategy for the Health and Wellbeing of Hampshire 2019–2024 | About the Council | Hampshire County Council \(hants.gov.uk\)](#)

<sup>10</sup> [Adults Health and Care Strategy final.pdf \(hants.gov.uk\)](#)

- Commissioning innovative technology as part of an integrated out of hospital care plan
- Commissioning Integrated Provider Delivery Model

Whilst the market position of help to live at home services (domiciliary care) is not evenly distributed across Hampshire, with differential supply in rural and urban areas Joint and collaborative commissioning is enabling a stronger and better understood social care offer as illustrated in Figure 11 below. The recent use of more live-in care and opportunity of extra care housing are contributing more to the options available.

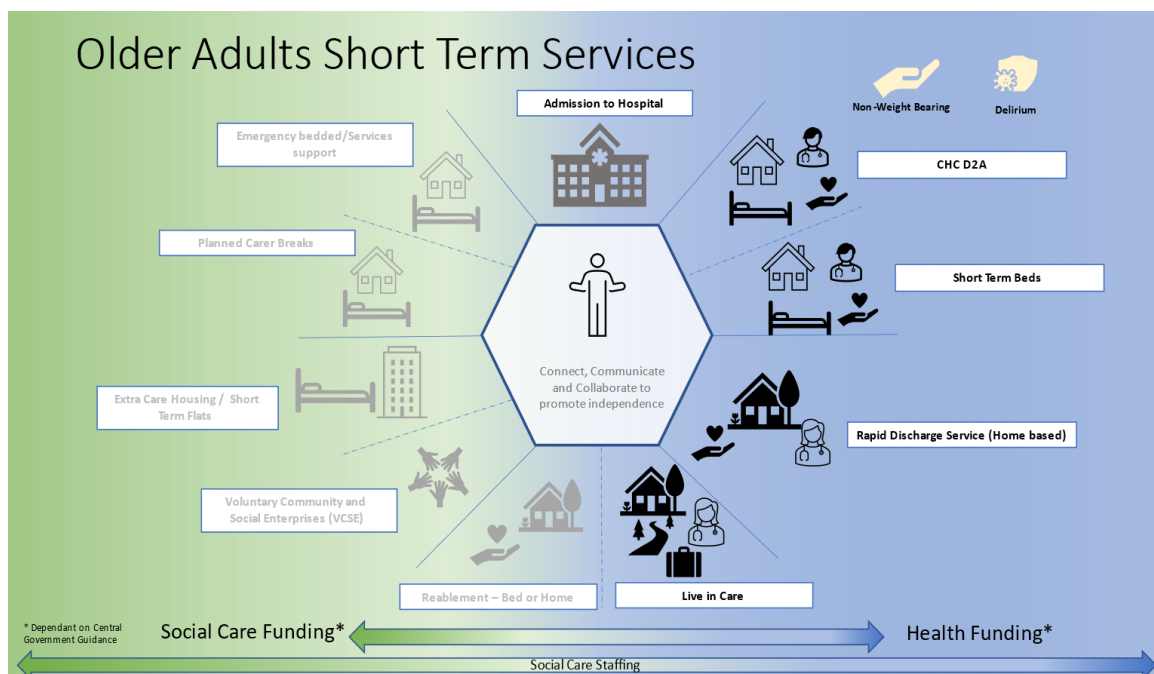


Figure 11. (Source Hampshire Adults' Health and Care)

Connect to Support Hampshire<sup>11</sup> a suite of web based information and resources that enables people, their carers and local communities to identify sources of support that can meet their needs continues to be commissioned and well used. Telecare services across Hampshire continues to go from strength to strength. The award- winning approach of the Argenti Consortium makes a real difference to people's lives, maintains independence and reduces the revenue costs of adult social care across all client groups. The *device agnostic* methodology deploying technologies available via the *internet of things* and support of novel innovation is also extending potential even further using experience during the Coronavirus Covid-19 pandemic.

**Workforce capability and capacity** remains a challenge and critical success factor due to competition in the labour market and the ongoing impact of Covid-19. Partners continue to explore how different approaches such as an "employee passport" as a catalyst for changing behaviour and developing new skills. For the **domiciliary and residential care** providers who struggle to recruit and compete directly with each other, the Local Authority has actively supported the national "Call to Care"<sup>12</sup> initiative with individuals being recruited via the Connect to Hampshire Agency. For services meeting needs of people with a Learning Disability, the "Least Restrictive Practice programme expands the skills to support staff to respond positively to behaviours that challenge. These new ways of working extend beyond traditional professional boundaries. Hampshire County Council workforce development team is continuing to support the care market to maintain capability and capacity.

These system features continue to resonate and are reflected in partner commissioning plans

<sup>11</sup> <https://connectsupport.hants.gov.uk/>

<sup>12</sup> [Call to Care in Hampshire](#)

## **7. How Integration Better Care Fund services are supporting the approach to integration**

The CCGs and the Council continue to consider both the core BCF and IBCF for 2021-2022 together. The policy guidance for the core BCF records a 5.6% inflation in 2021/22 for all of Hampshire except the area covered by the Frimley Health System ICS where allocations and 4.3% inflation has been applied. The CCGs have confirmed their planning assumptions aligned with policy guidance. The entire BCF resource is committed to contracted services that contribute to the out of hospital care model including commissioned community health services and domiciliary care.

In 2021/22 the minimum BCF for Hampshire was increased to £92,732,577 with a minimum CCG ring fenced value of £60,999,388 for out of hospital services in line with national guidance. £31,733,189 of the core BCF value for 2021/22 is allocated to social care. The funding agreement relating to the IBCF plan continues to protect the following adult social services to support the delivery of core elements of the integrated out of hospital model:

- Community Independence interventions
- Hospital Discharge Teams
- Reablement
- Care Act duties
- Carer Support including day opportunities
- Palliative Care

Since the pooled fund has always been an existing resource, apart from the value of the contribution, there are no changes to the schemes included 2020/21 BCF and the plan reflects the allocated values. However, in the context of the CCG financial position and the challenging County Council medium term financial strategy, partners recognise that merely commissioning services covered by the pooled fund together will not ensure the system is financially sustainable. CCG commissioned services and investment in out of hospital spend supported via the IBCF are detailed in the accompanying planning template. Whilst these resources are being deployed in pathways including Discharge to Assess, Enhanced Recovery at Home, Community Rehabilitation and Integrated Care Teams, a significant addition of the short-term Hospital Discharge Fund has been added to system resources to augment, expand and develop the model under the "Hospital Discharge and Home First Programme".

The allocation of the Improved Better Care Fund (£25,605,329) and Winter Pressures funding (£4,747,497) contributes to adult social care demand. For 2021/22 a further £14,252,433, is designated to fund Disabled Facilities Grants (DFGs), allocated centrally, has transferred locally to the 11 Housing Authorities. Details of the spending plan are confirmed in the accompanying Hampshire Planning Template. All specific IBCF funded activity is firmly positioned in contributing to and supporting the out of hospital care model described in section 9 below.

## **8. Supporting discharge (national condition 4)**

By its nature Hampshire is a complex health and care system in which partners have been working together to address the whole system challenges. Root causes of delays have been analysed in detail, using data, operational experiences and the experiences of local people using our services. Performance of the whole system has historically been volatile, accentuated by the prevailing care market conditions across Hampshire.

System wide improvements established through the "Hospital Discharge and Home First Programme" in 2020/21 are being embedded into the core discharge and flow model. All four placed-based systems noted in section 4 above are working to deliver agreed performance requirements. Each has agreed a system wide trajectory for improvement that all partner organisations have signed up to. This covers:-



- maintaining SPOA coordination
- optimising Discharge to Assess
- reducing dependence on long term placement and supporting flow in the acute sector, thereby enabling elective restoration.
- Enhancement and alignment of urgent community response and same day access to urgent care provision

The approach is intended to comply with the Hospital Discharge Policy, continuation of the move from bed based to home based care and manage system cost pressures. Each of the four place-based systems have an established leadership group working together to provide an integrated health and social care system fit for the future covering. Acute Hospital Trusts are key members of these leadership groups that include:

- 111 First - NHS 111 Online and NHS 111 Calls
- GP / Primary Care Access
- Urgent Community Response
- Ambulance services
- “Home First” enhanced recovery and support to return home
- Hospitals response of all Acute Trusts
- Local Authority social care

This means people being able to access seamless services that meet their physical and mental health needs through the right care, at the right time and in the right place. Through focus on the individual, as opposed to structure, there is increased focus on prevention and pro-active care rather than reactive treatment. Figure 12 below illustrates an exemplar “Home First” plan for 2021/22 in North and Mid Hampshire with clearly stated anticipated outcomes. This approach is mirrored across the Hampshire area.

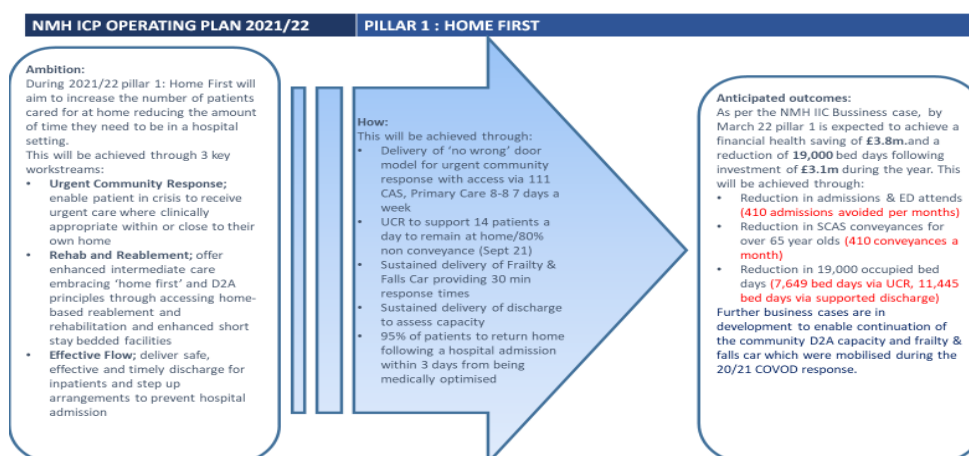


Figure 12: Exemplar Home First 2021/22 plan - North and Mid Hampshire system.

Each plan outlines the high-level actions being implemented and further work continues. Figure 13 below illustrates the alignment of the IBCF out of hospital model to the effective flow and discharge pathway that deliver the elements of “Home First” incorporating areas of good practice in the high impact change model.

The commissioned interventions for Adult Social Care compliment those of the NHS to:

- ensure a variety of **consistent and appropriate Home and Bed Based Short Term Services** which would support timely discharges, admission avoidance and community options for Hampshire residents to enable a strength based and person-centred assessment.
- provide services that would ensure positive outcomes for individuals who need services.
- work under the principle of a right service for the right person at the right time
- ensure that **no individual moves to a long-term service without the opportunity to improve, engage and be part of a personal assessment within a short-term service.**
- secure competitive costings with the market and manage the market in a constructive and positive way, for both long term and Short-Term services.

- ensure the correct associated **staffing for service assessment and delivery**
- retain the ability to **flex capacity throughout the year.**

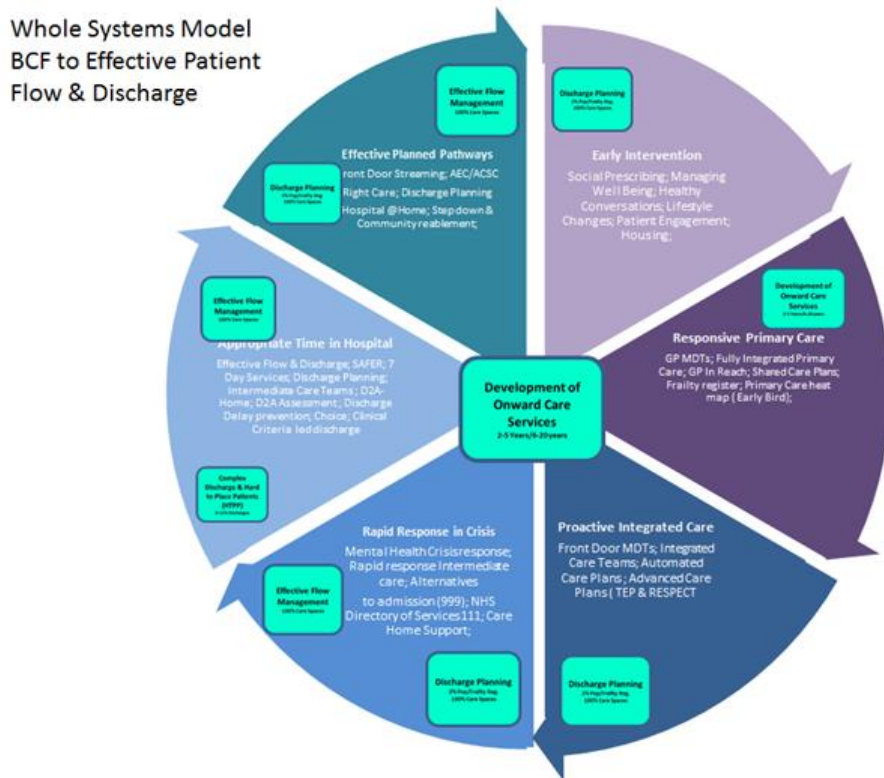


Figure 13

Monitoring of non-elective admissions continues in each system. Figure 14 illustrates performance across Hampshire for chronic ACS conditions as a whole.

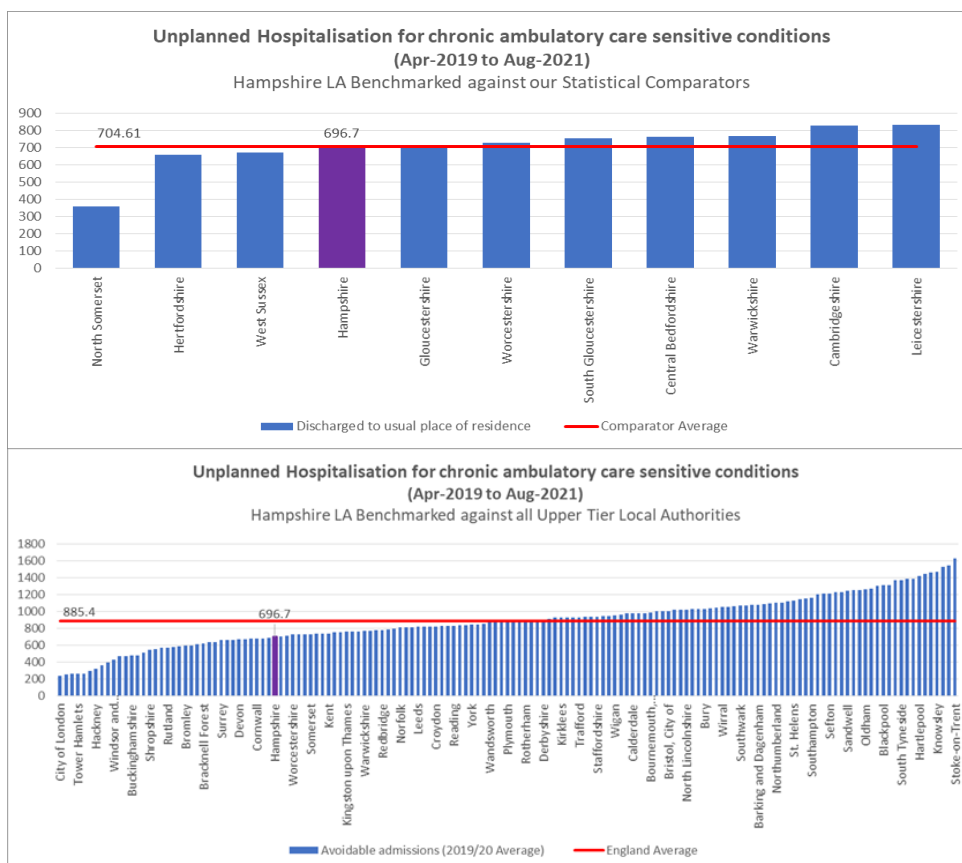


Figure 14 Hospitalisations for ACS conditions – Hampshire overall

The Evaluation of Home First and Discharge to Assess (September 2021) analysis of data for 2021/22 to date illustrated in Figure 15 below. The percentage of hospital discharges who went 'Home First' remained steady at 90% for the reporting systems: 93% in Hampshire Hospitals NHS Foundation Trust, 91% in Portsmouth Hospital NHS University Trust and 86% in University Hospital Southampton NHS Foundation Trust.

- Total discharges decreased in September, with only Acute discharges from Hampshire Hospitals NHS Foundation Trust remaining at approximately the same level as the previous month.
- Community Service capacity and utilisation highlights:
  - Total **D2A bed capacity remained steady** at 229 in September compared to 227 in August. Average D2A utilisation across those systems has increased to a high of just over 96% in September, compared to 84% just 3 months ago, in June.
  - Total **RDS capacity decreased** from 7786 hours in August to 6386 hours in September. Overall utilisation increased from 81% in August to 85% in September, with a notable increase in North and Mid system.
  - **Live in Care capacity remained steady** with 56 carers although utilisation reduced from 70% in August to 67% in September.
- Post D2A (short term service) outcome data for the Hampshire Systems reported:
  - 42% of individuals returned home with or without care/support, 38% were placed into Residential/Nursing 16% returning to hospital.

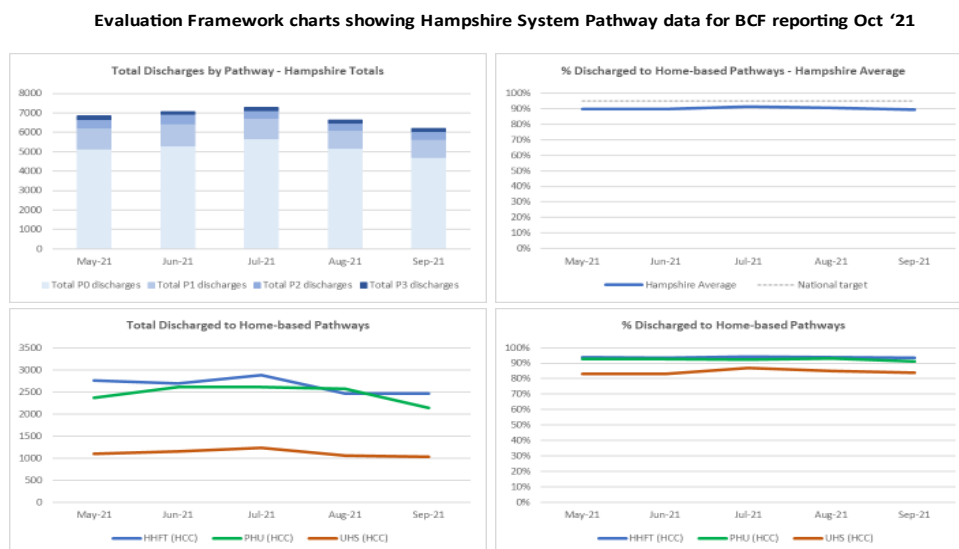


Figure 15:  
Hampshire  
Discharge Pathway  
Data to September  
2021/22  
(Source “Hospital  
Discharge and Home  
First Programme”)

The challenges in each system in achieving and sustaining discharges performance are not underestimated and are becoming better understood in each system.

Further improvement opportunities are being pursued in the following areas:

- Flexing capacity requirements linked to the latest demand and capacity modelling
- Reducing care packages from 6 to 4 weeks
- Refining and consolidating the short-term service offer
- Developing an approach to self-funders
- Decreasing reliance on long-term nursing and residential care
- Resolving process issues in the NHS Continuing Healthcare / complex pathway
- Optimising admission avoidance including 2 hour response
- Enhancing the clinical model to support managing increased complexity at home
- Managing the impact of multiple systems escalating at the same time through stronger whole system working

## 9. Disabled Facilities Grant and wider services

The grant funding to support the provision of Disabled Facilities Grants awarded for the purpose of enabling vulnerable individuals to stay living independently within their own home, preventing them from becoming homeless or having to move unnecessarily into a less independent institutional setting is passed to the Housing Authorities with the objective of:

- Facilitating timely hospital discharge
- Reducing admissions to residential care homes
- Reduce the cost of providing domiciliary care
- Contributing to the wider prevention agenda of housing, social care, and health authorities by facilitating improvements in individual wellbeing, and reducing hospital admissions.

The full value of this allocation has been transferred to the eleven Hampshire District and Borough Housing Authorities as required. Individual partnership agreements set out the relationship with the County Council including data submissions to demonstrate levels of spend and activity. Each housing authority works within the DFG Partnership Group and with all other stakeholders and relevant parties to deliver of DFGs in a timely manner to the agreed standards.

Although there is not yet a single unified arrangement for the whole of Hampshire the majority of the Housing Authorities in Hampshire have discretionary elements to their financial assistance policy for housing<sup>13</sup>, making it possible for:

- Mandatory DFGs
- Discretionary DFGs
- Discretionary home improvement grants
- Home improvement loans

These arrangements make provision that extends beyond the scope of more than the 20 year old housing legislation requires.

Housing Authorities have worked to enable elements of the Better Care Fund ambitions in various ways including directly employing Occupational Therapists. New Forest District Council has also funded an adaptation scheme specifically support hospital discharge.

In the wider context housing partners in districts and boroughs together with colleagues in north east Hampshire (part of NHS Frimley CCG) are continuing to work to move people on from temporary accommodation as a consequence of the Coronavirus Covid-19 pandemic. Work continues to strengthen our joint approach; sharing our learning and expertise.

## 10. Equality and health inequality

System partners have committed to addressing inequality and inequity of access to services and restoring services inclusively, improving outcomes for those in greatest need and include a proactive response on diabetes, cardiac, mental health and COVID-19 risk factors. The Hampshire Integration and Better Care Plan was initially developed to respond to system demands and meet the needs of the changing older people's population of Hampshire. Our 2021-2022 Integration and Better Care Plan continues to be influenced by the evidence of population increase. With this increase comes greater demand for services.

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Data assessed for the Joint Strategic Needs Assessment (JSNA)<sup>14</sup> and used to inform local plans indicates:

- An ageing demographic – increasing frailty and multimorbidity, this will be a big driver in health and social care needs. This is particularly expected in West Hampshire
- 93.8% white population although indications the population becoming more diverse. Diversity is greatest in north east Hampshire
- Inequalities exist within the County with males in the most deprived areas living 5.2 years less and females living 3.2 years less than the most affluent areas
- Birth data show a steady decrease in the number of live births and general fertility rate.
- Cancer and circulatory disease reported in 2019 account for over half of the deaths (55%) across the STP in 2017

Concerning older people, the JSNA indicates the following key themes:

- Higher **dementia** prevalence compared to England, 0.86% compared to 0.76%. By 2025 there will be an estimated 8,000 more 65yrs+ patients with dementia
- Increasing **frailty** in older people causes greater demands on health and social care, increased risk of falls. Over one year (2017/18) there were 12,000 admissions where frailty was coded, half had fallen or had tendency to fall recorded. People aged 75 years and over accounted for nine out of ten emergency fall related admissions.
- **Multimorbidity** often associated with reduced quality of life, higher mortality, polypharmacy and high treatment burden, higher rates of adverse drug events, and much greater health services use (NICE Guidance QS153). It is estimated that 26,000 older people across the STP have three or more 3 chronic conditions

The system wide approach to responding to these inequalities<sup>15</sup>, particularly in relation to older people that have been the focus of the Hampshire Integration and Better Care Plan includes:

- Increasing funding for primary and community care
- Bringing together different professionals to coordinate care better including community connectors that assist in care navigation
- Helping more people to live independently at home for longer
- Developing more urgent community response teams to prevent avoidable hospital admission, and speed up discharges home.
- Upgrading NHS staff support to enhance the care people living in communal residential and nursing homes.

In keeping with the rest of England and the UK, responding to the impact of the Coronavirus Covid-19 pandemic since March 2020 has clearly been a priority and has been a related factor in the work to progress the Integration and Better Care Plan particularly in relation to hospital admission and discharge rates (see Figure 16 below).

In assessing need in relation to Covid-19 it has been identified that certain communities and individuals within Hampshire have been more vulnerable to harm<sup>16</sup>. Different factors have contributed to this vulnerability which has become evident in the recovery process. Three separate indices have been developed and are being used to inform the next phase of the response:

- **Clinical vulnerability to COVID-19:** those at higher risk of experiencing severe outcomes from contracting COVID-19
- **Wider risks from Covid-19** through work and living conditions
- **Vulnerability to policies relating to Covid-19** such as the negative effects of restrictions or economic downturn.

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<sup>14</sup> [2019 STP JSNA \(hants.gov.uk\)](https://hants.gov.uk)

<sup>15</sup> [Prevention and inequalities :: Hampshire & Isle of Wight STP \(hiowhealthandcare.org\)](https://hiowhealthandcare.org)

<sup>16</sup> [COVID-19 Data and Intelligence | Health and social care | Hampshire County Council \(hants.gov.uk\)](https://hants.gov.uk)



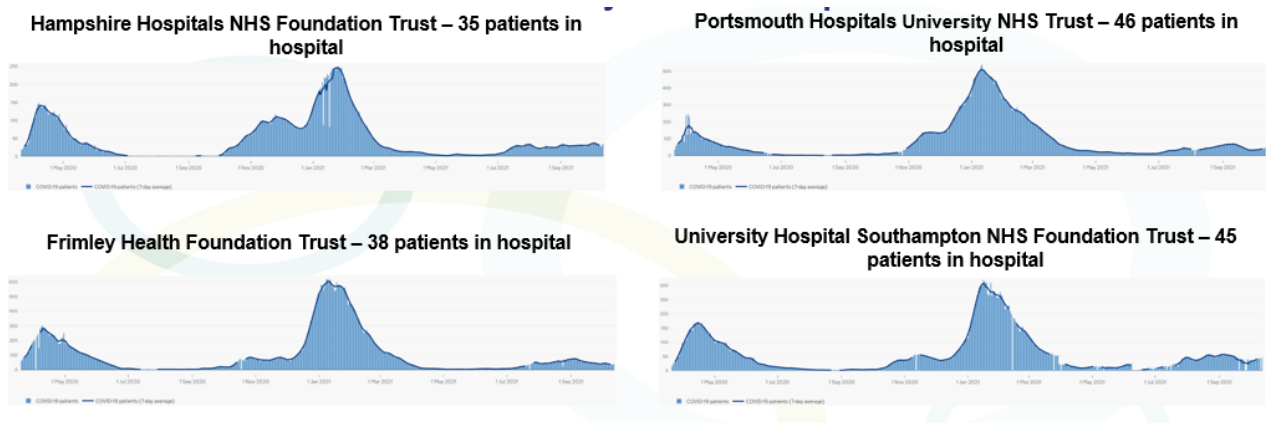
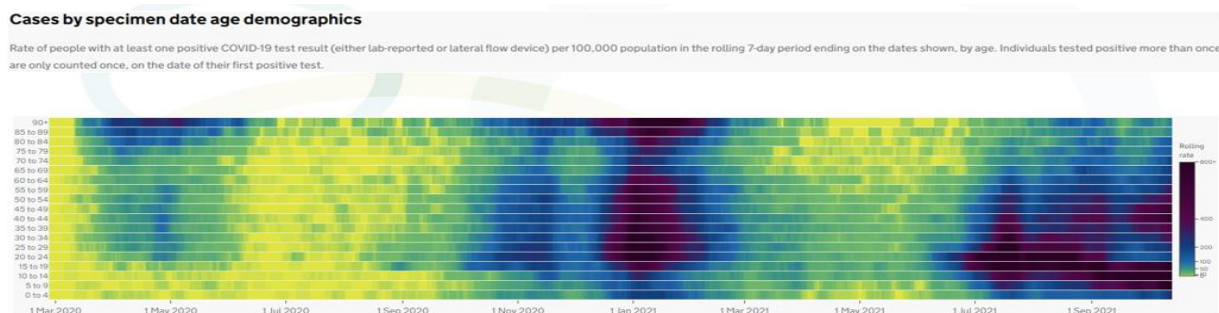


Figure 16: Hospital admission due to Covid-19 (source PHE)

Most recent data (October 2021<sup>17</sup>) indicates a cumulative rate in Hampshire of 9,992.64:100,000 population. Whilst in the initial phase on the pandemic older people were most notably affected, this has now shifted to 11-14 years olds (see Figure 17 below). Older people were more vulnerable to serious illness and deaths from COVID-19 and more likely to shield. Decreased social connectiveness for older people who were also less likely to use online communications to supplement their interactions. Impacted on mental health with increased anxiety and depression reported as well as increases in cases of self neglect and self harm including self neglect. There was an increase in unpaid carers during the pandemic as people provide inform help for family member. The impact of service closures, social distancing restrictions has also compounded social isolation and reduced mobility, so people may require social care services earlier than they may otherwise have done. The progress being made in the vaccination programme along with wider public health campaign aims to mitigate risks of harm.



Case rates are prevalent in all age groups, but 10-14 year olds are the most affected age group with a rate of 2,376.4 per 100,000, this is an increase compared to the previous week. Case rates are starting to increase in the 35-49 year age bands.

Source: *PHE dashboard* (Last updated on 18<sup>th</sup> October 2021)

Figure 17: Current age-related prevalence (source PHE)

By working to address the needs of vulnerable adults experiencing the impact of multiple long term conditions, including hospital admission and discharge, the IBCF funding invested in mainstream core community services and social care support is contributing to the systems' ability to tackle the wider determinants of health and mitigate some of the effects of inequality.

<sup>17</sup> [Name of report Detail of report \(hants.gov.uk\)](#)



Better Care Fund 2021-22 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Hampshire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<ul style="list-style-type: none"> <li>Has a plan, jointly developed and agreed between CCG(s) and LA, been submitted?</li> <li>Has the HWB approved the plan/delegated approval pending its next meeting?</li> <li>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</li> <li>Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?</li> </ul>	<ul style="list-style-type: none"> <li>Cover sheet</li> <li>Cover sheet</li> <li>Narrative plan</li> <li>Validation of submitted plans</li> </ul>	Yes	IBCF Narrative Plan		
	PR2	A clear narrative for the integration of health and social care	<ul style="list-style-type: none"> <li>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:                             <ul style="list-style-type: none"> <li>How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally.</li> <li>The approach to collaborative commissioning</li> <li>The overarching approach to support people to remain independent at home, and how BCF funding will be used to support this.</li> <li>How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include                                     <ul style="list-style-type: none"> <li>How equality impacts of the local BCF plan have been considered,</li> <li>Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these</li> </ul> </li> </ul> </li> </ul>	Narrative plan assurance	Yes	A Strategy for the Health and Wellbeing of Hampshire 2019–2024   About the Council   Hampshire County Council (hants.gov.uk) Adults Health and Care Strategy final.pdf (hants.gov.uk)HIOW Strategic Delivery Plan (hiowhealthandcare.org)		
	PR3	A strategic, joined up plan for DFG spending	<ul style="list-style-type: none"> <li>Is there confirmation that use of DFG has been agreed with housing authorities?</li> <li>Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home?                             <ul style="list-style-type: none"> <li>In two tier areas, has:                                     <ul style="list-style-type: none"> <li>Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or</li> <li>The funding been passed in its entirety to district councils?</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Narrative plan</li> <li>Confirmation sheet</li> </ul>	Yes	<a href="https://www.rushmoor.gov.uk/housinggrants">https://www.rushmoor.gov.uk/housinggrants</a>		
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?	<ul style="list-style-type: none"> <li>Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including:                             <ul style="list-style-type: none"> <li>support for safe and timely discharge, and</li> <li>implementation of home first?</li> </ul> </li> <li>Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year?</li> <li>Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts?</li> </ul>	<ul style="list-style-type: none"> <li>Narrative plan assurance</li> <li>Expenditure tab</li> <li>Narrative plan</li> </ul>	Yes			
Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<ul style="list-style-type: none"> <li>Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)</li> <li>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 32 – 43 of Planning Requirements) (tick-box)</li> <li>Has funding for the following from the CCG contribution been identified for the area:                             <ul style="list-style-type: none"> <li>Implementation of Care Act duties?</li> <li>Funding dedicated to carer-specific support?</li> <li>Reablement?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Expenditure tab</li> <li>Expenditure plans and confirmation sheet</li> <li>Narrative plans and confirmation sheet</li> </ul>	Yes			
Metrics	PR8	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<ul style="list-style-type: none"> <li>Have stretching metrics been agreed locally for all BCF metrics?</li> <li>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric?</li> <li>Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale?</li> <li>Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more?</li> </ul>	Metrics tab	Yes			

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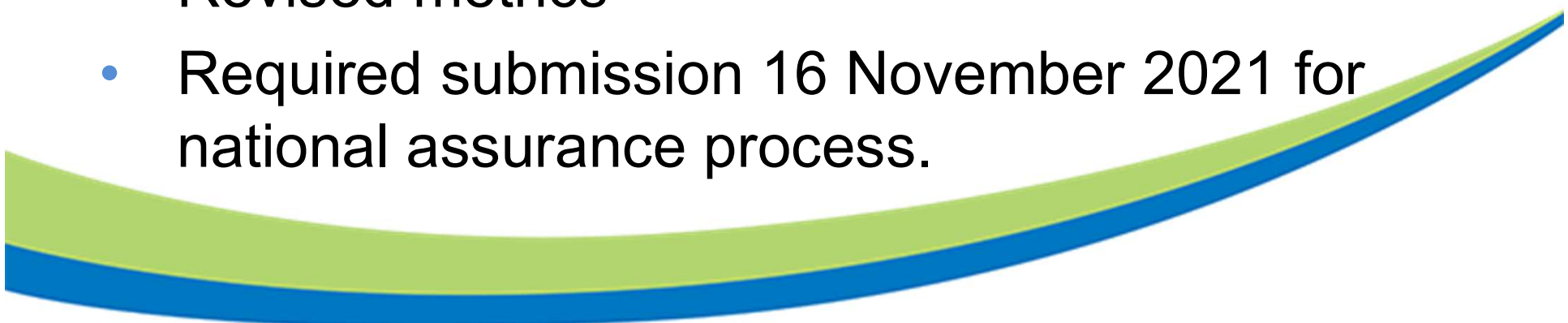
# Hampshire Integration and Better Care Fund Refresh

2021-22



## Policy Requirements

- Delayed and subsequently published 30 September 2021
- Required a narrative plan and planning template
- Plan based on the Health and Wellbeing Board footprint – although NE Hampshire included Frimley system
- Revised metrics
- Required submission 16 November 2021 for national assurance process.

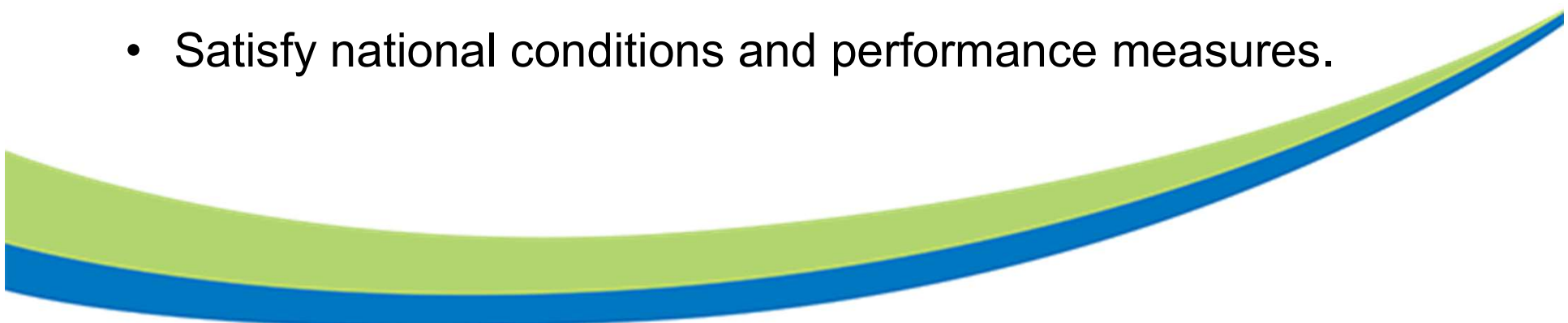


## Our Challenges - recap

- Ageing population with Long Term Conditions
- Reducing inequalities
- Whole system complexity
- Difficult financial situation
- Urgent Care System pressures
- Workforce overall in local labour market
- Changing cultures

# What did the BCF programme aim to do ?

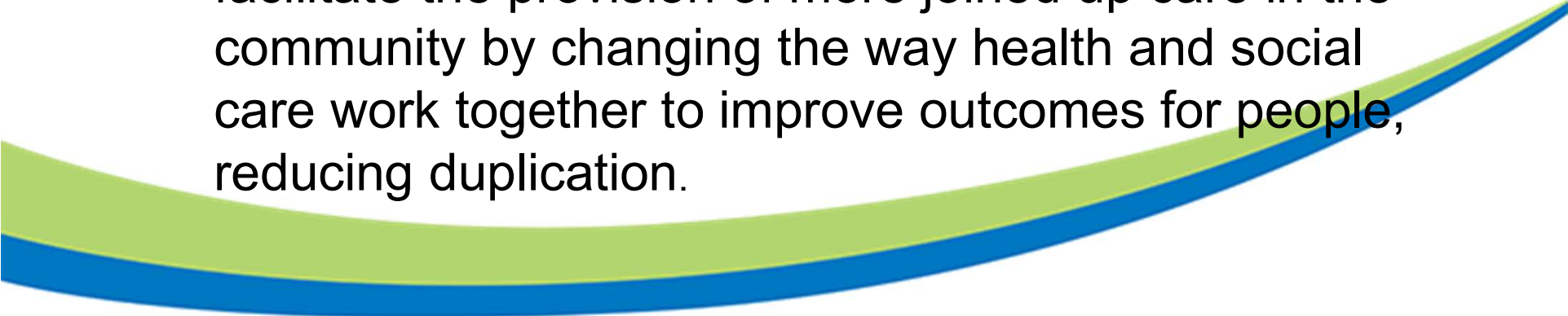
- The policy was announced by the Government in June 2013 intended as a “catalyst” for change.
- Provides a single pooled budget to support health and social care services to work more closely together in local areas.
- Underpin joint plans developed and agreed by the Health and Wellbeing Board and approved by the Clinical Commissioning Groups and Hampshire County Council.
- Satisfy national conditions and performance measures.





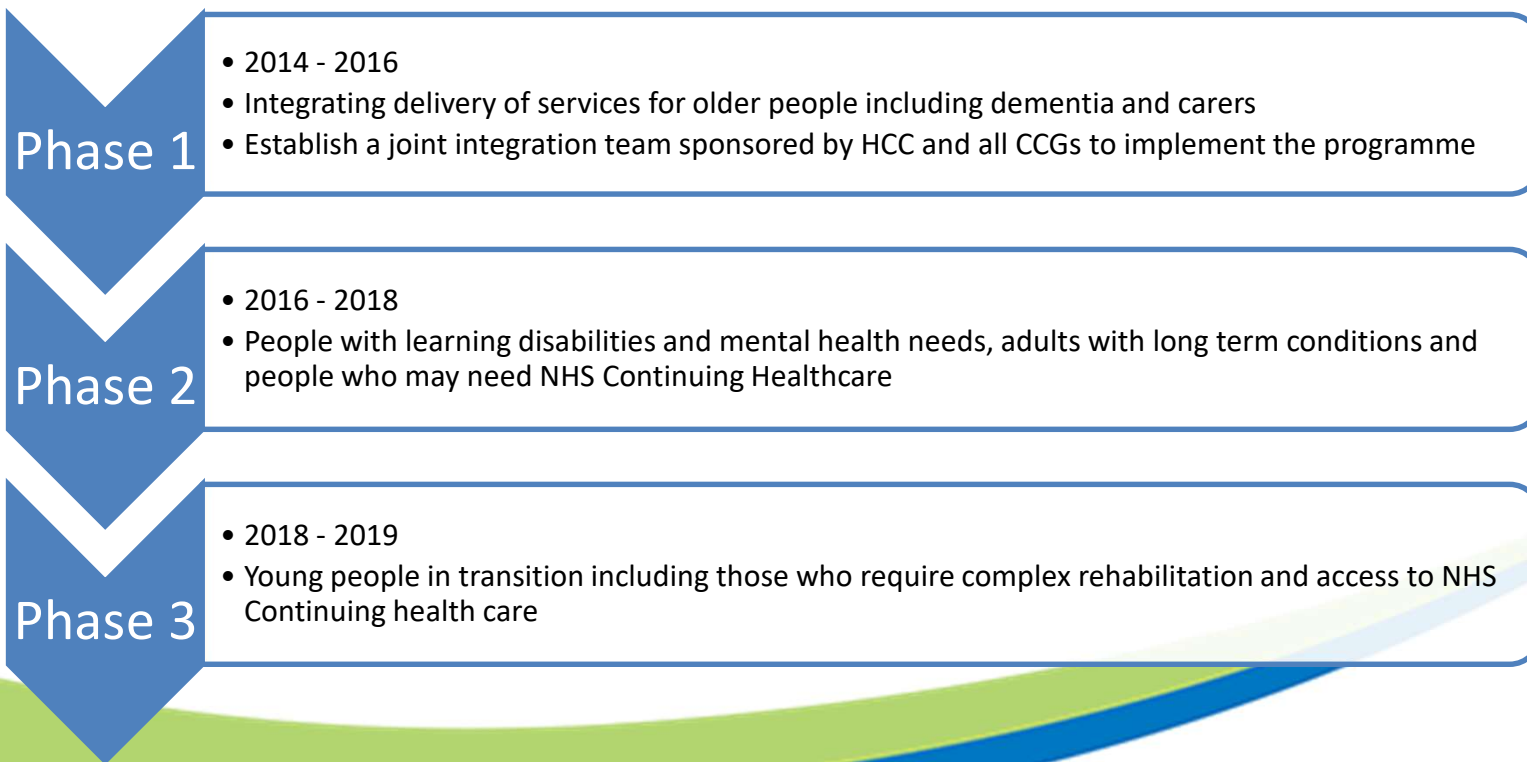
# Our Hampshire Plan

Originally aimed to:

- support acceleration of local integration of health & care services through joint commissioning & partnership working.
  - help address demographic pressures in adult social care
  - facilitate the provision of more joined up care in the community by changing the way health and social care work together to improve outcomes for people, reducing duplication.
- 

# Components to our plan

Formulated in key phases:



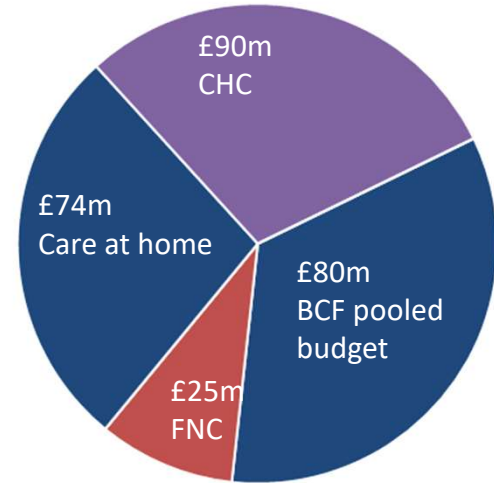
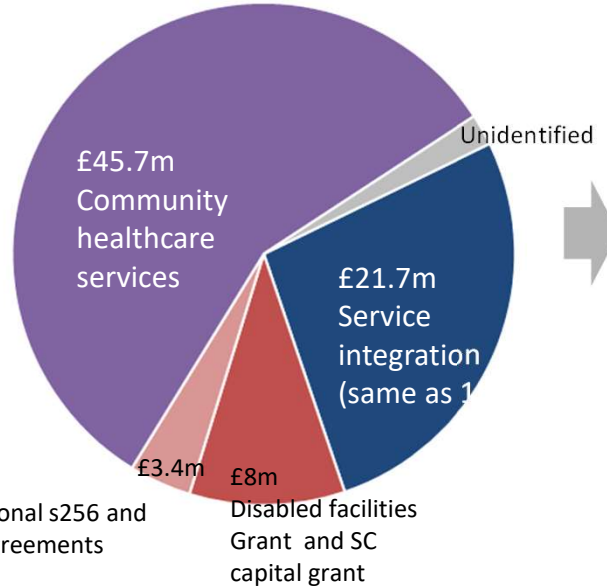
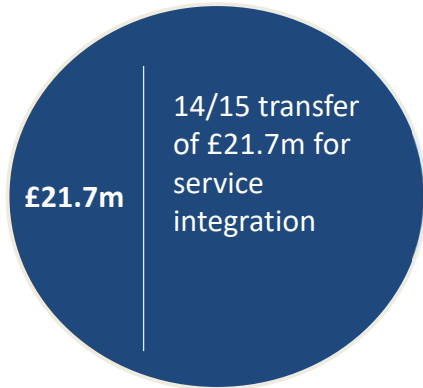
# Protecting Social Care Services

## Source of funds

14/15 **BCF statutory** transfer of existing s256 -service integration from health to social care for the benefit of health

15/16 **BCF statutory requirement** of pooled budgets totaling £80m to be spent on delivering integrated care to realise efficiency savings

**BCF 'Plus'15/16** total funding of c.£280m from ASC and CCGs on activities where health and care interface directly

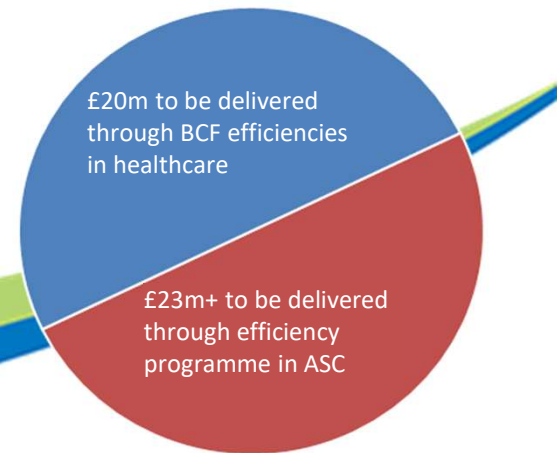


HCC ASC efficiency saving target for 15/16 is £43m plus demography and complexity pressures of c£10m on gross budget of £427m

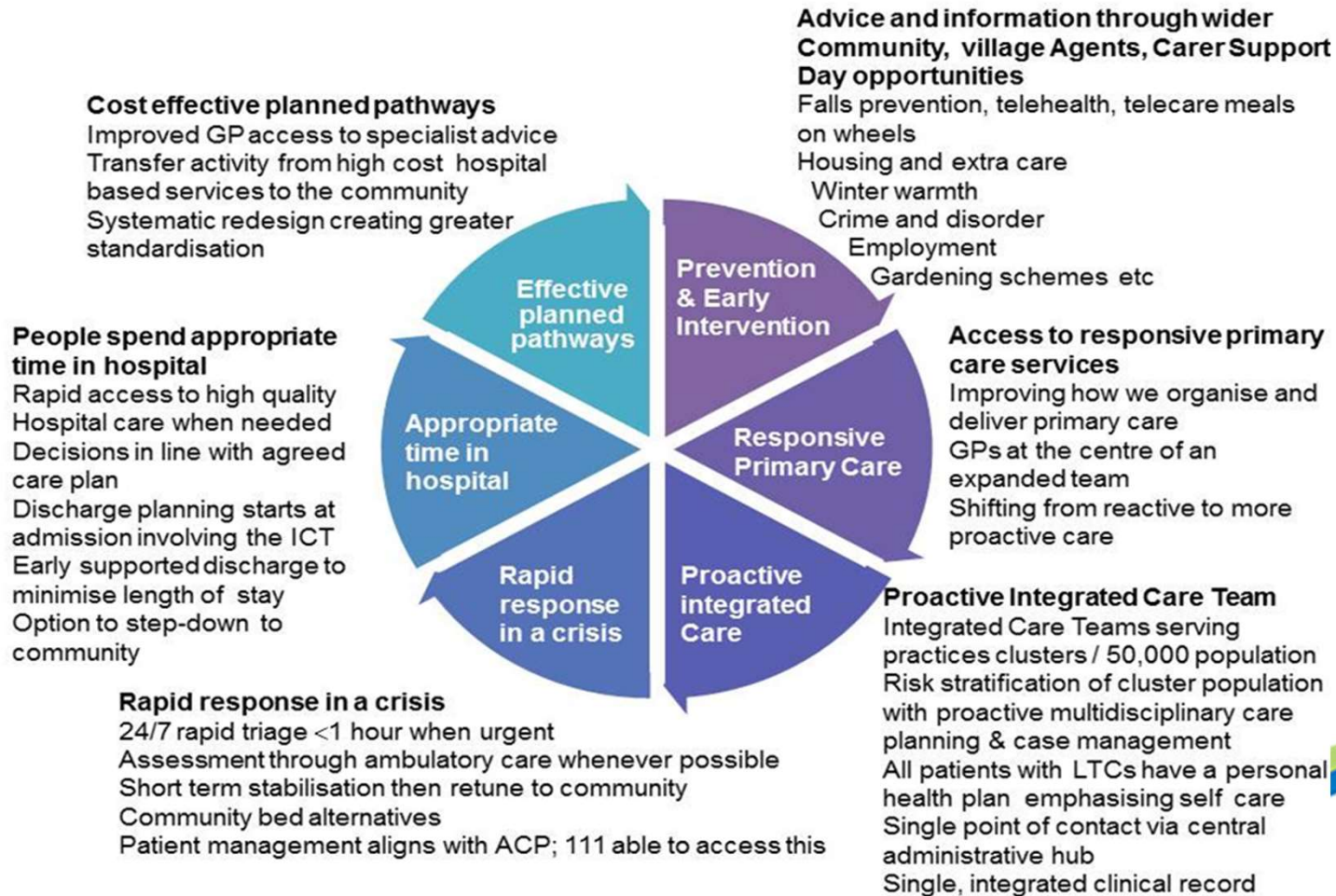
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## System wide budgetary pressures & efficiency plans

Additional challenges to be mindful of -CCG QIPP efficiency plans and provider CIP plans total budget £1.4bn

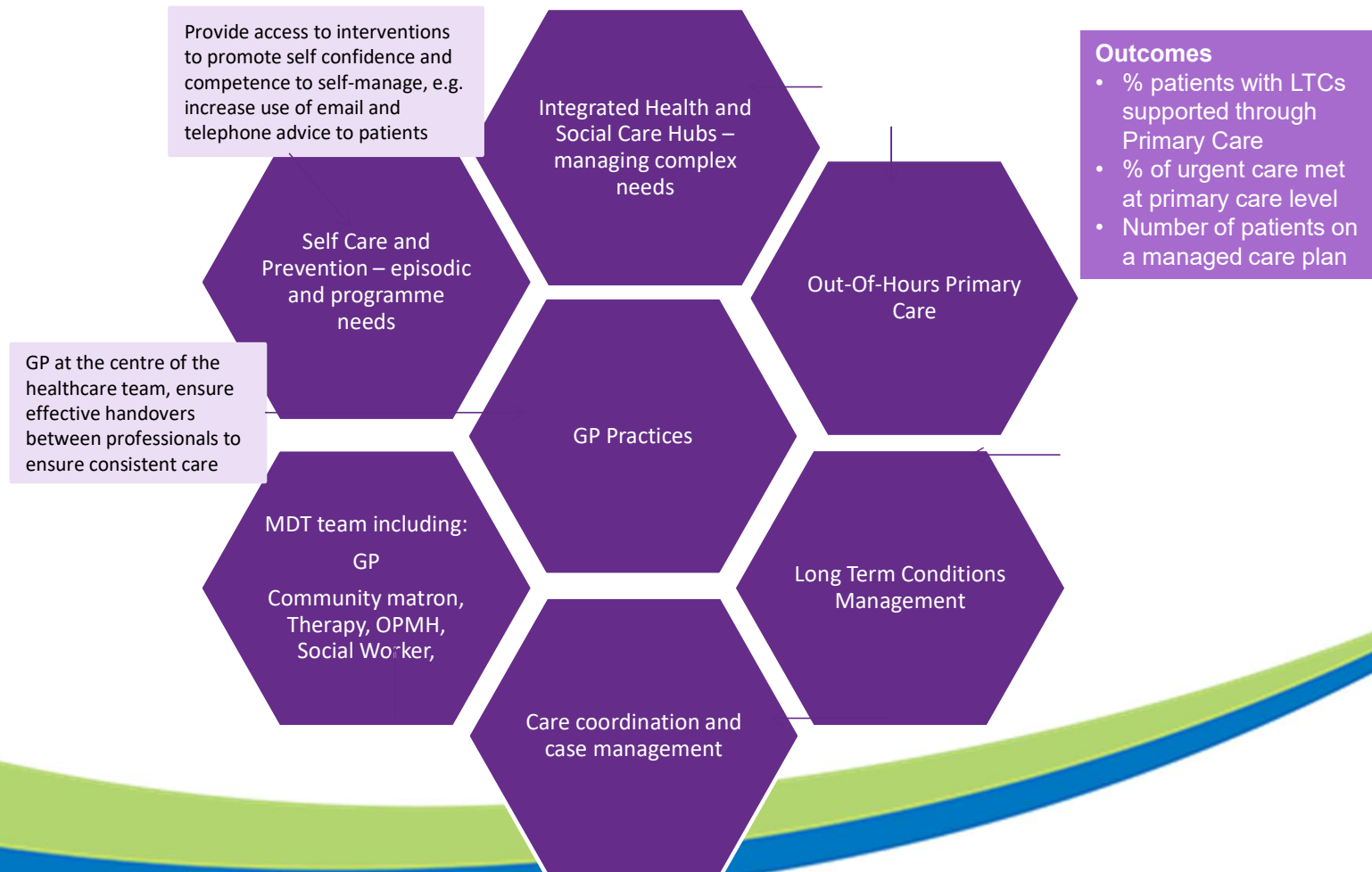


# Phase 1 Out of hospital care model to deliver real changes:



# Focuses on the out of hospital care model

## Integrated Care Teams – with primary at the centre



# What has happened?

- Changes in policy – Vanguard, NMOC etc
- Multiple organisational changes and changes to structures and governance
- Some progress on “Out of Hospital care”
- More challenging financial circumstances
- 2018 Newton / CQC – “we could do better”
- NHS Long Term Plan priorities
  - Greater focus on population with supported self management / strengths based
  - Boost to out of hospital including prevention
  - Boost to primary care profile
  - Redesigning emergency care
  - Digital enabling goes large!





# Current issues

## **Competing factors: e.g.**

- Alignment in recovery from COVID-9 / Hospital Discharge and Home First programme
- Co-commissioning (NHSE / CCGs)
- Coterminosity

## **IBCF Programme:**

- Was never “new” funding although initially included financial risk share agreement
- Has become an enabler to other work streams
- Monitoring & evaluation framework set nationally
- Future arrangements 2022 and beyond

# Investment 2021/22 - £137,344,836

NB: IBCF was never “new” money so any change to the allocation of funds will require a substitution from elsewhere

<b>Social Care</b>	Hampshire, Southampton & IOW CCG	Frimley CCG	CCG Total	HCC	Total
<b>Revised Split (removing additional spend)</b>					
<b>S256's</b>					
Section 3 - Service Integration	£18,895,466	£2,724,063	£21,619,529		£21,619,529
Section 3 - 14/15 Increase through AT	£4,598,878	£630,096	£5,228,974		£5,228,974
Section 4 - Adult Services	£1,012,112	£50,752	£1,062,864		£1,062,864
Section 6 - Community Enablement	£132,345	£0	£132,345		£132,345
Section 8 - Sitting Service/Day Care	£33,866	£0	£33,866		£33,866
Section 10 - Welcome Home Support	£55,847	£0	£55,847		£55,847
Section 15 - Palliative Care	£216,463	£0	£216,463		£216,463
Section 19 - OPMH Dementia Advisors	£142,045	£17,571	£159,615		£159,615
15/16 Agreement - OPMH Dementia Advisors	£193,003	£33,086	£226,089		£226,089
Section 26 - Frogmore Dementia Days	£0	£33,019	£33,019		£33,019
ICES	£2,606,810	£357,766	£2,964,577		£2,964,577
<b>Agreed to Transfer</b>	<b>£27,886,836</b>	<b>£3,846,352</b>	<b>£31,733,189</b>	<b>£0</b>	<b>£31,733,189</b>

# Investment 2021/22

## Out of Hospital Care

<b>Community Services</b>					
SOUTHERN HEALTH: Community Care Teams					
OT's	£2,162,641	£361,336	£2,523,977		£2,523,977
Physios	£2,897,720	£435,430	£3,333,150		£3,333,150
Nursing	£28,673,188	£3,850,357	£32,523,545		£32,523,545
Fleet Hospital Community Beds	£0	£1,860,736	£1,860,736		£1,860,736
LD Community	£3,050,616	£0	£3,050,616		£3,050,616
OPMH Community Teams	£14,394,151	£0	£14,394,151		£14,394,151
Wheelchair services	£750,343	£0	£750,343		£750,343
Solent NHS Trust	£0	£0	£0		£0
Podiatry	£1,247,995	£0	£1,247,995		£1,247,995
Frimley Health NHS Foundation Trust: Community Care Teams	£0	£0	£0		£0
Rehab	£0	£1,263,720	£1,263,720		£1,263,720
Physios	£0	£51,156	£51,156		£51,156
<b>Agreed Transfer</b>	<b>£53,176,654</b>	<b>£7,822,734</b>	<b>£60,999,388</b>	<b>£0</b>	<b>£60,999,388</b>
<b>Other Services</b>					
Disability Grant			£0	£14,252,433	£14,252,433
Winter Pressures Grant			£0	£4,754,497	£4,754,497
Meeting Adult Social Care Needs				£25,605,329	£25,605,329
Further Service to be Identified			£0	£0	£0
<b>Agreed Transfer</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£44,612,259</b>	<b>£44,612,259</b>
<b>TOTAL TRANSFER VALUE AGREED</b>	<b>£81,063,491</b>	<b>£11,669,086</b>	<b>£92,732,577</b>	<b>£44,612,259</b>	<b>£137,344,836</b>

## Next Steps?

- Awaiting guidance for 2022 and beyond and possible longer time horizon
- Maturity of revised national conditions and data being used to measure performance
- Hampshire population resides in two NHS systems ? how this should be addressed
- What would it take for the Hampshire system to be more bold about extending integration further with new NHS structures and governance





## Executive Summary

5. This report seeks to:
  - Provide an update on the work currently being undertaken to develop the new Healthy Weight Strategy, through partner engagement, steering groups and an initial workshop
  - Inform Board Members of the content of the Hampshire Healthy Weight Strategy 2022 to 2026
  - Provide an update on the next steps of the Strategy development, including how the Strategy actions will be monitored and evaluated

## Contextual Information

6. Successes of the Hampshire Healthy Weight Strategy 2015-2019 have included more focus on health and wellbeing in spatial planning, increased numbers of people being referred to and accessing weight management services and a focus on nutrition and physical activity from the early years. Given current levels of overweight and obesity in Hampshire a continued focus on this key priority is required. A refreshed strategy is required, to build on successes and pursue future opportunities.
7. The Department of Health and Social Care policy paper *'Tackling obesity: Empowering adults and children to live healthier lives'* acknowledges that obesity is one of the greatest long-term challenges the country faces. It also notes the increased risk of serious illness and mortality from COVID-19 for people who are overweight or obese.
8. Supporting Hampshire citizens to achieve a healthy weight throughout the life course requires a co-ordinated approach. The Hampshire Healthy Weight Strategy 2022 to 2026 aims to change current trends in the prevalence of overweight and obesity through effective partnership working to deliver cross-cutting actions and using place-based whole systems approaches.
9. Tackling overweight and obesity is a public health priority for Hampshire County Council. Nearly two thirds of adults, a third of Year 6 children, and a quarter of children in reception are overweight or obese in Hampshire. Prevalence is even higher in areas of deprivation, amongst ethnic minorities, and in other marginalised groups, highlighting health inequalities. The COVID-19 pandemic has impacted people's ability to live well, and emerging evidence shows it may adversely impact on healthy weight.
10. We know that we need to address the wider factors that cause obesity to tackle the root causes. The places we live, work and play have an impact on our choices. We are living in a society that does not make it easy to be healthy, and favours convenience and sedentary behaviours. Some people, through no



fault of their own, are disproportionately affected by increasingly obesogenic environments.

## **Overview: Healthy Weight Strategy for Hampshire**

11. The Healthy Weight Strategy 2022 to 2026 focusses on developing healthier environments and tackling inequalities. The strategy has three overarching strategic objectives:

- To support places and communities to enable residents to achieve a healthier weight.
- To work with health, care, education and community settings and systems to promote healthier weight across the life course.
- To reduce inequalities in health by focusing on people and populations most at risk.

12. A Healthy Weight Strategy Action Plan will be produced in early 2022 and will be developed with all relevant partners. A steering group will be convened to ensure key action areas within the strategy are progressed. We will reconvene with partners annually across the system to monitor progress on the work areas identified.

13. The action plan will reflect and build on on-going work and identify possible new areas of work.

14. We will use the completion of the actions in the Healthy Weight Strategy Action Plan to measure the success of the strategy. To measure outcomes, we will use trends in child and adult overweight and obesity prevalence, whilst noting that factors outside local control can impact on these. Where possible we will measure the inequalities gap for key inequalities groups.

15. The Healthy Weight Strategy 2022 to 2026 is aligned to the current Health and Wellbeing Board Strategy for Health and Wellbeing of Hampshire 2019-2024 and the We Can be Active Strategy 2021-2025, In addition it aligns with the forthcoming Local Transport Plan 4, Councils' Climate Change Strategies and the ambition to reduce health inequalities as set out in the NHS LongTerm Plan.

## **Consultation and Equalities**

16. The Healthy Weight Strategy 2022 to 2026 explicitly addresses the health inequalities associated with the risk of being overweight and obese and the health impact thereof. These groups include those aged between 45-74 years, men, those living in more deprived areas such as Gosport, Havant and

Rushmoor, those from certain ethnic minority backgrounds, people with mental health conditions, people with learning disabilities, older adults and children in low-income families.

## **Co-Production**

17. The Healthy Weight Strategy 2022 to 2026 has been developed and will be delivered with a range of partners, both within Hampshire County Council and across the wider health and social care system. It feeds in to work on weight management, physical activity, diet and nutrition that takes place across our Districts and Boroughs and our two Integrated Care System footprints, ensuring collaboration, coordination and consistency across programmes of work.
18. Our emerging community engagement plan, supplementary to the strategy, will provide details of how we will engage and involve communities who are affected by the Strategy will be engaged and involved within the design and delivery of the key work areas.

## **Conclusions**

19. The Hampshire Healthy Weight Strategy 2022 to 2026 has been developed to enable residents to maintain a healthy weight and to address health inequalities.
20. The strategy will achieve this through joined up working across the entire system – using a ‘Whole Systems Approach’ and embedding healthy weight into the work we already do.
21. The Healthy Weight Strategy 2022 to 2026 will span two years, with a refresh in Year 3. The actions within the Action Plan will be organised according to the minimum term in which to achieve them.
22. It is recommended that system partners endorse the strategy and commit to contributing to the development and implementation of the action plan.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

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

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **0. 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.

### **1. Equalities Impact Assessment:**

An inequalities impact assessment has not been undertaken for this report as it reports on a strategy that has been developed to improve the health and wellbeing of the residents of Hampshire.

# **Healthy Weight Strategy**

## **2022-2026**

**Public Health**  
**Hampshire County Council**  
[www.hants.gov.uk](http://www.hants.gov.uk)

**Version 4 for Hampshire Health and Wellbeing Board, 18 November 2021**

## 1. Summary

Supporting Hampshire citizens to achieve a healthy weight throughout the life course requires a team effort. Through effective partnership working to deliver cross-cutting actions and using a whole systems approach, the Hampshire Healthy Weight Strategy 2022-2026 aims to reduce or level off the prevalence of overweight and obesity.

Tackling overweight and obesity is a public health priority for Hampshire County Council. Nearly two thirds of adults, a third of Year 6 children, and a quarter of children in reception are overweight or obese in Hampshire. Prevalence is even higher in areas of deprivation, amongst ethnic minorities, and in other marginalised groups, highlighting concerning health inequalities. The COVID-19 pandemic has impacted people's ability to live well, and emerging evidence shows it may have adversely impacted healthy weight.

We know that we need to address the wider factors that cause obesity to tackle its root cause. Where we live, work and play has an impact on our choices and abilities. We are living in a society that does not make it easy to be healthy, and favours convenience and sedentary behaviours. Some people, through no fault of their own, are disproportionately affected by our obesogenic environment.

Through our three overarching strategic objectives we will work towards a healthier Hampshire:

- We will support places and communities to enable residents to achieve a healthier weight.
- We will work with health, care, education and community settings and systems to promote healthier weight across the life course.
- We will reduce inequalities in health by focusing on people and populations most at risk.



## **2. Purpose, Vision, Strategic Aims and Objectives**

### **2.1 Purpose**

Achieving and maintaining a healthier weight across the life course of Hampshire residents is everyone's business. This strategy provides a framework for all organisations and groups in Hampshire to contribute to and identify their role in the healthy weight agenda. It is time to further shift our focus from considering individual behaviours in isolation, to also considering structural or wider factors that underpin a healthy weight. This is because Hampshire residents live within a wider society that normalises behaviours and opportunities to eat unhealthily and be physically inactive.

### **2.2 Our vision**

We want to see a Hampshire that actively encourages, promotes, and supports all residents to achieve a healthier weight. We can only achieve this vision with active collaboration, cooperation, and responsibility from all organisations and groups in Hampshire. This is the foundation of a whole systems approach that we seek to embed

### **2.3 Strategic objectives for the whole systems approach**

To apply our whole systems approach to a healthy weight, we have three strategic objectives:

- We will support places and communities to make it easier for residents to achieve and sustain a healthier weight.
- We will work with health, care, education and community settings and systems to promote healthier weight across the life course.
- We will reduce inequalities in health by focusing on people and populations most at risk.

### **2.4 Measuring success**

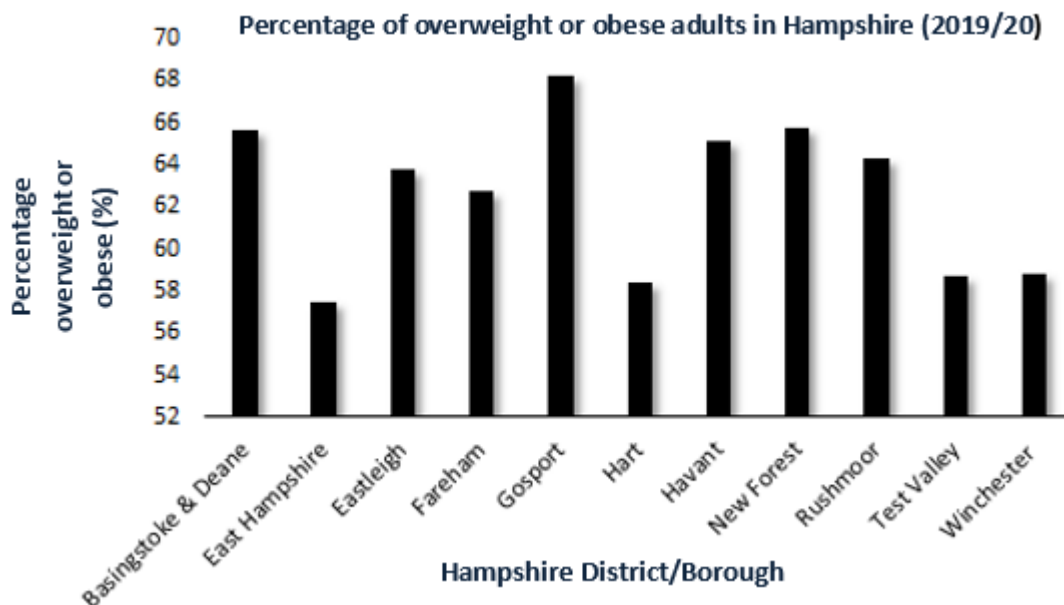
We know that the factors that determine healthy weight are complex and primarily driven by wider societal factors, not individual behaviours. No single organisation or group in Hampshire can reverse trends in overweight and obesity alone. However, we will set clear actions and goals for ourselves and our partners which will be used to measure our success:

- We will use completion of actions in the Healthy Weights Strategy Action Plan as a process measure
- We will use trends in adult and child overweight and obesity in Hampshire as an outcome measure
- We will aim to narrow the inequalities which contribute to more deprived populations being at higher risk of overweight and obesity.

### 3. The context

Tackling overweight and obesity is a public health priority for Hampshire County Council.<sup>1</sup> Nearly two thirds of adults, a third of Year 6 children, and a quarter of children in reception are overweight or obese in Hampshire.<sup>2</sup> Prevalence is even higher in areas of deprivation, amongst ethnic minorities, amongst people with disabilities, and in other marginalised groups,<sup>3</sup> highlighting concerning health inequalities. For example, prevalence of overweight or obesity is over 65% in Havant, Gosport, and Rushmoor (Figure 1). Overweight and obesity follows similar patterns in children.

Hampshire facts at a glance:	
<ul style="list-style-type: none"> <li>• 62% of adults</li> <li>• 31% of Year 6</li> <li>• 22% of Year R</li> </ul>	<ul style="list-style-type: none"> <li>• 58% meet the recommended '5-a-day' on a usual day</li> <li>• 32% of children are physically inactive</li> <li>• 23.5% of adults are physically inactive</li> </ul>
...are overweight or obese.	



**Figure 1.** Percentage of overweight or obese adults in Hampshire 2019-20 (Source: Public Health England<sup>4</sup>)

The COVID-19 pandemic has impacted people’s ability to live well and emerging evidence shows it may be having an adverse impact on healthy weight.<sup>5</sup> It will therefore be important to monitor these changes from upcoming population surveys and measurement programmes such as the National Child Measurement

<sup>1</sup> Hampshire County Council. Tackling environmental factors is vital to address obesity in Hampshire: Annual Report of the Director of Public Health [online]. Available at: <https://bit.ly/3smSrq2> [Accessed 17 August 2021]

<sup>2</sup> Public Health England. Obesity profile [online]. Available at: <https://bit.ly/3xUOPwt> [Accessed 17 August 2021]

<sup>3</sup> Baker C. Obesity statistics. House of Commons Library. Briefing paper number 3336, 12 January 2021 [online]. Available at: <https://bit.ly/2Uoa3Fg> [Accessed 17 August 2021].

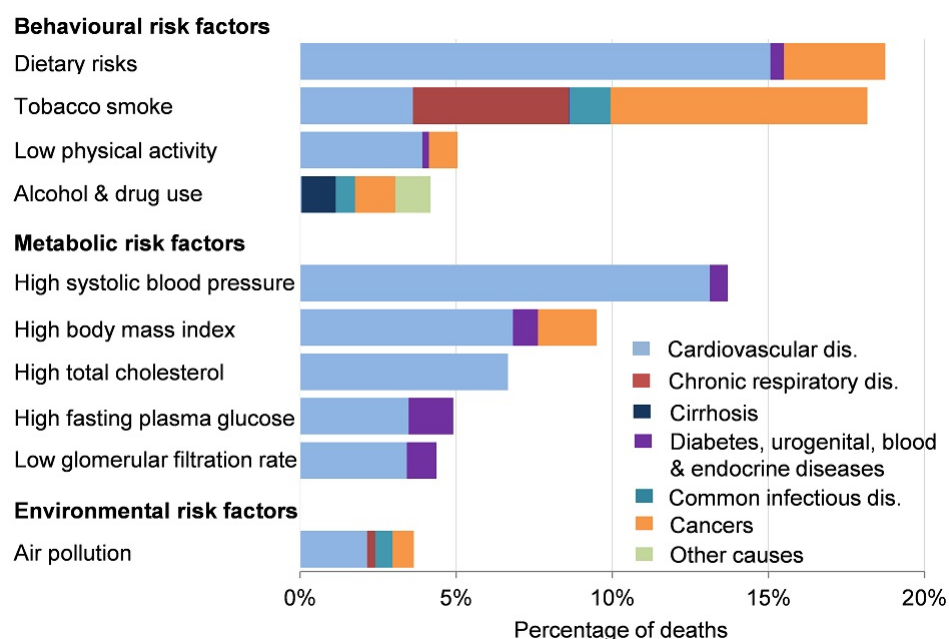
<sup>4</sup> Public Health England. Obesity Profile [online]. Available at: <https://bit.ly/2Y0Ztpl> [Accessed 26 August 2021]

<sup>5</sup> Bakaloudi *et al.* Impact of the first COVID-19 lockdown on body weight: A combined systematic review and meta-analysis. *Clinical Nutrition*. 2021 [in press] doi: 10.1016/j.clnu.2021.04.015.

Programme, and take collective action. The COVID-19 pandemic has also exacerbated food poverty, with more people turning to food aid.

### 3.1 Why healthy weight is everyone’s business

A population with a healthy weight is a population that will thrive. People who are obese are more likely to die early from diseases such as cancer, heart disease, diabetes, and COVID-19. Dietary risks cause more deaths in the UK than tobacco smoke (Figure 2). People who are obese are also more likely to live with mental health conditions and poorer social and emotional wellbeing, and this emphasises the importance of reducing stigma and reframing the narrative to a “health at every size” approach.<sup>6</sup>



**Figure 2.** Attribution of deaths in ages 15 to 49 to risk factors (Source: Public Health England<sup>7</sup>)

The benefits of a healthy weight are also linked risk factors for social care. People are living longer, but their extra years of life are often not spent in good health. Obesity is a risk factor for a number of musculoskeletal conditions, such as osteoarthritis, rheumatoid arthritis, gout and back pain, and can make the effects worse<sup>8</sup>. Adults aged 65 and over with a BMI of 40+ are over twice as likely to use formal home care than a person with a BMI in the healthy range.<sup>8</sup>

<sup>6</sup> Penny & Kirk. The health at every size paradigm and obesity: Missing empirical evidence may help push the reframing obesity debate forward. *Am J Public Health.* 2015;105(5):e38-e42 doi: 10.2105/AJPH.2015.302552

<sup>7</sup> Public Health England. Chapter 2: major causes of death and how they have changed [online]. Available at: <https://bit.ly/3yVxAMZ> [Accessed 17 August 2021].

<sup>8</sup> Local Government Association. Social care and obesity [online]. Available at: <https://bit.ly/3yUTcZD> [Accessed 17 August 2021].

Action on overweight and obesity also helps to narrow health inequalities. The prevalence of overweight and obesity is greater in areas of deprivation and in some ethnic minority populations.<sup>9</sup>

The cost of overweight and obesity to society is substantial. It was estimated in 2017 that obesity cost wider society £27 billion. The NHS spend on overweight and obesity is estimated to be greater than the amount spent on the police, the fire service, and the judicial system combined.<sup>10</sup> Interventions to reduce the growing trend in obesity are likely to be good value for money and may even be cost-saving.

The determinants of overweight and obesity are also linked to climate change. By reducing carbon emissions through active travel and buying seasonal, locally grown, healthier food, it is possible to tackle obesity through other important societal priorities.

### 3.2 What does the evidence say? Interventions that work

- Multi-agency, joined up interventions which target the root causes of ill health such as poverty, income deprivation, housing and education are vital in creating long-term good health for all<sup>10,11,12</sup>
- Educational setting-based interventions are vital and effective due to the amount of time children and young people spend in them. Healthy school environments set children and young people up for health across the life course<sup>13,14,15</sup>
- Creating more physical activity–supportive built environments and measures to increase physical activity are recommended by the World Health Organization for controlling noncommunicable diseases such as overweight and obesity<sup>16</sup>
- There is emerging evidence that Tier 2 Weight Management services can be effective in diverse adult populations<sup>17</sup>

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<sup>9</sup> The King's Fund. The health of people from ethnic minority groups in England [online]. Available at:

<https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england> [Accessed 18 November 2021]

<sup>10</sup> Public Health England. Whole systems approach to obesity. A guide to support local approaches to promoting a healthy weight [online]. Available at: <https://bit.ly/3xXrY3i> [Accessed 17 August 2021]

<sup>11</sup> Cohen *et al.* Educational attainment and obesity: A systematic review. *Obes Rev.* 2013;14(12):989-1005. doi: 10.1111/obr.12062

<sup>12</sup> Hawkes *et al.* Double-duty actions: seizing programme and policy opportunities to address malnutrition in all forms. *Lancet.* 2020;395(10218):142-155 doi: 10.1016/S0140-6736(19)32506-1

<sup>13</sup> Guys and St Thomas' Charity. Schools Interventions: guidance around the academic evidence [online]. [Accessed November 18<sup>th</sup> 2021]. Available at: [https://www.lambeth.gov.uk/sites/default/files/Review%20of%20evidence%20base%20around%20school-based%20childhood%20obesity%20interventions\\_May2018.pdf](https://www.lambeth.gov.uk/sites/default/files/Review%20of%20evidence%20base%20around%20school-based%20childhood%20obesity%20interventions_May2018.pdf)

<sup>14</sup> Kelishadi & Azizi-Soleiman. Controlling childhood obesity: A systematic review on strategies and challenges. *J Res Med Sci.* 2014;19(10):993-1008

<sup>15</sup> Hawkes *et al.* Smart food policies for obesity prevention. *Lancet.* 2015;385(9985):2410-2421 doi: 10.1016/S0140-6736(14)61745-1

<sup>16</sup> World Health Organisation. Global action plan on physical activity 2018-2030: more active people for a healthier world: at-a-glance [online]. [Accessed 18<sup>th</sup> November 2021] Available from: [Global action plan on physical activity 2018-2030: more active people for a healthier world: at-a-glance \(who.int\)](https://www.who.int/global-action-plan-on-physical-activity-2018-2030)

<sup>17</sup> NICE. Weight management: lifestyle services for overweight or obese adults [online]. Available at: <https://www.nice.org.uk/guidance/ph53> [Accessed 18 November 2021]

- However, education and information, giving agency to individuals to make changes through diet and physical activity is important but has limited effectiveness.<sup>18</sup>

### **3.4 The drivers of overweight and obesity in Hampshire**

Overweight and obesity are complex conditions with many drivers that range from genetics and individual behaviours to cultural and societal factors that normalise unhealthy eating and physical inactivity.

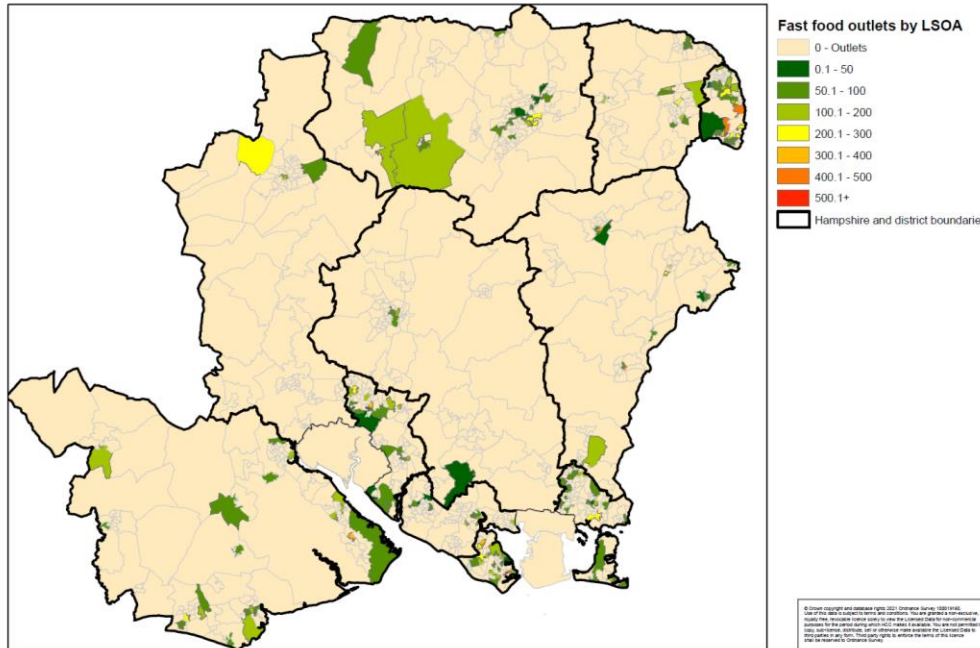
One of the main drivers of obesity is our food and drink environment. Many people find it hard to eat well because less healthy foods are more common in mainstream supermarkets, in the work, education and leisure environment, as well as within restaurants and takeaways. The greater proportion of less healthy options in our food environment is contributing to an 'obesogenic' environment. A healthier food environment is one where healthier food options are the default and residents can buy, make, and grow healthy food.

The food environment is not the same everywhere: More deprived areas have less access to healthier food retail options, and often have a greater density of hot food takeaways. The number of takeaway outlets per head in Hampshire is almost four times greater in the most deprived deciles compared with the least deprived, representing an inequality in the availability of and exposure to fast-food in Hampshire (Figure 3). Since the Covid-19 pandemic, home delivery services have become more efficient, varied and attractive through the provision of cheaper and faster meals to our doorstep. This has made it even easier to consume less healthy foods.

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<sup>18</sup> NICE. Weight management: lifestyle services for overweight or obese adults [online]. Available at: <https://www.nice.org.uk/guidance/ph53> [Accessed 18 November 2021]

Rate of fast food outlets or takeaways per 100,000 resident population by LSOA in Hampshire



**Figure 3.** Density of fast-food outlets or takeaways per 100,000 resident population by lower super output area in Hampshire

Another key factor is physical inactivity. Being physically active helps us maintain a healthy weight. Almost a third (32%) of children, and 23.5% of adults in Hampshire are physically inactive. We have designed our lives to be less active, and many adults have shifted to working from home more often due to the Covid-19 pandemic. Our local neighbourhoods can be health promoting through good design and the provision of infrastructure that encourages physical activity, with access to green spaces and local community amenities. Good transport and connectivity that supports the use of non-motorised transport to places of work, study, and play allows people to stay active through routine, incidental movement.

### 3.5 Health inequalities and obesity

The 2020 Marmot Review revealed that health inequalities have continued to increase since 2010 – life expectancy is lower in more deprived areas,<sup>20</sup> and the amount of time people spend in poor health has increased across England since 2010.<sup>19</sup>

In England in 2018/19, the prevalence of obesity in children aged 10–11 was 27% in the most deprived areas and 13% in the least deprived areas. The gap in obesity

<sup>19</sup> Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison (2020) Health Equity in England: The Marmot Review ten years on. London: Institute of Health Equity. Available: [Health Equity in England The Marmot Review 10 Years On\\_executive summary\\_web.pdf](#)



prevalence between children from the most deprived and least deprived areas is stark and growing, with an increase from 8.5% in 2006/7 to 13.9% in 2018/19.<sup>20</sup>

Lower income families spend a greater proportion of their income on food hence often opt for more dense, ultra-processed foods which are less likely to spoil and those foods which give better 'value for money'.<sup>21</sup>

### 3.6 Where we should focus – populations most at risk

- Geographical areas of deprivation
- Ethnic minority populations at greater risk of overweight and obesity
- Those who live with long term conditions such as cardiovascular disease and diabetes
- Older adults
- Those with learning or physical disabilities<sup>22</sup>
- Those who live with mental health conditions.

#### Case study: Whole Systems Approach to Obesity in Rushmoor

Adult overweight and obesity prevalence in Rushmoor District is 64.3%, which is above both the England and Hampshire averages. A Whole Systems Approach to Obesity pilot has been trialled in Rushmoor since 2019, bringing together as many partners and voices as possible to map the whole picture in Rushmoor.

There are links between:

- **Obesity and Income** Rushmoor has some of the most deprived areas in England, with parts of three wards in the 20% most deprived in the country.
- **Obesity & the Built Environment** Rushmoor has the highest density of hot food takeaways in Hampshire
- **Obesity & Inactivity** 27.2% of adults in Rushmoor are inactive. This is worse than the Hampshire & England average
- **Obesity & Food Poverty** There is high risk of food insecurity in the wards of Cherrywood, Aldershot Park and others

As the causes of obesity are complex, we are using Rushmoor as an opportunity to trial wide-reaching, multi-agency interventions informed by the community and system partners to create meaningful long-term change. Examples of actions to be delivered through this pilot are strengthening schemes such as the Healthy Start Scheme, working closely with Rushmoor Borough Council development planning colleagues to ensure health is built into planning decisions, and working with schools to ensure health is built into the curriculum.

<sup>20</sup> The King's Fund. Tackling obesity: the role of the NHS in a whole-system approach [online]. Available at: <https://www.kingsfund.org.uk/publications/tackling-obesity-nhs> [Accessed 18 November 2021]

<sup>21</sup> Department for Environment, Food and Rural Affairs. Family Food 2017/18: national statistics [online]. Available at: <https://bit.ly/3vZRBc6> [Accessed 17 August 2021]

<sup>22</sup> Hampshire County Council. Health Needs Assessment of Adults with Learning Disabilities in Hampshire [online]. Available at: <https://bit.ly/3DIJKRF> [Accessed 26 August 2021]

### 3.7 Weight stigma

People who live with overweight and obesity often experience weight stigma – which refers to the discriminatory acts and ideologies targeted towards individuals because of their weight and size. Weight stigma results from weight bias, which refers to the negative ideologies associated with obesity – such as laziness, lack of will power, and unattractiveness<sup>23</sup>. This is sometimes reported in clinical settings; patients have shared experiences of receiving lower standards of care or missed diagnoses when medical professionals have made assumptions based on their physical appearance.<sup>24</sup>

Those living with obesity often have limited agency over their weight, due to the large influence of their environment and personal circumstances and deserve equally compassionate and inclusive access to health and care, as well as being valued equally in wider society. It is important to identify opportunities to eradicate weight stigma; this has been recognised by the Obesity Health Alliance in their Position Statement on Weight Stigma.<sup>25</sup>

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<sup>23</sup> World Obesity. Weight Stigma [online]. Available at: <https://www.worldobesity.org/what-we-do/our-policy-priorities/weight-stigma> [Accessed November 18 2021]

<sup>24</sup> Phelan et al. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obesity Reviews*, 2015.

<sup>25</sup> Obesity Health Alliance. Weight Stigma – Position Statement [online]. Available at: <http://obesityhealthalliance.org.uk/wp-content/uploads/2018/10/Weight-Stigma-Position-Statement.pdf> [Accessed 18 November 2021]

#### **4. How we will achieve our overall aim and strategic objectives**

It is important that a systems way of working underpins everything we do to address healthy weight in Hampshire. The scale of change needed to reverse trends in overweight and obesity requires a different way of thinking and working. A whole systems approach involves stakeholders from across the local system and draws on their strengths in a sustained and visible way. As described earlier, addressing overweight and obesity can have positive impacts on other local priorities.

We will work with our partners in health services, social care, education, Energise Me, weight management service providers, the voluntary sector, community groups as well as colleagues within District Councils and the County Council to achieve a shared vision of healthy weight in Hampshire.

We will follow four key principles in our whole systems approach:

- We will provide strategic and influential leadership that prioritises upstream factors affecting healthy weight
- We will ensure that communities are at the heart of our strategy and that our interventions are co-produced. We will adapt our approach based ongoing engagement and feedback
- We will create sustainable and productive partnerships across Hampshire to ensure everyone maximises the use of their assets towards a common goal
- We will ensure our over-arching approach to healthy weight is embedded in a robust evidence base, focused on health inequalities, with shared learning across Hampshire.

##### **4.1 Summary of strategic objectives, priorities**

In the following tables we identify the key priorities for each strategic objective. “We” refers to Hampshire County Council and its partners who will need to work together to fully implement this strategy. This first phase of the Healthy Weights Strategy will be implemented over two years with a refresh in Year 3.

The Healthy Weight Strategy action plan will be developed with system partners in Spring 2022 and reviewed and refreshed on an annual basis. The actions will be organised according to the minimum term in which we aim to achieve them, whilst others will be ongoing, longer-term actions.

1) *We will support places and communities to make it easier for residents to achieve and sustain a healthier weight.*

<b>Our priorities are:</b>
1.1 Focusing on opportunities to embed healthy environments arising from the development of new places.
1.2 Working together to ensure health is embedded into existing places through redevelopment and regeneration programmes.
1.3 Working together to ensure the development and the implementation of Local Transport Plan embeds health and well-being and promotes accessible active travel.
1.4 Working with District Council colleagues to ensure that spatial planning decisions are made in a way that minimises less healthy options and maximises the opportunities to create healthy weight environments.
1.5 Working with communications and marketing teams to ensure simple, clear and consistent health-promoting and signposting information is made accessible to Hampshire residents.
1.6 Continuing to work on the climate change agenda through its links to active travel, air quality and healthy weights via the Hampshire County Council Climate Change Strategy and partner strategies and plans.
1.7 Improving access, availability, affordability, and quality of healthier food options for those who experience food insecurity.
1.8 Working with local supermarkets, school meal caterers, and restaurants and takeaways to ensure their food offer is more health-promoting.
1.9 Involving and including all partners and residents to support communities in achieving a healthy weight.

2) *We will work with health, care, education and community settings and systems to promote healthier weight across the life course.*

<b>Our priorities are:</b>
2.1 Increasing referrals from new mothers into Tier 2 Weight Management services.
2.2 Ensuring future educational settings are healthy by design.
2.3 Promoting opportunities for physical activity in families.
2.4 Working with early years and educational settings to embed healthy lifestyles learning.
2.5 Working together to improve uptake of breastfeeding initiation, and breastfeeding prevalence at 6-8 weeks.
2.6 Working together to ensure our residents are ageing well, within the context of our ageing population in Hampshire.
2.7 Working together to embed healthy weights into clinical pathways.
2.8 Working together with large businesses / trusts to support workplace wellness programmes, including for residents wherever they work.

3) *We will reduce inequalities in health by focusing on people and populations most at risk.*

<b>Our priorities are:</b>
3.1 Looking at the needs of people with regards to food poverty, considering a joined-up approach with partners across the system.
3.2 Engaging with our ethnic minority communities to ensure they have equal access to services and environments that help to promote healthy weight.
3.3 Working with partners to support individuals with physical and learning disabilities to achieve a healthier weight.
3.4 Supporting those who live with mental health conditions to achieve healthier weight.
3.5 Focussing interventions at our most deprived areas
3.6 Tailoring interventions to target men as a group disproportionately affected by overweight and obesity.
3.7 Working with partners in social care systems towards the ambition of supporting individuals to have a healthier weight.
3.8 Working with educational settings to identify and support children in those settings.
3.9 Focusing on people with other long term health conditions that put them at higher risk than the general population, such as people with diabetes and cardiovascular.



# Healthy Weight Strategy 2022 - 2026

Mohammed Jawad (Speciality Registrar)  
Sian Davies (Consultant in Public Health)  
Darren Carmichael (Public Health Principal)



# Where are we now?

Hampshire facts at a glance:	
<ul style="list-style-type: none"><li>• 62% of adults</li><li>• 31% of Year 6</li><li>• 22% of Year R</li></ul> <p>...are overweight or obese.</p>	<ul style="list-style-type: none"><li>• 58% meet the recommended '5-a-day' on a usual day</li><li>• 32% of children are physically inactive</li><li>• 23.5% of adults are physically inactive</li></ul>

## Populations most at risk

- Geographical areas of deprivation
- Ethnic minority populations at greater risk of overweight and obesity
- Those who live with long term conditions such as cardiovascular disease and diabetes
- Those with learning or physical disabilities
- Those who live with mental health conditions
- Older adults (45-74 years).

## Evidence – effective interventions

- Multi-agency, joined up interventions which target the root causes of ill health
- Educational setting-based interventions including healthy school environments
- Creating more physical activity–supportive built environments
- Tier 2 Weight Management services.

# Strategic Objective - 1

1. We will support places and communities to enable residents to achieve a healthier weight.

New developments

Regeneration

Transport

Spatial planning

Whole systems  
approach pilots

Link with climate  
change actions

Food insecurity

Retail

Communication &  
Marketing



# Strategic Objective - 2

2. We will work with health, care, education and community settings and systems to promote healthier weight across the life course.

Pregnancy and new  
parents

Early years/schools

Workplaces

Physical activity for  
key population groups



# Strategic Objective 3

3. We will reduce inequalities in health by focusing on people and populations most at risk.

Ethnic minorities

Men

People with learning disabilities

People with mental health conditions

Older adults (45-74 years)

People living in areas of deprivation



# Next steps

- August 2021: First Draft prepared
- September 2021: Workshops with partners
- October 2021: Finalise First Draft
- December 2021: Presentation at Health and Wellbeing Board
  
- January 2022: Action Planning workshop with partners
- February 2022: Finalise strategy with action plan, community engagement plan and weight stigma position Statement
  
- Spring 2022: HCC Cabinet (tbc)
- March 2022: Implementation

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**Health and Wellbeing Board  
Forward Plan for Future Meetings  
9 December 2021**

Item	Notes	MAR 2021	JUL 2021	OCT 2021	DEC 2021	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023
<b>Strategic Leadership</b>										
Health and Wellbeing Board Business Plan Update				X						
Board Survey Response and Actions			X							
Joint Strategic Needs Assessment (JSNA) Programme Update			X		X					
JSNA Work Programme and HIA Findings Summary	Workshop on 29 November 2021			X						
<b>Starting Well</b>										
Joint Hampshire and Isle of Wight Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan	Last Received December 2019				X					
Hampshire Safeguarding Children Board Annual Report	Last Received December 2020				X				X	
Theme Focus	Last Received October 2020					X				
<b>Living Well</b>										
Hampshire Safeguarding Adults Board Annual Report	Report Circulated July 2021						X			
Theme Focus	Last Received December 2020						X			
<b>Starting, Living and Ageing Well</b>										

2021  
2022  
2023





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