

# Public Document Pack



Monitoring Officer  
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## Agenda

Name of meeting	<b>HEALTH AND WELLBEING BOARD</b>
Date	<b>WEDNESDAY 9 NOVEMBER 2022</b>
Time	<b>10.00 AM</b>
Venue	<b>COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT</b>

### Participants

Councillor Lora Peacey-Wilcox (Chairman)  
Michele Legg, IW CCG (Vice-Chairman)  
Councillor Debbie Andre  
Norman Arnold, IW Economic Development Board  
Simon Bryant, Isle of Wight Council  
Darren Cattell, IW NHS Trust  
Emma Corina, IW Voluntary Sector Forum  
Michaela Dyer, IW CCG  
Laura Gaudion, Isle of Wight Council  
Gill Kennett, Healthwatch  
Councillor Karl Love  
Councillor Karen Lucioni  
Rachel McKernan, Age UK IW  
Terry Norton, Police and Crime Commissioner for Hampshire & Isle of Wight  
Wendy Perera, Isle of Wight Council  
Colin Rowland, Isle of Wight Council

Democratic Services Officer: Sarah Philipsborn  
[democratic.services@iow.gov.uk](mailto:democratic.services@iow.gov.uk)

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1. **Apologies and Changes in Membership (If Any)**

To note any changes in membership of the Committee made in accordance with Part 4B paragraph 5 of the Constitution.

2. **Minutes** (Pages 5 - 8)

To confirm as a true record the Minutes of the meeting held on 28 July 2022.

3. **Declarations of Interest**

To invite Members to declare any interest they might have in the matters on the agenda.

4. **Public Question Time - 15 Minutes Maximum**

Questions may be asked without notice but to guarantee a full reply at the meeting, a question must be put including the name and address of the questioner by delivery in writing or by electronic mail to Democratic Services at [democratic.services@iow.gov.uk](mailto:democratic.services@iow.gov.uk), no later than two clear working days before the start of the meeting. Therefore the deadline for written questions will be Friday, 4 November 2022.

5. **Chairman's Update**

The Chairman to verbally update the Board on actions since the last meeting, including actions that have not been dealt with as a separate agenda item and to invite partners to advise on any extraordinary issues which may affect the work of the Board

6. **Pharmaceutical Needs Assessment (PNA)** (Pages 9 - 40)

The Director of Public Health to present the Pharmaceutical Needs Assessment for signing off.

7. **Better Care Fund 2022/23** (Pages 41 - 46)

To present the Better Care Fund Submission 2022/23 for signing off.

8. **The Isle of Wight Safeguarding Children Partnership IOWSCP** (Pages 47 - 98)

The Independent Chair of the Isle of Wight Safeguarding Children Partnership to present the IOWSCP Annual Report 2021/22 for consideration and signing off.

9. **Mental Health Update**

The Director of Community Mental Health and Learning Disabilities Isle of Wight NHS Trust and the Consultant in Public Health, to present a verbal update on Mental Health including CAMS and ICS

10. **The Integrated Care Strategy** (Pages 99 - 108)

The Chief Strategy and Transformation Officer to present the Interim Integrated Care Strategy Development Update

11. **Members' Question Time**

To guarantee a reply to a question, a question must be submitted in writing or by electronic mail to [democratic.services@iow.gov.uk](mailto:democratic.services@iow.gov.uk) no later than 10:00am on Monday, 7 November, 2022. A question may be asked at the meeting without prior notice but in these circumstances there is no guarantee that a full reply will be given at the meeting.

12. **Health and Wellbeing Forward Plan**

To discuss any new items to be added to the Health and Wellbeing Forward Plan.

CHRISTOPHER POTTER  
Monitoring Officer  
Tuesday, 1 November 2022

## Interests

If there is a matter on this agenda which may relate to an interest you or your partner or spouse has or one you have disclosed in your register of interests, you must declare your interest before the matter is discussed or when your interest becomes apparent. If the matter relates to an interest in your register of pecuniary interests then you must take no part in its consideration and you must leave the room for that item. Should you wish to participate as a member of the public to express your views where public speaking is allowed under the Council's normal procedures, then you will need to seek a dispensation to do so. Dispensations are considered by the Monitoring Officer following the submission of a written request. Dispensations may take up to 2 weeks to be granted.

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If you require more guidance on the Code of Conduct or are unsure whether you need to record an interest on the written register you should take advice from the Monitoring Officer – Christopher Potter on (01983) 821000, email [christopher.potter@iow.gov.uk](mailto:christopher.potter@iow.gov.uk), or Deputy Monitoring Officer - Justin Thorne on (01983) 821000, email [justin.thorne@iow.gov.uk](mailto:justin.thorne@iow.gov.uk).

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## Minutes

Name of meeting	<b>HEALTH AND WELLBEING BOARD</b>
Date and Time	<b>THURSDAY 28 JULY 2022 COMMENCING AT 9.30 AM</b>
Venue	<b>COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT</b>
Present	Cllrs L Peacey-Wilcox (Chairman), M Legg (Vice-Chairman), D Andre, S Bryant, G Kennett, K Lucioni, R McKernan and I Stephens
Also Present	Amanda Gregory, Mark Howe, Juliet Pearce and Sarah Philipsborn
Apologies	N Arnold, D Cattell, J Pegler and W Perera

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### 1. **Minutes**

RESOLVED:

THAT the minutes of the meeting held 28 April 2022 be confirmed.

### 2. **Declarations of Interest**

Cllr Karen Lucioni declared she was Personal Assistant on the PA noticeboard.

### 3. **Public Question Time - 15 Minutes Maximum**

No public questions were received.

### 4. **Chairman's Update**

The Chairman gave a verbal update on the Integrated Care System, outlining its responsibilities and aims. It was stated that the Hampshire and Isle of Wight Integrated Care System would serve a population of 1.9 million people in the combined area and had the responsibility for improving health and care for residents, with the added responsibility of strategic planning.

The Chairman explained the challenge that the NHS and its partners needed to deliver joined-up support for the growing number of older people and people living with long term conditions, which drove the need for a different approach so that the systems could work ever more closely together in order to have maximum impact, simplified governance, and decision-making structures that suited all. The statutory

transition took place on 1 July 2022, which built on work that had been done over the past few years.

## 5. **Strategy Sign Off**

### 5a **Health and Wellbeing Strategy**

The Director for Public Health presented the Health and Wellbeing Strategy 2022-2027 to the Board for signing off, with the agreement that action plans were formed to progress the implementation of the Strategy, including developing and monitoring the metrics. There was also the agreement to update the Strategy annually, so that it remained relevant.

The Strategy was summarised as being a statutory requirement in the bringing together all the partners across the health and care system to work together, reflecting the joint priorities across the system

The priorities for this strategy had been identified by the Isle of Wight Joint Strategic Needs Assessment (JNSA) through intelligence and structured conversations and workshops with the Board.

The key priorities of the report were deemed as Healthy Places, Healthy People and Healthy Lives with a focus on Housing and Health, Mental health and wellbeing and health inequalities

These priorities enabled a strategic linkage, not just with each other, but also through the wider ramifications connected to health, housing, and the environment.

Discussion took place on housing needs being of extreme concern on the Island and how the issues that link health and housing needs, health and inequalities, health and poverty, needed to be dovetailed together for maximum effective action.

**RESOLVED:**

THAT the Health and Wellbeing Strategy 2022- 2027 be signed off by the Board.

THAT action plans are formed to progress the implementation of the Strategy, including the developing and monitoring of the metrics with the support of all members

THAT an update of the Strategy progress takes place annually to ensure that the strategy remains relevant throughout its five year duration.

### 5b **Health and Care Plan**

The Board received the Health and Care Plan 2022-2025 and were asked to approve and sign off the plan.

The Health and Care Plan outlined the trajectory that would need to be taken over the longer term to ensure sustainable health care that met the needs of the local

population. The plan focused on necessary steps to develop new models of care, stronger partnerships with local and mainland providers and greater productivity within the healthcare system.

The development of a strong and effective Integrated Care System and Integrated Health and Care Partnership was deemed as key to achieving the aims of the Health and Care Plan as they would enable a joint approach to improving services, benefitting from wider specialist expertise.

The Health and Care Plan 2022 – 2025 had been developed through a robust examination of the local population's health and care data, as well as looking at feedback from staff and users about what improvements were wanted drawn from the recent surveys. The plan was closely aligned with the Health and Wellbeing Strategy which ties together the quest to improve health inequalities and health outcomes on the Island.

The priorities of the Health and Care plan were set out as, preventing ill health, partnerships, productivity, and pathways.

Further discussion took place amongst the Board members regarding preventing ill health.

The Director of Children's Services for Hampshire and the Isle of Wight asked if children's mental health could be at the heart of both the Health and Wellbeing Strategy and the Health and Care Plan.

The challenge regarding access to dentistry on the Island was also brought to the attention of the Board and included in the strategy

RESOLVED:

THAT the Health and Care Plan be noted and approved.

THAT Dentistry be added to the Health and Care Plan

THAT the ICS be contacted regarding Children's Mental Health

## 6. **Better Care Fund Update**

Rachel McKernan declared an interest in this item as she informed the Board that Age UK receive money from the BCF. Amanda Gregory also declared an interest stating that her department received money from the BCF. Both interests were deemed not to be in direct conflict with the contents of the Report by the Interim Managing Director of the Hampshire and Isle of Wight Integrated Care Board.

The Board was asked to receive the update Q1 on the Better Care Fund for noting and approve the recommendation for the development of the BCF 2022-23 plan in line with local and national requirements.

The Better Care Fund had been in place since April 2017 and was based around 11 points, with the areas of Early help and prevention, Rehabilitation, Reablement and Recovery (Regaining Independence) and the Revised framework for Isle of Wight delivery of effective integrated services at locality, being under review

It was explained that the BCF was the financial vehicle on how to get the most out of available money and funding

RESOLVED:

THAT the BCF Update Q1 be noted and approved for continued areas of work.

7. **Members' Question Time**

No Members questions were received

CHAIRMAN



<b>Committee:</b>	Health and Wellbeing Board
<b>Date:</b>	9 November 2022
<b>Title:</b>	Isle of Wight Council Pharmaceutical Needs Assessment 2022-2025
<b>Report From:</b>	Simon Bryant, Director of Public Health

## Purpose of this Report

1. The purpose of this report is to sign off the Pharmaceutical Needs Assessment 2022-2025 following public consultation.

## Recommendation(s)

2. That the Isle of Wight Health and Wellbeing Board approve the Pharmaceutical Needs Assessment 2022-2025 prior to publication.

## Background

3. Since April 2013 every Health and Wellbeing Board in England has a legal responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). The PNA looks at existing provision of community pharmacy services across the Isle of Wight, whether this meets the current and future needs of the population and identifies any gaps in current or future provision.
4. The PNA has been undertaken in line with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations and the latest guidance published in the information pack for local authority health and wellbeing boards in October 2014. The current Isle of Wight PNA has been in development since September 2021.
5. The purpose of the pharmaceutical needs assessment is primarily to be used by NHS England and the ICB to make market entry decisions. It will be used when applications are received to enter or amend the pharmaceutical list within the Isle of Wight HWB area. It may also be used by local authorities and clinical commissioning groups when commissioning services from pharmacies and dispensing appliance contractors, ensuring that services are targeted to areas of need.

6. The consultation ran for a period of 60 days from 19 May closing at 11.59pm on 17 July 2022.
7. The report and appendix are part of this paper including changes that have taken place since the publication of the draft PNA.

### Headline findings of the consultation

8. A total of 142 completed responses were received via the online form. 94% (n=137) were from members of the public.

In what capacity are you responding to this questionnaire?	Count
In another capacity not listed above	2
Personal view as a member of the public	137
Personal view as a pharmaceutical professional working in a community pharmacy	3
Representing the views of an organisation such as a Health and Wellbeing Board, Local Pharmaceutical Committee, Local Medical Committee, CCG etc	1
Unknown	2
Total	145

9. Overall the responses were mixed with the majority of responses stating;
  - The purpose of the PNA had been explained (64% agreed/strongly agreed)
  - Draft PNA reflected the current provision in the area (34% agreed/strongly agreed)
  - Draft PNA identified gaps in service provision if appropriate (35% agreed/strongly agreed)
  - Draft PNA reflected the needs of the area's population (26% agreed/strongly agreed)
  - The draft PNA provides information to inform market entry decisions (50% agreed/strongly agreed)
  - The draft PNA provides information to inform how pharmaceutical services may be commissioned in the future (50% agreed/strongly agreed)
  - The draft PNA provides enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors. (33% agreed/strongly agreed)
  - There are gaps in pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted (33% disagree/strongly disagree)
  - 24% agreed or strongly agreed with the conclusion of the PNA.

### Further considerations

10. The legal responsibility for a pharmaceutical needs assessment was transferred from primary care trusts to health and wellbeing boards with effect from 1 April 2013. There is legislation which outlines the minimum

requirements for pharmaceutical needs assessments, location and accessibility for local populations are the key considerations.

11. The complexity of pharmacy contracts does lend itself to quite a technical document, the scope of which is defined by national guidance which can be challenging to read.
12. The main purpose of the pharmaceutical needs assessment is to inform the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications. This legislation does not require specific local data such as staffing and prescribing problems to be considered.
13. From 1st July 2022, ICBs assumed delegated responsibility for primary medical services (which were previously delegated to Clinical Commissioning Groups). Hampshire and Isle of Wight ICB was an early adopter and took on delegated responsibility for the commissioning of Pharmaceutical Services in their area. Local concerns not considered in the consultation have been noted and Public Health have discussed these with the Integrated Care Board (ICB) for their consideration.

## **Conclusion**

14. Following public consultation, the conclusion of the assessment is that the number, distribution, and choice of pharmaceutical services on the Isle of Wight meets the current needs of the population and future needs within the lifetime of this PNA. There are no identified needs for additional pharmaceutical services or improvements to current arrangements across the county.

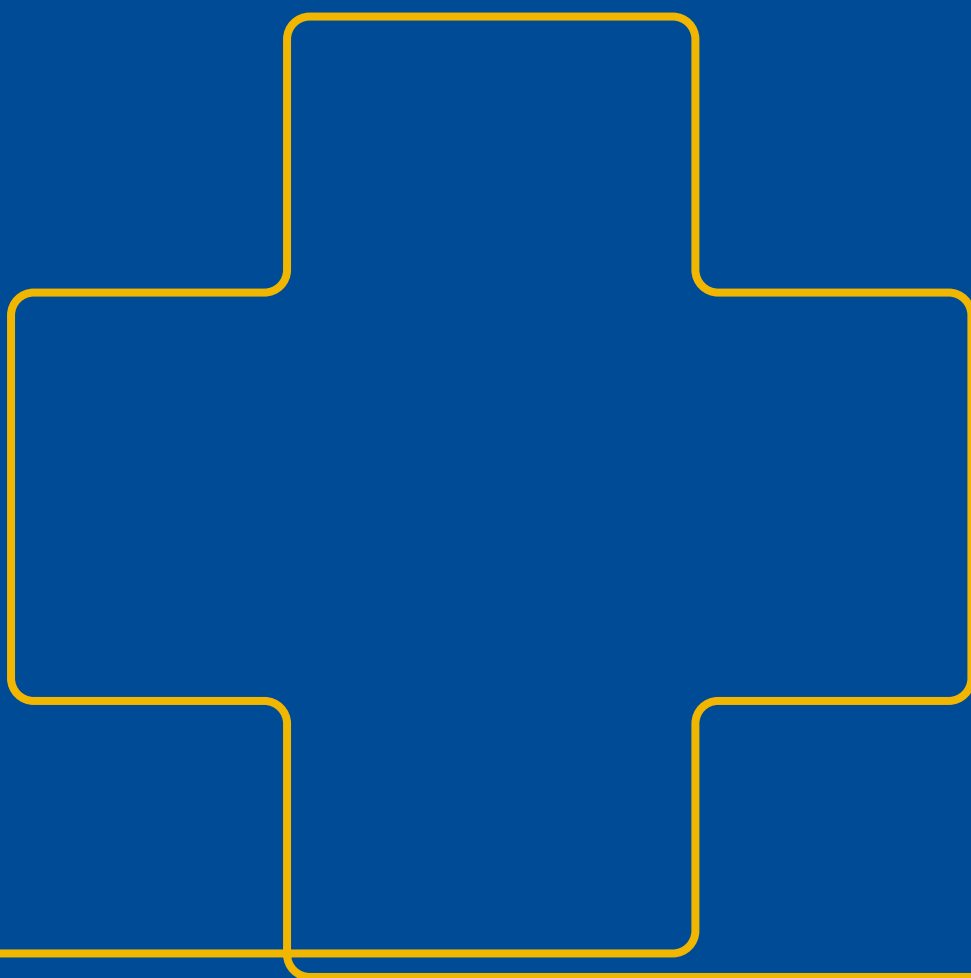
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Isle of Wight Council

# Pharmaceutical Needs Assessment

## Supplement one



May 2022

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# 1 Defining need in relation to pharmaceutical services

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Some people will make more use of pharmacy services than others; these will include those on long term medicines, older people and the very young, reflecting the prevalence of health issues within these segments of the population. Parents and carers of children under the age of five have been encouraged by the NHS to visit their local pharmacy team first for clinical advice for minor health concerns such as sore throats, coughs, colds, upset stomachs and teething. It is well recognised that the pharmaceutical care needs of elderly patients are different from other populations. For instance, the elderly tend to take more medicines, have multiple diseases and more complicated treatment regimens<sup>1</sup>. Some segments of the population may have specific needs in relation to pharmaceutical services and these are examined below. However, the main considerations of need in relation to pharmaceutical services in the context of the Isle of Wight are service location and availability.

## 2 Demography – size and age structure of resident population

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### 2.1 Current population

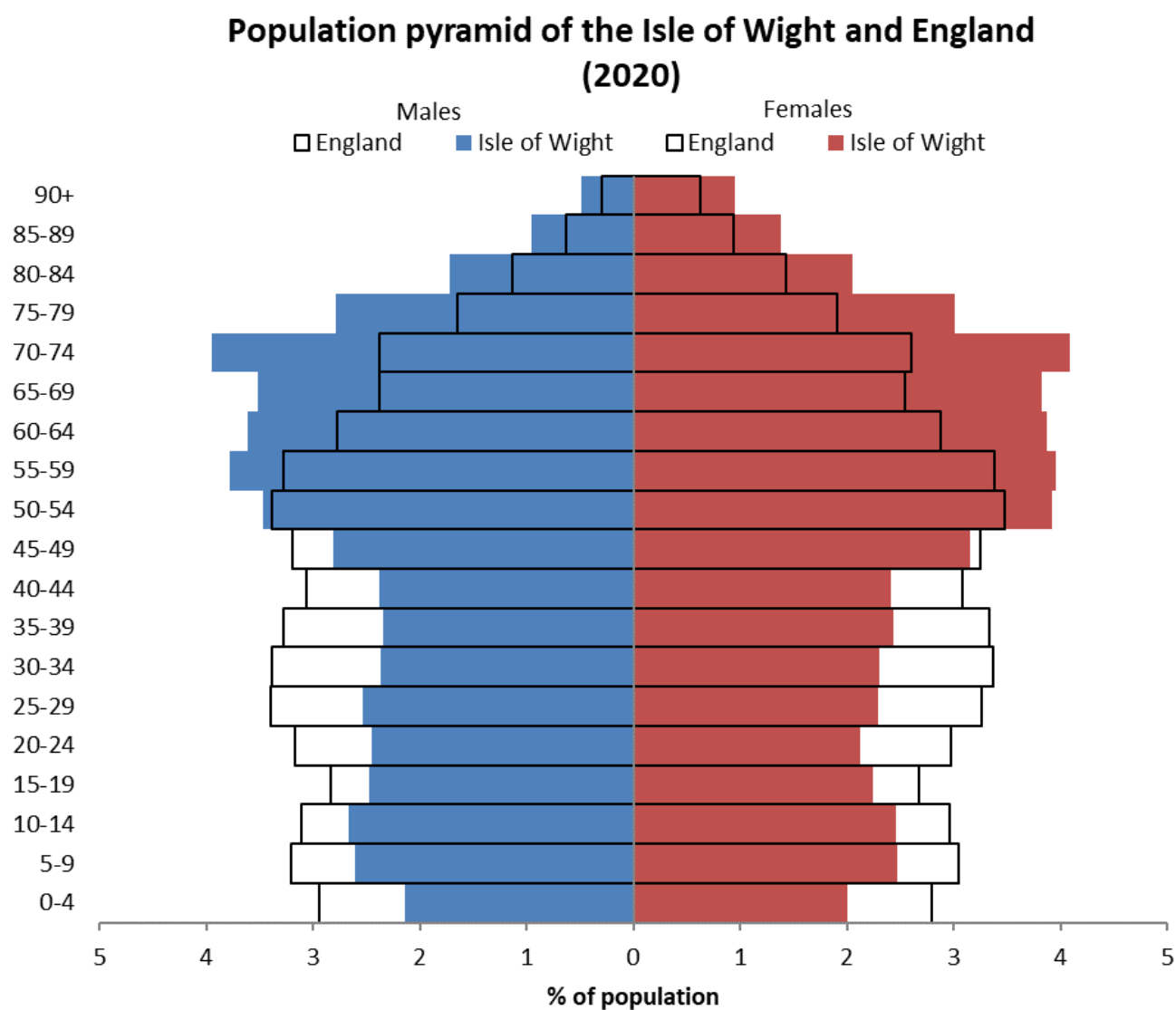
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The population of the Isle of Wight in 2020 is estimated to be just short of 142,300 people and around 70,000 households, according to the Office for National Statistics (ONS). This makes the Island the second least most populous county in England after Rutland. Over the nine-year period between the 2011 Census and mid-2020, the Island's population is estimated to have increased by 2.9 per cent. In absolute numbers this equates to an increase of just over 4,000 people.

The population pyramid below (figure 1) presents the latest mid-year population estimates available for the Island compared to England. The chart shows the Island has an older population, with a higher proportion of the population aged 50 years and over compared to England.

In 2020, population forecasts show that the Island had fewer young working aged people (aged 20 to 49) compared to England as a whole; 29.6 per cent on the Island compared to 38.7 per cent in England. Young people (aged 0-19 years) made up 19.1 per cent of the population compared to 23.6 per cent nationally with the older Island residents (aged 75 years and over) accounting for 13.3 per cent of the population, compared to 8.6 per cent nationally. There are estimated to be just over 2,000 people living on the Island who are aged 90 years and over; 1.4 per cent compared to 0.9 per cent nationally.

**Figure 1 – Population age and sex structure of the Isle of Wight and England, 2022**

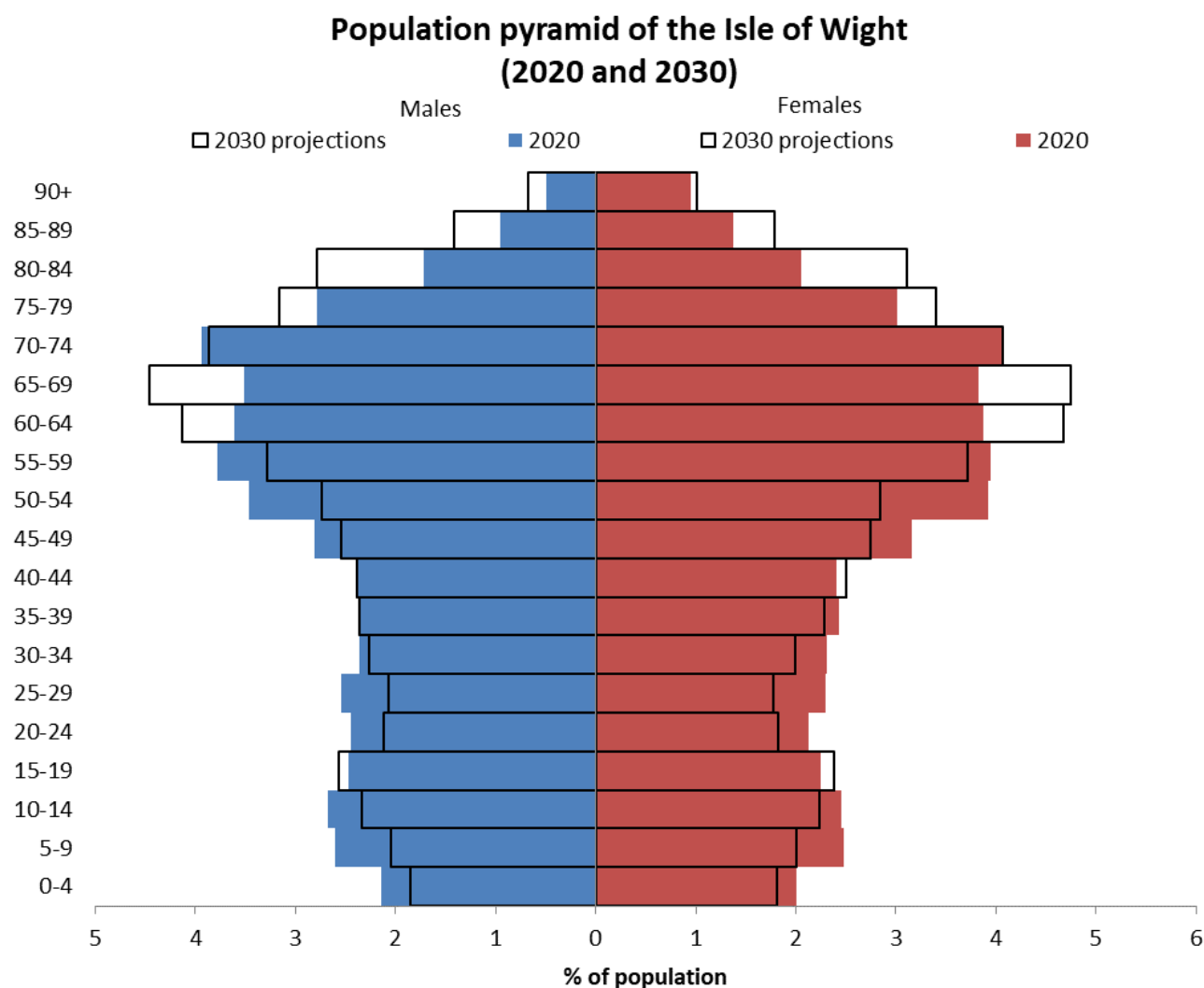


Source: Office for National Statistics (ONS) Mid-2020 Population Estimates

## 2.2 Population forecasts

The population pyramid (figure 2) shows the projected change in the Island's population age and sex structure. ONS population projections suggest that the population of the Island is expected to increase by 5.6 per cent, from 142,296 in 2020 to 150,276 by 2030.

**Figure 2 – Population forecast population for the Isle of Wight 2020 and 2030**



Source: Office for National Statistics (ONS) Mid-2020 Population Estimates and 2018-based population projections

Population projections suggest a 4.5 per cent decrease in the 0 to 19 years population. This can be mainly attributable to the five to nine years population.

Looking forward, the aging of the Island's population is set to continue with projections suggesting that by 2030 almost 34.5 per cent of the population will be aged 65 or older, 17.3 per cent aged 75 or older and 4.9 per cent aged 85 or older. The number of people aged 85 years and over is expected to increase from 5,378 to 7,358 people by 2030 – an increase of 36.8 per cent.

## 2.3 New housing developments and impact on local population dynamics

The table below shows the areas where planning applications have been approved and when the units are expected to be delivered. The area expecting the highest levels of development over the next five years is Ryde, where nearly 2,000 homes are expected to be delivered over the next few years. Other areas expecting significant developments are Cowes, Newport and East Cowes (table 1).

**Table 1 - Developments by settlement from 2021/22 to 2026/27 onwards**

Settlement	Delivery trajectory						Total units
	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27 onwards	
Arreton	0	0	42	0	0	0	<b>42</b>
Bembridge	0	5	17	26	52	22	<b>122</b>
Calbourne	0	0	12	0	0	0	<b>12</b>
Carisbrooke	11	5	0	0	0	0	<b>16</b>
Cowes	37	22	68	73	92	602	<b>894</b>
East cowes	0	0	11	51	83	342	<b>487</b>
Freshwater	58	49	50	55	45	54	<b>311</b>
Godshill	0	0	35	35	30	0	<b>100</b>
Newport	96	132	156	94	142	130	<b>750</b>
Rookley	0	0	21	0	0	0	<b>21</b>
Ryde	122	88	156	146	150	1314	<b>1976</b>
Sandown	18	28	94	43	19	0	<b>202</b>
Seaview	0	0	17	15	20	15	<b>67</b>
Shanklin	22	3	32	31	10	0	<b>98</b>
Totland Bay	0	0	7	0	0	0	<b>7</b>
Ventnor	25	5	19	0	0	0	<b>49</b>
Wellow	0	0	16	0	0	0	<b>16</b>
Wroxall	3	2	0	0	0	0	<b>5</b>
Yarmouth	0	0	0	9	0	0	<b>9</b>

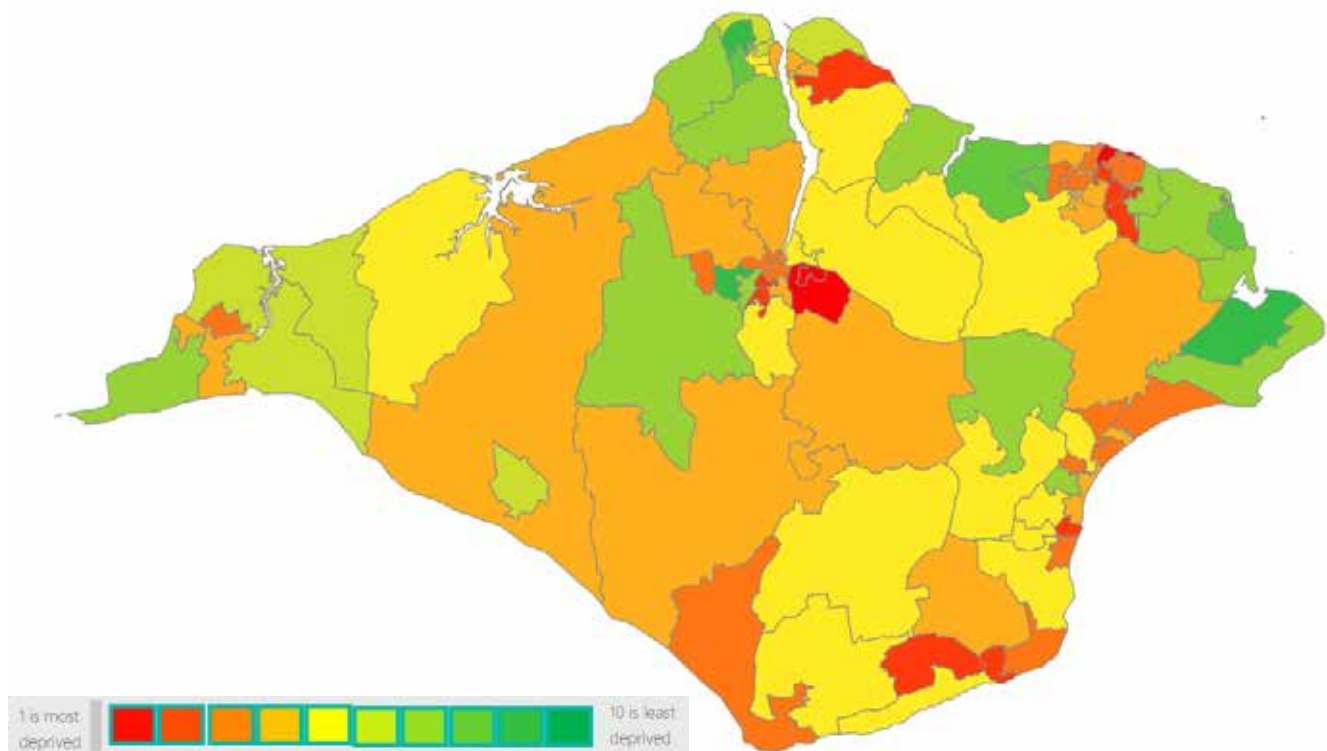
## 2.4 Population density

The Isle of Wight's population density is lower than that of England, 374 people per square kilometre compared to 434 per square kilometre in England. Population density varies greatly across the Island, with higher population density generally correlated to the rural/urban classification of the area.

# 3 Indices of deprivation

The Island is the 80th most deprived authority in England (out of 317) according to the Index of Multiple Deprivation (IMD) 2019, although there are pockets within the Island that fall within the most deprived areas in the country (map 1).

**Map 1 – Index of Multiple Deprivation 2019 across the Isle of Wight**



Two supplementary indexes are produced alongside the Index of Multiple Deprivation 2019. These explore income deprivation specifically affecting children (0 to 15 years) (IDACI), and income deprivation affecting older people (aged 60 years and over) (IDAOP).

- IDACI ranks six areas on the Island in the most deprived decile nationally.
- IDAOP ranks no areas on the Island in the most deprived decile nationally.



## 4 General health of the population

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The census asks people to rate their general health and whether they have a long-term illness or disability. This information gives an insight into both how good the health of the people of the Isle of Wight is overall and the levels of long-term illness and disability across the resident population of the Island.

The majority of the Island's population (77.3 per cent) reported having good or very good health, compared to 81.4 per cent nationally. 77.4 per cent of the Island's population reported no disabilities, a lower level than the 82.4 per cent recorded across England.

Across the Island, 6.5 per cent of people reported having bad or very bad health.

The proportion of residents with a limiting long-term illness or disability is slightly worse than England. Approximately 10.3 per cent of the population said that they had a long-term health problem or disability which limited their day-to-day activity a lot compared to 8.3 per cent in England. 6.5 per cent of the population reported their health to be bad or very bad (5.5 per cent for England).

# 5 Life expectancy and healthy life expectancy

Overall, the Isle of Wight's population health is similar to England. A boy born on the Island today will live on average for 79.6 years, slightly longer than the average for England at 79.4 years. A girl born on the Island today will live on average for 83.4 years, slightly longer than the average for England at 83.1 years.

Across the Island, life expectancy for males and females has generally been steady over time since 2009 (figure 3).

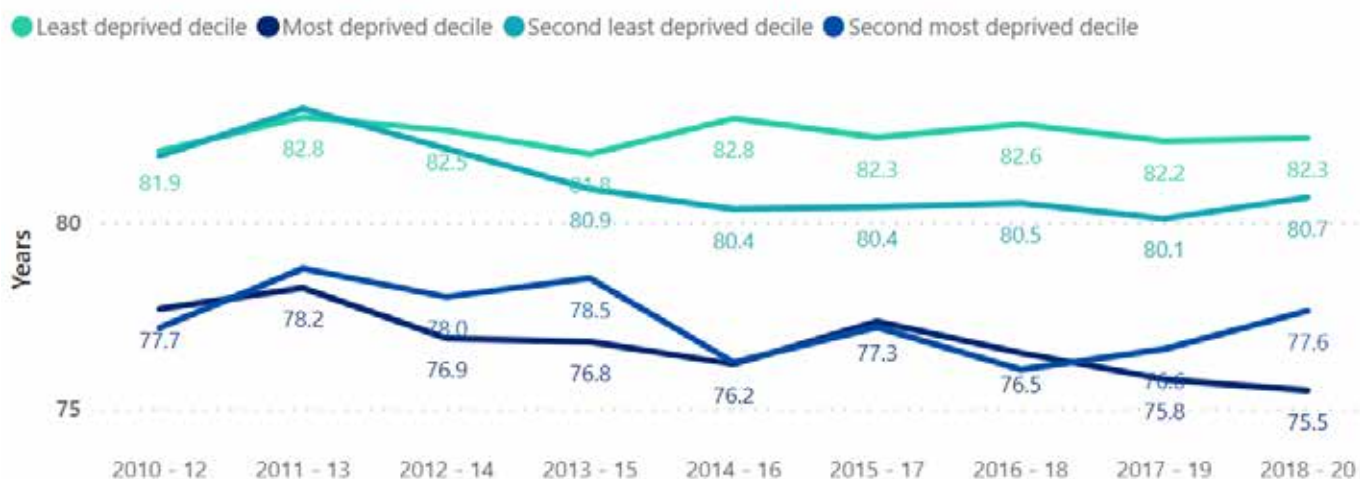
**Figure 3 – Trend in life expectancy for the Isle of Wight males and females**



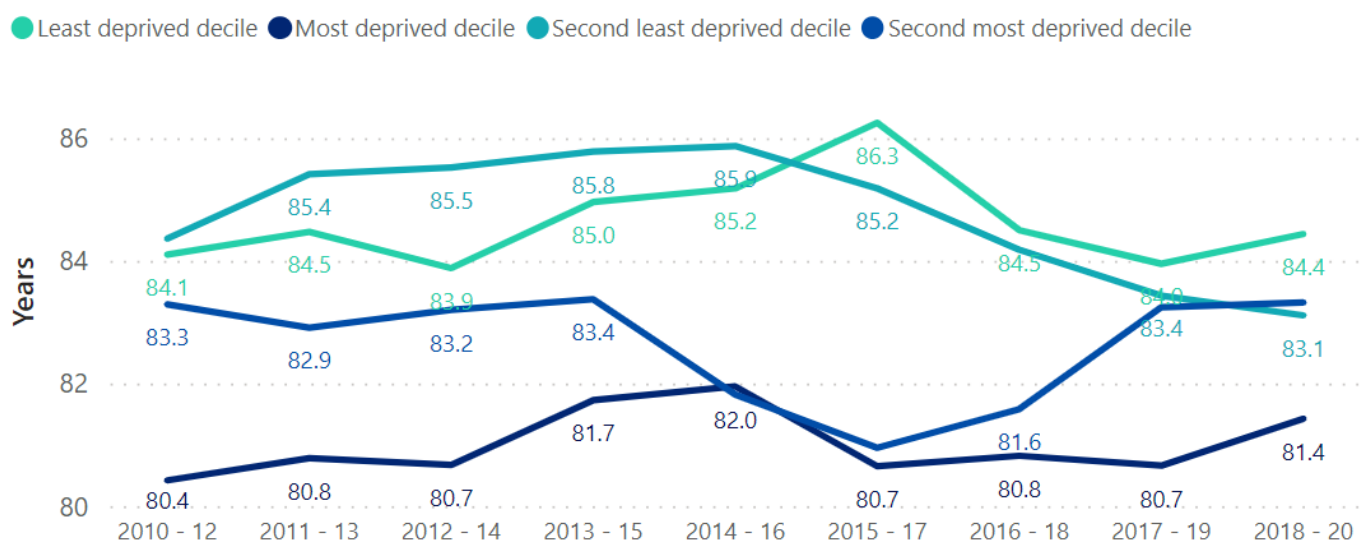
Life expectancy varies with deprivation and is a key high level inequalities outcome measure. Males living in the most deprived areas of the Island could expect to live 75.5 years compared to 82.3 years in the least deprived areas, a difference of almost seven years. While females living in the most deprived areas of the Island could expect to live 81.4 years compared to 84.4 years in the least deprived areas, a difference of three years.

**Figure 4 – Trend in inequality between most and least deprived deciles of Isle of Wight for males and females**

**Male life expectancy: Inequality between most and least deprived deciles, 2018-2020**



**Female life expectancy: Inequality between most and least deprived, 2018 to 2020 deciles**



Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or in poor health). It is therefore a significant measure of a person's quality of life.

Life expectancy estimates show females live for longer than men, but they also live with poor health for longer too. Male healthy life expectancy is 60.8 years, indicating an additional 19 years are spent in poor health. Female healthy life expectancy is 59.1 years, indicating just over 24 years are spent in poor health (figure 5).

**Figure 5- Trend in healthy life expectancy for Isle of Wight males and females**



Inequalities in healthy life expectancy are evident with those resident in the most deprived areas living a smaller proportion of their lives in good health. Males and females living in the most deprived areas of the Island live in poor health for 10.3 years and 7.5 years longer respectively, compared to those living in the least deprived areas (figure 6).

**Figure 6 – Inequality in healthy life expectancy between most and least deprived deciles for males and females**

Male healthy life expectancy: Inequality between most and least deprived deciles, 2009-13



Female healthy life expectancy: Inequality between most and least deprived deciles, 2009-13



# 6 Populations with protected characteristics

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## 6.1 Ethnicity

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The 2011 census remains the most robust source of information about the ethnicity of the resident population for the Island, although it should be noted that this data is now a decade old.

The Island's population is less diverse than England as a whole, with 97.3 per cent of residents describing themselves as belonging to white ethnic groups, compared to the national average of 86 per cent. The diversity of the area's population is increasing, 2.7 per cent of the population described themselves as belonging to an ethnic minority group in 2011, up from 1.3 per cent in the previous census.

Overall, the white population of the Island has higher proportions of people in older age groups. The demographic of the population who are from an ethnic minority group tends to be younger:

- Young people (aged 0 to 19 years) make up 39.4 per cent of the population who are from an ethnic minority compared to 20.5 per cent of the population who are from a white ethnic group.
- Younger working people (20 to 44 years) make up 38.5 per cent of the population who are from an ethnic minority compared to 26.2 per cent of the population who are from a white ethnic group.
- Older people (70+) make up 2.8 per cent of the population who are from an ethnic minority compared to 17.2 per cent of the population who are from a white ethnic group.
- Mixed ethnicity are far younger in age, with peaks in residents aged between 0 and four, and 10 and 14 years of age.

In England, there are health inequalities between ethnic minority and white groups, and between different ethnic groups. The root causes of these inequalities can be difficult to determine. A recent review by The King's Fund suggests a complex interplay of deprivation, environmental, physiological, health-related behaviours and the 'healthy migrant effect.' Ethnic minority groups are disproportionately affected by socio-economic deprivation and existing inequalities can be reinforced by structural racism<sup>2</sup>.

People from Bangladeshi and Pakistani communities have the poorest health outcomes across a range of health indicators. Rates of cardiovascular disease and diabetes are higher among black and South Asian groups. These health inequalities may result in different levels of pharmaceutical need.

## 6.2 Disability

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To understand the level of disability in our population, the responses from the 2011 census questions were analysed. This asked, do you have any long-term illness, health problems or disability which limits your daily activities or work you can do?

Across the Island, 77.4 per cent of people reported that they did not have any long-term illnesses which limited their daily activities or work. This is lower than the national average of 82.4 per cent.

10.3 per cent of people said they had a long-term health problem or disability which limited their day-to-day activities a lot, compared to 8.3 per cent nationally. This varied across the Island, at its lowest at 6.1 per cent in Carisbrooke East and highest at 17.4 per cent in Fairlee.

### 6.3 Religion or belief

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Census 2011 data reported almost two thirds of Isle of Wight residents (62.2 per cent) stated they had a religion, 29.6 per cent no religion and 8.2 per cent did not say.

Of those who stated they had a religion, Christianity was the dominant religion with 60.5 per cent of Island residents reporting to be Christian. 0.4 per cent reported Muslim as their religion, 0.3 per cent Buddhist and 0.2 per cent Hindu.

### 6.4 Marriage and civil partnership

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Census 2011 data reported that under half of Isle of Wight residents (48.3 per cent) were married, 0.2 per cent registered in a same-sex civil partnership, 28.3 per cent single, 11.6 per cent divorced and 9.2 per cent widowed or a surviving partner from a same sex civil partnership.

### 6.5 Pregnancy and maternity

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Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birthweight and sudden unexpected death in infancy.

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.

Recent data for the financial year 2020/21 suggest that on the Island, 13.5 per cent of mothers (131 mothers) were known to be smokers at the time of delivery.

Trend data show that since 2010/11 the percentage of mothers smoking has decreased but still remains significantly higher than England.

# 7 Inclusion groups and other populations with specific needs

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## 7.1 Rural populations

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The Isle of Wight is a predominantly rural county. Out of the Island's 89 Lower Super Output Areas (LSOAs), 27 of them are classed as rural. However, most of these 27 are larger in size, covering a higher proportion of the area of the Island.

The rural LSOAs cover 68 per cent of the Island's area, however just 31.5 per cent of the population live in them. The other 68.5 per cent of the population live in the 32 per cent of the Island's total area defined as urban.

## 7.2 Coastal areas

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The Chief Medical Officer's 2021 report focused on health inequalities in coastal areas. It outlined that these areas have low life expectancy and higher rates of many diseases, compared with non-coastal areas. Analysis produced by the University of Plymouth has been used to identify coastal and non-coastal communities. Coastal areas are defined as those with built-up area which lie within 500m of high tide.

The majority of the Island is classed as coastal apart from some of the more rural areas (map 2).

Coastal communities include a disproportionately high burden of ill health, particularly heart disease, diabetes, cancer, COPD and mental health. There is also a significant disparity in hospital admissions due to 'health-risking behaviour' between coastal and non-coastal areas<sup>3</sup>.

Deprivation in these areas, and the age of coastal populations are both related to this burden of ill health. The University of Plymouth's Coastal Health Outcomes report concluded that there is also a substantial health service deficit in coastal communities<sup>4</sup>.

## 7.3 People with long term conditions

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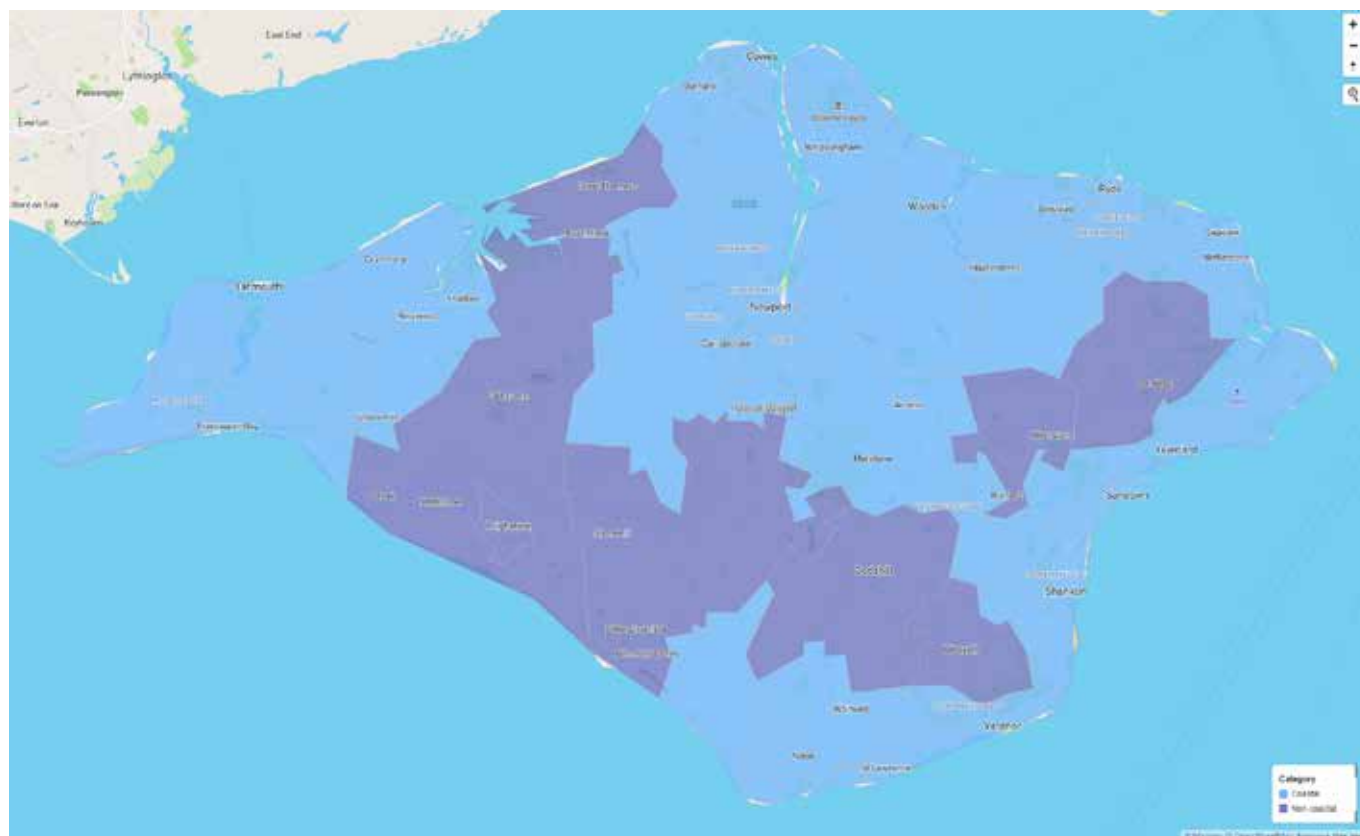
Around one in four people have two or more long-term conditions, often known as multimorbidity and this rises to two thirds of people aged 65 years or over<sup>5</sup>. The proportion of patients who have two or more medical conditions simultaneously is rising steadily<sup>6</sup>.

Multi-morbidity increases with age, however other circumstances can mean certain people are more vulnerable to having multiple long-term conditions and almost a third of people with 4+ conditions are under 65 years of age.

People in disadvantaged areas are at greater risk of having multiple conditions and are likely to have multiple conditions around 10 to 15 years earlier than people in affluent areas<sup>7</sup>. Around 28 per cent of people in the most deprived fifth of England have 4+ conditions, compared with 16 per cent in the least-deprived fifth<sup>8</sup>.



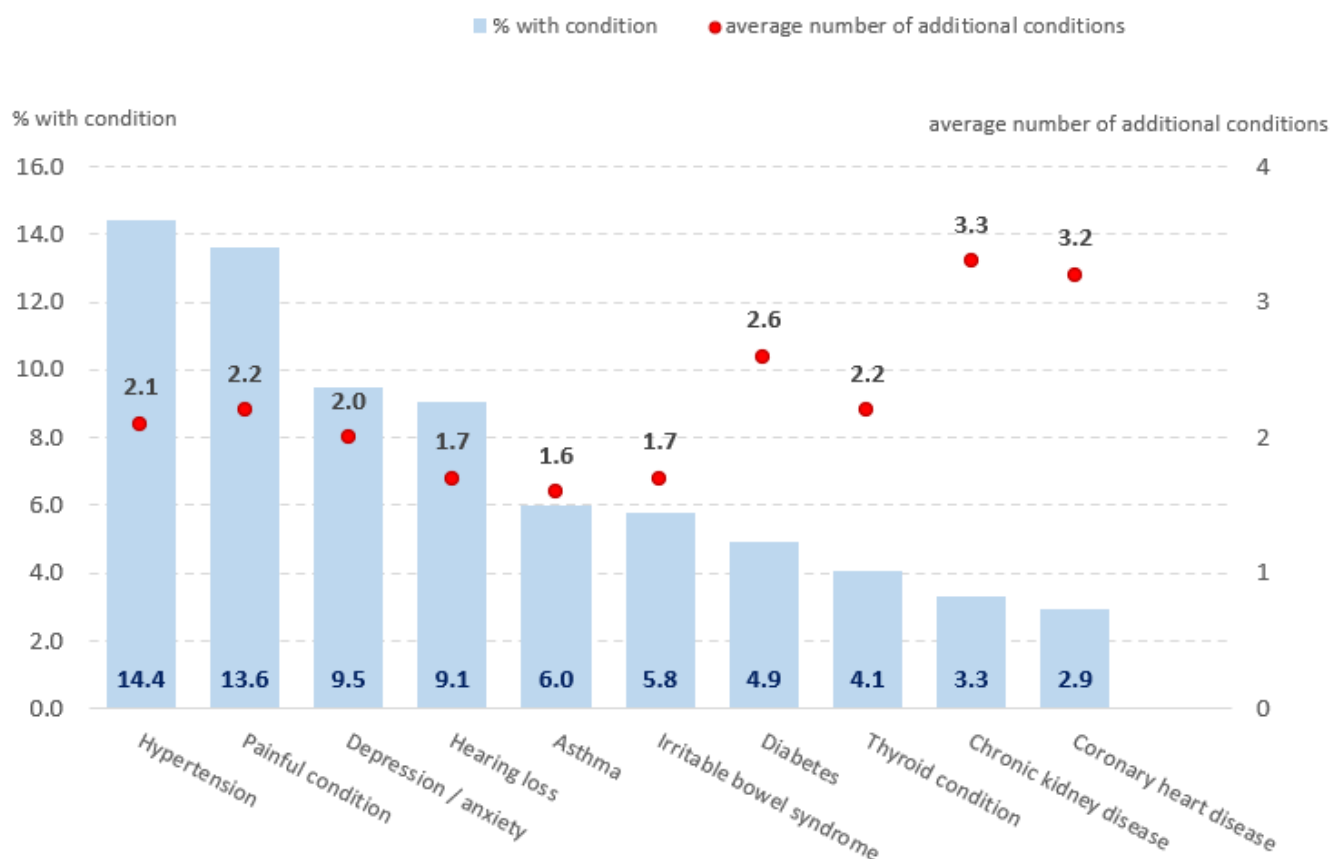
**Map 2 – Map showing Isle of Wight Coastal Communities by LSOA**



Children or young adults with serious congenital or acquired impairments often have multiple physical or mental illnesses. Certain periods of life, including pregnancy, increase the probability that multiple conditions will present simultaneously<sup>9</sup>.

Health Foundation analysis shows that 82 per cent of people with cancer, 92 per cent with cardiovascular disease, 92 per cent with chronic obstructive pulmonary disease and 70 per cent with a mental health condition have at least one additional condition<sup>10</sup>. Figure 7 from this analysis shows that a person with hypertension had an average of 2.1 additional conditions and a person with depression or anxiety had an average of 2.0 additional conditions. People with chronic kidney disease had an average of 3.3 additional conditions.

**Figure 7 – Common conditions and average number of additional conditions**



Data source: Understanding the health care needs of people with multiple health conditions<sup>11</sup>

Pharmacists are ideally placed to improve the care and quality of life of people with multiple long-term conditions, particularly where polypharmacy is an issue. Pharmacists may also have a pivotal role to play in the prevention or worsening of multi-morbidities in younger people<sup>12</sup>.

Across the Isle of Wight a little over 32,900 residents have two or more long terms conditions, this equates to over one in five people (23.1 per cent) as at April 2021.

Map 3 shows that within the Island there is further variation with the Yarmouth area in the west, the Bembridge area to the east, and parts of the Wootton and East Cowes areas to the north reporting the highest number of people with multimorbidity.

The Health Foundation study reported that people diagnosed with cancer, chronic obstructive pulmonary disease, cardiovascular disease and mental health had high number of additional conditions. Hypertension and pain were the most common additional conditions.

## 7.3 Military

The Isle of Wight has no military presence.

**Map 3 – Number of patients with two or more long term conditions by resident LSOA, April 2021**



Data source: JSNA Healthy People data report<sup>13</sup>

## 7.4 Military veterans

Robust data about the number, location and demographics of veterans is limited at both the national and local level. Estimates suggest that there are likely to be around 9,500 veterans living on the Isle of Wight<sup>14</sup>.

The most common mental health problems are anxiety and depression however there are clearly some veterans with more complex problems who will need more specialised and bespoke treatment. These might be for complex PTSD or dual diagnoses of alcohol and mental health problems.

## 7.5 Offenders

There is one prison on the Isle of Wight set across two neighbouring sites (Albany and Parkhurst) just outside Newport. It is a high security men's prison with an operational capacity of 1,047. Prison population data from the Ministry of Justice for December 2021 report a population of 688.

The pharmaceutical needs of prisoners on the Island are met by the services within the walls of those establishments and so are not within the scope of this PNA.

## 7.6 People in contact with the justice system

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Nationally, the number of individuals formally dealt with by the Criminal Justice System (CJS) was 30 per cent lower in 2020 than in 2019, as a result of COVID-19. The rate of juveniles receiving their first conviction, caution or youth caution per 100,000 of the 10 to 17 year old population on the Isle of Wight is significantly higher (worse) than the national average at 277.6 compared to 169.2 nationally<sup>15</sup>.

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children<sup>16</sup>. For young people, there are overlapping risk factors associated with youth crime, such as school absence and low educational attainment<sup>17</sup>.

## 7.7 Drug and alcohol dependents

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There are conflicting data on UK alcohol consumption trends, between what people say they drink and the data on alcoholic drink sales. European research evidence indicates that people under-estimate their personal alcohol consumption by around 60 per cent<sup>18</sup>.

Between 2010 and 2016 there was a very gradual increase in the estimated number of alcohol dependent adults on the Isle of Wight<sup>19</sup>, from 1,456 to 1,553 then a decrease back to 1,487 in 2017, then a sharp increase to 1,681 in 2018. The number of opiate users on the Island successfully completing drug treatment has been declining, in line with the England trend<sup>20</sup>. There has been a decline in the number of people completing successful alcohol treatment on the Isle of Wight.

Pharmacies provide a number of services to this section of the community from supervised administration programmes, needle exchanges and Hepatitis C testing to healthy lifestyle advice.

## 7.8 Homeless and rough sleepers

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There are three main forms of homelessness: rough sleeping, statutory homelessness, and hidden homelessness, whereby people sofa surf at family and friends' houses or live-in housing which is not safe to be occupied. Those who fall under the category of 'hidden homelessness' are the ones most often excluded from official data.

A count of rough sleepers on the Island in 2018 recorded 24 rough sleepers – an increase from 2015 (four rough sleepers)<sup>21</sup>. Analysis of the 2018 rough sleeper return showed that 30 per cent of the Island's rough sleeping cohort are female, over double the 2018 national average which is recorded as 14 per cent. Over 40 per cent of rough sleepers on the Island are aged 40 years or older – which is a significant concern when you consider that the average death of someone who is homeless is 43 for a female and 47 for a male.

Ministry of Housing, Communities and Local Government figures show the Island to have 2.9 households per 1,000 in temporary accommodation; better than England's average (4.0)<sup>22</sup>. The Island has 10.6 households (per 1,000) owed a duty under the Homelessness Reduction Act (HRA). This is similar to both the England and South East averages (11.3 and 9.9 respectively)<sup>23</sup>. Under the HRA prevention and relief duties are owed to all eligible households who are homeless or threatened with becoming homeless<sup>24</sup>.

However, homeless shelter figures often exceed national estimates and are often the most reliable and up to date local figures available.

ONS figures estimate that 83 per cent of rough sleepers in Hampshire and the Isle of Wight in 2020 were male. 91 per cent of Hampshire and Isle of Wight rough sleepers were of UK nationality, seven per cent were from the EU, none had non-EU nationality and two per cent of rough sleepers' nationality was unknown. In 2020, the ONS reported that 91 per cent of Hampshire and Isle of Wight's homeless population were aged over 26 years old, six per cent were aged 18 to 25 and none were below 18<sup>25</sup>.

Many people who are homeless experience poor mental health, domestic abuse and are likely to have substance use or addiction. One in three people who are homeless have attempted suicide. They are nine times more likely to die by suicide. Deaths as a result of traffic accidents are three times as likely, infections twice as likely and falls more than three times as likely for homeless people. Drug and alcohol abuse are particularly common causes of death among the homeless population, accounting for just over a third of all deaths<sup>26</sup>.

## 7.9 Migration

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Migration is complex and there is no legal requirement to inform a single body when someone moves. As such data on migration is much less robust and comes with limitations on its use. Economic migrant data from the Department of Work and Pensions report that in the 12 months ending June 2021, there were 213 National Insurance Number registrations to adult overseas nationals on the Island. Of these registrations, 50 per cent were to people from Asia, 13 per cent were to those from the European Union and a third to people from the rest of the world<sup>27</sup>.

## 7.10 Refugees and asylum seekers

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The most vulnerable migrants and asylum seekers in the population are a dynamic population which make frequent geographic moves. As a result, data is not sufficient to map this population, and many of the group's characteristics are protected.

Historically, the Isle of Wight has had low numbers of asylum seekers and refugees, with just 29 resettlements recorded over the last eight years<sup>28</sup>. Vulnerable migrants can arrive in the UK from any country, and many will be undetectable.

This population can have complex health needs and common health challenges includes untreated communicable diseases, poorly controlled chronic conditions, maternity care and mental health and specialist support needs<sup>29</sup>.

Some of the children and young people seeking asylum and attending schools will be unaccompanied. This means that they arrived in the UK without an adult family member or guardian accompanying them. Many of these children and young people will have experienced trauma including the loss of their parents and/or siblings or will have lived in war conditions<sup>30</sup>.

Vulnerable migrants experience a unique set of challenges when accessing healthcare, such as language barriers, insecure immigration status and housing and discrimination. Their cultural, spiritual, and religious beliefs and practices can impact on health behaviours and practices, health outcomes, use of and access to healthcare, and decision-making regarding medical treatment<sup>31</sup>.

## 7.11 Afghan nationals

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There are several health checks which are recommended for Afghan nationals arriving to the UK. The incidence of Tuberculosis, Hepatitis B and C, Anaemia, vitamin A and vitamin D deficiency and smoking are high, health checks should be carried out and advice given where appropriate<sup>32</sup>. There is also a high likelihood of people experiencing mental disorders, including PTSD because of the experiences in Afghanistan or their journey to the UK<sup>33</sup>.

Gender roles in Afghanistan may also impact health and wellbeing, men may be the decision-makers about family members' health<sup>34</sup>. Female Genital Mutilation (FGM) is practised in Afghanistan, and male circumcision is highly prevalent too, individuals arriving in the UK should be given information on appropriate procedures for boys and men in the UK. There is often limited access to antenatal care, so advice should be given to Afghan women on the benefits of antenatal care.

## 7.12 Gypsy, Roma and Traveller communities

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Historically the Isle of Wight has had a relatively small Gypsy/Traveller community. Currently there are:

- no public permanent sites owned by the council;
- no transit sites owned by the council;
- the total provision suggested for Gypsies and Travellers on the Isle of Wight is for 16 permanent pitches required, rising to 19 by 2035;
- it is also recommended that a Transit Site of two pitches rising to three by 2035;
- two unauthorised sites on public owned land, both have been unofficially 'tolerated' since at least 2012;
- one unauthorised site occupied since at least 2006 which is the subject of a legal judgement, meaning the residents cannot be moved until a transit site is built for them;
- two other observed unauthorised sites which are believed to contain people who are not either Gypsies or Travellers.

The number of people who identified as Gypsy or Irish Traveller in the 2011 Census was very small, just 94. These are most likely to be living in 'bricks and mortar' as census forms are only delivered to 'settled' accommodation. It is considered that the majority of Gypsies and Travellers actually living on the Island were not identified in Census 2011 as they are living in caravans and other vehicles on unauthorised encampments or 'tolerated' sites<sup>35</sup>.

Counts of traveller caravans published by the Department for Levelling Up, Housing and Communities for July 2021 recorded a total of 17 traveller caravans across the Island, all unauthorised and on land not owned by Travellers<sup>36</sup>. There were no recorded Travelling Showpeople caravans.

An estimated 60 houseboats were identified, although it was assessed that this population does not fall under the Government guidance for inclusion in traveller counts.

Gypsies and Travellers are significantly more likely to have a long term illness, health problem or disability and experience higher levels of anxiety and depression than the general population. This community is also more likely to experience chest pain, arthritis and respiratory problems.

Roma are a relatively new ethnic group who have migrated to the UK from across Europe. Unlike UK Gypsies, Roma do not usually seek accommodation in caravans or on sites but live in houses as in their country of origin. Often Roma people are a hidden minority due to their reluctance to identify themselves as members of the Roma community, hence it is not possible to provide any accurate

figures of the Roma population on the Island.

Information on the health of Roma people is difficult to obtain. The voluntary sector organisation Roma Support Group reported that 60 per cent of those using their services had poor physical health including cancer, diabetes, epilepsy, hepatitis B, cardiovascular and respiratory ailments and multiple sclerosis. In addition, 43 per cent were suffering from mental health problems including depression, personality disorders, learning disabilities, suicidal tendencies, self-harm and dependency/misuse of drugs<sup>37</sup>.

### 7.13 University students

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There are no universities on the Isle of Wight. Any pharmaceutical needs for Island students at mainland universities will be covered by the pharmacies within those areas.

### 7.14 Visitors to the county

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Data from Visit Isle of Wight reported that there were just over 2.2 million visits to the Island during 2019 – a reduction on the previous year. This total was mainly made up of visits during the summer months with 885,000 visitors coming between July and September. Short breaks and holidays accounted for 45 per cent of all trip purposes in 2019.

This visitor population are likely to be on the Island for only a brief period and as such their health needs are likely to be related to signposting to other health services, providing support for self-care, the provision of repeat medication or dispensing prescriptions in the event of an acute condition.



# References

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Page 3	Note 1	Pharmaceutical care – a model for elderly patients – The Pharmaceutical Journal <a href="https://pharmaceutical-journal.com/article/ld/pharmaceutical-care-a-model-for-elderly-patients">pharmaceutical-journal.com/article/ld/pharmaceutical-care-a-model-for-elderly-patients</a>
Page 14	Note 2	The health of people from ethnic minority groups in England – The King’s Fund <a href="https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england">www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england</a>
Page 16	Note 3	Chief Medical Officer’s annual report 2021: health in coastal communities – GOV.UK <a href="https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2021-health-in-coastal-communities">www.gov.uk/government/publications/chief-medical-officers-annual-report-2021-health-in-coastal-communities</a>
	Note 4	Chief Medical Officer’s annual report 2021: health in coastal communities – GOV.UK <a href="https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2021-health-in-coastal-communities">www.gov.uk/government/publications/chief-medical-officers-annual-report-2021-health-in-coastal-communities</a>
	Note 5	NHS England » Multimorbidity – the biggest clinical challenge facing the NHS? <a href="https://www.england.nhs.uk/blog/dawn-moody-david-bramley/">www.england.nhs.uk/blog/dawn-moody-david-bramley/</a>
	Note 6	Rising to the challenge of multimorbidity – The BMJ <a href="https://www.bmj.com/content/368/bmj.l6964">www.bmj.com/content/368/bmj.l6964</a>
	Note 7	Long-term conditions and multi-morbidity – The King’s Fund <a href="https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity">www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity</a>
	Note 8	Understanding the health care needs of people with multiple health conditions <a href="https://www.health.org.uk/sites/default/files/upload/publications/2018/Understanding%20the%20health%20care%20needs%20of%20people%20with%20multiple%20health%20conditions.pdf">www.health.org.uk/sites/default/files/upload/publications/2018/Understanding the health care needs of people with multiple health conditions.pdf</a>
Page 17	Note 9	Rising to the challenge of multimorbidity – The BMJ <a href="https://www.bmj.com/content/368/bmj.l6964">www.bmj.com/content/368/bmj.l6964</a>
	Note 10	Understanding the health care needs of people with multiple health conditions <a href="https://www.health.org.uk/sites/default/files/upload/publications/2018/Understanding%20the%20health%20care%20needs%20of%20people%20with%20multiple%20health%20conditions.pdf">www.health.org.uk/sites/default/files/upload/publications/2018/Understanding the health care needs of people with multiple health conditions.pdf</a>
Page 18	Note 11	Understanding the health care needs of people with multiple health conditions <a href="https://www.health.org.uk/sites/default/files/upload/publications/2018/Understanding%20the%20health%20care%20needs%20of%20people%20with%20multiple%20health%20conditions.pdf">www.health.org.uk/sites/default/files/upload/publications/2018/Understanding the health care needs of people with multiple health conditions.pdf</a>
	Note 12	New approach needed to tackle rise of multimorbidity - The Pharmaceutical Journal <a href="https://pharmaceutical-journal.com/article/news/new-approach-needed-to-tackle-rise-of-multimorbidity">pharmaceutical-journal.com/article/news/new-approach-needed-to-tackle-rise-of-multimorbidity</a>

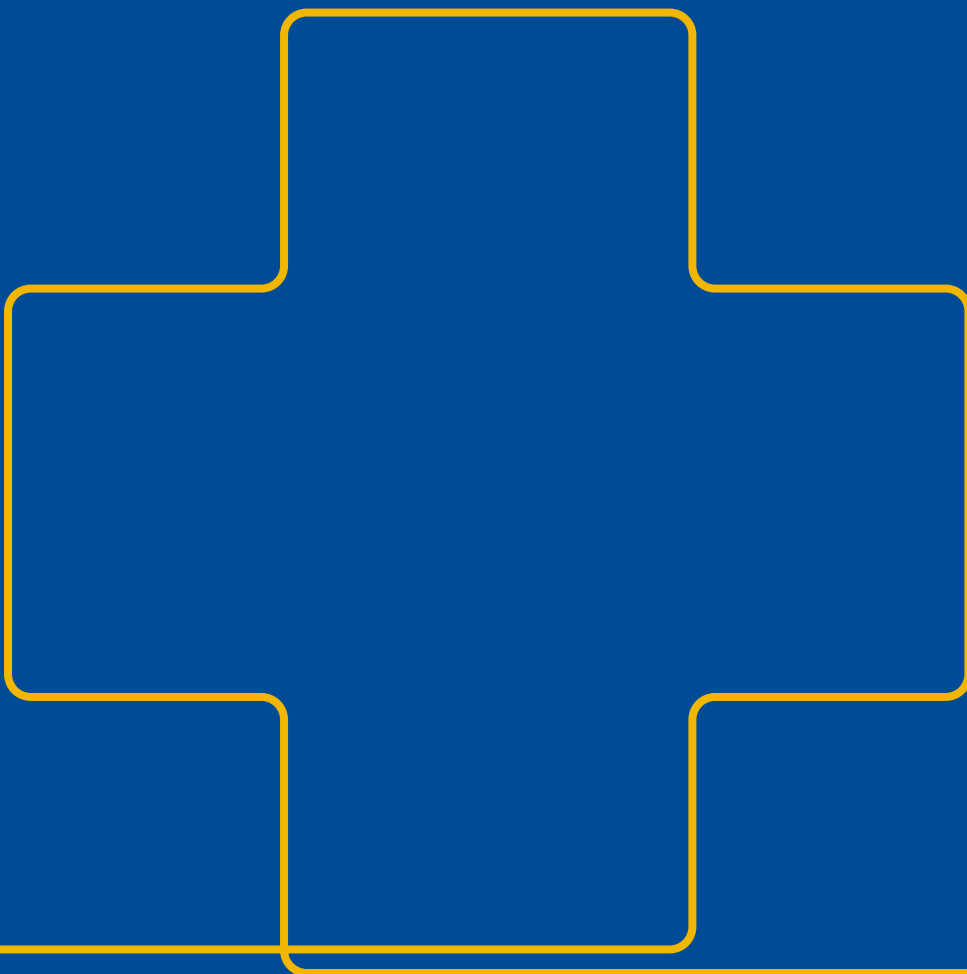


Page 19	Note 13	JSNA Healthy People data report <a href="http://www.hants.gov.uk/socialcareandhealth/publichealth/jsna">www.hants.gov.uk/socialcareandhealth/publichealth/jsna</a>
	Note 14	Viewing Document: Solent Armed Forces Covenant Needs Assessment <a href="http://www.iow.gov.uk/documentlibrary/view/solent-armed-forces-covenant-needs-assessment">www.iow.gov.uk/documentlibrary/view/solent-armed-forces-covenant-needs-assessment</a>
Page 20	Note 15	Public Health Outcomes Framework - Data - PHE <a href="http://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000041/pat/6/par/E12000008/ati/402/are/E06000046/iid/10401/age/211/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1">fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000041/pat/6/par/E12000008/ati/402/are/E06000046/iid/10401/age/211/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1</a>
	Note 16	Improving outcomes and supporting transparency part 2: summary technical specifications of public health indicators <a href="http://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf">assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf</a>
	Note 17	Improving outcomes and supporting transparency part 2: summary technical specifications of public health indicators <a href="http://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf">assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf</a>
	Note 18	Alcohol consumption higher than reported in England – UCL News, UCL, University College London <a href="http://www.ucl.ac.uk/news/2013/feb/alcohol-consumption-higher-reported-england">www.ucl.ac.uk/news/2013/feb/alcohol-consumption-higher-reported-england</a>
	Note 19	Alcohol dependence prevalence in England – GOV.UK <a href="http://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england">www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england</a>
	Note 20	Public Health Outcomes Framework, Data – OHID <a href="http://fingertips.phe.org.uk/search/successful completion of drug treatment#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000046/iid/90244/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0">fingertips.phe.org.uk/search/successful completion of drug treatment#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000046/iid/90244/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0</a>
	Note 21	Isle of Wight Homeless and Rough Sleeping Strategy 2019-2024 <a href="http://www.iow.gov.uk/Meetings/committees/cabinet/14-11-19/PAPER-AppendixA.pdf">www.iow.gov.uk/Meetings/committees/cabinet/14-11-19/PAPER-AppendixA.pdf</a>
	Note 22	Public Health Outcomes Framework, Data – OHID <a href="http://fingertips.phe.org.uk/search/successful completion of drug treatment#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000046/iid/90244/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0">fingertips.phe.org.uk/search/successful completion of drug treatment#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000046/iid/90244/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0</a>
	Note 23	Public Health Outcomes Framework, Data – OHID <a href="http://fingertips.phe.org.uk/search/successful completion of drug treatment#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000046/iid/90244/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0">fingertips.phe.org.uk/search/successful completion of drug treatment#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000046/iid/90244/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0</a>
	Note 24	Homelessness Reduction Act 2017 <a href="http://www.legislation.gov.uk/ukpga/2017/13/section/5/enacted">www.legislation.gov.uk/ukpga/2017/13/section/5/enacted</a>

Page 21	Note 25	Official statistics overview: Rough sleeping snapshot in England: autumn 2020 – GOV.UK <a href="https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2020">www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2020</a>
	Note 26	2019 STP JSNA <a href="https://documents.hants.gov.uk/HIOW-STP-JSNA-June2019.pdf">documents.hants.gov.uk/HIOW-STP-JSNA-June2019.pdf</a>
	Note 27	National Insurance numbers allocated to adult overseas nationals to June 2021 --GOV.UK <a href="https://www.gov.uk/government/statistics/national-insurance-numbers-allocated-to-adult-overseas-nationals-to-june-2021">www.gov.uk/government/statistics/national-insurance-numbers-allocated-to-adult-overseas-nationals-to-june-2021</a>
	Note 28	Asylum and resettlement datasets - GOV.UK <a href="https://www.gov.uk/government/statistical-data-sets/asylum-and-resettlement-datasets">www.gov.uk/government/statistical-data-sets/asylum-and-resettlement-datasets</a>
	Note 29	Refugee and asylum seeker health toolkit <a href="https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit">www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit</a>
	Note 30	Asylum seekers and refugees guide – Hampshire County Council <a href="https://www.hants.gov.uk/educationandlearning/emtas/new-referrals/asylum-refugee-guide">www.hants.gov.uk/educationandlearning/emtas/new-referrals/asylum-refugee-guide</a>
	Note 31	Afghan relocation and resettlement schemes: advice for primary care <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1016001/ARAP_Information_for_GPs_8-Aug.pdf">assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1016001/ARAP_Information_for_GPs_8-Aug.pdf</a>  Culture, spirituality and religion: migrant health guide - GOV.UK <a href="https://www.gov.uk/guidance/culture-spirituality-and-religion">www.gov.uk/guidance/culture-spirituality-and-religion</a>
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	Note 33	Afghan relocation and resettlement schemes: advice for primary care <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1016001/ARAP_Information_for_GPs_8-Aug.pdf">assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1016001/ARAP_Information_for_GPs_8-Aug.pdf</a>
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	Note 35	Isle of Wight GTTSA 2018 update <a href="https://www.iow.gov.uk/azservices/documents/2981-Isle-of-Wight-GTTSA-2018-update.pdf">www.iow.gov.uk/azservices/documents/2981-Isle-of-Wight-GTTSA-2018-update.pdf</a>
	Note 36	Traveller caravan count: July 2021 - GOV.UK <a href="https://www.gov.uk/government/statistics/traveller-caravan-count-july-2021">www.gov.uk/government/statistics/traveller-caravan-count-july-2021</a>
Page 23	Note 37	SS00 Health inequalities <a href="https://www.gypsy-traveller.org/wp-content/uploads/2020/11/SS00-Health-inequalities_FINAL.pdf">www.gypsy-traveller.org/wp-content/uploads/2020/11/SS00-Health-inequalities_FINAL.pdf</a>



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5005X 5/22 SC

**Committee:** HEALTH AND WELLBEING BOARD

**Date:** 9 November 2022

**Title:** BETTER CARE FUND UPDATE 2022/23

**Report of:** Ian Lloyd, Strategic Manager Partnerships and Support Services

**Sponsor:** Laura Gaudion, Director Adult Social Care  
Michaela Dyer, Interim Managing Director HLOW ICB - IW

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## Summary

1. The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care and support, and better outcomes for people and carers. The requirements of the BCF are set by NHS England and include requirements for pooled/aligned workstreams and budget within section 75 agreement.
2. A paper was brought to the HWB on 28 July 2022 to clarify the proposals for completion of the 2022/23 planning round. The annual planning process for the BCF was outlined within the Better Care Fund planning requirements 2022-23 issued on the 19 July 2022. The timelines set nationally were as follows:

**Fig. 1 2022/23 Planning Timeline**

BCF planning requirements published	19/07/2022
Optional draft BCF planning submission (including capacity and demand plan) submitted to BCM and copied to the BCF team ( <a href="mailto:england.bettercarefundteam@nhs.net">england.bettercarefundteam@nhs.net</a> )	18/08/2022
BCF planning submission from local HWB areas (agreed by ICBs and local government). All submissions will need to be sent to the local BCM, and copied to <a href="mailto:england.bettercarefundteam@nhs.net">england.bettercarefundteam@nhs.net</a>	26/09/2022
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	26/09/2022 - 24/10/2022
Regionally moderated assurance outcomes sent to BCF team	24/10/2022
Cross-regional calibration	01/11/2022
Approval letters issued giving formal permission to spend (NHS minimum)	30/11/2022
All section 75 agreements to be signed and in place	31/12/2022

3. Use of BCF mandatory funding streams (Integrated Care Board [ICB] minimum contribution, improved Better Care Fund [iBCF] grant and Disabled Facilities Grant [DFG]) must be jointly agreed by ICBs and local authorities to reflect local health and care priorities, with plans signed off by Health and Wellbeing Boards (HWBs).
4. Due to the delayed national cycle and release of guidelines, the timing of the development

of the BCF and Health and Wellbeing Board scheduling was anticipated to be out of alignment.

5. If an area fails to meet the submission deadline, this will trigger an automatic escalation of scrutiny. This can lead to the BCF national team implementing an Escalation Panel jointly chaired by Department for Levelling Up, Housing and Communities and Department of Health and Social Care senior officials, supported by the BCF team, with representation from:
  - NHS England (as the accountable body for NHS spend and for plan approval)
  - The Local Government Association, in its role as a national partner for the BCF.
  - The Health and Wellbeing Board chair
  - Accountable officers from the relevant ICB(s)
  - Chief executive from the Local Authority.
6. However, the BCF guidelines permits HWBs to delegate authority for submission. This approach was enabled via a paper outlining the proposed content of the BCF being submitted to, and approved by, the Health and Wellbeing Board on the 28 July 2022.
7. The Health and Wellbeing Board are asked to note and ratify the 2022/2023 Better Care Fund (BCF) final submission to the National Better Care Fund team which was submitted as required on 26 September 2022 via the delegated authority provided to the Director of Adult Social Care and the Interim Managing Director for the IW ICB, and once approved centrally, will be incorporated into the local s.75 agreement.

## **Background**

8. The BCF is a national initiative intended to deliver integration between health and social care in order to improve outcomes for residents. It is the mechanism that is being used by Government to implement the integration duty under the 2014 Care Act, and 2022/23 plan is the eighth year and builds on the achievements of the seven previous plans. The success of BCF in developing relationships across health and social care has assisted in the local response to the Covid-19 pandemic.
9. Since 2018/2019 the BCF has been stable in terms of the workstreams it contains, and the funding attached by both the council and the ICB to those workstreams. The only significant changes have been the:
  - a) inclusion of both the Continuing Health Care (CHC) provision and Funded Nursing Care (FNC) provision and
  - b) inclusion, and subsequent removal, of additional Hospital Discharge Scheme funding in line with the national directives during 2021/22. However, the NHSE/I letter of the 28 March 2022 outlines the expectation that local systems will continue to make best use of existing resources, to support safe and effective discharges within local priorities. This should build on existing joint arrangements and best practice and be agreed locally.
10. Senior staff of both the council and the ICB have been engaged in both the development and reporting for the BCF scheme under the current governance process applied. During

this financial year the following activities have been updated and reflected in the BCF document:

11. The governance process for the BCF has been reviewed and aligned with the refresh of what was the IW Integrated Care Partnership (ICP) – now the IW Health & Care Partnership Board (HCPB), the new Integrated Care System (ICS), and the Integrated Care Board. This has resulted in the establishment of the IW Joint Strategic Partnership Board.
12. Between September 2021 and March 2022, the current BCF schemes have been undergoing reviews to identify effectiveness and value for money. The three areas under review are:
  - a) **Early Help and Prevention** (including all voluntary sector funded Better Care Fund services) – this piece of work has been completed and a newly commissioned service; ‘Living Well, Early Help’ provided by Aspire, now in place.
  - b) **Rehabilitation, Reablement and Recovery (Regaining Independence)** – a review of services has been initiated by the Community Transformation Board, a full review including discharge pathways, onward care intervention team. This is in progress and forms part of the Community Transformation programme with additional oversight through the System Resilience Board.
  - c) **Refresh of the other Better Care Fund Schemes and associated funding – revised Framework for Isle of Wight delivery of effective integrated services at locality (IW Health and Care Partnership Board (IWHCPB) – formerly the IW Integrated Care Partnership) level by 2022/2023** – Undertaking a structured desk top review of the Better Care Fund Section 75 agreement framework, scope, metrics/Key Performance Indicators and funding opportunities for value for money.
13. The review of these three areas has informed the plan for 2022/23. Considering the benefits that have been seen during the pandemic and new integrated ways of working the schemes mentioned above have been realigned to simplify the original 12 schedules into four themes:
  - Integrated Early Help and Prevention
  - Integrated Discharge and Admission Avoidance
  - Integrated Community Support
  - Integrated Mental Health and Learning Disability Support
14. The next steps will be to map, align and refresh monitoring metrics and reporting processes into the updated governance structure.
15. The total value of the 2022/2023 BCF is £50,891,097.
16. Mandatory inclusion in the BCF includes:
  - d) ICB contribution to Adult Social Care (ASC) (uplifted by 5.7 per cent for 2022/23) to be used for social care and out of hospital spend £13,223,950
  - a) ASC Disability Facilities Grant £2,272,039
  - b) ASC Improved BCF (iBCF) and Winter Pressures Funding £6,180,112
17. The NHS funded Hospital Discharge Scheme will no longer be available for 2022/23.
18. The remainder is non-mandatory and accounted for £29,214,996 of the fund. (c.£26.3m ICB contribution and ASC c.£2.9m LA contribution).

19. The IW BCF operates more as an aligned budget than a pooled budget.

### **Strategic Alignment**

20. The Isle of Wight BCF Section 75 Agreement (S75) is a large and complex document dating back to its inception 2013, revised for 2017/2019 with the iBCF, which has been rolled forward in 2019/2020 and 2020/2021 by Deed of Variation.
21. The BCF plan and section 75 needs to be considered within the context of the refreshed Isle of Wight Health and Care Plan to drive system transformation, financial savings and efficiencies. The section 75 agreement will remain in place as the financial and contractual vehicle between the ICB and Local Authority and supports the development of an integrated health and care partnership
22. The document sets out the legal basis, governance (BCF S75 Board via what is now the Health Care Partnership Board (HCPB), to Health and Wellbeing Board), Key Performance Indicators and reporting, schemes descriptions/service specifications etc.
23. The framework for the BCF derives from the government's mandate to the NHS issued under section 13A of the NHS Act 2006. The BCF provides a mechanism to promote and strengthen integration of health, social care and housing planning and commissioning.
24. It brings together ring-fenced ICB allocations, and funding paid directly to local government, including IBCF, DFG and winter pressures alongside locally identified budgets into pooled budget arrangements.
25. The BCF Plan aligns with a number of strategic plans including the:
- a) The IOW Health and Wellbeing Strategy – in particular the BCF aligns with the Living Well and Ageing Well domains.
  - b) The IOW Health and Care Plan – the BCF aligns with the focus on prevention, integration and care close to home
  - c) The ASC Care Closer to Home Strategy (CCtH) -which also aligns to the Councils corporate plan. The BCF provides a vehicle for delivery of CCtH core delivery and enabling pillars including: promoting wellbeing, improving wellbeing and protecting wellbeing as well as integration and partnerships and commissioning for value and impact.
  - d) The HIOW Partnership of ICBs Delivery Plan
  - e) The System Winter Resilience Plan
  - f) The Independent Living Strategy
  - g) Demntia Strategy
  - h) The Disabled Facilities Grant Plan
  - i) NHS Long Term Plan
  - j) Local Authority High Impact Change Model
26. The refresh of the BCF schemes is further supported by seven agreed IWHCP Board, priority transformation projects:



- e) Frailty
- f) Dementia
- g) Hospital Discharge and Regaining Independence
- h) Virtual Ward and virtual care pathways
- i) Integrated Care Home Support
- j) Urgent Community response
- k) Population Health Management and Localities

These scheme each have a Senior Responsible Officer from the Local Delivery System (LDS) and governance and reporting structure to the Community Transformation Board.

## **Risk**

27. During the July 2022 initial paper to the Health and Wellbeing Board, it was highlighted that there was significant risk to both the IW Council, the ICB, and the wider system if the BCF Plan and submission for 2022/23 was not agreed and subsequently approved by regulators. This risk has been mitigated by
  - a) Successfully meeting the submission deadline of the 26 September 2022.
  - b) Feedback from the regional assurance team advised that they have completed the initial stage, with assurers recommendations now approved by ADASS and NHS England Directors at regional level. They have advised the national team that the Isle of Wight submission is being recommended for approval.
28. Risk remains surrounding the approval to proceed to development of the Section 75, which is formally issued by the national assurance team, as well as the the local agreement and final execution.
29. To mitigate this risk, the BCF Section 75 agreement is being developed and updated by the ICB and IW Council; processes are in place to ensure that the current submission is reflective of input from both bodies. This will include review by the IWC legal team.
30. The oversight of the BCF S75 for the Island is in collaboration between the ICB and council commissioners. This is overseen by both the Interim Managing Director of the ICB Isle of Wight local delivery system and Director of Adult Social Care.
31. Although required to review and revise the S75 agreement around the agreed priorities, it is not necessary to create a complete re-write of the S75 document every year to form a new agreement. In considering revisions:
  - It will be reviewed to reflect any specific changes and will maintain the financial risk sharing between the CCG and council should the pooled budget overspend or underspend;
  - It will clarify the transfer of the CCG minimum mandated contribution to Adult Social Care and the agreed way in which that will be spent;
  - It will seek to simplify the S75 Agreement to reflect new governance and aspirations based on emerging HCPB place principles, priorities, and fit with both NHS Integrated Care Systems and Local Government direction of travel.
  - It continues to maintain the spirit of the original S75 rather than seeking to start a new agreement that would take considerable time and resource to produce a very large agreement document from scratch with little change to the needs of the agreement.

## **Decisions, recommendations and any options**

32. To note the proposals and:

- a) RATIFY the BCF Plan 2022/2023 which was submitted via delegated authority on behalf of the HWB as appended to this report.
- b) APPROVE the development and execution of the Section 75 document enabling the Better Care Fund plan to be delivered.



## ISLE OF WIGHT SAFEGUARDING CHILDREN PARTNERSHIP

### Isle of Wight Safeguarding Children Partnership 2021/22 Yearly Report

<b>Agenda Item</b>	
<b>Meeting</b>	Health and Wellbeing Board
<b>Date of Meeting</b>	9 <sup>th</sup> November 2022

#### 1 Introduction

The Isle of Wight Safeguarding Children's Partnership (IOWSCP) Yearly Report provides an assessment of the effectiveness of agencies across the Isle of Wight in safeguarding and promoting 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. It covers the reporting period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022.

The Health and Wellbeing Board is asked to note that safeguarding and well-being of children on the Island have remained at the forefront of IOWSCP work, with a continued commitment to protecting children demonstrated across the partnership during the COVID –19 pandemic.

IOWSCP 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 IW Council Children's Services partnership with Hampshire.

The Yearly Report reflects the IOWSCP vision and partnership approach with:

- 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

Our priorities for 2022/23 are outlined in the Yearly Report.

#### 2 Relevant information

The Business Plan outlined the agreed priorities for the IOWSCP during 2021/22. The Business plan priorities were:

- Part A** of the IOWSCP 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 to achieve real impact on the lives of children and young people living on the Isle of Wight.
- Part B** of the IOWSCP Business Plan contains several **shorter-term activities**, typically covering a reporting year. These have also been identified from the Partnership's existing scrutiny and learning review programmes and support the IOWSCP's statutory functions.

The IOWSCP has key principles and values running through all Business Plan priority areas:

- **The voice and lived experience of the Child** - to ensure that our work is child centred and we continually seek to engage and involve children and young people and their families.
- **Safeguarding children is everyone's business.** Safeguarding is only effectively delivered by strong, effective, pro-active, and collaborative partnership working across Safeguarding Partners and all Relevant Agencies.
- **Learning** from reviews and scrutiny and assurance activity is quickly identified and implemented in partnership working.
- **Enabling high quality safeguarding practice.** We will promote awareness, effectively coordinate, improve knowledge and work in a way that is characterised by an attitude of continuous improvement and constructive professional challenge.



- **Fostering a culture of openness and transparency.** We will enable IOWSCP partners to work openly together, to learn from collective and individual experience, and to seek and receive assurance on the overall effectiveness of work to safeguard and protect children on the Isle of Wight.

### **Progress made on the 2021/22 Business Plan Priorities**

#### **Part A – Long term strategic objectives**

##### **Priority - Safeguarding Adolescents**

###### Actions Taken:

- ✓ The Safeguarding Adolescents Strategy was published
- ✓ A toolkit for professionals was developed
- ✓ Materials launched in December 2021 and the event attended by staff from across a range of agencies
- ✓ The HIPS SCPs inputted in the 4LSAB work to develop a Transitions Policy for young people with possible care and support needs as they transition into adulthood
- ✓ A training offer was developed and is due for delivery in June 2022 and October 2022

###### Areas for further development in 2022/23:

- Roll out the safeguarding adolescents training offer planned for June and October 2022
- 'Safeguarding Adolescents - What Works' will be the IOWSCP Annual Conference theme for September 2022 to celebrate the excellent work with adolescents already in place across the Island. Planning for this event is underway
- Work to develop toolkit materials for children, parents and carers began in 2021/22 and this work will be completed in 2022/23
- A Joint Targeted Area Inspection (JTAI) dry run case file audit will take place in 2022/23 and examine how the strategy is impacting on practice, with a particular focus on CSE and CCE

##### **Priority - Responding to Neglect**

###### Actions Taken:

- ✓ The Task and Finish group reviewed the outcomes of the previous Strategy evaluation
- ✓ The Strategy content was updated including links to resources
- ✓ The HSCP/IOWSCP training offer on neglect was reviewed and extended to ensure it includes how to deal with neglect and encourages case discussion and reflection
- ✓ Additional case studies were added to the toolkit
- ✓ Materials were provided to support agency training for Safeguarding Partners and Relevant Agencies

###### Areas for further development in 2022/23

- Re-establish the joint HSCP and IOWSCP neglect task and finish group annually in order to evaluate and measure the impact of the Neglect Strategy, toolkit, and training offer.
- Consider gaps and opportunities to promote best practice in multi-agency working to understand and respond to neglect

##### **Priority – Protecting children from sexual abuse**

###### Actions Taken:

- ✓ Consultation and research undertaken to establish key objectives for the strategy and to identify multi-agency professional development and guidance
- ✓ A HIPS CSA Strategy drafted to include the identification, intervention, and prevention of child sexual abuse appropriate for public and professional audiences
- ✓ Agreement for the HIPS CSA strategy to be piloted in Southampton in September 2022 prior to a HIPS wide launch in January 2023, which is in development

###### Areas for further development in 2022/23

- Final Child Sexual Abuse Strategy to be published and launched across HIPS in January 2023
- Development and delivery of layered multi-agency training and awareness raising on CSA
- Development of tools specifically to help children speak to trusted people about sexual abuse

## Isle of Wight Safeguarding Children Partnership 2021/22 Yearly Report

**Part B – Short Term Activities****Priority - ICON**Actions Taken:

- ✓ Continued embedding into practice the ICON programme
- ✓ Revised Unborn Baby Safeguarding Protocol launched in March 2021
- ✓ Safeguarding Infants training rolled out and included inputs on ICON (see page 37)
- ✓ ICON is part of the IOW NHS Trust antenatal discussions for all pregnant mothers. It also forms part of the postnatal discharge discussion prior to leaving hospital and parents are provided with a fridge magnet as an aide memoir of the ICON message. ICON posters are displayed in the maternity unit and community clinics as well as in the Special Care Baby Unit (SCBU) unit

Areas for further development in 2022/23

- The case file audit regarding safeguarding unborn and new-born babies planned for 2021/22 was postponed due to staffing capacity issues in midwifery during the pandemic, but planning is in place for the audit to be carried out later in 2022

**Priority – Every Sleep Counts**Actions Taken:

- ✓ Every Sleep Counts materials have been rolled out and embedded across the IOW
- ✓ A Safeguarding Infants course for professionals was developed and includes a safer sleep element. This was updated in the light of the National Panel Review “Out of Routine”
- ✓ Safer sleep messaging to families was reviewed

Areas for further development in 2022/23

- Continue to promote safe sleep messaging

**Priority – Lurking Trolls**Actions Taken by a range of IOW Schools:

- ✓ Information and leaflets were sent home to families to support them in keeping their children safe online and to encourage meaningful conversations
- ✓ The Computing Lead dressed up in the troll costume to raise the profile of the campaign, and it was launched with all classes with resources being used across the school and shared with teachers and parents.
- ✓ A special school used the Lurking Trolls materials in assemblies and incorporated it into the ICT and PSHE curriculum
- ✓ The materials were used as part of PSHE Keeping Safe Online. The book was used across classes in year 4 over two days and they used the website to support understanding in lessons
- ✓ The audio books were used as part of school and class assemblies, and the books were shared with the children and adaptations made for Key Stage 2 (KS2) to ensure it fitted with school planning

Areas for further development in 2022/23

- An evaluation survey to be sent to schools in autumn 2022 to gain a fuller picture of how the materials are being used and what impact they are having on keeping children safe online

**Priority – Improved dissemination and communication**Actions Taken:

- ✓ A Communications Strategy was developed
- ✓ Comms Plans were used both for the Lurking Trolls campaign and publication process for LCSPRs
- ✓ Agencies encouraged to incorporate learning into messaging and policy
- ✓ An Information Sharing Agreement was signed off at the Partnership Board in March

Areas for further development in 2022/23

- Statements of assurance to be requested from Partnership Agencies regarding how learning is used in messaging and policy in their agency



### Priority – Evaluating Impact

#### Actions Taken:

- ✓ An eLearning package has been drafted and will be finalised once the review is complete
- ✓ Input on taking a Family Approach has been embedded in all LSCP workforce development opportunities

#### Areas for further development in 2022/23

- HSCP are leading work to review and update the Family Approach Protocol
- Evaluate the impact of the Family Approach Protocol
- IOWSCP/SAB to complete the development of eLearning units

### Priority – Effective safeguarding of unborn and newborn babies

#### Actions Taken:

- ✓ The Unborn Baby Safeguarding Protocol and Toolkit was fully updated and re-launched in March 2021 in front of 400 multi-agency professionals
- ✓ Safeguarding Infants training was developed and delivered and will be offered again in 2022/23 (see page 37)
- ✓ The CCG undertook a full re-audit following implementation of the revised protocol and toolkit in Autumn 2021. 10 cases were selected from a long list provided by 5 NHS Trusts across the HIPS area looking at midwifery and health visiting practice. A midwifery audit of a further 40 records and a multi-agency staff survey was also undertaken
- ✓ The IOWSCP multi-agency case file audit, looking at unborn and new-born baby cases, was rolled over to the 2022/23 audit programme due to the impact of the pandemic, but both the audit tool and terms of reference were developed and approved

#### Areas for further development in 2022/23

- Consideration of the report from the health-based audits and multi-agency survey findings will be taken to the PQA Group. Recommendations will be taken forward
- A Southampton SCP multi-agency case file audit examining unborn and new-born baby cases, will take place in planned for Q4 2022/23

Contact Point: Debbie Key, Strategic Partnership Manager, Debbie.Key@hants.gov.uk



# Yearly Report 2021-22





## FOREWORD

"It is my pleasure to introduce the Yearly Report for the Isle of Wight Safeguarding Children Partnership for 2021/22.

The year was to a significant degree still shaped by the Covid Pandemic and partner agencies continued to face additional challenges as a result. But it is to the credit of those professionals from across the Partnership that they kept safeguarding to the forefront of their thinking, actively promoting the wellbeing of children and young people and maintaining an effective line of sight to those children and families who are often among our most vulnerable.

Senior leaders from the statutory Safeguarding Partners remained visible and engaged, and anyone reading this report can be assured that they, and colleagues from a wide range of organisations including our Island Schools and Early Years Settings, continued to drive improvements and act as the strongest of advocates for the Island's children.

Our priorities reflect the issues facing children and their families; neglect, sexual abuse, exploitation and exclusion from education, with a focus on adolescents and the impact of our collective activity.

I hope you agree that safeguarding must remain a priority for all of us, and that together we maintain a resolute focus on the wellbeing and development of our children and young people"



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

Derek Benson, Independent Chair





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# The Partnership

## THE YEARLY REPORT

This Yearly Report is published as part of the Isle of Wight Safeguarding Children Partnership's (IOWSCP) statutory responsibilities under Working Together to Safeguard Children 2018, and provides evidence of how effective multi-agency safeguarding arrangements have been at safeguarding Isle of Wight (IOW) children, with a focus on impact, evidence, assurance, and learning. It draws on information collected from the activity of subgroups, training evaluations, learning from multi-agency case reviews and audits, as well as assurance and monitoring activity.

Our vision is to protect children from harm and the risk of being harmed and support their recovery from harmful situations. The IOWSCP continues to develop and improve services through effective safeguarding, learning and development.

## RESPONDING TO THE CONTINUATION OF THE COVID-19 PANDEMIC

**Public Health** led the Covid Pandemic response, considering national guidance and how it might impact on safeguarding Isle of Wight children, including the lockdown guidance for domestic abuse situations and the prioritisations for face-to-face mandated contacts within Public Health Nursing services.

Public Health commissioners held weekly meetings with providers and used national guidance to maintain consistent approaches for all settings to ensure Covid security for service users and staff, balancing it with safeguarding needs of children and families.

Public Health continued to support education settings with their risk assessments and Covid security, enabling them to remain open and accessible for vulnerable children.

They also led a commissioning 'recovery' group enabling commissioned services to use contract variations during Covid to reassess priorities, which required some redeployment of staff and ensured effective risk assessment and safety planning.

**All Agencies** continued to innovate and remain flexible in their service-delivery methods and engaged children and families through digital solutions and other safe working practices, maintaining engagement and 'eyes on' vulnerable children. Safeguarding concerns continued to be reported to the Children's Reception Team (CRT) and Multi-Agency Safeguarding Hub (MASH) that resulted

from doorstep or virtual service delivery to families. Agencies have adapted recruitment and induction processes, using video platforms and a hybrid approach to inductions, with some assigning buddies to new starters to provide remote peer support.

### **The Hampshire, Southampton and IOW Clinical Commissioning Group**

**(HSIOWCCG)** maintained regular contact with service providers, primary care and wider teams and regular safeguarding newsletters were shared across teams with information about support services for children and families. A number of staff were redeployed to support the NHS Trust and the vaccination centres, but the CCG Safeguarding and Quality Team continued to meet regularly (sometimes daily) to ensure risks and concerns were regularly discussed and reviewed.

**The Probation Service** was aware of increased risks of domestic abuse, particularly in lockdown periods and ensured robust information sharing was in place. They used doorstep monitoring and had more liaison with partner agencies and developed revised risk management plans.

**The Voluntary Sector** was supported in its work via 26 community hubs in place across the IOW ensuring food and medication reached families, as well as laptops and tablets for children to use for remote learning. Information and support with housing, employment, and mental health issues were provided. Over 1,000 children were supported during the year via voluntary organisations which included The IOW Youth Trust, Food Bank, Trussel Trust, and the Storeroom.

**Barnardo's** saw an increase in financial issues in families with both parental conflict and anxiety in children.

**Hampshire and Isle of Wight Fire & Rescue Service** rolled out bespoke Covid safeguarding training to support their organisational awareness of the effects of the Pandemic on children. Training included raising awareness of the increase in vulnerability for children either being exposed or directly experiencing domestic abuse, and more limited access to support services for mental health concerns and online safeguarding concerns.

## PARTNERSHIP ARRANGEMENTS

The IOWSCP [Local Safeguarding Arrangements](#) provide details about how safeguarding services are arranged to meet the needs of Island children and families.

Relevant Agencies listed in this Yearly Report as specified in [The Child Safeguarding Practice Review and Relevant Agency \(England\) Regulations 2018](#) support with the implementation of local and national learning, including learning from serious safeguarding incidents.

## THE INDEPENDENT CHAIR

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

The Independent Chair formally meets the statutory safeguarding partners four times a year to review the effectiveness and impact of IOWSCP arrangements and has worked closely with them and carried out a range of functions:

- Chaired Partnership Board meetings
- Scrutinised whether the three Safeguarding Partners were fulfilling their statutory obligations and the effectiveness of safeguarding arrangements
- Scrutinised performance management processes, supported audits and ensured quality assurance mechanisms were effective
- Supported and encouraged an open culture of mutual and constructive challenge
- Arbitrated when there was disagreement between the three statutory Safeguarding Partners

- Had oversight of the Section 11 Action Plan review process and facilitated mutual challenge across the Partnership
- Worked with the statutory Partners in scrutinising progress made against the Business Plan
- Reviewed the impact of the IOWSCP in 2021/22 through review of Business Plan outcomes
- Maintained oversight and connectivity of the subgroup work-plans, offering constructive challenge, and sought assurance that agreed subgroup work-plans were being progressed
- Supported the three Safeguarding Partners to fulfil their statutory objectives, to enable the Partnership to identify and measure its success and impact.
- Ensured that arrangements had a positive impact on the lives of children, multi-agency working and frontline practice during 2021/22
- Attended a range of pre-planned meetings via Microsoft Teams with:
  - \* Diocesan Safeguarding Advisor, Anglican Diocese
  - \* IOW Safeguarding Adults Board (SAB) Chair
  - \* Head of Strategy and Operations (IOW), Children's Services, Isle of Wight Council (IWC)
  - \* Superintendent, Hampshire Constabulary
  - \* Head of Service, Youth Offending Team (YOT)
  - \* Chief Inspector, Hampshire Constabulary
  - \* IOW School Improvement Manager, Education, IWC
  - \* Cabinet Member for Children's Services, Education and Skills, IWC
  - \* Special School representative
  - \* Assistant Director Integrated Service Delivery, Adult Social Care (ASC)
  - \* Regulatory & Community Safety Service Manager, Regulatory Services, IWC
  - \* Strategic Lead for Learning and Development, IWC
  - \* Virtual Head Looked After Children (LAC) Children
  - \* Named GP for Safeguarding
  - \* Chief Executive, IWC

### NEW INDEPENDENT CHAIR/SCRUTINEER ROLE

The term of office for the current Independent Chair ends in December 2022. The Hampshire, Isle of Wight, Portsmouth and Southampton LSCPs (HIPS) Executive and three Partners in each of the HIPS' areas have elected to further strengthen the scrutiny role of the Partnerships by revising the Independent Chair role to encompass aspects of independent scrutiny functions. Work to recruit to the Independent Chair/Scrutineer post is underway, with interviews planned for June 2022.

### THE THREE SAFEGUARDING PARTNERS

The Isle of Wight Council Children's Services, Hampshire Police, and the Hampshire, Southampton, and Isle of Wight Clinical Commissioning Group (HSIOWCCG) form the tripartite leadership of the IOWSCP Partnership.

The strong partnership response to Covid during 2021/22 remained in place with the three Safeguarding Partners meeting regularly to share information and to co-ordinate work to safeguard the most vulnerable children, responding quickly to changing risks and needs. Safeguarding children remained a firm priority for all partner agencies during the year, demonstrated by consistently good levels of attendance and engagement in subgroups, and a culture of constructive challenge and debate.



### THE WIDER PARTNERSHIP

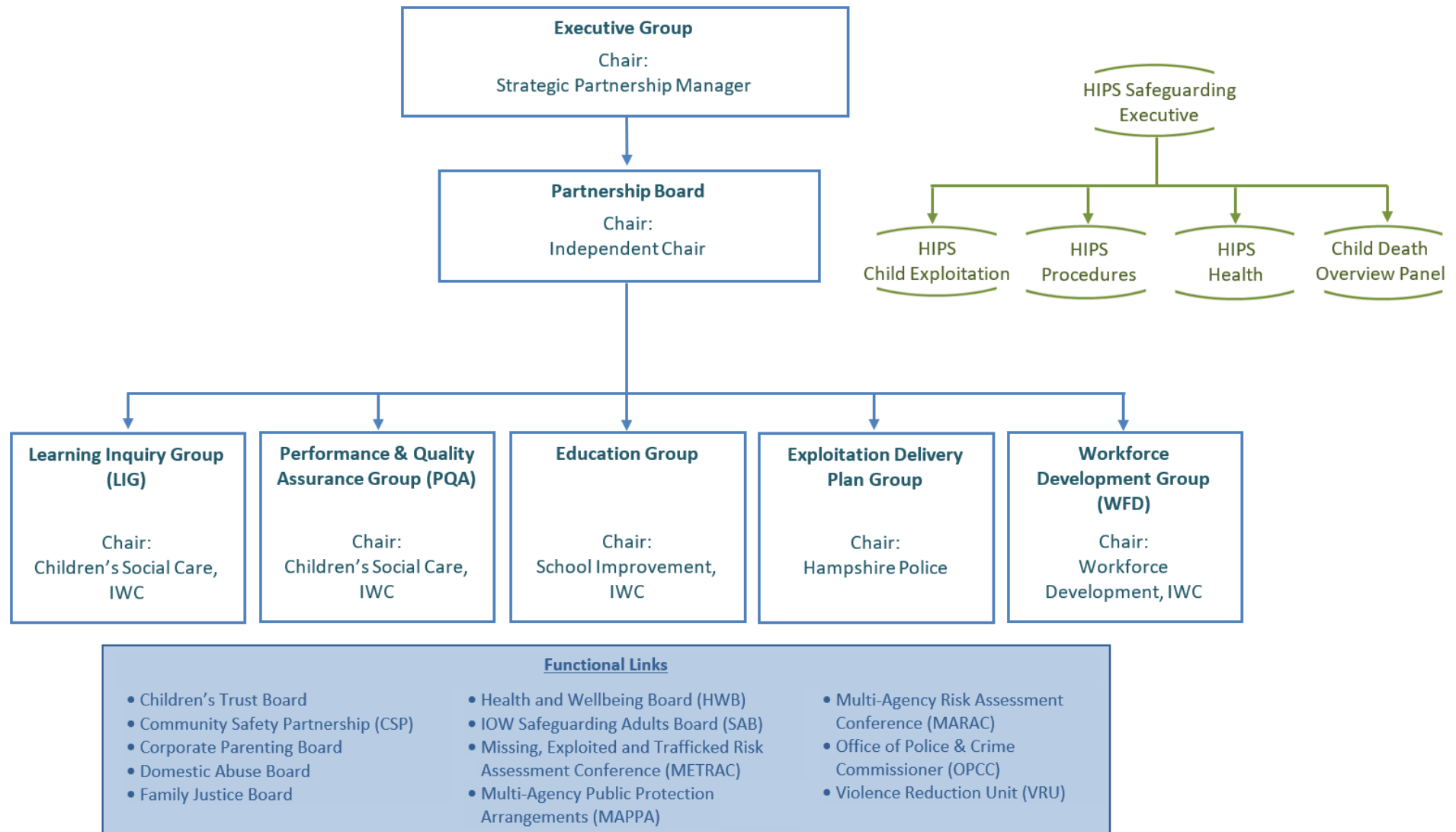
The multi-agency partnership on the IOW is mature, robust, and effective, with a clear commitment from senior leaders to review and improve ways of working, building on strengths and relationships that already exist. The Yearly Report reflects the IOWSCP vision and partnership approach:

- 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 in systems which ensures professionals are confident and knowledgeable about vulnerable children
- Strong support and healthy challenge within the multi-agency system
- Creating a culture of continuous improvement and learning



## STRUCTURE OF THE IOWSCP





## THE HAMPSHIRE, ISLE OF WIGHT, PORTSMOUTH, AND SOUTHAMPTON (HIPS) PARTNERSHIP ARRANGEMENTS

The IOWSCP works in partnership with Hampshire, Portsmouth, and Southampton SCPs and this collective is known as the 'HIPS'. The HIPS partnership provides opportunities for joined-up working on strategic issues and common themes, with each local area retaining distinct local priorities and arrangements as well. The HIPS Executive Group consists of lead safeguarding partners who provide strategic direction by:

- ➔ Achieving clarity of purpose
- ➔ Greater efficiency/less duplication
- ➔ Developing strategic priorities
- ➔ Making the connections between effective learning and practice and quality assurance activity
- ➔ Making effective links to other partnerships; to and from the IOWSCP to organisations

The HIPS Executive has convened four standing subgroups where there is a clear benefit to co-ordinating specific areas of business across the HIPS area:

### HIPS Health Group

This reinvigorated group co-ordinates safeguarding business across the HIPS wide health economy, leading on promotion and implementation of best practice, and learning for the health sector. The work of this group fed into the local IOW Health Subgroup until spring 2022 when the localised group was disbanded to enable greater attendance at the HIPS wide group.

### HIPS Strategic Child Exploitation Group

The purpose of this group is to develop a shared understanding of the threats and responses to children, including patterns of activity that may reflect the organised exploitation of children. Vulnerabilities and risks associated with children who go missing are understood and incorporated within a consistent and robust

multi-agency response. Operational requirements are managed through the local Exploitation Delivery Group and Missing, Exploited, Trafficked Risk Assessment Conference (METRAC) structures.

### HIPS Procedures Group

This group develops and reviews all common multi-agency safeguarding policies and procedures that inform single-agency policy and practice across the HIPS area and maintains a shared website.

### HIPS Child Death Overview Panel (CDOP)

This group performs the functions of the CDOP as outlined in Working Together 2018, reviewing all child deaths and determining whether there were modifiable factors that contributed to the death, and what action should be taken to prevent such deaths happening in the future. The HIPS CDOP panel deals with sufficient cases to identify patterns and trends in the data and refers cases to SCP Chairs where there is a suspicion that neglect, or abuse may have been a factor in the child's death. They provided a bi-annual report and thematic CDOP panel outcome reports to the HIPS SCPs. Governance and reporting functions for this group will transfer to the Pan-Hampshire and Isle of Wight Integrated Care System (ICS) later in 2022.

## LINKS TO OTHER PARTNERSHIPS

The IOWSCP has formal links with other IOW and Pan-Hampshire strategic partnerships. IOWSCP Board members bring information to IOWSCP meetings from other partnerships, enhancing information sharing and planning and maximising opportunities for shared work. Some examples:

**Health and Well Being Board and Corporate Parenting Board** – Protocols in place to ensure shared commitments in strategies and Business Plans between the Boards and the IOWSCP

**CAFCASS** – present an annual report to PQA group with national and local updates

**Safeguarding Adults Board (SAB)** - regular liaison meetings between the Partnership Manager and SAB Board Manager to work on shared projects such as Family Approach eLearning package, and other joint workforce development opportunities

**Domestic Abuse Forum/Partnership Board** – joint work on campaigns aimed at children and families

**PREVENT Board** – training pathway developed and placed on the Learning Hub for the children's workforce



**Violence Reduction Unit (VRU)** – violence reduction work in schools around criminal exploitation and knife crime expanded

**Licensing** - continued safeguarding awareness and exploitation training for all licensed taxi drivers on the IOW

**Office of Police and Crime Commissioner (OPCC)** – growth of the Cyber Ambassadors' scheme in IOW schools and survey of over 250 parents/carers on online safety training needs

### COMMUNICATION AND INFORMATION SHARING

The [IOWSCP website](#) contains information and guidance for children, parents/carers, and practitioners on a variety of safeguarding subjects, as well as links to HIPS Procedures and local and national documents.

The IOWSCP has a [Communications and Engagement Strategy](#) to ensure effective communication with Safeguarding Partners and Relevant Agencies.

4 [Board Newsletters](#) are produced per year following Board meetings with information about decisions made, presentations, and links to key documents and articles.

4 [Child Exploitation newsletters](#) are produced annually via the HIPS Exploitation Group.

An [induction pack](#) for new Partnership Board and subgroup members has been created and circulated to Partnership members to ensure effective information sharing with new members. A recipients of the Induction pack said:

*“A really informative document with clear diagrams to understand the structure and brief descriptions of the groups and roles. Very useful.”*

### THE PARTNERSHIP ENCOURAGES MEMBERS TO BRING CONCERNS TO THEIR ATTENTION AND TAKES ACTION TO RESOLVE THEM

Examples:

CONCERN RAISED		ACTION TAKEN		OUTCOME/IMPACT
Schools requested information on supporting Unaccompanied Asylum-Seeking Children.	→	This was referred to the Workforce Development Group for action. The Principal Social Worker, Named Nurse for LAC and Partnership Team developed an information leaflet.	→	The leaflet was distributed to schools and published on the website. Feedback on the information was positive and developed staff understanding.
Whether METRAC meetings were giving enough time to medium and low risk child exploitation cases, and to hotspots and key people of note in their discussions.	→	Review of METRAC Terms of Reference (TORS) and proformas was undertaken as well as an observation of a METRAC meeting and discussion with the Chair and Deputy, resulting in revised TORS and paperwork to record and guide meeting discussions.	→	Refreshed METRAC processes and proformas enable greater time for discussions on medium and low risk cases and community-based factors, and there is a greater focus on preventative measures to ensure risks to children don't escalate further.
The issue of online safety was raised at the Board and the data showed that through the three lock down periods, more referrals were being received where online harm via social media and internet usage were cited as key safeguarding issues.	→	A round table discussion was set up immediately to discuss this issue further. It was agreed to continue with existing work around online safety and develop training for parents/carers, and to add it to the Business Plan as a key priority for the coming year.	→	The Business plan for 2022/23 contains a specific priority for a media campaign, designed to keep children safe online with a focus on effective parenting both on and offline.

## FINANCE









The three Safeguarding Partners agree levels of funding for the IOWSCP functions with additional contributions from the Probation Service. Wider partners give freely their staff time for learning and development delivery, subgroup and task and finish group attendance and activity.

Funding arrangements are regularly reviewed at the Executive Group and reported on at the Partnership Board.

The financial challenge for many frontline services across the safeguarding partnership is one of increasing demand, with reducing income from central government.

The IOWSCP wider partner agencies have expressed their commitment to cross-agency support and continued to demonstrate a shared responsibility for funding and supporting safeguarding activity during 2021/22 ensuring that the IOW's innovative and robust partnership is sustained.

INCOMING	
Total partner contributions for 2021-22	£172,374
IOW Council	£113,191
HSIOW CCG	£40,576
Hampshire Police	£13,616
Community Rehabilitation Company (CRC)	£104
Reserves	£4,887

EXPENDITURE	
Total expenditure 2021-22	£157,536
 Staffing costs	£122,527
 Child Death Overview Panel (CDOP)	£8,550
 Venues & meetings	£322
 Running costs / Miscellaneous	£5,354
 Serious Case Reviews (SCRs) / Local Child Safeguarding Practice Reviews (LCSPRs)	£3,357
 Training	£9,833
 Independent Chair	£7,454
 Printing supplies and equipment	£139





There are a total of  
**25,961 children** on the IOW

**18.2%** of residents  
are children

0 - 5 year olds	7,322
6 - 11 year olds	8,657
12 - 16 year olds	7,320
17 - 18 year olds	2,662

(ONS Mid 2020 estimates)



**IOW covers 146 miles**

**Population: 142, 296**

**60%** of land is rural

**53.7%** of the population  
live in 6 main towns:  
Newport, Ryde, Sandown,  
Shanklin, Cowes and East  
Cowes (ONS Mid 2020 estimates)

**508** Early Help assessments were  
completed in 2021/22



**535** per 10,000 children were a Child in  
Need (CIN) on the IOW at the end of  
March 2022 compared to **301.9** per 10,000  
in the South East

**111** children per 10,000 were Looked  
After Children (LAC) at the end of March  
2022 on the IOW, compared to **53** per  
10,000 in the South East

**65** children per 10,000 were subject to  
a Child Protection Plan (CPP) in 2022 on  
the IOW, compared to **40.2** per 10,000  
in the South East

**5%** of pupils on the IOW with Special  
Educational Needs (SEN) and/or  
Educational, Health and Care Plan (EHCP)  
compared to **3.7%** England average

**16,708 children**  
attending IOW schools

**527** children Electively Home  
Educated (EHE) - April 2022

IOW schools\*:

- 39** Primary schools
- 6** Secondary schools
- 3** Through schools (2 private)
- 3** Special schools

\*[www.compare-school-performance.service.gov.uk](http://www.compare-school-performance.service.gov.uk)



**50** Early Years  
Settings



Children with  
English as an  
additional  
language:

**3.4%** of Primary children  
**3.2%** of secondary children  
(Gov.uk LAIT)



Free school meal entitlement:

**22%** of primary-aged children

**18.8%** of secondary-aged children  
(Gov.uk LAIT)

The IOW was ranked **96** out of  
**317** Local Authority areas for  
average rank, in 2019 on the  
indices of multiple deprivation

**12** areas on the IOW are  
among the 20% most deprived  
in the country  
(Gov.uk IMD 2019)



# We are safeguarding children

## PART A: WE HAVE CLEAR AND EFFECTIVE THRESHOLDS, ASSESSMENTS, PLANNING AND DECISION MAKING TO SAFEGUARD CHILDREN

The front door process in the Hants/IOW Multi-Agency Safeguarding Hub (MASH) is well-established and has been positively recognised in inspection outcomes, most recently the July 2021 Hants Joint Targeted Area Inspection (JTAI). Decision making across both Children's Reception Team (CRT) and MASH is regularly reviewed and monitored and subject to annual multi-agency case file audits. The application of thresholds across both teams is consistently applied as confirmed during the recent Ofsted inspection and all contacts are reviewed in timeframes and where referrals don't meet thresholds, Early Help services are offered.

### CONTACTS, REFERRALS AND ASSESSMENTS

There was a rise in demand as more families struggled due to the impact of the pandemic and the cost-of-living crisis, but improvements in assessment timescales being met have been maintained (latest SE data (Q3) reported the Isle of Wight had 97.5% assessments in timescale compared to a SE average of 85%). Timescales for completion of Initial Child Protection Conferences (ICPC) is down slightly and this pattern is mirrored across the South East due to the impact of the pandemic.

FRONT DOOR DATA	2019/20	2020/21	2021/22	Change
Total number of CRT contacts	13,097	12,566	14,167	↑
% Contacts progressed to referrals	37.77%	40.62%	43.47%	↑
CIN Referrals	5,279	5,575	6,508	↑
Assessments completed within timescales	92.4%	93.8%	96%	↑
ICPCs completed within timescales	84.08%	79.45%	77.90%	↓
% of re-referrals to CRT MASH	35.50%	36.85%	39.30%	↑
No of children subject to Early Help plans	338	387	508	↑
No of children open to Social Care	1260	1343	1407	↑
% of closed Early Help Plans where improvements were seen	-	74%	43%	↓
No of LADO referrals	191	168	80	↓
No of referrals that met the criteria	73	86	71	↓

Isle of Wight data for re-referrals to CRT MASH includes all second or subsequent referrals, regardless of the outcome of the first referral. This ensures every child, and their circumstances are considered every time. The reasons for the re-referrals are monitored by managers, and often include a combination of substance misuse, adult mental health, and domestic abuse issues.

There was an increase in demand for early help, indicating there are now more families in need of support post pandemic, and a further rise is expected due to the impact of cost-of-living increases.

(The latest SE quarterly data (Q3) had a rate of referrals to early help per 10,000 age 0-17, of 51 on the IOW compared to the SE average of 89)

#### Feedback on Early Help services from children and families:

*"I feel I have moved on in a really positive way. I am thankful for all the support over the past 9 months and feel I can face day to day tasks with my boys in a more positive way"*

*"We have been given the opportunity to look at things in a different light. We feel so much more confident that we can 'go it alone' now"*

*"Thank you for giving me more confidence. Found the session really informative, accessible, and friendly. Really glad I was able to attend before our baby arrives"*

*"I don't mind talking to you and opening up about my feeling as I feel I can trust you"*

*"She's not just a support worker, she cares. She has helped mum. She helped us find the middle ground for our family"*

The outcome definitions for the Local Authority Designated Officer (LADO) contacts have been changed in line with Keeping Children Safe in Education (KCSiE) guidance around low-level concerns and HIPS procedures. Where thresholds are not met, referrals are now recorded as LADO advice notes. The LADO liaises with the police and other agencies and monitors the progress of cases to ensure they are dealt with quickly and within a thorough and fair process.

*"The LADO was so helpful providing excellent advice and support, giving me confidence in knowing how to proceed"*

CHILD PROTECTION (CP) PLANS	2019/20	2020/21	2021/22	Change
<b>Number of children subject to CP Plans</b>	126	188	161	↓

The number of children with a CP Plan rose during the year, most likely due to lock-down and then easing of restrictions when children returned to school. The increased demand on social care was anticipated and additional corporate investment made to increase the number of social workers to respond to this rise.

<b>Number of unborn babies subject to CP plans (NHS Trust data)</b>	17	22	26	↑
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All CP conferences for unborn babies were attended by health professionals and discharge planning meetings were facilitated after birth. A place of safety was provided on both the ward and the Special Care Baby Unit (SCBU) for babies awaiting court dates for Interim Care Orders. All unborn babies on a CP plan were discussed at a multi-disciplinary forum to ensure appropriate care planning (including specialist parenting education packages in the home) and effective inter-agency working.

<b>% of repeat CP conferences in time frames</b>	99%	98.3%	94.4%	↓
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The Ofsted focussed visit in July 2021 noted: *Children's plans are well-constructed documents which demonstrate effective and responsive planning. They are regularly reviewed and updated, with good involvement from agency professionals which supports rapid and substantial improvements in children's circumstances.*

MAIN CATEGORY OF CP REGISTRATION	2019/20	2020/21	2021/22	Change
Emotional Abuse	10.3%	26.6%	21.7%	↓
Physical Abuse	2.4%	2.7%	9.3%	↑
Sexual Abuse	7.1%	7.4%	5.6%	↓
Neglect	80.2%	63.3%	63.4%	↑

The percentage of children subject to physical or sexual abuse remains low. Those experiencing emotional abuse rose during the pandemic possibly because of the multiple stress factors families experienced.





LOOKED AFTER CHILDREN (LAC)		2019/20	2020/21	2021/22	Change
Total number of Looked After Children		266	272	279	↑
	Number of children in care per 10,000 during the year	107	110	114	↑
The latest South East benchmarking data (Q3) reports that the rate for the Isle of Wight was 106 per 10,000 compared to a South East average of 54.					
	% of LAC reviews completed in time frames	90%	89.2%	83.6%	↓
A new system has been introduced requiring significant updates to LAC Review forms including gaining parental consent. The local and South East target is 85% minimum, so additional administrative support has been placed in the children in care team with a positive impact. The data team is meeting Children's Assessment and Safeguarding Team (CAST) teams to ensure all children in care have their reviews and health checks in place and recorded accurately on Integrated Care Systems (ICS).					
	% Health reviews completed in time frames	84.1%	81.9%	83.9%	↑
All children in care are offered an annual health review although some older young people refuse. Work is underway to review the health assessment process, paperwork and the Strengths and Difficulties Questionnaire, so that it is more meaningful, that needs are identified, and actions undertaken to improve every child's mental health and emotional well-being.					
	% of vaccinations completed in time frames	85.1%	84.4%	74.7%	↓
	% of dental checks completed in timeframes	77.1%	24.5%	52.85%	↑
Some older teenage children in care decide not to go to the dentist even with the encouragement of the LAC nurse, social worker, and foster carers. In addition, the impact of lockdown meant that dentists had a backlog of patients to see.					
	% of care leavers 18+ in suitable accommodation at year end	84.3%	75.2%	85.7%	↑
It is important that care experienced young adults have a home of their own and have confidence that this will be available when they turn 18 years. The new Pathways to Independent Adulthood tender has created 19 additional on Island supported accommodation placements for children aged 16 years plus and means the IOW is in line with South East levels					
	% of care leavers 18+ in employment/education/training at year end	67.6%	59.6%	74.3%	↑
The latest South East benchmarking report (Q3) for Care Leavers in employment, education or training was 66% on the Isle of Wight, compared to the SE average of 55%. The target is above 70% and performance is scrutinised monthly and every care leaver who is Not in Education, Employment, or Training (NEET) has a rationale for why and what the plans are to address this.					

#### FEEDBACK FROM CARE LEAVERS REGARDING ACCOMMODATION:

*"I am very grateful and so is my Mum that you let me move here, why would I not like it, take a look! I get support when I need it, I like that there is always a staff member about in the evening, that is when I need support the most, they sit and listen to me, sometimes we are still up at 2am. I am now able to think about what I want to do, and I am not ready yet, but I am signed up to do The Princes Trust course in September."*

#### FEEDBACK FROM CARE LEAVERS WITH POSITIVE OUTCOMES:

*"I absolutely love living in and working, I am working at stables, and live nearby and am gaining a lot of experience. My Personal Assistant (PA) supported me with moving up here and comes and sees me often."*

*"Attending the unit and having support from the Leaving Care Team has given me the additional support as the more people to help to support me the better. My unit experience allowed me to become me again and made me understand who I am and put me on a path of success."*

*"I am really happy at university so far and excited to complete my last 2 years. Animation has been hard but fun and I'm working hard to get the best possible results. I have enjoyed living in student accommodation and having my own space. Living in London has also been amazing because there's so much to do."*

## PART B: WE ARE SAFEGUARDING CHILDREN IN SPECIFIC CIRCUMSTANCES



CHILDREN NOT ATTENDING SCHOOL	2019/20	2020/21	2021/22
School absence rate during the year (Primary)	4%*	3.4%	5.6%*
School Absence rate during the year (Secondary)	5.9%*	5.8%	9.3%*

\*Autumn Term data only

Absence rates in Primary are very slightly below National Average (National Autumn Term 21/22 - 5.7%). This is a consistent trend, although the gap has reduced.

Absence rates in Secondary are above national average (National Autumn Term 21/22 – 8.2%). This is a consistent trend although the gap has increased.

Published data for Autumn Term 21/22 indicated that rates of unauthorised absence on the IOW were only slightly above national average (2.3% compared to 2.1%) however rates of absence due to Covid circumstances were significantly higher on the IOW than national average (3.1% compared to 1.6%).

CHILDREN ELECTIVELY HOME EDUCATED (EHE)	2019/20	2020/21	2021/22
Number of children leaving school to become EHE during the year (Primary)	56	111	58
Number of children leaving school to become EHE during the year (Secondary)	90	125	102
Number of children returning to school from EHE during the year (Primary)	42	57	69
Number of children returning to school from EHE during the year (Secondary)	26	49	50

The number of EHE pupils has continued to rise to 535 which represents 3.6% of the total school age population (aged 5-16). The rate of increase has slowed from 14.4% to 5.3% over the last 12 months and the profile of the EHE cohort appears to be returning to pre-covid levels. The increase in the proportion of primary-age pupils becoming EHE has started to reverse, and an increasing number of pupils removed from school during the pandemic are starting to return.

Parents have engaged well with phone calls instead of visits during the pandemic and are more willing to have open conversations when first contact is made by telephone; this is viewed as supportive.

By the end of the Spring Term 2022, parents of 87% of EHE pupils had provided a report or accepted a visit within timescales set out in the IOW EHE Policy (compared to 80% at the end of the Autumn Term 2021). This positive engagement rate is testimony to the positive relationship developed between home educating families and the EHE Team locally.

Education and Inclusion Service (EIS) will continue to make initial contact by telephone to establish a positive supportive relationship, this will be followed up by home visits, or meetings if required, particularly for vulnerable children and families.

CHILDREN SUSPENDED OR EXCLUDED FROM SCHOOL	2019/20*
Primary children suspended from school (Fixed Term) during the year	140
Secondary children suspended from school (Fixed Term) during the year	709
Children excluded from school (Permanent) during the year (Primary)	1
Children excluded from school (Permanent) during the year (Secondary)	9

\*Verified data for the last two years is not yet available but the Education and Inclusion Service (EIS) continue to work with schools on their use of suspension with particular focus on children with vulnerabilities including those with CSC involvement or SEND at the point of suspension.

EIS continue to support Headteachers and school Senior Leadership Teams (SLTs) to consider the use of Permanent Exclusions (PEX) and alternative solutions.

CHILDREN MISSING FROM EDUCATION (CME)	2019/20	2020/21	2021/22
Missing from Education during the year (Primary)	28	26	18
Missing from Education during the year (Secondary)	18	23	18

There are robust multi-agency arrangements in place that support both the identification and locating of CME. The CME process will be reviewed Summer 2022 to consider if good practice already in place can be enhanced further. This will include confirming the process for children who have been EHE but are identified as not receiving a suitable education.



## CHILDREN AT RISK OF, OR EXPERIENCING EXPLOITATION

The HIPS Strategic Child Exploitation Group ensures that the work of the HIPS SCPS meet legislative requirements and implement best practice to protect children from all forms of exploitation. The group also considers the multi-agency response to children who go missing. Closer working through co-location or a 'hub and spoke' approach across HIPS is being explored and will be progressed in 2022.

The [HIPS Child Exploitation Strategy](#) sets out how partner agencies work together to identify and protect children at risk of exploitation across the HIPS areas. Each LSCP coordinates their local delivery plan. The Strategic group is supported with a HIPS Operational group that collaborates on delivery of the strategy, providing a forum to ensure learning opportunities are shared. This has resulted in short multi-agency webinars and training packages being delivered virtually. Two members of the Youth Commission attend and feed into the Strategic Group.

TOTAL NUMBER OF CHILDREN ASSESSED AS AT RISK OF CHILD SEXUAL EXPLOITATION (CSE) / CHILD CRIMINAL EXPLOITATION (CCE) DURING THE YEAR (CSC DATA)	2019/20	2020/21	2021/22
Low risk during the year	101	146	118
Medium risk during the year	113	64	81
High risk during the year	45	76	101

MISSING CHILDREN	2019/20	2020/21	2021/22
Number of missing episodes during the year	416	636	348
Number of children who went missing during the year	110	127	140
Number of children missing from care during the year	40	48	42

A multi-agency METRAC group chaired by Police meets regularly to review all children identified as at risk. Each child is considered, and actions identified to reduce risks and safeguard the child.

The number of children identified as low and medium risk has remained consistent indicating the systems and processes in place are effective in identifying all children at risk. Those identified as high risk has increased likely due to the increased complexity of needs of children needing social care support and intervention as a result of their emotion wellbeing and mental health.

### MULTI-AGENCY RESPONSE TO EXPLOITATION:

- **Philomena Protocol:** A Police project to improve collaborative working with partners to support looked after children who are reported missing and are committing minor offences. The aim is to prevent unnecessary criminalisation of looked after children.
- **Operation Salvus:** A Police initiative now embedded in practice to identify the highest risk missing children, ensuring that Police officers who respond to these missing episodes engage the child in a consistent and child centred way and ensure a support plan is in place to negate further risk to them. Evaluation outcomes show the frequency of missing incidents nearly halved for a dip sample of children. There is still scope for improving responses regarding medium and low risk children.
- **Operation Endeavour:** Supports Police information sharing with a focus on ensuring schools are aware when a child has been missing.
- **The Youth Commission:** Provides a voice for young people who feel affected by exploitation in its various forms and want more accessible support with a focus on digital exploitation, and clear guidance on where to go to for help and how to support friends experiencing these issues.
- **A multi-agency Child Exploitation Risk Assessment Framework (CERAF)**  
**Review** took place in April 2021. Most respondents knew where to access the CERAF and found the accompanying guidance clear. A need for further training was identified.
- **Missing Task & Finish group:** The Missing People Charity's report [Children's views on being reported missing from care](#) was reviewed. Resources such as posters and cards for practitioners working with children and [disruption techniques guides](#) have been developed for the HIPS Procedures website.
- **Modern Slavery Partnership:** A Modern Slavery exhibition was developed and toured the HIPS area, it was based in Newport High Street to further raise awareness particularly in with challenges faced from illegal immigration and those in the UK with no immigration status including foreign national offenders.

→ **Violence Reduction Unit (VRU):** The Pan Hampshire Area is one of twenty tasked by the Home Office to set up a VRU to tackle violent crime and address underlying causes. The VRU's Home Office bid as part of the Government's Safer Streets fund was successful and 8 interventions were funded providing diversionary activities for children and young people under 25 on the IOW. Over 300 young people engaged with interventions which increase protective factors and reduce risk factors for Young people.

→ **Regulatory Services:** The Hackney Carriage and Private Hire Licensing Policy has been updated to ensure it meets the new safeguarding standards set out in the Statutory Taxi and Private Hire Vehicle Standards ("the Standards") issued under the Policing and Crime Act 2017 published in July 2020. Licensing provides mandatory bespoke safeguarding training to taxi drivers, new and old on local and national safeguarding issues.

→ **One full time UTurn worker** is embedded within the Isle of Wight 0-19 Early Help contract and referrals are received via METRAC. 1-1 work is undertaken with the child to address exploitation. Due to the high intensity of the 1-1 sessions delivered, the caseload is capped at 6 children. 8 children were worked with during the year, 4 case closures were made (3 where part of the outcomes were achieved and 1 where no progress was made as they did not engage).

*A child reported that he was able to share with the worker when he was struggling with his mental health, the worker contacted CAMHS and got some support for them. The child said the worker took the time to get to know him, gave him time and space to talk when he was ready, and he did not feel judged. He said he was only revealing 30% of what was going on for him, but now felt comfortable to talk about his experiences fully. He said the worker helped him to think and see some things differently and to reflect on his old situation and that it isn't what he wanted for his future. He wants to make an honest living, be with the people who really love and care for him and is able to see that the exploiters didn't care for him at all. The worker is supporting him and his mum with court.*





CHILDREN AT RISK OF, OR IN, THE CRIMINAL JUSTICE SYSTEM	2019/20	2020/21	2021/22
<b>Children at risk of, or in, the criminal justice system during the year who YOT worked with</b>	229	204	225

This data includes children subject to Youth Crime Prevention (YCP), Out of Court Orders and Court Orders. Numbers have remained consistent over time and covid had little impact on numbers.

Two outcome measures are:

Latest data available for the re-offending rate of children subject to out of court disposals/court orders is 33.7%. The number of First Time Entrants (FTEs) in the last twelve months was 31, a reduction from a high of 57 children between January and December 2019.

Example of positive interventions:

*A 13-year-old who had attended a pre-arranged fight via social media was referred to YCP. The main concerns were around their friendships, potential use of weapons and engaging in online malicious communications. After completing an assessment, an intervention plan was agreed to support recognising positive and negative friendships, understanding the consequences of offending and weapons awareness. Initially they were reluctant to engage so the initial sessions focused on developing rapport. By the end of the intervention, the child had positive friendships and slowly distanced themselves from those who could lead them into trouble. They were no longer engaging in behaviour which could lead to an offence. On ending with YCP they said "I wasn't too sure at first, but I actually rate what you do. You helped me a lot."*

CHILDREN WITH MENTAL HEALTH AND WELL-BEING NEEDS	2019/20	2020/21	2021/22
<b>Total number of referrals received into Child and Adolescent Mental Health Service (CAMHS) during the year</b>	815	671	907
Black = CAMHS, Purple = CAMHS Eating Disorder	19	44	76

The number of referrals received by CAMHS has increased significantly, most likely due to the pandemic when Tier 2 services stopped taking referrals for a

period of time and the number of eating disorder referrals was significantly increasing. Additional funding has been secured for work with these children.

CAMHS were able to bring down the waiting times for assessment using additional funding and extra agency staff and put groups in place to reduce the waiting time for treatment. CAMHS are currently able to access all Eating Disorder (ED) patients within 4 weeks and ensure there is no waiting list for treatment.

CHILDREN WITH MENTAL HEALTH AND WELL-BEING NEEDS	2019/20	2020/21	2021/22
<b>Total number of cases open to CAMHS at year end</b>	498	384	428
Black = CAMHS, Purple = CAMHS Eating Disorder	16	38	65

During 20/21, CAMHS focused on the most in need and at-risk young people, ensuring that cases were discharged where possible. Since the pandemic, the complexity of cases has increased, and the service has been unable to discharge cases. During the pandemic, some children did better at home, but once lockdowns were lifted and children returned to school, there was an increase in referrals. There has also been a significant increase in referrals for children with Autistic Spectrum Condition (ASC) and a significant increase in children and young people with eating disorders.

CAMHS has put several groups in place to manage the increase in demand and have a new team to support young people at home with eating disorders, as well as setting up a joint 'Tics' group with Youth Trust. Parents and Carers have commented on how fantastic the Eating Disorder team is working at CAMHS.

Two parents said that they felt supported with their child's Education Health and Care Plans (EHCPs) and engaging the children to get them back into education. Children said they felt supported during lock downs with check-in calls and liked the option of online meetings.

The IOW NHS Trust, Barnardo's and the IOW Youth Trust have collaborated to deliver in schools and colleges two Mental Health Support Teams who will improve the mental health and wellbeing of children and young people in the community, working with their parents, carers, and schools.



## CHILDREN LIVING WITH DOMESTIC ABUSE

NUMBER OF CP PLANS WHERE DOMESTIC ABUSE WAS A SECONDARY CATEGORY AT REGISTRATION	2019/20	2020/21	2021/22
Emotional	3.2%	14.9%	8.1%
Physical	2.4%	2.7%	4.4%
Neglect	15.9%	14.9%	14.9%

The distribution of cases across the categories remains consistent. Categories of registration are considered by the CP Chair and applied appropriately. The secondary category of domestic abuse is considered at review conferences by the Chair, as it may not be evident at ICPC.

Children's Social Care (CSC) contributes funding to the integrated commissioning of Paragon to ensure victims and perpetrators of domestic abuse receive effective timely support as well as interventions for young people instigating harmful behaviours.

In 2021/22 Paragon supported 165 children on the IOW. 23 children were supported in the refuge. This is a 67% increase on the previous year when they supported 111 children and young people (CYP). The service increased the number of staff to meet increased demand through successful funding bids.

CYP advocates develop effective working relationships with children and their parents/carers and adopt a multi-agency approach in their support and advocacy for the children and their families.

Paragon works with schools/colleges feeding into their Personal, Social, Health and Economic (PSHE) programmes and support the mentors in violence programme. Paragon worked with 182 Year 10 students to raise awareness of domestic abuse and support available. In the exit feedback 98% of students said their knowledge of domestic abuse had improved (4 students declined to complete the feedback) 96% of students stated they would be able to recognise if a friend was suffering domestic abuse and 91% would be confident to share concerns if a friend was in trouble with domestic abuse.

### Feedback from children:

*"It has been really good having you to talk to. I was worried that you would just want to talk about all the negative stuff to do with dad, but you've just been really positive, and it has really helped me with my self-esteem and stuff"*

### Feedback from a parent:

*"It's been really good for her to be able to open up and be honest with a male, she has not had any positive male role models in her life so far, thank you for being the first"*

### The IOW College sent feedback on a client supported during 2021/2022:

*"I just wanted to email you to let you know about the positive support role that the worker has played with our organisation. He is always happy to meet with a student at short notice and is flexible around the times that he meets with them. As a team we have found his support and knowledge invaluable when supporting some of our most vulnerable learners. It is only through this type of partnership working practices that we are really able to give our learners the best help and support that we possibly can, and it is very much appreciated by us all."*

The IOW Domestic Abuse Forum (DAF) ran several awareness raising campaigns:

- ★ With young people aged 13-20 years using interactive Facebook stories about keeping safe. It reached 62,823 across Facebook and Instagram over two weeks.
- ★ Sexual violence - To increase awareness and referrals to the service including young person's Independent Sexual Violence Adviser (ISVA). It reached 18,957 across social media platforms. The ISVA service received 25 referrals during the month, an increase of 9 from the same period last year and 3 self-referrals as a direct result of individuals seeing the campaign material.
- ★ 16 Days of Action - Facebook and Instagram messages were used to cover a range of domestic abuse issues including the impact on children. The Facebook reach for this campaign was 19,663 with 1,845 viewing the stories which was double the previous year. The number of children referred to Paragon increased to 130 referrals for 2021. The interactive questions provided an opportunity to engage and learn more about the topics as well as providing signposting for more information and support. The new Domestic Abuse Partnership Board will monitor the impact this campaign has on local services.

A post on coercive control achieved a reach of 23,232. This subject promoted a lot of discussion, likes, shares and conversations within the community with women showing support for each other:

*“I see too much of this happening everywhere. It’s time we talk and learn and help those who may not know how much help they need.”*

*“It’s tough, I’ve been there and I’m lucky to have learnt a strong lesson from it. If you need help, then make sure you reach out to someone. Anyone. Just do it.”*

Child safeguarding is discussed with National Probation Service (NPS) practitioners on a regular basis, and they monitor that all appropriate child safeguarding training is completed and that all officers are up to date.

One example involved a case that was managed through Multi-Agency Public Protection Arrangements (MAPPA) level 2 (concerns around significant domestic violence). Due to the positive work of the officer and safeguarding practitioner, NPS were able to liaise effectively to manage the risk and to make sure that the adult and child victims were supported and that their needs were met.



## CHILDREN LIVING WITH ADULTS WHO HAVE MENTAL HEALTH ISSUES

### Adult Mental Health Service, IOW NHS Trust

- Safeguarding children training levels for staff working in the Mental Health & Learning Disabilities (MHLD) division remain high. Level 1 and 2 are over 90% compliant. Level 3 compliance is improving with increased access to this training available to all staff. 93% have completed L1, 91% have completed L2 and 62% have completed L3 (compared to 38% in 2020/21)
- There is increased awareness and understanding of individual and organisational responsibilities and funding was agreed for training a parent/carer peer support worker from the Charlie Waller Trust to support a change in culture and use of Family Approach
- A joint post was agreed with IOW Youth Trust to provide enhanced engagement and feedback across MHLD and CYP services. Increased peer support worker posts and service user engagement posts across the Division have been made.

- A Family and Carer Policy was published with information about young carers and signposts staff to safeguarding processes and the Family Approach Toolkit.
- An adult social care practitioner is now embedded in the Mental Health inpatient team to ensure safe and supportive discharges which considers/mitigates negative impact on family/dependents and a Senior Adult MHLD practitioner routinely attends Multi Agency Risk Assessment Conference (MARAC) and High Risk Domestic Abuse (HRDA) meetings.

## CHILDREN LIVING WITH ADULTS WHO HAVE DRUG OR ALCOHOL MISUSE ISSUES

A Specialist Substance Midwife worked with pregnant women and their partners. They received approximately 36 referrals a year and offered bespoke packages of care. The outcomes were very positive with a number of women and their partners abstaining from using substances during their pregnancy which is hugely beneficial for a baby’s future health.

Mothers of unborn babies for whom there are safeguarding concerns are discussed every 2 weeks in a multi-disciplinary forum and care and support plans are made in conjunction with the 0-19 service. Co-ordinated support packages to address the most significant concerns and reduce the risk to the unborn both in utero and in the early postnatal period are put in place.

### Case example:

*A mother who had previously had a child removed from her care, and with a history of substance misuse and domestic abuse, was supported with bespoke parent craft in the home by the 0-19 service. The maternal mental health was monitored by the perinatal mental health lead midwife throughout the pregnancy, with crisis plans created for post birth period. The Mother maintained abstinence from substances during pregnancy with support from the community midwife. An extended stay was offered on the postnatal ward before the Mother was discharged home with baby. The co-ordinated plan of support was monitored through a multi-disciplinary forum which meant the Mother had structured support that enabled her to parent successfully.*

**The National Probation Service** responds effectively to concerns regarding children they assess as vulnerable due to issues such as adult substance misuse, mental health, domestic abuse or housing issues. This is first highlighted through initial assessments with People on Probation (POPS) and if there are any concerns then appropriate referrals are completed with the child safeguarding team or in liaison with other agencies. Safeguarding children is at the forefront of practice and this is reflected in risk assessments, training, and supervision.

**Southern Housing** staff receive through training the understanding that children are victims in their own right when living in households or environments where they are impacted by the trio (mental health/domestic abuse/substance misuse), and the specific referral pathways. Southern Housing encourage staff training in relation to this and refer to early help or family approach guidance. They highlight families to the local authority who will benefit from early help once identified.

### CHILDREN LIVING WITH ADULT HOUSING ISSUES

Housing services work is now underpinned by psychologically informed principles. The service has extended its suite of emergency accommodation and support to provide children and families with an environment that minimises the trauma associated to homelessness.

They have led on the development of a strategy for the provision of Support within Safe Accommodation in response to the Domestic Abuse Act 2021.

Housing services have modified and improved the commissioned community support offer to ensure children and families at risk of homelessness receive specialist early help from a range of community partners.

They continue to operate a Temporary Accommodation Meeting (TAM), attended by strategic management across system partners, to scrutinise and minimise the amount of time families spend in interim accommodation with the outcomes:

- ✓ No family has been placed in a B&B for over 6 weeks.
- ✓ No child aged 16 or 17 has been accommodated in unsuitable accommodation.

### CHILDREN WHO ARE PRIVATELY FOSTERED

There was just 1 young person subject to a private fostering arrangement in the year compared to 4 last year and 18 in 2019/20. As of 31st March 2022, there were no children reported to be privately fostered on the Isle of Wight. Covid restrictions have meant exchange trips haven't taken place and so there have been no foreign students referred by Language Schools or the IOW College.

### CHILDREN WHO ARE YOUNG CARERS

The young carers project was embedded in the commissioned Barnardo's Family Centre offer, with respite activities sub-contracted to YMCA Isle of Wight, to enable continuation of respite provision. Young Carer assessment processes were

updated to ensure that the needs of the whole family are assessed where appropriate as well as the needs of the young carer.

A tiered system of intervention was embedded in the service to ensure those in most need receive higher level interventions and the Young Carers steering group was re-started.

- 336 children were supported during the year with 69 new referrals received
- 268 1-1 sessions were delivered and 96 respite activities
- 59 case closures were made (child reached 18 years, assessment not returned (not applicable now due to new assessment pathway) child moved out of area, child no longer meets the criteria for the service)
- 84 volunteer hours were utilised to support the service

#### Feedback from CYP who attended respite activities:

*"It went well, I was happy with how much progress I made, and I enjoyed it."*

*"I got to socialise for the first time in a while."*

*"Even though we could only stay for the day The Young Carers Festival was brilliant, staying in our own group meant that I got to know lots more young carers from the Isle of Wight."*

#### Feedback from parents:

*"What you do is amazing we are eternally grateful for all the opportunities our daughter has been offered. It gives her a much-needed break and time to be herself with no pressure."*

*"My daughter has a great time with Young Carers. She looks forward to the school holidays and gets very excited. She's made new friends and had new experiences. We are so grateful for this service."*





## CHILDREN WHO ARE UNACCOMPANIED ASYLUM SEEKERS OR REFUGEES (UASC)

As part of the mandated National Transfer Scheme, the Islands cohort to make up 0.07% of the IOW general child populations, equates to up to 17 children (under the age of 18) being accepted.

UASC, accommodated under S20 Children Act 1989, are designated Looked After Children, and have an allocated Social Worker. They receive the same services as other looked after children including health assessments, dental and optician checks to ensure any unmet health needs are addressed and they remain fit and healthy. Dietary needs are also carefully considered.

Most of the children are Muslim, and so receive a copy of the Quran, a prayer mat, have access to the local mosque and are supported to celebrate the festivals that are important to them. They are also supported to access appropriate legal advice in order to make a claim for Asylum with the Home Office and are at varying stages in this process, with a number of our children being granted 5 years leave to remain in the UK pending final decisions.

The Isle of Wight place the children on the mainland to meet their cultural needs, to live with carers who share a similar ethnic and cultural background, and where possible, are able to communicate with the young people in their home language. All the children who are under the age of 18 are in the London area. The IOW retains full statutory responsibility and staff meet with them regularly.

### Case Example:

*Barnardo's Advocacy service received a referral for a young man who was a refugee from Afghanistan placed in another area who had been in the country for 6 months.*

*His main concerns were not having an ID card and not being enrolled in a school. The advocate contacted the young person via telephone interpreter and text messages. Once the advocate knew his views and wishes she contacted his social worker and a scheme local to his area who know about the legislation for young people in his situation.*

*She found out information about what education options were available to him and the processes in place to find him a suitable placement. The advocate asked the social worker to prepare a covering letter for him until his official ID card was ready because he was concerned about being stopped by police. He is now due to start school in the summer term. Although support has ended but he can request support again if needed. The child said: "It was good to have someone else to help me"*



# Business Plan Priorities 2021/22

## BUSINESS PLAN

The 2020-23 IOWSCP Business Plan sets out strategic priorities for Partnership work over a three-year period, as well as shorter one-year priorities. Business Plan objectives are identified from themes arising from existing scrutiny and quality assurance programmes and findings from local and national learning reviews. Progress on Business Plan priorities is monitored through the Executive Group as well as outcomes and impact of the work. 2021/22 was the second year of the current Business Plan.

### PART A — LONG-TERM STRATEGIC OBJECTIVES

#### PRIORITY: RESPONDING TO NEGLECT

The Hampshire and Isle of Wight Neglect strategy was revised and re-launched in February 2021 and a revised training offer put in place which included examination of case studies. The task and finish group will be re-established in 2022 to evaluate the impact of the revised materials and training once embedded.

#### ACTIONS TAKEN:

- ✓ The Task and Finish group reviewed the outcomes of the previous Strategy evaluation
- ✓ The Strategy content was updated including links to resources
- ✓ The HSCP/IOWSCP training offer on neglect was reviewed and extended to ensure it includes how to deal with neglect and encourages case discussion and reflection
- ✓ Additional case studies were added to the toolkit
- ✓ Materials were provided to support agency training for Safeguarding Partners and Relevant Agencies

#### OUTCOMES AND IMPACTS:

- The training has been well received, it is more interactive and enables attendees to think through their responses to child neglect

#### AREAS FOR FURTHER DEVELOPMENT IN 2022/23:

- ★ Re-establish the joint HSCP and IOWSCP neglect task and finish group annually in order to evaluate and measure the impact of the Neglect Strategy, toolkit, and training offer.
- ★ Consider gaps and opportunities to promote best practice in multi-agency working to understand and respond to neglect

#### HSCP & IOWSCP NEGLECT STRATEGY 2020–23



## PRIORITY: SAFEGUARDING ADOLESCENTS

The Safeguarding Adolescents Group was set up to explore Partnership understanding, responses and provision for safeguarding adolescents. The group aimed to identify gaps and strengths in practice and develop a Partnership response through a strategy and toolkit. The aim is to ensure adolescent children and their families receive the right level of support and intervention at the right time by skilled professionals.

### ACTIONS TAKEN:

- ✓ The Safeguarding Adolescents Strategy was published
- ✓ A toolkit for professionals was developed
- ✓ Materials launched in December 2021 and the event attended by staff from across a range of agencies
- ✓ The HIPS SCPs inputted in the 4LSAB work to develop a Transitions Policy for young people with possible care and support needs as they transition into adulthood
- ✓ A training offer was developed and is due for delivery in June 2022 and October 2022

### OUTCOMES AND IMPACTS:

- Evaluations from the strategy launch event showed that 96% of attendees strongly agreed or agreed that the training course met its stated learning outcomes.
- 93% of attendees strongly agreed, or agreed that they understood how to apply what they had learnt in their day-to-day job. One attendee said: *“ Having listened to some of the speakers, I have taken away that I need to have more professional curiosity and I need to listen to the child's voice more. To support my practice, I need to use all the tools that are available to me. ”*
- The IOWSCP 2021/22 case file audit programme included an audit on safeguarding adolescents from CSE and CCE (see pages 38-39)

### AREAS FOR FURTHER DEVELOPMENT IN 2022/23:

- ★ Roll out the safeguarding adolescents training offer planned for June and October 2022
- ★ ‘Safeguarding Adolescents - What Works’ will be the IOWSCP Annual Conference theme for September 2022 to celebrate the excellent work with adolescents already in place across the Island. Planning for this event is underway
- ★ Work to develop toolkit materials for children, parents and carers began in 2021/22 and this work will be completed in 2022/23
- ★ A Joint Targeted Area Inspection (JTAI) dry run case file audit will take place in 2022/23 and examine how the strategy is impacting on practice, with a particular focus on CSE and CCE





## PRIORITY: PROTECTING CHILDREN FROM SEXUAL ABUSE

The Child Sexual Abuse (CSA) Strategy task and finish group was established in response to the IOWSCP and HSCP Business Group's endorsement of the recommendation to develop a multi-agency Child Sexual Abuse Strategy.

The recommendation was initially identified by a Children's Services report on [\*The multi-agency response to child sexual abuse in the family environment: prevention, identification, protection and support\*](#) (Ofsted, 2020) which summarises findings from the JTAI which took place between September 2018 and May 2019.

The chair of the task and finish group identified the connection to work being undertaken by Southampton SCP and a deep dive audit in Portsmouth SCP. The HIPS Executive approved a proposal to join the pieces of work to establish this as a HIPS priority.

### ACTIONS TAKEN:

- ✓ Consultation and research undertaken to establish key objectives for the strategy and to identify multi-agency professional development and guidance
- ✓ A HIPS CSA Strategy drafted to include the identification, intervention, and prevention of child sexual abuse appropriate for public and professional audiences
- ✓ Agreement for the HIPS CSA strategy to be piloted in Southampton in September 2022 prior to a HIPS wide launch in January 2023, which is in development

### INTENDED OUTCOMES AND IMPACTS:

- The development and utilisation of a CSA professional toolkit
- The multi-agency participation of partners in the CSAFE professional training
- The procurement, adoption, and development of training material
- Increased identification and referral of child sexual abuse
- Improved effectiveness and consistency of our multi-agency response to child sexual abuse e.g. intervention, safeguarding and prosecution
- The trust and confidence of victims, families, and professionals
- Positive feedback from external partners e.g. Centre of Expertise for Child Sexual Abuse and future JTAIs

### AREAS FOR FURTHER DEVELOPMENT IN 2022/23:

- ★ Final Child Sexual Abuse Strategy to be published and launched across HIPS in January 2023
- ★ Development and delivery of layered multi-agency training and awareness raising on CSA
- ★ Development of tools specifically to help children speak to trusted people about sexual abuse



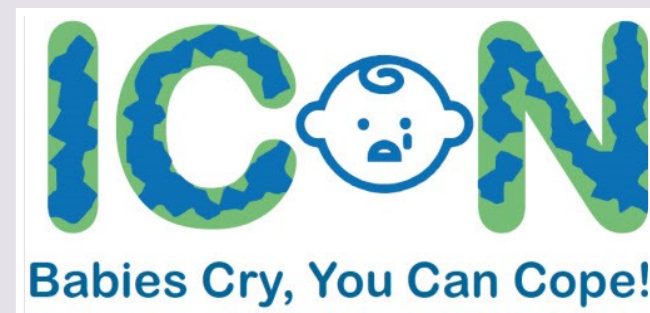
## PART B — SHORT-TERM ACTIVITIES

**PRIORITY: ICON** — Infant crying is normal, Comforting methods can help, It's okay to walk away, Never, ever shake a baby

Abusive Head Trauma in babies is both a local and national priority. The development of ICON messaging and materials is intended to reduce incidences of head trauma and support families in managing their baby's crying and raise awareness of patterns of crying in babies and how to keep the baby safe.

### ACTIONS TAKEN:

- ✓ Continued embedding into practice the ICON programme
- ✓ Revised Unborn Baby Safeguarding Protocol launched in March 2021
- ✓ Safeguarding Infants training rolled out and included inputs on ICON (see page 37)
- ✓ ICON is part of the IOW NHS Trust antenatal discussions for all pregnant mothers. It also forms part of the postnatal discharge discussion prior to leaving hospital and parents are provided with a fridge magnet as an aide memoir of the ICON message. ICON posters are displayed in the maternity unit and community clinics as well as in the Special Care Baby Unit (SCBU) unit



### OUTCOMES AND IMPACTS:

- IOW NHS Trust – Mothers have access to ICON information through BadgerNet app and fathers are encouraged to access the DadPad app. ICON was included in Maternity/SCBU staff safeguarding training between Jan–Dec 21. Perinatal Mental Health Lead Midwife includes ICON in her conversations with women experiencing mental health difficulties during the antenatal and postnatal period
- Barnardo's have used ICON materials in their 'Five to Thrive' face to face course, Baby Incredible stages course and breastfeeding workshops. The sessions are interactive with ICON posters and key messages displayed throughout Family Centres to emphasise that baby crying is normal but challenging. Feedback from a Five to Thrive course member: "Every week the different topics covered made a difference to my baby and I and helped me teach the important people around me everything that we'd discuss and learnt in the sessions too"
- Solent NHS Trust discuss ICON at antenatal contacts and the parent held red book has a specific page outlining ICON principles, and it's used at key contacts for all babies. The ICON website is used via the Family Assist digital portal in providing advice, signposting, and guidance for all new parents. ICON is considered as part of supervision practices for young babies, and especially when undertaking the 6-8-week maternal mood assessment in supporting parents through the early weeks and early years. The materials are promoted to all new learners and new staff

### AREAS FOR FURTHER DEVELOPMENT IN 2022/23:

- ★ The case file audit regarding safeguarding unborn and new-born babies planned for 2021/22 was postponed due to staffing capacity issues in midwifery during the pandemic, but planning is in place for the audit to be carried out later in 2022



## PRIORITY: EVERY SLEEP COUNTS

Safe sleep messaging has long been a part of safeguarding work on the IOW. This has been further developed through Every Sleep Counts materials and informed by the National Panel Review 'Out of Routine' to look for more effective ways to ensure messaging for families is effective in supporting and challenging their risk assessments for safe sleep conditions for their babies.

### ACTIONS TAKEN:

- ✓ Every Sleep Counts materials have been rolled out and embedded across the IOW
- ✓ A Safeguarding Infants course for professionals was developed and includes a safer sleep element. This was updated in the light of the National Panel Review "Out of Routine"
- ✓ Safer sleep messaging to families was reviewed

### OUTCOMES AND IMPACTS:

- IOW NHS Trust staff discuss safe sleep during the antenatal period and prior to hospital discharge. The 'Every Sleep Counts' leaflet is used and given to all parents. With the introduction of BadgerNet, the leaflet will be available digitally for all patients. It will also be available to fathers through the DadPad app.
- Solent NHS Trust promote the 'Every Sleep Counts' toolkit across the service, and it has been utilised as part of the new Family Assist digital portal across the 0-19 services to provide parents and carers links to key documents and resources. Safe sleep messages and advice and guidance is woven into all healthy child programme contacts and used to make every contact count when working directly with parents with young babies and children. The service has undertaken a sleep audit which included safer sleep and provided further training across the services, including healthy sleep hygiene factors for all children. The service has worked with partners to learn from incidents related to safe sleep practices and shares learning at specific events across the wider 0-19 services in Solent
- Barnardo's Family Centres use safe sleep materials in their Five to Thrive face to face course, Baby Incredible stages online course and Breastfeeding workshop. Leaflets explaining Safe Sleep are given to groups and are available in centres. They report that families are engaging well with the materials and working to create safe sleep spaces for their babies and a range of questions were received and discussed:
  - "Whilst travelling how often do you recommend stopping and getting baby out of the car seat, for the different ages as baby grows?"
  - "What would be the best way to start putting my baby to sleep in their own room in their cot for the night and how would you go about if they need to come back into the main bedroom?"
  - "What is recommended that they sleep in during the summer?"

### AREAS FOR FURTHER DEVELOPMENT IN 2022/23:

- ★ Continue to promote safe sleep messaging



## PRIORITY: LURKING TROLLS

The Lurking Trolls campaign and materials were developed by Portsmouth SCP and adopted across the HIPS area. The campaign was designed to enhance online safety messaging in primary schools.

A member of Oakfield Primary School staff was part of the planning group that developed the Lurking Trolls teaching resources and so it seemed fitting to hold the launch event at the school in November 2021. The books and resources were then distributed to all IOW primary schools and special schools and to local libraries to enable use by Electively Home Educating (EHE) families.

### ACTIONS TAKEN BY A RANGE OF IOW SCHOOLS:

- ✓ Information and leaflets were sent home to families to support them in keeping their children safe online and to encourage meaningful conversations
- ✓ The Computing Lead dressed up in the troll costume to raise the profile of the campaign, and it was launched with all classes with resources being used across the school and shared with teachers and parents.
- ✓ A special school used the Lurking Trolls materials in assemblies and incorporated it into the ICT and PSHE curriculum
- ✓ The materials were used as part of PSHE Keeping Safe Online. The book was used across classes in year 4 over two days and they used the website to support understanding in lessons
- ✓ The audio books were used as part of school and class assemblies, and the books were shared with the children and adaptations made for Key Stage 2 (KS2) to ensure it fitted with school planning

### SOME EXAMPLES OF OUTCOMES/IMPACTS OF THE CAMPAIGN TO DATE:

- A child told a member of staff: "I wasn't sure if it was cyber-bullying or not, but I remembered being told that I should block or leave the group if I am unsure, because even if I don't say anything mean, I don't want to be in the group if others are being mean"
- Governor quote: "The school Online Safety and Anti-Bullying policies have been updated to include Lurking Trolls"
- Staff quote: "It supported our teaching of internet safety and pupil voice surveys inform us that children have a heightened awareness of internet safety"
- Pupil quote: "Lurking Trolls lessons were good at helping us know where to get help in person or online"
- Pupil quote: "We know the rules about not sharing passwords and not speaking to unknown people online"
- Children were able to recall the troll-busting rules and they liked the series of troll cartoons



### AREAS FOR FURTHER DEVELOPMENT IN 2022/23:

- ✓ An evaluation survey to be sent to schools in autumn 2022 to gain a fuller picture of how the materials are being used and what impact they are having on keeping children safe online

## PRIORITY: IMPROVED DISSEMINATION AND COMMUNICATION

### ACTIONS TAKEN:

- ✓ A [Communications Strategy](#) was developed
- ✓ Comms Plans were used both for the Lurking Trolls campaign and publication process for LCSPRs
- ✓ Agencies encouraged to incorporate learning into messaging and policy
- ✓ An Information Sharing Agreement was signed off at the Partnership Board in March

### OUTCOMES AND IMPACTS:

- Successful Lurking Trolls launch with press coverage
- Timely publication of learning reviews

### AREAS FOR FURTHER DEVELOPMENT IN 2022/23:

- ★ Statements of assurance to be requested from Partnership Agencies regarding how learning is used in messaging and policy in their agency



## PRIORITY: EVALUATING IMPACT

**Family Approach:** Work to review and evaluate the impact of the Family Approach Protocol and toolkit was rolled over into summer 2022 due to the impact of the Covid Pandemic on capacity of task and finish group members.

### ACTIONS TAKEN:

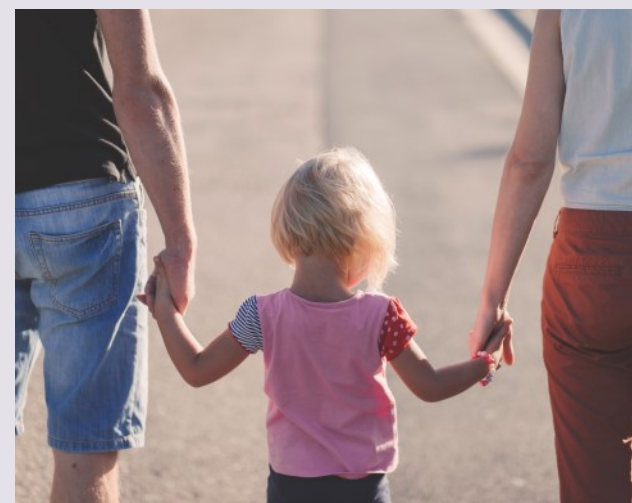
- ✓ An eLearning package has been drafted and will be finalised once the review is complete
- ✓ Input on taking a Family Approach has been embedded in all LSCP workforce development opportunities

### OUTCOMES AND IMPACTS:

- Case file audits show a Family Approach being taken
- Health colleagues use a Think Family approach to their work
- The SAB actively promote a Family Approach in their work

### AREAS FOR FURTHER DEVELOPMENT IN 2022/23:

- ★ HSCP are leading work to review and update the Family Approach Protocol
- ★ Evaluate the impact of the Family Approach Protocol
- ★ IOWSCP/SAB to complete the development of eLearning units



#### ACTIONS TAKEN:

- ✓ The Unborn Baby Safeguarding Protocol and Toolkit was fully updated and re-launched in March 2021 in front of 400 multi-agency professionals
- ✓ Safeguarding Infants training was developed and delivered and will be offered again in 2022/23 (see page 37)
- ✓ The CCG undertook a full re-audit following implementation of the revised protocol and toolkit in Autumn 2021. 10 cases were selected from a long list provided by 5 NHS Trusts across the HIPS area looking at midwifery and health visiting practice. A midwifery audit of a further 40 records and a multi-agency staff survey was also undertaken
- ✓ The IOWSCP multi-agency case file audit, looking at unborn and new-born baby cases, was rolled over to the 2022/23 audit programme due to the impact of the pandemic, but both the audit tool and terms of reference were developed and approved

#### OUTCOMES AND IMPACTS:

- The survey showed risk assessment tools for domestic abuse, mental health, teenage pregnancy, and substance misuse were well used and to a lesser extent concealed pregnancy, learning disabilities, Female Genital Mutilation (FGM), trafficking and modern slavery and asylum seekers risk assessments had been used
- The audit revealed 100% of cases audited had an identified named midwife. In 87.5% of cases professionals discussed strengths, risks and needs with the family; in 82.5% of cases concerns were raised to CSC at 12 weeks or as soon as possible; 2.5% highlighted the case was only allocated prior to birth, but evidence provided of risk assessment and supporting agency information in relation to domestic abuse; 95% of cases were booked for antenatal care before 20 weeks
- A health visiting audit revealed 97% of mothers received antenatal contact from a health visitor and in most cases indicted risks were discussed
- Safeguarding Infants training has been provided to 120 professionals to date (see page 37)
- IOW NHS Trust have provided training to midwives and the protocol is embedded into safeguarding supervision
- Protocol scenarios are included in annual mandatory safeguarding training for all Doctors, Midwives and Healthcare Assistants (HCAs) at the IOW NHS Trust. Promotion of the Protocol in the CCG Safeguarding Newsletter and GP supervision
- Feedback from the audit process included: "Excellent communication between midwifery and health visiting" "Clear plans identifying roles and responsibilities of each professional" "Early identification of risk meant early engagement from social care and CIN plan for the child" "Risks clearly categorised using unborn protocol and appropriate signposting"
- Case example from the IOW NHS Trust: "A mother who had previously been subject to a prison sentence for neglect became pregnant again. The unborn child had a Child Protection Plan. Maternity services worked with both parents throughout the pregnancy providing bespoke parenting education in the home. Picture guides and practical demonstrations were used to support the mother. ICON and safe sleep were explained and reiterated throughout the pregnancy, and by birth, both parents had a good understanding of them. The baby was born and discharged home in the care of the parents who felt confident to handle post-natal care of the new-born due to the intensive antenatal education and support provided by maternity services."

#### AREAS FOR FURTHER DEVELOPMENT IN 2022/23:

- ★ Consideration of the report from the health-based audits and multi-agency survey findings will be taken to the PQA Group. Recommendations will be taken forward
- ★ A Southampton SCP multi-agency case file audit examining unborn and new-born baby cases, will take place in planned for Q4 2022/23

# Learning and improvement

## INDEPENDENT SCRUTINY AND ASSURANCE

Partners maintain the Learning & Improvement Framework, annually scrutinise and challenge performance, identify, disseminate, and embed learning and engage with IOW children and their families.

Scrutiny and assurance activities include consideration of decision making, risk assessment, consistent application of thresholds, the voice of the child and practice is reviewed through:

- ★ Quarterly data sets and reports, to evidence safeguarding practice and impact
- ★ Local Child Safeguarding Practice Reviews (LCSPR) and single agency reviews
- ★ Examination of research, local and national reports, National Panel reviews
- ★ Themed multi-agency case file audits
- ★ Section 11 and Section 175/157 audit processes
- ★ Workforce learning and development evaluation and analysis of outcomes

## THE VOICE OF THE CHILD

- HYPE (Hearing Young People's Experiences) is a forum for young people in care and care leavers. The group meets monthly to discuss issues relating to the services they receive. They identify what is working well and areas for improvement, which are then discussed at the Corporate Parenting Board (local issues) and the All-Party Parliamentary Group (APPG) for children in care and care leavers (national issues). In 2021 there were 17 HYPE and HYPE junior meetings with a total attendance of 70 CYP.
- The Corporate Parenting Board (CPB) comprises of members and officers from across frontline services. The group meet quarterly and the voice of young people is a standing agenda item enabling them to raise issues. In 2021, there were 4 CPB meetings, with 10 young people attending. The CPB action plan is regularly reviewed and based around the pledges made to children in care and care leavers. There is a high level of scrutiny from councillors by incorporating the pledge into the running of the CPB in this manner.

Early help services are engaged in the corporate parenting effort to increase how included our island children feel within their local communities. Existing local support and provision is being mapped and there is potential grant money available for any gaps to be filled.

Care Leavers receive enhanced support from their Personal Assistants (PAs), have been offered multiple vouchers for food and have been able to request further support regarding their utilities to avoid any risk of fuel poverty. A savings policy has been drafted to ensure best practice is standard, with young people's increased knowledge of their savings, how to add to and access it.

## CORAM VOICE BRIGHT SPOTS SURVEY

There was a 72% IOW response rate to the 2021 'Your Life, Beyond Care' survey (a national record). The survey, co-created with young people, asks questions about quality of life and support from children's services. The results allow the local authority to hear a credible collective voice of its service users and make statistical comparisons with other authorities, against previous results. The survey is the largest annual single consultation and one of the three main streams of information informing the Participation Action Plan alongside HYPE and Have Your Say Week.

Child's voice:

*"A lot of my sadness, frustration, depression, and anxiety comes from [housing situation], makes me feel worthless."*

*"I do have goals and want to build a better life for myself, but I need a home so that I can feel safe have stability and start to feel good in myself."*





## EXAMPLES OF HOW FEEDBACK FROM CHILDREN AND FAMILIES HAVE BEEN SOUGHT AND USED

AGENCY	FEEDBACK SOUGHT:	CLIENTS SAID:	AGENCIES DID:
IOW NHS Trust	Views of families regarding paediatric services	<i>"Constant communication with doctors consultants meant I felt easily informed which provided much needed relief. I think you are all amazing and felt my little boy was so looked after, thank you!"</i>	Personal feedback is shared within the team, within supervision and team discussions.
Police	Voice of the child captured in Public Protection Notice (PPN1s) – information from parents/carers to risk assess and manage children in partnership who are vulnerable.	<i>"I was not in a good place and made the wrong decisions and I was not an easy person to talk to. I understand why police took the actions you did (i.e., Police Protection) when I was missing but I was not in a place to realise it at the time."</i>	Training staff in contextual safeguarding and trauma-informed practice. Contact Management have had specialist input from MET team. Exploitation training and Neighbourhoods have had MET officer inputs around managing low and medium risk exploitation for missing children. Child-Centred Policing (CCP) champion numbers increasing – scrutiny therefore increasing every two months. Victim blaming workshops for all CCP champions and feedback mechanism (newsletter) in place to all local policing.
CAMHS	How CYP were supported over the Covid period	Felt well supported and liked having check in calls to see how they were. Liked the option of online or face-to-face.	Continuing to offer virtual appointments if preferred.
	Setting goals in care plans. (part of a quality improvement project)	<i>"I knew what I was working on, the short-term ones were better, they were more memorable"</i>	Series of workshops held within the team on goal setting and how to improve the use of goals in assessment and treatment.
YOT	Intervention exit surveys completed by young people and families	<i>"You've helped me a lot. You've not once judged me for what I've done. You fought my corner when you saw an injustice and you gave me time and patience that other people couldn't give me. Your support has meant I've been able to get better opportunities for my future. I enjoyed my time at YOT and knew I could always talk to you and you would listen and help."</i>	YOT managers routinely seek to reinforce evidence of good practice with the team and highlight any areas of constructive feedback.
Barnardo's	Collected from families and CYP for all of the services Barnardo's deliver	<i>"It was useful to understand why my child was behaving like that and to understand that the trigger for the behaviour isn't all the same. I also found it interesting watching the videos attached to the eLearning as it gave me more of a visual understanding what my child may be experiencing in some situations"</i>	Managers review worker feedback which enables them to monitor worker performance and effectiveness of the intervention. Parental feedback ensures workers are enabling parents to make positive changes rather than become dependent on services.

AGENCY	FEEDBACK SOUGHT:	CLIENTS SAID:	AGENCIES DID:
<b>Barnardo's (continued)</b>	Collected from families and CYP for all of the services Barnardo's deliver.	<i>"I feel that some of the course content wording was quite negative, particularly the session on sibling relationships. I feel that using the medical, rather than the social, model led to some of this negativity."</i>	A parent's workshop was held to look at the syllabus and parents and course facilitators adapted content to include more appropriate terminology.  The length of the ASC course sessions has been extended to enable more time for parents to bring their personal questions and challenges so the group can support and also
<b>Paragon</b>	Exit from the service, both parents and children. Staff feedback identified that we needed more child friendly/focussed paperwork across the Paragon services.	New draft client and staff feedback has been trialled with different age ranges and geographical locations. Feedback was discussed with the different Paragon CYP staff, adapted and further improved.  The children seem to enjoy completing the new forms as they are more appropriate and more conducive to discussion and promoting interaction.	The assessment paperwork, safety planning and assessment paperwork work was changed to make it more accessible to children.  The permission to share forms have been adapted so that they are easier to understand, they are differentiated so can be used by younger and older children and young people.
<b>Primary schools</b>	<b>Brighstone Primary</b> Safeguarding pupil conferencing to identify who the Designated Safeguarding Lead (DSL) is and what safeguarding means to them. This was part of governor monitoring.	Of the children surveyed, 100% of children surveyed said that they feel safe in school. <i>"Teachers will look after me."</i> When asked what would you do if you feel sad or worried in school, they said: <i>"Talk to an adult or friend"</i> , <i>"Talk to one of the adults on the posters in the toilets"</i> , <i>"Contact Childline on the posters in the toilets/classrooms"</i> . 90% of the children surveyed could name the DSL or Deputy DSL (DDSL).	Due to the fact that not all children could name the DSL, the DSL lead a safeguarding assembly for the whole school using NSPCC Buddy resources. A follow-up pupil conference is booked for June to measure the impact.
<b>Special schools</b>	<b>Medina House</b> As part of Relationships and Sex Education (RSE) consultation parents were asked 'Thinking about relationships, health and mental wellbeing, what do you think is the most important topic to be taught and why?'	Safety - being safe and respectful in relationships. Hygiene and what's appropriate behaviour towards others. Mental wellbeing as relationships and good health are only achievable with a positive mental wellbeing. Stranger danger/online safety, safety in the home and environment as our children are very vulnerable and can be easily led. Controlling emotions.	RSE lead to deliver training to parents on the schools 'Be safe' programme and hygiene and healthy eating. Education Mental Health Practitioner (EMHP) referrals made, and parents reported that the work they did on anxiety and the resources they received have been really useful. One parent recently reported in a CIN meeting it has been life changing for her family. The child's anxiety has reduced both at home and school. More referrals have been made to the Wellbeing Service which has had positive outcomes. The behaviour lead has held behaviour meetings with parents with positive feedback.



## MULTI-AGENCY SAFEGUARDING DATA

Our PQA Group produce a six-monthly report from data submitted by partner agencies. It highlights trends and questions for the Board to consider and action. Two data reports were considered by the Board during 2021/22 and the following points/questions posed:

QUESTIONS / MATTERS RAISED		RESPONSES
Acknowledged sustained increase in demand across the system caused by the pandemic. A rise in emotional, domestic abuse, mental health and wellbeing. Asked what had been put in place by agencies on the IOW?	➡	CSC, Paragon and CAMHS secured additional funding to increase service provision for children to meet current demand.
There has been a gradual increase in the number of homeless decisions made to accept a duty for families with children.	➡	IWC Housing department continue to manage the rise in homeless families, and without using B&Bs since this is deemed unsuitable for families and is only used as a last resort, prioritising them for more stable housing as swiftly as possible.
Police data needs to be separated out between sexual exploitation and criminal exploitation with commentary to explain the data provided.	➡	This was rectified and now enables greater scrutiny of the types of exploitation and whether on or offline. Some commentary is now provided to explain patterns and trends and police operations underway which might impact on data.
There is an improvement in the percentage of return conversations being recorded within Social Care for children who go missing.	➡	Enhanced support and training, particularly to new and agency social workers, this will continue to be delivered to ensure performance is sustained.
The percentage of care leavers in suitable accommodation reached the target level of 90% and those in education, employment or learning reached the target level of 70%.	➡	This had been a focus area. The lock down periods gave young people time and space to consider their future plans and some re-joined education.
Access to dental provision for looked after children is a significant cause for concern.	➡	Report presented to the Board providing assurance about the work the CCG and Local Authority were undertaking to address this issue. The pandemic impacted on the ability to secure dental appointments and improvements should now be seen but there are still some older children in care who despite the best efforts refuse to attend.
Data now received from adult mental health and substance misuse services in relation to adults who have associated children, and data on the number of children linked to domestic abuse crimes. The PQA group asked the Board to consider how adult services are using this information to support access to preventative services or early interventions/support?	➡	Adult mental health services have focussed on safeguarding children training and use of a Family Approach to services. Consideration is given to dependent children and possible impact of adult mental ill-health on the safety and well-being of the child. Inclusion IOW are now more explicit in their client discussions around the safety and wellbeing of any children their clients are responsible for and working together to mitigate any risks.
Acknowledged the current high level of suspensions and exclusions from schools, Electively Home Educated (EHE) children and those in reduced hours provision. It is suggested the Board should be updated on the specific work underway with regards to reducing these rates.	➡	A new priority for the 2022/23 business plan to scope out school attendance in detail with a view to making it a longer-term priority. A multi-agency case file audit will provide some baseline information and the Education Subgroup will monitor the data closely and carry out mapping activity to identify the factors involved.

## LOCAL AGENCY ANNUAL REPORTS

Reports were presented to the PQA group in 2021/22 providing assurance about agency approaches to safeguarding children, and they served to further develop a shared understanding of services and how they operate. Representatives answered questions posed by group members and actions were taken forward via the tracker for example:

AGENCY	QUESTIONS / MATTERS RAISED		RESPONSES
<b>MAPPA</b>	Did the Covid lockdowns contribute to increased activity in level 1 offending?	➡	MAPPA had expected to see an increase in offending online at home, but the data so far is not reflecting this, but it will be monitored
<b>Cafcass</b>	Will the meetings between Cafcass and Social Care staff continue as they have been very positive and beneficial?	➡	A rolling programme of meetings was being set up to maintain this even if staff change
<b>Beaulieu House</b>	What age would Beaulieu like to see the transition arrangements for young people start at?	➡	Beaulieu would like it to begin at 16 years, but the Area Director would like it to start at 14 years 9 months to allow plenty of time to plan with families
<b>Disabled Children's Team</b>	What new initiatives are in train?	➡	Work has begun to develop better ways to gain feedback from children with significant disabilities and communication difficulties
<b>IOW NHS Trust</b>	Are there plans to replace the Substance Misuse Midwife who is retiring?	➡	This has been raised but it is unclear whether this post is being replaced or midwives will be upskilled to carry out this work as part of their day-to-day role
<b>Education and Inclusion</b>	Is there a mandatory question on the exclusion notification form regarding CERAf completion and disabilities of child since these might signal additional vulnerabilities for the child?	➡	New Notification forms and data system, ensure the service receives information regarding CERAfS, SEND, and other vulnerabilities.
<b>Early Help</b>	Has the Early Help offer been sufficiently promoted with early years providers as referrals are low at this stage but jump markedly as children start school?	➡	Early Help Coordinator to link with Barnardo's to provide refresher training in early help with early years providers across the IOW.



## LOCAL CHILD SAFEGUARDING PRACTICE REVIEWS (LCSPRs)

The Learning Inquiry Group (LIG) considers cases referred to determine whether a Child Safeguarding Practice Review is appropriate and proportionate. The group also discuss and disseminate learning from scoping processes, local single agency reviews and national case reviews.

The purpose of reviews of serious child safeguarding cases both at a local and national level, is to identify improvements in practice to be made to safeguard and promote the welfare of children by better understanding what happened and why things happened as they did.

**Serious child safeguarding cases are those in which:**

- **Abuse or neglect of a child is known or suspected and**
- **The child has been seriously harmed**

During 2021/22, one case was referred to LIG for consideration, but it did not meet the criteria for a review. It was more appropriately taken to the multi-agency safeguarding leads meeting for discussion.

A practitioner learning event was agreed in 2021 for a case brought to LIG in 2020/21, a Learning Event Report was completed and learning workshops will be held in 2022/23.

### Key themes to come out of cases scoped and/or reviewed in 2021/22 were:

- Be prepared to think the unthinkable
- Maintain professional curiosity
- Monitor closely children who move repeatedly between Elective Home Education and School and the reasons for this
- Consider services available to support parent/carers experiencing adolescent to parent violence
- Ensure EHE team access ICS records where children are known to Social Care
- Consider what the child is trying to communicate through their words and behaviours
- Agencies to be clear about the difference between signposting and referring families to services

An LCSPR for [Child I](#) was published in January 2021 and 3 virtual multi-agency learning workshops held in July 2021. These enabled dissemination of the learning. Agencies provided the following inputs at the workshop:

- ✓ **IOWSCP and YOT** – LCSPRs and their purpose; review recommendations; a timeline of key events in Child I's life leading up to the child's death.

- ✓ **Public Health** – Suicide prevention and awareness of the [protocol](#); training available; local and national data
- ✓ **CAMHS** – Mental Health Support Team service being piloted in 8 IOW schools; use of the 'was not brought' leaflet explored
- ✓ **Early Help Team** – The importance of timely consideration of [Early Help services](#) for adolescents explored

## EVALUATION OF WORKSHOPS

100% of participants strongly agreed or agreed that they understood how to apply what they had learnt into their day-to-day job

Participants responses on how they would change their practice as a result of the workshop:

*"Never wait for 'the next' meeting if you have concerns - no matter how small. Always share with relevant agencies"*

*"Continue to offer help and support - even if consistently turned down"*

*"Make sure that I follow up with families that I have signposted to support to ensure that they have followed this through"*

## AGENCIES REPORTED THE FOLLOWING OUTCOMES AS A RESULT OF SHARING CASE I:

**Barnardo's** - Managers ensure all assessments include a section that records all family members and significant others in children's lives. This has been embedded across mental health services. Senior managers in supervision ensure workers are being professionally inquisitive about others in the household, establishing relationships and roles. Managers use team meetings to remind front line staff about relationships and family dynamics.

**YOT** - Highlighted the issue of Adolescent to Parent Violence (APV). A second "Who's in charge" 9-week programme delivered to parents who experience APV. Development of an interagency meeting to discuss children who are under 16 who display this behaviour. Workers are encouraged to persist in engaging with children who may initially present as unwilling/unmotivated to engage, particularly where there are evidenced concerns in respect to safety and wellbeing.

**Shalfleet and Yarmouth** - Increased offer of Early Help and Pastoral Support across the Federation which saw significant increase in the numbers.

**Medina House** – Through the new Help Hut gain more information about the whole family context which in turn led to more referrals to strengthening families, EMHPs and the wellbeing service as well as MASH referrals, and signposting to mental health support for parents.

**Wroxall Primary** - Context with current safeguarding cases ongoing within the school and cases reviewed to ensure that nothing learnt from the Case I review had been missed, including signposting for additional support. Suicide awareness information and signposting shared with parents. National reviews will be built into safeguarding training for staff.

**Oakfield Primary** - Reviewed Early Help offer for families. Further training sought on the Early Help Assessment process and the offer for DDSL. The opening of 'Oakfield Family Hub and Community Pantry' will regularly provide drop-ins and professional advice/support for families in need to identify strategies early on and provide support sooner.

### SINGLE AGENCY REVIEWS

IOW agencies present to the LIG the reviews they have undertaken, enabling effective information sharing, discussion, and scrutiny of each other's safeguarding work.

### GOOD PRACTICE REPORT

Two good practice reports were presented by Health, both cases involved women with unborn/new-born babies. Areas of strength in the multi-agency response to managing these complex cases included:

- ✓ Effective multi-agency planning and use of professional's meetings
- ✓ Flexible approaches and timely interventions
- ✓ Good support and advice offered across agencies
- ✓ Good outcomes for both women and their babies.

### RESEARCH, LOCAL AND NATIONAL REPORTS, NATIONAL PANEL REVIEWS

**HIPS Learning from LCSPRs** – HIPS Managers share learning from their LCSPRs which enables an exchange of information about common or emerging themes, and opportunities to optimise learning across the HIPS area.

**Practice Briefing on National Reviews** – The Hants and IOW Partnership Managers provided Children's Services Senior Management Team with Practice

Briefings on the National Panel Review Reports, Strategic Leads found the session impactful and agreed to brief their teams to ensure learning was disseminated widely:

#### It Was Hard to Escape (National) report

**Barnardo's:** Shared and discussed with UTurn worker and discussed in supervision. Plan to share within family practitioner team meetings.

**Broadlea Primary:** Family Liaison Officer (FLO) enrolled to attend CERAF training, school considers the need to complete a Child Exploitation Risk Assessment Framework (CERAF) for bullying/inappropriate online activity when concerns are raised from outside of school. School provides parents with online links and information to better understand the concept of criminal and sexual exploitation, referrals to UTurn as needed, increased awareness of older siblings and the possible risks they may be facing. School always considers the older sibling attending college or high school – school share information with other. One child was escalated to CP as a result of working in partnership to complete CERAF. One child was subject to S47 as a result of completing CERAF in partnership with other professionals

*"This helped me understand what risks my child was taking and being exposed to"*

*"It was embarrassing to think that it was happening, but your help made all the difference to keep them safe"*

#### Out of Routine (National) Report

**IOW NHS Trust:** The Safeguarding Children Team supported a number of multi-agency sessions delivered by the IOWSCP regarding Safeguarding Infants, specifically looking at Safer Sleep, ICON, bruising/injuries in non-mobile babies and overlay.

There is a clear process in the Trust to hold a Child Death Review meeting for every child death. They also have a regular Mortality and Morbidity meeting where baby deaths or serious illnesses are discussed. All actions and modifiable factors are shared with the local Child Death Overview Panel for their consideration. Information regarding themes and actions is fed back to the Trust.

#### Myth of Invisible Men (National) Report

**IOW NHS Trust:** Actively encourage Midwives to explore the role of the father/partners during pregnancy and postnatally. Any vulnerabilities a father or partner may have are clearly documented and risk assessed using the Unborn Baby Safeguarding Protocol.



Currently all PPN1s for children are shared with the GP and 0-19 team, these often include details of fathers/partners who may pose a risk to children, information sharing was particularly highlighted in this report as being crucial to protect babies from non-accidental injuries (NAIs).

**Broadlea Primary:** now has a more open approach towards contacting a father as a first point of contact and actively seeks father's input into plans, and if there is a history of domestic abuse seeks to include father.

**Hunnyhill Primary:** hold annual safeguarding training for all staff. Any updates, learning from reviews and news are included. They look at signs and triggers and how and what they report. The school has a clear ethos that 'it could happen here at our school/already is happening here'. A higher level of males from families are attending Early Help and support meetings, and the male voice has increased by using the Dojo communication app so that more males and family members can get in contact.

**Solent NHS Trust:** The safeguarding team have shared across the Trust all the national and the local reviews. These are featured within the SoSafe staff newsletter with a narrative around the impact on practice and learning. One-minute guides have been produced and recirculated on hidden adults within the home, and myth of the invisible men has featured as a learning session at Solent safeguarding steering group. Reviews are used to inform safeguarding supervision sessions.

Raising awareness of impact and recommendations in practice. Identifying the significant others in a child's life are standards within 0-19/dental assessments and where appropriate some sexual health assessments. Conversations are continuing about best practice in linking fathers and partners health records to a child's health record in Solent.



## CDOP REPORTS

The LIG received several CDOP reports and discussed themes, key findings, modifiable factors and how these might apply at a local level. These included a neonatal death themed briefing report, a death by suicide themed briefing report and the CDOP bi-annual report.

## MULTI-AGENCY CASE FILE AUDITS

Thematic multi-agency case file audits are planned by the PQA group as part of the IOWSCP's scrutiny and quality assurance work. They are led by a multi-agency panel, chaired by a Service Lead and practitioners involved in the cases participate in an honest and open reflection on the cases arriving at agreed strengths and areas for further development in practice.

In 2021/22 four audits were planned, but due to pressures on the system caused by the pandemic two were not completed. One will be completed in 22/23 and the other (MASH case file audit) was covered by the JTAI Inspection in Hampshire of the Hampshire and IOW MASH.

## CASE FILE AUDIT 1 - SAFEGUARDING ADOLESCENTS AT RISK OF, OR EXPERIENCING CSE OR CCE

- ★ 10 cases audited
- ★ 40 staff attended

Reason for theme: To see how well the new CERAF had been embedded in practice and how effective responses to cases referred to METRAC were.

### Key strengths (in all 10 cases audited):

- ✓ The **referral for services was timely** and included CERAF information, an account of family history and other contextual information
- ✓ **Recording in assessments was concise and factual** and included voice of the child and key adults
- ✓ The **assessment was child focussed** and took account of the wishes and feelings of the child
- ✓ **Relevant professionals were involved in the assessment** and where there were child protection concerns there was clear assessment of risk
- ✓ The plans **identified and addressed the needs** and risks to the child
- ✓ **Planning objectives were clear, child focussed** and clearly laid out expectations

- ✓ The **interventions put in place were appropriate** to meet the needs of the child, there was evidence of continued engagement by all agencies involved
- ✓ **Plans were reviewed and updated** at regular intervals including the level of risk to the child
- ✓ In all 7 cases where the risks had changed at the review meeting, the **CERAF was revised** and sent to MASH
- ✓ The **views of the child and adults were actively sought** and recorded as part of the review process
- ✓ There was **evidence of cases supervision and case management decisions** in recording
- ✓ The **child's needs were met, and they were safe**

#### Key opportunities for improvement to strengthen practice:

- ★ National Referral Mechanism (NRM) referrals - 3 referrals were made where it was appropriate to do so, but factors in two cases could also have triggered referrals. A revised HIPS NRM pathway is in draft and will be used to promote NRM completion and improve practitioner awareness.
- ★ The child as a young carer - consideration was given of the child as a young carer for 1 case, but there were a further 2 cases where this should have been a consideration. This is now part of assessment processes and there has been a rise in PQA data of the number of young carer referrals. PQA will continue to monitor improvements.
- ★ Distribution of revised plans and meeting notes - there was some variation of practice in ensuring all meeting notes and revised plans were sent to all involved practitioners and families in two cases. This will remain as an audit question to monitor improvements.
- ★ Professional challenge - In 3 cases the panel believed there should have been professional challenge.
- ★ Consent and information sharing - in 3 cases there were difficulties securing consent for assessments and in 1 case information sharing between CSC and Health needed improvement.
- ★ Missed opportunities - In 7 of the cases the panel felt there were some missed opportunities: Reducing the number of placement moves for the child (though this was made difficult during Covid), taking better account of the child's previous history and the number of safeguarding issues present.

#### Survey results on use of the CERAF:

459 people completed the survey across the HIPS area:

92% were aware of the CERAF and changes made to it

84% knew how to use the CERAF

82% felt confident at using the CERAF

93% of those who had completed a CERAF had used their professional judgement

85% said they welcomed training. Only 29% had attended so far, so further sessions were arranged

#### Recommendations:

1. Multi-agency case studies should be generated from the case audit as exemplars of best practice and added to the Safeguarding Adolescents and Child Sexual Abuse Strategy Toolkits
2. Board members should circulate the NRM pathway to promote understanding and effective use of the NRM across their agencies.
3. Agencies to be assured through monitoring that revised plans and meeting notes are always sent to family members and professionals involved in cases in a timely way.
4. METRAC to monitor the prevalence of ADHD diagnoses among cases referred and how this might inform the support offered and how it's delivered.



## CASE FILE AUDIT 2 - TRANSITION OF CHILDREN WITH DISABILITIES TO ADULTHOOD AND ADULT SERVICES

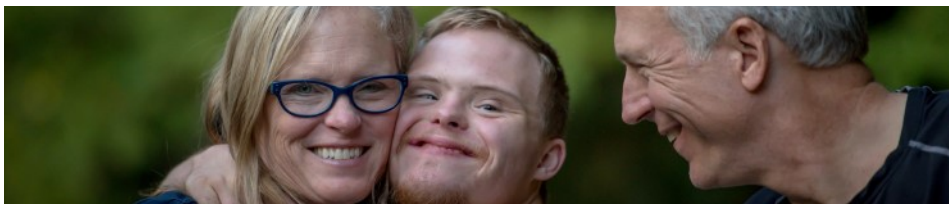
★ 10 cases were audited

★ 40 staff attended

Reason for theme: To look at the support provided to children/young adults with complex needs in the process of their transition to adulthood and adults services. To explore what arrangements are in place to support the particular vulnerabilities of this group of young people.

### Key Strengths:

- ✓ The **assessment was family focussed** and took account of family circumstances
- ✓ The **assessment of the young person demonstrated their wishes**, feelings, and ideas
- ✓ **Interventions had a positive impact** on the young person's safety and well-being
- ✓ **Evidence of regular case supervision/reflection** for staff
- ✓ **Relevant case or family history was taken account of** and any other contributory factors. This is an area the IOWSCP is seeking assurance from agencies as part of the Case I recommendations
- ✓ **Specific needs and vulnerabilities were assessed**
- ✓ **Planning objectives at each stage were clear and young person focussed**, and outlined the actions to be taken by professionals, parents/carers and the young person
- ✓ **Indicators of expected outcomes at each stage were clear**, achievable, recorded and focussed on impact for the young person
- ✓ **Services were appropriate** to address the young person's needs
- ✓ **Views of the young person and their family were actively sought** and recorded as part of the review using principles of "no decision about me without me"
- ✓ **Evidence of continued engagement** of all relevant agencies in planned work



### Key development opportunities to strengthen practice:

- ★ Agencies to plan ahead to ensure an EHCP is applied for and in place at the earliest opportunity to enable an effective transition
- ★ Applications for adult mental health services were made, but not always taken forward until the young person was 18 - difficult interface between child and adult services with the care plan being put in place after the young adult was 18. CAMHS were effective at holding cases, robust in maintaining support and following up on referrals until proper plans were in place for the young adult
- ★ Professionals and young people to be better aware of the entitlement from age 14 to a learning disability annual health check via their GP
- ★ CERAfS to be completed/reviewed at the point of transfer to adult services to ensure those services are aware of any exploitation risks in order to manage them appropriately

### Recommendations added to the audit tracker

1. Panel members to create case studies from the cases examined in the audit to provide best practice exemplars for the Safeguarding Adolescents Toolkit and attached to the multi-agency pathway created
2. Health, Education, Police and Social Care work together to develop a joint Transitions Pathway for young people with disabilities and/or complex education or health needs, to enable a well-planned and smooth transition process for vulnerable young adults
3. Primary Care to disseminate information on Learning Disability Annual Health Checks available from age 14 years including entitlement criteria to all agencies
4. Children's Social Care and SEN Teams to include information on the Learning Disability Annual Health Check as part of Local Offer and EHCP information
5. CERAfS to be completed and sent to the Transitions Team for all children with disabilities or complex education or health needs by the lead professionals prior to transfer to adult services, to assist with recognition of and planning for any exploitation risks and vulnerabilities identified so that the risks to the young adult can be managed affectively
6. School Nurses to be invited to CIN meetings, Care Leavers meetings and EHCP Reviews as key members where the young adult has health needs, so that they can be effectively involved in the transition process where appropriate
7. CCG to consider liaison with GPs to ensure that they have that fact that a child has an EHCP flagged and necessary information on their records



## SECTION 11 AUDIT

The IOWSCP undertakes a two-year cycle to monitor each organisations compliance with section 11 of the Children Act (2004), as part of it's statutory duty. This process has been strengthened by use of a staff survey and a co-ordinated approach across HIPS.

**Part 1** of the cycle was undertaken in 2020. Audits tools and staff surveys were completed. Review Panels were held to review submissions and agencies were provided with feedback and clarification or action sought where needed. A full report on the Part 1 was presented to the Board in 2021.

**Part 2** of the cycle was undertaken in 2021. Agencies were required to identify progress on their 2020 action plans. These were then reviewed by a multi-agency panel and feedback and challenge to agencies followed.

### Key Strengths:

- ✓ Detailed responses provided in returns was commendable and provided good assurance to that agencies had followed up on advice and questions raised
- ✓ Most agencies had progressed their action plan priorities in a timely way and were clear about next steps
- ✓ Agencies had been flexible and creative in their service provision during the pandemic in order to manage and mitigate risks and maintain eyes on children

### Areas for development:

- Future section 11 audit cycles will include structured conversations and visits to verify self-assessments, discuss and seek assurance on areas of concern, and share good practice. These were not viable during the pandemic
- Review the Hants and IOW Thresholds document and training for agencies on its application
- Full review of the self-assessment tool is planned for May 2022. A full review of progress on agency action plan objectives to be assured of their completion will be completed later in 2022

## SAFEGUARDING IN EDUCATION AUDIT

Under section 175 and 157 of the Education Act 2002, all schools are required to carry out an annual self-assessment audit to review their safeguarding arrangements for children. In 2021, 100% of IOW schools and colleges completed a self-assessment. The results of the completed tools were analysed and a report

produced with comparative data, which will be shared at the DSL Conference in June 2022.

The tool is updated annually in-line with legislation: [Keeping Children Safe in Education](#), [Working Together to Safeguard Children](#) and [EYFS guidance](#). A bespoke audit tool is used for language schools.

AREA FOR DEVELOPMENT	OUTCOME
Scope a project to provide training to schools and settings on prejudicial language and behaviour	The project was scoped and a proposal taken to the Business Group. Whilst the project was seen as highly beneficial, it was agreed that it should be funded through Education and not the IOWSCP, as it was primarily a single-agency project. Work is now well underway to implement the project fully in a growing number of schools on the IOW
To ensure schools are fully prepared for implementation of the RSHE/RSE curriculum	A survey was issued regarding implementation of the RSE curriculum and training/support provided for all schools, tailored to their needs
Request schools provide updates to their action plans	Due to the pandemic and lock down periods, schools were reminded to review their action plans within their teams in preparation for the revised self-assessment timetable, with the new tool being sent out in early September 2021

There were a range of actions on individual school action plans from 2020, and progress on these was re-visited in the 2021 audit tool process and visits.

### Key Data:

- [Section 1 – Safeguarding information for all staff](#)

97% of schools self-assessed items in this section as being fully in place and 3% partly in place

- [Section 2 – The Management of Safeguarding through School leadership \(including recruitment and selection\)](#)

97% of schools self-assessed items in this section as being fully in place and 3% partly in place.

- Section 3 – Local Arrangements

80% of schools self-assessed items in this section as being fully in place, 18% partly in place and 2% not in place. Safeguarding training was lower than previous years at 60% fully in place, this was mainly around allegations management training, family approach and neglect which was made difficult during lock downs.

- Section 4 – Prejudicial Language and Behaviour

22% of schools had this fully in place, 58% partly in place and 20% not in place. This is the second year for this piece of work and schools have not yet fully embedded it in their policies. 37 schools recognise it as a priority area.

**Overall, 94% of items were fully in place, 5% were partly in place and 1% were not in place, showing increased confidence that safeguarding requirements were being met**

Data was also collected on children leaving schools to become EHE. It showed years R, 9 and 10 were the groups where between 29 and 33 children left and a total of 181 children left to become EHE. However, 49 children later re-joined schools after a period of EHE.

Analysis of the 2021 self-assessment audit tool submissions demonstrated some key areas identified for further development by schools:

NUMBER OF SCHOOLS	AREA IDENTIFIED FOR FURTHER DEVELOPMENT
38	Tweak policies and procedures to ensure they are up to date, signed off by Governors and staff have all read and understood
20	Update and embed systems and procedures with particular emphasis on CPOMS
25	Undertake appropriate training, in particularly allegations management and new local domestic abuse
21	Embed revised Neglect Strategy and Toolkit
13	Continue to improve online safety

## WORKFORCE LEARNING AND DEVELOPMENT

The joint Safeguarding Adults Board (SAB) and IOWSCP Workforce Development subgroup (WFD) is well established and there is synergy between the two workforce development agendas in terms of pooled budgets for areas of joint interest. A cyclical process is in place for ensuring multi-agency training meets the needs of the workforce and this is underpinned by the following activity:



**Learning Needs Analysis:** is undertaken annually and consideration is given to feedback from an annual staff survey of workforce development needs alongside evaluations, attendance records and observations of training delivered. Learning needs are also identified through the partnerships scrutiny and assurance programmes and reviews.

A total of 20 courses were offered during 2021/22 with 646 attendees from a wide range of agencies. Due to the pandemic, courses continued to be delivered virtually.

Data from the 2021/22 programme of learning and development showed that:

- ✓ 95% of attendees strongly agreed or agreed, that training met its learning outcomes.
- ✓ 97% of attendees strongly agreed or agreed, that they understood how to apply the learning in their day-to-day job
- ✓ 88% of all attendees felt the style of delivery enhanced their experience of the event

Attendee evaluation included actions they intended to take in their workplace as a result of the training. A selection are included below:

**General comments on IOWSCP Training offer:**

**“ Thought they were all really good and well-structured and delivered. Have used aspects from all of them in practice particularly in relation to complex cases with multi-agency involvement. Multi-agency training has been really useful for developing a common language for meetings, plans and feedback to young people/parents ”**

Working Together to Safeguard Children and Young People (Level 3):

**“ It reminded me to think about the triangle and use this when making a safeguarding referral to strengthen my reasons and make sure I understand the issues I am referring for and am showing concerns over ”**

Complex Multi-Agency Safeguarding Children (Level 4):

**“ Very well-run course - knowledgeable and professional - good and effective use of case studies and participant input ”**

Brook Sexual Behaviours Traffic Light Tool:

**“ I really enjoyed this course. It was useful and informative and has given me greater confidence in my knowledge going forward ”**

Teenage Sexual Behaviours:

**“ I found the sexual health training workshop useful and have used the sexual health clinic facility for students and would not have known that it was in existence without the training ”**

Understanding, Identifying and Responding to Neglect:

**“ It has changed how we evidence concerns – e.g., using the neglect toolkit we support staff to identify and report ”**

Choice and Control in Hoarding Behaviours:

**“ The training really gave me an insight into the complex mental health issues that sit along side those that hoard ”**

Childrens Reception Team and Multi Agency Safeguarding Hub (CRT MASH):

**“ Now team members know what to expect when they submit an IARF and feel confident to challenge when necessary regarding responses and expectations regarding the IARF completion and their key role in the assessment process ”**

Missing, Exploited and Trafficked Children (MET):

**“ It was brilliant - trainer was just so inspiring and managed to keep morale so high even with online learning and such a challenging subject to discuss. He was so knowledgeable, and I left inspired by him ”**

Engaging and Working with Fathers in Child Protection:

**“ We now ask for father's voice in meetings, reviews and parent meetings. Parent meetings are held virtually as this enables more to attend. We have seen an increase in fathers attending who may previously have been at work, live on the mainland or abroad ”**

Community Partnership Information Form (CPI):

**“ I now have a deeper understanding about when to use the CPI form and the purpose it serves especially in disrupting exploitation ”**

Harmful Practices - An Introduction to Child Abuse Linked to Faith and Belief - CALFB (Including Witchcraft):

**“ I am better equipped to discern cultural aspects of family norms versus what could be safeguarding concerns when thinking family as I attended the seminar training ”**



# Business Plan Priorities for 2022/23

**The Partnership reviewed its Business Plan priorities at a Development Day in January 2022 and agreed a revision of thematic work to respond to local and national areas of safeguarding need, as well as objectives from 2020/21 where further action was needed.**

The new Business Plan outlines the main objectives of the IOWSCP for 2022/23. The Partnership acknowledged that we continue to live in exceptional times, defined by the Covid pandemic. Accordingly, the revised Business Plan encompasses some new short-term objectives and continuation of longer-term objectives to bring them to completion in 2022/23.

## PART A — LONG-TERM STRATEGIC OBJECTIVES

- Safeguarding Adolescents
- Neglect
- Child Sexual Abuse

## PART B — SHORT-TERM OBJECTIVES

- Evaluate the impact of IOWSCP initiatives and programmes
- Promoting the work of the IOWSCP
- Scoping the scale of the problem of non-attendance and exclusion of vulnerable children at school to better understand the issues

## PART C — MEDIA CAMPAIGNS

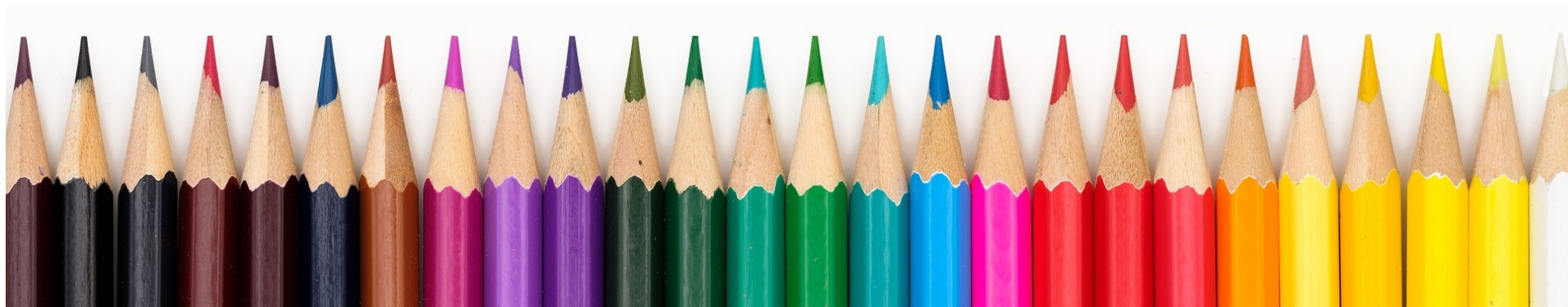
- Reducing non-accidental injuries in under 1's
- Keeping children safe online
- The Year 3 Business Plan can be found in full on the [IOWSCP website](#).





# Relevant Agencies

- Adult Mental Health Services
- Child and Adolescent Mental Health Services (CAMHS)
- Child And Family Court Advisory Service (CAFCAS)
- Early Years Settings
- Education establishments (primary, secondary, independent, post-16 years provisions, special schools, pupil referral units)
- Faith Groups
- Hampshire & Isle of Wight Fire & Rescue Service
- Healthcare providers (including those represented through membership of the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP))
- Housing Providers
- Inclusion IOW
- Isle of Wight Coroner's Office
- Isle of Wight Primary Care providers
- Isle of Wight Council, Adults Social Care (ASC)
- Isle of Wight Council, Childrens Social Care (CSC)
- Isle of Wight Council, Education and Inclusion
- Isle of Wight Council, Housing
- Isle of Wight Council, Public Health
- Isle of Wight Council, Regulatory Services
- Isle of Wight NHS Trust
- Isle of Wight Youth Offending Team (YOT)
- Language Schools
- Love 146
- National Probation Service (NPS)
- NHS England/Improvement
- Paragon
- Perinatal Mental Health, Southern Health
- Solent NHS Trust
- Sporting Organisations, via the Hampshire and Isle of Wight County Sports Partnership (Energise Me). This includes national sporting bodies who have branches operating on the IOW such as the Football Agency (FA)
- The Office of the Police and Crime Commissioner (OPCC)
- Voluntary Sector Organisations



# Glossary

4LSAB — 4 Local Safeguarding Adults Boards  
ADHD — Attention Deficiency Hyperactivity Disorder  
APPG — All-Party Parliamentary Group  
APV— Adolescent to Parent Violence  
ASC— Adult Social Care  
CAFCASS — Children and Family Court Advisory and Support Service  
CALFB — Child Abuse linked to Faith and Belief  
CAMHS — Child and Adolescent Mental Health Service  
CAST — Children’s Assessment Safeguarding Team  
CCE — Child Criminal Exploitation  
CCG — Clinical Commissioning Group  
CCP — Child-Centred Policing  
CDOP — Child Death Overview Panel  
CERAF — Child Exploitation Risk Assessment Framework  
CIN — Children In Need  
CME — Child Missing from Education  
CP — Child Protection  
CPB—Corporate Parenting Board  
CPI—Community Partnership Information form  
CPOMS — Child Protection Online Management System  
CPP — Child Protection Plan  
CRC — Community Rehabilitation Company  
CRT — Children’s Reception Team  
CSA — Child Sexual Abuse  
CSC — Children’s Social Care  
CSE — Child Sexual Exploitation  
CYP — Children and Young People  
DAF — Domestic Abuse Forum  
DDSL — Deputy Designated Safeguarding Lead  
DSL — Designated Safeguarding Lead

EIS — Education and Inclusion Service  
EHCP — Education, Health and Care Plan  
EHE — Electively Home Educated  
EMHP— Education Mental Health Practitioner  
FGM — Female Genital Mutilation  
FLO — Family Liaison Officer  
FTE — First Time Entrants  
HCAs — Health Care Assistants  
HIPS — Hampshire, Isle of Wight, Portsmouth and Southampton  
Safeguarding Children Partnerships  
HRDA — High Risk Domestic Abuse  
HSCP — Hampshire Safeguarding Children Partnership  
HSIOWCCG—Hampshire, Southampton and Isle of Wight Clinical Commissioning Group  
HYPE — Hearing Young People’s Experiences  
ICON — Infant crying is normal, Comforting methods can help, It’s okay to walk away, Never, ever shake a baby  
ICPC — Initial Child Protection Conference  
ICS — Integrated Care System  
IOW — Isle of Wight  
IOWSCP — Isle of Wight Safeguarding Children Partnership  
ISVA — Independent Sexual Violence Adviser  
IWC — Isle of Wight Council  
JTAI — Joint Targeted Area Inspection  
KCSiE — Keeping Children Safe in Education  
KS2 — Key Stage 2  
LAC — Looked After Child  
LADO — Local Authority Designated Officer  
LCSPR — Local Child Safeguarding Practice Review  
LIG — Learning Inquiry Group



# Glossary

LSCP — Local Safeguarding Children Partnership  
MAPPA — Multi-Agency Public Protection Arrangements  
MARAC— Multi Agency Risk Assessment Conference  
MASH — Multi-Agency Safeguarding Hub  
MET — Missing, Exploited and Trafficked  
METRAC — Missing, Exploited, Trafficked Risk Assessment Conference  
MHLD — Mental Health & Learning Disabilities  
NEET — Not in Education, Employment, or Training  
NPS — National Probation Service  
NRM — National Referral Mechanism  
OPCC — Office of the Police & Crime Commissioner  
PA — Personal Assistant  
PEX—Permanent Exclusion  
PHSE— Personal, Social, Health and Economic  
POPS—People on Probation  
PPN1 — Public Protection Notice  
PQA — Performance & Quality Assurance Group  
RSE — Relationships and Sex Education  
SAB — Safeguarding Adults Board  
SCBU—Special Care Baby Unit  
SCP — Safeguarding Children Partnership  
SCR — Serious Case Review  
SE — South East  
SEN — Special Educational Needs  
SEND — Special Educational Needs and Disabilities  
SLT — Senior Leadership Team  
TAM — Temporary Accommodation Meeting  
TORs—Terms of Reference  
UASC — Unaccompanied Asylum-Seeking Child  
VRU — Violence Reduction Unit

WFD — Workforce Development  
YCP — Youth Crime Prevention  
YOT — Youth Offending Team



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# Integrated Care Partnership Interim Strategy

Update, emerging themes and next steps

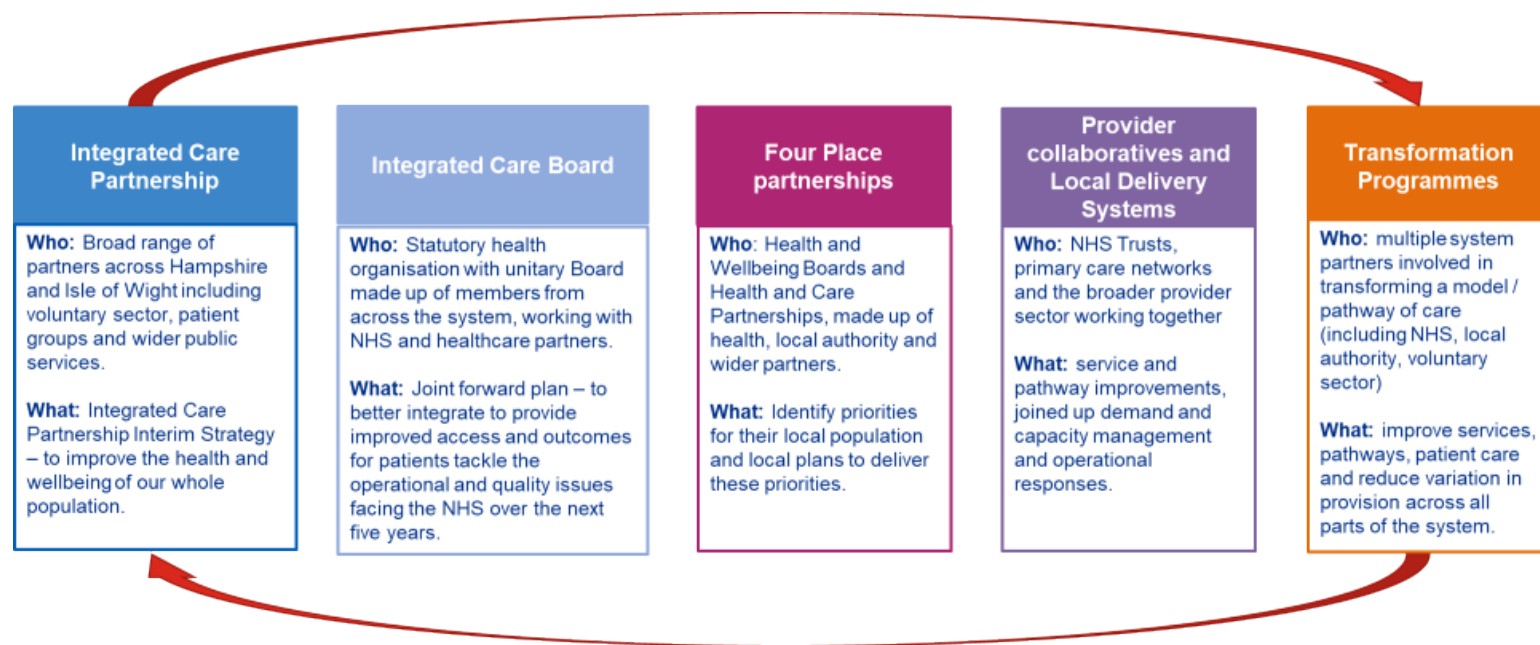
October 2022



# Integrated care systems have four broad aims...



...and consist of a number of partnerships



The approach we take to developing our strategy and plans together will help to strengthen our partnerships

# Our aim is to publish an interim strategy by end December and a strategic/joint forward plan by the end of March

## Interim Integrated Care Partnership Strategy (December 2022)

Describes our ambitions and priorities where we can achieve tangible benefits by working together as a new, wider partnership across the system

- ✓ builds on **work already completed** (including the Joint Strategic Needs Assessments and Health and Wellbeing Strategies)
- ✓ focuses on **better integration of health or social care services** with “health-related” services
- ✓ sets priorities for joint working where **collective working (beyond place) is most helpful**
- ✓ must be **published and copies distributed**
- ✓ Is **co-developed** with a wide range of partners
- ✓ will likely **be updated** once new arrangements are fully in place


## Integrated Care Board joint forward plan (March 2023)

How healthcare partners will deliver services to meet the health needs of our population and deliver the aims of the strategy, ensuring universal NHS commitments are met

- ✓ sets out how the Integrated Care Board will **exercise its function as commissioner** of health services
- ✓ supports the delivery of the Integrated Care Partnership interim strategy but **covers a wider range of services**
- ✓ is a more **internal-facing** “NHS” document

SOURCE: Department of Health and Social Care guidance on the preparation of integrated care strategies, July 2022

# Overview: How did we arrive at the emerging areas of focus?

- 
- 1 **Review of the data and evidence** (Hampshire and Isle of Wight Joint Strategic Need Assessments, Health and Wellbeing strategies, system diagnostics)
  - 2 **Collation of perspectives** (partner interviews to understand perspectives, priorities and strategies, views of local people and other stakeholder insights)
  - 3 This led to the **identification of 5 themes for initial focus**: children and young people; mental wellbeing; prevention of ill health and healthy lifestyles; workforce; digital and data
  - 4 We used the partnership event on the 28 September to **review the evidence** under each theme, together with pre and post events discussions with other system colleagues, and **distilled a longlist** of potential areas of focus from the discussions
  - 5 The next step is to agree the **key areas of focus** for our strategy based on an assessment of the longlist against the design principles we have developed for the strategy, and taking into account the strategy guidance



# We started by gathering insights and inputs from a variety of people and sources, including:

- 1 Review of the data and evidence
- 2 Collation of perspectives



The views of local people and other stakeholder insights

Healthwatch, Hampshire Together and Isle of Wight public engagement, people and digital strategy coproduction, community engagement events, stakeholder surveys



Joint strategic needs assessment and Health and Wellbeing Board strategies

Portsmouth, Southampton, Isle of Wight and Hampshire JSNAs and strategies, plus the combined ICS JSNA and covid impact needs assessment



Partner perspective, priorities and strategies

Directors of strategy, medical directors, clinical leaders, public health, fire, police, elected members, adult and childrens services, programmes – through clinical cabinet, prevention & inequalities board, digital group, quality board, transformation board, system chiefs, Bluelight Hub, Health & Wellbeing Boards



Other data, evidence and information

CQC, NHS Staff Survey, HES (Hospital Episode Statistics) data, financial and workforce returns, NHS payments to General Practice, Skills for Care workforce estimates, reference costs, Office for Health Improvement and Disparities; Office for National Statistics (the above summarised in system diagnostic)

This suggested five themes to prioritise, which are supported by the national policy backdrop

National aims and expected benefits of integrated care systems:



Suggested themes for Hampshire and the Isle of Wight:

Children and young people	<i>“Children and young people should be our first priority; they are the future of Hampshire and the Isle of Wight”</i>
Mental wellbeing	<i>“The non-clinical route into mental health and wellbeing support is just as important as the clinical route”</i>
Prevention of ill health and promotion of healthy lifestyles	<i>“We need to be tackling the ‘causes of the causes’”</i>
Our people (workforce)	<i>“Without the workforce, none of our ambitions will be achieved”</i>
Digital and data	<i>“There is a known need for digital systems to be integrated and compatible: without this there is a decline in efficiency and collaboration”</i>

Quotes from system partners when discussing possible areas of focus

# Our five themes are grounded in national and international policy

## Children and young people

- Reducing child health inequalities. what's the problem? reports that adverse health outcomes would be reduced by 18% to 59% if all children were as healthy as the most socially advantaged.
- The Royal College of Paediatrics and Child Health report, State of child health - England: 1 year on, highlights that children living in England have poorer health outcomes than average across the EU15+ (the 15 European Union countries plus Canada, Australia and Norway)
- The NHS Long Term Plan sets out the priorities for expanding Children and Young People's Mental Health Services over the next 10 years

## Prevention of ill health and promotion of healthy lifestyles

- The government states that the 2020s will be the decade of proactive, predictive, and personalised prevention
- The 10 year forward plan signals a clear focus on prevention. A 'renewed' NHS prevention programme will focus on maximising the role of the NHS in influencing behaviour change, guided by the top five risk factors identified by the Global burden of disease study: smoking, poor diet, high blood pressure, obesity, and alcohol and drug use.

## Our people (workforce)

- Addressing staffing issues in the NHS is among the top priorities for the public, reiterating the desperate need for a long-term, fully funded workforce strategy for the health and care service.
- The People Plan 2020/21: action for us all, set out a range of actions to deliver more people, working differently, in a compassionate and inclusive culture.

## Mental wellbeing

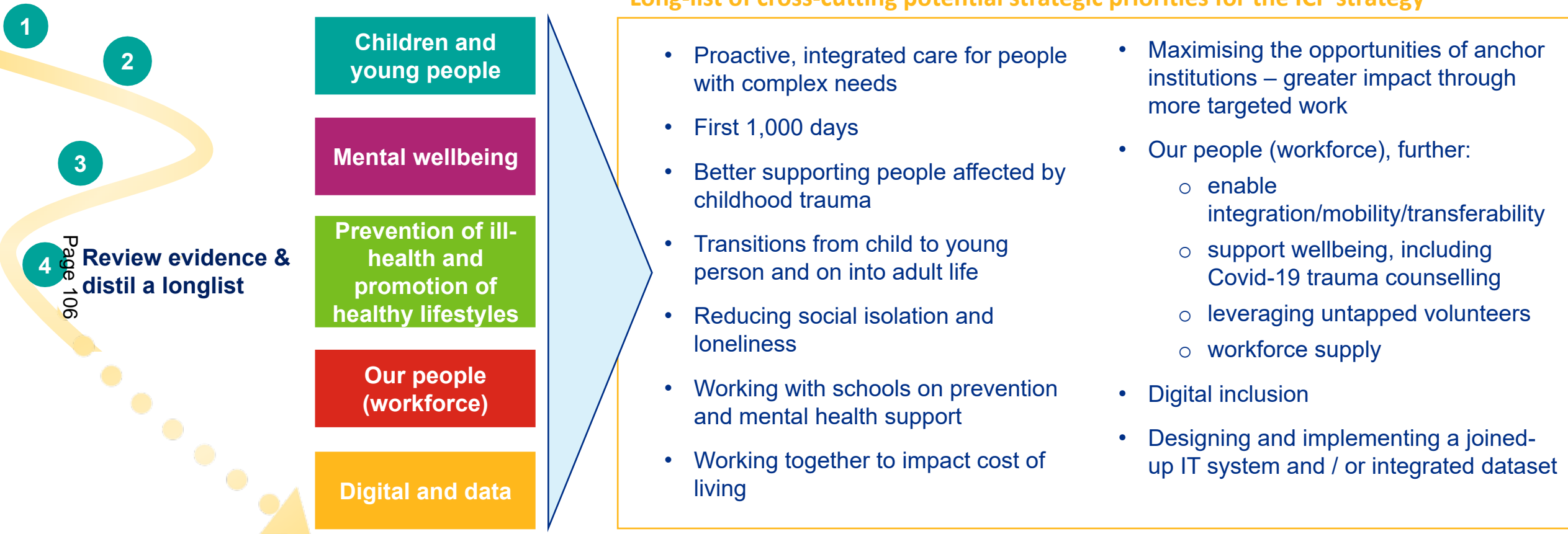
- The Five Year Forward View for Mental Health made a series of recommendations for the NHS and Government to improve outcomes in mental health by 2020/21. The NHS Long Term Plan included further commitments to improve mental health services. In 2022 the Government issued a call for evidence to inform a new, 10-year cross-government Mental health and wellbeing plan.



## Digital and data

- Population health is one of the core strategic aims for integrated care systems; to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population, with a specific focus on the wider determinants of health
- Using data held by the NHS, and generated by smart devices worn by individuals, we will be able to usher in a new wave of intelligent public health where everyone has access to their health information and many more health interventions are personalised.

# 11 potential areas of focus for the strategy have emerged from strategy development discussions to date



## Other ideas were considered, but discounted on the basis that they:

- Would be better tackled at Place / organisational level
- Weren't cross-cutting enough i.e., didn't excite all partners
- Would / could be tackled through the emerging themes selected
- Had an evidence base but we haven't heard passion for these areas in our work to date and have agreed with partners to go where the energy is

# Next steps

- For the areas we are shortlisting, we will be testing and socialising with colleagues and partners, as well as:
  - gathering further evidence to strengthen the case for change and/or sharpen our strategic focus
  - describing our strategic ambitions for each of the shortlisted priority areas, identifying target outcomes and implementation plans (this work is already in train)
- Testing, socialising, developing through key groups, including
  - Integrated care partnership committee in November
  - Board of the integrated care board in December
  - Health and wellbeing boards
  - ICS NHS Executive Leadership Group
  - Integrated care board senior leaders
  - Peer groups across the system
  - People and public involvement groups
  - Partnership reference group

In the meantime:

- We are working through the early steps in the process of developing the **Integrated Care Board's strategic (joint forward) plan**
- Please email [sarah.reese1@nhs.net](mailto:sarah.reese1@nhs.net) or [Roxanne.ransome@nhs.net](mailto:Roxanne.ransome@nhs.net) if you would like to work through your thoughts on the development of the strategy

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