



## **Hampshire Safeguarding Children Board**

### **Business Plan 2016 – 17**

## **Introduction**

This Business Plan outlines the priorities agreed by Hampshire Safeguarding Children Board (HSCB) during 2016 - 17. HSCB is a statutory body set up under the Children Act 2004. The Board consists of partner agencies who co-operate with each other in order to safeguard children and promote their welfare. We are responsible collectively as a Board for strategic oversight of child protection arrangements in Hampshire, and our role is to lead, co-ordinate, develop, challenge and monitor the delivery of effective safeguarding practice by all agencies across Hampshire. The Board maintains strategic oversight to ensure child protection arrangements are working across the whole system, not just in our individual agencies, and are keeping children safe.

## **Our purpose**

Section 14 of the Children Action 2004 sets out the statutory objectives of each LSCB, which are:

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

## **Key Priorities for 2016- 17**

At its meeting in February 2016 HSCB agreed to continue its focus on the five priorities below. Excellent work has been achieved over the previous financial year which has seen the developments of key strategies and plans, and the strengthening of our quality assurance framework over the coming year. The Board felt it was important to maintain momentum and continue to develop these areas of work to ensure that professionals across the partnership are best equipped to identify, protect and support children at risk in Hampshire.

HSCB will take a leadership role in delivery and quality assurance of partnership work in these areas. The format of the plan is designed to enable implementation and monitoring of actions in a clear and concise way. Progress against this plan will be reviewed and monitored by the Business Group, with Chairs of the relevant sub committees reporting on progress against their actions to this group. Where necessary and appropriate the Business Group will highlight areas of concern and good practice to the full HSCB Board meetings for further action. Our priorities are:

- Priority 1:** To enhance the understanding of neglect amongst professionals across Hampshire, and give them the tools to better identify indicators of neglect, and, understand what interventions are available to support and protect children affected by and / or at risk of neglect.
- Priority 2:** Ensure that Board partners recognise the needs of children and young people when considering the impact of substance misuse, mental health problems and domestic abuse in adults.
- Priority 3:** To ensure a coordinated multi-agency approach and response to key safeguarding issues, including; Missing, Exploited and Trafficked Children, FGM and Suicide and Self Harm.
- Priority 4:** Quality Assurance, Measuring Impact and Embedding Learning
- Priority 5:** Improve the way the Board communicates with and engages key stakeholders including children, their parents, and the community and faith sectors.

**Key threads that run through all priorities:**

- Voice of the Child- to ensure that our work is child centred and we continually seek to engage and involve young people;
- Multi-agency partnership working - including the voluntary, faith and community sectors;
- Lessons are identified and learned from case reviews and multi-agency audits undertaken, and the monitoring of the implementation of recommendations.

**Priority 1. To enhance the understanding of neglect amongst professionals across Hampshire, and give them the tools to better identify indicators of neglect, and, understand what interventions are available to support and protect children affected by and / or at risk of neglect.**

Outcome	Action	Owner	By When	Method of Measuring Success	Suggested Impact	Monitoring Arrangements
<b>1. HSCB is assured of a coordinated, multi-agency understanding of, and response to the complex issues of neglect.</b>	1.1 Finalise and publish the new multi-agency neglect strategy, toolkit (including interventions) and neglect thresholds chart to agencies across Hampshire.  - Hold a launch event for multi-agency professionals working with children of all ages who are at risk of or affected by neglect.	Neglect Multi-Agency Task and Finish Group  Business Unit / Task and Finish Group	Strategy and toolkit finalised by June 2016  Launch event to be held in September / October 2016 (for new academic year)	All documents to be published and disseminated through agencies  Evaluations from the workshop show that all attendees are aware of the new tools and how to use them in their professional field.	Professionals having greater understanding of, and recognising the early signs of neglect through using the toolkit.  Multi-agency use of assessment tool ensures consistent practice across agencies / Hampshire.	Quarterly reports from Group to Business Group and Board.
	1.2 Strengthen the neglect information on the HSCB data set to ensure the information	Business Unit / Quality Assurance	Reviewed on a quarterly basis throughout	Reports to the Board contain meaningful	A more informed picture of the	Included as part of data set reports to Quality Assurance

	enhances our understanding of families who show long term, low level neglect, and informs working practices to enable practitioners to engage in different ways to best support children and their families;	Group	the year.	information and trend analysis on the following areas: - % total referrals to Children's Services for reasons of abuse/neglect - Number of children (under 18s) not brought / not attending medical appointments - Number of crimes recorded for neglect	scale and nature of neglect in Hampshire enables agencies to respond quickly to need and identify emerging themes.	Group and Board on a quarterly basis.  To note, baseline data point will be taken from end of March 2016 and used to monitor progress throughout 2016/17.
	1.3 Update training material and roll out multi-agency workshops (or similar) when Neglect Strategy and other tools are completed.	Workforce Development Team.	September 2016 (in time for launch event)	Existing training courses are updated to reflect the new material and additional training events are commissioned / developed.	Evaluations show that 100% of delegates found the training good or very good.  Feedback from training illustrates that professionals are aware of the new tools and know how to use them with children	Monitored on a quarterly basis via the WDG and updates provided to the Board.

					and their families.	
	1.4 Finalisation and launch of interactive guidance to support the HSCB Thresholds Chart.	EHH Lead	September 2016	Responses from staff survey show increase in staff (more than 60%) who understand the thresholds chart and how to apply it.	Professionals understanding how and when to use the Chart to accurately apply thresholds and determine access to services.	Update reported to QA Group.
	1.5 Undertake a multi-agency audit on the Early Help offer and effectiveness of the Early Help Hubs making reference to appropriate use and referral criteria as outlined in the Thresholds Chart.	QA Group	Audit to be completed by December 2016	<p>Audit demonstrates that referrals made into the EHH were at the appropriate level and the correct threshold.</p> <p>That the EHH recommended an appropriate course of action in line with procedure.</p> <p>That the findings from the audit are supported by early help data provided to the Board in the following areas:  - Number of cases stepped down from</p>	Professionals are aware of and engaging with EHH and making appropriate referrals at the correct point of entry. EHH are having a positive impact in supporting children at risk of neglect, and preventing them from entering the statutory care system.	<p>Findings reported to the QA Group.</p> <p>To note, baseline data point will be taken from end of March 2016 and used to monitor progress throughout 2016/17.</p>

				Level 4 social care to EHH Level 3 within the period - % of closed cases due to parents withdrawing consent - % of closed cases due to parents refusal to engage - % of cases closed due to planned outcomes being met.		
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**Priority 2. Ensure that Board partners recognise the needs of children and young people when considering the impact of substance misuse, mental health problems and domestic abuse in adults.**

Outcome	Action	Owner	By When	Method of Measuring Success	Suggested Impact	Monitoring Arrangements
<b>2. Children and Young People are able to live safely at home where appropriate, subject to robust assessment, planning and intervention. And any support is identified and provided in a holistic approach to all family members.</b>	2.1 HSCB, through the LA Innovation Programme, to seek early assurance of the progress, and monitor the early impact of the new Family Intervention Teams (FIT) established across Hampshire.	Chair QA Group	September 2016	The external evaluation of the FIT teams demonstrates a reduced need for CP Plans in relation to children affected by the toxic trio.	Children and Young People are supported before statutory interventions are necessary.	Report to QA Group in Q1.
<b>3. Children living in a family affected by these issues are identified as a priority and safeguarded appropriately.</b>	3.1 Following the MASH audit in 2015/16 QA Group to undertake a second themed audit examining:  a) the decision making process within the MASH	QA Group	By February 2017.	Audit findings demonstrate that:  a) correct decision making processes are in place  b) that children and young people are being appropriately	Professionals are able to identify, respond and appropriately support children and young people to safely live at home, or protect them in	Findings reported to the QA Group.

	<p>and ensure that decisions / actions are impacting positively on children and young people.</p> <p>b) whether supervision and assessment processes appropriately identify children at risk of one or more factors of the toxic trio.</p>	QA Group		<p>supported at the earliest opportunity</p> <p>c) supervision and assessment processes are consistent across agencies and protect children at risk.</p>	alternative accommodation.	
<p><b>4. That staff working with children identified at risk from these factors, and professionals working with adults within the family, understand what it is like to be a young person living in that environment.</b></p>	<p>4.1 HSCB and HSAB and Hampshire Domestic Abuse Forum to consider areas of joint training (primarily relating to elements of the Toxic Trio but can include other subjects) to be delivered to multi-agency professionals working with both children and adults.</p>	WDG in consultation with Business Unit, HSAB and HDAF	December 16	Training to be available for staff by February 2017.	Evaluation of training evidences that staff working with adults can consider risks to children, and that staff working with children and identify risk factors associated with adults.	Quarterly updates to WDG and SCRC as part of action plans for Child Q report.
	<p>4.2 Gain feedback</p>	QA Group	September 2016	HSCB can evidence	Professional	Report provided to

	<p>from Children and young people affected by Toxic trio via evaluation of FIT Teams</p> <p>4.3 Use feedback from FIT evaluation and Children to inform existing, or new, training events, for professionals working with both children and adults.</p> <p>4.6 HSCB to feed into refresh of the Joint Working Protocol to include information on Domestic Abuse and enhance the focus on the perspective of the child.</p>	<p>Workforce Development Team</p> <p>QA Group (primary) and Health Group (secondary) and others where appropriate.</p>	<p>September 2016</p> <p>Protocol due for launch by end May 2016.</p>	<p>one piece of policy which has changed from children's input</p> <p>WDG can evidence training has been updated to respond to feedback from children and young people.</p> <p>Joint Working Protocol is reflective of recognised best practice.</p>	<p>practice reflects concerns raised by children and young people</p> <p>Staff in all agencies can better respond and support children and young people living in these family environments.</p> <p>Staff can better respond and work collaboratively to support and protect children living in families where the toxic trio is present.</p>	<p>QA Group.</p> <p>Quarterly reporting via WDG.</p> <p>To be discussed at QA and Health Group.</p>
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**Priority 3. To ensure a coordinated multi-agency approach and response to key safeguarding issues, including:**

- **Missing, Exploited and Trafficked (MET) Children**
- **Female Genital Mutilation**
- **Suicide and Self Harm.**
- **Children who are electively home educated**
- **Novel psychoactive substances**

<b>Outcome</b>	<b>Action</b>	<b>Owner</b>	<b>By When</b>	<b>Method of Measuring Success</b>	<b>Suggested Impact</b>	<b>Monitoring Arrangements</b>
<b>5. HSCB is assured of a coordinated, multi-agency understanding of, and response to missing, exploited and trafficked children and young people.</b>	5.1 HSCB to monitor the effectiveness of the newly established multi-agency MET Innovation Team. This will include hearing from children affected by MET / CSE.	MET Group (primary owner) providing updates to QA Group (secondary owner)	September 2016	External evaluation of the pilot evidences that the team are reducing the number of people at significant risk of CSE.	Improved cross –agency understanding and information sharing across the MET agenda.	Report into QA Group and MET Group and Presentation to HSCB Board.
	5.2 HSCB to use the results from the MET Local Area Effectiveness Audit to inform a MET Challenge Day	MET Group (primary owner) providing updates to QA Group (secondary owner)	May 2016	The Board is assured that there is consistent practice across partners in relation to: - having a MET policy - having a CSE Risk Assessment Tool - providing single	Findings drive consistent practice and awareness of responsibilities in this area, and evidence improvement across all agencies.	Reported to MET and QA Group and then to HSCB Board.

	<p>5.3 HSCB to coordinate a multi-agency MET peer review on agreed MET themes informed by Challenge Day.</p> <p>5.4 HSCB to undertake a single-agency audit on MET to assess whether standard MET Training material is being used in agency training and information and intelligence appropriately shared.</p>	<p>MET Group (primary owner) providing recommendation to QA Group (secondary owner)</p> <p>Workforce Development Group</p>	<p>December 16</p> <p>September 2016</p>	<p>agency training on CSE /MET.</p> <p>Review highlights that actions from the MET action plan are being progressed. E.g. consistent risk assessment tool.</p> <p>Feedback shows that all agencies provide or include MET Training and it includes HSCB key messages.</p>	<p>Training delivered equips professionals to respond appropriately and identify signs of CSE and risks to MET children.</p>	<p>Reported to MET / QA Groups and then HSCB Board.</p> <p>Reported to WDG.</p>
<p><b>6. That CSE risk assessment and information sharing practices are appropriate and facilitate proactive multi-agency working.</b></p>	<p>6.1 Health MET Task and Finish Group to provide assurance that all health agencies/ providers are using the SERAF to identify and assess risk of MET.</p>	<p>Health MET Group via Health Group</p>	<p>June 16</p>	<p>SERAF common risk assessment across Hampshire agencies.</p>	<p>Consistent use of risk assessment tool ensuring cases are correctly identified and support / intervention provided.</p>	<p>Report to Health and MET Group and then to HSCB Board.</p>

	6.2 HSCB to establish an Education MET Task and Finish to agree most effective ways to raise awareness and engagement of MET across Education in Hampshire.	Education MET Group via Education	Deadlines throughout year.	Group to be established by April 2016.  Action plan agreed by June 2016.  Delivery of actions in Q2 – 4.	Information is shared and actions agreed with key partners in a timely manner  Learning identified from 2015 audit is implemented.	Report to Education and MET Group.
<b>7. HSCB understands current scale of Missing Children</b>	7.1 Data on those that go missing from home / care settings, and whether this leads to increased risk of CSE is regularly provided and scrutinised by the Board	MET Group (primary owner) providing updates to QA Group (secondary owner)	Every quarter during 2016	Data is incorporated into the HSCB scorecard by end Q1 16-17	Improved understanding of the scale within Hampshire which informs multi-agency response to highlighted risks.	To be reported into MET Group and multi-agency scorecard on a quarterly basis.
<b>8. Key themes relating to adolescents at risk are disseminated to professionals</b>	8.1 HSCB annual conference for practitioners on Adolescents at risk. This will include information on MET, Domestic Abuse within teen	Conference Task and Finish Group	June 2016	90% of attendees evaluation report that they have increased awareness of adolescents at risk.	Heightened awareness of key issues amongst professionals.	Evaluation reported to Workforce development group.

	relationships and coercive relationships, and suicide and self harm.					
<b>9. HSCB is assured of actions to improve mental health, reduce suicide and prevent self harm in adolescents.</b>	9.1 All suicides and 'serious attempts' at suicide to be reviewed and learning to be taken forward in Hampshire and across the Pan-Hants area.	CDOP	Bi-monthly and annually.	CDOP Annual Report	Findings drive good practice, and evidence improvement across all agencies.	CDOP and then the Board
	9.2 Implement the suicide prevention plan to reduce suicide in the community	Suicide Prevention Group	First report June 2016 and 6 monthly updates thereafter	Actions due for end of year completion are implemented	Evidence that key interventions has been put in place to reduce suicide	6 monthly into CDOP and Health Subgroup
	9.3 Implement the plan for understanding and reducing self harm	Self harm prevention working group	Plan to be in early stages of implementation by April 2016.	Actions due for end of year completion are implemented.	Greater understanding of the issues of self harm and evidence that key interventions have been put in place.	6 Monthly via Health Subgroup
	9.4 CAMHS to provide waiting time information for	Health Subgroup primarily and Quality Assurance	Annual targets set for CAMHS by CCGs who commissioned	95% being seen for assessment within 4 weeks	Targets set are met by CAMHS	6 month reporting into Health Subgroup and annual reporting

	assessment and treatment to ensure that children with mental health problems have timely access to mental health services.	Group secondary	their services.	100% being seen with 12 weeks  95% being seen within 18 weeks for treatment.		into QA Group.
	9.5 The views and opinions of parent/carers and children to be sought regarding their experience within the CAMHS service.	Health Subgroup primarily and Quality Assurance Group secondary	December 2016	CAMHS can evidence how policy or practice has changed due to the views communicated by children.	CAMHS practice is informed by the patient experience of children.	Report into Health Subgroup and QA Subgroup.
	9.6 HSCB, via Self Harm Prevention Group, to enhance professional awareness and understanding of the Self Harm Pathway.	Self Harm Prevention Group reporting via the Health Subgroup	Self Harm Pathway to be re-published by October 2016 with a clear plan for promotion.  HSCB to undertaken staff survey by February 2017 to test professional awareness and understanding	Survey results demonstrate that 90% of professionals know where to find the pathway  90% of professionals (where it is relevant to their role) know how to apply the pathway	Relevant professionals know how to apply the pathway to appropriately support children at risk of self harm	Report into Health Subgroup and QA Sub Group.
<b>10. That the FGM Strategy and flowchart is agreed and disseminated</b>	10.1 FGM strategy and flowchart to be agreed and shared with all partner	FGM Task and Finish Group	May 2016	Strategy and Flowchart disseminated to agencies and placed	Heightened awareness of FGM across professionals /	Quarterly via the Health Subgroup.

<b>with appropriate learning events to support it for multi-agency professionals.</b>	agencies			on HSCB website by end May 2016.	agencies.	
	10.2 Training and / or awareness raising events are held in regions across Hampshire to promote the tool and inform professionals on the signs and risks associated with FGM	Workforce Development Group	Programme to be agreed by July 2016	90% of attendees can say that they better understand FGM and would know what to do if they came across or suspected it.		Quarterly via the Workforce Development Group
<b>11. HSCB is assured of information sharing and collaborative working across agencies to highlight children who are vulnerable and educated at home.</b>	11.1 A process be agreed for information to be shared between Education and Inclusion and Children's Services on those children who are home educated and known to Children's Social Care.	Education Subgroup and Education and Inclusion Branch.	Process to be agreed by July 2016 in place for the new academic year starting September.	That it is clear when a child known to social services is home educated so that appropriate support can be offered if needed.	Heightened awareness amongst professionals so that there is a clear picture across Hampshire of which children are educated outside of mainstream education.	Education Group.
<b>12. HSCB partners are aware of the new psychoactive substances bill that comes into effect 1 April 2016.</b>	12.1 Produce a briefing sheet for all partners but especially schools on the new legislation, and the indicators and steps to be taken should a child	Business Unit in partnership with Police Psychoactive Substances Lead.	Briefing sheet to be disseminated by June 2016.	Agencies know about the change in legislation, their responsibilities as outlined in the legislation, and how to safeguard a child who has taken	Heightened awareness amongst professionals and clear lines of referral where appropriate.	MASF and Quality Assurance Group.

	be under the influence of psychoactive substances including 'excited delirium'.			psychoactive substances, and seek appropriate medical assistance.		
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### Priority 4. Quality Assurance, Measuring Impact and Embedding Learning

Outcome	Action	Owner	By When	Method of Measuring Success	Suggested Impact	Monitoring Arrangements
<b>13. Learning is embedded and leads to good practice</b>	13.1 Ensure that the early learning identified by the CSE Innovation Team is identified and disseminated appropriately and in a timely way.	MET Group (primary owner) via Communications Group and QA Group (secondary owner)	6 Months after establishment / Q1 2016/17	HSCB and partners can demonstrate how policy has been updated to incorporate early learning.	Learning is identified quickly and any changes to policy and practice are made.	Report to MET Group and then HSCB Board.
	13.2 Monitor recommendations from all SCR and other reviews, ensuring learning is translated into policy development	SCRC / Board Manager	6 months after publication of a SCR or other review	HSCB / Individual agencies can evidence updated policy to reflect SCR recommendations.	Professional practice continually evolves as a result of updated policy and training.	Monthly updates to SCRC and then to HSCB Board.
	13.3 Ensure learning from Reviews inform lessons learn events and training modules.	Workforce Development	8 x events are held throughout the year	90% of evaluations rate event as good or above	Professional practice continually evolves as a result of updated policy and training.	Reporting to Workforce Development Group
	13.4 Evaluations carried out on training courses impact positively on continuing programme of safeguarding training	WDG	Ongoing throughout the year	WDG can demonstrate how feedback has informed the 6 month review of courses.	Revised arrangements fit for purpose and ensure HSCB meets is statutory requirements.	Workforce Development Group with update provided to QA Group in Q3.
	13.5 Strengthen multi-agency balanced	QA Group	On a quarterly Basis starting	Scorecard is agreed and meaningful quarterly	Information and analysis is robust	Report to QA Group and HSCB

	scorecard to ensure robust data collection and analysis.		from Q1 2016/17.	reporting established by end Q1 16/17.	and provides assurance to HSCB Board	Board.
	13.6 HSCB to monitor and track progress in health on the roll-out of the Child Protection Information System in Hampshire	Health Subgroup	September 2016	All Health and other partners to contribute to development of system and meet agreed deadlines.	Progress throughout the year places Hampshire agencies to effectively record and share information.	Quarterly updates to Health Subgroup and included in reporting to the Board.
	13.7 Complete review and re-publish 4LSCB core policies and procedures.	Board Manager via 4LSCB Group	May 2016.	Subsequent staff survey indicates information is more relevant and easy to find	Professionals have up to date information to support their work.	Updates to QA Group / Business Group.
	13.8 S157 and S137 Education Audit questionnaires expanded to include key areas of safeguarding e.g. MET	Education Group	May 2016 (for release of audit)	100% responses from schools providing information on all areas outlined	Board has assurance from schools on a wider range of safeguarding issues	Updates to Education Group and then Board.
	13.9 HSCB to hold workshops with Education representatives to highlight key safeguarding messages (outcome from SES SCR)	Education Group, MET Group, Business Unit	December 2016	Representatives from all key areas (Primary, Secondary etc.)	Increased referrals from schools on MET / Seraf.	Updates to Education Group and then Board.

**Priority 5. Improve the way the Board communicates with and engages key stakeholders including children, their parents, and the community and faith sectors.**

Outcome	Action	Owner	By When	Method of Measuring Success	Suggested Impact	Monitoring Arrangements
<b>14. The Board engages and consults children and young people to receive feedback on its work and gain their perspectives on priority themes.</b>	14.1 Feedback sought via forums and events led by Participation leads in partner agencies	Communications Group/ Participation Leads	December 2016	HSCB can evidence how policy and work programmes have been informed by the views of children and young people.	Feedback informs HSCB programme of work and ensures it remains relevant to children and young people.	Report into Communications Group
	14.2 Revised questions to be included in the What do I think Survey / Bullying Conference	Education Subgroup	June 2016			Report to Education Group
	14.3 Board to meet Children in Care Group / Youth Parliament Members / PCC Youth Commission members	Board Manager to lead programme.	February 2017	HSCB can evidence it has directly engaged children and young people to seek feedback	HSCBs work is informed by the perspectives of children.	Feedback reported to HSCB Board.
	14.4 Children and Young people are invited to	WDG Group QA Group / other	Ongoing across annual audit programme	HSCB can evidence it has directly engaged children	Feedback strengthens function and	Feedback given to QA Group

	participate in HSCB Conference and multi-agency audits	Audit Leads		and young people to seek feedback	professional challenge of Board	
	14.6 Polls on HCC and partner websites	Communications Group / Business Manager	December 2016	HSCB can evidence that it has reviewed its communication channels in light of feedback from polls.	Feedback highlights areas for further development	Update to Communications Group and then to HSCB Board.
	14.7 Specific feedback at training events / MASF conferences / LSCB Conference	Business Unit / WDG / MASF Chairs	Ongoing throughout programme of HSCB training.	90% of those surveyed are aware of and value the work of HSCB.		Update to Workforce Development Group.
	14.8 The Board receives feedback from Disabled Children on areas that affect them and their care.	Disabled Children Group	Themes to be fed in on a quarterly basis from April 16 – March 17.	HSCB can evidence that it has engaged disabled children and sought their views on their care	Feedback strengthens the support, opportunities and care given to Disabled Children and their families in Hampshire	Update to QA Group and then Board.
<b>15. The Board receives feedback from front line practitioners and board level partners on role, visibility and impact of its work</b>	15.1 Develop a clear community engagement strand of the HSCB	Communications Group	August 16	HSCB is aware of what community groups exist and how to use them to disseminate relevant information.	Plans raise awareness of HSCB role and work to key stakeholders, and inform ongoing work of HSCB.	Report to HSCB Board.

	15.2 Establish formal relationship with faith groups	Communications Group (primary owner), Board Manager (Secondary Owner).	August 16	HSCB has an identified contact within the faith community to share information with and consult on initiatives.		
	15.3 Hold a themed workshop with the Voluntary Sector	Communications Group (primary owner), Board Manager (Secondary Owner).	December15	HSCB can communicate key safeguarding messages via the Voluntary Sector networks in Hampshire.		
	15.4 Establish a Community Consultation Group to use as a conduit to receive feedback and disseminate messages to faith, voluntary and other community sector / groups.	Stakeholder Engagement Coordinator and MET Coordinator	July 2016	HSCB has an identified route to communicate with community links across Hampshire. This will first be used for MET but can and should be used for other areas of Board work.		
<b>16. Board communicates with all key stakeholder groups</b>	16.1 Update of HSCB Website	Board Manager (primary owner) / Communications Group	May 16	End of year engagement survey shows that 80% of respondents have read a HSCB newsletter and	Board able to engage effectively with stakeholders and disseminate relevant	Report to Communications Group/ Independent Chair.

				visited the new website.	information	
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