

NOTICE OF MEETING

Meeting	Executive Member for Public Health Decision Day
Date and Time	Monday, 16th September, 2019 at 2.00 pm
Place	Chute Room - HCC
Enquiries to	members.services@hants.gov.uk

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

FILMING AND BROADCAST NOTIFICATION

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

AGENDA

1. MENTAL HEALTH PREVENTION CONCORDAT (Pages 3 - 10)

The purpose of this paper is to seek approval from the Executive Member for Public Health to sign up to Public Health England's Prevention Concordat for Better Mental Health.

2. SUPPORTING FAMILIES PROGRAMME TRANSITION GRANTS (Pages 11 - 20)

The purpose of this report is to seek approval from the Executive Member for Public Health for continued transitional grants for the Supporting Families Programme.

3. TRANSFORMATION TO 2021 - REVENUE SAVINGS PROPOSALS (Pages 21 - 148)

The purpose of this report is to outline the detailed savings proposals for both Adult Social Care and Health and Public Health that have been developed as part of the Transformation to 2021 (Tt2021) Programme.

ABOUT THIS AGENDA:

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

ABOUT THIS MEETING:

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

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

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	September 16, 2019
Title:	Supporting Families Programme Transition Grants 2019/20
Report From:	Steve Crocker, Director of Children's Services

Contact name: Ian Langley, Strategic Lead, Supporting Families Programme (SFP)

Tel: 01962 845722

Email: ian.langley@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to update the Executive Member on the progress and transition of the Supporting Families Programme (SFP) which is currently in its final year (2019/20). The report seeks the support of the Executive Member for SFP Transition Grants to be made available in the autumn of 2019 to support the transition of the programme in the remainder of 2019/20 and the embedding of key facets of the programme in 2020/21 and beyond.

Recommendation(s)

2. The Executive Lead Member notes:
 - a) The progress/performance of the Supporting Families Programme and transition plans for the remainder of the final year of the programme.
 - b) The key findings of the independent academic evaluation of the programme by Solent University detailed in paragraphs 13 and 14 of this report.
3. The Executive Member to endorse the proposal for SFP Transition Grants (not exceeding £100,000 with maximum bids of £20,000) to be made available via Hampshire County Council's Small Grants process in the autumn of 2019 for projects that will support SFP Transition Plans.
4. The Executive Member to receive a report at the next Decision Day in November 2019 detailing the SFP Transition Grants recommended for approval.

Executive Summary

5. This report provides a summary of Hampshire's Supporting Families Programme since its inception in 2012 and commencement of Phase 2 of the programme in 2015. The context of SFP within the national Troubled Families is also outlined. As it stands Government funding for the programme ceases on 31/3/20 but it is possible that an extension of

funding could be announced by the Government in the forthcoming Comprehensive Spending Review.

6. An overview of the findings of independent academic evaluation of the programme published by Solent University in March 2019 is included. The evaluation report provides strong evidence of both the transformation in the way services are delivered to families and the costs avoided/saved by the programme.
7. The programmes performance against national targets for attaching families to the programme and for claiming reward grant when prescribed outcomes are met is shown. This indicates that although Hampshire was behind the trajectory required for attaching families in 2017/18 and 2018/19 the national target was passed at the end of July 2019. Reward Claims have proved difficult to evidence in Phase 2 of the programme so meeting the national target remains extremely challenging.
8. SFP budgets have been adjusted during Phase 2 of the to take account of the financial risk related to falling short of national targets. The improvement in performance has provided the finance required to fund an SFP Transition Grant pot to support the transition of the programme in the final year and beyond to ensure the principles of the programme remain embedded and are not lost.

Contextual Information

9. Hampshire's Supporting Families Programme is part of the national Troubled Families Programme led by the Ministry for Housing, Communities and Local Government (MHCLG) that commenced in 2012. Local Authorities in England are the lead agency for the Troubled Families in their LA area.
10. An extended Phase 2 of the programme was launched by MHCLG in 2015 targeted at supporting families up to the end of 2019/20 meeting at least two of the following criteria;
 - Children with poor school attendance or excluded from school.
 - Family members offending or committing anti-social behaviour.
 - Families claiming out of work benefits/at risk of financial exclusion e.g. with unmanaged debts/at risk of eviction.
 - Children who need Early Help e.g. children who fail to thrive or go missing.
 - Families with domestic violence/abuse issues.
 - Families with health issues e.g. substance misuse/mental health/obesity/malnutrition.
11. It is possible that in the Government's forthcoming Comprehensive Spending Review an extension of funding for the programme into the next financial year and beyond could be announced. In the absence of any announcement it is assumed the programme will end on 31/3/20.
12. Whole family working led by a professional the family trust is a key principle of the programme. It is a requirement of the programme that each

family has a family plan that they voluntarily sign up to. The Lead Professional for the family co-ordinates the delivery of the family plan. Warm face to face introductions/handovers with families between professionals is an important part of whole family working.

13. Across Hampshire the programme is delivered by ten local groups based on district/borough council areas (with Hart & Rushmoor combined). Each group is led by a Senior Responsible Officer (SRO) appointed locally. There is some flexibility in the way each group operates to take account of local needs/circumstances.

14. One of the primary tasks of these groups is to use local intelligence held by professionals to identify and attach suitable families to the programme. All of the local groups are strongly aligned to their local multi agency Early Help Hub led by the Family Support Service which is part of Hampshire Children's Services.

15. Good evidence of transforming the delivery of services to whole family working emerged from two independent academic evaluations in 2015 and 2019. The latter by Solent University found;

'The focus on the family with a persistent emphasis on outcomes means that families are more consistently encouraged to meet their targets. The programme opens the door to provision and coordination of services and promotes trust from the families who value the support.'

16. A key aim of the programme is to prevent families from becoming high need/high cost families and so reduce the pressure on the public purse. The Solent evaluation report also provided evidence of significant savings and costs avoided per annum broken down as follows;

- £674,339 for Education
- £1,803,221 for Crime and Anti-Social Behaviour
- £1,293,224 for Children who Need Help
- £1,506,988 for Employment and Financial Exclusion
- £642,987 for Domestic Violence and Abuse
- £799,438 for Health

This equates to a cost saving/avoided of £26,880,800 by SFP over the four years (2015-19) covered by the evaluation.

Performance

17. The Phase 2 expansion significantly increased the number of Hampshire families (5540) required by MHCLG to be attached to the programme and where possible 'turn around' by the end of 2019/20. At the end of 2017/18 Hampshire were nearly 700 families behind the attachment trajectory expected by MHCLG at that point. A Recovery Plan was put in place which ensured the Phase 2 attachment target was passed by the end of July 2019.

18. Thresholds for claiming reward grant were also notably heightened in Phase 2. In Phase 1 of the programme Hampshire had been successful in claiming 100% of the reward grant available. To date in Phase 2 Hampshire have so far claimed for 25% of families attached which is significantly short of the 65% expected by MHCLG.
19. Hampshire's claims performance has improved over the last year although the MHCLG reward target remains extremely challenging. The achievement of the attachment target does enable the opportunity for there to be a primary and unrelenting focus on maximising reward claims during the remainder of the programme. As part of the Recovery Plan additional temporary staff have been taken on to focus on increasing reward claims for the remainder of the programme and this combined with other actions should have a positive effect.

SFP Finances

20. Since its inception Local Authorities (LA's) have been grant funded by MHCLG to deliver the programme locally. An Attachment Grant has been given for each family attached to the programme with an additional Reward Grant paid when successful outcomes are achieved against the relevant criteria applying to each family (see paragraph 8).
21. In Phase 2 of the programme £1000 was provided for each family attached to the programme with a further £800 Reward Grant payable for successful outcomes. A Service Transformation Grant of £350,000 per annum is also provided. This covers the cost of the SFP Central Team within Hampshire County Council who are responsible for strategic direction and the delivery of the programme across the county as well as other central costs such as IT/Auditing etc.
22. Hampshire's Phase 2 (2015-20) family attachment target is 5540 meaning an attachment grant totalling £5,540,000 is available to support families in Hampshire during this period with up to a further £4,432,000 via reward grant.
23. As MHCLG attachment targets were not met in the two previous financial years (see 5.1), the associated Attachment Grants for both 2018/19 and 2019/20 were withheld by MHCLG until performance improved. In consultation with HCC Finance the SFP budget was adjusted to ensure no financial risk to HCC.
24. By the end of July 2019, the Phase 2 family attachment target had been reached so all of Hampshire's Attachment Grant (see 6.3) has now been drawn down including the 2019/20 grant of £277,000. This means that funds set aside to mitigate the financial risk of not receiving the latter can now be deployed to support the transition of the programme into 2020/21.

Consultation and Equalities

25. Equalities impact assessments in respect of the programme were completed in both 2012 and 2015. See Section 2 on the last page of this report.

Other Key Issues

Ending/Transition of the Programme

26. In November 2018 a vision day was hosted/facilitated by the programme's evaluators Solent University involving, the SFP Central Team, local SFP Leads (SRO's) and the Family Support Service (FSS). At that meeting it was agreed;
 - c) By 1/4/19 all families attached to the programme locally should be via Early Help Hubs (EHH), as EHH's will continue beyond the end of the programme so families in need of support are not missed.
 - d) Joint meetings between the SFP Central team/SRO's and FSS to continue for the remainder of the programme.
 - e) All local SFP groups to develop local transition plans by September 2019 to ensure the smooth transition of the programme as it ends and ensure the retention of the key principles of the programme such as whole family working/warm introductions/handovers (see 4.4 to 4.6)
27. In Phase 1 and the early part of Phase 2 SFP successfully ran several annual grant rounds using Hampshire County Council's Small Grants process which funded local projects that enhanced the programme. A maximum of bid limit was put in place for each grant round to ensure the grant pot could be used to support a number of projects. Some of the projects supported previously e.g. a project to support young mothers and another to support families at risk of eviction have grown since benefitting from an SFP grant and continue to support SFP families.
28. It is proposed that an SFP Transition Grant round takes place during October/November 2019 using the HCC Small Grants process. Bids would need to clearly demonstrate use of SFP delivery principles e.g. whole family working and strongly contribute to SFP Transition Plans. A multi-agency panel will be put in place to assess bids and a summary of successful bids will be provided for the Executive Member to approve at the next decision day in November 2019.
29. SFP Transition Grants in 2019/20 would also put Hampshire in a stronger position to react to any Government announcement about an extension of the programme into 2020/21 as they would provide a platform to relaunch SFP or its equivalent.
30. As Hampshire has now drawn down all the MHCLG Attachment Grant (see 6.5), £100,000 is available for an SFP Transition Grant round in 2019/20. A maximum bid limit of £20,000 is proposed.
31. Should SFP cease at the end of 2019/20 any continued monitoring of SFP Transition Grants would continue within Children's Services. If the programme is extended into 2020/21 then this would continue to be done by the SFP Central Team.

Conclusions

32. SFP is well established in Hampshire as evidenced by the Solent University evaluation report.
33. The programme is in the final year of Government funding and so due to end on 31/3/20. It is possible that the Government could announce additional funding which would extend the programme past that point but this cannot be assumed.
34. The MHCLG attachment target has been passed, although the reward grant target remains extremely challenging.
35. The financial risk to HCC caused by falling short of performance targets has been managed. Improved performance over the last two years has eliminated any financial risk and has enabled financial resource to be freed up to support the transition of the programme in the form of SFP Transition Grants via HCC's Small Grants process.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	Yes
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes
OR	
This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because: Not applicable	

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Supporting Families Programme update (Cabinet)	<u>Date</u> 15/7/17
Supporting Families Programme update (Children & Families Advisory Committee)	31/1/18 & 5/2/19
Direct links to specific legislation or Government Directives	
<u>Title</u> MHCLG Financial Framework for the Expanded Troubled Families Programme https://www.gov.uk/government/publications/financialframework-for-the-expanded-troubled-families-programme	<u>Date</u> April 2015
DCLG Supporting disadvantaged families Troubled Families Programme 2015-20: Progress so far https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/611991/Supporting_disadvantaged_families.pdf	April 2017

Section 100 D - Local Government Act 1972 - background documents

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

<u>Document</u>	<u>Location</u>
Evaluation of phase 2 of Hampshire's Supporting Troubled Families Programme (March 2019)	Hampshire County Council/Solent University

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

- 2.1. An equalities impact assessment was completed by the SFP at the start of the programme planning in 2012. This highlighted the programme may disproportionately impact upon families within particular age groups and families with women in the household due to the restrictive MHCLG definition of a troubled family in Phase One (2012-15).
- 2.2. A further equalities impact assessment was undertaken at the start Phase 2 in 2015 taking account of the extended criteria used to attach families (see 4.2) which means the issue highlighted in 7.1 no longer applies. SFP is a supportive programme designed to improve the lives of some of Hampshire's most troubled families and communities, and therefore the impacts are likely to be positive.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker	Executive Member for Public Health
Date:	16 September 2019
Title:	Prevention Concordat for Better Mental Health
Report From:	Director of Public Health

Contact name: Sue Cochrane, Acting Public Health Consultant
Ileana Cahill, Public Health Principal

Tel: 02380 383308 **Email:** ileana.cahill@hants.gov.uk

Purpose of this Report

1. The purpose of this paper is to seek approval from the Executive Member for Public Health for Hampshire County Council to become a signatory to Public Health England's Prevention Concordat for Better Mental Health.

Recommendation(s)

2. That the Executive Member for Public Health gives approval for Hampshire County Council to become a signatory to Public Health England's Prevention Concordat for Better Mental Health

Executive Summary

3. Mental ill health problems are common, with one in six adults and one in ten children reporting a common mental health disorder.
4. The Prevention Concordat for Better Mental Health is an initiative lead by Public Health England (PHE) to provide a focus for organisations to collectively develop prevention focused action to improve wellbeing and prevent mental ill health.
5. It is recommended that the County Council signs up to the Prevention Concordat for Better Mental Health to work with partners across the system to have a collaborative approach to promote and prevent mental ill health.

Contextual Information

6. Emotional health and feeling mentally well are now recognised as being important to growth, development, learning and resilience. Mental wellbeing provides many positive health and social benefits and being in good mental health brings resilience to cope with difficulties, have good relationships with others and an ability to think clearly, participate in decision making, and have optimism, sense of control and self-efficacy. These are important for staying healthy. Mental health is important at every stage of life, from childhood and adolescence through adulthood and older age.
7. Mental ill health problems are common, with one in six adults reporting a common mental health disorder, such as anxiety. Mental health problems start early in life. One in ten children experience a mental health problem and half of all mental health problems have been established by the age of 14.
8. Poor mental health brings with it costs to individuals and their families as well as to society through costs to health, social care, housing, education, criminal justice, and the wider economy. Productivity losses increases to benefit payments and cost to the NHS associated with mental health problems cost the English economy £94 billion each year.
9. A wide range of factors can affect someone's mental health and wellbeing. The responsibility is often on the health sector to resource and have all the solutions around mental health. However, the causes, impacts and solutions around mental health issues are often to be found outside of the health sector: in schools, workplaces, communities and housing. Prevention in these settings can support people with their mental health. Education, employment, social wellbeing, availability of food, housing and other public health-related factors play an important role in preventing mental ill health and promoting mental health and wellbeing. Some mental health problems can be preventable. Mental health prevention and promotion is crucial to reversing the increasing numbers of people with mental ill health.

Performance

10. The Prevention Concordat for Better Mental Health is an initiative lead by Public Health England (PHE) to provide a focus for organisations to collectively develop prevention focused action to improve wellbeing and prevent mental ill health.
11. Organisations committed to the Concordat will pledge to:
 - a. focus on prevention and the wider determinants of mental health;

- b. work in partnership and across organisations to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level;
- c. promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play;
- d. work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources;
- e. build the capacity and capability across workforces to prevent mental health problems and promote good mental health.

12. Benefits for organisations signing up to the Concordat include:

- a. the opportunity to share local plans and work with national recognition and communication opportunities;
- b. reiterating local commitment to ensuring better mental health for local communities;
- c. enabling partnerships and organisations to meet their strategic priorities and support greater value for money;
- d. building momentum in a national shift to support prevention activity.

13. The process for signing up to the Concordat is through the submission of an application to PHE. (See draft application Appendix C).

Current Progress and Future Direction

14. A Hampshire County Council Members' Briefing was delivered by Public Health in March 2019. Members were supportive of the County Council signing up to the Prevention Concordat.

15. In July 2019 a stakeholder conference was organised by Public Health and Adults' Health and Care to explore mental health prevention and promotion. At this event, stakeholders were asked to consider whether their organisations would also commit to the Concordat. In other areas (e.g Oxfordshire), the County Council has provided system leadership on mental health prevention and promotion and has signed the Concordat, along with a range of partners including district / borough councils, health and the voluntary sector.

16. Hampshire County Council is currently developing an action plan which describes actions the Council plans to take to prevent mental ill health and promote wellbeing. This plan will form part of the application process to Public Health England (PHE) who will verify the Council's commitment and pledge to the Prevention Concordat. It is intended to submit the Council's plans to PHE in September 2019. In the meantime, the Council will continue to work with other organisations to encourage a county wide commitment to the Prevention Concordat for Better Mental health.

Consultation and Equalities

17. Mental health is everybody's business and a wide range of organisations have a role in contributing towards this. By signing the Prevention Concordat, Hampshire County Council will pledge to developing a prevention-focused mental health plan for Hampshire which will reduce health inequalities and improve population wellbeing. This will have a positive effect on the residents of Hampshire, including all those with protected characteristics.

Finance

18. There is no cost attached to signing up to the Prevention Concordat for Better Mental Health. However, there is an expectation that an application and action plan be developed which will be co-ordinated by Hampshire County Council's Public Health Team. Any activities identified within the action plan will be delivered within existing work programmes and aligned to Hampshire's Public Health Strategy. There are no plans to commit any additional financial resources to this area of work.

19. Consequently, should there be any financial consequence on the services provided by the Hampshire Public Health team as a result of signing up to the Prevention Concordat for Better Mental health this will be accommodated from within the existing Public Health budget envelope.

Conclusions

20. That the Executive Member for Public Health gives approval for Hampshire County Council to become a signatory to Public Health England's Prevention Concordat for Better Mental Health.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

2.1. Mental health is everybody's business and a wide range of organisations have a role in contributing towards this. By signing the Prevention Concordat, Hampshire County Council will pledge to developing a prevention-focused mental health plan for Hampshire which will reduce health inequalities and improve population wellbeing. This will have a positive effect on the residents of Hampshire, including all those with protected characteristics.

2.2 Impact on Crime and Disorder:

By definition, interventions considered to improve and protect the public's health are designed to support the citizens of Hampshire to live safely and have improved health and health outcomes.

2.3 Climate Change:

Consideration of climate change and its impacts on the population and its current and future health forms part of the evidence informing interventions to improve and protect the public's health.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	16 September 2019
Title:	Transformation to 2021 – Revenue Savings Proposals
Report From:	Director of Adults' Health and Care, Director of Public Health and Deputy Chief Executive and Director of Corporate Resources

Contact name: Sarah Snowdon and Dave Cuerden

Tel: 01962 832480

01962 847473

Email:

Sarah.Snowdon@hants.gov.uk

Dave.Cuerden@hants.gov.uk

Purpose of this report

1. The purpose of this report is to outline the detailed savings proposals for both Adult Social Care and Public Health that have been developed as part of the Transformation to 2021 (Tt2021) Programme.

Recommendation

2. To approve the submission of the proposed savings options for Adult Social Care and for Public Health contained in this report and Appendix 1 to the Cabinet.

Executive Summary

3. This report outlines the detailed savings proposals for both Adult Social Care and Public Health that have been developed as part of the Transformation to 2021 (Tt2021) Programme.
4. The report also provides details of the Equality Impact Assessments (EIAs) that have been produced in respect of these proposals and highlights where applicable, any key issues arising from the public consultation exercise that was carried out over the summer and how these have impacted on the final proposals presented in this report.
5. The Executive Member is requested to approve the detailed savings proposals for submission to Cabinet in October and then full County Council in November, recognising that there will be further public consultation for some proposals.

Contextual information

6. Members will be fully aware that the County Council has been responding to reductions in public spending, designed to close the structural deficit within the economy, since the first reductions to government grants were applied in

2010/11 and then as part of subsequent Comprehensive Spending Reviews (CSRs).

7. Whilst the County Council understands the wider economic imperative for closing the structural deficit, the prolonged period of tight financial control has led to significant reductions in government grant and the removal of funding that was historically provided to cover inflation, coupled with continued underfunding for demand pressures. At the same time the County Council has also had to respond to inflationary and growth driven increases in costs across all services, but in particular adults' and children's social care.
8. One of the key features of the County Council's well documented financial strategy and previous savings programmes has been the ability to plan well in advance, take decisions early and provide the time and capacity to properly implement savings so that a full year impact is derived in the financial year that they are needed.
9. This strategy has enabled the County Council to cushion some of the most difficult implications of the financial changes which have affected the short-term financial viability of some County Councils, with Surrey previously considering a referendum for a 15% council tax increase and the well publicised financial issues facing Northamptonshire whose Director of Finance issued a Section 114 notice in February 2018, imposing spending controls on the council.
10. This approach has also meant that savings have often been implemented in anticipation of immediate need providing resources both corporately and to individual departments to fund investment in capital assets and to fund further change and transformation programmes to deliver the next wave of savings.
11. Whilst this has been a key feature of previous cost reduction programmes it was recognised that the Transformation to 2021 (Tt2021) Programme, the fifth major cost reduction exercise for the County Council since 2010, would be even more challenging than any previous transformation and efficiency programme against the backdrop of a generally more challenging financial environment and burgeoning service demands.
12. Unsurprisingly, the Tt2021 Programme is building seamlessly on from the Transformation to 2019 (Tt2019) Programme, with projects and programmes of work set to go further and harder in a number of areas as the search for an additional £80m of savings (combining cost reduction and income generation) develops.
13. The Tt2021 work has been taken forward without any impacts for Tt2019 delivery with the Corporate Management Team (CMT) setting appropriate time aside for the Tt2021 planning process whilst maintaining a continued strong grip on Tt2019.
14. What is different to previous years however is the fact that the profile of delivery for the Tt2019 Programme is back loaded, with some changes not being delivered at all until well after 2019/20. Secured savings exceeded the £100m mark in the first quarter of 2019 which represented another major milestone for the Programme. However, this leaves £40m to deliver and as we move ahead we know that the remaining savings areas will be the most difficult to secure.
15. Whilst sufficient resources have been set aside to cover this delayed implementation the need to commence the successor programme does

therefore mean that there will be overlapping change programmes which is another significant difference. This does increase the overall risk in the budget going forward and there is clearly no room for complacency especially as implementation and delivery of Tt2021 will begin to run alongside the Tt2019 Programme and strong focus will be required to ensure simultaneous delivery of both.

16. Departments have looked closely at potential opportunities to achieve the required savings and unsurprisingly the exercise has been extremely challenging because savings of £480m have already been driven out over the past nine years, and the fact that the size of the target (a further 13% reduction in departmental cash limited budgets) requires a complete “re-look”; with previously discounted options having to be re-considered. It has been a significant challenge for all departments to develop a set of proposals that, together, can enable their share of the Tt2021 Programme target to be delivered.
17. The opportunity assessment and planning work has confirmed the sheer complexity and challenge behind some of the proposals, which means in a number of areas more than two years will be required to develop plans and implement the specific service changes.
18. The cashflow support required to manage the extended delivery timetable for the Tt2021 Programme will in the most part be met from departmental cost of change reserves but further funding of £32m to provide for necessary investment and the later delivery has already been factored into the requirements for the Grant Equalisation Reserve going forward. This provision will be considered as part of the updated Medium-Term Financial Strategy (MTFS) that will be reported in October.
19. The County Council undertook an open public consultation called *Serving Hampshire – Balancing the Budget* which ran for six weeks between 5 June – 17 July. The consultation was widely promoted to stakeholders and residents and asked for their views on ways the County Council could balance its budget in response to continuing pressures on local government funding, and still deliver core public services.
20. The consultation was clear that a range of options would be needed to deliver the required £80m of savings by 2021. Therefore, whilst each option offers a valid way of contributing in-part to balancing the budget – plugging the estimated £80m gap in full will inevitably require a combination of approaches. For example, the Information Pack illustrated the amount of savings that would still be required even if council tax was increased by up to 10%. It explained that the £80m estimated budget shortfall took into account an assumed increase in ‘core’ council tax of 4.99% in both 2020/21 and 2021/22. The Pack also explained that if central government were to support changing local government arrangements in Hampshire, savings would still take several years to be realised. Residents were similarly made aware that the use of reserves would only provide a temporary fix, providing enough money to run services for around 27 days.
21. As the consultation feedback confirms, a number of different approaches are likely to still be needed to meet the scale of the financial challenge. Consequently, the County Council will seek to:

- **continue with its financial strategy**, which includes:
 - **targeting resources** on the most vulnerable adults and children
 - **using reserves carefully** to help meet one-off demand pressures
- **maximise income generation** opportunities;
- **lobby central government** for legislative change to enable charging for some services;
- **minimise reductions and changes to local services** wherever possible, including by raising council tax by 4.99%;
- consider further the opportunities for **changing local government arrangements** in Hampshire.

22. Executive Lead Members and Chief Officers have been provided with the key findings from the consultation to help in their consideration of the final savings proposals for this report. Responses to the consultation will similarly help to inform the decision making by Cabinet and Full Council in October and November of 2019 on options for delivering a balanced budget up to 2021/22, which the Authority is required by law to do.

23. In addition, Equality Impact Assessments have also been produced for all of the detailed savings proposals and these together with the broad outcomes of the consultation and the development work on the overall Tt2021 Programme have helped to shape the final proposals presented for approval in this report.

Budget Update

24. Members will be aware that 2019/20 represented the final year of the current Spending Review period and that no indication has previously been provided by Government about the prospects for local government finance beyond this time. Although a further 4 year Spending Review had originally been planned for the summer of this year, this was impacted by Brexit and the national political situation.

25. In recent years, significant lobbying of the Government has been undertaken by Hampshire and the wider local government sector in order to ask them to address the financial pressures we are facing and to convince them to provide an early indication of the financial position beyond 2019/20 to aid medium term financial planning and to address the more immediate issue of budget setting for 2020/21. Whilst the news of a single year settlement was not welcome, it was not unexpected and was partly balanced by the promise of an early indication of the 'settlement' for local government.

26. The Spending Round announcement took place on 4 September and the key issues from a Hampshire perspective were:

- £2.5bn nationally for the continuation of existing one off grants across social care services (worth around £38.5m to Hampshire) most of which had already been assumed in the MTFS.
- An extra £1bn for adults' and children's social care services, representing between £15m and £20m to Hampshire depending on the distribution methodology, which will be consulted upon.

- The Public Health Grant will increase in line with inflation and the Department of Health and Social Care's contribution will grow in line with the additional investment in the National Health Service next year
- Core council tax of 2% and the continuation of a 2% adult social care precept. This is below our assumptions in the MTFS and would lose the County Council around £12m of recurring income over the two years of the Tt2021 Programme.
- Additional funding for schools, which includes extra funding for Special Educational Needs of £700m. If this was distributed on the same basis as previous additional grant, our share would be around £16.8m and would help to address the future growth in this area but does not provide a solution to the cumulative deficit position schools will face at the end of 2019/20.

27. The content of the proposed settlement and the issues it addressed were pleasing to see as they mirrored the key issues that we have been consistently raising for some time directly with the Government and through our local MPs.
28. In overall terms, there is a net resource gain to the County council, albeit that is only for one year at this stage. However, the cost pressures we face, particularly in adults and children's social care services are significantly outstripping the forecasts that were included in the original Tt2021 planning figures.
29. Without the additional injection of funding, the County Council would have faced a revised deficit position well in excess of £100m by 2021/22, but the additional resources bring us back to a broadly neutral position.
30. More detail will be provided in the update of the MTFS and as part of the Member briefings that will take place as part of the Tt2021 decision making process.

Transformation to 2021 – Departmental Context / Approach

31. The Tt2021 budget reduction of £43.1m (or 13%) represents a significant challenge for a Department combining Adult Social Care and Public Health. It needs to be seen within the context of the County Council's wider budgetary position, outlined above, the continued and increasing demand and cost pressures, the financial challenges being experienced by NHS organisations which have a direct bearing on social care pressures, increasing expectations and greater levels of regulation especially linked to quality.
32. The savings target will challenge the Department like never before (see following sections) and it is inevitable that there will be impacts on front-line services. That said, the programme would be taken forward carefully and sensitively. We will look to build on past performance that has resulted in positive service transformation, and innovation (including multi million £ investment in Technology Enabled Care and modern Extra Care housing) alongside efficiencies and service reductions. Additionally, the strengths-based way of operating that the Department has been increasingly working to over the second half of this decade continues to improve service user independence and in turn has helped to limit the cost of paid for care packages.

Adult Social Care - Context

33. The Adult Social Care element of the savings target amounts to **£36.3m**. Five potential issues are impacting on the size of this challenge or could add to it. Although the additional funding included within the 2019 Spending Round is likely to significantly mitigate these risks in the short term as highlighted in the following paragraphs. These potential issues include:
- service demand and complexity levels (includes also higher service prices)
 - continued elements of non-recurrent government grant support
 - the future availability of a Social Care precept
 - the double running of savings programmes
 - the continued uncertainty regarding future funding for the service
34. We are seeing demand continuing to increase at a faster rate. This includes the growth in the numbers of adults with eligible care needs, including an increase in the number of vulnerable/frail older people (particularly those aged 85 or above), growing complexity of care needs e.g. the increasing prevalence of multiple conditions including higher levels of dementia, and sustained increases in the numbers and costs associated with supporting children with disabilities and complex needs transitioning to adulthood. Other factors such as regulation and the national living wage are also impacting on direct provision and the independent sector in terms of increasing inflationary pressures. These pressures, that are not unique to Hampshire and are representative of the position nationally.
35. To help address the range of strategic Social Care financial challenges being faced, the Government have previously made available relatively modest additional non-recurrent funding to local authorities for Adult Social Care. The grants have allowed transformational programmes to be progressed aimed at reducing cost exposure in the long term. However, they do not address the current and anticipated future increases in demand and like many local authorities, the County Council has had little choice but to use a major element of this funding (£11.5m for 2019/20) to offset the increase in recurring pressures with £7.7m being used in this way this year.
36. As per the announcement within the 2019 Spending Round it has been confirmed that all non-recurrent grants received by Adult Social care departments in 2019/20 will continue into 2020/21. As the 2019 Spending Round announcement only confirms funding for one year (2020/21) this offers security and certainty only in the short term, there remains a risk that during the timeframe of the Tt2021 programme the department will face the challenge of a loss of significant funding whilst delivering £43.1m of savings, albeit that the Government has said that it is at least baselining the £2.5bn announced in the Spending Round
37. In addition to the above, as set out in paragraph 34, the Department is currently experiencing service pressures on care packages that puts a greater risk on the targeted transformational savings. In the short term this pressure will likely be significantly ameliorated by the announcement of a further £1bn nationally for social care within the 2019 Spending Round. However, as stated above this

only offers certainty until the end of 2020/21. Should this funding not continue beyond that time period there is a risk that additional corporate support may be required in later years, albeit the level will be subject to the achievement of a departmental cost recovery plan that has been introduced and is being worked to.

38. As per the 2019 Spend Round announcement it is likely that local authorities will retain the ability to raise additional 2% Council Tax under a specific precept for Adult Social Care in 2020/21. There is no such certainty beyond this point which needs to be considered against the current assumption within the MTFs that this flexibility will continue to be afforded to local authorities in 2020/21 and beyond. It should be noted that the proposal is subject to the normal local government finance settlement consultation that the government will undertake later this year.
39. Whilst the Department is planning for the Tt2021 savings described in this report it is concurrently in the midst of delivering the final two years of Tt2019 savings. As at July 2019 nearly £41m of the £55.9m target had been achieved leaving just over £15m still to secure. The remaining £15m represents the most difficult element to achieve as this mainly relates to reducing expenditure on care packages against a backdrop of increasing demand and cost pressures as highlighted. As many of the Tt2021 savings are an extension upon the Tt2019 work programmes the Department faces a very challenging forward period.
40. At the time of writing the Adult Social Care Green Paper (or an appropriate alternative future funding mechanism) is still awaited and as such it remains unclear as to what financial impact this will have for all upper tier Authorities. Needless to say, it is highly likely that it will have a significant effect on the future funding for adult social care and very possibly during the timeframe of Tt2021, but the form this could take is unknown. What is known is that the continued delay of the Green Paper (or alternative) is making it very difficult for local authorities to forward plan financially with any degree of certainty.
41. The annual ADASS Budget Survey report, published earlier this year, identifies the critical funding challenges being faced by all local authorities, both in-year and in the near future, in the provision of adult social care. These challenges are being felt too in Hampshire, albeit currently not as acutely as in many other places. However, currently we have not built in any assumptions regarding the impact of the Green Paper (or alternative) therefore there may, as a result, be both further opportunities and significant challenges that the Department may face over the Tt2021 timeframe.

Public Health - Context

42. In respect of Public Health this budget has historically been funded through a specific ring-fenced grant. The 2019 Spending Round announcement indicates that the ring-fence may not be removed for 2020/21 as previously intended, as part of the wider Fair funding Review and extension of the Business Rate Retention scheme, which have now been delayed. However, at this stage it remains unclear whether the ring fence will remain beyond 2020/21 if those wider system changes are introduced at that point. In light of this uncertainty it continues to be assumed within the MTFs that during the critical period of the Tt2021 programme that the ring-fence will be removed, and that Public Health

will be funded similarly to other County Council Departments. Therefore, for the first time Public Health is included within the Department's transformation programme with target savings of **£6.8m** from the overall £43.1m are to be secured from Public Health.

43. The majority of the Tt2021 £6.8m saving would be achieved from the main commissioned Public Health services which include 0-19 Public Health nursing (health visiting and school nursing), substance misuse and sexual health. These services are trying to balance a reducing budget with the forecast population growth and increasing complexity of needs being seen. The challenges are being addressed along with the context of increasing national expectations about Public Health leadership for system-wide prevention, with the publication of the NHS Long Term Plan and the recent Prevention Green Paper.
44. The Tt2021 saving target would still run alongside savings of £8.4m that Public Health need to achieve in respect of the previously announced reduction in the ring-fenced Grant through to 2019/20. The majority of this saving is anticipated to be achieved by the end of 2020/21 with the late delivery being funded through the balance accumulated within the Public Health Reserve. By the end of this financial year some £6.4m of the required £8.4m savings is forecast to be secured.

Savings Proposals

Proposal 1 – Younger Adults Services

45. The biggest block of targeted proposed savings, some £13.2m, would come from **Younger Adults** services as the Department looks to continue the successful journey started ahead of Tt2017 and built upon in Tt2019 to embed a strengths-based approach and move increasingly away from institutional, long-term care settings and move instead to support people into more flexible, more modern ways of living that provide much greater independence for service users with learning disabilities, physical disabilities and/or mental health needs. This would include:
 - further and closer integration of Learning Disabilities and Mental Health services with the NHS;
 - more supported living accommodation including moving people on from residential care;
 - creating more opportunities for employment including supported employment;
 - enabling people to do more for themselves, including developing opportunities for people to find a greater level of support from within their local communities and through volunteer schemes.
 - extension of transition (Special Educational Needs and Children's Services) to further manage family expectations promoting independence;
 - extension of current work on reducing challenging behaviour (Least Restrictive Practice) which will lead to reduced support costs.

- working with our technology partner to develop and implement the use of Co-bots (exo-skeleton technology) to support the lifting and handling of clients.

Proposal 2 – Older Adults Services

46. The next biggest targeted savings proposals, some £12.6m, would come from **Older Adults** as the Department looks to further transform its services for older people. There will be a continued focus on strengths-based approaches, intermediate care and reablement to improve the health and wellbeing of residents so that increasing numbers can remain in their own homes, living as independently as possible. This approach aims to see lower or reduced needs following a short-term intervention, enabling, wherever possible, people to return home with appropriately sized care packages as opposed to being transferred to residential and nursing care provision at current levels of demand. This would include:

- focused investment in short-term provision and in Extra Care, including the introduction of 5 new schemes across the county which in turn will reduce the number of high cost residential placement;
- improved relationships with care providers alongside more modern commissioning and procurement approaches, including revisions to policies and operational arrangements e.g. proactively reducing the number of capital-depleters
- expanding the Shared Lives offering for clients beyond the target number of placements – approximately 11 additional clients per year;
- greater use will also be made of technology solutions, including implementation of Co-bots (exoskeleton technology) to support both service users and care workers.

Proposal 3 – In-house Services (HCC Care)

47. The third block of targeted savings proposals covers £1.6m which relates to **In-house services** (HCC Care) the detail of which will be finalised following the completion of a thorough review of the service by the end of 2019. The review will look at options for:

- how a more commercial approach to the department's in-house services can be applied;
- how productivity can be improved;
- how efficiencies can be realised through staff structures, ways of working, and recruitment and retention (reduced agency spend).

48. Over the Tt2021 time period it is possible that the Department could add to existing bed numbers and that there could be additions and deletions to the care home stock. Any changes in provision will be predicated on the outcome of the HCC Care Services review, any subsequent consultation and Member decision.

Proposal 4 – Working Differently

49. The fourth block of targeted proposed savings covers £4.7m relating to workforce efficiencies and increased income achievement. The work areas would include:

- enabling the entire workforce to work '**differently**', e.g. even more productively, more efficiently and more effectively. This includes optimising the use of technology.
- partly as a product of the above and partly as an outcome of streamlining business processes, reducing the numbers of staff that the Department operates with including fewer managers, in a manner that is least disruptive to service users.
- Increased income generation through sold services primarily with other local authorities including but not limited to Technology Enabled Care (TEC), Partnership in Care Training (PaCT), Client Affairs Service and sharing expertise in key service areas.

Proposal 5 – Government Funding

50. The fifth block of the Adult Social Care targeted savings proposals (£4.2m) is in anticipation that income at least equivalent to the level of current non-recurrent **Government grant funding** (see paragraph 33 above) will be confirmed as recurring support as part of the Local Government finance settlement later this year. The inclusion of this sum of money is consistent with the Tt2021 proposals being put forward for Children's Services.

Proposal 6 – Public Health

51. The final targeted savings area, £6.8m, relates to **Public Health** reductions to commissioned spend, subject to the confirmed ending of the existing ring-fence. Continuing with the approach used to deliver savings required by the reduction in the overall ring-fenced grant award by Government over the last few years, there will be a focus on service transformation. £5.7m (84%) of the proposed savings relate to commissioned services (as below) which include mandated and non-mandated service areas such as:

- central Public Health expenditure
- substance misuse
- sexual health
- domestic abuse service and Mental health
- healthy lifestyles
- 0-19 services
- older People

52. Within the above there would be a strong focus on working with external service providers to improve efficiency and productivity focused on population health outcomes. There would also be an emphasis on digital technology including

further development of customer portals, enhancement of online advice and guidance, estates utilisation, staff training and supply chain cost reductions.

53. Transformation activity would balance funding and resources between a universal and targeting approach for the most vulnerable and high-risk groups. Protecting and improving health and well-being and reducing health inequalities for Hampshire's residents will continue to be the priority when transforming service delivery.

Key Challenges/Risks

54. In Adults' Health and Care, as in other departments, we already have many of the solutions to the challenges we face. Reducing service demand, whilst appropriately meeting eligible needs (against the backdrop of a reducing budget) is highest among these but is becoming increasingly challenging. Over the past year demand, complexity (proportionately more dementia needs for example) and higher market prices have been relentless. We recognise that social care budgets for both Adults and Children's are under extreme pressure and thus recognise the inescapable risk that there could be a resultant negative impact upon other services of the County Council.
55. Whilst the required savings will be positively pursued, there remain significant risks. It is recognised that difficult service decisions/changes will need to be made across the programme to achieve the decreased departmental expenditure. There is a risk that a reduction in the Department's service offer may reduce, or may be perceived to reduce, client choice. The Department is mindful of its legal duties and is clear that eligible needs will be met in the most cost-effective way. The Department will also continue to closely monitor the actions of other local authorities and legal judgements. The impact of decisions on service users will continue to be carefully considered and mitigated where possible. It should be noted that adult social care case law turns upon circumstances in individual cases and as such some areas of risk are by their nature less predictable.
56. Progress and success will require a very thoughtful and careful engagement approach across a myriad of different but important stakeholders. Most important will be the way the Department works with people and their representatives (family, friends) who use services. Positive engagement will enable more co-produced solutions to be secured. In turn this should result in greater levels of independence and/or local support that in turn will help to reduce paid for service costs. Success will be very much dependent on how we continue to change the culture of staff, how we create the optimum working conditions for all staff (including improved productivity linked to the significant investment in mobile technology) and how we continue the journey of re-setting expectations that the public understands, accepts and agrees to.
57. There is also much ongoing work with the NHS at acute hospital, community provider and Clinical Commissioning Group (CCG) level. The Department will continue to take forward integration opportunities where they can add most value and improve and simplify existing joint working – taking out cost alongside improving the service user experience. It is recognised that there will continue to be external scrutiny on discharge performance and how the County Council

uses the Better Care Fund (and any other future sources of funding support) to protect and enhance social care provision across Hampshire.

58. Technology has been mentioned in numerous places within this report and is another key enabler to a successful future. There are clear opportunities to build upon the very successful assistive technology arrangement that the County Council has recently renewed with Argenti. Technology is increasingly important in terms of prevention and reducing reliance upon 'traditional' forms of social care support in favour of remote support solutions and increased social networking. Increasing the ability of the County Council and the desire of the public in relation to maximising private pay opportunities and sold services to generate income is largely untested territory which will also be fully explored over the coming period.

Summary Financial Implications

59. The combined savings target that was set for Adult Social Care and Public Health was £43.1m and the detailed savings proposals that are being put forward to meet this target are contained in Appendix 1.
60. The Department is currently forecasting to achieve savings of up to £24.0m of the £43.1m required by 2021/22, the year by which the Tt2021 budget reductions would come into effect. The remaining £19.1m is expected to follow across 2022/23 and 2023/24. In cashflow terms, this late delivery requires £25.2m of cashflow support for the two-year period. The Department forecast that this is currently unable to be covered from cost of change reserves and would therefore be reliant on Corporate support as reported in June 2019 as part of the 2018/19 – End of Year Financial Report. The Department will continue to focus on safely achieving early savings wherever possible to mitigate this need.
61. The Department has been able to top up its cost of change reserve through some early delivery of Tt2019 savings and is planning to add further to this through early delivery of some Tt2021 savings. This combined with additional funding announced as part of the 2019 Spending Round puts the Department in a stronger position to meet the cashflow required for all of the following over the time period to 2021/22:
1. the delayed delivery of savings for Tt2021
 2. the expected costs of projects to deliver the Tt2021 savings
 3. the forecast pressure on Adult Social Care packages arising from significant increases in demand and complexity of clients.
62. However, this will be largely dependant on both the additional funding remaining available annually after 2020/21 and the delivery of a departmental recovery plan that is currently being implemented. In the event that either of these risks materialise it is likely that the department will require additional recurring corporate support beyond 2020/21.
63. The Adult Social Care financial position reported in 2019/20 is highlighting a significant additional recurrent pressure arising from increases in care package volumes and unit costs stemming back to the latter part of 2018/19 as reported at year end. The pressure is in part due to increases in costs for step changes

to service activity levels e.g. the Department is now operating with a lower waiting list than previously and has sustainably improved performance on Delayed Transfers of Care. This pressure is in addition to the recurrent spend that is currently being supported by one-off grant funding of £7.7m in 2019/20.

64. At this current time the combined potential pressure highlighted above will likely be significantly mitigated in 2020/21 by both the department's proportion of the additional funding of £1bn nationally for social care (Children's and Adults') and the continuation of grants received in 2019/20 as announced within the 2019 Spending Round. Whilst any remaining pressure is anticipated to be met through the departmental recovery plan. More detail on the cost pressures across social care services and the impact of the Spending Round announcements will be included in the MTFs update to Cabinet and County Council in October and November respectively.
65. Even after allowing for the impact of the departmental recovery plan, the additional pressures in 2019/20 may be of a magnitude that utilises the Departments Cost of Change Reserve leaving it insufficient to meet future one off costs. It follows that there remains a possibility that the department will require one-off additional support in 2020/21. The level of this support will depend on the outturn position for 2019/20. It should be noted that the Department have already made significant reductions in planned one-off (limiting the level of additional support required) to help with the financial pressures being experienced.
66. For Public Health there is a danger that the reductions in commissioned spend, despite the forward focus being on the most vulnerable, could impact adversely on children and families thus increasing the risk of higher numbers of looked after children. This risk would be mitigated by Public Health working ever more closely with Children's Services to design pathways and specifications for services that would support Children and Families to have the best possible outcomes. In all circumstances mitigating actions will be focussed upon those individuals and communities most at risk.
67. In summary, it should be highlighted that the Department faces a very challenging forward period financially especially as it needs to successfully combine the delivery of the recovery plan alongside transformational savings, whilst also attempting to manage ever increasing demand, complexity and higher prices from an increasingly volatile independent sector. In contrast additional funding has been made available to help mitigate these challenges in 2020/21 however at this stage the funding is only guaranteed for one year.

Workforce Implications

68. Appendix 1 also provides information on the estimated number of posts that may be affected as a result of implementing the proposals.
69. Of the estimated 120 Full Time Equivalent (FTE) posts affected approximately half are in HCC Care and the remainder between front line operations and HQ functions. It is anticipated that the majority of these posts would be managed through natural turnover. Any residual posts that cannot be managed in this would way would need to be managed down between now and the implementation date.

70. The County Council's approach to managing down staff levels in a planned and sensitive way through the use of managed recruitment, redeployment of staff where possible and voluntary redundancy where appropriate would be continued.

Consultation, Decision Making and Equality Impact Assessments

71. As part of its prudent financial strategy, the County Council has been planning since June 2018 how it might tackle the anticipated deficit in its budget by 2021/22. As part of the MTFs, which was last approved by the County Council in September 2018, initial assumptions have been made about inflation, pressures, council tax levels and the use of reserves. Total anticipated savings of £80m are required and savings targets were set for Departments as part of the planning process for balancing the budget.

72. The proposals in this report represent suggested ways in which Departmental savings could be generated to meet the target that has been set as part of the Tt2021 Programme. Individual Executive Members cannot make decisions on strategic issues such as council tax levels and use of reserves and therefore, these proposals, together with the outcomes of the *Serving Hampshire - Balancing the Budget* consultation exercise outlined below, will go forward to Cabinet and County Council and will be considered in light of all the options that are available to balance the budget by 2021/22.

73. The County Council undertook an open public consultation called *Serving Hampshire – Balancing the Budget* which ran for six weeks from 5 June to the 17 July 2019. The consultation was widely promoted to stakeholders through a range of online and offline channels including: the County Council's website; local media and social media channels; the County Council's residents' e-newsletter *Your Hampshire*; direct mail contact to a wide range of groups and organisations across Hampshire; posters and adverts in County Council libraries, Country Parks, at Hillier Gardens and Calshot Activity Centre; in residential and day care settings, on electronic noticeboards in GP surgeries and healthcare settings. Information Packs and Response Forms were available in hard copy in standard and Easy Read, with other formats available on request. Comments could also be submitted via email, letter or as comments on social media.

74. The consultation sought residents' and stakeholders' views on several options that could contribute towards balancing the revenue budget, and any alternatives not yet considered – as well as the potential impact of these approaches. The consultation was clear that a range of options would be needed to meet the required £80m savings by 2021. For example, the Information Pack illustrated the amount of savings that would still be required even if council tax was increased by up to 10%.

75. The options were:

- Reducing and changing services;
- Introducing and increasing charges for some services;
- Lobbying central government for legislative change;
- Generating additional income;

- Using the County Council's reserves;
- Increasing council tax; and
- Changing local government arrangements in Hampshire.

76 Information on each of the above approaches was provided in an Information Pack. This set out the limitations of each option, if taken in isolation, to achieving required savings. For example, supporting information explained that the £80m estimated budget shortfall took into account an assumed increase in 'core' council tax of 4.99% in both 2020/21 and 2021/22. The Pack also explained that if central government were to support changing local government arrangements in Hampshire, savings would still take several years to be realised. Residents were similarly made aware that the use of reserves would only provide a temporary fix, providing enough money to run services for around 27 days.

77 Therefore, whilst each option offers a valid way of contributing in-part to balancing the budget – plugging the estimated £80m gap in full will inevitably require a combination of approaches.

78 A total of 5,432 responses were received to the consultation – 4,501 via the Response Forms and 931 as unstructured responses through email, letter and social media.

79 The key findings from consultation feedback are as follows:

- The majority of respondents (52%) agreed that the County Council should continue with its current **financial strategy**. This involves **targeting resources on the most vulnerable** people; **planning ahead** to secure savings early and enable investment in more efficient ways of working; and the **careful use of reserves** to help address funding gaps and plug additional demand pressures e.g. for social care.
- Achieving the required savings is likely to require a multi-faceted approach. However, respondents would prefer that the County Council seeks to explore all other options before pursuing proposals to reduce and change services – in particular, opportunities to **generate additional income** and **lobby central government for legislative change**.
- Just over one in three respondents (37%) agreed with the principle of **reducing or changing services** - but the proportion who disagreed was slightly higher (45%) - Of all the options, this was respondents' **least preferred**.
- Around half of respondents (**52%**) agreed with the principle of **introducing and increasing charges** to help cover the costs of running some local services, but over one-third (39%) felt that additional charges should not be applied.
- Respondents were in favour of **lobbying central government** to allow charging in some areas:
 - 66% agreed with charging for issuing Older Person's Bus Passes.
 - 64% agreed with charging for Home to School Transport.
 - 56% agreed with diverting income from speeding fines or driver awareness courses.

- However, in other areas, opinions were more mixed:
 - 42% agreed and 43% disagreed with recouping 25% of concessionary fares.
 - most did not feel that it would be appropriate to lobby for charges relating to library membership (60% disagreement) or HWRCs (56% disagreement).
- Overall, lobbying for legislative change to enable charging was respondents' **second preferred option**.
- Of all the options presented, generating additional income was the **most preferred option**. Suggestions included:
 - Improving the efficiency of council processes.
 - Increasing fees or charges for services.
 - Using council assets in different ways.
 - Implementing new, or increasing existing, taxes.
 - Lobbying central Government for more funding.
- Six out of ten respondents (61%) agreed with the position that **reserves should not be used** to plug the budget gap.
- Most respondents (55%) preferred the County Council to raise **council tax** by less than 4.99%. This compared to 34% of respondents whose first choice was to raise council tax by 4.99%. There was limited support for a rise in council tax above this level (14%).
- More than half of those who responded (**61%**) **agreed** that consideration should be given to **changing local government arrangements in Hampshire**.
- One in three (36%) respondents noted **potential impacts** on poverty (financial impacts), age (mainly older adults and children), disability and rurality.
- Staffing efficiencies were the most common focus of **additional suggestions** (31%).
- The 931 unstructured **other responses** to the consultation primarily focused on ways to reduce workforce costs (26% of comments), the impact of national politics on local government (8%), the need to reduce inefficiency (6%) and both support and opposition to council tax increases (7%).

Proposals following consultation feedback

80. Executive Lead Members and Chief Officers have been provided with the key findings from the consultation to help in their consideration of the final savings proposals. As the consultation feedback confirms, a number of different approaches are likely to still be needed to meet the scale of the financial challenge. Consequently, the County Council will seek to:

- **continue with its financial strategy**, which includes:
 - **targeting resources** on the most vulnerable adults and children

- **using reserves carefully** to help meet one-off demand pressures
- **maximise income generation** opportunities;
- **lobby central government** for legislative change to enable charging for some services;
- **minimise reductions and changes to local services** wherever possible, including by raising council tax by 4.99%;
- consider further the opportunities for **changing local government arrangements** in Hampshire.

81. The proposals set out in Appendix 1 have, wherever possible, been developed in line with these principles but inevitably the effect of successive reduction programmes over more than a decade will begin to have an impact on the services that can be provided.
82. Following the Executive Member Decision Days, all final savings proposals will go on to be considered by the Cabinet and Full Council in October and November – providing further opportunity for the overall options for balancing the budget to be considered as a whole and in view of the consultation findings. Further to ratification by Cabinet and Full Council, some proposals may be subject to further, more detailed consultation.
83. In addition to the consultation exercise, Equality Impact Assessments (EIAs) have been produced for all the savings proposals outlined in Appendix 1 and these have been provided in Appendix 2. These will be considered further and alongside a cumulative EIA by Cabinet and Full Council. The cumulative assessment provides an opportunity to consider the multiple impacts across proposals as a whole and, therefore, identify any potential areas of multiple disadvantage where mitigating action(s) may be needed.
84. Together the *Balancing the Budget* consultation and Equality Impact Assessments have helped to shape the final proposals presented for approval in this report.
85. For the public health proposals, the range of groups predominantly affected is more varied (with impacts on older people and people with disabilities, but also including gender, pregnancy/maternity, poverty, rurality and race). Some of these impacts are negative such as fewer people to be able to access the services. Mitigation against the negative impacts is through services being targeted to the most vulnerable groups. This reflects the whole population remit of Public Health services. The Equality Impact Assessments, together with the broad outcomes of the stage 1 consultation, have helped to shape the final proposals presented for approval in this report.
86. The Department would look to conduct Phase 2 consultation on detailed options with regards to a small number of service areas as listed below. The specific service change proposals would be subject to further work and confirmation. The majority of the Phase 2 consultations would likely take place next year and most probably from June 2020 and would include:

- Younger Adults including Learning Disabilities and Mental Health - Integration with the NHS
- Older Adults – alternatives to residential care including a revised policy regarding Capital Depleters (to be confirmed).
- In-house service provision including potential consolidation / closure of any current provision
- Public Health reductions to commissioned spend

In addition, a comprehensive staff consultation would be conducted prior to the finalisation and implementation of Working Differently proposals.

Where stage 2 consultations are carried out on specific options, revised equality impact assessments would be completed, to take account in more detail of the equality impacts identified by those participating in these consultations.

Conclusion

87. The Transformation to 2021 Programme represents the most challenging and significant programme thus far undertaken by Hampshire County Council. The consequences of previous transformational programmes of cost reduction and change has meant that the course previously set remains consistent with the majority of proposals within this report.
88. The delivery of Transformation to 2021 will be in parallel to delivery of a number of the Transformation to 2019 initiatives and, for that reason, is more complicated. There is continued uncertainty over medium term funding, as set out in this report and we still await the publication of a social care Green Paper.
89. In the face of the challenges outlined throughout this report Adults' Health and Care are fully cognisant of duties under the Care Act 2014, as well as the mandate for Public Health services and other requirements. The proposals contained within this report represent realistic and achievable means by which reductions in the budget can be achieved. However, it is recognised that whilst some proposals build upon work already underway which have led to improved outcomes and greater independence for some, other people will experience a reduction in the support and the services available to them. Priority will be provided, wherever possible, to those vulnerable and at greatest risk, whether that be through care needs or risks presented through deprivation, social isolation, lifestyle or other factors.

CORPORATE OR LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Looking Ahead - Medium Term Financial Strategy https://democracy.hants.gov.uk/ieIssueDetails.aspx?IId=10915&PlanId=0&Opt=3#A18687	<u>Date</u> Cabinet - 18 June 2018 County Council – 20 September 2018
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

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

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

IMPACT ASSESSMENTS:

1. Equality Duty

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

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

1.2 Equalities Impact Assessment:

A full Equalities Impact Assessment has been undertaken for each of the savings options and these are included as a separate appendix to this report (Appendix 2).

Equality Impact Assessments have been completed for the proposals outlined in this report and can be found following the below link. In summary a total of 19 Equality Impact Assessments have been carried out: 11 of these have focus on services that are commissioned by Public Health. The main equality groups impacted by social care proposals are older people and people with disabilities, some of these impacts are largely positive in that proposals would result in groups of people seeing an increase in independence and opportunity to participate in community life. Some groups of people would see changes to their current services or would be directed to self-service with potential for a negative impact on some. For the public health proposals, the range of groups predominantly affected is more varied (with impacts on older people and people with disabilities, but also including gender, pregnancy/maternity, poverty, rurality and race). Other non-protected population groups are affected by the proposals such as people living in rural or economically deprived areas. The impact would be that people will need to travel further for services and due to reducing public transport and related costs this could have a negative impact.

Adult Social Care and Health and Public Health – Proposed Savings Options (Subject to consultation where appropriate)

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
LD1	Younger Adults - Learning Disability Younger Adults Extra Care accommodation, moving people on from residential care.	Greater proportion of clients in a lower cost service whilst also enabling a greater level of independence for individuals.	309	1,309	2,000	
LD2	Younger Adults - Learning Disability Extension of current work on reducing challenging behaviour (Least Restrictive Practice, LRP).	Practices required by providers to mitigate the risk to carers can be lessened leading to reduced support costs. Would require extension of temporary LRP staff team.	400	1,275	2,000	
LD3	Younger Adults - Learning Disability Extension of transition (Special Educational Needs and Children's services) to further promote independence.	Reduction in both support costs and the requirement for demography funding to support transition.	0	166	500	

LD4	<p>Younger Adults - Learning Disability Greater use of universal services (demand prevention), and extension of Strength Based Approach (SBA) and Telecare.</p>	Reduction in demand for traditional care service as alternatives to care provided through lower cost technological solutions, whilst maintaining independence for longer. This would require Hampshire County Council taking a pioneering role as a major employer, reducing social isolation, developing community activities/clubs and supporting the wider Voluntary and Community Sector. Supporting economic development of the care market, including encouragement of micro-providers and adoption of Technology Enabled Care.	311	1,757	4,840	
Page 42	<p>Younger Adults - Learning Disability Extension of new volunteering model of care started in 2019.</p>	Reduced support costs through use of volunteering resources to meet some elements of a personal support plan. Care needs that require registered care are still met through a regular support provider.	50	217	245	
LD6	<p>Younger Adults - Learning Disability Extension of integration work with the NHS with a proportion of savings recouped through Adult Services. Joined up approach to care provision through closer working facilitated by pooled budgets to reduce overall costs.</p>	Dependent on the detailed planning of integration with the NHS. Lower cost of care provision for both NHS and Hampshire County Council whilst better meeting clients' needs through breaking down organisational barriers that impact on determining Health or Social Care needs and the administration that entails.	0	0	1,000	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
MH1	Younger Adults - Mental Health Greater use of universal services (demand prevention) and extension of Strength Based Approach. Extension of integration work with the NHS with a proportion of savings recouped through Adult Services. Joined up approach to care provision through closer working facilitated by pooled budgets to reduce overall costs.	Dependent on the detailed planning of integration with the NHS. Lower cost of care provision for both NHS and Hampshire County Council whilst better meeting clients' needs through breaking down organisational barriers that impact on determining Health or Social Care needs and the administration that entails.	138	438	600	
PD1	Younger Adults - Physical Disability Younger Adults Extra Care accommodation, moving people on from residential care. Moving clients with physical disabilities from residential to tenancy and Supported Living schemes.	Greater proportion of clients in a lower cost service whilst also enabling a greater level of independence for individuals. Reduction of clients in residential care following move to Supported Living resulting in improved outcomes and financial savings.	163	519	712	
PD2	Younger Adults - Physical Disability Greater use of universal services (demand prevention), and extension of Strengths Based Approach and Telecare.	Reduction in double-up care packages and costs. Increased independence and mobility of service users. Carers able to focus on personal care. Further work is required to understand likely partnership models, costs and impact on net benefit position.	63	575	900	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
PD3	Younger Adults - Physical Disability Extension of new volunteering model of care started in 2019.	Hampshire County Council taking a pioneering role as a major employer, reducing social isolation, developing community activities/clubs and supporting the wider Voluntary and Community Sector. Supporting economic development of the care market, including encouragement of micro-providers and adoption of Technology Enabled Care????? through the use of increased volunteering opportunities	21	189	255	
Page 44	Younger Adults - Physical Disability Work by the Technology Enabled Care partnership to develop and implement the use of Cobots (exoskeleton technology) to support lifting and handling of clients.	Increased independence and mobility of service users. Carers able to focus on personal care. Further work is required to understand likely partnership models, costs and impact on net benefit position.	50	150	150	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
OA1 Page 45	<p>Older Adults Purchased Care Demand to be diverted prior to the front door as a result of both the continuation of the Demand Management and Prevention programme and the Contact Assessment and Resolution Team (CART) diverting individuals at first contact. Investment in Services will continue however the proposed activities would result in the mitigation of the forecast demand increase in care needs by circa £2m per year for three years.</p>	<p>Individuals would receive more timely advice to meet early needs through the extension of demand and prevention services resulting in the people being able to continue for longer without the need to access services. CART would support by increasing resolution rates through embedding Strengths Based Approach (SBA) fully and increasing self-service rates.</p>	0	2,000	6,000	
OA2	<p>Older Adults Purchased Care - Domiciliary Care Reduction in commissioned domiciliary care hours by reviewing the number of new clients with eligible needs who would receive a service and by ensuring the needs of individuals are met by other means where appropriate.</p>	<p>Eligible needs met through a more personalised approach which would include family and friends, local community and voluntary sector organisations and making better use of technology to reduce demand. SBA embedded fully with practitioners, CART, Health and Providers. Increased awareness and use of direct payments for Personal Assistants (PAs).</p>	548	1,703	2,445	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
OA3	<p>Older Adults Purchased Care - Residential Care Reduction in commissioned spend by diverting individuals away from long term residential care, including directly from hospital. Increased availability of community services, short-term placements to address individuals' eligible needs and services to prevent crisis and the need for residential care.</p>	<p>A person would be able to live at home for longer as a result of newly defined processes and receiving additional services which would be developed to prevent admission to hospital and avoid the need for residential care. Individuals would have greater access to short term/temporary beds in both in-house and private market following discharge from hospital and to avoid a permanent need for long term residential care. Social Workers would have greater autonomy and options to offer services which avoid a service user progressing residential care.</p>	1,329	2,049	2,605	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
OA4	<p>Older Adults Purchased Care - Residential Care Opening of 5 new Extra Care schemes - Addenbrooke, Fernmount, Bulmer, Nightingale and Oak Park. Savings based on placing a greater number of clients with high or medium care needs into Extra Care and new models of provision, reducing the number of high cost residential placements.</p>	The development of new sites would provide increased availability of Extra Care accommodation for service users. Individuals living in Extra Care would experience increased independence whilst any care needs would continue to be met. Residents are able to claim housing benefit therefore a lower cost of provision is required from Hampshire County Council.	0	111	750	
OA5	<p>Older Adults Purchased Care - Residential Care Expanding the Shared Lives offering for Older Adults beyond the target number of placements delivered in T19 (approximately 11 additional clients per year).</p>	Reduction of high cost residential placements whilst providing a more personalised service for clients.	0	49	200	
OA6	<p>Older Adults Purchased Care - Technology Enabled Care Work by the Technology Enabled Care partnership to develop and implement the use of Cobots (exoskeleton technology) to support lifting and handling of clients.</p>	Increased independence and mobility of service users. Carers able to focus on personal care. Further work is required to understand likely partnership models, costs and impact on net benefit position.	200	600	600	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
IH1	In House Undertake a strategic analysis of in-house provision to rationalise services across target locations / service user cohorts - in particular cease current residential provision that no longer delivers to the target group.	Consolidate existing provision and consider longer term expansion to respond to local demography and complexity challenge. Aim to enable departmental strategy for Older People and Learning Disabilities . Potential for costs to be incurred elsewhere e.g. housing benefit, Older People/Physical Disabilities commissioning budget.	0	354	400	
Page 48	In House Review In House Management processes to achieve most cost effective resourcing plan for Residential and Nursing Units.	Reduce staffing blueprint, whilst maintaining safe levels of care that meet regulator expectations. Services delivered within budget reducing pressure on departmental resources. Using latest technologies to aid in the efficient and timely application of HR policies in absence and performance management.	740	750	750	
IH3	In House Review of Nurses recruitment and retention.	Reducing the vacant nursing hours thereby reducing use of high cost agency cover. Reduction in the establishment and use of Assistant Practitioners (ratio reduction from current 1:10 to 1:20).	208	275	275	
IH4	In House Utilise in-house provision for publicly funded residents with complex care needs, rather than purchase care from the private market and ensure that people with needs that can be best met by the private sector are supported into appropriate placements.	Where clients can be placed more cost effectively in the private market this would occur to ensure that the best value and utilisation of Hampshire County Council assets is achieved in order to meet the complex care needs of other publicly-funded residents.	24	174	200	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
WD1 Page 49	Working Differently Initially utilise growth funding to retain staffing capacity, in order to meet the rising demand for assessments, casework support and the associated business/HQ activity. Meanwhile, make ongoing improvements to ways of working that would create efficiencies and await reductions in demand that, taken together, would enable workforce reductions to happen at a later date, at a point when these are safe and appropriate to make.	Retains staffing capacity to meet increased demand as a result of increases in rates of referral and/or case complexity at the frontline and in the back office. Necessitates further changes to ways of working, utilisation of technology and readiness to adjust staffing levels in light of any reduced demand. Efficiencies would need to be made to stay within financial envelope before any allowance for additional available funding.	100	900	2,500	
WD2	Working Differently Taking the opportunity for reviewing the service and how it is delivered on a 6 monthly cycle following implementation of T19 organisational design in 2020/21, capturing savings from posts that can be resourced differently	Staffing numbers in some service areas would reduce with associated one-off redundancy costs. These saving opportunities would be captured through an ongoing process to assess the need to fill vacant posts.	0	330	1,000	
WD3	Working Differently Cost reduction through joint appointments and joint teams with other partners.	Staffing costs to Hampshire County Council in some service areas could reduce.	0	160	500	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
WD4	Working Differently Increase contributions of self-funders / other public sector funded residents.	Increase contributions of self-funders and other publicly funded residents to 'market rates', subject to potential revision of the in-house operating model / trading arrangements.	100	300	700	
HF1	National Funding Utilisation of additional national grant funding to reduce the impact of savings that would otherwise need to be achieved.		4,171	4,171	4,171	
Page 50	Public Health - Central Public Health Expenditure 1) Reducing Senior Management Team resource and capacity. 2) Reduction of travel, printing, training and other expenses.	Staffing impact would be managed within existing workforce.	90	90	90	
PH2	Public Health - Substance Misuse 1) Alcohol nurse service - withdraw funding as not a core Public Health responsibility. 2) Specialist Substance Misuse Service for adults and young people - reduce contracted value for commissioned service.	1) With 2-year contracts it is possible to de-commission the service. 2) Contract value reduced by 12% in last three years with further reductions allowable within the contract. Further reductions would impact on the same client group with closure of services from across the county and reduction of treatment for people.	160	410	1,232	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
PH3	Public Health - Sexual Health Integrated Sexual Health Services - reduce contracted value for commissioned service.	The contract can be reduced in value. Potential restrictions would need to be introduced based on age, risk profile and clinical need, with some people needing to travel further. Priority would continue for high risk groups, though impacts of STI are likely to be experienced by the general population through the reduction of this universal service. Psychosexual counselling services would stop	137	277	958	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
PH4	Public Health - Domestic Abuse Service and Mental Health 1) Reduce contracted value for commissioned services as not a core Public Health responsibility. 2) Reduce all public health asset-based work for mental health.	1) Contract value already reduced by 9%. Services would only be able to focus on high risk clients, not medium risk clients. Perpetrator services would also reduce. 2) Reduced upstream work to improve the mental health of the population can be stopped.	29	275	275	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
PH5 Page 53	<p>Public Health - Healthy Lifestyles</p> <p>1) Reduce contracted value for commissioned weight management service. Options are to reduce capacity or move to a free/minimal cost online service only.</p> <p>2) Reduce contracted value for commissioned service and promote self-management to quit smoking. Service transformation will already have been undertaken through previous tender.</p> <p>3) Reduce contracted value for commissioned service for providing NHS Health Checks for high risk residents and priority groups only.</p>	<p>1) Reducing budgets to target deciles of greater deprivation, an ageing population and hard to reach groups. Decreased likelihood of attainment of 5% weight loss across the general population in accordance with NICE guidelines.</p> <p>2) Specific focus to target those from disadvantaged areas and the number of women who continue to smoke during pregnancy. With decreased likelihood of smoking cessation in the general population.</p> <p>3) Reduction of Health Checks service to primarily focus upon the most deprived 10% of the population.</p>	83	515	515	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
PH6 Page 54	<p>Public Health - 0-19 (Statutory Duty)</p> <p>1) Further reduce contracted value for commissioned Public Health Nursing 0-19 service.</p> <p>2) A 13% reduction in the Public Health contribution to the Family Support Service in close consultation with Children's Services.</p> <p>3) Decommission Oral Health Promotion service. Stop undertaking Oral Health Surveys.</p>	<p>1) Represents a 7% reduction, a circa 16% reduction in total since 2015. This could be delivered at the end of T21 to allow time for the necessary work with Children's Services. This is a sensitive service which would require consultation as to what could change within offer.</p> <p>2) Will require detailed and specific service planning reductions with Children's Services. Prioritisation will be required, being mindful of impacts of further reduction to the service – will lead to a more targeted service.</p> <p>3) Stopping service would require a consultation. Currently HCC commission biannual 5-year-old survey only, this would cease.</p>	510	1,332	3,117	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
PH Page 55	<p>Public Health - Older People</p> <p>1) Falls prevention - a 13% reduction in existing budget. Work with health colleagues to try and secure additional funding as benefit of falls prevention is across both health and social care.</p> <p>2) Remove Public Health contribution to in-house care home activity coordinators. Review in-house care home activity coordinator service and look at alternative, more cost-effective ways to deliver.</p> <p>3) Remove the Public Health contribution to Adult Services grants.</p>	<p>1) The budget reduction would mean that the Steady and Strong falls prevention programme cannot be expanded and developed but can be maintained at its existing capacity.</p> <p>2) Lack of activities for in house clients. If no alternative funding or model is put in place, this could negatively impact the residents of the care homes that currently interact with the activity coordinators and benefit from the activities they organise.</p> <p>3) Minimal impact as a relatively small proportion of the grant funding is from Public Health and grants are allocated on a short-term basis.</p>	268	615	615	
		Total	10,202	24,035	43,100	120

This page is intentionally left blank

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Moving On
T21 Opportunity Reference: LD 1 - Moving On
Name of the accountable Officer: Dawn Burton
Email address of the accountable Officer: Dawn.Burton@hants.gov.uk

Department:

Adults' Health and Children's Services Care	Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of assessment: 13/3/2019

Is this a detailed or an overview EIA?

Detailed	Overview
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The Moving On project aims to transfer Adults with a Physical Disability between the age of 18 and 65 from long term high cost Residential and Nursing Care placements into a range of more independent accommodation and support.

Geographical impact:

<input checked="" type="checkbox"/> All Hampshire	<input type="checkbox"/> Fareham	<input type="checkbox"/> New Forest
<input type="checkbox"/> Basingstoke & Deane	<input type="checkbox"/> Gosport	<input type="checkbox"/> Rushmoor
<input type="checkbox"/> East Hampshire	<input type="checkbox"/> Hart	<input type="checkbox"/> Test Valley
<input type="checkbox"/> Eastleigh	<input type="checkbox"/> Havant	<input type="checkbox"/> Winchester

Describe the proposed change, including how this may impact on service users or staff:

Adults between the age of 18 and 65 with a physical disability would be assessed with a view to be supported to move out of high cost long term placements into a more independent and cost-effective setting. The move could be either from a nursing home to residential care or residential care back to community living. Any move would be carefully planned with full involvement of the individual supported and their families. Alternative options include; supported living, shared Lives, Extra Care, own tenancy with a local council or private landlord. We estimate that out of the 84 clients that currently receive Residential care with a physical disability 10 are likely to be suitable for the proposed approach during the T21 timeframe at a transfer rate of 1 per quarter. The estimated saving for T21 is £212k, which is in addition to the target for T19 of £249k from 12 clients.

Who does this impact assessment cover?

Service users HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes No No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:	Keeping a person of any age in their own home longer is more favourable to their wellbeing. Supporting Younger Adults to move from Residential settings to more independent and community-based options enable individuals to achieve life choices in line with their age and stage in life.				
Mitigation:					
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:	The individuals impacted by this change have a physical disability, alternative accommodation can be secured regardless of the disability due to the ability to provide Adaptations and assistive technologies (Telecare) which are bespoke to the individual and their needs.				
Mitigation:					
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: Support to live at home would allow more couples to remain together. It would also ensure living arrangements for both partners are given more stability. For example, if a service user was to go in to long term placement, the partners living arrangements could be put at risk.

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: Income would be maximised by ensuring the individuals moving into community-based accommodation receive all relevant benefits available to them. Opportunities to gain or regain skills for employment are more likely to arise if individuals are living in more independent accommodation and support settings.

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:

Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Least Restrictive Practice
T21 Opportunity Reference: LD2 Least Restrictive Practice
Name of the accountable Officer: Steve Gowtridge
Email address of the accountable Officer: Steve.gowtridge@hants.gov.uk

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 1/4/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Currently there are approximately 300 individuals with a learning disability living in a variety of settings including supported living and residential care for whom there is a risk that they may present behaviour that challenges. These individuals have high levels of support, typically this would mean 1:1 or 2:1 support at most times. We currently spend approximately £28m per year on care and support for these individuals.

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

Describe the proposed change, including how this may impact on service users or staff:

This would be a continuation of the current Least Restrictive Practice project that started in 2018. The roll-out of Least Restrictive Practice (LRP) and Positive Behaviour Support (PBS) across Hampshire is designed to improve the quality of life and reduce the use of restrictive practices for a relatively small cohort of people with learning disabilities that display behaviour that may challenge. We anticipate delivering £2m of savings through the reduction of 2:1 and 1:1 support.

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:	The people with whom we would work with are people with a learning disability who present behaviours that challenge. The LRP offer would seek to improve the quality of life and reduce the use of restrictive practices for people who present behaviour that may challenge. The offer would help support the Adults' Health and Care vision of people living long, healthy and happy lives with the maximum possible independence.				
Mitigation:					
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Other considerations					
Poverty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

If you have only identified neutral impacts, please state why:

Additional information

[Click here](#) for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Childrens' to Adults' Transition
T21 Opportunity Reference: LD3 - Childrens' to Adults' Transition
Name of the accountable Officer: Kerry Utting
Email address of the accountable Officer: Kerry.Utting@hants.gov.uk

Department:

Adults' Health and Children's Services Care	Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of assessment: 13/3/2019

Is this a detailed or an overview EIA?

Detailed	Overview
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Adults' Health and Care leads on the transitioning of children and young people (CYP) moving from children's to adults social care, working with children's social work teams. Its Independent Futures Team starts work (alongside children's services) with CYP from 14 until 18, then case manage them until they are settled and handed over to an adult services team where required (max age 25). The project would work with approximately 250 CYP who turn 18 each year; the focus is on 14--18 year olds who have an eligible social care need.

Geographical impact:

<input checked="" type="checkbox"/> All Hampshire	<input type="checkbox"/> Fareham	<input type="checkbox"/> New Forest
<input type="checkbox"/> Basingstoke & Deane	<input type="checkbox"/> Gosport	<input type="checkbox"/> Rushmoor
<input type="checkbox"/> East Hampshire	<input type="checkbox"/> Hart	<input type="checkbox"/> Test Valley
<input type="checkbox"/> Eastleigh	<input type="checkbox"/> Havant	<input type="checkbox"/> Winchester

Describe the proposed change, including how this may impact on service users or staff:

These proposals would mean that the type of care and support CYP receive may change earlier than may have been previously expected, bringing it into line with the type of support they would receive when they turn 18. This could include greater use of least restrictive practice, a more strengths-based approach and increased positive risk taking.

There would be three key elements to these proposals:

1. To work alongside children's services procurement and placement teams to be clear on commissioning arrangements for CYP at the time of placement and ensure least restrictive practice is embedded.
2. To increase the use of the south east regional cost model with providers of children's services.
3. To manage expectations of family members earlier in order to better manage the transition into Adults' Health and Care.

This would reflect the overall strengths-based approaches to assessment, review and support planning reassessment and review already used in Adults' Health and Care.

Who does this impact assessment cover?

Service users

Engagement and consultation

Has any pre-consultation engagement been carried out?

- Yes
 No
 No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	Children and young people moving from one statutory framework to another may require intensive work to ensure that they transition into Adults' Health and Care with the right care appropriate to their needs.				
Mitigation:	An assessment of need would be carried out and eligible outcomes would be met for people in line with our Care Act requirements. Case Workers will discuss potential options with the children and young people supported as part of the assessment process.				
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	These proposals would impact upon children and young adults with learning disabilities receiving a variety of different service types. Some choices that are currently available for children and young people only and that are more expensive may no longer be available.				
Mitigation:	Assessed Care Act eligibility outcomes would still be met. Case Workers would discuss potential options with service users as part of the assessment process. Hampshire County Council would continue to invest in its supported employment contract to promote long term positive transformational change for individuals with social care needs. Accommodation options would be explored with the preferred option of supported living, as opposed to residential care. This would ensure that care plans are sustainable in the longer term as people will be less dependent on hard to source face to face care.				

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

If you have only identified neutral impacts, please state why:

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Community Based Services

T21 Opportunity Reference: LD4-5 and PD1-4

Name of the accountable Officer: Stuart Outterside

Email address of the accountable Officer: stuart.outterside@hants.gov.uk

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 13/5/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The current learning disability service provides support provision for circa. 3000 people who have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, Direct Payments and other forms of care and support. The current budget is £105m per year. The current physical disability service provides support provision of the same nature for circa. 1700 people. The current total budget is £22m per year. Across both services, each person who receives a service has a support plan which is reviewed annually by Social Workers and social care practitioners. The purpose of these reviews is to ensure the support plan remains adequate and any changes are made to enable progression in relation to skills, knowledge and ultimately greater independence.

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

Describe the proposed change, including how this may impact on service users or staff:

This is a continuation of the current review programme for Learning Disability and Physical Disability services. The outcomes of which would specifically look to deliver support that is most cost effective.

This would include:

- The use of volunteers where appropriate
- Review of use of transport
- A greater emphasis on community support (without a cost to the council)
- Support to enter paid employment
- Support to develop self sustaining networks
- More shared support options
- Time limited support to develop skills
- Implementation of technology
- Changing models of care e.g. increasing access to older persons services

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council’s Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	Some older people with a learning disability would move to new accommodation either Extra Care, Older Persons residential or nursing care.				
Mitigation:	An assessment of need would be carried out with the person, their family, support network and if appropriate advocate. If it is identified that the person would benefit from Older Adults services, then detailed planning would be undertaken to ensure it would best meet their needs. All activity would be in line with the Care Act 2014, Mental Capacity Act 1983 and Human Right 1998 . Learning from previous experience, we would be working with providers to identify services which would be successful for people with learning and physical disabilities.				

	Positive	Neutral	Low negative	Medium negative	High negative
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impact:	These proposals would impact upon people with learning disabilities and people with physical disabilities receiving a variety of different service types. It is likely for a large percentage of those assessed the support that they receive would change.				

Mitigation: Assessed Care Act eligibility outcomes would still be met. Case Workers would discuss potential options with individuals who use services as part of the assessment process. For people who use day care services, this may mean that they receive a different type of service, or it is provided by a different organisation. Some choices that are currently available and that are more expensive may cease to be available. For some people, day services may act as a transitional service, rather than a long-term care option. Hampshire County Council would continue to invest in its supported employment contract to promote long term positive transformational change for individuals with social care needs. People in receipt of supported living or care at home services may experience an overall reduction in the volume (hours) of support received on a 1:1 basis as their needs are addressed in different ways. This would ensure that care plans are sustainable in the longer term as people would be less dependent on hard to source face to face care

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

If you have only identified neutral impacts, please state why:

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

Some people who have been identified in this cohort have been reviewed as part of the Transformation to 2019 project. The savings target identified against this cohort has been modified to reflect this. Those individuals who are being reviewed would be reassessed twice over the course of 2 years in line with the Care Act requirement to regularly review support plans and to ensure a sustainable approach is taken to reducing packages of care.

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Residential Re-Provide Supported Living

T21 Opportunity Reference: LD1 and PD1

Name of the accountable Officer: Jenny Dixon

Email address of the accountable Officer: jenny.dixon@hants.gov.uk

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 13/5/2019

Detailed

Is this a detailed or an overview EIA?

Overview

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Learning Disabilities: Supported living is where people live with support in a domestic setting in their local communities. This will often mean sharing accommodation and/or support to some extent. There are approximately 600 people with a learning disability and/or autism, funded by Hampshire County Council, living in residential care homes in Hampshire (including short-stay placements). The annual cost of Learning Disability residential care to Hampshire County Council is approximately £49m. These proposals are designed to deliver savings of £2m. These proposals are a continuation of the existing (T19) residential re-provision programme and are expected to impact on approximately 130 people. Mental Health: There are approximately 180 people in Mental Health services funded by Hampshire County Council, living in residential care homes. The Mental Health proposal is designed to save £600k (from a total budget Residential and Nursing budget of 6m) and would impact on those people who are assessed as being able to move on and live more independently. Physical Disabilities: There are approximately 172 adults with a Physical Disability funded by Hampshire County Council living in residential care homes. The Physical disability proposal is designed to deliver savings to the value of £500k (from a total Residential and Nursing Care budget of 6m).

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

Describe the proposed change, including how this may impact on service users or staff:

This project would involve continuing to commission new forms of accommodation and support to reduce the reliance on residential care for people with a learning disability, Physical Disability or Mental Health condition. This would involve the development of new supported living schemes, including Extra Care housing, as well as supporting providers to deregister residential care homes into supported living units. Residential care provision would continue to become increasingly focused on those people with the most complex and urgent needs. Individuals in supported living would have their own tenancy, would be able to access a wider range of benefits and would have greater access to their own resources.

Who does this impact assessment cover? **Page 73**

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	A small number of people in their 50s and 60's who have a learning disability, Mental Health condition and physical and or a medical needs and who would benefit from a change in accommodation would be encouraged to move into accommodation which is aimed at older people (people 55+), this could be residential or nursing care,				
Mitigation:	The people who are supported by these services would be assessed to understand their current needs and where it was demonstrated that they would benefit from accommodation more focused on supporting Older People. Dedicated social work resource would be made available to them and their carers / families to help understand their care needs and how they could be met by alternative accommodation. The families of the individuals who are supported would be fully involved where appropriate.				
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: The de-registration of residential care homes would have a positive impact on people with a learning disability, Physical Disability or Mental Health condition. It would increase the security of their tenure in the accommodation as individuals have a tenancy agreement underpinning their occupation of the accommodation. They also would have access to housing benefits. The process of deregistration includes training for staff in person centred approaches and therefore changes the approach of staff to individuals to be more empowering. When individuals become tenants they would have greater opportunities to become active citizens with a greater role and stake in their local community.

Mitigation: People would be supported to move into supported accommodation by social work staff. Independent advocacy would also continue to be offered to them to help if it is required

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
--	----------	---------	--------------	-----------------	---------------

Pregnancy and maternity

Impact:
Mitigation:

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: People with a learning disability, Physical Disability or Mental Health condition living in residential care have access to very little of their own money, once a care home is deregistered individuals living in it would have access their full benefit entitlements.
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Mental Health Review & Reassess

T21 Opportunity Reference: MH1

Name of the accountable Officer: Jason Brandon

Email address of the accountable Officer: jason.brandon@hants.gov.uk

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 13/3/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Hampshire Adults' Health and Care currently fund a range of residential and nursing care and support packages for working age adults who have been assessed with eligible need under either the Care Act 2014 and/ or the Mental Health Act 1983 and who require the use of mental health services. The current social care offer is aimed at people who present with complex needs and often a variety of diagnoses which might include psychiatric and/ or psychological conditions and/or addiction. People may have lived in residential settings for many years in the community sometimes a long way from Hampshire.

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

Describe the proposed change, including how this may impact on service users or staff:

There are 450 packages of care currently funded at £6,338,000. It is proposed to reduce this budget by £600,000. People would be supported using a strengths-based approach with a view to moving away from traditional models of 24hr care toward greater independent living. The current approach to commissioning care and support packages continues to require further transformation as a continuation of this established workstream.

The proposed changes and likely impacts include:

- A change in living arrangements for individuals
- Less reliance on Residential/ Nursing Care Providers
- Risk to stability of Provider Market
- Increased expectation on District/Borough Housing Depts

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

This programme of work involves working alongside the population known to the department through the previous T19 agenda in view of the same outcomes. The County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	There is an expectation that people would move into accommodation which would meet their needs to maximise their independence. For those people growing older, this may impact on their expectation to remain in lifelong residential care if they are deemed to be capable of residing in an alternative arrangement with an appropriate level of available care and support. This could include the concern of loneliness and isolation which in turn may trigger the deterioration in an older person's mental health and ability to self care. Similarly, those younger people with complex mental health needs who are experiencing transition into adult services would also not automatically move into 24hr care provision.				
Mitigation:	Each person in receipt of a current package would be supported carefully and sensitively to understand how their needs are being assessed with the right to an advocate if required. Whilst recognising the issues affecting potential impact of 'change' for someone growing older and moving into adult services, the application of a strengths-based approach is fundamentally aimed at ensuring the person is heard and that their rights are respected by the social care professionals involved in this process. A range of contemporary supported accommodation options are also available including Extra Care for people which should minimise the risk of loneliness and isolation. Housing Providers are also working alongside this workstream to involve new 'well-being' support staff (I.e. Vivid Housing). Inclusion of NHS age appropriate services and involvement of advocacy will be integral.				
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: People using mental health services and who are often subject to s117 Mental Health Act are likely to feel challenged by the prospect of change to their care and support provision as a result of the associated disability they live with. Care and support provision in conjunction to accommodation arrangements are fundamental to the welfare and recovery of people experiencing problems with their mental health. Group living in residential care has been a traditional offer in Hampshire for many years and is often prescribed by medical staff for individuals on their in/out-patient treatment pathway. The proposal to develop mental health supported living schemes attracts the risk of 'Not in My Back Yard'ism and the negative stigmatisation towards this vulnerable group of adults.

Mitigation: Residential care arrangements will continue to remain available for those people who are deemed to require 24 hr care and support. However, it is anticipated, that this would be a smaller group of people in need of 24 hr provision after a number of examples of care reviews have led to people moving into supported living arrangements with great success despite the experienced level of disability. Some of the challenges which people have overcome have been achieved with the use of assistive technology, personal care packages, use of direct payments, personal health budgets and excellent health & social care support. Close partnership working with people, other care/ relevant agencies has demonstrated that living with a mental disability does not necessitate the experience of residential care. Careful community engagement and support from relevant local public and voluntary agencies would be essential when establishing new schemes and challenging any negative stereotypes.

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact: There is an over representation of people in England who would identify themselves from Black Asian Minority Ethnic (BAME) background who have been or who are subject to detention in the mental health system. Many people in need of care and support packages are also subject to s117 Aftercare as a result of having been detained under the Mental Health Act 1983. The reduction of residential provision would impact on people from BAME backgrounds in respect to the prospect of being offered a change in their current arrangements which is sensitive to their cultural needs across all Hampshire communities. There is a risk from local communities of stigmatisation of developing housing support schemes leading to the negative impact on mental state and stability of residents.

Mitigation: Accommodation for people in need of services as a result of their mental health is available in all local communities across Hampshire. The programme of developing Extra Care schemes is being rolled out to ensure each area provides access subject to eligible need. Community engagement is essential without involvement of specialist mental health housing officers in conjunction with local districts/ boroughs and Registered Social Landlords. People from BAME backgrounds will have access to a variety of means to take greater control of their lives including; interpreters, advocacy, direct payments, personal health budgets, assistive technology and would be supported to access local community support in respect of their individual needs and cultural requirements.

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Impact:
Mitigation:**

If you have only identified neutral impacts, please state why:

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Older Adults Transformation

T21 Opportunity Reference: OA1-6

Name of the accountable Officer: Ian Cross

Email address of the accountable Officer: ian.cross@hants.gov.uk

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 18/4/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Hampshire County Council has a statutory duty to meet the eligible care needs of an individual. Support is provided to older adults with the aim of maximising a person's independence whilst ensuring their care needs are met through Strength Based approach. This support is delivered through a variety of care services including the provision of domiciliary care, residential and nursing care, short term beds and respite care.

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

Describe the proposed change, including how this may impact on service users or staff:

The Older Adults Transformation programme aims to reduce the overall spend on the Older Adults operating budget by £9.3m from an existing budget of £108.1m by 2023/24. This would be achieved through the development of alternative models of care and new services which would decrease the requirement for spending on traditional domiciliary care and prevent admission to longer term residential and nursing care, see additional information for more detail. The aim would be to increase a person's independence and ensuring that the care provided truly reflects the individual's needs.

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	Some older adults with less complex needs could receive less commissioned services from Adults' Health and Care through the increased use of universal and other voluntary sector services when compared to previous individuals who received care. Some older adults, particularly those who have had an episode of ill-health may receive alternative services to meet the immediate care need with the intention of preventing their need escalating to long term residential care services. Some older adults may need to review their residential care setting as they transfer from self-funding their care to provision of care by Adults' Health and Care.				
Mitigation:	Some new services (as detailed in the additional information section below) would deliver benefits to all age groups which balances the impact of lower levels of service in other areas.				
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:	Some service users who would previously have entered residential care may not receive such services from Adults' Health and Care.				
Mitigation:					
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
Other considerations					
Poverty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
Rurality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: Implementation of new framework for domiciliary care could have a positive impact on increased availability of service in “hard to reach” areas.

Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

T21 Older Adults Transformation programme aims to increase the independence of individuals, provide alternatives to long term residential care and deliver savings against current spending on Older Adults services by;

- Supporting individuals to meet their care needs and maintain independence in the community without the need for paid for services from Older Adults
- Meeting an individual's care needs using a strength based approach, greater use of local community and voluntary organisations, better use of technology and Personal Assistants to reduce the demand for domiciliary care.
- Reducing the need for long term residential care by providing suitable alternatives, both short term and long term.
- Increasing the availability of Extra Care Housing where individual continue to own or rent their own home.
- Expanding the Shared Lives offering for Older Adults which provides care for individuals in the home of a paid carer. - Increasing the use of technology enabled care including working with the Argenti partnership to develop and implement the use of Cobots to support lifting and handling of individuals reducing the need for double handed care.

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Strategic Review of HCC Care Services Provision.

T21 Opportunity Reference: IH1 - IH4 Strategic Review of HCC Care Services Provision.

Name of the accountable Officer: Karen Ashton

Email address of the accountable Officer: karen.ashton@hants.gov.uk

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 15/5/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Hampshire County Council Adults' Health and Care have sixteen council owned residential and nursing care units with 962 places, predominantly for older people, spread across Hampshire, the service is called HCC Care. The service employs 1300 Full Time Equivalent staff (2018/19) across nursing, care, catering and other ancillary roles. Services are rated by the Care Quality Commission as "Good". Occupancy varies across the different locations between 85 – 93%. The current total service budget is 41.7 million.

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

Describe the proposed change, including how this may impact on service users or staff:

To achieve the required cost reduction target of £1.65m by 2021 there is a need to undertake a whole service strategic review of HCC Care provision to: Identify future options for the service in terms of estate i.e. broadly remain as is or increase / decrease in terms of the quantum of care provided across Hampshire. Define and implement a sustainable workforce strategy. The outcome of the review would ensure HCC Care provision is aligned with the Adults' Health and Care Market Position in areas where both short and long-term beds are required. Depending on the outcome of the analysis there may be a mix of home closures (subject to a careful de-commissioning programme), re-provision or an increase in bed capacity numbers through an expansion in areas where there is forecast unmet demand. In addition this work would lead to revisions to deployment, delegation and supervision of staff and the programme also assumes building on existing technology enhancement with additional technological functionality to achieve interoperability, thereby enabling advanced performance scorecards for management monitoring and reports. These actions could result in staffing efficiency, whilst maintaining safe levels of care that meet regulator expectations, delivering services within budget and reducing pressure on departmental resources.

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact:

Any change would impact upon predominantly older people as potential future users of these services. From research it is known that moving older people may be detrimental to their wellbeing. Any changes in the location of care that might occur through this process would be cognisant of the risks and mitigate such impacts as it has been proven that these can be minimised, and if managed properly that there is no significant risk posed to them by moving (Ref: An Evaluation of the Modernisation of Older People's Services in Birmingham – final report. 2011. University of Birmingham's Health Services Management Centre). Contained within the report are a series of recommendations which Hampshire County Council would adhere to. The buoyant local labour market in Hampshire means recruitment is challenging. The competition in the hard to recruit groups, e.g. catering and care staff, from higher private sector organisations including the service, entertainment and retail industries which can provide more attractive packages than Hampshire County Council terms and conditions. In making any changes there would be a need to ensure that there are enough resources to maintain safe, effective care for residents and staff. It would be essential that during any process change, plans must demonstrate safe levels of personalised care to the regulator, the Care Quality Commission (CQC). The impact of any proposed changes would not adversely affect any specific protected groups. Staff would be supported to ensure that they are supported to use the technology effectively and that where necessary reasonable adjustments are put in place.

Mitigation:

Assuming the review goes ahead we would ensure the approach to any consultation that would be in line with best practice including employing independent advocacy services to ensure that the residents and their families were able to influence their personal circumstances and participate in the consultation to the best of their ability. Fair and transparent HR processes would apply to any staff changes.

	Positive	Neutral	Low negative	Medium negative	High negative
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	Any change may affect residents who are either physically frail or have physical disabilities. There may also be people who have Dementia.				
Mitigation:	Detailed dependency assessments for individuals affected would be carried out. Effective person-centred transition plans and support for residents and families would be put into place for each of the residents.				

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:	We acknowledge that these changes would have a disproportionate impact on women. This is because on average there are more women than men living and working in residential accommodation.				
Mitigation:					

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	There would be a requirement to ensure that the outcomes do not impact upon the ability of the residents in these homes to maintain their relationships with their spouses, partners, wider family members, friends or other social connections.				

Mitigation: Person centred transition plans would be put into place for each of the residents. The families of the residents would be fully involved where it is appropriate. Friendship groups within the homes would be identified so that they can be considered should people want to move together. Fair and transparent HR processes would be followed

	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

In order to minimise any risks associated with moving older people, Hampshire County Council would follow best practice in terms of supporting residents through use of advocacy services, effective communication, dedicated care management resource and robust person-centred planning. Depending on the outcome of the analysis, proposed changes may have an impact on staff. Once the analysis is known a separate EIA will be carried out to examine the impact of staff as appropriate.

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Working Differently
T21 Opportunity Reference: WD1 – WD4 Working Differently
Name of the accountable Officer: Michael Burton
Email address of the accountable Officer: Michael.Burton@hants.gov.uk

Department:

Adults' Health and Children's Services Care	Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of assessment: 8/4/2019

Is this a detailed or an overview EIA?

Detailed	Overview
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The Working Differently programme focus on the way our staffing budget can be reduced. It looks for efficiencies through the use of new technologies and new ways of working across Adults' Health and Care. Savings would be made through a reduction in the workforce, workforce related costs and travel costs of the department, alongside a potential increase in income. Changes to ways of working to meet the delivery of outcomes to our population and the attendant operational demands will be required to mitigate the reduction in staff numbers.

Geographical impact:

<input checked="" type="checkbox"/> All Hampshire	<input type="checkbox"/> Fareham	<input type="checkbox"/> New Forest
<input type="checkbox"/> Basingstoke & Deane	<input type="checkbox"/> Gosport	<input type="checkbox"/> Rushmoor
<input type="checkbox"/> East Hampshire	<input type="checkbox"/> Hart	<input type="checkbox"/> Test Valley
<input type="checkbox"/> Eastleigh	<input type="checkbox"/> Havant	<input type="checkbox"/> Winchester

Describe the proposed change, including how this may impact on service users or staff:

As a consequence of future proposals, it is envisaged that there could be an overall reduction of the Adults' Health and Care workforce and/or an increase in workload to secure new income. The exact posts and teams potentially affected would not be known until significant further work is undertaken. Working Differently would involve changing how the department is organised and the way it works. The programme would simplify or stop tasks that are currently undertaken, wherever this is possible. New technology would be introduced and investment would be made to create the necessary changes.

Who does this impact assessment cover?

Service users HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

Staff engagement will be required to understand possible approaches to achieve the required savings target. The County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council’s Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	The demographic mix of the department’s workforce shows a higher number of older staff. Further work would be required to identify who falls within the affected staff group and where they work, for example in our directly delivered care provision, this would be clear once further analysis has been carried out.				
Mitigation:	Project team would continue to review and update the Equality Impact Assessment (EIA) as and when it determines which staff members may be affected. Strategies used for previous restructures, including redundancy offers, managed recruitment and redeployment where possible would be used as necessary. Any future trade union consultation would be designed to ensure that all staff, taking into account their protected characteristic, are equally consulted on the proposals to come.				
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	Relative to the Hampshire County Council average, the department includes a higher percentage of disabled staff than the County Council overall				
Mitigation:	The Working Differently project team would continue to review and update the EIA as and when it determines which staff members may be affected. Strategies used for previous restructures redundancy offers, managed recruitment and redeployment where possible would be used as necessary. However, given the focus of the department action would continue to be taken to support and increase employment for people with disabilities. Any future trade union consultation would be designed to ensure that all staff, taking into account their protected characteristic, are equally consulted on the proposals to come.				

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact: The affected group has a higher percentage of BME staff than the County Council overall
Mitigation: Project team would continue to review and update the EIA as and when it determines which staff members may be affected. Strategies used for previous restructures redundancy offers, managed recruitment and redeployment where possible would be used as necessary. However, given the focus of our service provision we will continue to support and increase employment for Black Asian and Minority Ethnic staff that reflect the communities in which we operate. Any future trade union consultation would be designed to ensure that all staff, taking into account their protected characteristic, are equally consulted on the proposals to come.

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact: Relative to the Hampshire County Council average, the department includes a higher percentage of female staff than the County Council overall.
Mitigation: Project team would continue to review and update the EIA as and when it determines which staff members may be affected. Strategies used for previous restructures redundancy offers, managed recruitment and redeployment where possible would be used as necessary. Any future trade union consultation would be designed to ensure that all staff, taking into account their protected characteristic, are equally consulted on the proposals to come.

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

If agreed, proposals would have a significant impact on staff due to reduced staff numbers over time, potential changes to the skill and capabilities mix, increases in workload, changes to the day to day work that people undertake and a move towards a more flexible workforce. Further development of productivity, more efficient processes, smarter working and exploitation of modern technology would all play their part in this. Specific operational teams and headquarters functions may become less flexible to respond to nonstandard requests. Given that the overall staff numbers could reduce there may be an impact on service users too. At this stage of the programme it is not yet known what service areas or client groups could be affected. As the detail is emerging more in depth EIAs would be carried out to identify the impact not only of staff but also on service delivery.

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Substance Misuse Service

T21 Opportunity Reference: PH2

Name of the accountable Officer: Ileana Cahill

Email address of the accountable Officer: ileana.cahill@hants.gov.uk

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 4/4/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

There are two services in Hampshire that reduce drug and alcohol related harm. The Substance Misuse Service (2020/21 £8,000,000) provides drug and alcohol treatment to adults and young people. Currently 3,500 adults and 300 young people access treatment annually for their drug /alcohol use. The service also works with pharmacies across Hampshire to deliver a needle exchange scheme and support those requiring medication for their opiate addiction. Alcohol Nurse Services (£230,000) are provided in conjunction with acute trusts to identify adult patients in hospitals who are consuming alcohol at hazardous levels and referring onto community substance misuse services.

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

Describe the proposed change, including how this may impact on service users or staff:

There has already been an agreed budget reduction for the substance misuse treatment service of £900,000 in 2020/21. It is proposed to make a further reduction of £1.2 million this could be achieved by making the following changes:

- Staff reductions for both the community substance misuse service and alcohol nurse service
- Reduction in available physical treatment hubs across Hampshire and capacity to deliver satellite services and outreach.
- Reduction in opening times of services.
- Reduction in key worker and group-work sessions
- Reduction in the Carers Service (support that is available for families and children where one or both of parents are alcohol / drug dependant)
- Increase in waiting times for alcohol and drug treatment.
- Eligibility criteria (related to severity of dependence) introduced to access services (i.e. increasing / high risk drinkers excluded)
- Less specialist clinics delivered within treatment hubs such as Wellbeing Clinics which includes Blood Bourne Virus testing (Hepatitis B & C and HIV), vaccination (Hepatitis B) and referral onto treatment.
- Reduced access to specialist inpatient drug / alcohol detoxification
- Reduced number of pharmacies providing needle exchange, health screening and opiate substitution therapy.

Who does this impact assessment cover?

- Service users HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

- Yes No No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: Young people (up to 25 years): Particular groups of young people are identified as more vulnerable to substance misuse include those with mental health issues; young offenders; young people in care; homeless young people; excluded pupils or frequent non-attenders; sexually exploited. Of the young people currently supported by the service, the majority have wider vulnerabilities and support needs. (e.g. 83% report a mental health concern, 22% child in need/child protection plan in place, 21% involved in anti-social behaviour/criminal activity, 11% domestic abuse) with 89% reporting early onset of substance misuse. The reduction in investment would result in services for young people up to 25 years being less accessible and visible. Access to short-term (6 weekly) targeted services for vulnerable young people to prevent escalation of misuse of drugs / alcohol would need to be restricted. Currently, 17% of adult service users are living with their children (under 18 years). The reduction in investment would potentially result in an increase in harms and a reduction in support (from the substance misuse service) to children and families who have alcohol / drug dependant parent. Adult population 30-49 years: Approximately 50% of adults accessing substance misuse services in Hampshire are aged between 30 – 49 years. 66% of those people in treatment for their opiate addiction are between the ages of 30 and 49 years. This cohort require intensive care and support (including medical treatment) to enable recovery. A reduction of access to treatment amongst these age groups could result in a decrease in the numbers of people accessing substance misuse treatment and a likely increase in the unmet need across Hampshire. This age group also have the highest number (nearly two thirds) of all drug related deaths across Hampshire. Accessing substance misuse treatment services is a protective factor in preventing drug related deaths and reducing access to these services for this cohort of people could result in an increased number of deaths. Alcohol related admissions have been steadily increasing over the past 10 years and in 2017/18 there were nearly 25,000 adult Hampshire residents who were admitted to hospital because of a health condition that was attributed to alcohol. Few services supporting alcohol clients are likely to contribute towards an increase in alcohol admissions to hospitals.

Mitigation: Key organisations working with young people and families provided with training and development to increase capability of front-line workforce to be able to support a lower level substance misuse need within a family or young person. Prioritise opening times to meet client's needs. Seek to work with partners to secure free use of outreach venues where possible. System wide process and pathway review with the ability to prioritise and reorganise, within the resource allocation.

	Positive	Neutral	Low negative	Medium negative	High negative
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: Mental Health: People with drug and/or alcohol dependencies often have complex needs and other related or unrelated health problems. For example, 53% of service users within the substance misuse service have an identified mental health need. The service is currently working jointly with primary care and secondary mental health services to support service users who have a co-occurring substance misuse and mental health need. Joint working arrangements could be affected, and lower level mental wellbeing support may not be available within the service. The reduction in funding could disproportionately affect those with complex needs who require greater access options and more intense support. This could affect the progress of an individual's recovery and potentially the risk to their health and wellbeing, including risk of death.

Mitigation: Clear joint working protocol developed which describes referral, assessment and treatment pathways.

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact: Whilst there are relatively low numbers of the Lesbian, Gay, Bisexual and Transgender (LGBT) population currently accessing the substance misuse service (88% of service users identified themselves as heterosexual), evidence suggests that this group face a higher risk of substance misuse. Funding reductions may impact on specific activities aimed at this client group.

Mitigation: We would seek to work with relevant LGBT organisations to increase capacity of front-line staff to support lower level substance misuse needs.

	Positive	Neutral	Low negative	Medium negative	High negative
--	----------	---------	--------------	-----------------	---------------

Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impact:	Whilst most people (93%) within the Hampshire substance misuse treatment system are White British, this does vary geographically. Currently outreach into Black and Minority Ethnic (BME) communities and the location of physical hubs in areas with higher proportions of the Hampshire BME population has resulted in greater proportion of ethnic minorities to engage in treatment. For example, in Aldershot 11.9% of service users are from BME communities. A reduction in capacity and services could affect the ability to engage with BME communities.				
Mitigation:	Prioritise to keep open hubs where there is a higher representation from BME communities. Continue to require service providers to undertake an annual Health Equity Audit and produce a service improvement plan showing how access to services could be improved.				
	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:	There is no data available locally to determine access to substance misuse services, however national research suggests that this population are at a higher risk of misusing drugs and alcohol.				
Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impact:	Currently 49% of the population of Hampshire are male, however 66% of people accessing treatment for drug and alcohol misuse in Hampshire are male. Less women (33%) currently access substance misuse services than men. A reduced service could impact on the number of women accessing support. At present the substance misuse service offers women only groups which are particularly important as some would have experienced domestic abuse. Funding reductions may impact on specific activities to engage women, particularly those with domestic abuse and substance misuse.				
Mitigation:	Prioritise women only groups in areas of highest need.				
	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impact:	There are health risks for both mother and baby if the mother misuses drugs and/or alcohol. Currently, 10 pregnant mothers accessed the service in 2018/19. The impact of reduced funding may result in a reduced availability of service to pregnant mothers.				
Mitigation:	Ensure effective pathways and care coordination between substance misuse treatment and maternity services and children's services are robust to ensure adequate care.				

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: Deprived communities are associated with the problematic use of drugs such as heroin and crack cocaine. Although problematic use of these drugs is not exclusively related to deprivation it is much more common among those living in poverty. The impact of harmful and dependent drinking is greatest in deprived communities. There would be a reduction in access to substance misuse services for those living in poverty. National statistics show that there are higher numbers of drug related deaths in areas of deprivation. Both Gosport and Havant have higher than average deaths. Health outcomes such as rates of alcohol related conditions, alcohol related mortality and alcohol related hospital admissions for those living in local authority areas where there are high levels of deprivation in Hampshire is likely to increase.

Mitigation: Prioritise resources to ensure that substance misuse services are visible and accessible in areas where there are high levels of deprivation.

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: The current substance misuse service has a good foot-print across Hampshire with 9 treatment (in the main towns) and several satellite services in more rural areas. A reduced budget would decrease the availability of satellite services and outreach in more rural communities.

Mitigation: Develop proposal for digital / virtual support where appropriate, although this would not suit all service users particularly those receiving medical interventions and more complex / higher level support.

If you have only identified neutral impacts, please state why:

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Sexual Health
T21 Opportunity Reference: PH3 Sexual Health
Name of the accountable Officer: Robert Carroll
Email address of the accountable Officer: Robert.Carroll@hants.gov.uk

Department:

Adults' Health and Children's Services Care	Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of assessment: 17/4/2019

Is this a detailed or an overview EIA?

Detailed	Overview
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The Council is mandated to secure the provision of comprehensive open access sexual health services. We meet these responsibilities through a Level 3 Integrated Sexual Health Service, providing contraception, Sexually Transmitted Infection (STI), sexual health promotion and psychosexual counselling services across 16 geographical locations plus outreach and online services. The 2019/20 budget for this service is £6,850,391. The service sees approximately 30,000 residents per year. The Council also commissions a Long Acting Reversible Contraception (LARC) service, delivered within General Practice (2019/20 budget is £1,450,000) and an Emergency Hormonal Contraception (EHC) service delivered within Community Pharmacies (2019/20 budget is £183k).

Geographical impact:

- | | | |
|---|----------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> All Hampshire | <input type="checkbox"/> Fareham | <input type="checkbox"/> New Forest |
| <input type="checkbox"/> Basingstoke & Deane | <input type="checkbox"/> Gosport | <input type="checkbox"/> Rushmoor |
| <input type="checkbox"/> East Hampshire | <input type="checkbox"/> Hart | <input type="checkbox"/> Test Valley |
| <input type="checkbox"/> Eastleigh | <input type="checkbox"/> Havant | <input type="checkbox"/> Winchester |

Describe the proposed change, including how this may impact on service users or staff:

The Sexual Health T21 saving requirement is £958k. Total spend on sexual health services has already reduced by 18.6% since April 2013. A further reduction could potentially result in the following changes:

- Closure of a hub and a number of spoke clinics
- Reduced availability of clinics/appointments
- Longer travel times to clinics
- Reduction in staff required to deliver clinics
- Reduction in outreach and specialist clinics for vulnerable groups
- Increased demand on general practices
- Potential restriction of services based on age, risk profile and clinical need
- Increase in unintended pregnancies, unintended maternities and abortions
- Potential increase in Sexual Transmitted Infections (STI) and STI related complications

Who does this impact assessment cover?

- Service users

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact:

Young people aged 15-24 are one of the population groups who are most at risk of unintended pregnancy, sexually transmitted infections (STIs) and sexual exploitation. 60% of all STIs are in young people aged 15-24 and babies born to mothers under 20 years have a 24% higher rate of stillbirth, a 56% higher rate of infant mortality and a 30% higher rate of low birth weight. Children born to teenage mothers also have a 63% higher risk of living in poverty. Mothers under 20 years have a 30% higher risk of poor mental health 2 years after giving birth. A reduction in sexual health clinic access and capacity is likely to have a high negative impact on young people, who are also less likely to use their GP for contraception and less likely to have access to private transport.

Mitigation:

We would ensure that young people (under 25) remain a priority for commissioned services and seek to ensure that all young people can access a sexual health clinic within 30 minutes travel by public transport. Where this is not possible we would seek to commission outreach and/or satellite services. We would support the development and delivery of Relationship & Sex Education in schools and encourage young people to use their GP for contraception services. We would continue to encourage low-risk asymptomatic residents to use online STI services appropriately which would release capacity for higher-risk residents, including young people, to be seen in face 2 face clinics.

	Positive	Neutral	Low negative	Medium negative	High negative
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact: There is limited evidence to suggest that people with disabilities are more at risk of poor sexual health outcomes however a reduction in the availability of sexual health clinics is likely to have a negative impact on people with disabilities, particularly if they limited access to accessible transport. The Level 3 Integrated Sexual Health Service currently provides a practitioner-referral specialist clinic for people with learning disabilities in each hub, recognising that people with learning disabilities often require more support and longer appointments to manage and improve their sexual health. There is a risk that these clinics may need to be discontinued.

Mitigation: We would work to ensure the continued delivery of these specialist clinics within the reduced funding available. We are also developing an electronic sex & relationships learning package to support front-line practitioners to provide more sex & relationships support to adults with care and support needs.

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: Gay, Bisexual men and men who have sex with men (MSM) are another key population group at high risk of poor sexual health, particularly in relation to HIV and other STIs, and they are a priority group for the Level 3 Integrated Sexual Health Service. The number of STI diagnoses in MSM has risen sharply in England over the past decade. A reduction in access to sexual health clinics is likely to have a high negative potential impact on the sexual health of men who have sex with men. Lesbians, Bisexual women and women who have sex with women are generally at low risk of unintended pregnancy and STIs but many women who have sex with women also have a history of sex with men.

Mitigation: We would ensure that men who have sex with men remain a priority for commissioned level 3 sexual health services and seek to ensure that all MSM can access a sexual health clinic within 30 minutes travel by public transport. We would ensure that MSM who are asymptomatic of disease also continue to have access to free condoms and regular STI home-sampling.

	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: People from Black, Asian and Minority Ethnic background (BAME) are also a population group at high risk of poor sexual health, particularly men and women of Black and mixed Black ethnicity, who are at increased risk of unintended pregnancy, bacterial STIs and HIV. A reduction in sexual health clinic access and capacity is likely to have a high negative impact on people from BAME groups who currently underutilise sexual health services and who are also less likely to have access to private transport.

Mitigation: We would ensure that people from Black BAME groups remain a priority for commissioned level 3 sexual health services and seek to ensure access to a sexual health clinic for all residents within 30 minutes travel by public transport. We would also ensure that people from BAME groups continue to have access to free condoms and regular STI home-sampling.

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: There is limited data on the sexual health of people who have had or are undergoing gender reassignment but there is evidence that Trans women are likely to be at increased risk of HIV and STIs (similar to men who have sex with men). Transgender people are at increased risk of social and economic exclusion and exclusion in healthcare and they are at increased risk of low self-esteem, suicide, discrimination, hate-crime and violence. Trans people also have an increased likelihood of involvement in commercial sex work, which also increases their risk of poor sexual health. A reduction in sexual health clinic access and capacity is likely to have a high negative impact on transgender people (particularly trans women). The level 3 Sexual Health Service currently provides a specialist sexual health clinic for people involved in sex work and there is a risk that this specialist clinic would need to be discontinued.

Mitigation: We would ensure that transgender people remain a priority for commissioned level 3 sexual health services and seek to ensure access to a sexual health clinic for all residents within 30 minutes travel by public transport. We would also ensure that transgender people continue to have access to free condoms and regular STI home-sampling.

	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: The majority of women will require contraception services to avoid unintended pregnancy and it is estimated that most women will require contraception for at least 30 years. Most methods of contraception have been developed for use by women (pills, implants, coils, injections etc) and it is women that primarily face the emotional, physical, social and economic costs of unintended pregnancy. Female anatomy also puts women at an increased risk of STIs and women are less likely to experience and to recognise STI symptoms, which increases their risk of long-term complications of undiagnosed and untreated STIs, including pelvic inflammatory disease, ectopic pregnancy and infertility. A reduction in access to sexual health clinics is likely to have a high negative impact on the sexual and reproductive health of women.

Mitigation: To mitigate this impact we intend to maintain the Council's current spend and provision of Long Acting Reversible Contraceptive (LARC) Services and Emergency Hormonal Contraception (EHC) services. To ensure sufficient access and capacity we plan to maintain the Public Health Open Framework model of commissioning these services, ensuring that any qualified provider is able to apply for a contract to provide these services. We would support the effective delivery of statutory relationship and sex education in schools and continue to encourage women to access their GP for contraception provision. We would also work with Clinical Commissioning Groups to ensure that abortion services are also able to provide women with their preferred method of contraception and we would work with maternity and public health 0-19 services to ensure that women are supported to access post-natal contraception. We would continue to ensure that both women and men who are asymptomatic of disease have access to STI home-sampling services and access to a level 3 sexual health service within 30 minutes by public transport, if they have STI symptoms.

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact: Unintended pregnancy is frequently the result of poor knowledge, access, choice and provision of contraception, including the most effective LARC methods of contraception. Unplanned pregnancies can end in abortion, miscarriage or maternity. Many unplanned pregnancies that continue will become wanted. However, unplanned pregnancy can cause financial, housing and relationship pressures and have impacts on existing children. Restricting access to contraceptive provision can therefore be counterproductive and ultimately increase costs. The highest numbers of unplanned pregnancies occur in the 20-34 year age group. Women are offered antenatal screening for a number of STIs (HIV, Syphilis and Hepatitis B) during pregnancy as these infections can be passed to babies during pregnancy and at delivery. The harmful effects of STIs in babies may include stillbirth, low birth weight, brain damage, blindness and deafness. Antenatal screening during pregnancy is commissioned by the NHS and is therefore not within the scope of this proposed change

Mitigation: We intend to mitigate the risk of unintended pregnancy by maintaining the Council's current spend and provision of Long Acting Reversible Contraceptive (LARC) Services and Emergency Hormonal Contraception (EHC) services. We would support the effective delivery of statutory relationship and sex education in schools and continue to encourage women to access their GP for contraception provision. We would also work with Clinical Commissions Groups to ensure that abortion services are also able to provide women with their preferred method of contraception and we would work with maternity and public health 0-19 services to ensure that women are supported to access post-natal contraception. We would also ensure that both women and men have continued access to asymptomatic STI home-sampling services and access to a level 3 sexual health service within 30 minutes by public transport.

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact: There is evidence of a strong positive correlation between socio-economic deprivation and poor sexual health, including unintended pregnancy, teenage pregnancy and rates of new STIs. The relationship between deprivation and sexual health is complex and is likely to be influenced by a range of factors, including the provision of and access to sexual health services, as well as education, health awareness, health-care seeking behaviour and sexual behaviour. A reduction in access to sexual health clinics is likely to have a potential negative impact on the sexual health of people living in our more deprived areas.

Mitigation: We would reduce this risk by ensuring that services are located and promoted in areas of greatest need and/or deprivation, ensuring that all residents are able to access a level 3 sexual health clinic within 30 minutes by public transport. Where this is not possible we would seek to commission outreach and/or satellite services and/or promote the availability of online services. We also intend to maintain the Council's current spend and provision of Long Acting Reversible Contraceptive (LARC) Services and Emergency Hormonal Contraception (EHC) services and we would seek to ensure that there is sufficient access and capacity within the most deprived areas of the County, ensuring that any qualified provider is able to apply for a contract to provide these services.

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: The current Level 3 integrated Sexual Health Service has a good foot-print across Hampshire with 16 clinical sites (in all major towns) and several outreach clinics in more rural areas. A reduced budget would decrease the availability of satellite services and outreach in more rural communities.

Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Domestic Abuse Victim and Perpetrator Services

T21 Opportunity Reference: PH4 Domestic Abuse Victim and Perpetrator Services

Name of the accountable Officer: Jude Ruddock-Atcherley

Email address of the accountable Officer: Jude.Ruddock-Atcherley@hants.gov.uk

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 9/4/2019

Detailed

Is this a detailed or an overview EIA?

Overview

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The services provide specialist support for victims and perpetrators of domestic abuse and their families, providing a variety of functions, including:

- Domestic Abuse Front Door: first point of contact/information/advice/assessment/triage for victims/ children/ perpetrators and professionals.
- Early intervention/prevention
- Support/interventions for victims and perpetrators
- Support for children/young people & adults at risk
- Links between the perpetrator and victim services: ensuring that all members in a family are appropriately supported.

During 2016/17 over 4,500 adults/children supported by victim services, with 259 referrals to perpetrator services (160 accessed interventions, 36 completed). 96% of victims were female and 98% perpetrators male, with the majority identifying as heterosexual.

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

Describe the proposed change, including how this may impact on service users or staff:

Reduced by 9% already a further reduction of 13% reduction would potentially have the following impact on the services:

- Staff reduction for both the community and accommodation-based services
- Reduction in physical bases for the delivery of support, community outreach, and group work interventions
- Reduction in opening times of services • Reduction in key worker and group-work sessions
- Reduction in specialist services for children and young people affected by domestic abuse
- Reduction in prevention and early intervention services, including training to professionals
- Increased waiting times for support services
- Reduction of availability of crisis accommodation
- Increasing thresholds of risk relating to eligibility for services
- Reduction in the variety of specialist or tailored/personalised needs led interventions.

Who does this impact assessment cover?

- Service users HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

- Yes No No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: Children and young people (CYP) support services would be reduced, less accessible and less visible, and with increased waiting times. Pathways of referrals (e.g. schools/children's social care) may need to be restricted. 40,000 CYP in Hampshire were estimated to be affected by domestic abuse in 2017-18. Flexible opening times are important for those adults of working age in order to access services outside of working hours. Older people (aged 59 and above) are also particularly vulnerable to domestic abuse and have often been the age category for Domestic Homicide Review cases in the county. Victims of domestic homicides (seen at Domestic Homicide Reviews, or DHRs) are most commonly found to be in the 'medium' risk category and often not well known to services. Reductions in funding make it increasingly challenging to access these groups of people, make services accessible and provide the adequate levels of support. There is a specific need for perpetrator interventions in the 18-24 year old age category, which would be affected with a reduction in funding.

Mitigation: Key organisations working with young people and older people provided with training and development to increase capability of front-line workforce to be able to support a lower level domestic abuse need. Prioritise opening times to meet clients' needs. Children's and Adults' Health and Care departments would work together to carry out a system wide process and pathway review with the ability to prioritise and reorganise, within the resource allocation.

	Positive	Neutral	Low negative	Medium negative	High negative
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: Domestic Abuse services were accessed by around 700 people in 2017/18 with some form of self-reported disability. For those who specified what type of disability they had (583 people), the majority were people with a mental health issue (85%, 490 people). Disability relating to physical health was identified by 12% (71 people), and learning disabilities by 2% (14 people). A small number of people reported hearing or visual impairment. Reduced service funding could impact time available to work with clients around their mental health needs and working arrangements with mental health services, or clients requiring more intense interventions due to their individual needs. Reduction in accommodation-based services could see further restrictions in already scarce resources of adapted crisis accommodation.

Mitigation: Clear joint working protocol developed which describes referral, assessment and intervention pathways. Further work and links with the national network of refuges to identify access to suitable accommodation around the county, particularly with neighbouring authorities.

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact: Whilst there are relatively low numbers of the Lesbian, Gay, Bisexual and Trans (LGBT) population currently accessing the Domestic Abuse victim service (1.7%), evidence suggests that this group faces a higher risk of experiencing domestic abuse. Our data shows that men, and people in same-sex relationships, appear to be least likely present to victim services, and even less likely to present to perpetrator services.

Mitigation: Work with relevant LGBT organisations to increase awareness of services and capacity of front-line staff to support lower level domestic abuse needs and to understand referral pathways to both victim and perpetrator services.

	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: In Hampshire 3.8% of the population is of Asian origin and 1% of Black origin, the largest ethnic group accessing the Domestic Abuse victim services was White British (67%) followed by British (4%). Asian/Asian British represented 2% and Black/Black British 1%. For perpetrator services, 2016/17 data show that of those referring to the service, 4.7% were Asian/Asian British and 3.3% were Black/African/Caribbean/Black British. There is some outreach into Black and Minority Ethnic (BME) communities and identified areas of need. Reduction in capacity and services could affect the ability to engage with BME communities.

Mitigation: Prioritise to keep outreach and awareness raising of services in areas where there is higher representation from BME communities. Continue to undertake annual Health Equity Audits and service improvement plans.

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact: Nobody who identified as having undergone or who were undergoing gender reassignment was recorded as having accessed Domestic Abuse services in 2017/18. Reduction in funding would make it increasingly difficult to resource targeted work to reach out to people who have undergone gender reassignment.

Mitigation: Consider this in the development of the Safe Spaces transformational element of the new contract.

	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: The Domestic Abuse services aim to support both men and women who are victims and perpetrators of domestic abuse, but very few male victims access these services. Victim services work predominantly with women, and perpetrator services mostly with men. Reduced services could impact on the number of people accessing support from both angles. Many group work environments won't work with mixed genders and therefore specialist male/female groups would reduce in frequency (or altogether).

Mitigation: Prioritise gender specific groups wherever possible. Consider male victims in the development of the Safe Spaces transformational element of the new contract.

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: Pregnancy is a risk factor for increased domestic abuse, reducing the service may reduce the access for women at a time of need.

Mitigation: Work with the Maternity services to ensure they are able to deal standard risk clients as part of routine care and develop safety plans.

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact: Whilst domestic abuse occurs across the board, irrespective of economic status, there are distinct links between employment status and risk of experiencing abuse. In addition, there are strong links between domestic abuse and alcohol/drug use, which in turn are strongly linked with levels of deprivation. Reduced funding could impact through reductions in service provision (both domestic abuse services and substance misuse services), access to services, intensity of interventions and increased thresholds around eligibility.

Mitigation: Ensure clear referral pathways between services and prioritise affected groups.

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: The current Domestic Abuse victim services have a good footprint across Hampshire with refuges and outreach teams in all districts/boroughs. The perpetrator service is less well resourced and therefore offers interventions in Basingstoke, Southampton, Havant and the New Forest. A reduced budget would decrease the availability of both accommodation-based services, the outreach teams which work out of their office space and there would be further to travel for both staff and service users to access services. Reduced funding for the perpetrator service may result in the closure of groups in areas altogether, cutting off large numbers of the Hampshire population from accessing services.

Mitigation: Build this in to the Safe Spaces transformational work in Years 1&2 of the new contract. Develop proposals for digital / virtual support where appropriate, although this would not suit all service users, particularly those accessing group work or more complex/higher level support.

If you have only identified neutral impacts, please state why:

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

For every perpetrator there is a victim and we know that a large proportion of both victims and perpetrators are 'repeats'. Unless perpetrator behaviour is addressed, victimisation will continue. The current victim and perpetrator services are required to work closely together to ensure, as far as possible, a coordinated approach aimed at reducing the risks of re-victimisation and reoffending. Reduced funding would likely result in a decrease in availability of services, in particular a decrease in attendance at perpetrator interventions, which is already low.

Vulnerable Groups - Vulnerable adults and children at risk:

- Domestic abuse is often not experienced as a single issue. It frequently exists alongside other problems, in complex family or relationship situations many of which could in fact overshadow the presence of domestic abuse, making it all the more important to identify to domestic abuse and subsequently work with all members of the family.
- The service specification includes requirements for providers to demonstrate understanding of Hampshire safeguarding policies and procedures and work closely with adult and children's social care to identify, support and prioritise vulnerable adults and children.
- Nationally, around half of women within the criminal justice system (as perpetrators of crime) have been affected by domestic violence. While this is of course not a linear cause-and-effect relationship, this statistic can be seen as illustrative of the often complex and multiple needs that may be experienced by women
- The results of stakeholder engagement activity highlighted a lack of awareness of domestic abuse services and how to refer.
- The service specification requires providers of commissioned domestic abuse service and probation to develop a joint working protocol to strengthen awareness and referral rates.
- Victims of domestic homicides (seen at Domestic Homicide Reviews, or DHRs) are most commonly found to be in the 'medium' risk category and often not well known to services.

Reductions in funding would make it increasingly challenging to access these groups of people, make services accessible and provide the adequate levels of support.

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Weight Management Service Budget Reduction

T21 Opportunity Reference: PH5 Weight Management Service Budget Reduction

Name of the accountable Officer: Darren Carmichael

Email address of the accountable Officer: Darren.carmichael@hants.gov.uk

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 8/4/2019

Detailed

Overview

Is this a detailed or an overview EIA?

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

WW, formerly Weight Watchers, are commissioned to deliver weight management support to Hampshire residents (or those registered with a Hampshire GP) with a Body Mass Index (BMI) 30+ or 28+ if from a Black and Asian Minority Ethnic (BAME) background who carry greater health risks at a lower BMI threshold, or with comorbidity. In contract Year 2 (ending Sept 2018) there were 6974 enrolments into the service by eligible Hampshire residents. The service is accessible by health professional referral or self-referral. A twelve week programme of weight management support is available at coaching sessions or remotely (app based).

The service is available to:

- 16-17 year olds referred by GP
- Adults (BMI 30+ or 28+ if from a BME background)
- Pregnant women

Geographical impact:

- | | | |
|---|----------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> All Hampshire | <input type="checkbox"/> Fareham | <input type="checkbox"/> New Forest |
| <input type="checkbox"/> Basingstoke & Deane | <input type="checkbox"/> Gosport | <input type="checkbox"/> Rushmoor |
| <input type="checkbox"/> East Hampshire | <input type="checkbox"/> Hart | <input type="checkbox"/> Test Valley |
| <input type="checkbox"/> Eastleigh | <input type="checkbox"/> Havant | <input type="checkbox"/> Winchester |

Describe the proposed change, including how this may impact on service users or staff:

The service would operate in 2019/20 on its existing budget value of £415,000p/a. It is proposed this will operate on a reduced budget in 2020/21 of up to 13% reduction. There would be no service model alteration. However, there would be a reduction in access for the eligible population (those with BMI 30+ or 28+ for BME residents) this may mean less people will be able to lose weight. A review of the service would occur six months after the application of the reduced 2020/21 budget so that issues and mitigations (if any) can be identified.

Who does this impact assessment cover?

- Service users
- HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

- Yes
 No
 No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: People with Serious mental illness are likely to have increased weight
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: Service would remain a universal offer though if service capacity is reached those from BAME community may reach an earlier health consequence due to their lower BMI risk factor.

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact: A restriction in the number of interventions available would impact on those who are pregnant needing to lose weight they could have less access to a service. Pregnancy is a time when women is at higher risk of increased excess weight.

Mitigation: We would work with the Local Maternity System to ensure that women would be offered advice by midwives and supported as part of normal care.

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: People who are from more deprived areas are more likely to have an unhealthy weight with a restriction in access they are more likely to be affected

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:

Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Healthy Lifestyles – Stop Smoking
T21 Opportunity Reference: PH5 - Healthy Lifestyles – Stop Smoking
Name of the accountable Officer: Fatima Ndanusa
Email address of the accountable Officer: Fatima.ndanusa@hants.gov.uk

Department:

Adults' Health and Children's Services Care	Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of assessment: 8/4/2019

Is this a detailed or an overview EIA?

Detailed	Overview
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The current specialist stop smoking service is available to all smokers in Hampshire. It targets groups at high risk of tobacco-related harm; routine and manual workers, pregnant smokers, people with a serious mental illness and people with smoking related long-term conditions. The service is designed to ensure greater service provision in geographic areas with the highest number of smokers with service availability in locations and venues which target priority groups. By specifically targeting and tailoring towards identified priority groups and areas of high smoking prevalence/numbers, the service will contribute to a reduction in health inequalities.

Geographical impact:

- | | | |
|---|----------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> All Hampshire | <input type="checkbox"/> Fareham | <input type="checkbox"/> New Forest |
| <input type="checkbox"/> Basingstoke & Deane | <input type="checkbox"/> Gosport | <input type="checkbox"/> Rushmoor |
| <input type="checkbox"/> East Hampshire | <input type="checkbox"/> Hart | <input type="checkbox"/> Test Valley |
| <input type="checkbox"/> Eastleigh | <input type="checkbox"/> Havant | <input type="checkbox"/> Winchester |

Describe the proposed change, including how this may impact on service users or staff:

The current budget is capped at £2.2m per annum. Budget spend is affected by service uptake / activity and therefore could be under the maximum annual budget. The proposed change is a reduction in the maximum available annual budget from 2020/21 by 13% this would impact on service availability and accessibility restricting access for some people.

Who does this impact assessment cover?

- | | |
|---|---|
| <input checked="" type="checkbox"/> Service users | <input type="checkbox"/> HCC staff (including partners) |
|---|---|

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:	People with serious mental illness are a priority group for the service. A potential reduction in service capacity could impact on when and where clients from this group access local stop smoking interventions.				
Mitigation:	The service would continue to target this group to reduce smoking rates in people with serious mental health illness.				
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: Pregnant women who smoke are a priority group for the service. A potential reduction in service capacity could impact on when and where clients from this group access local stop smoking interventions.

Mitigation: The service would continue target this client group to reduce smoking rates in pregnant women.

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: Communities considered to be more deprived have greater levels of poverty and smokers from these areas are a priority group for the service. A potential reduction in service capacity could impact on when and where clients from these areas access local stop smoking interventions.

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

The smoking cessation service is currently out to tender; a new service will commence on 1/10/2019. The service model is activity based, therefore a budget reduction could result in reduced capacity and a lower number of smoking quits achieved annually. However, the impact of a budget reduction is unknown as yet. As such the service would be reviewed at 6 months and 12 months to check for any patterns that might unduly disadvantage the prioritised sub-groups. This would be considered as part of the equality impact assessment process.

It is important to note that there is an opportunity for the service provider to receive additional incentivisation payments if 60% of 4-week quitters are from priority groups. This Key Performance Indicator aims to reduce health inequalities. Smokers from these groups would benefit most from stopping smoking. This arrangement would be in place for the new service starting in October 2019. This aims to ensure continued focus on delivering quits from priority groups even with a reduced budget in 2020/21.

People considered deprived are also already a target group for the smoking cessation service. Incentive payments are already attached to delivering smoking quits from this population subgroup; this is because higher smoking quits from this sub-group would contribute to a reduction in health inequalities. Similarly, the service focuses on pregnant women as one of the priority groups. This is important due to the evidence around the negative health impacts to the infant from maternal smoking in pregnancy and thereafter and the link to health inequalities.

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Healthy Lifestyles – NHS Health Checks
T21 Opportunity Reference: PH5 Healthy Lifestyles – NHS Health Checks
Name of the accountable Officer: Fatima Ndanusa
Email address of the accountable Officer: Fatima.Ndanusa@hants.gov.uk

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 8/4/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The NHS Health Check service is a mandated programme for adults aged 40-74 that aims to help prevent cardiovascular disease. Health Checks are delivered at GP Practices across Hampshire. Health Checks are offered at five yearly intervals to patients who aren't diagnosed with specific pre-existing health conditions. A universal invite approach would be offered with an incentivised element to increase uptake by patients considered to be at a higher risk. Higher risk patients are those that; are obese, are current smokers, reside in more deprived communities, have a family history of coronary heart disease, are people of non-white British ethnicity.

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

Describe the proposed change, including how this may impact on service users or staff:

The current annual budget is £1.2m. The proposal is to reduce the total budget in 2020/21 by up to 13%. The Health Checks programme is activity based; a budget reduction would result in a reduced number of Health Checks delivered. A reduction is unlikely to affect the national target to invite 100% of the eligible population, however, it would impact on capacity to deliver Health Checks effectively and an identification of heart disease. This could be balanced because Health Checks is a five-year rolling programme.

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

- Yes
 No
 No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council’s Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:	NHS Health Checks is a service for eligible patients aged 40-74. A potential reduction in capacity could mean that patients may have to wait longer than would be expected to actually receive their Health Checks or restrict to high risk groups. This could mean that existing conditions may be diagnosed and treated later, and also that lifestyle advice would be offered / taken up later reducing impact of healthy behaviours.				
Mitigation:	The NHS Health Checks targeted service model should enable a continued focus on at-risk groups, ensuring that overall effectiveness of the service is maintained and contributes to reducing health inequalities in Hampshire.				
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:	Patients from ethnic minority groups are a priority for take up of NHS Health Checks. A potential reduction in capacity could mean these patients may miss out on a check or have to wait longer than would be expected to actually receive their Health Check. This could mean that existing conditions may be diagnosed and treated later, and also that lifestyle advice could be offered / taken up later.				
Mitigation:	The NHS Health Check targeted service model should enable a continued focus on at-risk groups, ensuring that overall effectiveness of the HCs service is maintained and contributes to reducing health inequalities in Hampshire.				
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Other considerations					
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: Patients residing in more deprived communities are a priority for take up of NHS Health Checks. A potential reduction in capacity could mean these patients may have to wait longer than would be expected to receive their Health Check. This could mean that existing conditions may be diagnosed and treated later, and that lifestyle advice could also be offered / taken up later.

Mitigation: The NHS Health Check targeted service model should enable a continued focus on at-risk groups, ensuring that overall effectiveness of the service is maintained and contributes to reducing health inequalities in Hampshire.

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

The NHS Health Check targeted service model should enable a continued focus on at-risk groups, ensuring that overall effectiveness of the service is maintained and contributes to reducing health inequalities in Hampshire. This is supported by GP practices receiving higher payments for delivering Health Checks to at-risk population groups. However, potential reduced capacity for delivery of Health Checks could impact on the ability to provide Health Checks in a timely manner. The focus is to increase uptake by patients in the at-risk groups; living the most deprived communities, obese (BMI 30+), current smokers, immediate family history of coronary heart disease, from non-white British ethnicities. Patients from these groups may not benefit from timely appropriate clinical and lifestyle interventions. The new targeted element of the Health Checks provision came into effect from April 2019, as such no service patterns for this model have been established yet. The service could be reviewed at 6 months and 12 months to check for any patterns that might unduly disadvantage the prioritised sub-groups.

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Public Health Nursing
T21 Opportunity Reference: PH 6 Public Health Nursing
Name of the accountable Officer: Jo Lockhart
Email address of the accountable Officer: jo.lockhart@hants.gov.uk

Department:

Adults' Health and Children's Services Care	Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of assessment: 17/4/2019

Is this a detailed or an overview EIA?

Detailed	Overview
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Public Health nursing (health visiting and school nursing) is a universal service for children, young people and their families from pre-birth to 19 years of age (25 years for children with special education needs and disabilities SEND or leaving care at 18 years). Health visiting delivers the Healthy Child Programme; 5 mandated contacts from antenatal to the child's 5th birthday (approximately 14,500 births per year). School nursing delivers the mandated national child measurement programme then offers support until they turn 19 or 25 years respectively. In 2017, there were 312,876 children and young people aged 0-19 years.

Geographical impact:

<input checked="" type="checkbox"/> All Hampshire	<input type="checkbox"/> Fareham	<input type="checkbox"/> New Forest
<input type="checkbox"/> Basingstoke & Deane	<input type="checkbox"/> Gosport	<input type="checkbox"/> Rushmoor
<input type="checkbox"/> East Hampshire	<input type="checkbox"/> Hart	<input type="checkbox"/> Test Valley
<input type="checkbox"/> Eastleigh	<input type="checkbox"/> Havant	<input type="checkbox"/> Winchester

Describe the proposed change, including how this may impact on service users or staff:

Public Health nursing budget is £19.3 million. Reduced by 5.3% for T19; T21 could incur a further reduction of 13% and could have the following impacts:

- Staff reductions; reduced capacity to deliver core offer
- Reduced face to face accessibility; move towards digital access
- Increase waiting times to access a Public Health nurse
- Review of risk assessment processes resulting in reduction of families eligible for higher level support (universal plus and partnership plus)
- No community offer
- Vulnerable young parents would need to access the universal partnership plus health visiting offer instead of the Family Nurse Partnership
- No vision screening of children in Reception
- Significant reduction in school nursing offer (move to digital only)

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impact:	Reduced offer for vulnerable young parents. Children and young people aged 5-19 (up to 25 for young people with a disability) years would experience a very limited offer through digital interface instead of more face to face care planning approaches. Babies and children under 1 year could be disadvantaged as a reduced workforce would have reduced capacity to see families in the home and therefore may miss safeguarding needs. Women of child bearing age who are pregnant or have young children may receive a reduced service offer. This could affect the level of early support available for transition to parenthood. Identification and support for vulnerabilities such as domestic violence, emotional health issues, substance misuse, smoking are likely to be minimised. This could increase the number of “un-healthy pregnancies” increasing the risk of pre-term deliveries and birth complications. There would be less support around breast feeding and early attachment and bonding.				
Mitigation:	Robust risk assessment approaches with core training, policies and protocols for all members of staff to underpin these. Raise awareness of the reduced service offer and work with all system partners (such as safeguarding) to consider where else these needs could be identified, how impact could be mitigated and what pathways need reviewing. Clear communications around the new service offer, what it does and does not do to ensure realistic expectations.				

Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impact:	Reduced identification of Special Educational Needs (SEN) in young children resulting in later identification and intervention with potential impact on their development and attainment. Inability to comply with the National Institute Clinical Excellence Guidance (NG72) "Developmental follow-up of children and young people born preterm". Reduced support for children and young people with SEN around transition (between schools etc). Reduced integration opportunities with the impact being more complexities for families trying to navigate services, poorer outcomes for children etc. Increased prevalence of mental ill health due to reduced early identification and intervention (antenatal, postnatal and in children and young people).				
Mitigation:	Work with Children's Services to upskill Early Years settings in identification of developmental delay to reduce missed opportunities for early identification and intervention. Develop a system wide approach to SEN, potentially underpinned by a shared outcomes framework.				
	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:	Reduced face to face support available for Lesbian, Gay, Bisexual and Trans young people. This may compromise the ability to form an effective therapeutic relationship between the service user and practitioner				
Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	Reduced accessibility of the service could disproportionately impact on families where English is not their first language as the offer becomes more focussed on digital rather than face to face with interpreters. Reduced capacity to undertake assessment to identify need and provide tailored care to ensure people from ethnic minority groups can access services where required.				
Mitigation:	Ensure digital offer is available in different languages. Raise awareness in the service that support should be priorities for families where English is not their first language.				
	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:	Reduced face to face support available for young people experiencing gender reassignment. This may compromise the ability to form an effective therapeutic relationship between the service user and practitioner.				
Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impact:	The majority of the health visiting offer revolves around mothers and babies and as a result women could be disproportionately affected. We know that 20% of women may experience perinatal mental health difficulties for example. Breastfeeding rates could decline due to the reduced level of support available. Conversely, men currently receive very little support and this could be even more reduced.				

Mitigation: Improved digital offer encouraging paternal involvement with on-line resources, e.g. DadPad (an app designed to support fathers) and greater accessibility of appointments through video-conferencing.

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: There are about 14,500 births per year in Hampshire and these women and babies could receive a reduced service offer leaving them at a greater level of vulnerability to poor mental health, poor attachment, low breastfeeding, unidentified domestic abuse or substance misuse, higher rates of low birth weight (due to smoking in pregnancy for example). Safeguarding risk could increase due to reduced opportunity to assess risk thoroughly and intervene early. As identified through the 1001 Critical Days, a Parliamentary Health Select Committee report, this would increase the burden on services throughout the child's life course with less opportunity for early intervention. There are therefore likely to be additional costs arising over time elsewhere in the system.

Mitigation: Improved digital offer, greater inter-operability of IT systems to identify those of greater risk due to medical history. Improve joint working between Maternity and Health Visiting.

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: Families with children face higher levels of poverty than other demographic groups, 31,310 children are living in low income families in Hampshire. Policy experts expect the number of children in poverty to increase over time. There would no longer be capacity to search for health needs to improve outcomes for these children therefore eliminating prevention and early help. These families may not have the resources necessary to be able to access the digital offer.

Mitigation: Provide lighter touch support for universal families who appear to be thriving e.g. keep face-to-face reviews at 1 and 2 years for vulnerable families. Encourage universal families to self serve more using digital support. Focus professional health visitor and school nurse time on the most vulnerable families, working closely with colleagues in other sectors such as social workers.

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: Greater centralisation of services to reach a higher number of families would result in those in more rural communities becoming more isolated, they may not have the same choice in how they are able to access the service as digital is the only option for them. Isolation is a risk factor for post-natal depression, placing them in greater need.

Mitigation: Improved digital offer. Work with provider to ensure centralised services are on main bus / train routes and services are mapped and prioritised against local need. It may be possible to use digital offer to link isolated families living in close geographical proximity.

If you have only identified neutral impacts, please state why:

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

Safe sleep, ICON messages developed on the back of serious incidents. Impact on how information is received, interpreted and how it influences parenting practices is dependent upon the skill of the practitioner in delivering the message and their relationship in making it meaningful and relevant. "Think Family" Reduced capacity to contribute to the multi- professional forums such as Early Help Hub, CIN and CPP. The impact would be that health would not be represented.

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Family Support Service and Early Help

T21 Opportunity Reference: PH6

Name of the accountable Officer: Jo Lockhart and Vicky Richardson

Email address of the accountable Officer: jo.lockhart@hants.gov.uk

Department:

Adults' Health
and Care

Children's
Services

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 5/8/2019

Is this a detailed or an overview EIA? Detailed Overview

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Early help is delivered through the Family Support Service (FSS), a multi-disciplinary, locality-based service, focused on children, young people and families where there is a need for support, but where families do not reach the threshold for statutory social care intervention. The FSS coordinates preventative support for identified families, provides support to partner agencies supporting families, offers groups and courses for families, offers sessions for single issues within a family and supports schools to manage attendance issues. Between April and June 2019, 3,412 children were receiving support at Level 3, multi-agency involvement to address multiple family needs.

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

Page Break

Describe the proposed change, including how this may impact on service users or staff:

The Public Health budget for the Family Support Service and Early Help is £2.821 million. A reduction of 13% would reduce the budget to £2.456 million and could have the following impact on the service:

- Reduced access to one to one support.
- Increase in waiting times for access to support.
- Reduction in the variety of support interventions available to children and families.

Who does this impact assessment cover?

Service users

Page 126 HCC staff (including partners)

Engagement and consultation

The County Council's Serving Hampshire Balancing the Budget consultation (2019-2021) will seek residents' and stakeholders' views on strategic options for funding the Authority's budget gap. Where applicable, detailed proposals for making savings will be subject to further, more detailed 'stage two' consultation before any decisions on service specific changes are made.

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impact:	The Early Help Offer supports children and young people (CYP) from 0-19 (25 if they have learning development needs or disabilities). As of 31 July 2019: 449 CYP aged 0-4, 990 CYP aged 5-11 and 853 CYP aged 12-19 were using the service. Vulnerable young parents, children and young people aged 0-19 years and their families may experience a more limited offer and experience poorer outcomes due to the lack of capacity for early intervention. Reduced capacity to work one to one with families could potentially lead to greater numbers experiencing higher needs as fewer would be supported at the early stages.				
Mitigation:	By consulting with partners and service users, we would seek to maintain an Early Help offer that continues the highest priority interventions in key geographical areas, in line with usage and outcome data, within the budget constraints.				

	Positive	Neutral	Low negative	Medium negative	High negative
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: As of 31 July 2019, 55 children with Education, Health Care Plans (EHCPs) were receiving Early Help intervention in Hampshire. Impact: Potential for reduced:

- Early identification of special educational needs (SEN) resulting in
- adverse impact on development and attainment.
- support for CYP with SEN around transition (between schools etc).
- identification of parents with additional needs.
- integration opportunities resulting in poorer outcomes for children
- identification of and intervention for mental ill health (CYP and their adult parent/ carers).

Families where children have EHCPs would be able to access support such as short break activities, minimising the impact of any potential reduction.

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact: Reduced accessibility of the service could disproportionately impact on families where English is not their first language as the offer becomes less focused on face to face intervention with interpreters. Reduced capacity to undertake holistic assessment to identify need and provide tailored care to ensure people from ethnic minority groups can access services where required.

Mitigation: Ensure all communications and marketing (including any digital offer) are available in different languages.

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: As of 31 July 2019, there were 1,044 female children accessing Early Help support and 1,239 male children therefore reductions to this service could impact more on male CYP. However, as primary care givers, mothers tend to be the primary contact with the service and there could be at risk of a disproportionate impact on adult women.

Mitigation: By consulting with partners and service users, we would seek to maintain the interventions most in demand in each local area, within the budget constraints.

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact: A number of families accessing the Family Support Service Early Help offer will have multiple children. Some will have babies and others will be pregnant. These families and babies could receive a reduced service offer leaving them at a greater level of vulnerability to poor mental health, poor attachment, unidentified domestic abuse or substance misuse, higher rates of low birth weight (due to smoking in pregnancy for example). Safeguarding risk could increase due to reduced opportunity to assess risk thoroughly and intervene early.

Mitigation: Ensure effective links with wider partner services such as maternity and Public Health nursing to help ensure these women and babies are supported effectively.

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: Families with children face higher levels of poverty than other demographic groups and in 2016, 27,510 CYP under 20 were living in low income families in Hampshire. Families with low income and other vulnerabilities are at greater risk of needing level 2 or 3 support. There would no longer be capacity to offer the same level of support to these families which could subsequently lead to an increase in inequality in Hampshire.

Mitigation: We would consult with partners and service users, we would seek to maintain an Early Help offer that continues the highest priority interventions in key geographical areas, in line with usage and outcome data, within the budget constraints.

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: Potential longer travel times to access interventions, which may result in more rural communities becoming isolated and unable to access the support they need at the right time. This may result in a greater level of need through escalation over time due to a lack of early intervention.

Mitigation: We would consult with partners and service users, we would seek to maintain an Early Help offer that continues the highest priority interventions in key geographical areas, in line with usage and outcome data, within the budget constraints. activities, in key geographical areas, in line with activity usage data, within the budget constraints. We would ask

partners to ensure that they give consideration to families from surrounding areas in their service delivery. We would also look to facilitate discussions between partners operating in rural areas to explore innovative approaches to delivery, the sharing of resources and closer joint working to reduce costs.

If you have only identified neutral impacts, please state why:

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here: (optional)

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Oral Health Improvement
T21 Opportunity Reference: PH6 Oral Health Improvement
Name of the accountable Officer: Robert Carroll
Email address of the accountable Officer: robert.carroll@hants.gov.uk

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 18/4/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Hampshire County Council commissions Solent NHS trust to provide Oral Health Improvement Services. Current services include: supervised toothbrushing programme and oral health improvement award scheme in 142 targeted Early Year's Settings (5500 children per year); provision of free toothbrushes & toothpaste packs for distribution by Health Visitors to c.1600 disadvantaged families per year; and monthly oral health promotion training for Hampshire County Council staff working in care homes. The service also provides fieldwork services for the statutory dental epidemiology survey of oral health in 5-year olds (2750 children from a minimum of 20 schools in each district council area every 2 years).

Geographical impact:

- | | | |
|---|----------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> All Hampshire | <input type="checkbox"/> Fareham | <input type="checkbox"/> New Forest |
| <input type="checkbox"/> Basingstoke & Deane | <input type="checkbox"/> Gosport | <input type="checkbox"/> Rushmoor |
| <input type="checkbox"/> East Hampshire | <input type="checkbox"/> Hart | <input type="checkbox"/> Test Valley |
| <input type="checkbox"/> Eastleigh | <input type="checkbox"/> Havant | <input type="checkbox"/> Winchester |

Describe the proposed change, including how this may impact on service users or staff:

T21 proposal to decommission Oral Health Improvement Services when the current contract expires on the 31st of July 2020, generating annual saving of £180k. Likely changes would be:

- Reduction in the number of children participating in supervised toothbrushing programme
- Cessation of Early Year's Oral Health Improvement Award Scheme
- Non-participation in the statutory national Public Health England Dental Epidemiology Survey of oral health in 5-year olds.
- Cessation of face to face oral health promotion training and resources for Hampshire County Council Care Home Staff
- Reduction in the oral health of young children and in older people in care homes

Who does this impact assessment cover?

- Service users HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

- Yes
 No
 No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact:

Poor oral health impacts Children's and families' health and wellbeing and is a marker of wider health and social care issues, including poor nutrition, obesity and neglect. The service currently provides a supervised toothbrushing programme and oral health improvement award scheme to prevent and reduce dental decay in pre-school children. The programme reaches approximately 5500 under 5s attending 142 targeted early years settings across Hampshire. Settings are targeted based on their index of multiple deprivation and local dental decay data. Settings are provided with free toothbrushes, toothpaste and resources for 12 months with an expectation that they will work towards the oral health improvement award and become self-funding after 12 months. Good oral health is an essential component of active ageing. Social participation, communication and diet are all impacted when oral health is impaired. The service provides monthly oral health promotion training for Hampshire County Council care staff working with vulnerable adults and older people in Hampshire Care Homes. The expiration of this contract could mean that the provision of free toothbrushes, toothpaste and the award scheme in Early Year settings could stop and settings would need to self-fund if they wish to continue to deliver supervised toothbrushing as part of their core day. The provision of free toothbrushes and toothpaste to disadvantaged families by Health Visitors may also stop as may the face to face delivery of oral health promotion training to Hampshire County Council care home staff. The expiration of the contract could also mean that the Council would no longer be participating in the national dental epidemiology survey programme which is a statutory requirement.

Mitigation: Participating Early Years settings would be encouraged to continue to provide daily supervised toothbrushing after the service stops using their own funds or by seeking funding from other sources, including fundraising. We would work with the new Hampshire Public Health Nursing Service to raise awareness of oral health with parents and young children as part of the new service offer. We would signpost Hampshire County Council staff working in care homes to websites which provide free oral health promotion electronic learning.

	Positive	Neutral	Low negative	Medium negative	High negative
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact: Oral health varies within different Black, Asian Minority Ethnic (BAME) groups. In general, BAME groups are more likely to have poorer oral health than the overall population, often linked with high risk-taking behaviours such as chewing tobacco and low socio-economic status, however some BAME groups have better oral health than the general population, often linked to cultural habits around oral hygiene and less intake of dietary sugar. In terms of use of dental services, ethnic minority children are more likely to visit a dentist in response to a dental problem, rather than as part of a routine check-up.

Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact: There is an association between deprivation and prevalence and severity of dental decay. Areas with higher levels of deprivation tend to have higher levels of dental decay.
Mitigation: We would raise awareness of the links between poor oral health and deprivation with the Hampshire Public Health Nursing Service and seek to ensure that online oral health promotion resources are promoted to parents in our most disadvantaged areas.

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

Local authorities have specific dental public health functions and are statutorily required to:

- provide or commission oral health promotion programmes to improve the health of the local population, to the extent that they consider appropriate in their areas
- provide or commission oral health surveys in order to facilitate: the assessment and monitoring of oral health needs, planning and evaluation of oral health promotion programmes, planning and evaluation of the arrangements for the provision of dental services, and reporting and monitoring of the effects of any local water fluoridation schemes.
- local authorities are also required to participate in any oral health survey conducted or commissioned by the secretary of state

The expiration of the contract would also mean that Hampshire County Council could no longer be participating in the national dental epidemiology survey programme which is a statutory requirement. This survey is specific in that it is carried out in a specified way by dentists. We are one of the few areas locally to continue with the survey and there are other sources of data that give information about oral health.

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Public Health – older people
T21 Opportunity Reference: PH7 Public Health – older people
Name of the accountable Officer: Helen Cruickshank
Email address of the accountable Officer: Helen.Cruickshank@hants.gov.uk

Department:

Adults' Health and Children's Services Care	Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of assessment: 9/4/2019

Is this a detailed or an overview EIA?

Detailed	Overview
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Steady and Strong is an evidence-based falls prevention programme coordinated by Hampshire County Council Public Health team which funds infrastructure, specialist training and Continuous Professional Development (CPD) for the programme (allocated budget £45K). Steady and Strong has 100 classes across Hampshire, run by self-employed instructors, with over 1000 participants at any one time.

A recent evaluation showed:

- Most participants were women, 73%.
- The average age of participants was 79.9 years
- Just under half of participants reported a long-term condition, 42%.

Around 79,000 people over 65 years fall in Hampshire each year and falls/reduced mobility is the most common condition in people contacting Adults' Health and Care.

Geographical impact:

<input checked="" type="checkbox"/> All Hampshire	<input type="checkbox"/> Fareham	<input type="checkbox"/> New Forest
<input type="checkbox"/> Basingstoke & Deane	<input type="checkbox"/> Gosport	<input type="checkbox"/> Rushmoor
<input type="checkbox"/> East Hampshire	<input type="checkbox"/> Hart	<input type="checkbox"/> Test Valley
<input type="checkbox"/> Eastleigh	<input type="checkbox"/> Havant	<input type="checkbox"/> Winchester

Describe the proposed change, including how this may impact on service users or staff:

The proposed change is a 13% budget reduction. Work is underway within the existing budget to develop the Steady and Strong programme in accordance with the falls needs assessment and partnership strategy. This investment would ensure the programme is expanded to provide good coverage across the county, focussing on areas of greatest need. The proposed change for T21 is that the programme should be maintained, rather than further investment in expansion. There would be sufficient remaining budget to train new instructors where necessary and support their Continued Professional Development to maintain capacity. The proposed budget reduction would not result in classes stopping.

Who does this impact assessment cover?

Service users HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					

	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
Other considerations					
Poverty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

If you have only identified neutral impacts, please state why:

The Steady and Strong Programme is one part of the partnership falls prevention strategy which was developed in 2018 to agree a consistent approach to falls prevention between organisations in Hampshire. As part of this strategy, there is a commitment to increase strength and balance provision (an evidence based approach to preventing falls) in addition to the Steady and Strong programme. For example, working with leisure providers to increase the strength and balance content of their exercise offer. This would mean that even if the Steady and Strong programme is maintained at current levels, there could be wider opportunities to access strength and balance for people in Hampshire.

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: In house activity coordinators
T21 Opportunity Reference: PH7 In house activity coordinators
Name of the accountable Officer: Helen Cruickshank/Jane Selvage
Email address of the accountable Officer: Helen.cruickshank@hants.gov.uk

Department:

Adults' Health and Children's Services Care	Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of assessment: 2/5/2019

Is this a detailed or an overview EIA?

Detailed	Overview
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

In 2018, there were 28.4 Whole Time Equivalent (WTE) activity coordinators in post across the in-house older people's care homes (around 41 staff members). They conduct a variety of activities with residents, either group based or one to one. Activity Coordinators arrange outings into the community, engage with local companies who contribute gifts to the residents such as fresh fruit. Activity coordinators also play a role in promoting good hydration and nutrition, falls and balance exercise. They support residents with meaningful conversations and occupation to improve wellbeing. The Public Health grant contributes £440k towards the cost of the posts providing these interventions. Strategic and operational management is within HCC Care services.

Geographical impact:

<input checked="" type="checkbox"/> All Hampshire	<input type="checkbox"/> Fareham	<input type="checkbox"/> New Forest
<input type="checkbox"/> Basingstoke & Deane	<input type="checkbox"/> Gosport	<input type="checkbox"/> Rushmoor
<input type="checkbox"/> East Hampshire	<input type="checkbox"/> Hart	<input type="checkbox"/> Test Valley
<input type="checkbox"/> Eastleigh	<input type="checkbox"/> Havant	<input type="checkbox"/> Winchester

Describe the proposed change, including how this may impact on service users or staff:

The proposed T21 change is that the Public Health grant would no longer contribute to fund the activity coordinators. Further work needs to be done to understand the impact, in terms of the number and demographics of people who are in contact with the activity coordinators and the range of activities and uptake. This would inform an options appraisal for future activity provision. If no alternative funding or model is put in place, this could negatively impact the residents of the care homes that currently interact with the activity coordinators and benefit from the activities they organise. It would also compromise the Care Quality Commission registration of each unit as activities coordination is a key element of personalised care.

Who does this impact assessment cover?

Service users HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

- Yes
 No
 No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	The activity coordinators are based in homes which provide care for older people therefore any changes would impact on this population. If the coordinator provision is removed entirely, there is a risk of older people having fewer opportunities to participate in social engagement and meaningful activities. This could negatively impact on their physical and mental health and wellbeing as well as the registration of the units making the service unsafe.				
Mitigation:	A review would be undertaken to assess what is currently provided by the activity coordinators, how many people access their offer and the wider outcomes that they are contributing to. This stage is necessary to understand the extent to which the current model meets the needs of the older people and would inform future developments and mitigation. If a funding contribution for the activity coordinators is no longer available through the Public Health grant and a strategic decision is made that activity provision should continue, mitigating options would be explored including: Alternative funding sources. Arrangements with the voluntary and community sector.				
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	The in-house services provide care for an older population, and a significant proportion of the people affected will have physical disabilities, frailty and long term conditions including dementia, diabetes, respiratory and cardiac problems that impair their mobility and wellbeing.				
Mitigation:	As part of the review of the current activity coordinator provision, the needs of people with disabilities would be taken into account and used to inform the development of any future model.				

Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:	There is a higher proportion of women than men in residential and nursing care therefore any impacts would disproportionately affect women.				
Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Other considerations					
	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

This is a proposal that needs to be scoped as part of T21, including what the needs are around activity provision and what alternative models can be developed which would mitigate the impacts. Therefore this is an early overview with more detailed proposals to be worked up. This EIA is written to assess the impact on service users, but the impacts on staff would also need to be considered if the current roles do not continue.

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Public Health contribution to Adults' Health and Care Grants

T21 Opportunity Reference: PH7

Name of the accountable Officer: Martha Fowler-Dixon

Email address of the accountable Officer: martha.fowler-dixon@hants.gov.uk

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 2/5/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The Demand Management and Prevention (DM+P) programme is a key element of the Adults' Health and Care Business Plan, aiming to reduce the number of people who need funded social care and the amount of care that they need. As such, its success is key to the achievement of other budget reductions. Currently £260,000 is allocated for short term grants to groups and organisations who can deliver activities that support the aims of the DM+P programme. All grants are given on an understanding that work should be self sustaining.

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

Describe the proposed change, including how this may impact on service users or staff:

The proposal is for a reduction of £260,000 funding from the Demand Management and Prevention grant programme in April 2021 - this proportion of funding has not been allocated during 2017/18 and 2018/19 as necessary funding has been available through the existing small grants funding. This proposed reduction would reduce the ongoing available grant budget by 16% from a total budget of £1.2m. This revised grant budget which would address the impact in the various areas so an informed decision can be made about accommodating required spending support within the reduced overall budget for the programme would be drawn up.

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact:
Mitigation:

Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Other considerations					
	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					

Mitigation:**If you have only identified neutral impacts, please state why:**

During the financial years 2017/18 and 2018/19 the £260,000 fund have not been allocated so there are no organisations or groups that would lose out as no funds have been allocated. The proposal is to reduce the overall grants budget of £1.2m by 16% to a level which the department has safely been able to operate within in the last two financial years.

Additional information

[Click here for guidance on any other factors to consider.](#)

Include any other brief information which you feel is pertinent to this assessment here:
(optional)

This page is intentionally left blank