

Adults' Health and Care SP23 Consultation

Insight Analysis

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Produced by the Insight and Engagement Unit – April 2022

Agenda Item 1

Consultation context

- Following the Balancing the Budget Consultation in Summer 2021, Hampshire County Council's (HCC) savings programme to 2023 (SP23) was agreed. This required the Council to save at least £80 million by April 2023, of which £40.6 million is expected to come from the Adults' Health and Care (AHC) budget.
- Two AHC proposals, which together could contribute £680,000 towards the £40.6 million target, were consulted on from Monday 7 February 2022 until Monday 21 March 2022:
 - **Consultation One:** Proposal to stop the funding for three Adult Social Care grant schemes which support voluntary, community and social enterprise organisations (£320,000)
 - **Consultation Two:** Proposal to reduce funding for Hampshire County Council funded Homelessness Support Services (£360,000).
- Hampshire County Council sought the views of residents and stakeholders to help understand the potential impacts of the proposed options and alternative suggestions about how these savings could be made.

Consultation promotion: The consultation was widely promoted through a range of communication channels including emails to stakeholders, newsletters, social media posts, and press releases.

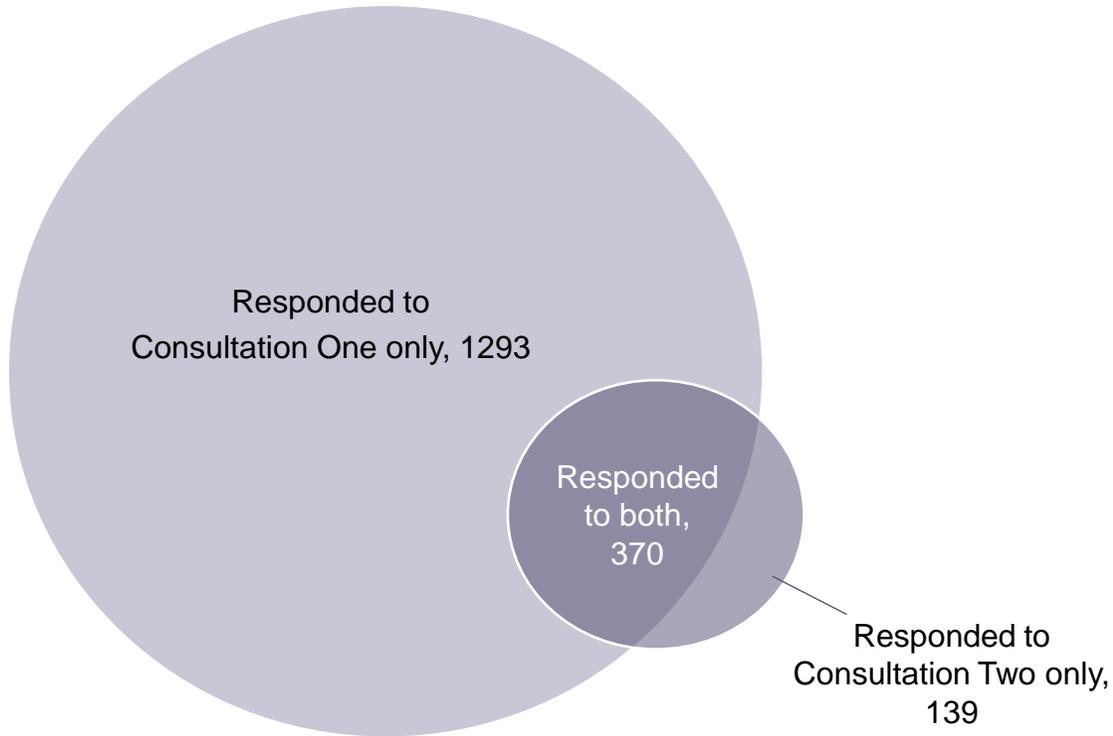
Promotional activity prior to / at launch	Promotional activity during consultation
<ul style="list-style-type: none"> • Communicated out to: HCC Leader, Health and Adult Social Care Select Committee (HASC), Hampshire County Councillors, District and Borough Chief Execs and MPs. • AHC Stakeholder Newsletters • AHC Staff Team Brief • Media/Press releases • Social Media posts • Provided paper copies and leaflets to providers and on request in standard, Easy Read and large print formats • Offered email and phone contacts for queries and responses 	<ul style="list-style-type: none"> • Mid consultation communications to stakeholders, newsletters, media and social media • Promoted through library network – leaflets and posters • Promoted through Home Library Service • Face to face engagement with providers and stakeholders for Social Inclusion services (service users and service staff) and Grant Schemes (service users of, and staff from, grant funded services at MHA – a charity care provider for older people in the UK).

The consultation Information Pack and Response Form were made available both digitally and in hard copy in standard and Easy Read formats, with other formats available on request. Unstructured responses could be submitted via email or letter.

Consultation response: Overall, 1802 responses were received via the consultation Response Form. In addition, 79 unstructured responses were received via email, letter and one video.

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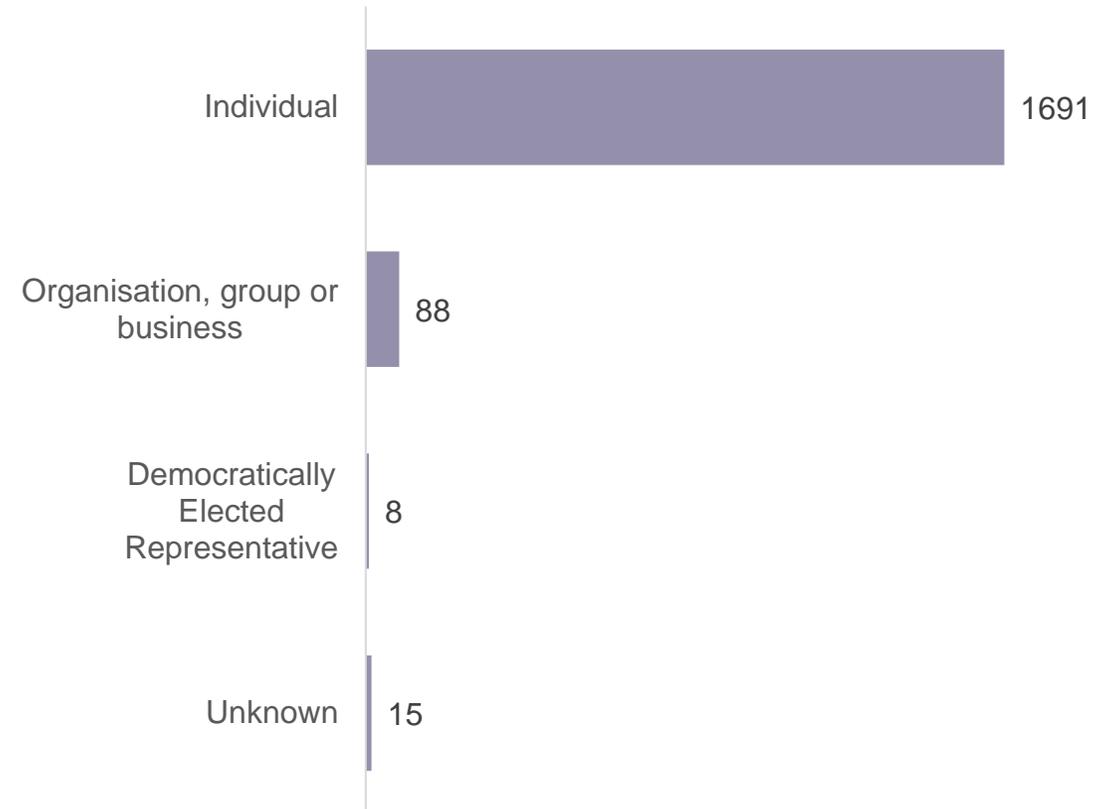
Total number of responses received via the Response Form = **1802**



Total responses to Consultation One = 1663

Total responses to Consultation Two = 509

Response type received via the Response Form



Consultation One: Adult Social Care Grant Schemes

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Key findings

Background to Consultation One

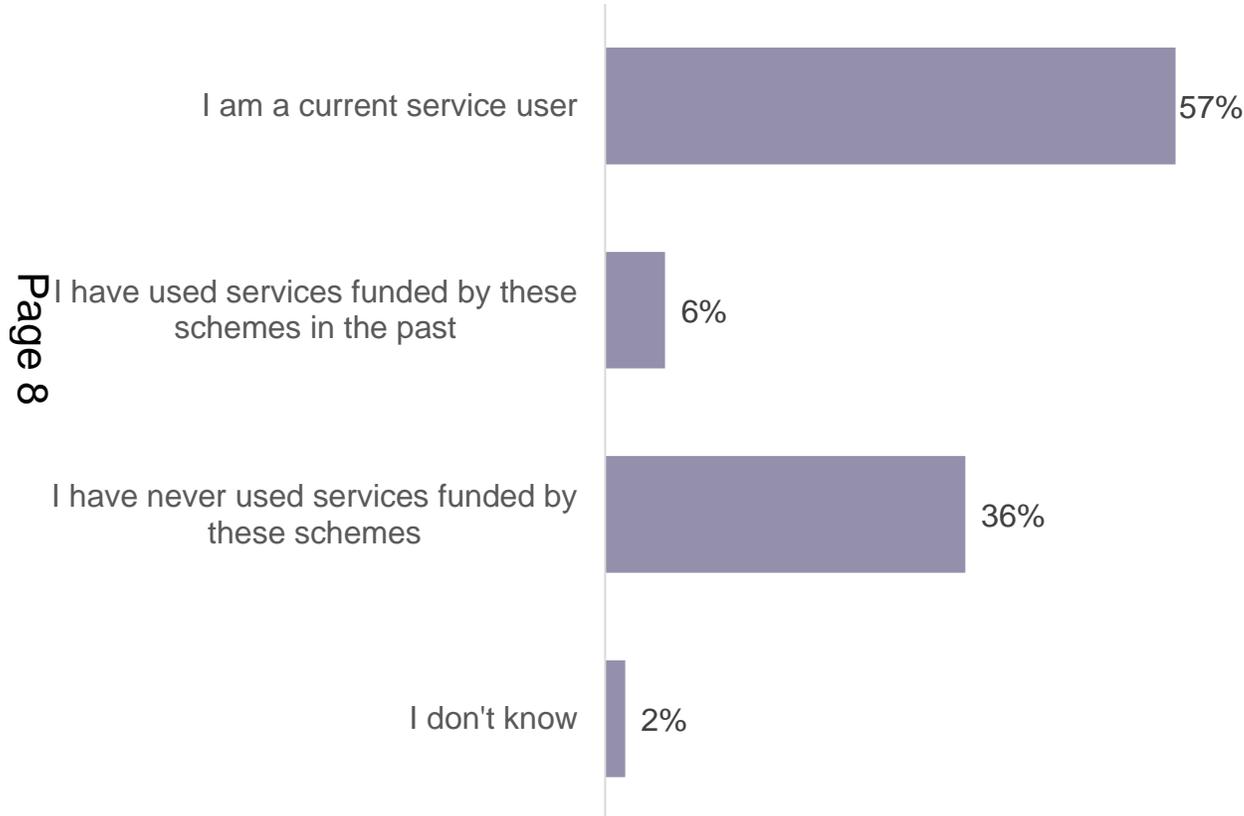
- Hampshire County Council sought residents' and stakeholders' views on a proposal to stop the funding for three Adult Social Care grant schemes which support voluntary, community and social enterprise organisations:
 - the Neighbourhood Care and Support grant scheme;
 - the Community Based Support grant scheme; and
 - the Rural Connections grant scheme.
- Stopping these grant schemes would allow the County Council to reduce its grant budget by £320,000, which would contribute to the savings required by the County Council's Savings Programme to 2023.
- The County Council also sought residents' and stakeholders' views on the likely impacts of the proposal and alternative suggestions as to how savings could be made.
- Overall, **1663 responses** were received to Consultation One. Of these, 1565 were from individuals, 76 from organisations, groups or businesses and 8 from democratically Elected Representatives.
- 928 respondents said they were a current service user and 91 said they had used services funded by these schemes in the past.

Consultation One: Executive summary / headline findings

- There was a majority disagreement (**97% overall disagreement**) with the proposal to stop the funding for the three Adult Social Care grant schemes with **88% strongly disagreeing**.
- **Service users were the main group felt to be impacted by the changes**, particularly older people, those with disabilities, those with financial limitations and those living in rural areas.
- Specific impacts on services users were felt to be **increased isolation/reduced social contact, reduced quality of life, reduced independence and reduced mobility** by being unable to get to places. In particular, it was perceived that being unable to travel to appointments and pick up prescriptions, as well as removing exercise classes and social activities would lead to **reduced health outcomes**, both physical and mental.
- **Organisations, volunteer groups and other services were also felt to be impacted** by around a quarter of those responding. In particular, it was felt that organisations would struggle to carry on providing the services they currently offer, there would be greater financial costs and impacts on the workforce and volunteers. It was felt that cutting the funding would cause greater demand and higher costs elsewhere.
- **Carers and communities were also felt to be impacted by some**, due to a reduction in support and social contact that the services currently provide, particularly in rural communities. It was felt that it would impact family members - who would have less support in their caring responsibilities and therefore higher risk of unemployment, stress and financial impacts.

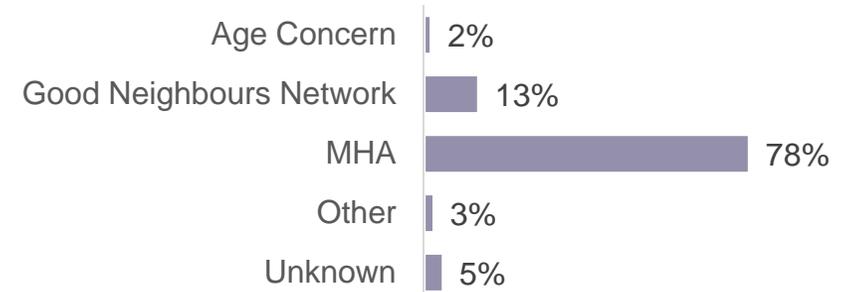
Who responded: Over half of those responding to the consultation were current service users, of whom around three quarters (78%) are using services provided by MHA, and around one in ten (13%) are using services provided by Good Neighbours Network.

Do you currently use services funded by an Adult Social Care grant scheme?
(Base: 1641)

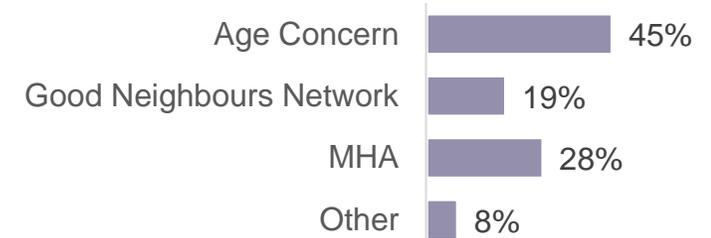


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Service used by current service users
(Base: 818)

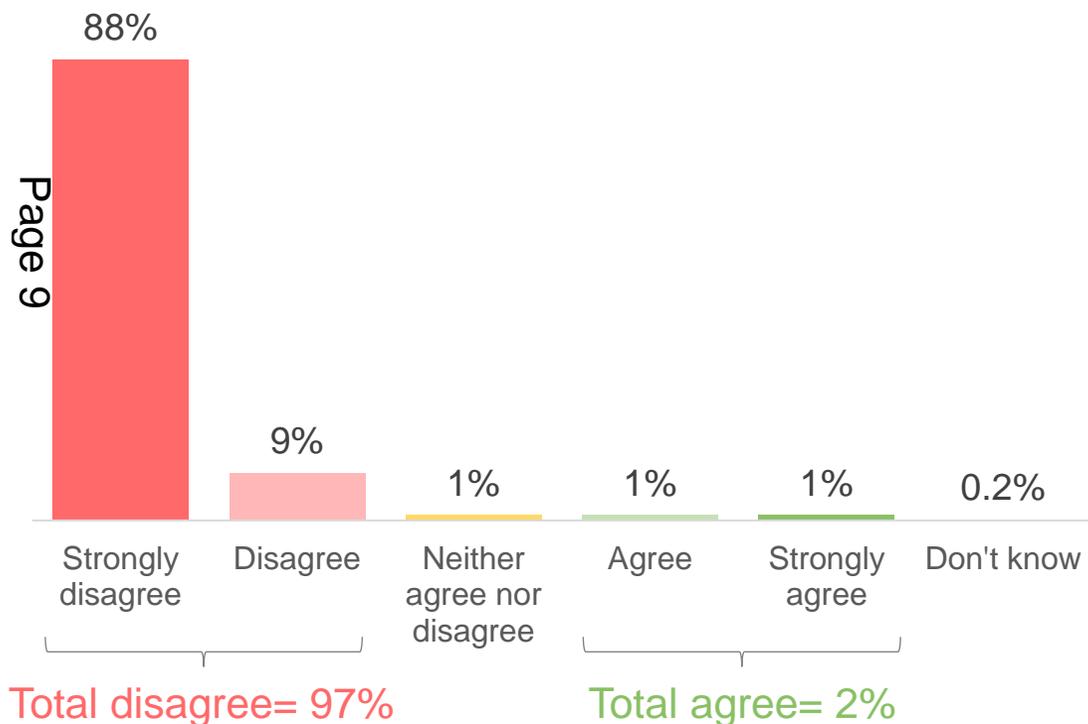


Service used by former service users
(Base: 78)

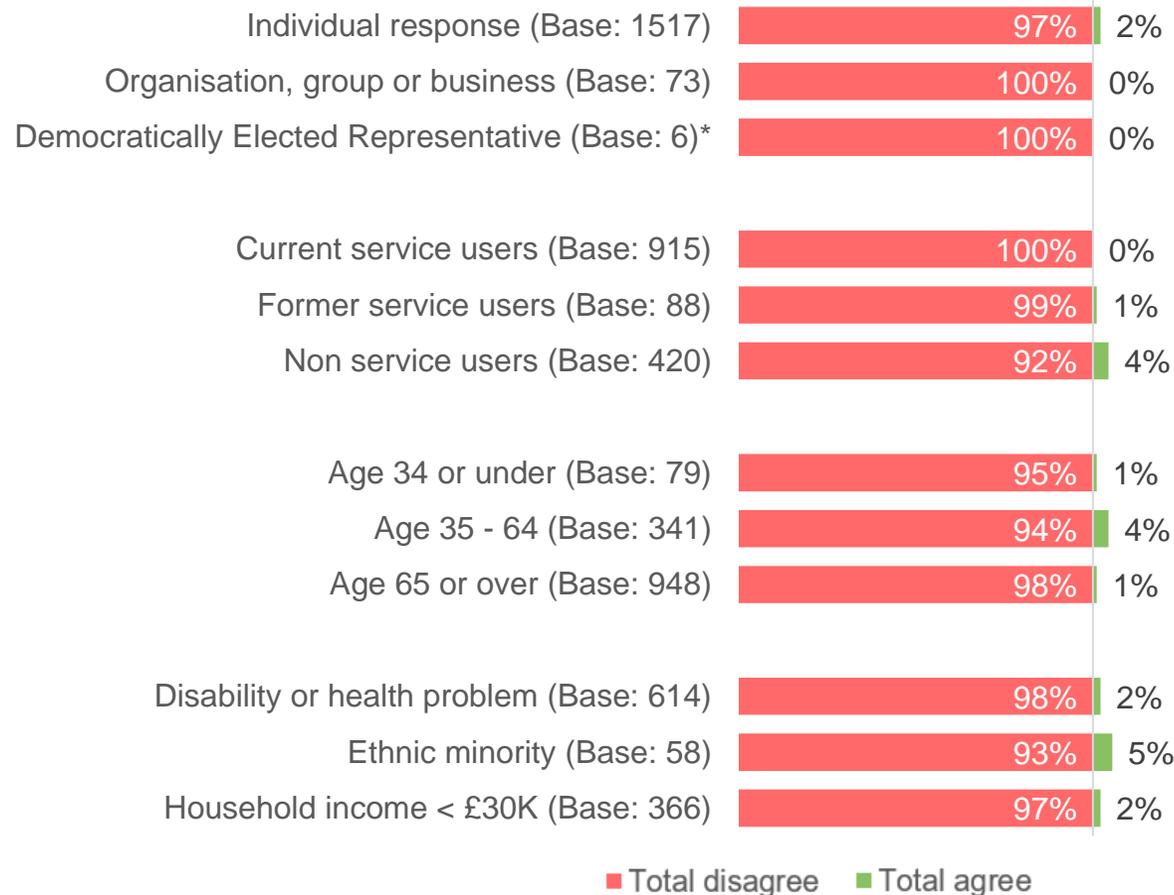


Agreement with proposal: Around nine in ten (88%) respondents strongly disagreed with the proposal to stop funding the three ASC grant schemes, with the overall disagreement almost universal (97%). There were high levels of disagreement across all subgroups.

Level of agreement with the proposal to stop the funding for three Adult Social Care grant schemes
(Base: 1605)

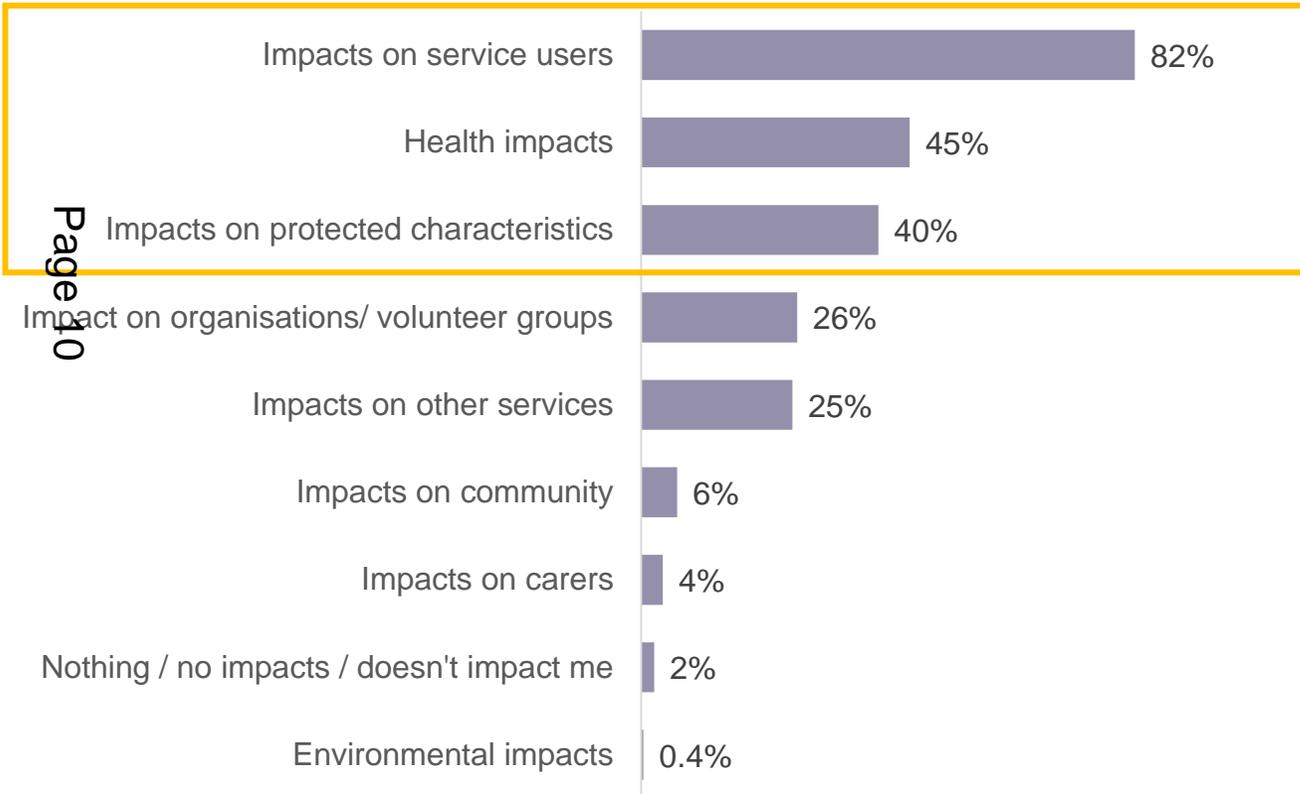


Agreement / disagreement by respondent groups:



Impacts: Service users were the main group thought to be impacted by the proposals. Specifically, respondents were concerned that the changes would lead to reduced social contact, quality of life, mobility and independence, along with an increased risk of reduced health outcomes for these people.

Perceived impacts the proposed changes to HCC's Adult Social Care grants may have on you, people you know, or your organisation group or business.
(Base: 1207. Quantified verbatim. Multicode)



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Impact on service users (82%)

- Less social contact (43%)
- Reduced quality of life (25%)
- Unable to get to places / lack of transport (17%)
- Reduced independence (17%)
- Impacts on finances (11%)
- Less support to deal with bureaucracy – i.e. benefits system/social care etc. (9%)
- Increased stress (6%)
- Risks to personal safety (3%)

Health impacts (45%)

- Could reduce health outcomes (22%)
- Could reduce mental health outcomes (18%)
- Could reduce independence of vulnerable people (15%)
- Unable able to access appointments / pick up prescriptions (13%)

Impacts on protected characteristics (40%)

- Age (30%)
- Disability (11%)
- Poverty (9%)
- Rurality (6%)

Impacts on service users (verbatim)

It will affect many patients who are referred to the Older Persons Mental Health Team. Many of these patients are referred to us due to low mood, anxiety and require support with social inclusion. By withdrawing these schemes, you are withdrawing many people's past-times and social activity.

It is important that people have access to services so do not become isolated and their well being is supported. If unsupported their well being and health deteriorate and long term [they] may need more/different support

The removal of this grant will inevitably mean that organisations, which enable volunteers to take those with mobility issues to GP and hospital appointments, will be unable to function through lack of funding. This inevitably means that the clients will either be unable to attend their appointments or will have to be taken using an NHS funded minibus which will be a greater cost.

It will greatly affect my mental health and well-being

The lack of support to older people will lead to increase social isolation and loneliness which will create a larger financial burden.

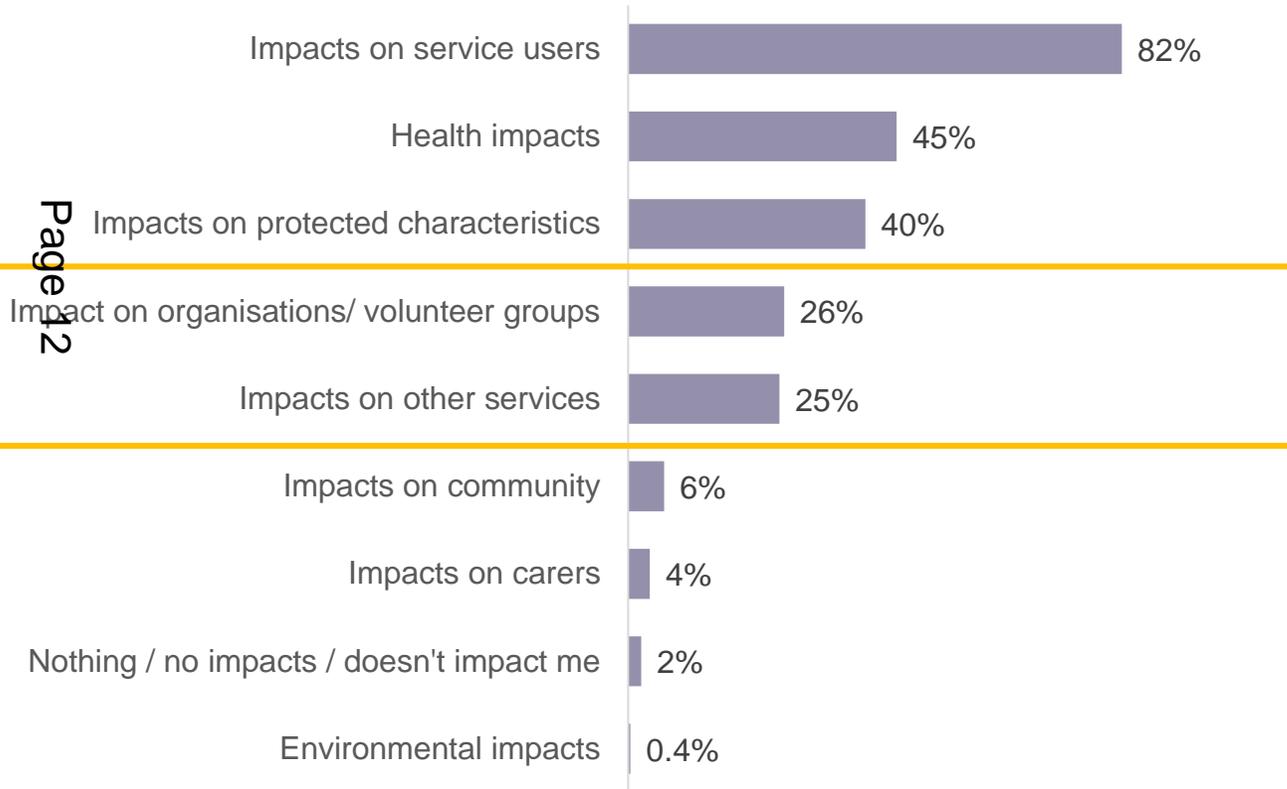
Services to help older people live life well at home are crucial to sustain. Live at home schemes help prevent loneliness and isolation and urgently require ongoing funding.

Many people would feel more isolated, lonely , ignored, lost in the current fast moving world

This is my only means of contact with anyone. I am otherwise isolated at home with no contact. This is a vital lifeline for me and everyone else who uses it.

Impacts: Other groups thought to be impacted by the proposals were the organisations/volunteer groups currently receiving the funding, as well as other services (including the Council), that could see demand increase if the current funding was stopped.

Perceived impacts the proposed changes to HCC's Adult Social Care grants may have on you, people you know, or your organisation group or business.
(Base: 1207. Quantified verbatim. Multicode)



Impacts on organisations / volunteer groups (26%)

- Impact ability/ type of work they are able to do (19%)
- Increased financial costs (8%)
- Impact on workforce / staff / volunteers (5%)

Impacts on other services (25%)

- Could increase demand on other services (18%)
- Could increase demand on Council's budget elsewhere (14%)
- Closure of services that become unviable (8%)
- Could reduce expertise in the sector (2%)
- Need to fundraise or find other sources of finance (2%)

Impacts on organisations/volunteer groups and other services (verbatim)

Cutting the proposed funding will without question seriously impact these peoples health both mental and physical thus forcing them to turn to other agencies for the help they require, e.g. NHS, resulting in increased pressure on their services which are already at breaking point. These cuts will simply move the challenges at a time when they need to be supported more than ever.

It would have a domino effect and put more strain on the NHS services and health care settings.

Without this service I fear that only option would be referring back to already under pressure hants services which I know are not capable now to deliver what is needed.

I think this is a very short term view as by removing the funding it will cause issues in the residents who would benefit from this and will ending up costing more as it will become crisis funding rather than support and planning.

We will need to seek funding from other sources. We are a user-led organisation. Many of local disability forums or access groups have struggled and some have folded.

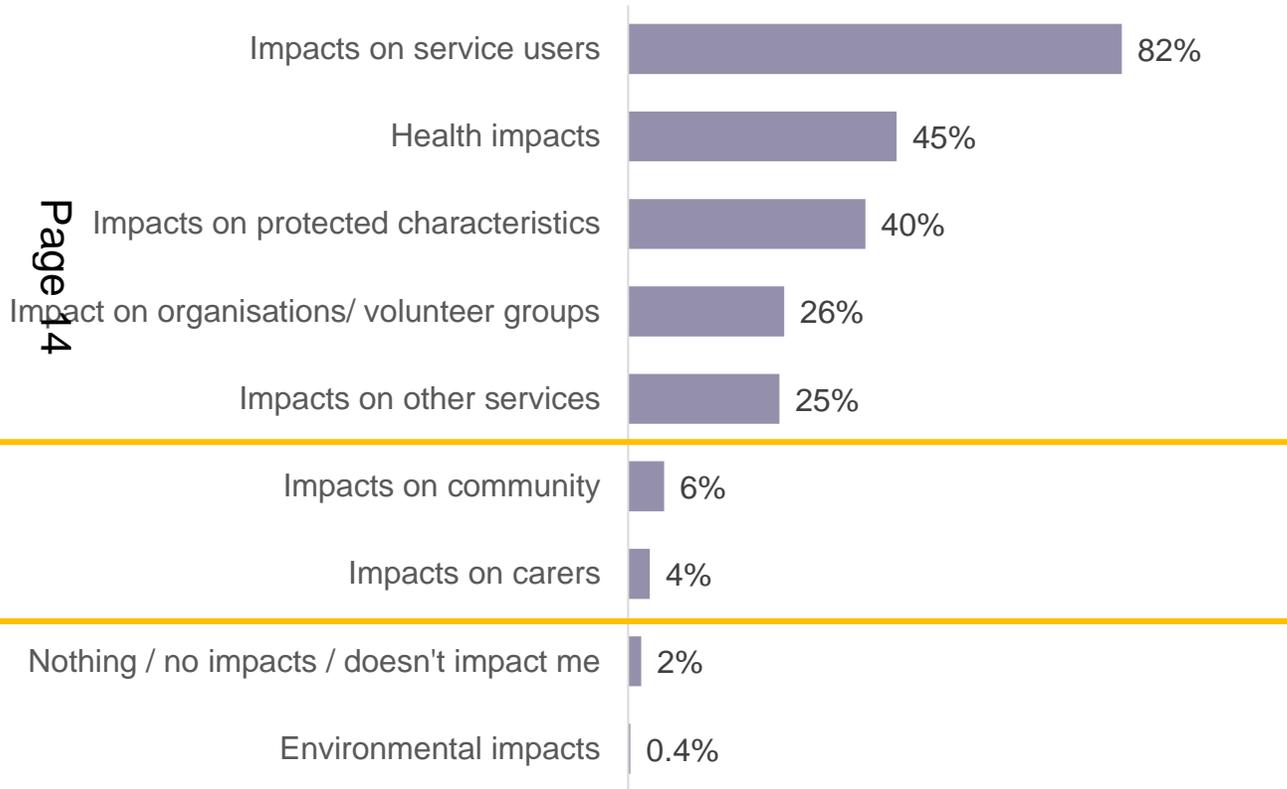
The proposed changes would have a negative affect on the MHA Communities Members by reducing or stopping current activities which are designed to help elderly people keep in contact with other members of the community. MHA would no longer be able to deliver these services.

If these cuts were made the organisation would have to drastically reduce its service provisions. That would lead to the need for those needs to be provided by other, almost certainly, Local Authority services, with the associated costs, thus reducing the net gain on the proposed reduction in funding - a largely pointless exercise.

Ultimately this decision will cost you more in funding formal adult social care and mental health and wellbeing services. Your suggestion is short sighted

Impacts: Carers and communities were also seen as likely to be impacted by some, due to a reduction in support and social contact that the grant funded services currently provide, particularly in rural communities. It was felt this could lead to increased unemployment, stress and have a financial impact for carers.

Perceived impacts the proposed changes to HCC's Adult Social Care grants may have on you, people you know, or your organisation group or business.
(Base: 1207. Quantified verbatim. Multicode)



Impacts on community (6%)

- Impacts on rural communities (5%)
- Increase unemployment (1%)

Impact on carers (4%)

- Less support available (2%)
- Less social contact (1%)
- Increased stress (1%)
- Impact on finances (1%)

Impacts on communities and carers (verbatim)

Stopping the funding for these services will not only affect the service users, but their family and relatives as well. Also, there will be less opportunities for people to get involved. Less volunteers in the area and less paid jobs. The impact will be devastating.

I'm my husband's carer. It means we can get out together and socialise. I'd really miss it if I couldn't come. It gives me a break. I'll with him all the time. He's quite good but he has dementia. I don't have any other help for being a carer.

I would miss my weekly befriending visit and the monthly lunches I attend. This also supports my live-in carer to enable them a short break.

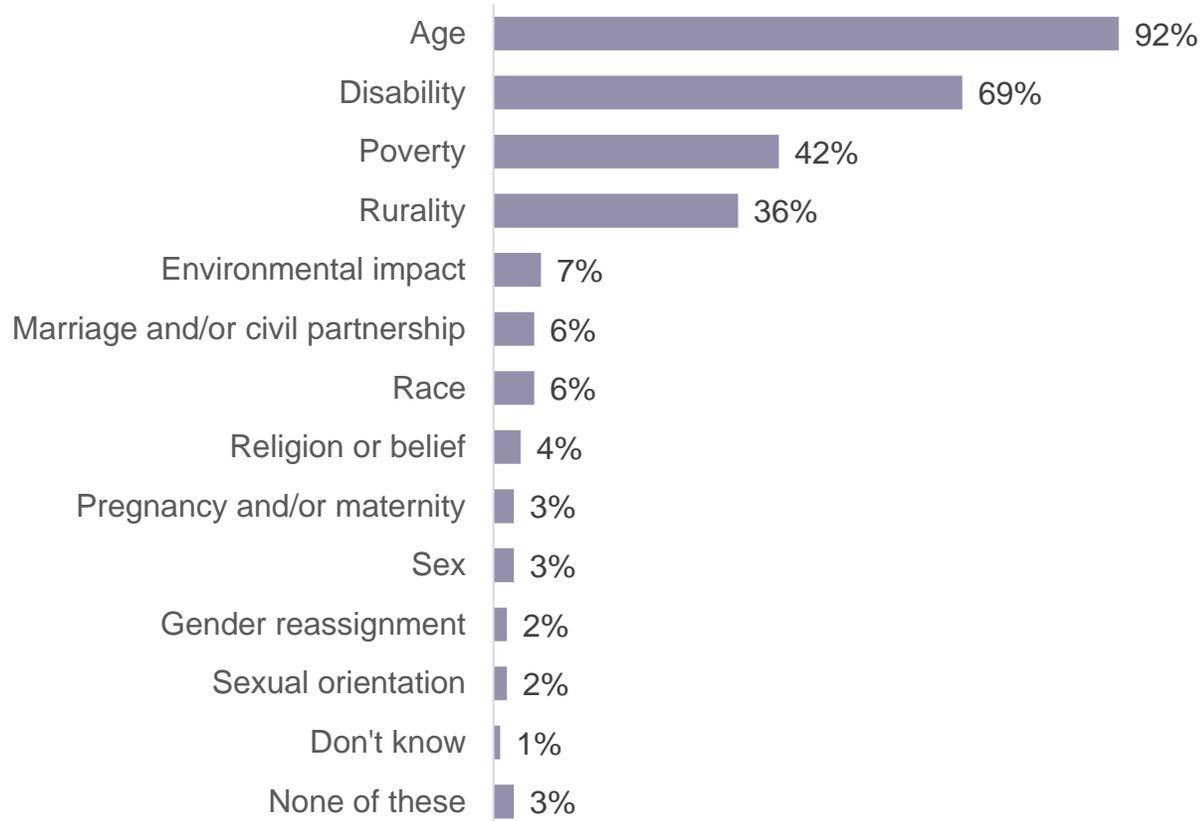
I know how many parents who are carers to their disabled children look after their children late into their years, and then require support for their loved ones to remain in their homes with them. Taking away this option is terrible and not fair.

These services help the vulnerable and the carers enjoy their jobs which pay for them to live also. However If funds were cut, I think Hampshire county council would be putting the vulnerable lives at risk and putting people out of jobs.

The pressure to provide services and days out would fall to the family as currently MHA takes on this role.

Impacts (protected characteristics): Impacts based on age were the most commonly anticipated (by 92% of those responding), followed by disability (69%). Poverty and rurality were also considered as protected characteristics that could be impacted by the proposals by over a third of those responding (42% and 36%).

Perceptions of which protected characteristics the proposed options could impact
(Base: 1169. Multicode)



There are a lot of elderly and disabled people who spend most of their time on their own, as they are house bound, and look forward to a visit or phone call from a volunteer. If these services are cut it will be these unfortunate people who will suffer .

Removal of this funding stream will negatively impact older people living across Hampshire, there will be increased isolation, especially for those in rural areas or living with a disability.

Residents living in rural communities have very limited access to public transport. The majority of these residents have limited mobility or other physical impairments that would prevent them using public services. Taxi services are far too expensive for our clients.

Everything is becoming really expensive, a lot of older people are living in poverty and some have very challenging health issues.

Other comments: A large number of respondents also took the opportunity to mention the benefits the grant funded service(s) currently provides, both to the community and benefits they've felt personally. Comments were also made about the increasing demand for the services.

Comments about service benefits to the community (74%)

- Support not available through other services (47%)
- Improves community cohesion (32%)
- Delivers benefits for relatively low cost (18%)
- Improves independence (8%)

Comments about a specific benefit the service gave them / people close to them (43%)

- Provided transport to get to appointments / shopping (9%)

Comments about increasing demand for services (10%)

- Caused by COVID pandemic (6%)
- Caused by economic change (3%)
- Caused by aging population (2%)
- Caused by reductions in other services (2%)

Other comments (10%)

- Hampshire County Council should be lobbying central government (1%)

These grants provide a valuable service to our rural community. It is an essential service for our most vulnerable residents who need transport to medical appointments.

Services like this are proving to help older people have a better life - from social activities, getting out of the house, exercise, support, reducing the need for doctors and moves into care homes.

I have cancer and mental health issues, I cannot always get out. A friend to talk to every week helps.

These proposed cuts come at a time when need for Adult and Social Care support is increasing. The gaps need to be plugged. It is well recognised that the adult with learning disability population is getting older - these individuals are living longer and their care needs will increase with age.

As our older population grows, more people than ever before require care at home in order to remain safe & well & independent.

Why is HCC not lobbying Government to give more of our money back to us in the form of support services for people in need?

*Please describe what, if any, impacts the proposed changes to HCC's Adult Social Care grants may have on you, people you know, or your organisation group or business.
(Base: 1207. Quantified verbatim. Multicode)*

MHA Communities service user responses

Summary of responses to Consultation One received via a shortened and reworded Response Form

Background

MHA Communities found that some of their members were finding it difficult to complete the original Response Form. Therefore, they created a shortened version of the response form for their members to complete which contained just the following questions:

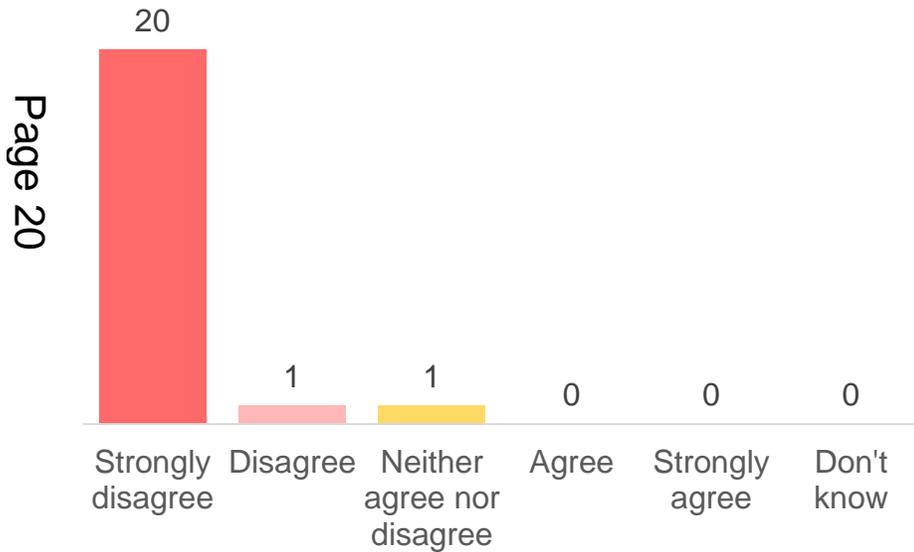
- To what extent do you agree, or disagree with the proposal to stop the funding for three Adult Social Care grant schemes which support voluntary, community and social enterprise organisations?
- Please describe what, if any, impacts the proposed changes to Hampshire County Council's Adult Social Care grants may have on you, people you know, or your organisation, group or business.
- If you have any further comments or alternative suggestions as to how the County Council could achieve a saving of £41 million to its Adults' Health and Care budget, then please summarise these in the box below.

The following demographic questions were also included - the first five digits of their postcode, age, gender and whether their day-to-day activities were limited because of a health problem or disability.

Due to the difference in the MHA shortened form compared to the original Response Form (i.e. omitting some of the contextual information and some of the introductory text could be perceived as being slightly leading) the summary findings of these MHA responses have been reported separately on the next page.

Findings: 23 responses were received in total via the MHA shortened form. Nearly all (21 out of 23) of those responding disagreed with the proposals. The perceived impacts were primarily around the changes affecting older people and reducing their social contact.

Level of agreement with the proposal to stop the funding for three Adult Social Care grant schemes
(Base: 22)



Due to the low base size these MHA Responses have been charted as counts rather than percentages.

Perceived impacts the proposed changes to HCC's Adult Social Care grants may have on you, people you know, or your organisation group or business.
(Base: 23. Quantified verbatim. Multicode)

7 mentioned that the changes would affect **older people**.

6 mentioned that it would **reduce their (only) social contact** or would mean they would be **stuck at home**.

3 mentioned potential impact of the changes on **health / wellbeing**.

3 mentioned the **activities / entertainment** that MHA provide.

3 mentioned the **hot meals** that MHA provide, 2 expressing concern that they would not get a hot meal without MHA.

2 expressed that the changes may **cause harm / be detrimental** (non specific).

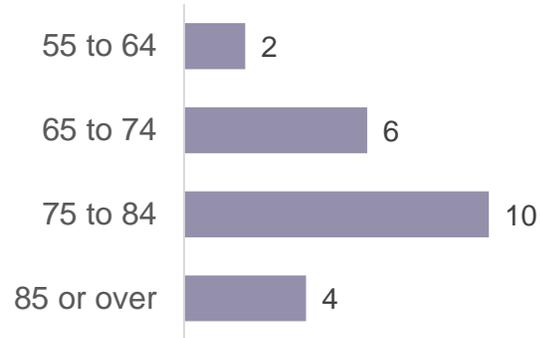
2 commented that the changes would **affect deprived / less affluent areas**.

2 commented that the changes would **affect vulnerable / lonely people**

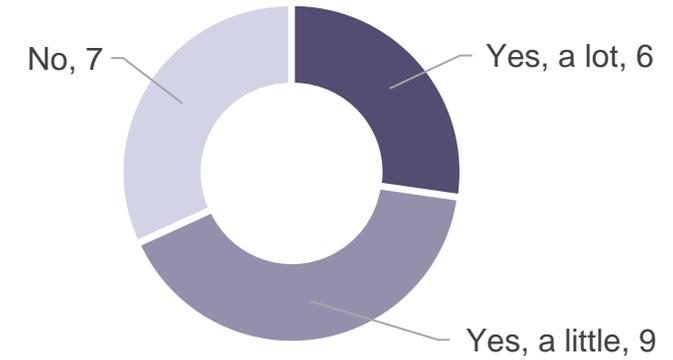
Other comments include that the changes would **cost more in the long run**, it would **affect people with disabilities** and that **other social care resources have also been cut**.

Demographics: All respondents were aged 55 or over (with over half aged 75+) and were predominantly female. Around two thirds reported that they had a long-term disability that limited their day to day activities. Over half of responses were from the PO12 and PO13 (Gosport / Lee-on-Solent) district.

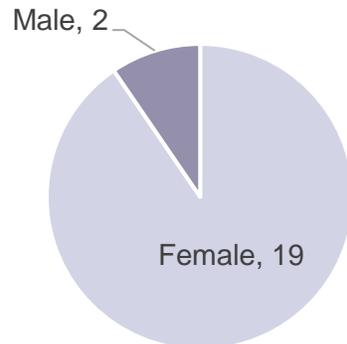
Respondent age profile
(Base: 22)



Respondent disability profile
(Base: 22)



Respondent gender profile
(Base: 21)



Respondent postcode area
(Base: 22)

Postcode district	Number of responses
PO13	8
PO12	6
SO50	3
PO16	1
RG22	1
SO23	1
SO31	1
SO53	1

Due to the low base size these MHA Responses have been charted as counts rather than percentages.

Petition

Overall summary of a petition received during Consultation One

Petition - Stop critical funding to older people's community schemes from being cut.

A petition to stop critical funding to older people's community schemes from being cut was received by Hampshire County Council on 21 March 2022.

The following petition was submitted as part of the Consultation on proposals to stop the funding for three Adult Social Care grant schemes which support voluntary, community and social enterprise organisations:

- Name of petition: #SaveHampshireServices - Stop critical funding to older people's community schemes from being cut
- Purpose: This petition aims to keep Hampshire's Community Grants funding alive, ensuring that thousands of older people across Hampshire can still access vital services and receive the support they need and objects to the proposal by Hampshire County Council to stop funding three Adult Social Care grant schemes.
- Petitioner: MHA Communities Hampshire, United Church, Jewry Street, Winchester, SO23 8RZ

332 signatures were received as part of this petition.

Consultation Two: Homelessness Support Services

Key findings

Background to Consultation Two

- Public sector partners across Hampshire, including the County Council, District, Borough and City Councils, Public Health services, Hampshire Constabulary, and the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group have been working together to explore new ways to tackle homelessness and make best use of wider collective resources to reshape services.
- The County Council is proposing to reduce its contribution toward the annual budget for Homelessness Support Services by £360,000. It proposes that this is accomplished by:
 - prioritising support in accommodation-based settings, and into those services that help the most vulnerable; and,
 - delivering outreach and community-based support in those areas where accommodation-based settings may not be available.
- Hampshire County Council sought residents' and stakeholders' views on these proposals, their likely impacts and alternative suggestions as to how savings could be made.
- Overall, **509 responses** were received to Consultation Two. Of these, 473 were from individuals, 27 from organisations, groups or businesses and 6 from democratically Elected Representatives.
- 35 respondents said they were a current service user and 16 said they had used services funded by these schemes in the past.

Service design principles: Different models for Homelessness Support Services have been considered against the following overarching service-design principles:

1. Investment should focus on prioritising meeting the needs of the **most vulnerable service users** who find it difficult to engage with more mainstream services without additional support, are most at risk of sleeping rough and have **no alternative support options**.
2. We would prioritise support service for **accommodation-based services**.
3. We would balance local need against available resources, ensuring services are **delivered within budget**.
4. The design of services should recognise the changes brought about by the Homeless Reduction Act (HRA) 2017 and align services more closely to the **statutory responsibilities of the district housing authorities** under this new legislation.
5. Support funding attached to accommodation-based services should be **used to fund support** not to fund housing management or security services.
6. **Meeting eligible-care needs and safeguarding individuals** is the statutory responsibility of Hampshire County Council and it is expected that County Council budgets are utilised in a way which **best meets the need of people with eligible care needs**; who should be prioritised within services.
7. Services that are funded by Hampshire County Council must ensure **countywide access**.
8. Any options explored could be awarded through a grant to a local housing authority or through a County Council procured contract.

Executive summary / headline findings (Consultation Two)

- There was a majority disagreement (**90% overall disagreement**) with the proposal to reduce the funding for Homelessness Support Services with **three quarters (75%) saying that they strongly disagreed**.
- People who commented on the service design principles most commonly felt that focussing on the most vulnerable and reducing services elsewhere could cause more people to fall into the 'most vulnerable' bracket.
- Others chose to use the service principles box to comment on the main proposal, with many suggesting that **funding should not be reduced**, and that it should be increased instead. It was felt that the proposals **target people who are already vulnerable at a time where there is a high need for such services**, due in part to increases in cost of living, the impacts of the COVID-19 pandemic and the effects of austerity.

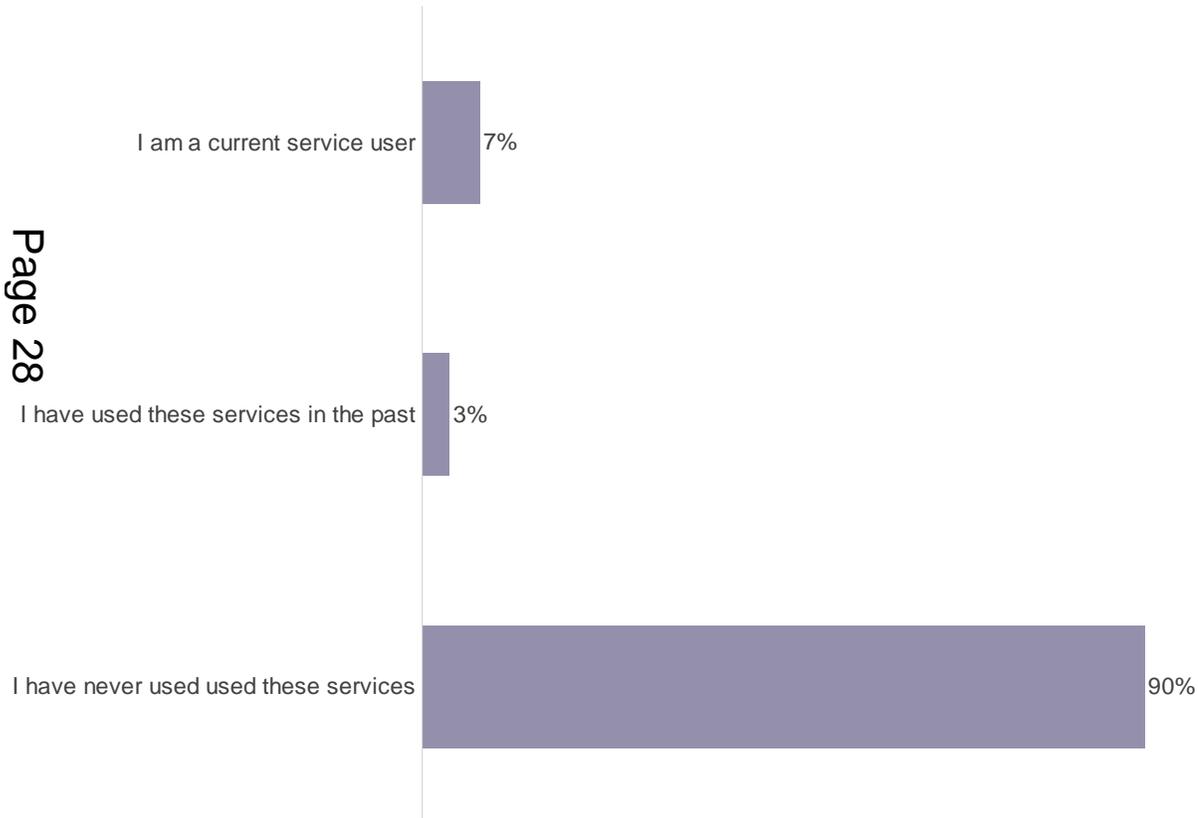
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Some respondents expressed concerns that **reducing funding would lead to further problems and increased costs** later down the line. It was mentioned that the proposals would **increase inequality further** and disadvantaged people would be **unable to access the most appropriate help**. Some also commented that **HCC should find alternative ways to save money**.

- Services and service users / vulnerable people were most frequently mentioned as those who would be most impacted by the proposals. If the proposals were implemented, respondents felt that both funded and non-funded services would need to manage increased demand with reduced capacity.
- It was felt that the proposals would put current service users and vulnerable people at greater risk of further issues – such as longer term **social, health and economic issues that are harder and more costly to fix**.
- Other comments focussed on the potential wider impacts on HCC/service budgets, equality, health and wellbeing of vulnerable people, and impacts on the community.

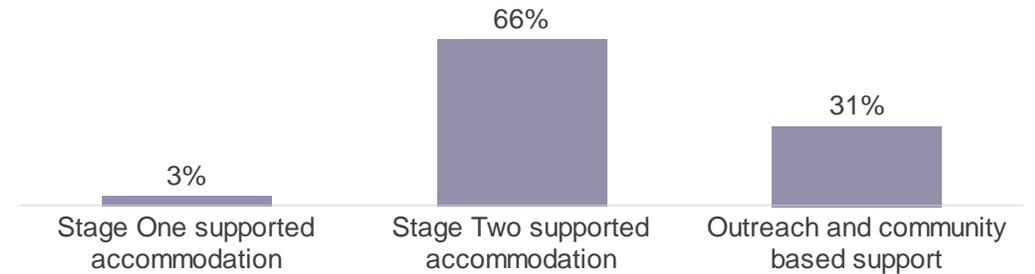
Who responded: The majority (90%) of those responding had never used Homelessness Support Services. Of the current users who responded, around two thirds (66%) were using Stage Two supported accommodation, and just under a third (31%) were using outreach and community based support.

Do you currently use Homelessness Support Services, or have you used these services in the past?
(Base: 500)



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Homelessness Support Services currently being used
(Base: 29)

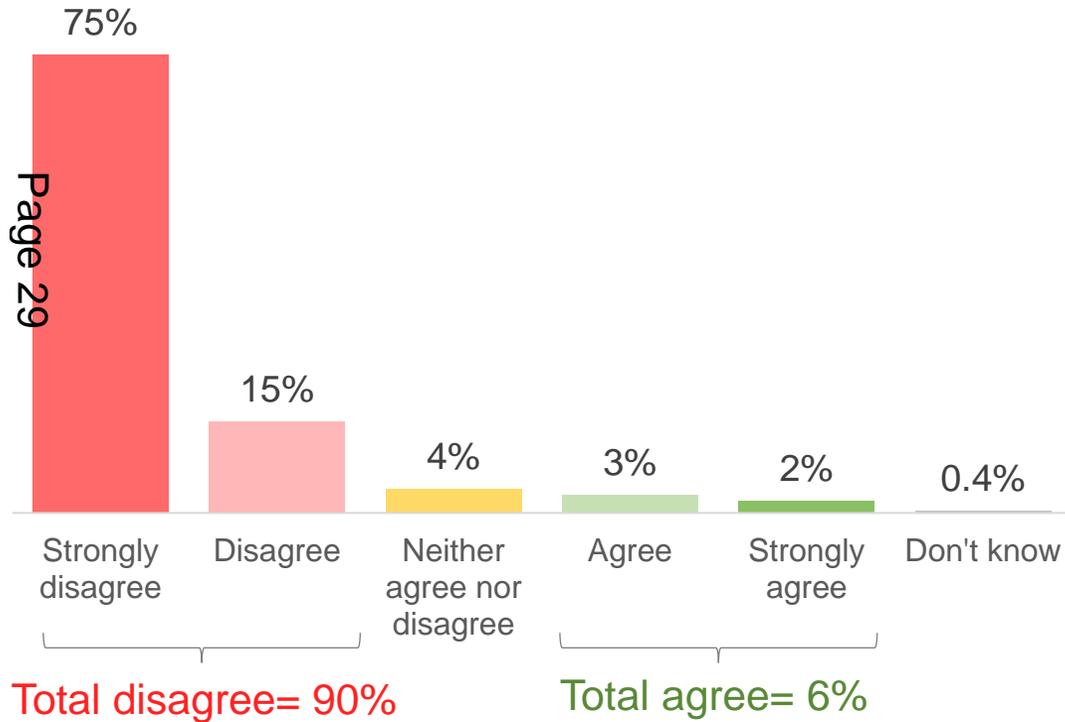


Names and types of services used in the past:

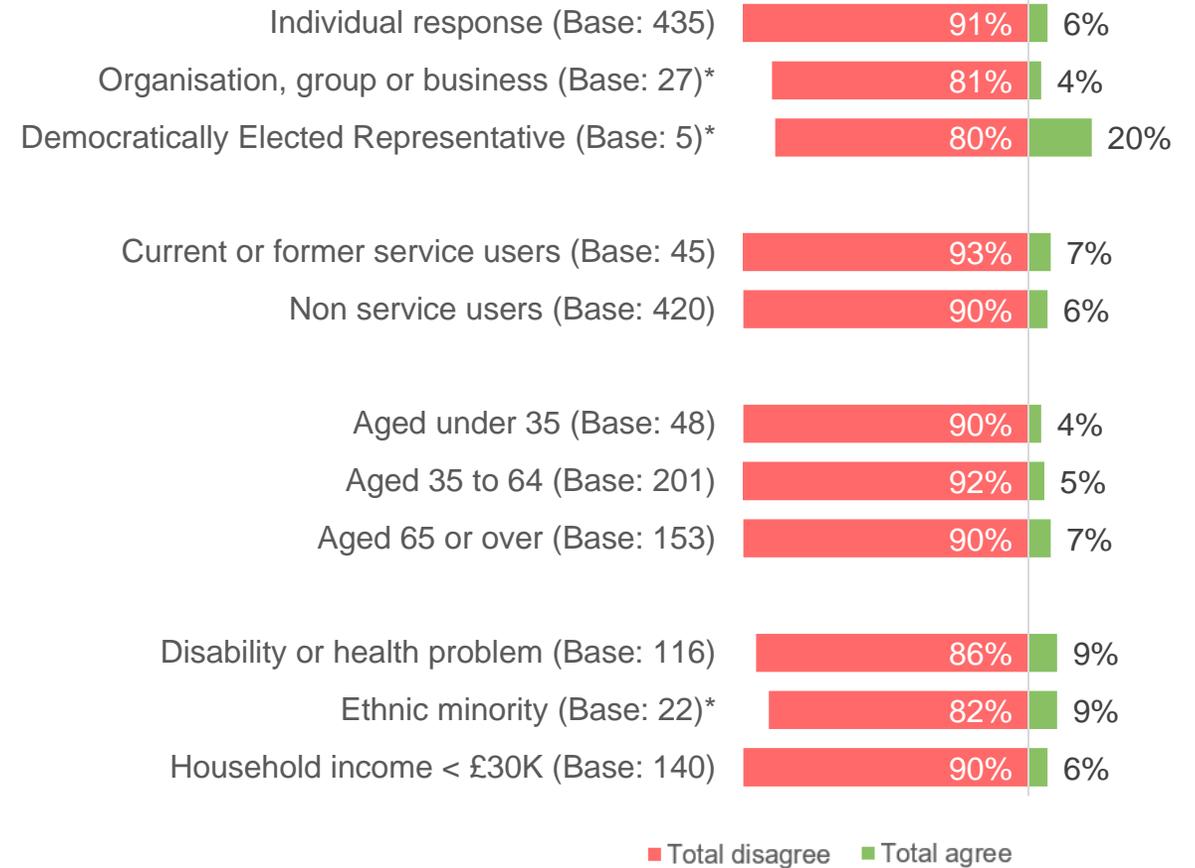
- HCC Homelessness Advice worker
- The Crossings in Hythe
- Homeless hostel - Patrick House
- Winchester Churches Night Shelter (Winchester Beacon)
- Samaritans
- Hostel
- Homeless services. Beacon & Trinity
- Outreach and community based support
- Controlled exercises / cooked meal / social activities

Agreement with proposal: Nine in ten respondents (90%) disagreed overall with the proposals, with three quarters (75%) of respondents strongly disagreeing. There were high levels of disagreement across all subgroups.

Level of agreement with the proposal to reduce the funding for homelessness support services
(Base: 469)

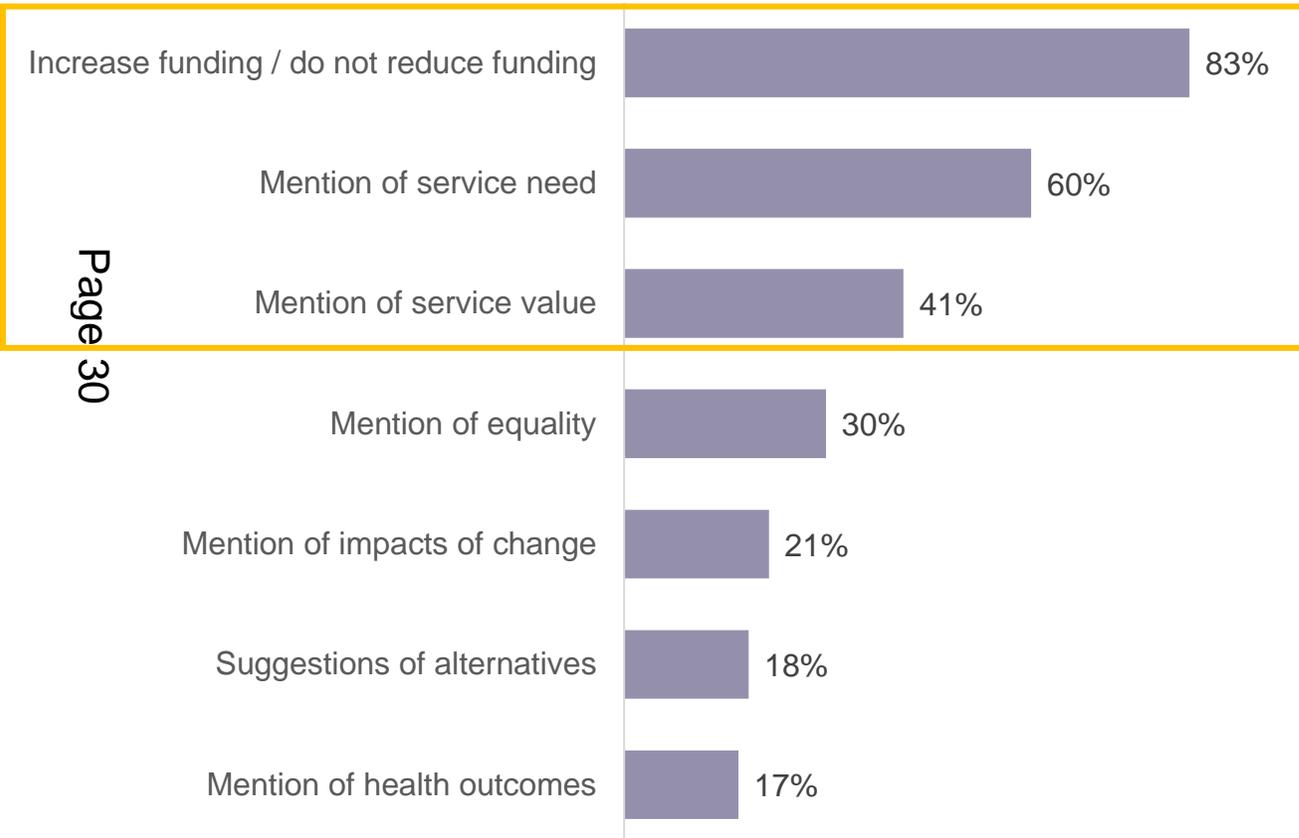


Agreement / disagreement by respondent groups:



Comments on the service-design principles: When asked to comment on the service-design principles, many focused on the proposals with around eight in ten (83%) suggesting that funding should be increased / not reduced as it impacts the most vulnerable people at a challenging time and would increase costs and problems later.

Comments on the service-design principles
(Base: 202. Quantified verbatim. Multicode)



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Increase funding / do not reduce funding (83%)

- Not ethical to cut services of the most vulnerable people in society
- Homelessness Services need more funding not less
- Short sighted decision to cut funding / counter-productive
- Some services already over-subscribed

Mention of service need (60%)

Services are needed now more than ever as more people at risk of becoming homeless:

- Impacts of inflation / rise in cost of living / utilities
- Impacts of the COVID-19 pandemic – e.g. businesses going under, job losses
- Impact of cuts / austerity / benefit freezes
- Other services have also had cuts / reduced services
- More homeless people than official statistics suggest – e.g. sofa surfing / hidden homelessness
- Homelessness causes more problems (crime, mental health, drug/alcohol use, long term/generational issues, deaths/suicides) – ‘prevention is better than cure’

Mention of service value (41%)

- Cuts would create greater costs elsewhere
- Relatively small budgets for the size of the service
- Helps service users to become self supporting

Comments on the service-design principles (verbatim)



There are more and more people becoming homeless, and the number sofa surfing is very high. In our present economic climate I see more and more people using foodbanks and I can see more and more people and sadly I suspect families becoming homeless.

Again, the most vulnerable are the ones to suffer. Short term win but poorly supported homeless people are more likely require much greater support down the line- substance misuse/ crime/ poor health outcomes. Prevention and early intervention is better than cure surely

There is too much emphasis on crisis management rather than on prevention and alleviation before things get to crisis.

Page 31

As a result of both the pandemic and increases in the cost of living, there may well be an increase in the number of homeless people, who also include some of the most vulnerable in society. There has already been an increase in the number of foodbanks being used and It is short sighted to cut funding in this area.

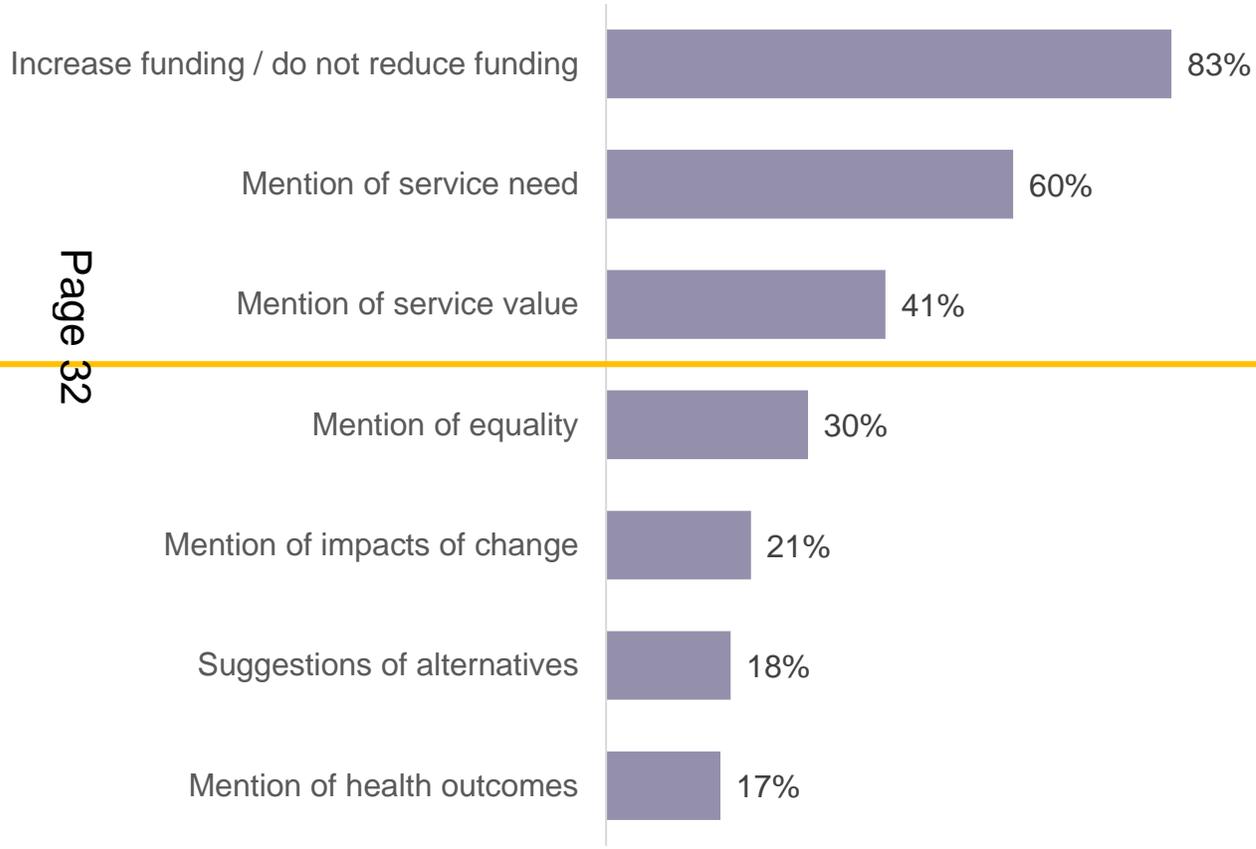
Given the recent cost of living increases, I think that reducing or removing funding in this area is foolish. These services are going to be needed more, not less.

The support grant for this service is tiny compared to the £41m and is good value helping communities and saving the NHS.



Comments on the service-design principles: Comments were also made about how the reductions in funding could increase inequality further and disadvantaged people would be unable to access the most appropriate help they need. Some also felt that the County Council should find alternative ways to save money.

Comments on the service-design principles
(Base: 202. Quantified verbatim. Multicode)



Page 32

Mention of equality (30%)

- Reductions would increase inequality / widens the gap between advantaged and disadvantaged
- Differing levels of service per area

Mention of impact of change (21%)

- Some people would 'slip through the net' / won't be able to access the help they need
- 'One size fits all' would not address complex needs – e.g. accommodation services / 'institutional' settings aren't suitable for all homeless people
- Community and outreach services help prevent people becoming the most vulnerable

Suggestions of alternatives (18%)

- Reduce 'vanity projects' i.e. statues / beautification
- - Homelessness services should be seen as more essential than new / refurbishments of leisure centres, libraries, Council chambers
- Reduce salaries of Council staff
- Other services / charities should take responsibility
- HCC should find alternative ways to save money (non specific)

Mention of health outcomes (17%)

- Mental health outcomes
- Physical health outcomes
- Drug and alcohol issues / addiction

Comments on the service-design principles (verbatim)

You spend money on high paid desk jobs and keep putting up council rates each year yet cutbacks so why now think about cutbacks on funding which will hit the elderly the disabled the prices and reliance of community transport and care in the community services. And the homeless should be a priority too for shelter. The poor get poorer and rich richer.

It's all very well prioritising support for accommodation-based services, but you need the resources to get those identified as vulnerable to engage to get them into accommodation services... Homeless clients need time & trust building to encourage engagement and support them into accommodation.

Just providing a bed is not a long term answer. A wider range of services to get people off the street more permanently need to be available providing individual services for individual needs.

I would prefer it if HCC did not fund statues like the one being unveiled in Winchester and supported those who are vulnerable.

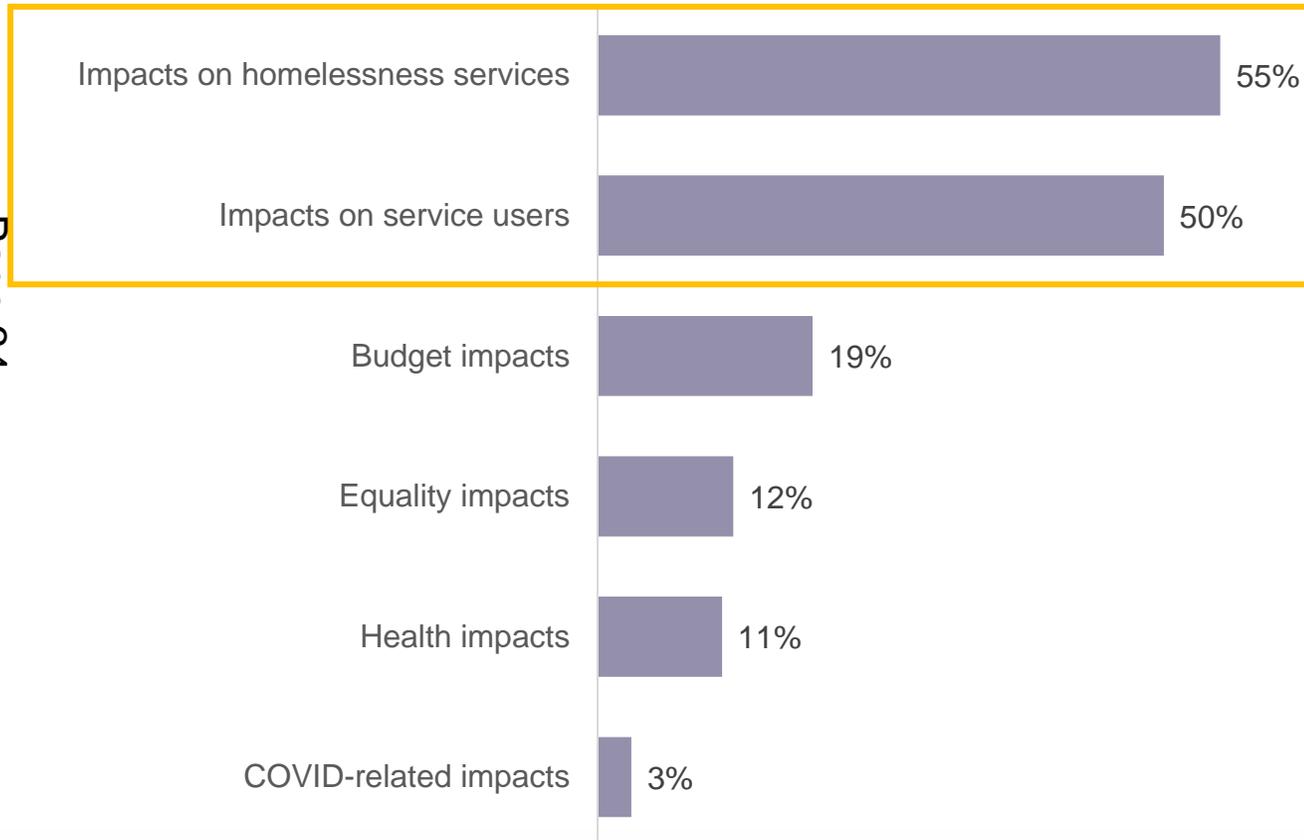
Money cannot be taken from vulnerable members of society - they need support - more than the community needed a brand new leisure centre

Other countries have provided 'student type' accommodation for vulnerable/homeless people under the care of a 'team leader'; or provided individual accommodation in kitted-out containers. What about mobile home sites/caravans for homeless families? Surely that is the least we could do. Shoving families into single rooms in hotels is vastly expensive, undignified and not acceptable.

Impacts: Just over half of responses mentioned impacts on services, such as reduced capacity and increased demand, both on existing support services as well as other services. A similar number expressed concerns for service users and vulnerable people, that the proposals would put them more at risk of further issues.

Perceived impacts the proposed changes to HCC's Homelessness Support Services may have on you, people you know, or your organisation, group or business
(Base: 259. Quantified verbatim. Multicode)

Page 34



Impact on homelessness services / other services (55%)

- Could reduce service capacity (26%)
- Could increase demand for homelessness services (21%)
- Could increase demand for other services (10%)
- Could lead to other services needing to provide new supports (7%)
- Could lead to greater costs in the future for HCC and other district councils

Impacts on service users / vulnerable people (50%)

- May create a 'cliff-edge' for service users (4%)
- Increased mental health issues
- Increased substance misuse / addiction
- Increased suffering / stress / fear / insecurity
- Increased violence / crime
- Reduced options / won't know where to go to get help
- Removed a safety net for vulnerable people
- Those not currently deemed as 'most vulnerable' could end up becoming more vulnerable due to lack of early intervention

Impacts on services and vulnerable people (verbatim)

If these funding cuts were to go ahead it would significantly affect the range of services available for the homeless population in Hampshire.

People who become homeless will suffer mentally and physically requiring extra national health services.

If your strategy risks putting more people on the streets unsupported, then that has a direct cost for all of us, again both human and economic

Stopping this funding is highly likely to increase inequality and lead to increased pressure on other health and social care services increasing overall system cost

Reduced funding increases the likelihood of these vulnerable individuals resorting more to drugs and violent lifestyles, sleeping rough throughout the year, not receiving the medical assistance they need and not even able to eat properly.

It would have knock on effects and exacerbate crime, substance abuse and a decline in mental health amongst the homeless population at a time when they need our help.

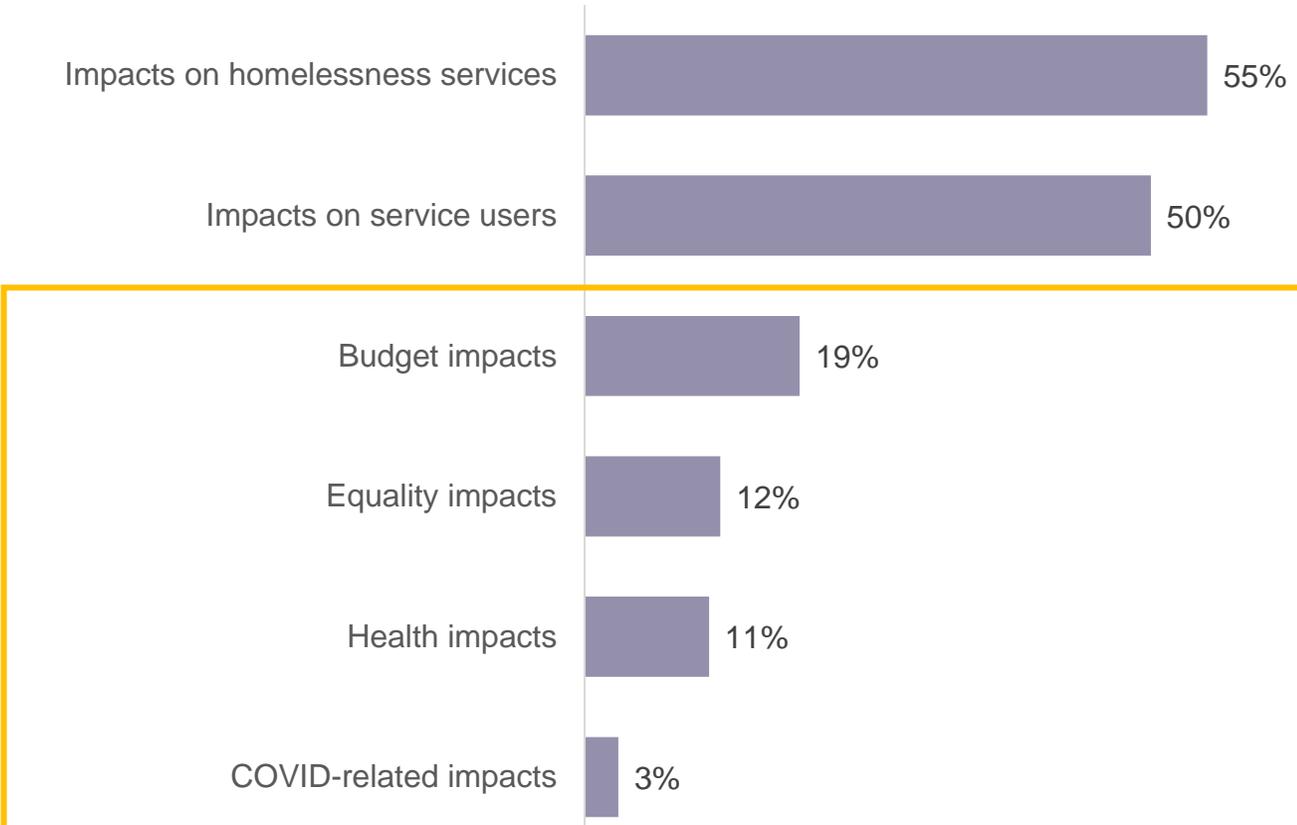
More rough sleeping More long term homelessness More deaths and health impacts as clients end up on the streets. Lack of support to find a pathway to recovery as clients are outside of the security of an organisation that can provide help and support

Put a lot of people lives at risk, with no access to help, food, clothes, support worker, cold weather/hot weather, people in mental health crisis, from my own experience, people committing suicide due to frustration of asking for help and being sent away.

Impacts: Other impact comments highlighted the potential for increased costs elsewhere as well wider impacts on equality, health and wellbeing of vulnerable people, and impacts on the community.

Perceived impacts the proposed changes to HCC's Homelessness Support Services may have on you, people you know, or your organisation, group or business
(Base: 259. Quantified verbatim. Multicode)

Page 36



Budget impacts (19%)

- Could increase costs elsewhere – e.g. social care, police, NHS and other services (13%)

Equality impacts (12%)

- Those with disabilities / learning disabilities are more at risk of becoming homeless (5%)
- Could deny people their right to a home (4%)
- Those who have the least / already living in poverty / on the brink of becoming homeless are more likely to be impacted (4%)

Health impacts (11%)

- Could reduce mental health outcomes (7%)
- Could reduce health outcomes (4%)
- Could reduce independence of vulnerable people (3%)

COVID-related impacts (3%)

- COVID may increase demand (3%)

Impacts on communities

The proposals could lead to increased rough sleeping, begging on the streets and increased crime / anti social behaviour which could:

- be bad for local businesses
- make residents and visitors feel unsafe

Impacts - further costs and wider impacts (verbatim)

Stopping this funding is highly likely to increase inequality and lead to increased pressure on other health and social care services increasing overall system cost

The proposal to cut funding supporting the most vulnerable people in Hampshire cannot be allowed at a point where economic inequality continues to increase, following the impacts of COVID-19.

It is shameful that there are people sleeping rough & that there are already limited spaces & waiting lists for people to access help. Homelessness has a major impact on peoples physical & mental health & a knock on effect on employment prospects.

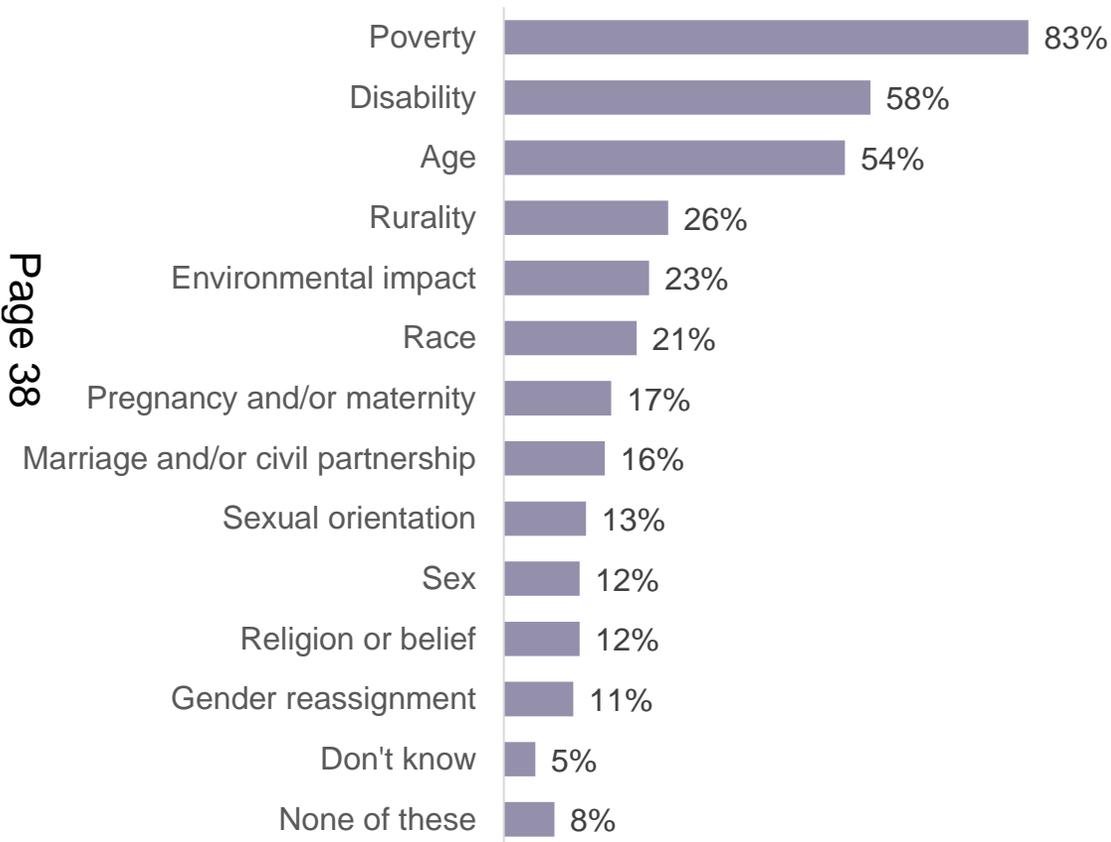
People will no doubt find it more difficult to be housed and helped. This in turn will lead to more problems for them in the futures, if unable to help themselves and HCC will no doubt have to bear the burden from a different budget.

The costs 'saved' will likely result in greater economic or social costs elsewhere.

They could have an impact on my community. It could lead to more homeless people on the street, which is upsetting, but also detrimental to businesses in the town centre. Support to prevent homelessness not only saves people and families from the misery of the situation, but saves money in the long term.

Impacts: Impacts based on those already living in poverty or at risk of poverty were most commonly anticipated (83%). Those with disabilities were also felt to be impacted by over half of those responding (58%) as they were felt to be more at risk of homelessness. Young people or the elderly were also felt to be more at risk.

Perceptions of which protected characteristics the proposed options could impact
(Base: 298. Multicode)



Homeless people get little enough support already. They need more to help them find alternative ways of living and, in many instances, overcome problems exacerbated by homelessness.

The homeless would be even more neglected

People who are the most vulnerable - living with disabilities or poverty that have the least are going to be adversely impacted.

People with learning disabilities are particularly at risk to homelessness. Research suggests that 12% of homeless people have learning disabilities.

I am also very concerned that young people are not offered good housing when they leave the care system at 18.

Homelessness appears to be growing, and many affected are young. Often the cause is relationship break-up, drug-taking, alcoholism or mental health difficulties - sometimes a combination of several of these factors.

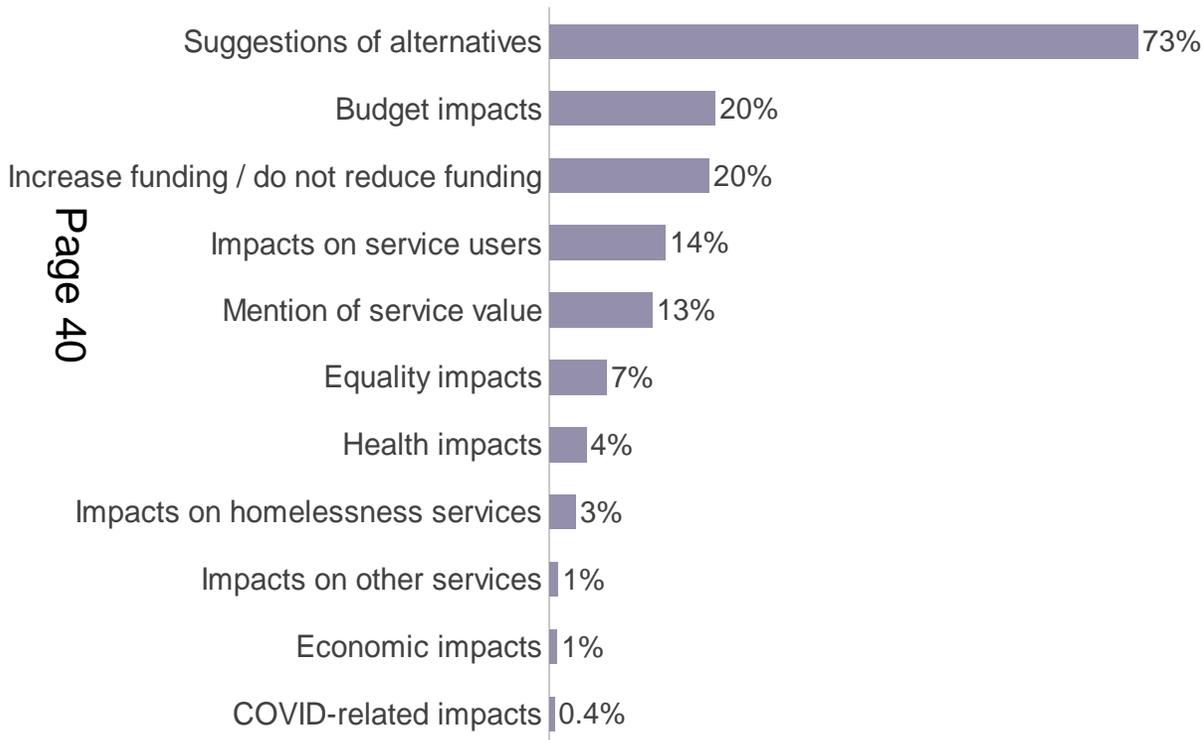
Further comments

Regarding Consultation One and/or Consultation Two

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Further comments: When additional comments were provided around three quarters (73%) felt HCC should find an alternative way to save money. Others repeated the message that the funding should not be stopped/reduced and that both proposals would impact the most vulnerable in the community and cost more in the long term.

Further comments or alternative suggestions how HCC could achieve a saving of £41million to the AHC budget
(Base: 548)



Suggestion of alternatives (73%)

- Support service with income from elsewhere (16%)
- Get more money from / lobby Central Government
- Raise Council Tax, business rates, tax large organisations
- Reduce salaries / benefits of Council staff (11%)
- Cut staff / management costs
- More joint working with other services – e.g. NHS, other authorities (8%)
- Reduce ‘vanity projects’ e.g. statues, beautification, etc.(7%)
- Sell Council assets – buildings, land, car parks (3%)

Budget impacts (20%)

- Could increase costs elsewhere – e.g. social care, health care (14%)

Impacts on service users (14%)

- Reduced independence (3%)
- Less social contact (3%)

Mention of service value (13%)

- Cuts would create greater costs elsewhere (10%)
- Relatively small budgets for the impact of the service (9%)

Equality impacts (7%)

- Older / elderly people are at risk of becoming isolated / more likely to be admitted to hospital / care homes, develop health issues (6%)

Unstructured responses

Summary of unstructured responses received to Consultation One and/or Consultation Two

Page 41

Unstructured responses

79 responses were submitted via email or post, including one video, which did not make use of the Response Form. Of these:

- 5 did not make any specific reference to either Consultation covered in this exercise
- 30 made reference to the proposal to stop the funding for three Adult Social Care grant schemes which support voluntary, community and social enterprise organisations (Consultation One)
- 48 made reference to the proposal to reduce funding for Hampshire County Council funded Homelessness Support Services (Consultation Two)

The responses provided in relation to the specific proposals are explained on the following pages

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Of the 5 responses which did not specifically refer to either of the two consultations:

- 3 suggested other ways to balance the Councils budget, including selling assets, reducing administrative staffing numbers, and generating efficiencies by working with other organisations
- 2 mentioned concerns about impacts on service users' health, with both comments also mentioning the ongoing impacts of the COVID pandemic
- 1 response mentioned that changes would impact those in poverty, and there was also a mention of the benefits of services to local communities and the potential for people's social contact to be lessened if services were reduced

Unstructured responses to Consultation One, which proposed to stop the funding for three Adult Social Care grant schemes which support voluntary, community and social enterprise organisations

Of the 30 unstructured responses that made reference to this consultation :

23 mentioned **impacts on service users** of the proposed changes which, where expanded upon, included:

- 12 mentions of **health impacts**, with 5 mentions of physical health and 5 mentions of mental health;
- 8 mentions of **reduced social contact** for service users; and
- 3 mentions of impacts on the **family life of service users**, such as increased stress or reduced wellbeing.

18 described how the proposals could impact those with **protected or vulnerable characteristics**, with specific mention of age (15 responses), rurality (6 comments), disability (5 comments), and poverty (5 comments).

7 mentioned issues relating to **transport** if the proposals were agreed, with 9 mentions of poor public transport provision, and 8 mentions of the cost of using taxis.

5 mentioned **increasing demand** for the services impacted, with 3 mentioning the rising elderly population as a cause for this.

7 mentioned that the proposed changes would lead to **increased demand or costs for other public services**, such as the NHS and services for older people, with 2 mentions that there would be increased costs to other County Council services.

4 **suggested alternative means** to deliver the desired savings, by increasing charges for services, increasing Council Tax, by working collaboratively with other organisations to improve efficiency, and lobbying the Government for more funding.

3 mentioned that the services are **valuable to the community**.

3 mentioned that, without Council support, organisations would have to pick up **extra costs** in undertaking tasks such as DBS checks and arranging insurance.

Unstructured responses to Consultation Two, which proposed to reduce funding for Hampshire County Council funded Homelessness Support Services

Of the 48 unstructured responses that made reference to this consultation:

38 described how the proposals could impact those with **protected or vulnerable characteristics**, with specific mention of poverty (38 comments), gender (4 comments), age (3 comments), and disability (1 comment).

44 mentioned **impacts on service users** of the proposed changes which, where expanded upon, included:

- 37 mentions of **health impacts**, with 33 mentions of mental health, 27 mentions of increased substance misuse, and 10 mentions of physical health;
- 10 mentions of reduced access to support with **budgeting** and **finding work**, with 2 mentions of the potential for some service users to become **unemployed**, and 2 mentioned increased risks of **digital exclusion**;
- 9 mentions of **safeguarding** risks for service users, with 7 mentions of a possible increase in **crime**;
- 8 mentions of reduced **social contact** for service users, 3 mentioned a loss of routine, and 3 mentioned an increased **risk of suicide** amongst service users;
- 5 mentions of impacts on the **families of service users**.

23 anticipated that the proposed changes could lead to **higher demand for services**, with 23 comments suggesting there would be **increased homelessness**.

23 mentioned that the changes would impact those already suffering as a result of the **COVID** pandemic, with 16 mentions that it could impact COVID recovery.

15 mentioned that the proposed changes would lead to **increased demand or costs for other public services**, such as the NHS and services for older people, with 15 mentions that there would be increased costs to other County Council services.

12 **suggested alternative means** to deliver the desired savings, by seeking external funding, increasing Council Tax, paying for the service with charges for other services, working collaboratively with other organisations to improve efficiency, increasing the use of volunteers to deliver services, and lobbying the Government for more funding.

3 mentioned issues relating to **transport** if the proposals were agreed, with 2 mentions of transport to access healthcare, and 1 mention of the cost of using taxis.

3 mentioned that, without Council support, organisations would have to pick up **extra costs** in undertaking tasks such as DBS checks and arranging insurance.

2 mentioned that the services are **valuable to the community** which they serve.

Appendix

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Methodology and demographics

About this report

This report summarises the main findings from the Adults' Health and Care SP23 open consultation. Notable demographic variances from the average response are also highlighted, with further information available in the supporting data pack and tables.

As this was an open consultation the respondents do not provide a representative sample of the Hampshire population. All consultation questions were optional and the analyses only take into account actual responses – where 'no response' was provided to a question, this was not included in the analysis. As such, the totals for each question generally add up to less than the total number of respondents who replied via the consultation Response Form. Typically, reported data has been rebased to exclude 'don't know' responses to facilitate demographic comparisons.

Respondents could disclose if they were responding as an individual, providing the official response of an organisation, group or business or if they were responding as a democratically Elected Representative. Given the relatively low number of organisations / democratically elected representatives that responded, the usefulness of percentages in quantifying their views is limited. However, analysis has been completed by 'respondent type', using indicative percentages for each closed question in order to help illustrate any contrast between their views and those of individuals – recognising that organisations / democratically elected representatives provide both an 'expert' view and speak on behalf of a larger audience

Unstructured responses and open-ended responses were analysed by theme, using an inductive approach. This means that the themes were developed from the responses themselves, not pre-determined based on expectations, to avoid any bias in the analysis of these responses. These macro (overarching) and micro (sub-level) themes were brought together into code frames and are included in the appendices to this report.

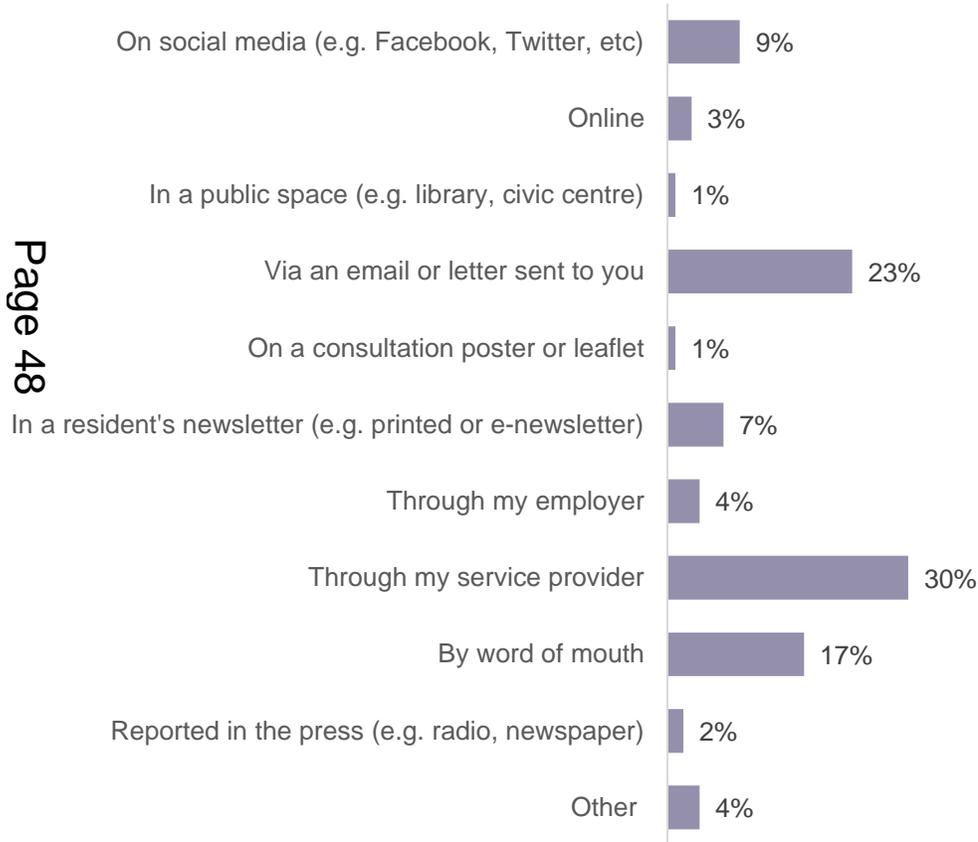
The codeframes aimed to draw out the key themes and messages from the comments covered, including any:

- specific groups to which they related;
- impacts that they mentioned;
- suggestions for alternative ways in which the County Council could make savings; and
- feedback on the consultation process.

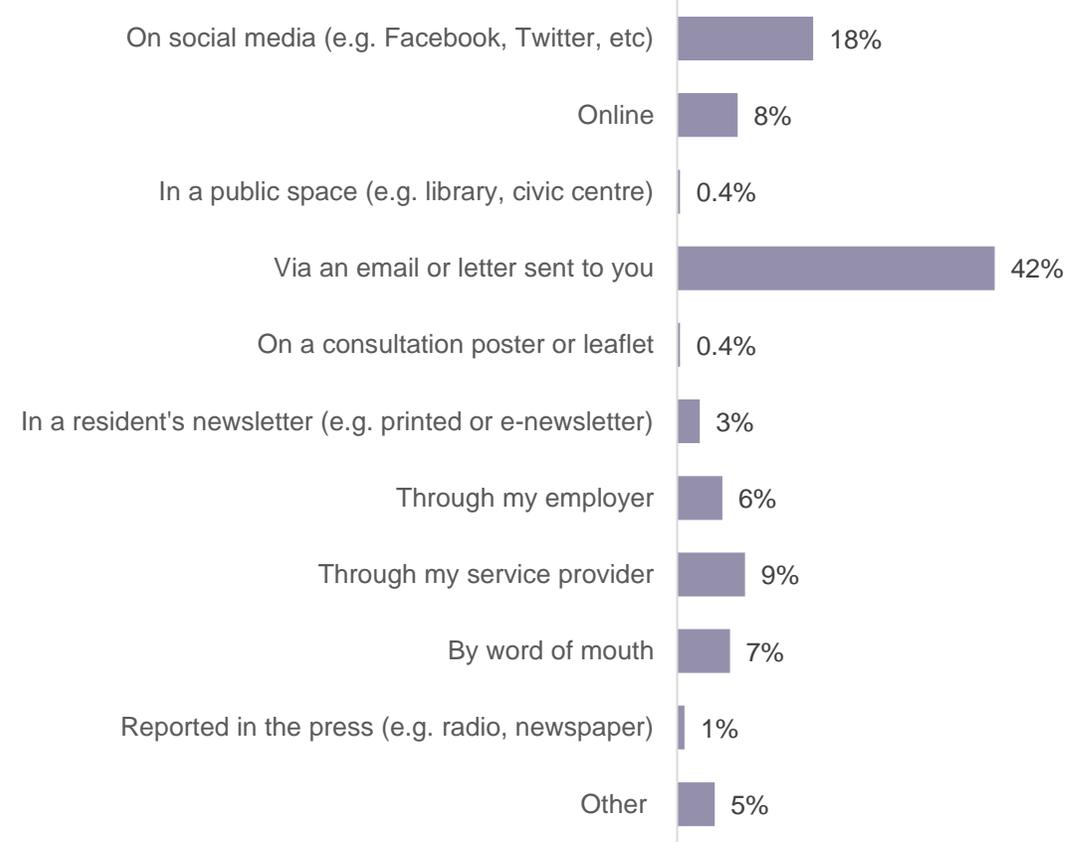
One individual worked on each codeframe to ensure a consistency of approach for each. All of the comments and unstructured responses received through the consultation were also shared directly with project leads for further review, in order to inform the development of proposals

How respondents heard about the consultation: Many respondents heard about the consultation/s via written or email correspondence, particularly so for those responding to Consultation Two. Promotion through service providers and word of mouth was also prominent for those responding to Consultation One.

How respondents heard about the consultation –
Consultation One
(Base: 1533)

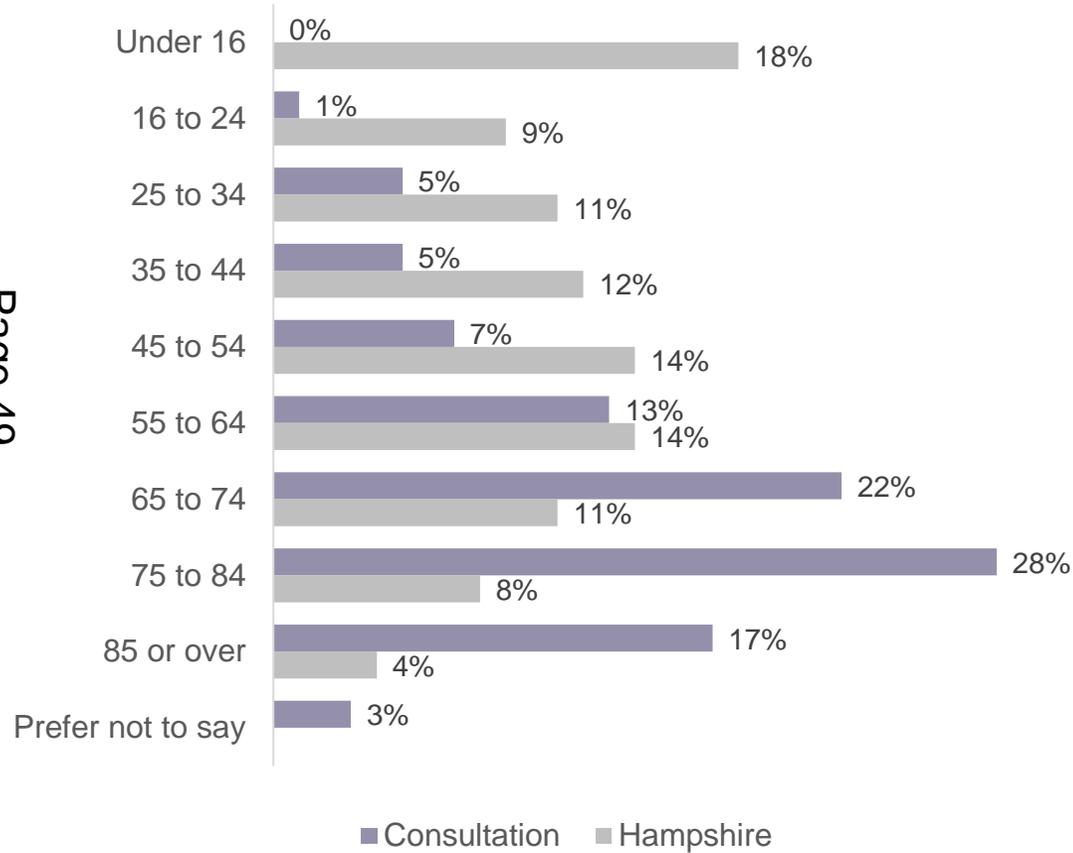


How respondents heard about the consultation –
Consultation Two
(Base: 496)

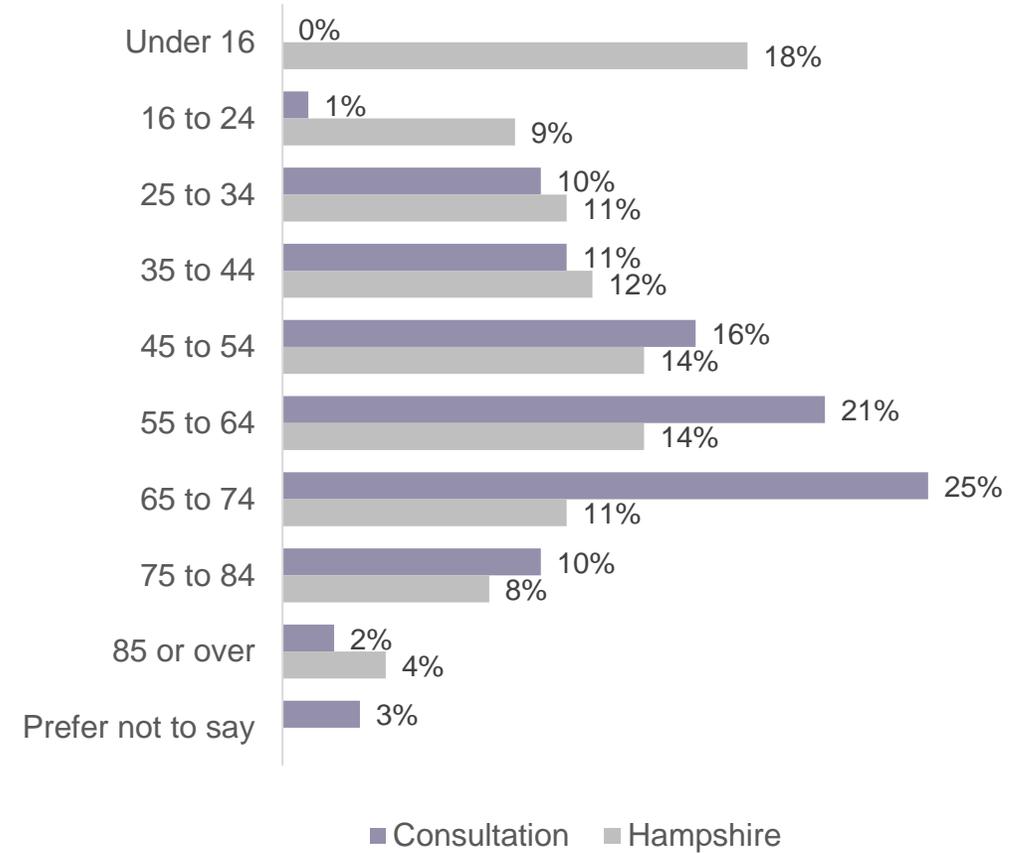


Who responded – age: There was a significant over-representation of those aged 65 or over in Consultation One, and those age 55 to 74 in Consultation Two, compared with the Hampshire population as a whole.

Respondent age profile – Consultation One
(Base: 1453)

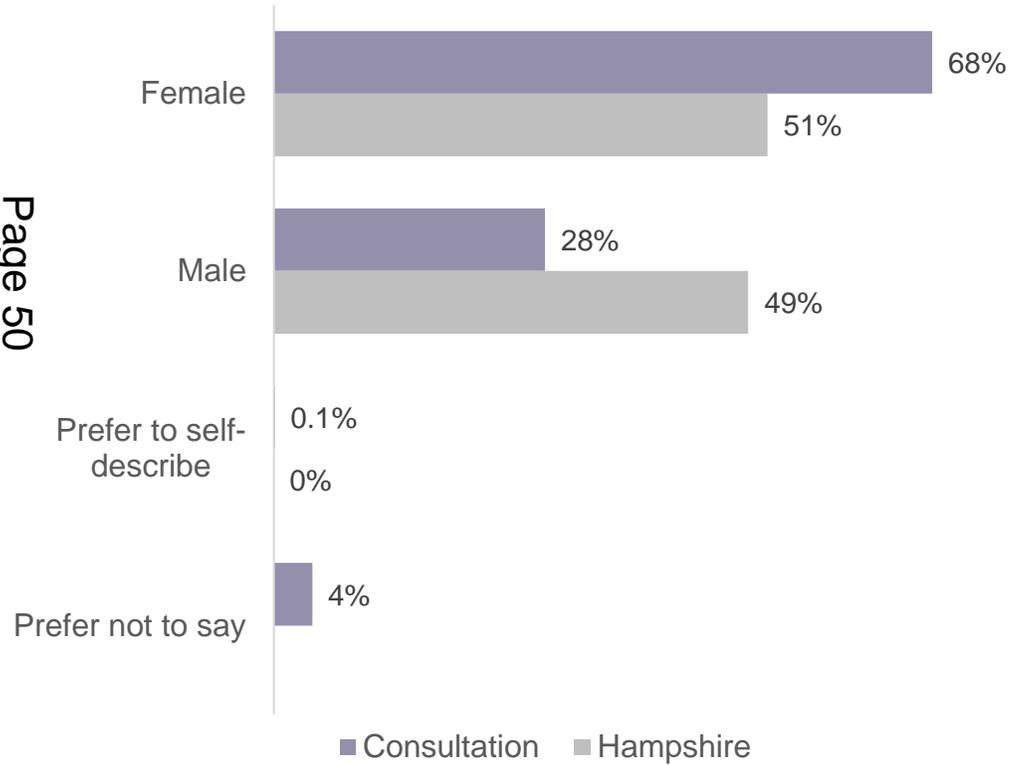


Respondent age profile – Consultation Two
(Base: 451)

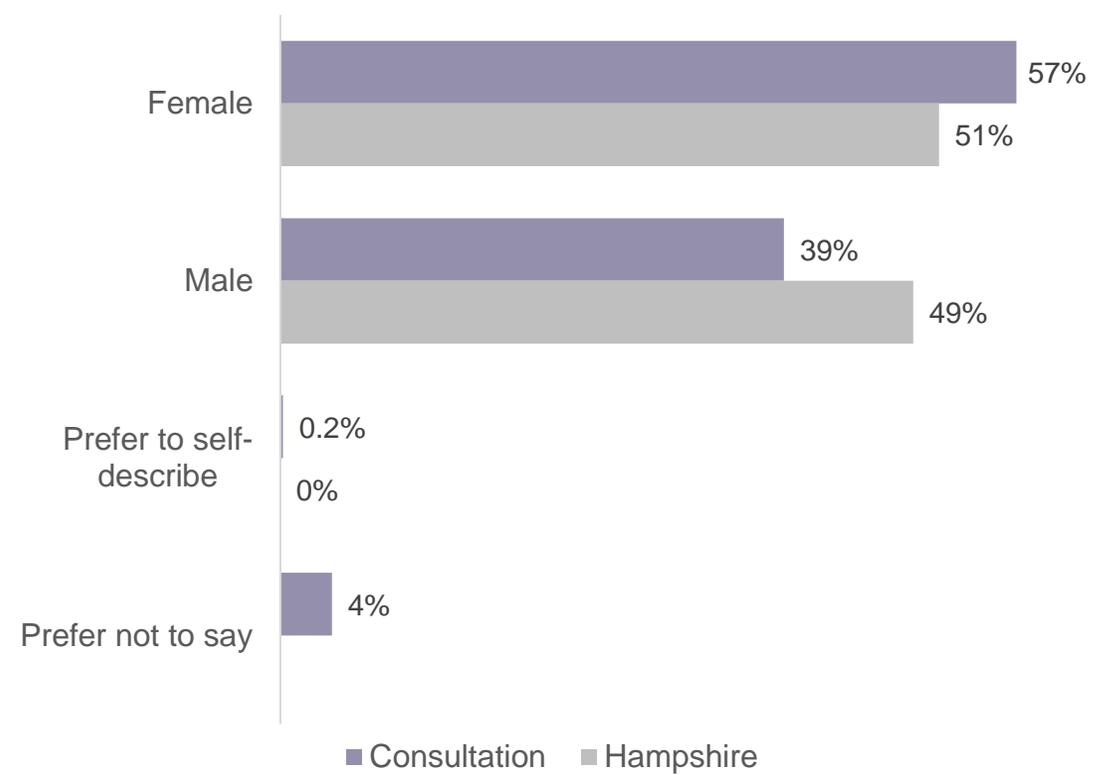


Who responded – gender: There was an over-representation of females amongst the respondent profile for Consultation One when compared to the Hampshire population as a whole. The gender profile for Consultation Two was more closely aligned to the Hampshire population.

Respondent gender profile – Consultation One
(Base: 1371)

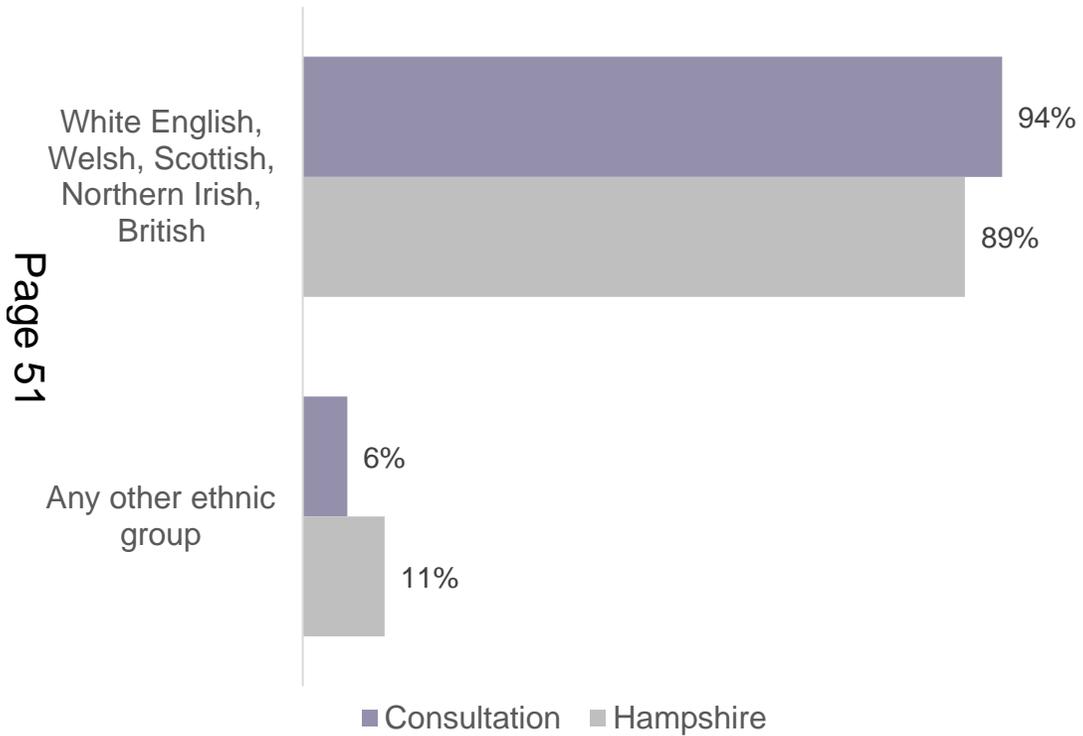


Respondent gender profile – Consultation Two
(Base: 451)

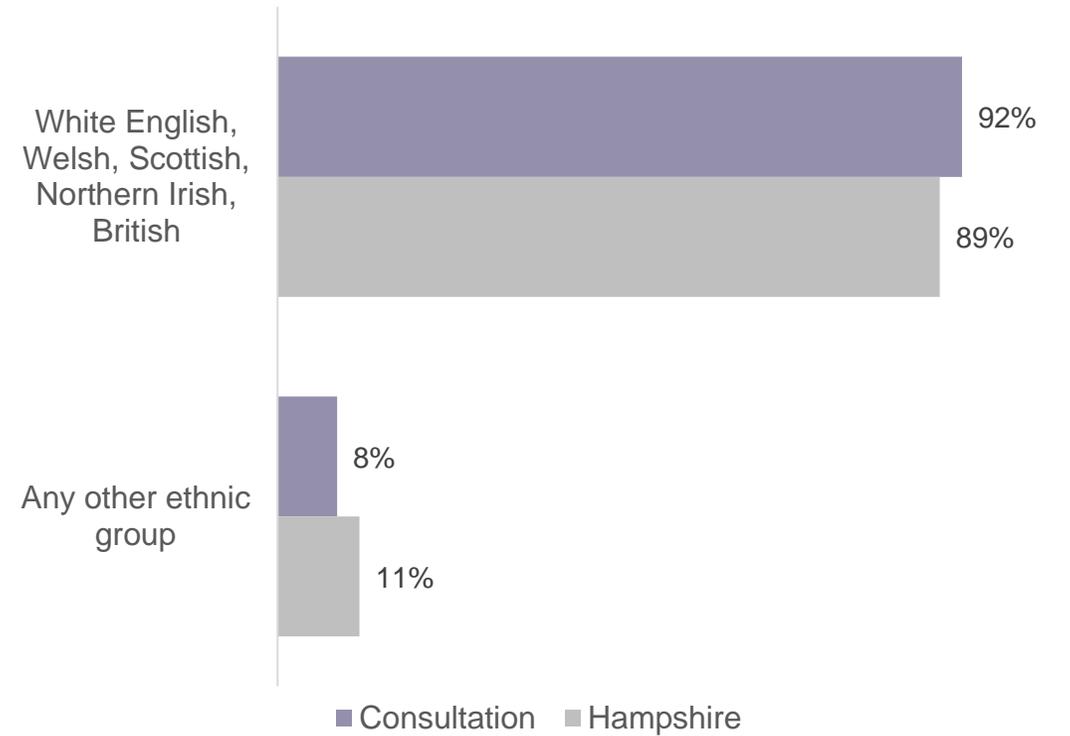


Who responded – ethnicity: The ethnic profile of those who responded was closely aligned to that of the Hampshire population.

Respondent ethnicity profile – Consultation One
(Base: 984)

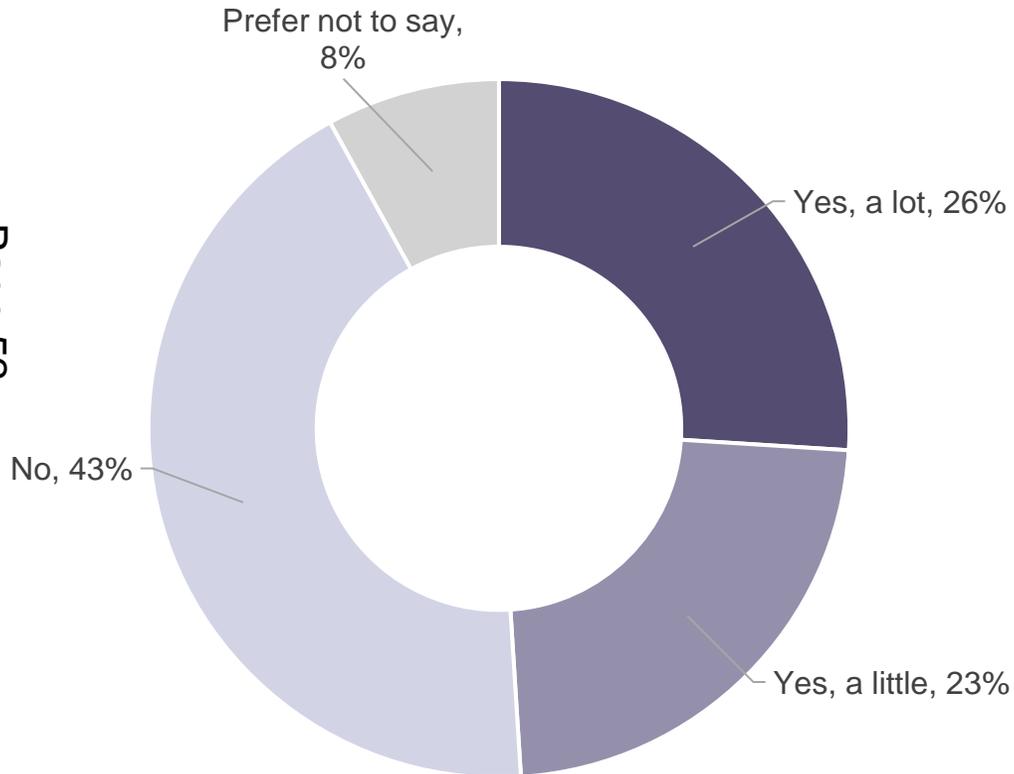


Respondent ethnicity profile – Consultation Two
(Base: 322)

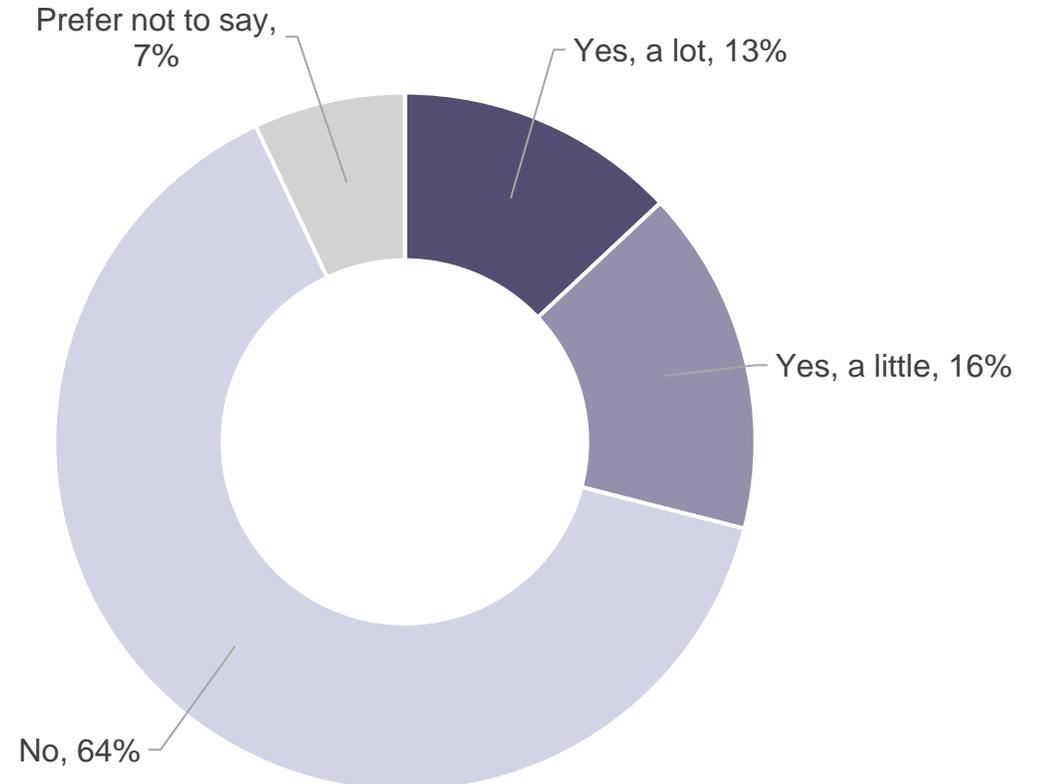


Who responded – disability: Nearly half (49%) of those responding to Consultation One reported that they had a long-term disability that limited their day to day activities. Just under a third (29%) of those responding to Consultation Two reported having a long-term disability.

Respondent disability profile – Consultation One
(Base: 1277)

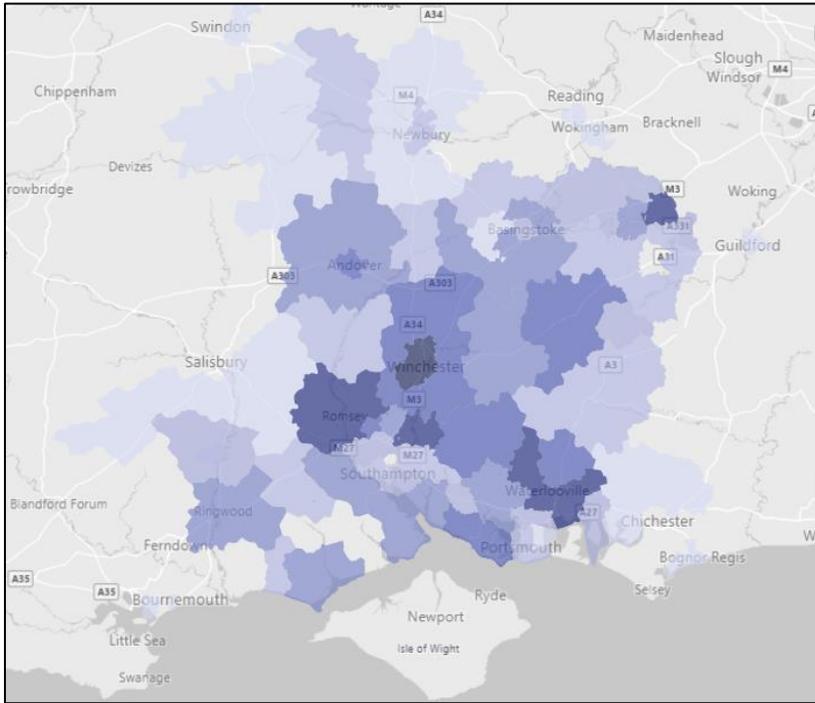


Respondent disability profile – Consultation Two
(Base: 446)



Who responded – location: Both consultations heard from respondents from across the county, and some outside the County Council area.

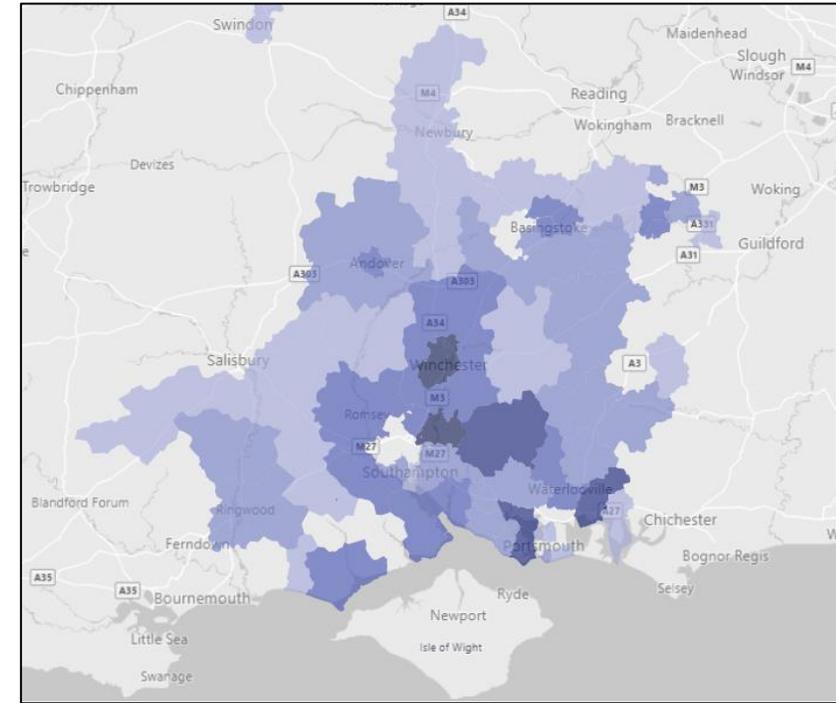
Respondent postcode area map – Consultation One
(Base: 1282)



1 response

140 responses

Respondent postcode area map – Consultation Two
(Base: 361)

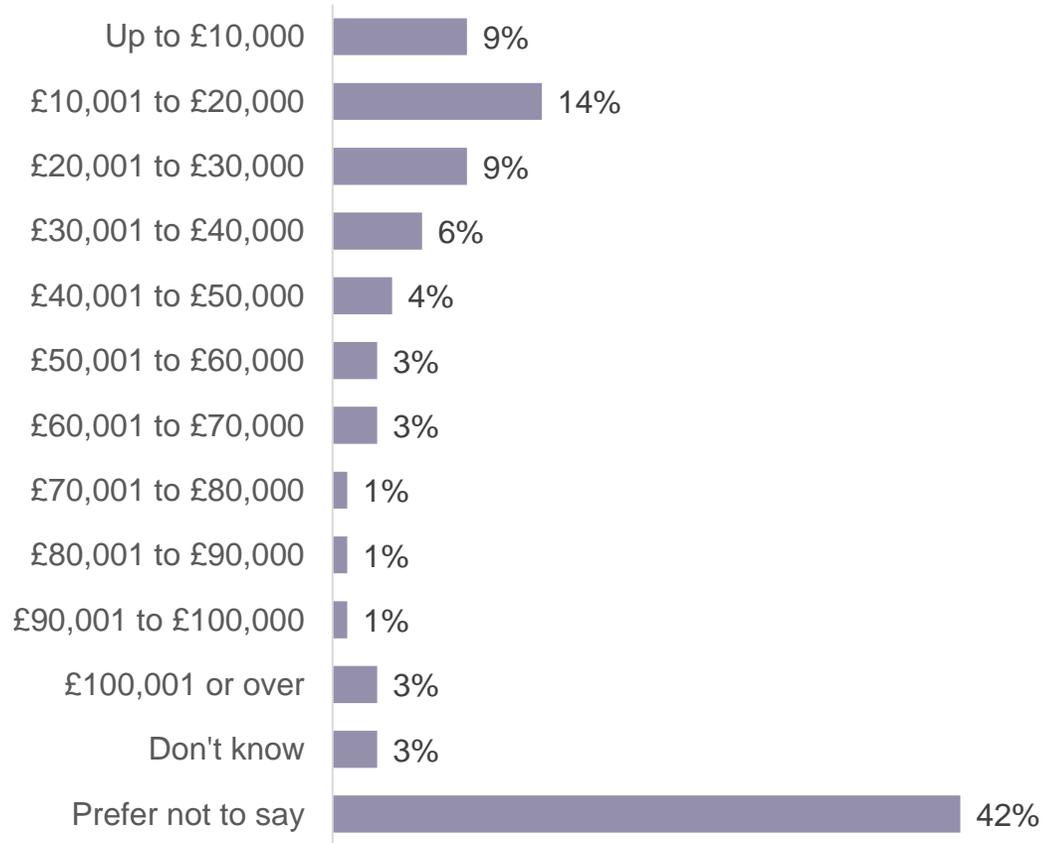


1 response

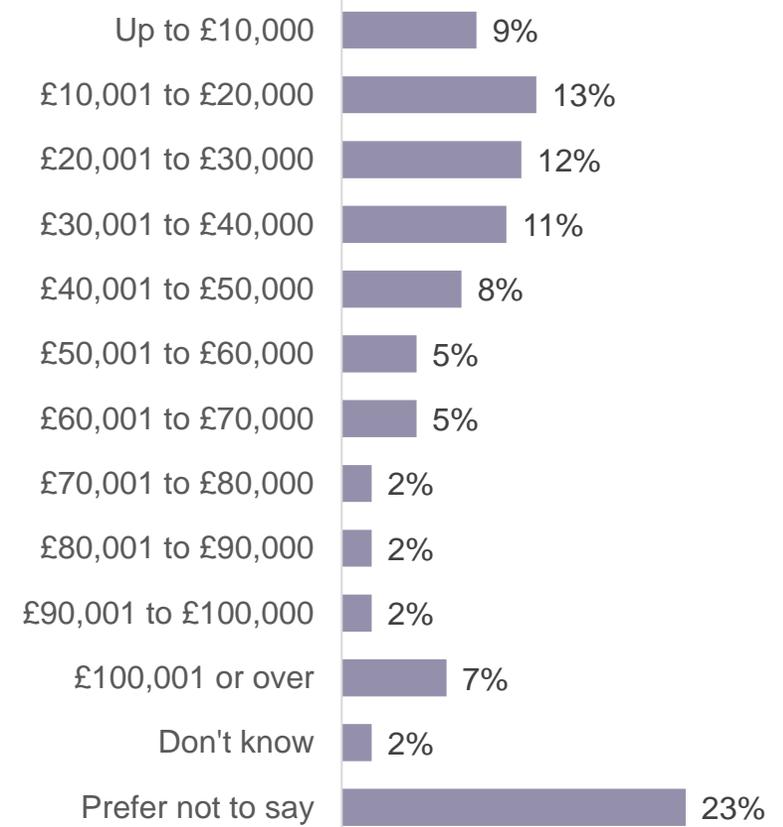
47 responses

Who responded – household income

Respondent household income profile – Consultation One
(Base: 1185)



Respondent household income profile – Consultation Two
(Base: 442)



List of responding groups, businesses, organisations and democratically Elected Representatives

Responses were submitted from the following organisations:

- 2 Bridges Care Group
- Age Concern
- Andover Mens Shed Association
- Asian Welfare and Cultural Association (AWCA)
- Basingstoke & District Disability Forum
- Basingstoke and Deane Borough Council
- Binsted Bentley & Froyle Care Group
- Bishops Waltham Care Group
- Bishopstoke & Fair Oak Good Neighbours
- Botley Neighbour Care
- Bramshott & Liphook Voluntary Care Group
- British Red Cross
- Broughton Good Neighbours
- CCG Hampshire, Southampton and Isle of Wight
- Christians Against Poverty
- Citizens Advice Hampshire
- Community First
- Crosslink Tadley
- Disabled People's Volunteer
- Eastleigh Borough Council
- Emsworth Good Neighbours
- ESPN
- Fareham Good Neighbours
- Fawley and District Voluntary Care Group
- Fleet Communicare Voluntary Driver Scheme
- Fordingbridge Surgery
- Friday Network - Speakeasy Advocacy
- Fun Groups CiC
- Good Neighbours Network/CSR
- Good Neighbours Rowlands Castle
- Gosport Voluntary Action
- Hamble Good Neighbours
- Hampshire Leadership Forum
- Hampton Lodge Care Home
- Hand in Hand Service St Johns
- Hart District Council
- Hook Parish Council
- Hope Church
- Horndean Voluntary Care Group
- King's Somborne Parish Council
- Langstone Good Neighbours
- MHA
- MHA Communities
- NF West Labour Party
- HIS CCG Safeguarding Team (adults children and LAC)
- Petersfield Voluntary Care Group
- Ringwood Foodbank
- Rowland's Castle Good Neighbours
- Somborne Neighbourcare
- Sparkle Clean Professional LTD
- SPECTRUM Centre for Independent Living
- Swanmore Care Group and Lunch Club
- Sway Over 60's Club
- Sway Welfare Aid Group , Reg'd Charity no. 261220
- The Beacon, Winchester
- The Carroll Centre

CONTINUED ON NEXT PAGE

List of responding groups, businesses, organisations and democratically Elected Representatives

CONTINUED FROM PREVIOUS PAGE

- The Disability Union
- The YOU Trust
- Tri Locality Care Limited
- Trinity Winchester
- Two Bridges
- Two Saints
- Twyford Surgery Patient Participation Group
- Unity
- Wallop Good Neighbours
- Waterlooville Purbrook & Cowplain Good Neighbours
- Wickham Community Care
- Winchester Business Improvement District (BID)
- Winchester City Council
- Winchester Go LD
- Winchester Good Neighbours
- Winchester Street Pastors
- Woolmer Forest Timebank
- Worldham Parish Council

Responses were submitted from the democratically Elected Representatives from the following areas:

- New Milton North, Milford & Hordle
- Aldershot North
- Horndean Downs
- Wonston and Micheldever ward at Winchester City Council
- Pennington
- St Bartholomew's
- Bishopstoke & Fair Oak (Eastleigh Area)
- Basingstoke North