

## NOTICE OF MEETING

<b>Meeting</b>	Health and Adult Social Care Select Committee
<b>Date and Time</b>	Tuesday, 21st September, 2021 at 10.00 am
<b>Place</b>	Ashburton Hall - HCC
<b>Enquiries to</b>	members.services@hants.gov.uk

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

## FILMING AND BROADCAST NOTIFICATION

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

## AGENDA

### 1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

### 2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

### 3. MINUTES OF PREVIOUS MEETING (Pages 5 - 12)

To confirm the minutes of the previous meeting.

### 4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

**5. CHAIRMAN'S ANNOUNCEMENTS**

To receive any announcements the Chairman may wish to make.

**6. ISSUES RELATING TO THE PLANNING AND/OR OPERATION OF HEALTH SERVICES (Pages 13 - 22)**

To consider a report of the Chief Executive on issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population. This report covers the following topic:

- Update on the development of Integrated Care Systems (ICS) in Hampshire and the Isle of Wight

**7. PUBLIC HEALTH COVID-19 UPDATE**

To receive a Public Health update on Covid 19.

**8. NHS COVID-19 UPDATE (Pages 23 - 44)**

To receive a report from the Hampshire Clinical Commissioning Groups providing an update regarding the NHS response to the Covid-19 pandemic locally, including the progress of the vaccination programme and service recovery. Also included for information are written updates from the following Trusts:

- University Hospital Southampton NHS Foundation Trust
- Southern Health NHS Foundation Trust
- Frimley Health NHS Foundation Trust

**9. ADULTS' HEALTH AND CARE COVID UPDATE**

To receive an update on Adults' Health and Care issues related to Covid-19.

**10. PROPOSALS TO VARY SERVICES (Pages 45 - 54)**

To consider the report of the Chief Executive on proposals from the NHS or providers of health services to vary or develop health services in the area of the Committee. This report covers the following topic:

- Southern Health: New Mental Health Inpatient Beds Update

**Potential break for lunch (if needed, timing to be confirmed at the meeting by the Chairman)**

**11. ADULTS HEALTH AND CARE 2023 SAVINGS PROPOSALS** (Pages 55 - 224)

To pre-scrutinise proposals by the Adults Health and Care Department to meet the anticipated budget gap by April 2023, prior to consideration by the Executive Member for Adult Services and Public Health. (for onward submission to Cabinet and Council, as part of the process for setting the overall budget)

**12. WORK PROGRAMME** (Pages 225 - 240)

To consider and approve the Health and Adult Social Care Select Committee Work 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](mailto:members.services@hants.gov.uk) for assistance.**

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

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# Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of  
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Monday,  
28th June, 2021

Chairman:

\* Councillor Bill Withers Lt Col (Retd)

- |                                 |                                  |
|---------------------------------|----------------------------------|
| * Councillor Ann Briggs         | * Councillor Michael Thierry     |
| * Councillor Pamela Bryant      | * Councillor Andy Tree           |
| * Councillor Rod Cooper         | * Councillor Jacky Tustain       |
| * Councillor Tonia Craig        | * Councillor Rhydian Vaughan MBE |
| * Councillor Debbie Curnow-Ford |                                  |
| * Councillor Alan Dowden        |                                  |
| * Councillor David Harrison     |                                  |
| * Councillor Lesley Meenaghan   |                                  |
| * Councillor Sarah Pankhurst    |                                  |
| * Councillor Neville Penman     |                                  |
| * Councillor Lance Quantrill    |                                  |

\* = Present

a = apologies

## Co-opted members

- \*Councillor Cynthia Garton
- \*Councillor Julie Butler
- \*Councillor Diane Andrews

## 1. APOLOGIES FOR ABSENCE

No apologies were received, all expected Members were in attendance.

## 2. DECLARATIONS OF INTEREST

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

No declarations were made.

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

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 1 March 2021 were confirmed as a correct record.

### 4. **DEPUTATIONS**

The Committee did not receive any deputations.

### 5. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made three announcements:

#### Hampshire Together

The Chairman reported that in late 2020, a Joint Health Overview and Scrutiny Committee was established by Hampshire County Council with representation from Southampton City Council, to scrutinise proposals by Hampshire Hospitals NHS Foundation Trust in conjunction with the Hampshire and Isle of Wight Clinical Commissioning Group partnership, under the banner 'Hampshire Together: Modernising our hospitals and health services programme'. This related to proposals for potentially building a new acute hospital serving the population of mid Hampshire.

At the last meeting of the committee on 1 March 2021, the previous Chairman announced that options were due to be put forward for public consultation in late May 2021. Since then, the Trust and Commissioners had received feedback from the national assurance process that had resulted in further work being undertaken and the public consultation being delayed. The Joint Health Overview and Scrutiny Committee established to scrutinise these proposals would be re-convened when a revised timetable became clear.

#### Petersfield Community Hospital

The Chairman highlighted that the Committee had been notified that from 1 June 2021 the Petersfield Community Hospital would be an Urgent Treatment Centre, which meant it offered a wider range of urgent care services than when it was previously a Minor Injuries Unit. Further information had been circulated to Committee Members of this welcome enhancement.

#### Merger of GP Practices in Fareham

The Committee had been notified of plans for 3 GP practices in the Fareham area to merge from 1 October 2021. The 3 practices started working collaboratively in 2017 and the Clinical Commissioning Group was supportive of this development. Further detail had been circulated to Committee members.

### 6. **PUBLIC HEALTH COVID-19 UPDATE**

The Committee received a presentation from the Director of Public Health (see Item 6 in the Minute Book) providing an update on the latest position on covid 19 in Hampshire, including the most up to date data on a range of metrics.

Members heard that while cases were increasing locally, cases in the over 60s were low, indicating the success of the vaccination programme in this age group who were most at risk of hospital admission if they catch the virus. The Delta variant was increasing, however the evidence suggested this was no different to the other variants in severity of the disease or level of protection from the vaccine.

Members asked questions for clarification and heard that:

- A range of work was underway to improve the vaccine uptake in areas such as Rushmoor where rates were lower
- While rates of infection were increasing, this wasn't reflected in an equivalent increase in hospitalisations so far in this wave
- Clinics were being established for those with 'long covid' symptoms, as a new disease this was an emerging area

RESOLVED:

The Committee note the update.

## 7. **NHS HAMPSHIRE AND ISLE OF WIGHT COVID-19 UPDATE**

The Committee received a report from the NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group providing an update regarding the NHS response to the Covid-19 pandemic locally, including the progress of the vaccination programme and service recovery (see Item 7 in the Minute Book). The Committee also noted that written updates had been provided by the following Trusts:

- Hampshire Hospitals NHS Foundation Trust
- University Hospitals Southampton NHS Foundation Trust
- Portsmouth Hospitals University NHS Trust
- Southern Health NHS Foundation Trust
- Solent NHS Trust

The Chairman noted that the representative from Frimley Health NHS Foundation Trust was unable to attend, but had provided presentation slides for their update that would be published and circulated following the meeting.

Representatives from NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group gave a verbal summary of the latest position and responded to questions from Committee members. Members heard that the current focus was to vaccinate as many people as possible within the next four weeks in response to the Prime Minister's announcement about the delay to lockdown easing. The next phase would include planning for booster vaccine doses for priority groups in the autumn.

Hampshire take up of the vaccine had been good locally compared to other parts of the country. However, all options to ensure full take up would remain under consideration going forwards, including widening the approach to walk in facilities and out reach clinics as new needs and opportunities arise.

Hampshire's Vaccination centres and clinics had all been well attended to date, and include bookable and walk in slots for peoples convenience, in places close to homes and communities. Regarding children, the virus posed low risk to this age group, and the vaccine has a low associated risk, so careful consideration was being given to whether to vaccinate this age group and further guidance was awaited from the national Joint Committee for Vaccinations and Immunisations (JCVI) .

It was commented that access to transport may be a barrier for some young people accessing the vaccine centres. It was responded that roving vaccine clinics are in place and available to all, they could go out to any areas on any day including evenings and weekends where there was evidence of need.

RESOLVED:

The Committee note the update.

## 8. **ADULTS HEALTH AND CARE COVID-19 UPDATE**

The Committee received a presentation from the Director of Adults Health and Care (see Item 8 in the Minute Book) providing an update on the response to the pandemic by the Adults Health and Care department since the last meeting.

It was reported that the Department for Health and Social Care had recently announced £250 million for infection prevention and covid testing in care home settings. Detail on the allocation for Hampshire was awaited but was expected to be in the region of £4m for infection prevention and £3m for testing.

A member asked what the County was doing to support unpaid carers who had been under pressure as a result of the pandemic. It was responded that respite breaks were available for carers, the department had also made payments to informal carers in recent weeks to enable them to purchase additional care to enable breaks from caring roles.

It had been announced that care home staff would be required to be vaccinated in the future. Detail was awaited on the implications of this, and whether a similar requirement would be applied to NHS staff.

RESOLVED:

The Committee note the update.

## 9. **HEALTH AND WELLBEING BOARD ANNUAL REPORT**

The Committee received the Annual Report of the Health and Wellbeing Board (see Item 9 in the Minute Book).

RESOLVED:

That the Health and Adult Social Care Select Committee:



1. Note the update, progress, and upcoming priorities of the Health and Wellbeing Board's work.

2. Note the annual report that has been signed off by the Chairman of the Health and Wellbeing Board.

#### 10. **PROPOSED WORKING GROUP - PUBLIC HEALTH CONSULTATION**

The Committee considered a report of the Director of Public Health regarding a proposal to initiate a Working Group regarding proposals affecting a number of public health services (see Item 10 in the Minute Book).

RESOLVED:

1. The Committee agreed to initiate a Working Group to feed into the consideration of options relating to the future of the Public Health services outlined in the report, as per the Terms of Reference attached to the report.
2. That the membership of the Working Group would be confirmed by the Chairman after the meeting, following consultation with the Opposition spokesperson for the Liberal Democrats.

#### 11. **PROPOSALS TO VARY SERVICES**

Building Better Emergency Care Programme update: Portsmouth Hospitals University NHS Trust

Representatives from Portsmouth Hospitals University NHS Trust gave a presentation in support of a report providing an update on plans to build a new Emergency Department at the Queen Alexandra Hospital in Portsmouth (see Item 11a in the Minute Book).

Members heard that the preferred site to build the new Emergency Department was on a staff car park, which would reduce the spaces available for staff parking. Learning from the pandemic would be built in to the new facility e.g. ventilation and flexibility of the space. Engagement had been undertaken and feedback had been received around the environment and accessibility. Further work was needed to form a full Business Case for submission by May 2022, with the timeline to open the new facility in late 2024.

In response to questions, Members heard:

- The '111 First' initiative had helped to reduce the number of people attending Accident and Emergency, however numbers had started to rise again in recent weeks
- Making the new building net zero for energy efficiency would be considered as part of the full business case

RESOLVED:

The Committee note the update and request a further update in Spring 2022 when the full business case is due for submission.

### Cancer services repatriation update: Hampshire Hospitals NHS Foundation Trust

Representatives from Hampshire Hospitals NHS Foundation Trust presented a report on the repatriation of cancer services, following the termination of contracts with the independent sector used at the height of the pandemic (see Item 11b in the Minute Book).

Members heard that the Trust had moved cancer services during the pandemic, which had enabled services to continue. This meant the Trust was one of the best in the country for cancer waiting times at present. Services were now being moved back to sites within the Trust.

RESOLVED:

The Committee note the update regarding repatriation of cancer services.

### Urology services proposed reconfiguration: Hampshire Hospitals NHS Foundation Trust

Representatives from Hampshire Hospitals NHS Foundation Trust presented a report on proposals to reconfigure the urology service (see Item 11c in the Minute Book).

Members heard that the average urology department has 8 to 10 consultants, whereas Winchester has 2 and Basingstoke has 2. This makes it difficult to staff an emergency rota consistently. It was planned to consolidate emergency urology to be treated at the Royal Hampshire County Hospital in Winchester from September 2021. This would enable a better service to be provided for patients. The impact on patients would be small as non emergency work would continue at both hospitals, and emergency patients would often arrive by ambulance who would be aware of where to take them.

RESOLVED:

1. That the Committee support the proposal to centralise emergency urology services, on the basis that the Trust has evidenced that this is in the best interest of service users, and that sufficient consultation and engagement has been undertaken with relevant groups and the feedback taken into account.
2. Request an update in the autumn of 2021 regarding this service change.

## 12. **WORK PROGRAMME**

The Chief Executive presented the Committee's work programme (see Item 12 in the Minute Book).

Councillor Tree requested that an update on the Whitehill and Bordon Health and Wellbeing Hub be considered earlier than November as the District Council was discussing the funding for the hub shortly.

Councillor Harrison requested that water fluoridation be added to the work programme. When proposed previously the HASC had opposed its introduction in Hampshire, however there was a provision in the Health and Care White Paper that would enable water fluoridation schemes to be introduced directly by the Secretary of State for Health and Social Care.

Councillor Cooper requested that an update be received from the Frimley Clinical Commissioning Group regarding the Frimley Integrated Care System, as this covered residents in north east Hampshire.

Councillor Pankhurst requested an update on the mental health crisis teams topic.

Councillor Tustain requested background reading on the work programme topics for new members.

RESOLVED:

That the Committee's work programme be approved, subject to any amendments agreed at this meeting.

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Chairman,

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	21 September 2021
<b>Title:</b>	Issues Relating to the Planning, Provision and/or Operation of Health Services
<b>Report From:</b>	Chief Executive

**Contact name:** Members Services

**Tel:** 0370 779 0507

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

#### Purpose of this Report

1. This report provides Members with information about the issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.
2. Where appropriate comments have been included and copies of briefings or other information attached. Where scrutiny identifies that the issue raised for the Committee's attention will result in a variation to a health service, this topic will be considered as part of the 'Proposals to Vary Health Services' report.
3. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
4. Issues covered in this report:
  - Update on the development of Integrated Care Systems (ICS) in Hampshire and the Isle of Wight

#### Recommendations

5. The Committee note the update on the development of Integrated Care Systems (ICS) in Hampshire and the Isle of Wight and request a further update in January 2022.

## Executive Summary

**Table 1**

Topic	Relevant Bodies	Action Taken	Comment
Update on the development of Integrated Care Systems (ICS) in Hampshire and the Isle of Wight	Hampshire Clinical Commissioning Groups (CCGs)	The HASC has been maintaining an overview of changes in how NHS commissioning is organised	In March 2021 the Committee received an update ( <a href="https://www.hants.gov.uk/2021-03-01-HASC-CCG-merger-update.pdf">2021-03-01 HASC CCG merger update.pdf (hants.gov.uk)</a> ) on plans for 6 of the CCGs in Hampshire to merge from April 2021. This update also highlighted that a Government White Paper outlined expectations that all parts of England establish Integrated Care Systems (ICS) on a non statutory basis in 21/22, expected to become statutory from April 2022. A review of the footprints of proposed ICS was undertaken in recent months and it was confirmed that the area under the North East Hampshire and Farnham CCG would come under the Frimley Health and Care ICS, while the remainder of the Hampshire area covered by Hampshire County Council would fall under the Hampshire and Isle of Wight ICS. An update on ICS developments has been provided for this meeting, see appendix.

### Finance

6. Financial implications will be covered within the briefings provided by the NHS appended to this report, where relevant.

## **Performance**

7. Performance information will be covered within the briefings provided by the NHS appended to this report where relevant.

## **Consultation and Equalities**

8. Details of any consultation and equalities considerations will be covered within the briefings provided by the NHS appended to this report.

## **Climate Change Impact Assessment**

9. Consideration should be given to any climate change impacts where relevant.

## **Conclusions**

10. Hampshire County Council will need to work with both Integrated Care Systems. The Committee should keep informed of developments, to understand how this change impacts health commissioning and joint working between social care and health going forwards.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

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

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

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

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



## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

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

This is a covering report for items from the NHS that require the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.

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## Update on the development of Integrated Care systems in Hampshire and Isle of Wight for Hampshire Health and Adult Social Care Select Committee

September 2021

### Context

1. This paper provides an update on the development of the two Integrated Care Systems (ICS) which will continue to serve Hampshire residents - Hampshire and Isle of Wight Integrated Care System (ICS) and Frimley Health and Care ICS. This update builds on a briefing provided at the previous meeting of the Panel.
2. Integrated Care Systems were established to bring together providers and commissioners of NHS services, local authorities and other local partners to plan and improve health and care services to meet the needs of their population. The core purpose of an Integrated Care System is to:
  - Improve outcomes in population health and healthcare
  - Tackle inequalities in outcomes, experience and access
  - Enhance productivity and value for money
  - Support broader social and economic development
3. Integrated care is about giving people the health and care support they need, joined up across public services.
4. The Health and Care Bill is currently making its way through the parliamentary approvals process. The Bill is intended to further support the development of Integrated Care Systems, and make it easier for partners to collaborate to improve health and care for residents. The Bill will establish ICSs (which are currently informal collaborations) as statutory bodies. The functions currently undertaken by Clinical Commissioning Groups will transfer to ICSs.
5. A key aim is to build on and further strengthen local collaboration between partners to address health inequalities, sustain joined up, efficient and effective services, and enhance productivity.
6. Since the last meeting of the committee, further guidance has been published by NHS England setting out the requirements, based on the Bill, that ICSs must deliver in readiness for 1 April 2022. These technical documents form the basis on which NHS England will assess progress within the NHS throughout the remainder of 2021/22. Guidance received to date include:
  - Thriving places: guidance on the development of place-based partnerships as part of statutory ICSs
  - Working with people and communities
  - Provider collaborative guidance

- Partnerships with the voluntary, community and social enterprise sector
- Effective clinical and care professional leadership
- ICS readiness to operate checklist and statement
- ICS people function, HR and employment commitment
- ICS functions and governance guide
- CCG close down and ICS establishment checklists
- Model constitution
- NHS oversight metrics and framework

## Statutory ICS arrangements

7. Subject to the passage of legislation, and in-line with the requirements set out in the Bill, the statutory arrangements for each ICS will comprise:
  - The **ICS NHS Body** which leads integration within the NHS, bringing together all those involved in planning and providing NHS services to agree and deliver ambitions for the health of the population. The ICS NHS Body will be responsible for NHS strategic planning and the allocation of NHS resources. It will receive a financial allocation from NHS England and will be accountable to NHS England for the outcomes it achieves for its population. The ICS NHS Body will have a unitary board (the Integrated Care Board) with a chair and chief executive, executive and non-executive directors and members from NHS Trusts, general practice and local authorities.
  - The **ICS Partnership**. This is the forum which brings local government, the NHS and other partners together to align ambitions, purpose and strategies to integrate care and improve health and wellbeing outcomes. The ICS Partnership will be established jointly by the NHS ICS Body and the local authorities and has responsibility for preparing an 'Integrated Care Strategy' setting out how the health and social care needs of the population of Hampshire & Isle of Wight are to be met, and how the wider determinants of health and wellbeing will be addressed. The ICS NHS Body and local authorities will have a duty to have regard to this Integrated Care Strategy.
8. Strong local place based partnerships and Provider Collaboratives underpin the way Integrated Care Systems work to deliver their aims. Guidance has now been published on ['Thriving Places'](#) – setting out expectations about the development of place based partnerships in Integrated Care Systems.
9. Provider Collaboratives are partnership arrangements involving at least two NHS Trusts working at scale, with a shared purpose and effective decision making arrangements to reduce unwarranted variation and inequality in health outcomes, access to services and experience, and to improve resilience (by, for example, providing mutual aid).
10. Recruitment is currently ongoing for the Chair and Chief Executive of the Integrated Chair Partnerships. NHS England and Improvement has recently confirmed the appointment of Lena Samuels as Chair Designate for the Hampshire and Isle of Wight

Integrated Care Board. Lena currently serves as the chair of the ICS and we are delighted that she will be continuing to support the development of the ICS. The Chair for Frimley Health and Care ICP will be announced by the end of September. The recruitment process to appoint designate chief executives of the anticipated 42 NHS Integrated Care Boards, subject to legislation, has now been commenced by NHS England and Improvement.

### **Hampshire and Isle of Wight ICS**

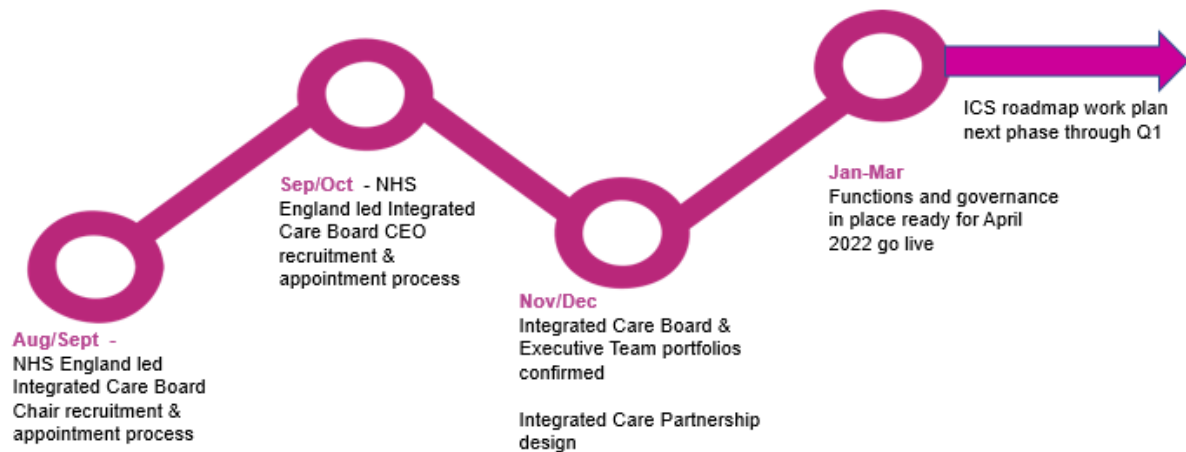
11. The Hampshire and Isle of Wight ICS serves 1.9 million people living in Hampshire, Southampton, the Isle of Wight and Portsmouth, and is one of 42 ICSs in England. In Hampshire and Isle of Wight, NHS, local government, other public sector partners and voluntary sector partners have been working together for a number of years to improve and integrate care.
12. Place based partnerships, are the foundations of Integrated Care Systems.
13. During autumn 2021, the statutory arrangements for the ICS and the local place based arrangements in Portsmouth, Southampton, Isle of Wight and Hampshire will be finalised with local partners.

### **Frimley Health and Care ICS**

14. Frimley Health and Care ICS serves a population of over 800,000 people living in North East Hampshire and Farnham, Surrey Heath, Bracknell, Royal Borough of Windsor and Maidenhead and Slough. Frimley Health and Care has held ICS status for a number of years and has been working with Local Government, NHS organisations and the community and voluntary sector to integrate care for the benefit of local people.
15. There are five place-based committees bringing together key partners and stakeholders at each of our five places. The North East Hampshire and Farnham Committee serves the Hampshire population and includes representatives from both Hart and Rushmoor Councils. The committee enables further integration of services and to plan together around shared objectives.
16. Frimley Health and Care ICS has been planning its development roadmap over the last year to build on strong relationships both within and beyond the system boundaries, with a commitment to listen to partners, strengthen the ways in which they work together, to offer the best possible services and support to every resident.

### **Timeline**

17. Integrated Care Systems across the country are working to a timescale of becoming statutory organisations by 1 April 2022, subject to legislation. There is a tight timescale to achieve this and some key milestones are outlined below:



## Joint working arrangements

18. Local Authority engagement in the development of the ICSs is essential. Both Hampshire and the Isle of Wight ICS and Frimley Health and Care ICS are working closely with all local authority partners throughout this process.
19. We have a long history of the two areas working together across both health but also with Local Authority partners and there are many services already jointly commissioned including Continuing Health Care, children's services and maternity. There are ongoing discussions on how to strengthen this for benefit of the communities we serve. We are also exploring joint posts in collaboration with North Hampshire, North East Hampshire and the Hampshire districts to tackle health inequalities.
20. Our aim is to maximise joint working arrangements, to contribute to a number of aims:
  - Improvement in population health and healthcare outcomes, tackling inequalities, enhancing productivity and supporting social & economic development
  - Governance arrangements are streamlined
  - Increased opportunities for more joint working, reducing duplication and maximising resources and effort
  - Create an enabling environment to do business within
  - Explore opportunities for further joined up arrangements
21. Through the development of both ICSs we will continue to build on our strong integrated working across our districts and boroughs across Hampshire as well as at county level, which has been further strengthened through our joint ongoing response to the COVID-19 pandemic. The development of ICSs across the Hampshire population gives us further opportunity to work together to continue to improve health and care outcomes for the communities we serve.

**ENDS**



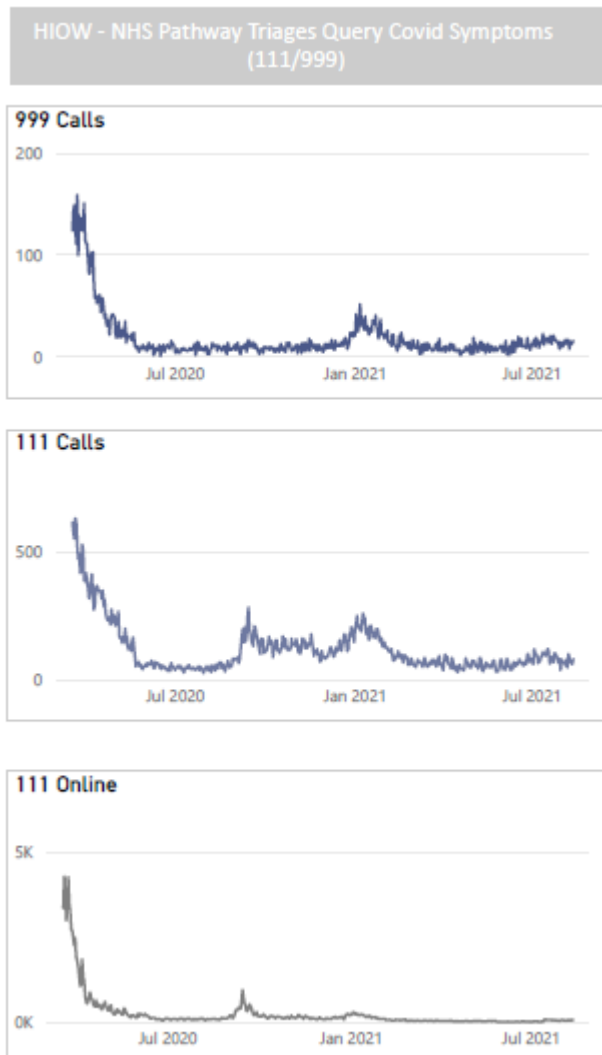
## Hampshire and Isle of Wight NHS response to COVID-19 Update Briefing for HIOW Overview and Scrutiny Committees/Panels September 2021

### 1. Introduction

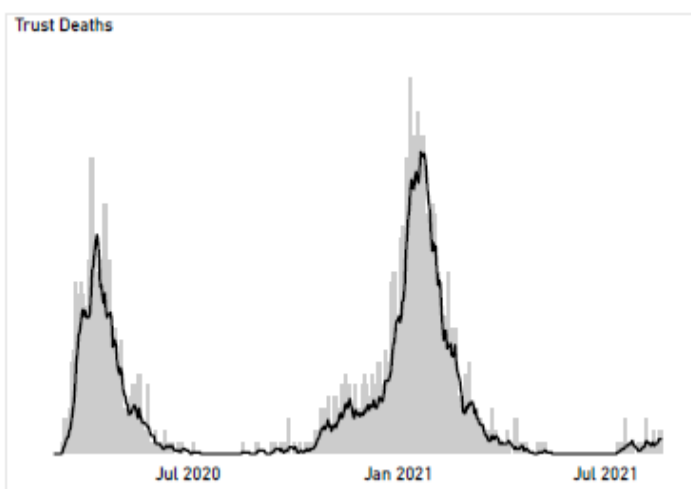
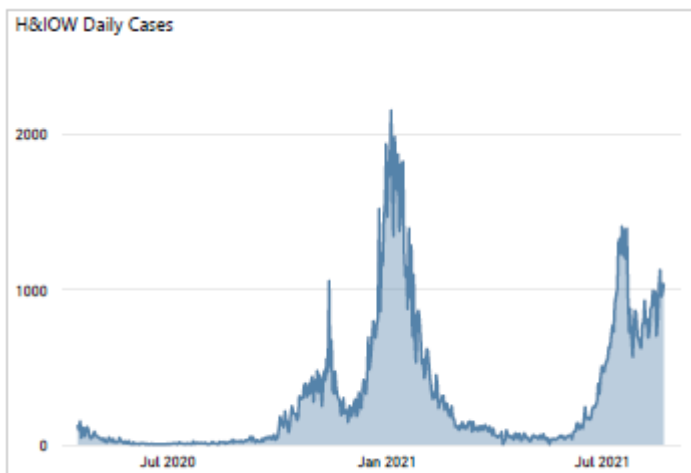
This paper provides an update on the impact to date of the pandemic on Hampshire and Isle of Wight and planning, the COVID-19 vaccination programme and recovery of services, including increases in planned activity.

### 2. Impact of COVID-19 in Hampshire and the Isle of Wight

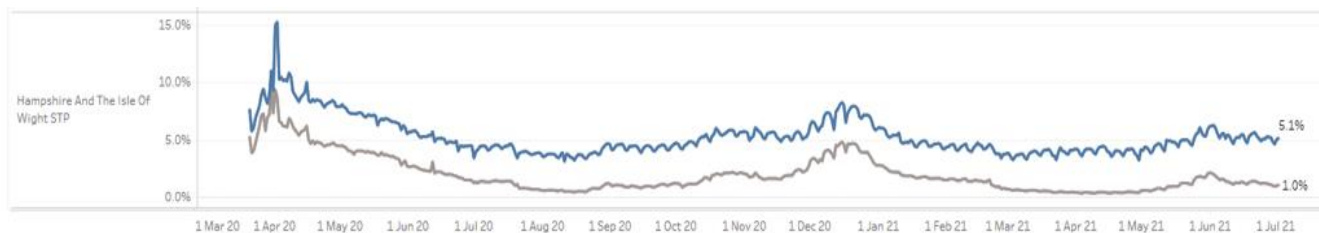
The following graphs show the number of NHS 111 calls, NHS 111 online contacts and 999 calls with potential COVID-19 symptoms.



The following graphs show the number of daily COVID-19 cases and the number of deaths in acute trusts across Hampshire and Isle of Wight due to COVID-19.



The following graph shows the daily staff sickness rate across Hampshire and the Isle of Wight.



As at 25 August, the staff absence rate is 5.1% for all staff absences, which is an improvement on previous highs of 8.8%. Sickness related to Covid-19 sickness or self-isolation is currently at 1%.

We continue to do all we can to ensure that we are supporting our staff. A wide range of support continues to be available, including mental health and wellbeing programmes and bespoke support for all staff groups.

Our primary care colleagues continue to do incredible work to respond to patient need, both COVID-19 and non-COVID related. This is against the backdrop of increasing demand, and while continuing to play a significant role in the delivery of the COVID-19 vaccination programme across Hampshire and the Isle



of Wight. Face-to face appointments are available for those who need them, and primary care continues to provide access via telephone and online via eConsult where appropriate.

Our community mental health teams continue to work closely together to supported discharge services, early intervention services and keep our patients safe in the community under incredibly challenging circumstances.

The number of patients with COVID-19 being cared for in hospital reduced to very low levels by the end of May (46). Since the Government moved to the next phase of its roadmap on 19 July, we have seen numbers rise steadily. As of 23 August, there were 139 patients with COVID-19 being cared for across all four hospital sites in Hampshire and the Isle of Wight. The largest increase in COVID-19 cases identified in the last 30 days is predominantly in the 15-24 year old age groups.

We continue to work closely with our health and care partners to respond to COVID-19 while also focusing on the continued recovery of services and local delivery of the vaccination programme. We are monitoring the situation closely and ensuring we are as prepared as possible for any potential future impact of the pandemic in our communities, including new variants.

Across Hampshire and the Isle of Wight we have seen a marked increase in non-COVID-19 related demand for care. At present:

- NHS 111 and 999 calls with query COVID-19 symptoms remain comparatively low compared to peak activity during waves 1 and 2 of the pandemic, but 111 calls and 999 calls for non-COVID-19 activity have returned to pre-pandemic levels
- Emergency Department activity volumes have risen to peaks above “normal” levels in June and July – with some days in July being as busy as a normal January period
- Primary care is also exceptionally busy, with ongoing high patient demand and GP practices continue to GP practices continue to work hard to safely deliver care to the population

### **3. Recovery of services across Hampshire and the Isle of Wight**

Elective recovery plans have been finalised by all Trusts, and include additional activity in order to deliver the accelerator bid targets we agreed with NHS England – we are going further, faster for our patients.

We are currently delivering a higher level of activity than the national standard (95% of 2019/20 activity levels), and current data shows HIOW ICS meeting all accelerator standards, with the exception of Day Case activity.

Cancer activity remains strong, with Wessex Cancer Alliance (WCA) second highest nationally and Hampshire and the Isle of Wight the fourth highest ICS. Hampshire and the Isle of Wight continues to exceed the 28 days faster diagnosis standard, however we have seen more challenged performance in June as a result of the expected marked increase in two week wait referrals, which has impacted on 2 week wait and 62 day standards.

A significant programme of investment is underway to sustainably transform mental health services over the next three years for the benefit of our communities, with a particular focus on children and young people.

We continue to work with partners to support implementation of innovative ways to reduce waiting lists wherever possible, while continuing to support on the health, wellbeing and recovery of individuals working across the system.

In response to the challenges presented by the pandemic to the elective care programme in Hampshire and the Isle of Wight, the health and care system continues to work in partnership to:

- innovate, share learning and work with patients to make best use of our existing planned care capacity. This work has included:
  - drawing on insight from national productivity and efficiency tools (such as Get It Right First Time) to maximise patient throughput of, for example, theatres
  - using digital approaches to benefit patient experience and reduce non-value adding activity for example virtual consultations, patient-initiated follow-up and digital pre-operative assessment
  - rolling out best practice pathways of care including the use of 'advice and guidance' to ensure patients are able to access the optimal outcome as rapidly as possible
- create additional capacity - in a co-ordinated and sustainable way that maximises the return on investment. This work has included:
  - accessing capacity in the Independent Sector, creating multi-organisational treatment hubs, and jointly negotiating with providers of capacity to get best value
  - accelerating the creation of a flexible workforce that will be able to support the hub development, administrative support to enhance take-up of independent sector capacity. The workforce element will enable us to build greater resilience into our delivery programme and build a more secure workforce for the future.

#### **4. COVID-19 Vaccination Programme**

We continue to work in partnership to roll-out the COVID-19 Vaccination Programme locally. We are doing all we can to encourage uptake to ensure as many eligible people in our communities as possible are protected from the virus.

Latest figures published by NHS England and NHS Improvement show that more than 2.6m vaccines have been delivered across the Hampshire and Isle of Wight Integrated Care System (ICS) footprint.

We are incredibly grateful for the dedication and hard work of our partners, colleagues and volunteers who continue to do all they can to support local delivery of the programme.

##### **Vaccinating children and young people**

At the time of submitting this report, the vaccination programme has been extended to 16 and 17 year olds. At-risk children aged between 12 and 15 years old, who are clinically vulnerable to COVID-19 or live with adults who are at increased risk of serious illness from the virus are also being invited to get vaccinated. This follows changes to guidance from the Joint Committee on Vaccination and Immunisation (JCVI).

On 5 August a letter summarising the guidance and operational next steps was published. All remaining 16 year olds and 17 year olds who are not within three months of their 18<sup>th</sup> birthday were then contacted through letters and text messages to be offered one dose of the Pfizer BioNTech

vaccine and we continue to promote uptake to these groups and everyone eligible. We await a national update on whether the vaccine is to be offered to all 12 to 15 year olds.

### **Targeted work to encourage uptake**

Working with our partners we continue to tackle inequalities, addressing individual concerns and circumstances and focusing in specific areas to increase uptake, taking into account demographics such as age, ethnicity and deprivation.

Our outreach work to reduce barriers for people who may be less likely to take up the offer of a vaccine is ongoing, and ranges from walk-ins to pop-up clinics, support for some of the most vulnerable people in our communities and work with community leaders.

We continue to ensure support is in place to support clients of sexual health and HIV clinics to be vaccinated, with appropriate confidentiality arrangements. Clinics have been set up for people receiving support for substance misuse to be vaccinated across the ICS footprint and work is ongoing with local authorities and PCNs to support homeless people to get vaccinated.

Examples of community activity also include the pop-up vaccination clinic held by Solent NHS Trust at Victorious Festival in Southsea for anyone aged 16 and over and a two-day partnership walk-in vaccination clinic at Southampton Guildhall at which approximately 1,700 people were vaccinated on 10 and 11 July. Other recent activities have included walk-in clinics at fire stations across the area and walk-in clinics led by Primary Care Networks, all of which are widely promoted via social and regional media and partners. We are also working with organisers of the Isle of Wight Festival to provide a pop-up vaccination clinic on-site at the event later this month.

We are working closely with our local authority partners to target schools, colleges and universities to encourage more young people to take up the offer of a vaccine as soon as possible.

### **Preparing for phase three**

Our focus shifting towards the COVID-19 booster doses alongside the flu vaccination programme, while continuing to promote the “evergreen” offer of a COVID-19 vaccination for anyone in Hampshire and the Isle of Wight who is yet to receive their first dose for any reason. We are also continuing to encourage uptake and provide second doses of the vaccine for all those recommended by the JCVI to receive them.

Anyone who receives an invitation for a COVID-19 jab, whether for their first or second dose, is urged to act on this as soon as possible. People do not need to be registered with a GP or have an NHS number to be vaccinated, but it is not yet possible to book an appointment via the NBS without one.

For those not registered with a GP or without an NHS number, walk-in and pop-up sites continue to be available and are promoted both via NHS England and Improvement’s website and the Hampshire, Southampton and Isle of Wight CCG website [here](#). Walk-ins and pop-ups also continue to be promoted via our partners, local and social media.

### **Vaccine effectiveness**

A study published by the University of Oxford highlights that obtaining two vaccine doses remains the most effective way to ensure protection against the COVID-19 Delta variant. Conducted in partnership with the Office of National Statistics (ONS) and the Department of Health and Social Care (DHSC), the study found that with Delta, Pfizer-BioNTech and AstraZeneca vaccines still offer good protection against new infections, but effectiveness is reduced compared with Alpha.

## **5. Recommendation**

The Committee is asked to note this update briefing.

**ENDS**

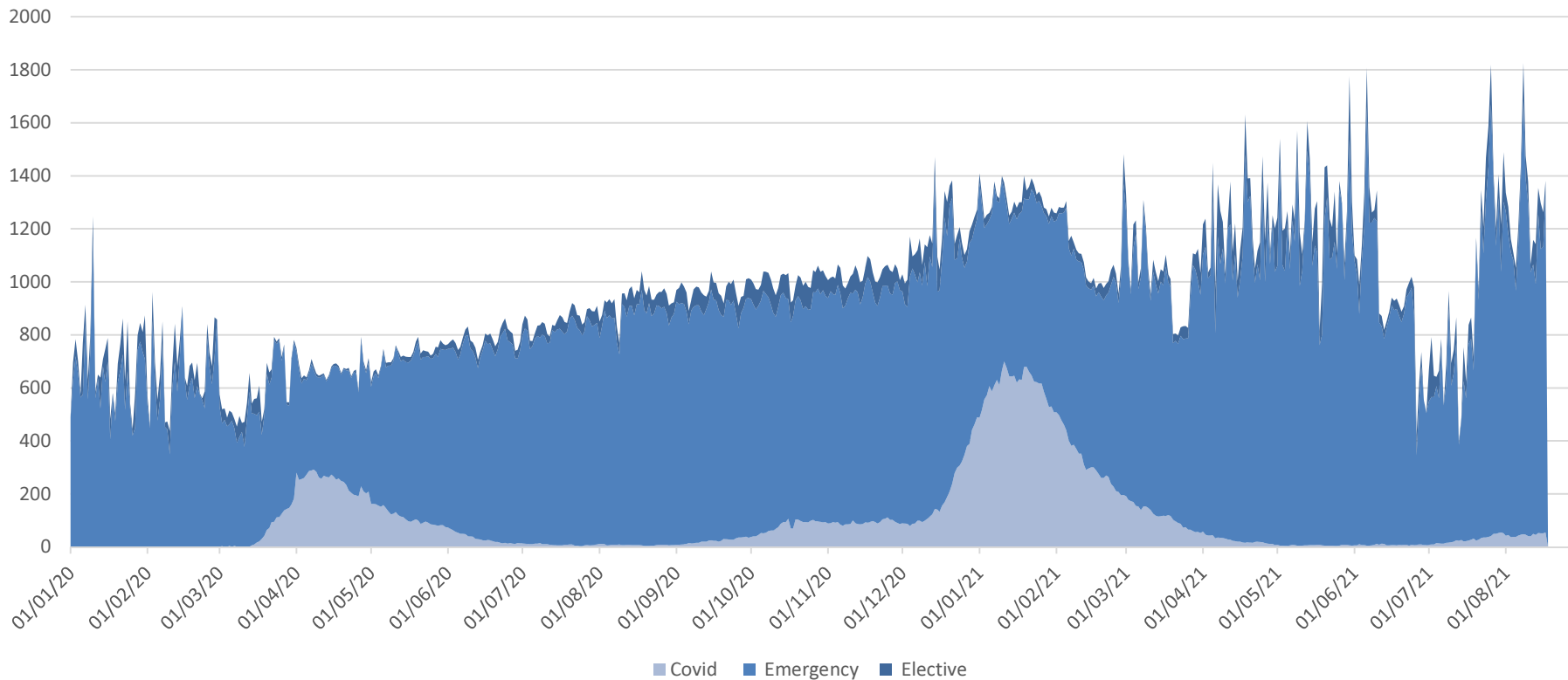
# Update to HASC September 2021

## Frimley Health NHS FT

## Covid-19 Impact

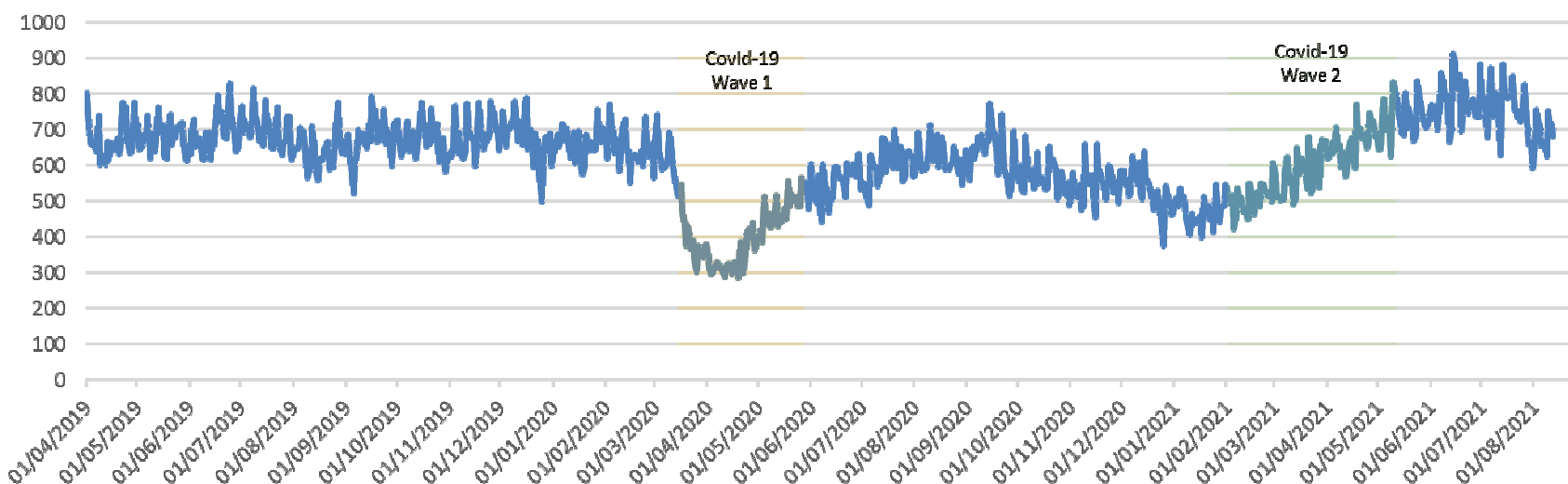
- Covid-19 positive inpatients in the Trust have increased – now around 70, majority on WPH site
  - Community prevalence of Covid-19 has continued to increase across all locations in the Trust footprint.
  - Prevalence has increased more markedly in Slough and WAM where vaccination rates are also lower.
- FHFT staff continue to wear appropriate PPE at all times and surgical masks in all areas unless occupying an office or other area alone
- Visitors and patients are asked to wear appropriate face coverings/surgical masks whenever possible
- Patient visiting now re established with strict IPC process
- Internal 'test and trace' process continues in line with PHE guidance
- Twice weekly lateral flow testing for patient facing staff continues
- Covid-19 vaccination uptake by FHFT 92% for first dose and 84% second dose

### FHFT Activity



- Covid-19 inpatient cohort has increased but remains low comparative to previous waves
- Unprecedented impact on capacity and flexibility of acute sites – prolonged impact on recovery work.

## ED Attendances

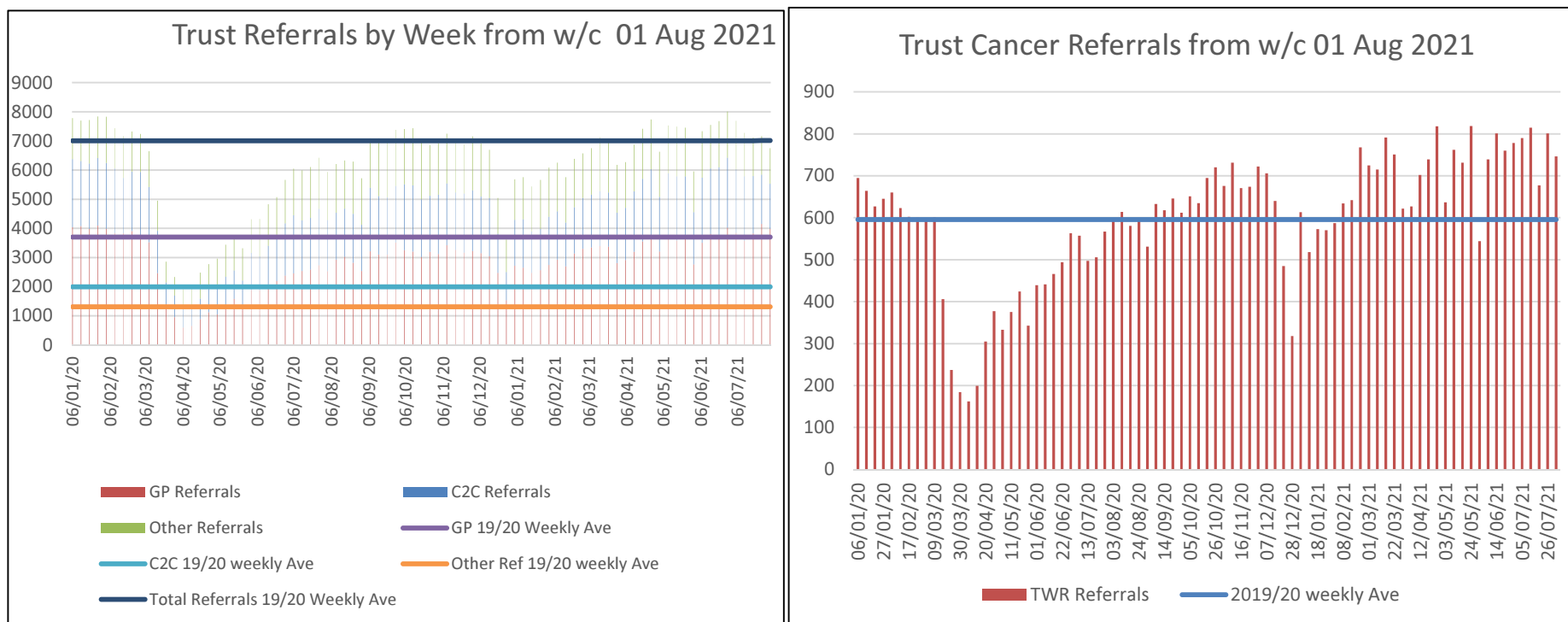


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- Emergency Department attendances peaked in July but have reduced through August.
  - Ambulance conveyances have remained steady, with the increase in ED attendance mainly driven by 'walk in' attendances.
- However, attendances remain approximately 7% higher than the levels of activity seen pre Covid-19



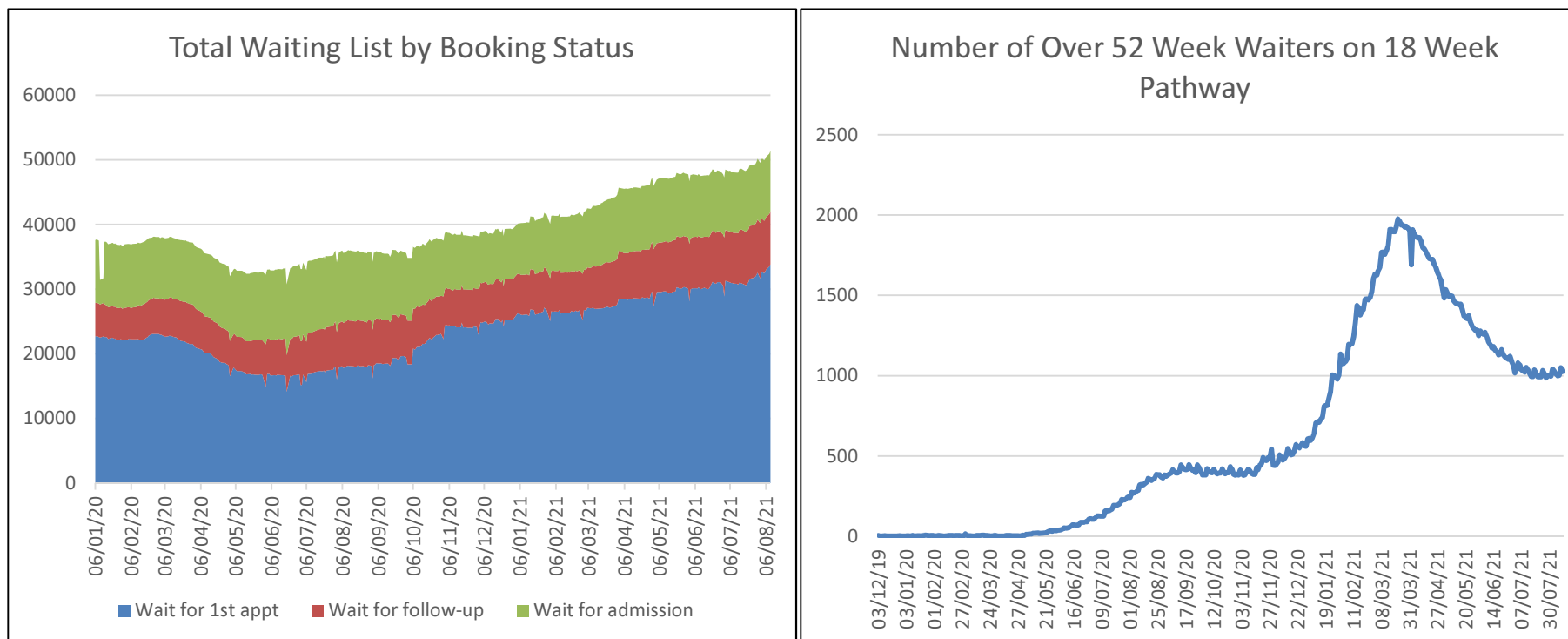
## Elective Referrals



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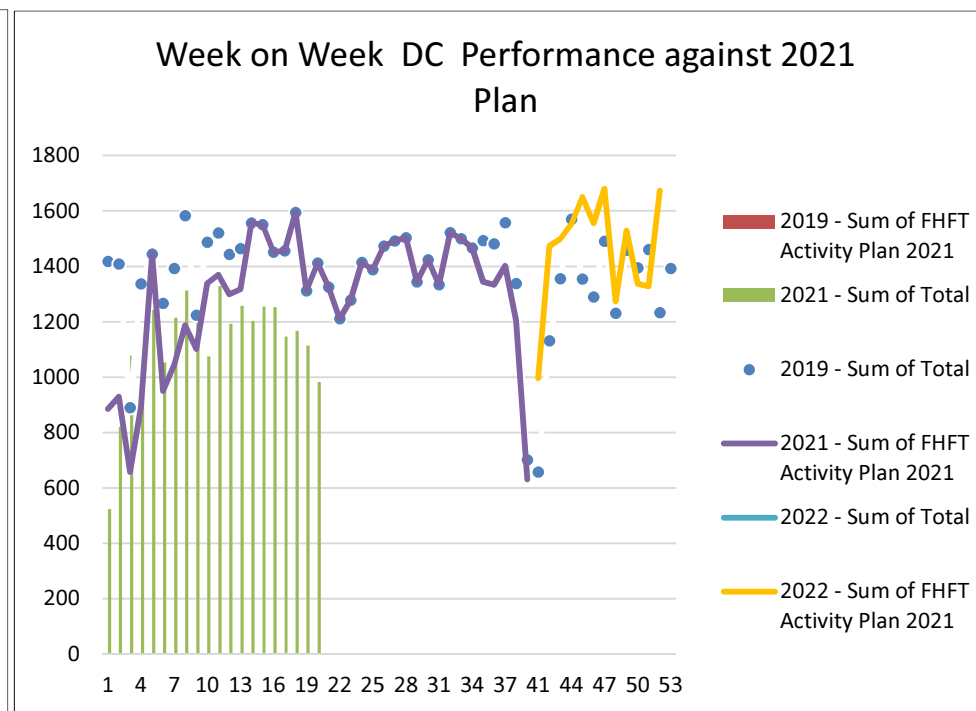
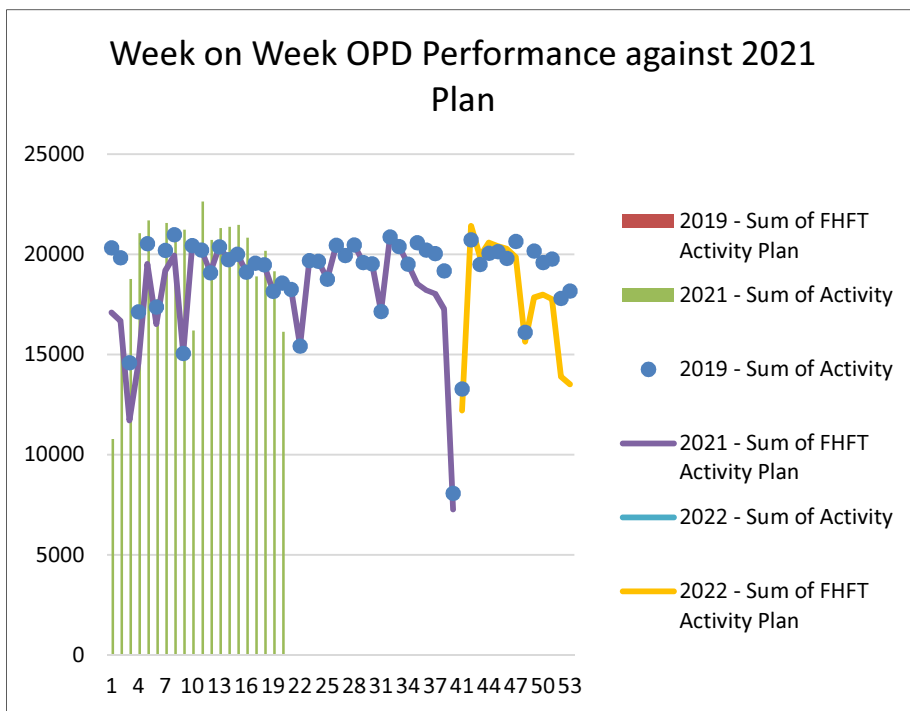
- Referrals dropped significantly in wave 1 and to a lesser extent in wave 2, but have returned to previous levels.
- GPs and Hospital doctors have been working to review referral pathways and reduce avoidable referrals
- Campaigns to encourage people to present with symptoms of possible cancer have helped to increase referrals after each wave
  - TWR referrals are running significantly above 19/20 average levels.

## Waiting Lists



- The total number of patients on the waiting list has grown with many waiting for their first appointment
- The number of patients waiting more than a year for treatment has reduced following Wave 2 but is now showing a small rise: planning is underway to seek additional capacity
- Patients who have had no progress in the last 3 months have been contacted and offered a telephone review
- Early analysis has shown that patients likely to be subject to health inequalities have not been disadvantaged, with more detailed analysis in progress

# Elective Activity



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- Good levels of activity are being achieved
- Work is underway to increase activity to above previous levels
- More patients are being seen virtually, freeing up space for more clinics
- All but one of our theatres are now back in use
- Treatments that can now be completed outside operating theatres have been moved to outpatient activity in order to free theatre space for other procedures.

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<b>Committee:</b>	Health and Adult Social Services (Overview and Scrutiny) Committee
<b>Meeting date:</b>	September 2021
<b>Title:</b>	Update from University Hospitals Southampton NHS Foundation Trust (UHS) on COVID-19
<b>Report From:</b>	Duncan Linning-Karp, Deputy Chief Operating Officer

### 1. Purpose

1.1 To provide an update to HASC on COVID-19 and the response of UHS.

1.2 To provide an update to HASC on the recovery of elective services.

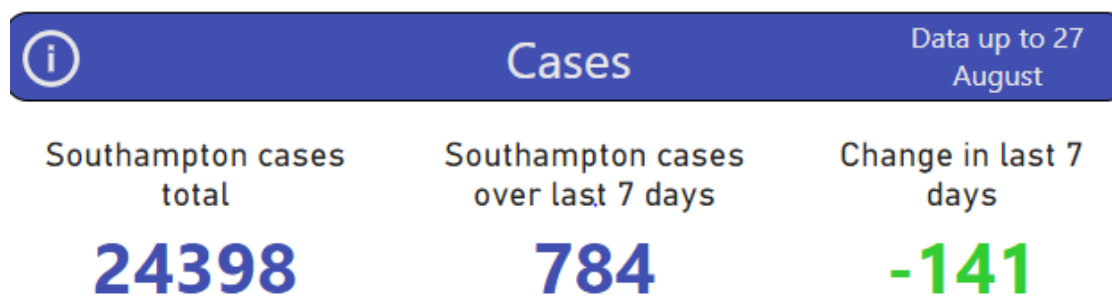
### 2.

### 3. Current State

2.1 Since the last update to HASC in June 2021, cases of COVID-19 both locally and nationally have increased significantly. This trend appears to have plateaued locally, although there is significant uncertainty about future, particularly as schools and universities return.

2.2 The new Delta variant is now the dominant variant both locally and nationally. While evidence suggests a high degree of effectiveness of the vaccine, and the majority of admissions had been in those unvaccinated, there have been breakthrough infections and double vaccinated patients have been admitted.

2.3 Weekly case rates are decreasing marginally:





## Weekly case rates

Data up to  
27 August

Southampton 7 day  
infection rate per 100k

**310.5**

Direction of travel ↓  
previous week

**Decrease**

South East 7 day  
infection rate per 100k

**285.6**

2.4 At the time of writing (02/09/21) UHS has 50 COVID-19 positive patients in General and Acute beds and 11 in intensive care. While this is a significant reduction from the mid-January peak of over 300 COVID-19 positive patients, it is a large increase from earlier in the summer when the numbers were in single figures. It is at a level where it has an affect on the elective surgical programme.

2.5 UHS has seen a significant increase in emergency department attendances and non-elective demand, seeing 111% of July 2019's emergency demand in July 2021 (the last month activity has been reported at the time of writing). This is unlikely to decrease.

2.6 Furthermore, the number of patients medically optimised for discharge and remaining in an acute bed continues to be unprecedentedly high, at around 150. There are particular delays for social care.

2.7 UHS continued to run a full elective programme, although in the month of August there have been some cancellations for critical care capacity.

2.8 UHS has detailed plans to scale up both Level 1 COVID-19 positive beds and also ICU and HDU beds should there be a need. However, it will affect the elective programme.

2.9 Staff wellbeing remains a priority, with leave being encouraged and other support offered.

2.10 Two additional theatres are opening in early September 2021.

2.11 Waiting lists remain above pre-pandemic levels, with 3,000 patients waiting over 52 weeks.

2.12 There is forecast to be a significantly higher than usual peak in respiratory syncytial virus in children in the autumn, plans are in place to manage this.

### Conclusion

3.1 There remains significant uncertainty about the likely trajectory for COVID-19 demand. There is also significant uncertainty over how severe the pressure for

other respiratory illnesses including influenza and respiratory syncytial virus in children and adults will be. However, it is likely to be a challenging winter, with significant excess non-elective demand.

3.2 Robust plans are in place to manage a potential further surge in COVID-19 infection, or other infections. However, at a point an expansion will affect the elective surgical programme.

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September 2021  
Media and Communications Team

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## **Briefing note:**

# **Southern Health's response to coronavirus pandemic: update 8**

### **Introduction**

Our aim is to provide our local overview and scrutiny committees with regular updates on our response to the COVID-19 pandemic. We have either done this through Southern Health specific updates or through the system-wide updates which have been provided to the committees over the past year.

This short paper is the latest in a series of Southern Health specific updates and follows a more comprehensive update in June 2021.

### **Overview**

#### Road-map

Southern Health continues to follow the 'road-map' introduced by the Trust's IPC (infection prevention and control) team in April (and outlined in the last update). It includes guidance on:

- patient and staff meetings
- visiting loved ones in hospital
- inpatient activities and communal dining within our units.

The road-map has helped to build clarity for our staff and patients around restrictions – such as social distancing, room ventilation and the use of masks and PPE – which continue, even though national restrictions have now lifted.

Please see attached an example of one of our road-map posters for staff (focused on visiting) to demonstrate the guidance since the 19 July date, when wider lockdown restrictions ended.

#### Prevalence Panel

We are also able to adjust some key infection prevention precautions depending on how many cases of COVID-19 are occurring in each area, so that the correct level of infection prevention measures can be taken.

To help decide how the precautions are adjusted, the Trust introduced a Prevalence Panel earlier this summer, which looks at the national and local data every two weeks to inform our measures across the Trust. Areas are then graded as low, medium or high and appropriate specific precautions put in place.

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## **OUR VALUES**



### Workforce

As a result of the vaccination roll-out, we have been able to administer the first COVID-19 vaccine to 95.8% of our 6500+ eligible substantive workforce and 93.1% of our eligible substantive staff have had their second dose too, as of 6 September 2021. (The figure is slightly higher for our frontline staff). This work to protect our workforce through approved COVID-19 vaccinations continues and we are meeting with those staff who may have previously been reticent to have the COVID-19 jab (i.e. due to pregnancy etc) to increase take-up further.

Also, whilst the process for ordering lateral flow test kits has changed for healthcare staff in recent weeks, we nonetheless continue to test our frontline staff on a regular basis to protect both them and our patients.

We are now preparing for a series of booster vaccinations in the autumn – with details to be confirmed by NHSE/Government.

### Services

The vast majority of our services have returned to 'business as usual' – with some adaptations (i.e. where positive digital innovations like video appointments have proved useful and been well received by patients).

However, as outlined in our previous update, there are a number of pressures that remain to be managed. These include the backlog of routine care appointments, the impact of isolation/stress on the local population's longer term mental health (and the impact of this on our services), and the welfare of our staff. Work is underway to tackle these issues. For example, a review of patient caseloads, increased capacity in mental health services, and longer term support for our staff's health and wellbeing.

### Long COVID

We have secured further funding to expand the 'Long COVID' service, initially until the end of the financial year. We are looking at enhancing the clinics we currently run with group work, support from MSK/pain services, care coordinator roles, additional administrative resource and also additional clinic time.

### **Engagement Activity & Next Steps**

We continue to work closely in partnership with our CCG colleagues and those across the local healthcare and social care system to agree and implement any changes. We have also been working with our local teams to encourage them to share any necessary information with patients and carers as quickly as possible and to offer support and guidance. Additionally, the Trust's communications team continues to share messages regularly on Southern Health's website and across our various social media channels.

### **More information**

If you have any questions, please contact Grant MacDonald (Southern Health's Chief Operating Officer) or Heather Mitchell (Southern Health's Executive Director for Strategy, Infrastructure and Transformation) via email: [grant.macdonald@southernhealth.nhs.uk](mailto:grant.macdonald@southernhealth.nhs.uk) / [heather.mitchell@southernhealth.nhs.uk](mailto:heather.mitchell@southernhealth.nhs.uk).

# Visiting



## Actions after 19 July 2021

- Six nominated visitors per patient with a maximum of two visitors, visiting at the bedside at once (if social distancing from other patients and household and COVID secure precautions can be maintained).
- Outside visiting - Max 6 visitors in any visit providing COVID secure precautions.
- 'End of Life' visiting - Up to 4 visitors (including children) can visit an end of life patient (social distancing and IPC measures permitting). Visiting a COVID-19 patient is not usually recommended. If the visitor becomes symptomatic of COVID-19 they must self-isolate and take a PCR test and should let the service know the outcome of the PCR test.

For information on coronavirus restrictions outside of Southern Health, please visit [GOV.UK](https://www.gov.uk)

## Visitor Guidance

Before visiting visitors will need to contact the service to book an appointment and be informed of what to expect.

On the day of the visit before they see the patient, visitors will need to: answer some questions to check they have no symptoms and have not had contact with confirmed cases or have travelled to high risk countries in the last 14 days. Visitors with symptoms must not visit and must self-isolate for the next full 10 days.

Each visitor must leave their name and contact details with the service for Track and Trace purpose should an incident occur.

Social distancing rules must be respected at all times during the visit. If it is an end of life visit, the patients hand can be held.

Rooms must be well ventilated and frequently touched points (e.g. chair, door handles) must be wiped with Clinell wipes for at least 30 seconds after the visit.

All visitors must wear a face covering or mask when inside hospital premises. If they are visiting for 30 minutes or more, if they are visiting a patient in isolation they should be provided

with a fluid repellent surgical mask. Routinely other PPE is not required.

Encourage visitors to bring minimal belongings and to clean their hands at the start and end of the visit.

If the visitor is vulnerable to infection or there is an increased incidence of COVID19 on the ward the staff member making the booking should advise the visitor of the risks. An individualised approach needs to be taken on a case by case basis to manage the balance between compassionate visiting and infection risk management.

Visits to symptomatic patients or those on the high risk pathway will only be allowed in exceptional circumstances following risk assessment.

These visiting principles can also be applied to outpatient (including in Mental Health), MAU and diagnostic service settings where the patient may be accompanied by one close family contact or somebody important to the patient to support the patient with complex/difficult

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	28 June 2021
<b>Title:</b>	Proposals to Develop or Vary Services
<b>Report From:</b>	Chief Executive

**Contact name:** Members Services

**Tel:** 0370 779 0507      **Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

### Purpose of this Report

1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee. At this meeting the Committee is receiving an update on the following topic:
  - Mental Health Inpatient Beds update (Southern Health NHS Foundation Trust)

### Recommendations

That the Committee:

2. Note and welcome the update from Southern Health regarding the opening of the new Cherry Ward at Parklands Hospital in Basingstoke, providing 18 beds for female acute mental health patients.
3. Request written confirmation when the Abbey Ward at Antelope House in Southampton is opened, for circulation to the Committee.

### Executive Summary

4. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
5. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services (version agreed at January 2018 meeting [Framework for Assessing Substantial Change and Variation in Health Services](#)). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the NHS Act 2006, includes new responsibilities

set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health.

6. This Report is presented to the Committee in three parts:
  - a. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements
  - b. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
  - c. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
7. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim that people in Hampshire live safe, healthy and independent lives.

## Items for Information

### **Mental Health Inpatient Beds update: Southern Health NHS Foundation Trust**

8. Over the past couple of years, the Committee has scrutinised use of Out of Area beds for mental health inpatients by Southern Health NHS Foundation Trust, a provider of mental health services providing services in Hampshire. The Trust last updated the Committee in January 2021 [2021-01-11 HASC SH OOA beds update.pdf \(hants.gov.uk\)](#) at which time it was reported that the Trust had maintained a low usage of out of area placements since September 2020. However, beds were being sub-contracted from private providers within Hampshire. The Trust notified the Committee of their intention to increase their in-house inpatient bed capacity, to reduce their reliance on other providers in future.
9. The Committee requested a further update in September 2021, as the new beds were planned to come onstream in the summer. The Trust have provided an update, see appendix to this report. This shows that a new 18 bed female acute mental health ward was opened in Basingstoke in August 2021, and the 10 bed female psychiatric intensive care unit in Southampton is likely to open at the end of 2021 or early 2022.

## **Finance**

10. Financial implications of any proposals will be covered within the briefings provided by the NHS appended to this report.

## **Performance**

11. Performance information will be covered within the briefings provided by the NHS appended to this report where relevant.

## **Consultation and Equalities**

12. Details of any consultation and equalities considerations of any proposals will be covered within the briefings provided by the NHS appended to this report.

## **Climate Change Impact Assessment**

13. Consideration should be given to any climate change impacts of proposals where relevant.

## **Conclusions**

14. It is a positive development that Southern Health have created additional inpatient mental health bed capacity, to meet the demand and avoid the need to send patients to other providers or out of county.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

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

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



## **EQUALITIES IMPACT ASSESSMENT:**

### **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:**

This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

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## **An update: mental health inpatient beds**

### **Introduction**

In December 2020, we provided an update paper on Southern Health's mental health bed capacity for the January 2021 HASC meeting. It included information on how we are supporting the reduction in out of area placements by investing in more beds locally.

The paper shared an overview of our plans to open a new 10-bed female PICU (psychiatric intensive care unit) at Antelope House in Southampton and a new 18-bed female acute mental health ward at Parklands Hospital in Basingstoke.

This latest paper is intended as an update on progress towards opening these new beds.

### **Background**

A key priority for Southern Health is to ensure that people who need admission to a mental health hospital are able to access this care close to home.

As a result, we have ambitious plans to create additional mental health beds across Hampshire:

- A new 10-bed female psychiatric intensive care unit (PICU) at Antelope House in Southampton, called Abbey Ward.
- A new 18-bed female acute mental health ward at Parklands Hospital in Basingstoke, called Cherry Ward.

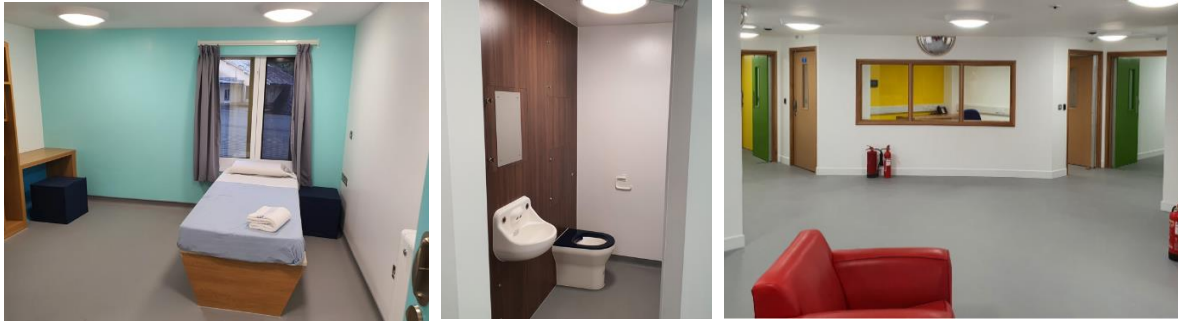
### **Progress – Parklands**

Parklands Hospital successfully opened its new female acute mental health ward to patients on 13 August 2021. A formal celebration event is planned for later in the year, mostly likely November, and HASC members will be invited to attend and tour the new facility.

Cherry Ward is located on the first floor of Parklands Hospital (previously office space) and boasts:

- 18 en-suite bedrooms
- A sensory room
- An art room and a craft room
- An occupational health kitchen
- IT suite
- A modern staff-room and multiple meeting rooms.

More than 100 patients with specialist mental health needs helped to design the layout of the new ward, the look and feel of the therapeutic corner, the patient lounge and staff areas. They also helped to choose the colours, decoration and furniture to help make the new ward (see images overleaf) the best environment for the people who will be using the service.



As this new ward is female only, our Parklands acute ward, now known as Juniper Ward, will become a male only ward.

### **Progress – Antelope House**

At Antelope House, phased building work has now begun (see detail below).

As a result, it is anticipated that the female PICU will open at the turn of the year and members of the HASC will be invited to the opening to tour the new mental health facilities at this time.

#### Relocation of 136 Suite

In order to begin Abbey Ward construction work, we first needed to relocate our existing 136 Suite (which is currently in an otherwise unused area, soon to become Abbey Ward, on the first floor of Antelope House). It is being relocated to a bedroom downstairs on Hamtun Ward that can be accessed by patients without them having to travel into or past any ward areas. This is a positive step in terms of enhancing our patient journey. The new 136 Suite will also have access to a garden, which our current suite does not have.

#### Engagement with patients and staff

We are continuing to engage with both our service users and staff throughout this process.

As building works begin on Hamtun Ward, we have taken steps to minimise noise disruption such as encouraging patients to participate in off-ward activities and asking the construction team to have regular periods of rest between the works. We have also been communicating regularly with patients so they understand the timescales and changes.

We have also been arranging a series of staff Q&A Zoom calls so colleagues working at Antelope House can relay any questions they might have about the project. A newsletter has also been developed for staff to keep them updated throughout the project.

### **Additional refurbishments**

In addition to the new mental health beds outlined above, we also have a number of refurbishments taking place across our estate, to replace dormitory provision with more en-suite accommodation for greater privacy and a more therapeutic environment.

### Gosport War Memorial Hospital

On Poppy Ward (at Gosport War Memorial Hospital) these refurbishments have now been completed with the ward opening on 14 June. The refurbished ward was designed with the help of staff, patients and their carers/families and boasts state-of-the-art facilities including: 14 individual bedrooms with en-suites/assisted bathrooms, clinical space, a patient therapy room, a brand new patient dining room and kitchen, office space for doctors, nurses and managers, plus a beautifully designed garden space.

The next phase of refurbishments at Gosport War Memorial Hospital (on Rose Ward) are likely to be completed later this year.

### Parklands

At Parklands, refurbishments on Hazel Ward (our Psychiatric Intensive Care Unit) and Juniper Ward (our acute mental health ward) are now underway.

The refurbishment will ensure all accommodation provides greater privacy for patients. To enable us to achieve these improvements, we will need to reduce the overall number of beds on Juniper Ward from 23 to 18. However, creating the new ward for females with acute mental health needs means that the number of mental health beds at Parklands overall, will increase from 69 beds to 82. It is important to note that this marginal bed reduction will not directly affect our patient admissions or the required staffing but will slightly increase the nurse to patient ratio and therapeutic output, allowing staff to provide more one-to-one care to our patients.

### Melbury Lodge

Plans are currently in development to refurbish Kingsley Ward, Stefan Olivieri Ward and the Mother and Baby Unit at Melbury Lodge in Winchester. These plans are at an earlier stage than our other refurbishments with staff being consulted on designs before sharing with our patients. It is hoped that these improvements will be complete by the end of 2022.

### **For further information**

For more information, please contact [communications@southernhealth.nhs.uk](mailto:communications@southernhealth.nhs.uk).

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	21 September 2021
<b>Title:</b>	Savings Programme to 2023 – Revenue Savings Proposals
<b>Report From:</b>	Director of Adults Health and Care and Director of Corporate Operations

**Contact name:** Sarah Snowdon and Dave Cuerden

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#### Purpose of this Report

1. The purpose of this report is to outline the detailed savings proposals for the Adults Health and Care Department that have been developed as part of the Savings Programme to 2023 (SP2023) Programme.
2. 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.
3. The Executive Member for Adult Services and Public Health 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.

#### Recommendation

That the Health and Adult Social Care Select Committee consider the detailed savings proposals and:

Either:

4. Support the recommendations being proposed to the Executive Member for Adult Services and Public Health in section 2 of the report.

Or:

5. Agree any alternative recommendations equivalent in value to the required Savings Programme 2023 total, to the Executive Member for Adult Services and Public Health in regards to the budget proposals set out in the report.
6. Agree any feedback or comments relating to the Select Committee's recommendations for consideration by the Executive Member when making their decision.



## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Services and Public Health
<b>Date:</b>	21 September 2021
<b>Title:</b>	Savings Programme to 2023 – Revenue Savings Proposals
<b>Report From:</b>	Director of Adults' Health and Care and Director of Corporate Operations

**Contact name:** Sarah Snowdon and Dave Cuerden

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#### Purpose of this Report

1. The purpose of this report is to outline the detailed savings proposals for Adult Social Care and Health that have been developed as part of the Savings Programme to 2023 (SP2023) Programme.

#### Recommendation(s)

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

#### Executive Summary

3. This report outlines the detailed savings proposals for the Adults' Health and Care Department that have been developed as part of the Savings to 2023 (SP2023) Programme. 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.
4. 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

5. Members will be fully aware that the County Council has responded 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).

6. Whilst in more recent years there have been no reductions in government grant to deal with, what small increases there have been have not been sufficient to cover inflationary increases, coupled with a continued (and growing) underfunding for social care demand pressures.
7. 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 albeit elements of more recent programmes have taken longer to deliver as they become more complex.
8. 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 Councils, with eight authorities having been granted exceptional financial support packages by Government in response to unmanageable pressures arising in 2020/21 and 2021/22. Furthermore, the County Council is accounting for the specific financial challenges arising as a result of the Coronavirus pandemic on a non-recurrent basis and expects to meet these challenges within the existing support package from Government, together with funding already set aside for this purpose. This is testament to the strength of the County Council's underlying financial position owing to the success of its service transformation agenda and prudent financial management approach.
9. However, Covid-19 has impacted delivery of both the Transformation to 2019 (Tt2019) and Transformation to 2021 (Tt2021) programmes, with £45m of outstanding savings still to deliver. Whilst sufficient resources have been set aside to cover this delayed implementation, the need to commence the successor programme will require twin-tracked delivery of change programmes, presenting a significant challenge for services. SP2023 will seek to achieve an additional £80m of savings, bringing the total savings to be delivered over the next two years to £125m and cumulatively to £640m in total since 2010.
10. It is recognised that each successive transformation programme is becoming more difficult to deliver as the potential to achieve further permanent cost reductions through early intervention and demand management and prevention approaches is reduced. Given the level of savings already achieved and the shortened timescales for delivery, the SP2023 programme will focus primarily on services that may be reduced or stopped rather than on driving further transformative change, although opportunities for transformation, efficiencies and income generation will of course continue to be pursued.

11. The ongoing impacts of the pandemic continue to present capacity challenges for operational teams and their ability to support transformation programmes has been limited as a result. However, with the acute impacts of the pandemic beginning to recede, existing change programmes in Economy, Transport and Environment, Adults and Children's social care will continue to be progressed alongside delivery of the SP2023 programme.
12. The announcement of a further single year Spending Review covering the period to March 2022 has placed the County Council in a very difficult position in terms of future financial planning. Given the lack of any certainty after this period, the County Council has had no choice but to assume that savings required to meet a two-year gap of at least £80m will be required by April 2023 as we cannot take the risk of delaying the programme until 2024. Furthermore, the financial constraints created by Covid-19 mean that there will be no funding available to cash flow a savings programme beyond April 2023.
13. The business as usual deficit in 2022/23, forecast to be £40.2m, has been provided for and will be drawn from the Budget Bridging Reserve in line with our normal strategy. However, given the current medium term deficit due to Covid-19 pressures and the resulting financial response package, which uses up all available financial flexibility and still requires significant additional government funding, it is critical that SP2023 is delivered by 1 April 2023.
14. Departments have looked closely at potential opportunities to achieve the required savings and unsurprisingly the exercise has been extremely challenging because savings of £560m have already been driven out over the past eleven years, and the fact that the size of the target (a further 10% reduction in departmental cash limited budgets) requires a complete "re-look"; with previously discounted options potentially 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 SP2023 Programme target to be delivered.
15. The County Council undertook an open public consultation called *Serving Hampshire – Balancing the Budget* which ran for six weeks between 7 June and 18 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.
16. The consultation was clear that a range of options would be needed to deliver the required £80m of savings by 2023. 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 1.99% and an increase in the

Adult Social Care Precept of 2% in both 2022/23 and 2023/24. 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 'spare' reserves would only provide a temporary fix, providing enough money to run services for around 14 days.

17. 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 3.99%;
  - consider further the opportunities for **changing local government arrangements** in Hampshire;
  - Consider further the opportunities around **devolution of financial powers** in response to the Government's County Deal and levelling up agenda.
18. Executive 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 2021 on options for delivering a balanced budget up to 2023/24, which the Authority is required by law to do.
19. 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 SP2023 Programme have helped to shape the final proposals presented for approval in this report.

## **Budget Update**

20. Members will be aware that 2019/20 represented the final year of the previous multi-year Spending Review period. Single year Spending Reviews were undertaken for 2020 and 2021 due to the significant levels of economic and fiscal uncertainty associated with the UK's departure from the European Union and impacts of the Coronavirus pandemic respectively. The Government's decision to suspend multi-year budget planning and revert to

annual spending rounds for most departments means that the prospects for local government finance beyond 2021 remain uncertain.

21. 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 resources available to local authorities over the medium term.
22. At the time of writing, there has been no announcement from the Government regarding the 2021 Spending Round. Members will be briefed on the detail of the Spending Round as part of the updated Medium Term Financial Strategy when available.

### **Savings Programme to 2023 – Departmental Context/Approach**

23. The SP2023 proposed budget reduction of **£40.6m** (or 10%) represents a significant challenge for a department combining Adult Social Care and Public Health. The Department's cumulative budget reduction since 2010/11 would be £283m on completion of SP2023. The scale of this reduction also 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 alongside the potential longer-term impact of Covid-19, 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.
24. The SP2023 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 further efficiencies and service reductions. Additionally, the strengths-based way of operating that the Department has been increasingly working to over the last decade continues to improve service user independence and in turn has helped to limit the cost of paid for care packages.

### **Public Health – Context**

25. In addition to the Balancing the Budget Consultation process for SP2023, the County Council has continued to undertake stage 2 consultations for Transformation to 2021 proposals. Final decisions on savings proposals are then considered by the relevant Executive Member before final implementation.
26. Over the Summer stage 2 consultations have been taking place with respect to Public Health saving proposals and as a result of the feedback provided, it

has been necessary to re-consider the position on Public Health as set out in the following paragraphs.

27. Since Public Health became part of local government's responsibilities in 2013, spend on public health has been met in full by a ring fenced grant provided by the government. Given this position, whilst the real value of the grant has reduced over the years, no savings targets had been set for Public Health by the County Council up until the Tt2021 Programme (Tt2021).
28. As part of the early planning of the Tt2021 Programme, it was anticipated that the ring fence for the Public Health grant would be removed and that Public Health spending would be treated in line with all other council spending and receive a proportion of the savings target for that programme.
29. It was highlighted at this time that there was a risk that the Public Health ring fence would remain and that it would therefore be difficult to achieve savings in this area whilst maintaining the overall value of public health spend against the grant.
30. At the present time, the ring fence for the Public Health grant remains intact and there is no indication that this will be removed in the near future. In order to try to achieve the Tt2021 savings for Public Health of £6.8 million, it was agreed that the County Council would prioritise those services across the entire council that deliver Public Health outcomes. As a result it has been identified that the ring fenced grant would be used to fund parts of existing services, in particular in Children's Services and Adults' Health and Care, that provide Public Health outcomes in line with the legislation and thereby reductions in current Public Health spending would be implemented. This process is known as re-badging.
31. Following a stage two consultation exercise on the proposed changes to Public Health spending for Tt2021, there has been feedback from Public Health England and healthcare professionals around some of the savings proposals and discussions have also taken place with Public Health England about the nature of the changes and the rationale that sits behind them.
32. It is the County Council's view, in line with the legislation, that the Director of Public Health and the Chief Financial Officer have responsibility for verifying that the ring fenced grant is used for appropriate public health outcomes. The County Council is currently reviewing the results of the stage 2 consultation and this will be reported together with recommendations to the Health and Adult Social Care Select Committee and on to the Executive Member for final decision. We will continue to discuss the position with Public Health England in light of the overall consultation feedback.
33. Whilst this deals with the savings within Public Health services themselves, we have also received further clarification from Public Health England on what spend can legitimately be charged against the ring-fenced grant. In particular, they have stated that Public Health must be the primary purpose of the

expenditure, and that consequential health outcomes from other service spend are not admissible. Spend on Country Parks therefore could not be charged against the grant since the health benefits are consequential to the main purpose of the service provision.

34. Given this clarified guidance, officers have reviewed the potential options for re-badging of spend in other Departments and have concluded that re-badging proposals of only £3.128m are admissible against the total savings of £6.8m, meaning that there is effectively a shortfall of £3.672m against the Tt2021 savings proposals. This shortfall will apply irrespective of the eventual decisions made by the Executive Member following the consultation.
35. This re-badging represents the maximum that can be achieved against Public Health spend at the present time and therefore raises significant concerns about the proposed savings in Public Health spend for the SP2023 programme as any further savings against the ring fenced grant could only be achieved if further savings could be made against the mandated Public Health outcomes and that these could then be re-badged against other County Council services.
36. Given the current position of the Tt2021 Programme, the clarified guidance from PHE and the work already completed to look at legitimate re-badging opportunities, it is clear that it will not be possible to achieve any further savings from the Public Health budget for the SP2023 Programme.
37. This therefore means that in addition to the £3.672m shortfall highlighted above, there is a further £4.4m gap in the achievement of savings within the Adults' Health and Care Department, making a total of £8.072m across the two programmes.
38. It is not considered feasible at this stage to propose that further savings within the rest of Adults' Health and Care should be identified to make up this difference as their proposals already rely on a large proportion of new government grant funding in order to meet their target. Similarly, to try to redistribute this saving across all Departments at this stage would not be practical or fair and would be against the disciplined approach that has served the County Council so well over the past 10 years.
39. Members will be aware that the impact of Covid-19 on the care sector has been significant, not just in terms of dealing with the pandemic itself and all of the measures to control infections across both public and private sector homes, but also in respect of the excess deaths in the older persons population and the impact of choices that individuals have made about going into particular care settings at the outset.
40. In financial planning terms, we have predicted that there will be a one off medium term impact of Covid-19 as a result of NHS funded clients coming across to the County Council and as a result of pent up demand within the system that is expected to start to flow through now that restrictions have

been lifted. These known direct impacts however are only expected to last over the medium term and one off funding has already been set aside for this up to the 2023/24 financial year, by which time, growth is expected to have returned to normal levels as a minimum.

41. The other factor to consider is the impact on business as usual growth, which is currently forecast to be £13.5m per annum. During 2020/21 the growth money provided to Adults' Health and Care was not needed and was returned to the Corporate Centre as part of the year end position, but the recurring budget was retained within the Department. Since that time client numbers have continued to be affected by Covid-19 and detailed analysis of packages has been undertaken for the last 18 months to consider whether or not there has been a permanent 're-set' in the growth curve that would mean part of the growth funding could be given up on a recurring basis.
42. Whilst it is incredibly difficult to isolate the underlying trend in social care growth, based on the analysis completed to date, it is predicted that there is sufficient underutilisation of recurring growth across 2020/21 and 2021/22 to contain the £8.072m of required savings. However, this in no way undermines the longer term ongoing pressure that Adult Social Care potentially faces from future increases in complexity of clients and demand for services.
43. It is therefore proposed that the unmet Public Health savings totalling £8.072m is met from this recurring reduction in growth from 2023/24 onwards, which is in keeping with the discipline that every Department should meet its savings target in full as part of every savings programme.
44. It must be stressed however that this represents a reduction in demand pressures rather than savings in the cost of the Adult Social Care service itself. It is also important to note that this is a potentially high risk option given that it is difficult to predict with any certainty the future growth between now and April 2023 and be able to accurately separate trends from the temporary impact caused by Covid-19 factors.
45. Detailed monitoring of this position will continue to be undertaken by the Chief Financial Officer as part of the monthly financial resilience meetings that are held with the Director of Adults' Health and Care and should there be any significant change in the forecasts these will need to be re-considered by Cabinet and County Council with respect to the SP2023 Programme.

### **Adult Social Care - Context**

46. The Adult Social Care element of the savings target amounts to **£36.2m**, in addition to the reduction in demand growth funding of £4.4m to offset the Public Health SP2023 target as outlined above in paragraph 37. Six potential issues in particular are impacting on the size of this challenge or could add to it. 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 additional funding for Social Care prior to 2023/24;
- the concurrent running of three large-scale savings programmes alongside 'business as usual' and Covid-19 pressures;
- the challenge of forecasting the long-term impact of Covid-19;
- the continued uncertainty regarding future funding for the service.

47. Despite the recent reduction in care volumes due to the pandemic we are expecting to see demand rates increase in the longer term, albeit from a reduced baseline. 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, whose population in Hampshire is expected to increase by 8.9% between 2021 and 2024), 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 are not unique to Hampshire and are representative of the position nationally.

48. To help address the range of strategic Social Care financial challenges being faced, the Government has previously made available relatively modest additional non-recurrent funding to local authorities for Adult Social Care. These grants have allowed transformational programmes to be progressed aimed at reducing cost exposure in the long term. However, they do not address the anticipated medium term increases in demand and like many local authorities, the County Council has had little choice but to use a major element of this funding to offset the financial impact of increases in recurring pressures coupled with reductions in baseline funding. This will be no different as we progress toward 2023.

49. As again there has only been a single year spending review for 2021 there continues to be uncertainty in the medium to long term and there remains a risk that during the timeframe of the SP2023 programme the department will face the challenge of further losses in funding whilst delivering £40.6m of savings. With the anticipated but long-awaited changes in funding for Adult Social care still unknown this adds a layer of further uncertainty as we go into the future.

50. 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

SP2023, 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.

51. In addition to the above, the Department is concerned that a risk exists that we see a return to previous service pressure trends. Furthermore, it is currently unknown what additional impact Covid-19 will have in the longer term on the viability of the sector where it could further affect rates of home closures and exacerbate workforce challenges both of which will have a direct consequence on the rates paid for care by the County Council. If these market issues are exacerbated by Covid-19 it will put a greater risk on the targeted transformational savings. In the short term the Covid-19 pressure will likely be ameliorated by the specific funding set aside by the County Council to mitigate the impact of Covid-19. This in turn will assist in maintaining the Department's cost of change balances thereby ensuring that there is sufficient investment available alongside the cash-flow phasing to support the activity that aims to deliver the SP2023 recurring budget reductions.
52. It is anticipated, within the MTFS that local authorities will retain the ability to raise a minimum of an additional 2% Council Tax under a specific precept for Adult Social Care beyond 2021/22. Furthermore, one of the saving proposals included within this report is predicated on additional funding being made available nationally for Adult Social Care. Part of this saving has already been achieved through the ability to raise the precept to 3% in 2021/22. There is no certainty of a repeat of this in 2022/23 and with no further grant funding announced to date this represents a risk. As highlighted previously a single year spending review means that this is not a certainty and therefore represents a key risk within the SP2023 proposals.
53. Whilst the Department is planning for the SP2023 savings described in this report it is concurrently in the midst of delivering the final year of Tt2019 savings, and final two years of Tt2021. As at July 2021 over £51m of the £55.9m Tt2019 target had been achieved leaving £4.5m still to secure. At the same point in time, after adjusting for the proposed change to the delivery of Public Health Tt2021 savings, there remains £24.7m of Tt2021 savings still to secure. The remaining £29.2m combined 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 SP2023 savings are an extension upon the Tt2019 and Tt2021 work programmes the Department faces a very challenging forward period. We forecast that by the end of the current financial year a further £11.5m of savings will be achieved leaving £17.7m to be delivered from the Tt2019 and Tt2021 programmes from 2022/23.
54. Although there are many significant risks, both in the short to medium and long term, as highlighted above, the Department is confident from the information currently held that during the timeframe of SP2023 the savings can be achieved and the expected pressures managed within the available funding including the overall reduction in growth funding of £8.072m. Although

it should not go unnoticed that this is a highly volatile area of Council spend that can be significantly impacted by both changes in demand / complexity of clients and funding available, both of which are very challenging to predict at this uncertain time.

55. The annual ADASS Spring 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. 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 SP2023 timeframe.

### **Savings Proposals Government & Corporate Funding**

56. The biggest block of the Adult Social Care targeted savings proposals, some £15m, is in anticipation that additional recurring funding will be available by 2023/24. It should be noted that over £7m has already been made available through the increase in the Adult Social Care precept by 1% to 3% in 2021/22. Should this be repeated in 2022/23 or a separate additional recurrent grant be received this element of the programme will be complete. It is currently unknown if either of these will be included within the outcome of the 2021 Spending Review, although there continues to be national recognition of increased long-term demand and market pressures in Adult Social Care. These pressures are generally accepted as being derived from the unsustainable nature of the existing funding model for adult social care (linked to demography/complexity pressures, provider cost growth and care sector recruitment/retention issues) and could be potentially further exacerbated by the, as yet unknown, longer term impacts of the Covid-19 pandemic. This strategy of using additional funding reduces the impact of savings that would otherwise need to be achieved and is consistent with the approach taken for Tt2021. A further £2m saving is anticipated from reducing planned for and funded demand during 2021/22 and 2022/23. This demand will be avoided through maximising improvements in prevention and demand management practises.
57. Subsequent to the decision to not progress the £4.4m SP2023 and £3.672m Tt2021 savings within Public Health as outlined in paragraph 37, the decision has been taken to remove, from the Adults baseline funding, one tranche of £8.072m growth funding on a recurrent basis from 2023/24. The £4.4m for SP2023 has been combined with the £2m outlined above as one £6.4m saving proposal for SP2023 reflecting the total reduction in current and future demand. The £8.072m is anticipated, based on current projections of known future pressures, to be achievable due to the reduction in care volumes recorded during 2020/21, which helped support the reported departmental underspend in the same year. Whilst there will continue to be further growth it is currently anticipated that this will be managed by all other future year growth funding remaining at £13.5m.

## Younger Adults Services

58. The next biggest targeted savings proposals, some £8.7m, would come from **Younger Adults** services as the Department looks to continue the successful journey started ahead of Tt2017 and built upon throughout Tt2019 and Tt2021 to embed a strengths-based approach and move increasingly away from institutional, long-term care settings, instead supporting 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:

- creation of additional Extra Care accommodation to move people on from higher-cost residential care (this would require significant capital investment of approx. £15m to be funded through prudential borrowing, with repayments accounted for within the proposed saving). Due to the nature of this proposal requiring some additional capital works over £1m of the saving is profiled to be delivered in 2024/25;
- creating more opportunities for employment for younger adults with disabilities including supported employment;
- enabling people to do more for themselves, including greater adoption of Technology Enabled Care, and 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.

## Older Adults Services

59. The third block of targeted savings proposals covers £6.9m which relates to **Older Adults** as the Department looks to further transform its services for older people. There will be a continued focus on strengths-based solutions, 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, with increased wellbeing. 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:

- maximising Discharge to Assess arrangements from hospital stay, increasing the availability of step up options from the community including increased use of In-House (HCC Care) settings, and working with the provider market as part of a refreshed Residential and Nursing strategy;

- a reduction in direct placements into long-term residential settings;
- a revitalised day services offer to provide carer respite and reduce need for paid for care;
- proactive enhanced support to amplify opportunities to identify and mitigate causes of crisis events before they occur by working with a range of partner organisations;
- further embedding the Strengths Based Approach to reduce demand for domiciliary care and ensure individuals' needs are met by other means where appropriate, including timely review and right-sizing of care packages following hospital admission to maximise independence, as well as increased use of Technology Enabled Care.

### **In-House Services (HCC Care)**

60. The fourth block of targeted savings covers £2.3m relating to **In-House services** (HCC Care), building on the service review and efficiencies delivered as part of Tt2021. The additional SP2023 savings would be achieved through:

- implementation of the Discharge to Assess model within HCC Care, with planned income generated through delivery of 80 beds on behalf of the CCG (less the cost of alternative provision for long-term beds subsequently required to be purchased from the private sector).

### **Headquarters Services**

61. The fifth block of targeted savings proposals (£1.1m) is through further efficiencies and income delivered within **Headquarters services**. Proposed savings include:

- reviewing all local and county-wide grants directly funded by Adult Social Care to voluntary, community and partner organisations, as part of our Demand Management and Prevention approach;
- reduction in funding for the Social Inclusion contract for commissioned non-statutory services that support people who are homeless or at risk of homelessness;
- implementation of Technology Enabled Care that can be shown to contribute to integrated working with the NHS, for example people with an early diagnosis of Dementia and those at risk of falls;
- income generated through sold services within Learning and Development, furthering initiatives begun in Tt2021;
- other efficiencies including development of dedicated in-house Learning and Development training venue/s, and reduction in IT costs.

## Governance and Assurance

62. The final targeted savings area, £0.2m, relates to **Governance and Assurance** staffing budget efficiencies, the detail of which will be finalised following the completion of a review and restructure of the function, building on Working Differently savings already achieved.

## Key Challenges/Risks

63. In Adults' Health and Care, as in other departments, we already have many of the solutions to the challenges we face. Managing service demand, whilst appropriately meeting eligible needs (against the backdrop of a reducing budget) is highest among these but is becoming increasingly challenging. Whilst the baseline volume of care provided reduced sharply in the first half of 2020/21 we have seen demand stabilise then resume within the latter part of the second half of the year in line with previous predictions, in addition to an overall increase in the complexity of clients, (proportionately more dementia needs for example) and higher cost packages and market pressures (in part caused by Covid-19). Whilst this remains broadly manageable the longer-term impact of Covid-19 is difficult to foresee, for example there is a real risk that not only permanent changes in the market will adversely affect the budget but also increased financial hardship and unemployment caused by Covid-19. We could see increased levels of deprivation that impacts the health and wellbeing of the Hampshire population, resulting in further strain on social care. Improved access to insight and analytics will support our approach to tackling these significant challenges, however the risks cannot be underestimated.
64. People with lifelong disabilities and chronic health conditions are living longer. Whilst there are constant developments meaning people are able to live more independently, many do require some level of support for periods of their lives, and in some cases for the whole of their lives. Budget reductions within Younger Adults in particular are therefore likely to impact on largely the same individuals as in previous years. The challenging business as usual and operating environment across all services, concurrent with managing Covid-19 and delivery of three large savings programmes alongside other strategic change (for example CareDirector, our new social care record system due to be implemented in 2022) is substantial and no departmental services are excluded from this. 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.
65. Whilst the required savings will be positively pursued, there remain other 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.

66. 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, as well as NHS partners (through the continued development of Integrated Care System arrangements). Positive engagement will enable more co-produced solutions to be secured. 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.
67. System-wide challenges, exacerbated by Covid-19, are ever-present including integration, Continuing Health Care and dependency on Government/NHS funding for Discharge. There is much ongoing work with our NHS partners at acute hospital, community provider and Clinical Commissioning Group (CCG) level to find new and improved ways of working together, including 'making the money work'. 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.
68. Linked to this, the £2.3m HCC Care saving proposal, as described in paragraph 60, is dependent on the availability and ongoing receipt of funding from the NHS in respect of Discharge to Assess beds, alongside consideration of implementation costs to deliver the arrangement on a longer term footing within existing settings. Close engagement continues with our NHS partners to work through and finalise the detailed financial arrangements to support ongoing delivery of the current arrangement.
69. Lastly, but by no means least, are the risks relating to our workforce. The cumulative impact of successive large-scale budget reductions on all Adults' Health and Care services, including the frontline, is considerable and will continue to intensify alongside the growing difficulty to recruit and retain staff across the sector, an issue compounded by Covid-19 and the recent opening up of the hospitality sector. The Department will continue to seek to deliver improved and more efficient ways of working, but the scale of the

culture/practice change required in addition to managing business as usual pressures could impact further on the wellbeing and resilience of staff notwithstanding the support measures that have been put in place. Linked to this, the Department's capacity to maintain and improve service quality, levels of safeguarding and clinical safety will be increasingly challenged. Our relationship with the care sector, and in particular Hampshire Care Association – the care sector representative body in the county - throughout the response to the pandemic has seen a positive benefit, yet the sector as a whole remains vulnerable over the coming period and will require critical support and, to a degree, continued nurturing.

### **Summary Financial Implications**

70. The savings target that was set for Adults' Health and Care was £40.6m and the detailed savings proposals that are being put forward to meet this target are contained in Appendix 1.
71. As highlighted above, following subsequent analysis and further discussions, including with Public Health England, it is felt that there are no further opportunities to reduce Public Health spending beyond those savings already in progress for Tt2021. As a result, further savings within Public Health will not be progressed as part of the various saving programmes. The unmet Public Health savings of £8.072m will instead be achieved through a reduction in the growth funding for Adults' Health and Care made possible through the significant reduction in baseline care volumes during 2020/21 as a result of the Covid-19 pandemic. Accordingly, based on current assumptions, this is not expected to adversely affect the achievability of the Adults Health and Care SP2023 target or the timescale that it is forecast to be delivered.
72. The Department is currently forecasting to achieve savings of up to £38.2m of the £40.6m required by 2023/24, the year by which the SP2023 budget reductions would come into effect. The remaining £2.4m, largely from the Younger Adults Extra Care accommodation proposal will be delivered within 2024/25. In cashflow terms, this late delivery requires £2.4m to be supported through available departmental cost of change reserves.
73. The Department has been able to top up its cost of change reserve through both early delivery of the Tt2021 programme and a significant under spend on business-as-usual activity within 2020/21. This has enabled the Department to start 2021/22 with a cost of change balance of £25.9m after adjusting for the commitment under a reciprocal arrangement with the CCG to offset enhanced Better Care Fund contributions in 2020/21.
74. In addition, it is anticipated that the early delivery of SP2023 will yield savings of £10.1m in 2022/23 which will further add to the departmental cost of change balance. Whilst it is inevitable that there will be further requirements from the cost of change over the intervening three years the Department remain confident that more than sufficient resources will be available to



support the cashflow requirement of £2.4m highlighted above in addition to the £4.5m investment required to deliver the SP2023 savings programme. The Department will continue to focus on safely achieving early savings wherever possible to mitigate this need.

75. In summary, it should be highlighted that whilst the Department currently holds a healthy balance within its cost of change reserve and care volumes have not yet recovered to levels pre the pandemic, there still remains significant savings to be delivered for Tt2021 of £24.7m in addition to a residual £4.5m for Tt2019 before the delivery of SP2023. The Department remains confident that all of the required savings will be delivered in accordance with the revised profile post Covid-19. However, the scale of this challenge must not be underestimated, specifically against the back drop of uncertain funding arrangements for social care and the unknown longer term impact of Covid-19 on demand, complexity of clients and changes in the market.

### **Workforce Implications**

76. Appendix 1 also provides information on the estimated number of reductions in staffing as a result of implementing the proposals.
77. Positively, the direct impact of SP2023 plans on the Adults' Health and Care workforce is expected to be minimal with very few staff posts to be at risk. Importantly, this will enable further embedding of the large-scale workforce change and development necessary to achieve the department's Working Differently efficiency aims as part of Tt2021. The few Full Time Equivalent (FTE) posts that may be affected will be within the Department's Care Governance and Quality Assurance function, details of which will be understood when exact plans for the function's operating model (currently in development) have been finalised. It is anticipated that savings from these posts will be achieved through natural turnover where possible. Any balance remaining would need to be managed down in advance of the implementation date.
78. 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 will be continued.

### **Climate Implications**

79. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.

80. Given that this report deals with savings proposals it is difficult to assess any specific climate change impacts at this stage, but assessments will be undertaken for individual proposals, if appropriate as part of the implementation process.

### **Consultation, Decision Making and Equality Impact Assessments**

81. As part of its prudent financial strategy, the County Council has been planning since June 2020 how it might tackle the anticipated deficit in its budget by 2023/24. As part of the MTFs, which was last approved by the County Council in July 2020, 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.
82. 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 SP2023 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 2023/24.
83. The County Council undertook an open public consultation called *Serving Hampshire – Balancing the Budget* which ran for six weeks from 7 June to the 18 July 2021. The consultation was promoted to residents and stakeholders through a range of online and offline channels including: the County Council's website, social media channels, Hampshire Perspectives residents' forum and Your Hampshire e-newsletter; in County Council libraries and buildings and on electronic noticeboards in GP surgeries and healthcare settings; via media releases to the local TV, radio and written press; via targeted social media advertising; and through direct mail contact to a wide range of groups and organisations across Hampshire (such as district and parish councils, schools, voluntary and community sector groups and organisations, service providers), which promoted onward dissemination, as well as response. 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.
84. 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 2023. 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%.

85. 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.

86. 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 1.99% and an increase in the Adult Social Care Precept of 2% in both 2022/23 and 2023/24. 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 'spare' reserves would only provide a temporary fix, providing enough money to run services for around 14 days.

87. 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.

88. A total of 2,027 responses were received to the consultation – 1,931 via the Response Forms and 96 as unstructured responses through email, letter and social media.

89. The key findings from consultation feedback are as follows:

- Agreement that the County Council should carry on with its **financial strategy** now stands at 45%, compared with 52% in 2019, and 65% in 2017. 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).
- The data suggests that respondents are concerned about the implications of further service changes and charges and increasingly feel that the solution lies with national Government.
- Both data and verbatim comments indicate the respondents want the County Council to **lobby central Government** for further funding and to allow additional charging in a number of areas:

- 87% agreed with lobbying for additional funding to deliver social care services for adults and children
  - 69% agreed with lobbying for increased central government grant funding for libraries
  - 66% agreed with updating the 1964 Public Libraries and Museums Act to enable service modernisation
  - 62% agreed with means testing/ charging for Home to School Transport (HtST)
  - 60% agreed with charging £10 for issuing an Older Person’s Bus Pass
  - 51% agreed with making change to the charging approach for non-residential social services.
- However, there were exceptions, namely that:
    - Most respondents (52%) did not feel that it would be appropriate to lobby for charges relating to Household Waste Recycling Centres (HWRCs)
    - 47% disagreed (compared to 38% who agreed) that councils should be permitted to charge a 25% per journey fare for concessionary travel.
  - A clear majority of respondents (63%) agreed that the County Council should explore further the possibility of changing local government arrangements for Hampshire.
  - No majority view was achieved for any of the other proposals, but the weight of opinion veered slightly towards agreement with:
    - The position that reserves should not be used (48% agreement vs 42% disagreement);
    - That existing service charges could be raised (45% agreement vs 33% disagreement);

And towards disagreement with:

- Introducing new service charges (47% disagreement vs 41% agreement);
  - Reducing or changing services (49% disagreement vs 36% agreement).
- A slight majority of respondents (52%) preferred that the County Council raise **Council Tax** by less than 3.99%. This compared to 21% of respondents whose first choice was to raise council tax by 3.99% and 27% who would choose an increase of more than 3.99%.
  - Suggestions for income generation most commonly related to charges that the County Council could apply. There was also frequent mention of changes to how Council Tax is collected, delivering efficiencies in Council services, ways that the Council could save costs to its operational budget, and suggestions that the County Council could improve its return on investments and adopt more commercial practices.
  - Around half of respondents specified impacts that they felt would arise should the County Council continue with its financial strategy and approve the proposed options. Almost half of these related to the protected equalities

characteristic of age (47%) – most often the effect on children and young people – with impacts on poverty (33%), disability (30%), and rurality (23%) also commonly mentioned. The potential environmental impacts were also noted in a third of the comments submitted (34%). The specific nature of the perceived impacts primarily related to reduction in service quality or availability and the personal financial impacts of increased taxation or charging.

- Efficiency savings were the most common focus of additional suggestions, incorporating staffing, contractor and Member costs, process efficiencies and more effective use of building space.
- The 96 unstructured responses to the consultation, submitted via letter / email or on social media, primarily focussed on the perceived impacts of the proposals, stating concern about reductions to services and the need to focus on reducing costs and lobbying national government for additional funding in preference to raising local taxes.

### **Proposals following consultation feedback**

90. 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 3.99%;
- consider further the opportunities for **changing local government arrangements** in Hampshire;
- Consider further the opportunities around **devolution of financial powers** in response to the Government's County Deal and levelling up agenda.

91. The proposals set out in Appendix 1 have, wherever possible, been developed in line with these principles. The majority relate to savings through further demand reduction (for example, changing the process by which it is determined which Older Adults' service is required rather than reduce the type of services available), increased income generation, and working with our supply chain. A large portion are a continuation and/or expansion of successful Tt2021 initiatives already underway, including all of those

proposed for Younger Adults. Only a minority of savings relate to services being stopped as the Department is now at the point where services which continue to be delivered are the minimum statutory requirement.

92. The largest saving proposed is through utilisation of Government funding, assumed to be forthcoming in recognition of demand and market pressures within Adult Social Care, to reduce the impact of savings that would otherwise need to be achieved. Through the development of new and improved Discharge to Assess arrangements within Older Adults and HCC Care services, people will be better enabled to return to their own home following a hospital stay and unnecessary hospital stays and/or long-term residential care placements could be prevented, thereby helping to alleviate system pressures and generate income. Similarly, focus will remain on supporting people's independence across all client groups through maximising strengths-based approaches, including growing our Younger Adults supported accommodation offer and further investment in Technology Enabled Care.
93. For the few services proposed to be stopped/reduced – local and countywide grants (stopped), and Social Inclusion (reduced) - it is important to note that Adults' Health and Care will continue to work closely with partners, including the Districts and Boroughs, the NHS and the Voluntary and Community Sector to meet shared objectives and minimise the impact on local services and individuals, building on the positive relationships developed in recent months through the pandemic. Additionally, the opportunity will remain for grants to be awarded where there is a corresponding further deliverable saving that can fund the initial outlay of the grant. Both proposals will also be subject to Phase 2 public consultation as detailed further in paragraph 97.
94. 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.
95. 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 for information 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.
96. Together the *Balancing the Budget* consultation and Equality Impact Assessments have helped to shape the final proposals presented for approval in this report. The EIAs will be periodically revisited throughout the life of SP2023. The department is ever mindful of the cumulative impact of savings proposals on service users, families, staff, and other stakeholders including

voluntary and community services, and will take all necessary steps to work with stakeholders, co-produce designs, and mitigate any negative effects where possible.

97. 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. Both Phase 2 consultations would likely take place next year, most probably from early Spring 2022, and would include:

- Social Inclusion – a reduction in funding for commissioned non-statutory services that support people who are homeless or at risk of homelessness;
- Demand Management and Prevention – cessation of local and countywide grants directly funded by Adult Social Care to voluntary, community and partner organisations.

98. It is recognised that the above proposals, subject to Phase 2 consultation and decision, could cause disruption to some voluntary, community and partner organisations, while others may be able to expand their reach. Furthermore, funding secured from other sources may sustain delivery by such organisations but may not enable them to meet any additional demands. It is also recognised that Adults' Health and Care or the County Council as a whole are not the only statutory funders of voluntary and community sector provision in Hampshire (other funders include the NHS, District Councils and the Office of the Police and Crime Commissioner), however they may not be able to fully address any funding shortfall and face their own budget pressures. The Department would continue to work with all other statutory parties to maximise and coordinate funding across the voluntary and community sector.

99. As highlighted in paragraph 62, £0.2m of the Department's savings target relates to Governance and Assurance staffing budget efficiencies. The detailed proposal is in development following the recent appointment of a new Head of Service and will be finalised following the completion of a review and restructure of the function, building on Working Differently savings already achieved. The proposal will be subject to consultation with potentially impacted staff prior to decision and implementation.

## **Conclusion**

100. The Savings to 2023 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.

101. The delivery of the Savings to 2023 Programme will be in parallel to delivery of ongoing Transformation to 2019 and Transformation to 2021 initiatives and, for that reason, is yet 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.
102. 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.



**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
Medium Term Financial Strategy Update <a href="https://democracy.hants.gov.uk/documents/s53375/MTFS%20-%20Cabinet%20FINAL.pdf">https://democracy.hants.gov.uk/documents/s53375/MTFS%20-%20Cabinet%20FINAL.pdf</a>	Cabinet - 14 July 2020 County Council – 16 July 2020
Executive Member for Public Health Transformation to 2021 decision report <a href="#">Appendix 1 (hants.gov.uk)</a>	
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<p><b>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.)</b></p>	
<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

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

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).

## Adults' Health and Care – Proposed Savings Options (Subject to consultation where appropriate)

Ref.	Service Area and Description of Proposal	Impact of Proposal	2022/23 £'000	2023/24 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
OA-23-1	<b>Older Adults – Residential Care</b> Maximising Discharge to Assess, (D2A) arrangements from hospital and increasing availability of step up options from the community including increased use of HCC Care settings.	D2A Provides individuals with a stabilisation period during which action can be taken to facilitate a return home to live as independently as possible, reducing direct placements into permanent long term residential settings. Full utilisation of day opportunities and establishing links to health and wellbeing through these centres will provide additional support and opportunities to increase individuals' community networks, working in a strengths-based way to increase and maintain their independence, providing support to individuals and their carers. Delayed or reduced admissions to residential care.	5,400	5,400	5,400	0
OA-23-2	<b>Older Adults – Domiciliary Care</b> Robust application of Strengths Based Approach to reduce demand and by ensuring the needs of individuals are met by other means where appropriate.	Eligible needs met through a more personalised approach which will include family and friends, local community and voluntary sector organisations. Reduces risk of individuals becoming dependent on higher than necessary packages of care, increases and improves community networks and utilises voluntary and community sector organisations to support individuals. Potential for improved analytics facilitating proactive rather than reactive social	902	1,500	1,500	0

Ref.	Service Area and Description of Proposal	Impact of Proposal	2022/23 £'000	2023/24 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
		care and more targeted and tailored interventions to maintain independence at home for longer. Reduction in events that see escalations in care required - delayed increases to packages. Opportunities to work to reverse frailty in some cases reducing level of paid for care. Enables a joined up approach with community health and identification of most suitable interventions that would allow an individual to remain safe at home for longer, reducing the need for commissioned services and increasing opportunities to prevent hospital admission.				
YA-23-LD1	<b>Younger Adults – Learning Disability</b> Younger Adults Extra Care accommodation, moving people on from residential care to supported accommodation.	Greater proportion of clients in a lower cost service whilst also enabling a greater level of independence for individuals.	138	1,052	1,651	0
YA-23-LD2	<b>Younger Adults – Learning Disability</b> Extension of current work on reducing challenging behaviour	Practices required by providers to mitigate the risk to carers from potentially dangerous client behaviours can be lessened through the application of an LRP approach leading to reduced support costs. Will require extension of temporary LRP staff team.	360	607	740	0

Ref.	Service Area and Description of Proposal	Impact of Proposal	2022/23 £'000	2023/24 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
	(Least Restrictive Practice, LRP).					
YA-23-LD3	<b>Younger Adults – Learning Disability</b> Greater use of universal services (review & reassess), and extension of Strengths Based Approach and telecare.	Reduction in demand for traditional care service as alternatives to care provided through lower cost technological solutions, whilst maintaining independence for longer. Will require HCC 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.	1,423	2,363	2,773	0
YA-23-LD4	<b>Younger Adults – Learning Disability</b> Extension of volunteering model of care started in 2019.	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.	0	43	182	0
YA-23-LD5	<b>Younger Adults – Learning Disability</b> Younger Adults Extra Care 60+ accommodation, moving people on from residential care into more appropriate provision.	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.	76	385	553	0

Ref.	Service Area and Description of Proposal	Impact of Proposal	2022/23 £'000	2023/24 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
YA-23-MH1	<b>Younger Adults – Mental Health</b> Greater use of universal services (review & reassess) and extension of Strengths Based Approach.	Reduction in demand for traditional care service as alternatives to care provided through lower cost technological solutions, whilst maintaining independence for longer. Will require HCC taking a pioneering role as a major employer, reducing social isolation, developing community activities/clubs and supporting the wider Voluntary and Community Sector.	135	463	664	0
YA-23-PD1	<b>Younger Adults – Physical Disability</b> 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.	204	549	816	0
YA-23-PD2	<b>Younger Adults – Physical Disability</b> Greater use of universal services (review & reassess), and extension of Strengths Based Approach and telecare.	Reduction in demand for traditional care service as alternatives to care provided through lower cost technological solutions, whilst maintaining independence for longer. Will require HCC taking a pioneering role as a major employer, reducing social isolation, developing community activities/clubs and supporting the wider Voluntary and Community Sector. Supporting	336	889	1,132	0

Ref.	Service Area and Description of Proposal	Impact of Proposal	2022/23 £'000	2023/24 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
		economic development of the care market, including encouragement of micro-providers and adoption of Technology Enabled Care.				
YA-23-PD3	<b>Younger Adults – Physical Disability</b> Extension of volunteering model of care started in 2019.	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.	0	109	189	0
IH-23-1	<b>HCC Care (In-House)</b> Implementation of the Discharge to Assess model within HCC Care. This supports the NHS with circa 80 beds to discharge people from hospital faster and is funded by the NHS.	The additional income to HCC will be offset, in part, by the cost of long term care purchased from external providers due to the displaced capacity within HCC Care. Staff may need to move sites. Positive impact for service users through improving the discharge process. Some service users may need to move between settings for longer term care support.	0	2,300	2,300	0
HQ-23-1	<b>Headquarters – Demand Management &amp; Prevention</b> Stopping all currently budgeted local and county-wide grants funded by Adult Social Care to voluntary, community and partner organisations. NB. The	Voluntary and community partner organisations may need to reshape their services or seek alternative sources of funding. This may increase demand on funding available from partners (e.g. health and District Councils).	0	365	365	0

Ref.	Service Area and Description of Proposal	Impact of Proposal	2022/23 £'000	2023/24 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
	County Council would continue to provide insight and support to organisations to identify and target services that would be most effective in reducing demand for social care and that meet local needs, as well as help to access external grants and seek opportunities for alternative funding. Grants will still be awarded where there is an evidencable link to a further cashable reduction in care paid for by HCC.					
HQ-23-2	<b>Headquarters – Learning &amp; Development (L&amp;D)</b> Development of L&D's own dedicated training venue(s) within HCC estate.	Possible savings of approx. 50% of L&D venue hire budget if one dedicated venue was available internally with priority use by L&D.	60	60	60	0



Ref.	Service Area and Description of Proposal	Impact of Proposal	2022/23 £'000	2023/24 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
HQ-23-3	<b>Headquarters – L&amp;D</b> Income Generation savings in addition to existing Tt2021 target achieved through greater sales to external parties.	Minimal impact to existing staffing numbers as e-learning technology will be used to complement the face to face learning to reach a wider audience.	25	25	25	0
HQ-23-4	<b>Headquarters – Technology Enabled Care (TEC)</b> Implement TEC delivery that can be shown to contribute to integrated working with the NHS. Specifically identify where measurable benefits sit.	Joint funding arrangements agreed. Areas of specific interest are the 10% of referrals for people with an early diagnosis of Dementia and those at risk of falls.	0	215	215	0
HQ-23-5	<b>Headquarters – Transformation</b> Mobile Forms (Kirona) within the care management system no longer required.	Minimal impact, budget no longer required following closure of IT project.	75	75	75	0
HQ-23-6	<b>Headquarters – Social Inclusion</b> Reduction in funding for non-statutory services	A reduction in these services may result in an increase in the number of people sleeping rough or in temporary accommodation due to lack of support to maintain accommodation, and	0	360	360	0

Ref.	Service Area and Description of Proposal	Impact of Proposal	2022/23 £'000	2023/24 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
	that support people who are homeless or at risk of homelessness. The statutory responsibility to prevent and relieve homelessness sits with District and Borough Councils, however Adults' Health and Care currently commissions a range of accommodation based and community support services for people who are homeless.	subsequently increase pressures across the system and costs for housing, health and adult social care. Fewer people would be able to access Adults' Health and Care funded homelessness support services and would need to seek assistance from District and Borough Councils. Services would continue to be provided for people who are homeless and may have eligible care and support needs as a result of mental health and/or substance misuse or other complex needs.				
GA-23-1	<b>Governance &amp; Assurance</b> Staffing budget savings within Governance & Assurance through a review and restructure of the function.	Staff impact, details to be understood when exact plans (in development) have been finalised.	0	0	200	TBC
AHC-23-1	<b>Demography &amp; Complexity</b> Reduction in care volumes during the	Individuals would receive more timely advice to meet early needs through the extension of demand and prevention services resulting in the	1,000	6,400	6,400	0

Ref.	Service Area and Description of Proposal	Impact of Proposal	2022/23 £'000	2023/24 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
Page 91	Covid-19 pandemic have reduced the baseline volume of paid for care, leading to less growth funding being required. In addition, future predicted demand will continue to be diverted from the front door through use of preventative services and the Contact and resolution Team, (CART) reducing the growth in care requiring support by the County Council.	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.				
AHC-23-2	<b>National Funding</b> Utilisation of additional Government funding to reduce the impact of savings that would otherwise need to be achieved.	N/A	0	15,000	15,000	0
<b>Total Adults' Health and Care</b>			<b>10,134</b>	<b>38,160</b>	<b>40,600</b>	<b>TBC</b>

## **EIAs**

Equality Impact Assessments (EIAs) for the Adults' Health and Care Savings Programme to 2023 proposals are provided in the accompanying Appendix 2 attachment to this report.

Adults' Health and Care EIAs

Service Area	Savings Programme reference(s)	Opportunity	Pages <i>(to be removed for final papers)</i>
Older Adults	OA-23-1	Residential Care	3 to 13
	OA-23-2	Domiciliary Care	(combined EIA)
Younger Adults	YA-23-LD1	Learning Disability – Extra Care Accommodation	14 to 20
	YA-23-PD1	Physical Disability – Extra Care Accommodation	(combined EIA)
	YA-23-LD2	Learning Disability – Least Restrictive Practice	21 to 28
	YA-23-LD3	Learning Disability – Review & Reassess	29 to 37
	YA-23-LD4	Learning Disability – Volunteering	38 to 44
	YA-23-PD3	Physical Disability - Volunteering	(combined EIA)
	YA-23-LD5	Learning Disability – 60+ Accommodation	45 to 51
	YA-23-MH1	Mental Health – Review & Reassess	52 to 61
	YA-23-PD2	Physical Disability – Review & Reassess	62 to 69
HCC Care (In-House Services)	IH-23-1	Discharge to Assess – Income Generation	70 to 78
Headquarters	HQ-23-1	Demand Management & Prevention – Grants	79 to 90
	HQ-23-2	Learning & Development – Venues	91 to 97
	HQ-23-3	Learning & Development – Income Generation	98 to 104
	HQ-23-4	Technology Enabled Care	105 to 112
	HQ-23-5	Transformation – IT Project Budget	N/A – no EIA required

	HQ-23-6	Social Inclusion	113 to 124
Governance & Assurance	GA-23-1	Operating Model	125 to 132
Funding	AHC-23-1	Demography & Complexity	N/A – no EIA required
	AHC-23-2	National Funding	N/A – no EIA required

# Older Adults

<b>Name of SP23 proposal:</b>	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA: <b><i>EIA –[Department]-[title]-[year/month/day]</i></b>
Older Adults – Residential Care & Domiciliary Care (OA-23-1 & OA-23-2)	EIA – AHC – Older Adults-2021/08/19

## EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Erica Jenner	AHC	Transformation Manager	<a href="mailto:Erica.Jenner@hants.gov.uk">Erica.Jenner@hants.gov.uk</a>	03707 791775	19/08/2021	v1
2	EIA authoriser	Helen Style	AHC	Assistant Director Older Adults	<a href="mailto:Helen.Style@hants.gov.uk">Helen.Style@hants.gov.uk</a>	01962 847420	19/08/2021	v1
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	<a href="mailto:Gloria.Kwaw@hants.gov.uk">Gloria.Kwaw@hants.gov.uk</a>	0370 779 4934	19/08/2021	v1

## Section one – information about the service and service change

<b>Service affected</b>	<u>Older Adults</u>
<b>Please provide a short description of the service / policy/project/project phase</b>	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 a Strengths Based Approach, thereby, putting the individual at the centre of understanding their needs and how they can achieve their goals. This support is delivered through a variety of care

	<p>services including the provision of domiciliary care, residential and nursing care, short term beds and respite care.</p> <p>Some of the ways that older people aged 65 and above with eligible needs are supported include:</p> <ul style="list-style-type: none"> <li>• helping people to remain in their own homes for as long as possible, with the aid of services such as assistive care technology, domiciliary care and Direct Payments;</li> <li>• supporting the health, recovery, and wellbeing of individuals through the work of our teams based in the community and hospitals, and through our Reablement and equipment services, working closely with the NHS;</li> <li>• providing day care, short-stays, long-term placements and specialist dementia care in County Council-run residential and nursing homes;</li> <li>• commissioning domiciliary care, residential and nursing placements within the private care market;</li> <li>• investing in alternative accommodation options that help older people to remain independent while meeting the need for 24-hour care in the most cost-effective way, such as Extra Care Accommodation and Shared Lives stays.</li> </ul>
<p><b>Please explain the new/changed service/policy/project</b></p>	<p>Reductions to the cost of providing long-term care in Older Adults services would be sought through:</p> <ul style="list-style-type: none"> <li>• careful timing of our interventions for the most frail individuals to keep them well and stable in their own home – most especially, those over 85 years old;</li> <li>• working closely with our NHS partners by increasing the number of people that are enabled to return to their own home with flexible care arrangements after a hospital stay or visit, through a “Home First” approach;</li> <li>• working closely with our NHS partners by using short-term residential care settings (including County Council-run care homes) to be able to assess people’s longer-term care needs, including following a stay in hospital – sometimes known as</li> </ul>



“Discharge to Assess”;

- reducing the number of direct placements into long-term residential settings by increasing the availability and range of alternative options for ongoing care needs, such as through commissioning more placements in Extra Care accommodation, Shared Lives short stays and day breaks, and working with the private care market as part of a refreshed Residential and Nursing Strategy;
- a modernised day service offering as an alternative to more traditional building-based care, that provides carer respite, sign-posting and direct links to classes and voluntary organisations, thereby improving carer resilience and reducing the need for paid for care;
- delaying the need for people to access more costly, statutory services by making sure they receive early and proactive support before their needs escalate;
- reducing the levels of support paid for by the County Council to help people live at home by ensuring their needs are met by other means where appropriate, including through family and friends, local community and voluntary sector organisations, and increased use of assistive care technology;
- driving performance excellence throughout the service supported by improved analytics, including the introduction of a tool to assess an individual’s level of clinical frailty;
- deliver efficiencies and reduce duplication by expanding the use of virtual technology and working closely with NHS and GP networks to join up our virtual care and virtual visit arrangements for users at home.

### Engagement and consultation

The County Council’s *Serving Hampshire Balancing the Budget* consultation (2021-2023) sought 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?**

(Delete as appropriate)

No

**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, some of which is a continuation of previous Transformation initiatives. However, the County Council ran a major public consultation exercise over the Summer 2021 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 2021. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Feedback from the budget consultation has been taken into consideration in shaping savings proposals where appropriate.

**Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below, as shown in the example.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age				X		Public
Disability			X			Public
Gender reassignment		X				Public
Pregnancy and maternity		X				Public
Race			X			Public
Religion or belief		X				Public
Sex				X		Public
Sexual orientation		X				Public
Marriage & civil partnership		X				Public
Poverty			X			Public
Rurality			X			Public

## Table 2 Geographical impact

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

Area	Yes / no
All Hampshire	Yes
Basingstoke and Deane	
East Hampshire	
Eastleigh	
Fareham	
Gosport	
Hart	
Havant	
New Forest	
Rushmoor	
Test Valley	
Winchester	

### Section three: Equality Statement

For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.

**Table 3 Consideration of and explanation for neutral or low negative impacts**

Protected characteristic	Brief explanation of why this has been assessed as having neutral or low negative impact
Disability	<p>Some service users who would previously have entered residential care may not receive such services from Adults' Health and Care, but alternative community provision is available as mitigation – supporting individuals to return home.</p> <p>Some individuals may receive a lower or different amount of commissioned care, however they will still receive a level of care appropriate to meet their needs.</p>
Gender Reassignment	<p>The limitations around choice of temporary discharge destination, while longer term needs are assessed, may result in individuals being placed in settings that provide limited privacy for individuals, however the additional stabilisation time provided through discharge to assess will result in increased opportunities for individuals to return home and alternative services to temporary beds are available.</p>
Race	<p>Whilst there are areas that have a range of voluntary sector services that cater to different ethnicities this may not always be the case, however supporting individuals to remain at home for longer will benefit them.</p> <p>Discharge to assess temporary placements may not be able to meet all cultural needs, however as mitigation alternative services will be available including services that support individuals in their own home.</p>
Religion or Belief	<p>Whilst there are areas that have a range of voluntary sector services that cater to different religions or beliefs this may not always be the case, however the anticipated outcome that individuals remain at home safely for longer will benefit them.</p> <p>Discharge to assess temporary placements may not be geared up to meet all religious needs, however as mitigation alternative services will be available including services that support individuals in their own home.</p>

Sexual Orientation	The limitations around choice of discharge destination, while longer term needs are assessed, may result in individuals being temporarily placed in settings that provide limited privacy for individuals, however the additional stabilisation time provided through discharge to assess will result in an increased chance for individuals to return home and for those that need long term residential or nursing a longer period to identify a suitable placement. There are also alternative services available to support individuals to return home sooner.
Marriage & Civil Partnership	The limitations around choice of discharge destination, while longer term needs are assessed, may result in individuals being placed in settings away from their family, however the additional stabilisation time provided through discharge to assess will result in an increased chance for individuals to return home and for those that need long term residential or nursing a longer period to identify a suitable placement. There are also alternative services available to support individuals to return home sooner.
Poverty	There are areas of deprivation in Hampshire and some services may not be available to all, for example live in care requires a second bedroom for the carer, however alternative services will be available to support individuals.
Rurality	Some rural areas of Hampshire may have difficulty in accessing services for example Discharge to Assess beds will be located in urban or semi urban areas potentially exacerbating the lack of provision of short term services in rural areas. Alternative services will be available to support individuals.

**For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete the following table:**

**Table 4 Explanation and mitigation for medium and high impacts**

<b>Protected characteristic</b>	<b>Brief explanation of why this has been assessed as having medium or high negative impact</b>	<b>Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)</b>	<b>Short explanation of mitigating actions</b>
Age	Some older adults with less complex needs could receive less commissioned services from Adults’ Health and Care	All of Hampshire	Some new services (as detailed in the additional information section below) would deliver benefits to all

	<p>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.</p>		<p>age groups which balances the impact of lower levels of service in other areas. The outcome of the temporary service following hospital discharge will result in higher numbers of people returning home.</p> <p>Levels of care provided to all older adults age groups will be closely monitored to identify any negative trends and take corrective action if required, there will also be a focus on younger older adults to work with them to improve their longer term independence.</p>
Sex	<p>As 62% of individuals aged 85+ are female they may be disproportionately impacted by changes to services.</p>	All of Hampshire	<p>The outcome of the temporary service following hospital discharge will result in higher numbers of people returning home. Alternative services to the temporary service will also be available for those who require something different.</p>

If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.

For all characteristics marked as either having a positive impact please explain why here.

Table 5 Consideration of and explanation for positive impacts

Protected characteristic	Brief explanation of why this has been assessed as having positive impact

**Further actions and recommendations to consider:**

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.
- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce or mitigate against the negative impacts.
  - Consider undertaking consultation/re-consulting.
  - If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
  - Carry out a subsequent impact severity assessment following mitigating actions.

**Box 1 Please set out any additional information which you think is relevant to this impact assessment:**

SP23 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 and better use of technology to reduce the demand for domiciliary care;
- Supporting a Home First approach to managing discharge from acute hospital settings;
- Reducing the need for long term residential care by providing suitable alternatives, both short term and long term, including use of temporary assessment beds following discharge from hospital.



Supporting individuals to remain safe at home for as long as possible while ensuring their eligible needs are met will reduce the deterioration that individuals may experience through being in a more controlled setting such as a hospital ward for a prolonged period of time and support people to live as independently as possible.

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**

## Younger Adults

<b>Name of SP23 proposal:</b>	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA: <b><i>EIA –[Department]-[title]-[year/month/day]</i></b>
Learning Disabilities & Physical Disabilities – Extra Care Accommodation (YA-23-LD1 & YA-23-PD1)	EIA-AHC-LD PD Supported Accommodation-2021/08/19

### EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Jenny Dixon	AHC	Strategic Commissioning Lead Younger Adults	Jenny.dixon@hants.gov.uk	07739 050567	19/08/2021	V1
2	EIA authoriser	Jess Hutchinson	AHC	Assistant Director Younger Adults	<a href="mailto:Jessica.hutchinson@hants.gov.uk">Jessica.hutchinson@hants.gov.uk</a>	Teams	19/08/2021	V1
3	EIA Coordinator	Ed Walton	AHC	Safeguarding & Governance Senior Officer	<a href="mailto:Ed.walton@hants.gov.uk">Ed.walton@hants.gov.uk</a>	Teams	19/08/2021	V1

### Section one – information about the service and service change

<b>Service affected</b>	Learning Disabilities and Physical Disabilities
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<p><b>Please provide a short description of the service / policy/project/project phase</b></p>	<p>The project began in 2017 under the Transformation to 2017 programme and has continued through Transformation to 2019, Transformation to 2021 and on into Savings Programme 2023. The project is about increasing the number of people with learning disabilities and physical disabilities living in Supported Accommodation and reducing the number of people in those client groups living in residential care. This is through accessing a range of housing opportunities, developing supported accommodation, and the deregistration of residential care homes.</p>
<p><b>Please explain the new/changed service/policy/project</b></p>	<p>The purpose of the project is to support individuals with learning disabilities and physical disabilities to move into accommodation where they hold a tenancy which increases their rights, gives them greater security of tenure and enables them to live as adults with greater equity with the rest of the adult population. It also enables individuals to have greater choice and control over their living environments and how they live their lives.</p>

**Engagement and consultation**

The County Council's *Serving Hampshire Balancing the Budget* consultation (2021-2023) sought 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?**  
(Delete as appropriate)

<p><b>Yes</b></p>		
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**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.

There has been significant ongoing engagement throughout this programme with all stakeholders and providers and with service users and their families impacted throughout this process. It is envisaged that this would continue.

No specific consultation has been carried out on this proposal, which is a continuation of the previous Transformation initiatives.

The County Council ran a major public consultation exercise over the Summer 2021 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 2021. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required. Feedback from the budget consultation has been taken into consideration in shaping savings proposals where appropriate.

## **Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below, as shown in the example.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

<b>Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)</b>	<b>Positive</b>	<b>Neutral</b>	<b>Negative - low</b>	<b>Negative - Medium</b>	<b>Negative - High</b>	<b>Affects staff, public or both?</b>
<b>Age</b>		X				Public
<b>Disability</b>	X					Public
<b>Gender reassignment</b>	X					Public
<b>Pregnancy and maternity</b>	X					Public

<b>Race</b>	X					Public
<b>Religion or belief</b>	X					Public
<b>Sex</b>		X				Public
<b>Sexual orientation</b>	X					Public
<b>Marriage &amp; civil partnership</b>	X					Public
<b>Poverty</b>	X					Public
<b>Rurality</b>		X				Public

**Table 2 Geographical impact**

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

<b>Area</b>	<b>Yes / no</b>
All Hampshire	YES
Basingstoke and Deane	
East Hampshire	
Eastleigh	

Fareham	
Gosport	
Hart	
Havant	
New Forest	
Rushmoor	
Test Valley	
Winchester	

### **Section three: Equality Statement**

**For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.**

**Table 3 Consideration of and explanation for neutral or low negative impacts**

<b>Protected characteristic</b>	<b>Brief explanation of why this has been assessed as having neutral or low negative impact</b>
<b>Age</b>	Supporting individuals to move to Supported Accommodation will not have any effect on this protected characteristic.
<b>Sex</b>	Supporting individuals to move to Supported Accommodation will not have any effect on this protected characteristic.
<b>Rurality</b>	Supporting individuals to move to Supported Accommodation will not have any effect on this protected characteristic.

For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete the following table:

**Table 4 Explanation and mitigation for medium and high impacts**

Protected characteristic	Brief explanation of why this has been assessed as having medium or high negative impact	Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)	Short explanation of mitigating actions

If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.

For all characteristics marked as either having a positive impact please explain why here.

**Table 5 Consideration of and explanation for positive impacts**

Protected characteristic	Brief explanation of why this has been assessed as having positive impact
<b>Disability</b>	Supporting people with learning disabilities and physical disabilities to move to Supported Accommodation or other housing opportunities seeks to improve their quality of life and give people more choice and control of their lives. The offer would help support the Adults’ Health and Care vision of people living long, healthy and happy lives with the maximum possible independence.
<b>Poverty</b>	People who live in residential care are only able to retain a small part of their benefit entitlement to spend as they choose. Individuals with disabilities living in Supported Accommodation or other housing where they are the tenant or owner are entitled to the full range of benefits.

<b>Gender reassignment; Pregnancy and maternity; Race; Religion or belief; Sexual orientation; Marriage &amp; civil partnership</b>	Enabling people to have their own accommodation does enable individuals to have more control and live as they choose which may have benefits to any protected characteristics they may have, for example they will have greater privacy to conduct and engage in relationships with other people of their choosing, which may promote more opportunities for people to get married. There may also be beneficial impacts for individuals as they can arrange their living environment to meet their cultural or religious needs.
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**Further actions and recommendations to consider:**

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.
- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce or mitigate against the negative impacts.
  - Consider undertaking consultation/re-consulting.
  - If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
  - Carry out a subsequent impact severity assessment following mitigating actions.

**Box 1 Please set out any additional information which you think is relevant to this impact assessment:**

This project has been running since 2017, the outcomes have overall mostly been positive for individuals who have moved into new supported accommodation.

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**



## Younger Adults

<b>Name of SP23 proposal:</b>	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA: <b><i>EIA –[Department]-[title]-[year/month/day]</i></b>
Learning Disability - Least Restrictive Practice (YA-23-LD2)	EIA-AHC-Least Restrictive Practice-2021/08/19

### EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Steve Gowtridge	AH&C	Programme Manager	<a href="mailto:Steve.gowtridge@hants.gov.uk">Steve.gowtridge@hants.gov.uk</a>	Teams	19/08/2021	V1
2	EIA authoriser	Jess Hutchinson	AH&C	Assistant Director LD & MH	<a href="mailto:Jessica.hutchinson@hants.gov.uk">Jessica.hutchinson@hants.gov.uk</a>	Teams	19/08/2021	V1
3	EIA Coordinator	Gloria Kwaw	AH&C	Equality and Inclusion Manager	Gloria.Kwaw@hants.gov.uk	Teams	19/08/2021	V1

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### Section one – information about the service and service change

<b>Service affected</b>	Learning Disability Services
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<p><b>Please provide a short description of the service / policy/project/project phase</b></p>	<p>Currently there are over 200 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.</p>
<p><b>Please explain the new/changed service/policy/project</b></p>	<p>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. This can lead to a reduction in the levels of support required by an individual as a result of a decrease in their behaviours that may challenge.</p>

## Engagement and consultation

The County Council's *Serving Hampshire Balancing the Budget* consultation (2021-2023) sought 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?

(Delete as appropriate)

<p>Yes – this is a continuation of a Transformation to 2021 (T21) savings proposal, which has seen extensive engagement.</p>		
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**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, which is an extension of a T21 initiative. However, there has been significant ongoing engagement with stakeholders and providers and with service users and their families impacted over the past 2 years. It is envisaged that this would continue.

The County Council ran a major public consultation exercise over the Summer 2021 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 2021. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

The outcomes of the budget consultation show that 53% of Adult Social Care users disagree with reducing or charging for services and many responses showed concern at the potential of this occurring. The LRP project seeks to support this through reducing the levels of overall care and support by improving quality of life through reduction of restrictions and application of PBS approaches.

**Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below, as shown in the example.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		X				Public
Disability	X					Public
Gender reassignment		X				Public
Pregnancy and maternity		X				Public
Race		X				Public
Religion or belief		X				Public
Sex		X				Public
Sexual orientation		X				Public
Marriage & civil partnership		X				Public
Poverty		X				Public
Rurality		X				Public

## Table 2 Geographical impact

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

Area	Yes / no
All Hampshire	Yes
Basingstoke and Deane	
East Hampshire	
Eastleigh	
Fareham	
Gosport	
Hart	
Havant	
New Forest	
Rushmoor	
Test Valley	
Winchester	

### Section three: Equality Statement

**For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.**

**Table 3 Consideration of and explanation for neutral or low negative impacts**

Protected characteristic	Brief explanation of why this has been assessed as having neutral or low negative impact
All with the exception of Disability	The continued roll-out of Least Restrictive Practice across Hampshire will have, at worst, a neutral impact in terms of people with protected characteristics. Its aims of increasing quality of life and reducing distress for those individuals that we work with will mean that, irrespective of someone's race, gender etc, for those people we work with we expect to see improved outcomes. The way that individuals are identified to be supported by the LRP team is based on their care and support needs as well as levels of behaviours that may challenge, irrespective of any protected characteristic.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete the following table:

**Table 4 Explanation and mitigation for medium and high impacts**

Protected characteristic	Brief explanation of why this has been assessed as having medium or high negative impact	Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)	Short explanation of mitigating actions
None			

If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.

For all characteristics marked as either having a positive impact please explain why here.

**Table 5 Consideration of and explanation for positive impacts**

Protected characteristic	Brief explanation of why this has been assessed as having positive impact
Disability	The people with whom we would work are people with a learning disability who present behaviours that may challenge.

	The LRP offer seeks 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.
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### Further actions and recommendations to consider:

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.
- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce or mitigate against the negative impacts.
  - Consider undertaking consultation/re-consulting.
  - If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
  - Carry out a subsequent impact severity assessment following mitigating actions.

### Box 1 Please set out any additional information which you think is relevant to this impact assessment:

LRP embraces all 6 key principles of Positive & Proactive Care, including:

**Non – Discriminatory:** *Avoiding discrimination, paying attention to groups who are vulnerable to rights violations.*

*As demonstrated by: Using person-centred planning approaches that do not discriminate on the basis of religion or belief, race or culture, gender, sexual preference, disability, mental health; making sure staff are sensitive to culture and diversity and how interventions may affect rights.*

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**



## Younger Adults

<b>Name of SP23 proposal:</b> LD SBA	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA: <b><i>EIA –[Department]-[title]-[year/month/day]</i></b>
Learning Disability – Review & Reassess (YA-23-LD3)	EIA-AHC-LD SBA-2021/08/19

### EIA writer(s) and authoriser

No		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Sam Davenport	AHC	Service Manager	<a href="mailto:Samantha.davenport@hants.gov.uk">Samantha.davenport@hants.gov.uk</a>	07545 41525 7	19/08/21	V1
2	EIA authoriser	Jess Hutchinson	AHC	Assistant Manager Younger Adults	<a href="mailto:Jessica.hutchinson@hants.gov.uk">Jessica.hutchinson@hants.gov.uk</a>	01962 84796 6	19/08/21	V1
3	EIA Coordinator	Ed.walton@hants.gov.uk	AHC	Safeguarding & Governance Senior Officer	<a href="mailto:Ed.walton@hants.gov.uk">Ed.walton@hants.gov.uk</a>	01962 84588 0	19/08/21	V1

## Section one – information about the service and service change

<b>Service affected</b>	Learning Disabilities
<b>Please provide a short description of the service / policy/project/project phase</b>	<p>The learning disability service provides support provision for circa. 3,000 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 £112m per year (total LD budget minus staffing costs).</p> <p>Each person who receives a service has a support plan which is reviewed regularly by Social Workers and social care practitioners. Support is provided with the aim of maximising a person’s independence whilst ensuring their care needs are met through a Strengths Based Approach (SBA), thereby putting the individual at the centre of understanding their needs and how they can achieve their goals.</p>
<b>Please explain the new/changed service/policy/project</b>	<p>This is a continuation of the current Transformation to 2021 (T21) review programme for Learning Disability services, the outcomes of which would specifically look to deliver and maintain existing levels of support to clients where possible but through a more cost-effective method. It is likely that for a large percentage of those assessed the support that they receive would change or reduce. These people are likely to have been impacted by reductions / changes to the levels of service they previously received as a result of earlier transformation programmes.</p> <p>This would include:</p> <ul style="list-style-type: none"> <li>• The use of volunteers where appropriate;</li> <li>• Review of use of transport;</li> <li>• A greater emphasis on community support (without a cost to the County Council);</li> <li>• Support to enter paid employment;</li> <li>• Support to develop self-sustaining networks;</li> <li>• More shared support options;</li> <li>• Time limited support to develop skills;</li> <li>• Implementation of technology;</li> <li>• Changing models of care e.g. increasing access to older persons services.</li> </ul>

## Engagement and consultation

The County Council's *Serving Hampshire Balancing the Budget* consultation (2021-2023) sought 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?

(Delete as appropriate)

Yes – see below		
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### 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, which is an extension of a T21 initiative. However, there has been significant ongoing engagement with service users, families, stakeholders and providers via the Hampshire Learning Disability Partnership Board and the Local Implementation Groups.

The County Council ran a major public consultation exercise over the Summer 2021 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 2021. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

The results of the Balancing the Budget consultation show that 53% of Adult Social Care users disagree with reducing or charging for services and many responses showed concern at the potential of this occurring. The SBA/reviews workstream will result in less paid for services for some people; the County Council will continue to ensure all eligible needs are met.

### **Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below, as shown in the example.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age			X			Public
Disability					X	Public
Gender reassignment		X				Public
Pregnancy and maternity		X				Public
Race		X				Public
Religion or belief		X				Public
Sex		X				Public
Sexual orientation		X				Public
Marriage & civil partnership		X				Public
Poverty		X				Public

<b>Rurality</b>		X					Public
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**Table 2 Geographical impact**

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

<b>Area</b>	<b>Yes / no</b>
All Hampshire	Yes
Basingstoke and Deane	
East Hampshire	
Eastleigh	
Fareham	
Gosport	
Hart	
Havant	
New Forest	
Rushmoor	
Test Valley	
Winchester	

**Section three: Equality Statement**

**For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.**

**Table 3 Consideration of and explanation for neutral or low negative impacts**

Protected characteristic	Brief explanation of why this has been assessed as having neutral or low negative impact
Age	Some older people with a learning disability would move to new accommodation, either Extra Care, Older Persons residential or nursing care. 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 Rights Act 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.
Gender reassignment	The assess and review project will have a neutral impact on those people with a learning disability who have the protected characteristic of gender reassignment. Currently data for this protected characteristic is not collected for people with learning disabilities. Practitioners will ensure that they treat people as individuals, irrespective of their gender.
Marriage or civil partnership	The assess and review project will have a neutral impact on those people with a learning disability who have the protected characteristic of marriage or civil partnership. Assessments & reviews are undertaken with individuals, regardless of whether they are married or in a civil partnership. Where appropriate, carers assessments will be offered to partners of individuals with a learning disability who may be undertaking caring roles. The data for this protected characteristic is available via AIS/Aspire.
Pregnancy and maternity	The assess and review project will have a neutral impact on those people with a learning disability who have the protected characteristic of pregnancy and maternity. Currently data for this protected characteristic is not collected by the County Council for people with learning disabilities.
Race	The assess and review project will have a neutral impact on those people with a learning disability who have the protected characteristic of race. Practitioners will ensure that where English is not the individual's first language, an interpreter is sourced for the assessment or review. The data for this protected characteristic is available via AIS/Aspire.

Religion or belief	The assess and review project will have a neutral impact on those people with a learning disability who have the protected characteristic of religion or belief. Practitioners will ensure that religion or belief is respected, and care provision is based on individual need. The data for this protected characteristic is available via AIS/Aspire.
Sexual orientation	The assess and review project will have a neutral impact on those people with a learning disability who have the protected characteristic of sexual orientation. The data for this protected characteristic is available via AIS/Aspire.
Sex	The assess and review project will have a neutral impact on those people with a learning disability who have the protected characteristic of sex.

For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete the following table:

**Table 4 Explanation and mitigation for medium and high impacts**

Protected characteristic	Brief explanation of why this has been assessed as having medium or high negative impact	Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)	Short explanation of mitigating actions
Disability	<p>These proposals would impact upon people with learning disabilities receiving a variety of different service types. Some choices that are currently available and that are more expensive may cease to be available.</p> <p>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.</p>	No	<p>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.</p> <p>Hampshire County Council would continue to invest in enablement services and supported employment services.</p>

	It is likely for a large percentage of those assessed the support that they receive would change or reduce. These people are likely to have been impacted by reductions / changes to the levels of service they previously received as a result of earlier transformation programmes.		
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If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.

For all characteristics marked as either having a positive impact please explain why here.

**Table 5 Consideration of and explanation for positive impacts**

Protected characteristic	Brief explanation of why this has been assessed as having positive impact

**Further actions and recommendations to consider:**

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.
- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce or mitigate against the negative impacts.
  - Consider undertaking consultation/re-consulting.
  - If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
  - Carry out a subsequent impact severity assessment following mitigating actions.



**Box 1 Please set out any additional information which you think is relevant to this impact assessment:**

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**

## Younger Adults

<b>Name of SP23 proposal:</b>	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA: <b><i>EIA –[Department]-[title]-[year/month/day]</i></b>
Learning Disability & Physical Disability – Volunteering (YA-23-LD4 & YA-23-PD3)	EIA-AHC-LD PD Volunteering-2021/08/19

### EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Ross Thorpe	AHC	Programme Manager	<a href="mailto:ross.thorpe@hants.gov.uk">ross.thorpe@hants.gov.uk</a>	01962 845083	19/08/21	V1
2	EIA authoriser	Jess Hutchinson	AHC	Assistant Director Younger Adults	<a href="mailto:Jessica.hutchinson@hants.gov.uk">Jessica.hutchinson@hants.gov.uk</a>	01962 847966	19/08/21	V1
3	EIA Coordinator	Ed Walton	AHC	Safeguarding & Governance Senior Officer	<a href="mailto:ed.walton@hants.gov.uk">ed.walton@hants.gov.uk</a>	01962 845880	19/08/21	V1

### Section one – information about the service and service change

<b>Service affected</b>	Learning Disabilities (LD) & Physical Disabilities (PD)
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<p><b>Please provide a short description of the service / policy/project/project phase</b></p>	<p>There are currently no schemes providing volunteer support buddies within the adult learning disability service.</p> <p>The Volunteering project across Hampshire is designed to facilitate and establish a culture of volunteer use across provider organisations.</p> <p>This scheme will provide a framework for volunteers to be engaged as volunteer support buddies as a 'step down' from more intensive paid support to improve enablement options. It is envisaged that this will also protect the County's care market.</p> <p>In addition to this, the programme will also seek to expand on more traditional forms of volunteering.</p> <p>As part of the Savings Programme 2023 (SP23) transformation programme, a savings target of £371k has been attached to this initiative (£182k LD and £189k PD).</p>
<p><b>Please explain the new/changed service/policy/project</b></p>	<p>Volunteers will be engaged as support buddies for service users with physical disabilities, learning disabilities and/or autism. Individual volunteer role profiles will be created in partnership with individuals, families, providers, volunteering organisations and other stakeholders. The scheme creates new ways for people with learning and/or physical disabilities to meet their assessed outcomes. The project will seek to recruit volunteers with different cultural and social backgrounds to ensure inclusivity for all service users. It should be noted that support buddies will not be replacing support workers performing regulated care tasks. All volunteers will be DBS checked.</p>

<p><b>Engagement and consultation</b></p>		
<p>The County Council's <i>Serving Hampshire Balancing the Budget</i> consultation (2021-2023) sought 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.</p>		
<p><b>Has any pre-consultation engagement been carried out?</b> (Delete as appropriate)</p>		
<p>Yes – see below</p>		

**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.

The County Council ran a major public consultation exercise over the Summer 2021 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 2021. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required. Feedback from the budget consultation has been taken into consideration in shaping savings proposals where appropriate.

No specific consultation has been carried out on this proposal. However, in preparation for this project, both internal and external stakeholders were engaged with including volunteering and provider organisations. Providers are involved at all stages of this project with direct links to the project leads and subject matter expert.

Service users are integral to the matching process of the buddy scheme. The role profiles are based on the needs and wishes of the service users and their support network as appropriate.

**Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below, as shown in the example.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		X				Public
Disability	X					Public
Gender reassignment		X				Public
Pregnancy and maternity		X				Public
Race		X				Public
Religion or belief		X				Public
Sex		X				Public
Sexual orientation		X				Public
Marriage & civil partnership		X				Public
Poverty		X				Public
Rurality		X				Public

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**Table 2 Geographical impact**

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

Area	Yes / no
All Hampshire	Yes
Basingstoke and Deane	
East Hampshire	
Eastleigh	
Fareham	
Gosport	
Hart	
Havant	
New Forest	
Rushmoor	
Test Valley	
Winchester	

**Section three: Equality Statement**

**For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.**

**Table 3 Consideration of and explanation for neutral or low negative impacts**

Protected characteristic	Brief explanation of why this has been assessed as having neutral or low negative impact
All (with the exception of Disability)	The continuation of the volunteering project across Hampshire will have, at worst, a neutral impact in terms of people with protected characteristics. The department’s aim will remain that all service users receive the appropriate care provision for their needs irrespective of someone’s race, gender, age, religious beliefs, sex or sexual orientation and we expect to see improved outcomes for users. The way that individuals are identified for use of volunteers is based on their care and support needs as well as levels of behaviours that may challenge, irrespective of any protected characteristic. The way in which volunteers will be identified will ensure that volunteers are recruited from different cultural and social backgrounds. Furthermore, there will also be no impact on non-protected characteristics of service users considered by the County Council such as poverty or rurality.

For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete the following table:

**Table 4 Explanation and mitigation for medium and high impacts**

Protected characteristic	Brief explanation of why this has been assessed as having medium or high negative impact	Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)	Short explanation of mitigating actions

If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.

For all characteristics marked as either having a positive impact please explain why here.

**Table 5 Consideration of and explanation for positive impacts**

Protected characteristic	Brief explanation of why this has been assessed as having positive impact
Disability	Support from volunteers is associated with higher self-esteem, improved wellbeing, and lower levels of social exclusion. In many areas of Hampshire, providers are finding it hard to recruit and retain support staff needed to deliver contracted hours. Increasing the use of volunteer support buddies will provide flexibility for people to have the support they need when they need it.

**Further actions and recommendations to consider:**

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.
- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce or mitigate against the negative impacts.
  - Consider undertaking consultation/re-consulting.
  - If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
  - Carry out a subsequent impact severity assessment following mitigating actions.

**Box 1 Please set out any additional information which you think is relevant to this impact assessment:**

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**



## Younger Adults

<b>Name of SP23 proposal:</b>	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA: <b><i>EIA –[Department]-[title]-[year/month/day]</i></b>
Learning Disability - 60+ Accommodation (YA-23-LD5)	EIA-AHC-Younger Adults 60+ Accommodation-2021/08/19

### EIA writer(s) and authoriser

No		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Jenny Dixon	AHC	Strategic Commissioning Lead Younger Adults	<a href="mailto:Jenny.dixon@hants.gov.uk">Jenny.dixon@hants.gov.uk</a>	07739050567	19/08/21	V1
2	EIA authoriser	Jess Hutchinson	AHC	Assistant Director Younger Adults	<a href="mailto:Jessica.hutchinson@hants.gov.uk">Jessica.hutchinson@hants.gov.uk</a>	01962 847966	19/08/21	V1
3	EIA Coordinator	Ed Walton	AHC	Safeguarding & Governance Senior Officer	<a href="mailto:Ed.walton@hants.gov.uk">Ed.walton@hants.gov.uk</a>	01962 845880	19/08/21	V1

### Section one – information about the service and service change

<b>Service affected</b>	Learning Disabilities
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<b>Please provide a short description of the service / policy/project/project phase</b>	The Older People with a Learning Disability Project is aimed at ensuring that people with a learning disability are enabled to live in appropriate environments as they age both in terms of the physical environment and having access to the right care and support. There are a number of people living in the community in properties which are not suitable to their aging needs, for example they may only have upstairs bedrooms and bathrooms. The support staff in some of these settings may also be less experienced/ skilled in working with individuals with frailty or needs that arise from the onset of dementia. The project is looking to move people to more appropriate settings to meet their longer-term needs associated with aging.
<b>Please explain the new/changed service/policy/project</b>	This project may involve moving people to other ground floor supported living opportunities or residential or nursing provision that is suitable to their age-related needs.

## Engagement and consultation

The County Council's *Serving Hampshire Balancing the Budget* consultation (2021-2023) sought 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?

(Delete as appropriate)

No

### 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.

There has been significant ongoing engagement throughout this programme with all stakeholders and providers and with service users and their families impacted throughout this process. It is envisaged that this would continue.

No specific consultation has been carried out on this proposal, which is a continuation of a Transformation to 2021 initiative. However, the County Council ran a major public consultation exercise over the Summer 2021 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 2021. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required. Feedback from the budget consultation has been taken into consideration in shaping savings proposals where appropriate.

## **Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below, as shown in the example.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age	X					
Disability	X					
Gender reassignment		X				
Pregnancy and maternity		X				
Race		X				

<b>Religion or belief</b>		X				
<b>Sex</b>		X				
<b>Sexual orientation</b>		X				
<b>Marriage &amp; civil partnership</b>		X				
<b>Poverty</b>		X				
<b>Rurality</b>		X				

**Table 2 Geographical impact**

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

<b>Area</b>	<b>Yes / no</b>
All Hampshire	YES
Basingstoke and Deane	
East Hampshire	
Eastleigh	
Fareham	
Gosport	

Hart	
Havant	
New Forest	
Rushmoor	
Test Valley	
Winchester	

**Section three: Equality Statement**

**For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.**

**Table 3 Consideration of and explanation for neutral or low negative impacts**

<b>Protected characteristic</b>	<b>Brief explanation of why this has been assessed as having neutral or low negative impact</b>
<b>All except Disability and Age</b>	The individuals who are identified and supported to move are selected on the basis of the suitability of their current residence, their physical health needs and other needs related to aging irrespective of any other protected characteristic.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete the following table:

**Table 4 Explanation and mitigation for medium and high impacts**

Protected characteristic	Brief explanation of why this has been assessed as having medium or high negative impact	Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)	Short explanation of mitigating actions

If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.

For all characteristics marked as either having a positive impact please explain why here.

**Table 5 Consideration of and explanation for positive impacts**

Protected characteristic	Brief explanation of why this has been assessed as having positive impact
<b>Disability</b>	The individuals have been supported on the basis of their primary need being their learning disability; as they age and have increased physical care needs or needs related to dementia, the support arrangements and accommodation they have had may no longer be suitable or the most appropriate to meet their future needs. Enabling people to move to accommodation that does meet their age-related needs with the right support for these needs will lead to better outcomes for those individuals.
<b>Age</b>	Individuals are identified for this project in relation to their age for the reasons described above.

**Further actions and recommendations to consider:**

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.
- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce or mitigate against the negative impacts.
  - Consider undertaking consultation/re-consulting.
  - If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
  - Carry out a subsequent impact severity assessment following mitigating actions.

**Box 1 Please set out any additional information which you think is relevant to this impact assessment:**

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**

## Younger Adults

<b>Name of SP23 proposal:</b>	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA:
Mental Health – Review & Reassess (YA-23-MH1)	EIA-AHC-Mental Health Review & Reassess-2021/08/19

### EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Louise Snook	AHC	PD MH Business Development Manager	<a href="mailto:Louise.Snook@hants.gov.uk">Louise.Snook@hants.gov.uk</a>	0370 779 7093	19/08/21	V1
2	EIA authoriser	Jess Hutchinson	AHC	Assistant Director Younger Adults	<a href="mailto:jessica.hutchinson@hants.gov.uk">jessica.hutchinson@hants.gov.uk</a>	01962 847966	19/08/21	V1
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.Kwaw@hants.gov.uk	0370 779 4934	19/08/21	V1

### Section one – information about the service and service change

<b>Service affected</b>	Mental Health
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<p><b>Please provide a short description of the service / policy/project/project phase</b></p>	<p>Hampshire Adults' Health and Care currently fund a range of residential, nursing care and at home 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, sometimes a long way from Hampshire.</p>
<p><b>Please explain the new/changed service/policy/project</b></p>	<p>Mental Health teams are currently supporting around 470 people with packages of care in various care institutions. The teams will review these arrangements with individuals, using a strengths-based approach, considering how people receiving a high level of care including those in traditional models of 24-hour care can move towards greater independent living. Where it is evidenced that a person is able to move to greater independence, they will be provided with the support to enable them to make the transition and will continue to receive any support required for ongoing needs. Options for people to consider with opportunities for greater independence may include receiving support in Extra Care settings, Shared Lives, Supported Accommodation with a tenancy, improved access to Direct Payments and or a combination of all of the above.</p>

**Engagement and consultation**

The County Council's *Serving Hampshire Balancing the Budget* consultation (2021-2023) sought 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?**

(Delete as appropriate)

<p>Yes</p>		
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**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, which is an extension of a Transformation to 2021 initiative. However, there has been significant ongoing engagement with service users, families, stakeholders and providers.

The County Council ran a major public consultation exercise over the Summer 2021 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 2021. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required. Feedback from the budget consultation has been taken into consideration in shaping savings proposals where appropriate.

**Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below, as shown in the example.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age				X		Public
Disability					X	Public
Gender reassignment		X				Public

<b>Pregnancy and maternity</b>		X				Public
<b>Race</b>				X		Public
<b>Religion or belief</b>		X				Public
<b>Sex</b>		X				Public
<b>Sexual orientation</b>		X				Public
<b>Marriage &amp; civil partnership</b>		X				Public
<b>Poverty</b>		X				Public
<b>Rurality</b>		X				Public

### Table 2 Geographical impact

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

Area	Yes / no
All Hampshire	Yes
Basingstoke and Deane	
East Hampshire	

Eastleigh	
Fareham	
Gosport	
Hart	
Havant	
New Forest	
Rushmoor	
Test Valley	
Winchester	

### **Section three: Equality Statement**

**For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.**

**Table 3 Consideration of and explanation for neutral or low negative impacts**

<b>Protected characteristic</b>	<b>Brief explanation of why this has been assessed as having neutral or low negative impact</b>
<b>Gender reassignment</b>	Whilst people who would describe themselves as transgender may sometimes experience stigma and adversity, this proposal should not result in a negative impact on them, specifically as there is an opportunity to have greater control and choice over their care and support preferences in a mental health arrangement.
<b>Pregnancy and maternity</b>	There is currently no evidence that people who identify with this characteristic will be impacted by the project work to review all cases, as their ongoing care will be determined by their Mental Health needs and individualised support plan.

<b>Religion or belief</b>	People who identify with this characteristic will hold a low risk of being impacted by the project work to review all cases, as their ongoing care will be determined by their Mental Health needs and individualised support plan.
<b>Sex</b>	Currently in Hampshire 61% of funded Mental Health clients have identified as Male and 38% Female, however, there is currently no evidence that people who identify with this characteristic will be impacted by the project work to review all cases, as their ongoing care will be determined by their Mental Health needs and an individualised support plan that would take into account appropriate living arrangements.
<b>Sexual orientation</b>	People from the LGBTQ community are assessed as being at low risk of being affected negatively by this programme of work as their ongoing care will be determined by their Mental Health needs and individualised support plan.
<b>Marriage &amp; civil partnership</b>	There is currently no evidence that people who identify with this characteristic will be impacted by the project work to review all cases, as their ongoing care will be determined by their Mental Health needs and individualised support plan.
<b>Poverty</b>	People with low income will be assessed for their eligibility for care and support and will receive a suitable level of intervention directly from Hampshire Adults' Health and Care to ensure their care arrangements promote their choices in the interests of promoting greater independent living and a healthy lifestyle.
<b>Rurality</b>	Residents of Hampshire who reside in more rural settings are assessed as low risk to this programme where commissioned services are available in all areas across Hampshire, enhanced by an increased set of virtual/ remote care and support opportunities available through technologically enabled care.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete the following table:

Table 4 Explanation and mitigation for medium and high impacts

<b>Protected characteristic</b>	<b>Brief explanation of why this has been assessed as having medium or high negative impact</b>	<b>Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)</b>	<b>Short explanation of mitigating actions</b>
<b>Age</b>	There is an expectation that people would move into accommodation which would meet their needs to	No	Each person in receipt of a current package would be supported carefully and

	<p>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 24-hour care provision.</p>		<p>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. Working age adults may benefit from moving from residential care into more independent accommodation.</p>
<b>Disability</b>	<p>People using mental health services and who are often subject to Section 117 Mental Health Act are likely to feel challenged by the prospect of change to their care</p>	No	<p>Residential care arrangements will continue to remain available for those people who are deemed to require 24-hour care and support. However, it is</p>

	<p>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 prospect of developing supported living schemes for people needing support for their mental health may be subject to stigmatisation in different community settings without adequate planning, preparation and suitable support structures.</p>		<p>anticipated, that this would be a smaller group of people in need of 24-hour provision after a number of examples of care reviews have led to people moving into more independent 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 and social care support. Close partnership working with people and 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.</p>
<b>Race</b>	<p>There is an over representation of people in England who would identify themselves as from a Black Asian Minority Ethnic (BAME) background who have been or who</p>	No	<p>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</p>

	<p>are subject to detention in the mental health system. Many people in need of care and support packages are also subject to Section 117 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 within local communities of stigmatisation of developing housing support schemes leading to the negative impact on the mental state and stability of the scheme residents.</p>		<p>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 with BAME backgrounds will be supported by a variety of measures to stay independent 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.</p> <p>Current work on National Approved Mental Health Professional standards requires the service to understand more fully the diversity of the community it serves; information is being collated, to be analysed and the impact understood.</p>
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**If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.**

**For all characteristics marked as either having a positive impact please explain why here.**

**Table 5 Consideration of and explanation for positive impacts**



Protected characteristic	Brief explanation of why this has been assessed as having positive impact

**Further actions and recommendations to consider:**

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.
- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce or mitigate against the negative impacts.
  - Consider undertaking consultation/re-consulting.
  - If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
  - Carry out a subsequent impact severity assessment following mitigating actions.

**Box 1 Please set out any additional information which you think is relevant to this impact assessment:**

Information on the protected characteristics is limited by the information recorded within the service on AIS. This project work to continue the review and reassessment of Mental Health service users is part of business as usual, with all Mental Health teams contributing to the work and overall savings target.

Service users are identified for review either where there is a change in needs or at the point of their diarised annual review. The review is carried out using strength-based principles and a personalised plan drawn up; appropriate support to enable that person to maintain or improve their independence is put in place, taking into consideration all characteristics that may impact on the delivery of the plan.

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**

## Younger Adults

<b>Name of SP23 proposal:</b>	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA: <b><i>EIA –[Department]-[title]-[year/month/day]</i></b>
Physical Disability – Review & Reassess (YA-23-PD2)	EIA-AHC-PD SBA-2021/08/19

### EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Donna Harrison	AHC	Service Manager	Donna.harrison@hants.gov.uk	03707 791482	19/08/2021	V1
2	EIA authoriser	Jessica Hutchinson	AHC	Assistant Director Younger Adults	<a href="mailto:Jessica.hutchinson@hants.gov.uk">Jessica.hutchinson@hants.gov.uk</a>	01962 847966	19/08/2021	V1
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion manager	Gloria.kwaw@hants.gov.uk	03707 794934	19/08/2021	V1

### Section one – information about the service and service change

<b>Service affected</b>	Physical Disabilities
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<p><b>Please provide a short description of the service / policy/project/project phase</b></p>	<p>The Physical Disability service provides support provision for 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.</p> <p>Each person who receives a service has a support plan which is reviewed regularly by Social Workers and social care practitioners. Support is provided with the aim of maximising a person’s independence whilst ensuring their care needs are met through a Strengths Based Approach (SBA), thereby putting the individual at the centre of understanding their needs and how they can achieve their goals.</p>
<p><b>Please explain the new/changed service/policy/project</b></p>	<p>This is a continuation of the current Transformation to 2021 (T21) review programme for Physical Disability services, the outcomes of which would specifically look to deliver support that is most cost effective. This would include:</p> <ul style="list-style-type: none"> <li>• The use of volunteers where appropriate;</li> <li>• Review of use of transport;</li> <li>• A greater emphasis on community support (without a cost to the council);</li> <li>• Support to enter paid employment;</li> <li>• Support to develop self-sustaining networks;</li> <li>• More shared support options;</li> <li>• Time limited support to develop skills;</li> <li>• Implementation of technology;</li> <li>• Changing models of care e.g. moving from residential care to supported living.</li> </ul>

**Engagement and consultation**

The County Council’s *Serving Hampshire Balancing the Budget* consultation (2021-2023) sought 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?**  
(Delete as appropriate)

<p>Yes – see below</p>		
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**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, which is, in part, an extension of the Transformation to 2021 initiative. However, there has been significant ongoing engagement with service users, families, stakeholders and providers via co-production groups and individual service users.

The County Council ran a major public consultation exercise over the Summer 2021 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 2021. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

The results of the Balancing the Budget consultation show that 53% of Adult Social Care users disagree with reducing or charging for services and many responses showed concern at the potential of this occurring. The SBA/reviews workstream will result in less paid for services for some people; the County Council will continue to ensure all eligible needs are met.

**Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below, as shown in the example.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age			X			Public
Disability					X	Public
Gender reassignment		X				Public
Pregnancy and maternity		X				Public
Race		X				Public
Religion or belief		X				Public
Sex		X				Public
Sexual orientation		X				Public
Marriage & civil partnership		X				Public
Poverty		X				Public
Rurality		X				Public

## Table 2 Geographical impact

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

Area	Yes / no
All Hampshire	Yes
Basingstoke and Deane	
East Hampshire	
Eastleigh	
Fareham	
Gosport	
Hart	
Havant	
New Forest	
Rushmoor	
Test Valley	
Winchester	

### Section three: Equality Statement

**For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.**

**Table 3 Consideration of and explanation for neutral or low negative impacts**

Protected characteristic	Brief explanation of why this has been assessed as having neutral or low negative impact
Age	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 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 Rights Act 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.
All (with the exception of Age & Disability)	<p>The continuation of the Review and Assess project across Hampshire will have, at worst, a neutral impact in terms of people with protected characteristics. Its aim of ensuring that all service users receive the appropriate care provision for their needs for those individuals that we work with will be applied, irrespective of someone's race, gender etc, and we expect to see improved outcomes for users. The way that individuals are identified to have their care provision assessed is based on their care and support needs as well as levels of behaviours that may challenge, irrespective of any protected characteristic.</p> <p>Furthermore, there will also be no impact on non-protected characteristics of service users such as poverty or rurality considered by the County Council.</p>

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For all characteristics marked as either having a 'medium negative' or 'high negative', please complete the following table:

**Table 4 Explanation and mitigation for medium and high impacts**

Protected characteristic	Brief explanation of why this has been assessed as having medium or high negative impact	Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)	Short explanation of mitigating actions
Disability	These proposals would impact upon people with physical disabilities receiving a variety of different service types. Some	No	Assessed Care Act eligibility outcomes would still be met. Case Workers would discuss potential options with

	<p>choices that are currently available and that are more expensive may cease to be available.</p> <p>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.</p> <p>It is likely for a large percentage of those assessed the support that they receive would change or reduce. These people are likely to have been impacted by reductions / changes to the levels of service they previously received as a result of earlier transformation programmes.</p>		<p>individuals who use services as part of the assessment process.</p> <p>Hampshire County Council would continue to invest in enablement services and supported employment services.</p>
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**If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.**

**For all characteristics marked as either having a positive impact please explain why here.**

**Table 5 Consideration of and explanation for positive impacts**

Protected characteristic	Brief explanation of why this has been assessed as having positive impact

**Further actions and recommendations to consider:**

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.



- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce or mitigate against the negative impacts.
  - Consider undertaking consultation/re-consulting.
  - If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
  - Carry out a subsequent impact severity assessment following mitigating actions.

**Box 1 Please set out any additional information which you think is relevant to this impact assessment:**

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**

## HCC Care (In-House Services)

<b>Name of SP23 proposal:</b>	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA:
HCC Care (In-House Services) – Income Generation through Discharge to Assess Bedded Provision (IH-23-1)	EIA – AHC - HCC Care Income Generation - 2021/08/19

### EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Roger Carter	AHC	Transformation Manager	<a href="mailto:Roger.carter@hants.gov.uk">Roger.carter@hants.gov.uk</a>	0370 779 0885	19/08/2021	V1
		Spencer Ashton-Taylor	Transformation Practice	Senior Consultant	<a href="mailto:Spencer.ashton-taylor@hants.gov.uk">Spencer.ashton-taylor@hants.gov.uk</a>	0370 779 5985		
2	EIA authoriser	Karen Ashton	AHC	Assistant Director Internal Provision	<a href="mailto:karen.ashton@hants.gov.uk">karen.ashton@hants.gov.uk</a>	0370 779 1654	19/08/21	V1
3	EIA Coordinator	Ed Walton	AHC	Safeguarding & Governance Senior Officer	<a href="mailto:Ed.walton@hants.gov.uk">Ed.walton@hants.gov.uk</a>	01962 845880	19/08/2021	V1

## Section one – information about the service and service change

<p><b>Service affected</b></p>	<p>Residential Nursing services provided at Clarence Unit at Woodcot Lodge, Willow Court, Forest Court and Ticehurst to convert to dedicated Discharge to Assess (D2A) hubs. These are an extension of a hospital ward in a dedicated care facility away from the acute hospital where dedicated health, care staff and social workers can continue rehabilitating a person and assessing their long term care needs.</p>
<p><b>Please provide a short description of the service</b></p>	<p>Reductions to the running cost of providing permanent long term care and support by optimising people's independence and delaying transfer into long term residential and nursing care by keeping people at home for longer, should this be their preferred option. It will also support income generation by covering the costs of transitional care through joint NHS and Social Care funding whilst assessing long term needs for support.</p>
<p><b>Please explain the new/changed service/policy/project</b></p>	<p>The Clarence Unit was established as a dedicated D2A unit in June 2020 and has been increasing capacity to full 79 beds since. Willow Court, Forest Court and Ticehurst are currently Care Homes for Nursing and have been providing D2A services since late August and early September 2020 respectively. The change in service will mean that new residents in these units will receive a transitional care service following a discharge from hospital. This will include nursing care, reablement, physiotherapy and Care Act assessment for a period of around 21 days before transferring to the most suitable long term care provision. The changes to the existing services will be from long term care placement, to short term care and assessment for people being discharged from hospital, or those deemed to be at risk of an impending hospital admission (hospital admission avoidance). Staff are currently being trained to provide reablement type care to support people to gain independence and return home safely and confidently, as opposed to remaining in the service.</p> <p>The potential service changes are likely to have the following impacts:</p> <ul style="list-style-type: none"> <li>• more effective assessment and understanding of people's needs is made in the more</li> </ul>

appropriate environment, ensuring intensity of care need is understood and the person can then access the right care at the right time, in the right way;

- remove time pressure sourcing long-term services whilst people are in hospital, avoiding inappropriate placement into higher intensity, higher cost long-term residential or nursing care where unnecessary;
- avoiding unnecessary hospital admission where care need can be safely managed in the community, reducing pressure on hospitals and increasing flexibility to manage demand fluctuations;
- everyone eligible who needs longer-term support could receive this in a more personalised setting that maximises their independence, be that their own home, supported accommodation, or a care home;
- dedicated competent staff and space would be provided to make a timely assessment of people's care needs within an environment focused on reablement;
- on completion of assessment individuals will need to move between settings when they require longer-term residential care and support;
- some members of staff may need to work differently or move to different work locations.

Current permanent older adult residents of Ticehurst, Forest Court and Willow Court nursing homes will remain in these units. The vacant capacity in Forest Court and Willow Court will be re-purposed and units will not accept further permanent long term admissions.

## Engagement and consultation

The County Council's *Serving Hampshire Balancing the Budget* consultation (2021-2023) sought 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. Feedback is currently being sought from people who have been through these services and how they might be improved.

**Has any pre-consultation engagement been carried out?**

(Delete as appropriate)

No

**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 2021 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 2021. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required. Feedback from the budget consultation has been taken into consideration in shaping savings proposals where appropriate.

The outcomes of the budget consultation show that 51% of users of services for older people agreed with making changes to the charging approach for non-residential social services (17% disagreed). The use of Short Term Services, and interim assessment, would help reduce the costs of non-residential care by a period of intensive reablement, ensuring the individual’s independence is fully optimised before starting / restarting their non-residential care package if their long term outcome was to return home.

**Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age	X					Public
Disability			X			Public
Gender reassignment		X				Public
Pregnancy and maternity		X				Both
Race		X				Public
Religion or belief		X				Public
Sex		X				Public
Sexual orientation		X				Public
Marriage & civil partnership		X				Public
Poverty		X				Public
Rurality			X			Both

## Table 2 Geographical impact

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

Area	Yes / no
All Hampshire	Yes
Basingstoke and Deane	
East Hampshire	
Eastleigh	
Fareham	
Gosport	
Hart	
Havant	
New Forest	
Rushmoor	
Test Valley	
Winchester	

### Section three: Equality Statement

**For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.**

**Table 3 Consideration of and explanation for neutral or low negative impacts**

Protected characteristic	Brief explanation of why this has been assessed as having neutral or low negative impact
Disability	D2A Units will not be suitable for all people with advanced dementia or complex behavioural issues due to the nature of the service and other service users. Specific to people using the services.
Rurality	Location of units may be some distance from usual place of residence which might require longer travel times for visitors. Both for staff and people using the services.
Race	The service will be available to anyone whose needs can be met in the setting. Temporary extra care housing is available in the North of the County, where a large population of Nepalese makes up 10+% of the population. Extra Care living will allow longer average length of D2A stays, providing more time to support people with language and complex housing needs. Specific for people using the services.
Gender reassignment; Pregnancy and maternity; Religion or belief; Sex; Sexual orientation; Marriage and civil partnership; Poverty	The only acceptance criteria for access to these services are clinical and social care need. Pregnancy and maternity for staff is already protected through current HCC Care policies and risk assessment. Poverty is neutral as this service is non-chargeable for a set period of time, and then means tested as per the Care Act 2014.

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For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete the following table:

**Table 4 Explanation and mitigation for medium and high impacts**

Protected characteristic	Brief explanation of why this has been assessed as having medium or high negative impact	Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)	Short explanation of mitigating actions



If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.

For all characteristics marked as either having a positive impact please explain why here.

**Table 5 Consideration of and explanation for positive impacts**

Protected characteristic	Brief explanation of why this has been assessed as having positive impact
Age	D2A Bedded service provision focuses mainly on Pathway 3 Patients, these are people generally 65+ but usually 85 years and older with Complex Health needs and co-morbidity. This demographic previously would have moved into long term residential or nursing care post hospital discharge. However, following the D2A bedded intervention more are seen to be returning home, as evidenced by the discharge to services outcomes tracking via multi-disciplinary care notes and onwards care monitoring. Further work will be included in the D2A project to follow the outcomes for those people returned home (i.e., readmission to acute hospitals in the last 3/6/12 months). For those admitted needing house clearance or equipment installation, the length of stay can be extended.

**Further actions and recommendations to consider:**

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.
- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce or mitigate against the negative impacts.
  - Consider undertaking consultation/re-consulting.
  - If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
  - Carry out a subsequent impact severity assessment following mitigating actions.

**Box 1 Please set out any additional information which you think is relevant to this impact assessment:**

The service is short term (average 21 days); there will also be alternative D2A provisions available such as Home Based or temporary Extra Care housing if applicable.

Research will continue on the demographics and outcomes of people using the D2A service including how this supports carer breakdown. The additional time to allow for people to be assessed outside of an acute hospital provides time to ensure that

support is provided for people who have specific language, religious and other protected characteristics that might otherwise be overlooked if there were additional time pressures to discharge into long-term onward care.

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**

## Headquarters – Demand Management & Prevention - Grants

<b>Name of SP23 proposal:</b>	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA: <b><i>EIA –[Department]-[title]-[year/month/day]</i></b>
Demand Management & Prevention – Grants for Voluntary and Social Enterprise Sector (HQ-23-1)	EIA-AHC-DMPCU Grants-2021/08/19

### EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Peter Stokes	AHC	Strategic Development Manager	<a href="mailto:peter.stokes@hants.gov.uk">peter.stokes@hants.gov.uk</a>	0370 779 1037	19/08/2021	V1
		Bethany Tanton	AHC	Service Development Officer	<a href="mailto:bethany.tanton@hants.gov.uk">bethany.tanton@hants.gov.uk</a>	0370 779 2655		
2	EIA authoriser	Sarah Snowdon	AHC	Director of AHC	<a href="mailto:graham.allen@hants.gov.uk">graham.allen@hants.gov.uk</a>	0370 779 0744	19/08/2021	V1
3	EIA Coordinator	Ed Walton	AHC	Safeguarding and Governance Senior Officer	<a href="mailto:ed.walton@hants.gov.uk">ed.walton@hants.gov.uk</a>	01962 845880	19/08/2021	V1

## Section one – information about the service and service change

<b>Service affected</b>	Adults' Health and Care (AHC)
<b>Please provide a short description of the service / policy/project/project phase</b>	AHC currently has a grants programme which provides grant funding each year to the Voluntary Community and Social Enterprise (VCSE) sector in Hampshire to help deliver services that are targeted to those most at risk of needing social care. Responsibility for managing this grant programme sits with the Demand Management and Prevention Change Unit (DMPCU).
<b>Please explain the new/changed service/policy/project</b>	To stop issuing all AHC grant funding as part of the grants programme managed by DMPCU by 31 March 2023.

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### Engagement and consultation

The County Council's *Serving Hampshire Balancing the Budget* consultation (2021-2023) sought 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?**

(Delete as appropriate)

	No	
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**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 yet been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2021 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 2021. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required. Feedback from the budget consultation has been taken into consideration in shaping savings proposals where appropriate.

Specific Phase 2 consultation on this proposal is planned. As part of this process, we will ensure partners such as VCSE organisations (including those we currently fund or have funded in the past), District and Borough Councils, health colleagues, etc. will be aware of the consultation process and how they can take part.

**Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below, as shown in the example.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age				X		Public

<b>Disability</b>				X		Public
<b>Gender reassignment</b>		X				Public
<b>Pregnancy and maternity</b>		X				Public
<b>Race</b>				X		Public
<b>Religion or belief</b>		X				Public
<b>Sex</b>		X				Public
<b>Sexual orientation</b>		X				Public
<b>Marriage &amp; civil partnership</b>		X				Public
<b>Poverty</b>				X		Public
<b>Rurality</b>				X		Public

**Table 2 Geographical impact**

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

<b>Area</b>	<b>Yes / no</b>
All Hampshire	Yes
Basingstoke and Deane	

East Hampshire	
Eastleigh	
Fareham	
Gosport	
Hart	
Havant	
New Forest	
Rushmoor	
Test Valley	
Winchester	

### **Section three: Equality Statement**

**For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.**

**Table 3 Consideration of and explanation for neutral or low negative impacts**

<b>Protected characteristic</b>	<b>Brief explanation of why this has been assessed as having neutral or low negative impact</b>
Gender reassignment	Neutral – No DMPCU grants currently specifically support individuals with this protected characteristic. It is also not specifically included as one of the target characteristics in terms of current AHC DMPCU grant programme priorities.

Pregnancy and maternity	Neutral – No DMPCU grants currently specifically support individuals with this protected characteristic. It is also not specifically included as one of the target characteristics in terms of current AHC DMPCU grant programme priorities.
Religion or belief	Neutral – No DMPCU grants currently specifically support individuals with this protected characteristic. It is also not specifically included as one of the target characteristics in terms of current AHC DMPCU grant programme priorities.
Sex	Neutral – No DMPCU grants currently specifically support individuals with this protected characteristic. It is also not specifically included as one of the target characteristics in terms of current AHC DMPCU grant programme priorities.
Sexual orientation	Neutral – No DMPCU grants currently specifically support individuals with this protected characteristic. It is also not specifically included as one of the target characteristics in terms of current AHC DMPCU grant programme priorities.
Marriage & civil partnership	Neutral – No DMPCU grants currently specifically support individuals with this protected characteristic. It is also not specifically included as one of the target characteristics in terms of current AHC DMPCU grant programme priorities.

For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete the following table:

**Table 4 Explanation and mitigation for medium and high impacts**

Protected characteristic	Brief explanation of why this has been assessed as having medium or high negative impact	Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)	Short explanation of mitigating actions
Age	Medium Negative – a significant proportion of current DMPCU grant-funded projects specifically support individuals with this protected characteristic (older adults), an estimated 5,000 individuals across the County. AHC has grant funded some of these service for a number of years. Older Adults are also a key client group in	Countywide impact	AHC will continue to fund a team that will provide insight and support to continue VCSE activity, particularly activity supporting older adults. This includes providing support to access external grants and funding opportunities, to minimise disruption and maximise the ability for the VCSE sector to



	<p>terms of the current AHC grant priorities. It is rated as medium because most of these services are not fully funded by AHC grants, it can only be a proportion of the running costs. In additional projects that are fully funded are operating as pilots and so are already aware that the grant funding is short-term and applied to for the grant funds on this basis. As part of their initial application, they were assessed on their sustainability to continue running beyond the term of the grant without any further financial support from AHC.</p>		<p>avoid costs. Utilisation and development of existing strong relationships focused on expressing AHC needs of sector. Some providers may fail, but others (both at large and community level) may see increased activity. Organisations will still be able to apply for Grant funding through the local County Councillor Grant scheme.</p>
Disability	<p>Medium Negative – a significant proportion of current DMPCU grant-funded projects specifically support individuals with this protected characteristic, an estimated 3,000 individuals across the County. AHC has grant funded some of these services for a number of years. Disability is also a key focus group in terms of the current DMPCU grant priorities. It is rated as medium because most of these services are not fully funded by AHC grants, it can only be a proportion of the running costs.</p>	Countywide impact	<p>AHC will continue to fund a team that will provide insight and support to continue VCSE activity, particularly activity supporting adults with disabilities. This includes providing support to access external grants and funding opportunities, to minimise disruption and maximise the ability for the VCSE sector to avoid costs. Utilisation and development of existing strong relationships focused on expressing AHC needs of sector. Some providers may</p>

	<p>In additional projects that are fully funded are operating as pilots and so are already aware that the grant funding is short-term and applied for the grant funds on this basis. As part of their initial application, they were assessed on their sustainability to continue running beyond the term of the grant without any further financial support from AHC.</p>		<p>fail, but others (both at large and community level) may see increased activity. Organisations will still be able to apply for Grant funding through the local County Councillor Grant scheme.</p>
Race	<p>Medium Negative – a small proportion of current DMPCU grant-funded projects specifically support individuals in relation to this protected characteristic – an estimated 100 individuals across the County. In particular, the impact for this characteristic is rated as medium negative because the organisations that are currently being granted-funded by the DMPCU programme (and have been grant-funded in the past) are valued and trusted sources of information and advice for BAME communities, so therefore these services (of which there are not many in Hampshire) are very important in supporting the welfare of these communities in particular. We also recognise that there</p>	Countywide impact	<p>AHC will continue to fund a team that will provide insight and support to continue VCSE activity, particularly activity supporting adults from BAME communities. This includes providing support to access external grants and funding opportunities, to minimise disruption and maximise the ability for the VCSE sector to avoid costs. Utilisation and development of existing strong relationships focused on expressing AHC needs of sector. Some providers may fail, but others (both at large and community level) may see increased activity. Organisations will still be able to apply for Grant funding through the local</p>

	<p>may be barriers to these organisations accessing funding from other sources. It is rated as medium impact only because these projects are already aware that the grant funding is short-term and applied to for the grant funds on this basis. As part of their initial application, they were assessed on their sustainability to continue running beyond the term of the grant without any further financial support from AHC.</p>		<p>County Councillor Grant scheme.</p>
Poverty	<p>Medium Negative – a significant proportion of current DMPCU grant-funded projects specifically support individuals in relation to this characteristic – an estimated 1,000 individuals across the County. AHC has grant funded some of these services for a number of years. Poverty is also a key focus group in terms of the current DMPCU grant priorities. It is rated as medium because most of these services are not fully funded by AHC grants; the AHC funding can only be a proportion of the running costs. In addition, projects that are fully funded are operating as pilots and so are already aware that the grant funding is short-term and</p>	Countywide impact	<p>AHC will continue to fund a team that will provide insight and support to continue VCSE activity, particularly activity supporting adults experiencing poverty. This includes providing support to access external grants and funding opportunities, to minimise disruption and maximise the ability for the VCSE sector to avoid costs. Utilisation and development of existing strong relationships focused on expressing AHC needs of sector. Some providers may fail, but others (both at large and community level) may see increased activity. Organisations will still be</p>

	<p>applied for the grant funds on this basis. As part of their initial application, they were assessed on their sustainability to continue running beyond the term of the grant without any further financial support from AHC.</p>		<p>able to apply for Grant funding through the local County Councillor Grant scheme.</p>
Rurality	<p>Medium Negative – a medium proportion of current DMPCU grant-funded projects specifically support individuals in relation to this characteristic – an estimated 500 individuals across the County. It is rated as medium because most of these services are not fully funded by AHC grants; the AHC funding can only be a proportion of the running costs. In addition, projects that are fully funded are operating as pilots and so are already aware that the grant funding is short-term and applied to for the grant funds on this basis. As part of their initial application, they were assessed on their sustainability to continue running beyond the term of the grant without any further financial support from AHC.</p>	Countywide impact	<p>AHC will continue to fund a team that will provide insight and support to continue VCSE activity, particularly activity supporting adults living in rural areas. This includes providing support to access external grants and funding opportunities, to minimise disruption and maximise the ability for the VCSE sector to avoid costs. Utilisation and development of existing strong relationships focused on expressing AHC needs of sector. Some providers may fail, but others (both at large and community level) may see increased activity. Organisations will still be able to apply for Grant funding through the local County Councillor Grant scheme.</p>

If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.

For all characteristics marked as either having a positive impact please explain why here.

**Table 5 Consideration of and explanation for positive impacts**

Protected characteristic	Brief explanation of why this has been assessed as having positive impact
N/A	

**Further actions and recommendations to consider:**

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.
- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce or mitigate against the negative impacts.
  - Consider undertaking consultation/re-consulting.
  - If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
  - Carry out a subsequent impact severity assessment following mitigating actions.

**Box 1 Please set out any additional information which you think is relevant to this impact assessment:**

DMPCU in AHC will still provide insight and support to Voluntary Community & Social Enterprise sector (VCSE) and partners (Health and Local Councils) but no direct grant funding support will be provided. DMPCU team will be reprioritised to support organisations find and secure funding from other sources to maintain services, whilst continuing to ensure that the VCSE sector are provided with insight and data (such as demographics, risk factors to social care) to ensure that support continues to be targeted to those most at risk of needing social care (this in particular includes the following protected characteristics: Age, Disability, Race, Poverty and Rurality). Maintenance of relationships with health partners is key to help meet shared objectives e.g., Clinical Commissioning Group. Better working relationships developed with Districts post-COVID can be aligned to minimise impact on local services.

The Culture, Countryside and Business Services department (CCBS) as part of Savings Programme to 2023 are intending to remove £600,000 of grants to community organisations via the CCBS Recreation and Heritage fund and transfer £230,000 to the

Leader's and Members' Grant Fund as a permanent commitment. The impact of the CCBS savings on this proposal will be minimal, as the adverse impact of the CCBS proposal is likely to be cultural and community organisations seeking capital investment for buildings, which is not something the Adults' Health and Care grant programme provides funding for. Furthermore, the additional funding to the Leader's and Member's Grants may provide some organisations who would currently apply to Adults' Health and Care for funding for smaller one-off or pump-priming support to an alternative funding source. Depending on what other changes County Council departments and wider community partners make to their own budgets and activities in relation to VCSE sector support, this change in service could potentially contribute towards greater negative cumulative effects on a number of the protected characteristics. This will be important to consider although cannot be quantified at present.

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**

## Headquarters – Learning & Development

<b>Name of SP23 proposal:</b>	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA: <b><i>EIA –[Department]-[title]-[year/month/day]</i></b>
Development of L&D's own dedicated training venue(s) within HCC estate (HQ-23-2)	EIA – AHC – Learning and Development Venues – 21/08/19

### EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Paul Castle	Adults Learning & Development	Business Development Manager	<a href="mailto:Paul.Castle@hants.gov.uk">Paul.Castle@hants.gov.uk</a>	0370 779 0794	19/08/2021	V1
2	EIA authoriser	Sarah Snowdon	AHC	Assistant Director Transformation & Digital	<a href="mailto:Sarah.snowdon@hants.gov.uk">Sarah.snowdon@hants.gov.uk</a>	01962 832480	19/08/2021	V1
3	EIA Coordinator	Ed Walton	AHC	Safeguarding & Governance Senior Officer	<a href="mailto:Ed.walton@hants.gov.uk">Ed.walton@hants.gov.uk</a>	01962 845880	19/08/2021	V1

### Section one – information about the service and service change

<b>Service affected</b>	HQ – Learning & Development (L&D)
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<b>Please provide a short description of the service / policy/project/project phase</b>	Opportunity for the L&D team to have dedicated training venue(s) in an effort to reduce expenditure on the use of external venues.
<b>Please explain the new/changed service/policy/project</b>	Possible savings of approx. 50% of L&D venue hire budget if one dedicated venue was available internally with priority use by L&D.

## Engagement and consultation

The County Council's *Serving Hampshire Balancing the Budget* consultation (2021-2023) sought 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?**

(Delete as appropriate)

	No	
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**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 2021 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 2021. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required. Feedback from the budget consultation has been taken into consideration in shaping savings proposals where appropriate.



**Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below, as shown in the example.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		X				
Disability			X			
Gender reassignment		X				
Pregnancy and maternity		X				
Race		X				
Religion or belief		X				
Sex		X				

<b>Sexual orientation</b>		X				
<b>Marriage &amp; civil partnership</b>		X				
<b>Poverty</b>			X			
<b>Rurality</b>		X				

**Table 2 Geographical impact**

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

<b>Area</b>	<b>Yes / no</b>
All Hampshire	Yes
Basingstoke and Deane	
East Hampshire	
Eastleigh	
Fareham	
Gosport	
Hart	
Havant	

New Forest	
Rushmoor	
Test Valley	
Winchester	

**Section three: Equality Statement**

For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.

**Table 3 Consideration of and explanation for neutral or low negative impacts**

<b>Protected characteristic</b>	<b>Brief explanation of why this has been assessed as having neutral or low negative impact</b>
Disability	New training venue once sourced may/may not provide desired level of disabled access.
Poverty	New location may equate to additional travel costs for staff either by public transport or increased parking costs.
Age; Gender reassignment; Pregnancy and maternity; Race; Religion or belief; Sex; Sexual orientation; Marriage and civil partnership; Rurality	Neutral – No other protected characteristics will be affected by the proposed changes. As done currently, any potential new venue for training will meet the requirements for inclusivity of all staff and attendees attending the training venues.

For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete the following table:

**Table 4 Explanation and mitigation for medium and high impacts**

Protected characteristic	Brief explanation of why this has been assessed as having medium or high negative impact	Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)	Short explanation of mitigating actions

If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.

For all characteristics marked as either having a positive impact please explain why here.

Table 5 Consideration of and explanation for positive impacts

Protected characteristic	Brief explanation of why this has been assessed as having positive impact

**Further actions and recommendations to consider:**

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.
- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce or mitigate against the negative impacts.

- Consider undertaking consultation/re-consulting.
- If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
- Carry out a subsequent impact severity assessment following mitigating actions.

**Box 1 Please set out any additional information which you think is relevant to this impact assessment:**

Decision on the new venue(s) is yet to be made; the service is working with the internal corporate accommodation board to review possible options that both meet our requirement for a dedicated training venue with suitable facilities but also delivers on planned savings.

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**

At this stage, given that no decision has been made on a venue, an update to the EIA may be required at a later date.

## Headquarters – Learning & Development

<b>Name of SP23 proposal:</b>	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA: <b><i>EIA – [Department]-[title]-[year/month/day]</i></b>
Learning & Development – Income Generation (HQ-23-3)	EIA-AHC-Income Generation-2021/08/19

### EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Paul Castle	AHC Learning & Development	Business Development Manager	<a href="mailto:Paul.Castle@hants.gov.uk">Paul.Castle@hants.gov.uk</a>	0370 779 0794	19/08/21	V1
2	EIA authoriser	Sarah Snowdon	AHC	Assistant Director Transformation & Digital	<a href="mailto:sarah.snowdon@hants.gov.uk">sarah.snowdon@hants.gov.uk</a>	01962 832480	19/08/21	V1
3	EIA Coordinator	Ed Walton	AHC	Safeguarding & Governance Senior Officer	<a href="mailto:Ed.walton@hants.gov.uk">Ed.walton@hants.gov.uk</a>	01962 845880	19/08/21	V1

### Section one – information about the service and service change

<b>Service affected</b>	Learning & Development – Income Generation
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<b>Please provide a short description of the service / policy/project/project phase</b>	Growing opportunities for increased income mainly through the launch of the team's external E-Learning platform.
<b>Please explain the new/changed service/policy/project</b>	Launch of a dedicated, external only, E-Learning platform. Customers will subscribe to the service for access to content.

## Engagement and consultation

The County Council's *Serving Hampshire Balancing the Budget* consultation (2021-2023) sought 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?

(Delete as appropriate)

No

### 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 2021 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 2021. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Feedback from the budget consultation has been taken into consideration in shaping savings proposals where appropriate.

**Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below, as shown in the example.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		X				
Disability		X				
Gender reassignment		X				
Pregnancy and maternity		X				
Race		X				
Religion or belief		X				
Sex		X				
Sexual orientation		X				



<b>Marriage &amp; civil partnership</b>		X				
<b>Poverty</b>			X			
<b>Rurality</b>		X				

**Table 2 Geographical impact**

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

<b>Area</b>	<b>Yes / no</b>
All Hampshire	Y
Basingstoke and Deane	
East Hampshire	
Eastleigh	
Fareham	
Gosport	
Hart	
Havant	
New Forest	

Rushmoor	
Test Valley	
Winchester	

**Section three: Equality Statement**

For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.

**Table 3 Consideration of and explanation for neutral or low negative impacts**

Protected characteristic	Brief explanation of why this has been assessed as having neutral or low negative impact
Poverty	If agreed there may be a future requirement for staff to travel outside of county to provide Face to Face to training. However full costs will be reimbursed.
Age; Disability; Gender reassignment; Pregnancy and maternity; Race; Religion or belief; Sex; Sexual orientation; Marriage and civil partnership; Rurality	Neutral – No other protected characteristics will be affected by the proposed changes. As done currently, any training will be designed to meet the requirements for inclusivity of all staff and attendees.

For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete the following table:

**Table 4 Explanation and mitigation for medium and high impacts**

Protected characteristic	Brief explanation of why this has been assessed as having medium or high negative impact	Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)	Short explanation of mitigating actions

If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.

For all characteristics marked as either having a positive impact please explain why here.

Table 5 Consideration of and explanation for positive impacts

Protected characteristic	Brief explanation of why this has been assessed as having positive impact

**Further actions and recommendations to consider:**

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.
- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce or mitigate against the negative impacts.
  - Consider undertaking consultation/re-consulting.
  - If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
  - Carry out a subsequent impact severity assessment following mitigating actions.

**Box 1 Please set out any additional information which you think is relevant to this impact assessment:**

Agreements on Face-to-Face training and how this will be conducted are yet to be decided.

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**

At this stage, given that no decision has been made on Face-to-Face training, an update to the EIA may be required at a later date as possibilities for additional income become clearer. This may include travel out of the county to conduct training at venues/providers.

## Headquarters – Technology Enabled Care

<b>Name of SP23 proposal:</b>	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA: <b><i>EIA –[Department]-[title]-[year/month/day]</i></b>
Headquarters - Technology Enabled Care (HQ-23-4)	EIA – AHC – TEC – 2021/08/19

### EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Mark Allen	AHC	Head of TEC	<a href="mailto:Mark.allen@hants.gov.uk">Mark.allen@hants.gov.uk</a>	01962 845056	19/08/2021	V1
2	EIA authoriser	Sarah Snowdon	AHC	Assistant Director Transformation & Digital	<a href="mailto:Sarah.snowdon@hants.gov.uk">Sarah.snowdon@hants.gov.uk</a>	0370 779 0744	19/08/2021	V1
3	EIA Coordinator	Ed Walton	AHC	Safeguarding & Governance Senior Officer	<a href="mailto:Ed.walton@hants.gov.uk">Ed.walton@hants.gov.uk</a>	01962 845880	19/08/2021	V1

### Section one – information about the service and service change

<b>Service affected</b>	<u>Technology Enabled Care (TEC)</u>
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<p><b>Please provide a short description of the service / policy/project/project phase</b></p>	<p>The Adults' Health and Care department currently provides TEC services to individuals who are referred via the Dementia Advisors service and pathway. These services are the provision of technological devices that support people in various ways that help them maintain independence. These can range from remote alarms to Amazon Echoes. These individuals fall outside our prime eligibility framework (those who have assessed care needs via a Care Act assessment).</p>
<p><b>Please explain the new/changed service/policy/project</b></p>	<p>Our proposal is to seek funding from the NHS to cover this work as it primarily and substantially supports people who have a first diagnosis of Dementia and their carers. The impact is largely on reducing the call on health services in this early stage of Dementia. In addition, we will seek to develop and offer NHS services a falls prevention intervention utilising Care Technology as we have previously been able to demonstrate positive impacts on primary health care services and admissions to hospital due to repeated falls where individuals have been unable to raise help and/or support.</p> <p>If we are unable to attract appropriate funding arrangements from other sources, we will review the provision of services currently provided by Adults' Health and Care via the Dementia Pathway and assess whether ceasing the referrals via this route will realise the savings required.</p>

<p><b>Engagement and consultation</b></p>		
<p>The County Council's <i>Serving Hampshire Balancing the Budget</i> consultation (2021-2023) sought 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.</p>		
<p><b>Has any pre-consultation engagement been carried out?</b> (Delete as appropriate)</p>		
	<p>No</p>	

**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 2021 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 2021. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required. Feedback from the budget consultation has been taken into consideration in shaping savings proposals where appropriate.

**Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below, as shown in the example.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		X		X		Public
Disability		X		X		Public

<b>Gender reassignment</b>		X				Public
<b>Pregnancy and maternity</b>		X				Public
<b>Race</b>		X				Public
<b>Religion or belief</b>		X				Public
<b>Sex</b>		X				Public
<b>Sexual orientation</b>		X				Public
<b>Marriage &amp; civil partnership</b>		X				Public
<b>Poverty</b>		X				Public
<b>Rurality</b>		X				Public

### Table 2 Geographical impact

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

Area	Yes / no
All Hampshire	Yes
Basingstoke and Deane	
East Hampshire	



Eastleigh	
Fareham	
Gosport	
Hart	
Havant	
New Forest	
Rushmoor	
Test Valley	
Winchester	

### **Section three: Equality Statement**

**For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.**

**Table 3 Consideration of and explanation for neutral or low negative impacts**

<b>Protected characteristic</b>	<b>Brief explanation of why this has been assessed as having neutral or low negative impact</b>
Age	The assessment is neutral if we are able to source additional funding from the NHS as there would be no direct impact on service delivery. If, however, funding is not available then we would need to reduce the service. This would not impact on existing service users but would impact on future potential clients. These individuals would need to approach the NHS for services.
Disability	The assessment is neutral if we are able to source additional funding from the NHS as there would be no direct impact on service delivery. If, however, funding is not available then we

	would need to reduce the service. This would not impact on existing service users but would impact on future potential clients. These individuals would need to approach the NHS for services.
Gender reassignment	The assessment is neutral as there are no specific impacts for this protected characteristic beyond those for any individual.
Pregnancy and maternity	The assessment is neutral as there are no specific impacts for this protected characteristic beyond those for any individual.
Race	The assessment is neutral as there are no specific impacts for this protected characteristic beyond those for any individual.
Religion or belief	The assessment is neutral as there are no specific impacts for this protected characteristic beyond those for any individual.
Sex	The assessment is neutral as there are no specific impacts for this protected characteristic beyond those for any individual.
Sexual orientation	The assessment is neutral as there are no specific impacts for this protected characteristic beyond those for any individual.
Marriage & civil partnership	The assessment is neutral as there are no specific impacts for this protected characteristic beyond those for any individual.
Poverty	The assessment is neutral as there are no specific impacts for this protected characteristic beyond those for any individual.
Rurality	The assessment is neutral as there are no specific impacts for this protected characteristic beyond those for any individual.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete the following table:

**Table 4 Explanation and mitigation for medium and high impacts**

Protected characteristic	Brief explanation of why this has been assessed as having medium or high negative impact	Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)	Short explanation of mitigating actions
Age	If funding is not available, then we would need to reduce the service. This would not impact on existing service users but		We have initiated a dedicated programme to look at the opportunities to seek joint funding from the

	would impact on future potential clients. A significant proportion of people who are diagnosed with Dementia are older individuals. These individuals would need to approach the NHS for services.		NHS for these services alongside a fall prevention initiative. Should this be successful it will mitigate the currently understood negative effects. Those service users who currently receive the service will continue to do so.
Disability	If funding is not available, then we would need to reduce the service. This would not impact on existing service users but would impact on future potential clients who are diagnosed with Dementia and require some level of support. These individuals would need to approach the NHS for services.		We have initiated a dedicated programme to look at the opportunities to seek joint funding from the NHS for these services alongside a fall prevention initiative. Should this be successful it will mitigate the currently understood negative effects. Those service users who currently receive the service will continue to do so.

If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.

For all characteristics marked as either having a positive impact please explain why here.

Table 5 Consideration of and explanation for positive impacts

Protected characteristic	Brief explanation of why this has been assessed as having positive impact

**Further actions and recommendations to consider:**

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.
- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce or mitigate against the negative impacts.
  - Consider undertaking consultation/re-consulting.
  - If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
  - Carry out a subsequent impact severity assessment following mitigating actions.

**Box 1 Please set out any additional information which you think is relevant to this impact assessment:**

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**

## Headquarters –

<b>Name of SP23 proposal:</b>	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA: <b><i>EIA –[Department]-[title]-[year/month/day]</i></b>
Reduction in funding available for social inclusion services (homelessness support services) (HQ-23-6)	EIA-AHC-Social Inclusion-2021/08/19

### EIA writer(s) and authoriser

No		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Sarah Jeffery	AHC	Commissioning officer	<a href="mailto:Sarah.jeffery@hants.gov.uk">Sarah.jeffery@hants.gov.uk</a>	07894417027	19/08/21	V1
2	EIA authoriser	Sarah Snowdon	AHC	Assistant Director Transformation & Digital	<a href="mailto:Sarah.snowdon@hants.gov.uk">Sarah.snowdon@hants.gov.uk</a>	0370 779 0744	19/08/21	V1
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	<a href="mailto:Gloria.kwaw@hants.gov.uk">Gloria.kwaw@hants.gov.uk</a>	0370 779 4934	19/08/21	V1

### Section one – information about the service and service change

<b>Service affected.</b>	<u>Social Inclusion Services (Homelessness Support Services)</u>
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<p><b>Please provide a short description of the service / policy/project/project phase</b></p>	<p>Social inclusion services provide housing related support for people who are sleeping rough or at high risk of sleeping rough. Services support people with mental health support needs, substance misuse issues and those with a history of offending.</p> <p>Housing related support is defined as help that develops or sustains an individual's capacity to live independently in accommodation. This includes support to understand and manage the rights and responsibilities of their tenancy, manage debt and budget effectively, better manage physical health, mental health and substance misuse, and access healthcare, specialist services and Education, Training and Employment (ETE) opportunities.</p> <p>Hampshire County Council currently funds support services for 190 homeless people living in accommodation based (supported housing) schemes.</p> <p>The County Council also funds community support for people who are homeless or at risk of homelessness who have complex and multiple needs and require support to access or maintain accommodation. Approximately 200 people use community support services at any one time.</p>
<p><b>Please explain the new/changed service/policy/project</b></p>	<p>A proposed reduction of £360k in the Adults' Health and Care budget available for these services resulting in fewer people being able to access support and an increased demand for homelessness services provided by district and borough councils.</p> <p>The statutory responsibility to prevent and relieve homelessness sits with the District and Borough councils, however Adults' Health and Care currently commission a range of accommodation based and community support services for people who are homeless.</p> <p>Whilst fewer people would be able to access the specialist services funded by Adults' Health and Care, these services would continue to be available for people who are homeless and may have eligible care and support needs as a result of mental health and/or substance misuse or other complex needs.</p>

## Engagement and consultation

The County Council's *Serving Hampshire Balancing the Budget* consultation (2021-2023) sought 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?

(Delete as appropriate)

	No, but is planned to be undertaken
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### 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.

The County Council ran a major public consultation exercise over the Summer 2021 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 2021. When decisions are made to pursue the options, further specific 'stage 2' consultation will be carried out with stakeholders on the detailed options where required.

Feedback from the budget consultation has been taken into consideration in shaping savings proposals where appropriate.

The initial findings showed that the weight of opinion veered slightly towards disagreement with introducing new service charges, or reducing or changing services.

The respondents to the consultation were not representative of the people affected by changes to services with fewer responses from those in lower income groups or who recognise that they use Adults' Health and Care services. In addition, it was not possible to identify respondents to the consultation who may be homeless or at risk of homelessness. Therefore, if the decision is taken to continue to look at further service changes, there will need to be further in-depth 'stage 2' consultation with the public, service users and other stakeholders.

Once the initial findings from the budget consultation have been published, there will be extensive engagement with District and Borough councils and Health partners to review the future provision of these services and explore opportunities for pooled funding

arrangements in recognition that these services cut across housing, social care, and health needs. Changes to services to achieve the proposed £360k reduction will be co-produced with District and Borough council partners.

It is also intended to engage and consult with other key stakeholders including Probation, the Office of the Police and Crime Commissioner, providers of services and the wider voluntary sector.

Service users will be consulted through both the completion of questionnaires and the opportunity to talk directly to County Council staff regarding the proposals.

In recognition of the complexity and importance of this area of work, we are also proposing to ask the Health and Adult Social Care Select Committee (HASC) to establish a working group to provide overview and scrutiny throughout the review period.

### **Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below, as shown in the example.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		X				Public
Disability					X	Public



<b>Gender reassignment</b>		X				Public
<b>Pregnancy and maternity</b>		X				Public
<b>Race</b>		X				Public
<b>Religion or belief</b>		X				Public
<b>Sex</b>		X				Public
<b>Sexual orientation</b>		X				Public
<b>Marriage &amp; civil partnership</b>		X				Public
<b>Poverty</b>					X	Public
<b>Rurality</b>				X		Public

### Table 2 Geographical impact

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

Area	Yes / no
All Hampshire	YES
Basingstoke and Deane	
East Hampshire	

Eastleigh	
Fareham	
Gosport	
Hart	
Havant	
New Forest	
Rushmoor	
Test Valley	
Winchester	

### **Section three: Equality Statement**

**For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.**

**Table 3 Consideration of and explanation for neutral or low negative impacts**

<b>Protected characteristic</b>	<b>Brief explanation of why this has been assessed as having neutral or low negative impact</b>
<b>Age</b>	Services support people aged between 18 and 64 and above where this is the most appropriate service to meet their needs. Data shows that a significant majority of service users (97%) are aged between 18 and 60. Whilst there are variations around the county, the data shows a fairly even spread within the 18 and 60 age bracket. The available data does not show a marked variation in age between the users of the different types of services.

	Access to services following the proposed reduction in budget would not be prevented on the basis of age.
<b>Gender reassignment</b>	Access to services following the proposed reduction in budget would not be prevented on the basis of gender reassignment and available data regarding use of services does not indicate that this group will be impacted by changes in this provision.
<b>Pregnancy and maternity</b>	Access to services following the proposed reduction in budget would not be prevented on the basis of pregnancy or maternity and available data regarding use of services does not indicate that this group will be impacted by changes in this provision. Equalities data from 2020/21 will be used to further understand the current use of services.
<b>Race</b>	Access to services following the proposed reduction in budget would not be prevented on the basis of race. Equalities data from 2020/21 will be used to further understand the current use of services.
<b>Religion or belief</b>	Access to services following the proposed reduction in budget would not be prevented on the basis of religion or belief. Equalities data from 2020/21 will be used to further understand the current use of services.
<b>Sex</b>	All Homelessness Support services commissioned by the County Council are mixed gender. However, available data shows a variation in use of the different types of service. The majority of people using accommodation-based services are male whilst the majority of people using community support are female. Whilst access to services following the proposed reduction in budget would not be prevented on the basis of sex, an impact may be identified if one element of service provision is reduced more than another.
<b>Sexual orientation</b>	Access to services following the proposed reduction in budget would not be prevented on the basis of sexual orientation. Equalities data from 2020/21 will be used to further understand the current use of services.
<b>Marriage/civil partnership</b>	Access to services following the proposed reduction in budget would not be prevented on the basis of marriage/civil partnership. Equalities data from 2020/21 will be used to further understand the current use of services.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete the following table:

Table 4 Explanation and mitigation for medium and high impacts

Protected characteristic	Brief explanation of why this has been assessed as having medium or high negative impact	Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)	Short explanation of mitigating actions
<b>Disability</b>	<p>In an analysis of client need completed in April 2020, it was found that over 60% of clients have mental health issues and more than 80% have substance misuse issues. A significant number also have poor physical health resulting from long term substance misuse and unmet health needs due to issues accessing services.</p> <p>A significant number of clients receive Employment Support Allowance (ESA) because of illness or disability.</p> <p>Service providers have supplied evidence that they are working with more people with complex and multiple needs. People with complex needs have a combination of mental health and drug and alcohol problems and possibly additional issues such as a learning or physical disability and offending behaviour.</p> <p>The proposed changes to services may mean that this group find it more challenging to access and maintain accommodation. This may result in an increase in homelessness and street homelessness, and associated health problems such as substance misuse and mental health issues.</p> <p>People who are homeless experience some of the worst health outcomes in England and die 30</p>		<p>There will be extensive engagement with District council and Health partners to review the future provision of these services and explore opportunities for pooled funding arrangements in recognition that these services cut across housing, social care and health needs.</p> <p>Any proposed changes to services would ensure that provision focuses on meeting the needs of the most vulnerable clients with multiple and complex needs.</p> <p>The County Council would ensure that anybody affected by the proposals that may have eligible care and support needs as defined by the <i>Care Act 2014</i> can have their needs assessed by the County Council. Following assessment, they would be offered services to meet eligible needs or signposted to other community services.</p>

	<p>years earlier than the general population. The average age of death for a man that is homeless is 47, and for a woman 43. Primary and secondary health services are difficult for homeless clients to access, and intensive support is often required to enable clients to engage with services to ensure that health needs are met.</p> <p>A reduction in services available for this client group may result in an increase in unmet health and social care needs and a subsequent increase in A&amp;E attendance, hospital admissions, and demand for adult social care services.</p>		<p>People with substance misuse issues can access support through the specialist substance misuse services commissioned by the County Council. Services can offer support through outreach and in partnership with other organisations to increase the uptake of the service offer by harder to reach client groups.</p> <p>Where people seek homelessness prevention or relief support from District and Borough councils, housing advisors can refer those with additional support needs to other County Council funded support services, including drug and alcohol services, Wellbeing Centres, and for assessment under the <i>Care Act 2014</i>.</p>
<b>Poverty</b>	<p>Available data shows that the majority of people using Homelessness Support services are in receipt of welfare benefits. Many clients come to the attention of services when they are facing eviction due to rent arrears.</p> <p>Homelessness Support services help people to access their full entitlement of benefits, attend appointments for benefit assessments and resolve issues with benefit claims. Service providers have reported an increase in the number of people requiring this type of support following the roll out of welfare reforms and increased sanctions. Services also help people</p>	This will depend on how the reductions are made.	Any proposed changes to services would ensure that provision focuses on meeting the needs of the most vulnerable clients with multiple and complex needs.

	<p>budget on a low income, access debt advice and prioritise rent payments. Whilst alternative services are available, clients with complex needs often need support to engage with more mainstream service offers or are excluded from these services due to behaviour or substance misuse.</p> <p>For those recovering from homelessness, support to access training courses, voluntary work, education, and employment is available. Pre-employment activities are provided to support vulnerable people who are not yet ready to engage with more mainstream employment support.</p> <p>The proposed changes would result in a reduction in the services available and may result in more people being unable to navigate the benefits system without support or being sanctioned. Subsequently, more people may become homeless as a result of non-payment of rent.</p>		
<b>Rurality</b>	<p>The reduction in community support may mean that people living in more rural areas could find it harder to access the support they need as most alternative services are in larger towns or cities. People who currently receive a visiting community support service may need to travel to get support from other services which they may not be able to do due to affordability or accessibility of public transport.</p>	<p>This will depend on how the reductions are made.</p>	

If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.

For all characteristics marked as either having a positive impact please explain why here.

**Table 5 Consideration of and explanation for positive impacts**

Protected characteristic	Brief explanation of why this has been assessed as having positive impact

**Further actions and recommendations to consider:**

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.
- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce, or mitigate against the negative impacts.
  - Consider undertaking consultation/re-consulting.
  - If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
  - Carry out a subsequent impact severity assessment following mitigating actions.

**Box 1 Please set out any additional information which you think is relevant to this impact assessment:**

Whilst other sources of support are available, the vulnerability of some of the people who use services may mean that they do not seek or access the help they need to prevent homelessness. This could result in an increase in homelessness and street homelessness, and an increase in the number of people who subsequently require services from the District and Borough Councils.

In addition, other sources of support such as Community Mental Health Services have recently undergone changes with new contracts being issued in April 2021. Changes to Hampshire's Mental Health Accommodation and Support Services have also recently taken place. Substance misuse services are currently subject to consultation as part of the Transformation to 2021 programme, with outcomes currently unknown, therefore, identified mitigations such as use of these services may not be available pending the outcome of the consultation. Linked to this, the new Prison and Probation Service, Commissioned Rehabilitative Services are dependent on Local Authority Housing Stock to support those leaving prison, therefore reductions in these services could have a compound impact on these client groups.

Lastly, the Government's stay on evictions during the pandemic has recently ceased. It is anticipated that this will lead to a rise in evictions in a few months' time once the processes have been followed, which may see increased demand for services. Therefore, there is the potential for a higher number of people to be impacted by any changes to services.

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**



## Care Governance and Quality Assurance

<b>Name of SP23 proposal:</b>	<b>SP23 Opportunity Reference:</b> Please use this structure as a reference for your EIA: <b><i>EIA –[Department]-[title]-[year/month/day]</i></b>
Care Governance and Quality Assurance Operating Model (GA-23-1)	EIA-AHC-Care Governance and Quality Assurance-2021/08/19

### EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Philippa Mellish	AHC	Head of Care Governance & Quality Assurance	philippa.mellish@hants.gov.uk	0370 779 0652	19/08/2021	V1
2	EIA authoriser	Graham Allen	AHC	Director of Adult's Health & Care	<a href="mailto:Graham.allen@hants.gov.uk">Graham.allen@hants.gov.uk</a>	03707 795574	24/08/2021	V1
3	EIA Coordinator	Gloria Kwaw	AHC	Equality & Inclusion Manager	<a href="mailto:Gloria.kwaw@hants.gov.uk">Gloria.kwaw@hants.gov.uk</a>	03707 794934	19/08/2021	V1

## Section one – information about the service and service change

<p><b>Service affected</b></p>	<p>Care Governance and Quality Assurance function</p> <p>All services within the Care Governance and Quality Assurance function will be included within the scope of the operating model review with the exception of Officers dedicated to support the Hampshire Safeguarding Adults Board (HSAB). This is because these posts are partnership funded and the level of resource needed to support the HSAB is subject to a resources review being overseen by the HSAB.</p> <p>The remaining teams that are within scope include:</p> <p>The Quality Team - responsible for monitoring the quality of provision across Hampshire's care market, proactively supporting providers to improve, working to prevent provider failure and coordinating the Department's response in the case of provider failure and market exit. The Team also oversee the development and implementation of the Department's Quality Assurance Framework and Care Governance Strategy, providing support and input to the Care Governance Board.</p> <p>The Customer Care Team - responsible for reporting, monitoring, responding to and learning from complaints. The team also coordinate and undertake review activity including records reviews, Critical Incident Reviews, Complex Complaint Investigations, Internal Management Reviews, Coroner's reports and Safeguarding Adult Reviews.</p> <p>Policy and Guidance Team - responsible for overseeing Departmental policies, procedures and guidance, ensuring the Department is kept abreast of, and responds effectively to, policy and legislative developments and managing the Department's work to advance inclusion and diversity, alongside the accessibility of services.</p> <p>Risk and Information Governance Team - responsible for oversight and management of the Department's approach to risk, health and safety, business continuity and information governance.</p>
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<p><b>Please provide a short description of the service / policy/project/project phase</b></p>	<p>This project is in its early, scoping phase. Its purpose is to review the Care Governance and Quality Assurance Operating Model with a view to identifying opportunities to reduce headcount through, for example, changing the way we work or revising the services and support provided to the Department and wider organisation.</p> <p>As the vast majority of the function's budget relates to pay costs, future savings will necessarily impact on members of the team. In so far as possible, efforts will be made to deliver savings through opportunities to rationalise resource through natural turnover - however, this will depend on the nature of roles and needs of the business.</p> <p>Detailed timings for the review and delivery of required savings have yet to be determined. Timings will take into account the fact that the function has recently concluded a restructure resulting in the deletion of four Safeguarding Administrative Officers to achieve savings under the Department's Transformation to 2019 Programme.</p>
<p><b>Please explain the new/changed service/policy/project</b></p>	<p>The Care Governance and Quality Assurance function is required to deliver a £200,000 saving contribution to the Department's Savings Programme to 2023 (SP23) target. It is expected that these savings will need to be achieved through a reduction in the function's headcount, although for completeness consideration will be given to any other opportunities (e.g., the potential to generate income or to reduce limited non-pay budgets). The detailed changes have yet to be determined and will be developed as part of the operating model review. It is anticipated that once detailed proposals are in place, a full EIA will be completed.</p> <p>The Care Governance and Quality Assurance function has recently completed a restructure and undergone a period of instability. With this in mind, planning has not yet commenced on the operating model review to inform required SP23 savings. As this work is progressed, options for achieving savings will be considered and detailed proposals developed. Whilst all possibilities will be explored, it is likely that the majority of savings will be delivered through revising the function's support offer in order to reduce the overall headcount. The equality impacts of all options considered will inform the final proposals which in turn, will be subject to a full EIA. This cannot be completed at this stage in a meaningful way as it is not yet clear which staff will be affected.</p>

## Engagement and consultation

The County Council's *Serving Hampshire Balancing the Budget* consultation (2021-2023) sought 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?

(Delete as appropriate)

		<b>No, but is planned to be undertaken</b>
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### 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 yet been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2021 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 2021. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required. Feedback from the budget consultation has been taken into consideration in shaping savings proposals where appropriate.

All staff impacted will be consulted, as appropriate, prior to any decision being made to restructure services in scope. As the function primarily serves the Department, and is not customer facing, it is not envisaged that more detailed, stage two consultation will be required in addition to the Budget consultation. Where there may be an impact on the function's support to providers, or on work with partners, further consultation and engagement will be planned.

### **Section two: Assessment**

Carefully and consciously consider the impacts of the proposed change.

Consider at this point whether the assessment is of impacts on staff or service users. If it is both the impacts may be contradictory for each group (negative for staff but positive for customers, or vice versa). Consider completing two assessment tables (one for staff and one for customers) and providing one equality statement for both groups.

If the proposed change is expected to have a positive, neutral (no impact) or negative (low, medium or high) impact on people in the protected characteristics groups. Indicate the impact by entering the risk score in the relevant column in the table below, as shown in the example.

If an overview assessment of due regard is appropriate, please go to box 2.

**Table 1 Impact Assessment**

**This is an overview assessment – equality impacts are not yet known** The equality impacts of all options considered will inform the final proposals which in turn, will be subject to a full EIA. This cannot be completed at this stage in a meaningful way as it is not yet clear which staff will be affected.

Protected characteristic (see <a href="#">EIA Guidance</a> for considerations)	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age						
Disability						
Gender reassignment						
Pregnancy and maternity						
Race						
Religion or belief						
Sex						

<b>Sexual orientation</b>						
<b>Marriage &amp; civil partnership</b>						
<b>Poverty</b>						
<b>Rurality</b>						

**Table 2 Geographical impact**

Does the proposal impact on a specific area? Consider the [demographic data](#) of the locations.

<b>Area</b>	<b>Yes / no</b>
All Hampshire	n/a
Basingstoke and Deane	n/a
East Hampshire	n/a
Eastleigh	n/a
Fareham	n/a
Gosport	n/a
Hart	n/a
Havant	n/a

New Forest	n/a
Rushmoor	n/a
Test Valley	n/a
Winchester	n/a

**Section three: Equality Statement**

For all characteristics marked as either having a neutral or low negative impact, challenge your assessment - carefully consider the protected characteristics, if necessary, review the Inclusion and Diversity eLearning, discuss with an EIA co-ordinator.

**Table 3 Consideration of and explanation for neutral or low negative impacts**

Protected characteristic	Brief explanation of why this has been assessed as having neutral or low negative impact

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete the following table:

**Table 4 Explanation and mitigation for medium and high impacts**

Protected characteristic	Brief explanation of why this has been assessed as having medium or high negative impact	Is there a Geographical impact? If so, please explain -use list below to identify geographical area(s)	Short explanation of mitigating actions

If you have specified mitigations as part of the assessment, now consider reviewing the impact severity/risk assessment.

For all characteristics marked as either having a positive impact please explain why here.

**Table 5 Consideration of and explanation for positive impacts**

Protected characteristic	Brief explanation of why this has been assessed as having positive impact

**Further actions and recommendations to consider:**

- If neutral or low negative impacts have been carefully considered and identified correctly, the activity is likely to proceed.
- If medium negative or high negative have been identified:
  - The policy, service review, scheme or practice may be paused or stopped
  - The policy, service review, scheme or practice can be changed to remove, reduce or mitigate against the negative impacts.
  - Consider undertaking consultation/re-consulting.
  - If all options have been considered carefully and there are no other proportionate ways to remove, reduce, or mitigate - explain and justify reasons why in the assessment.
  - Carry out a subsequent impact severity assessment following mitigating actions.

**Box 1 Please set out any additional information which you think is relevant to this impact assessment:**

**Box 2**

**If appropriate, (i.e., it is immediately evident that a full EIA is not necessary) please provide a short succinct assessment to show that due regard has been given and that there is no requirement for a full EIA:**

As explained above, until the work to create a new Operating Model is complete, it will not become apparent what equality impacts there are, as it is not known which staff will be affected. A full EIA will need to be done before decisions are taken about the implementation of a new Operating Model.



## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
<b>Date of meeting:</b>	21 September 2021
<b>Report Title:</b>	Work Programme
<b>Report From:</b>	Chief Executive

**Contact name:** Members Services

**Tel:** 0370 779 0507

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

#### **Purpose of Report**

1. To consider the Committee's forthcoming work programme.

#### **Recommendation**

2. That Members consider and approve the work programme.

**WORK PROGRAMME – HEALTH AND ADULT SOCIAL CARE SELECT OVERVIEW & SCRUTINY COMMITTEE**

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Sept 2021	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022
<p><b>Proposals to Vary Health Services in Hampshire</b> - to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service.  <b>(SC)</b> = Agreed to be a substantial change by the HASC.</p>									
<b>Urology Services Reconfiguration</b>	Proposal to centralise emergency urology care to Royal Hampshire County Hospital in Winchester	Starting Well  Living Well	Hampshire Hospitals NHS FT	Proposals considered June 2021 and supported. Update requested Autumn 2021.			x		
<b>Andover Hospital Minor Injuries Unit</b>	Temporary variation of opening hours due to staff absence and vacancies.	Living Well  Healthier Communities	Hampshire Hospitals NHS FT and West CCG	Last update Sept 2020 (invite West CCG to joint present with HHFT). Update spring 2021 deferred as no change to report.			X?		
<b>North and Mid Hampshire Clinical Services Review</b>  <b>(SC)</b>	Management of change and emerging pattern of services across sites.	Starting Well  Living Well  Ageing Well  Healthier	HHFT / West Hants CCG / North Hants CCG / NHS England	Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Status: last update	If any changes proposed, HASC to receive an update.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Sept 2021	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022
		Communities		Jan 2019. Retain on work prog for update if any changes proposed in future. Timing to be kept under review.					
<b>Spinal Surgery Service</b>	Move of spinal surgery from PHT to UHS (from single clinician to team).	Living Well Ageing Well	PHT, UHS and Hampshire CCGs	Proposals considered July 2018. Determined not SC. Last Update March 2020 (UHS). Next update deferred due to pandemic.					
<b>Chase Community Hospital (Whitehill &amp; Bordon Health and Wellbeing Hub Update)</b>	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider.	Living Well Ageing Well Healthier Communities	HHFT and Hampshire CCGs	Item considered at May 2018 meeting. Sept 2018 decision is substantial change. Latest update March 2021. Request further update late 2021 if developments.			X		
<b>Mental Health Crisis Teams</b>	Proposed changes to the Mental Health Crisis Teams.	Living Well Ageing Well	Solent NHS and Southern Health for PSEH	Presented July 2019. Informed Nov 2019 of 9-12 month project delay.			X		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Sept 2021	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022
		Healthier Communities		Update when work is resumed. (checked July 2021 – project re-starting Aug 2021, suggested timing for update late 2021)					
<b>Integrated Primary Care Access Service</b>	Providing extended access to GP services via GP offices and hubs.	Living Well Ageing Well Healthier Communities	Southern Hampshire Primary Care Alliance	Presented July 2019, last update March 2021. Requested further update late 2021.			x		
<b>Orthopaedic Trauma Modernization Pilot</b>	Minor trauma still treated in Andover, Winchester and Basingstoke. An elective centre of excellence for large operations in Winchester.	Living Well Ageing Well Healthier Communities	HHFT	Presented September 2019, last update March 2021. Requested further update early 2022.				x	
<b>Out of Area Beds and Divisional Bed Management System</b>	Plan to tackle the Out Of Area (OOA) bed issue within the adult mental health services.	Living Well Ageing Well Healthier Communities	Southern Health NHS FT	Presented September 2019, last update Jan 2021. New inhouse beds to come	X				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Sept 2021	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022
				onstream summer 2021. Update requested Sept 2021					
<b>Hampshire Together: Modernising our Hospitals and Health Infrastructure Programme</b>	To receive information about a new hospital being built as part of a long term, national rolling five-year programme of investment in health infrastructure.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HH FT and Hampshire CCGs	Presented July 2020. Last update Nov 2020. Agreed Substantial Change. 3 Dec Council established joint committee with SCC. Met Dec 2020 and March 2021. Next meeting tbc as consultation on hold.					
<b>Building Better Emergency Care Programme</b>	To receive information on the PHT Emergency Department (ED) capital build.	Starting Well Living Well Ageing Well Healthier Communities	PHT and Hampshire CCGs	Presented in July 2020 following informational briefings. last update June 2021. Next update requested spring 2022.					x

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Sept 2021	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022
<p><b>Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.</b></p>									
<p><b>Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire</b></p>	<p>To hear the final reports of the CQC, and any recommended actions for monitoring.</p>	<p>Starting Well Living Well Ageing Well Healthier Communities</p>	<p>Care Quality Commission</p>	<p>To await notification on inspection and contribute as necessary.</p> <p>Updates on hold during pandemic (unless priority due to new report or poor outcome)</p> <p>PHT last report received Jan 2020, update March 2020.</p> <p>SHFT – latest full report and update March 2020.</p> <p>HHFT latest report April 2020 received Sept 2020.</p> <p>Solent – latest full report received April 2019, written update on minor improvement areas</p>					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Sept 2021	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022
				<p>in November 2019.</p> <p>Frimley Health NHS FT report published March 2019 and update provided July 2019. Further update March 2020.</p> <p>UHS FT inspected Spring 2019. Update provided July 2019. Further update March 2020.</p>					
<b>Independent Review of Southern Health NHS Foundation Trust</b>	Review of improvements since a number of deaths of clients in the Trusts care.	Living Well	Southern Health NHS FT	Pascoe independent review report published September 2021. Request Trust to present response autumn 2021.			X?		
<b>Sustainability and Transformation Plans: One for Hampshire &amp; IOW, Other for Frimley</b>	Subject to ongoing scrutiny the strategic plans covering the Hampshire area.	<p>Starting Well</p> <p>Living Well</p> <p>Ageing Well</p> <p>Healthier Communities</p>	STPs	H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17. System reform proposals Nov 2018. STP working group					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Sept 2021	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022
				to undertake detailed scrutiny – updates to be considered through this. Last meeting in Dec 2019 and report to HASC April 2019. Last report alongside WG report in Oct 19. Final papers circulated Nov 2019 (minus Appendices D and I) Timing of next update tbc					
<b>Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme</b>									
<b>Budget</b>	To consider the revenue and capital programme budgets for the Adults' Health and Care department.	Starting Well Living Well Ageing Well Healthier Communities	HCC Adults' Health and Care  (Adult Services and Public Health)	Considered annually in advance of Council in February (January) Transformation savings pre-scrutiny alternate years at Sept meeting.	X			x	



Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Sept 2021	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022
<b>Integrated Intermediate Care</b>	To consider the proposals relating to IIC prior to decision by the Executive Member.	Living Well Ageing Well	HCC AHC	Initial briefing on IIC Oct 2019. Update tbc					
<b>Working Groups</b>									
<b>Sustainability and Transformation Partnership Working Group</b>	To form a working group reviewing the STPs for Hampshire.	Starting Well Living Well Ageing Well Healthier Communities	STP leads  All NHS organisations	Set up in 2017, met in 2018 and 2019. Report back to HASC Oct 19.	Will meet as needed going forwards.				
<b>Public Health Proposals following consultation summer 2021</b>	Regarding services covering: substance misuse, stop smoking, sexual health, 0-19 public health nursing		Public Health within AHC Dept	Working Group initiated June 2021. To feed in to pre-decision scrutiny in late 2021.	Holding meetings in July 2021 to feed back to Oct 2021 HASC				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Sept 2021	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022
<b>Update/Overview Items and Performance Monitoring</b>									
<b>Adult Safeguarding</b>	Regular performance monitoring adult safeguarding in Hampshire.	Living Well Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee. Last update Oct 2020. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report)			x		
<b>Public Health Updates</b>	To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well Living Well Ageing Well Healthier Communities	HCC Public Health	Pre-scrutiny of decision following summer 2021 consultation.		X			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Sept 2021	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022
<b>Health and Wellbeing Board</b>	To scrutinise the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC	HWB annual report received June 2021.					
<b>Public Health Covid-19 Overview and Impact on Health and Wellbeing and Outbreak Control Plans</b>	To receive an overview on the three different aspects in relation to COVID-19.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HCC Public Health	First received July 2020. Updates to be received at each meeting until further notice.	x	x	x	x	x
<b>Adults' Health and Care Covid Response and Recovery</b>	To receive an overview of the systems that have been put in place by Hampshire organizations, partners and voluntary sector.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC, Borough and District Councils, Hampshire Council for Voluntary Service Network, and voluntary sector	First received July 2020. Updates to be received at each meeting until further notice	x	x	x	x	x

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Sept 2021	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022
<b>Hampshire and Isle of Wight Covid-19 NHS System Approach Overview</b>	To receive a report setting out the Hampshire and Isle of Wight Local Resilience Forum response	Starting Well	Hampshire and Isle of Wight Integrated Care System Southampton City, West Hampshire and Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups	First received July 2020. Updates to be received at each meeting until further notice. To cover recovery once crisis period over	x	X	x	x	x
		Living Well							
		Ageing Well							
		Healthier Communities							
		Dying Well							
<b>NHS 111</b>	To request an item on performance of NHS 111 following concerns raised by a committee member	Living Well	Hampshire CCGs	Item on NHS 111 First Nov 2020 on link with Emergency Departments. Performance item March 2021. Requested written only update later in the year.			X?		
		Ageing Well							
		Healthier Communities							
		Dying Well							

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Sept 2021	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022
CCG Merger		Living Well Ageing Well Healthier Communities Dying Well	Hampshire CCGs	Item heard at Sept 2020 meeting regarding merger due to take place April 2021. Latest update received March 2021. Requested update on development of ICS Autumn 2021.	X				

\* Work program to be prioritized and updated accordingly to note items that can be written updates only.

**Other Topic Requests for scheduling:**

June 2021 – request for update on Frimley Commissioning and ICS plans (to be included within ICS item in September 2021)

June 2021 – request for update on water fluoridation powers in the Health and Care White Paper

July 2021 – request for a briefing on the ‘Carers and Working Parents Network’ (a HCC Staff Network. Requested by a member as a result of a member briefing on our workforce)

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**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:**

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

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