

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker	Cabinet
Date:	18 July 2023
Title:	HCC Care Service and Capital Strategy
Report From:	Director of Adults' Health and Care

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Purpose of this Report

1. The purpose of this report is to outline the proposed future service direction of HCC Care's Older Adults service portfolio and provides detail on the service strategy and business model with a capital investment strategy that supports the service direction.
2. It is acknowledged that the proposed future service direction would be subject to the outcomes of a comprehensive and formal consultation process that is proposed to commence at the beginning of September 2023.

Recommendation(s)

3. Approve the strategic direction set out in this report, noting the updated service strategy that prioritises short term, nursing, and complex residential dementia services, as the future focus for HCC Care and acknowledging the significant work that is ahead, the likely required capital investment (£173m in total), the associated business case, the associated timeframes and that a formal public consultation exercise (on the proposed home closures and, modifications and expansions) will be required and is planned to commence in September 2023.
4. Approve in principle, the proposed outline capital programme to deliver modern fit-for-the-future buildings and facilities to safeguard the long-term viability of the care estate aligned to the strategic plans of the service and to improve the experience and meet demand for the increase in older adults with more complex needs requiring residential and nursing care in Hampshire in the future.
5. Approve a formal public consultation process to commence at the beginning of September 2023. The formal public consultation process would be specifically in relation to the proposed home closures and the proposed existing home modifications and expansions outlined in the proposed capital programme. Noting that the outcomes from the formal public consultation process would be scrutinised by the Health and Adult Social Care Select

Committee, prior to any formal decisions being taken by the Executive Lead Member for Adult Social Care and Public Health not before February 2024.

6. Propose to the Chairman of the Health and Adult Social Care Select Committee that a Member, sub-group be established and is asked to oversee and scrutinise the public consultation approach and outputs.
7. Approve feasibility work to be undertaken in respect of the six proposed investment sites only (thus specifically excluding any work in respect of the homes proposed for closure) and approve work in relation to the pursuit of land options for a potential development in the New Forest, to take place during the formal public consultation phase and up to the point of any future Executive Lead Member for Adult Social Care and Public Health decision, so that the groundwork for any potential delivery phase is completed in a timely manner.
8. Approve an alteration to the use of land at the Oak Park site in Havant; whereby it is proposed that part of the site would be developed by the County Council to provide a nursing and complex residential dementia care facility to be owned and operated by the County Council.
9. Approve the proposal to consult on the permanent closure of two homes currently temporarily closed for operational reasons; Copper Beeches in Andover and Cranleigh Paddock in Lyndhurst, noting that the final decision on whether either, or both homes, would be permanently closed would be taken by the Executive Lead Member for Adult Social Care and Public Health following a formal public consultation process that is proposed to commence in September 2023.
10. Approve the proposal to consult on the closures of Bishops Waltham House, Solent Mead (which also caters for Day Services), and Green Meadows in 2024 (exact timings to be confirmed) for service and financial reasons, again noting that the actual decision on the future of these homes would be taken by the Executive Lead Member for Adult Social Care and Public Health following a formal public consultation process that is proposed to commence in September 2023.
11. Linked to the proposed delivery of two proposed new-build facilities (at Oak Park and Cornerways), approve the proposal to consult on the closure and relocation of Malmesbury Lawn and Westholme, for service proximity and workforce reasons, at the time both of the proposed new sites become operational (not before the end of 2026), again noting that the actual decision on the future of these homes would be taken by the Executive Lead Member for Adult Social Care and Public Health following a formal public consultation process that is proposed to commence in September 2023.
12. Approve the proposal to consult on the existing site modifications and expansions of Oakridge House, Ticehurst and Emsworth House, again noting that the actual decision on the future of these homes would be taken by the Executive Lead Member for Adult Social Care and Public Health following a formal public consultation process that is proposed to commence in September 2023.

13. Subject to the approval of all of the proposed home closures and the modifications and expansions of the three existing sites, approve that detailed project appraisals for the proposed individual projects (three proposed new builds and three proposed modifications and expansions to existing homes), would be subject to future approval by the Executive Lead Member for Adult Social Care and Public Health at the time that the detailed proposals are ready for Executive consideration.
14. Note that subject to the Executive Lead Member for Adult Social Care and Public Health taking (any) decisions that are different to the proposed strategic direction and the proposed capital programme, that new strategic direction proposals and a revised business case would be required to be prepared and represented to Cabinet at an appropriate future point in time.

Executive Summary

15. This paper outlines the benefits for Hampshire residents and the strong business case for the Adults' Health and Care Directorate, through HCC Care, continuing to have a sizeable direct provision presence in the Care Home market, enabling the updated service strategy to be delivered on.
16. A phased programme is being recommended, which is estimated to cost £173m and is capable of being delivered over a 5-to-6-year timeframe. The investment proposals include two confirmed new build sites at an estimated cost of £65m. In addition, a further new build site and extensive modifications, and expansion work at three existing homes are included at an estimated cost of £108m.
17. The delivery of the total programme would result in HCC Care providing some 1,000 beds (circa 100 more than now) over a reduced, but more modern, fit for the future portfolio of 13 sites as compared to the starting point for the investment deliberations of 17 sites. The updated portfolio enabling the service to deliver against the three key service areas that the updated service strategy is based upon: short term, nursing, and complex residential dementia.
18. It is acknowledged that the proposed service changes would result in a material change to the existing HCC Care service operation with impacts for existing clients, staff, the overall service focus, and configuration, and for wider stakeholders. The proposed changes would therefore be subject to a comprehensive formal consultation process that would commence at the beginning of September. The consultation does not start until September, in order to avoid the summer holiday period and increase the opportunity for participation. The results of the consultation process would be subject to scrutiny by the Health and Adult Social Care Select Committee early in 2024 prior to the Executive Lead Member for Adult Social Care and Public Health taking any formal decisions on the way forward.

HCC Care – Older Adults Service Strategy:

19. HCC Care currently has over 900 beds based over 17 sites (two of which have been temporarily closed since November 2021) providing both long-term

and short-term standard residential and/or nursing services to Older Adults across Hampshire. Prior to the two temporary closures, operational capacity was at or around 960 beds.

20. Annually, Adults' Health and Care place around 1,600 clients into Care Homes. The majority (75%-80%) go to the private sector.
21. Clients have choice about where their care is delivered and who delivers it. HCC Care provision is renowned for high quality services. However increasingly the physical suitability for the needs of current and future residents as well as the attractiveness of the homes, due to decades of under investment, is reducing. In turn, this means catering on an annual basis for proportionately higher levels of private sector provision, without a comparable saving from the in house service.
22. The service has conducted a robust and detailed strategic review to consider the fundamental viability of continuing to maintain a presence in the care home market, against withdrawing from direct provision and being fully reliant in years to come on the private sector.
23. In the light of concerns about the rate at which market prices are increasing (close to 10% per annum for the past few years and expected to increase further in the near term), increases in service demand and acuity, and future forecasts regarding the number of Older Adults with advanced dementia, it is recommended that the strongest market presence possible is maintained and that the future priority for the service should be centred around three key service areas; short term, nursing, and complex residential dementia. The completed business case for the proposed investment programme in this report, which allows this recommended position to be achieved, is both robust and financially favourable.

Business Case – Future operating model:

24. A stronger market presence is recommended, with overall bed numbers proposed to increase to circa 1,000, and the homes themselves fit-for-the-future and thus attractive, delivering high quality care for prospective clients.
25. To meet current and anticipated demand and acuity of need, it is proposed that the service should provide for more attractive, more modern, fit-for-the-future facilities, in three key service areas: short-term, nursing care and complex residential dementia.
26. Proportionate provision of short-term and long-term units across the main service area geographies (South-East, South-West, Mid & North and North-East) is proposed with an added advantage of being able to flow clients through short-term to long-term wherever possible to help optimise long-term occupancy.
27. The proposal would result in an improved geographical split/coverage, with units that are favourably located in terms of attracting workforce.
28. Fewer overall sites (reduce to 13 from the current 17) would result from the proposal, with new larger sites allowing smaller, more outdated buildings that are less able to meet future needs to be closed or relocated.

29. Consistently improved occupancy, strong value for money, and far greater assurance regarding the delivery of financial savings/efficiencies would result from the proposal. These are key drivers of the service strategy.

Capital Strategy:

30. A detailed evaluation and analysis of the current portfolio has been developed in line with the proposed strategy.
31. The upgraded portfolio resulting from the proposal would consist mainly of larger, better value for money homes that would also be more efficient in terms of daily staffing requirements/ratios, thus minimising day to day operating (revenue) costs. The service would also be able to better meet the needs and preferences of future service users including those with advanced dementia and more complex needs.
32. The proposal, which requires investment estimated at £173m, would enable HCC Care to provide care for people with more complex, nursing needs in addition to complex residential dementia needs, with the latter set to become the fastest growing service area in the next 5-10 years.
33. The investment proposal includes 6 major site developments. It is anticipated that two of three new sites should be delivered by the end of 2026 / early 2027 with the remainder (one new site and the three modifications and expansions of existing sites) to follow within the following year to 18 months. The exact delivery dates would be confirmed following the detailed feasibility phase that is recommended to commence immediately and continue alongside the formal public consultation process.
34. The suggested seven closures (including two relocations) would allow the service to focus on providing care for people with more complex nursing and dementia care moving away from standard residential care which can be purchased at a lower cost in the external market. The homes affected by the proposal have been carefully considered and detailed site analysis has been undertaken for those homes and the remainder of the HCC Care Older Adults estate. Ultimately each home proposed for closure does not meet the required modern design specifications and individual site limitations do not allow them to be refurbished or extended to the required size or quality suitable for older adults with complex nursing needs and/ or dementia.
35. Upon completion of the proposed capital programme, around 80% of the long-term estate (this includes Hawthorne Court) would be in good order. The three remaining long-term care sites, Bickerley Green, Fleming House and Marfield (c160 beds in total) would be considered further at a later date. The bed numbers and the locations that these homes operate in would be key considerations in any future review.

Capital Programme

36. The proposed capital strategy supports the HCC Care Service Strategy outlined above to modernise and update the estate. The total proposed programme is costed at around £173m (as at 4th Quarter 2022 prices).

37. The proposed investment would address high priority maintenance and health and safety issues as well as providing for a major suitability programme that would result in more modern, fit-for-the-future homes.
38. This recommended long-term capital investment strategy supports the role of the County Council as a significant care provider, reducing the reliance on the external market and would limit our financial exposure to the fluctuations of the market.
39. The survey work undertaken to date has highlighted the lack of investment in the residential and nursing estate with the historic £481,000 annual capital allocation insufficient to manage the liability. The proposed investment programme would take some 5 – 6 years to implement and complete and there would be interim works required before the proposed major improvement work can be undertaken, however these would be kept to a minimum.
40. The proposed modern, fit-for-the-future designs recognise that all residential homes accommodate people with varying levels of need including with increasing stages of Dementia. Building design and interior design are especially important for people with Dementia. Bad design can impair memory, reasoning, learning and can cause unnecessary stress. Improving the care environment for this group has a direct link to improved care standards, service delivery, improved experiences for care and nursing home residents and enhanced reputation.

Delivery

41. Recognising the significant investment required but also the importance of updating the portfolio in a timely manner, the proposed investment strategy is anticipated to be delivered over a 5-6 year period.
42. Detailed feasibility for the proposed investment sites would start immediately subject to Cabinet approval and would run alongside the formal public consultation process. Subject to the work ahead and to the decisions of the Executive Lead Member for Adult Social Care and Public Health following the public consultation process, delivery of two of three new-build homes proposed, would be prioritised given that sites owned by the County Council are available.
43. The two new proposed homes (at Oak Park and Cornerways) would provide a flexible mix of nursing and complex residential dementia provision. The two proposed new homes would provide a minimum of 180 beds and possibly up to 200 depending upon the outcome of the detailed feasibility stage. Subject to future decisions, delivery for the proposed two new builds is estimated to be the end of 2026, and possibly into the final quarter of 2026/27.
44. The other proposed investment schemes include a third new build (proposed to be located in the New Forest) and extensive modifications and expansions of three existing sites which would see the end of standard residential provision being provided. The proposed investment schemes would be subject to detailed feasibility work and the outcome of formal public consultation.

45. The exact delivery timeline would only become clearer when the above processes are completed. Subject to the formal public consultation process and future Executive Lead Member for Adult Social Care and Public Health decisions, the aim would be to minimise the overall programme timetable and thus for the schemes to run concurrently with the proposed Oak Park and the Cornerways developments rather than consecutively.
46. The overall delivery programme would enable the six proposed developments to be appropriately spread timewise balancing resources and minimising wherever possible future impacts on service delivery and on the residents affected by the changes.
47. Three existing homes, Forest Court, Willow Court, and the Clarence Unit (also known as Woodcot Lodge) have been repurposed in the past few years to provide short-term discharge-to-assess services mainly to support hospital discharge demands. These sites, particularly Clarence House, are in good condition and do not currently require significant levels of further capital investment. However, due consideration regarding a programme of maintenance would be required to maintain these homes and it is anticipated that some capital investment would be required, especially for Forest Court and Willow Court, in the future.
48. Subject to the proposed programme ultimately proceeding in full, and going largely to plan, and assuming no material issues arise for the different proposed schemes, it is estimated that all six developments would be completed at or by early 2028/29.

The Proposed Specific Developments

Oak Park (New Build), Havant

49. The proposed Oak Park site in Havant consists of HCC land combined with adjacent land purchased from Hampshire Primary Care Trust (HPCT) in 2013. The site has previously been considered for an externally delivered Health & Wellbeing campus; consisting of a Nursing home, Extra Care housing, and Supported housing.
50. Following unsuccessful procurement processes linked to a number of largely external factors, it is now proposed for the County Council to develop the site to provide a new owned and managed 100-bedded care home, together with Extra Care housing delivered by a third party for which separate funding exists. A separate Executive decision will be required in September 2023 to enable the Extra Care development to be progressed.
51. This new Oak Park proposal differs from the original approval given around the use of land; whereby the entire Health and Wellbeing campus was to be delivered by a third party, and therefore specific approval is recommended for the use of land that the County Council would develop part of the site for the delivery of an owned and operated care home.
52. The original land transfer from HPCT contains specific requirements, in terms of matters such as the nature of development, timescales for delivery, coverage, valuation and offer back clauses. A Deed of Variation has been agreed that extends the NHS' buy back option on the site. The new timeline

now requires Hampshire County Council (or a partner/developer) to start on site (Extra Care or Nursing Home or both) by 31 December 2025. Approval today to proceed with the detailed feasibility work would enable this timeline to be met if the proposed programme in full is able to be progressed following the formal public consultation process.

53. The estimated cost to deliver the proposed 100-bed care home, which is anticipated to support 60 nursing beds and 40 for complex residential dementia, is forecast to be in the region of £35m (including fees – 4th Quarter 2022).

Cornerways (New Build), Winchester

54. The proposed site is ideally positioned to enable the delivery of flexible nursing and complex residential dementia provision for the Mid and North service area.
55. Initial feasibility work suggests that an 80-bed facility, subject to planning, can be accommodated on the site if combined with the Merrydale facility (closed in 2018 and unoccupied save for a property guardian) directly behind. Designs have also been produced for a 100-bed facility and comparisons made with the height of the existing building and the 80-bed option. The different proposed designs would be tested through the detailed feasibility stage including in consultation with Winchester City Council.
56. The estimated cost of demolishing the existing facility and building the proposed new 80-bed facility is in the region of £30m (including fees – 4th Quarter 2022).

3rd New Build, New Forest

57. The investment proposal also includes a third proposed new site, which would serve the New Forest area and, as with Cornerways, offer up to 100 beds but a minimum of 80. The optimum site has yet to be identified, albeit options are being pursued. Discussions with New Forest District Council and with the NHS (as two important landowners) are also planned and it may be possible that interest in the County Council's wider landholdings may help as part of any future negotiations to enable a suitable site to be secured.
58. The estimated cost of the proposed new build is in the order of £30m. This does not include any cost that may be incurred if a site has to be purchased. If that proves to be the case, capital receipts from the 7 sites that the County Council is recommending for release and that would be subject to the formal public consultation process, are estimated to be between £10m and £15m providing a potential funding source.

Proposed Existing Site Modifications and Expansions

Oakridge House, Ticehurst and Emsworth House

59. This part of the proposed investment programme seeks to retain, extend and remodel three existing homes that currently offers a combination of modern nursing capacity but older, more tired and outdated standard residential provision.

60. All three of the proposed existing homes, Oakridge House, Ticehurst and Emsworth House have individually been subject to site visits and review. Recent work has helped to gain greater understanding of the potential capacity for each site. Both Ticehurst and Emsworth House can deliver up to 100 beds each. The Oakridge House site is slightly more limited but is still able to accommodate 88 beds.
61. The cost of extensively modifying the three older residential buildings across the different sites, replacing and expanding the overall provision, and modernising the existing remaining Nursing provision, is estimated at £78m. The benefits of a being able to operate a more efficient staffing model that would result from the proposed capital works have been completed. The ability to staff the proposed modified and expanded units and the positive price comparisons with the independent market help to strengthen the proposed overall business case further.
62. All three of the homes proposed for modification and expansion would be included (and separately consulted on) in the formal public consultation exercise that is due to commence in September 2023.

Proposed Home Closures

63. In total, seven existing homes are planned to be closed as part of the overall approvals being sought for the proposed investment programme.
64. For operational resilience reasons, two homes (Cranleigh Paddock in the New Forest and Copper Beeches in Andover) were temporarily closed at the end of November 2021. It is proposed that these two homes should be permanently closed and alternative uses, or disposal of the sites, be considered. These proposals would be subject to the planned formal public consultation process that is recommended to commence in September 2023.
65. An additional three homes; Bishops Waltham House (35 beds), Solent Mead (35 beds), and Green Meadows (42 beds) are also proposed for permanent closure for financial and service reasons. These are homes currently providing standard residential care and the long-term service strategy no longer supports providing this type of provision. Whilst the care provided by staff is rated as good by the Care Quality Commission, these environments are outdated. Therefore, these homes can only accommodate people with lower levels of need in standard residential care rather than those with more complex needs. Additionally, Solent Mead caters for a Day Service operation which would also be impacted if the decision to close the home is approved.
66. If the Executive Lead Member for Adult Social Care and Public Health does approve the closure of Bishops Waltham House, Solent Mead and Green Meadows following the formal public consultation process, then the permanent closure of the homes would be inextricably linked to suitable alternative accommodation being secured for affected residents that meets their care needs. There are a number of staff within Adults' Health and Care who have good experience of supporting people to move from care settings. This should enable the permanent closures to be completed within 6-12 months of any closure decision being made.

67. Should the proposed new home at Oak Park be implemented and completed, it is proposed to close Malmesbury Lawn in Havant (32 beds) at the point the new facility is operational due to its close proximity. Malmesbury Lawn is rated good by the Care Quality Commission, but the nature of the building presents barriers for those with more advanced dementia. The proposed new modern facility at Oak Park, which would initially cater for up to 40 complex residential dementia beds, would provide an improved environment and greater capacity to support existing and future residents.
68. Should the proposed new home at Cornerways be implemented and completed, it is proposed, again due to proximity, to close Westholme in Winchester (72 beds) at the point that the proposed new Cornerways facility is operational. Westholme currently caters for both nursing and residential clients. Whilst Westholme is rated good by the Care Quality Commission the building presents barriers for people with complex needs and advanced dementia. The proposed new Cornerways facility would provide an improved environment with greater capacity to support existing and future residents.
69. A key consideration in both the Malmesbury Lawn and Westholme suggested closures and relocations is staffing. Workforce challenges remain significant and the ability to transfer existing staff to sites within very close proximity offers significant advantages for the HCC Care service and would provide continuity for residents. It massively reduces the risk of the proposed new homes taking undue time to be able to operate at optimum levels and thus eliminates the cost risk of double-running. In both cases, plans would be developed and then enacted so that the closure of one site and the commencement of operation at the new site is seamless.
70. For each of the suggested closures a strategic property review of each home, including Westholme (by far the largest), has found that the age, condition and size of these sites do not enable them to be extended to provide a minimum of 80 fit for purpose beds, in a cost-effective manner, and as such, they are therefore not considered to be viable in the longer term.
71. For each proposed closure, every effort would be made to minimise disruption to residents and the planned formal public consultation exercise would ensure that affected residents, their families and HCC Care staff are consulted and engaged with in a considerate and careful manner ahead of any ultimate decision by the Executive Lead Member for Adult Social Care and Public Health to confirm, or not, whether the proposed closures would be enacted. This would include appropriate input from our social work professionals. Additionally, HCC Care senior management and Registered Managers handled the temporary closures of Cranleigh Paddock and Copper Beeches at the end of 2021 expertly and would play a key role in supporting the formal public consultation process from September this year.

Beyond The Scope of the Capital Investment Proposal

72. Earlier paragraphs refer separately to six existing homes (three long-term homes and three short-term homes) that are not part of the proposed £173m capital investment programme scope. Additionally, Hawthorne Court, an 80 bedded long-term Nursing home, is also not part of the proposal for Cabinet

consideration. Hawthorne was built some 15 years ago. It is an 80 bedded Nursing home and is considered both fit for the future and able to operate efficiently in terms of its staffing model.

73. In terms of the three long-term homes (Bickerley Green, Fleming House and Marfield), these sites will be subject to future review and options which fully take into account service demand in those locations, will be reported on in the medium term.
74. In terms of the three short term service sites (Forest Court, Willow Court and the Clarence Unit), as outlined, these are largely fit for the future and are certainly able to operate successfully without any material capital investment in the next three years minimum.
75. Work to determine options for the remaining long-term homes and the short-term homes would be progressed after the detailed feasibility work for the proposed capital investment schemes has been completed and a timeline would be developed for the completion of the work and the presentation of any options to Cabinet. At this stage, it is unlikely that this would be before the 2026/27 financial year.

Finance

76. The overall financial business case supporting the proposed investment programme is complex and there has been significant modelling undertaken to understand the impact of the alternative scenarios. To leave our homes as they are, would mean that in exercising their choice outlined earlier, clients will increasingly choose alternative provision to HCC Care homes, meaning higher levels of under occupancy and even greater inefficiencies and costs in that provision.
77. The first element of the financial business case is to consider withdrawing from the market altogether. In this scenario the equivalent beds in the private market would need to be purchased with little or no viable alternative and costs increasingly likely to exceed that of HCC Care provision.
78. The business case as presented indicates that at today's prices, it is estimated that the unit cost per bed (after capital costs are factored in) for HCC Care provision will be less than the private sector for nursing and high needs dementia beds.
79. This argument to invest is strengthened further as there is clearly a need to have a presence in the market to help both financial, (influencing our exposure to private provider rates) and non-financial factors.
80. Finally, there are the savings from the proposed closure of three high-cost residential homes, given that alternative beds can be purchased more cheaply in the market both now and highly likely in the future. Research also shows that there is sufficient good quality residential capacity for residents in the areas local to these three homes that are less expensive to the County Council.
81. At 2022/23 prices and including the annual impact of borrowing costs, the financial case for the proposals contained in this report shows an annual net

saving of £1.3m compared to the current budgeted provision for equivalent care.

82. Looking ahead, the differing cost profiles between HCC Care provision and that of the market, most significantly the spiralling fee rates seen in the private sector of late means that by 2026/27 all indications are that the cost of private provision will even further exceed HCC Care provision. Recent years has seen the private market cost increase by close to 10% per annum and it is expected that this trend will continue at least in the next few years. The financial case is therefore strong on this argument alone.
83. It is forecast that by 2026/27, with the growing disparity between private provider price increases and inflationary increases on local authority costs the £1.3m annual saving will have grown to £4.6m. Please note that this saving is in comparison to the alternative likely cost by this time and does not reflect a budgetary saving. This is primarily because the level of increase in the private prices is not able to be contained within the long-term financial envelope that the County Council has available.
84. Therefore, the proposed investment within this report represents a potential solution to an expected funding gap rather than an absolute saving against funding available within the Medium Term Financial Strategy (MTFS). In simple terms, the cost per bed for the proposed new provision in nursing and high needs dementia is both less than the likely cost of buying the equivalent from the market and reduces the cost pressure that the latter would have been likely to create.
85. For the purposes of financial planning therefore, a cost neutral position against our current MTFS will be assumed, given the volatility of the adults' care market.
86. Sensitivity analysis on items such as capital build costs, interest rates and inflation do not materially alter the outcome of the financial business case, particularly potential capital receipts (net of demolition costs) for the sale of existing sites have not been taken into account which would reduce the overall proposed investment borrowing cost.
87. At this current time the financial case for each development is in outline and sufficiently detailed to indicate the potential benefits set out in this report. However, each proposed development, subject to the outcome of consultation, will need to be underpinned by a thorough and updated business case when detailed capital costings are secured after a period of feasibility and design work has been conducted. Accordingly, these detailed business cases will require future Executive sign-off to approve the spend and allow the commencement of work on site.
88. The proposed closure of seven homes is integral, financially, to the proposed investment and the financial benefits laid out above. Therefore, it should be noted that if the Executive Lead Member for Adult Social Care and Public Health takes (any) decisions that are different to the proposed strategic direction, this will require the proposed strategic direction to be reviewed as it will affect the current financial case. Accordingly, a revised business case

would be required to be prepared and presented to Cabinet at an appropriate future point in time.

Formal Public Consultation Process and Timeline

89. As outlined throughout this report, the proposed home closures and the proposed existing site modifications and expansions associated with the service strategy and capital investment programme, would be subject to a formal public consultation process that would commence at the beginning of September 2023.
90. The formal public consultation process would run for 10 weeks and would enable residents across the 10 homes in question, their relatives, HCC Care staff and wider stakeholders to be properly consulted and to express their views on the proposed closures and/or service changes. The full details of the formal public consultation process and the key dates within it for public engagement sessions are still to be finalised. These would be communicated on the County Council's and the Adults' Health and Care web pages.
91. The outputs from the formal public consultation process would be collated and reviewed by the County Council's Insight and Engagement team and a report produced for consideration by the Health and Adult Social Care Select Committee at their January 2024 meeting.
92. The Executive Lead Member for Adult Social Care and Public Health would then consider the outputs from the formal public consultation final report and the findings of the Health and Adult Social Care Select Committee prior to reaching decisions on whether to approve the proposed individual closures and the proposed existing site modifications and expansions at a formal decision meeting in February 2024.

Workforce

93. The Older Adults workforce employed within HCC Care Services currently includes circa 1,300 staff, including care, nursing, support staff, management and admin. If the proposals recommended to Cabinet are approved, a detailed workforce plan will be developed to support the proposed changes to service delivery, noting the proposed timeframe for the delivery of the whole programme of work is scheduled to take 5 to 6 years. Notwithstanding the formal consultation process, scrutiny by the Health and Adult Social Care Select Committee and decisions taken by the Executive Lead Member for Adult Social Care and Public Health, the expectation is that the formal workforce consultation and plan will focus on 3 key elements:
 - The potential closure of up to 5 residential homes (including 2 that are temporarily closed for operational reasons)
 - The proposed modifications and expansion of 3 current homes
 - The proposed closure of 2 homes and 3 new builds.
94. A fundamental principle of all the activity relating to the workforce will be the need for extensive engagement and on-going dialogue to ensure staff across the service are aware of the proposals and understand how they may be

impacted, but also how they will be able to contribute to the future service delivery model.

95. Subject to Cabinet approving the way forward, an HR consultation/ engagement process would run concurrently with the proposed formal public consultation process and would include a formal HR consultation process with the staff impacted by the proposed closures of up to 5 residential homes (including the 2 homes that are currently closed for operational reasons) and an engagement process with staff who work at the homes either proposed for modifications and expansions or the proposed closures and transfers to the two proposed new build sites at Oak Park and Cornerways.
96. Engagement with the staff and trade unions on a regular basis will ensure there are ample opportunities for questions, feedback and comments. The senior management team will maintain a regular presence at the sites to ensure staff are able to raise any issues and have their concerns or questions dealt with swiftly.
97. The expectation is that the impact of any potential closures would be primarily mitigated through re-deployment. Currently there are vacancies across the service, with the vacancy levels at circa 14%. Nationally the sector is facing unprecedented recruitment and retention challenges so the redeployment of staff would be the absolute priority. However, it is recognised that the workforce typically lives close to where they work which can make the need for additional travel difficult. Also, the strategic direction of the service, i.e. nursing and specialist dementia care is very different from the current residential model. Both these factors mean the impacts maybe further mitigated if staff are given the opportunity to volunteer for redundancy. However, this would need to be predicated on a business case and no decisions could be confirmed until a final decision about each of the homes is reached.

Consultation and Equalities

98. The Equality Impact Assessment (EIA) completed for residents, family and carers primarily focuses on the short to medium term impacts on current residents in relation to the decisions being made by Cabinet today. The impacts have been considered for the circa 380 residents currently residing within the 8 HCC Care homes impacted by the investment proposal, acknowledging that the other 2 homes (Cranleigh Paddock and Copper Beeches) are currently temporarily closed.
99. The EIA has identified that some protected characteristics will be neutrally impacted, with low negative impacts on age, rurality and marriage, and a medium negative impact identified for disability. The impacts centre around the potential for disruption, for residents should the decision be made to close one or more homes following consultation. There are robust mitigating actions that have already been identified, including full engagement of residents and families with social work staff who have significant professional experience and full information and engagement with residents and family during consultation, to further establish and mitigate impacts.

100. Should the proposals be agreed at Cabinet, a longer-term assessment, focused on future residents, would be undertaken. It is anticipated that this would primarily identify positive impacts, particularly in terms of age and disability, as the proposals outline a significant investment resulting in a higher number of beds over a more modern, fit for the future portfolio which better meet the needs of future residents.
101. The Equality Impact Assessment (EIA) completed for the staff focuses on the short to medium term impacts on the current staff cohort working in all the homes potentially affected by the proposals. Although this will change over time as the workforce changes the current assessment has identified that most protected characteristics will have a low negative impact on age, disability and pregnancy/maternity and a neutral impact on gender. In the first instance, those staff who would be affected if a decision is made to close services will be supported and any impacts mitigated by ensuring staff receive support from their management team and HR. The staff will be given every opportunity to put forward their views about the proposals as part of a full and thorough HR consultation process and every effort would be made to provide redeployment or voluntary redundancy opportunities, negating the need for compulsory redundancies.
102. There are two protected characteristics where the assessment indicates a potential negative medium impact on race and religion/belief. This is because a significantly higher proportion of the workforce in HCC Care Services – Older Persons identify as being from BME communities and/or having a religion or belief that is typically under-represented across the County Council's workforce. It will be necessary for any staff changes to be assessed in this context and careful attention paid to the impact of any workforce changes to ensure the current workforce profile is not negatively impacted. Understanding the impacts and how they can be mitigated will be a focus during consultation with the staff, both collectively and individually.
103. Should the proposals be agreed specific assessment will be undertaken for each of the homes and incorporated into the workforce planning process to ensure decisions taken are proportionate and have no unintended negative impacts on the staffing profile.

Climate Change Impact Assessment

104. A Climate Change Impact Assessment is not applicable to this decision report as it relates to the overall capital programme and is therefore strategic in nature. The major individual projects contained within this report will be subject to individual project appraisals which will cover climate change impact assessment requirements.
105. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impacts 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.

Conclusions

106. This paper outlines the strong business case for the Adults' Health and Care Directorate, through HCC Care, continuing to have a sizeable direct provision presence in the Care Home market.
107. A phased programme is being recommended, which is estimated to cost £173m and is capable of being delivered over a 5-to-6-year timeframe. The investment proposals include two confirmed new build sites at an estimated cost of £65m. In addition, a further new build site and extensive modifications, and expansion work at three existing homes are included at an estimated cost of £108m.
108. The delivery of the total programme would result in HCC Care continuing to provide some 1,000 beds over a reduced, but more modern, fit for the future portfolio of 13 sites as compared to the starting point for the investment deliberations of 17.
109. It is acknowledged that the proposed service changes would result in a material change to the existing HCC Care service operation with impacts for existing clients, staff, the overall service focus, and configuration, and for wider stakeholders. The proposed changes would therefore be subject to a comprehensive formal consultation process that would commence at the beginning of September. The results of the consultation process would be subject to scrutiny by the Health and Adult Social Care Select Committee early in 2024 prior to the Executive Lead Member for Adult Social Care and Public Health taking any formal decisions on the way forward.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

Residents, Family and Carers

Service affected: HCC Care – Older Persons

Short description of the service / policy/project/project phase: HCC Care provides long-term permanent care for older adults in nursing and or residential settings. These homes are located across Hampshire within traditional style residential settings, and purpose-built accommodation to meet the needs of older adults that have nursing needs. Annually, Adults' Health and Care provide around 1,600 adults with care homes placements, with the majority (75%-80%) provided by the private sector.

The new/changed service/policy/project: The report seeks Cabinet approval for the investment of £173m to support the strategic aim of HCC Care Services

becoming the primary provider of nursing and specialist dementia care for people aged 65 and over, and hence to reduce its provision of residential care.

A phased programme is recommended to ensure that HCC Care homes are reflective of current and future need in three key service areas: short-term, nursing and complex residential dementia. The delivery of the total programme over 5-6 years would result in HCC Care continuing to provide around 1,000 beds over a portfolio of 13 sites, reduced from 17 (two of which have been temporarily closed since November 2021). The £173m proposed programme would see three new build sites, and extensive modification and expansion work at three existing homes. The programme would ensure that HCC Care homes remain attractive, and the service remains financially viable in a competitive market.

Describe the consultation or engagement you have performed or are intending to perform: Following Cabinet approval, it is proposed to carry out a 10 week formal consultation for service users, family members and other stakeholders on the individual proposals within the proposed capital programme to commence at the beginning of September 2023 and for the outputs to be scrutinised by the Health and Adult Social Care Select Committee, prior to any formal decisions being taken by the Executive Lead Member for Adult Social Care and Public Health, which would not be before February 2024.

This has been judged to be a realistic and proportionate timeframe to allow for consideration of, and response to, the proposals. Advocacy services would be made available to support service users to participate in the consultation, if required.

Protected Characteristics and a brief explanation of why this has been assess as having neutral or low negative impact:

Gender reassignment: *Neutral Impact*

Census 2021 data suggests that less than 0.25% of UK residents over 65 years identify as trans. HCC Care data currently indicates that there are no residents within the service who have had gender reassignment. We know that the ageing trans population may have specific and complex social and physical needs relating to their gender reassignment. The upgraded portfolio resulting in homes with modern design and features, including enhanced space and more ensuite facilities, will create further options for privacy and could better house people with varying levels of need whilst potentially allowing for improved dignity and care for trans people; however, due to the current low numbers this is regarded to be a neutral impact.

[Census 2021](#)

Pregnancy and maternity: *Neutral Impact*

The Office for National Statistics (ONS) records maternal age up to 45 years with the average age of mother giving birth in England and Wales at 30.9 years in

2021. While the overall trend is that of delaying parenthood, due to biological factors, it is reasonable to assume that proposals will have none to very limited impacts on pregnancy and maternity either positively or negatively. Based on the above, it is unlikely that anyone entering an HCC Care Home would have parental responsibility for children under 18 years therefore the proposals have a neutral impact.

[ONS births](#)

Race: *Neutral Impact*

The Hampshire population is less diverse than England as a whole, with 92.6% describing themselves as belonging to White ethnic groups compared to the national average of 81%. The diversity of the area's population is increasing; 7.4% of the population described themselves as of an ethnic background other than White in 2021, up from 5% in the previous census conducted in 2011. Data also suggests that the demographic of the population who are from an ethnic minority group is younger.

While the numbers of BME residents in HCC Care homes remains low (3%), it is anticipated that they may increase in line with the population ageing. As a result, BME residents, as with all ethnic groups, could benefit from the investment and modernisation of care homes. The personalisation of care, staff training on equality and diversity and effective equality and inclusion policies may be more likely to have an impact on BME residents than the proposals, therefore this impact is neutral.

[JSNA demography](#)

Religion or Belief: *Neutral Impact*

Census 2021 data reported almost two thirds of Hampshire residents (51.5%) stated they have a religion, 42.8% no religion and 5.7% did not say. Christianity was the dominant religion with 47.8% of Hampshire residents reporting to be Christian. 1.1% reported Hindu as their religion, 0.9% Muslim and 0.8% Buddhist.

Across the districts, religion varied the most in Rushmoor, reflecting the greater ethnic diversity in this district. Christianity remained the dominant religion, but the proportion was lower than Hampshire (42.3%). 5.7% reported Hindu as their religion, 2.5% Muslim and 4.7% Buddhist.

Within HCC Care, 52% of residents have not described their religion or belief, 32% of residents describe themselves as non-religious, 14% Christian and 2% Roman Catholic.

While religion or beliefs do not impact the service and support delivery for residents directly, it is anticipated that larger homes may allow for the natural increase in numbers of individuals practicing various religions living together and therefore there could be increased opportunity for group worship and/or group

visits from faith leaders. The existing home within the Rushmoor district – Ticehurst, is proposed to be retained, extended and remodelled.

Practising religion can become more difficult for a person with dementia, it is appreciated that while there is a need for an individual's cultural and religious identity need to be preserved as their dementia progresses as part of person-centred care, this can be complicated and challenging. All HCC Care homes therefore work with different faith leaders to support residents to practice their faith, as appropriate and the specific proposals would not have a direct impact on the service's ability to continue to do so and is therefore a neutral impact.

[JSNA demography](#)

Sex: *Neutral Impact*

Within the general Hampshire population there are slightly more females (51%), than males and this difference becomes starker as the population ages. Research has demonstrated that women are more likely than men to be admitted to a nursing or residential home than male counterparts due to socio-cultural and demographic factors, and the difference may be more astute when comparing outcomes of married couples. This is evidenced within the gender statistics for HCC Care, with over two-thirds of residents identifying as female (68%).

It is not foreseen that the proposal will have any measurable impacts on individuals on the grounds of sex. It could be suggested that the possible creation of fewer, but larger, homes may create more of a sense of community for male residents by increasing the pool of men within each home - however, this is hypothetical, and the impact is therefore considered neutral.

[JSNA demography](#)

Sexual Orientation: *Neutral Impact*

In the 2021 Census, 91.3% of Hampshire residents identified as 'Straight or Heterosexual', 1.2% identified as 'Gay or Lesbian' and, 1.1% identified as 'Bisexual'. HCC Care does not hold data on the sexual orientation of residents.

Evidence shows that moving into a care home can be particularly challenging for LGBT+ individuals due to fears of homophobia or of not having their specific needs met. All HCC Care Homes offer environments which facilitate individual rights and choices in sexuality expression and intimate relationships, the proposed changes would not impact this, therefore the impact is determined to be neutral.

[JSNA demography](#)

Poverty: *Neutral Impact*

Hampshire is among the least deprived authorities in England according to the Index of Multiple Deprivation (IMD) 2019, although there are pockets within Hampshire that fall within the most deprived areas in the country. At a district level, the most deprived areas are in Havant, Rushmoor, Gosport and Eastleigh, with pockets also in the New Forest.

Two existing homes are within areas measured as among the most deprived - Malmesbury Lawn and Ticehurst – the latter is being rebuilt on site to offer a bigger service with a larger capacity within the area. It is proposed that Malmesbury Lawn is decommissioned and replaced by a new build, Oak Park. This would remain within the Havant district and would be better located for local transport links which would support an individual's right to family life.

Individuals eligible for funding support to enable their needs to be met within a care setting have their fees paid in part or full by the County Council, unless needs are primarily health-based, in which case the NHS arrange and pay for care under Continuing Health Care.

The proposal will ensure an improved geographical split/coverage, which would mean that residents should continue to have choice over location, allowing them to be easily visited by relatives and friends. The locations should all be well positioned for travel via public transport.

The proposal will not directly impact those living in poverty either positively or negatively as their needs will continue to be met appropriately.

[JSNA demography](#)

Age: *Low negative impact* –

Of the 382 individuals who currently reside at the eight homes identified services for improvement/development, 75% are over 80 years old. It is recognised that spouses and partners may also be older adults who could struggle to travel to an alternative care facility to visit if it was further in distance.

There will be a medium negative impact on current residents within homes that are proposed to either close or be remodelled to the extent that relocation of current residents will be necessary.

It is suggested that three homes will close within a year should proposals go ahead - Solent Mead (Lymington), Bishops Waltham House (Bishops Waltham), Green Meadows, (Denmead).

It is proposed that Westholme (Winchester) and Malmesbury Lawn (Havant) would close following completion of the replacement sites. Residents would be relocated to the new homes should this be their preference. The move would be carefully planned, and staff would also be relocated to the new buildings, therefore maintaining the established community.

It is proposed that the remaining three homes undergo extensions and modifications on the existing sites. It is anticipated that work would be scheduled to allow nursing services to remain open to minimise and mitigate any disruption for the nursing element. It is proposed that residents within the residential element would move to alternative homes.

While there are negative impacts identified for existing residents on the grounds of age due to the requirement for relocation or having to remain on site while works are ongoing which may negatively impact their experience within the home, it is recognised that there are strong positive impacts for the future cohort of residents on which the proposal is based. Future residents will have access to improved, modern facilities which will better meet their needs.

During the consultation period, it is proposed that the County Council explores options to best work with the individual, family and carers to limit the impact of any proposed moves.

Residents required to move would be supported, together with workers and family, to find an alternative placement that best suits individual's care and support needs alongside the support of care management.

The proposed location of all sites within Hampshire has been carefully considered to ensure an improved geographical split/coverage, which would mean that residents should continue to have choice over location, allowing them to be easily visited by relatives and friends. The locations should all be well positioned for travel via public transport.

The building of new services and the remodelling of others will provide fit for purpose services for the future, whilst the location of some beds will change, the number of beds that are available to support the residents of Hampshire will be maintained.

There will be a robust communications and engagement plan to ensure that all affected, including residents and their families, are aware of any changes that may impact them. This plan will be reflective of different needs and information will appropriately and effectively targeted.

Marriage / Civil partnership: *Low negative impact –*

16% of current residents are married, and it is recognised that should a move of care facility be required there is a potential for a negative impact on those residents should the travel requirements for spouses increase.

During the consultation period, it is proposed that the County Council explores options as to how it can work with the individual and relatives to limit the impact of any proposed move.

Going forward, the proposed changes to HCC Care's portfolio would offer a modern and more spacious home environment which may better allow for privacy with a safe and careful balance of the need for care and observation. Upgraded

care home facilities with modern living arrangements and larger private rooms may also improve residents' access to privacy and intimacy and support couples. [Royal College of Nursing](#)

Rurality: *Low negative impact* –

Bishops Waltham House and Green Meadows are in more rural areas, however for residents and relatives in any of the identified homes it could create issues for traveling to an alternative care facility.

During the consultation period, it is proposed that the County Council explores options as to how it can work with the individual and relatives to limit the impact of any proposed move. Operational support will be given to explore options to minimise any negative impact.

It is noted that the two most rural homes are proposed to be closed within the next year, however the planned new and redeveloped homes have been carefully planned to ensure a good geographical spread across the county.

Explanation and mitigation for medium and high impacts

Disability: *Medium negative impact* –

96% of the current HCC Care residents have a disability. Most residents have multiple chronic conditions, including mobility issues, dementia, and sensory loss.

It is recognised that the proposals could negatively impact these individuals due to the difficulty of moving and learning and acclimatising to change and a new environment, especially for individuals with dementia.

Mitigation: During the consultation period, it is proposed that the County Council explores options to best work with the individual, family and carers to limit the impact of any proposed move. Full engagement of residents and families with social work staff who have significant professional experience and full information and engagement with residents and family during consultation would be arranged to further establish and mitigate impacts.

Should a move be required, full support would be provided to ensure all care and support needs could be met in the agreed service. Where possible, individuals would be supported to move to alternative HCC care services as they would be more familiar and enable a smoother transition.

Residents currently residing in Malesmbury Lawn would be supported to relocate to Oak Park when completed, should they wish to. This would ensure residents would have the same community of residents and staff team which would make the transition easier.

All residents would be supported to make informed decisions together with their families. Advocacy would be offered and provided, as appropriate, to enable and support the individual's voice within the decision-making process.

A robust comms and engagement plan would be produced to ensure that information is accessible and available in various formats, including Easy Read. It is also recognised that the proposal outlines future investment in specialist dementia provision which would be a positive impact for the future cohorts of residents– and in particular those with complex, advanced dementia. The proposal would place Hampshire in a strong position to meet the needs of residents with dementia which is expected to become the fastest growing service area in the next 5-10 years. The proposed modern, fit-for-the-future designs recognise that all residential homes house people with varying levels of need including with increasing stages of dementia. Building design and interior design are especially important for people with dementia.

Any additional information which you think is relevant to this impact assessment:

As noted above, the purpose of this EIA is to support the Cabinet decision making process. In the event a decision is taken by Cabinet to proceed, there will be a full public consultation process before any final decision is taken. The information contained in this EIA will be reviewed and any additional information or analysis completed.

Within this EIA, the assessment of impact and risk has been primarily focused on the short to medium term impacts on current residents. A longer-term assessment, focused on future residents, would highlight primarily positive impacts, particularly in terms of age and disability.

Staff

Short description of the service / policy/project/project phase: HCC Care provides long-term permanent care for older adults in nursing and or residential settings. These homes are located across Hampshire within traditional style residential settings, and purpose-built accommodation to meet the needs of older adults that have nursing needs. Annually, Adults' Health and Care provide around 1,600 adults with care homes placements, with the majority (75%-80%) provided by the private sector.

The new/changed service/policy/project: The report seeks Cabinet approval for the investment of £173m to support the strategic aim of HCC Care Services becoming the primary provider of nursing and specialist dementia care for people aged 65 and over, and hence to reduce its provision of residential care.

A phased programme is recommended to ensure that HCC Care homes are reflective of current and future need in three key service areas: short-term, nursing and complex residential dementia. The delivery of the total programme over 5-6 years would result in HCC Care continuing to provide around 1,000 beds over a portfolio of 13 sites, reduced from 17 (two of which have been temporarily closed since November 2021). The £173m proposed programme would see three new build sites, and extensive modification and expansion work at three existing

homes. The programme would ensure that HCC Care homes remain attractive, and the service remains financially viable in a competitive market.

Describe the consultation or engagement you have performed or are intending to perform: Following Cabinet approval, a full public consultation and will take place. Running concurrently with the public consultation there will be a formal HR consultation for those staff in the homes where closure is proposed and significant staff engagement with the staff where any changes are likely to take place in the medium to longer term. Additional formal HR consultations will be undertaken in the future when the impact of the changes is better known. All the outputs will be scrutinised by the Health and Adult Social Care Select Committee, prior to any formal decisions being taken by the Executive Lead Member for Adult Social Care and Public Health, which would not be before February 2024. This has been judged to be a realistic and proportionate timeframe to allow for consideration of, and response to, the proposals.

Protected Characteristics and a brief explanation of why this has been assess as having neutral or low negative impact:

Disability: *Low negative impact*

HR data recorded on SAP confirms that 7% of the Hampshire County Council (HCC) workforce are recorded as having (or previously had) a disability and 93% are recorded as not informed/unknown. The profile in HCC Care Services – Older Persons indicates that the numbers of staff who are recorded as having (or had) a disability is 3%, so significantly lower than the HCC figure. Therefore, the percentage recorded as not informed or unknown is higher, 97%.

Gender reassignment: *No data available*

Pregnancy and maternity: *Low negative impact*

Although there is no data available, the current legislative framework ensures that staff who are pregnant and/or are on maternity leave have additional protection from an employment law perspective. Therefore, there is no expectation that the changes proposed will negatively impact this staff group. There will be regular communications with staff who are not at work to ensure they are fully involved in the staff consultation process thereby ensuring their views will be considered throughout the formal and informal processes.

Gender: *Neutral impact*

HR data recorded on SAP confirms that 76% of the Hampshire County Council workforce are recorded as female and 24% as male. The workforce profile in HCC Care Services – Older Persons is broadly similar with 79% female and 21% male, therefore there is no expectation that the changes proposed will impact this staff group.

Sexual Orientation: *No data available*

Age: *Low negative impact*

HR data recorded on SAP confirms that 39% of staff who work for Hampshire County Council are aged between 25 and 44, 51% between 45 and 64 and 5% are aged 65 or over. Within HCC Care the age profile of the workforce is typically older with 32% aged between 25 and 44, 60% between 45 and 64 and 4% aged 65 and over. The proposals, their impact and the mitigations being proposed should not negatively impact this profile primarily because any staff reductions will be achieved voluntarily.

Marriage / Civil partnership: *No data available*

Explanation and mitigation for medium and high impacts

Religion or Belief: *Medium negative impact.*

HR data recorded on SAP confirms that within Hampshire County Council 27% of staff are Christians, 1% Buddhist, 1% Hindu, 1% Muslim, 2% prefer not to say and 67% have no religion or belief recorded. Within HCC Care Services - Older Persons 33% of the workforce are Christians and 59% have no religion or belief recorded. Therefore, the profile in HCC Care Older Persons is broadly similar to the organisation's profile. Although the numbers of staff across HCC who are recorded as having a religion other than Christianity are small, they are disproportionately higher in HCC Care Services – Older Persons.

There is no expectation that the proposals, their impact and the mitigations proposed would negatively impact this profile. As noted above the workforce profile will be monitored to ensure there are no unintended consequences of any staffing decisions.

Race: *Medium negative impact.*

HR data recorded on SAP confirms that 9% of staff who work for Hampshire County Council (HCC) identify as being from the BME community, 87% white and 3% prefer not to say. Staff in HCC Care Services Older Persons account for 4% of the overall 9% of HCC staff, so represent a significant proportion of the BME workforce across the Council. Within HCC Care itself, 40% of the HCC Care – Older Persons workforce identify themselves as BME, 57% White and 3% prefer not to say.

The proposals, their impact and the mitigations being proposed should not negatively impact this profile. Any staff reductions will be achieved voluntarily and given the profile of the BME workforce any decisions to support voluntary redundancy will be assessed in the context of this profile to ensure there is no negative or disproportionate impact on the proportion of BME staff employed in the service.

Any additional information which you think is relevant to this impact assessment:

As noted above, the purpose of this EIA is to support the Cabinet decision making process. In the event a decision is taken by Cabinet to proceed, the information contained in this EIA will be reviewed and any additional information or analysis completed prior to the formal HR consultation process. Within this EIA, the assessment of impact and risk has been primarily focused on the short to medium term impacts on current staff. A longer-term assessment would be undertaken prior to any potential workforce changes required in the future.