

NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Tuesday, 19th September, 2023 at 10.00 am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
Enquiries to	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 and available for repeat viewing, it may also be recorded and filmed by the press and public. Filming or recording is only permitted in the meeting room whilst the meeting is taking place so must stop when the meeting is either adjourned or closed. Filming is not permitted elsewhere in the building at any time. 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 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 - 8)

To agree the minutes of the meeting held on 31 July 2023.

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. PROPOSALS TO VARY SERVICES (Pages 9 - 20)

To consider the report on proposals from the NHS or providers of health services to vary or develop health services in the area of the Committee.

- a) Planning for Winter (Hampshire and Isle of Wight Integrated Care Board)

7. DENTISTRY AND COMMUNITY PHARMACIES PERFORMANCE MONITORING (Pages 21 - 56)

To receive an update as part of a regular series of monitoring on dentistry and pharmacy provision across Hampshire.

8. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 57 - 68)

- a) Southern Health Acute Mental Health Wards Care Quality Commission Inspection (Southern Health NHS Foundation Trust)
- b) Pressures facing Ford Ward, Fordingbridge Hospital (Southern Health NHS Foundation Trust)

9. SAVINGS PROGRAMME TO 2025 - REVENUE SAVINGS PROPOSALS (Pages 69 - 394)

To pre-scrutinise the detailed savings proposals for Adult Social Care and Public Health that have been developed as part of the Savings Programme to 2025 prior to decision making by the Executive Lead Member.

10. WORK PROGRAMME (Pages 395 - 410)

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 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,
31st July, 2023

Chairman:

* Councillor Bill Withers Lt Col (Retd)

Councillor Ann Briggs	Councillor Andrew Joy
Councillor Jackie Branson	* Councillor Lesley Meenaghan
Councillor Pamela Bryant	* Councillor Phil North
Councillor Graham Burgess	Councillor Kim Taylor
Councillor Tonia Craig	* Councillor Michael Ford
* Councillor Debbie Curnow-Ford	* Councillor Adrian Collett
* Councillor Alan Dowden	* Councillor Tim Groves
Councillor David Harrison	* Councillor Alex Crawford
Councillor Marge Harvey	* Councillor Sarah Pankhurst
* Councillor Wayne Irish	
Councillor Adam Jackman	

*Present

129. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Branson, Briggs, Bryant, Burgess, Craig, Harvey, Harrison, Joy, Tree and Taylor.

Councillors Collett, Groves, Ford, Pankhurst and Crawford were in attendance as substitute members for their respective groups.

130. 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.

131. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 27 June 2023 were agreed as a correct record and signed by the Chairman.

132. **DEPUTATIONS**

The Committee did not receive any deputations.

133. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman did not have any announcements.

134. **WORKING GROUP PROPOSAL**

The Committee considered the report setting out proposals to initiate a Working Group to oversee and scrutinise the approach and outcomes of the Hampshire County Council Care Service proposals formal public consultation.

Members noted that, at its meeting on 18 July 2023, Cabinet had approved a set of service recommendations in relation to the proposed future service direction of the County Council's Older Adults service. Some of the proposed service changes were set out within the HASC covering report including some proposed care home closures and modifications to existing homes. Ahead of any specific scrutiny or decision making, it was planned to enter into a ten week formal public consultation on the proposals beginning on 4 September 2023. Members agreed that a HASC Working Group be established to oversee the consultation and to report back to the wider Committee ahead of pre-scrutiny in January 2024 and a decision by the Executive Lead Member for Adult Social Care and Public Health not before February 2024.

Members discussed the proposed membership of the Working Group as set out within the Terms of Reference (ToR) at section 8.1. A proposal was put forward, and agreed unanimously, that the membership be amended to the following:

x9 Working Group members comprising x5 Conservative group, x2 Liberal Democrat Group, x1 Labour Group and x1 Independent Group.

The Chairman requested that the names of nominated Councillors from each group be emailed to Democratic and Member Services following the meeting.

RESOLVED:

- i) That the HASC set up a Working Group to oversee and scrutinise the approach and outcomes of the HCC Care Service proposals formal public consultation, as per the attached Terms of Reference (taking into account the revision at recommendation ii below).
- ii) That HASC agrees to amend section 8.1 of the Working Group Terms of Reference to reflect the agreed membership as set out below:

x9 Working Group members comprising x5 Conservative group, x2 Liberal Democrat Group, x1 Labour Group and x1 Independent Group.

135. **WORK PROGRAMME**

RESOLVED:

That the Committee's work programme be approved.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	19 September 2023
Title:	Proposals to Develop or Vary Services
Report From:	Director of People and Organisation

Contact name: Democratic and Member Services

Tel: 0370 779 0507

Email: 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 topics:
 - a) Winter pressures/hospital discharge (Hampshire and Isle of Wight Integrated Care Board)

Recommendations

2. That the Committee agrees the recommendations as set out below for each item.
 - a) Winter pressures/hospital discharge policy (Hampshire and Isle of Wight Integrated Care Board)

That the Committee monitor the proposed changes to hospital discharges closely and request an update on the implementation of these changes at the January 2024 HASC meeting.

Executive Summary

3. 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.
4. 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.

5. 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.
6. 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

a) Winter pressures/hospital discharge policy (Hampshire and Isle of Wight Integrated Care Board)

Context

7. The Committee has been notified of proposals from the Hampshire and Isle of Wight Integrated Care Board regarding winter pressures planning and specifically looking at their policy for discharging patients from acute care/hospital settings.
8. As set out in the attached report from the ICB, some short term services commissioned using the temporary COVID funding will reduce in line with the funding available. This includes:
 - The number of 'discharge to assess' beds purchased in the Hampshire county area will be a smaller this winter compared to last (196 in 2022/23, compared to 60 in 2023/24)
 - The number of block domiciliary hours will be at 2,000 hours for this winter (which equates to 91% of previous levels)
 - Live in Care provision will end from February 2024 (which has supported approximately 15 discharges per month).
 - The Hampshire Equipment Service has returned to its pre-COVID service specification.

- Additional community services commissioned from Southern Health Foundation NHS Trust will return to pre-Covid levels.

The ICB note that these changes have the potential to increase the number of people waiting in hospital for discharge once they are deemed fit for discharge by 35%.

9. To mitigate the changes, the ICB note that there will exist a pooled winter fund to commission some interim winter capacity while the broader transformation activity is embedded.

Recommendation

10. That the Committee monitor the proposed changes to hospital discharges closely and request an update on the implementation of these changes at the January 2024 HASC meeting.

Finance

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

Performance

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

Consultation and Equalities

13. 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

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

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

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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Planning for winter

We know pressures on services exist all year round. In advance of each winter, all areas of England put in place additional planning for expected increases in seasonal illnesses which may put extra pressure on our local services.

In recent years there has been an increasing focus towards an integrated approach to winter planning. This is in recognition that seasonal pressure is multi-faceted and requires a whole-system response and therefore planning and assurance cannot operate in isolation.

National context

NHS England announced its winter planning requirements last month and these include:

- “Care traffic control centres” to speed up discharge, additional ambulance hours and extra beds are part of “wide-ranging plans” to prepare for winter. We’ve already started our discharge planning, working closely with local authorities and starting to work differently, to ensure patients leave hospital and return to their homes where possible. Around 21% of beds currently have patients who are ready to be discharged, and we want to reduce this down to 13% by March.
- Nationally NHS England has announced “5,000 sustainable hospital beds and hundreds of new virtual ward beds every month”. Our virtual wards work is progressing very well, with high levels of occupancy compared to many parts of the country – at around 90% - and being steadily increased in capacity.

The pressures of the ongoing response to demand, as well as challenging circumstances the winter of 2023/24 could bring, require a robust winter planning process with several specific aims:

- To ensure that planning for the winter period is completed at all levels in good time, to ensure patient safety and quality of care is not compromised.
- To ensure plans are integrated at a local level and that pressure and risk is spread across the system where possible, and not just focussed on one section of the care pathway.
- To ensure that plans are robust and considered the “business-as-usual” seasonal pressures alongside emerging challenges and effectively balance these together.

There is a national requirement for a Winter Operating Plan to be in place for all systems in England. This paper outlines our plan at the current time, which is subject to national approval.

Planning across Hampshire and Isle of Wight

While winter pressure is predominantly most challenging in acute settings, and it is right that acute urgent care should lead the work, the Hampshire and Isle of Wight Winter Plan will cover the whole care pathway within each system, including primary care services.

The Hampshire and Isle of Wight local system partners are all committed to continue to deliver safe, high quality services for patients and the whole population at all times, including, but not limited to, ensuring patients are seen in the right place and right time, maintaining privacy and dignity at all times, ensuring care closer to home where possible and effective management of infection control.

The Hampshire and Isle of Wight Integrated Care Board is taking the following approach to winter planning:

- Winter planning with Chief Operating Officers of our system partners to discuss and agree this years approach to winter
- Weekly tactical level engagement across local systems in place for winter starting from August 2023.
- Using lessons learnt from previous winters to help inform decisions on what would be required this year.
- Capacity planning is in place to help us understand and predict when we may need more capacity and when the likely peaks will take place. This helps us determine when and where extra support may be required.
- Preparation to bid for additional internal winter capacity schemes should funding become available this year.
- Ensure all partners are involved in the plans including acute NHS trusts, local authorities, primary care providers, social care, mental health, ambulance providers and the voluntary and community sectors.
- Review of policies and procedures to ensure they are fit for purpose.

So far during the warmer periods of summer we have seen an overall increase in attendances to Emergency Departments when compared to last summer of, on average, 6% across our acute providers. This is in line with the overall trend of an increased in demand on urgent care services seen locally and across the country in recent years.

This summer we have also experienced rounds of industrial action by junior doctors, consultants and radiologists. Throughout this year we are working in partnership with our providers to minimise impact on patients.

To help prevent seasonal illnesses, we will shortly be launching our COVID and flu vaccination campaigns. The UK Health Security Agency and Department of Health and Social Care have announced that this year's autumn flu and COVID-19 vaccine programmes will start earlier than planned in England as a precautionary measure

following the identification of a new COVID variant. Vaccinations are now set to start on 11 September with adult care home residents and those most at risk to receive vaccines first.

Supporting the discharge of patients who are ready and safe to leave hospital

Our core aim this winter is that no one spends longer in an acute hospital than is needed, in order for patients to have the best possible recovery and return to living independently, and to reduce pressures on local services.

Learning from recent years and the pandemic proves that discharge is one of the greatest and most increasing challenges we have as a health and care system. The reduction in funding is a national decision and we are aligning ourselves with national expectations. Our focus now is to move to improving the recovery and experience of residents by doing all we can to ensure they return straight to their home setting once safe to do so. Feedback from patients tells us that local people prefer to be at home and want to be supported to leave hospital to go directly home. To achieve this, we are putting in place models for discharge which align to one another across Hampshire and Isle of Wight as a whole, to ensure a more equitable and sustainable way of working across our area.

This year we will be entering a period of winter pressures in which we adjust back to pre-COVID ways of working.

During the pandemic we significantly increased our spend on the discharge of patients out of hospital into a different setting. Extra money and resources were made available nationally to fund high numbers of beds in the community for those patients who no longer needed hospital care and other services to support timely discharge. This COVID-19 funding is no longer in place and this year we return to normal service levels which has an impact on some of the additional services that were put in place during and after the pandemic.

In 2023/24 Hampshire County Council and Hampshire and Isle of Wight Integrated Care Board received £11.9m through the Better Care Fund to support discharge. In order to operate at this level of funding some short term services commissioned using the temporary COVID funding will reduce in line with the funding available. This includes:

- The number of 'discharge to assess' beds we purchase in the Hampshire county area will be a smaller this winter compared to last (196 in 2022/23, compared to 60 in 2023/24)
- The number of block domiciliary hours will be at 2,000 hours for this winter (which equates to 91% of previous levels)
- Live in Care provision will end from February 2024 (which has supported approximately 15 discharges per month).
- The Hampshire Equipment Service has returned to its pre-COVID service specification.
- Additional community services commissioned from Southern Health Foundation NHS Trust will return to pre-Covid levels.

These changes have the potential to increase the number of people waiting in hospital for discharge once they are deemed fit for discharge by 35%. The Hampshire Place Board and the Hampshire Isle of Wight Discharge Transformation Board has agreed potential mitigation which our services can make operationally to ensure the flow of patients is maintained and minimises, as much as is possible, pressure on hospitals, care services and Hampshire County Council.

Currently all our hospitals are discharging a higher proportion of people into bedded capacity than the national best practice figure set out which suggests that 95% of people should be discharged home. In Hampshire we currently discharge only 90% of patients to their homes, with 10% going into bedded capacity after their hospital stay.

The Hampshire and Isle of Wight Discharge Transformation Board and the Hampshire Place Board have therefore committed to a health and care programme to increase discharges home in line with the national best practice. The programme is informed by a series of clinical visits to all four acute hospitals and 10 community hospitals in July this year. The programme involves:

- Standardised 'Trusted assessor' or 'Blended Assessor' role in every provider
- Relocating Transfer of Care hubs back in to acute sites in line with national best practice
- Earlier awareness and planning for End of Life Care
- Introducing All Age Continuing Care 'Relationship Manager' to work with providers to prepare earlier for complex discharge
- Improving patient and family information on services available to support someone recovering at home, to help prevent readmission
- Reviewing discharge dependent patient transport process
- Exploring expanding discharge support and reablement with voluntary and community sector organisations and social prescribers
- Reviewing weekend service cover in community sites

To provide further mitigation Hampshire County Council and the local NHS has agreed a pooled winter fund to commission some interim winter capacity while the broader transformation activity is embedded.

Supporting our communities

It is vital we communicate effectively with our communities to provide them with the advice they need to manage their illnesses and to know which service is most appropriate for their needs. Working together as an Integrated Care System we have potential to reach and engage with a far greater proportion of our population than we each do alone. We will be sharing publicity resources with partners across our area, including local authorities and voluntary and community sector organisations, so that we can reach out to as many people as possible.

We will keep the committee updated on pressures to local services throughout the winter.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	19 September 2023
Title:	Dentistry and Community Pharmacies Performance Monitoring
Report From:	Hampshire and Isle of Wight Integrated Care Board Frimley Integrated Care Board

Contact name: Democratic and Member Services

Tel: 0370 779 0507

Email: 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 the Committee has agreed to monitor and receive regular updates on – the attached appendices specifically cover dentistry and community pharmacies.

Context

Dentistry Updates

2. The Committee have received regular updates regarding the shortages in NHS dentists, the challenges faced by the public in accessing NHS dental care, complexities of the national dentistry contract and dentistry training within Hampshire.
3. Most recently the Hampshire and Isle of Wight ICB confirmed that they were linking with Hampshire MP's to raise the issue of the national dentistry contract restrictions and also to look at proposals for developing dentist training in the South region.
4. The most recent updates from both the H&IOW ICB and Frimley ICB are appended to this covering report.

Community Pharmacies Updates

5. The Committee have been sent updates from both H&IOW ICB and Frimley ICB on the status of pharmacy provision within their respective areas. These are appended to this covering report.

Recommendation

6. That the Committee continue to monitor the performance of both dentistry and pharmacy provision across the Hampshire administrative area and request a further update from both ICB's at the May 2024 HASC meeting.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

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

Section 100 D - Local Government Act 1972 - background documents	
<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 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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Dentistry and Community Pharmacy update paper

September 2023

Context:

On 1 July 2022 Hampshire and the Isle of Wight Integrated Care Board (ICB), took on delegated responsibility for dentistry, pharmacy and optometry.

The ICB has an explicit purpose to improve health outcomes for their whole population and the delegation will allow us to integrate services to enable decisions to be taken as close as possible to our residents. We are working to ensure residents can experience joined-up care, with an increased focus on prevention, addressing inequalities and achieve better access to dental care.

The ICB covers Hampshire as well as Portsmouth, Southampton and the Isle of Wight.

The Covid-19 pandemic caused NHS dental providers to close for routine care, causing backlogs in routine dental treatment. In time dental practices restarted their routine treatment but with new safety controls in place, limiting the capacity for dental providers to see as many residents as before.

We know our residents continue to struggle to access dental services and we continue to work towards new procurement and an increase in Units of Dental Activity (UDA) that will lead to better access for patients.

Community pharmacies now have greater responsibility and are helping to take pressure of GP practices by treating and assessing minor ailments. However, some of the use of community pharmacies has decreased due to many prescriptions going online. We are working with pharmacies to ensure the needs of communities can be met moving forward.

Dentistry

Background:

Primary dental care is commissioned as units of dental activity (UDAs) with the number of UDAs awarded to each course of treatment dependent upon the treatment delivered. A UDA is a unit of payment given to providers which is used for different courses of treatments. More complex dental treatments would count for more than simpler treatments. For example, an examination is one UDA whereas dentures equates to 12 UDAs of clinical activity. The number of UDAs a patient will need in a year will depend upon their oral health.

NICE guidelines suggest recalls for treatment range from three to twelve months for children and three to 24 months for adults. There is a direct correlation between deprivation and oral health, with those from more deprived households often needing more UDAs a year as they may have more frequent check-ups with higher treatment need identified which attract more UDAs.



The model of existing primary dental care was introduced in 2006 when the General Dental Services (GDS) Contract and Personal Dental Services (PDS) Agreement were introduced. Under that arrangement which remains in place, contracts specify a defined number of UDAs for a defined contract value, with those issued in 2006 based on treatment proved during a 12-month test period in 2004/5. This period, now almost twenty years ago, was during the time when a dental practice could set up where they wished and deliver as much or as little NHS care as they chose. The current dental contract framework and legislation no longer allow practices to set up or provide as much as they wish; for existing practices this is limited to their contracted activity and new NHS practices can only be established after an open procurement process.

GDS contracts exist in perpetuity, unless they are voluntarily terminated by the provider or the commissioner as a result of contractual breaches.

At the current time a commissioner is not able to reduce contracted activity in one area and move this activity to an area it considers of greater need. There have been annual increases in dental budget allocations as agreed nationally, but this does not take into account increases in population size.

There have been a number of contracts that have terminated in Hampshire and Isle of Wight, particularly in Portsmouth, as a result of providers choosing to hand their contract back.

Current circumstances:

Providers of NHS primary care services are independent contractors in receipt of cash limited financial allocations from the NHS. All practices also deliver private dental care. Some provide NHS services to all groups of patients, but some are for children and charge exempt patients only. The providers are required to deliver pre agreed planned levels of activity each year, known as Units of Dental Activity (UDAs). The UDAs relate to the treatment bands delivered by the practices.

It is important to note that patients do not register with a dental practice. Whereas a patient is registered to a GP practice who is required to see them, dental surgeries do not operate in this way as stated in the national contract. Dental surgeries may turn away patients who have seen them previously due to lack of availability, no matter how long that patient has been seeing that dentist for on the NHS.

Patients are encouraged to attend at regular intervals with the regularity of attendance based upon their assessed oral health needs.

Details of practices providing NHS dental care can be found on: <https://www.nhs.uk/service-search/find-a-dentist>

In addition to the services delivered in primary care there are other NHS dental services. They are:



- **Unscheduled Dental Care (UDC)** – most ‘urgent’ treatment needs are met by the local dental practices. In addition to this there are services that provide back-up in the day and on evenings, weekends and bank holidays. Urgent dental care can be accessed via the practice normally attended by a patient or via NHS 111
- **Orthodontics** - these services are based in ‘primary care’ but are specialist in nature and provide treatment on referral for children for the fitting of braces.
- **Special Care Dentistry and Paediatrics** (also known as Community Dental Services) – services for patients who have additional needs which makes treatment in a primary care setting difficult. This includes treatment both in clinic and in hospital for extractions carried out under General Anaesthetic. This service also provides some of the unscheduled dental care.
- **Hospital services** – for more specialist treatment needs delivering Oral and Maxillofacial Surgery and Orthodontic services.

The tables below detail NHS Dental services available in Hampshire:

Primary Care services:

Local Authority	No. of practices	Units of Activity	Contract value 2022-23
Basingstoke & Deane	17	222,645	£6,993,044.07
East Hants	9	120,556	£2,767,408.36
Eastleigh	12	204,267	£4,034,578.15
Fareham	13	142,625	£3,783,101.46
Gosport	10	131,027	£3,282,571.96
Hart	4	51,387*	£1,658,043.42
Havant	21	200,863	£3,527,684.67
New Forest	22	274,091	£6,171,576.89
Portsmouth	23	359,551	£10,497,047.66
Southampton	23	406,274	£12,077,751.85
Test Valley	7	127,979	£2,132,299.00
Winchester	10	175,238	£6,654,082.67
Isle of Wight	13	219,945	£4,233,021.79



Hart (Blackwater, Yateley, Fleet)	7	68,163	£1,914,395
Rushmoor (Aldershot, Farnborough)	7	173,456	£4,929,299

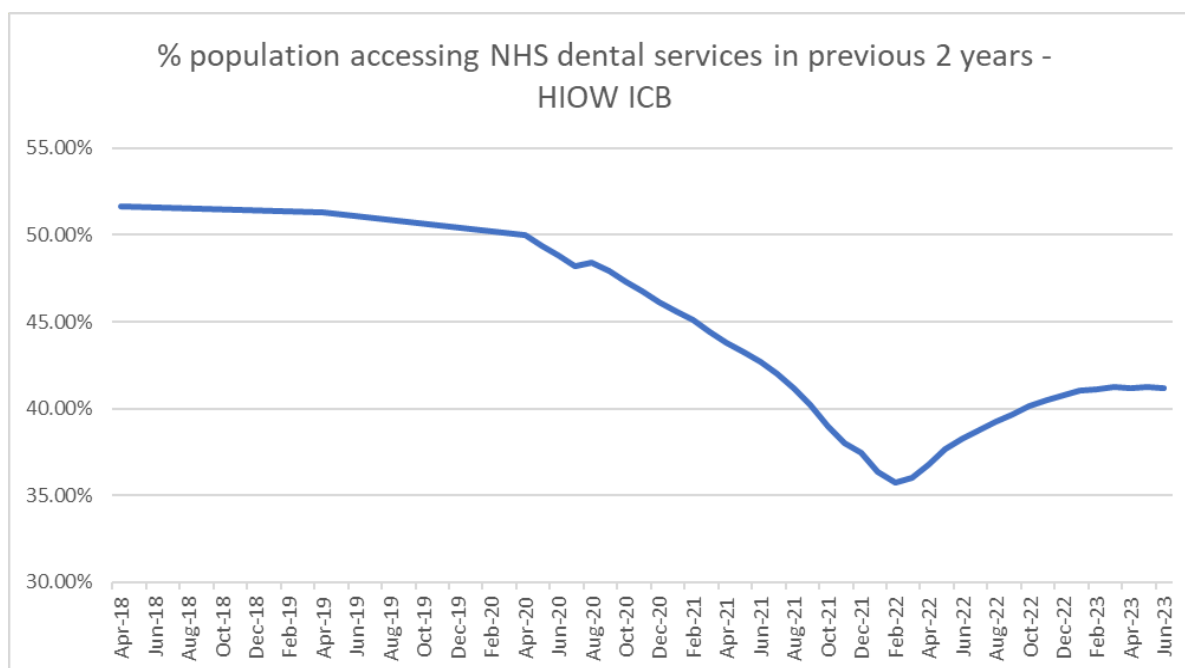
**this should be added to the submission within the NHS Frimley document as the figures are split between ICB location – copied here for ease*

Onward referral services:

Service	Provider	Area covered
Orthodontics	19 Providers	Across all areas other than Gosport; Hart area covered in NHS Frimley paper
Oral Surgery (complex extractions)	6 Providers	Test Valley, Basingstoke & Dean, Southampton, New Forest, Havant, Eastleigh, Fareham, IOW
Community Dental Services	Solent NHS Trust	Hampshire and the Isle of Wight
Hospital services	Hampshire Hospitals NHS Foundation Trust	Choice applies

Access:

In April 2018, 938,883 people (51.64 per cent of the population) accessed NHS dental services in the previous 2 year period. In April 2019, prior to the pandemic 933,361 people (51.34 per cent of the population) accessed an NHS Dentist attendance within a 2-year period. This is based on the recorded population of 1,831,473 living in Hampshire.



However, this fell significantly during the pandemic where practices had to close for 3 months between March and June 2020 and operated at reduced capacity until July 2022. In early 2022 the percentage of patients attending dental practices fell to **35.74 per cent in February 2022**. Access has however started to improve with **41.21 per cent** of the population (754,33 people) attending by June 2023.

Dental practices have been recalling patients, but many have had increased treatment needs due to longer gaps between attendances. This means that treatment plans take longer to complete. Dentists deliver services within cash limited budgets. This means that if it is taking longer to complete treatments for some patients it is more difficult for other patients to access care, so backlogs are still a challenge.

Whilst access to primary care is improving there are on-going challenges. These have been detailed within this section and the challenges are being compounded by workforce challenges in the service. Dental practices have found it difficult to maintain their workforce to deliver NHS services. Many dentists prefer to work fewer days on the NHS and therefore deliver less activity. This would enable them to focus more of their time on private work and in some cases, dentists are either leaving the NHS or opting not to join at the start of their career.

The dentists and practices are citing several reasons for leaving the NHS. These include:

- The focus on treatment with limited focus on oral health improvement, with implications this has on time to be made available to patients
- Delays in proposed changes to the contract at national level
- The level of nationally implemented annual financial uplifts to the contracts when compared to the costs of running their services
- The limited flexibility within the contract to use greater skill mix to deliver care
- The extent of patient dissatisfaction with access to care

This has impacted on the ability of practices to deliver their contracts, which means they may seek to reduce their NHS commitment or leave the NHS altogether. Between 2021-22 and 2023-24, a total of 16 practices handed back contracts in Hampshire and Isle of Wight. This can be compared to 17 in Sussex, 16 in Kent and Medway and 9 in Surrey Heartlands for a comparable timeframe.

When practices hand back their contracts, arrangements are put in place to commission services from local practices to cover this loss on a temporary basis prior to a procurement exercise to find a replacement. These arrangements were in place across Hampshire whilst recommissioning of services took place across the locality. In total the dental team identified to replace lost activity and increase activity by procuring 222,000 UDAs in 2022/23. Of the 222,000 UDAs that went out to procurement, 134,000 were procured successfully with 6 additional locations now providing dental services across the locality. An additional 42,000 will commence activity in the Portsmouth and Havant areas shortly as the original successful bidders did not progress to contract start and a second bidder was awarded the contracts. Alongside these additional UDAs a secondary procurement took place and led to a successful contract award for Southampton; 21,000 UDAs are now also in the mobilisation stage. This has meant that 197,000 UDAs of the original 222,000 have been allocated across the region. No bidder was awarded the 25,000 UDAs on the Isle of Wight.

It is however unfortunate that since this procurement the number of contracts which have been handed back and also the request to permanently reduce contract activity, remains a concerning issue, with the inability to recruit dentists and support staff a large factor in the reduction of dental access. Recruitment remains a national issue although it is felt more towards the coastal and rural localities.

Actions and next steps:

Access sessions

Since 2020, the NHS in the South-East has commissioned additional access sessions from practices to deliver sessions above the levels normally commissioned to help patients access care if they have an urgent treatment need. There are three practices taking part in this scheme in Hampshire based in Eastleigh, Gosport and Portsmouth.

Flexible Commissioning

In some parts of the country, ICBs are implementing Flexible Commissioning arrangements whereby practices can convert up to ten per cent of their contract value from delivery activity targets to the provision of access sessions. These sessions are used to provide access for patients who have faced challenges accessing care and to more vulnerable patient groups. HIOW ICB is monitoring the impact of these schemes as part of consideration of local adoption.

Dental Contract changes

Nationally changes were made to the NHS contract in late 2022 with the aim of addressing the challenges the dental system face. The changes will increase NHS capacity by allowing payment for higher levels of performance, increasing payments for more complex treatments, issuing updated advice about recall intervals for patient check-ups, supporting the use of more skill mix and providing more information to patients about access to NHS services.

While access to NHS dentistry is slightly higher in Hampshire as a whole compared to the Isle of Wight and our cities, we know there are smaller areas within the county which require focus.

National dental reforms continue being discussed, which we await the outcome of. A contract which includes more incentives for dentists to take on NHS work will benefit Hampshire residents and dental practitioners, who we know are keen locally to take on NHS work but require financial sustainability. We are raising this issue at all levels, including our colleagues in NHS England, and within government. The ICB attended a session of the Health and Care Select Committee in April where we reiterated that point. The committee published its [findings and recommendations on 14 July 2023](#).

Recruitment and workforce

Recruiting and retaining dentists, as is the case with other healthcare professions, is difficult. Even where it has been possible to procure additional services, we can find that providers take dental professionals from existing NHS practices especially where they are in close proximity. The differential in UDA rate allows providers to use differing pay rates, which is



why the ICB is seeking to intervene to create equity and, we hope, improve access to services for local people. Fortunately the key responsibility that has come to Integrated Care Boards is the ability to impact the UDA rate locally. This helps us to make local interventions and ensure we create equity across dental providers in our area, which may help to mitigate the workforce challenges we face. We also have the opportunity to use patient feedback to understand local issues and where we can make targeted interventions.

Community pharmacy

Background:

The role of community pharmacies has changes over the past few years. Pharmacists have five years' training and are qualified healthcare professionals, giving advice on medication as well as various common illnesses and injuries.

In May 2023, the government went further with its change to pharmacies, meaning patients who need prescriptions can go direct to the pharmacy, rather than requiring a GP appointment for conditions such as earache, sore throats or urinary tract infections.

However, while pharmacies now have an increased role in primary care, the needs of community pharmacies are changing, as well as the age range of those using them.

Current circumstances:

Hampshire has seen a sharp rise in the number of people using online pharmacies for their prescriptions, which has seen a reduction in footfall of people using pharmacies in high streets and within supermarkets (such as Lloyds which has closed a number of branches in Hampshire over the past 12 months).

The top two pharmacies serving patients in Hampshire and Isle of Wight over the past three months are not based within the county. The largest prescription-serving pharmacy for Hampshire and Isle of Wight is based in Leeds. It served almost 70,000 more prescriptions than the second-highest dispenser, which is also based in Uxbridge.

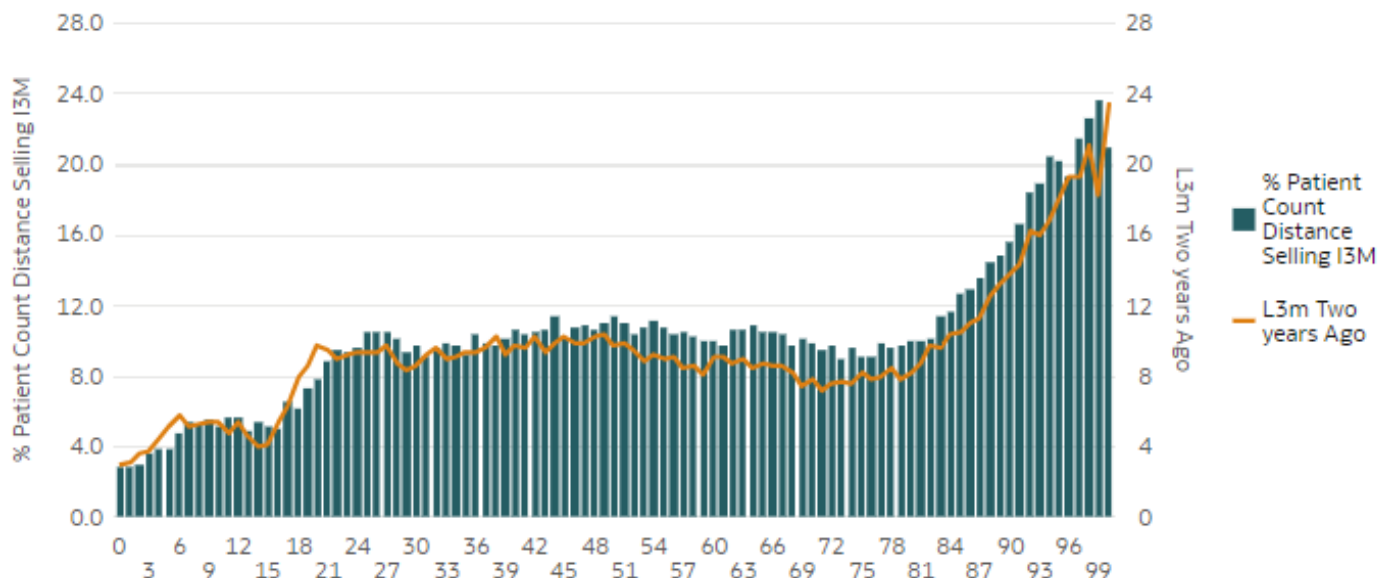
These are both distance selling, online, pharmacies that don't have a high-street presence and effectively do not have a front door for patients in the area to see. The third most used pharmacy for prescriptions is based in the New Forest. This has a large impact on the demand for pharmacies for prescriptions in-person, which is contributing to the situation that has seen high street pharmacies close.

Actions and next steps:

The ICB is working with high street pharmacies and online sellers to ensure that there is a balance between pharmacies that have a presence and are able to see patients for other needs, while acknowledging the shift in prescription collection to a higher use of online methods.



The age range of patients who order prescriptions online is also changing, with the graph below illustrating that between 20 and 25 per cent of patients aged over 90 are using this method.



The orange line indicates the same level as of two years ago. It can also be suggested that those aged between 40 and 60-years-old could well be ordering prescriptions on behalf of elderly relatives.

Impact of Covid-19 on pharmacies

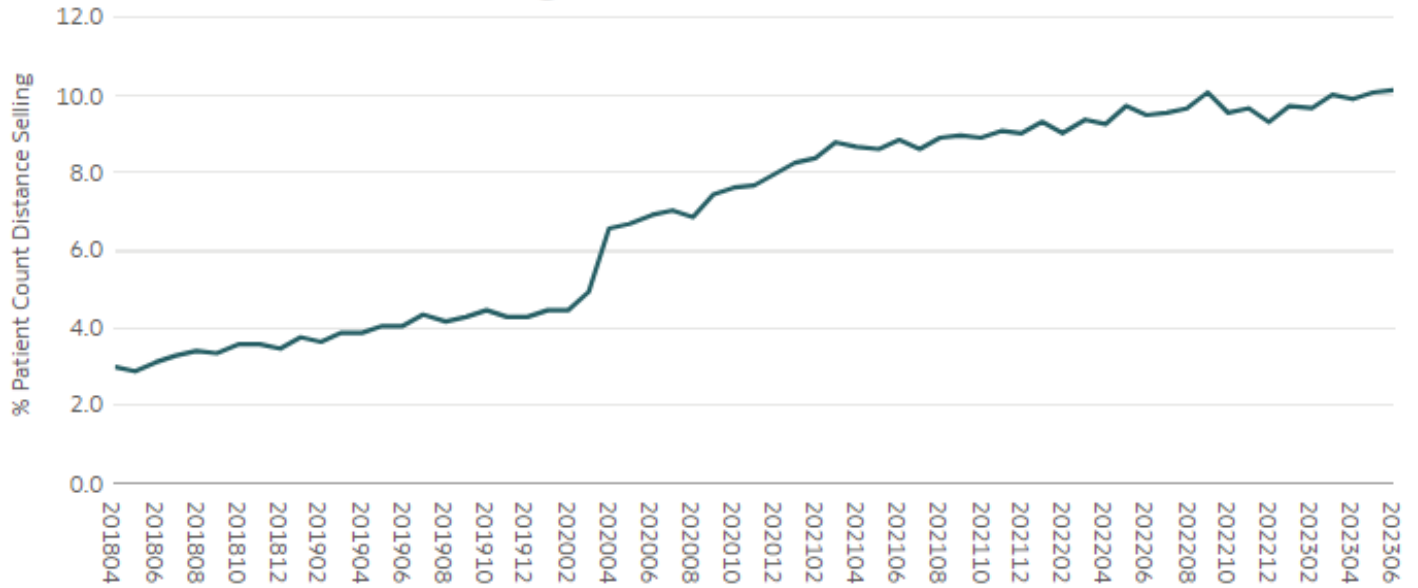
As wider contextual information, the pandemic had a large impact on the number of patients in Hampshire who stopped using pharmacies in person.

Before February 2020, there was around a 4.2 per cent number of patients using online pharmacy for their prescriptions. By April 2020, this jumped to almost seven per cent and has continued to rise steadily since.



As the graph below indicates, this is now at ten per cent of all patients in Hampshire and Isle of Wight using online pharmacies.

% Patient Count Distance Selling



This impact on footfall continues to be assessed in the wider scheme of pharmacy operations and the ability to have pharmacies open to meet all needs of communities, including for medication advice, prescriptions and other sales.

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Report to the Hampshire Health and Adult Social Care Select Committee

Date: Tuesday 19th September 2023

Title: NHS Dental services in the NHS Frimley ICB part of Hampshire

Author: Hugh O’Keeffe, Senior Commissioning Manager - Dental, NHS England (South-East)

Introduction:

On 1st July 2022 the Frimley Integrated Care Board (ICB) took on delegated responsibility for Dentistry, alongside Pharmacy and Optometry. ICBs have an explicit purpose to improve health outcomes for their whole population and the delegation allows the ICB to integrate services to enable decisions to be taken as close as possible to their residents. The ICB is working to ensure their residents can experience joined up care, with an increased focus on prevention, addressing inequalities and achieve better access to dental care and advice.

The Frimley ICB is part of the South-East Region and commissions dental services for people living in NE Hampshire as well Bracknell Forest, the Royal Borough of Windsor and Maidenhead, Slough, Farnham, and Surrey Heath. The resident population is about 750,000.

Clinical engagement is achieved via a Local Dental Networks (LDNs). These are clinically led group involving Dentists, Dental Public Consultants, representatives from NHS England Workforce, Training and Education, Local Dental Committees and service commissioners. Reporting to the LDN are specialist led Managed Clinical Networks for Oral Surgery, Orthodontics, Restorative Dentistry and Special Care and Paediatrics.

Frimley ICB and Hampshire and Isle of Wight ICB share the same expert dental commissioning capacity which has been historically provided by a regional NHSE team now hosted by Frimley ICB on behalf of all ICBs in the SE Region.

1. Oral Health

Tooth decay remains the leading reason for hospitals admissions among 5 to 9-year-olds in England. Tooth decay and gum disease are two of the most common diseases in the world in adults. Tooth decay doesn’t occur in people who don’t consume sugar and reducing both the amount and frequency of sugar consumed reduces the risk.

Gum disease is caused by bacteria in plaque gradually destroying the gums and bones around teeth leading to tooth loss. People who smoke are far more likely to suffer from gum disease.

People who brush twice a day with a fluoride toothpaste are less likely to suffer from tooth decay or gum disease.

Oral Cancer research suggests that more than 60 out of 100 (more than 60%) of mouth and throat cancers in the UK are caused by smoking and around 30 out of 100 (30%) are caused by drinking alcohol. The combination of smoking and alcohol use increases the risk of oral cancer further, and poor diet is another risk factor.

The recommended time between dental ‘check-ups’ is between 3 months and 2 years depending on risk factors for oral disease. Dentists check for early signs of decay, gum disease, oral cancer and other abnormalities so people who don’t attend often have more severe disease.

Children who live in deprived areas are far more likely to suffer from tooth decay than children in less deprived areas. This is mainly due to differences in sugar consumption, tooth-brushing habits, and dental attendance.

In addition to pain, toothache can cause children to stop eating and sleeping, and reduces concentration and/or school attendance. All these effects can increase existing inequalities between children in the most and least deprived areas.

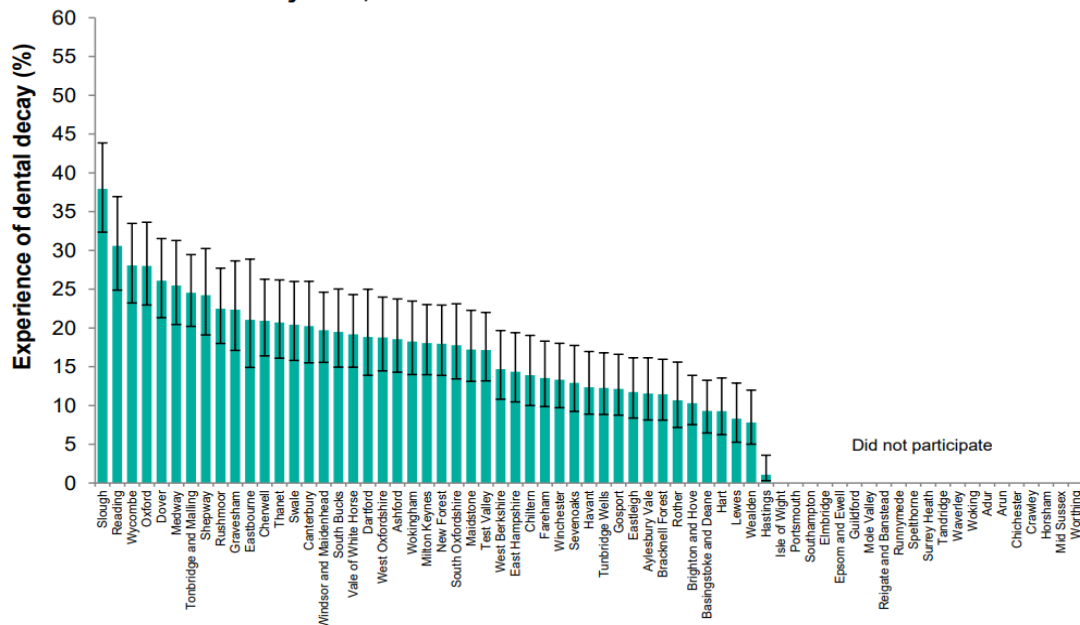
Tooth decay is the most common reason for hospital admission amongst children aged 0 – 19. The table below from the Royal College of Surgeons details the number of admissions in the period 2015-16 to 2021-22 with between 40,000 – 45,000 children being admitted in England per annum (*the fall in recent years is likely due to the impact of the pandemic and access to hospital treatment*).

	Age 0	Age 1-4	Age 5-9	Age 10-14	Age 15	Age 16	Age 17	Age 18	Age 19	Total
2015-16	4	8,800	25,875	7,249	968	845	790	633	664	45,828
2016-17	1	8,281	25,923	7,303	937	795	728	608	648	45,224
2017-18	2	7,666	26,111	7,060	783	715	629	549	532	44,047
2018-19	0	6,839	25,702	7,410	848	759	640	557	529	43,284
2019-20	4	6,349	23,529	7,191	831	683	549	482	486	40,104
2020-21	0	2,575	9,429	3,151	329	276	248	167	160	16,335
2021-22	2	4,276	16,959	6,356	610	525	433	349	339	29,849

Since 2013, Local Authorities have also commissioned epidemiological surveys as part of a national programme to monitor the oral health of the country. Not all local authorities take part in these surveys.

The latest survey data relates to information collected for children aged 5 in 2019. Of the 46 local authorities in the South-East who took part in the survey Rushmoor ranked 9th in terms of the prevalence of dental decay in 5-year-olds with about 22% experiencing decay. Hart ranked 43rd with prevalence of less than 10%.

Figure 11: Prevalence of experience of dental decay in 5-year-olds in the South East by lower-tier local authority area, 2019.



Older people are far more likely to have lost teeth due to gum disease and dental decay. This is because gum disease increases with age, and fluoride (which protects teeth from decay) only became widely used in the UK in the 1970's.

The oral health of people in care homes was the subject of a national Care Quality Commission (CQC) report, *Smiling matters: Oral health care in care homes*.

Older people in care homes are particularly at risk of oral pain and disease because:

- People needing residential care are often less able to brush their teeth effectively and there is variation in how well care staff provide toothbrushing.
- People in care homes often increase the frequency and amount of sugar in their diet, and tooth loss/pain can make it more difficult to eat nutritious food.
- Access to dental services for people in care homes is highly variable, and dentists are limited in the amount of dental surgery (extractions etc.) they can provide outside of CQC regulated practices.

The influence of ethnicity on oral health

People from non-White groups have poorer oral health overall than people in White groups. However, deprivation is the key factor for poor oral health and people in non-White groups are more likely to live in more deprived areas.

In contrast with most health inequalities, when the effects of deprivation are removed, people from non-White groups in England were found to have better oral health than people in White groups. The differences could be partially explained by reported differences in dietary sugar.

Other priority groups

People with Severe Mental Illness are estimated to be 2.8 times more likely to have lost all their teeth compared with the general community.

National and international research, summarised by the UK Health Security Agency, shows that people with learning disabilities have poorer oral health and more problems in accessing dental services than people in the general population. People with learning disabilities may often be unaware of dental problems and may be reliant on their carers/paid supporters for oral care and initiating dental visits. Supporters are often inadequately trained for this and may not see oral care as a priority

Evidence consistently shows that people with learning disabilities have:

- higher levels of gum disease
- greater gingival inflammation
- higher numbers of missing teeth
- increased rates of toothlessness
- higher plaque levels
- greater unmet oral health needs
- poorer access to dental services and less preventative dentistry.

People in prison are likely to have worse oral health yet have less experience of using dental services prior to sentence.

2. Dental services in the NHS Frimley part of Hampshire

Primary and community dental services are commissioned via contracts which fall within the NHS (General/Personal) Dental Services Regulations 2005. Some of these services provide direct patient access and others are accessed via professional referral. Secondary care (hospital) providers deliver services on referral under NHS standard contracts.

NHS Patient Charge Regulations apply to the contracts falling within the 2005 Regulations, but not to services provided under NHS standard contracts for service delivered in acute hospital settings. The patient charges relate to the bands of treatment delivered in primary care. Services are delivered under treatment Bands 1, 2 and 3. The link below provides more details:

<https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/>

Providers of NHS primary care services are independent contractors in receipt of cash limited financial allocations from the NHS. All practices also deliver private dental care. Some provide NHS services to all groups of patients, but some are for children and charge exempt patients only. The providers are required to deliver pre agreed planned levels of activity each year, known as Units of Dental Activity (UDAs). The UDAs relate to the treatment bands delivered by the practices.

Patients are not registered with practices but are encouraged to attend at regular intervals with the regularity of attendance based upon their assessed oral health needs.

Details of practices providing NHS dental care can be found on:

<https://www.nhs.uk/service-search/find-a-dentist>

In addition to the services delivered in primary care there are other NHS dental services. They are:

- **Unscheduled Dental Care (UDC)** – most ‘urgent’ treatment needs are met by the local dental practices. In addition to this there are services that provide back-up in the day and on evenings, weekends and bank holidays. Urgent dental care can be accessed via the practice normally attended by a patient or via NHS 111
- **Orthodontics** - these services are based in ‘primary care’ but are specialist in nature and provide treatment on referral for children for the fitting of braces.
- **Special Care Dentistry and Paediatrics** (also known as Community Dental Services) – services for patients who have additional needs which makes treatment in a primary care setting difficult. This includes treatment both in clinic and in hospital for extractions carried out under General Anaesthetic. This service also provides some of the unscheduled dental care.
- **Hospital services** – for more specialist treatment needs delivering Oral and Maxillofacial Surgery and Orthodontic services.

The tables below detail NHS Dental services available in the NHS Frimley part of Hampshire:

Primary Care services:

Local Authority	No. of practices	Units of Activity	Contract value 2022-23
Hart (Blackwater, Yateley, Fleet)	7	68,163	£1,914,395
Rushmoor (Aldershot and Farnborough)	10	173,456	£4,929,299

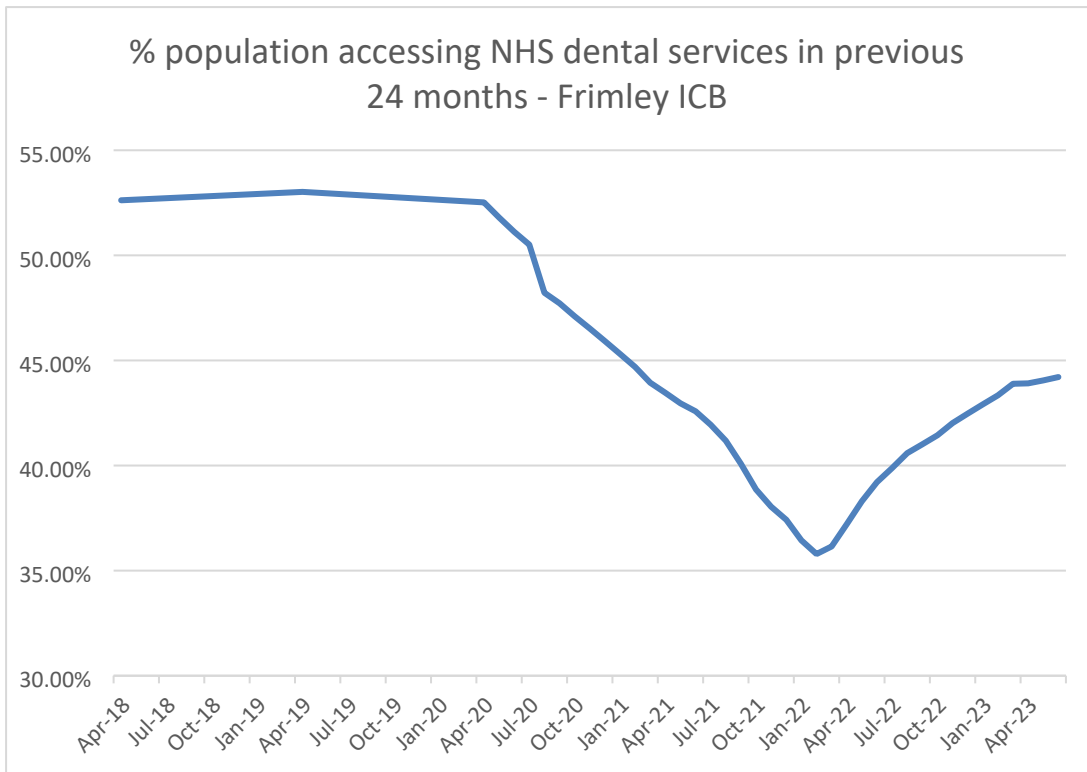
Onward referral services:

Service	Provider	Area covered
Orthodontics	Acorn Orthodontics, Fleet	Hart
	Farnborough Dental Centre	Rushmoor
Community Dental Services	Solent NHS Trust	All Hampshire and the Isle of Wight
Hospital services	Hampshire Hospitals NHS Foundation Trust	Choice applies

3. Access to NHS Dental services

3.1 Primary Care

In the Frimley area prior to the pandemic nearly 400,000 people (53% of the population) attended an NHS Dentist on a regular basis (attendance within a 2-year period).



However, this fell significantly during the pandemic where practices had to close for 3 months between March and June 2020 and operated at reduced capacity until July 2022. In early 2022 the percentage of patients attending dental practices in Frimley fell to under 36%. Access has improved significantly since then with 44.21% of the population (320,000 people) attending by June 2023.

Dental practices have been recalling patients, but many have had increased treatment needs due to longer gaps between attendances. This means that treatment plans take longer to complete. Dentists deliver services within cash limited budgets. This means that if it is taking longer to complete treatments for some patients it is more difficult for other patients to access care, so backlogs are still a challenge.

Whilst access to primary care is improving there are on-going challenges. These have been detailed within this section and the challenges are being compounded by workforce challenges in the service. Dental practices have found it difficult to maintain their workforce to deliver NHS services. Many Dentists prefer to work fewer days on the NHS and therefore deliver less activity. This would enable them to focus more of their time on private work and in some cases, Dentists are either leaving the NHS or opting not to join at the start of their career.

The Dentists and practices are citing several reasons for leaving the NHS. These include:

- The focus on treatment with limited focus on oral health improvement, with implications this has on time to be made available to patients
- Delays in proposed changes to the contract at national level
- The level of nationally implemented annual financial uplifts to the contracts when compared to the costs of running their services
- The limited flexibility within the contract to use greater skill mix to deliver care
- The extent of patient dissatisfaction with access to care

This has impacted on the ability of practices to deliver their contracts, which means they may seek to reduce their NHS commitment or leave the NHS altogether. The table below details the number of contracts handed back since 2021-22 across the South-East.

ICB	Total practices	Contracts handed back 2021-22 to 2023-24
Buckinghamshire, Oxfordshire and Berkshire West (BOB)	15	70,522
Frimley	1	13,782
Hampshire and the Isle of Wight	16	117,508
Kent and Medway	16	111,896
Surrey Heartlands	9	61,815
Sussex	17	132,233
Total	74	507,756

The Teeth for Life practice in Aldershot handed back its NHS contract in November 2022. The practice advised they felt they needed to leave the NHS following difficulties recruiting new Dentists following the departure of 2 colleagues to private practices. Whilst the impact of contract handbacks has been relatively small for the Frimley ICB to date, when compared to other parts of the South-East, the loss of the service in Aldershot is significant for the local area.

When practices hand back their contracts, arrangements are put in place to commission services from local practices to cover this loss on a temporary basis prior to a procurement exercise to find a replacement. These arrangements are in place in the Rushmoor area for the period to 31st March

2024. The ICB is working on plans to re-commission this activity on a permanent basis from 1st April 2024.

Since 2020, the NHS in the South-East has commissioned Additional Access sessions from practices to deliver sessions above the levels normally commissioned to help patients access care if they have an urgent treatment need. There are 6 practices taking part in this scheme in Frimley with 5 based in Slough and one in Sandhurst. No interest was shown from practices in NE Hampshire.

In some parts of the country, ICBs are implementing Flexible Commissioning arrangements whereby practices can convert up to 10% of their contract value from delivery activity targets to the provision of access sessions. These sessions are used to provide access for patients who have faced challenges accessing care and to more vulnerable patient groups. NHS Frimley is monitoring the impact of these schemes as part of consideration of local adoption as a means of reducing inequalities in dental access.

Nationally changes were made to the NHS contract in late 2022 with the aim of addressing the challenges highlighted earlier in this report. The changes will increase NHS capacity by allowing payment for higher levels of performance, increasing payments for more complex treatments, issuing updated advice about recall intervals for patient check-ups, supporting the use of more skill mix and providing more information to patients about access to NHS services.

3.2 Referral services

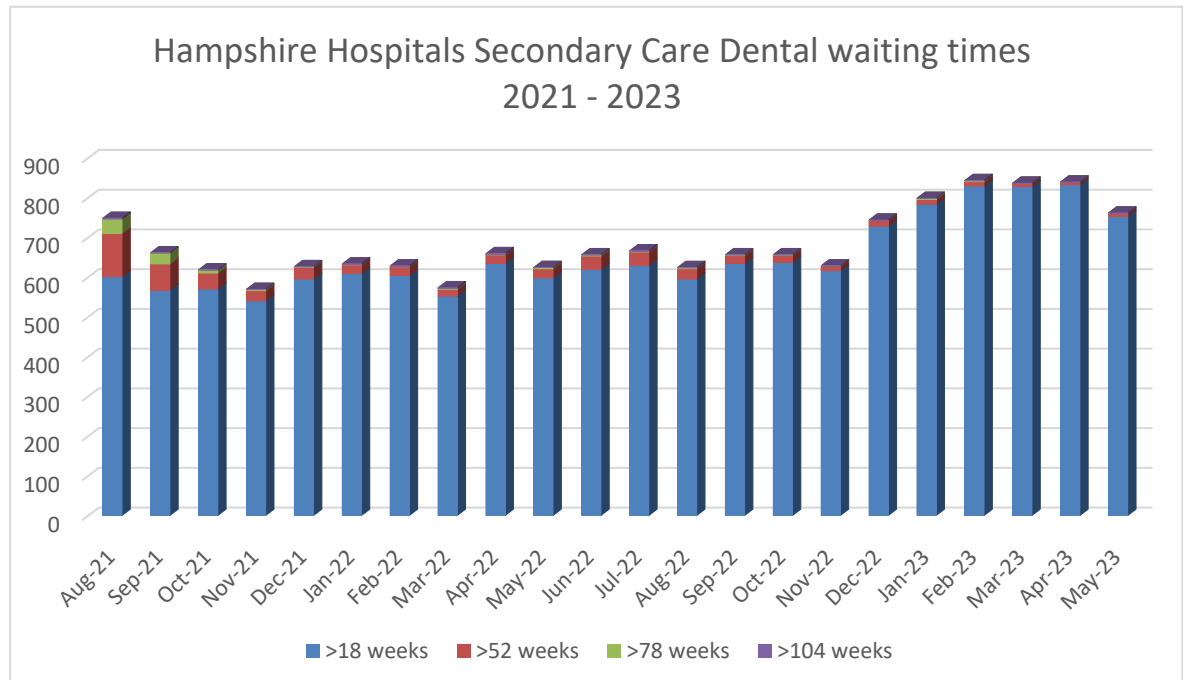
3.2.1 Hospital services

As with primary care dental services, the referral services have also faced capacity reductions because of the pandemic with the resultant backlog that has built up.

Hospital waiting times are monitored nationally. As part of recovery from the pandemic, Elective Recovery Fund monies have been allocated to hospitals to reduce the number of long waiting patients with the aim of returning to pre-pandemic levels by 2025. During 2022-23 the focus was on patients waiting more than 104 weeks and 78 weeks for treatment. The aim was to eradicate the number of patients waiting more than 104 weeks by July 2022 and more than 78 weeks by March 2023. This was achieved across the South-East. In 2023-24 the plan is for no patients to be waiting more than 65 weeks for treatment by 31st March 2024 and then no-one waiting more than 52 weeks by 31st March 2025.

The table below details the number of patients waiting more than 18 weeks for treatment at the Hampshire Hospitals NHS Foundation Trust. Although there has been little change in the number of patients waiting more than 18 weeks

for treatment since August 2021 the number of patients waiting more than 52 weeks has fallen from 147 to 8.



Elective Recovery Fund monies have been allocated to Hospital services to assist with waiting list recovery.

3.2.2 Community Dental Services

The Community Dental Services (CDS) have also faced challenges with backlogs in the number of patients awaiting treatment in clinic or in hospital under General Anaesthetic (GA). Restoration and Re-set monies have been available to the CDS providers. In some cases, this has resulted in significant reductions in the number of patients awaiting treatment, but other providers have faced on-going challenges in terms of recruitment and access to hospital theatres to complete treatments. Solent NHS Trust has fallen into the latter group and there are on-going discussions between the provider and the commissioner about backlog catch-ups.

4. Next steps and review

- Continue to monitor access to primary care dental services with the aim of maintaining on-going improvements in access.
- Re-commission dental activity for the Rushmoor area on a permanent basis from April 2024

- Implement national dental contract changes at local level to take effect during 2023-24 with the aim of improving patient access, value for money and dental practice commitment to the NHS
- Maintain Additional Access sessions for patients facing the greatest challenges with access to primary care
- Consider the implementation of innovative approaches such as flexible commissioning to support access for patients with greater oral health needs
- Review impact of Elective Recovery Fund investment on hospital services
- Work with colleagues in the Hampshire and Isle of Wight ICB and Hospital and Community Dental Service providers to address key challenges facing their services

NHS Frimley Integrated Care Board

September 2023

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Frimley Health and Care



Hampshire Health and Social Care Scrutiny Committee

Pharmacy provision- North-East Hampshire

19 September 2023





Pharmacy provision in North East Hampshire (NEH)

- 32 pharmacies in NEH
- Two are '100 hour' pharmacies (Boots, Farnborough and Wellbeing pharmacy, Fleet)– both have changed their core hours as a result of new legislation.
- Two are distance selling pharmacies (Integro Pharmacy, Aldershot and Pharmacy Bond, Farnborough) – these pharmacies provide the same services as other pharmacies but not face to face.
- 5/32 closed Saturday
- 19/32 closed Sunday
- Last Pharmaceutical Needs Assessment from October 2022:
 - **Conclusion:** Following public consultation, the conclusion of the assessment is that the number, distribution, and choice of pharmaceutical services meets the current needs of Hampshire's population and future needs within the lifetime of this PNA. There are no identified needs for additional pharmaceutical services or improvements to current arrangements across the county





Pharmacy closures and change of ownership

- One pharmacy has closed (30/05/2023) – Lloyds in Sainsbury's in Farnborough. This was following a successful application to consolidate with Lloyds Pharmacy, 248 Farnbrough Road, Farnbrough GU14 7JW. This means that there has been a decision that the closure will not result in a gap that could be filled by a routine application.
- Applications for change of ownership have been received for all five of the Lloyds Pharmacies in the area. As part of a change of ownership application, the new owner commits to providing the same services as the outgoing owner so there should be no disruption to services.
- The determination about whether there is adequate pharmacy service provision is a function of the Hampshire Health and Wellbeing Board.





Pharmacy closures

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Unplanned closures

- The numbers of temporary suspensions of service ‘unplanned closures’ have decreased significantly since the peak in 2022. The reasons for closures are generally workforce related.

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Month	Number of closures	Total duration (hrs)
August 2023	4	13
July 2023	2	6.75
June 2023	9	49





Pharmacy services provision

Page 52

- 90% pharmacies providing New Medicine Service
- 100% pharmacies signed up to deliver Community Pharmacy Consultation Service (only 1 community pharmacy delivered no consultations)
- 69% of pharmacies carried out BP checks and supported over 3000 patients (230 had Ambulatory Blood Pressure Monitoring)
- 94% of pharmacies provided flu last year and delivered over 13,500 vaccinations- aim for 100% sign up this year
- Only 31% signed up to provide Smoking Cessation Service and 0% referrals!- work to be done but slow uptake across the country
- Only 32 Discharge Medication Service referrals completed (essential service so all pharmacies can provide the service but limited referrals from FHFT- work to be done
- One COVID vaccination site- Church Crookham Pharmacy

22/23 data





Pharmacy workforce- Strategic overlook

- The results of the [2022 community pharmacy workforce survey](#) will inform next steps for workforce development in community pharmacy, alongside the NHS Long Term Workforce Plan.
- NHSE has invested £15.9m under the [Pharmacy Integration Programme](#) to expand frontline pharmacy staff in primary and community care and to meet the needs of patients and local communities.
- From 2026, [all newly qualified pharmacists will have independent prescribing rights](#),. NHSE is funding a further 3,000 existing pharmacists in 2023/24 to gain this qualification, to ensure pharmacists and their teams can play a greater role in clinical care now, and to support the realisation of the ambitions outlined in the delivery plan for recovering access to primary care.





Pharmacy workforce

- The service specifications for blood pressure checks and smoking cessation have been amended to allow delivery by pharmacy technicians. DHSC is also now consulting in the summer on adding pharmacy technicians to the list of professionals able to supply medicines under patient group directions and changes to legislation around pharmacy supervision to enable improved use of skill mix within the pharmacy team.
- £645m of investment was announced in the [delivery plan for recovering access to primary care](#), which includes investment in digital to free up capacity.
 - For the first time ever, patients who need prescription medication will be able to get it directly from a pharmacy, without a GP appointment, for seven common conditions including earache, sore throat, or urinary tract infections by next winter





Supply chain

- Concerns about medicines shortages should be raised with the Department of Health and Social Care, who have overall responsibility for medicine supply problems arising both in the community and in hospitals.
- Department of Health and Social Care has well-established procedures to deal with medicine shortages, whatever the cause, and works closely with the Medicines and Healthcare products Regulatory Agency, the pharmaceutical industry, NHS England and others operating in the supply chain to help prevent shortages and to ensure that the risks to patients are minimised when shortages do arise.
- Serious Shortage Protocols are being used to help pharmacies manage any serious shortages of medicines that may occur, without needing to refer patients back to prescribers. [Needs to be authorised by Secretary of State for Health and Social Care]



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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	19 September 2023
Title:	Issues Relating to the Planning, Provision and/or Operation of Health Services
Report From:	Director of People and Organisation

Contact name: Democratic and Member Services

Tel: 0370 779 0507

Email: 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:
 - a) Southern Health Acute Mental Health Wards Care Quality Commission Inspection (Southern Health NHS Foundation Trust)
 - b) Pressures facing Ford Ward, Fordingbridge Hospital (Southern Health NHS Foundation Trust)

Recommendations

5. That the Committee request a further update on progress made in completing the CQC action plan to be presented at the March 2024 HASC meeting.
6. That the Committee request to be kept informed of any changes to the plans to permanently close Ford Ward and any implications that arise from implementing this closure.

Executive Summary

Table 1

Topic	Relevant Bodies	Action Taken	Comment
a) CQC inspection/activation plan re. mental health inpatient units	Southern Health NHS Foundation Trust	CQC carried out an inspection in October 2022. As a result, the overall rating for these services remains as 'Requires Improvement'.	The CQC findings report was published in April 2023.
b) Proposed closure of Ford Ward, Fordingbridge Hospital	Southern Health NHS Foundation Trust	Due to staffing challenges, Ford Ward is temporarily closed. Southern Health are proposed to permanently close the Ward.	

Scrutiny Powers

9. The Health and Adult Social Care Select Committee has the remit within the Hampshire County Council Constitution for 'Scrutiny of the provision and operation of health services in Hampshire'. Health scrutiny is a fundamental way by which democratically elected local councillors are able to voice the views of their constituents, and hold relevant NHS bodies and relevant health service providers to account. The primary aim of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery and development of health services.
10. The Committee has a role to 'review and scrutinise any matter relating to the planning, provision and operation of the health service in Hampshire'. Health scrutiny functions are not there to deal with individual complaints, but they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends. Health scrutiny can request information from relevant NHS bodies and relevant health service providers, and may seek information from additional sources for example local Healthwatch.
11. The Committee has the power 'to make reports and recommendations to relevant NHS bodies and to relevant health service providers on any matter that it has reviewed or scrutinised'. To be most effective, recommendations should be evidence based, constructive, and have a clear link to improving the delivery

and development of health services. The Committee should avoid duplicating activity undertaken elsewhere in the health system e.g. the work of regulators.

Finance

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

Performance

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

Consultation and Equalities

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

Climate Change Impact Assessment

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

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

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

Section 100 D - Local Government Act 1972 - background documents	
<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 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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Care Quality Commission (CQC) inspection of Adult Mental Health Acute Wards and Psychiatric Intensive Care Units (PICU) October 2022

1. In April 2023 the CQC published a report following inspections of the Trust’s mental health inpatient units which took place in October 2022.
2. The CQC found a number of areas of improvement and good practice. Inspectors also found some areas where there hadn’t been as much progress as expected. As a result, the overall rating for these services remains as ‘Requires Improvement’. These services remain rated ‘Good’ for the domains of Caring and Effective, and ‘Requires Improvement’ for the other domains (Responsive, Safe, Well Led). The overall rating for the Trust did not change as a result of this inspection report, and remains at ‘Requires Improvement.’ All of the Trust’s community physical health services are rated ‘Good’ in all domains. The Trust remains rated ‘Good’ overall for being Well Led.
3. Since the inspections took place the Trust has developed the action plan below to monitor progress against the areas identified for improvement by the CQC. The Trust has a CQC action plan oversight group comprising clinical leaders and progress is also reported to the Trust Board’s Quality and Safety Committee. Further oversight is provided by the Integrated Care Board. Updates on the action plan will be part of upcoming engagement meetings with the CQC.
4. **Action Plan:** Information correct as of 4 September 2023

Area for improvement	Actions Completed	Action status
<p>The trust must ensure staff know how to follow the correct procedures for safely managing controlled drugs.</p> <p><i>Context - 4 doses not countersigned in controlled drugs stock book.</i></p>	<ul style="list-style-type: none"> • Vacant pharmacy technician role filled. • Bespoke control drugs training sessions delivered to ward staff. • Weekly audits in place. • Monthly Quality Assessment Tool completed on all wards. • Quality Review Visit by Mental Health Best Practice Team includes medicines management. 	<ul style="list-style-type: none"> • Complete • Action is under business as usual monitoring.
<p>The trust must ensure patients are promptly reviewed by a doctor when they are admitted so they have access to their required medicines to minimise the risk of missed doses.</p> <p><i>Context - a patient missed 1 dose of insulin as transferred from acute trust without medication.</i></p>	<ul style="list-style-type: none"> • Investigation of incident completed – human error identified. Error partly due to admission clerking being carried out by doctor virtually that day. • Evidence of missed opportunity and learning discussed with doctors at reflective session. • Learning that admission clerking must always be carried out face to face added to doctors’ induction. 	<ul style="list-style-type: none"> • Complete. • Action to be monitored via incident reporting.
<p>The trust must ensure staff complete observations of patients to mitigate their</p>	<ul style="list-style-type: none"> • Review and amendment of therapeutic observation policy to align with best practice. 	<ul style="list-style-type: none"> • Partially completed. • Policy is due to be signed off in September

<p>identified risks as outlined in each patient's care plan.</p> <p><i>Context - gaps in observations found on one unit.</i></p>	<ul style="list-style-type: none"> • Task and finish group of clinical staff in place to ensure policy changes are embedded consistently across all teams. Champions identified to provide ongoing support with this work. • eObs (electronic observation tool) being rolled out to all inpatient wards to replace paper observation tool. eObs has been refined to meet the requirements of the policy. • Staff competencies have been revised in line with the updated policy. 	<p>Mental Health Safety Forum, then actions are fully completed.</p>
<p>The trust must reduce blanket restrictions that unnecessarily restrict the comfort, privacy and dignity of patients.</p> <p><i>Context – not all patients were able to lock/unlock their bedroom door; bedroom door vision panels were sometimes left open and were not controllable by the patient.</i></p>	<ul style="list-style-type: none"> • A programme of works to replace vision panels with a standardised auto-close version is currently being implemented. • Where applicable, patients have now been given their own key. Where this not possible, a programme of works is being implemented to replace the locks with a fob-access mechanism. 	<ul style="list-style-type: none"> • Ongoing – (vision panels March 2024 and doors June 2024). • Estates works scheduled.
<p>The trust must improve its governance assurance processes so that improvements can be embedded and sustained</p>	<ul style="list-style-type: none"> • Quality control mechanisms for on-going monitoring of improvement actions has been strengthened. This includes use of the Quality Assessment Tool (QAT) monthly and all units receiving a Quality Review Visit by the MH Best Practice Team. • Weekly CQC oversight group in place Chaired by Director of Nursing & Allied Health Professionals 	<ul style="list-style-type: none"> • Complete • Action is monitored under weekly oversight group.
<p>The trust must ensure all staff can access appropriate support via regular supervision.</p> <p><i>Context – data for when staff last had supervision was not accurate and not all types of supervision were being captured.</i></p>	<ul style="list-style-type: none"> • The mechanism used to centrally capture clinical supervision on staff training records has been improved. • Implementation of improvement programme on the clinical supervision approach to ensure all staff receive good quality, beneficial supervision. 	<ul style="list-style-type: none"> • Partially complete. • Mechanism to improve capturing of data is complete. • Clinical Supervision project underway
<p>The trust should continue to ensure staff monitor patients' physical health and food and fluid intake at the frequencies recorded in their care plan.</p>	<ul style="list-style-type: none"> • New food and fluid chart was developed with patients. • Implementation has been monitored as part of ward quality checks and has been embedded with good effect. 	<ul style="list-style-type: none"> • Complete
<p>The trust should ensure staff continue to fulfil their responsibilities in relation to monitoring the physical health of patients as directed by doctors.</p>	<ul style="list-style-type: none"> • Physical health monitoring reviewed as part of ward quality checks. • Any issues are reported at the daily safety huddle and multidisciplinary team (MDT) 	<ul style="list-style-type: none"> • Complete

	<p>meetings to ensure they are acted upon.</p> <ul style="list-style-type: none"> • On-going compliance monitoring via the monthly Quality Assessment Tool. 	
<p>The trust should continue with its work to recruit to staff vacancies to help ensure patients are always cared for by people with the appropriate skills and experience to meet their needs</p>	<ul style="list-style-type: none"> • Recruitment to vacancies continues with robust oversight at team, divisional and corporate levels. • Improvement programmes of work are underway that include Health and Wellbeing, recruitment drives and role redesign which include: Consultant Nurse or Allied Health Professions Practitioner roles; acceleration of band 5-6 Mental Health nurses as part of the Grow our Own Initiatives; development of apprenticeship roles; continued international recruitment. • Promotion of the Academy of Clinical Excellence (ACE) continues - offers specific focus on professional development and career progression for registered nurses, nursing associates and allied health professionals. 	<ul style="list-style-type: none"> • Complete – recruitment is ongoing action.
<p>The trust should continue its efforts to ensure all eligible staff are up to date with their training in preventing and managing incidents of violence and aggression, and immediate life support training.</p>	<ul style="list-style-type: none"> • Compliance target for preventing and managing incidents of violence and aggression (PMVA) and immediate life support training (ILS) is 95%. Sufficient spaces on training courses have been arranged to achieve this by Q3 2023/24 - where necessary we will increase training capacity to meet this target. • Learning Education and Development (LEaD) have worked with divisions to identify further opportunities to deliver training more locally to improve update and reduce non-attendance. 	<ul style="list-style-type: none"> • Complete – training compliance monitoring business as usual.

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Operational pressures affecting Ford Ward, Fordingbridge Hospital

September 2023

Due to ongoing and significant workforce pressures, and despite extensive efforts, the Trust has been unable to sustainably maintain safe staffing levels at Ford Ward and the ward has been paused to admissions in the interests of patient safety.

Ford Ward is a recovery and rehabilitation ward for people who have had a stay in an acute hospital for an injury or illness. It comprises 15 beds although it had been running at a capacity of 8 beds since March 2023 due to staffing challenges.

Supporting patients during this time

Patient and staff safety is our primary concern. At the time of the pause to admissions 21/08/23, six patients remained on the ward. Since then, all patients have returned home having finished their inpatient rehabilitation with ongoing support from community services.

Patients requiring rehabilitation inpatient support, that would normally be admitted to Ford Ward, are being supported at Lymington Hospital and Romsey Hospital. There is adequate capacity at these sites and the Trust anticipates no disruption to patient care. The Trust also operates a 'virtual ward' model with 58 'community beds' to enhance the support provided to people in their own homes.

While Ford Ward is paused to admissions, and as all patients have now been discharged, remaining staff at the ward have been redeployed to other teams and services. This includes the Avon Valley community care team (also based at Fordingbridge Hospital) as well as wards at other local community hospitals.

Efforts to recruit

The ward is in a relatively isolated, rural location, with limited affordable accommodation options for keyworkers. Combined with staffing pressures facing NHS services generally, this has driven the acute workforce challenges experienced at the site. Filling nursing shifts has been particularly difficult. The ward requires 10 whole-time equivalent nurses to safely cover 15 beds across all three shifts in a day. As at the end of August 2023, just 2.6 whole time equivalent nurses were in post. Whilst the Trust has been using agency staff to offset this gap, this is not a sustainable position in terms of care quality or effective use of resources.

Staffing challenges have placed significant additional pressure on remaining staff, with associated risks of sickness, stress and other impacts on staff wellbeing.

In recent months the Trust has explored all avenues for staffing. This includes:

- Long term agency placements
- Offering secondments and redeployment from other services
- Overtime payments
- Recruitment drives

The Trust also continues to recruit nurses from other countries to bolster the workforce. However these international colleagues have been unable to be deployed to Ford Ward due to insufficient staffing to provide adequate supervision, and insufficient local housing options for accommodation.

Communication

Operationally, the Trust has informed other local NHS Trusts, including Salisbury, Bournemouth and Southampton acute Trusts. Local primary care services (GP practices) are also aware. Alternative arrangements are in place with provider partners to support hospital discharge and ongoing care, with minimal disruption. The decision to pause to admissions was supported by the Integrated Care Board. The Trust continues to update and work closely with all partners.

Next steps

Given the scale of the challenge, and limited success despite best efforts to improve the staffing position, Ford Ward is likely to remain paused to admissions for the foreseeable future. Alternative arrangements currently in place will ensure patients requiring the type of care provided by Ford Ward will continue to receive it without any additional delay or disruption.

The Trust is now considering longer term proposals to ensure viable and sustainable inpatient recovery and rehabilitation services remain available to the local population and in support of local acute hospital partners. Communication and engagement with stakeholders will be central to developing any future proposal.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	19 September 2023
Title:	Savings Programme to 2025 - Revenue Savings Proposals
Report From:	Director of Adults' Health and Care and Director of Corporate Operations

Contact name: Graham Allen

Tel: **Email:** Graham.allen@hants.gov.uk

Purpose of Report

1. For the Health and Adult Social Care Select Committee to pre-scrutinise the detailed savings proposals for Adult Social Care and Public Health that have been developed as part of the Savings Programme to 2025 (SP25) Programme (see report attached due to be considered at the decision day of the Executive Lead Member for Adult Social Care and Public Health at 2.00pm on 19 September 2023).

Recommendation

2. That the Health and Adult Social Care Select Committee support the recommendations being proposed to the Executive Lead Member for Adult Social Care and Public Health in paragraph 2 of the attached report.

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Lead Member for Adult Social Care and Public Health
Date:	19 September 2023
Title:	Savings Programme to 2025 – Revenue Savings Proposals
Report From:	Director of Adults' Health and Care and Director of Corporate Operations

Contact name: Sarah Snowdon and Dave Cuerden

Tel: 0370 779 0744
0370 779 3845

Email: Sarah.Snowdon@hants.gov.uk
Dave.Cuerden@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to outline the detailed savings proposals for Adult Social Care and Public Health that have been developed as part of the Savings Programme to 2025 (SP2025) Programme.

Recommendation(s)

2. To approve the submission of the proposed savings options 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 Directorate that have been developed as part of the Savings to 2025 (SP2025) 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 would be further public consultation for some proposals.

Contextual Information

5. In February 2023, Cabinet and Council were updated on the budget gap position and the early work undertaken by the Corporate Management Team to identify the available options to balance the budget to 2025/26. The Council expects to face a budget gap of at least £132m after taking account of annual Council tax increases at the maximum permitted level of 4.99% and additional grant funding expected to be provided by the government in 2024/25.
6. The early publication of a government policy paper on local authority funding for 2024/25 was welcomed. However, with 2024/25 representing the last year of the current parliament and spending review period, there remains considerable uncertainty as to the resources available to the Council from 2025/26 onwards. It is clear, however, that the landscape for the public finances remains challenging following the pandemic, considering current economic and geopolitical factors. Given the lack of any certainty from 2025/26, the County Council has had no choice but to assume that savings required to meet a gap of at least £132m will be required by April 2025, as we cannot take the risk of assuming further government financial support will be forthcoming. Furthermore, the financial constraints on the County Council mean that there will be no funding available to cash flow a savings programme beyond April 2025.
7. In recognition of the size of the financial challenge, coming after a decade of savings totalling £640m, directorates were not issued with 'straight line' savings targets as per previous savings programmes but were instead instructed to review what savings might be achievable if we were to move towards a 'bare minimum' provision of services. This approach aimed to maximise the potential for savings across the organisation whilst ensuring that the County Council can continue to target resources on the most vulnerable adults and children and deliver other vital core services.
8. The early work undertaken by directorates consisted of a detailed review of each budget line to understand where:
 - Further efficiencies could be achieved, for example due to changes to working practices following the pandemic or through changes to service management arrangements following the Fit for The Future organisational structure review.
 - Investment in new equipment or IT technology could enable us to deliver services differently.
 - Income generation could be increased through expanding the scope of existing sales, fees and charges or introducing new charges for some services.
 - Non-statutory or discretionary services could be scaled back or ceased.
9. Following the initial scoping exercise undertaken at directorate level, the savings options were subject to a detailed and robust scrutiny process, consisting of peer reviews within the Corporate Management Team and

scrutiny by Executive Members, the Leader and Deputy Leader. The review process aimed to ensure that:

- The available savings opportunities for each key service line have been maximised and directorates have considered how the implementation of savings can be accelerated where possible to maximise early delivery.
 - There is a shared understanding across directorates of any risks or dependencies linked to savings in other areas to eliminate any unintended consequences of savings delivery, for example possible cost and/or demand increases for other services.
 - The cumulative impacts of savings across all directorates on specific service user groups have been assessed and minimised as far as possible.
10. This detailed work has identified a total of £90.4m savings across all directorates, of which £75.0m are expected to be delivered by 2025/26, leaving an unmet budget gap of £57.0m in 2025/26. It is not surprising that this position has been reached given the £640m savings already removed from the budget since 2010. In the absence of any further government funding to 2025/26, the County Council will be reliant on reserves to temporarily bridge the budget gap pending fundamental reform to the funding system and legislative framework for local government. Additionally, a budget shortfall of £86m is currently expected for 2024/25 which will also need to be met from reserves.
11. A review of the County Council's reserve balances was undertaken at the end of the 2022/23 financial year and the results were reported to Cabinet and Full Council in July. The review identified most of the additional funding required to bridge the gap for 2024/25, albeit a small deficit of £2.4m still remains in addition to the significant shortfall of £57.0m in 2025/26. It is therefore not possible to continue with the County Council's usual financial approach of allowing directorates to retain any early achievement of savings for reinvestment in service delivery. All savings delivered in 2023/24 and 2024/25 will instead be transferred to the budget bridging reserve to help balance the budget in 2025/26.
12. As part of the County Council's Fit for The Future Programme, a series of detailed reviews of key functions which are common across all directorates will be undertaken with the aim of maximising consistency, efficiency and effectiveness in the following areas:
- how the County Council engages with its customers when they contact the County Council directly
 - how transformation and business support activity is defined and delivered
 - how senior management structures, roles and responsibilities align between Directorates
 - how the County Council provides core enabling services such as Finance, IT and HR; ensuring these are delivered from the centre of the organisation.

13. As well as delivering operational benefits for the County Council, these reviews are expected to help reduce costs through removing duplication, enabling more effective prioritisation of resources and improving retention of specialist skillsets. Whilst the financial benefits are expected to supplement the £90.4m savings identified by individual directorates, they will not be sufficient to meet the remaining budget gap to 2025/26.
14. As we seek to establish a long-term sustainable funding solution through on-going lobbying and discussions with central government, our options to meet the predicted annual budget shortfall (of at least £132m) by 2025 are limited. It is considered that there will be very few ways in which the County Council can continue to meet the legal duty to balance the budget without any impact on the residents of Hampshire. To help understand how people could be affected by the proposals being considered, the County Council undertook an open public consultation '*Making the most of your money*', which ran for six weeks between 12 June and 23 July. The consultation was widely promoted to residents and stakeholders, and asked for views on a range of high-level options that could help to address the shortfall, so that the County Council could take residents' needs in to account when considering the way forward.
15. The consultation provided an overview of the anticipated budget gap by 2025 and explained the range of options likely to be needed to enable the County Council to continue to deliver statutory service obligations.
16. The consultation feedback confirmed that a number of 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
 - **continue to lobby central government** for fundamental changes to the way local government is funded, as well as a number of other ways to help address the funding gap including increasing funding for growth in social care services and for highways maintenance, and allowing new charges to be levied for some services;
 - **help to minimise reductions and changes to local services** by raising council tax by 4.99% in line with the maximum level permitted by government without a public referendum;
 - **generate additional income** to help sustain services;
 - introduce and increase **charges** for some services;
 - consider further the opportunities for **changing local government arrangements** in Hampshire.
17. Executive Lead Members and Chief Officers have been provided with the key findings from the consultation to help in their consideration of the final savings proposals for this report, and a summary of these is provided at Appendix 3. Responses to the consultation will similarly help to inform the decision making by Cabinet and Full Council in October and November of 2023 on options for

delivering a balanced budget up to 2025/26, which the Authority is required by law to do.

18. In addition, Equality Impact Assessments have also been produced for each savings proposal, and these together with the broad outcomes of the consultation and the development work on the overall SP2025 Programme have helped to inform and shape the final proposals presented for approval in this report.

Savings Programme to 2025 – Directorate Context/Approach

19. The SP2025 proposed budget reduction of £47.9m (or 9.1%) represents a significant challenge for a directorate combining Adult Social Care and Public Health. The Directorate's cumulative budget reduction since 2010/11 will be £331m 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 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. Additionally, new assurance and guidance mechanisms are currently being introduced by the Department of Health and Social Care and the Care Quality Commission (CQC) which could lead to local authorities who are judged to be failing to meet essential Care Act 2014 responsibilities becoming subject to a new, formal intervention framework.
20. The SP2025 savings programme would challenge the Directorate like never before (see following sections) and it is inevitable that there would be impacts on front-line services. That said, the programme would be taken forward carefully and sensitively in-line with statutory responsibilities. We would look to build on past performance that has resulted in positive service transformation and innovation (including multi-million pound investment in Technology Enabled Care, modern Extra Care housing and Supported Living) alongside further efficiencies and service reductions. Additionally, the strengths-based way of operating that the Directorate 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.
21. 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. 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. There are therefore no proposed savings for the SP2025 from the Public Health budget.
22. The current reductions required of the HCC Care (in-house) service for Savings Programme to 2023 (SP2023) are still in the process of being implemented and require significantly higher levels of workforce efficiencies than ever before. To exceed this level of efficiency within such a highly regulated service is not considered achievable, particularly with a major overhaul of the estate (HCC Care Capital programme) currently underway

and subject to public consultation later this year. Additionally, there are much higher levels of acuity in clients being seen in the service, creating a greater burden on the service and workforce. For these reasons, no SP2025 savings are being sought from the HCC Care service.

23. Six potential issues in particular are impacting on the size of the £47.9m challenge for the Directorate or could add to it. These potential issues include:
- service demand and complexity levels (also includes higher service prices);
 - continued elements of non-recurrent government grant support;
 - the future availability of additional funding for Social Care;
 - the concurrent running of three large-scale savings programmes alongside 'business as usual' and demand pressures;
 - the challenge of forecasting the long-term impact and legacy of Covid-19;
 - the continued uncertainty regarding future funding for the service.
24. We have continued to see, post pandemic, demand for care increase at accelerating rates and all signs indicate that this will continue in the medium to longer term. This includes the growth in the numbers of adults with eligible care needs, 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 18% between 2023 and 2028), 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, the hospital discharge guidance 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.
25. To help address the range of strategic Social Care financial challenges being faced, the Government has, in recent years, made available both additional recurrent and non-recurrent funding to local authorities for Adult Social Care. However, in respect of Hampshire these recent increases in funding are significantly lower than the combined impact of inflationary pressures, care demand increases and overall reductions in County Council funding. Accordingly, whilst the County Council has had little choice but to use a major element of this funding to offset the financial impact of baseline reductions there has remained the need to deliver real cost reductions against the backdrop of increasing demand. This will be no different as progress is made towards 2025. That said, these grants have helped to provide some short-term room financially to undertake transformational programmes that support the aim to reduce the cost exposure in the long term.
26. Although there was a Finance Policy statement setting out the principles for 2024/25 to assist with planning there has again only been a single year

financial settlement for Local Authorities. There continues to be uncertainty in the medium to long term and there remains a risk that during the timeframe of the SP2025 programme the Directorate would face the challenge of further losses in funding whilst delivering £47.9m of savings.

27. At the time of writing, the Adult Social Care Reforms remain postponed until October 2025. However, with a general election likely in the intervening period it is unclear whether the proposals as originally laid out will come to fruition by October 2025 and as such it remains uncertain as to what financial impact this would have, or for Hampshire, if it would impact during the timeframe for SP2025 delivery. The uncertainty is making it very difficult for local authorities to forward plan financially with any degree of clarity for Adult Social Care.
28. In addition to the above, the Directorate is concerned that a risk exists of 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 would have a direct consequence on the rates paid for care by the County Council. If these market issues are exacerbated by the longer-term impact of Covid-19 it would put a greater risk on the transformational savings.
29. It is anticipated, within the Medium Term Financial Strategy (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 2023/24. Any material deviation from this assumed position would adversely affect the County Council's financial forecasts. As highlighted previously a single year spending review represents a key risk within the SP2025 proposals.
30. Whilst the Directorate is planning for the SP2025 savings described in this report it is concurrently in the midst of delivering the final two years of Tt2021 savings, and final year of SP2023. As of July 2023, over £36.9m of the £38.3m Tt2021 target had been achieved leaving £1.4m still to secure. At the same point in time, there remains £5.8m of SP2023 savings still to secure. The remaining £7.2m 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 SP2025 savings are an extension upon the Tt2021 and SP2023 work programmes the Directorate faces a very challenging forward period and is reflected by the savings profile for SP2025 where over £13.2m of the savings are not forecast to be delivered until 2026/27. We forecast that by the end of the current financial year a further £2.7m of Tt2021 and SP2023 savings will be achieved leaving £4.5m to be delivered from the SP2023 programme during 2024/25 and 2025/26.
31. Although there are many significant risks, both in the short to medium and long term, as highlighted above, the Directorate is confident from the information currently held that during the timeframe to 2026/27 the savings can be achieved, and the currently forecast pressures managed. However, any deviation from the current forecast will require a further draw from reserves. 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 the financial impact of alongside record levels of inflation.

32. 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. The national view is representative of the challenges that are being felt in Hampshire. Currently assumptions regarding the impact of the postponed Social Care Reforms (or alternative) have not been built into the savings programme therefore there may, as a result, be both further opportunities and significant challenges that the Directorate may face over the SP2025 timeframe. There have been recent announcements of one-off funding to support an element of social care workforce pressures over the remainder of 2023/24, however these amounts will merely provide the required funding HCC have already identified is needed to maintain social care sector resilience through what will undeniably be a very challenging autumn and winter period.

Savings Proposals

Younger Adults

33. The biggest block of the Adults' Health and Care savings proposals, some £28.7m, would come from **Younger Adults** services as the Directorate looks to continue the successful journey started ahead of Tt2017 and built upon throughout Tt2019, Tt2021 and SP2023 to embed a strengths-based approach and move increasingly away from institutional, long-term care settings, instead supporting people into more flexible and 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:
- a further increase in the use of supported living accommodation to move people on from higher-cost residential care, enabling greater independence and tenancy rights for individuals;
 - creating new in-house (HCC Care) services to provide more long-term support for people with learning disabilities, as an alternative to independent sector provision;
 - reviewing support provided to people with learning disabilities who are in employment;
 - further 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;
 - review of transition strategies (Special Educational Needs, Care Leavers and Children's Services) to further manage family expectations promoting independence;

- extension of current work on reducing challenging behaviour (Least Restrictive Practice) which would lead to reduced support costs;
- using technology in residential and supported living accommodation with particular focus on night support;
- seeking alternative, more efficient methods of delivery to the current provision of transport;
- working more closely with the NHS to review mental health Section 117 responsibilities;
- reviewing the use of wellbeing centres and exploring alternative funding options;
- reviewing the service's workforce requirements.

Older Adults

34. The next biggest area for savings proposals covers £14.1m, which relates to **Older Adults** as the Directorate 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 HCC Care settings, and working with the provider market as part of a refreshed Residential and Nursing strategy;
- extending strengths-based outcomes 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, working with providers to encourage greater focus on short-term support, as well as increased use of Technology Enabled Care;
- reviewing workforce requirements within the Reablement service.

Headquarters Services

35. The third block of savings proposals covers £5.0m and relates to further efficiencies and income delivered within **Headquarters Services**. Proposed savings include:

- reviewing the infrastructure grant held by the Demand Management and Prevention Change Unit which supports voluntary services across

Hampshire with infrastructure and running costs, and reviewing the remaining grants budget;

- ceasing Adult Social Care spend on the following services that are non-statutory for the County Council: 1) Independent Sexual Violence Advocacy and Rape and Sexual Abuse Counselling services, and 2) Social Inclusion (Homelessness Support Services) for which HCC holds the contracts. There will also be a comprehensive spend review and analysis of all other 3rd party spend and contract arrangements across the Directorate to identify opportunities to consolidate, reduce, or remove spend.
- generating greater income through expanding services provided to individuals who pay for Technology Enabled Care, reviewing fees for brokering care and administering payments for people who fully fund their own care, and expanding Learning and Development sold services;
- considering, when assessing an individual's income, increasing the amount taken into account for care charges from 95% to 100% of an individual's assessable income, as permissible within the Care Act 2014;
- utilising the Better Care Fund to work more effectively with District and Borough councils to deliver Disabled Facilities Grants (DFGs) in an equitable and economical way through the best use and recycling of existing equipment to residents;
- ensuring that commissioning and brokerage support for the procurement and ongoing management services provided to the NHS is appropriately recompensed;
- increasing the use of digital automation opportunities for efficiencies;
- aligning prevention activities and digital tools across Adult Social Care, Children's Services, Public Health the NHS and the Voluntary Sector to create a more streamlined service for the public;
- other efficiencies including reduction of some vacant staff posts and reviewing staff expenses.

Governance and Assurance

36. The final savings area, £0.1m, is within the Governance and Assurance function. This amount mostly relates to staffing budget efficiencies, the detail of which will be finalised following a review of the operating model. A further minor saving is proposed through reviewing administrative funding for the Hampshire Personalisation Expert Panel (PEP).

Key Challenges/Risks

37. In Adults' Health and Care, as in other directorates, solutions are already identified for many of 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. Within the last eighteen months, despite efforts to manage costs we have seen significant increases in volumes of care and client complexity across all client groups and all care types. However, these volume increases have very much been overshadowed by the relentless increases in prices paid to providers for care over the same timeframe. Whilst this has to date remained broadly manageable, with additional Corporate support, the duration of high inflation and workforce challenges in the sector is difficult to predict and so therefore is the financial impact. There is a real risk that not only permanent changes in the market will adversely affect the budget but also the legacy of increased financial hardship and unemployment caused by the cost of living crisis. 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.
38. 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 delivery of three large savings programmes alongside other strategic change (for example CareDirector, our new social care record system due to be implemented in November 2023) is substantial and no services within the directorate 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.
39. Whilst the proposed savings would be positively pursued, there remain other significant risks. It is recognised that difficult service decisions/changes would need to be made across the programme to achieve the decreased Directorate expenditure. There is a risk that a reduction in the Directorate's service offer may reduce, or may be perceived to reduce, client choice. The Directorate is mindful of its legal duties and is clear that eligible needs will be met in the most cost-effective way. The Directorate would also continue to closely monitor the actions of other local authorities and legal judgements. The impact of decisions on service users would 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.

40. Progress and success would require a very thoughtful and careful engagement approach across a myriad of different but important stakeholders. Most important would be the way the Directorate works with people and their representatives, family and 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 and we would continue to build upon Hampshire County Council's leading approach to co-production. This should result in greater levels of independence and/or local support that in turn would help to reduce paid for service costs. Success would 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 digital opportunities) and how we continue the journey of re-setting expectations that the public understands, accepts and agrees to.
41. System-wide challenges, exacerbated in recent years by Covid-19, are ever-present including integration, Continuing Health Care and dependency on Government/NHS funding for Hospital Discharge and general financial challenges faced by our local Integrated Care Boards, (ICBs). There is much ongoing work with our NHS partners at acute hospital, community provider and ICBs level to find new and improved ways of working together, including 'making the money work'. The Directorate 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.
42. 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 legacy impacts of Covid-19 and the current cost of living crisis. The Directorate will continue to seek to deliver improved and more efficient ways of working, but the scale of the culture/practice change that would be 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 Directorate'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 – remains positive, 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

43. The total value of the proposed savings opportunities identified for the Directorate is £47.9m. The expected cashflow profile for implementation of the savings is set out in the table below.

2024/25 £'000	2025/26 £'000	Full Year Impact £'000
7,683	34,650	47,900

44. Of the £47.9m total proposed savings, £1.6m would be achieved through additional income generation by expanding the scope of existing fees and charges or introducing new fees and charges, and £46.3m would be achieved through reductions to expenditure budgets as a result of service efficiencies and reductions.
45. The forecast saving profile, as set out within the table contained in paragraph 43 above, would lead to the Directorate requiring additional cashflow support of £8.5m in 2025/26. This assumes partial cash flow funding from the Directorate cost of change reserve, however, it is unlikely, after existing expenditure commitments and current forecasts for late delivery of prior saving programmes that the Directorate cost of change would also have sufficient resources for SP2025 late delivery without additional corporate support.
46. The detailed savings proposals that are being put forward by the Directorate are contained in Appendix 1.

Workforce Implications

47. Appendix 1 also provides information on the estimated number of reductions in staffing as a result of implementing the proposals.
48. Of the 42 Full Time Equivalent (FTE) posts that may be affected, effort would be made to achieve all these reductions through natural turnover within the relevant services – however, this may not be possible in every case. Further details will be known following a detailed review of each service impacted.
49. The County Council's approach to managing down staff levels in a planned and sensitive way using managed recruitment, redeployment of staff where possible and voluntary redundancy where appropriate would be continued.

Climate Implications

50. 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.

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

Consultation, Decision Making and Equality Impact Assessments

52. As part of its prudent financial strategy, the County Council has been planning since March 2022 how it might tackle the anticipated deficit in its budget by 2025/26. As part of the MTFs, which was last approved by the County Council in September 2022 and updated as part of the budget setting process for 2023/24, initial assumptions have been made about inflation, pressures, council tax levels and the use of reserves. Total anticipated savings of £132m are required and directorates were tasked with reviewing all possible opportunities to contribute to bridging this gap.
53. The County Council undertook an open public consultation '*Making the most of your money*' which ran for six weeks from 12 June to 23 July 2023. The consultation was promoted to residents and stakeholders, and asked for views on a range of high-level options that could help to address the shortfall, so that the County Council could take residents' needs into account when considering the way forward.
54. The consultation explained that given the considerable size of the budget gap by 2025, it was likely a combination of the potential options being considered would be needed, given the limited ability the County Council has to generate income and the need to continue to deliver statutory service obligations. For example, the supporting Information Pack explained that the £132m budget forecast took into account an assumed increase in council tax of 4.99% (of which 2% must be spent on Adult social care services), and illustrated the amount of savings that would still be required even if council tax was increased by up to 10%. The Pack also explained that if central government were to support a change to the structure of local government in Hampshire, it would still take several years to fully realise any savings. Residents were similarly made aware that the use of the County Council's reserves (which are retained for service investment and to help manage financial risk) would not provide a sustainable solution to address ongoing financial pressures. The Pack further explained that if these were used to meet service delivery these would be used up very quickly, and so only temporarily delaying the point at which other savings would need to be found.
55. 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 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
 - **continue to lobby central government** for fundamental changes to the way local government is funded, as well as a number of other ways to help address the funding gap including increasing funding for growth in social care services and for highways maintenance, and allowing new charges to be levied for some services;
 - **help to minimise reductions and changes to local services** by raising council tax by 4.99% in line with the maximum level permitted by government without a public referendum;
 - **generate additional income** to help sustain services;
 - introduce and increase charges for some services;
 - consider further the opportunities for **changing local government arrangements** in Hampshire.
56. 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 *Making the most of your money* consultation exercise outlined in appendix 3, 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 2025/26.
57. The proposals set out in Appendix 1 represent suggested ways in which directorate savings could be generated to maximise the contribution to the SP2025 Programme and have, wherever possible, been developed in line with the principles set out above. For example, the Directorate is seeking to maximise income from external partners to reflect the additional costs incurred in providing services, and looking to maximise the income allowed for care services to ensure there is equity for all clients.
58. 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.
59. In addition to the consultation exercise, Equality Impact Assessments (EIAs) have been produced for each of 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.
60. Together the *Making the most of your money* consultation and Equality Impact Assessments have helped to shape the final proposals presented for approval in this report.

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Developing a Medium Term Financial Strategy Template County Council Part I report (hants.gov.uk)	Cabinet - 19 July 2022 County Council – 29 September 2022
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
<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:

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	2024/25	2025/26	Full Year Impact	Estimated Staffing Impact
			£'000	£'000	£'000	FTE
GA-25-B	Governance & Assurance – Cease external administrative support and seek to identify alternative funding, for the Hampshire Personalisation Expert Panel (PEP).	The PEP comprises a range of Experts by Experience who facilitate the involvement of residents in the development and improvement of Adults' Health and Care Services. This proposal would see a reduction in the administrative and associated costs in running PEP, the majority of historic running costs now reduced through on-line meeting arrangements.	0	16	16	0
GA-23-C	Governance & Assurance - Revise the operating model for the Care Governance and Quality Assurance function.	Reduction of the capacity and ability to oversee the quality of Adults' Health and Care services and provide robust care governance and quality assurance, including continuous improvement. Effort would be made to manage staffing impacts through natural turnover – however, this may not be possible in every case.	0	100	100	3
HQ-25-A	HQ - Various minor savings from the HQ Services budgets through reviewing 3rd party spend and staff expenses budget lines, where efficiencies have been identified.	The savings proposals do not have any impacts on the HQ resourcing and customer service levels.	161	256	256	0
HQ-25-B	HQ – It is proposed to cease Adult Social Care spend on the following services that are non-statutory for the County Council:	Removal of Adult Social Care funding for ISVA and RASAC could result in a 6% reduction in the contract value for ISVA and a 10% reduction in value for RASAC. This	0	2,092	2,092	0

Ref.	Service Area and Description of Proposal	Impact of Proposal	2024/25 £'000	2025/26 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
	<p>1) Independent Sexual Violence Advocacy (ISVA) and Rape And Sexual Abuse Counselling (RASAC) services.</p> <p>2) Social Inclusion (Homelessness Support Services) for which HCC holds the contracts.</p> <p>There will also be a comprehensive spend review and analysis of all other 3rd party spend and contract arrangements across the Directorate to identify opportunities to consolidate, reduce, or remove spend.</p>	<p>may result in an increase in waiting times for services.</p> <p>Removal of Social Inclusion discretionary spending could result in increased financial pressure on Housing Authorities to meet statutory homeless duties and may result in the closure of homeless hostels if alternative funding is not secured.</p> <p>The County Council would need to find alternative ways to meet the care and support needs of the people who use these services and have assessed eligible needs under the Care Act 2014.</p>				
HQ-25-C	<p>HQ - Review the infrastructure grant held by the Demand Management & Prevention Change Unit (DMPCU) which supports voluntary services across Hampshire with infrastructure and running costs. In addition review the remaining grants budget.</p>	<p>Any reduction in funding could result in a need to identify alternative, external funding support for the Voluntary Community Social Enterprise (VCSE) sector. May result in reduced VCSE activity.</p>	0	620	620	0
HQ-25-D	<p>HQ - Review the Directorate utilising the Better Care Fund (BCF) to contribute towards HCC costs to delivering Disabled Facilities Grants (DFGs) in an equitable and economical way through the best use and recycling of existing equipment to residents.</p>	<p>Agreement by key stakeholders to better utilise some DFG spend for the reuse of community equipment (stairlifts, hoists and other home adaptations) to deliver service efficiencies, cost savings and achieve better outcomes for residents as more people can be supported to remain living independently at home.</p>	0	920	920	0

Ref.	Service Area and Description of Proposal	Impact of Proposal	2024/25	2025/26	Full Year Impact	Estimated Staffing Impact
			£'000	£'000	£'000	FTE
HQ-25-E	<p>HQ - Generate greater income through:</p> <ol style="list-style-type: none"> 1. Expansion of service provided to individuals who pay privately for TEC services. 2. A review of the fees for brokering care and administering payments for clients who fully fund their own care. 3. Continuation and expansion of sold services within Learning and Development to other organisations. 	Residents that self-fund their care could see an increase in the cost to them of having the Council administer their care services for them. Any increase would be considered alongside relevant legislation.	7	40	40	0
HQ-25-F	<p>HQ - To consider, when assessing an individual's income, increasing the amount taken into account for care charges from 95% to 100% of an individual's assessable income, as permissible within the Care Act 2014 and outlined in section 8.38-8.48 of the statutory guidance.</p>	Hampshire residents that are in receipt of non-residential care and do not fully fund their own care could see a change to the way their care charges are considered. If approved, individuals would continue to retain the minimum income guarantee set out nationally by the Department of Work and Pensions and would no longer retain the additional 5% discretionary amount that Hampshire currently apply.	0	500	500	0
HQ-25-G	<p>HQ - Ensure that commissioning and brokerage support for the procurement and ongoing management of services provided to the NHS is appropriately recompensed.</p>	Further consideration for joint commissioning and brokerage would mean greater efficiencies across the Hampshire System.	100	100	100	0

Ref.	Service Area and Description of Proposal	Impact of Proposal	2024/25	2025/26	Full Year Impact	Estimated Staffing Impact
			£'000	£'000	£'000	FTE
HQ-25-H	HQ - Increase use of digital automation opportunities to make efficiencies across the Directorate.	The savings proposals should have positive impacts on customer service through offering further digital options for interaction with the Directorate. Staffing impact is likely to be managed through natural turnover.	0	50	50	1
HQ-25-I	HQ - Reduction of staffing resource across HQ Services and alignment of prevention activities and digital tools across Adult Social Care, Children's Services, Health and Public Health to create a more streamlined service for the public.	More collaborative working across all partners to ensure that early intervention and prevention is focused and duplication is reduced across Health and Social Care services. Staffing impact is likely to be managed through natural turnover.	160	410	410	5
OA-25-A	Older Adults - A review of core staffing levels in the Reablement services.	A workforce and structure review of Reablement and Occupational Therapists that could lead to a streamlined operating model and the use of any vacant Reablement posts. This would have an impact on capacity to surge deliver wider Reablement services - but priority services to vulnerable users would be maintained and prioritised in order to return them to independence. Effort would be made to manage staffing impacts through natural	470	976	976	25

Ref.	Service Area and Description of Proposal	Impact of Proposal	2024/25 £'000	2025/26 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
		turnover – however, this may not be possible in every case.				
OA-25-E	Older Adults - Apply new and extend current approaches to how we support Older Adults with care needs of any type, including: - approaches that enable alternatives to paid for care to be more accessible - review use of capacity within the entire market for care packages, including HCC Care - review length of stay in high cost home care packages.	Reassessing individuals with care packages (and working closely with older individuals that are in the stages prior to being in receipt of supported care) with a view to extending strengths based outcomes. For example making better use of care technology, family, friends, community and personal resources as an alternative to formal care and support. Encouraging providers to develop the skills of individuals with greater focus upon short term support that enables greater independence.	2,070	13,100	13,100	0
YA-25-A	Younger Adults - Review support provided to people in employment for people with learning disabilities.	A review of how to deliver supported employment to people with a learning disability, exploring alternative support for people with an eligible need. This could result in changes to support, or a removal of support, for some individuals.	220	220	220	0
YA-25-B	Younger Adults - Review workforce requirements in Younger Adults	A workforce review would lead to a reduction of between six and ten full time equivalent staff posts depending upon their grades. The exact posts and Younger Adults teams potentially affected would not be known until significant further work is undertaken, however it would be designed to have minimal impact upon capacity. Effort would be made to manage staffing impacts through natural turnover – however, this may not be possible in every case.	150	300	300	8

Ref.	Service Area and Description of Proposal	Impact of Proposal	2024/25	2025/26	Full Year Impact	Estimated Staffing Impact
			£'000	£'000	£'000	FTE
YA-25-C	Younger Adults - Review mental health section 117 responsibilities.	Some people who have been in hospital subject to the Mental Health Act are entitled to what is known as Section 117 aftercare services, which include healthcare, social care and supported accommodation. This review proposes working more closely with the NHS to fund and support these people.	50	500	500	0
YA-25-D	Younger Adults - Further extension of Strengths Based Approach in Young Adults.	Reassessing people's care packages with a view to strengths-based outcomes. The aim would be to deliver and maintain similar outcomes for young adults where possible but through a more cost-effective method. This approach would be applied to all reviews, regardless of whether someone is in receipt of services provided by or commissioned by the County Council or in receipt of a direct payment. The review would include exploration of the potential for: <ul style="list-style-type: none"> - a greater emphasis on community support (without a cost to the County Council); - support to develop self-sustaining networks; - time limited support to develop skills, - increased use of technology. 	350	1,750	3,500	0
YA-25-E	Younger Adults - Extension of HCC Care to provide more long term services for people with learning disabilities.	This proposed series of developments would aim to create new HCC Care services for young adults as an alternative to independent sector provision. HCC Care has a track record of providing good quality services for young adults.	125	500	500	0

Ref.	Service Area and Description of Proposal	Impact of Proposal	2024/25	2025/26	Full Year Impact	Estimated Staffing Impact
			£'000	£'000	£'000	FTE
YA-25-F	Younger Adults - Support a further review and increase in the use of supported living models for young adults and a further decrease in the use of residential care.	Creating more supported living opportunities for young adults and reducing the use of residential care. This would enable greater levels of independence and tenancy rights for individuals.	350	1,750	3,500	0
YA-25-G	Younger Adults - Review of Transition strategies for Mental Health and Learning Disabilities.	This proposal would focus on young adults in transition from Children's Services, Special Educational Needs teams, Care Leavers and other children approaching adulthood. This would include exploring: <ul style="list-style-type: none"> - the application of least restrictive approaches; - the application of strengths-based approaches; - alternative models of care; - alternative service providers. 	570	750	1,500	0
YA-25-H	Younger Adults - Increase the use of volunteers to support Young Adults.	The use of volunteers to support individuals as an alternative to formal care and support for those people who do not require personal care. Volunteers, who would go through a thorough vetting process, would be matched with people based on their interests and preferences.	150	750	1,500	0
YA-25-I	Younger Adults - Review use of the wellbeing centres and explore alternative funding.	A review of the funding arrangements for mental health wellbeing centres, which serve around 14,000 people across Hampshire. Services include support for people with anxiety, depression and other mental health problems. Most services are time limited and include group sessions and	350	700	700	0

Ref.	Service Area and Description of Proposal	Impact of Proposal	2024/25	2025/26	Full Year Impact	Estimated Staffing Impact
			£'000	£'000	£'000	FTE
		peer support. The majority of funding for these services comes from the NHS and Public Health. Funding from the NHS has increased in recent years due to investment from NHS England in the Community Mental Health Transformation programme.				
YA-25-K	Younger Adults - Application of strengths based approaches across Young Adults. For example, maximising the use of technology, universal services and communities as an alternative to paid for care and support.	Reassessing people's care packages with a view to strengths-based outcomes. The aim would be to deliver and maintain similar outcomes for young adults where possible but through a more cost-effective method. This approach would be applied to all reviews, regardless of whether someone is in receipt of services provided by or commissioned by the County Council or in receipt of a direct payment. The review would include exploration of the potential for: <ul style="list-style-type: none"> - a greater emphasis on community support (without a cost to the County Council); - support to develop self-sustaining networks; - time limited support to develop skills, - increased use of technology. 	1,150	4,250	8,500	0
YA-25-L	Younger Adults - Review the use of technology in residential care and supported living with particular focus on night support.	Increasing the use of technology to support the provision of care in residential care and supported living services with a particular focus upon support for people during the night.	0	750	1,500	0
YA-25-M	Younger Adults - Review the provision of transport and consider	A review of the use of transport for young adults. Potential options could include greater use of personal resources, use of	750	750	1,500	0

Ref.	Service Area and Description of Proposal	Impact of Proposal	2024/25 £'000	2025/26 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
	alternative efficient methods of delivery.	Direct Payments, use of public transport services or using social care services in closer proximity to the person's home address.				
YA-25-N	Younger Adults - Review and manage the provision of high cost placements.	This proposal would focus on young adults with complex needs who live in high-cost placements, ensuring that strengths-based and least restrictive approaches are employed.	500	2,500	5,000	0
Total Adults' Health and Care			7,683	34,650	47,900	42

EIAs

Equality Impact Assessments (EIAs) for the Adults' Health and Care Savings Programme to 2025 proposals are provided in the accompanying Appendix 2 attachment to this report.

***'Making the most of your money'* public consultation feedback**

1. The County Council undertook an open public consultation *'Making the most of your money'* which ran for six weeks from 12 June to the 23 July 2023. The consultation was promoted to residents and stakeholders through a range of online and offline channels including, but not limited to: the County Council's website, social media channels, Hampshire Perspectives residents' forum and Your Hampshire e-newsletter; in County Council libraries and buildings, at bus stops, and on electronic noticeboards, in countryside parks and Hampshire County Council care settings; via media releases to the local TV, radio and written press; via targeted social media advertising; via direct email contact, and the Leader's Stakeholder (email) newsletter – between which cover a wide range of individuals, groups and organisations across Hampshire (such as Hampshire MPs, district and parish councils, businesses and the education sector, voluntary and community sector groups and organisations, and service providers), which promoted onward dissemination, as well as response. Information Packs and Response Forms were available on-line and in hard copy as standard and Easy Read, with other formats available on request, and a short animation was produced to help people understand the financial context. Comments could also be submitted via email or by letter, and comments on County Council corporate social media posts were also taken into account.
2. The consultation sought residents' and stakeholders' views on a range of proposals that could contribute towards meeting the expected revenue budget shortfall by 2025, as well as the potential impact on residents of the proposals being considered, and any suggestions not yet considered by the County Council. The consultation explained that due to the considerable size of the estimated budget gap by 2025 of £132m, it was likely a combination of the potential options being considered would be needed, given the limited ability the County Council has to generate income and the need to continue to deliver statutory service obligations. 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%.
3. The options were:
 - Lobbying central government for legislative change;
 - Using the County Council's reserves;
 - Generating additional income;
 - Introducing and increasing charges for some services;
 - Reducing and changing services;
 - Increasing council tax; and
 - Changing local government arrangements in Hampshire.

4. Information on each of the above approaches was provided in an Information Pack. This set out the limitations for the County Council of each option, if taken in isolation, to achieving required savings. For example, supporting information explained that the £132m estimated budget shortfall took into account an assumed increase council tax of 4.99%, of which 2% must be spent on adult social care services. 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 the County Council's reserves (which are retained for service investment and to help manage financial risk) would not provide a sustainable solution to address ongoing financial pressures. The Pack further explained that if these were used to meet service delivery these would be used up very quickly, and so only temporarily delaying the point at which other savings would need to be found.
5. Therefore, whilst each option offers a valid way of contributing in-part to meeting the budget shortfall, addressing the estimated £132m gap would inevitably require a combination of approaches.
6. A total of 2,935 responses were received to the consultation – 2,806 via the provided Response Forms and 129 as unstructured responses through email, letter and social media.
7. The key findings from consultation feedback are as follows:
 - Agreement that the County Council should carry on with its **financial strategy** now stands at 60%, compared with 45% in 2021, 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 temporarily 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 **central government**.
 - Both data and verbatim comments indicate the respondents want the County Council to continue to **lobby central government** for a longer-term funding solution for local government, and to allow additional charging in a number of areas:
 - 90% agreed with lobbying for additional funding to deliver social care services for adults and children.
 - 83% agreed profit margins for providers of children's homes should be capped.
 - 81% agreed the underlying funding model for county councils should change.

- 81% agreed that there should be national consistency in the approach to residential placement fees for children’s social care.
 - 79% agreed that there should be an increase in central government funding for highway maintenance and major road and structural repairs.
 - 78% agreed that there should be national rules on engagement of agency resource to support children’s social work.
 - 75% agreed to enable local circumstances to be taken into account when determining adult social care provision.
 - 68% agreed to allow a move to locally devised policies and means testing for Home to School Transport.
 - 66% agreed that a review should be undertaken of the range of statutory functions that must be carried by qualified social workers.
 - 59% agreed to allow for a deferred payment option for adults’ domiciliary (home) care provision.
 - 55% agreed that a small charge should be applied to concessionary travel.
 - 52% agreed that a fee should be charged for issuing an Older Person’s Bus Pass.
 - 48% agreed that there should be greater council tax setting freedoms (29% disagreed, with the remainder neither agreeing nor disagreeing).
- However, there were exceptions, namely that:
 - Most respondents (68%) did not agree that a nominal fee should be charged for using household waste recycling centres.
 - The majority of respondents agreed that the County Council should explore:
 - Changing services to support achievement of savings (69% of respondents).
 - The possibility of changing local government arrangements for Hampshire (62% of respondents).
 - Increasing existing charges for services (54% of respondents).
 - The majority of respondents disagreed with the proposal to reduce services (63% disagreed vs 23% who agreed).
 - Opinion was divided on the use of reserves and the introduction of new service charges:
 - 45% agreed that reserves should not be used, vs 42% who disagreed.
 - 47% agreed that new service charges for currently free services should be introduced, vs 42% who disagreed.
 - 46% of respondents’ first preference was for the County Council to raise Council Tax by less than 4.99%. This compared to 38% of respondents

whose first choice was to raise council tax by 4.99% and 18% who would choose an increase of more than 4.99%.

- Suggestions were made by respondents for generating additional income, including making money from unused buildings and land, introduction of charges to service users, selling services to other organisations, and parking charges. Other suggested alternatives to the budget options presented included improving council efficiency, reducing expenditure, and prioritising spending where it was most needed.
- Just under half of respondents (48%) 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 financial impacts on household budgets, both due to potential increases in Council Tax (25%) and rising service charges (11%), alongside the broader financial impacts or rises in the cost of living (12%) and other ongoing day-to-day costs (2%).
- More generally, 36% of respondents considered that the proposals would impact on the level of service provided, with particular mention made to service reduction, worsening road conditions, and rising service demand. Social impacts, including poorer mental wellbeing and physical health, as well as a reduced quality of life were also referenced by 19% of respondents.
- Just under half of respondents felt that impacts could arise for the protected equalities characteristic of age (49%), with further impacts on poverty (35%), disability (34%), and rurality (25%) also commonly mentioned. The potential environmental impacts were also noted in around a third of the comments submitted (31%).

The 129 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 potential impacts on vulnerable groups, and the financial impact on other organisations, but recognising the budgetary pressures and the need to reduce some services. A smaller number of respondents noted that services were underfunded, and the need to lobby central government for additional funding.

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Adults' Health and Care SP2025

Equality Impact Assessments (EIAs)

Service Area	Savings Programme Reference(s)	Proposal	Pages (to be removed for final papers)
Care Governance and Quality Assurance	GA-25-B	Resident participation: Hampshire Personalisation Expert Panel (PEP)	2 to 10
	GA-25-C	Operating model	11 to 19
Headquarters	HQ-25-A	Minor efficiencies	20 to 27
	HQ-25-B	Contracts review	28 to 39
	HQ-25-C	Grants review	40 to 58
	HQ-25-D	Disabled Facilities Grants	59 to 67
	HQ-25-E	Income generation – TEC private pay	68 to 75
		Income generation – Brokerage and Billing fees	76 to 84
		Income generation – Learning and Development	85 to 93
	HQ-25-F	Client contributions	94 to 104
	HQ-25-G	Health contributions	105 to 112
	HQ-25-H	Digital automation	113 to 120
	HQ-25-I	Information and Advice	121 to 129
Older Adults	OA-25-A	Review workforce requirements in Older Adults	130 to 139
	OA-25-E	Older Adults care overview	140 to 150
Younger Adults	YA-25-A	Supported employment	151 to 160
	YA-25-B	Review workforce requirements in Younger Adults	161 to 170
	YA-25-C	Section 117 responsibilities	171 to 180
	YA-25-D & K	Strengths Based Approaches	181 to 190
	YA-25-E	Extension of HCC Care	191 to 199
	YA-25-F	Supported living	200 to 209
	YA-25-G	Transition strategies	210 to 219
	YA-25-H	Volunteers	220 to 229
	YA-25-I	Wellbeing centres	230 to 239
	YA-25-L	Technology in residential care	240 to 249
	YA-25-M	Transport	250 to 259
YA-25-N	High cost placements	260 to 269	

Adults' Health and Care (AHC)

Care Governance and Quality Assurance

Name of SP25 proposal:	SP25 Proposal Reference:
Resident Participation: Hampshire Personalisation Expert Panel	EIA-25-B AHC 2023/06/20

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 and Quality Assurance	Philippa.mellish@hants.gov.uk	0370 779 0652	20/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion manager	Gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	Hampshire Personalisation Expert Panel
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<p>Please provide a short description of the service / policy/project/project phase</p>	<p>The Hampshire Personalisation Expert Panel (PEP) started in 2009 and brings together a range of 'Experts by Experience' who have a wealth of lived experience using services as Disabled People and Carers to draw from. Experts by Experience are often connected to wider networks, such as the Direct Payments Reference Group, the Hampshire Carers Partnership, Hampshire Autism Partnership and Hampshire Learning Disabilities Partnership. Members of PEP are committed to the reform of adult social care and health care and work with the Directorate to scrutinise its policies and approach, whilst also supporting specific resident engagement and co-production initiatives to improve and develop services.</p>
<p>Please explain the new/changed service/policy/project</p>	<p>Historically £16k funding has been made available to an external organisation for the administration of PEP, including payment of resident involvement expenses and allowances. In recent years, the amount of funding needed to run PEP has reduced due to moving meetings permanently online. 2022-23 expenditure totalled just over £8500, of which 70% related to management and administrative overheads. The remaining 30% related to attendance fees, which could increase if PEP is successful in expanding its membership.</p> <p>This proposal is to cease providing funding to an external organisation and bring the administration of PEP in-house, whilst seeking to identify alternative sources of funding to meet the costs of attendance expenses and allowances. This could include supporting PEP to identify external funding sources. Funding for specific, one-off projects and initiatives would also need to be sourced separately.</p> <p>Should it not be possible to identify alternative funding sources, the future viability of PEP would need to be considered and it may be necessary to explore how its aims and objectives may be achieved in other ways, e.g., through wider established resident engagement forums.</p>

Engagement and consultation

The County Council's *Making the Most of your money budget* consultation (2024-2026) 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?

There has been ongoing engagement with the co-Chairs of the Hampshire Personalisation Expert Panel.

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.

Significant planning and engagement would take place with stakeholders ahead of any implementation. Historically Adults' Health and Care has provided funding to Spectrum for the administration of PEP. The Directorate would engage with Spectrum on the proposal and continue to work closely with the co-Chairs of PEP and wider PEP members 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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		✓				Public

Disability			✓			Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty		✓				Public
Rurality		✓				Public

Table 2 Geographical impact

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

Area	Yes / no
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All Hampshire	✓
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	No impacts identified. PEP would continue to operate, supporting resident engagement and scrutiny of Adults' Health and Care services and policies. This could be in relation to any aspect of the Directorate's work and is not focused on or intended to target any characteristic group. Should it be necessary to discontinue PEP, there are alternative forums and avenues for engaging residents based on age across Hampshire.
Disability	PEP membership comprises individuals with lived experience of disability. Should it be necessary to discontinue PEP, these individuals may feel disempowered and less able to advocate for people with disabilities and promote independent living. This is, however, considered a low impact as the intention is for PEP to continue through efficiencies and identification of alternative funding sources. Moreover, there are alternative established forums for engaging residents with disabilities including, for example, the Hampshire Learning Disability Partnership.
Gender reassignment	No impacts identified. PEP would continue to operate, supporting resident engagement and scrutiny of Adults' Health and Care services and policies. This could be in relation to any aspect of the Directorate's work and is not focused on or intended to target any characteristic group.
Pregnancy and maternity	No impacts identified. PEP would continue to operate, supporting resident engagement and scrutiny of Adults' Health and Care services and policies. This could be in relation to any aspect of the Directorate's work and is not focused on or intended to target any characteristic group.
Race	No impacts identified. PEP would continue to operate, supporting resident engagement and scrutiny of Adults' Health and Care services and policies. This could be in relation to any aspect of the Directorate's work and is not focused on or intended to target any characteristic group.
Religion or belief	No impacts identified. PEP would continue to operate, supporting resident engagement and scrutiny of Adults' Health and Care services and policies. This could be in relation to any aspect of the Directorate's work and is not focused on or intended to target any characteristic group.
Sex	No impacts identified. PEP would continue to operate, supporting resident engagement and scrutiny of Adults' Health and Care services and policies. This could be in relation to any aspect of the Directorate's work and is not focused on or intended to target any characteristic group.

Sexual orientation	No impacts identified. PEP would continue to operate, supporting resident engagement and scrutiny of Adults' Health and Care services and policies. This could be in relation to any aspect of the Directorate's work and is not focused on or intended to target any characteristic group.
Marriage & civil partnership	No impacts identified. PEP would continue to operate, supporting resident engagement and scrutiny of Adults' Health and Care services and policies. This could be in relation to any aspect of the Directorate's work and is not focused on or intended to target any characteristic group.
Poverty	No impacts identified. PEP would continue to operate, supporting resident engagement and scrutiny of Adults' Health and Care services and policies. This could be in relation to any aspect of the Directorate's work and is not focused on or intended to target any characteristic group.
Rurality	No impacts identified. PEP would continue to operate, supporting resident engagement and scrutiny of Adults' Health and Care services and policies. This could be in relation to any aspect of the Directorate's work and is not focused on or intended to target any characteristic group.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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 above 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 in table 5.

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-consulting¹.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026).

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:

Due to the neutral and low impacts identified and outlined above, it is not considered that an updated or further EIA is required to enable decision.

Adults' Health and Care (AHC)

Care Governance and Quality Assurance

Name of SP25 proposal:	SP25 Proposal Reference:
Care Governance and Quality Assurance Operating Model	EIA – GA-25-C AHC 2023/06/22

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 and Quality Assurance	Philippa.mellish@hants.gov.uk	0370 779 0652	22/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	Care Governance and Quality Assurance
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<p>Please provide a short description of the service / policy/project/project phase</p>	<p>The Care Governance and Quality Assurance function within Adults' Health and Care plays a central role in ensuring the County Council maintains quality standards in its delivery of adult social care and can evidence this to residents, partners and regulatory bodies such as the Care Quality Commission. It achieves this by:</p> <ul style="list-style-type: none"> • Provider Quality team - driving quality across the health and care market and ensuring residents are supported when providers face challenging times. • Customer Care Team - ensuring complaints and compliments are appropriately responded to. • Policy and Guidance team – engaging residents in developing health and care policy and services, whilst support excellent social work practice and advancing equality and inclusion. • Quality Assurance team – supporting the organisation to ‘know itself’ and improve, whilst ensuring preparedness for CQC assurance of local authority social care functions. • Risk and Information Governance team – ensuring we use people’s data appropriately, investigate data breaches and deliver a robust programme of internal audit. • Records Management – supporting the Directorate to maintain and appropriately use accurate social care records.
<p>Please explain the new/changed service/policy/project</p>	<p>This proposal would see capacity within the function reduce by around 3 Full Time Equivalent (FTE) staff positions – which would be in addition to headcount reductions required as part of the previous Transformation to 2023 Programme. Where possible, headcount reductions would be achieved through natural turnover of staff.</p>

Engagement and consultation

The County Council's *Making the Most of your money budget* consultation (2024-2026) 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?

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.

Staff engagement would take place with any staff / teams impacted through any restructures and consultation would be carried out with staff if required.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age			✓			Staff
Disability		✓				Staff
Gender reassignment		✓				Staff
Pregnancy and maternity		✓				Staff
Race			✓			Staff
Religion or belief		✓				Staff
Sex			✓			Staff
Sexual orientation		✓				Staff
Marriage & civil partnership		✓				Staff
Poverty		✓				Staff
Rurality		✓				Staff

Table 2 Geographical impact

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

There is no particular geographical impact from this proposal.

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

Winchester	No
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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	Just under half of the function (46.5%) fall within the 50-69 age bracket. Whilst any decision to restructure the team would be based on business need and priority and not age, due to the volume of staff within this group, they may be more likely to be impacted. It is also possible that staff within this cohort may choose to take retirement or early retirement and in which case, consideration would be given to whether their roles should be replaced or met in a different way.
Disability	16.3% of staff within the function have declared a disability. Any decision to restructure the team would be based on business need and priority and not disability.
Gender reassignment	Gender reassignment would not form any basis for decisions around staff restructure. No members of staff have declared gender reassignment.
Pregnancy and maternity	Pregnancy and maternity would not form any basis for decisions around staff restructure.

Race	95.3% of staff within the function have recorded their ethnicity as White. Whilst any decision to restructure the team would be based on business need and priority and not race, people of White ethnicity may be more likely to be impacted.
Religion or belief	Religion or belief would not form any basis for decisions around staff restructure.
Sex	Whilst any decision to restructure the team would be based on business need and priority and not sex, most staff within the function are female and so any decision to restructure the team may be more likely to impact females than males.
Sexual orientation	Sexual orientation would not form any basis for decisions around staff restructure.
Marriage & civil partnership	Marriage & civil partnership would not form any basis for decisions around staff restructure.
Poverty	An individual's socio-economic status would not form any basis for decisions around staff restructure.
Rurality	No impacts were identified relating to rurality.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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 above to identify geographical area(s)	Short explanation of mitigating actions

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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 in table 5.

Table 5 Consideration of and explanation for positive impacts

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

Page 120

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-consulting².
 - 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 EIA has been updated following peer review. At present, no detailed plans are in place which have identified the teams or roles within scope. Should this proposal go ahead, once details are known, staff engagement would take place and an updated EIA produced.

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:

**Adults' Health and Care (AHC)
Headquarters**

Name of SP25 proposal:	SP25 Proposal Reference:
Minor Efficiencies	EIA – HQ-25-A AHC 2023/06/02

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Sarah Snowdon	AHC	Assistant Director – HQ, Transformation & Digital	sarah.snowdon@hants.gov.uk	0370 7790744	31/05/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 7794934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	AHC Headquarters Services (HQ)
Please provide a short description of the service / policy/project/project phase	The proposal is to make a series of small savings from the Adult Health and Care - HQ Services Budgets through reviewing third party spend and staff expenses budget lines, to secure efficiencies. The savings proposals would not have any adverse impacts on the HQ resourcing and customer service levels, nor would they impact residents or clients.

Please explain the new/changed service/policy/project

The review of staff expenses includes increasing the use of digital and technology across the Brokerage and Billing service. The use of e-communication as a default would reduce the cost of print and postage for financial assessments and the related annual reviews.

Additionally, travel costs would be reduced through increasing the use of client self-service and virtual support for financial assessments. This would take into account alignment to the Council's move to hybrid working arrangements and the efficiencies already delivered through the increased use of digital interactions with customers and providers.

This proposal would involve a review of low value third party expenditure to identify the opportunities. At this stage, the review has not been completed and therefore impacts cannot be fully assessed, although by nature of the criteria of the review, no negative impacts are expected on residents, clients, service users or staff.

Engagement and consultation

The County Council's *Making the Most of your money budget* consultation (2024-2026) 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?

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.

This proposal was referenced in the wider Council's Making the Most of your money budget consultation process. As part of this process, stakeholders including service users and partners were made aware of the consultation process and how they could take part. No

specific consultation is currently planned as there is currently no potential impact on residents, clients or staff foreseen from this review. If this changes, there may be a need for Stage 2 consultation.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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.

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Table 1 Impact Assessment [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		✓				Neither
Disability		✓				Neither
Gender reassignment		✓				Neither

Pregnancy and maternity		✓				Neither
Race		✓				Neither
Religion or belief		✓				Neither
Sex		✓				Neither
Sexual orientation		✓				Neither
Marriage & civil partnership		✓				Both
Poverty		✓				Both
Rurality		✓				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
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Age	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Gender Reassignment	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Race	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Religion or Belief	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Sex	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Sexual Orientation	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Marriage or Civil Partnership	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Poverty	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Disability	Neutral – no potential impacts anticipated on individuals with this protected characteristic,
Rurality	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Pregnancy and Maternity	Neutral – no potential impacts anticipated on individuals with this protected characteristic.

For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete table 4:

Table 4 Explanation and mitigation for medium and high impacts

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

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 in table 5.

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-consulting³.
- 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 EIA has been updated following peer review and has taken into account feedback received from the County Council’s Making the Most of your Money budget consultation (2024-2026).

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:

Adults’ Health and Care (AHC)

Headquarters

Name of SP25 proposal:	SP25 Proposal Reference:
Contracts Review	<i>EIA – HQ-25-B</i>

AHC 2023/05/31

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Sarah Snowdon	AHC	Assistant Director – HQ, Transformation & Digital	sarah.snowdon@hants.gov.uk	0370 7790744	31/05/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	EIA Coordinator	gloria.kwaw@hants.gov.uk	370 779 4934	14/08/2023	v0.2

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Section one – information about the service and service change

Service affected	Adults' Health and Care
Please provide a short description of the service / policy/project/project phase	<p>Some of the ways in which the AHC Headquarters function supports the delivery of Care Act 2014 duties for the provision of services include:</p> <ul style="list-style-type: none"> • Ensuring that the right services are in place to meet residents' needs including care at home, residential and nursing care, and technology enabled care, and that suitable providers are contracted to deliver outsourced services; • Providing information and advice to people and communities, working with them and voluntary sector organisations to prevent and reduce demand for social care services, including through grant funding;

	<ul style="list-style-type: none"> Transforming our services, and monitoring and analysing performance, to ensure the most efficient use of our resources and ongoing quality of care.
<p>Please explain the new/changed service/policy/project</p>	<p>It is proposed to cease Adult Social Care spend on the following services that are non-statutory for the County Council:</p> <ol style="list-style-type: none"> 1) Independent Sexual Violence Advocacy (ISVA) and Rape and Sexual Abuse Counselling (RASAC) services. 2) Social Inclusion (Homelessness Support Services) for which HCC holds the contracts. <p>A comprehensive spend review and analysis of all other 3rd party spend and contract arrangements across the Directorate is also proposed, to identify opportunities to consolidate, reduce, or remove spend.</p>

Engagement and consultation

The County Council’s *Making the Most of your money budget* consultation (2024-2026) 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?

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.

Reductions in services were referenced in the wider Council’s *Making the Most of your money* budget consultation process. Stage two consultation is planned to be carried out for the proposal relating to AHC’s residual contribution to Social Inclusion services. As part of this process, we would ensure stakeholders and partners are aware of the consultation process and how they can take part. Significant

planning and engagement would take place with stakeholders and partners ahead of any implementation. 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. Whilst there is no formal stage two consultation planned for the proposal to cease spend on ISVA and RASAC services, the County Council would engage with key stakeholders, including the Office for the Police and Crime Commissioner OPCC), NHS England and Improvement, Integrated Care Boards and service providers to ensure that impact is fully understood and reported to the Executive Member prior to any decision being made.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		✓				Public
Disability					✓	Public

Gender reassignment		✓				Public
Pregnancy and maternity				✓		Public
Race		✓				Public
Religion or belief		✓				Public
Sex				✓		Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty					✓	Public
Rurality				✓		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	No
East Hampshire	No
Eastleigh	No
Fareham	No
Gosport	No
Hart	No
Havant	No
New Forest	No
Rushmoor	No
Test Valley	No
Winchester	No

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	<p>Neutral – There is no indication that there would be disproportionate impacts on individuals with this protected characteristic.</p> <p>2022/23 data for ISVA: 32% aged 18-25. 42% 26-64. 0.25% aged over 65. Services for young people under the age 18 would not be affected by this change.</p> <p>2022/23 data for RASAC: 11% aged 16-17; 38% aged 18-30; 49% aged 31-65; 2% aged over 65. Homelessness support services: Services support people aged between 18 and 64 and above where this is the most appropriate service to meet their needs. 2021/22 data shows that a significant majority of service users (91%) are aged between 18 and 60.</p>
Gender reassignment	<p>Neutral – Whilst no quantitative data is available to assess this impact, there is no indication that there would be disproportionate impacts on individuals with this protected characteristic.</p>
Race	<p>Neutral – There is no indication that there would be disproportionate impacts on individuals with this protected characteristic.</p> <p>Homelessness support services: Available data shows that 94% of people using services are White British which is representative of the Hampshire population as a whole (92%).</p> <p>ISVA 2022/23 data on referrals 67% White British, 3% BME, 3% white other, 27% did not disclose.</p> <p>RASAC 2022/23 data on referrals: 82% White British, 3% mixed race, 3% white other, 2% Asian, 7% did not disclose.</p>
Religion or belief	<p>Neutral – There is no indication that there would be disproportionate impacts on individuals with this protected characteristic.</p> <p>Homelessness support services: Available data shows that 82% identify as having no religion. This data is not collected from people using ISVA and RASAC services.</p>
Sexual orientation	<p>Neutral – There is no indication that there would be disproportionate impacts on individuals with this protected characteristic.</p> <p>2022/23 data for ISVA: 42% identified as heterosexual, 8% identified themselves as gay, lesbian or bisexual and 50% did not state or identified as other.</p> <p>2022/23 data for RASAC: 61% identified as heterosexual, 4% as homosexual and 14% as bisexual, 4% preferred to self-describe and 15% did not disclose.</p> <p>Homelessness support services: Available data shows that 92% people using services identify as heterosexual.</p>

Marriage & civil partnership	Neutral – Whilst no quantitative data is available to assess this impact, there is no indication that there would be disproportionate impacts on individuals with this protected characteristic.
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For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete table 4:

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 above to identify geographical area(s)	Short explanation of mitigating actions
Disability	Homelessness support services: Withdrawal of discretionary funding for homelessness support services may result in the closure of homeless hostels if alternative funding is not secured. Approximately 70% of residents in County Council-funded homelessness hostels have mental health needs and 40% have significant physical health needs as a result of lifestyle and/or long-term substance misuse. A snapshot of people using services in September 2022 showed that 22% of those with mental health needs were receiving support from secondary	No - Hampshire wide	<ul style="list-style-type: none"> • Extensive engagement with district and borough councils, Office for the Police and Crime Commissioner, NHS partners and voluntary and community organisations would be undertaken to review the future provision of these services. • Partners including district and borough councils and voluntary and community organisations may need to reshape their services or seek alternative sources of funding.

	<p>mental health services either currently or within the last 12 months, and that 48% had co-occurring mental health and substance misuse needs. A reduction in funding for homelessness support services may result in increased numbers of people with mental health and physical health issues sleeping rough in the absence of an alternative housing and support solution.</p> <p>ISVA and RASAC: In ISVA services 54% of people using services stated that they experienced mental health issues, 10% said they had a physical or sensory disability and 9% a learning disability. Figures are similar in RASAC services with 42% of people stating that they experienced mental health issues, 7% a physical or sensory disability and 5% a learning disability. A reduction in funding for these services may mean that some people need to seek help for mental health issues through primary healthcare services.</p>		<ul style="list-style-type: none"> • 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.
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Pregnancy and maternity	<p>Women may be disproportionately impacted if, for example, funding for ISVA and RASAC services is reduced. This could include women who are pregnant or have young children.</p>	No - Hampshire wide	<ul style="list-style-type: none"> • Extensive engagement with NHS partners, Office for the Police and Crime Commissioner and voluntary and community organisations would be undertaken to review the future provision of these services. • Partners including voluntary and community organisations may need to reshape their services or seek alternative sources of funding.
Sex	<p>Women may be disproportionately impacted if, for example, funding for ISVA and Rape and Sexual Abuse Counselling RASAC services is reduced. 85% of people using these services are female.</p> <p>Men may be disproportionately impacted if funding for homelessness support services is reduced. 82% of people using homelessness support services funded by the County Council are male.</p>	No - Hampshire wide	<ul style="list-style-type: none"> • Extensive engagement with district and borough councils, Office for the Police and Crime Commissioner, NHS partners and voluntary and community organisations would be undertaken to review the future provision of these services. • Partners including district and borough councils and voluntary and community organisations may need to reshape their services or seek alternative sources of funding.

Poverty	<p>Available data shows that the majority of people using Homelessness Support services are in receipt of welfare benefits or have no income. Many clients come to the attention of services when they are facing eviction due to rent arrears. Whilst alternative services are available, clients with complex needs often need specialist support to engage with more mainstream service offers or are excluded from these services due to behaviour or substance misuse.</p> <p>A reduction in funding for RASAC services would have a greater impact on people who are unable to afford private counselling services.</p>	No - Hampshire wide	<ul style="list-style-type: none"> • Extensive engagement with district and borough councils, Office for the Police and Crime Commissioner, NHS partners and voluntary and community organisations would be undertaken to review the future provision of these services. • Partners including district and borough councils and voluntary and community organisations may need to reshape their services or seek alternative sources of funding.
Rurality	A reduction in community support for people who are homeless or at risk of homelessness 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, for example, need to travel to get	The County Council contributes a small amount of funding to community support for people who are homeless or at risk of homelessness in Havant, East Hampshire, New Forest and Eastleigh. In all other areas of the county, funding is only used for 24/7 accommodation-based services (hostels).	<ul style="list-style-type: none"> • Extensive engagement with district and borough councils, NHS partners and voluntary and community organisations would be undertaken to review the future provision of these services. • Partners including district and borough councils and voluntary and community

	<p>support from other services which they may not be able to do due to affordability or accessibility of public transport. This in turn may result in an increase in homelessness as people may not get the support they need to prevent homelessness.</p>		<p>organisations may need to reshape their services or seek alternative sources of funding.</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 in table 5.

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-consulting⁴.

- 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 EIA has been updated following peer review and has taken into account feedback received from the County Council’s Making the Most of your Money budget consultation (2024-2026).

The proportion of County Council funding attached to the ISVA and RASAC contracts under review is relatively small – 6% of the total contract value for ISVA and 10% of the total contract value for RASAC.

County Council funding towards Homelessness Support Services supports the district and borough councils to meet their statutory responsibilities. The County Council would engage with each authority to understand the local impact of this proposal and the mitigation available.

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:

Adults’ Health and Care

Headquarters

Name of SP25 proposal:	SP25 Proposal Reference:
Grants Review	<i>EIA – HQ-25-C</i> AHC 2023/06/01

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Sarah Snowdon	AHC	Assistant Director – HQ, Transformation & Digital	sarah.snowdon@hants.gov.uk	0370 7790744	01/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	Adults' Health and Care (AHC)
Please provide a short description of the service / policy/project/project phase	<p>Some of the ways in which the AHC Headquarters function supports the delivery of Care Act 2014 services include:</p> <ul style="list-style-type: none"> • Ensuring that the right services are in place to meet residents' needs including care at home, residential and nursing care, and technology enabled care, and that suitable providers are contracted to deliver outsourced services; • Providing information and advice to people and communities, working with them and voluntary sector organisations to prevent and reduce demand for social care services, including through grant funding; • Transforming our services, and monitoring and analysing performance, to ensure the most efficient use of our resources and ongoing quality of care. <p>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</p>

	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).
Please explain the new/changed service/policy/project	<p>To review the grants directly funded by Adult Social Care, including:</p> <ul style="list-style-type: none"> • The infrastructure grant (currently held by the DMPCU) which supports voluntary services across Hampshire with infrastructure and running costs; • The remaining DMPCU grants budget. <p>If funding for these grants is reduced, alternative, external funding would need to be sought by the VCSE sector, assisted by Adults' Health and Care Headquarters staff.</p>

Engagement and consultation

The County Council's *Making the Most of your money budget* consultation (2024-2026) 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?

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.

This proposed change in service was referenced in the wider Council's *Making the Most of your money* budget consultation process. Stage two consultation is planned to be carried out for this proposal. As part of this process, we would ensure stakeholders and partners such as Voluntary, Community and Social Enterprise organisations (including those we currently fund or have funded in the past), District and Borough Councils, and NHS partners etc are aware of the consultation process and how they can take part. Significant planning and engagement would also take place with stakeholders and partners ahead of any implementation of any changes. 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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age				✓		Public
Disability				✓		Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race				✓		Public
Religion or belief		✓				Public
Sex		✓				Public

Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty				✓		Public
Rurality				✓		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	No
East Hampshire	No
Eastleigh	No
Fareham	No
Gosport	No
Hart	No

Havant	No
New Forest	No
Rushmoor	No
Test Valley	No
Winchester	No

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
Gender reassignment	Neutral – there is no indication that there would be disproportionate impacts on individuals with this protected characteristic. Neither the infrastructure grant nor the remaining grants budget allocation currently or previously specifically supports individuals with this protected characteristic.
Pregnancy and maternity	Neutral – there is no indication that there would be disproportionate impacts on individuals with this protected characteristic. Neither the infrastructure grant nor the remaining grants budget allocation currently or previously specifically supports individuals with this protected characteristic.
Religion or belief	Neutral – there is no indication that there would be disproportionate impacts on individuals with this protected characteristic. Neither the infrastructure grant nor the remaining grants budget allocation currently or previously specifically supports individuals with this protected characteristic.

Sex	Neutral – there is no indication that there would be disproportionate impacts on individuals with this protected characteristic. Neither the infrastructure grant nor the remaining grants budget allocation currently or previously specifically supports individuals with this protected characteristic.
Sexual orientation	Neutral – there is no indication that there would be disproportionate impacts on individuals with this protected characteristic. Neither the infrastructure grant nor the remaining grants budget allocation currently or previously specifically supports individuals with this protected characteristic.
Marriage & civil partnership	Neutral – there is no indication that there would be disproportionate impacts on individuals with this protected characteristic. Neither the infrastructure grant nor the remaining grants budget allocation currently or previously specifically supports individuals with this protected characteristic.

For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete table 4:

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 above to identify geographical area(s)	Short explanation of mitigating actions
Age	A significant proportion of current DMPCU grant-funded projects specifically support individuals with this protected characteristic (older adults), who could be impacted if, for example, funding for these projects is reduced. AHC has grant funded some of these services for a number of years. Older Adults are also a key client group in terms of the current AHC grant priorities. It is rated as	No - Hampshire wide	<p>If, for example, funding for these grant-funded projects is reduced, the County Council would:</p> <ul style="list-style-type: none"> • Continue to provide fundraising support to Voluntary Community and Social Enterprise (VCSE) organisations supporting adults at risk of declining health and wellbeing (particularly organisations supporting adults with protected characteristics)

	<p>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 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>to continue to live healthily and independently in their Hampshire communities.</p> <ul style="list-style-type: none"> • Promote use of potential funding from other parts of the County Council e.g. members' grants and leaders' grants. • Continue to work closely with partners, including the District and Borough Councils, the NHS and the Voluntary and Community Sector. Together we can look at funding available and services already in place that could support any users that are affected by the proposal. • Provide free training support for voluntary and community organisation staff whose focus is working with adults at risk of declining health and wellbeing (particularly organisations supporting adults with protected characteristics), e.g. online training for volunteers on how to identify any risks faced by service users and how they could be addressed, advice on how to best use a Strength Based Approach (support a person to use all the strengths and resources they already have) and guides on how to support clients who raise mental health concerns. • Run sessions with social care teams, voluntary and community groups to increase understanding of how to
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			<p>access AHC support and services, how technology can support people to live safely at home and how to access IT and equipment that supports wellbeing at home.</p> <ul style="list-style-type: none"> • Continue to use our Connect to Support Hampshire website to provide information about local community services available to residents. • Continue to support people to successfully carry out tasks online, working with Libraries and other external partners, including the NHS to improve digital inclusion. • Continue to work with voluntary, community and social enterprise organisations that support adults with protected characteristics, to increase the number of volunteers in Hampshire. This can be through research, marketing and the sharing of ideas. • Adults' Health and Care staff would continue to liaise with VCSE sector key representatives to monitor the impact of these changes and the mitigating measures being undertaken.
Disability	A significant proportion of current DMPCU grant-funded projects specifically support individuals with this protected characteristic, who could be impacted if, for example, funding for these projects is	No - Hampshire wide	<p>If, for example, funding for these grant-funded projects is reduced, the County Council would:</p> <ul style="list-style-type: none"> • Continue to provide fundraising support to Voluntary Community and

	<p>reduced. 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, 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 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>Social Enterprise (VCSE) organisations supporting adults at risk of declining health and wellbeing (particularly organisations supporting adults with protected characteristics) to continue to live healthily and independently in their Hampshire communities.</p> <ul style="list-style-type: none"> • Promote use of potential funding from other parts of the County Council e.g. members' grants and leaders' grants. • Continue to work closely with partners, including the District and Borough Councils, the NHS and the Voluntary and Community Sector. Together we can look at funding available and services already in place that could support any users that are affected by the proposal. • Provide free training support for voluntary and community organisation staff whose focus is working with adults at risk of declining health and wellbeing (particularly organisations supporting adults with protected characteristics), e.g. online training for volunteers on how to identify any risks faced by service users and how they could be addressed, advice on how to best use a Strength Based Approach (support a person to use all the strengths and resources they already have) and guides on how to support
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			<p>clients who raise mental health concerns.</p> <ul style="list-style-type: none">• Run sessions with social care teams, voluntary and community groups to increase understanding of how to access AHC support and services, how technology can support people to live safely at home and how to access IT and equipment that supports wellbeing at home.• Continue to use our Connect to Support Hampshire website to provide information about local community services available to residents.• Continue to support people to successfully carry out tasks online, working with Libraries and other external partners, including the NHS to improve digital inclusion.• Continue to work with voluntary, community and social enterprise organisations that support adults with protected characteristics, to increase the number of volunteers in Hampshire. This can be through research, marketing and the sharing of ideas.• Adults' Health and Care staff would continue to liaise with VCSE sector key representatives to monitor the impact of these changes and the mitigating measures being undertaken.
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Race	<p>A small proportion of current DMPCU grant-funded projects specifically support individuals in relation to this protected characteristic, who could be impacted if, for example, funding for these projects is reduced. 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 ethnic minority 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 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 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>	No - Hampshire wide	<p>If, for example, funding for these grant-funded projects is reduced, the County Council would:</p> <ul style="list-style-type: none"> • Continue to provide fundraising support to Voluntary Community and Social Enterprise (VCSE) organisations supporting adults at risk of declining health and wellbeing (particularly organisations supporting adults with protected characteristics) to continue to live healthily and independently in their Hampshire communities. • Promote use of potential funding from other parts of the County Council e.g. members' grants and leaders' grants. • Continue to work closely with partners, including the District and Borough Councils, the NHS and the Voluntary and Community Sector. Together we can look at funding available and services already in place that could support any users that are affected by the proposal. • Provide free training support for voluntary and community organisation staff whose focus is working with adults at risk of declining health and wellbeing (particularly organisations supporting adults with protected characteristics), e.g. online training for volunteers on how to identify any risks faced by
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			<p>service users and how they could be addressed, advice on how to best use a Strength Based Approach (support a person to use all the strengths and resources they already have) and guides on how to support clients who raise mental health concerns.</p> <ul style="list-style-type: none"> • Run sessions with social care teams, voluntary and community groups to increase understanding of how to access AHC support and services, how technology can support people to live safely at home and how to access IT and equipment that supports wellbeing at home. • Continue to use our Connect to Support Hampshire website to provide information about local community services available to residents. • Continue to support people to successfully carry out tasks online, working with Libraries and other external partners, including the NHS to improve digital inclusion. • Continue to work with voluntary, community and social enterprise organisations that support adults with protected characteristics, to increase the number of volunteers in Hampshire. This can be through research, marketing and the sharing of ideas.
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			<ul style="list-style-type: none"> • Adults' Health and Care staff would continue to liaise with VCSE sector key representatives to monitor the impact of these changes and the mitigating measures being undertaken.
Poverty	<p>A significant proportion of current DMPCU grant-funded projects specifically support individuals in relation to this characteristic, who could be impacted if, for example, funding for these projects is reduced. 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 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>	No - Hampshire wide	<p>If, for example, funding for these grant-funded projects is reduced, the County Council would:</p> <ul style="list-style-type: none"> • Continue to provide fundraising support to Voluntary Community and Social Enterprise (VCSE) organisations supporting adults at risk of declining health and wellbeing (particularly organisations supporting adults with protected characteristics) to continue to live healthily and independently in their Hampshire communities. • Promote use of potential funding from other parts of the County Council e.g. members' grants and leaders' grants. • Continue to work closely with partners, including the District and Borough Councils, the NHS and the Voluntary and Community Sector. Together we can look at funding available and services already in place that could support any users that are affected by the proposal. • Provide free training support for voluntary and community organisation staff whose focus is

			<p>working with adults at risk of declining health and wellbeing (particularly organisations supporting adults with protected characteristics), e.g. online training for volunteers on how to identify any risks faced by service users and how they could be addressed, advice on how to best use a Strength Based Approach (support a person to use all the strengths and resources they already have) and guides on how to support clients who raise mental health concerns.</p> <ul style="list-style-type: none"> • Run sessions with social care teams, voluntary and community groups to increase understanding of how to access AHC support and services, how technology can support people to live safely at home and how to access IT and equipment that supports wellbeing at home. • Continue to use our Connect to Support Hampshire website to provide information about local community services available to residents. • Continue to support people to successfully carry out tasks online, working with Libraries and other external partners, including the NHS to improve digital inclusion. • Continue to work with voluntary, community and social enterprise
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			<p>organisations that support adults with protected characteristics, to increase the number of volunteers in Hampshire. This can be through research, marketing and the sharing of ideas.</p> <ul style="list-style-type: none"> • Adults' Health and Care staff would continue to liaise with VCSE sector key representatives to monitor the impact of these changes and the mitigating measures being undertaken.
Rurality	<p>A medium proportion of current DMPCU grant-funded projects specifically support individuals in relation to this protected characteristic, who could be impacted if, for example, funding for these projects is reduced. 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 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>	No - Hampshire wide	<p>If, for example, funding for these grant-funded projects is reduced, the County Council would:</p> <ul style="list-style-type: none"> • Continue to provide fundraising support to Voluntary Community and Social Enterprise (VCSE) organisations supporting adults at risk of declining health and wellbeing (particularly organisations supporting adults with protected characteristics) to continue to live healthily and independently in their Hampshire communities. • Promote use of potential funding from other parts of the County Council e.g. members' grants and leaders' grants. • Continue to work closely with partners, including the District and Borough Councils, the NHS and the Voluntary and Community Sector.

			<p>Together we can look at funding available and services already in place that could support any users that are affected by the proposal.</p> <ul style="list-style-type: none">• Provide free training support for voluntary and community organisation staff whose focus is working with adults at risk of declining health and wellbeing (particularly organisations supporting adults with protected characteristics), e.g. online training for volunteers on how to identify any risks faced by service users and how they could be addressed, advice on how to best use a Strength Based Approach (support a person to use all the strengths and resources they already have) and guides on how to support clients who raise mental health concerns.• Run sessions with social care teams, voluntary and community groups to increase understanding of how to access AHC support and services, how technology can support people to live safely at home and how to access IT and equipment that supports wellbeing at home.• Continue to use our Connect to Support Hampshire website to provide information about local community services available to residents.
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			<ul style="list-style-type: none"> • Continue to support people to successfully carry out tasks online, working with Libraries and other external partners, including the NHS to improve digital inclusion. • Continue to work with voluntary, community and social enterprise organisations that support adults with protected characteristics, to increase the number of volunteers in Hampshire. This can be through research, marketing and the sharing of ideas. • Adults' Health and Care staff would continue to liaise with VCSE sector key representatives to monitor the impact of these changes and the mitigating measures being undertaken.
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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 in table 5.

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-consulting⁵.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council’s Making the Most of your Money budget consultation (2024-2026).

If, for example, funding for grant-funded projects is reduced, DMPCU in Adult’s Health and Care would still provide insight and support to Voluntary, Community and Social Enterprise sector and partners (Health and Local Councils). The DMPCU team would be reprioritised to support organisations to find and secure funding from other sources to maintain services, whilst continuing to ensure that the Voluntary, Community and Social Enterprise 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 would be key to help meet shared objectives. Better working relationships developed with District councils post-COVID could be further aligned to minimise impact on local 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:

Adults' Health and Care Headquarters

Name of SP25 proposal:	SP25 Proposal Reference:
Disabled Facilities Grants	<i>EIA – HQ-25-D</i> AHC 2023/06/01

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
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1	Report Writer(s)	Sarah Snowdon	AHC	Assistant Director – HQ, Transformation & Digital	sarah.snowdon@hants.gov.uk	0370 7790744	01/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	V0.2

Section one – information about the service and service change

Service affected	Adults' Health and Care (AHC)
Please provide a short description of the service / policy/project/project phase	<p>Some of the ways in which the AHC Headquarters function supports the delivery of Adult Social Care services, in line with relevant duties, include:</p> <ul style="list-style-type: none"> • Ensuring that the right services are in place to meet residents' needs including care at home, residential and nursing care, and technology enabled care, and that suitable providers are contracted to deliver outsourced services; • Providing information and advice to people and communities, working with them and voluntary sector organisations to prevent and reduce demand for social care services, including through grant funding; • Transforming our services, and monitoring and analysing performance, to ensure the most efficient use of our resources and ongoing quality of care. <p>Disabled Facilities Grants (DFGs) are available in all areas of Hampshire, allocated to Lower Tier Councils, district and borough councils, to support more efficient ways of working and innovative solutions that enable individuals to remain living independently in their own homes, preventing them from becoming homeless or having to move into care. For the next 2 years, it has been confirmed that the DFG allocation for Hampshire will remain at £14.2M</p>

annually. This fund is used to support a range of services and associated resources to support grant applications. For 22/23, the Districts recorded spend on the following adaptations:

Equipment/Adaption	Volume 22/23
Ceiling Hoists	53
Straight Stairlift	118
Curved Stairlift	129
Complex bathroom adaptations	269
Shower	398
Through Floor Lift	14
Extension	31
Ramps	143
Self-clean toilet	64
Multiple adaptations	245
Other	252
TOTAL	1,716

Please explain the new/changed service/policy/project

The proposal is for the County Council to assist district and borough councils to get the most effective use of their DFG allocations, through centralising and recycling existing equipment (e.g., stairlifts) that are key to supporting people's care needs. This would include:

- In partnership and agreement with the District and Borough Councils to utilise the DFG element of the Better Care Fund (BCF) to ensure an equitable and value for money service across the county for residents, for example to cover administration, Occupational Therapy and social work costs;
- Ensuring economies of scale are utilised through county-wide procurement of community equipment;
- Utilising some DFG funding for community equipment provision via Hampshire Equipment Services, recycling equipment instead of gifting it new.

Engagement and consultation

The County Council's *Making the Most of your money budget* consultation (2024-2026) 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?

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.

This proposed change in service was referenced in the wider Council's *Making the Most of your money* budget consultation process. As part of this process, stakeholders and partners such as District and Borough Councils were made aware of the consultation process and how they could take part. Significant planning and engagement would take place with stakeholders and partners ahead of any implementation.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age	✓					Public
Disability	✓					Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty	✓					Public
Rurality	✓					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	Yes
East Hampshire	Yes
Eastleigh	Yes
Fareham	Yes
Gosport	Yes
Hart	Yes
Havant	Yes
New Forest	Yes
Rushmoor	Yes
Test Valley	Yes
Winchester	Yes

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
Gender reassignment	Neutral - all equipment/adaption considerations under the DFG scheme are based on the need of the individual, irrespective of gender.
Pregnancy and maternity	Neutral all equipment/adaption considerations are based on need of the individual.
Race	Neutral - all equipment/adaption considerations under the DFG grant scheme are based on need of individuals who apply for support, irrespective of their race.
Religion or belief	Neutral all equipment/adaption considerations under the DFG grant scheme are based on the need of the individual, irrespective of religion or belief.
Sex	Neutral – no potential impacts anticipated on individuals based on sex, all equipment/adaption considerations under the DFG grant scheme are based on the need of the individual.
Sexual orientation	Neutral – all equipment/adaption considerations under the DFG grant scheme are based on individual need not sexual orientation.
Marriage & civil partnership	Neutral - the needs of individuals and partners will be a consideration for any DFG application, regardless of marital status.

For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete table 4:

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 above 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 in table 5.

Table 5 Consideration of and explanation for positive impacts

Protected characteristic	Brief explanation of why this has been assessed as having positive impact
Age	There could be an increase in the number of DFGs that take place across the county, through centralising and recycling existing equipment, (e.g. stairlifts) having a positive impact on some of the most vulnerable residents. These adaptations are key to supporting Older Adults' care needs and enabling them to remain independent in their own homes for longer.
Disability	There could be an increase in the number of DFGs that take place across the county, through centralising and recycling existing equipment, (e.g. stairlifts) having a positive impact on some of the most vulnerable residents. These adaptations are key to supporting care needs of individuals with disabilities and enabling them to remain independent in their own homes for longer.
Poverty	There could be an increase in the number of DFGs that take place across the county, through centralising and recycling existing equipment, (e.g. stairlifts) having a positive impact on some of the most vulnerable residents. These adaptations are key to supporting the care needs of individuals who may be experiencing poverty and enabling them to remain independent in their own homes for longer.

Rurality	There could be an increase in the number of DFGs that take place across the county, through centralising and recycling existing equipment, (e.g. stairlifts) having a positive impact on some of the most vulnerable residents. These adaptations are key to supporting the care needs of individuals who may live in more rural areas and unable to access other forms of support in the community, enabling them to remain independent in their own homes for longer. Residents living in rural locations can often feel more isolated and by delivering more adaptations across the County including rural areas, this would not only increase the number of residents who could benefit from the adaptations but also alleviate the isolation for these individuals.
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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-consulting⁶.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026).

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:

Adults' Health and Care (AHC)

Headquarters

Name of SP25 proposal:	SP25 Proposal Reference:
Technology Enabled Care Private Pay	EIA – HQ-25-E AHC 2023/05/31

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Sarah Snowdon	AHC	Assistant Director – HQ, Transformation & Digital	sarah.snowdon@hants.gov.uk	0370 7790744	31/05/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	gloria.kwaw@hants.gov.uk	0370 7794934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	Adults' Health and Care
Please provide a short description of the service / policy/project/project phase	Hampshire County Council currently works in partnership with Argenti and PA Consulting to improve outcomes and enable more independent living for adults who need support through the smart use of Technology Enabled Care (TEC). Argenti delivers funded telecare services and equipment on behalf of HCC to eligible service users. The team also provide a non-funded (Private Pay) service to those who do not have Care Act 2014 eligible needs.
Please explain the new/changed service/policy/project	This proposal is to expand the Private Pay service to more Hampshire residents, providing them with the opportunity to benefit from a Hampshire County Council recommended service that has high service and customer care quality standards.

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Engagement and consultation

The County Council's *Making the Most of your money budget* consultation (2024-2026) 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?

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.

Engagement would be undertaken with customers who enquire about the services available or who elect to purchase them. There is no specific implementation of this service as it is an expansion of an already available offer to Hampshire residents who wish to purchase care technology privately.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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.

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Table 1 Impact Assessment [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative – low	Negative – Medium	Negative – High	Affects staff, public or both?
Age	✓					Public
Disability	✓					Public
Gender reassignment		✓				Public

Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty				✓		Public
Rurality		✓				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	NO
East Hampshire	NO
Eastleigh	NO
Fareham	NO
Gosport	NO
Hart	NO
Havant	NO
New Forest	NO
Rushmoor	NO
Test Valley	NO
Winchester	NO

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
Gender Reassignment	Neutral – no potential impacts anticipated on individuals with this protected characteristic as these characteristics are not part of the criteria for accessing the service.
Pregnancy or maternity	Neutral – no potential impacts anticipated on individuals with this protected characteristic as these characteristics are not part of the criteria for accessing the service.
Race	Neutral – no potential impacts anticipated on individuals with this protected characteristic as these characteristics are not part of the criteria for accessing the service.
Religion or Belief	Neutral – no potential impacts anticipated on individuals with this protected characteristic as these characteristics are not part of the criteria for accessing the service.
Sex	Neutral – no potential impacts anticipated on individuals with this protected characteristic as these characteristics are not part of the criteria for accessing the service.
Sexual Orientation	Neutral – no potential impacts anticipated on individuals with this protected characteristic as these characteristics are not part of the criteria for accessing the service.
Marriage and Civil partnership	Neutral – no potential impacts anticipated on individuals with this protected characteristic as these characteristics are not part of the criteria for accessing the service.
Rurality	Neutral – no potential impacts anticipated on individuals with this protected characteristic as these characteristics are not part of the criteria for accessing the service.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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 above to identify geographical area(s)	Short explanation of mitigating actions

Poverty	Potential medium negative impact on those who may not have the resources to access digital services.	No – Hampshire wide	Individuals who are assessed as eligible for funded care may receive funded telecare services. We would work with families, friends, carers, communities and partners to ensure individuals are able to access TEC services.
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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 in table 5.

Table 5 Consideration of and explanation for positive impacts

Protected characteristic	Brief explanation of why this has been assessed as having positive impact
Age	Individuals may have more options available to them to be supported to live more independently and have improved outcomes, through the purchasing of telecare services and equipment.
Disability	Individuals may have more options available to them to be supported to live more independently and have improved outcomes, through the purchasing of telecare services and equipment.

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-consulting⁷.
- 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 EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026).

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:

Adults' Health and Care (AHC)

Headquarters

Name of SP25 proposal:	SP25 Proposal Reference:
Brokerage and Billing Fees	EIA – HQ-25-E AHC 2023/06/02

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Sarah Snowdon	AHC	Assistant Director – HQ, Transformation & Digital	sarah.snowdon@hants.gov.uk	0370 7790744	31/05/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 7794934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	Adults' Health and Care
Please provide a short description of the service / policy/project/project phase	<p>Some of the ways in which the Adults' Health and Care (AHC) Brokerage and Billing function supports the delivery of Adult Social Care services, in line with relevant statutory duties, include:</p> <ul style="list-style-type: none"> • Ensuring that the right services are in place to meet residents' needs including care at home, residential and nursing care, and that suitable providers are contracted to deliver outsourced services; • Arranging necessary packages of care with residents and providers, and processing payments.
Please explain the new/changed service/policy/project	<p>This proposal is to review the Brokerage and Billing fees for residents that fully fund their own care. The fees are standard irrespective of the location of the service user. The Council's financial assessment process for determining individuals' contributions towards care, including whether an individual should fully fund their own care, is compliant with the Care Act 2014 and updated with relevant legislative changes. Residents who fully fund their own care may, for example, see an increase in the cost of having the County Council administer their care services for them including arranging and paying for care. Any increase in fees would be considered alongside relevant legislation.</p> <p>Self-funding individuals have the option to secure care through the County Council or directly with providers themselves. This proposal would only impact individuals who secure their care through the County Council.</p>

Engagement and consultation

The County Council's *Making the Most of your money budget* consultation (2024-2026) 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?

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.

This proposed change in service was referenced in the wider Council's *Making the Most of your money* budget consultation process. As part of this process, stakeholders were made aware of the consultation process and how they could take part. Significant planning and engagement would also take place with stakeholders ahead of any implementation of any changes.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
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Age				✓		Public
Disability				✓		Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty		✓				Public
Rurality		✓				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	No
East Hampshire	No
Eastleigh	No
Fareham	No
Gosport	No
Hart	No
Havant	No
New Forest	No
Rushmoor	No
Test Valley	No
Winchester	No

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
Gender reassignment	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Pregnancy and maternity	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Race	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Religion or belief	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Sex	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Sexual orientation	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Marriage & civil partnership	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Poverty	Neutral – no potential impacts anticipated on individuals with this protected characteristic. The rigorous financial assessment process determines individuals' contributions towards their care. Being identified as self-funding would indicate that the individual has sufficient income to cover the costs of care including administration.
Rurality	Neutral – no potential impacts anticipated on individuals with this protected characteristic. The fees are standard irrespective of the location of the service user.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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 above to identify geographical area(s)	Short explanation of mitigating actions
Age	Those 65 and above are more likely to be in receipt of formal care services and therefore may be more adversely affected than those in the younger cohort if, for example, there is an increase in fees. Those above 65 are also likely to be self-funders and therefore affected by a revised charging approach. Of the approximately 11,660 self-funding individuals across the County, 631 self-funding individuals purchase care through the County Council (approximately 5.5%).	No – Hampshire wide	<ul style="list-style-type: none"> • Upfront and clear information and guidance would be provided to individuals, families, friends and carers to confirm charging arrangements. • A phased approach could be considered to allow people to plan for the additional charges. • Self-funding individuals can choose to secure their own care directly with Care Providers.
Disability	Those with a disability are more likely to be in receipt of formal care services and therefore may be adversely affected if, for example, there is a revised charging approach.	No – Hampshire wide	<ul style="list-style-type: none"> • Upfront and clear information and guidance would be provided to individuals, families, friends and carers to confirm charging arrangements. • A phased approach could be considered to allow people to plan for the additional charges.

			<ul style="list-style-type: none"> • Self-funding individuals can choose to secure their own care directly with Care Providers.
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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 in table 5.

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-consulting⁸.

- 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 EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026).

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:

Adults' Health and Care (AHC)

Headquarters

Name of SP25 proposal:	SP25 Proposal Reference:
Learning and Development Income	EIA – HQ-25-E AHC 2023/06/02

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Sarah Snowdon	AHC	Assistant Director – HQ, Transformation & Digital	sarah.snowdon@hants.gov.uk	0370 7790744	31/05/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 7794934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	Impact (Learning and Development portal)
Please provide a short description of the service / policy/project/project phase	Impact is a sold service provided by the Adults' Health and Care (AHC) Learning and Development team. Impact provides training through eLearning, virtual and face to face delivery to staff working in adult social care. A learning management system is used, that can take card payments and provide organisations the ability to make multiple bookings and enable individual learners to book training.

Please explain the new/changed service/policy/project

The proposed change is to increase the income target for the service from £100k to £120k in 2025/26 and see steady increase in income thereafter.

To support the growth in sales and development of Impact, resources from within the Learning and Development (L&D) team will be required to be balanced between support for internal customers and the Impact programme. This may mean at times internal training provision cannot be delivered in a preferred timescale or non-mandatory training paused. The development and delivery of training to all L&D customers would need to embrace new ways of working that increases learning that is self-directed, sustainable and portable through curated content that includes toolkits, videos, train the trainer and eLearning programmes, alongside a targeted “just in time” approach to training rather than just in case. If Impact growth is consistent and develops assured customers through contracts or funding streams, it is recognised that an increase in staff resourcing would be required.

Engagement and consultation

The County Council’s *Making the Most of your money budget* consultation (2024-2026) 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?

No specific consultation has been carried out on this proposal.

Previous engagement with the adult social care market has been undertaken through behavioural insights surveys, engagement conversations with non-paid carers, individuals who receive direct payments, Hampshire Care Association members and professionals in health and social care during 2022 and 2023 to establish what the market requires to recruit and retain staff to work in social care, upskill staff to meet changing expectations of the workforce and establish what is important to those purchasing training to ensure credibility of training, delivery methods and cost.

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.

Impact is continually responding to workforce demands, Department of Health and Social Care (DHSC) initiatives, regulatory and legislative changes, safeguarding reviews and pressures within the Integrated Care Board and social care system. Impact works with strategic partners across the County Council, neighbouring authorities, public health, social care providers, those with lived experience and Health to ensure the offer is fit for purpose, responds to market need and supports the skills and behaviours required in social care to meet emerging service challenges and promote innovation. The service plans to continue engaging with all these stakeholders to shape the Impact offer.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age	✓					Public

Disability	✓					Public
Gender reassignment	✓					Public
Pregnancy and maternity	✓					Public
Race	✓					Public
Religion or belief	✓					Public
Sex	✓					Public
Sexual orientation	✓					Public
Marriage & civil partnership	✓					Public
Poverty	✓					Public
Rurality	✓					Public

Table 2 Geographical impact

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

Area	Yes / no
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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

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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 above 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 in table 5.

Table 5 Consideration of and explanation for positive impacts

Protected characteristic	Brief explanation of why this has been assessed as having positive impact
<p>All Protected Characteristics</p>	<p>The proposal to increase the growth in sales of Impact would enable its offer to become more wide-reaching. This is determined to have a positive impact on all protected characteristics for staff and the public for the reasons outlined below.</p> <p>Impact provides reasonable to low cost (some free) training through eLearning and virtual courses as well as signposting to free resources. Impact eLearning is accessible and meets communication and language needs – it has subtitles and voice overs and is tested to ensure programmes are accessible in terms of text and language used. The eLearning can also be translated into other languages as can resources used on the virtual courses.</p> <p>Both training options reduce the need to travel, pay for parking, childcare arrangements or difficulty in accessing face to face training. In instances of face-to-face training, it is held in accessible venues and rooms across the county of Hampshire. Face to face learning remains available to those who otherwise may be negatively impacted by a move to digital channels.</p> <p>Impact training embeds and positively reinforces all protected characteristics, anti-discriminatory behaviours and values alongside person centred approaches and decision making to ensure those with a protected characteristic are supported to live the life of their choosing and enhance wellbeing, quality of life and outcomes for individuals.</p> <p>The training can support equal opportunities, inclusion and career development for all those with protected characteristics.</p> <p>Impact provides Skills for Care endorsed training at a reasonable rate to the market that is aimed at increasing competence, skills, knowledge and behaviours within the adult social care workforce to improve outcomes for the staff and those who require care and support. The training also supports services to meet Care Quality Commission (CQC) standards and regulatory requirements.</p>

	The eLearning can be accessed by non-paid carers, families and the wider community to enhance their knowledge of conditions and what action can be taken to reduce risks for individuals, enabling a good quality of life to be maintained and supporting prevention activity.
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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-consulting⁹.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026).

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:

Adults’ Health and Care (AHC)

Headquarters

Name of SP25 proposal:	SP25 Proposal Reference:
Client Contributions	<i>EIA – HQ-25-F</i> AHC 2023/05/31

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
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1	Report Writer(s)	Sarah Snowdon	AHC	Assistant Director – HQ, Transformation & Digital	sarah.snowdon@hants.gov.uk	0370 7790744	31/05/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	V0.2

Section one – information about the service and service change

Service affected	Adults' Health and Care
Please provide a short description of the service / policy/project/project phase	<p>Some of the ways in which the AHC Brokerage and Billing function supports the delivery of Adult Social Care services include:</p> <ul style="list-style-type: none"> • Ensuring that the right services are in place to meet residents' needs including care at home, residential and nursing care, and that suitable providers are contracted to deliver outsourced services; • Arranging necessary packages of care with residents and providers, and processing payments.
Please explain the new/changed service/policy/project	<p>To consider when assessing an individual's income increasing the amount taken into account for care charges from 95% to 100% of an individual's assessable income, as permissible within the Care Act 2014 and outlined in section 8.38-8.48 of the statutory guidance. Hampshire Residents that are in receipt of non-residential care and do not fully fund their own care could see a change to the way their care charges are considered. If approved, individuals would continue to retain the minimum income guarantee set out nationally by the Department of Work and Pensions, and would no longer retain the additional 5% discretionary amount that Hampshire currently apply.</p>

Engagement and consultation

The County Council's *Making the Most of your money budget* consultation (2024-2026) 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?

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.

This proposed change in service was referenced in the wider Council's *Making the Most of your money* budget consultation process. Stage two consultation is also planned to be carried out in due course. As part of this process, we would ensure stakeholders are aware of the consultation process and how they can take part. Significant planning and engagement would also take place with stakeholders ahead of any implementation.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age				✓		Public
Disability				✓		Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty				✓		Public

Rurality		✓					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	No
East Hampshire	No
Eastleigh	No
Fareham	No
Gosport	No
Hart	No
Havant	No
New Forest	No
Rushmoor	No

Test Valley	No
Winchester	No

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
Gender reassignment	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Pregnancy and maternity	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Race	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Religion or belief	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Sex	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Sexual orientation	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Marriage & civil partnership	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Rurality	Neutral – no potential impacts anticipated on individuals with this protected characteristic.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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 above to identify geographical area(s)	Short explanation of mitigating actions
Poverty	The proposed changes to charging may mean that those on low incomes or in receipt of benefit would be left with less income per month.	No – Hampshire wide – although the impact would be universal across the county area, communities with higher levels of deprivation would see higher levels of impact.	<ul style="list-style-type: none"> • Any increase in care charges for residents that do not fully fund their care would be implemented in line with the maximum allowed within national legislation and most other local authorities. • As part of the care and support and financial assessment process, disability related expenses (DREs) are considered and applied on a case-by-case basis. An expansive range of expenses are considered and although discretionary, amounts are aligned with the nationally recommended levels. • Upfront and clear information and guidance

			<p>would be provided to individuals, families, friends and carers to confirm charging arrangements.</p> <ul style="list-style-type: none"> • A phased approach could be considered to allow people to plan for the additional charges.
Age	<p>Those 65 and above are more likely to be eligible for, and in receipt of formal care services and therefore maybe more adversely affected than those in the younger cohort. The proposed changes to charging may mean they would be left with less disposable income per month.</p>	<p>No – Hampshire wide– although the impact would be universal across the county area, communities with higher levels of deprivation would see higher levels of impact.</p>	<ul style="list-style-type: none"> • Any increase in care charges for residents that do not fully fund their care would be implemented in line with the maximum allowed within national legislation and most other local authorities. • As part of the care and support and financial assessment process, disability related expenses (DREs) are considered and applied on a case-by-case basis. An expansive range of expenses are considered and although discretionary, amounts are aligned with the nationally recommended levels. • Upfront and clear information and guidance would be provided to individuals, families, friends

			<p>and carers to confirm charging arrangements.</p> <ul style="list-style-type: none"> • A phased approach could be considered to allow people to plan for the additional charges.
Disability	<p>Clients with a disability are more likely to be in receipt of benefits or on low incomes – the proposed changes to charging may mean they are left with less disposable income per month.</p>	<p>No – Hampshire wide– although the impact would be universal across the county area, communities with higher levels of deprivation would see higher levels of impact.</p>	<ul style="list-style-type: none"> • Any increase in care charges for residents that do not fully fund their care would be implemented in line with the maximum allowed within national legislation and most other local authorities. • As part of the care and support and financial assessment process, disability related expenses (DREs) are considered and applied on a case-by-case basis. An expansive range of expenses are considered and although discretionary, amounts are aligned with the nationally recommended levels. • Upfront and clear information and guidance would be provided to individuals, families, friends and carers to confirm charging arrangements.

			<ul style="list-style-type: none"> • A phased approach could be considered to allow people to plan for the additional charges.
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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 in table 5.

Table 5 Consideration of and explanation for positive impacts

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

Page 203

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-consulting¹⁰.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026).

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:

Adults' Health and Care (AHC)

Headquarters

Name of SP25 proposal:	SP25 Proposal Reference:
Health Contributions	EIA – HQ-25-G AHC 2023/05/31

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Sarah Snowdon	AHC	Assistant Director – HQ, Transformation & Digital	sarah.snowdon@hants.gov.uk	0370 7790744	31/05/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	Adults' Health and Care
Please provide a short description of the service / policy/project/project phase	<p>Some of the ways in which the Adults' Health and Care (AHC) Headquarters function supports the delivery of Adult Social Care services include:</p> <ul style="list-style-type: none"> • Ensuring that the right services are in place to meet residents' needs including care at home, residential and nursing care, and that suitable providers are contracted to deliver outsourced services; • Providing information and advice to people and communities, working with them and voluntary sector organisations to prevent and reduce demand for social care services, including through grant funding; • Arranging necessary packages of care with residents and providers, and processing payments; • Transforming our services, and monitoring and analysing performance, to ensure the most efficient use of our resources and ongoing quality of care.
Please explain the new/changed service/policy/project	<p>There is an increased focus across the Hampshire Health and Care System upon closer working between Hampshire County Council (HCC) and the Hampshire and Isle of Wight and Frimley Integrated Care Boards (ICBs), to meet the health and social care needs of Hampshire residents. Our focus is upon improving ways of working and achieving greater cost efficiencies across our collective resources. As consideration for this, the County Council will take steps to ensure that commissioning and brokerage support for the procurement and ongoing management of services provided to the NHS, is appropriately recompensed. This would generate increased income for the Adults' Health and Care Directorate to reinvest into services.</p>

Engagement and consultation

The County Council's *Making the Most of your money budget* consultation (2024-2026) 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?

Yes – we have engaged with NHS partners and agreed an initial arrangement to ensure that the additional resource that we have put in place to manage our Short Term Services sourced and managed on behalf of health, is appropriately recompensed.

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

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

This proposed change in service was referenced in the wider Council's *Making the Most of your money* budget consultation process. As part of this process, stakeholders were made aware of the consultation process and how they could take part. Planning and engagement would continue to take place with stakeholders to identify further areas for any implementation.

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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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		✓				Public
Disability		✓				Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty		✓				Public
Rurality		✓				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	No
East Hampshire	No
Eastleigh	No
Fareham	No
Gosport	No
Hart	No
Havant	No
New Forest	No
Rushmoor	No
Test Valley	No
Winchester	No

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	Neutral – There is no indication that there would be disproportionate impacts on individuals with this protected characteristic.
Disability	Neutral – Whilst no quantitative data is available to assess this impact, there is no indication that there would be disproportionate impacts on individuals with this protected characteristic.
Gender reassignment	Neutral – Whilst no quantitative data is available to assess this impact, there is no indication that there would be disproportionate impacts on individuals with this protected characteristic.
Pregnancy and maternity	Neutral – There is no indication that there would be disproportionate impacts on individuals with this protected characteristic.
Race	Neutral – There is no indication that there would be disproportionate impacts on individuals with this protected characteristic.
Religion or belief	Neutral – There is no indication that there would be disproportionate impacts on individuals with this protected characteristic.
Sex	Neutral – There is no indication that there would be disproportionate impacts on individuals with this protected characteristic.
Sexual orientation	Neutral – There is no indication that there would be disproportionate impacts on individuals with this protected characteristic.
Marriage & civil partnership	Neutral – There is no indication that there would be disproportionate impacts on individuals with this protected characteristic.
Poverty	Neutral – There is no indication that there would be disproportionate impacts on individuals with this protected characteristic.
Rurality	Neutral – There is no indication that there would be disproportionate impacts on individuals with this protected characteristic.

For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete table 4:

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 above 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 in table 5.

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-consulting¹¹.
- 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 EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026).

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:

Adults' Health and Care (AHC)

Headquarters

Name of SP25 proposal:	SP25 Proposal Reference:
Digital Automation	EIA – HQ-25-H AHC 2023/05/30

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Sarah Snowdon	AHC	Assistant Director – HQ, Transformation & Digital	sarah.snowdon@hants.gov.uk	0370 7790744	30/05/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	v0.2

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Section one – information about the service and service change

Service affected	Adults' Health and Care
Please provide a short description of the service / policy/project/project phase	<p>Hampshire County Council currently works in partnership with Argenti and PA Consulting to improve outcomes and enable more independent living for adults who need support through the smart use of Technology Enabled Care (TEC).</p> <p>Argenti delivers funded telecare services and equipment on behalf of HCC to users who are eligible to receive services under the Care Act 2014. The Argenti team provides advice on all aspects of the telecare service and also process referrals to the telecare service. Overall responsibility for managing the telecare programme sits with the Adults' Health and Care</p>

	(AHC) Digital Team, which also oversees IT and digital projects/work within the Adults' Health and Care directorate.
Please explain the new/changed service/policy/project	The proposal is to maximise opportunities for digital automation, to make efficiencies across Adults' Health and Care services. This would include increasing Technology Enabled Care (TEC) take up by service users as a direct replacement of care provided at home and helping people to effectively manage greater risk via TEC and digital services, where it is assessed that it can appropriately meet their needs. This project would also look at other technologies, both internal and external, to establish if digital and technical automation of manual processes could be introduced. These automations may be only for staff use, or to support clients with completion of tasks like assessments, or communications into the County Council.

Engagement and consultation

The County Council's *Making the Most of your money budget* consultation (2024-2026) 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?

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.

This proposed change in service was referenced in the wider Council's *Making the Most of your money* budget consultation process. As part of this process, stakeholders including service users and partners were made aware of the consultation process and how they could take part. Significant planning and engagement would take place with stakeholders ahead of any implementation.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age	✓					Public
Disability	✓					Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public

Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty				✓		Public
Rurality				✓		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	No
East Hampshire	No
Eastleigh	No
Fareham	No

Gosport	No
Hart	No
Havant	No
New Forest	No
Rushmoor	No
Test Valley	No
Winchester	No

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
Gender reassignment	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Pregnancy and maternity	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Race	Neutral – no potential impacts anticipated on individuals with this protected characteristic.

Religion or belief	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Sex	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Sexual orientation	Neutral – no potential impacts anticipated on individuals with this protected characteristic.
Marriage & civil partnership	Neutral – no potential impacts anticipated on individuals with this protected characteristic.

For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete table 4:

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?	Short explanation of mitigating actions
Poverty	Potential medium negative impact on those who may not have the resources to access digital services.	No – Hampshire wide	Individuals who are assessed as eligible for funded care may receive funded telecare services. We would work with families, friends, carers, communities and partners to ensure individuals are able to access these digital services where it is appropriate to meet their needs. A range of options can be explored including mobile TEC but due to the nature of digital connectivity across Hampshire this may not always be possible.
Rurality	Potential medium negative impact on those who may not have the access to digital services because of availability/internet speeds in their location.	No – Hampshire wide	Individuals who are assessed as eligible for funded care may receive funded telecare services. We would work with families, friends, carers, communities and partners to ensure individuals are able to access digital services where it is appropriate to meet their needs. A range of options can be explored including mobile TEC but due to the nature of digital connectivity across Hampshire this may not always be possible.

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 in table 5.

Table 5 Consideration of and explanation for positive impacts

Protected characteristic	Brief explanation of why this has been assessed as having positive impact
Age	Eligible individuals may have more options available to them to be supported to live more independently and have improved outcomes, through the receipt of telecare services and equipment, or more streamlined ways of communicating digitally with the Council.
Disability	Eligible individuals may have more options available to them to be supported to live more independently and have improved outcomes, through the receipt of telecare services and equipment, or more streamlined ways of communicating digitally with the Council.

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-consulting¹².
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council’s Making the Most of your Money budget consultation (2024-2026).

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:

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Adults’ Health and Care (AHC)

Headquarters

Name of SP25 proposal:	SP25 Proposal Reference:
Information and Advice	<i>EIA – HQ-25-1</i> AHC 2023/06/30

EIA writer(s) and authoriser

No.	Name	Department	Position	Email address	Phone number	Date	Issue
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1	Report Writer(s)	Sarah Snowdon	AHC	Assistant Director – HQ, Transformation & Digital	sarah.snowdon@hants.gov.uk	0370 7790744	31/05/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality & Inclusion Manager	gloria.kwaw@hants.gov.uk	03707 794934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	Adults' Health and Care
Please provide a short description of the service / policy/project/project phase	<p>Some of the ways in which the AHC Headquarters function supports the delivery of Adult Social Care services, which includes the duty to provide information and advice, include:</p> <ul style="list-style-type: none"> • Providing information and advice to all residents across Hampshire to enable them to make good choices about their care and support by working with the voluntary sector and other key stakeholders to prevent and reduce demand for social care services, including through grant funding; • Transforming our services, and monitoring and analysing performance, to ensure the most efficient use of our resources and ongoing quality of care.
Please explain the new/changed service/policy/project	<p>The creation of a more streamlined Information, Advice and Guidance service for the public. This would be achieved by reviewing resources and aligning prevention activities and digital tools across Adult Social Care, Children's Services, Public Health and the NHS in order to deliver a more holistic and seamless information and advice service to the public. Ensuring a continued working relationship with the NHS would help to remove any duplication in information, advice and guidance, and result in continued focus on early intervention and</p>

managing demand across Health and Social Care services, as well as a consistent information and advice offer to the public.

Engagement and consultation

The County Council's *Making the Most of your money budget* consultation (2024-2026) 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?

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.

This proposed change in service was referenced in the wider Council's *Making the Most of your money budget* consultation process. As part of this process, stakeholders were made aware of the consultation process and how they could take part. Significant planning and engagement would take place with stakeholders ahead of any implementation.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age	✓					Public
Disability	✓					Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public

Poverty		✓				Public
Rurality	✓					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	No
East Hampshire	No
Eastleigh	No
Fareham	No
Gosport	No
Hart	No
Havant	No
New Forest	No

Rushmoor	No
Test Valley	No
Winchester	No

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
Gender reassignment	Neutral – no potential impacts anticipated on individuals with this protected characteristic. The actual information and advice would not be altered, the proposal is that it would be easier to find in one place enabling additional information to also be surfaced, which should improve the offer to all. In addition a programme of stakeholder engagement would ensure multiple people serving/facing roles across a range of organisations would be aware of this platform and would use it to provide people with information, even in cases where they can't access it themselves.
Pregnancy and maternity	Neutral – no potential impacts anticipated on individuals with this protected characteristic. The actual information and advice would not be altered, the proposal is that it would be easier to find in one place enabling additional information to also be surfaced, which should improve the offer to all. In addition a programme of stakeholder engagement would ensure multiple people serving/facing roles across a range of organisations would be aware of this platform and would use it to provide people with information, even in cases where they can't access it themselves.
Race	Neutral – no potential impacts anticipated on individuals with this protected characteristic. The actual information and advice would not be altered, the proposal is that it would be easier to find in one place enabling additional information to also be surfaced, which should improve the offer to all. In addition the information would consistently come under one accessibility and translating

	<p>piece of software to ensure that all the information across all areas would be more consistently accessible. In addition a programme of stakeholder engagement would ensure multiple people serving/facing roles across a range of organisations would be aware of this platform and would use it to provide people with information, even in cases where they can't access it themselves.</p>
Religion or belief	<p>Neutral – no potential impacts anticipated on individuals with this protected characteristic. The actual information and advice would not be altered, the proposal is that it would be easier to find in one place enabling additional information to also be surfaced, which should improve the offer to all. In addition a programme of stakeholder engagement would ensure multiple people serving/facing roles across a range of organisations would be aware of this platform and would use it to provide people with information, even in cases where they can't access it themselves.</p>
Sex	<p>Neutral – no potential impacts anticipated on individuals with this protected characteristic. The actual information and advice would not be altered, the proposal is that it would be easier to find in one place enabling additional information to also be surfaced, which should improve the offer to all.</p>
Sexual orientation	<p>Neutral – no potential impacts anticipated on individuals with this protected characteristic. The actual information and advice would not be altered, the proposal is that it would be easier to find in one place enabling additional information to also be surfaced, which should improve the offer to all. In addition a programme of stakeholder engagement would ensure multiple people serving/facing roles across a range of organisations would be aware of this platform and would use it to provide people with information, even in cases where they can't access it themselves.</p>
Marriage & civil partnership	<p>Neutral – no potential impacts anticipated on individuals with this protected characteristic. The actual information and advice would not be altered, the proposal is that it would be easier to find in one place enabling additional information to also be surfaced, which should improve the offer to all.</p>
Poverty	<p>Neutral – no potential impacts anticipated on individuals with this protected characteristic. The actual information and advice would not be altered, the proposal is that it would be easier to find in one place enabling additional information to also be surfaced, which should improve the offer to all. In addition a programme of stakeholder engagement would ensure multiple people serving/facing roles across a range of organisations would be aware of this platform and would use it to provide people with information, even in cases where they can't access it themselves.</p>

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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 above 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 in table 5.

Table 5 Consideration of and explanation for positive impacts

Protected characteristic	Brief explanation of why this has been assessed as having positive impact
Age	Potential positive impact on individuals with this protected characteristic, as they and their families, friends, carers may have access to an improved online information and advice service.
Disability	Potential positive impact on individuals with this protected characteristic, as they and their families, friends, carers may have access to an improved online information and advice service.
Rurality	Potential positive impact on individuals with this protected characteristic, as they may have access to an improved online information and advice service, and more awareness of and ability to access support and guidance available within their community.

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-consulting¹³.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council’s Making the Most of your Money budget consultation (2024-2026).

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:

Adults' Health and Care

Older Adults

Name of SP25 proposal:	SP25 Proposal Reference:
Review workforce requirements in Older Adults (Reablement including Occupational Therapy)	OA-25-A Adults' Health and Care 2023/06/06

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Helen Style	AHC	Assistant Director	Helen.style@hants.gov.uk	07976896756	06/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	v0.2

Section one – information about the service and service change

<p>Service affected</p>	<p>Reablement, including Occupational Therapy</p>
<p>Please provide a short description of the service / policy/project/project phase</p>	<p>The Older Adults department within the Adults’ Health and Care (AHC) directorate provides social care services for over 10,000 Care Act 2014 eligible people overall at any one time. This includes people over 65 years with a wide range of social care needs. Those receiving services have been assessed as eligible under the Care Act 2014. The support provided includes support work, care at home, residential care, reablement and therapy, day services, direct payments and other services. In the financial year 2023/24 Hampshire County Council planned to spend around £220 million on care and support for Older Adults including some jointly funded hospital discharge services.</p> <p>Reablement is a short-term, up to 6-week non-chargeable service that aims to assist a person relearn or regain the skills associated with the activities of daily living, washing, toileting, dressing, managing nutrition etc. following a health or social crisis. The service employs 414 Full Time Equivalent (FTE) posts and that includes 44 FTE Occupational Therapy posts.</p>
<p>Please explain the new/changed service/policy/project</p>	<p>This review would be the second stage of a review and restructure that has already commenced in Reablement in Older Adults and would require some further engagement with some stakeholders, including community teams.</p> <p>The Reablement service is already undertaking a redesign and a review of staffing and is currently restructuring in order to generate £500k of savings during 2023/24.</p> <p>The redesign is combining some of the activities of 2 areas into one and is augmenting key management roles in the department, whilst taking some vacant posts out of the structure.</p> <p>This review would follow the footprint of that work carefully and would follow the new design of the service which is becoming more streamlined and is currently being stood up.</p>

We are also looking for efficiencies through the use of new technologies and new ways of working across Adults' Health and Care. These workforce savings would be further made through the reduction in the workforce, workforce related costs and travel costs of the department.

It is important to note that this would impact on the scope of the Reablement service (as a whole) to surge to support NHS in particular – as this Older Adults service is one that delivers and enables a Home First approach for those users needing to be discharged from hospital at pace and across long hours and into weekends. The service currently overall deals with over 2,500 referrals a month and has been consistently operating at record breaking levels during Covid and in recent years. Such a high level of service will not be possible once the scope for wider performance is impacted upon by taking numbers of staffing down in order to balance the costs of the department.

Engagement and consultation

The County Council's *Making the Most of your money budget* consultation (2024-2026) 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?

Staff consultation for the current restructure phase in Reablement including Occupational Therapy has been conducted. This proposed change in service was referenced in the wider Council's *Making the Most of your money* budget consultation process. As part of this process, stakeholders including service users and partners were made aware of the consultation process and how they could take part. Significant planning and engagement would take place with stakeholders ahead of any implementation.

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.

Engagement with staff affected with HR support and there has been ongoing general engagement with staff but further engagement and potential further formal consultation with staff may be required.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age			✓			staff

Disability				✓		public
Gender reassignment		✓				staff
Pregnancy and maternity		✓				staff
Race		✓				staff
Religion or belief		✓				staff
Sex			✓			Both staff and public
Sexual orientation		✓				staff
Marriage & civil partnership		✓				staff
Poverty			✓			staff
Rurality			✓			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	Staff: The demographic mix of the department’s workforce shows a higher number of older staff. Further work would be required to identify who falls within the affected staff group and where they work, for example in our directly delivered care provision, this would be clear once further analysis has been carried out. Despite this, the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk to ensure low impact.
Gender reassignment	Staff: Further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be updated. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk.
Marriage or civil partnership	Staff: Further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be updated. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk.
Pregnancy and maternity	Staff: Further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be updated. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk.
Race	Staff: Further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be updated. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce.
Religion or belief	Staff: Further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be

	updated. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk.
Sexual orientation	Staff: Further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be updated. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk.
Sex	Public: This project would be focussed upon Reablement, and savings proposed are a small percentage of the overall workforce. However – there is a risk of reductions to services as a result and there is a higher level of female users (62% of individuals aged 85+ are female) and they may be disproportionately impacted upon by changes to services. Every effort would be made to protect users of any gender from reductions to services to help neutralise the impact. Staff: The staff gender profile of the service is fairly well balanced but further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be updated.
Poverty	Staff: Staff affected by the proposal would lose income but there would be no impact on the majority of staff within the service.
Rurality	Public: A reduction in staff may mean that service provision in rural areas may be affected. Every effort would be made to reduce any impact of service users.

For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete table 4:

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	Short explanation of mitigating actions
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		identify geographical area(s)	
Disability	Public: This project would be focussed upon Reablement and Occupational Therapy and as a direct result, disabled users would be impacted upon.		Public: Every effort would be made to protect users from reductions to neutralise the impact that would result from a loss of staff.

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 in table 5.

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-consulting¹⁴.
- 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 Occupational Therapy service within Reablement has helped to lead a pilot on Stroke recovery for example (an increasing threat to life and wellbeing in Public Health terms for OA) and has currently helped to attain £250k of additional funding through NHS nationally into Hampshire and Isle of Wight as a whole. That sort of additional activity would be severely challenged as reductions in staffing are made.

This EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026).

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:

Adults' Health and Care

Older Adults

Name of SP25 proposal:	SP25 Proposal Reference:
Older Adults Care Overview EIA	EIA – OA-25-E Adults' Health and Care 2023.06.02

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Helen Style	AHC	Assistant Director Older Adults	Helen.style@hants.gov.uk	07976896756	02/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	v0.2

Section one – information about the service and service change

<p>Service affected</p>	<p>Older Adults – Care Services</p>
<p>Please provide a short description of the service / policy/project/project phase</p>	<p>Hampshire County Council has a statutory duty to meet the eligible care needs of an individual in line with the Care Act 2014. Support is provided to older adults (those over the age of 65) 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 services including the provision of domiciliary care, residential and nursing care, short term beds, day services 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"> • 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; • 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; • providing day care, short-stays, long-term placements and specialist dementia care in County Council-run residential and nursing homes; • commissioning domiciliary care, residential and nursing placements within the private care market; • helping people discharge from hospital at an optimum stage in their journey of recovery and support them to onward care services as needed; • investing in alternative accommodation options that help older people to remain

	<p>independent while meeting the need for 24-hour care in the most cost-effective way, such as Extra Care Accommodation, that is accommodation that can meet nighttime need, as a viable alternative to residential care.</p>
<p>Please explain the new/changed service/policy/project</p>	<p>Strengths based approach (SBA) maximises the assets around an individual that will improve the individual's quality of life and life opportunities. This includes utilising family, networks, either existing or new, the voluntary sector, Technology Enabled Care (TEC) and care. This is a continuation of SBA, in terms of the development of this approach, and learning lessons over the past few years, furthermore, in bedding SBA more deeply into working practice and systems.</p> <p>We would be making sure people receive early and proactive support and review before their needs escalate including reviewing paid for care packages to ensure that they are as cost effective and managed as efficiently as is possible including reducing unnecessary care hours where it is safe to do so, whilst using all other assets available such as the voluntary sector and families to minimise escalation of need.</p> <p>We would work to improve the use of capacity within the entire market for care packages, including County Council-run HCC Care services and Extra Care accommodation.</p>

Engagement and consultation

The County Council's *Making the Most of your money budget* consultation (2024-2026) 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?

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.

This proposal was referenced in the wider Council's Making the Most of your money budget consultation process. As part of this process, stakeholders including service users and partners were made aware of the consultation process and how they could take part. No specific consultation has been carried out on this proposal, and Stage two consultation is not required, as it is an extension of strengths-based working. However, the live longer better Public Health campaign has been socialised, and the application of strengths-based approaches is aligned with live longer better alongside the principles of an enabling ethos, and maximising independence for older adults.

Engagement with individual service users and carers would be carried out at either the point of assessment or review and viable alternatives discussed, so that individuals' views and needs can be taken into account.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age	✓					Public
Disability	✓					Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex			✓			Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty			✓			Public
Rurality					✓	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
Gender reassignment	There is no indication that there would be disproportionate impacts on individuals with this protected characteristic. SBA would be used regardless of protected characteristic.
Pregnancy and Maternity	There is no indication that there would be disproportionate impacts on individuals with this protected characteristic.
Race	Care would be offered regardless of protected characteristics and users from different backgrounds have a universal service offer. The effect of changes would be proportionate to different cultural groups. SBA would be used regardless of protected characteristic.
Religion or belief	There is no indication that there would be disproportionate impacts on individuals with this protected characteristic. SBA would be used regardless of protected characteristic.
Sex	As 62% of individuals aged 85+ are female they may be disproportionately impacted by changes to services. SBA would be used regardless of protected characteristic.
Sexual orientation	There is no indication that there would be disproportionate impacts on individuals with this protected characteristic. SBA would be used regardless of protected characteristic.
Marriage & civil partnership	There is no indication that there would be disproportionate impacts on individuals with this protected characteristic. SBA would be used regardless of protected characteristic.
Poverty	There is no indication that there would be disproportionate impacts on individuals with this protected characteristic. SBA would be used regardless of protected characteristic.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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 above to identify geographical area(s)	Short explanation of mitigating actions
Rurality	<p>Emergency care/ care and support in more rural settings can be difficult to source quickly that may lead to poorer outcomes This is an extension of the current savings and review programme for older adults which aims to deliver and maintain similar outcomes for older adults where possible both in rural and non-rural locations.</p>		<p>The market is under constant review. Following extensive work with the market, there have been improvements in many rural areas in recent months that means that the likelihood of a negative outcome is now less likely.</p> <p>There are surgery sign-posters based in GP surgeries that can support navigation to local voluntary services. Connect to Support Hampshire has locality-based groups that can be accessed.</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 in table 5.

Table 5 Consideration of and explanation for positive impacts

Protected characteristic	Brief explanation of why this has been assessed as having positive impact
Age	Lessons learnt from SBA indicates that spending more time with older people and maximising assets available has more positive outcomes.
Disability	SBA supports older adults with disabilities and promotes an enablement approach to maximise independence whilst taking into account an individual's disability.

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-consulting¹⁵.
 - 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:

Older Adults services' aim in general and in individual circumstances (in line with the Care Act 2014) is to increase the independence of individuals, provide alternatives to long term residential care and deliver savings and efficiencies against current spending on Older Adults services by:

- supporting individuals to meet their care needs and maintain independence in the community without the need or minimise paid for services from Older Adults;
- meeting an individual's care needs using alternatives to a "traditional care approach" i.e., domiciliary care and residential care, through greater use of telecare, extra care, local community and voluntary organisations alongside better use of technology to reduce the demand on services and develop capacity in the marketplace for an increasing older population.
- supporting a Home First approach from Hospital i.e. placing strong emphasis ensuring where possible individuals go home rather than receive a bedded service when a better outcome is to go home.
- reducing the need for long term residential care by providing suitable alternatives, both short term and long term, including use of temporary short stay beds following discharge from hospital and increasing viable alternatives such as Extra Care models of care.
- having access to equipment in the home that enhances an individual's quality of life without the need for paid for care.

Supporting individuals to remain safely at home for as long as possible and through maximising community-based opportunities, whilst ensuring their eligible needs are met, supports the prevention of frailty outcomes such as falls. When individuals experience a reduction of skills and mobility through being in a more controlled setting such as a hospital ward for a prolonged period, having a comprehensive discharge reablement service, with a home first ethos, would support people to live as independently as possible.

This EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026).

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:

Adults' Health and Care Younger Adults

Name of SP25 proposal:

SP25 Proposal Reference:

Review support provided for people with learning disabilities in employment

YA-25-A
Adults' Health and Care
Date 01.06.2023

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Jessica Hutchinson	AHC	Assistant Director	Jessica.Hutchinson@hants.gov.uk	07557045553	02/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	v0.2

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Section one – information about the service and service change

Service affected	Supported employment service
Please provide a short description of the service / policy/project/project phase	The Younger Adults department within the Adults' Health and Care (AHC) directorate provides social care services for 7,250 people overall. This includes all people over 18 years with learning disabilities and people of working age with physical disabilities and mental health problems. Those receiving services have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, direct payments and other services. In the financial year 2023/24 Hampshire County Council planned to spend £185 million on care and support for Young Adults.

	<p>This project would focus on a review of supported employment service for people with learning disabilities. 136 people currently use the supported employment service.</p>
<p>Please explain the new/changed service/policy/project</p>	<p>Each person receives a support plan which is reviewed 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); this would apply in the same way to anyone receiving services.</p> <p>This proposal is a review of how to best deliver supported employment to people with a learning disability, exploring alternative support for people with an eligible need. This could result in changes to support, or a removal of support, for some individuals.</p> <p>These people may have been impacted by reductions / changes to the levels of service they previously received as a result of earlier transformation programmes.</p>

Engagement and consultation

The County Council’s Making the Most of your Money budget consultation (2024-2026) sought residents' and stakeholders' views on strategic options for funding the Authority’s budget gap. These proposals were considered as part of that consultation.

Has any pre-consultation engagement been carried out?

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 it was referenced in the Making the Most of your Money budget consultation (2024-2026).

Feedback on this proposal has been received from the Making the Most of your Money budget consultation (2024-2026). This feedback has stressed the importance of supporting young adults with a disability into employment. As part of any changes to the current arrangements, individuals currently supported in employment would have their care and support needs assessed as part of a Care Act assessment to determine how best to meet those needs in the future. If the person has an eligible need for employment support then this would continue. Individuals would be supported to access alternative sources of support and funding such as that available from the Department of Work and Pensions.

Engagement with individual service users and carers would be carried out through individual discussions as part of their review so that their views and needs can be taken into account.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
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Age		✓				Public
Disability					✓	Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty		✓				Public
Rurality		✓				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	The Younger Adults department includes services for people with learning disabilities of all ages over 18 years and people with physical disabilities and mental health problems of working age. People receiving a review of the supported employment service would be across the age range within Young Adults.
Gender reassignment	The application of the supported employment project would have a neutral impact on those young adults with a disability who have the protected characteristic of gender reassignment. Practitioners would ensure that they treat people as individuals, irrespective of their gender.
Marriage or civil partnership	The project would have a neutral impact on young adults who have the protected characteristic of marriage or civil partnership. The application of the supported employment project would be undertaken with individuals, regardless of whether they are married or in a civil partnership. Where appropriate, carers assessments would be offered to partners of individuals who may be undertaking caring roles.
Pregnancy and maternity	The application of the supported employment project would have a neutral impact on those young adults who have the protected characteristic of pregnancy and maternity.
Race	The application of the supported employment project would have a neutral impact on those young adults who have the protected characteristic of race. Practitioners would ensure that where English is not the individual's first language, an interpreter is sourced for the assessment or review.
Religion or belief	The application of the supported employment review project would have a neutral impact on those Young Adults who have the protected characteristic of religion or belief. Practitioners would ensure that religion or belief is respected, and care provision is based on individual need.

Sexual orientation	The application of the supported employment review project would have a neutral impact on those Young Adults who have the protected characteristic of sexual orientation.
Sex	The application of the supported employment review project would have a neutral impact on those Young Adults who have the protected characteristic of sex.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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. Some choices that are currently available and that are more expensive in comparison to other alternatives that meet their needs may cease to be available.</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</p>	No	<p>Assessed Care Act eligible outcomes would still be met in line with legislation.</p> <p>Social Workers and Practitioners would discuss potential options with individuals who use services as part of the review and re-assessment process.</p> <p>If the person has an eligible need for employment support then this would continue. Individuals would be</p>

	<p>of service they previously received as a result of earlier transformation programmes and may also receive other services subject to other savings proposals within Young Adults.</p>		<p>supported to access alternative sources of support and funding such as that available from the Department of Work and Pensions.</p> <p>Social workers and practitioners would take a holistic view of the person and their carers needs and consider all the services they receive when assessing their needs and any changes.</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 in table 5.

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-consulting¹⁶.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026) as detailed above.

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:

Adults' Health and Care Younger Adults

Name of SP25 proposal:	SP25 Proposal Reference:
Review workforce requirements in Younger Adults	YA-25-B Adults' Health and Care Date 01.06.2023

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Jessica Hutchinson	AHC	Assistant Director	Jessica.Hutchinson@hants.gov.uk	07557045553	02/06/2023	v0.2

2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	gloria.kwaw@hants.gov.uk	0370 7794934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	Younger Adults Community Teams
Please provide a short description of the service / policy/project/project phase	<p>The Younger Adults department within the Adults’ Health and Care (AHC) directorate provides social care services for 7,250 people overall. This includes all people over 18 years with learning disabilities and people of working age with physical disabilities and mental health problems. Those receiving services have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, direct payments and other services. In the financial year 2023/24 Hampshire County Council planned to spend £185 million on care and support for Young Adults.</p> <p>There are approximately 365 Full Time Equivalent staff in Young Adults Community teams with an overall cost of £15.6 million.</p>
Please explain the new/changed service/policy/project	<p>This review is in the early stages of planning and requires engagement with all stakeholders including community teams. To reflect staffing pressures and to protect the frontline the proposed target for saving only equates to 2 percent of overall staffing costs. This is between 6 and 10 Full Time Equivalents depending upon the pay scales of the roles to be reduced.</p> <p>There is a need to look for efficiencies through the use of new technologies and new ways of working across Adults’ Health and Care. Savings would be made through a reduction in the workforce, workforce related costs and travel costs of the department. Changes to ways of</p>

working to meet the delivery of outcomes to our population and the attendant operational demands would be required to mitigate the reduction in staff numbers.

The exact posts and Younger Adults teams potentially affected would not be known until significant further work is undertaken, however this would be designed to have minimal impact upon capacity. The project would involve changing how the department is organised and the way it works.

It is important to note that this is a relatively small, targeted saving, less than two percent of the overall workforce and every effort would be made to achieve this without placing any of the workforce at risk. Given pressure upon teams, frontline teams and services would also be protected with no savings proposed in that area.

Engagement and consultation

The County Council's Making the Most of your Money budget consultation (2024-2026) sought residents' and stakeholders' views on strategic options for funding the Authority's budget gap. These proposals were considered as part of that consultation.

Has any pre-consultation engagement been carried out?

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 it was referenced in the Making the Most of your Money budget consultation (2024-2026). There has been ongoing general engagement with staff but further engagement and potential further formal consultation with staff may be required.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age			✓			Staff
Disability			✓			Staff
Gender reassignment		✓				Staff

Pregnancy and maternity		✓				Staff
Race		✓				Staff
Religion or belief		✓				Staff
Sex		✓				Staff
Sexual orientation		✓				Staff
Marriage & civil partnership		✓				Staff
Poverty		✓				Staff
Rurality		✓				Staff

Table 2 Geographical impact

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

Area	Yes / no
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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	<p>Public: Savings proposed are a small percentage of the overall workforce. The frontline would be protected from reductions to neutralise the impact on community team services to the public so there would be no impact.</p> <p>Staff: The demographic mix of the department’s workforce shows a higher number of older staff. Further work would be required to identify who falls within the affected staff group and where they work, for example in our directly delivered care provision, this would be clear once further analysis has been carried out. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk to ensure low impact.</p>
Gender reassignment	<p>Public: Savings proposed are a small percentage of the overall workforce The frontline would be protected from reductions to neutralise the impact on community team services to the public so there would be no impact.</p> <p>Staff: Further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be updated. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk.</p>
Marriage or civil partnership	<p>Public: Savings proposed are a small percentage of the overall workforce. The frontline would be protected from reductions to neutralise the impact on community team services to the public so there would be no impact on delivery.</p> <p>Staff: Further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be updated. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk.</p>
Pregnancy and maternity	<p>Public: Savings proposed are a small percentage of the overall workforce. The frontline would be protected from reductions to neutralise the impact on community team services to the public so there would be no impact.</p> <p>Staff: Further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be</p>

	<p>updated. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk.</p>
Race	<p>Public: Savings proposed are a small percentage of the overall workforce The frontline would be protected from reductions to neutralise the impact on community team services to the public so there would be no impact.</p> <p>Staff: Further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be updated. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk.</p>
Religion or belief	<p>Public: Savings proposed are a small percentage of the overall workforce. The frontline would be protected from reductions to neutralise the impact on community team services to the public so there would be no impact.</p> <p>Staff: Further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be updated. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk.</p>
Sexual orientation	<p>Public: Savings proposed are a small percentage of the overall workforce. The frontline would be protected from reductions to neutralise the impact on community team services to the public so there would be no impact.</p> <p>Staff: Further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be updated. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk.</p>
Sex	<p>Public: Savings proposed are a small percentage of the overall workforce. The frontline would be protected from reductions to neutralise the impact on community team services to the public so there would be no impact.</p> <p>Staff: Further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be updated. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk.</p>

Disability	<p>Public: Savings proposed are a small percentage of the overall workforce The frontline would be protected from reductions to neutralise the impact on community team services to the public so there would be no impact.</p> <p>Staff: Further work would be required to identify who falls within the affected staff group. This would be clear once further analysis has been carried out and the EIA would subsequently be updated. Despite this the potential impact is low given the small percentage of the proposed saving compared to overall workforce. All efforts would be made to avoid placing staff at risk.</p>
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For all characteristics marked as either having a ‘medium negative’ or ‘high negative’, please complete table 4:

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
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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 in table 5.

Table 5 Consideration of and explanation for positive impacts

Protected characteristic	Brief explanation of why this has been assessed as having positive impact
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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-consulting¹⁷.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026).

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:

Adults' Health and Care Younger Adults

Name of SP25 proposal:	SP25 Proposal Reference:
Exploring integration opportunities for Mental Health services with the NHS	YA-25-C Adults' Health and Care Date 01.06.2023

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Jessica Hutchinson	AHC	Assistant Director	Jessica.Hutchinson@hants.gov.uk	07557045553	02/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2

3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	v0.2
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Section one – information about the service and service change

Service affected	Residential, domiciliary and supported accommodation services as well as social work services.
Please provide a short description of the service / policy/project/project phase	<p>The Younger Adults department within the Adults’ Health and Care (AHC) directorate provides social care services for 7,250 people overall. This includes all people over 18 years with learning disabilities and people of working age with physical disabilities and mental health problems. Those receiving services have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, direct payments and other services. In the financial year 2023/24 Hampshire County Council planned to spend £185 million on care and support for Young Adults.</p> <p>Some people who have been kept in hospital subject to the Mental Health Act are entitled to Section 117 aftercare services, which include healthcare, social care and supported accommodation. The services are designed to prevent re-admission to hospital. There are approximately 420 people subject to Section 117 in Hampshire. This project would particularly focus upon exploring opportunities to work more closely with the NHS to support people subject to Section 117 looking at strengths based and least restrictive solutions, which maximise use of community resources and support people to live as independently as possible. This project would assist in reducing the confusion and duplication currently experienced, whilst also saving money.</p> <p>The ability to establish an integrated care structure is codified within the National Health Services Act 2006. An agreement made under Section 75 of the Act can include arrangements for pooling resources and delegating certain NHS and local authority health-</p>

	<p>related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised. It is not yet determined what form the integration plans would take. Equality Impact Assessments would be updated as integration plans are developed. This opportunity may be subject to a subsequent public consultation in addition to the balancing the budget consultation.</p>
<p>Please explain the new/changed service/policy/project</p>	<p>This is a new approach to working more closely with the NHS to support people subject to Section 117 discharge arrangements. We would look to deliver outcomes which would maintain similar or improved outcomes for Younger Adults where possible but through a more cost-effective method of delivery.</p> <p>Each person receives a support plan which is reviewed 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); this would apply in the same way to anyone receiving services.</p> <p>It is likely that for a large percentage of those assessed the support that they receive would change. These people may have been impacted by reductions / changes to the levels of service they previously received as a result of earlier transformation / savings programmes.</p>

Engagement and consultation

The County Council's Making the Most of your Money budget consultation (2024-2026) sought residents' and stakeholders' views on strategic options for funding the Authority's budget gap. These proposals were considered as part of that consultation.

This proposed change may also be subject to a further public consultation on the integration of aspects of the NHS and Adults Health and Care services for people with mental health problems subject to Section 117 aftercare as required.

Has any pre-consultation engagement been carried out?

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 it was referenced in the Making the Most of your Money budget consultation (2024-2026). There has been wider ongoing general engagement with service users, families, stakeholders and providers via the Hampshire Learning Disability Partnership and the Personalisation Expert Panel regarding the SP25 proposals as part of the Making the Most of your Money consultation. A further specific public consultation would be held to share developed integration proposals prior to integration of any services.

Feedback received from the Making the Most of your Money consultation, indicates that where mentioned, respondents were largely in favour of greater co-operation and closer working between Hampshire County Council and the NHS. Individual responses received from the 2 Integrated Care Boards that cover Hampshire also indicated that they would welcome continued closer working with the County Council.

Engagement with individual service users and carers would be carried out through individual discussions as part of their review so that their views and needs can be taken into account.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		✓				Public
Disability				✓		Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public

Marriage & civil partnership		✓				Public
Poverty		✓				Public
Rurality		✓				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	The Younger Adults department includes services for people with learning disabilities of all ages over 18 years and people with physical disabilities and mental health problems of working age. People receiving mental health section 117 services would be across the age range within Younger Adults. We would ensure that those over 65 years subject to Section 117 would be considered and a similar approach taken.
Gender reassignment	The application of the Section 117 project would have a neutral impact on those young adults with a disability who have the protected characteristic of gender reassignment. Practitioners would ensure that they treat people as individuals, irrespective of their gender.

Marriage or civil partnership	The project would have a neutral impact on young adults who have the protected characteristic of marriage or civil partnership. The application of the Section 117 project would be undertaken with individuals, regardless of whether they are married or in a civil partnership. Where appropriate, carers assessments would be offered to partners of individuals who may be undertaking caring roles.
Pregnancy and maternity	The application of the Section 117 project would have a neutral impact on those young adults who have the protected characteristic of pregnancy and maternity.
Race	The application of the Section 117 project would have a neutral impact on those young adults who have the protected characteristic of race. Practitioners would ensure that where English is not the individual's first language, an interpreter is sourced for the assessment or review.
Religion or belief	The application of the Section 117 project would have a neutral impact on those Young Adults who have the protected characteristic of religion or belief. Practitioners would ensure that religion or belief is respected, and care provision is based on individual need.
Sexual orientation	The application of the Section 117 project would have a neutral impact on those Young Adults who have the protected characteristic of sexual orientation.
Sex	The application of the Section 117 project would have a neutral impact on those Young Adults who have the protected characteristic of sex.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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?	Short explanation of mitigating actions
Disability	These proposals would impact upon people with mental health problems subject to Section 117 of the Mental Health Act. Some	No	Assessed Care Act eligible outcomes would still be met in line with legislation.

	<p>choices that are currently available are more expensive in comparison to other alternatives that meet their needs and may cease to be available.</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 and may also receive other services subject to other savings proposals within Young Adults.</p>		<p>Social Workers and Practitioners would discuss potential options with individuals who use services as part of the review and re- assessment process.</p> <p>This proposal would not affect an individual’s right or access to Section 117 aftercare services.</p> <p>The Least Restrictive Practice team would work with people to reduce challenging behaviours and ensure that the least restrictive support arrangements are provided.</p> <p>Social workers and practitioners would take a holistic view of the person and their carer’s needs and consider all the services they receive when assessing their needs and any changes.</p> <p>Working more closely with the NHS to support people subject to Section 117 could improve outcomes through a more coordinated response.</p> <p>A further public consultation would be held prior to any integration of 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 in table 5.

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-consulting¹⁸.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council’s Making the Most of your Money budget consultation (2024-2026) as detailed above.

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:

Adults' Health and Care

Younger Adults

Name of SP25 proposal:	SP25 Proposal Reference:
Application of Strengths Based Approaches and further extension of Strengths Based Approach across Young Adults	YA-25-K and D Adults' Health and Care Date 01.06.2023

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EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Jessica Hutchinson	AHC	Assistant Director	Jessica.Hutchinson@hants.gov.uk	07557045553	02/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and	Gloria.kwaw@hants.gov.uk	0370 7794934	14/08/2023	v0.2

				Inclusion Manager				
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Section one – information about the service and service change

Service affected	Domiciliary care, residential care, supported living and day services for Young Adults
Please provide a short description of the service / policy/project/project phase	The Younger Adults department within the Adults’ Health and Care (AHC) directorate provides social care services for 7,250 people overall. This includes all people over 18 years with learning disabilities and people of working age with physical disabilities and mental health problems. Those receiving services have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, direct payments and other services. In the financial year 2023/24 Hampshire County Council planned to spend £185 million on care and support for Young Adults.
Please explain the new/changed service/policy/project	<p>This is an extension of the current Savings Programme to 2023 (SP23) for Younger Adults, the outcomes of which aims to deliver and maintain similar outcomes for Younger Adults where possible but through a more cost-effective method. This approach would be applied to all reviews, regardless of whether someone is in receipt of services provided by or commissioned by the County Council or in receipt of a direct payment. The review would include exploration of the potential for:</p> <ul style="list-style-type: none"> • A greater emphasis on community support (without a cost to the County Council); • Support to develop self-sustaining networks; • Time limited support to develop skills; • Increased use of technology. <p>Each person receives a support plan which is reviewed by Social Workers and social care practitioners. Support is provided with the aim of maximising a person’s independence whilst</p>

ensuring their care needs are met through a Strengths Based Approach (SBA), as outlined in the bullet points above; this would apply in the same way to anyone receiving services.

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. They may also receive a range of services and might therefore be impacted by more than one savings strategy within Younger Adults although this risk would be mitigated by a holistic assessment of need.

Engagement and consultation

The County Council's Making the Most of your Money budget consultation (2024-2026) sought residents' and stakeholders' views on strategic options for funding the Authority's budget gap. These proposals were considered as part of that consultation.

Has any pre-consultation engagement been carried out?

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, which is a continuation of the SP23 Strengths Based initiative in Younger Adults. However it was referenced in the Making the Most of your Money budget consultation (2024-2026).

There has been ongoing general engagement with service users, families, stakeholders and providers via the Hampshire Learning Disability Partnership and the Personalisation Expert Panel.

Engagement with individual service users and carers would be carried out through individual discussions as part of their review so that their views and needs can be taken into account.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		✓				Public
Disability					✓	Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public

Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty		✓				Public
Rurality		✓				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
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Age	The Younger Adults department includes services for people with learning disabilities of all ages over 18 years and people with physical disabilities and mental health problems of working age. Strengths Based Approaches would be applied similarly across all young adults irrespective of age. Services for people over 65 years old receiving services from the Older Adults department would be affected by similar Strengths Based Approaches as part of the Council's overall SP25 programme.
Gender reassignment	The application of the Strengths Based Approaches project would have a neutral impact on those young adults with a disability who have the protected characteristic of gender reassignment. Practitioners would ensure that they treat people as individuals, irrespective of their gender assignment.
Marriage or civil partnership	The project would have a neutral impact on young adults who have the protected characteristic of marriage or civil partnership. The application of the Strengths Based approaches project would be undertaken with individuals, regardless of whether they are married or in a civil partnership. Where appropriate, carers assessments would be offered to partners of individuals who may be undertaking caring roles.
Pregnancy and maternity	The application of the Strengths Based Approaches project would have a neutral impact on those young adults who have the protected characteristic of pregnancy and maternity.
Race	The application of the Strengths Based approaches project would have a neutral impact on those young adults who have the protected characteristic of race. Practitioners would ensure that where English is not the individual's first language, an interpreter is sourced for the assessment or review.
Religion or belief	The application of the Strengths Based Approaches project would have a neutral impact on those Young Adults who have the protected characteristic of religion or belief. Practitioners would ensure that religion or belief is respected, and care provision is based on individual need.
Sexual orientation	The application of the Strengths Based Approaches project would have a neutral impact on those Young Adults who have the protected characteristic of sexual orientation.
Sex	The application of the Strengths Based Approaches project would have a neutral impact on those Young Adults who have the protected characteristic of sex.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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, physical disabilities and mental health problems receiving services. Some choices that are currently available and that are more expensive in comparison to other alternatives that meet their needs may cease to be available.</p> <p>It is likely for a large percentage of those assessed that 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 programmes and may also receive other services subject to</p>	No	<p>Assessed Care Act eligible outcomes would still be met in line with legislation.</p> <p>Social Workers and Practitioners would discuss potential options with individuals who use services as part of the review and re-assessment process.</p> <p>Social workers and practitioners would take a holistic view of the person and consider all the services they receive when assessing their needs and any changes.</p>

	other savings proposals within Young Adults.		
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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 in table 5.

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-consulting¹⁹.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026).

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:

Adults' Health and Care

Younger Adults

Name of SP25 proposal:	SP25 Proposal Reference:
Expansion of HCC Care to provide more long-term services for people with disabilities	YA-25-E Adults' Health and Care Date 01.06.2023

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Jessica Hutchinson	AHC	Assistant Director	Jessica.Hutchinson@hants.gov.uk	07557045553	02/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	Residential care and supported living services
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<p>Please provide a short description of the service / policy/project/project phase</p>	<p>The Younger Adults department within the Adults' Health and Care (AHC) directorate provides social care services for 7,250 people overall. This includes all people over 18 years with learning disabilities and people of working age with physical disabilities and mental health problems. Those receiving services have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, direct payments and other services. In the financial year 2023/24 Hampshire County Council planned to spend £185 million on care and support for Young Adults.</p> <p>This project would particularly focus upon creating more HCC Care provision for Young Adults.</p>
<p>Please explain the new/changed service/policy/project</p>	<p>Each person receives a support plan which is reviewed 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); this would apply in the same way to anyone receiving services.</p> <p>This is a new programme for Younger Adults designed to create new HCC Care services for Younger Adults as an alternative to independent sector provision. HCC Care has a track record of providing good quality service for Younger Adults. The review would include the identification of people who would benefit from moving into new HCC Care services once they were established. It is not yet determined what new services are required or in what location. Once this work is complete there may be a requirement for further engagement or consultation.</p> <p>It is likely that for a large percentage of those assessed the support that they receive would change. These people may have been impacted by reductions / changes to the levels of service they previously received as a result of earlier transformation programmes.</p>

Engagement and consultation

The County Council's Making the Most of your Money budget consultation (2024-2026) sought residents' and stakeholders' views on strategic options for funding the Authority's budget gap. These proposals were considered as part of that consultation.

Has any pre-consultation engagement been carried out?

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, which is a new developing initiative, however it was referenced in the Making the Most of your Money budget consultation (2024-2026).

There has been wider ongoing general engagement with service users, families, stakeholders and providers via the Hampshire Learning Disability Partnership and the Personalisation Expert Panel on the Making the Most of your Money budget consultation.

Engagement with individual service users and carers would be carried out through individual discussions as part of their review so that their views and needs can be taken into account.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		✓				Public
Disability		✓				Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty		✓				Public

Rurality		✓					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
Age	The Younger Adults department includes services for people with learning disabilities of all ages over 18 years and people with physical disabilities and mental health problems of working age. People moving into new HCC Care services would be across the age range within Young Adults.
Disability	<p>These proposals would impact upon people with learning disabilities, physical disabilities and mental health problems receiving services. Some choices that are currently available and that are more expensive in comparison to other alternatives that meet their needs may cease to be available. However, given the consistent quality of care and support that HCC Care provides in its services, people would be well-placed to have their care and support needs met in suitable environments / accommodation.</p> <p>Social Workers and Practitioners would discuss potential options with individuals who use services as part of the review and re- assessment process.</p>

	<p>The Least Restrictive Practice team would work with people to reduce challenging behaviours and ensure least restrictive support is at the centre of their care package.</p> <p>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 and may also receive other services subject to other savings proposals within Younger Adults.</p>
Gender reassignment	The application of the HCC Care project would have a neutral impact on those young adults with a disability who have the protected characteristic of gender reassignment. Practitioners would ensure that they treat people as individuals, irrespective of their gender.
Marriage or civil partnership	The project would have a neutral impact on young adults who have the protected characteristic of marriage or civil partnership. The application of the HCC Care project would be undertaken with individuals, regardless of whether they are married or in a civil partnership. Where appropriate, carers assessments would be offered to partners of individuals who may be undertaking caring roles.
Pregnancy and maternity	The application of the HCC Care project would have a neutral impact on those young adults who have the protected characteristic of pregnancy and maternity.
Race	The application of the HCC Care project would have a neutral impact on those young adults who have the protected characteristic of race. Practitioners would ensure that where English is not the individual's first language, an interpreter is sourced for the assessment or review.
Religion or belief	The application of the HCC Care project would have a neutral impact on those Young Adults who have the protected characteristic of religion or belief. Practitioners would ensure that religion or belief is respected, and care provision is based on individual need.
Sexual orientation	The application of the HCC Care project would have a neutral impact on those Young Adults who have the protected characteristic of sexual orientation.
Sex	The application of the HCC Care project would have a neutral impact on those Young Adults who have the protected characteristic of sex.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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 in table 5.

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-consulting²⁰.

- 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 EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026).

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:

Adults' Health and Care

Younger Adults

Name of SP25 proposal:	SP25 Proposal Reference:
A further review and increase in the use of supported living models and a decrease in the use of residential care for some Young Adults	YA-25-F Adults' Health and Care Date 01.06.2023

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Jessica Hutchinson	AHC	Assistant Director	Jessica.Hutchinson@hants.gov.uk	07557045553	02/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	Domiciliary care, residential care, supported living, day and other services
Please provide a short description of the service / policy/project/project phase	The Younger Adults department within the Adults' Health and Care (AHC) directorate provides social care services for 7,250 people overall. This includes all people over 18 years with learning disabilities and people of working age with physical disabilities and mental health problems. Those receiving services have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, direct

	<p>payments and other services. In the financial year 2023/24 Hampshire County Council planned to spend £185 million on care and support for Young Adults.</p> <p>This project would focus upon creating more supported living opportunities for Young Adults and decreasing the use of residential care. There are currently around 900 Young Adults living in residential care and around 1,460 people living in supported accommodation services.</p>
<p>Please explain the new/changed service/policy/project</p>	<p>This is an extension of the current Savings Programme to 2023 (SP23) for Young Adults, which aims to deliver and maintain good outcomes for Younger Adults where possible, but through a more cost-effective method, and by supporting people to live in the most appropriate accommodation. The review would include the identification of people who would benefit from moving into supported accommodation when supported accommodation/ living services are more cost effective and where it brings benefits for the service user, enabling greater levels of independence and tenancy rights for individuals.</p> <p>Each person receives a support plan which is reviewed 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) that would apply in the same way to anyone receiving services.</p> <p>A strengths-based approach includes approaches such as a greater emphasis on community support (without a cost to the County Council); support to develop self-sustaining networks; time limited support to develop skills; increased use of technology.</p> <p>It is likely that for a large percentage of those assessed, the support that they receive would change or reduce. These people may have been impacted by reductions / changes to the levels of service they previously received as a result of earlier transformation programmes.</p>

Engagement and consultation

The County Council's Making the Most of your Money budget consultation (2024-2026) sought residents' and stakeholders' views on strategic options for funding the Authority's budget gap. These proposals were considered as part of that consultation.

Has any pre-consultation engagement been carried out?

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, which is an extension of the SP23 supported living initiative, however it was referenced in the Making the Most of your Money budget consultation (2024-2026).

There has been ongoing general engagement about the roll-out of supported accommodation with service users, families, stakeholders and providers via the Hampshire Learning Disability Partnership and the Personalisation Expert Panel.

Engagement with individual service users and carers would be carried out through individual discussions as part of their review so that their views and needs can be taken into account.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		✓				Public
Disability				✓		Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public

Marriage & civil partnership		✓				Public
Poverty		✓				Public
Rurality		✓				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	The Younger Adults Department includes services for people with learning disabilities of all ages over 18 years and people with physical disabilities and mental health problems of working age. People moving into supported accommodation are across the age range within Younger Adults.
Gender reassignment	The application of the supported accommodation project would have a neutral impact on those young adults with a disability who have the protected characteristic of gender reassignment. Practitioners would ensure that they treat people as individuals, irrespective of their gender.
Marriage or civil partnership	The project would have a neutral impact on young adults who have the protected characteristic of marriage or civil partnership. The application of the supported accommodation project would be

	undertaken with individuals, regardless of whether they are married or in a civil partnership. Where appropriate, carers assessments would be offered to partners of individuals who may be undertaking caring roles.
Pregnancy and maternity	The application of the supported accommodation project would have a neutral impact on those young adults who have the protected characteristic of pregnancy and maternity.
Race	The application of the supported accommodation project would have a neutral impact on those young adults who have the protected characteristic of race. Practitioners would ensure that where English is not the individual's first language, an interpreter is sourced for the assessment or review.
Religion or belief	The application of the supported accommodation project would have a neutral impact on those Young Adults who have the protected characteristic of religion or belief. Practitioners would ensure that religion or belief is respected, and care provision is based on individual need.
Sexual orientation	The application of the supported accommodation project would have a neutral impact on those Young Adults who have the protected characteristic of sexual orientation.
Sex	The application of the supported accommodation project would have a neutral impact on those Young Adults who have the protected characteristic of sex.
Poverty	The application of the supported accommodation project would have a neutral impact on those Young Adults who have the protected characteristic of poverty.
Rurality	The application of the supported accommodation project would have a neutral impact on those Young Adults who have the protected characteristic of rurality.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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
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<p>Disability</p>	<p>These proposals would impact people with learning disabilities, physical disabilities and mental health problems receiving services. Some choices that are currently available and that are more expensive in comparison to other alternatives that meet their needs may cease to be available.</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 and may also receive other services subject to other savings proposals within Younger Adults.</p> <p>There are also positive impacts of these proposals; an increase in the use of the supported accommodation model can be advantageous for Young Adults, improving their quality of accommodation, their rights to remain in accommodation</p>	<p>No</p>	<p>Assessed Care Act eligible outcomes would still be met in line with legislation.</p> <p>Social Workers and Practitioners would discuss potential options for accommodation with individuals who use services as part of the review and re-assessment process.</p> <p>The Least Restrictive Practice team would work with people to reduce challenging behaviours and ensure the least restrictive support is in place.</p> <p>Social workers and practitioners would take a holistic view of the person and consider all the services they receive when assessing their needs and any changes.</p> <p>Supported accommodation provides tenancy rights and more choice and personalised support than might be possible in residential care. It can also provide more</p>
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	(tenancy rights) and their financial circumstances.		financial benefit for the Young Adult through greater benefits entitlement. People moving into supported living would receive appropriate support to enable them to transition to their new accommodation.
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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 in table 5.

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-consulting²¹.

- 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 EIA has been updated following peer review and has taken into account feedback received from the County Council’s Making the Most of your Money budget consultation (2024-2026).

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:

Adults’ Health and Care

Younger Adults

Name of SP25 proposal:	SP25 Proposal Reference:
Transition strategies	YA-25-G Adults’ Health and Care Date 01.06.2023

EIA writer(s) and authoriser

No.	Name	Department	Position	Email address	Phone number	Date	Issue
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1	Report Writer(s)	Jessica Hutchinson	AHC	Assistant Director	Jessica.Hutchinson@hants.gov.uk	07557045553	02/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 7794934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	Domiciliary care, residential care, supported living, day and other services
Please provide a short description of the service / policy/project/project phase	<p>The Younger Adults department within the Adults' Health and Care (AHC) directorate provides social care services for 7,250 people overall. This includes all people over 18 years with learning disabilities and people of working age with physical disabilities and mental health problems. Those receiving services have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, direct payments and other services. In the financial year 2023/24 Hampshire County Council planned to spend £185 million on care and support for Young Adults.</p> <p>This project would particularly focus upon Young Adults in transition from Children's Services, Special Educational Needs teams, Care Leavers and other children approaching adulthood in crisis who are new to services who appear to be in need of Community Care services. There are 171 people to receive transition services in 2023/24.</p>

Please explain the new/changed service/policy/project

This is an extension of the current Savings Programme to 2023 (SP23) for Younger Adults which aims to deliver and maintain similar outcomes for Younger Adults where possible but through a more cost-effective method. The review would include exploration of the potential for:

- Greater understanding of the causes of challenging behaviour enabling strategies and practices to reduce these behaviours with subsequent reductions in support needs (least restrictive practice);
- Application of a Strengths Based Approach maximising independence;
- Exploring alternative models of care;
- Exploring alternative providers;
- Where someone has complex needs, exploring eligibility for NHS funding.

A strengths-based approach includes approaches such as a greater emphasis on community support (without a cost to the County Council); support to develop self-sustaining networks; time limited support to develop skills; increased use of technology.

Each person receives a support plan which is reviewed 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); this would apply in the same way to anyone receiving services.

It is likely that for a large percentage of those assessed the support that they receive would change or reduce. These people may have been impacted by reductions / changes to the levels of service they previously received as a result of earlier transformation programmes.

Engagement and consultation

The County Council's Making the Most of your Money budget consultation (2024-2026) sought residents' and stakeholders' views on strategic options for funding the Authority's budget gap. These proposals were considered as part of that consultation

Has any pre-consultation engagement been carried out?

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, which is an extension of the SP23 Strengths Based initiative, however it was referenced in the Making the Most of your Money budget consultation (2024-2026).

There has been ongoing general engagement with service users, families, stakeholders and providers via the Hampshire Learning Disability Partnership and the Personalisation Expert Panel.

Engagement with individual service users and carers would be carried out through individual discussions as part of their review so that their views and needs can be taken into account.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age			✓			Public
Disability					✓	Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public

Marriage & civil partnership		✓				Public
Poverty		✓				Public
Rurality		✓				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	The Younger Adults department includes services for people with learning disabilities of all ages over 18 years and people with physical disabilities and mental health problems of working age. Young people in the transition cohort are all between 18- 25 years. However the overarching Strengths Based approach taken to people in transition would be similar irrespective of age and across Younger Adults.
Gender reassignment	The application of the transition project would have a neutral impact on those young adults with a disability who have the protected characteristic of gender reassignment. Practitioners would ensure that they treat people as individuals, irrespective of their gender.
Marriage or civil partnership	The project would have a neutral impact on young adults who have the protected characteristic of marriage or civil partnership. The application of the transitions project would be undertaken with individuals, regardless of whether they are married or in a civil partnership. Where appropriate,

	carers assessments would be offered to partners of individuals who may be undertaking caring roles.
Pregnancy and maternity	The transitions project would have a neutral impact on those young adults who have the protected characteristic of pregnancy and maternity.
Race	The application of the transitions project would have a neutral impact on those young adults who have the protected characteristic of race. Practitioners would ensure that where English is not the individual's first language, an interpreter is sourced for the assessment or review.
Religion or belief	The application of the transitions project would have a neutral impact on those Young Adults who have the protected characteristic of religion or belief. Practitioners would ensure that religion or belief is respected, and care provision is based on individual need.
Sexual orientation	The application of the transitions project would have a neutral impact on those Young Adults who have the protected characteristic of sexual orientation.
Sex	The application of the transitions project would have a neutral impact on those Young Adults who have the protected characteristic of sex.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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 learning disabilities, physical disabilities and mental health problems in	No	Assessed Care Act eligible outcomes would still be met in line with legislation.

	<p>transition to adulthood and receiving or requiring new services. Some choices that are currently available and that are more expensive in comparison to other alternatives that meet their needs may cease to be available.</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 and may also receive other services subject to other savings proposals within Young Adults.</p>		<p>Social Workers and Practitioners would discuss potential options with individuals who use services as part of the review and re-assessment process.</p> <p>The Least Restrictive Practice team would work with people to reduce challenging behaviours and ensure least restrictive support which would support greater independence and quality of life.</p> <p>Social workers and practitioners would work with Childrens' Services and would take a holistic view of the person and consider all the services they receive when assessing their needs and any changes.</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 in table 5.

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-consulting²².
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council’s Making the Most of your Money budget consultation (2024-2026).

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:

Adults' Health and Care Younger Adults

Name of SP25 proposal:	SP25 Proposal Reference:
Increase the use of volunteers to support young adults	YA-25-H Adults' Health and Care Date 01.06.2023

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Jessica Hutchinson	AHC	Assistant Director	Jessica.Hutchinson@hants.gov.uk	07557045553	02/06/2023	v0.2

2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 7794934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	Domiciliary care and supported living services
Please provide a short description of the service / policy/project/project phase	<p>The Younger Adults department within the Adults’ Health and Care (AHC) directorate provides social care services for 7,250 people overall. This includes all people over 18 years with learning disabilities and people of working age with physical disabilities and mental health problems. Those receiving services have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, direct payments and other services. In the financial year 2023/24 Hampshire County Council planned to spend £185 million on care and support for Young Adults.</p> <p>This project would focus on the use of volunteers to support individuals as an alternative to formal care and support for those people who do not require personal care. Volunteers would go through a thorough vetting process and be matched with people based upon their interests and preferences.</p>
Please explain the new/changed service/policy/project	Each person receives a support plan which is reviewed 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); this would apply in the same way to anyone receiving services.

	<p>Service users would have their needs and preferences matched with fully checked volunteers employed by the voluntary sector. Volunteers would only be used where non-registered care (for example not personal care) is required.</p> <p>This is a further continuation and extension of the Savings Programme to 2023 (SP23) programme within Younger Adults, which aims to deliver and maintain similar outcomes for Younger Adults where possible but through a more cost-effective method.</p> <p>It is likely that for a large percentage of those assessed the support that they receive would change. These people may have been impacted by reductions / changes to the levels of service they previously received as a result of earlier transformation programmes.</p>
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Engagement and consultation

The County Council's Making the Most of your Money budget consultation (2024-2026) sought residents' and stakeholders' views on strategic options for funding the Authority's budget gap. These proposals were considered as part of that consultation.

Has any pre-consultation engagement been carried out?

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 it was referenced in the Making the Most of your Money budget consultation (2024-2026). It is an extension of the SP23 volunteers programme and there has been extensive engagement with service users, families, stakeholders and providers via the Hampshire Learning Disability Partnership and the Personalisation Expert Panel.

Feedback on this proposal was received from the Making the Most of your Money budget consultation (2024-2026). Some people and organisations were broadly supportive of the use of volunteers, however there were concerns raised about the potential shortage of

volunteers, especially post-covid, and the potential impacts this may have on the voluntary sector. As set out above, this is a continuation of an existing initiative, which is already established with voluntary sector organisations.

Engagement with individual service users and carers would be carried out through individual discussions as part of their review so that their views and needs can be taken into account.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		✓				Public
Disability			✓			Public

Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty		✓				Public
Rurality		✓				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	The Younger Adults department includes services for people with learning disabilities of all ages over 18 years and people with physical disabilities and mental health problems of working age. People receiving volunteers as an alternative to domiciliary care would be across the age range within Young Adults.
Gender reassignment	The application of the volunteers project would have a neutral impact on those young adults with a disability who have the protected characteristic of gender reassignment. Practitioners would ensure that they treat people as individuals, irrespective of their gender.
Marriage or civil partnership	The project would have a neutral impact on young adults who have the protected characteristic of marriage or civil partnership. The application of the volunteer project would be 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 who may be undertaking caring roles.
Pregnancy and maternity	The application of the volunteer project would have a neutral impact on those young adults who have the protected characteristic of pregnancy and maternity.
Race	The application of the volunteer project would have a neutral impact on those young adults who have the protected characteristic of race. If required, training around cultural appropriateness may be offered to volunteers. Practitioners would ensure that where English is not the individual's first language, an interpreter is sourced for the assessment or review.
Religion or belief	The application of the volunteer project would have a neutral impact on those Young Adults who have the protected characteristic of religion or belief. If appropriate training around different faiths / beliefs may be offered to volunteers. Practitioners would ensure that religion or belief is respected, and care provision is based on individual need.
Sexual orientation	The application of the volunteers project would have a neutral impact on those Young Adults who have the protected characteristic of sexual orientation.

Sex	The application of the volunteers project would have a neutral impact on those Young Adults who have the protected characteristic of sex.
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For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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, physical disabilities and mental health problems receiving services. Some choices that are currently available and that are more expensive in comparison to other alternatives that meet their needs may cease to be available.</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</p>	No	<p>Assessed Care Act eligible outcomes would still be met in line with legislation.</p> <p>Social Workers and Practitioners would discuss potential options with individuals who use services as part of the review and re-assessment process.</p> <p>Social workers and practitioners would take a holistic view of the person and consider all the services they receive when assessing their needs and any changes.</p>

	of service they previously received as a result of earlier transformation programmes and may also receive other services subject to other savings proposals within Younger Adults.		<p>Volunteers would only be used in situations where registered care (for example personal care) is not required and where it is assessed as appropriate to do so.</p> <p>Increases in the use of volunteers as an alternative to paid for care may provide more personalised and consistent support for some Young Adults.</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 in table 5.

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-consulting²³.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026) as detailed above.

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:

Adults' Health and Care Younger Adults

Name of SP25 proposal:	SP25 Proposal Reference:
Review use of wellbeing centres and explore alternative funding	YA-25-I Adults' Health and Care Date 01.06.2023

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Jessica Hutchinson	AHC	Assistant Director	Jessica.Hutchinson@hants.gov.uk	07557045553	02/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	gloria.kwaw@hants.gov.uk	0370 7794934	14/08/2023	v0.2

Section one – information about the service and service change

<p>Service affected</p>	<p>Wellbeing centre support</p>
<p>Please provide a short description of the service / policy/project/project phase</p>	<p>The Younger Adults department within the Adults’ Health and Care (AHC) directorate provides social care services for 7,250 people overall. This includes all people over 18 years with learning disabilities and people of working age with physical disabilities and mental health problems. Those receiving services have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, direct payments and other services. In the financial year 2023/24 Hampshire County Council planned to spend £185 million on care and support for Young Adults.</p> <p>The Younger Adults Mental Health service contributes to the funding of wellbeing centres in Hampshire with the majority of funding provided by the Integrated Care Board and from Public Health. Funding from the NHS has increased in recent years due to investment from NHS England in the Community Mental Health Transformation programme.</p> <p>Wellbeing centres are delivered by the voluntary sector and serve a total of 14,000 people with centres in Havant, Fareham, Eastleigh, Basingstoke, Farnborough, Winchester, Andover, Gosport, Hythe and New Milton with some satellite bases in rural areas. Many services are open access and no services are subject to assessment of Adults’ Health and Care eligibility. Services include support for people with anxiety, depression and other mental health problems. Most services are time limited and include group sessions and peer support.</p>
<p>Please explain the new/changed service/policy/project</p>	<p>This review is in the early stages of planning and requires engagement with several stakeholders. The review could result in a reduction in the level of funding provided by Adults’ Health and Care for wellbeing centres. Impact would be dependent upon whether other agencies are able to review and increase their funding or provide services differently to maintain output. It is possible that some people who would have previously accessed the service would no longer be able to as a result. It is possible that some people who use wellbeing services who are eligible for social care services could have their wellbeing service</p>

offer reduced. Wellbeing centre services are not dependent upon eligibility under the Care Act 2014.

Engagement and consultation

The County Council's Making the Most of your Money budget consultation (2024-2026) sought residents' and stakeholders' views on strategic options for funding the Authority's budget gap. These proposals were considered as part of that consultation.

Has any pre-consultation engagement been carried out?

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 it was referenced in the Making the Most of your Money budget consultation (2024-2026).

This proposal generated a significant amount of feedback as part of the Making the Most of your Money consultation. Individuals and organisations that support people with mental health issues, expressed concern at the impact this could have on the mental health services for people. The 2 Integrated Care Boards that cover Hampshire have expressed a wish to understand further the impact this proposal would have on delivery of services via the Mental Health Wellbeing Centres.

The directorate would work closely with the NHS and voluntary sector to identify and mitigate any impacts. Impact would be dependent upon whether other agencies are able review and increase their funding or provide services differently to maintain outcomes.

Engagement with the voluntary sector organisations who run the wellbeing centres, NHS and public health partners would also be necessary alongside engagement with wellbeing centre service users should this proposal be taken forward.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		✓				Public
Disability				✓		Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public

Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty		✓				Public
Rurality		✓				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	There is no known impact currently. People can receive services from wellbeing centres from across the age range. Access is not based upon eligibility for services provided by Adults' Health and Care and service recipients are not necessarily known to Adults' Health and Care. The age profile of people using services and potential impacts would be considered and mitigated as part of further engagement with the voluntary sector and EIA would be updated.
Gender reassignment	The review of Adults' Health and Care funding of wellbeing centres would have a neutral impact on those young adults with a disability who have the protected characteristic of gender reassignment. There are no specific gender reassignment services funded by Adults' Health and Care in wellbeing centres. The profile of people using services and potential impacts would be considered and mitigated as part of further engagement with the voluntary sector and EIA would be updated.
Marriage or civil partnership	The project would have a neutral impact on young adults who have the protected characteristic of marriage or civil partnership. The wellbeing centre review would be 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 who may be undertaking caring roles. The profile of people using services and potential impacts would be considered and mitigated as part of further engagement with the voluntary sector and EIA would be updated.
Pregnancy and maternity	The project would have a neutral impact on those young adults who have the protected characteristic of pregnancy and maternity. The profile of people using services and potential impacts would be considered and mitigated as part of further engagement with the voluntary sector and EIA would be updated.
Race	The project would have a neutral impact on those young adults who have the protected characteristic of race. Access to wellbeing centres is not based upon eligibility for services provided by Adults' Health and Care and the people are not necessarily known to Adults' Health and Care. The ethnicity of people using services and potential impacts would be considered and mitigated as part of engagement and EIA would be updated.
Religion or belief	The project would have a neutral impact on people 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. Access to wellbeing centres is not based upon eligibility for services provided by Adults' Health and Care and the people are not necessarily known to Adults' Health

	and Care. The religion or belief of people using services and potential impacts would be considered and mitigated as part of engagement and EIA would be updated.
Sexual orientation	The project would have a neutral impact on those Young Adults who have the protected characteristic of sexual orientation. Access to wellbeing centres is not based upon eligibility for services provided by Adults' Health and Care and the people are not necessarily known to Adults' Health and Care. The sexual orientation of people using services and potential impacts would be considered as part of engagement and EIA would be updated.
Sex	The project would have a neutral impact on those wellbeing centre service recipients who have the protected characteristic of sex. Access to wellbeing centres is not based upon eligibility for services provided by Adults' Health and Care and the people are not necessarily known to Adults' Health and Care. The sex of people using services and potential impacts would be considered as part of engagement and EIA would be updated.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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 mental health problems who receive wellbeing centre services and potential future users of wellbeing centre. Some choices that are currently	No	Assessed Care Act eligible outcomes would still be met in line with legislation. Social Workers and Practitioners would discuss potential options with

	<p>available may cease to be available.</p> <p>It is possible that some people who would have previously accessed the service would no longer be able to as a result of this review. It is possible that some people who use wellbeing services who are eligible for social care services would have their wellbeing service offer reduced or ceased although wellbeing centre services are not dependent upon eligibility under the Care Act 2014.</p>		<p>individuals who are eligible for services as part of the review and re-assessment process.</p> <p>The directorate would work closely with the NHS and voluntary sector to identify and mitigate any impacts. Impact would be dependent upon whether other agencies are able to review and increase their funding or provide services differently to maintain output.</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 in table 5.

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-consulting²⁴.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council’s Making the Most of your Money budget consultation (2024-2026) as detailed above.

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:

Adults' Health and Care

Younger Adults

Name of SP25 proposal:	SP25 Proposal Reference:
Review the use of technology in residential care and supported living with a particular focus upon night support	YA-25-L Adults' Health and Care Date 01.06.2023

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Jessica Hutchinson	AHC	Assistant Director	Jessica.Hutchinson@hants.gov.uk	07557045553	02/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	Domiciliary care, residential care, supported living, day and other services for Younger Adults – see below
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<p>Please provide a short description of the service / policy/project/project phase</p>	<p>The Younger Adults department within the Adults' Health and Care (AHC) directorate provides social care services for 7,250 people overall. This includes all people over 18 years with learning disabilities and people of working age with physical disabilities and mental health problems. Those receiving services have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, direct payments and other services. In the financial year 2023/24 Hampshire County Council planned to spend £185 million on care and support for Young Adults.</p> <p>This project would particularly focus upon increasing the use of technology to support the provision of care in residential care and supported living services with a particular focus upon night support. There are currently around 900 Young Adults living in residential care and around 1,460 people receiving supported accommodation services.</p>
<p>Please explain the new/changed service/policy/project</p>	<p>Each person receives a support plan which is reviewed 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); this would apply in the same way to anyone receiving services.</p> <p>This is an extension of the current Savings Programme to 2023 (SP23) for Younger Adults which aims to deliver and maintain similar outcomes for Younger Adults where possible but through a more cost-effective method using technology to support people as an alternative to traditional care and support at night.</p> <p>It is likely that for a large percentage of those assessed the support that they receive would change or reduce. These people may have been impacted by reductions / changes to the levels of service they previously received as a result of earlier transformation or savings programmes.</p>

Engagement and consultation

The County Council's Making the Most of your Money budget consultation (2024-2026) sought residents' and stakeholders' views on strategic options for funding the Authority's budget gap. These proposals were considered as part of that consultation

Has any pre-consultation engagement been carried out?

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 it was referenced in the Making the Most of your Money budget consultation (2024-2026). It is an extension of the SP23 Strengths Based initiative. However, there has been ongoing general engagement with service users, families, stakeholders and providers via the Hampshire Learning Disability Partnership and the Personalisation Expert Panel.

Feedback on proposals to increase the use of technology, as part of the Making the Most of your Money budget consultation (2024-2026), indicated some concern that some people may not have access to the internet / broadband, however this proposal focuses on installing technology into residential and supported living accommodation where internet / broadband is in place.

Engagement with individual service users and carers would be carried out through individual discussions as part of their review so that their views and needs can be taken into account.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		✓				Public
Disability				✓		Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public

Marriage & civil partnership		✓				Public
Poverty		✓				Public
Rurality		✓				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	The Younger Adults department includes services for people with learning disabilities of all ages over 18 years and people with physical disabilities and mental health problems of working age. The use of technology would be explored in supported settings across the age range within Younger Adults.
Gender reassignment	The application of the technology project would have a neutral impact on those young adults with a disability who have the protected characteristic of gender reassignment. Practitioners would ensure that they treat people as individuals, irrespective of their gender.

Marriage or civil partnership	The project would have a neutral impact on young adults who have the protected characteristic of marriage or civil partnership. The exploration of the use of technology project would be undertaken with individuals, regardless of whether they are married or in a civil partnership. Where appropriate, carers assessments would be offered to partners, spouses etc of individuals who may be undertaking caring roles.
Pregnancy and maternity	The application of the technology project would have a neutral impact on those young adults who have the protected characteristic of pregnancy and maternity.
Race	The application of the use of technology project would have a neutral impact on those young adults who have the protected characteristic of race. Practitioners would ensure that where English is not the individual's first language, an interpreter is sourced for the assessment or review.
Religion or belief	The application of the use of technology project would have a neutral impact on those Young Adults who have the protected characteristic of religion or belief. Practitioners would ensure that religion or belief is respected, and care provision is based on individual need.
Sexual orientation	The application of the use of technology in supported accommodation settings project would have a neutral impact on those Young Adults who have the protected characteristic of sexual orientation.
Sex	The application of the use of technology in supported living settings project would have a neutral impact on those Young Adults who have the protected characteristic of sex.
Poverty / Rurality	Feedback on proposals to increase the use of technology, as part of the Making the Most of your Money budget consultation (2024-2026), indicated some concern that some people may not have access to the internet / broadband, however this proposal focuses on installing technology into residential and supported livings where internet / broadband is in place.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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, physical disabilities and mental health problems living in supported accommodation and residential care. Some choices that are currently available and that are more expensive in comparison to other alternatives that meet their needs may cease to be available.</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 and may also receive other services subject to other savings proposals within Young Adults.</p>	No	<p>Assessed Care Act eligible outcomes would still be met in line with legislation.</p> <p>Social Workers and Practitioners would discuss potential options with individuals who use services as part of the review and re-assessment process.</p> <p>Social workers and practitioners would take a holistic view of the person and consider all the services they receive when assessing their needs and any changes.</p> <p>The greater use of technology would be subject to individual risk assessment and only used where alternatives are safe.</p> <p>The greater use of technology may increase the independence of, and reduce</p>

			restrictive practices in, packages of care for some young adults in residential care and supported living.
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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 in table 5.

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-consulting²⁵.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026) as detailed above.

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:

Adults' Health and Care

Younger Adults

Name of SP25 proposal:	SP25 Proposal Reference:
Review the provision of transport and consider alternatives	YA-25-M Adults' Health and Care Date 01.06.2023

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Jessica Hutchinson	AHC	Assistant Director	Jessica.Hutchinson@hants.gov.uk	07557045553	02/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	v0.2

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Section one – information about the service and service change

Service affected	Transport services
Please provide a short description of the service / policy/project/project phase	The Younger Adults department within the Adults' Health and Care (AHC) directorate provides social care services for 7,250 people overall. This includes all people over 18 years with learning disabilities and people of working age with physical disabilities and mental health problems. Those receiving services have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, direct

	<p>payments and other services. In the financial year 2023/24 Hampshire County Council planned to spend £185 million on care and support for Young Adults.</p> <p>This project would focus on a review of the use of transport for young adults.</p> <p>Transport is primarily used to enable people to attend day services. There are approximately 1,400 people who attend day services that are supported by the Younger Adults department.</p>
<p>Please explain the new/changed service/policy/project</p>	<p>Options considered would be more cost-effective transport, use of personal resources, use of Direct Payments, use of public transport services or using social care services in closer proximity to the person's home address.</p> <p>Each person receives a support plan which is reviewed 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); this would apply in the same way to anyone receiving services.</p> <p>A strengths-based approach includes approaches such as a greater emphasis on community support (without a cost to the County Council); support to develop self-sustaining networks; time limited support to develop skills; increased use of technology.</p> <p>This is a further continuation and extension of the strengths based Savings Programme to 2023 (SP23) programme within Younger Adults, the outcomes of which would specifically look to deliver and maintain similar outcomes for Younger Adults where possible but through a more cost-effective method.</p> <p>It is likely that for a large percentage of those assessed the support that they receive would change. These people may have been impacted by reductions / changes to the levels of service they previously received as a result of earlier transformation programmes.</p>

Engagement and consultation

The County Council's Making the Most of your Money budget consultation (2024-2026) sought residents' and stakeholders' views on strategic options for funding the Authority's budget gap. These proposals were considered as part of that consultation

Has any pre-consultation engagement been carried out?

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 it was referenced in the Making the Most of your Money budget consultation (2024-2026).

Feedback received as part of the Making the Most of your Money consultation, indicates that where mentioned people were largely against reductions in funding for transport, however this did also cover public transport. These proposals however would focus on the use of more cost-effective transport options such as use of personal resources or use of direct payments.

There has been ongoing general engagement with service users, families, stakeholders and providers via the Hampshire Learning Disability Partnership and the Personalisation Expert Panel.

Engagement with individual service users and carers would be carried out through individual discussions as part of their review so that their views and needs can be taken into account.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		✓				Public
Disability					✓	Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public
Sex		✓				Public
Sexual orientation		✓				Public

Marriage & civil partnership		✓				Public
Poverty		✓				Public
Rurality		✓				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	The Younger Adults department includes services for people with learning disabilities of all ages over 18 years and people with physical disabilities and mental health problems of working age. People receiving a review of transport services would be across the age range within Younger Adults.
Gender reassignment	The application of the transport project would have a neutral impact on those young adults with a disability who have the protected characteristic of gender reassignment. Practitioners would ensure that they treat people as individuals, irrespective of their gender.

Marriage or civil partnership	The project would have a neutral impact on young adults who have the protected characteristic of marriage or civil partnership. The application of the transport project would be 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 who may be undertaking caring roles.
Pregnancy and maternity	The application of the transport project would have a neutral impact on those young adults who have the protected characteristic of pregnancy and maternity.
Race	The application of the transport project would have a neutral impact on those young adults who have the protected characteristic of race. Practitioners would ensure that where English is not the individual's first language, an interpreter is sourced for the assessment or review.
Religion or belief	The application of the transport review project would have a neutral impact on those Young Adults who have the protected characteristic of religion or belief. Practitioners would ensure that religion or belief is respected, and care provision is based on individual need.
Sexual orientation	The application of the transport review project would have a neutral impact on those Young Adults who have the protected characteristic of sexual orientation.
Sex	The application of the transport review project would have a neutral impact on those Young Adults who have the protected characteristic of sex.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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
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<p>Disability</p>	<p>These proposals would impact upon people with learning disabilities, physical disabilities and mental health problems receiving transport. Some choices that are currently available and that are more expensive in comparison to other alternatives that meet their needs may cease to be available.</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 and may also receive other services subject to other savings proposals within Young Adults.</p>	<p>No</p>	<p>Assessed Care Act eligible outcomes would still be met in line with legislation.</p> <p>Social Workers and Practitioners would discuss potential options for transport provision with individuals who use services as part of the review and re-assessment process.</p> <p>Social workers and practitioners would take a holistic view of the person and their carers needs and consider all options for transport for the services they receive when assessing their needs and any changes.</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 in table 5.

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-consulting²⁶.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council’s Making the Most of your Money budget consultation (2024-2026) as detailed above.

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:

Adults' Health and Care

Younger Adults

Name of SP25 proposal:	SP25 Proposal Reference:
Review and manage the provision of high-cost placements within Young Adults	YA-25-N Adults' Health and Care Date 01.06.2023

EIA writer(s) and authoriser

No.		Name	Department	Position	Email address	Phone number	Date	Issue
1	Report Writer(s)	Jessica Hutchinson	AHC	Assistant Director	Jessica.Hutchinson@hants.gov.uk	07557045553	02/06/2023	v0.2
2	EIA authoriser	Graham Allen	AHC	Deputy Chief Executive & Director AHC	graham.allen@hants.gov.uk	03707 795574	15/08/2023	v0.2
3	EIA Coordinator	Gloria Kwaw	AHC	Equality and Inclusion Manager	Gloria.kwaw@hants.gov.uk	0370 779 4934	14/08/2023	v0.2

Section one – information about the service and service change

Service affected	High-cost residential care and high cost supported living services
Please provide a short description of the service / policy/project/project phase	<p>The Younger Adults department within the Adults' Health and Care (AHC) directorate provides social care services for 7,250 people overall. This includes all people over 18 years with learning disabilities and people of working age with physical disabilities and mental health problems. Those receiving services have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, direct payments and other services. In the financial year 2023/24 Hampshire County Council planned to spend £185 million on care and support for Young Adults.</p> <p>This project would particularly focus upon Young Adults with complex needs who live in high-cost placements. The definition of a high-cost placement is different in each care group due to differences across the different needs and risks presented. Currently there are between 60 and 70 high-cost placements costing over £1,750 per week each for people with physical disabilities, approximately 50 high-cost placements costing over £3,000 per week each for</p>

	<p>people with learning disabilities and between 40 and 50 high-cost placements costing over £1,250 per week each for people with mental health problems.</p>
<p>Please explain the new/changed service/policy/project</p>	<p>This is an extension of the current Savings Programme to 2023 (SP23) for Younger Adults which aims to deliver and maintain similar outcomes for Younger Adults where possible but through a more cost-effective method. The review would include exploration of the potential for:</p> <ul style="list-style-type: none"> • Greater understanding of the causes of challenging behaviour enabling strategies and practices to reduce these behaviours with subsequent reductions in support needs (Least Restrictive Practice); • Application of a Strengths Based Approach maximising independence; • Exploring alternative models of care; • Exploring alternative providers; • Where someone has complex needs, exploring eligibility for NHS funding. <p>A strengths-based approach includes approaches such as a greater emphasis on community support (without a cost to the County Council); support to develop self-sustaining networks; time limited support to develop skills; increased use of technology.</p> <p>Each person receives a support plan which is reviewed 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); this would apply in the same way to anyone receiving services.</p> <p>It is likely that for a large percentage of those assessed the support that they receive would change or reduce. These people may have been impacted by reductions / changes to the levels of service they previously received as a result of earlier transformation programmes.</p>



Engagement and consultation

The County Council's Making the Most of your Money budget consultation (2024-2026) sought residents' and stakeholders' views on strategic options for funding the Authority's budget gap. These proposals were considered as part of that consultation.

Has any pre-consultation engagement been carried out?

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, which is an extension of the SP23 Strengths Based programme, however it was referenced in the Making the Most of your Money budget consultation (2024-2026).

There has been ongoing general engagement with service users, families, stakeholders and providers via the Hampshire Learning Disability Partnership and the Personalisation Expert Panel.

Engagement with individual service users and carers would be carried out through individual discussions as part of their review so that their views and needs can be taken into account.

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 protected characteristics groups or those who may be impacted by poverty or rurality. 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 [add ✓ to relevant boxes)

Protected characteristic	Positive	Neutral	Negative - low	Negative - Medium	Negative - High	Affects staff, public or both?
Age		✓				Public
Disability					✓	Public
Gender reassignment		✓				Public
Pregnancy and maternity		✓				Public
Race		✓				Public
Religion or belief		✓				Public

Sex		✓				Public
Sexual orientation		✓				Public
Marriage & civil partnership		✓				Public
Poverty		✓				Public
Rurality		✓				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	The Younger Adults department includes services for people with learning disabilities of all ages over 18 years and people with physical disabilities and mental health problems of working age. High-cost placements are disproportionately weighted towards Younger Adults of transition age

	(18- 25 years). The approach taken would be that people would be treated as individuals irrespective of age.
Gender reassignment	The application of the review of high-cost placements project would have a neutral impact on those young adults with a disability who have the protected characteristic of gender reassignment. Practitioners will ensure that they treat people as individuals, irrespective of their gender assignment.
Marriage or civil partnership	The project will have a neutral impact on young adults who have the protected characteristic of marriage or civil partnership. The application of the high-cost placements project would be undertaken with individuals, regardless of whether they are married or in a civil partnership. Where appropriate, carers assessments would be offered to partners of individuals who may be undertaking caring roles.
Pregnancy and maternity	The application of the high-cost placement project would have a neutral impact on those young adults who have the protected characteristic of pregnancy and maternity.
Race	The application of high-cost placement project would have a neutral impact on those young adults who have the protected characteristic of race. Practitioners would ensure that where English is not the individual's first language, an interpreter is sourced for the assessment or review.
Religion or belief	The application of the high-cost placement project would have a neutral impact on those Young Adults who have the protected characteristic of religion or belief. Practitioners would ensure that religion or belief is respected, and care provision is based on individual need.
Sexual orientation	The application of the high-cost placement project would have a neutral impact on those Young Adults who have the protected characteristic of sexual orientation.
Sex	The application of the high-cost placement project would have a neutral impact on those Young Adults who have the protected characteristic of sex.

For all characteristics marked as either having a 'medium negative' or 'high negative', please complete table 4:

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, physical disabilities and mental health problems receiving services. Some choices that are currently available and that are more expensive in comparison to other alternatives that meet their needs may cease to be available.</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 and may also receive other services subject to other savings proposals within Young Adults.</p>	No	<p>Assessed Care Act eligible outcomes would still be met in line with legislation.</p> <p>Social Workers and Practitioners would discuss potential options with individuals who use services as part of the review and re-assessment process.</p> <p>The Least Restrictive Practice team would work with people to reduce challenging behaviours and ensure the least restrictive support is available.</p> <p>Social workers and practitioners would take a holistic view of the person and consider all the services they receive when assessing their needs and any changes.</p> <p>Greater emphasis on least restrictive practice for those</p>

			living in high-cost placements could increase the quality of life and reduce restrictions for some Young Adults with complex needs.
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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 in table 5.

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-consulting²⁷.
 - 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 EIA has been updated following peer review and has taken into account feedback received from the County Council's Making the Most of your Money budget consultation (2024-2026).

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:

HASC: Adults' Health and Care Savings Programme to 2025 (SP2025) Revenue Saving Proposals

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Paul Archer – Deputy Director of Adults' Health and Care

Anne Hibbert – Assistant Director Finance

19 September 2023

Summary

- County Council Context
- Directorate Context
- Transformation Journey
- Adults' Health and Care Budget & SP2025 Savings Proposals
- SP2025 Approach
- Adults' Health and Care Saving Proposals
- Risks & Equality Impact to Highlight
- Consultation Key Findings
- SP2025 Key Messages & Next Steps

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County Council Context

- £640m removed from budgets over thirteen years.
- £132m forecast budget gap for the two years to 2025/26.
- £71m of Tt2021 and SP2023 savings still to deliver across 2023/24 and 2024/25.
- Extended delivery and overlapping programmes increases risk and complexity.
- County Council public consultation (12 June – 23 July).
- Medium Term Financial Strategy update to Cabinet in October and County Council in November 2023.

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County Council Context

The significant gap to 2025/26 has necessitated the County Council to move towards a 'bare minimum' level of services.

Whilst this is difficult to define across our varied and complex services there are a number of key principles we can apply :

- Resources will be focussed on statutory and critical services.
- Discretionary preventative services will only be provided where there is a clear and demonstrable longer term value for money business case.
- Resident services to be online by default, with appropriate alternatives available where required.
- Enabling functions to be provided as efficiently and effectively as possible from the centre of the organisation at a level sufficient to provide an adequate level of corporate governance and informed decision making.
- Discretionary service areas must have a strong rationale for being delivered and need to be cost neutral. Fees and charges to be increased if this allows a discretionary service to continue.

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SP2025 Approach

- In recognition of the size of the financial challenge, directorates were not issued with defined savings targets.
- Directorates were instead instructed to review what savings might be achievable if the Council was to move towards a 'bare minimum'(as set out in the previous slide) provision of services.
- A detailed review of each budget line was undertaken to identify all potential savings options available.
- Savings options were subject to a robust scrutiny process to ensure that opportunities have been maximised whilst limiting cumulative impacts across service user groups as far as possible.
- The savings proposals identified are currently insufficient to meet the budget gap to 2025/26.
- We continue to lobby Government to seek a fairer funding formula and legislative change for some services to help us close the gap.

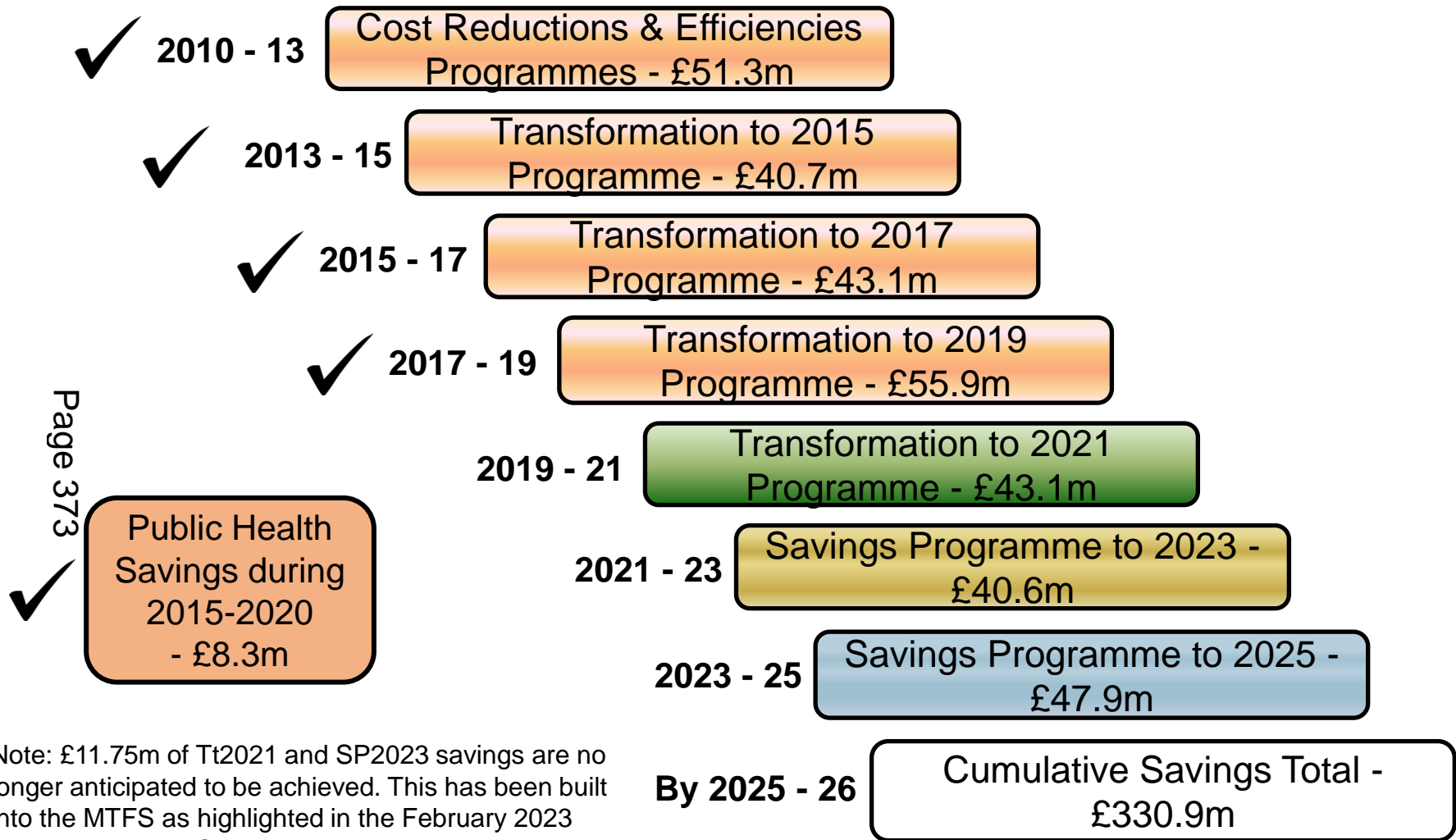
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Directorate Context

- Continuing and increasing demography and complexity demands alongside rapidly increasing average rates paid for care above the high level of inflation.
- Programmed to deliver remaining Tt2021 and SP2023 (most challenging) savings of £7.2m concurrently with SP2025 proposals, alongside 'business as usual' pressures.
- Pressures across the entire Health and Social Care system that sits alongside individual organisational challenges – these pressures can be summarised as:
 - **Quality / safety, including new Department of Health and Social Care and Care Quality Commissioning assurance and guidance mechanisms**
 - **Workforce**
 - **The long-term impact and legacy of Covid-19**
 - **Uncertainty relating to Adult Social Care Reforms**
 - **Financial challenge arising from:**
 - **Increasing demand and complexity**
 - **Market / price pressures**
 - **Continued elements of non-recurrent government grant support causing uncertainty**
- HCC Care (in-house) and Public Health services are out of scope of planned SP2025 savings.

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Directorate Transformation Journey



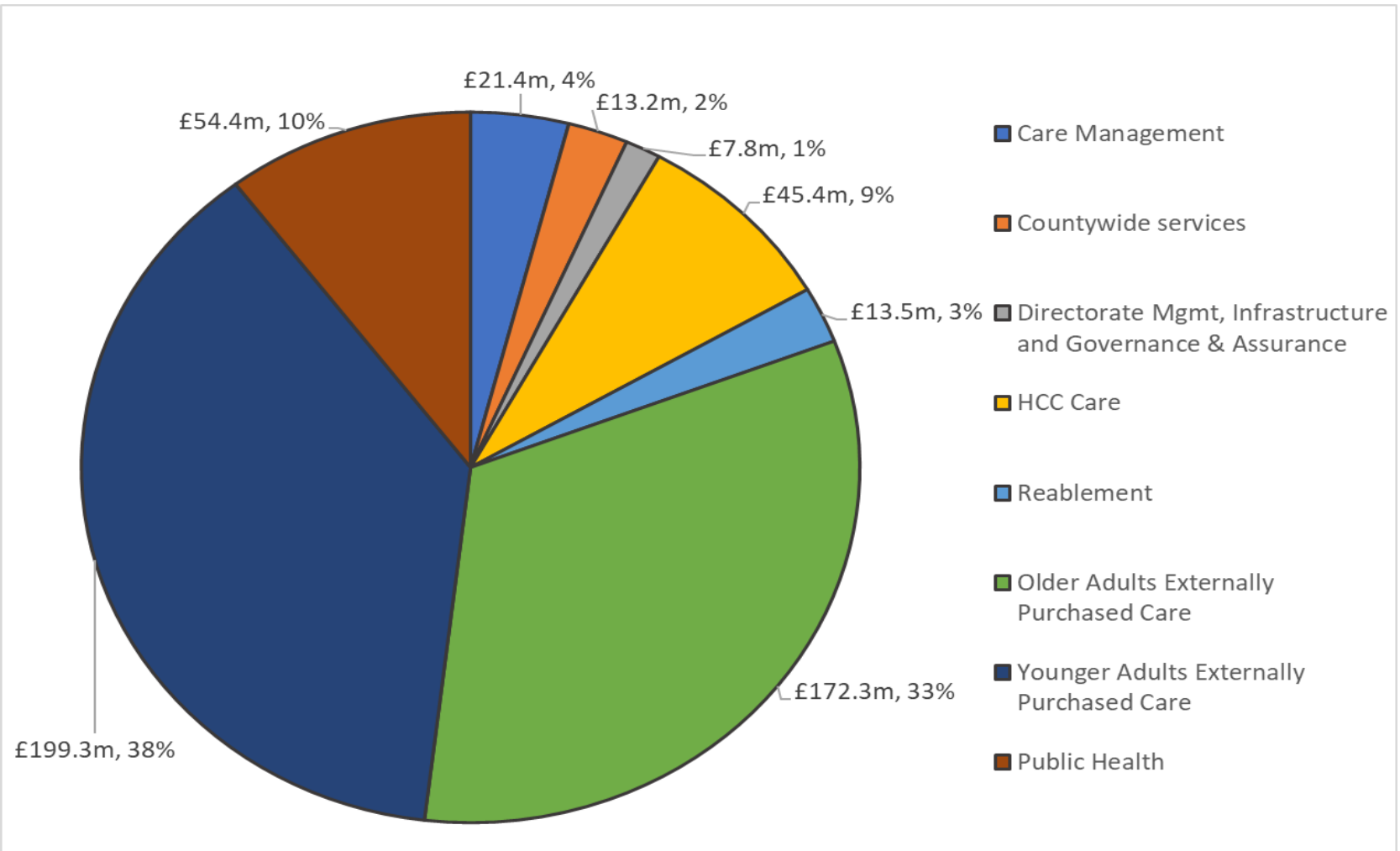
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Note: £11.75m of Tt2021 and SP2023 savings are no longer anticipated to be achieved. This has been built into the MTFS as highlighted in the February 2023 Budget Report to Cabinet.

Adults' Health and Care Budget

Net Budget 2023/24 of £527.3m by Service Activity

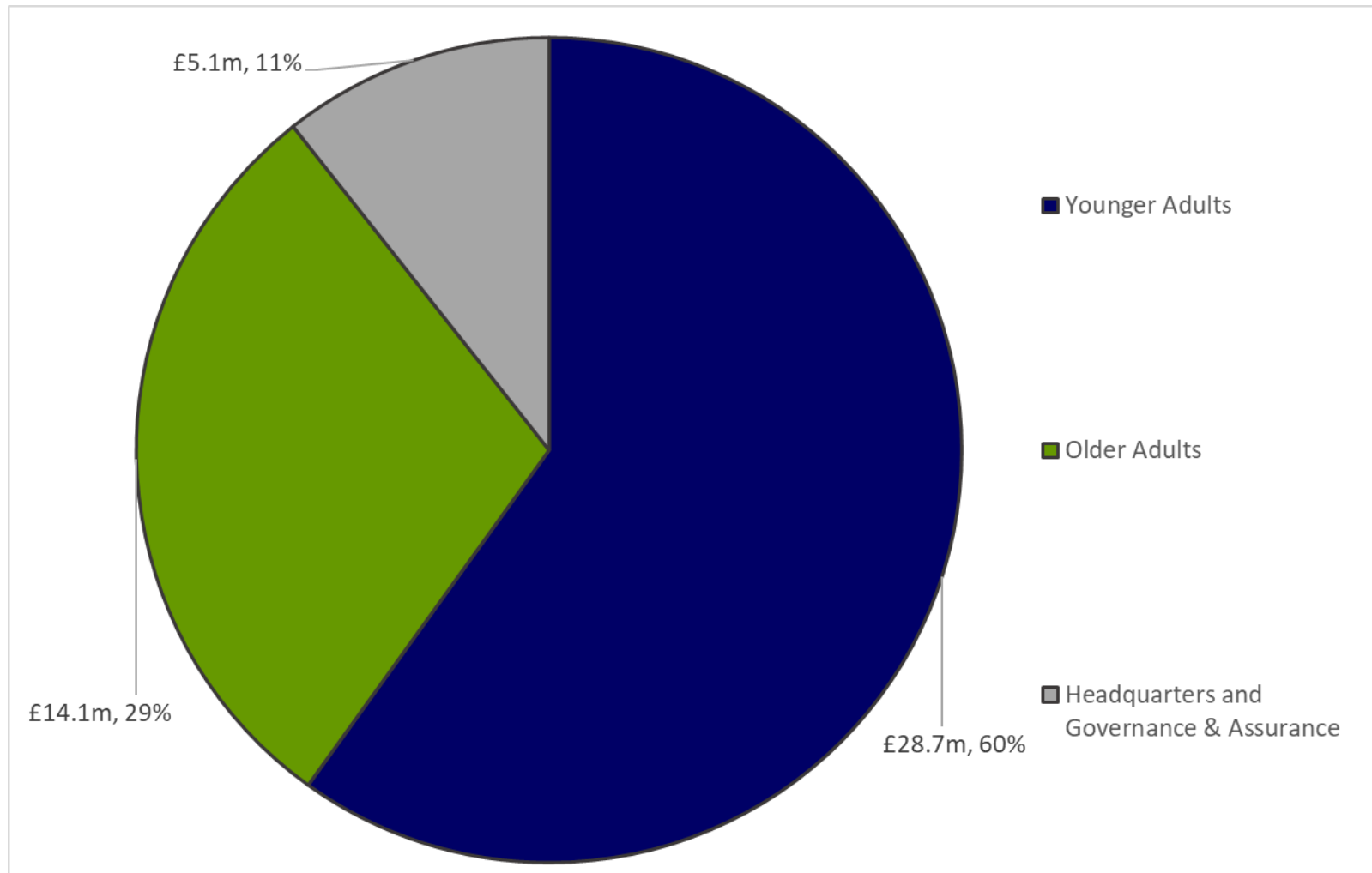
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Adults' Health and Care SP2025 Proposals

SP2025 Proposals of £49.7m by Workstream

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Adults' Health and Care SP2025 Proposals

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Adult Social Care			47.9
Younger Adults Services			28.7
	Supported Employment	0.2	
	Workforce Review	0.3	
	Section 117 Responsibilities	0.5	
	Strengths Based Approach	12.0	
	Extension of HCC Care	0.5	
	Supported Living	3.5	
	Transition Strategies	1.5	
	Volunteers	1.5	
	Wellbeing Centres	0.7	
	Use of Technology	1.5	
	Transport	1.5	
	High-Cost Placements	5.0	
Older Adults Services			14.1
	Review of care packages, duration and prevention	13.1	
	Reablement Workforce Review	1.0	
Headquarters Services			5.0
	Minor Efficiencies	0.3	
	Contracts Review	2.1	
	Grants Review	0.6	
	Disabled Facilities Grants	0.9	
	Client Contributions	0.5	
	Contributions for activities undertaken on behalf of Health	0.1	
	Digital Automation	0.1	
	Information & Advice	0.4	
Governance & Assurance			0.1
	PEP Administrative Costs	0.0	
	Operating Model	0.1	
Total			47.9



Adults' Health and Care SP2025 Proposed Savings

- **Principles of the Directorate's SP2025 proposed savings programme:**
 - **Prevention:** Strengthen the prevention strategy to reduce and/or contain demand. Includes: improved working with Carers and the Voluntary and Community Social Enterprise (VCSE) sector, improved information and advice (Connect to Support Hampshire) and greater use of Technology and digital automation
 - **Independence:** Increase the number of clients living independently and reduce the cost of care through greater application of strengths-based approaches
 - **Productivity:** Improve efficiency and productivity of the Directorate's operations
 - **External spend:** Increase service efficiency from commissioned services
 - **Income generation:** Increase Directorate income through client contributions, NHS contributions for services provided, brokerage fees, and traded services including technology enabled care and Learning and Development services
- **We would look to build on past performance that has resulted in positive service transformation and innovation**

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Younger Adults Proposals (£28.7m)

- The largest portion of AHC saving proposals relate to Younger Adults services, including:
 - Further increase in the use of supported living accommodation to move people on from higher-cost residential care, enabling greater independence and tenancy rights for individuals;
 - Creating new in-house (HCC Care) services to provide more long-term support for people with learning disabilities as an alternative to independent sector provision;
 - Reviewing support provided to people with learning disabilities who are in employment;
 - 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;

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Younger Adults Proposals (£28.7m) - continued

- Review of transition strategies, Special Educational Needs, Care Leavers and Children's Services;
- Extending work to reduce challenging behaviour (Least Restrictive Practice) to reduce support costs;
- Using technology in residential & supported living accommodation with focus on night support;
- Seeking alternative, more efficient methods of delivery to the current provision of transport;
- Working more closely with the NHS to review mental health Section 117 responsibilities;
- Reviewing the use of wellbeing centres and exploring alternative funding options;
- Reviewing workforce requirements.

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Older Adults Proposals (£14.1m)

- Older Adults SP2025 proposals have a continued focus on strengths-based solutions, intermediate care and reablement, so that increasing numbers can remain in their own homes living as independently as possible.

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These proposals include:

- Maximising Discharge to Assess arrangements from hospital stay;
- Extending strengths-based outcomes to reduce demand for domiciliary care and ensure individual's needs are met by other means where appropriate;
- Reviewing workforce requirements within the Reablement service.

Headquarters Services Proposals (£5.0m)

- Reviewing CVS infrastructure grant and remaining grants budget
- Ceasing Social Care spend on the following services that are non-statutory
 - 1) Independent Sexual Violence Advocacy and Rape and Sexual Abuse Counselling service
 - 2) Social Inclusion (Homelessness);
- Generating income through TEC , L&D and reviewing fees for brokering care;
- Considering, when assessing income, increasing the amount taken into account for care charges from 95% to 100% of an individual's assessable income,
- Work more closely with District and Borough councils to deliver Disabled Facilities Grants through the best use and recycling of existing equipment to residents;

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Governance and Assurance Proposals (£0.1m)

- Governance and Assurance SP2025 proposals include:
 - Workforce efficiencies, the detail of which will be finalised following a review of the operating model;
 - Reviewing administrative funding for the Hampshire Personalisation Expert Panel (PEP).

Risks to Highlight (1)

- Managing the **challenging operating environment (all services) whilst delivering (concurrently) three large savings programmes** alongside other strategic change.
- **System-wide challenges**, exacerbated in recent years by Covid-19, are ever-present including; Integration, Continuing Health Care & dependency on Government/NHS funding for Hospital Discharge and general financial challenges faced by our local Integrated Care Boards (ICBs) – continued close working with our partners is crucial.
- **Managing service demand, whilst appropriately meeting eligible needs** (against the backdrop of a reducing budget) is becoming increasingly challenging, in the face of significant increases in volumes of care and price pressures that exceed inflation.
- **Overall increase in the complexity of clients** (proportionately more Dementia needs for example) across all care groups and all care types, higher cost packages and market pressures.
- **Changes in the Directorate's service offer may reduce (or be perceived to reduce) client choice.** The Directorate is clear that eligible needs will be met in the most cost-effective way. Managing the message and maintaining outcomes is key.

Risks to Highlight (2)

- Whilst developments enable more people to live independently, many do require some level of support for periods of their lives, and in some cases for the whole of their lives. **Any proposed budget reductions within Younger Adults in particular are therefore likely to impact on largely the same individuals as in previous years.**
- Adult social care case law turns upon circumstances in individual cases and as such some areas of risk are by their nature less predictable. **Continued oversight of practice and working with people and their representatives and co-producing are vital.**
- **Care Sector staff recruitment & retention is increasingly challenging**, compounded by legacy impacts of Covid-19. The Directorate's capacity to maintain and improve service quality and levels of safeguarding and clinical safety will be increasingly challenged whilst delivering these savings due to the scale of the culture/practice change required alongside the impact of the current cost of living crisis on workforce resilience.
- There is a real risk that not only permanent changes in the market will adversely affect the budget but also the legacy of increased financial hardship and unemployment. **We could see increased levels of deprivation that impacts the health and wellbeing of the Hampshire population**, resulting in further strain on social care.

Risks to Highlight (3)

- Our relationship with the care sector, and in particular Hampshire Care Association – the care sector representative body in the county – remains positive, yet **the sector as a whole remains vulnerable over the coming period and will require critical support** and, to a degree, continued nurturing.
- We recognise that social care budgets for both Adults and Children’s are under extreme pressure and thus **there could be a resultant negative impact upon other County Council services.**
- **Currently assumptions regarding the impact of the postponed Social Care Reforms (or alternative) have not been built into the savings programme** therefore there may be both further opportunities and significant challenges that the Directorate may face over the SP2025 timeframe.
- There have been recent announcements of **one-off funding to support an element of social care workforce pressures over the remainder of 2023/24, however these amounts will merely provide the required funding HCC have already identified is needed to maintain social care sector resilience** through what will undeniably be a very challenging autumn and winter period.

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Equality Impacts to Highlight (1)

- **Younger Adults:**

- Impact: Some choices that are currently available, and that are more expensive in comparison to alternatives that also meet eligible needs, may cease to be available. It is likely for a large percentage of those assessed, the support that they receive could 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 savings programmes
- Mitigation: Assessed Care Act eligible outcomes would still be met in line with legislation. Social Workers would discuss potential options with individuals as part of a holistic review and reassessment process.

- **Older Adults:**

- Impact: Emergency care / care and support in more rural settings can be difficult to source quickly, which could lead to poorer outcomes.
- Mitigation: Extensive work with the market means that the likelihood of a negative outcome is less likely. Surgery signposters based in GP surgeries can support navigation to local voluntary services. Connect to Support Hampshire has locality-based groups that can be accessed.

- **Demand Management & Prevention (Headquarters):**

- Impact: A significant portion of projects currently grant-funded by Adult Social Care provide support for individuals with protected characteristics
- Mitigation: Insight and support could continue to be provided to the Voluntary Community and Social Enterprise sector and partners to target individuals most at risk of needing social care; organisations will continue to be able to apply for funding through the County Councillor Grant scheme.

Equality Impacts to Highlight (2)

- **Brokerage & Billing Fees (Headquarters):**

- Impact: Residents over 65 or with a disability are more likely to be in receipt of formal care services and therefore may be more adversely affected if, for example, there is a revised charging approach
- Mitigation: Upfront and clear information and guidance would be provided to confirm charging arrangements. Self-funding individuals can choose to secure their own care directly with care providers.

- **Social Inclusion (Headquarters):**

- Impact: Withdrawal of discretionary funding for homelessness services may result in the closure of homeless hostels if alternative funding is not secured – the majority of residents are in receipt of welfare benefits or have no income, and approximately 70% have mental health needs
- Mitigation: Extensive engagement with partners including District and Borough councils, the NHS and voluntary and community organisations would be undertaken to review the future provision of these services. The County Council would ensure that anybody affected by the proposals that may have eligible care needs as defined by the Care Act 2014 can have their needs assessed by the County Council. Following assessment, they would be offered services to meet eligible needs.

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Equality Impacts to Highlight (3)

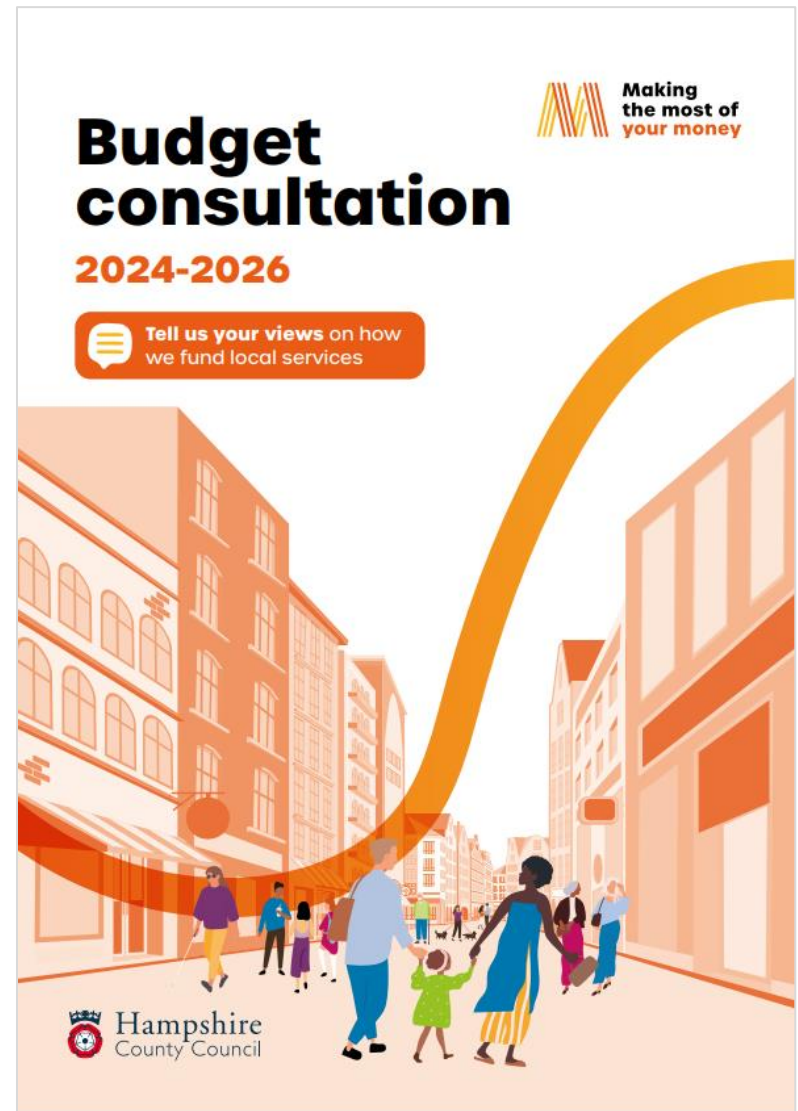
- **Independent Sexual Advocacy (ISVA) and Rape & Sexual Abuse Counselling (RASAC) Services (Headquarters):**
 - Impact: Women and those who are unable to afford private counselling services may be disproportionately impacted if funding for these services is reduced, and some people may need to seek help for mental health issues through primary healthcare services
 - Mitigation: Extensive engagement with partners including District and Borough councils, the NHS, the Office for the Police and Crime Commissioner and voluntary and community organisations could be undertaken to review the future provision of these services. Partners may need to reshape their services or seek alternative sources of funding.
- **Client Contributions (Headquarters):**
 - Impact: The proposed changes to charging may mean that those on low incomes or in receipt of benefit could be left with less income per month
 - Mitigation: Any increase in care charges for residents that do not fully fund their care would be implemented in line with the maximum allowed within national legislation and most other local authorities. Upfront and clear information could be provided to individuals, families and carers.

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*Making the most
of your money*
**Balancing the
Budget 2023
Consultation**

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Headline Findings

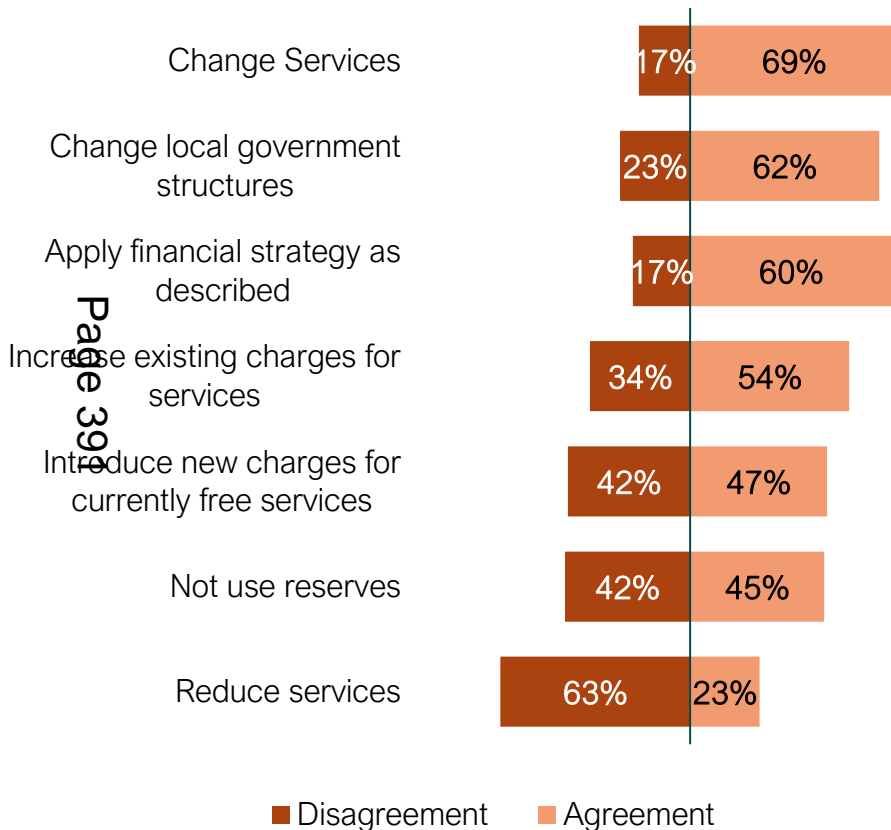


Consultation context

- The 2023 *Making the most of your money* budget consultation was designed to give all Hampshire residents and stakeholders the opportunity to have their say about ways to balance the County Council's budget.
- The consultation ran from **12 June to 23 July 2023** and was widely promoted through a range of online and offline channels.
- Information Packs and Response Forms were made available both digitally and in hard copy in standard and Easy Read formats, with other formats available on request. Unstructured responses could be submitted via email, letter or as comments on social media.
- The consultation received 2,935 responses – 2,806 via the consultation Response Form and 129 as unstructured responses via email / letter (37) or social media (92).
- Of the responses submitted via the consultation Response Form, 2,743 were from individuals and 25 from democratically elected representatives. In total, there were 56 responses from groups, organisations or businesses (38 using the Response Form and 18 as unstructured responses by email / letter).

Level of agreement with proposed options

Agreement or disagreement as to whether the County Council should . . . (Base: 2787-2663)



Respondents generally agreed with the County Council's financial strategy

A notable majority of respondents agreed that changes to council services and structures should be considered to help balance the budget.

Respondents were supportive of raising existing charges, but opinion was divided as to whether new service charges should be introduced.

Opinion was also split as to the use or not of council reserves.

Respondents were notably opposed to service reduction.

SP2025 Key Messages

- Overall, the complexities of Savings Programme to 2025 would be delivered through three approaches:
 - Continuing with and build upon the transformation created through previous savings programmes
 - Protecting key services through application of NHS/Government funding to achieve new and improved ways of working together across social care and health
 - Developing new transformational saving and income generation opportunities

...this would mean:

- Greater application of the strengths-based approach – maximising independence, in turn limiting the cost of paid for care
 - Developing new and improved ways of working between social care and health, as well as other partners / stakeholders
 - Positive staff engagement, development and support
 - Maximising opportunities to trade services
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- Further investment in and use of technology and Technology Enabled Care
- Closer working with Carers and the Voluntary and Community Sector
- Continued investment to maximise supported living and Extra Care accommodation
 - Ongoing co-production with service user groups / others
 - Resetting of public expectations about what we can do and about how people's needs will be met

Thank you

Paul Archer

Deputy Director of Adults' Health and
Care

Paul.Archer@hants.gov.uk

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of meeting:	19 September 2023
Report Title:	Work Programme
Report From:	Director of People and Organisation

Contact name: Democratic and Member Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of Report

1. To consider the Committee's forthcoming work programme.

Recommendation

1. That the Health and Adult Social Care Select Committee discuss and agree potential items for the work programme that can be prioritised and allocated by the Chairman of the Health and Adult Social Care Select Committee in consultation with the Director of Adults' Health and Care.

WORK PROGRAMME – HEALTH AND ADULT SOCIAL CARE SELECT OVERVIEW & SCRUTINY COMMITTEE

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024
<p>Proposals to Vary Health Services in Hampshire - <i>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.</i></p> <p>(SC) = Agreed to be a substantial change by the HASC.</p>									
Whitehill & Bordon Health and Wellbeing Hub Update	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	Hampshire and IOW ICS	Item considered at May 2018 meeting. Sept 2018 decision is substantial change. Update circulated Oct 2021. Last update June 2023. Requested Jan 2024.			x		
Hampshire Together: Modernising our Hospitals and Health Infrastructure Programme (SC)	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 ICSs	Presented July 2020. Last update Nov 2020. Agreed SC. 3 Dec Council established joint committee with SCC. Met Dec 2020, March 2021, Sept 2022. Last update to HASC - July 2022.	Joint Committee to continue to monitor progress as appropriate going forward.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024
Building Better Emergency Care Programme	To receive information on the PHT Emergency Department (ED) capital build.	Starting Well Living Well Ageing Well Healthier Communities	PHT and Hampshire ICSs	Presented in July 2020 following informational briefings. Last update rec'd May 2023. Requested update 2024.				x	
Proposal to create an Elective Hub	Spring 2022 notified of plans to create an elective hub to help manage the backlog of elective appointments	Living Well Ageing Well Healthier Communities	HIOW ICS	Briefing note received May 2022 regarding plans to undertake capital works to provide additional theatre space specifically as an elective hub for the Hampshire area. Autumn 2022 – nothing further to note. Defer update to 2023. Next update – Jan 2024.			x		
Project Fusion: Recommendation to create a new community and mental health Trust	October 2022 notified of plans to create a joint organisation combining community and		Southern Health FT and Solent NHS Trust	Initial presentation to HASC – Nov 2022. Last update, March 2023.		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024
	mental health services for Hampshire and IOW.								
Acute Services Partnership	Proposal to bring together senior leadership and clinical teams from IOW Trust and PHU to form a partnership.	Starting Well Living Well Ageing Well Healthier Communities	Portsmouth Hospitals University NHS Trust	First presented at HASC – March 2023.					
Crowlin House	Proposals to close the Crowlin House facility. HASC requested a full report to justify these proposals.		Southern Health NHS Foundation Trust	Requested at June 2023 meeting – request for Sept 2023.		x			
Frimley Park New Hospital	To receive information about a new hospital being built as part of a long term, national rolling programme of investment in health infrastructure.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	Frimley NHS Trust, Frimley ICB	New item to Work Programme.		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024
Hampshire and IOW ICB – Hospital discharge item	To receive information on changes to hospital discharge policy and general winter pressures planning.		Hampshire and Isle of Wight ICB	New item to Committee.	x				
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.									
Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well Healthier Communities	Care Quality Commission/ individual Trusts	To await notification on inspection and contribute as necessary. PHT last report received Jan 2020, update March 2020. SHFT – latest full report March 2022. Action Plan received May 22. Requested confirmation when all actions completed. Acute mental health wards CQC inspection feedback – to be presented to HASC.	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024
				<p>HHFT latest report April 2020 received Sept 2020. Maternity services update heard May 2022. Update Nov 22.</p> <p>Solent – latest full report received April 2019, written update on minor improvement areas in November 2019.</p> <p>Frimley Health NHS FT – Maternity Services inspection.</p> <p>UHS FT inspected Spring 2019. Update provided July 2019. Further update March 2020.</p> <p>SCAS – inspection re safeguarding concerns reported Feb 22. Update on CQC rating given July 22. Further</p>			x?		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024
				update on action plan - Nov 22, Mar 23.		x			
Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme									
Budget	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		
Working Groups									
HCC Care Proposals Working Group	To oversee a formal public consultation exercise in relation to the HCC Care Older Adults portfolio that is due to commence 4 September 2023.		HCC Adults' Health and Care	ToR agreed by HASC – 31 July 2023.	Working Group meetings currently ongoing.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024
Update/Overview Items and Performance Monitoring									
Adult Safeguarding	Regular performance monitoring adult safeguarding in Hampshire.	Living Well Healthier Communities	Hampshire County Council Adults' Health and Care	For an annual update to come before the Committee. Last update Nov 2022. Next update due Nov 2023. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report)		x			
Health and Wellbeing Board	To receive updates on the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	Hampshire County Council Adults' Health and Care	Annual item – normally June/July.		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024
NHS 111	To request an item on performance of NHS 111 following concerns raised by a committee member	Living Well Ageing Well Healthier Communities Dying Well	HIOW ICB Frimley ICB	Updates rec'd – March 2021, Nov 2021, July 2022, Mar 2023.				x	
Development of Integrated Care Systems (ICS)	Commissioning moving to ICS. Hampshire residents served by H&IOW ICS and Frimley ICS.	Living Well Ageing Well Healthier Communities Dying Well	HIOW ICB Frimley ICB	Updates rec'd - Jan 2022, July 2022, May 2023. Keep on work programme for monitoring. Request further update 2024.					
Dental Services	Concern over access to NHS dental appointments/issues with national dental contract. Item on the work programme for regular monitoring updates.	Starting Well Living Well	HIOW ICB Frimley ICB	Initial Item heard Nov 2021, written update March 2022. Last updated Nov 22. Chairman to liaise with the Leader regarding writing to the Secretary of State on dental contracts.	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024
Primary Care Access	Concerns regarding access to GP/primary care services. Item on the work programme for regular monitoring updates.	Living Well Ageing Well Healthier Communities	HLOW ICB Frimley ICB	Presented July 2019, March 2022. Latest update June 2023. Requested further update Jan 2024.			x		
Strategic Review of Primary Care Networks in North Hampshire	HASC requested a full report into the review conducted by the ICB in 2022.		HLOW ICB	Requested at the June 2023 meeting.			x		

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	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.

Hampshire County Council: Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)

Glossary of Commonly used abbreviations / acronyms across Health and Social Care

Please note this is not exhaustive and is revised on a regular basis.

AAA	Abdominal Aortic Aneurysm
A&E	Accident and Emergency or Emergency Department (ED)
AMH	Adult Mental Health
AOT	Assertive Outreach Team
AWMH	Andover War Memorial Hospital
AS	Adult Services
BCF	Better Care Fund <i>This is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.</i>
BNHH	Basingstoke and North Hampshire Hospital (part of HHFT)
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group <i>A clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area up to June 2022</i>
CHC	Continuing Healthcare
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission <i>The Commission regulate and inspect health and social care services in England.</i>
CX	Chief Executive
DGH	District General Hospital
DH / DoH	Department of Health
DTC	Delayed Transfer of Care
ED	Emergency Department / A&E
ENP	Emergency Nurse Practitioner
F&G	Fareham and Gosport
FHFT	Frimley Health NHS Foundation Trust
FT	Foundation Trust
GP	General Practitioner
G&W	Guildford and Waverley
HASC	Health and Adult Social Care (Select Committee)
HCC	Hampshire County Council
HES	Hospital Episode Statistics
H&IOW	Hampshire and Isle of Wight
HHFT	Hampshire Hospitals NHS Foundation Trust
HWB	Health & Wellbeing Board <i>Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult</i>

	<i>social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health</i>
IAPT	Improving Access to Psychological Therapies
ICU	Intensive Care Unit
ICB	Integrated Care Board (part of the ICS)
ICP	Integrated Care Partnership (part of the ICS)
ICS	Integrated Care System (came in to force 1 July 2022, replaces CCG as local commissioning structures. Hampshire population included in the 'Hampshire & Isle of Wight ICS' and the 'Frimley ICS')
ICT	Integrated Care Team
IRP	Independent Reconfiguration Panel
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment <i>This document looks at the specific health and wellbeing needs of the local population and highlights areas of inequality. It helps public bodies decide what type of local services to commission.</i>
Local HW	Local HealthWatch <i>An organisation who represents the patient voice in Hampshire. They are commissioned by HCC and conduct research and investigations into patient experience and are part of a parent organisation Healthwatch England.</i>
MHA	Mental Health Act
MIU	Minor Injuries Unit
NED	Non-executive Director
NEH&F	North East Hampshire and Farnham
NHS	National Health Service
NHS FYFP/V	NHS Five Year Forward Plan / View <i>This is a national strategy which sets the direction for better prevention, new models of coordinated and personalised support and for localities to decide for themselves how best to make progress.</i>
NHSE	<i>NHS England NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England. It holds the contracts for GPs and NHS dentists, although some of these are co-commissioned with CCGs.</i>
NHSI	NHS Improvement <i>NHSI is responsible for overseeing all NHS trusts, as well as independent providers that provide NHS-funded care. Its focus is to ensure that patients receive consistently safe, high quality, compassionate care within local health systems that are financially sustainable. It includes the functions previously carried out by Monitor.</i>
NHSP	NHS Property Services
NICE	National Institute for Clinical Excellence <i>This body provides national guidance and advice to improve health and social care outcomes.</i>

NSF	National Service Framework
OAT	Out of Area Treatment
OBC	Outline Business Case
OBD	Occupied Bed Days
OOA	Out of Area
OOH	Out of Hours
OP	Out-patients
OPMH	Older People's Mental Health (services)
PCN	Primary Care Network
PFI	Private Finance Initiative
PH	Public Health
PHE	Public Health England <i>PH England is an executive agency of the Department of Health, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.</i>
PHU	Portsmouth Hospitals University NHS Trust
QAH	Queen Alexandra Hospital, Cosham
QSG	Quality Surveillance Group <i>The aim of this group is to identify risks to quality at as early a stage as possible. They do this by proactively sharing information and intelligence between commissioners, regulators and those with a system oversight role.</i>
RHCH	Royal Hampshire County Hospital (part of HHFT)
RTT	Referral to Treatment Time (performance indicator)
S&BP FT	Surrey and Borders Partnership NHS Foundation Trust
SCAS	South Central Ambulance NHS Foundation Trust (Service)
SECAMB	South East Coast Ambulance NHS Foundation Trust
SEH	South Eastern Hampshire
SEN	Special Educational Need
SGH	Southampton General Hospital
SHFT	Southern Health Foundation Trust
SHIP	Southampton, Hampshire, Isle of Wight and Portsmouth
SPFT	Sussex Partnership Foundation Trust (provider of CAMHS)
STP	Sustainability (and) Transformation Plan / Partnership / Programme <i>These local plans aim to achieve the goals of the NHS Five Year Forward to achieve better health, transformed quality of care delivery, and sustainable finances. It is a partnership to improve health and care developed proposals built around the needs of the whole population in the area, not just those of individual organisations.</i>
UHS FT	University Hospital Southampton NHS Foundation Trust
UTC	Urgent Treatment Centre
WCH	Western Community Hospital
WiC	Walk in Centre

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