

Transformation to 2021 proposal details

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

Department:

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

Date of assessment: 13/3/2019

Is this a detailed or an overview EIA?

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

Description of service / policy and the proposed change

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

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

Geographical impact:

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

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

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

Who does this impact assessment cover?

Service users HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes No No, but planned to take place

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

Mitigation:

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

**Impact:
Mitigation:**

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

**Impact:
Mitigation:**

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

**Impact:
Mitigation:**

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

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

Mitigation:

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

**Impact:
Mitigation:**

Other considerations

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

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

Mitigation:

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

Impact:

Mitigation:

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

Additional information

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

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

Transformation to 2021 proposal details

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 1/4/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

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

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

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

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

Additional information

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

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

Transformation to 2021 proposal details

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 13/3/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

There would be three key elements to these proposals:

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

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

- Yes
 No
 No, but planned to take place

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

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

Impact:
Mitigation:

Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Impact:
Mitigation:

Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Impact:
Mitigation:

Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Impact:
Mitigation:

Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Impact:
Mitigation:

Marriage or civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Impact:
Mitigation:

Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Impact:
Mitigation:

Other considerations

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

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

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

Additional information

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

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

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Community Based Services

T21 Opportunity Reference: LD4-5 and PD1-4

Name of the accountable Officer: Stuart Outterside

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 13/5/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

This would include:

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

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

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

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Other considerations

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

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

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

Additional information

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

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

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

Transformation to 2021 proposal details

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

T21 Opportunity Reference: LD1 and PD1

Name of the accountable Officer: Jenny Dixon

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 13/5/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

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

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

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

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

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Impact:
Mitigation:

	Positive	Neutral	Low negative	Medium negative	High negative

Pregnancy and maternity

Impact:
Mitigation:

Other considerations

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

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

Mitigation:

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

Impact:
Mitigation:

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

Additional information

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

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

Transformation to 2021 proposal details

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

T21 Opportunity Reference: MH1

Name of the accountable Officer: Jason Brandon

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 13/3/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

The proposed changes and likely impacts include:

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

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

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

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

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

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

Impact:
Mitigation:

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

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

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

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

Impact:
Mitigation:

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

**Impact:
Mitigation:**

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

**Impact:
Mitigation:**

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

**Impact:
Mitigation:**

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

**Impact:
Mitigation:**

Other considerations

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

**Impact:
Mitigation:**

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

**Impact:
Mitigation:**

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

Additional information

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

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

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Older Adults Transformation

T21 Opportunity Reference: OA1-6

Name of the accountable Officer: Ian Cross

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 18/4/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

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

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

Mitigation:

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

Additional information

Click here for guidance on any other factors to consider.

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

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

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

Transformation to 2021 proposal details

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

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

Name of the accountable Officer: Karen Ashton

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 15/5/2019

Detailed

Overview

Is this a detailed or an overview EIA?

Description of service / policy and the proposed change

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

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

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

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

Consideration of impacts

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

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

Statutory considerations

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

Impact:

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

Mitigation:

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

	Positive	Neutral	Low negative	Medium negative	High negative
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	Any change may affect residents who are either physically frail or have physical disabilities. There may also be people who have Dementia.				
Mitigation:	Detailed dependency assessments for individuals affected would be carried out. Effective person-centred transition plans and support for residents and families would be put into place for each of the residents.				
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:					
Mitigation:					
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact:	We acknowledge that these changes would have a disproportionate impact on women. This is because on average there are more women than men living and working in residential accommodation.				
Mitigation:					
Marriage or civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact:	There would be a requirement to ensure that the outcomes do not impact upon the ability of the residents in these homes to maintain their relationships with their spouses, partners, wider family members, friends or other social connections.				

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

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

Impact:

Mitigation:

Other considerations

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

Impact:

Mitigation:

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

Impact:

Mitigation:

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

Additional information

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

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

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

Transformation to 2021 proposal details

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 8/4/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

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

Impact:
Mitigation:

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

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

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

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

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

Impact:
Mitigation:

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

Impact:
Mitigation:

Other considerations

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Additional information

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

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

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

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Substance Misuse Service

T21 Opportunity Reference: PH2

Name of the accountable Officer: Ileana Cahill

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 4/4/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

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

Who does this impact assessment cover?

- Service users HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

- Yes No No, but planned to take place

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

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

Impact: Young people (up to 25 years): Particular groups of young people are identified as more vulnerable to substance misuse include those with mental health issues; young offenders; young people in care; homeless young people; excluded pupils or frequent non-attenders; sexually exploited. Of the young people currently supported by the service, the majority have wider vulnerabilities and support needs. (e.g. 83% report a mental health concern, 22% child in need/child protection plan in place, 21% involved in anti-social behaviour/criminal activity, 11% domestic abuse) with 89% reporting early onset of substance misuse. The reduction in investment would result in services for young people up to 25 years being less accessible and visible. Access to short-term (6 weekly) targeted services for vulnerable young people to prevent escalation of misuse of drugs / alcohol would need to be restricted.

Currently, 17% of adult service users are living with their children (under 18 years). The reduction in investment would potentially result in an increase in harms and a reduction in support (from the substance misuse service) to children and families who have alcohol / drug dependant parent.

Adult population 30-49 years: Approximately 50% of adults accessing substance misuse services in Hampshire are aged between 30 – 49 years. 66% of those people in treatment for their opiate addiction are between the ages of 30 and 49 years. This cohort require intensive care and support (including medical treatment) to enable recovery. A reduction of access to treatment amongst these age groups could result in a decrease in the numbers of people accessing substance misuse treatment and a likely increase in the unmet need across Hampshire. This age group also have the highest number (nearly two thirds) of all drug related deaths across Hampshire. Accessing substance misuse treatment services is a protective factor in preventing drug related deaths and reducing access to these services for this cohort of people could result in an increased number of deaths.

Alcohol related admissions have been steadily increasing over the past 10 years and in 2017/18 there were nearly 25,000 adult Hampshire residents who were admitted to hospital because of a health condition that was attributed to alcohol. Few services supporting alcohol clients are likely to contribute towards an increase in alcohol admissions to hospitals.

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

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

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

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

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

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

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

	Positive	Neutral	Low negative	Medium negative	High negative

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

Other considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impact:	Deprived communities are associated with the problematic use of drugs such as heroin and crack cocaine. Although problematic use of these drugs is not exclusively related to deprivation it is much more common among those living in poverty. The impact of harmful and dependent drinking is greatest in deprived communities. There would be a reduction in access to substance misuse services for those living in poverty. National statistics show that there are higher numbers of drug related deaths in areas of deprivation. Both Gosport and Havant have higher than average deaths. Health outcomes such as rates of alcohol related conditions, alcohol related mortality and alcohol related hospital admissions for those living in local authority areas where there are high levels of deprivation in Hampshire is likely to increase.				
Mitigation:	Prioritise resources to ensure that substance misuse services are visible and accessible in areas where there are high levels of deprivation.				
	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impact:	The current substance misuse service has a good foot-print across Hampshire with 9 treatment (in the main towns) and several satellite services in more rural areas. A reduced budget would decrease the availability of satellite services and outreach in more rural communities.				
Mitigation:	Develop proposal for digital / virtual support where appropriate, although this would not suit all service users particularly those receiving medical interventions and more complex / higher level support.				

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

Additional information

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

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

Transformation to 2021 proposal details

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

Department:

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

Date of assessment: 17/4/2019

Is this a detailed or an overview EIA?

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

Description of service / policy and the proposed change

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

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

Geographical impact:

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

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

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

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

Who does this impact assessment cover?

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

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

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

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

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

Consideration of impacts

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

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

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

Statutory considerations

	Positive	Neutral	Low negative	Medium negative	High negative
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impact:	Young people aged 15-24 are one of the population groups who are most at risk of unintended pregnancy, sexually transmitted infections (STIs) and sexual exploitation. 60% of all STIs are in young people aged 15-24 and babies born to mothers under 20 years have a 24% higher rate of stillbirth, a 56% higher rate of infant mortality and a 30% higher rate of low birth weight. Children born to teenage mothers also have a 63% higher risk of living in poverty. Mothers under 20 years have a 30% higher risk of poor mental health 2 years after giving birth. A reduction in sexual health clinic access and capacity is likely to have a high negative impact on young people, who are also less likely to use their GP for contraception and less likely to have access to private transport.				
Mitigation:	We would ensure that young people (under 25) remain a priority for commissioned services and seek to ensure that all young people can access a sexual health clinic within 30 minutes travel by public transport. Where this is not possible we would seek to commission outreach and/or satellite services. We would support the development and delivery of Relationship & Sex Education in schools and encourage young people to use their GP for contraception services. We would continue to encourage low-risk asymptomatic residents to use online STI services appropriately which would release capacity for higher-risk residents, including young people, to be seen in face 2 face clinics.				
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

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

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

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

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

Impact:
Mitigation:

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

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

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

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

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

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

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

Impact:
Mitigation:

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

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

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

Other considerations

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

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

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

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

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

Mitigation:

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

Additional information

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

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

Transformation to 2021 proposal details

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

T21 Opportunity Reference: PH4 Domestic Abuse Victim and Perpetrator Services

Name of the accountable Officer: Jude Ruddock-Atcherley

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 9/4/2019

Detailed

Overview

Is this a detailed or an overview EIA?

Description of service / policy and the proposed change

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

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

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

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

Who does this impact assessment cover?

- Service users HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

- Yes No No, but planned to take place

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

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

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

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

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

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

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

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

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

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

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

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

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

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

Impact:
Mitigation:

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

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

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

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

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

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

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

Impact:
Mitigation:

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

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

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

Other considerations

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

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

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

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

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

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

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

Additional information

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

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

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

Vulnerable Groups - Vulnerable adults and children at risk:

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

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

Transformation to 2021 proposal details

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

T21 Opportunity Reference: PH5 Weight Management Service Budget Reduction

Name of the accountable Officer: Darren Carmichael

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 8/4/2019

Detailed

Overview

Is this a detailed or an overview EIA?

Description of service / policy and the proposed change

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

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

The service is available to:

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

- Yes
 No
 No, but planned to take place

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

Impact:
Mitigation:

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

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

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

Impact:
Mitigation:

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

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

Mitigation:

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

Impact:

Mitigation:

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

Impact:

Mitigation:

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

Impact:

Mitigation:

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

Impact:

Mitigation:

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

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

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

Other considerations

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

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

Mitigation:

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

Impact:

Mitigation:

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

Additional information

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

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

Transformation to 2021 proposal details

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 8/4/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

Impact:
Mitigation:

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

Impact: People with serious mental illness are a priority group for the service. A potential reduction in service capacity could impact on when and where clients from this group access local stop smoking interventions.
Mitigation: The service would continue to target this group to reduce smoking rates in people with serious mental health illness.

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

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

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

Other considerations

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

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

Mitigation:

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

Impact:
Mitigation:

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

Additional information

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

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

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

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

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

Transformation to 2021 proposal details

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

Department:

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

Date of assessment: 8/4/2019

Is this a detailed or an overview EIA?

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

Description of service / policy and the proposed change

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

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

Geographical impact:

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

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

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

Who does this impact assessment cover?

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

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

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

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

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

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

Impact:
Mitigation:

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

Additional information

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

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

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

Transformation to 2021 proposal details

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 17/4/2019

Detailed

Overview

Is this a detailed or an overview EIA?

Description of service / policy and the proposed change

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

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

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

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

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

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

Impact:
Mitigation:

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

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

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

Other considerations

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

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

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

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

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

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

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

Additional information

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

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

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

Transformation to 2021 proposal details

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

T21 Opportunity Reference: PH6

Name of the accountable Officer: Jo Lockhart and Vicky Richardson

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

Department:

Adults' Health
and Care

Children's
Services

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 5/8/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

Page Break

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

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

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

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

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

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

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

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

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

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

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

Mitigation:

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

Impact:

Mitigation:

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

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

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

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

Impact:

Mitigation:

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

Impact:

Mitigation:

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

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

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

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

Impact:
Mitigation:

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

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

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

Other considerations

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

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

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

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

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

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

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

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

Additional information

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

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

Transformation to 2021 proposal details

Name of Transformation to 2021 proposal: Oral Health Improvement

T21 Opportunity Reference: PH6 Oral Health Improvement

Name of the accountable Officer: Robert Carroll

Email address of the accountable Officer: robert.carroll@hants.gov.uk

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 18/4/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

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

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

Geographical impact:

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

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

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

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

Who does this impact assessment cover?

- Service users HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

- Yes
 No
 No, but planned to take place

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

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

Impact:

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

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

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

**Impact:
Mitigation:**

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

**Impact:
Mitigation:**

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

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

Mitigation:

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

**Impact:
Mitigation:**

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

**Impact:
Mitigation:**

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

**Impact:
Mitigation:**

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

Impact:
Mitigation:

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

Impact:
Mitigation:

Other considerations

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

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

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

Impact:
Mitigation:

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

Additional information

Click here for guidance on any other factors to consider.

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

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

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

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

Transformation to 2021 proposal details

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 9/4/2019

Detailed

Overview

Is this a detailed or an overview EIA?

Description of service / policy and the proposed change

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

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

A recent evaluation showed:

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

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

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

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

Impact:
Mitigation:

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

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

Additional information

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

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

Transformation to 2021 proposal details

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 2/5/2019

Is this a detailed or an overview EIA?

Detailed

Overview

Description of service / policy and the proposed change

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

- Yes
 No
 No, but planned to take place

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

Impact: The activity coordinators are based in homes which provide care for older people therefore any changes would impact on this population. If the coordinator provision is removed entirely, there is a risk of older people having fewer opportunities to participate in social engagement and meaningful activities. This could negatively impact on their physical and mental health and wellbeing as well as the registration of the units making the service unsafe.

Mitigation: A review would be undertaken to assess what is currently provided by the activity coordinators, how many people access their offer and the wider outcomes that they are contributing to. This stage is necessary to understand the extent to which the current model meets the needs of the older people and would inform future developments and mitigation. If a funding contribution for the activity coordinators is no longer available through the Public Health grant and a strategic decision is made that activity provision should continue, mitigating options would be explored including: Alternative funding sources. Arrangements with the voluntary and community sector.

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

Impact: The in-house services provide care for an older population, and a significant proportion of the people affected will have physical disabilities, frailty and long term conditions including dementia, diabetes, respiratory and cardiac problems that impair their mobility and wellbeing.

Mitigation: As part of the review of the current activity coordinator provision, the needs of people with disabilities would be taken into account and used to inform the development of any future model.

	Positive	Neutral	Low negative	Medium negative	High negative

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

Impact:
Mitigation:

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

Impact:
Mitigation:

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

Additional information

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

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

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

Transformation to 2021 proposal details

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

T21 Opportunity Reference: PH7

Name of the accountable Officer: Martha Fowler-Dixon

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

Department:

Adults' Health and Children's Services
Care

Corporate
Services

Culture,
Communities and
Business Services

Economy,
Transport and
Environment

Date of assessment: 2/5/2019

Detailed

Overview

Is this a detailed or an overview EIA?

Description of service / policy and the proposed change

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

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

Geographical impact:

All Hampshire

Basingstoke & Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester

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

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

Who does this impact assessment cover?

Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

Yes

No

No, but planned to take place

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

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

Consideration of impacts

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

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

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

Statutory considerations

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

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

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

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

Additional information

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

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