





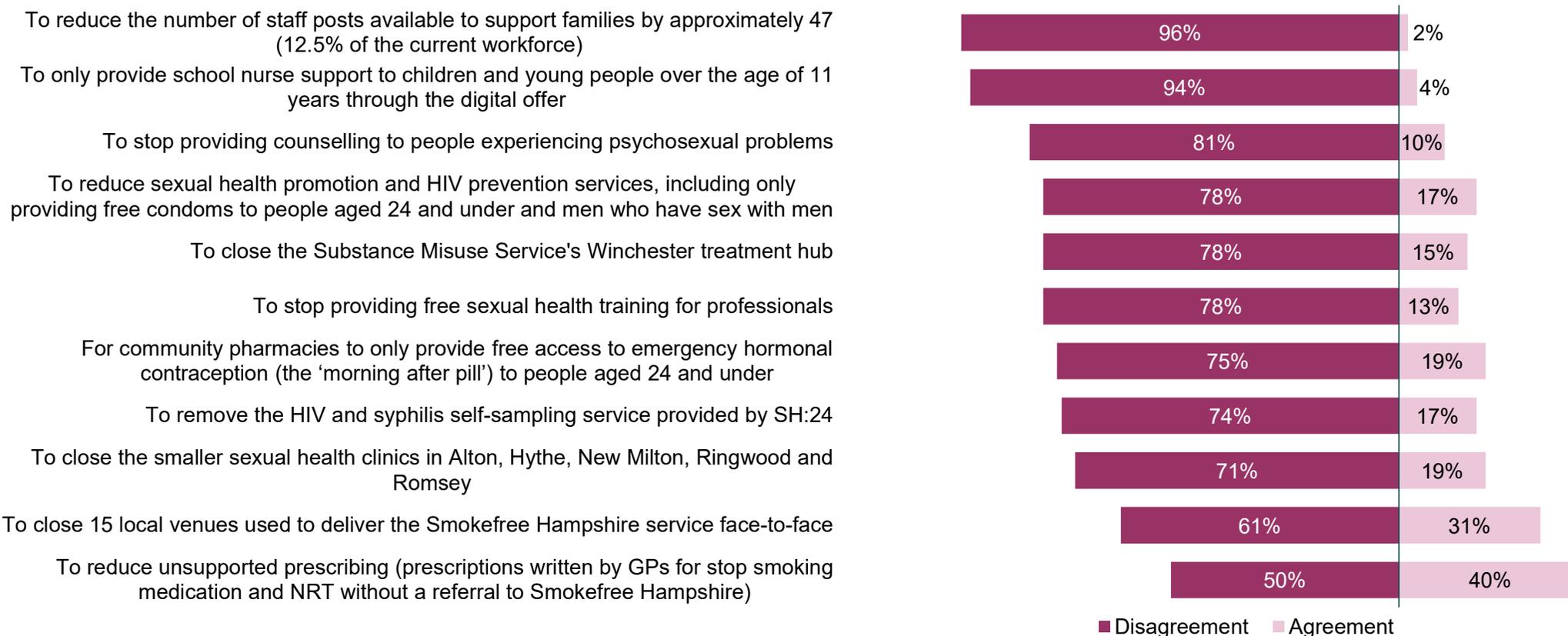
## Consultation response

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- The consultation was widely promoted through a range of communication channels including emails to stakeholders (including healthcare providers, schools, charities, Hampshire councils, and MPs), social media posts, and press releases.
- The Information Pack and Response Form were made available both digitally and in hard copy in standard and Easy Read formats, with other formats available on request. Unstructured responses could be submitted via email or letter.
- The **consultation received 3,060 responses** – 2,988 via the consultation Response Form and 72 as unstructured responses (via email and letter).
- Of the responses submitted via the consultation Response Form, **2,861** were from individuals and **10** from democratically elected representatives. Including the unstructured responses, **154** groups, organisations or businesses responded, including **38** schools and **54** organisations working in the health sector.
- Of those who responded in a personal capacity, **2,000** had experience of using one or more of the services (or, in the case of the 0-19 Public Health nursing service, lived with children who have used the service) addressed through the consultation.

**Executive summary - Proposals:** There was majority disagreement with all of the proposals across all four consultations, with the strongest disagreement expressed in relation to proposed changes to the 0-19 Public Health nursing service

To what extent do you agree or disagree with the following proposals? (Base: 2746, 2748, 1072, 1071, 866, 1052, 1067, 1060, 1059, 754, 749)



**Executive summary- Impacts:** 3,878 comments were submitted to illustrate impacts that could arise should the consultation proposals be implemented, with the impact on service users mentioned most frequently by respondents

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- Impacts of proposed changes to the substance misuse treatment service focused on the effect on service users, particularly in relation to people who are already vulnerable and the accessibility of treatment services. Some respondents also felt that the impact could extend to the wider community through increased criminal behaviour or demand for other services
- The impact of proposed changes to stop smoking services on service users were mentioned most frequently, particularly regarding accessibility of services, and how the vulnerable would be affected. Impacts on healthcare and other services that would deal with the impacts of poorer health were also frequently described
- Respondents felt that the proposed changes to sexual health services would reduce access to services, particularly for the young and already vulnerable, whilst also reducing levels of equality and impacting on the health of those who rely on these services
- The majority of responses relating to proposed changes to 0-19 Public Health nursing services mentioned impacts on service users, other services that could need to handle any additional demand as a result of the proposed changes, and on communities in general, with almost half referring to the potential impacts on health outcomes if the proposed changes were implemented
- All comments have been read and considered by the project team

**Executive Summary:** Further comments and unstructured responses enabled people to provide more detailed views on the proposals, as well as alternative suggestions as to how savings could be made

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- When additional comments were provided, these most commonly related to equality concerns, particularly with regard to children, young people and their parents and carers, with those on low incomes and members of the LGBT community also mentioned. Wider impacts on health and wellbeing of service users were also mentioned regularly
- Suggestions for alternative ways to balance service budgets related to reducing staff costs by reducing employees and salaries, increasing funding by lobbying the government and raising Council Tax, reducing budgets to other services, and by providing services in a different way, such as more online provision, more self-service, and counter views that there should be more face-to-face service provision
- Unstructured responses (via letter and email) were most frequently concerned about the potential impacts of the proposed changes, particularly for children and young people, families, and people with mental health issues, as well as regularly commenting on the impacts on demand for other services from the proposed changes and the COVID-19 pandemic



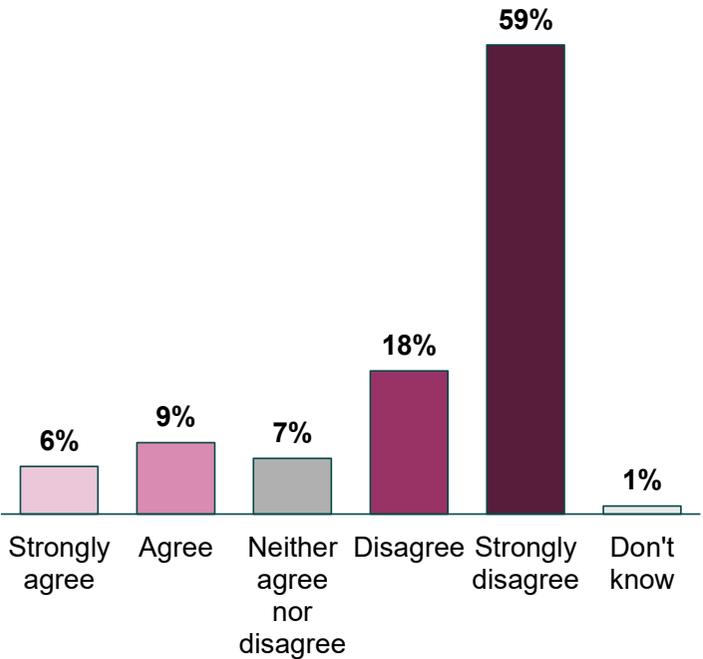
## Substance misuse treatment service: Consultation context

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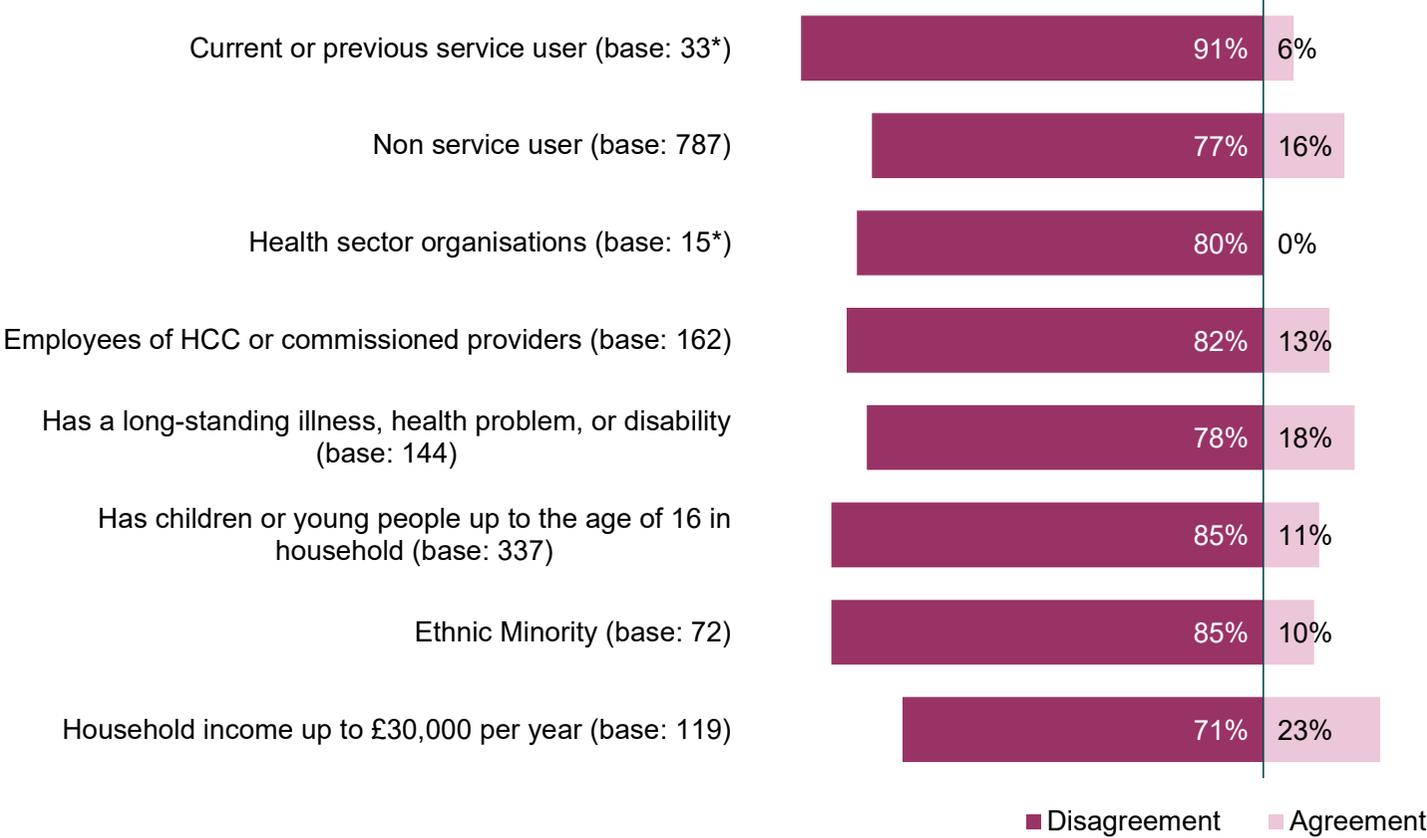
- The substance misuse treatment service delivers treatment and support to adults and young people who are misusing drugs and alcohol. The service is currently delivered through nine permanent treatment centres and nine smaller satellite clinics.
- The County Council consulted on reductions of £120,000 from the budget for substance misuse treatment service by closing the Winchester treatment hub. This would affect adults who use or need drug treatment services in Winchester. It would not affect the delivery of the children and young people's substance misuse treatment service.
- People living in Winchester who need to access the substance misuse treatment service would still be able to seek support at the Winchester satellite clinic, via support groups at local community centres, through outreach or virtual support or at treatment hubs elsewhere in Hampshire (the nearest one being Eastleigh).
- **869** respondents provided feedback on this proposal via the consultation Response Form. Additional responses relating to this service were also provided in the unstructured responses presented towards the end of this report, but are not included separately here as the themes often covered more than one service.

Over three quarters of respondents (78%) disagreed with the proposal to close the Winchester Treatment Hub. Higher levels of disagreement were expressed amongst respondents who had used the service (91%), those with children up to the age of 16 in their household (85%) and those from ethnic minority backgrounds (85%)

To what extent do you agree or disagree with the proposal to close the Winchester Treatment Hub? (Base: 866)

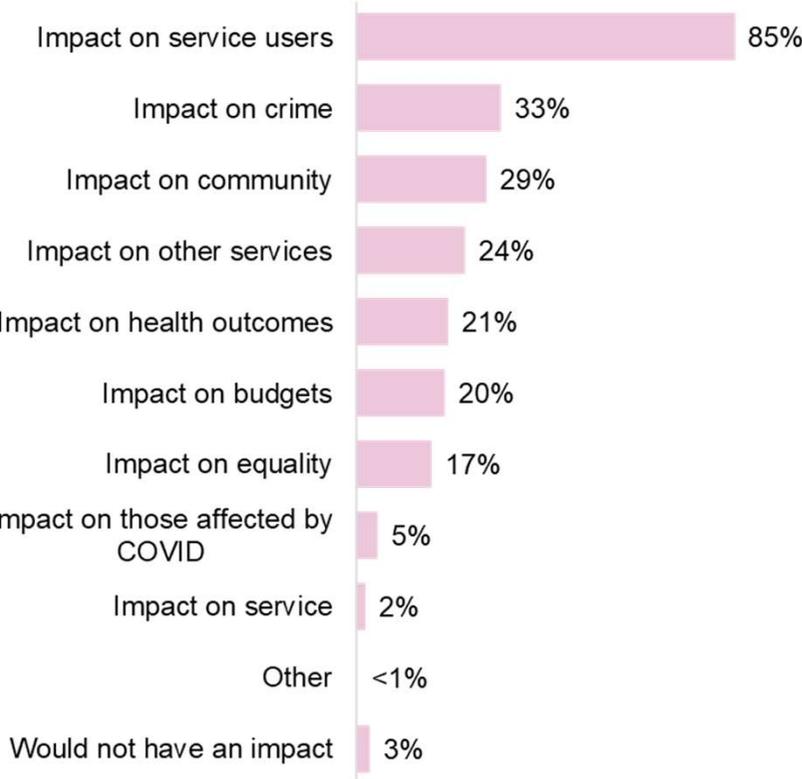


Agreement / disagreement by respondent groups



**Impacts of proposed changes to the substance misuse treatment service** focused on the effect on service users, particularly in relation to people who are already vulnerable and the accessibility of treatment services. Some respondents also felt that the impact could extend to the wider community through increased criminal behaviour or demand for other services

**What, if any, type of impact do you think the proposed changes to the substance misuse treatment service may have? (Base: 534 responses)**



**Impacts on service users (85%)** 

- Heaviest impacts on those already vulnerable (84%)
- Harder for existing service users to use services (54%)
- Harder for service users to travel to services (37%)

**Impacts on crime (33%)** 

- Increased substance misuse (30%)
- Increase in crime (16%)
- Increase in violent crime (4%) or domestic abuse (3%)

**Impacts on community (29%)** 

- Impacts on unsupported areas (26%)
- Impacts on community cohesion (20%)
- Impacts on service users families and friends (12%)

**Impacts on other services (24%)** 

- Increased demand on NHS and GPs (22%)
- More pressure on crime and probation services (14%)
- General increased demand for other services (13%)

**Impacts on health outcomes (21%)** 

- Poorer physical health (17%)
- Increase death rates (7%)
- Poorer mental health (6%)
- Increase in self harm or suicide rates (3%)

**Impacts on service budgets (20%)** 

- Increased costs to other services (20%)
- Increased costs to this service over the longer term (7%)

**Impacts on equality (17%)** 

- Reduced inclusivity (15%)
- Impacts on those who struggle with attending appointments (8%)
- Excludes those without digital access or skills (6%)

**Impacts on those affected by COVID (5%)** 

- COVID and lockdowns have increased demand for the service (5%)
- Could impact and slow recovery from the pandemic (5%)

**Impacts on the service (2%)** 

- Increased pressure on resources (2%)
- Increased pressure on staff working for the service (1%)

**Impacts of proposed changes to the substance misuse treatment service** – There was general agreement on the main impacts across key respondent groups, with health sector organisations additionally highlighting the impact on other services and on service inclusivity. Households with children were more likely than others to mention costs to the wider community and organisation budgets

Shaded cells show the top three impacts described by this group	Base											Other
		Impact on service users	Impact on crime	Impact on community	Impact on other services	Impact on health outcomes	Impact on budgets	Impact on equality	Impact on those affected by COVID	Impact on the service	Would not have an impact	
<i>Blank cells are shown where no responses were made relating to the corresponding theme</i>												
All responses	591	85%	33%	29%	24%	21%	20%	17%	5%	2%	3%	<1%
Current or previous service user	27*	96%	30%	22%	15%	22%	11%	7%		4%		
Non service user	527	84%	32%	30%	24%	20%	21%	16%	5%	2%	3%	<1%
Health sector organisations	12*	92%	25%		58%	25%	17%	33%				
Employees of HCC or commissioned providers	112	94%	34%	32%	25%	25%	20%	18%	5%	4%	1%	
Has a long-standing illness, health problem, or disability	98	87%	33%	23%	15%	19%	16%	13%	3%	2%	5%	
Has children or young people up to the age of 16 in household	238	91%	37%	37%	30%	25%	26%	15%	6%	3%	1%	
Ethnic Minority	46*	78%	26%	24%	9%	17%	7%	9%	7%	2%	2%	
Household income up to £30,000 per year	80	76%	25%	19%	20%	18%	18%	16%	3%	4%	8%	

**Impacts of proposed changes to the substance misuse treatment service** – The examples below illustrate some of the key themes arising, including concerns about how service users would travel to alternative locations, the potential to exacerbate existing inequalities and mental health issues, and perceptions of the additional strain that could be placed on services and communities

**Impacts on service users** 

*“Closing services will only impact on those people who already have less in terms of money, transport”*

*“People with substance misuse often don’t have the ability to travel for their care and this would put an extra barrier in the way of their recovery”*

**Impacts on crime** 

*“This will impact the whole community with increases in crime and antisocial behaviour”*

*“...reducing the budget will lead to increased and sustained substance abuse, leading to more crime, domestic abuse, hospital admission, self harm, suicide”*

**Impacts on community** 

*“...impact on the community as people’s substance misuse spirals if they can’t access help”*

*“This service enables families to minimise their substance misuse and try to make positive changes within their lives and for the benefit of their families”*

**Impacts on other services** 

*“...greater strain financially on the NHS and staff who have to deal with an increased work load”*

*“Any reduction in services for people struggling with substance misuse is going to end up with more work for other services such as A&E, police, GPs, health visitors, social services”*

**Impacts on health outcomes** 

*“More health issues will arise from prolonged substance misuse that has not been supported”*

*“Impacts life chances and survival rates for people with substance / addiction issues”*

*“Substance abuse often stems from underlying mental health issues”*

**Impacts on budgets** 

*“People may not be able to access the support they need which would increase the financial burden on other services”*

*“If this support is further eroded it could have a significant negative impact leading to increased issues (impacting on the councils budgets in the longer term)”*

**Impacts on equality** 

*“Children living with a parent who abuses substances will continue to live in a harmful environment if their parents are not being helped”*

*“People with substance misuse issues often find it difficult to feel confident to access services due to lack of insight into their problems, feeling shame and anxiety about change”*

**Impacts on those affected by COVID** 

*“Mental Health is linked to substance misuse, and there is a huge rise in mental health issues since the pandemic”*

*“I am horrified at the prospect of the cuts in this area, when vulnerable people with addiction problems exacerbated by the Covid-19 pandemic need them”*

**Impacts on the service** 

*“Staff would have less time to be able to fully support anyone who is currently suffering with substance abuse”*

*“Satellite locations might need additional support to deal with any outflow from Winchester”*

**Impacts of proposed changes to the substance misuse treatment service** – quotes from the health and care sector described increasing demand for services, the impacts that the proposed changes could have on other services, and the health outcomes for existing vulnerable service users who may struggle to adapt to changes in how services are provided

**Health and care sector organisational responses**

*“Given the client group, we do not think reimbursed travel costs are an alternative to having a local hub. This could potentially have an impact on GP services with people choosing to contact their GP instead. It does not solve a problem, it simply shifts the activity to another provider and one that is already over capacity”*

*“As we know we are seeing an increasing number of patients with problem of substance misuse. I personally saw one last week who felt suicidal as felt he is unable to access any help and I feel closing services like this can just lead to more issues and add pressure on other parts of the system”*

*“As a result of the COVID pandemic many people’s substance misuse problems have spiralled out of control. Many people who are substance misusers or at risk of becoming a substance misuser are also homeless and this population rely on local face to face services. Not having this service in Winchester also increases our workload as GPs at a time when our profession is in crisis and we more stretched than we have ever been”*

**Personal responses from individuals who work in the health and care sector**

*“Closing an inclusion service would cause a huge deal of stress on GP services, police services and ambulances”*

*“People who use substances may have a chaotic lifestyle...Prebooking rooms won’t reach the most vulnerable”*

*“If this service is closed, the work of social workers will only increase, and end up costing more”*

*“Those on the fringes of society, who are already struggling are going to receive less support and help. There is already enough difficulty with people receiving the help they need, so reducing the funding will mean people will get even less support”*

*“I believe it would lead to even greater ill health in this vulnerable group, ultimately deaths and of course crime. I am absolutely shocked the council is proposing the closure of a drug and alcohol Service when addiction is chronically underfunded as it is”*

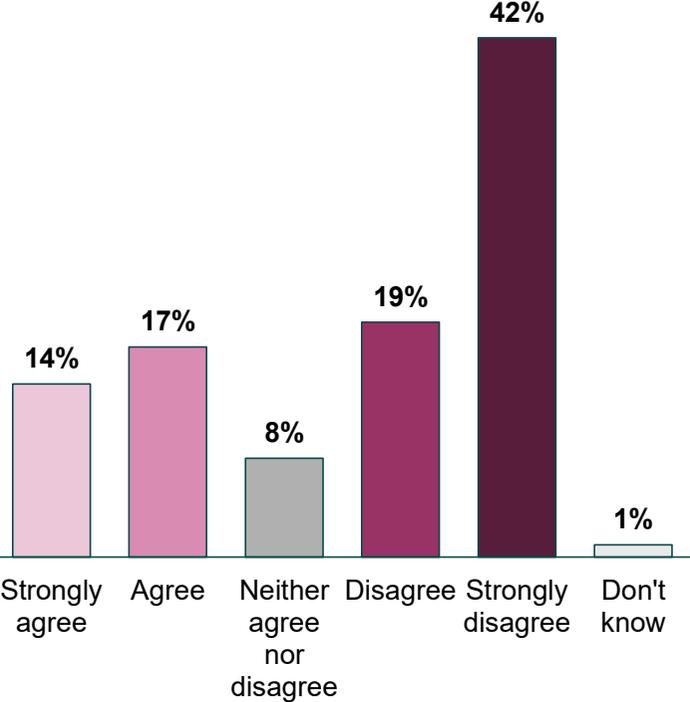


## Stop smoking service: Consultation context

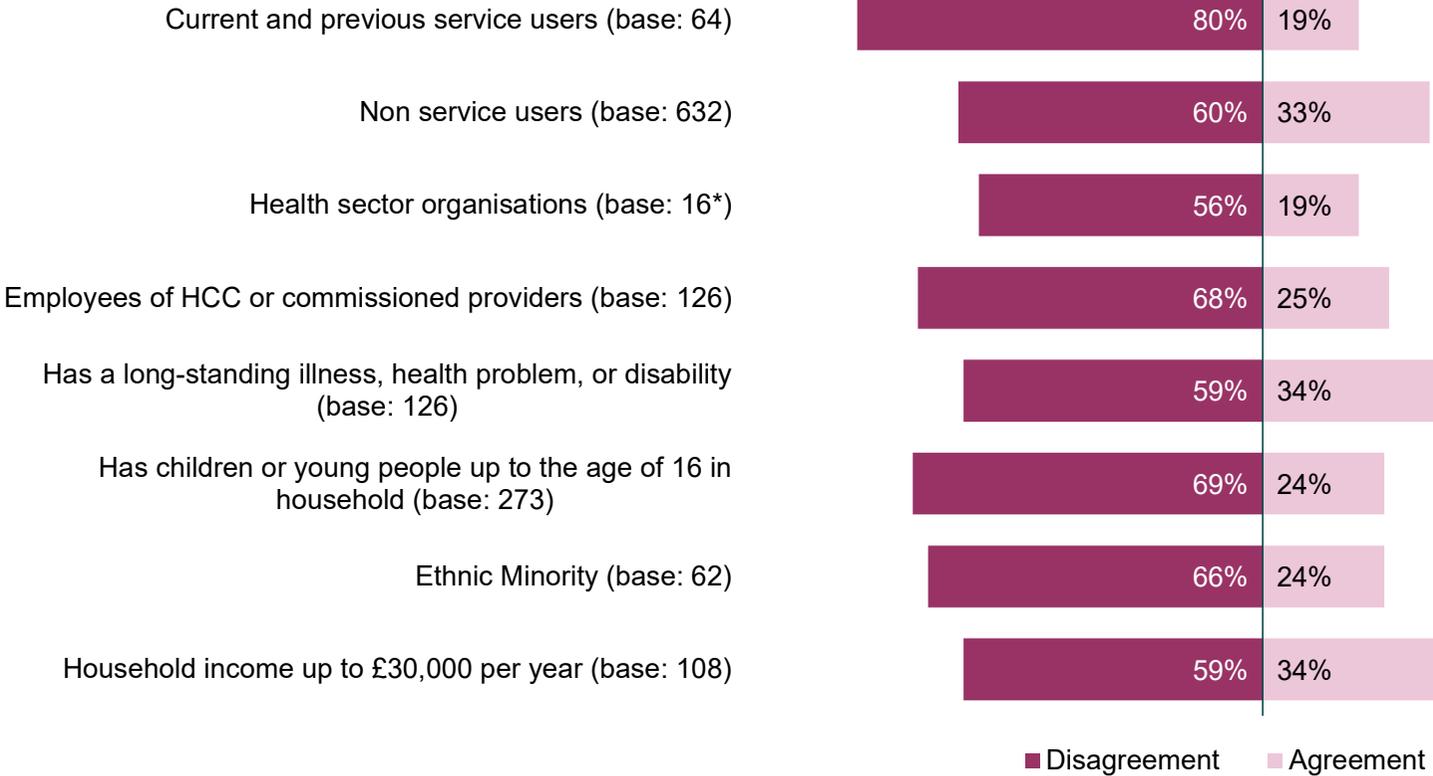
- Hampshire County Council commissions Solutions4Health to provide free stop smoking support for local residents. This service, known as 'Smokefree Hampshire', offers one-to-one support from trained advisers to people who want to quit smoking, along with free nicotine replacement therapy (NRT), vaping kits, and medications that can make it easier to quit. Support is provided face-to-face in community venues, pharmacies, vape shops and by telephone and video call.
- **Proposal A was to reduce the number of venues from which face-to-face stop smoking services are provided:** If agreed, 15 of the existing 33 venues would close, saving £150,000. The service would still provide all the online support currently available and continue to provide face-to-face support at the remaining 18 community venues. The arrangements that are in place with specific pharmacies, GP practices and vape shops would also continue.
- **Proposal B was to reduce unsupported prescribing (the number of prescriptions written by GPs for stop smoking medication and nicotine replacement therapy (NRT) that are not accompanied by a referral to Smokefree Hampshire):** If agreed, GPs would be asked to refer patients to the Smokefree Hampshire service to access medication or NRT alongside tailored support. Evidence suggests that this would increase the chances of successfully quitting smoking and provide a more cost-effective way of helping people to stop smoking, saving £168,000.
- **766** respondents provided feedback on these proposals via the consultation Response Form. Additional responses relating to this service were also provided in the unstructured responses presented towards the end of this report, but are not included separately here as the themes often covered more than one service.

Overall, 61% of respondents disagreed with the proposal to close 15 local venues delivering the Smokefree Hampshire service, with the highest levels of disagreement expressed by respondents who have used the service (80%) and those with children up to the age of 16 in their household (69%)

To what extent do you agree or disagree with the proposal to close 15 local venues used to deliver the Smokefree Hampshire service face to face? (Base: 754)

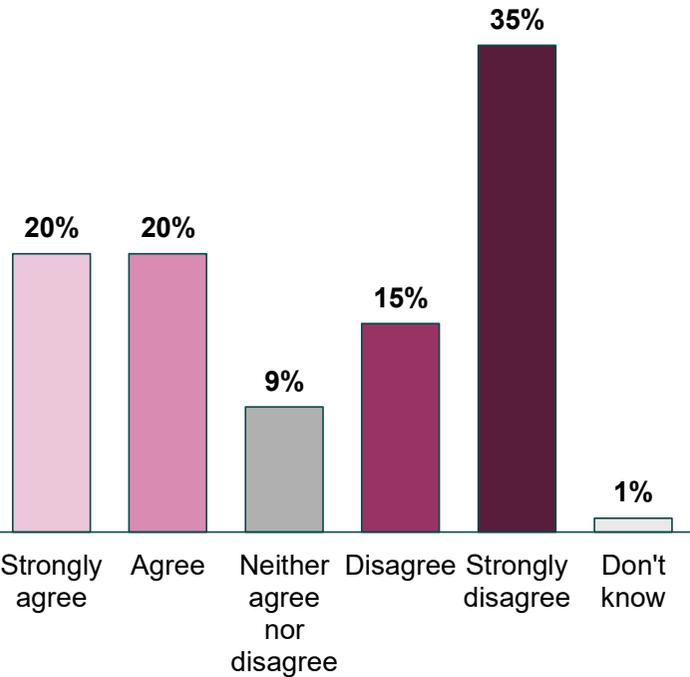


Agreement / disagreement by respondent groups



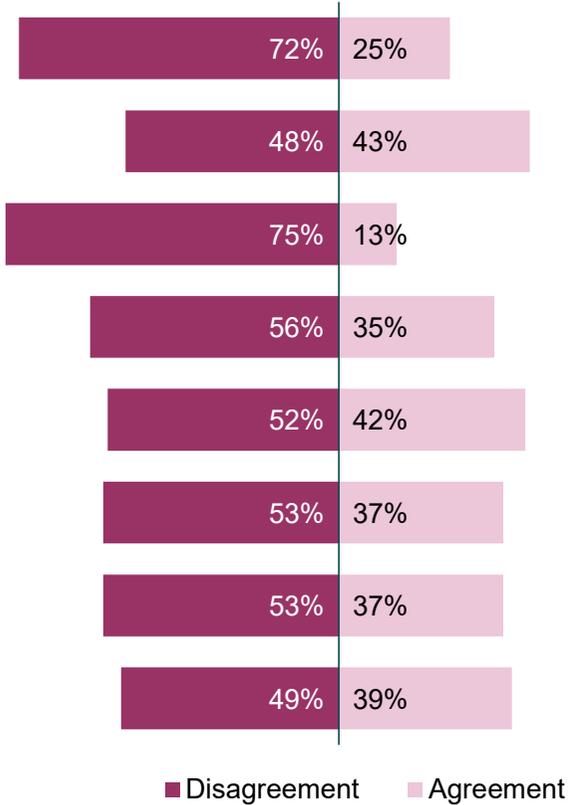
The proposal to stop unsupported prescribing by GPs split opinion amongst most groups, with 50% of respondents disagreeing and 40% agreeing with this proposal overall. Current/ previous service users and organisations that work in the health sector were clearest in their views, with 72% and 75% disagreeing respectively.

To what extent do you agree or disagree with the proposal to reduce unsupported prescribing by GPs? (Base: 749)



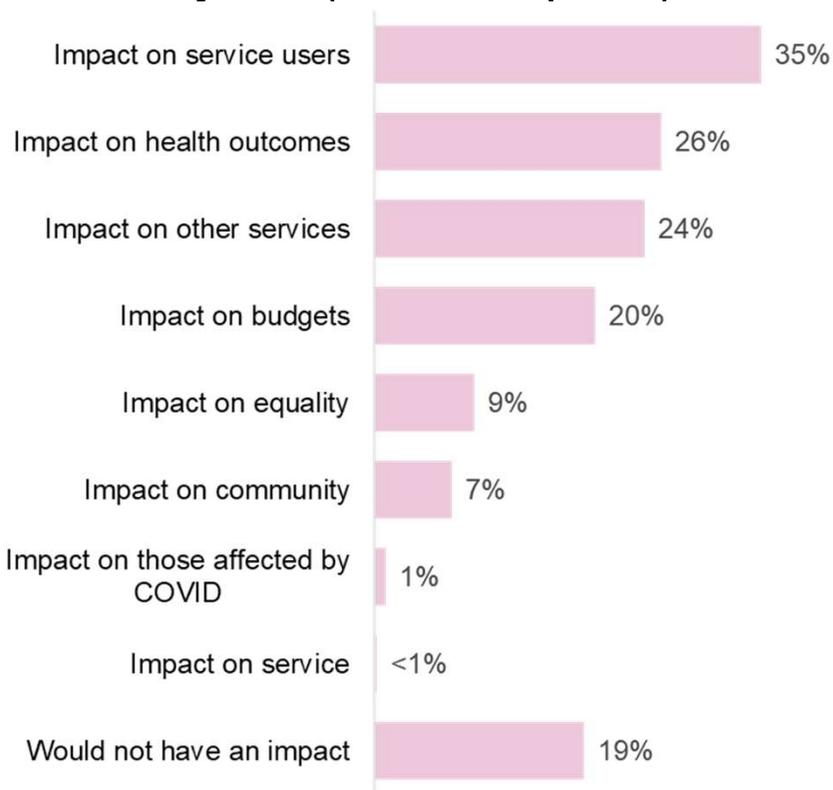
Agreement / disagreement by respondent groups

- Current and previous service users (base: 66)
- Non service users (base: 627)
- Health sector organisations (base: 16\*)
- Employees of HCC or commissioned providers (base: 123)
- Has a long-standing illness, health problem, or disability (base: 124)
- Has children or young people up to the age of 16 in household (base: 273)
- Ethnic Minority (base: 61)
- Household income up to £30,000 per year (base: 107)



**Impacts of proposed changes to stop smoking services** – Impacts on service users were mentioned most frequently, particularly regarding accessibility of services, and how the vulnerable would be affected. Impacts on health and other services that would deal with the impacts of poorer health were also frequently described

**What, if any, type of impact do you think the proposed changes to stop smoking service may have? (Base: 439 responses)**



**Impacts on service users (35%)** 

- Harder to access service (21%)
- Heaviest impacts on most vulnerable (8%)
- Impacts on those on low incomes (6%)
- Reduced motivation for those requiring service to access it (5%)

**Impacts on other services (24%)** 

- Increase in demand for NHS / GP services (24%)
- Increased strain on staff providing public services (1%)

**Impacts on equality (9%)** 

- Reduced inclusivity of services (9%)
- Harder for people who find online services difficult to use or access (5%)
- Impacts on those who struggle with attending appointments (<1%)

**Impacts on those affected by COVID (1%)** 

- COVID and lockdowns have increased demand for the service (1%)
- Could impact and slow recovery from the pandemic (1%)

**Impacts on health outcomes (26%)** 

- Increase in smoking-related illnesses (16%)
- Increase in poor physical health (8%)
- Increase in mortality rates (7%)
- Increase in poor mental health (1%)

**Impacts on budgets (20%)** 

- Would increase costs to other services (20%)
- Would increase costs for the stop smoking service over the longer term (12%)

**Impacts on community (7%)** 

- Impact on families or friends of service users (4%)
- Would make communities more unequal (2%)
- Impacts on areas no longer served by the service (2%)

**Impacts on the service (<1%)** 

- Impacts on staff (<1%)
- Increased pressure on resources (<1%)

**Impacts of proposed changes to stop smoking services** – While all the groups listed below most commonly referred to impacts on service users and health outcomes, health sector organisations also referred to equality and community impacts, and there was a view amongst respondents with health problems, low incomes, or ethnic minority backgrounds that there may be no notable impacts

<p><i>Shaded cells show the top three impacts described by this group</i></p> <p><small>Blank cells are shown where no responses were made relating to the corresponding theme</small></p>	Base	 Impact on service users	 Impact on health outcomes	 Impact on other services	 Impact on budgets	 Impact on equality	 Impact on community	 Impact on those affected by COVID	 Impact on service	 Would not have an impact
All responses	439	35%	26%	24%	20%	9%	7%	1%	<1%	19%
Current and previous service users	42*	36%	36%	31%	14%	7%	5%		2%	7%
Non service users	358	33%	25%	24%	21%	8%	6%	1%		22%
Health sector organisations	15*	60%	33%	20%	13%	27%	27%			20%
Employees of HCC or commissioned providers	70	36%	29%	21%	14%	13%	9%	3%		19%
Has a long-standing illness, health problem, or disability	71	34%	24%	17%	15%	8%		1%		21%
Has children or young people up to the age of 16 in household	156	38%	31%	28%	25%	11%	4%	1%	1%	13%
Ethnic Minority	33*	33%	30%	15%	21%		6%			21%
Household income up to £30,000 per year	65	29%	20%	22%	15%	6%	3%	2%		25%

**Impacts of proposed changes to stop smoking services** – examples of the comments received highlight concerns around the availability and cost of transport or online access to alternative services, and fears about the longer-term health implications should services that focus on prevention and early intervention be reduced

**Impacts on service users** 

*“Lots of people in Gosport are reliant on (poor and exorbitant) public transport and this would put them off using”*

*“It is unfair to take away the ability for GP surgeries to help patients while they are awaiting their referrals”*

**Impacts on other services** 

*“To not help people will put further pressure on COPD and cancer treatment in the longer term”*

*“The NHS spends out more than this proposed saving on treating illnesses related to smoking. This will just increase if there is no help available for people genuinely wanting to quit”*

**Impacts on health outcomes** 

*“...we know of the risks of smoking not only to smokers but to those around them, including their children, as well as the added morbidity and susceptibility to COVID”*

*“Smoking mothers MUST be able to access these services to reduce infant mortality”*

**Impacts on budgets** 

*“This will be short term saving but will increase costs in the long term as more people will smoke adding more burden to the NHS”*

*“Opportunities for early intervention will be lost and increased cost will result”*

**Impacts on equality** 

*“...it is incredibly important that those on low incomes have equality of opportunity to make their lives healthier”*

*“There are a significant number of patients, especially older or anxious patients, who will not consider accessing on-line services”*

**Impacts on community** 

*“There will be an impact on both the personal lives of smokers and their families, specifically their children”*

*“Concern that the geographical spread of remaining centres is not comprehensive”*

**Impacts on those affected by COVID** 

*“...coming out of this pandemic, people may require more not less help with this addiction”*

*“People are already under severe strain at the moment - due to the Covid-19 pandemic and its effects”*

**Impacts on the service** 

*“If the services are reduced then they will not be able to cope with the referrals and not have capacity to support those who smoke to be able to stop and benefit there health in all other areas”*

**Impacts of proposed changes to Stop smoking service** – quotes from the health and care sector suggest that the service is valued as cost effective, and that reducing it could impact smoking cessation rates. The capacity of service users to access and use online options was also flagged as a potential barrier to service engagement – although some noted its effectiveness

**Health and care sector organisational responses**

*“NHS run smoking cessation services are known to be effective and much needed. Smokers are 3 times more likely to quit successfully using these services. A reduction in face to face service provision is likely to make it harder for smokers to engage with the service”*

*“Working differently in the Covid pandemic through the use of more virtual consultations and online resources has been shown to be effective in increasing the number of patients who successfully quit”*

*“We have concerns that there is no contractual mechanism to do this. No mention of funding GPs for their time to attend or engage with the training”*

*“Rushmoor has one of the highest prevalence rates for smoking at 24%. The withdrawal of this service will widen the inequalities gap. You suggest that our patients can access the online support service...there are high levels of both income and digital poverty which would make this solution unworkable”*

**Personal responses from individuals who work in the health and care sector**

*“Without these services there will need to be a lot more money spent on treating the problems and illnesses caused by smoking”*

*“Increase in physical health problems, increase in hospital admissions and death”*

*“They will both present barriers to care to some service users, in particular those who do not have access to technology or transport”*

*“I have been involved with smoke free services and though I appreciate the importance, I have seen little progress for smoking cessation, therefore I would put funds into different service”*

*“As a professional working with service users with learning disabilities I am aware that there is a large population of service users with learning disability that struggle to engage when using video consultation”*

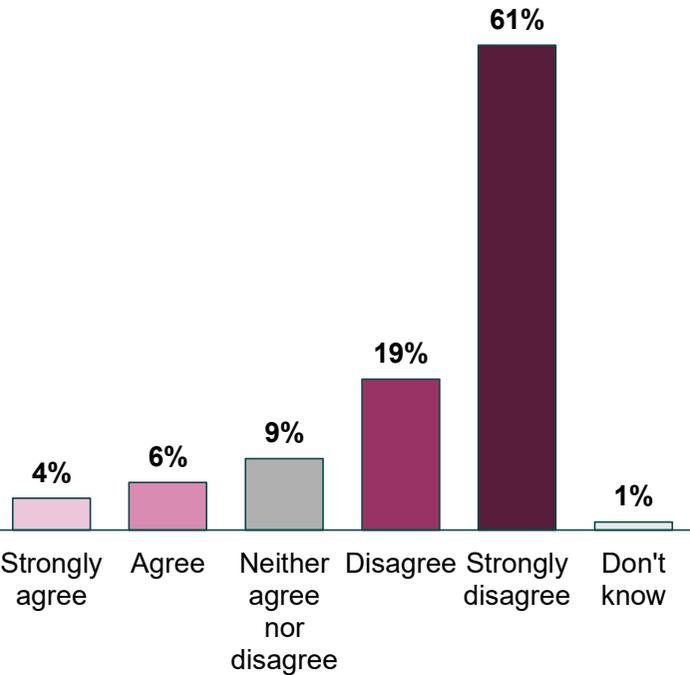


## Sexual health: Consultation context

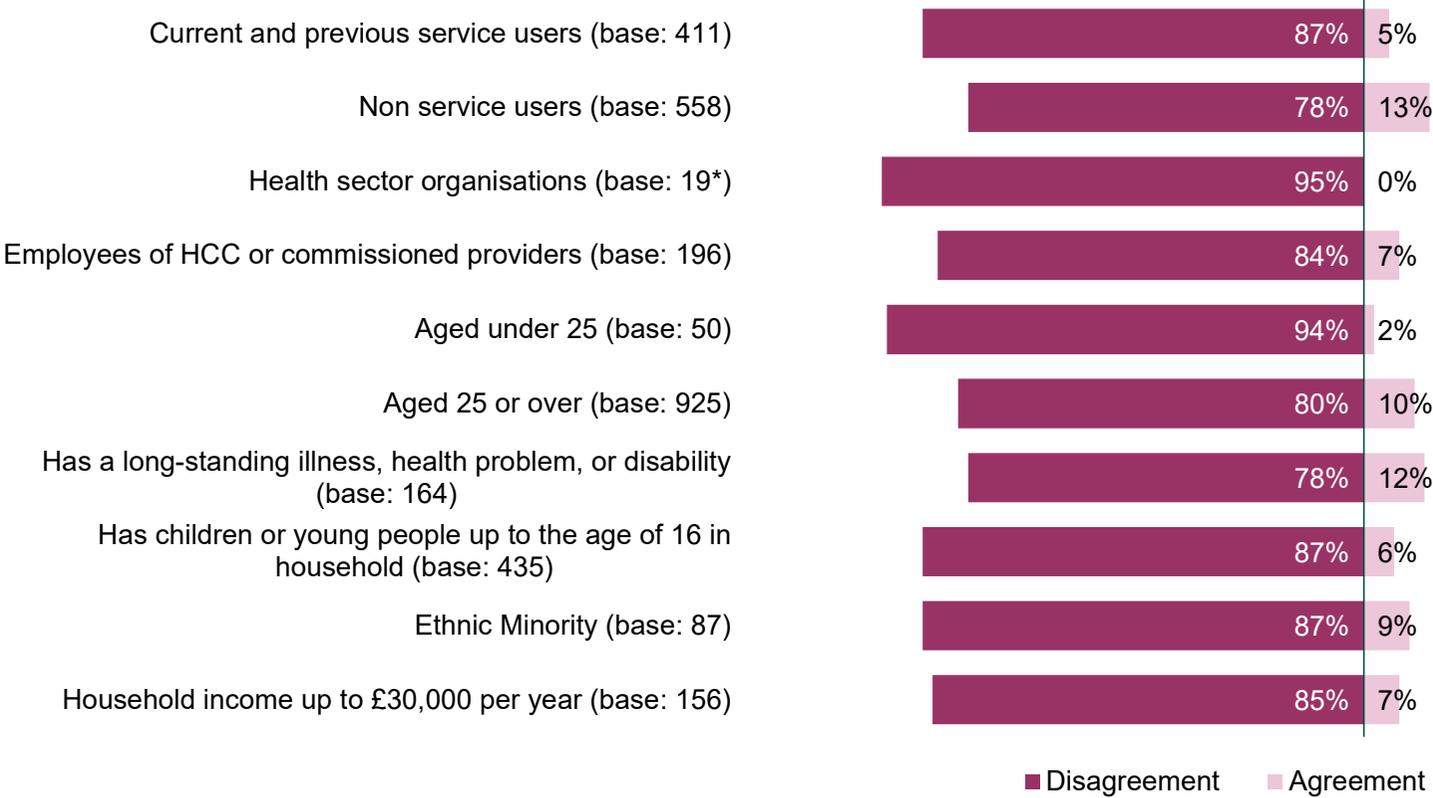
- Hampshire County Council is required to provide sexual health services, including some statutory services. The majority of these services are provided by Solent NHS Trust to everyone present in Hampshire who needs them. They are delivered from a number of sexual health clinics spread across Hampshire, as well as online, postal and outreach services in a range of places, including colleges.
- Public Health also commissions: additional sexual health services, such as long-acting reversible contraception (e.g. coils and implants), from General Practices (GP surgeries); emergency hormonal contraception, often known as the 'morning after pill' from some commissioned local pharmacies; and a provider of online HIV and syphilis self-sampling.
- **Proposal A: To reduce or stop parts of the service that the County Council does not have a statutory duty to provide.** This proposal would save £184,000 and encompasses: reducing sexual health promotion and HIV prevention services, including only providing free condoms to people aged 24 and under and men who have sex with men; stopping the provision of counselling to people experiencing psychosexual problems; stopping free sexual health training for professionals. With fewer resources available, the service would focus on vulnerable groups which are at greatest risk of poor sexual health. Other groups may experience longer waiting times, use online services or be required to pay a fee.
- **Proposal B: To close the small sexual health clinics in Alton, Hythe, New Milton, Ringwood and Romsey.** This proposal would save £249,000. Larger sexual health clinics and the smaller clinics in other locations would continue to be provided in addition to the services that are now available online and by telephone or post.
- **Proposal C: That community pharmacies would only provide free access to emergency hormonal contraception (the 'morning after pill') to people aged 24 and under.** This proposal could save around £80,000. If it is approved, women aged 25 and over would still be able to access free emergency hormonal contraception from their GP or from Solent NHS Trust Sexual Health. Alternatively, they could pay for it at community pharmacies at a cost of between £13.50 and £35.
- **Proposal D: To remove the HIV and syphilis self-sampling service provided by SH:24.** This proposal could save around £8,000 by reducing service duplication as HIV and syphilis self-sampling testing kits are available from the Solent NHS Trust Sexual Health which also provides a self-sampling service for a range of STIs.
- **1082** respondents provided feedback on these proposals via the consultation Response Form. Additional responses relating to this service were also provided in the unstructured responses presented towards the end of this report, but are not included separately here as the themes often covered more than one service.

80% of respondents disagreed with the proposal to stop counselling for people experiencing psychosexual problems, with net disagreement seen amongst most respondent groups. This was particularly high amongst respondents aged under 25 (94% disagreed), and organisations that work in the health sector (95%)

To what extent do you agree or disagree with the proposal to stop providing counselling to people experiencing psychosexual problems?  
(Base: 1072)

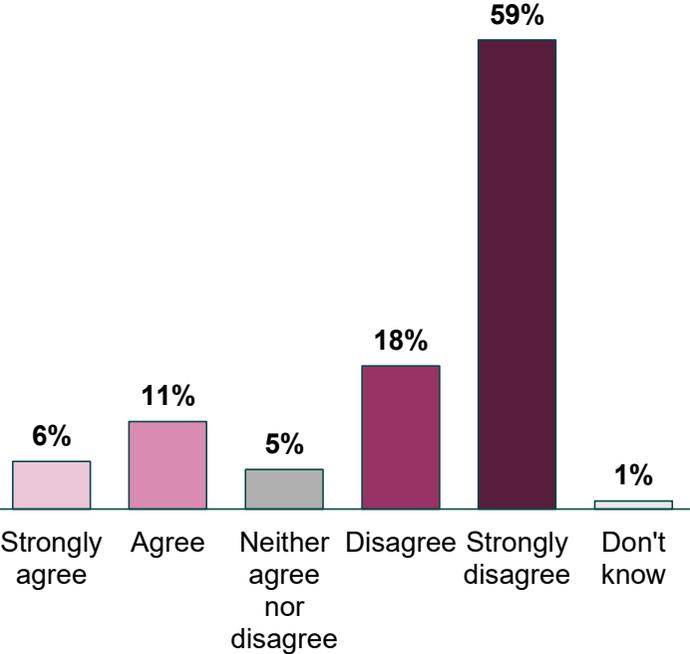


Agreement / disagreement by respondent groups

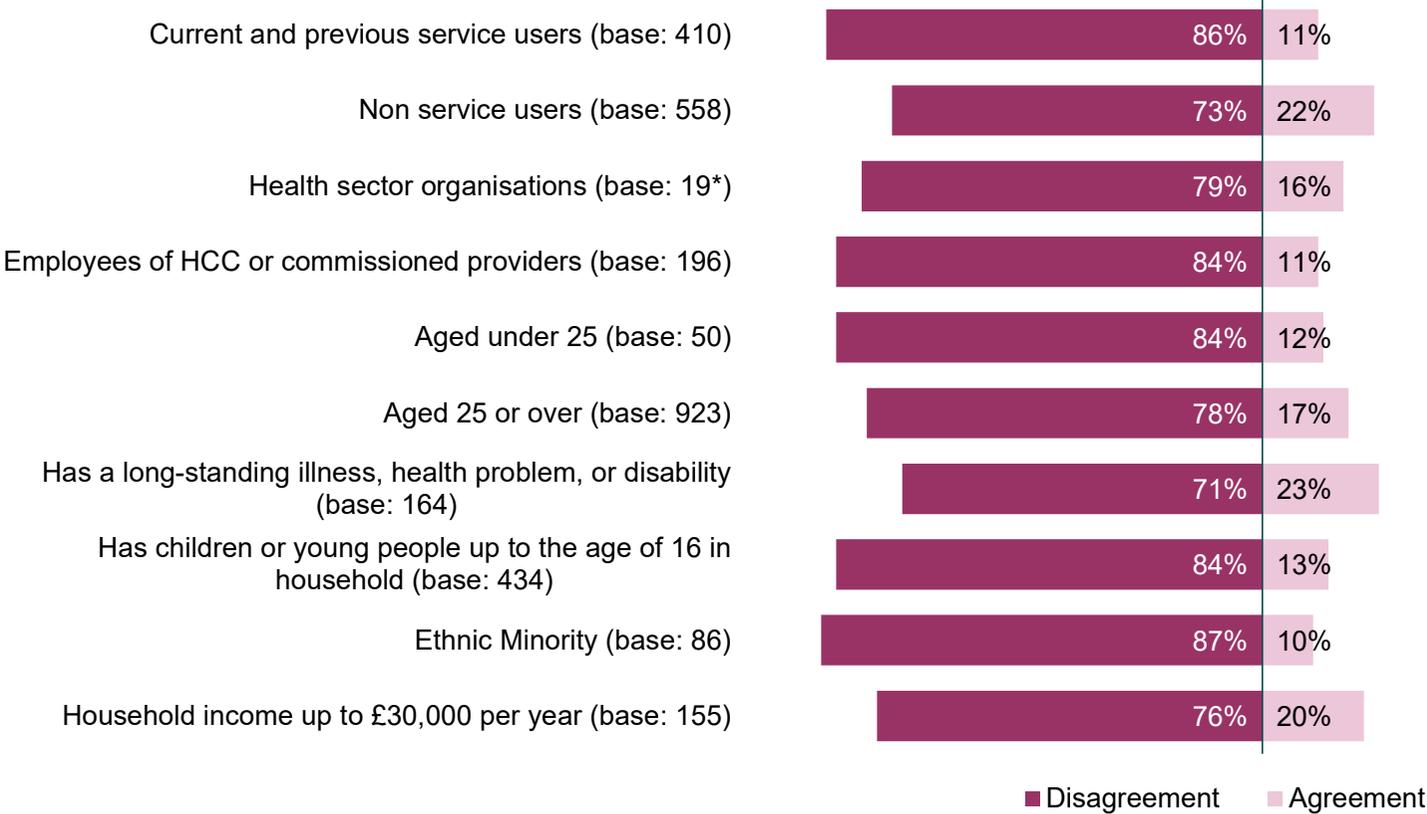


There was consistently high disagreement with the proposal to reduce sexual health promotion and HIV prevention services across respondents (78%), although this was slightly lower amongst respondents with an illness, health problem, or disability, of whom 23% agreed and 71% disagreed with the proposal

To what extent do you agree or disagree with the proposal to reduce sexual health promotion and HIV prevention services, including only providing free condoms to people aged 24 and under and men who have sex with men? (Base: 1071)



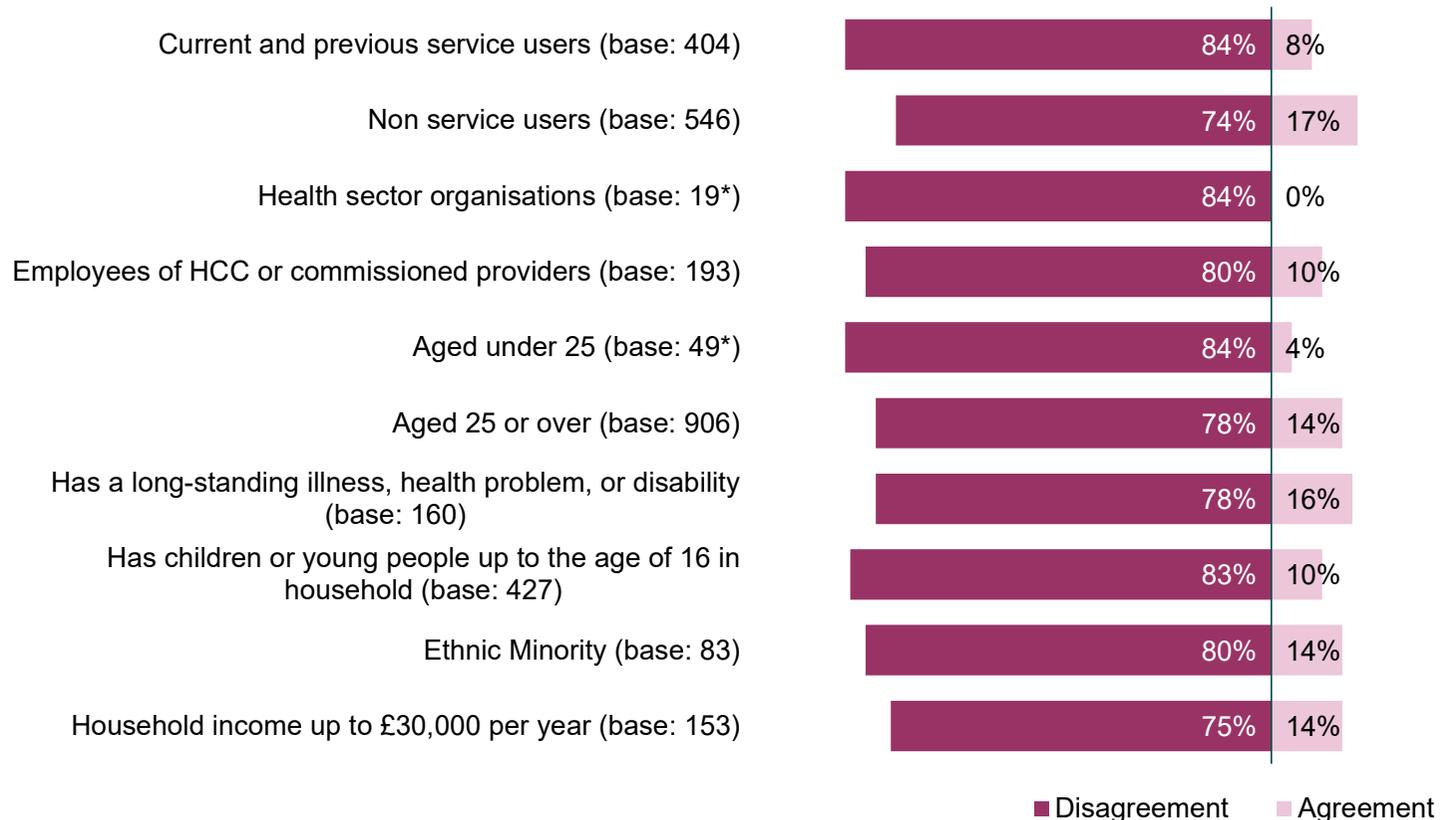
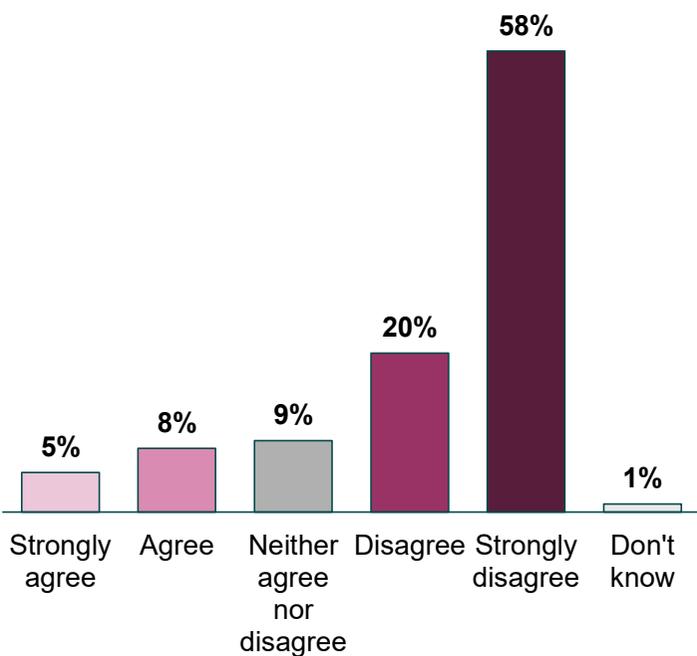
Agreement / disagreement by respondent groups)



As with other proposals relating to sexual health, the proposal to stop providing free sexual health training showed strong overall disagreement from respondents (78%). Disagreement was higher amongst respondents with experience of using the service (84%), those aged under 25 (84%), and health sector organisations (84%), as well as those from households with children aged 0-16 (83%)

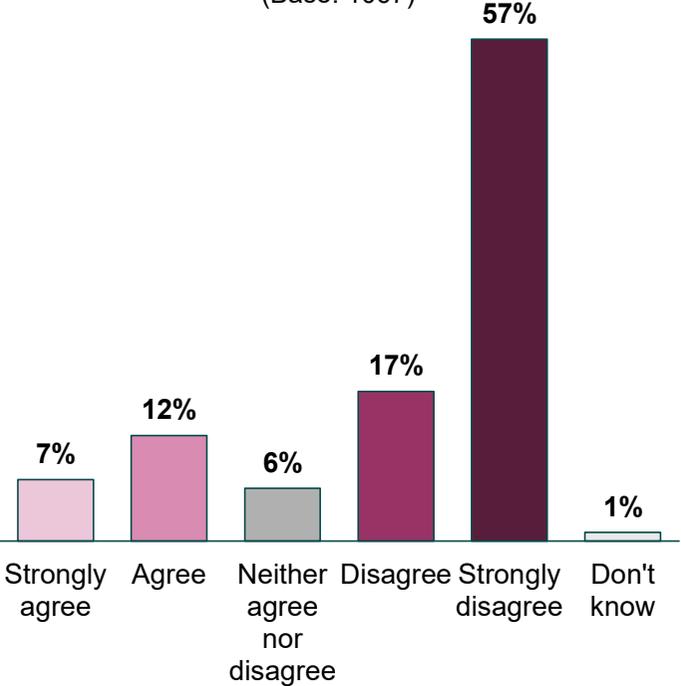
To what extent do you agree or disagree with the proposal to stop providing free sexual health training for professionals? (Base: 1052)

Agreement / disagreement by respondent groups

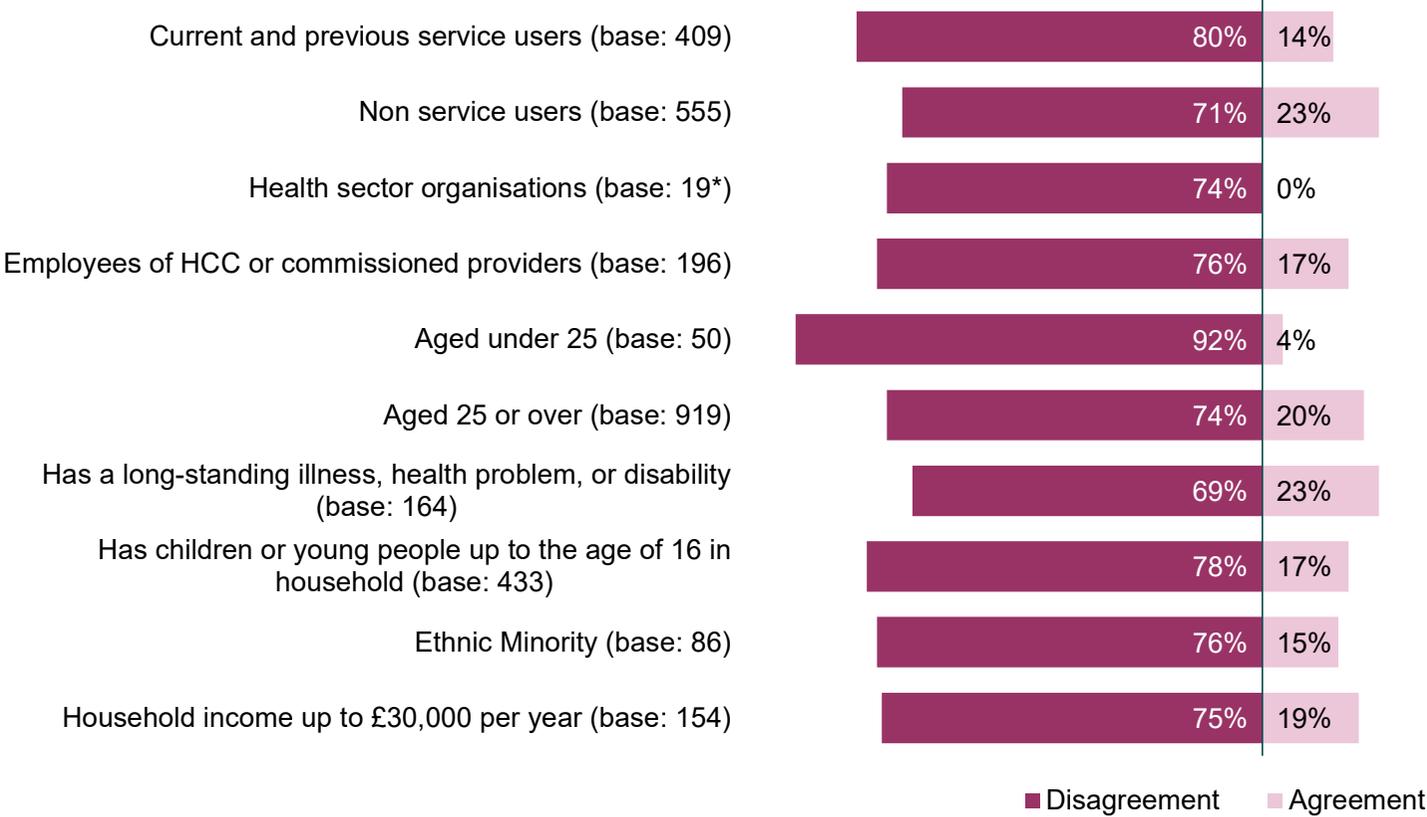


Three quarters of respondents (75%) disagreed with the proposal to limit free access to emergency contraception at community pharmacies to people aged 24 and under. Respondents aged under 25 expressed stronger disagreement to this proposal than other groups (92%).

To what extent do you agree or disagree with the proposal for community pharmacies to only provide free access to emergency hormonal contraception (the 'morning after pill') to people aged 24 and under?  
(Base: 1067)

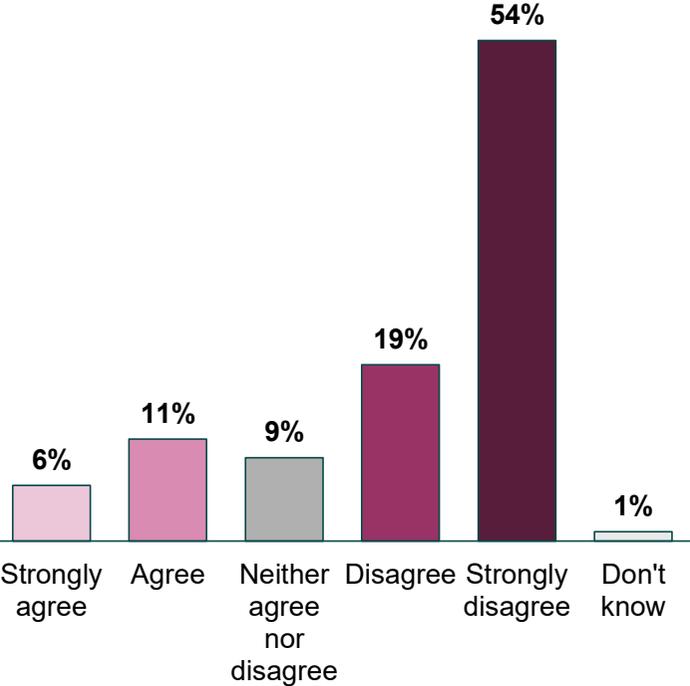


Agreement / disagreement by respondent groups

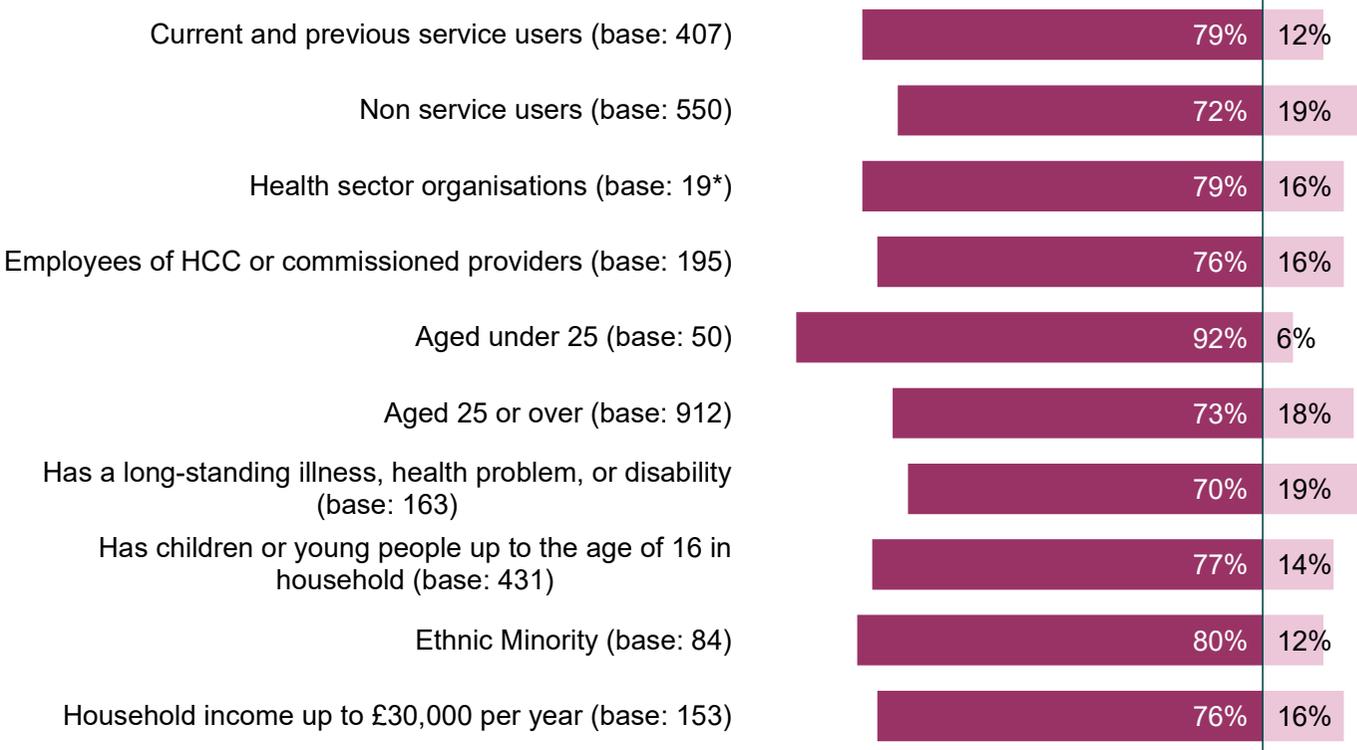


There was significant majority disagreement with the proposal to remove the HIV and syphilis self-sampling service (74%), particularly amongst respondents aged under 25 (92% disagreed), ethnic minorities (80% disagreed), and those with experience of using the service (79% disagreed)

To what extent do you agree or disagree with the proposal to remove the HIV and syphilis self-sampling service provided by SH:24?  
(Base: 1060)



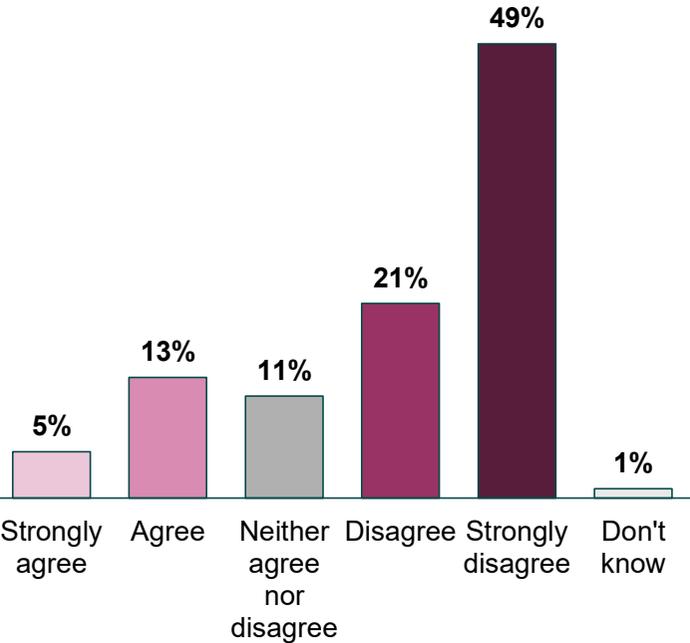
Agreement / disagreement by respondent groups



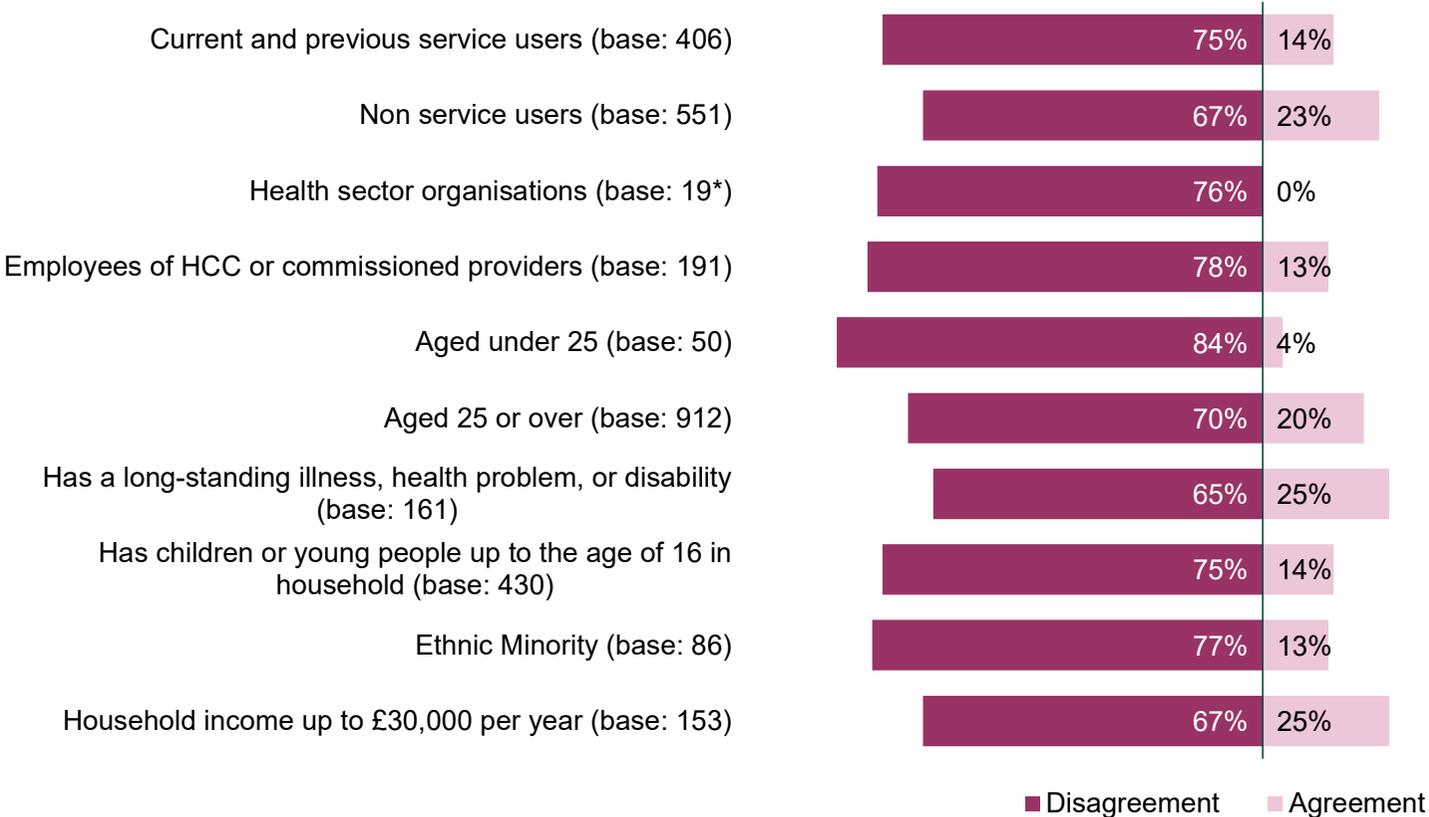
■ Disagreement ■ Agreement

71% of respondents disagreed with the proposal to close some smaller sexual health clinics, rising to 84% of those aged under 25. In contrast, disagreement was lower amongst non-service users (67%), respondents with household incomes of up to £30,000 per year (67%), and those with an illness, health problem, or disability (65%)

To what extent do you agree or disagree with the proposal to close the smaller sexual health clinics in Alton, Hythe, New Milton, Ringwood and Romsey? (Base: 1059)

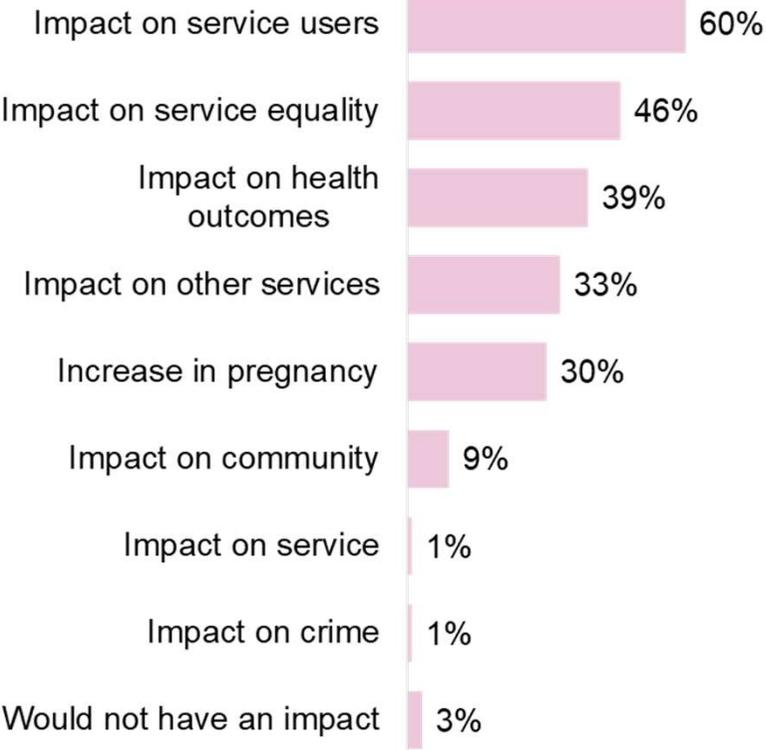


Agreement / disagreement by respondent groups



**Impacts of proposed changes to sexual health services** – Respondents felt that the proposed changes would reduce access to services, particularly for the young and already vulnerable, whilst also reducing levels of equality and impacting on the health of those who rely on these services

**What, if any, type of impact do you think the proposed changes to sexual health services may have? (Base: 679 responses)**



**Impacts on service users (60%)** 

- Would make it harder to access services (48%)
- Reduced services for young people (16%)
- Heaviest impact on people who are already vulnerable (16%)

**Impacts on health outcomes (39%)** 

- Increase in sexually transmitted infections (33%)
- Poorer mental health (11%)
- Poorer physical health (3%)
- Rise in self harm/suicide (1%) and death (1%)

**Pregnancy impacts (30%)** 

- Increase in rates of teenage pregnancy (5%)
- Increase in rates of abortion (4%)

**Impacts on the service (1%)** 

- Increased pressure on resources (1%)
- Increased pressure on service staff (<1%)

**Impacts on service equality (46%)** 

- Service would be less inclusive (39%)
- Female service users would be affected (33%)
- Children and young service users would be impacted (15%)
- LGBT (2%) and ethnic minority (1%) impacts

**Impacts on other services (33%)** 

- Impacts on GP surgeries (32%)
- Increased demand for emergency contraception services (11%)
- Increase in demand for child social care (4%)
- Increased demand for social housing (2%)

**Impacts on community (9%)** 

- Impacts on areas where service provision would no longer be available (7%)
- Would make communities less inclusive (4%) and reduce community cohesion (1%)
- Social stigma of Sexual health (1%)

**Impacts on crime (1%)** 

- Increase in overall crime rate (<1%)
- Increase in domestic abuse (<1%)

**Impacts of proposed changes to sexual health services** – There was a general uniformity in the main impacts identified by different groups, although the level of concern tended to be higher amongst younger people (aged under 25) and health sector organisations – who also flagged the impact on other services, pregnancy rates, and communities

<i>Shaded cells show the top three impacts described by this group</i>	Base	 Impact on service users	 Impact on equality	 Impact on health outcomes	 Impact on other services	 Increase in pregnancy	 Impact on community	 Impact on service	 Impact on crime	 Would not have an impact
<i>Blank cells are shown where no responses were made relating to the corresponding theme</i>										
All responses	679	60%	46%	39%	33%	30%	9%	1%	1%	3%
Current and previous service users	281	68%	54%	46%	27%	34%	9%	1%		3%
Non service users	324	50%	38%	32%	33%	25%	7%	1%	1%	1%
Health sector organisations	18*	83%	50%	28%	72%	44%	22%		6%	5%
Employees of HCC or commissioned providers	123	57%	48%	47%	38%	32%	11%	2%		
Aged under 25	28*	82%	57%	57%	18%	32%	11%	4%		1%
Aged 25 or over	580	59%	45%	39%	32%	29%	8%	1%	1%	
Has a long-standing illness, health problem, or disability	100	46%	36%	34%	21%	16%	10%			3%
Has children or young people up to the age of 16 in household	266	63%	52%	42%	30%	36%	9%	<1%	<1%	6%
Ethnic Minority	56	45%	36%	36%	13%	20%	9%	2%	2%	2%
Household income up to £30,000 per year	96	56%	38%	35%	28%	27%	4%	1%		2%

**Impacts of proposed changes to sexual health services** – the examples below illustrate the value placed by respondents on the service helping to identify people at risk, and their perceptions of the equality and health impacts on those already vulnerable due to their health, sexual orientation, or mental wellbeing

**Impacts on service users** 

*“These services provide a safe environment for young people to access information and help on sexual health”*

*“Charging people for contraceptives will result in more unwanted pregnancies. Cutting the counselling will potentially impact on people’s mental health and well being”*

**Impacts on equality** 

*“These cuts definitely seem to disproportionately discriminate against the LGBTQ+ community and racial minorities who are at greater risk of poorer sexual health”*

*“Is it not discriminating against women to suggest that men over the age of 24 can have condoms but females can’t?”*

**Impacts on health outcomes** 

*“This will have an impact and lead to more unwanted pregnancies, more HIV infections and STIs”*

*“No support for HIV/other sex related diseases would also see a rise in mental health issues on top of there other problems”*

**Impacts on other services** 

*“This would result in a higher cost to the NHS with an abortion or a birth of a child”*

*“Small cost saving are worthless considering huge cost of unplanned pregnancy- social housing, benefits, medication costs of STI”*

**Impacts on pregnancy** 

*“This will escalate the risk of teenage pregnancy, young people will not have the education and resources readily available to practise safe sex which will put their health at risk”*

*“...more unplanned pregnancies and these being terminated at a later date”*

**Impacts on community** 

*“Concerned about access to services in rural areas, especially young people who may not like to use online services or see their GP”*

*“...it will have a huge and negative impact on the health and wellbeing of all service users and their families”*

**Impacts on the service** 

*“Stopping training would only add more pressure to the remaining Sexual health”*

*“Reducing HP and HIV prevention services is short sighted and is only likely to result in an increase in demand of service in the longer term”*

**Impacts on crime** 

*“Victims of domestic abuse and who suffer from coercive control of their contraception need to have an emergency option, regardless of their age”*

*“Sexual Health issues...can be linked to substance misuse and criminal offences”*

**Impacts of proposed changes to sexual health services** – quotes from the health and care sector described issues around access to services if the times and locations were reduced, and the impacts that the proposed changes could have on people who may be vulnerable in a range of ways

**Health and care sector organisational responses**

*“Some patients cannot travel to far distances so having smaller accessible clinics is useful”*

*“Higher levels of health inequality for those patients not living in large urban areas”*

*“What is the proposal to fill the gap? It seems likely that General Practice will be left to pick up the slack. GPs are under-skilled in this area and this will only be exacerbated by the lack of training opportunities”*

*“The cessation of psychosexual counselling will mean these patients are likely to come to their GP and we will have no service to support them...Unintended pregnancy can have long lasting implications on individuals and on health services so the proposal to cut local Sexual health and access to free EHC in those aged 25+ is concerning”*

*“As [emergency contraceptive] provision must be made within defined time periods of up to 72hrs or 120hrs following unprotected sexual intercourse weekends and bank holidays this could be a potential concern”*

**Personal responses from individuals who work in the health and care sector**

*“Residents in the cities will still be able to access the full range of services, and Hampshire residents in the New Forest will be forced to travel to Southampton clinics to access sexual health care”*

*“The cost of termination and long term HIV will cost more long term”*

*“A lot of people are put off coming to these services in general through fear of embarrassment or shame, putting these rules in place I feel would only put people off further”*

*“Sexual health support some of the most vulnerable women and girls and even those over 24 can be vulnerable, in domestic abuse situations or need the specialist menopause service which GPs may not have the same level of knowledge for”*

*“[The services] are a safe space for females & males to discuss their sexual activity & learn & educate on how important contraception is. Also these professionals quite often will be able to recognise a person in need, or having been groomed or raped”*

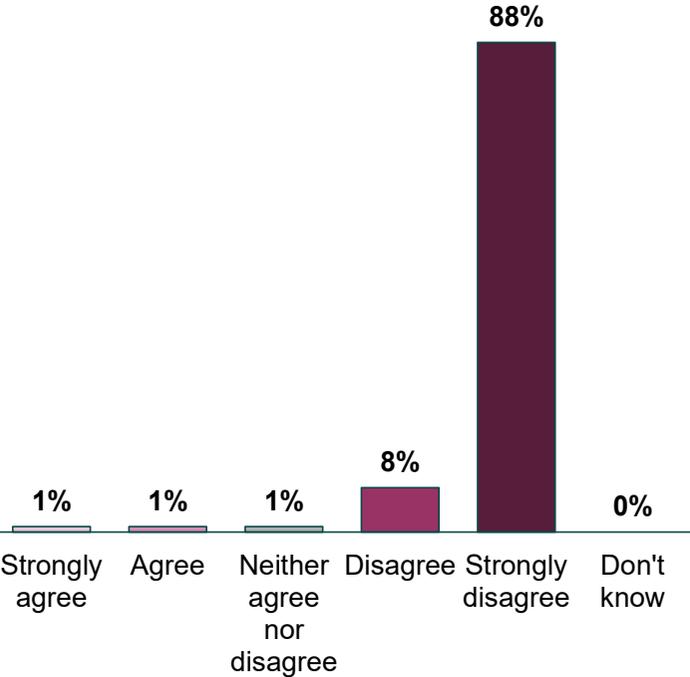


## 0-19 Public Health nursing: Consultation context

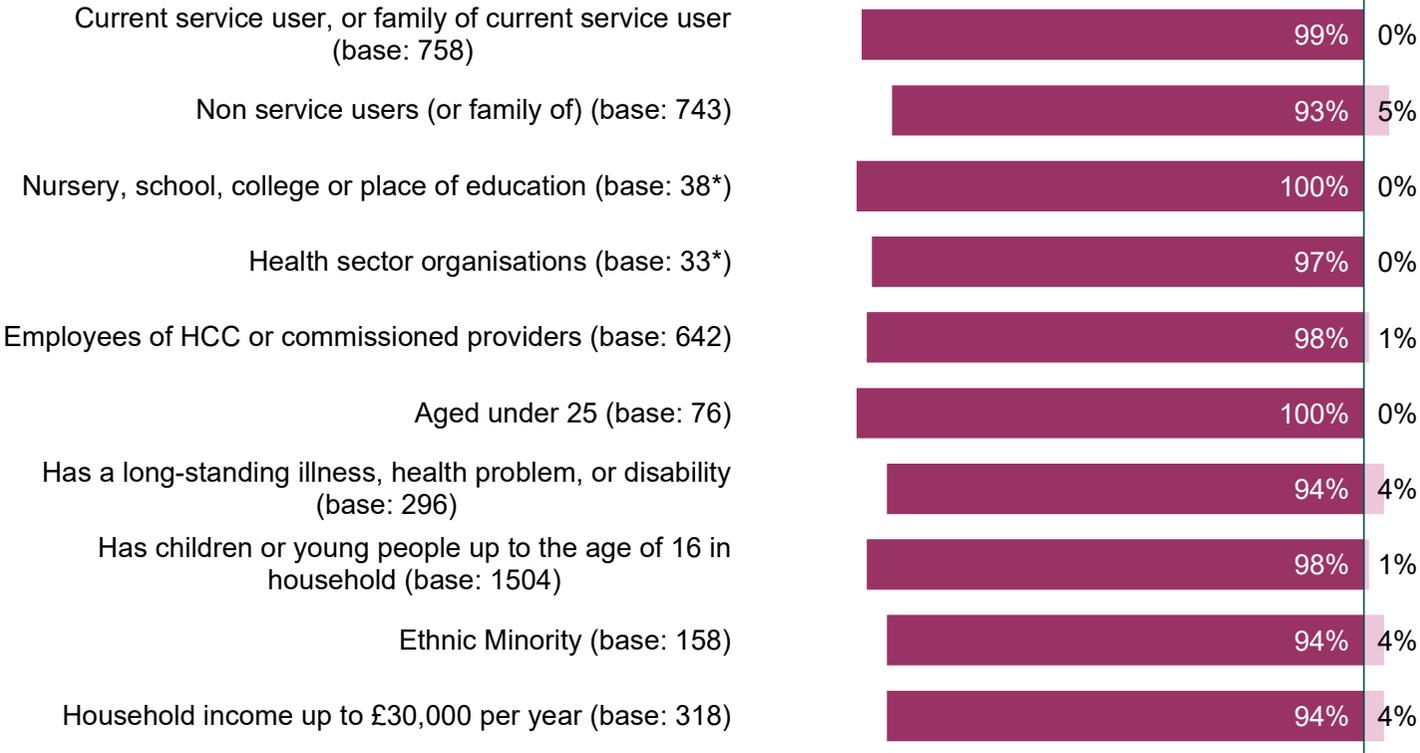
- The Hampshire 0-19 Public Health nursing service comprises two functions: health visiting and school nursing to deliver the Healthy Child Programme. The health visiting part of the service is provided to children aged 0 to 7 years and their family. It supports parents to focus on the needs and priorities of their baby and family during pregnancy, the first years of life and beyond. This service is provided to everyone who lives in Hampshire with various levels of support. The school nursing part of the service is available for children, young people aged 5-19 years and their families, or young people aged up to 25 years if they are leaving care at 18 or have special educational needs and disabilities (SEND).
- The County Council proposed to reduce the budget for Public Health nursing by £2.09 million per year by:
  - reducing the number of staff posts available to support families by approximately 47 (12.5% of the current workforce);
  - only providing school nurse support to children and young people over the age of 11 years through the digital offer. A reduction in the number of staff posts would be enabled through encouraging a greater focus on using digital (online, video and telephone) channels wherever appropriate to enable the remaining public health nurses to focus on those aged under 12 years with the greatest needs. Fewer face-to-face appointments would be available, and these would be prioritised for those with the greatest needs such as those living in areas of deprivation, with safeguarding needs or where the support needed requires a face-to-face appointment.
- **2767** respondents provided feedback on these proposals via the consultation Response Form. Additional responses relating to this service were also provided in the unstructured responses presented towards the end of this report, but are not included separately here as the themes often covered more than one service.

There was strong disagreement with the proposal to reduce the number of staff posts available to support families by approximately 47. Overall, 96% disagreed with the proposal, encompassing over 90% of respondents in all key demographic groups

To what extent do you agree or disagree with the proposal to reduce the number of staff posts available to support families by approximately 47 (12.5% of the current workforce)? (Base: 2746)



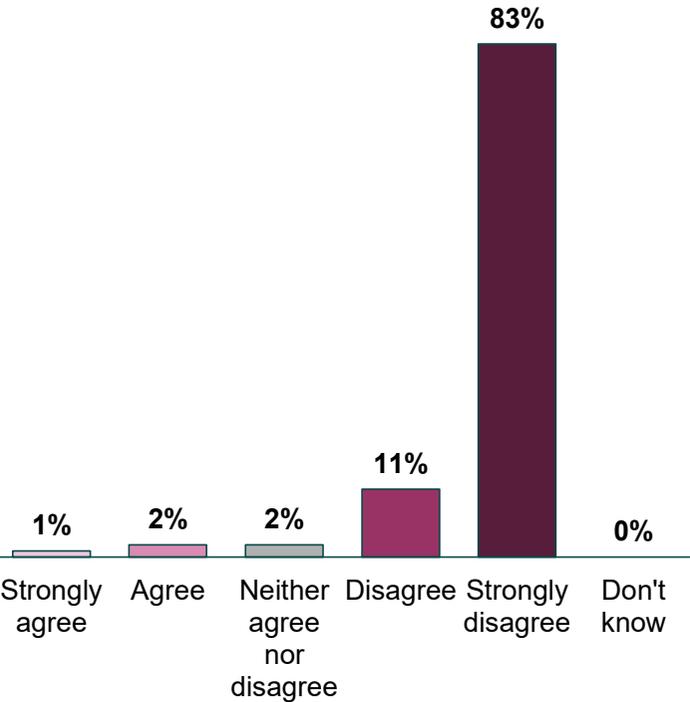
Agreement / disagreement by respondent groups



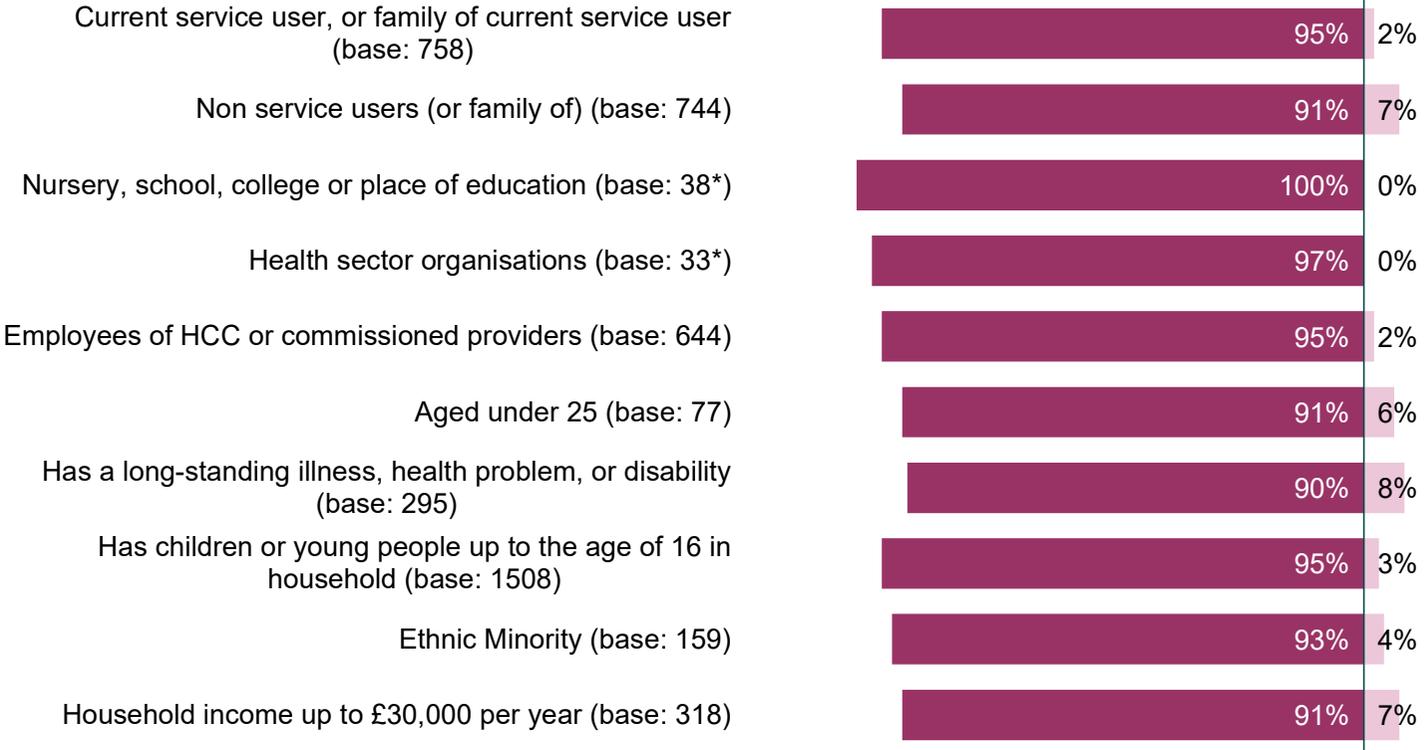
■ Disagreement ■ Agreement

94% of respondents disagreed with the proposal to only provide school nurse support to children and young people over the age of 11 years through the digital offer, with 83% doing so strongly. Disagreement was high in all key respondent groups

To what extent do you agree or disagree with the proposal to only provide school nurse support to children and young people over the age of 11 years through the digital offer?  
(Base: 2748)

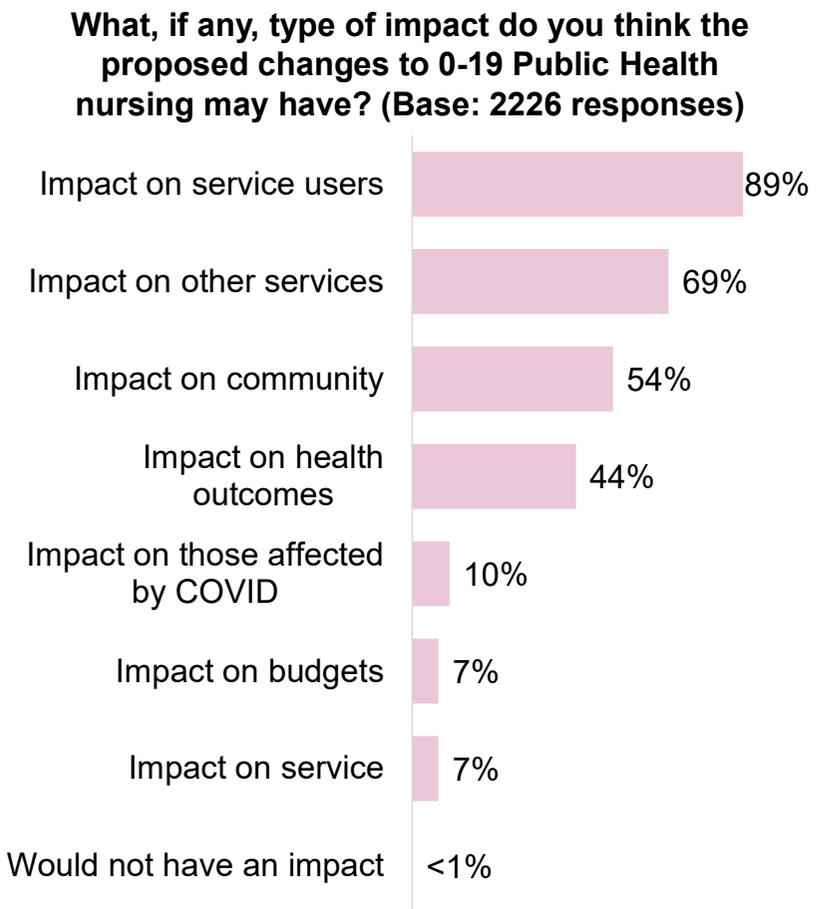


Agreement / disagreement by respondent groups



■ Disagreement ■ Agreement

**Impacts of proposed changes to 0-19 Public Health nursing services** – The majority of responses mentioned impacts on service users, other services that could need to handle any additional demand as a result of the proposed changes, and on communities in general, with almost half referring to the potential impacts on health outcomes if the proposed changes were implemented



**Impacts on service users (89%)** 

- Impacts on those already vulnerable (88%)
- Impacts on children and young people (88%)
- Would make it harder for service users to access services (65%)
- Impacts on parents and carers (61%)

**Impacts on other services (69%)** 

- Would be hard to replicate the range of services provided by school nurses (46%) and health visitors (43%)
- Removing early interventions will increase demand elsewhere (44%)

**Impacts on community (54%)** 

- Community services would be less personal or responsive as a result (52%)
- Would increase inequality (5%)
- Impacts on families and friends of service users (3%) and on areas no longer served (2%)

**Impacts on health outcomes (44%)** 

- Poorer mental health (39%)
- Poorer physical health (15%)
- Increase in overweight and obesity rates (6%)
- Rise in self harm and suicide rates (3%)

**Impacts on those affected by COVID (10%)** 

- COVID and lockdowns have increased demand for the service (10%)
- Could impact and slow recovery from the pandemic (9%)

**Impacts on budgets (7%)** 

- Would increase costs to other services (7%)
- Would increase costs for the 0-19 Public Health nursing service over the longer term (7%)

**Impacts on the service (7%)** 

- Increased pressure on resources (6%)
- Increased pressure on service staff (6%)

**Impacts of proposed changes to the 0-19 Public Health nursing service** – Different respondent groups consistently reported impacts on service users, other services, and on communities frequently, with places of education and health sector organisations also demonstrating notable concerns about the impacts on health outcomes from the proposed changes

Shaded cells show the top three impacts described by this group  Blank cells are shown where no responses were made relating to the corresponding theme	Base									Other
		Impact on service users	Impact on other services	Impact on community	Impact on health outcomes	Impact on those affected by COVID	Impact on budgets	Impact on service	Would not have an impact	
All responses	2226	89%	69%	54%	44%	10%	7%	7%	<1%	<1%
Current service user, or family of current service user	679	92%	76%	58%	46%	7%	4%	8%		
Non service users (or family of)	511	82%	60%	44%	35%	9%	8%	5%	1%	
Nursery, school, college or place of education	32*	100%	84%	44%	53%	13%	3%			
Health sector organisations	33*	91%	88%	76%	67%	15%	15%	6%	3%	
Employees of HCC or commissioned providers	550	91%	76%	59%	49%	13%	6%	11%	<1%	
Aged under 25	54	89%	72%	56%	41%	4%	4%	4%		
Has a long-standing illness, health problem, or disability	237	81%	56%	48%	36%	5%	8%	4%	<1%	
Has children or young people up to the age of 16 in household	1274	91%	69%	54%	44%	9%	6%	7%	<1%	
Ethnic Minority	113	79%	61%	49%	30%	7%	9%	6%	1%	
Household income up to £30,000 per year	246	87%	63%	50%	40%	6%	5%	8%	<1%	

**Impacts of proposed changes to the 0-19 Public Health nursing service** – the examples below illustrate impacts on the general student population through the removal of a valued universal service, with specific mentions of individual cases where service users benefitted from the support they received, and perceived effects on other services due to less early intervention work

**Impacts on service users** 

*“All students benefit from being able to access a person at school who is able to give personal attention”*

*“I had a child with health issues that weren't fully identified. Having additional support from a Health visitor who I knew made a massive difference”*

**Impacts on other services** 

*“Schools are already extremely stretched - they benefit from the support of these specific services”*

*“This will...create a burden on social services for many many years. If these children and families aren't helped at an early stage”*

**Impacts on community** 

*“...any cuts to services for children see negative effects as they get older in things like bad education and employment outcomes, poor mental health, drug and alcohol issues leading to crime / prison”*

*“It will lead to greater social isolation in young families especially as it covers many rural villages”*

**Impacts on health outcomes** 

*“The school nurse has supported my daughter and myself with her mental health...My daughter found the sessions really helpful giving her practical advice my daughter's anxiety reduced and her confidence grew”*

*“Cutting services...will result in diagnosable health conditions being missed”*

**Impacts on those affected by COVID** 

*“Friends of mine (as new Mums) have really struggled during the Pandemic due the sudden and unexpected lack of being able to have family support at this time”*

*“The covid pandemic has increased reported mental health distress amongst teenage children”*

**Impacts on budgets** 

*“Higher social care costs, higher health costs because of lack of preventive intervention and soft learning”*

*“As a nurse who has worked in the NHS all her working life I think fface to face contact...often leads to a saving of money and doctor's time”*

**Impacts on the service** 

*“Reducing health visitors would put more stress on remaining staff, increasing the risk of burn outs and impairing the service they currently offer”*

*“Reducing staff numbers will reduce morale, put staff under more pressure, lead to much reduced service”*

**Impacts of proposed changes to the 0-19 Public Health nursing service** – quotes from the health and care sector mentioned the value that the service plays in reducing the burden on other health services, with regular mention of the increased demand for the service, particularly in relation to emergent mental health issues arising from the COVID pandemic

**Health and care sector organisational responses**

*“The school nurses are a invaluable role in the schools and provide so much. advice and support that cant be relay over a computer”*

*“The staffing levels in the North of Hampshire in the health visiting service have been far below the required number for many years and should not be cut further”*

*“We know that families need support more than ever following the devastating impact of COVID-19 and the effects of this will continue to be seen over the coming years. Parents need to have face to face contact with a health visitor to support them in their transition to parenthood and with the every day struggles of having a young baby”*

*“The current climate has seen a significant increase in safeguarding concerns and mental health concerns for young people and we should be widening and re-enforcing the safety net – rather than taking it away. Health visitors and school nurses have invaluable “eyes” on the most vulnerable members of our society – children”*

**Personal responses from individuals who work in the health and care sector**

*“The figures coming out about the impact of covid on children is shocking and there will be a huge need for more services going forward, not cuts”*

*“The waiting list for additional support is already at full capacity, cutting more funds is going to make it worse”*

*“Families who were not safeguarding families because of the support offered by health visitors will end up under children's services which will increase their workload”*

*“Reducing the number of contacts Health Visitors have with families will be extremely detrimental to families - they rely on us to support their mental health, isolation, health and wellbeing needs”*

*“Digital exclusion is already a real problem in Hampshire with those without the money and literacy skills; and those in rural areas with poor connectivity most affected”*

**Impacts of proposed changes to the 0-19 Public Health nursing service** – quotes from places of education mentioned the value that the service provides to teachers and school staff, both in terms of supporting children to live healthy lives and in being a source of expertise for handling cases involving vulnerable children

**Places of education organisational responses**

*“To not have a health representation at child protection conferences including contributing to decision making within child protection plans would be detrimental to the needs of the child”*

*“Increasingly we need the support of the school nursing team to help with eating, sleeping and toileting needs. School does not have the capacity to deal with this especially now we have to ‘catch up ’ learning”*

*“During this on-going pandemic, I have referred five children to the school nursing service - their support has been essential and has made a huge difference to both the children and families. If the funding is cut, it would mean no primary support for the children, this would mean that needs are not met and problems which can be helped at an earlier level will escalate”*

*“We need their professional advice and support which we do not have as education professionals. School nursing team have supported us with developing vulnerable pupils and have been absolutely crucial in the role of safeguarding. As it currently stands we are struggling to access the level of support required”*

*“I am convinced that Secondary pupils will not adequately engage with online services having spent much of the Lockdown period with their cameras off and mics muted”*

*“At a time where the waiting list for a CAMHS appointment is 18 months and suicidal children will only be seen if they have made multiple attempts to take their own lives it is not appropriate to be cutting services”*

*“We have a number of vulnerable children and families and the school nursing team provide invaluable support to these families that cannot be replicated in a digital offer”*

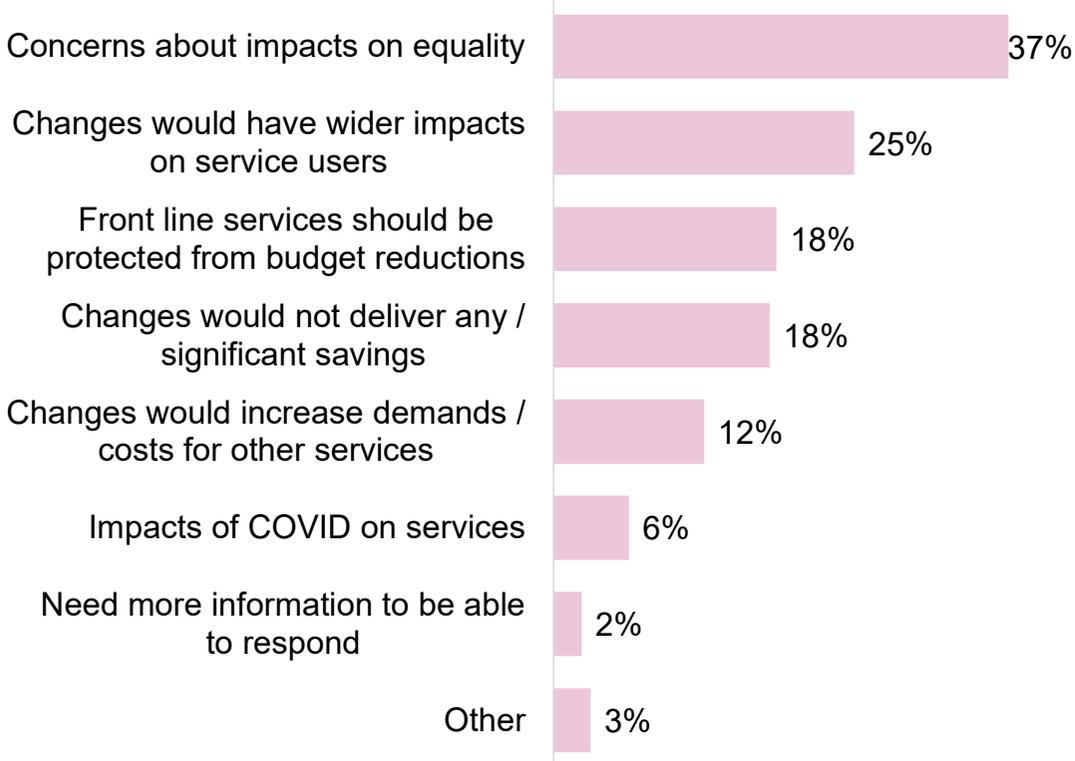
*“The ability of the school nursing team to step in to talk to parents about not emergency health issues such as eating habits, obesity, weight gain or loss, hypermobility, toileting etc. means that often parents do not need to seek GP advice because the team can signpost or provide all the necessary advice - thus lessening the considerable GP work load”*



**Further comments and suggestions** – General comments most frequently mentioned impacts on equality, with specific mention of children, parents and carers most often described; wider impacts on service users were also regularly referenced, mostly regarding health impacts but also in relation to quality of life and deprivation

**If you have any other comments or alternative suggestions**  
(Base: 1269 responses)

**General comment themes**



**Concerns about impacts on specific groups (37%)**

- Children / young people (28%)
- Parents and carers (14%)
- Families on low incomes (8%)
- People who are vulnerable (3%)
- LGBT community (2%)

**Changes would have wider impacts on service users (25%)**

- Child health (16%)
- Mental (9%) and physical (8%) health
- Reduced quality of life (5%)
- Increased deprivation (4%)
- Greater travel needs (<1%)

**Front line services should not have budgets reduced (18%)**

- Early intervention is important (13%)
- Increased demand for other services (4%)
- Concerns about impacts of previous reductions on service (2%)

**Changes would not deliver any / significant savings (18%)**

- Early intervention saves money (11%)
- Costs saved will need to be picked up elsewhere (7%)
- Service demand is increasing (3%)

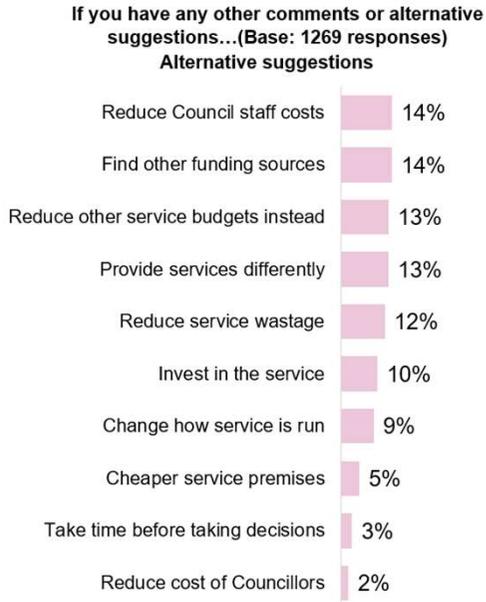
**Changes would increase demands / costs for other services (12%)**

- Health services (8%)
- Safeguarding services (6%)
- Schools (2%)
- Police / probation services (1%)
- Unemployment support (<1%)

**Impacts of COVID on services (6%)**

- Increased demand as a result of the pandemic (6%)
- Poorer health outcomes due to the pandemic (2%)
- Spending reductions may slow recovery from the pandemic (1%)

**Further comments and suggestions** – Suggested alternatives most commonly related to reducing staff costs and finding other sources of funding, such as lobbying government and raising Council Tax. Suggestions about how services could be provided differently were almost equally as likely to mention increasing face to face options as they were to reference online provision



**Find other funding sources (14%)**

- Lobby central government (6%)
- Increase Council Tax (3%)
- Find ways to generate income (3%)
- Increase other (non-Council) taxes (2%)
- Parking charges (1%)

**Reduce Council staff costs (14%)**

- Reduce senior management numbers (7%) and costs (2%)
- Fewer employees (2%)
- Reduce employee salaries (2%)
- Reduce external consultants (1%)

**Reduce other service budgets instead (13%)**

- Environmental services (3%)
- Office costs (3%)
- Highways (2%)
- Transport (1%)
- Public health campaigns (1%)

**Provide services differently (13%)**

- More online provision (5%)
- Hybrid model (both face-to-face and online) (3%)
- Self-service (3%)
- More face-to-face provision (3%)
- More clinics / sites (1%)
- More community support (1%)

**Reduce service wastage (12%)**

- Joint working to minimise duplication (6%)
- Merge services (2%)
- Reduced overheads through partnership working (2%)
- Reduce admin costs (1%)
- More work with charities (1%)

**Invest in the service (10%)**

- Additional staff (2%)
- Better training (1%)
- Additional capacity to reduce waiting lists (<1%)

**Change how the service is run (9%)**

- Needs-based, not universal (1%)
- Discontinue/reduce Stop smoking service (1%)
- Introduce charging / donations (1%)
- Reduce / review funding for older people services (1%)
- Increase use of volunteers (<1%)

**Cheaper service premises (5%)**

- Consolidate multiple services in 'hubs' (2%)
- Reduce offices where possible by encouraging remote / home working (2%)
- Use existing Children's Centres / Family Support Hubs (1%)

**Engagement before making decisions (3%)**

- More consultation with service users (1%)
- Staff consultation (1%)
- Community engagement (<1%)
- Engagement with parents and carers (<1%)

**Reduce cost of councillors (2%)**

- Reduce number of councillors (1%)
- Reduce councillor pay (1%)
- Reduce councillor expenses (1%)

**Further comments** gave detailed descriptions of the ongoing impacts of the COVID pandemic, and the value of services that support health at an early stage. **Alternative suggestions** proposed ways to get additional value from existing facilities, small charges that could be made for some services, and how to reduce other services' budgets to support public health services

**Further comments**

*"After a year of COVID health and mental health need more support than ever"*

*"Public Health savings are not savings. They are taxing the future by failing to address actual health needs now"*

*"...children have been impacted by a worldwide pandemic and need support after this crisis"*

*"...most realistic efficiencies have already been made and if we want to maintain world-class public services, we need to pay for them"*

*"We should be investing in the prevention of poor health and better support and education for families and children. This will save money in the future"*

*"This pandemic has shown us the importance of Public health specialists. Without these specialists we are looking at a very unhealthy future"*

*"This pandemic has shown us the importance of Public health specialists. Without these specialists we are looking at a very unhealthy future"*

*"we need to prioritise early years support to reduce potential future demands on all public services"*

*"I would be prepared to pay more in Council Tax"*

**Suggestions**

*"Use the community hospital at Swanwick much better, it's an underused resource"*

*"Cut admin costs and overheads by embedding health visitors with other services"*

*"...a small charge for enhanced stop smoking and weight management services"*

*"I recognize cuts need to be made and although unpopular, cuts to stopping smoking, sexual health and drug and alcohol services are preferable to cut to the public health nursing service"*

*"More preventative work in Primary schools so that intervention needs in Secondary are less"*

*"Smoking cessation and some substance misuse would be fine digitally"*

*"A good start would be making the public more aware of how to self help themselves without having to use the NHS"*

*"Budget cuts are not necessary, tax people more to pay or reduce overheads to pay for these essential services"*

*"Seek to find areas that have excelled under online services through Covid lockdowns"*

**Further comments and suggestions from health and care organisations and places of education** indicated concerns about safeguarding and impacts on other organisations, with suggestions relating to making use of other early support services, reducing costs, ring fencing budgets, and using digital services as a way to identify service users who need more intensive support

**Health and care organisational responses**

**Places of education organisational responses**

**Further comments**

*“Safeguarding issues will go undetected if the health visitors are not seeing the families, meaning children and young people will be suffering harm”*

*“This proposal sees a direct transfer of workload to primary care that is unfunded and does not support the aims of public health medicine. Public health is about protecting and improving health and wellbeing, and reducing health inequalities”*

*“Hearing phrases such as ‘just continue what you are doing or you are doing a great job’ when they haven’t set foot in the school or even seen the child is really unhelpful”*

*“This will then have a much wider impact in the future on families as will need even more support from the NHS and other services which will have an increased cost attached to them rather than addressing the needs earlier and saving time and money later”*

**Suggestions**

*“...recommend that the commissioning for Public Health is ring-fenced and not used to offset funding cuts in other areas of the Local Authority”*

*“Look at Early Help Hub which already do much of this work and are uniquely placed to refer to other services”*

*“Digital offer could be used as a result of a triage system of referrals. This would mean that any child aged 5-19 would have access to a face-to-face school nurse if the need were greater than that of other referrals”*

*“If School Nursing Teams could reside in schools would this save on venue costs. Schools in the same locality could share School Nursing Teams’ times”*



**Emails, Letters and Telephone Calls:** The County Council received 72 unstructured responses to the consultation via email, letter, or telephone

This consisted of responses from 33 members of the public, 19 healthcare providers, 15 other organisations, businesses or groups, 5 local authorities, 1 local Councillor, 1 political group in Hampshire County Council, and 1 team within the County Council\*.

Local authorities who provided unstructured responses included:

- Basingstoke and Deane Borough Council
- Eastleigh Borough Council
- Hart District Council
- New Forest District Council
- Winchester City Council

The political group that responded was the Liberal Democrat Group in Hampshire County Council

The County Council Team that responded was the Hampshire Library Service

Businesses, organisation, and groups who provided unstructured responses included:

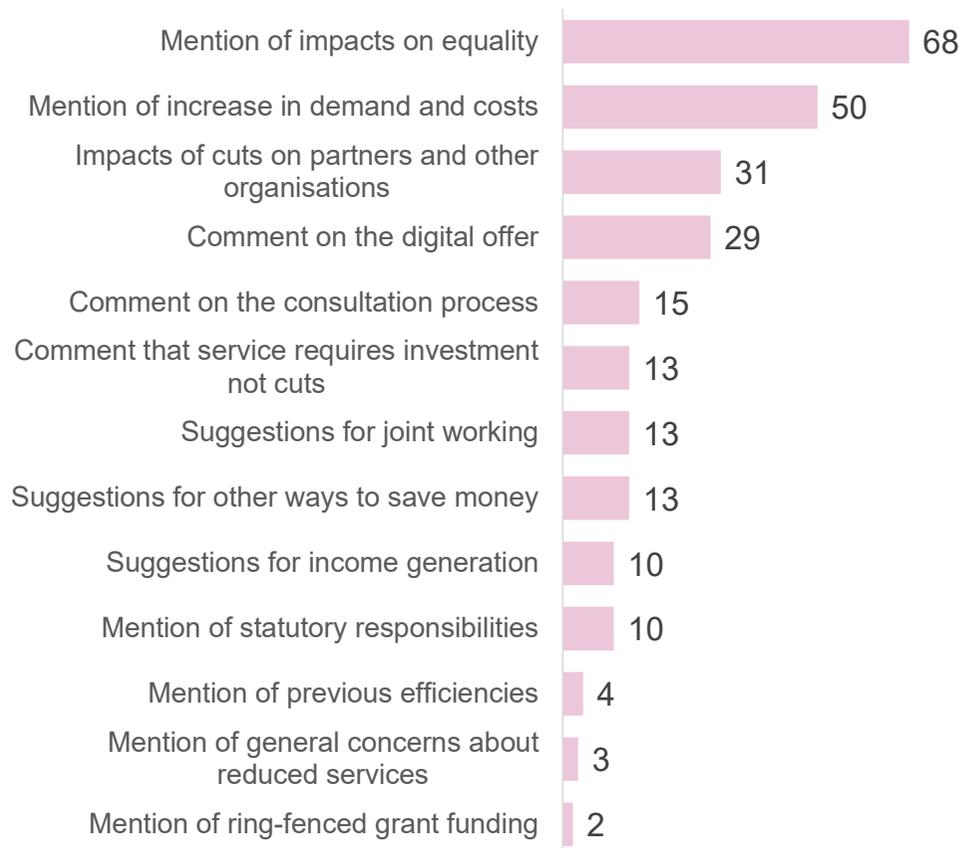
- Diocese of Winchester & Diocese of Portsmouth Education Team
- Family Nurse Partnership
- Hampshire & IOW LMC
- Institute of Health Visiting
- National Childbirth Trust
- National Network of Designated Healthcare Professionals for Children (NNDHP)
- NHS Sussex Partnership
- Representatives of Hampshire's Youth Forum and Members of Youth Parliament
- Royal College of Midwives
- Royal College of Obstetricians & Gynaecologists
- Solent NHS Trust
- Stillbirth and neonatal death charity
- Terrence Higgins Trust
- Wessex LMC
- Winchester and District Homestart

Healthcare providers who provided unstructured responses included:

- Aldershot Health Primary Care Network
- Andover Primary Care Network
- Chineham Medical Practice
- Gosport Health Visiting Team
- Hampshire Community Perinatal Mental Health Team
- Hampshire Hospitals Foundation Trust
- Hampshire Maternity Mental Health Service
- Healthwatch Portsmouth
- Hedge End Medical Centre
- Patients Participation Group (Ringwood Medical Centre)
- Princes Gardens Surgery
- Ringwood Medical Practice
- Shepherds Spring Medical Centre
- Solent NHS Trust
- Solent West community paediatric team
- Southern Health
- St Mary's Surgery, Andover
- Sussex Partnership Trust
- The Portchester Practice

**Unstructured responses:** The general themes, not exclusive to specific proposals, are shown below. These predominantly related to equality impacts and expectations that the proposed changes would lead to increases in service demands and costs, both to the services being consulted upon and to the public purse more generally

Number of comments made via email, letter, or telephone relating to: (Base: 72 unstructured responses)



Equality impacts (68 mentions) most frequently related to impacts on:

- Children / young people (55)
- Those with mental health issues (37)
- Families (36)
- Vulnerable people (34)
- Safeguarding service users (32)
- Those with physical health issues (29)
- Parents (19)
- Lower incomes (17)
- Women (12)
- LGBT (11)
- Pregnancy (10)
- Homeless people (8)
- Those with learning difficulties (7)
- Older people (7)
- Those with disabilities (6)
- Ethnic Minorities (4)

Comments on increased costs and demand (50 mentions) most frequently related to:

- Impact of the pandemic on service demand (32)
- Less early intervention / prevention (30)
- Increased costs in future (21)
- Create long term issues (20)
- Increased burden on other organisations (19)
- Increasing demand (18)
- Increase in sexual health problems (10)
- Increase in substance misuse (9)
- Impacts on school budgets (7)
- Increasing child protection (6)

**Additional detail on other themes is shown on the next page**

**Unstructured responses:** Aside from the aforementioned impacts on equality, demand and costs, respondents also cited higher demand for public and secondary care services and the longer waiting times as a result of proposals. The increased use of digital options had a mixed response, with some suggesting it has benefits in moderation and others concerned about digital exclusion

Comments made via email, letter, or telephone relating to: (Base: 72 unstructured responses)

Impacts of cuts on **partners and other organisations** (31 mentions) most frequently related to:

- Increased demand on primary (19) and secondary (8) care services
- Increased waiting times (4)

Comments on the **digital offer** (29 mentions) most frequently related to:

- Concerns about replacing existing service with digital options (26)
- Some users lack digital access (13)
- Face-to-face has advantages (4)

Comments on the **consultation process** (22 mentions) most frequently related to:

- More information wanted (8)
- Partners not sufficiently engaged (4)
- Delay as Govt policy may change (2)
- Inadequate consultation length (2)

Comments on **investment rather than cuts** (13 mentions) most frequently related to:

- Need more professionals (3)
- More investment in preventative work (2)
- More training (1)
- Ring-fencing health visitor budgets (1)

Suggestion for **joint working** (13 mentions) most frequently related to:

- More work with partners and charities (4)
- Reduce duplication via joint working (3)
- A multi-agency approach is needed (2)
- Joint working of Council and Health (2)

Suggestions of **ways to save money** (13 mentions) most frequently related to:

- Look elsewhere in the Council for ways to make savings (3)
- Reduce admin (2) and management (2)
- Make greater use of local suppliers (2)

Mentions of **ways to generate income** (10 mentions) most frequently related to:

- Lobby central government for funding (7)
- Means tested charging (2)
- Increase Council Tax (2)
- Disagreement with any charging (1)

Mentions of **statutory responsibilities** (10 mentions) most frequently related to:

- Risks of Council not meeting its duties (3)
- Technology may not meet needs (2)
- Potential for changes of legal duties (2)
- Partnership work may not be joined up (2)

Mentions of **previous efficiencies** (4 mentions) most frequently related to:

- Loss of capacity to date (3)
- Cumulative impact on service users (1)
- Recognition of the Council's financial position (1)

**Unstructured responses:** There were specific comments relating to all four proposals, with the largest proportion relating to the 0-19 Public Health nursing service. Regular themes in each related to increased demand for services and other systems that could need to pick up additional demand, most commonly GPs

Comments made via email, letter, or telephone relating to: (Base: 72 unstructured responses)

### Consultation 1: Substance misuse treatment service

19 responses mentioned concerns about the proposed changes to this service, and 3 responses made specific reference to the proposals

- 1 response suggested there is not enough clarity on what 'adequate' provision would entail
- 1 response challenged the savings targets in the consultation, as they felt these do not reflect increased demand for other services
- 1 response suggested that new ways of working be identified, with the suggestion of more joined-up working and increased digital tools for service users

### Consultation 2: Stop smoking service

12 responses made mentioned concerns about the proposed changes to this service, and 4 responses made specific reference to the proposals

- 2 responses indicated agreement with the proposed site closures
- There was 1 mention of each of the following:
  - Agreement with moving services to pharmacies
  - Suggesting an independent referral system to GPs
  - Disagreement with GPs not prescribing NRT
  - GP services being needed for carbon monoxide monitoring
  - Concern about reducing service in deprived areas

### Consultation 3: Sexual health services

23 responses mentioned concerns about the proposed changes to this service, and 9 responses made specific reference to the proposals

- 2 mentioned concerns that HIV and syphilis testing services are not available to GPs, 1 mentioned increasing availability of HIV testing, and 1 indicated support for removing the HIV and syphilis self-sampling service
- 2 mentioned concerns that GPs will not have alternative treatment or funding options if they can not refer patients to psychosexual counselling services
- 1 mentioned that contraceptive services are cost effective, and 1 suggested condom provision services could operate through a postal system
- 1 mentioned concerns about increasing levels of HIV in the South
- 1 indicated disagreement with reducing sexual health training for care staff
- 1 mentioned that GPs may not have the skills to pick up this service

### Consultation 4: 0-19 Public Health nursing service

51 responses mentioned concerns about the proposed changes to this service, and 17 responses made specific reference to the proposals

- 6 mentioned the value of these practitioners as advocates for children
- 6 mentioned disagreement with the proposals for the service
- 5 mentioned concerns that children may become 'invisible' to health services
- 2 mentioned that the service's ability to engage with younger children
- 1 mentioned each of the following:
  - That school nurses help refer children to other services
  - The service gives health advice that service users need, often immediately
  - The service is valued by children and families
  - The proposed changes may impede the Healthy Child Programme



## About this report

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This report summarises the main findings from the 2021 Public Health open consultation. Notable demographic variances from the average response are also highlighted, with further information available in the supporting data pack and tables.

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

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

## A note on verbatim coding

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

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

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

One individual worked on each codeframe to ensure a consistency of approach for each.

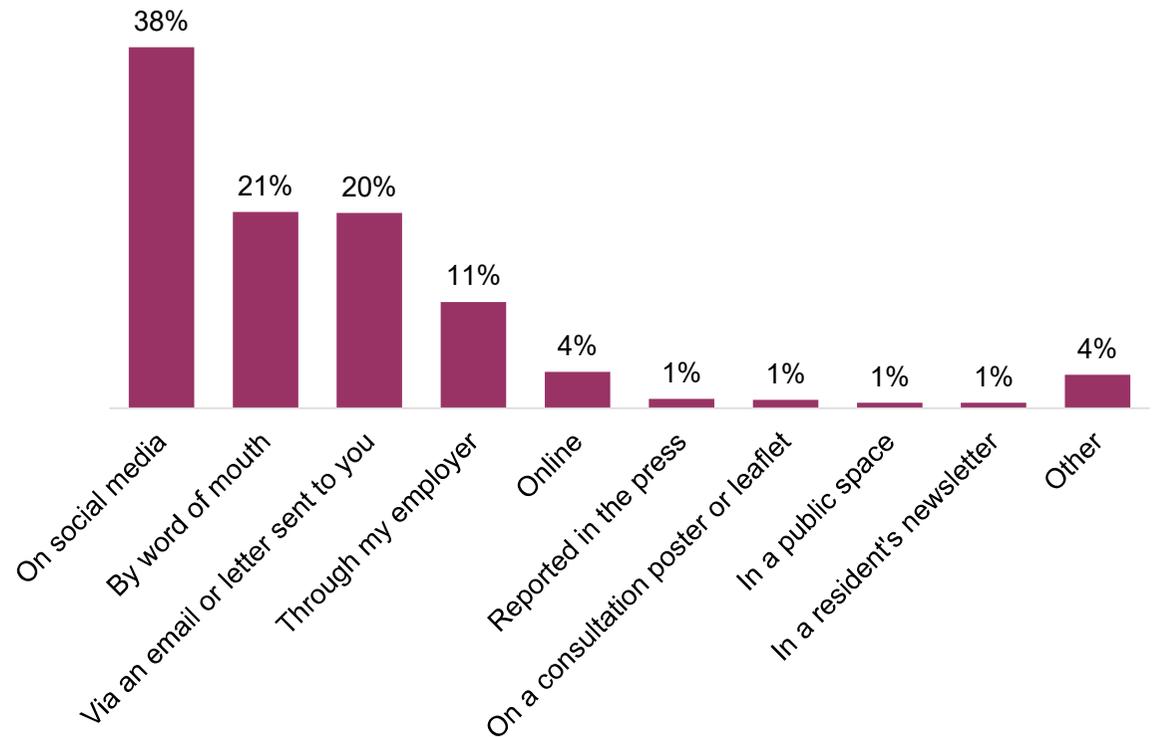
All of the comments and unstructured responses received through the consultation were also shared directly with project leads for further review, in order to inform the development of proposals.

**How respondents heard about the consultation:** Many respondents heard about the consultation via social media or correspondence, reflecting promotional work to raise awareness of the consultation. The significant public interest in the consultation is reflected in the proportion of respondents who became aware of the consultation via word of mouth

The consultation was promoted through a range of channels, including (but not limited to):

- emails to local voluntary and community sector partners, district and borough councils, MPs, NHS trusts, GP surgeries, pharmacies, sexual health clinics, schools, local parent and carer networks, charities, and constabulary and fire service partners;
- social media posts on Twitter and Facebook;
- press release information for the local media;
- school communications with the request that the consultation be shared with parents via, for example, school newsletters; and
- internal communications with staff at the County Council, including the services being consulted upon.

How respondents heard about the consultation: (Base: 2928)



**Service relationship at the time of responding:** High proportions of respondents used, or lived with users of, 0-19 Public Health nursing services

**Employment:** 10% of respondents (307) indicated that they worked for Hampshire County Council, 8% (249) for the Southern Health NHS Foundation Trust, 3% (78) for Solent NHS Trust, under 1% (2) for Inclusion Hants, and 2% (58) for other businesses or organisations that provide services for Hampshire County Council.

**Service usage (of those who responded via the response form):**

**Substance misuse treatment service (869 responses)**



5 respondents (<1%) to this element of the consultation were current service users

29 (3%) were previous service users

**Stop smoking service (766 responses)**



5 respondents (<1%) to this element of the consultation were current service users

61 (8%) were previous service users

**Sexual health services (1082 responses)**



37 respondents (3%) to this element of the consultation were current service users

375 (35%) were previous service users

**0-19 Public Health nursing (2767 responses)**



762 of respondents (28%) to this element of the consultation were, or lived with, current service users

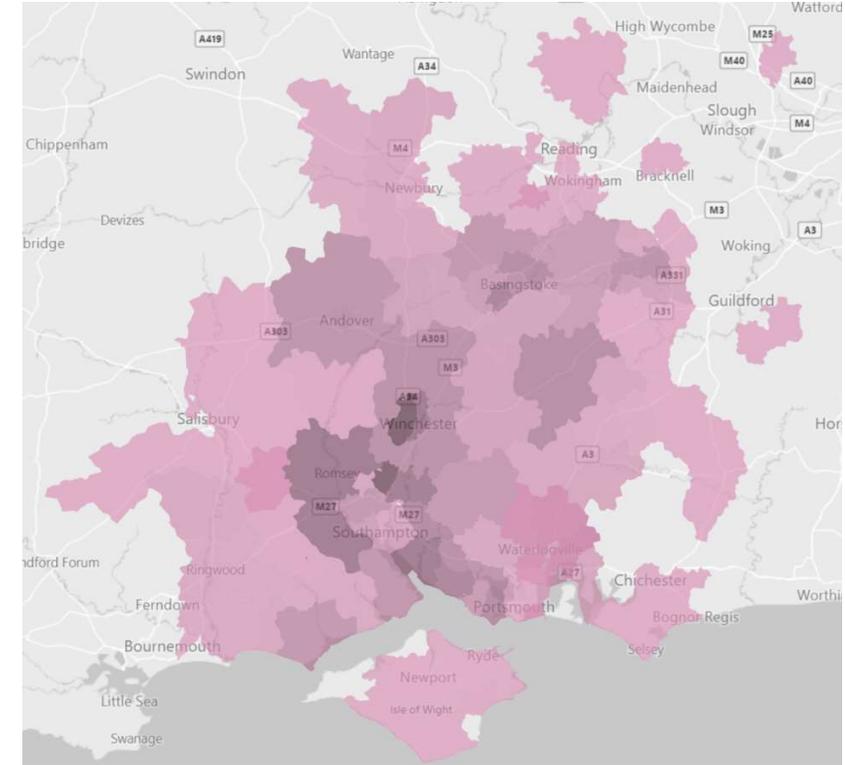
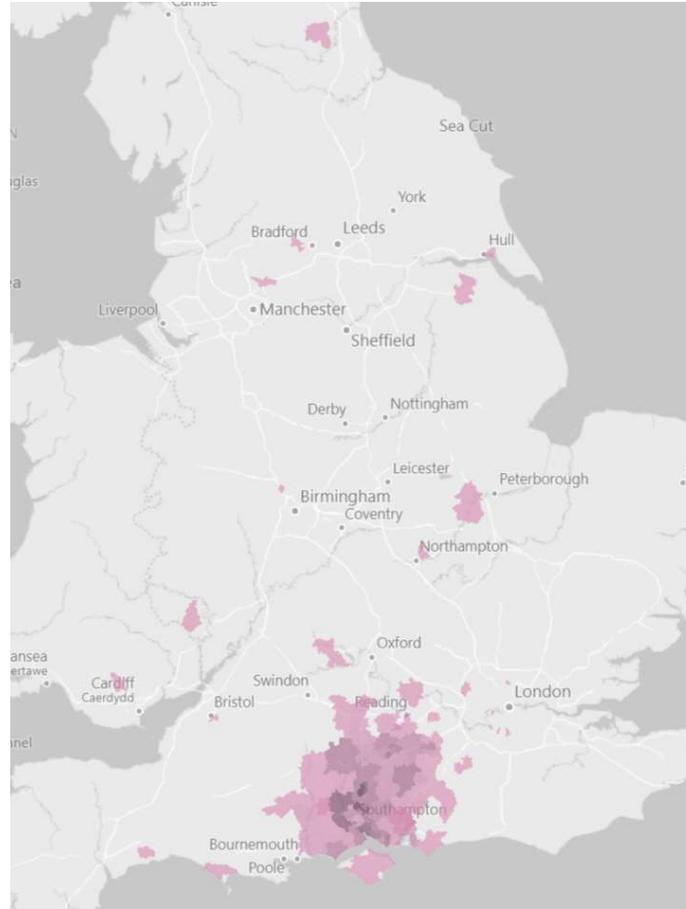
1030 (37%) were, or lived with, previous service users

**Location:** The consultation heard from respondents located across the county and beyond.

Respondents were asked to provide their postcode.

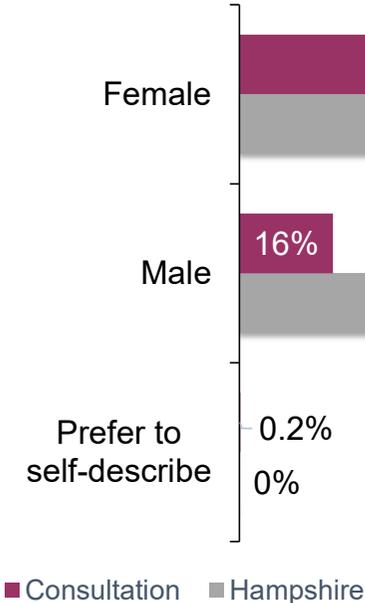
The heatmap shows the distribution of respondents at postcode district level (the first part of the postcode). Darker colours on the map show a higher density of responses received.

The consultation received responses from across the Hampshire area and beyond, with the greatest number of responses from the Winchester and Eastleigh areas.

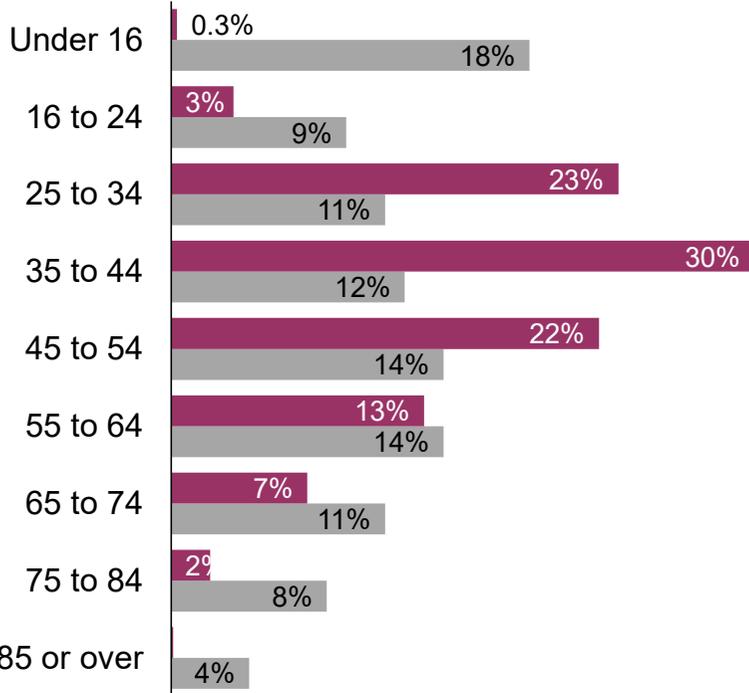


**Profile:** There was a significant over-representation of females and those in the 25-54 age groups amongst the respondent profile, when compared with the Hampshire population as a whole.

Respondent gender profile vs Hampshire population (Base: 2673)



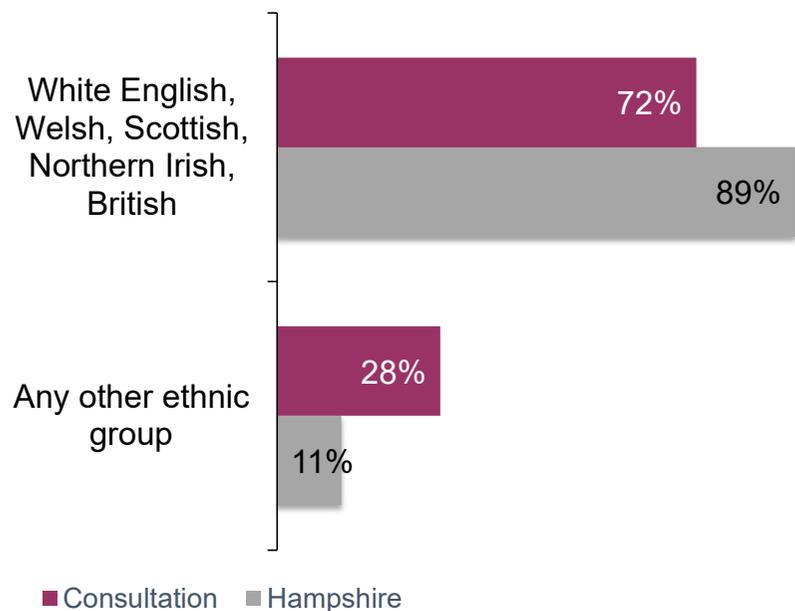
Respondent age profile vs Hampshire population (Base: 2709)



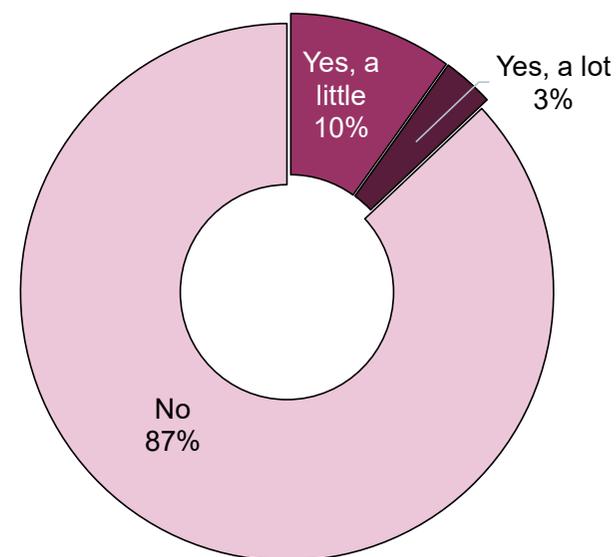
Hampshire Source: 2021 ONS forecast. Consultation Base excludes 'prefer not to say'

**Profile:** The ethnic profile of those who responded was more varied than that of the Hampshire population. 13% of respondents reported that they had a long-term disability that limited their day to day activities.

Respondent ethnic profile vs Hampshire population (Base: 2626)



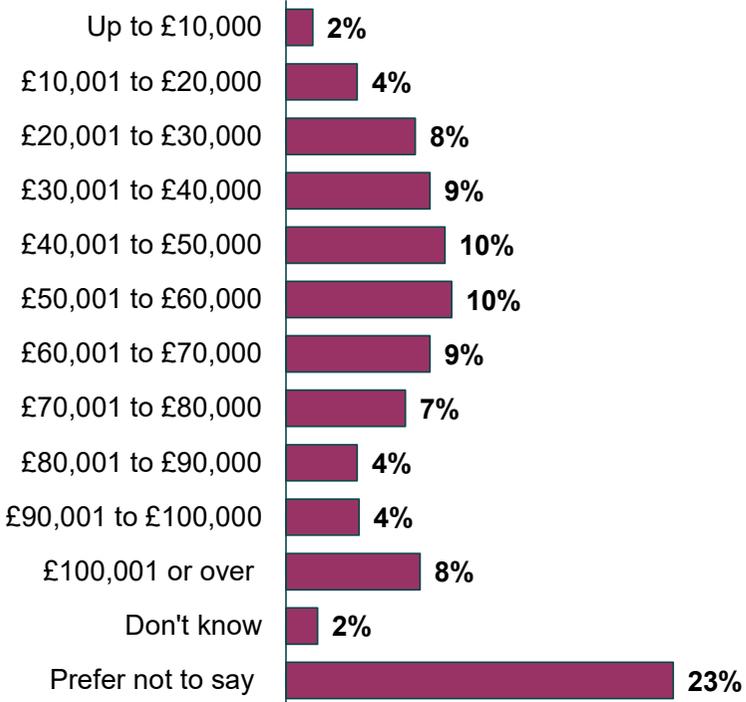
Respondent disability profile (Base: 2611)



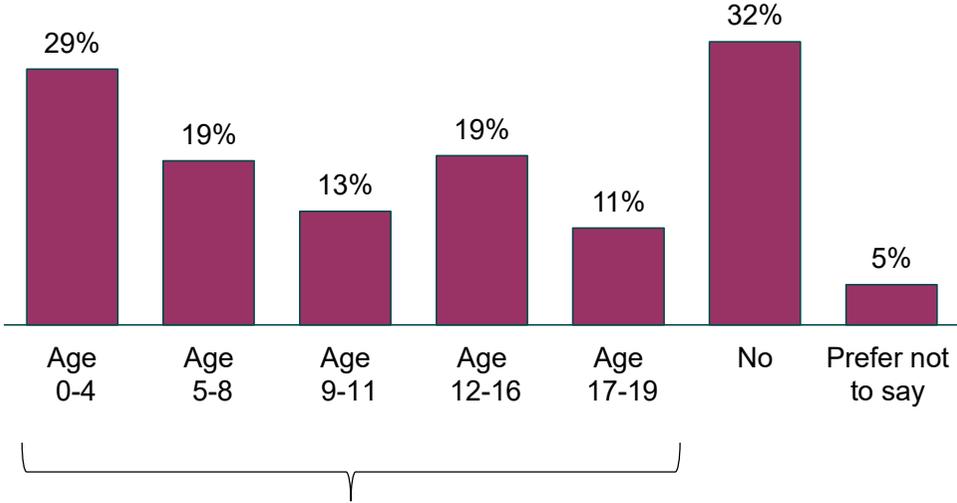
*Hampshire Source: 2011 Census. Disability profile not available. Consultation Base excludes 'prefer not to say'.*

**Profile:** 63% of respondents lived with a child or young person aged under 19, of which 15% had a special educational need or disability (SEND). 6% of respondents lived in households with an annual income of under £20k.

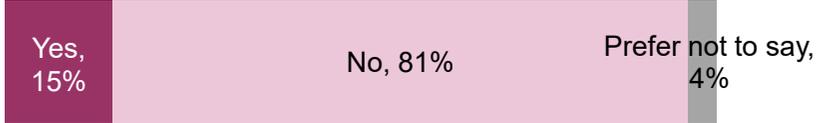
What is your total annual household income, from all sources, before tax and other deductions? (Base: 2667 )



Are there any children or young people up to the age of 19 living in your household? (Multi-code. Base: 2721 )



Do any of these children or young people have SEND? (Base: 1642)



**List of responding groups, businesses, organisations and elected representatives:** 112 groups, businesses and organisations named themselves within their consultation Response Form. 9 of the 10 democratically elected representatives who provided a structured response provided their details.

- Abbeywell Surgery
- Action Cerebral Palsy
- Action on Smoking and Health (ASH)
- Aldershot Health PCN
- All Saints CE VA Junior School
- Asthma UK - British Lung Foundation
- Baby Sensory
- Baycroft School
- Bentley Church Of England Primary School
- Binsted CE Primary
- Bladder & Bowel UK
- Bramblys Grange Medical Practice
- BSSM Psychosexual Services Working Party
- Buryfields Infant School
- ChatHealth
- Chatterbox Community Pre-School Ltd.
- Child Death Overview Panel
- Child Death Overview Panel
- Clift Surgery
- Community Paediatricians at Basingstoke Hospital HHFT
- Community Pharmacy South Central (Hampshire & Isle of Wight LPC)
- Denmead Infant School
- Dimension childcare
- DorPIP
- Energise Me
- Fareham Community Labour Party
- Fareham LCP
- Four Lanes Infant School
- Frimley Commissioning Group and Frimley Integrated Care System
- Frogmore Community College
- Glenwood school
- Group of Designated and Named Safeguarding Nurses across Hampshire
- Hampshire Constabulary - Basingstoke & Deane District
- Hampshire Maternity Voices Partnership
- Hampshire, Southampton and Isle of Wight Clinical Commissioning Group
- Healthwatch Portsmouth
- HENRY
- HIOW Perinatal mental health multiagency group
- HIPS Designated Doctors for Safeguarding (Hampshire, Isle of Wight, Portsmouth, Southampton)
- Home-Start Hampshire
- Horndean Surgery
- Institute of Health Visiting
- Jubilee, Highlands and Whitley surgeries making Sovereign Primary Care Network.
- Kingsclere Community Association
- Liphook Federation
- Little Sunlights Nursery
- London Diploma in psychosexual and Relationship Therapy
- Lyndhurst Surgery
- Multiagency School age autism strategy group
- National Childbirth Trust (NCT)
- National Network of Designated Healthcare Professionals for Children
- New Forest LCP
- New Forest West Labour Party
- New Milton Infant School
- No Limits (South)
- Oakmoor School
- Oakwood Infant
- Old Basing Infant School
- One Community
- Padnell Infant School
- Paediatric Continence Forum
- Petersfield Infant School
- Portchester Community School

**CONTINUED ON NEXT PAGE**

**List of responding groups, businesses, organisations and elected representatives:** 112 groups, businesses and organisations named themselves within their consultation Response Form. 9 of the 10 democratically elected representatives who provided a structured response provided their details.

**CONTINUED FROM PREVIOUS PAGE**

- Portsmouth Hospitals University NHS Trust
- Priestlands school
- Princes Gardens Surgery
- Ranvilles Infant School
- Romsey Family Support Group
- Romsey Opportunity Group
- Rowhill School
- Rushmoor Borough Council
- Scantabout Primary School
- SCHOOL AND PUBLIC HEALTH NURSES ASSOCIATION
- School Nursing
- SH:24 CIC
- Shakespeare Junior School
- SHFT
- Solent Youth Action
- South East Maternity Voices Partnerships
- Southern Health
- Southern Health - School Nursing
- Southern Health NHS foundation Trust
- Southern health NHS Foundation trust
- Southern Health NHS Foundation Trust Corporate Safeguarding Team
- Southern Health NHS Foundation Trust, Children in Care Team
- St Bede C of E Primary School
- St Clements Practice
- St Lawrence CE Primary School
- St. Peter's Catholic Primary School
- Stoke Park Infant School
- Swan Medical Group
- The Arnewood School
- The Bridge Education Centre

- The Henry Beaufort School
- The Office of the Police and Crime Commissioner for Hampshire
- The Vyne Community School
- The Westgate School
- The Whiteley Surgery
- Tweseldown Infant School
- Two Saints Ltd
- University Hospital Southampton NHS Foundation Trust
- Velmead Junior School
- West End Surgery
- Wickham Group Surgery
- Wildern School
- Winchester and District Home-Start
- Winchester Churches Nightshelter
- Winchester Rural N&E PCN
- Wistaria & Milford Surgeries
- Wistaria & Milford Surgeries
- Youth and Families Matter
- Youth Champions

Responses were submitted from the democratically elected representatives from the following areas:

- Aldershot North
- Baughurst Parish
- Candovers Oakley and Overton
- Itchen Valley
- Titchfield Division
- Totton South

Responses were also submitted by the members of parliament for the following constituencies:

- Basingstoke
- Meon Valley
- North West Hampshire