

## Equality Impact Assessment

### What is an Equality Impact Assessment (EIA) and why does the County Council do them?

The [Public Sector Equality Duty](#) (PSED) is an obligation within the [Equality Act 2010](#) (“the Act”), which asks public authorities, like Hampshire County Council, to give ‘due regard’ to equality considerations, in particular to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

This includes assessing the impact of policies and practices on individuals and communities with a protected characteristic, as defined in the Act and some other specific groups. The County Council uses EIAs to ensure it has paid ‘due regard’ to equalities considerations when there are changes to a service or policy, a new project or certain decisions.

EIA author	Position & Department	Contact
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Title:	Savings Programme 2025: Reduction of funding for Mental Health Wellbeing Services
Related EIAs:	EIA Number: YA-25-I
EIA for Savings Programme:	Yes EIA - Adults Health & Care -
Service affected	Mental Health Wellbeing Services
Description of the service/policy/project/project phase	The Younger Adults department within the Adults’ Health and Care (AHC) directorate provides social care services for 7,250 people overall. This includes all people over 18 years with learning disabilities and people of working age with physical disabilities and mental health problems. Those receiving services have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, direct payments and other services. In the financial year 2023/24 Hampshire County Council planned to spend £185 million on care and support for Young Adults. The Younger Adults Mental Health service contributes to the funding of wellbeing centres in Hampshire with the majority of funding provided by Hampshire and Isle of Wight Integrated Care Board. Additional funding is provided by Frimley Integrated Care Board and from Public Health Hampshire. Funding from the NHS has increased in recent

	years due to investment from NHS England in the Community Mental Health Transformation programme. Wellbeing Services are delivered by the voluntary sector and serve a total of 14,000 people with centres in Havant, Fareham, Eastleigh, Basingstoke, Farnborough, Winchester, Andover, Gosport, Hythe and New Milton with some satellite bases in rural areas. Many services are open access and no services are subject to assessment of Adults' Health and Care eligibility. Services include support for people with anxiety, depression and other mental health problems. Most services are time limited and include a mixture of group sessions, 1:1 sessions and peer support.
New/changed service/policy/project	Reduction of funding for this service of £656,777.00 per annum. Impact would be dependent upon whether other agencies are able to review and increase their funding or provide services differently to maintain output. A reduction in output (range and availability of services) is a possibility. It is possible that some people who would have previously accessed the service would no longer be able to as a result. It is possible that some people who use wellbeing services who are eligible for social care services could have their wellbeing service offer reduced. Wellbeing services are not dependent upon eligibility under the Care Act 2014.

<b>Engagement</b>
<p>No specific formal consultation has been carried out on this proposal. It formed part of and was referenced in the Making the Most of your Money budget consultation (2024-2026) completed in Autumn 2023.</p> <p>This proposal generated specific feedback as part of the Making the Most of your Money consultation. Individuals and organisations that support people with mental health issues, expressed concern at the impact this could have on the mental health services for people. The 2 Integrated Care Boards have been fully engaged and have had the opportunity to consider the potential impact that this proposal would have on delivery of services via the Mental Health Wellbeing Centres.</p> <p>A direct engagement exercise has been undertaken with people who use the Wellbeing Services, to determine what are the most important features of the service.</p> <p>From the 247 responses, 208 (84.21%) made a reference to the type of service delivery with 41.7% referencing group work as important and 34% referencing 1:1 work as important. This indicates that people who use the service value a mixed economy of service provision. This balance between provision of services for people with more complex needs and meeting the mental health needs of the wider population would need to be considered in any future re-design.</p> <p>Of the 108 respondents who referenced a specific outcome, the highest number, 25%, mentioned diversion of demand from other NHS services, with 19.44% mentioning reduction in isolation and suicide prevention respectively. This indicates that the services could continue to play a key role in the NHS and Public Health agenda in Hampshire.</p> <p>Of the 99 respondents who mentioned location, the highest number, (26.26%) mentioned the importance of a supportive and non-clinical environment, indicating that the services are regarded as accessible and welcoming.</p> <p>81 of the respondents mentioned a specific activity. Of these, the highest number, 32.1%, mentioned Arts and Crafts, followed by Mindfulness/Meditation (12.35%) and Creative Writing / Poetry (11.11%). From these figures it would appear that</p>

people who use the services are enjoying these activities and a varied timetable could be provided in a new service model.

## Equalities considerations - Impact Assessment

### Age

Impact on public	Neutral
Impact on staff	Neutral
Rationale	There is no known impact currently. People can receive services from Wellbeing Services from across the age range from 18 years old. Access is not based upon eligibility for services provided by Adults' Health and Care and service recipients are not necessarily known to Adults' Health and Care. Factors relating to age would be considered in any future remodelling work to ensure people with this protected characteristic were not unduly impacted by this change.
Mitigation	

### Disability

Impact on public	Negative - Medium
Impact on staff	Neutral
Rationale	<p>These proposals would impact upon people with mental health problems who currently access the Wellbeing Services and potential future users of the service. Some choices that are currently available may cease to be available, or may be less accessible (reduced frequency and/or duration).</p> <p>It is possible that some people who would have previously accessed the service would no longer be able to as a result of this review. It is possible that some people who use Wellbeing Services who are eligible for social care services would have their Wellbeing Service offer reduced or ceased although wellbeing centre services are not dependent upon eligibility under the Care Act 2014.</p>
Mitigation	<p>Where people may have a social care need, they can request an assessment under the Care Act. Assessed Care Act eligible outcomes would still be met in line with legislation. Social Workers and Practitioners would discuss potential options with individuals who are eligible for services as part of the review and re-assessment process.</p> <p>The directorate would work closely with the NHS and voluntary sector to identify and mitigate impacts. Impact would be dependent</p>

	<p>upon whether other agencies are able to review and increase their funding or provide services differently to maintain output. This will include an element of remodelling to account for the reduction in AHC funding and any future remodelling work to ensure people with this protected characteristic were not unduly impacted by this change.</p> <p>There are also a range of other NHS mental health services available to people including Community Mental Health Teams, Early Intervention and Psychosis Service, Talking Therapies, Eating Disorders Service, Recovery College, Inclusion Substance Use services.</p> <p>There also services provided by Primary Care Networks including a Mental Health Practitioner connected to each PCN, Social Prescribing Service and Health and wellbeing advisors</p>
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## Gender Reassignment

Impact on public	Negative - Low
Impact on staff	Neutral
Rationale	Research indicates that transgender and gender non-conforming (TGNC) individuals are at a high risk of adverse mental health outcomes due to minority stress—the stress faced by individuals categorised as stigmatised social minority groups. Based on this, people undergoing gender reassignment may be more likely to use the Wellbeing Services are therefore may be disproportionality impacted by any change to the availability or accessibility of the service.
Mitigation	Factors relating to gender reassignment would be considered in any future remodelling work to ensure people with this protected characteristic were not unduly impacted by this change.

## Pregnancy and Maternity

Impact on public	Negative - Low
Impact on staff	Neutral
Rationale	According to Public Health England Perinatal mental health problems affect between 10 to 20% of women during pregnancy and the first year after having a baby. Based on this, pregnant women may be more likely to use the Wellbeing Services are therefore may be disproportionality impacted by any change to the availability or accessibility of the service.

Mitigation	Factors relating to pregnancy and maternity would be considered in any future remodelling work to ensure people with this protected characteristic were not unduly impacted by this change.
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## Race

Impact on public	Negative - Low
Impact on staff	Neutral
Rationale	<p>The <a href="#">Adult Psychiatric Morbidity Survey</a> showed disparities in mental ill-health by ethnicity in England. For example, rates of psychotic disorder experienced by Black men (3.2 per cent) and Asian men (1.3 per cent) were higher than among white men (0.3 per cent), although for women no significant difference by ethnicity was observed.</p> <p>Compared to people of white ethnicity, Black women are more likely to experience a common mental illness such as anxiety disorder or depression, older South Asian women are an at-risk group for suicide and Black people are 4 more times likely to be detained under the Mental Health Act.</p> <p>The higher prevalence of mental ill health in minority ethnic groups may mean that these groups may be disproportionality impacted by any change to the availability or accessibility of the service.</p>
Mitigation	Factors relating to race would be considered in any future remodelling work to ensure people with this protected characteristic were not unduly impacted by this change.

## Religion or Belief

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>The project would have a neutral impact on people who have the protected characteristic of religion or belief. Practitioners will ensure that religion or belief is respected, and care provision is based on individual need. Access to wellbeing centres is not based upon eligibility for services provided by Adults' Health and Care and the people are not necessarily known to Adults' Health and Care. Factors relating to religion or belief would be considered in any future remodelling work to ensure people with this protected characteristic were not unduly impacted by this change.</p>
Mitigation	

## Sex

Impact on public	Negative - Low
Impact on staff	Neutral
Rationale	<p>The Adult Psychiatric Morbidity Survey suggests variation in the population's mental health by gender. In 2014, 1 in 5 women (19.1%)</p>

	<p>reported symptoms of common mental disorders, compared with 1 in 8 men (12.2%). Women were also more likely than men to report severe symptoms (9.8% of women, compared with 6.4% of men). Emerging data also suggests different impacts by gender of the COVID 19 pandemic.</p> <p>The higher prevalence of mental ill health in women may mean that women may be disproportionality impacted by any change to the availability or accessibility of the service.</p>
Mitigation	Factors relating to sex would be considered in any future remodelling work to ensure people with this protected characteristic were not unduly impacted by this change.

## Sexual Orientation

Impact on public	Negative - Low
Impact on staff	Neutral
Rationale	<p>According to the BMC Paper 'Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys' In the UK, LGB adults have higher prevalence of poor mental health and low wellbeing when compared to heterosexuals, particularly younger and older LGB adults.</p> <p>The higher prevalence of mental ill health in these LGB groups may mean that these groups may be disproportionality impacted by any change to the availability or accessibility of the service.</p>
Mitigation	Factors relating to sexual orientation would be considered in any future remodelling work to ensure people with this protected characteristic were not unduly impacted by this change.

## Marriage and Civil Partnership

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>The project would have a neutral impact on young adults who have the protected characteristic of marriage or civil partnership. The wellbeing centre review would be undertaken with individuals, regardless of whether they are married or in a civil partnership. Where appropriate, carers assessments will be offered to partners of individuals who may be undertaking caring roles. Factors relating to marriage and civil partnership would be considered in any future remodelling work to ensure people with this protected characteristic were not unduly impacted by this change.</p>
Mitigation	

## Poverty

Impact on public	Negative - Low
Impact on staff	Neutral
Rationale	<p>Research by Public Health England has concluded that poverty can be both a cause and a consequence of mental health problems. Across the UK, men and women in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on an average income. Unemployment and unstable employment are also both risk factors for mental health problems.</p> <p>Based on these statistics, it is possible that people who currently use the Wellbeing Services may be more likely to experience poverty than the general population, and therefore may be disproportionality impacted by any change to the availability or accessibility of the service.</p>
Mitigation	Factors relating to poverty would be considered in any future remodelling work to ensure people with this protected characteristic were not unduly impacted by this change.

## Rurality

Impact on public	Negative - Low
Impact on staff	Neutral
Rationale	<p>The Wellbeing Services are delivered from physical locations (the Wellbeing Centres) located in major population centres across Hampshire. No locations have been identified as at risk of closure due to this change. The Wellbeing Services deliver a range of in person, virtual and telephone support which is accessible to those who cannot reach the physical location of a Wellbeing Centre.</p> <p>However, any general reduction in the availability or accessibility (frequency / duration) of 'in person' services is likely to have an adverse impact on people from rural communities who wish to access those services who may already be at a disadvantage due to transport issues.</p>
Mitigation	Factors relating to rurality would be considered in any future remodelling work to ensure people with this protected characteristic were not unduly impacted by this change.

## Geographical Impact:All Hampshire

## Equality Statement

### Additional information:

The proposed reduction of £656,777 per annum of funding from Adults Health and Care represents 13.28% of the total funding of the service, with over £4.2m per annum of funding still available to the service from HIOW ICB, Public Health Hampshire and Frimley ICB.

Significant opportunities exist for remodelling and redesign of the service within this funding envelope to ensure that the most vulnerable people continue to receive the services they require.

## Overview Statement:

A summary assessment to show that due regard to the Public Sector Equality Duty has been paid, which is undertaken when a full EIA is not needed:

EIA reference number: 00597

Date of production of EIA for publication: 25/06/2024