Appendix 5:

Financial technical appendices

Appendix 5: Financial technical appendices

Introduction

This section provides the comprehensive technical evidence base that underpins the financial analysis presented in earlier sections of the proposal. It consolidates all supporting data, calculations, and assumptions used in constructing the financial model for the assessed local government reorganisation options, ensuring that the analysis is both transparent and auditable. The content here has been developed in close collaboration with finance teams from each existing council, reflecting shared understanding of local data and a jointly agreed methodology.

The purpose of this section is to serve as the detailed reference layer that supports the narrative and conclusions reached in the main body of this document. Each appendix clearly documents its source data, allocation approach, assumptions, and any material judgement applied in the modelling process. This ensures a clear audit trail from base data through to headline findings.

To support clarity and usability, the section is structured into four technical appendices, each aligned with a core element of the financial analysis:

- **Appendix A – Methodology and Assumption Log**: Captures the overarching modelling approach, data sources, macro assumptions, and the engagement steps taken to validate inputs with local finance leads.
- **Appendix B – Savings Assumptions**: Sets out the savings estimates in full, including baseline costs, percentage reductions, and rationale by category, as well as the modelling behind the base and high scenarios.
- **Appendix C – Implementation Cost Breakdown**: Breaks down one-off transition and disaggregation costs by year and type, with cost drivers and any contingency assumptions clearly noted.
- **Appendix D – Boundary Change Cost Breakdown**: Breaks down the one-off Boundary Change cost with cost drivers and other assumptions clearly noted.

Each appendix is structured for ease of navigation and aligned to the relevant sections of the main report. Where appropriate, appendices are supplemented with footnotes, citations, and version tracking to ensure reproducibility and clarity for external reviewers, auditors, and government stakeholders.

This section acts as the technical foundation upon which the financial case is built. It allows readers, particularly finance professionals, Section 151 Officers, and programme sponsors, to interrogate the detail behind each modelling decision and to have confidence in the robustness, transparency, and evidential basis of the conclusions drawn.

Appendix A – Methodology and Assumption Log:

The phased model has been prepared in three sections – assumptions, calculations and outputs. The outputs include the calculation of payback period, individual year impact of LGR and a cumulative impact of LGR. These outputs help in assessing the viability of the LGR options being assessed.

The model is based on the following four key assumptions:

1. Savings costs
2. One-off implementation costs
3. Disaggregation costs
4. Boundary change costs (Option 3 only)

The phased model projects the above across thirteen years, including three pre-implementation years (*Base Year, Year -1* .and *Shadow Year)* and ten post-implementation years.

The model is, however, based on 2025/26 prices and does not include any adjustment for future inflation for both costs as well as savings. The phased model also does not include the impact of any Council Tax Harmonisation due to uncertainty of implementation.

The inputs as well as outputs have been prepared and validated with Section 151 officers. These reflect the best estimates as of the writing of this case.

Appendix B – Savings Assumptions:

The overall savings assumptions have been prepared using a mix of top down and bottom-up savings approaches, as outlined below.

Top-down approach:

The overall savings assumptions for the current reorganisation has been calculated based on the outlined savings of unitary authorities as outlined within previous local government reorganisation documentation. These included 14 previous cases for change across England ranging from cases submitted between 2009 and 2023. The data included Low Case and High case savings.

For each individual previous case, an average savings per population base was calculated for Low and High case savings, with the average of these reflecting the Base case savings. These were subsequently indexed up from the relevant transition year (per the previous case for change) to April 2025 prices. A simple arithmetic average of indexed savings per population base informed the overall average indexed saving per population, which was used to calculate the total 'top-down' savings. The savings were reduced by 10% to reflect the erosion of benefits of having four new mainland unitaries.

The top-down savings were split into underlying savings categories (as reflected in table below) using a percentage allocation mix based on internal discussions and experience.

Saving Name	Description	Rationale and Assumptions	% of Total Savings
Optimising Leadership	Reviewing the number of managerial roles to eliminate duplication and enhance operational efficiency, by merging similar responsibilities into fewer and more impactful positions.	Assumes a single senior leadership team for each new unitary replaces multiple councils' executives (Chief Execs, Directors, S151s, Monitoring Officers). Assumes no significant delays from legal/TUPE or governance negotiations.	5%
Right Sizing the Organisation	Determining the right size of the organisation, proportionate to the services that are being delivered, offset by the costs of new technology and upskilling individuals. Reducing overall workforce through role consolidation and automation.	Assumes c. 5% of workforce (primarily back-office/admin roles) reduced through consolidation, automation and voluntary redundancy. Realisation depends on culture change, system integration and union engagement.	40%

Centralising Corporate Services	Consolidating back-office functions, such as Human Resources (HR), Finance and Information Technology (IT) to streamline operations, enhance efficiencies and unlock savings.	Merger of finance, HR, payroll, legal and comms into centralised functions for each new unitary. Requires effective digital systems, unified policies and process harmonisation.	1%
Service Contract Consolidation	Understanding current and joint service arrangements between Councils, and what savings (or costs) may be incurred on consolidation. Determining the optimum sourcing arrangements for contracts that are either currently outsourced or could be outsourced. This will need to consider both financial and operational efficiency and will consider existing arrangements with third parties.	Assumes merging of contracts (waste, highways, care) and renegotiation over time. Dependent on contract cycles, procurement capacity and provider cooperation.	30%
Proportionate Democratic Services	Reviewing the costs of democratic services (elections, committee support, etc.) to be proportionate to the new authorities. Reducing the number of councillors and governance costs (e.g. committees, elections).	Assumes reduction in number of councillors and associated committee and democratic support costs. Assumes new governance models implemented immediately post-reorganisation.	4%
Improved Digital & IT Systems	Implementing unified digital platforms, automating repetitive tasks, streamlining workflows, and eliminating manual processes, can lead to significant time and cost savings. Unified platforms and systems rationalisation reduce licensing, support, and admin overheads.	Streamlining systems and licenses, introducing self-service platforms, rationalising IT estate. Dependent on investment in digital infrastructure and culture shift to online services.	7%

Asset & Property Optimisation	Reviewing property portfolio to ensure alignment with the council's overall objectives and community needs.	Release of surplus office space, lease terminations, or revenue from letting/disposals. Contingent on lease terms, capital receipt strategy and local market conditions.	3%
Customer Engagement	Enhancing customer contact facilities, determining the needs of citizens in the new authorities and developing proportionate customer contact centres, where appropriate including self-service through digital channels, to improve customer engagement, satisfaction and drive operational efficiencies and cost savings.	Channel shift to digital, contact centre consolidation, and automation of transactions. Assumes digital access for residents, workforce reskilling, and strong comms.	6%
Consolidating Fleets & Optimising Routes	Exploring consolidation of fleets and any route efficiencies, to reduce costs and minimise environmental impact. Reducing fleet size and improving vehicle routing to lower transport costs.	Integration of transport assets across services (e.g. waste, social care, facilities). Benefits depend on fleet management tools, depot locations and service redesign.	4%
Total			**100%**

Savings by category as calculated from the top-down approach was subsequently compared with the savings calculated using the bottom-up approach.

Bottom_up.approach¿

To estimate the potential savings using the bottom-up approach, an overall spend against each of the savings' categories (as per above table) was identified and a corresponding high-level saving against spend (in percentage terms) was made against each of the categories.

The total savings were then aligned across the bottom-up and top-down approaches to ensure a realistic savings assumption by category. The alignment continued to assume a 10% saving erosion due to Hampshire and the Isle of Wight local government

reorganisation having four new mainland unitaries, across all options. The savings were then allocated to individual unitaries based on the unitary's share of total population.

No savings from LGR have been assumed to be realised in Base Year and Year -1. However, they start to ramp up in Shadow Year and build up to be fully realised per annum by Year 3. The savings have then been phased based on expected realisation as per the below table:

	Shadow Year	Year 1	Year 2	Year 3
Optimising Leadership	10%	40%	50%	
Right Sizing the Organisation	10%	20%	40%	30%
Centralising Corporate Services		20%	40%	40%
Service Contract Consolidation	10%	35%	35%	20%
Proportionate Democratic Services		80%	20%	
Improved Digital & IT Systems		15%	35%	50%
Asset & Property Optimisation		40%	40%	20%
Customer Engagement		20%	40%	40%
Consolidating Fleets & Optimising Routes		30%	40%	30%

The savings assumptions are consistent across all 3 options being assessed.

Appendix C – Implementation Cost Breakdown:

The overall implementation cost assumptions have been prepared using a top-down approach only, based on the implementation costs as outlined within previous Case for Change documentation. These included the same previous cases for change used to inform the top-down Savings assumptions, to ensure consistency. The data included Low Case and High case implementation costs.

These were calculated as One-off implementation costs and Disaggregation costs.

One_off.implementation.costs¿

For each individual previous case, an average one-off implementation cost per population base was calculated for both the Low case and High case, with the average of the two informing the Base case. These were subsequently indexed up from the relevant transition

year (per the previous case for change) to April 2025 prices. A simple arithmetic average of indexed one-off implementation cost per population base informed the overall average indexed one-off implementation per population.

These were subsequently adjusted for an increase of £11.8 million to reflect that there will be a total of four new mainland unitaries and that each new authority requires its own setup processes, including establishing governance structures, IT systems, and administrative frameworks, leading to higher cumulative transition costs. An additional 25% increase in costs were subsequently applied to reflect optimism bias risk of delivering the programme. These have been assumed consistently across all cases.

The final figure was then apportioned across the cost categories underpinning the one-off implementation costs (see below table).

Category	Description	Rationale and Assumptions	% of Total Costs
Workforce - Exit	Compensation paid to employees as a result of restructuring/redundancies, including redundancy payments, pension strain, TUPE, salary harmonisation, and other contract termination fees.	Redundancy and termination costs reflect staff length of service.	30%
Workforce - Development	Additional costs to upskill and reskill employees to adapt to new roles and responsibilities.	Cost allowed for retraining through redeployment of workforce.	4%
Transition - Team	Implementation programme team including Legal, Contract Negotiation, Project and Programme Management, and specialist support.	A significant transition team required for each unitary authority. Includes legal, HR, project support, public consultation. Some benchmarks include change management and creation of new councils.	11%
Transition - Culture and Communications	Costs to develop communications, branding, training, and public information in relation to new	Cost allowed for other culture and comms change. Includes all rebranding, change, and engagement.	4%

	authorities. This should inform the public, stakeholders, and employees of proposed changes and address concerns.		
Transition - Processes	Work required to harmonise processes and facilitate effective service transition. This includes specific constitutional changes and developments, democratic transition, and new policies and procedures.	Cost allowed for efforts to harmonise processes and procedures as part of the transition.	4%
Consolidation - Systems	Alignment of systems and digital infrastructure, including merging systems, data migration, commonality of cyber security, and training for new systems.	Costs reflect previous examples of system implementation. Some benchmarks do not include allowance for ERP and data migration, cleansing and interface development.	31%
Consolidation - Estates and Facilities	Reconfiguration of buildings, costs of disposal, and termination fees on leases.	Some benchmarks do not include capital receipts, which can be used to fund, for example transformation or regeneration.	8%
Contingency	Additional 10% contingency to allow for prudence in estimates.	Standard across Cases to build out contingency.	8%
Total			**100%**

One-off implementation costs have been assumed to start ramping-up from Base Year and build up by Year 3. These have then been phased as per the below table:

	Base Year	**Year -1**	**Shadow Year**	**Year 1**	**Year 2**	**Year 3**
Workforce - Exit			10%	20%	30%	40%
Workforce - Development			40%	40%	20%	

Transition - Team	20%	35%	35%	10%		
Transition - Culture and Communications	20%	35%	35%	10%		
Transition - Processes	20%	35%	35%	10%		
Consolidation - Systems	10%	10%	60%	20%		
Consolidation - Estates and Facilities			15%	35%	50%	
Contingency	6%	10%	18%	10%	31%	26%

Disaggregation.costs¿

The disaggregation costs have been assumed due to the additional costs of providing Adult Social Care Services, Children Social Care Services, Place Services and Corporate & Support Services, resulting from the disaggregation of County's services. These have been quantified based on a percentage of the County's 2025/26 budget spend against each service (summarised in table below).

The high-level percentages assumed and rationale for the disaggregation costs across the services are outlined in the below table.

Cost Category	**Rationale and Assumptions**	**Calculation method**
Adult Social Care Inefficiencies	Management - Assumes additional DASS's and ADs, head of legal roles. ICT & Systems - Requires data segregation, integrations, separate instances and eventually separate case management systems. Performance & Strategy - Additional statutory reporting and strategic development.	+1.6% of budget
Children's Services Inefficiencies	Management - Requires additional DCS's and other new roles required. ICT & Systems - Requires data segregation, integrations, separate instances and eventually separate case management systems. Performance & Strategy - Additional statutory reporting and strategic development.	+0.9% of budget

Place Service Inefficiencies	Management - Assumes shared service for Emergency Planning but additional management roles. Could hold resilience and Emergency Planning County wide. Procurement / Third Party - New contracts required ICT costs - Small increase in systems costs through multiple contracts.	+1.4% of budget
Corporate & Support Services to the Council Duplication	Management - Small increase in management roles Staff - Increase in Finance, HR, legal and policy, ICT/digital and performance roles ICT costs - Requires data segregation and integrations	+3.8% of budget

These disaggregation costs are assumed to be validated for the Base case, while the High case assumes these to be 10% higher than Base case. These costs have been allocated to the individual unitaries based on the share of population within the new mainland unitaries, excluding the population of existing upper tier authorities.

These costs are all assumed to be reflected 100% from Year 1 of the implementation, without any ramp-up.

The implementation cost assumptions are consistent across all 3 options being assessed.

Appendix D – Boundary Change Costs Breakdown:

Boundary Change Costs reflect the additional one-off implementation costs associated with additional complexity due to splitting existing Districts. No Boundary Change costs have been assumed for Option 1 and Option 2. However, Option 3 assumes changes in boundary for Winchester, East Hampshire, Test Valley and New Forest and therefore assumes additional Boundary Change Costs.

The Boundary Change Costs have been quantified as 5% of the current total net revenue expenditure associated with client facing services. As there has not been a precedent for Boundary Changes within Local Government Reorganisation, the quantification assumption of 5% is based on Local Government judgement. Where a District is being split across two Unitaries, the associated Boundary Change Costs are assumed to be split equally among the new Unitaries, to support Unitary analysis.

				Boundary Change Costs by Unitary (£'000)			
Districts with Boundary Changes	Net Revenue Expenditure FY25/26 (£'000)	Boundary Change Cost % Net Revenue Expenditure	Boundary Change Cost (£'000)	Mid	North	South West	South East
Winchester	23,354	5%	1,168	584			584
East Hampshire	18,614	5%	931	465			465
Test Valley	26,052	5%	1,303	651		651	
New Forest	26,916	5%	1,346	673		673	
	94,936		4,747	2,373	0	1,324	1,049

These costs are assumed to be consistent across the Base and High scenarios and are phased to be incurred 30% incurred in Year -1 (2026/27) and 70% incurred in Shadow Year (2027/28).

Appendix 6:

Report by Collaborate for Social Change - The bigger you go, the less you know

collaborate
for social change

“The bigger you go, the less you know”

Why place-based, relational approaches to public services must be core to Local Government Reorganisation

Prepared for Test Valley Borough Council by Collaborate CIC May 2025

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Introduction

The English Devolution White Paper speaks of shifting power and resources from the centre and sets out a bold plan for Local Government Reorganisation to enable this.

Place-based and relational approaches can help rebuild the social contract between communities and the organisations that serve them. By working at a scale of place that people identify with, building better relationships with communities, giving them more power over the decisions that affect them, and investing in preventative, relational, and asset-based ways of working, local authorities can not only continue the spirit of devolution, they can reduce demand and deliver better services more cost effectively.

Based on a comprehensive literature review, interviews with practitioners and Collaborate's work in places across the country, this paper sets out the benefits produced by
place-based, relational approaches to public services. We outline the underlying conditions that enable these approaches to be effective and give examples of what the work looks like in practice, illustrated by brief case studies.

This evidence base has been created in support of an argument that place-based, relational working should be at the heart of the operating model for new strategic authorities.

The case for change

A golden opportunity

Local Government Reorganisation offers a once in a lifetime opportunity to re-examine and re-shape the operating model of local government.

The English Devolution White Paper set out the government's vision for simpler local government structures. It proposes that these structures can lead to better outcomes for residents, improved local accountability, and savings which can then be reinvested in public services. It doesn't say how this will be achieved. Instead, it is for each place to determine an effective organisational and administrative structure, based on what they know about the people who live there and the geography in which they live.

This process is an opportunity to remind ourselves and recommit to what local government is for, what it can do, and why it matters. It's an opportunity to put purpose at the heart of decisions about what new, old, and amalgamated institutions and their partners do, how they do it, and who they do it for.

We know what doesn't work, and what wrongs need to be righted

Decades of having to 'do more with less' has hollowed out services, increased thresholds for support, stripped out opportunities for early intervention and prevention, and decimated social infrastructure. There's a growing level of dissatisfaction, with many feeling that vital public services[1] don't meet their expectations, with this being felt most acutely in those places that have the least, highlighting entrenched geographic and social inequalities.

Those people that services are supposed to support feel they have to fight to get what they need and often the needs of the most vulnerable go unmet, leaving people bouncing around the system with unresolved problems and increasing costs with every contact. Not only is this not helping people, it negatively affects those who work in public services, contributing to poor staff recruitment and retention rates, high sickness levels, and decreasing productivity.

Service failures sit within a challenging context in which demand is increasing alongside a population that is growing, and ageing, and presenting with ever more complex and interrelated problems, far outstripping the ability of the current mode of delivering public services to effectively meet people's needs.

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[1] Can Labour deliver? Public services face inequality crisis, IPSOS

New Public Management has run out of road. The importation of private sector practices and the introduction of market concepts such as choice for 'consumers' and competition between providers has contributed to a system of managing services that is dehumanising, slow to learn, fragmented, and expensive, with commercial providers driving the costs up at every turn. It is part of a bureaucracy whose 'do to' mentality fails to see and lift up the assets of people and place and recognise communities' knowledge and abilities. A system of management where a focus on organisational boundaries, ring-fenced resources, competitive commissioning, goals, and targets block the ability of place-based systems to effectively work together to support their place and its people to thrive.

It all adds to the rising sense of dissatisfaction and loss of trust in public services, in the institutions that provide them, and in the politicians in charge.

We can see a better way

"No society has the money to buy, at market prices, what it takes to raise children, make a neighbourhood safe, care for the elderly, make democracy work or address systemic injustices… The only way the world is going to address social problems is by enlisting the very people who are now classified as 'clients' and 'consumers' and converting them into co-workers, partners and rebuilders."[2]

There is a growing movement towards a focus on neighbourhoods as an 'engine of change[3]', towards councils working alongside residents to build community capacity and capability and services co-locating to work together at a hyper-local scale. This movement is a direct response to rising demand, public service failure and an unmet appetite for people to have more influence over their own lives and the places that matter to them.

This different approach to local government and public services has been emerging for many years. The mounting body of evidence is captured in the overwhelming number of reports about neighbourhood and place-based approaches that are available. From the LSE's 1999 report 'Neighbourhood Management' to ICON's Neighbourhood Policy Green Paper published this month there is a long-term, escalating call to invest in building community capacity and social capital, backed up by data and insight from multiple initiatives across the country.

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[2] Edgar Cahn, US-based civil rights lawyer and inventor of Timebanks
[3] Neighbourhoods as engines of change, James Plunkett

Despite the proven promise of these approaches, they have tended to remain on the margins of organisations or systems, often struggling to get the support, investment or attention needed to be sustained or expanded beyond the pilot phase, or to survive political shifts.

Local Government Reorganisation provides the opportunity to take the great practice happening at the margins into the mainstream by embedding it within the operating model, culture, and practice of the new strategic authorities. To do so requires an understanding of scale.

Bigger isn't intrinsically better

Devolution and the transfer of power to a more local level is welcome, but the creation of new strategic authorities comes with an organisational design challenge. How can the model for the new organisations, serving larger populations, be built to enable the new, emergent practice and avoid replicating the same blockers to innovation, but at a larger scale?

Learning from places across the country, and the councils that serve them, means responding to evidence showing that within the current operating model, running services at ever larger scales, doesn't make them more efficient or cost effective. It means recognising that **the bigger they go the less they know** about the people they're serving. This lack of insight into people's lives – what their lives are like, and the ways that *where* and *how* they live affects them, and what a good life looks to them – makes it impossible to address the root causes of demand for public services.

Place-based and neighbourhood approaches can reduce demand and make services more effective through building better relationships with local people and communities, by giving them more power over the decisions that affect them and greater access to the resources local government and other partners hold. Focusing on a scale of place that people identify with, enabling community power, and investing in preventative, relational, and asset-based ways of working, all have the potential to improve outcomes as well as enable better use of resources and sustainable cost reductions for the long term.

This may seem challenging to an orthodoxy that sees increased scale as the best route to efficiency savings. But this movement has been emerging for many years, producing many examples of inspiring practice, a growing body of evidence and an understanding of the underlying enablers of success. Services that are failing to improve people's lives are not efficient, even if they cost less to deliver.

Close collaboration with communities and with local partners, systems leadership, developing new capabilities across the workforce, and local government taking on the role of enabler and place shaper are all key ingredients. This is happening in metropolitan boroughs like Wigan, London boroughs like Camden and Barking and Dagenham, in rural counties including Gloucestershire and Cumbria, and in districts and boroughs including Test Valley. There are plenty of stories, case studies, and evidence to learn from and help shape the next generation of public management.

Learning from Goldilocks

"Civil society grows proportionate not to the extent people's needs are addressed by institutions but by the strengths connected and addressed by citizens"[4]

Creating a new tier of large unitary councils with populations over 500,000 risks further disconnecting local communities from the decisions that affect them. This is especially so in rural communities which risk losing access to services and viable local democracy. The new organisations need to adopt an operating model that enables them to remain close to the diverse range of communities living within their boundaries, developing the local insight that enables them to be responsive, approachable, and trusted.

The danger is that reorganising local authorities to a larger scale and a 'higher altitude of operation' will have a homogenising effect, weakening the link to the specific nature and needs of the patchwork of neighbourhoods that make up local places.

Small can be beautiful. New strategic authorities need to be designed to find a balance and appropriate scale to operate at in order to support different activities. They can be bigger, if they can also connect effectively at different spatial levels with the diverse populations within them. They need to be able to work at the human scale, accommodating human needs and human relationships, and at a system scale, connecting, coordinating, and stewarding all the resources that will enable places to flourish. Organising principles could successfully borrow from the way networks operate rather than replicate the monoliths of the past. These are akin to the principles at play in the best of place-based working – a focus on relationships, collaboration, and interconnectedness and flexible structures that are adaptable to change and innovation.

Local councillors are generally seen as more trustworthy than national politicians[5], although there is evidence[6] that creating larger councils erodes local democracy with a negative impact on trust in councillors, public engagement, and voter turnout. The new operating model needs to place active councillors with deep local insight and trusted relationships at its heart to counteract this risk.

The 'democratic gap' will affect places in different ways[7]. Where there are effective parish and town councils, communities have a hyper local route to mobilising resources, managing local assets, and shaping the decisions that affect them most. But only 36% of England's population is covered by parish councils and even in places where they are present, there is no guarantee that they will be active or effective enough to make a difference without support to do so.

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[4] Rekindling Democracy, Cormac Russell
[5] Trust and Confidence in Councils - What the public think, APSE
[6] English Devolution White Paper: DCN's briefing, DCN
[7] Local, Actually: Establishing hyperlocal governance in England, Re:State

New unitary councils must consider how to accommodate, enable and connect with hyper-local forms of governance that enable smaller places to exercise democratic control over public spaces and amenities in line with community needs and be genuinely democratically accountable. This will require key capabilities around participation and engagement. The role of local councillors will be core to closing the gap between communities, understanding the strengths and assets available to a place, and advocating for what they need.

In this way, LGR efforts can find the optimum scale – one that is not so big that the link with local people and places is lost, and one that is agile and flexible enough to enable and nurture the proliferation of the small, local initiatives that are key to flourishing neighbourhoods.

Culture eats structure for breakfast

The NHS reorganisation around Integrated Care Systems shows that structural changes alone do not guarantee a change in outcomes. For LGR to successfully shift public service delivery to operate at a neighbourhood scale, there must be a focus on developing a culture grounded in a mindset that is collaborative, systemic, long-term, and conscious of power and how it can be shared more equitably[8].

Core to this mindset shift is a renewed sense of the purpose of local government – the reason councils exist, and the outcomes they are trying to achieve. Many local authorities are reframing their purpose around creating the conditions for people and places to flourish, and identifying their role as an enabler of, or platform for, citizens and partners to address common challenges together.

This shift requires a bold, enabling approach to place leadership in which leaders embody the commitment to working in partnership with communities; entrusting staff with the freedom to innovate and enabling community power.

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[8] Introducing New Operating Models for Local Government, Nesta & Collaborate

BUILDING BLOCKS OF PLACE-BASED WORKING (A WORK IN PROGRESS)

FINANCIAL SAVINGS

Stronger local economy as flourishing micro- and community businesses create local job opportunities and keep service spend local.

Reduced demand for emergency services.

Reduction in cost of direct payments and home care through lower cost services from local micro-businesses.

Reduced missed appointments, hospital admissions & improved hospital discharge times.

Reduced demand for residential care homes.

Reduced costs as a result of lower staff sickness and turnover.

SERVICE OUTCOMES

DELAY, REDUCE, PREVENT DEMAND

People live **happier, healthier, independent lives** for longer.

People live in **safer communities** with fewer incidences of anti-social behaviour.

PREVENT FAILURE DEMAND

People receive more **personalised and flexible support that better meets their needs** & help to navigate the system.

REDUCED STAFF TURNOVER

Increased worker satisfaction and **reduction in staff turnover.**

EFFECTIVE COMMISSIONING

Stronger collaboration between VCSE and statutory partners enables collective action and problem-solving to **improve outcomes and make better use of resources.**

PLACE-BASED OUTCOMES

CIVIC PARTICIPATION & TRUST

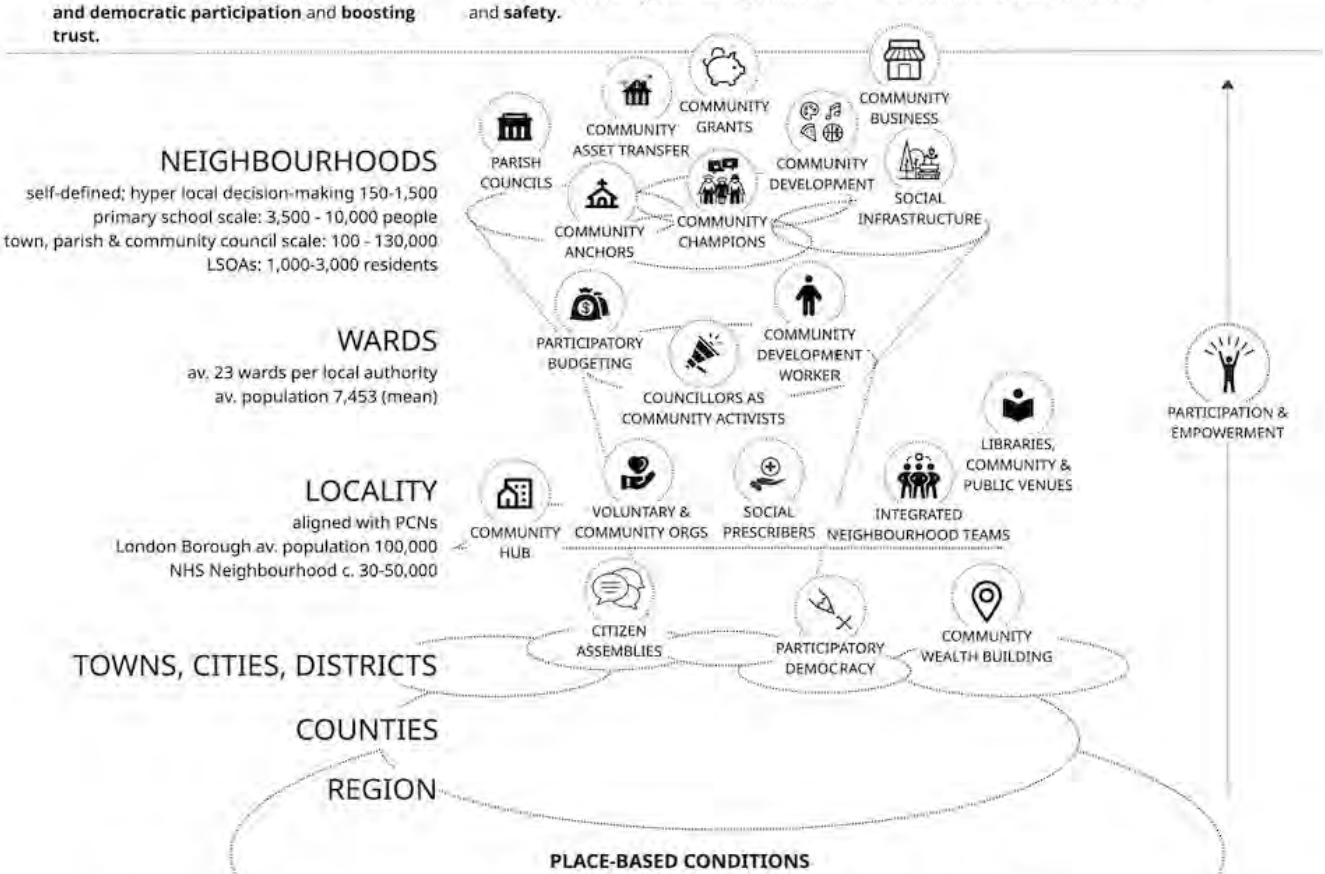
People with the **power to change** what happens in their community, increases community-led decision-making and ownership of local initiatives and projects, **building civic and democratic participation** and **boosting trust.**

COMMUNITY COHESION

When there are **spaces and opportunities to come together**, people discover common ground, and drive aspirations for their communities, **building community cohesion** and **safety.**

WELLBEING & RESILIENCE

Increased **social connections** and **networks of support** within neighbourhoods **strengthen community wellbeing, reduce anti-social behaviour** and **build resilience.**



PLACE-BASED CONDITIONS

People have the **ability to influence** what happens in their community and shape the services and places that matter to them.

Strengthened spaces and **opportunities for people to come together** to develop collective goals and drive aspirations for their communities

Local **voluntary, community and faith organisations are strategic system partners**, working with public sector across organisational boundaries to create, pursue & implement opportunities for **collaborative working.**

Strategic focus on **local, relational neighbourhood-based working**, recognising the value of trusted connections within a community.

SYSTEM CONDITIONS

Strategic, intentional approach to partnership across a place Alignment of vision & principles; collaborative governance structures; sharing of resources, including data and insight.

Trusted, collaborative relationships and behaviours System partners invest in building mature, equal, & trusting relationships across the place.

Culture of learning that enables adaptation Partners collectively reflect and use their learning to shape decisions and adapt their approach.

Bold, enabling place leadership Leaders embody commitment to working in partnership with communities; entrusting staff with freedom to innovate and enabling community power

Outcomes: what improvements do place-based, relational approaches contribute to?

Understanding the size of the prize

Places are complex social systems. Any change in outcomes will be the product of many different variables interacting in a variety of ways, shaped by local context. The way that the impact of initiatives is understood needs to reflect this – it is unlikely to be the result of a series of traceable, measurable, causal actions.

However, new approaches suffer from an 'evidence paradox' in that the way impact is understood is governed by the rules and modes of the old system. "Community power practice, approaches and initiatives are required to demonstrate their own worth according to measures that are not set up to recognise their value. The value of community power is best captured qualitatively, yet the metrics are quantitative."[9]

This is something many places and organisations have been working to overcome, producing a growing, albeit dispersed, evidence base.

In reviewing neighbourhood approaches we observed a spectrum ranging from those that were seeking service delivery outcomes and those that focus on community development outcomes. Different approaches are more commonly seen at different scales of place, with those that are more service focused typically being seen within administrative boundaries and those that are community focused at the more hyper local level.

Place-based approaches can have different starting points:

1. Led by local authorities, health, or VCFSE organisations acting at place-shapers, designed to build connections within and between local people and place, getting upstream of social problems to create the conditions for people to flourish.
2. Led by services, designed to improve links between local people and services, engage people in shaping those services to best meet their needs and ultimately reduce or delay demand.
3. Led by communities themselves, designed to make their place better in a way that meets their needs. Local authorities can play a crucial role in enabling these initiatives, offering them active support including access to assets, skills, and resources.

This report focuses more on those initiatives that are started or led by local authorities and the services they provide. However, the distinctions between them are not hard and fast and all effective place-based, relational approaches contribute to creating the conditions for people and places to flourish.

[9] Community power: the evidence, New Local

Place-based outcomes

For communities to thrive and unlock their potential, there is strong evidence that many factors need to work together simultaneously. Social infrastructure is vital to social integration and community cohesion, helping communities to build meaningful and lasting relationships with each other. Social infrastructure is an ecosystem, made up of a mix of "hard infrastructure" – buildings and other spaces – and "soft infrastructure" – the groups, networks, online forums and individuals which bring the physical facilities to life[10].

It's not enough just to have a space, there needs to be activity to bring it to life. For bridges to be built between different communities they need to come into positive contact in shared spaces, enabling connections across differences. Higher levels of social capital[11] are beneficial and are associated with better outcomes in health, education, employment, and civic engagement[12]. Community or social cohesion can be seen as a product of bonding and bridging capital[13].

Community anchor organisations are a key ingredient in activating social infrastructure to generate social capital and creating a platform for associational life.

The following outcomes are strongly associated with place-based initiatives that help develop social infrastructure, bring people together to form connections and support active collaboration with and between communities themselves.

- **Civic participation and trust**: People having the power to change what happens in their community contributes to increased community-led decision-making and ownership of local initiatives and projects, building civic and democratic participation and boosting trust. People will identify more strongly with where they live and be prepared to contribute more.
- **Community cohesion**: When there are spaces and opportunities to come together, people discover common ground, and drive aspirations for their communities, building community cohesion and safety. Linked to higher levels of neighbourliness, lower levels of loneliness and isolation, more positive attitudes towards others, particularly those from other groups.
- **Wellbeing and resilience**: Increased social connections and networks of support within neighbourhoods can strengthen community wellbeing, reduce anti-social behaviour, and build resilience. Communities are better able to quickly mobilise and support each other in times of crisis and change, provide mutual support, and survive systemic shocks.

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[10] Connective Social Infrastructure: How London's Social Spaces & Networks Can Help Us Live Well Together, Good Growth By Design
[11] What is social capital?, DEMOS
[12] Rapid evidence review of community initiatives, DCMS
[13] Social capital – what we mean by it and why it matters, Belong Network

Place-based outcomes: the evidence

Local Conversations[14]

The *Local Conversations* programme, was a long-term grant initiative supporting residents in 13 neighbourhoods to come together to identify and agree local priorities, and then take action to help address them, utilising the flexible funding model of the programme. Evaluation undertaken by the New Economics Foundation found that the programme:

- Led to improved social and personal wellbeing including greater social connectedness and sense of belonging
    - Survey results showed that **65% of respondents agreed or strongly agreed that their Local Conversation had helped them feel more confident**
    - **62% said their Local Conversation had helped them develop and learn new skills.**
    - Participants reported being more satisfied with life, less anxious, and more likely to feel that what they do is worthwhile – compared to both national averages and other similarly disadvantaged neighbourhoods.

  Supported residents to increase their engagement with local decision-makers by building their capacity for influence through stronger relationships with local organisations and institutions.
    - In 2019, **14 out of 16 neighbourhoods were attempting to influence people in power, including councillors, MPs, and NHS**

Somerset Local Community Networks[15]

There are 18 Local Community Networks (LCNs) covering the Somerset Council area, acting as the 'voice' of local communities and serving as hubs for engagement, partnerships and local decision-making. Their establishment is part of a move to ensure that all of Somerset is 'parished', involving the devolution of assets and services to town, city and parish councils (set out in their 2020 business case for moving to a single unitary council for Somerset, "One Somerset"). Somerset believes LCNs will contribute to:

- Effective local engagement, ensuring residents, businesses, and partners can influence council activity and service delivery.

[14] Evaluating the impact of Local Conversations 2016 - 2021, People's Health Trust
[15] Local Community Networks: Questions and answers, Somerset Council; One Somerset Business Case: Final Submission, Somerset County Council

- Democratic participation: promoting active community decision-making, scrutiny, and enhanced participation in local democracy
- Collaboration: bringing together representatives from partner organisations, city, town and parish councils, community groups, and others to share information, ideas, and solutions.
- Local influence: helping to ensure that local priorities across economic, social, and environmental issues shape council and public service activity.

Asset-based community development (ABCD) in Leeds[16]

ABCD is a core element of Leeds City Council's approach to public service. ABCD is a neighbourhood-based model that focuses on identifying and harnessing local strengths, relationships, and networks to support citizen-led change.

A co-produced evaluation by Leeds Beckett University, Leeds City Council and community organisations found that in Leeds, ABCD has **"supported better social connections and new friendships, with greater community cohesion: bridging differences in generations and neighbourhoods being more inclusive of people with disabilities."**

Barking and Dagenham Giving[17]

Through Barking and Dagenham Giving (BD Giving), the borough has created a model that challenges traditional grant-making and investment by shifting decision-making power directly into the hands of local people. BD Giving was established in 2020 as the UK's first 100% community led investment fund. BD Giving's approach is about more than distributing money; however, it is about building the capacity and confidence of residents to shape their neighbourhoods.

Residents who participate in BD Giving's work report feeling **more aware of local issues, more likely to engage in democratic processes, and more connected to their community**. As people participate, their confidence grows, prompting them to question existing systems and explore new approaches. The process aims to build sustained civic engagement, as participants become more likely to volunteer, support local initiatives, and take ownership of community outcomes.

[16] Asset-Based Community Development: Evaluation of Leeds ABCD Programme, Leeds Beckett University
[17] Barking & Dagenham Giving, BD Giving; Trustees' Report and Consolidated Financial Statements for the Year Ended 31 March 2024 for Barking and Dagenham Giving, UK Charity Commission

Local Area Coordination in Surrey[18]

In 2022, Surrey County Council introduced Local Area Coordination (LAC) as part of a broader strategy to support independence, promote prevention, and address health inequalities across the county. Residents supported by LAC have reported **improvements in their sense of confidence and wellbeing, as well as increased engagement in community life**. In some cases, individuals have gone on to take active roles in their communities, contributing to local initiatives and offering support to others.

Service-led outcomes

Many of the service-led initiatives we have explored contribute to the place-based outcomes listed above, being designed to move attention and resources upstream of direct service delivery to focus on creating the conditions for better outcomes with communities. However, these are longer term aspirations with a primary driver focused on more immediate goals – reducing, delaying, or preventing demand for services and service improvement.

Some councils have implemented a 'locality model', co-locating different services in centres that are closer to where people live, but still aligned with PCN footprints. These 'Integrated Locality (or Neighbourhood) Teams aim to make services more accessible and convenient and enable them to engage more with people who need support. Many are focused primarily on health and social care and aim to improve health and well-being in the area by working collaboratively with various services, agencies, and groups. There is an emphasis on:

- Being closer and more accessible to communities, and visible to residents
- Making better use of shared resources, reducing running costs through shared use of high quality, sustainable buildings.
- Working in partnership, using integrated working to create a simpler, more joined up system that offers the right support at the right time.
- Supporting a transformation in culture and practice, based on recognising strengths, networking, and being based in community.

Adult Social Care services are often drivers of innovation at the community level, working in partnership with health and VCSE colleagues to use methods including Asset Based

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[18] An Analysis of 6 Stories of Local Area Coordination in Surrey: Positive Changes and Costs Avoided, Community Catalysts; Local Area Coordination in Surrey: Independent Evaluation 2024, Duggal Consultancy

Community Development, Local Area Coordination, and micro-business market development as investments in prevention.

Service level initiatives produce a wide range of outcomes, for service demand, for the system - and for individuals.

- Delay, reduce, prevent demand
    - People live happier, healthier, independent lives for longer.
    - People live in safer communities with fewer incidences of anti-social behaviour.
    - People find local solutions and use their own assets and strengths.
    - People volunteer and get involved in delivering local services.
- Prevent failure demand
    - People receive more personalised and flexible support that better meets their needs and supports them to navigate the system.
    - People can find the services they need on their doorstep, without navigating complex systems.
- Reduced staff turnover
    - Increased worker satisfaction and reduction in staff turnover.
- Effective commissioning
    - Stronger collaboration between VCSE and statutory partners enables collective problem-solving, driving progress on outcomes, not just outputs, to maximise value.
- Individual improvements to health and wellbeing
    - Increased independence, improved relationships, connections, and access to community resources, and improved personal safety, security, and stability[19].
    - Reduced reliance on prescription drugs, reduction in the number of visits to the GP, being signed off from treatment by a clinician[20]

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[19] Transforming adult social care systems? A systematic review of the costs and outcomes of local area coordination in England and Wales
[20] Building Community: An evaluation of asset based community development (ABCD) in Ayrshire

Service-led outcomes: the evidence

Old Ford and Nest Estates Local Conversation (Gateshead)[21]

The Old Ford and Nest Estates Local Conversation in Gateshead led to partnerships with schools, universities, local authorities, a counselling organisation, and GPs. As a result of these partnerships, community development workers were based in GP surgeries to support patients with non-clinical issues. Their evidence showed that **patients accessing the scheme reduced their appointments by over 25%**, saving money and ensuring people were receiving the support they needed.

Wigan: Progress with Unity[22]

A key feature of Wigan's new ten-year approach, *Progress with Unity*, is its shift to smaller-scale, neighbourhood-based delivery. For example, adult social care has been recommissioned using a neighbourhood model, with teams empowered to deliver asset-based, relational support grounded in local knowledge and collaboration.

Seven 'service delivery footprints' have been established in the borough to reflect 'natural communities'. These footprints serve as the foundation for integrated, multi-agency teams working from shared neighbourhood hubs. Wigan has found that co-located working in these hubs enables rapid, place-sensitive responses to local needs and that working at a neighbourhood scale ensures that public services are better connected to the lived realities of communities, fostering trust, responsiveness and improved outcomes. Some of these improved outcomes outlined by the Kings Fund 2019 report include:

- **Increase in healthy life expectancy** between 2016 and 2019
- I**mproved school readiness** between 2016 and 2019
- **Increase in physical activity** between 2012 and 2015
- A **higher rate of older people still at home 91 days after discharge** than in England as a whole
- High rate of **care home quality improvement**
- **Lower emergency re-admissions from care homes** than England average
- **Low rates of delayed transfer of care from hospital**
- High rate of **decrease in rates of premature mortality from cardiovascular disease and of premature mortality from cancer**

[21] Evaluating the impact of Local Conversations 2016 - 2021, People's Health Trust

[22] A new era for Wigan Borough: from The Deal to Progress with Unity, Collaborate & Wigan BC; A citizen-led approach to health and care: Lessons from the Wigan Deal, The King's Fund

In addition, underpinned by behaviours such as 'Be kind' and a culture which encourages staff to work differently, Wigan's approach gives staff the freedom to take relational and person-centred approaches which prioritise the wellbeing and independence of those they work with. Wigan's approach has resulted in improved staff satisfaction, stronger partnerships with the VCSE sector and a shared sense of purpose across their services.

Somerset Adult Social Care: micro-business market development[23]

Somerset's adult social care strategy prioritises prevention, early intervention, and strong connections with neighbourhoods and communities. A key part of Somerset's approach to adult social care is the support for micro-providers and since 2015, Somerset has supported the development of 1,250 new micro-providers, who deliver over 30,000 hours of care weekly to nearly 6,000 people in Somerset. The increased capacity of local, responsive support has enabled:

- Stronger local support: people are supported at home or in their communities by providers from their neighbourhoods, fostering trust, flexibility, and continuity of care.
- People and families know good support is available locally. As a result, **people come home earlier from hospital**.
- People-centred support: people design support together that is more personalised. "Creative people on both sides of the care equation find ways to do things differently".

Community Micro-enterprise programme: Westmorland and Furness[24]

Over 2022-24 Community Catalysts partnered with Westmorland and Furness Council to increase the number of community micro-enterprises in the area providing care and support. Outcomes included:

- An established network of responsive, high-quality, and sustainable community micro-enterprises that provide a wider choice of care and support to older and disabled people in their homes.
- **Increased the local care and support offer, with 125 people receiving 400 hours of support each week.** (25 using direct payments, 100 self-funded).

[23] Get help at home with micro-providers, Somerset Council
[24] Community micro-enterprise development in Westmorland and Furness, Community Catalysts

- Reduced unmet need – commissioners, local health and social care teams, and people seeking care and support know that good support is available. As a result, people can choose from a range of care and support options locally.
- Increased choice and control over the support they choose – there is more choice locally for people who draw on care and support and people can choose to have a Direct Payment to pay for their support from a community micro-enterprise.
- Improved quality of service – personal relationships are at the heart of the community micro-enterprises. They offer support that is flexible and responsive to the person's needs, and foster rich connection with others, which supports people's quality of life.

Local Area Coordination in Surrey[25]

Initial insights from the implementation of LAC in Surrey have highlighted a range of early outcomes and there are indications that the model is contributing to broader shifts in service delivery. Improved health and mental health outcomes among residents suggest that Local Area Coordinators may play a role in reducing demand for crisis intervention over time. Feedback also points to strengthened relationships with local NHS services and community partners, including improved pathways for GPs to introduce patients to LAC.

Nationally, the LAC model has been subject to 15 independent evaluations across England and Wales, with findings indicating positive outcomes for individuals, communities, and wider systems. These include **simplification of service pathways and greater cross-system collaboration and integration across agencies.**

Community Health and Wellbeing Workers[26]

Community Health and Wellbeing Workers (CHWWs) are recruited from the communities they serve. They are not medical professionals, but trusted local people selected for their empathy, integrity, cultural competence and persistence. Operating across small geographies of 120–150 households, they make monthly visits to every home (regardless of need) to build relationships and offer holistic, proportionate support.

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[25] An Analysis of 6 Stories of Local Area Coordination in Surrey: Positive Changes and Costs Avoided, Community Catalysts; Local Area Coordination in Surrey: Independent Evaluation 2024, Duggal Consultancy

[26] Community Health and Wellbeing Workers (CHWW) Programme, National Association of Primary Care

In Westminster, where the model was first implemented in the UK results have shown that:

- The households were **47% more likely to have immunisations** that they were eligible for and **82% more likely to have cancer screenings** and NHS health checks.
- There was a **7.3% reduction in unscheduled GP consultations** among these households.
- Residents were appreciative of the ease of access, support and comprehensive approach provided
- Engagement had been maintained with 60% of residents and increasing. Residents who engaged with CHWWs did not disengage
- Multiple instances of issues being unearthed around suicidal ideation, child carers, domestic violence and intractable housing.

Additionally, in Cornwall, the model showed a **90% improvement in resident wellbeing** (as measured by the MyCaw tool).

Social Prescribing[27]

Since it was included as part of the NHS Long Term Plan in 2019, social prescribing has become a key part of the move towards personalised care in England.

Evaluations across the country show that social prescribing can not only improve wellbeing but also significantly reduce pressure on health services:

- In Tameside and Glossop, an evaluation of 1,751 referrals showed a **42% drop in GP appointments**.
- In Kent, **A&E visits reduced by up to 23%** for the 5,908 people supported.
- In Kirklees, support for frequent service users led to **50% fewer GP appointments and 66% fewer A&E attendances**.
- In Rotherham, **frequent A&E use reduced by up to 43%, with cost reductions of up to 39%.**

[27] The Impact of Social Prescribing on Health Service Use and Costs: Examples of Local Evaluations in Practice, National Academy for Social Prescribing

Financial outcomes

Much of the evidence reviewed used one of three ways to assess the financial outcomes of particular initiatives - cost benefit analysis, social return on investment or diverted costs.
Money saved in one part of the system due to the action of another is problematic under current public sector accounting arrangements. It is often the case that investments made by local authorities save costs for the health system. Those developing an operating model for the new strategic authorities should consider how to take a 'total place' approach to assessing costs.

We identified the following outcomes that are likely to have financial benefits:

- Stronger local economy as flourishing micro- and community businesses create local job opportunities and keep service spend local.
- Reduced demand for emergency services.
- Reduction in cost of direct payments and home care through lower cost services from local micro-businesses.
- Reduction in missed appointments, hospital admissions & improved hospital discharge times.
- Reduced demand for residential care homes.
- Reduced use of unplanned hospital care.
- Reduced cost of temporary accommodation.
- Reduced costs as a result of lower staff sickness and turnover.

Financial outcomes: the evidence

The Wigan Deal[28]

The Wigan Deal reframed the relationship between Wigan council and residents, encouraging co-production and strengths-based support which necessitated services which are built around individuals and families. This movement for change has enabled Wigan council to deliver over **£180 million in efficiencies** whilst improving services and maintaining the lowest council tax rate in Greater Manchester.

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[28] A new era for Wigan Borough: from The Deal to Progress with Unity, Collaborate & Wigan BC; A citizen-led approach to health and care: Lessons from the Wigan Deal, The King's Fund

Changing Futures Northumbria[29]

Changing Futures Northumbria (CFN) is a collaboration across six local authority areas focussed on freeing up the creativity and compassion of front-line caseworkers,

delivering more focussed and effective support by co-creating solutions and approaches with citizens, and building towards sustainable outcomes that stand a greater chance of reducing demand into services into multiple services, thus reducing costs and by being more effective, reducing inequality.

Changing Futures Northumbria found that **a person they had been supporting, who had used over £450,000 of public service resource in the year prior to his engagement with their support, reduced his public service use to 0.3% of that level, within 18 months of being supported in a Human relational way, using only £1,932 in months 12 to 24 following the Changing Futures Northumbria intervention.**

ABCD in Leeds[30]

ABCD is a core element of Leeds City Council's approach to public service. A co-produced evaluation by Leeds Beckett University, Leeds City Council and
community organisations estimated up to **£14.02 of social value returned for every £1 invested.**

Somerset Adult Social Care[31]

Somerset's adult social care strategy prioritises prevention, early intervention, and strong connections with neighbourhoods and communities. A key part of Somerset's approach to adult social care is the support for micro-providers and since 2015, Somerset has supported the development of 1,250 new micro-providers, who deliver over 30,000 hours of care weekly to nearly 6,000 people in Somerset.

The increased capacity of local, responsive support has enabled more cost-effective services, as the **cost of care delivered by micro-providers is lower, and is associated with an increase in uptake of direct payments (which similarly have lower costs associated than commissioned care)** as people and families know good support is available locally and so people come home earlier from hospital.

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[29] Changing Futures Northumbria Example of Practice, Human Learning Systems
[30] Asset-Based Community Development: Evaluation of Leeds ABCD Programme, Leeds Beckett University
[31] Get help at home with micro-providers, Somerset Council

Local Area Coordination in Swansea[32]

Swansea's Local Area Coordination (LAC) programme is part of the council's Tackling Poverty Service based within Adult Services.

The Local Area Coordination model is explicitly designed to be place-based and relational. Its effectiveness is reflected in academic evaluations: a Swansea University study found that **for every £1 invested, LAC returns £2–3 of savings to the wider system.**

Local Area Coordinators also helped facilitate 28 new community groups and supported nearly 100 others to access funding – bringing over £85,000 into local communities via the council's Enabling Communities Fund.

Local Area Coordination in Surrey[33]

In 2022, Surrey County Council introduced Local Area Coordination (LAC) as part of a broader strategy to support independence, promote prevention, and address health inequalities across the county. A Community Catalyst report reviewing six individual stories estimated **£25,000 in likely immediate costs avoided from these six cases alone** as a result of preventative action taken before crises emerged.

Nationally, the model has been subject to 15 independent evaluations across England and Wales. Where social return on investment has been measured, findings suggest a **return of at least £4 in social value for every £1 invested** (LAC Network, 2024).

Social Prescribing[34]

Since it was included as part of the NHS Long Term Plan in 2019, social prescribing has become a key part of the move towards personalised care in England. Evaluations across the country have shown that social prescribing can have positive economic returns:

- In Newcastle, **secondary care costs were 9% lower** than in a matched control group.
- A national evaluation of the Green Social Prescribing programme found a **social return on investment of £2.42 for every £1 invested**, alongside significant improvements in wellbeing based on ONS wellbeing measures

[32] Local Area Coordination: Impact Report 2023, Swansea Council
[33] An Analysis of 6 Stories of Local Area Coordination in Surrey: Positive Changes and Costs Avoided, Community Catalysts; Local Area Coordination in Surrey: Independent Evaluation 2024, Duggal Consultancy
[34] The Impact of Social Prescribing on Health Service Use and Costs: Examples of Local Evaluations in Practice, National Academy for Social Prescribing

Barking and Dagenham Giving[35]

BD Giving was established in 2020 as the UK's first 100% community led investment fund. As of May 2025, BD Giving has distributed over £950,000, including ~£778,000 in grants and approximately £77,000 distributed to the residents involved in participatory decision-making processes.
The largest share of BD Giving's grant funding has gone towards Employment, Skills, and Enterprise, largely driven by their GROW Fund, which **supports local businesses in scaling up and seeking further investment**. Following this, funding is almost evenly distributed across arts, health, community cohesion, and education initiatives.

Local Conversations[36]

An evaluation by the New Economics Foundation found that the Local Conversations programme helped local lead organisations and residents access additional resources. On average, **lead organisations secured between £192,000 and £216,000 in additional funding**, which they attributed to their involvement in Local Conversations.

Community Micro-enterprise programme: Westmorland and Furness[37]

Over 2022-24 Community Catalysts partnered with Westmorland and Furness Council to increase the number of community micro-enterprises in the area providing care and support. Outcomes included:

- **26 local jobs created** - people can work locally, earn an income and make a positive difference.
- The **money flow stays within the local economy**.

Levenshulme Inspire Community Hub[38]

In Levenshulme, located four miles south-east of Manchester city centre, is the **Inspire Centre,** a community hub owned by the people of Levenshulme. **Through training, mentoring and enterprise activities, they have supported local residents into employment, started micro-businesses, and strengthened digital and social infrastructure.**

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[35] Barking & Dagenham Giving, BD Giving; Impact Dashboard, BD Giving
[36] Evaluating the impact of Local Conversations 2016 - 2021, People's Health Trust
[37] Community micro-enterprise development in Westmorland and Furness, Community Catalysts
[38] COVID Impact Report 2020/2021, Levenshulme Inspire; How to Set Up, Run and Sustain a Community Hub to Transform Local Service Provision, Locality

The building blocks of place-based working

Conditions that enable effective place-based approaches

System conditions are the factors that influence how a system behaves. The relationships and interactions between them determine the system's performance, and ability to achieve positive outcomes. Addressing the underlying conditions creates a powerful lever for change.

Effective place-based approaches share a common set of underlying conditions that are reflected in multiple examples of practice. They provide the foundation on which the different approaches and methods are built. We have split them into (1) system conditions - speaking to the network of organisations and institutions that make up the governance of a large-scale place e.g. local authorities, health partners, constabulary, VCSE etc; and (2) place-based conditions within neighbourhoods.

System conditions

- **Strategic, intentional approach to partnership across a place**
  Alignment of vision & principles; collaborative governance structures; sharing of resources, including data and insight.
- **Trusted, collaborative relationships and behaviours**
  System partners invest in building mature, equal, & trusting relationships across the place.
- **Culture of learning that enables adaptation**
  Partners collectively reflect and use their learning to shape decisions and adapt their approach.
- **Bold, enabling place leadership**
  Leaders embody commitment to working in partnership with communities; entrusting staff with freedom to innovate and enabling community power

Place-based conditions

- **People have the ability to influence what happens in their community** and shape the services and places that matter to them.
- **Local voluntary, community and faith organisations are part of strategic system partnership**, working with the public sector across organisational boundaries to create, pursue and implement opportunities for collaborative working.
- **Strengthened spaces and opportunities for people to come together** to develop collective goals and drive aspirations for their communities
- **Strategic focus on local, relational neighbourhood-based working**, recognising the value of trusted connections within a community.

What place-based, relational approaches look like in practice

There are many different methods and modes of operating and a variety of component parts in use to enable place-based, relational approaches and places are innovating, adapting and combining continually. This is fertile ground. Below is a snapshot of what we see in play at different geographic scales. See Appendix 2 for more detailed examples.

Approaches and actors common at the neighbourhood level

Asset Based Community Development (ABCD): The work of building and sustaining positive relationships across different groups, organisations and networks and enabling people to participate and influence decisions, activities and services and create stronger and more connected communities.
👉 See case in practice.

Community anchors: Small, established, neighbourhood-based organisations deeply embedded in local communities. Rooted in place, there for the long term with a deep understanding of an area and strong connections with local people. E.g. Heart of BS13, Bristol[39].

Community asset transfer: The transfer of management and/or ownership of publicly-owned buildings or land or structures to local communities for less than the market value to promote social, economic and environmental well-being and empower communities.
👉 See case in practice[40]

Community business: A locally rooted business run by local people for the benefit of the community, and creating broad community impact. E.g. Ashton Hayes and Mouldsworth Community Shop[41]

Community (or health) champions: Community members who volunteer to promote health and wellbeing or improve conditions in their local community. Champions use their social networks and life experience to address barriers to engagement and improve connections between services and disadvantaged communities. E.g. Camden Community Champions[42]

Community grants: Community-based funding and grants for projects like activities for young people, volunteer programmes and development of communal facilities.

[39] Heart of BS13, Bristol
[40] Bramley Baths, Leeds
[41] Ashton Hayes and Mouldsworth Community Shop
[42] Camden Community Champions

👉 See case in practice[43]

Parish councils: Smallest, most localised tier of local government, delivering services to meet local needs, giving the community a voice and representation, and improving the quality of life and community wellbeing.
👉 See case in practice[44]

Social infrastructure: Framework of institutions and physical spaces where people can meet, engage, and build relationships; and the networks of formal and informal groups, organisations, partnerships and initiatives that sustain the social fabric of a place. E.g. Space for Community: Strengthening Our Social Infrastructure[45]

Approaches and actors common at the ward level

Community development workers & Local Area Coordinators: Work in communities to help improve health, wellbeing and resilience of the people who live there.
👉 See case in practice[46]

Councillors as community activists: Elected to represent their ward, to lead the local conversation and engage communities to make the area the best place it can be.
👉 See case in practice[47]

Participatory budgeting: A democratic process through which citizens decide directly how to spend part of a public budget, enabling them to have a greater say in how public money is used to improve their communities.
👉 See case in practice[48]

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[43] Barking & Dagenham Giving, BD Giving
[44] One Somerset Business Case: Final Submission, Somerset County Council
[45] Space for Community: Strengthening Our Social Infrastructure, Power to Change
[46] Local Area Coordination: Impact Report 2023, Swansea Council
[47] Your local area and ward, Barnsley Council;
[48] Barking & Dagenham Giving, BD Giving

Approaches and actors common at the locality level

Community hubs: Buildings or parts of buildings that provide and host community activities that local people need. Can be managed by a community-led organisation or by a public agency. Diverse range of possible services including activities that directly address community needs and provide opportunities for community engagement and social activities; and alternative approaches to service delivery – underpinned by the principles of community involvement and partnership.
👉 See case in practice[49]

Integrated Neighbourhood Teams: Practitioners from health, social care, and the voluntary sector provide work with communities to understand what is important to them and co-design services that meet local needs, delivered in a way that works for the community. E.g. Creating Integrated Neighbourhood Teams: Learning from experience[50]

Libraries, community & public venues: Publicly owned spaces that can host formal services alongside community activity. E.g. Cumbria Libraries[51]

Social prescribers: Link workers who support people to connect to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.
👉 See case in practice[52]

Voluntary & community organisations: Third sector or civil society made up of a diverse range of groups and organisations focusing on social, environmental, or cultural goals. Typically non-profit and driven by volunteers, aiming to improve society or specific communities.
E.g. UK Civil Society Almanac 2024[53]

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[49] Levenshulme Inspire
[50] Creating Integrated Neighbourhood Teams: Learning from experience, National Association of Primary Care
[51] Libraries as community hubs: Case studies and learning, Renaisi for Arts Council England
[52] The Impact of Social Prescribing on Health Service Use and Costs: Examples of Local Evaluations in Practice, National Academy for Social Prescribing
[53] UK Civil Society Almanac 2024, NCVO

Approaches and actors common at a whole-place level

Citizen assemblies: A type of participatory democracy in which a representative group of citizens selected at random from the population learn about, deliberate upon, and make recommendations about a particular issue or set of issues.
E.g. Blaenau Gwent Climate Assembly[54]

Community wealth building: A framework for redirecting economic activity to benefit local communities and residents. It aims to create a more inclusive and sustainable economy by ensuring that wealth generated in a specific area is retained and distributed within it.
👉 See case in practice

Participatory democracy: A form of government in which citizens participate individually and directly in political decisions and policies that affect their lives, rather than through elected representatives. Can take different forms, including Citizen Assemblies. In East Ayrshire, communities have created 30 community-led action plans, supported by facilitation from the council.
E.g. Participatory democracy - what does it mean for elected members?[55]

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[54] Blaenau Gwent Climate Assembly
[55] Participatory democracy - what does it mean for elected members?

Conclusion

"We have everything we need, if we use what we have"[56]

Devolution and Local Government Reorganisation present a once in a life-time opportunity to re-examine and re-shape the operating model for local government. To finally focus on building better relationships between local people and public systems, by giving them more power over the decisions that affect them and more equitable access to the resources local government and other partners hold. To work at a scale of place that people identify with, enabling community power, and investing in preventative, relational and asset-based ways of working. To move this practice into the mainstream by embedding it fully in the operating model, culture and core practice of the new strategic authorities.

Doing so promises better long-term outcomes for people and communities than our current top down, one-size-fits-all model. It allows places to have an identity that communities can engage with and responds to inequalities in assets, strengths and needs. It supports improvements for people and places through the focused efforts of the council, partners and residents on shared problems and builds local capacity, belonging and pride. It will support democratic renewal, rather than the disengagement we are experiencing today.

There is a wealth of good examples of place-based, relational practice happening across the country. We need to build new strategic authorities that can work at the human scale, accommodating human needs and human relationships, and at a system scale, connecting, coordinating and stewarding all the resources that will enable people and places to flourish.

Local Government Reorganisation has the potential to catalyse a step change into a different and better future and help repair the threadbare social fabric in our neighbourhoods.

This is a golden opportunity - let's not waste it!

[56] Edgar Cahn

Appendix A: What is place-based working?

"A place-based approach is a systems approach within a defined location, such as a suburb or small town. Restricting the scope of work to a geographic location can help in pinning a systemic issue down to a manageable size."[57]

As with all systems change approaches, place-based work tends to go beyond programmatic activities focused on specific outcomes and instead tries to address the deeper systemic causes of a problem. From a service perspective it is often about getting upstream of a problem and creating the conditions that will prevent a problem occurring or proliferating over the long term or addressing failures in the services that create more demand.

Place-based approaches centre communities rather than services. Community members are involved in decision-making, with their aspirations for their lives and their place anchoring the work.

Common characteristics of place-based approaches include:

- working with communities to identify and work on collective priorities, valuing local over professional/expert knowledge and building relationships within and between groups and with sources of power and resource (bonding, bridging, linking capital)
- working with VCFSE organisations and / or community anchors as a source of trusting relationships
- focusing on strengths (or assets) to build the conditions that prevent problems from happening, or reduce their impact, rather than just intervening at a point of crisis

'Community' in this context can be taken to mean people brought together by geographic boundaries. However, some place-based approaches target more specific populations within that geography, communities brought together by identity, experience, interest or action.

Place-based approaches can take in population sizes from 100,000 (the average for a London Borough) to 150 people at a hyper-local level. That population may live in dense urban areas or be more spread out across rural districts – geographical size is less important than whether there is a community of people that connects and identifies as a community.

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[57] Dr Jess Dart, Clear Horizon

What is a neighbourhood?

Neighbourhood approaches are contained within this broader 'place-based' definition, along with many other scales of place, some defined geographically such as a street or village, some with boundaries constructed for administrative reasons like LSOAs, wards and localities.

Neighbourhoods are hyper-local communities of place. However, a "universal and generalisable definition of neighbourhood does not exist."[58]

Two different models for understanding 'neighbourhood' currently dominate – one based on top-down administrative boundaries, the other defined by residents or communities themselves.

Unhelpfully, the NHS Long Term Plan uses its own definitions of place, with three different levels at which decisions are made:

- **Neighbourhoods** (populations circa 30,000 to 50,000 people) – served by groups of GP practices (PCNs)
- **Places** (populations circa 250,000 to 500,000 people) – served by a set of health and care providers in a town or district, connecting primary care networks to broader services including those provided by local councils, community hospitals or voluntary organisations.
- Systems (populations circa 1 million to 3 million people) - in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.

This definition of neighbourhood is significantly larger than others. Many local authorities have struggled with this, and the lack of coterminous boundaries – wards rarely map to PCN footprints and so have adopted the term 'locality'. Some London boroughs have created new administrative boundaries in which two localities exist with a single PCN boundary.

None of these fictitious boundaries map to what local communities might identify as their neighbourhood. Approaches based in community development rather than service delivery tend to start with an invitation to residents to define their own neighbourhood boundaries based on their personal experiences, perceptions and relationships.

This can surface valuable insights into neighbourhood dynamics, social networks, and local identities. However, as the boundaries captured are subjective and personal they are unlikely to be consistent across a whole community, which can be challenging for those hoping to target policy decisions or capture and compare data.

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[58] The evidence for neighbourhood focused regeneration, Independent Commission on Neighbourhoods (ICON)

Each model produces different results in determining how many people or households may live in a neighbourhood. However, there is some consensus that the primary school is the last neighbourhood-scale institution and central to the way families with young children may conceive of their neighbourhood. Other 'connecting places' such as a place of worship, a parade of shops or a park may serve the same purpose for other members of the community. Similar consensus was seen in the notion that a neighbourhood is a place where you can comfortably walk to local amenities within 15 minutes.

The model chosen is important "because it influences how policy is targeted, implemented and evaluated; it informs which groups/areas are subject to the intervention and how data is collected and analysed."[59]

Who chooses which model to use is also key to understanding where power lies and the extent to which the people any intervention may be aimed at will recognise and identify, or care about, the place being described.

This report focuses on the smaller end of the scale - localities, wards and neighbourhoods.

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[59] The evidence for neighbourhood focused regeneration, Independent Commission on Neighbourhoods (ICON)

Appendix B: Examples of Practice

Case in practice: Local Conversations, People's Health Trust (2014-2023)[60]

The *Local Conversations* programme, funded by People's Health Trust, was a long-term grant initiative supporting residents in 13 neighbourhoods across Great Britain experiencing high levels of disadvantage. Through Local Conversations, local people came together to identify and agree local priorities, and then take action to help address them, utilising the flexible funding model of the programme.

Evaluation undertaken by the New Economics Foundation found that the programme:

led to improved social and personal wellbeing including greater social connectedness and sense of belonging

- Survey results showed that 65% of respondents agreed or strongly agreed that their Local Conversation had helped them feel more confident
- 62% said their Local Conversation had helped them develop and learn new skills.
- participants reported being more satisfied with life, less anxious, and more likely to feel that what they do is worthwhile – compared to both national averages and other similarly disadvantaged neighbourhoods.

helped local lead organisations and residents access additional resources.

- On average, lead organisations secured between £192,000 and £216,000 in additional funding, which they attributed to their involvement in Local Conversations.

supported residents to increase their engagement with local decision-makers by building their capacity for influence through stronger relationships with local organisations and institutions. In 2019, 14 out of 16 neighbourhoods were attempting to influence people in power, including councillors, MPs, and NHS leaders.

The Old Ford and Nest Estates Local Conversation (Gateshead) led to partnerships with schools, universities, local authorities, a counselling organisation, and GPs. As a result of these partnerships, community development workers were based in GP surgeries to support patients with non-clinical issues. Their evidence showed that patients accessing the scheme reduced their appointments by over 25%, saving money and ensuring people were receiving the support they needed.

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[60] Evaluating the impact of Local Conversations 2016 - 2021, People's Health Trust

Case in practice: Community Health and Wellbeing Workers[61]

The Community Health and Wellbeing Worker (CHWW) model originated in Brazil – where it now forms the foundation of primary care for over 70% of the population. More recently, the model has been adapted in England to provide integrated, preventative support at the heart of neighbourhoods.

CHWWs are recruited from the communities they serve. They are not medical professionals, but **trusted local people** selected for their empathy, integrity, cultural competence and persistence. Operating across small geographies of 120–150 households, they make monthly visits to every home (regardless of need) to build relationships and offer holistic, proportionate support.

Working within the CHUI framework (Comprehensive, Hyperlocal, Universal and Integrated) CHWWs proactively address physical, mental and social wellbeing. Their role is to understand the whole household, build alliances with GPs, local authorities, and community services, and act as advocates, navigators, and early responders to a range of needs. In Westminster, where the model was first implemented in the UK results have shown that:

- The households were 47% more likely to have immunisations that they were eligible for and 82% more likely to have cancer screenings and NHS health checks.
- There was a **7.3% reduction in unscheduled GP consultations** among these households.
- Residents were appreciative of the ease of access, support and comprehensive approach provided
- Engagement had been maintained with 60% of residents and increasing. Residents who engaged with CHWWs did not disengage
- Multiple instances of issues being unearthed around suicidal ideation, child carers, domestic violence and intractable housing.

Additionally, in Cornwall, the model showed a 90% improvement in resident wellbeing (as measured by the MyCaw tool),

Now operating in **ove**r 25 sites across the UK, the CHWW model exemplifies what can happen when services shift from reactive to proactive, and from transactional to relational. By embedding trusted local connectors into neighbourhoods, councils and NHS partners can reduce pressure on services, uncover hidden and unmet needs, and rebuild trust in public systems.

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[61] Community Health and Wellbeing Workers (CHWW) Programme, National Association of Primary Care

Case in practice: Local Community Networks[62] in Somerset[63]

Somerset's Local Community Networks (LCNs) are a central part of its place-based strategy. There are 18 LCNs covering the Somerset Council area, acting as the 'voice' of local communities and serving as hubs for engagement, partnerships and local decision-making. Key functions of Somerset's LCNs include:

- Community engagement: LCNs facilitate effective local engagement, ensuring residents, businesses, and partners can influence council activity and service delivery.
- Democratic participation: LCNs promote active community decision-making, scrutiny, and enhanced participation in local democracy.
- Collaboration: LCNs bring together representatives from partner organisations, city, town and parish councils, community groups, and others to share information, ideas, and solutions.
- Local influence: LCNs help to ensure that local priorities across economic, social, and environmental issues shape council and public service activity.
- Resource mobilisation: LCNs identify and secure resources for local projects.

The establishment of these community networks in Somerset is part of a move to ensure that all of Somerset is 'parished', involving the devolution of assets and services to town, city and parish councils.

A consultation conducted in Somerset (with representatives from the public sector, private sector and voluntary and community groups as well as some residents) to understand the level of support for change to Somerset's local authority structure to one unitary authority, found that *"there was recognition of the difficulty of reconciling scale with connection to localities, but an enhanced role for parish and town councils was seen as a possible solution".*

Somerset Council believes that devolving power and resources to the councils and organisations that are at the real heart of its communities will provide a focus for local engagement and become the channel for local views, feedback, consultation and communication. Beyond this, they see the move towards a more localised approach as holding value not just within the unitary authority, but also through the closer connections it will create with other local public services, notably the NHS, schools, and the voluntary sector.

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[62] Local Community Networks: Questions and answers, Somerset Council
[63] One Somerset Business Case: Final Submission, Somerset County Council

Case in practice: A New Era for Wigan[64]

Wigan Council is recognised nationally for its work in public service reform through the Wigan Deal: an asset-based approach launched in 2012 in response to austerity. The Deal reframed the relationship between Wigan council and residents, encouraging co-production and strengths-based support which necessitated services which are built around individuals and families. This movement for change has enabled Wigan council to deliver over £180 million in efficiencies whilst improving services and maintaining the lowest council tax rate in Greater Manchester.

Underpinned by behaviours such as 'Be kind' and a culture which encourages staff to work differently, Wigan's approach gives staff the freedom to take relational and person-centred approaches which prioritise the wellbeing and independence of those they work with. Wigan's approach has resulted in improved staff satisfaction, stronger partnerships with the VCSE sector and a shared sense of purpose across their services.

In 2024, Wigan launched its new ten-year vision: *Progress with Unity* which builds on the success of the Deal while intensifying the focus on collaboration, tackling inequality, and integrated place-based delivery.

A key feature of Wigan's new approach is its shift to smaller-scale, neighbourhood-based delivery. For example, adult social care has been recommissioned using a neighbourhood model, with teams empowered to deliver asset-based, relational support grounded in local knowledge and collaboration.

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[64] A new era for Wigan Borough: from The Deal to Progress with Unity, Collaborate & Wigan BC; A citizen-led approach to health and care: Lessons from the Wigan Deal, The King's Fund

Seven ‘service delivery footprints’ have been established in the borough to reflect ‘natural communities’. These footprints serve as the foundation for integrated, multi-agency teams working from shared neighbourhood hubs. Wigan has found that co-located working in these hubs enables rapid, place-sensitive responses to local needs and that working at a neighbourhood scale ensures that public services are better connected to the lived realities of communities, fostering trust, responsiveness and improved outcomes. Some of these improved outcomes outlined by the Kings Fund 2019 report include:

- Increase in healthy life expectancy between 2016 and 2019
- Improved school readiness between 2016 and 2019
- Increase in physical activity between 2012 and 2015
- A higher rate of older people still at home 91 days after discharge than in England as a whole
- High rate of care home quality improvement
- Lower emergency re-admissions from care homes than England average
- Low rates of delayed transfer of care from hospital
- High rate of decrease in rates of premature mortality from cardiovascular disease and of premature mortality from cancer

Case in practice: Changing Futures Northumbria[65]

Gateshead Council has been experimenting with Public Service Reform prototypes since 2018, with its inaugural experiment focussing upon the use of council tax arrears as a signal of people requiring more holistic and bespoke support through relational approaches to public service.

Learning from these early prototypes led to the creation of the ‘‘Liberated Method’’ which is focussed on freeing up the creativity and compassion of front-line caseworkers, delivering more focussed and effective support by co-creating solutions and approaches with citizens, and building towards sustainable outcomes that stand a greater chance of reducing demand into services into multiple services, thus reducing costs and by being more effective, reducing inequality.

This approach has broadened beyond the initial Gateshead focussed prototypes in a regional programme. Changing Futures Northumbria (CFN) is a collaboration across six local authority areas (Gateshead, Newcastle, North Tyneside, Northumberland, Sunderland and South Tyneside) and includes partners from voluntary and community sector, probation, police and CCGs/ Foundation trusts.

[65] Changing Futures Northumbria Example of Practice, Human Learning Systems

Case-by-case comparisons of the public service resource use of those they have supported, before and after the involvement of Human relational service.

Changing Futures Northumbria found that a person they had been supporting, who had used over £450,000 of public service resource in the year prior to his engagement with their support, reduced his public service use to 0.3% of that level, within 18 months of being supported in a Human relational way, using only £1,932 in months 12 to 24 following the Changing Futures Northumbria intervention.

Case in practice: Asset Based Community Development in Leeds[66]

Asset Based Community Development (ABCD) is a core element of Leeds City Council's approach to public service. ABCD is a neighbourhood-based model that focuses on identifying and harnessing local strengths, relationships, and networks to support citizen-led change. By 2022, Leeds' ABCD programme included 14 'Pathfinder' communities each with access to a Community Builder to identify people active in the community and bring others together, and council-funded 'Small Sparks' grants to develop and deliver ideas.

ABCD has also informed Leeds' broader vision for adult social care, as expressed in its 'Better Lives Strategy' (2022-2027) which integrates housing, libraries, culture, parks and transport with care and support services. Central to this strategy is the belief that communities and the relationships within them are essential to people's wellbeing.

Leeds' commitment to relational, strength-based practice is also reflected in initiatives like "Talking Points," which embed social workers directly into neighbourhoods, and its long-standing Neighbourhood Networks programme for older people.

A co-produced evaluation by Leeds Beckett University, Leeds City Council and community organisations found that ABCD has "supported better social connections and new friendships, with greater community cohesion: bridging differences in generations and neighbourhoods being more inclusive of people with disabilities."[67] Financially, the evaluation estimated up to **£14.02 of social value returned for every £1 invested**.

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[66] Better Lives Strategy 2022–2027, Leeds City Council

[67] Asset Based Community Development and supporting the community response to Covid-19, Leeds City Council and Asset-Based Community Development: Evaluation of Leeds ABCD Programme, Leeds Beckett University

Case in practice: Participatory budgeting in Barking and Dagenham[68]

Barking and Dagenham is reshaping how local resources are allocated and how communities shape their future, placing participation, collaboration, and inclusion at the heart of its approach. Through Barking and Dagenham Giving (BD Giving), the borough has created a model that challenges traditional grant-making and investment by shifting decision-making power directly into the hands of local people.

BD Giving was established in 2020 as the UK's first 100% community led investment fund. It recognised that many residents feel excluded from the economy, financial sector, and funding systems, which are often seen as disconnected and technical. By providing a safe and supported environment for residents to engage in grant-making, investment, infrastructure development, research, and advocacy, BD Giving aims to open up new opportunities for people to lead and influence the systems that affect their lives.

A core feature of BD Giving's work is the Community Steering Group (CSG), a group of twelve local residents who meet regularly as a learning community and manage an investment fund. CSG members are paid for their time, underpinned by the belief that civic participation should be open to everyone, not just those who can afford to give their time for free.

As of May 2025, BD Giving has distributed over £950,000, including ~£778,000 in grants and approximately £77,000 distributed to the residents involved in participatory decision-making processes.

The largest share of BD Giving's grant funding has gone towards Employment, Skills, and Enterprise, largely driven by their GROW Fund, which supports local businesses in scaling up and seeking further investment. Following this, funding is almost evenly distributed across arts, health, community cohesion, and education initiatives.

BD Giving's approach is about more than distributing money however; it is about building the capacity and confidence of residents to shape their neighbourhoods. Residents who participate in BD Giving's work report feeling more aware of local issues, more likely to engage in democratic processes, and more connected to their community. As people participate, their confidence grows, prompting them to question existing systems and explore new approaches. The process aims to build sustained civic engagement, as participants become more likely to volunteer, support local initiatives, and take ownership of community outcomes.

By putting control over resources into the hands of local people, the borough is building capacity for long-term change, equipping communities to think deeply about how to address complex social issues, and ensuring that public services are better connected to the lived realities of residents.

[68] Barking & Dagenham Giving, BD Giving; Impact Dashboard, BD Giving; Strategy 2023–2026: Invested for the Long Haul, BD Giving and GROW Fund Year 1 Learning Report, BD Giving; Trustees' Report and Consolidated Financial Statements for the Year Ended 31 March 2024 for Barking and Dagenham Giving, UK Charity Commission

Case in practice: Community Wealth Building in Lewes[69]

With a population of around 100,000, the district of Lewes in East Sussex is a site of both prosperity (in the county town of Lewes and much of the countryside) and considerable deprivation (in the coastal towns of Newhaven, Peacehaven and Seaford, as well as in some rural areas).

Since 2019 the council have focussed on how they can use their advantages to build and strengthen the local economy through business growth and local job creation.

With flooding and coastal erosion a continual threat, the climate crisis is an all-too present reality in Lewes and has provided a focus for the work.

The council has committed to a sustainable approach to procurement as part of meeting the council's climate objectives and wider environmental ambitions, but it is also about generating local wealth for the economy and providing opportunities for community groups in a way that is interconnected.

Analysis of the council's spending on goods and services to measure what proportion of spending is within the district. The council has almost doubled its spending with local suppliers from £5.4 million in 2020-21 to 10.1 million in 2023-24, 25% of total spend.

The council owns a significant amount of buildings and land in the district. They are working to maximise community benefit and community wealth building opportunities, and have moved their offices to Newhaven and leased them to a local arts organisation, growing the visitor economy.

In Newhaven, several under-utilised buildings in the Town Centre are currently being developed to create a new health and wellbeing hub for the town.

The council's housing delivery programme has prioritised building on brownfield sites, which are typically ignored by the private sector due to the additional challenges and costs involved. Opportunities for apprenticeships and work placements are integrated and embedded within these building projects.

[69] Community Wealth Building in Lewes, CLES

Case in practice: Active councillors - Barnsley Metropolitan Borough Council[70]

Barnsley MBC has created a structured approach to reshaping councillors' relationships with residents. 63 elected members, representing 21 wards, sit across six area councils. These area councils use local intelligence gathered directly from residents – alongside national datasets like the census – to set priorities and allocate localised funding through commissioning and grant-making.

Complementing this are Barnsley's **ward alliances**, which bring together councillors and active local citizens to jointly plan and deliver improvements in their neighbourhoods.

Anyone involved in a community group or project can apply to be part of a ward alliance. Each alliance develops its own **community plan** and manages a **Ward Alliance Fund**, providing small grants to grassroots initiatives that help deliver local priorities.

This structure is part of a shift that the Council are undertaking in how they work with communities. The council deliberately created a **space in every community** for people to come together, get involved, and co-produce solutions to local challenges.

[70] Your local area and ward. Barnsley Council;

Case in practice: Plymouth Family Hubs[71]

Plymouth's family hub programme was launched in 2022 following a consultation with families and practitioners across the city which highlighted how fragmented the system had become, and the challenges people had in navigating it.

Funded through the government, Plymouth's Family Hubs aim to integrate early help, health, education and community services into a single network that supports families locally. The Family Hub programme seeks to reorient support around each family's unique context, using trauma-informed, strengths-led and relational approaches, summed up as 'Right support, right place, right time'.

As part of the programme, Children's centres across the city are transformed into Family Hubs for children aged 0-19 (0-25 for SEND). Schools, GPs, Job Centres and other community partners become part of a shared network so that parents can access support with a 'no wrong door' approach.

Key to the programme is an asset based community development model which aims to connect people together locally, build on strengths and upskill communities. This approach also includes the appointment of a Community Builder for Family Hubs who works alongside the families supported by the Hub.

Between 2023 and 2024, Plymouth's Family Hubs were in contact with local families more than 29,000 times, covering everything from initial contact and signposting to group activities or 1 to 1 support.

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[71] Plymouth Family Hubs: A Human Learning Systems Case Study, Human Learning Systems

Case in practice: Adult Social Care in Somerset[72]

Somerset's adult social care strategy prioritises prevention, early intervention, and strong connections with neighbourhoods and communities. This approach is grounded in their 2020 business case "One Somerset" which sets out their vision for a new single unitary council for Somerset and the approach is designed to support demand management, enable choice, and reduce long-term care needs.

A key part of Somerset's approach to adult social care is the support for micro-providers – small, community-based care and support services that are independent of larger organisations. Since 2015, Somerset has supported the development of 1,250 new micro-providers, who deliver over 30,000 hours of care weekly to nearly 6,000 people in Somerset. The increased capacity of local, responsive support has enabled:

- Local support: people are supported at home or in their communities by providers from their neighbourhoods, fostering trust, flexibility, and continuity of care.
- Cost-effective services: the cost of care delivered by community enterprises is lower.
- People and families know good support is available. As a result, people come home earlier from hospital and more people access direct payments (where families receive funds to arrange their own care), which similarly have lower costs associated with them than commissioned care.
- People-centred support: people design support together that is more personalised. "Creative people on both sides of the care equation find ways to do things differently".

"The distinctive contribution of microenterprises appears to be the ability to offer more personalised and valued care without a high price tag." [73]

Somerset's adult social care strategy is also underpinned by strong partnerships with the voluntary and community sector, NHS, and local provider networks. Their collaborative ethos supports coproduction, shared learning, and system-wide improvement.

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[72] Get help at home with micro-providers, Somerset Council; One Somerset Business Case: Final Submission, Somerset County Council; Somerset Council Adult Social Care Preparation for Assurance peer challenge report, Local Government Association

[73] Micro-enterprises: Small enough to care? Summary Report, University of Birmingham

Case in practice: Local Area Coordination in Swansea[74]

Swansea's Local Area Coordination (LAC) programme is part of the council's Tackling Poverty Service based within Adult Services. The programme covers the whole county and aims to ensure that every community has access to support grounded in trusted relationships and local knowledge.

Local Area Coordinators are embedded within specific neighbourhoods, and they work without referral thresholds, time limits, or rigid service criteria. They 'walk alongside' individuals and families to understand their strengths, relationships and hopes for a good life, helping them to make connections, build confidence and resilience, and reduce their reliance on formal services.

In 2023, over 1100 people in Swansea were introduced to a Local Area Coordinator, with 1,172 people supported on an ongoing basis. Nearly a third of these introductions were self-referrals or came through informal, community based routes, such as neighbours, friends, or local councillors, highlighting how these roles are embedded within the community. Local Area Coordinators also helped facilitate 28 new community groups and supported nearly 100 others to access funding – bringing over £85,000 into local communities via the council's Enabling Communities Fund.

The Local Area Coordination model is explicitly designed to be place-based and relational and it is recognised across Swansea as a key part of the delivery of the Social Services and Well-being Act (Wales). Its effectiveness is reflected in academic evaluations: a Swansea University study found that for every **£1 invested, LAC returns £2–3 of savings** to the wider system, and a comparative study funded by the National Institute for Health and Care Research highlighted LAC's consistency across contexts and its unique ability to connect individuals, communities and services.

Swansea's Local Area Coordination model has won national awards for inclusion and cohesion and holds strong political and cross-sector support. Local councillors, GPs, social prescribers and community partners praise the model for enabling collaborative, responsive, and compassionate support that is grounded in the realities of people's lives.

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[74] Local Area Coordination: Impact Report 2023, Swansea Council

Case in practice: Community Micro-enterprise Programme[75], South Lakes, Furness & Eden

The area of Westmorland and Furness is geographically the third largest local authority in England and home to approximately 225,000 people. Some of the county towns are in rural areas, which can limit the choice of local services and support available.

Over 2022-24 Community Catalysts partnered with Westmorland and Furness Council to increase the number of community micro-enterprises in the area providing care and support.

Outcomes

- Established network of responsive, high-quality, and sustainable community micro-enterprises that provide a wider choice of care and support to older and disabled people in their homes.
- 26 local jobs created - people can work locally, earn an income and make a positive difference.
- Increased the local care and support offer, with 125 people receiving 400 hours of support each week. (25 using direct payments, 100 self-funded).
- Reduced unmet need and - commissioners, local health and social care teams and people seeking care and support know that good support is available. As a result, people can choose from a range of care and support options locally.
- Increased choice and control over the support they choose - there is more choice locally for people who draw on care and support and people can choose to have a Direct Payment to pay for their support from a community micro-enterprise.
- Improved quality of service - personal relationships are at the heart of the community micro-enterprises. They offer support that is flexible and responsive to the person's needs, and foster rich connection with others, which supports people's quality of life.
- The money flow stays within the local economy.

A local social worker said:

"I have found the Community Catalyst and the community enterprises really useful, and I've used them a lot… there has 100% been a reduction in unmet need".

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[75] Community micro-enterprise development in Westmorland and Furness, Community Catalysts

Case in practice: Levenshulme Inspire[76]

In Levenshulme, located four miles south-east of Manchester city centre, local residents and organisations came together to form **Levenshulme Inspire** – a not-for-profit community enterprise and place-based partnership dedicated to transforming the area through creativity, community, enterprise, and fun.

At the heart of the initiative is the **Inspire Centre**, a community hub owned by the people of Levenshulme. Developed from the redevelopment of a former United Reformed Church, the Centre was made possible through a collaborative £3 million investment involving the Homes and Communities Agency, Big Lottery Fund, Manchester City Council, and others. The result is a multi-use space comprising a café, community rooms, a business centre, and affordable apartments – all under one roof.

The Centre is more than a venue; it is a trusted local anchor. It brings together residents, local businesses, and voluntary sector partners to offer everything from warm spaces, food support, and creative projects, to enterprise mentoring and adult learning.

During the Covid-19 pandemic, the Inspire Centre became a lifeline for the community which supported local people in some of the following ways:

- 3,690 emergency meals and 2,000 food boxes were distributed in 14 weeks.
- ~44 tonnes of food were distributed via the centre.
- The Inspired Taskforce, a peer-led group of older people delivered meal buddies, phone support, and wellbeing packs
- New programmes like “Starting Plates” helped new parents learn cooking and nutrition skills in safe, supportive spaces.
- Inspire partnered with the NHS to train and deploy **Covid Connectors** who built vaccine confidence through peer-led conversations in marginalised communities.

Beyond this, Levenshulme Inspire has continued to drive recovery and local economic inclusion. Through training, mentoring and enterprise activities, they have supported local residents into employment, started micro-businesses, and strengthened digital and social infrastructure. Arts and community heritage projects such as the “Home Is Where the Hope Is” community quilt helped people reconnect and reflect on the emotional toll of the pandemic.

[76] COVID Impact Report 2020/2021, Levenshulme Inspire; How to Set Up, Run and Sustain a Community Hub to Transform Local Service Provision, Locality

Case in practice: Community Asset Transfer, Bramley Bath in Leeds[77]

Community Asset Transfer refers to the transfer of ownership or management of public land and buildings – typically from a local authority to a community organisation – at less than market value. This approach is based on the expectation that the asset will generate long-term local social, economic, or environmental benefits.

Bramley Baths, a Grade II listed Edwardian facility in Leeds, was transferred to community ownership through Community Asset Transfer and reopened in 2013 following threats of closure due to local authority budget cuts.

Since the transfer, Bramley Baths has developed into a sustainable, community-led facility. Opening hours have doubled, and the Baths now operate seven days a week. The organisation employs 38 staff and recorded a £63k surplus in 2016/17. Additionally, the number of children receiving weekly swimming lessons increased from 950 to 1,700.

The Baths also offer inclusive and targeted programming, such as tailored sessions for children with Down syndrome and safe spaces for transgender and non-binary adults. Additionally, a lifeguard training scheme supports skills development and job opportunities for local young people.

In recognition of its performance and sustainability, Leeds City Council granted the organisation a new 50-year lease in 2017.

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[77] Building Powerful Communities Through Community Asset Transfer, Locality

Plymouth Octopus Project[78]

Plymouth Octopus Project Plymouth Octopus Project POP is a collective in Plymouth dedicated to supporting communities, citizen action, and grassroots activity. Their work is rooted in a decade of building networks, offering capacity support, experimenting with grant-making, and being a voice of strategic change. POP aims to fulfil two roles in Plymouth. As Grassroots Champion they connect, support, and amplify the voice of communities and the grassroots, so that people can shape and improve the places in which they live. As system stewards, or what they call System Convener, they 'bring together different sectors, opinions and perspectives into liminal space to find shared ways forward, with an aim for Plymouth to be able to demonstrate more just, fairer, and greener approaches in the work we do.' Over the last 3.5 years POP say they have been

learning how to collaborate and how to go from listening to influencing the 'system', which they define as Plymouth, the place.

For example, POP convenes 'Belong in Plymouth', which aims to create a movement to make Plymouth a city where no one feels forgotten, a city that is inclusive, welcoming, and supportive of all its residents. The goal is to bring people together to share ideas, resources, and experiences that will help build a stronger, more connected community. 'Belong in Plymouth' is a partnership between the health sector, the local authority and the voluntary sector. Its focus is on tackling loneliness and social isolation and creating a city where everybody feels like they belong. The work is very emergent, based around experimentation, building trust, learning and relationships.

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[78] Plymouth Octopus Project, System Stewardship in Practice: What It Is and How to Get Started, Collaborate CIC

Case in practice: Social Prescribing[79]

Since it was included as part of the NHS Long Term Plan in 2019, social prescribing has become a key part of the move towards personalised care in England. The social prescribing model enables health professionals to refer people to Social Prescribing Link Workers who support them to access non-clinical services in their own neighbourhoods– such as community groups, financial advice, housing support, physical activity or befriending.

Over **3,500 Link Workers** are now embedded within primary care networks across England, receiving more than **2.7 million referrals** since 2019. Their role is to listen, build trust, and work with individuals to understand their personal circumstances and goals.
Link Workers then connect people with services and social support rooted in their local communities, helping to address the wider determinants of health.

Evaluations across the country show that social prescribing can not only improve wellbeing but also significantly reduce pressure on health services:

- In Tameside and Glossop, an evaluation of 1,751 referrals showed a 42% drop in GP appointments.
- In Kent, A&E visits reduced by up to **23%** for the 5,908 people supported.
- In Kirklees, support for frequent service users led to **5**0% fewer GP appointments and 66% fewer A&E attendances.
- In Rotherham, frequent A&E use reduced by **up to 43%**, with cost reductions of **up to 39%**.

Social prescribing has also shown positive economic returns:

- In Newcastle, secondary care costs were 9% lower than in a matched control group.
- A national evaluation of the Green Social Prescribing programme found a **social** return on investment of £2.42 for every £1 invested, alongside significant improvements in wellbeing based on ONS wellbeing measures.

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[79] The Impact of Social Prescribing on Health Service Use and Costs: Examples of Local Evaluations in Practice, National Academy for Social Prescribing

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Appendix 7:

Equalities Impact Assessment (EIA)

Equality Impact Assessment

Local Government Reorganisation Proposal

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Executive Summary

This Equality Impact Assessment (EIA) has been written to support the shared vision of twelve unitary, district and borough councils for the future of local government in Hampshire and the Isle of Wight. Local Government Reorganisation (LGR) will be the greatest change in local government in over 50 years, and we are committed to re-thinking how we deliver services and creating new local government structures that are built around our residents. LGR will impact individuals and communities across Hampshire and the Isle of Wight, especially those with protected characteristics under the Equality Act 2010.

This EIA is a high-level assessment, intended to consider and inform the strategic direction of the case for change, and the potential impacts our four new mainland and Isle of Wight unitary model may have on residents. It is intended as the beginning of the consideration of equality, diversity and inclusion. As we progress through LGR, additional, more detailed and targeted EIAs will be developed to support our communities, and our staff through the transition and help us ensure compliance with the Public Sector Equality Duty at every stage of the process. These will incorporate updated data, community insights, and feedback from service users to ensure a deeper understanding of evolving impacts.

Scope

Hampshire and the Isle of Wight is home to a diverse population, across urban, rural and coastal communities, each with unique identities and challenges. To properly assess the impact of our proposed approach may have on the population, this EIA includes all the protected characteristics, as well as the armed forces community, people experiencing socio-economic deprivation, and rural communities.

This assessment draws on data from the 2021 census and the Joint Strategic Needs Assessments for Hampshire and the Isle of Wight, Portsmouth and Southampton, all of which is publicly available.

Key Findings

LGR presents the opportunity to design localised, responsive, inclusive and integrated services. Our four new mainland and Isle of Wight unitary model leans into these opportunities, with services designed around how people live and work. Local governance would be tailored, coordinated and close, enabling improved responsiveness, robust local relationships, more inclusive engagement strategies and stronger partnerships. When designing services, the existing councils, who are already working together, would share good practice and learning, and ensure a balanced approach to rural and urban needs.

Potential risks identified apply to LGR and the period of transition ahead more broadly, such as disruption to service provision, loss of specialist knowledge, digital exclusion and loss of trusted relationships. Fragmentation of services is a risk that pertains to our approach. As the responsibility

of service delivery shifts from county to the unitaries, gaps in service integration may be temporarily exacerbated. To mitigate this risk, the existing council, partners and stakeholders will be co-designing future services, to ensure continuity and embed operational expertise.

This EIA also considers the workforces of the existing councils. LGR will likely bring substantial changes for staff, with potential new working practices, team structures and working environments. Potential risks identified at this stage are around staff wellbeing and support, and retention as well as the possibility of differing practices across the unitaries during the transition period. Clear and timely communication and engagement with staff will be increasingly important as LGR progresses and will help mitigate these risks.

Mitigations and Risks

The table below contains an overview of the risks and mitigations identified. Under each characteristic, risks are recognised, and all of the current mitigations can be found in section 16.

Risk Summaries	Mitigation Summaries
Disruption to trusted community relationships (e.g. LGBTQ+, faith groups, rural residents)	**Community engagement:** ongoing, inclusive engagement ensures continuity, trust and visibility of diverse community voices in shaping services.
Fragmentation of services during transition	**Stakeholder engagement and workshops:** co-design with service leads and partners embeds operational expertise and continuity into future models.
Workforce instability and loss of specialist knowledge	**Transition planning:** builds on existing unitary structures and proven delivery models. Guided by shared principles focused on workforce wellbeing and continuity.
Risk of exclusion or inaccessible services (e.g. digital exclusion and cultural sensitivity)	**Inclusive service design:** embeds local insight and co-production to ensure services are culturally competent, accessible and responsive to diverse needs.
Underrepresentation of groups in service design	**Community engagement:** ensures lived experience informs service transformation, particularly for groups at risk of being overlooked in structural change. A key principle of this proposal is that service delivery should align with distinct communities, engaging them upfront in the shaping of future service.
Disruption to characteristic specific or intersectional services	**Transition Planning & Inclusive Service Design:** maintains continuity of specialist services and ensures intersectional needs are embedded in future service models.

1. Introduction

Hampshire and the Isle of Wight is home to a diverse population of approximately two million people, spread across a mix of urban centres, coastal communities, rural areas, and the Isle of Wight. The area includes major economic hubs such as Southampton, Portsmouth, Winchester, and Basingstoke, each with distinct identities, strengths, and challenges.

Local Government Reorganisation (LGR) presents a significant opportunity to reshape how public services are delivered across this varied landscape, ensuring they are more responsive, resilient, and reflective of the way people live.

Twelve district, borough, and unitary councils across mainland Hampshire and the Isle of Wight have come together to propose a new model for local government: the creation of four new mainland unitary authorities, with the Isle of Wight retaining its existing unitary status.

Communities are at the heart of this proposal, aiming to provide high-quality, prevention focussed, financially sustainable and place-based services which are responsive to local needs. This structure is designed to align council boundaries with established economic areas and population centres, enabling more effective service delivery, stronger local leadership, and improved outcomes for communities.

This high-level Equality Impact Assessment (EIA) has been undertaken to explore how our four new mainland and Isle of Wight unitary authorities may affect individuals and communities, particularly those with protected characteristics under the Equality Act 2010. Given the size and diversity of the region, the assessment will also consider the impact on the Armed Forces community and areas experiencing different types of deprivation.

Any change carries potential risk, this EIA aims to highlight the key opportunities for our communities with a four new mainland and Isle of Wight unitary model, as well as begin to identify and mitigate potential risks. Supporting informed decision making with communities in mind, ensuring that equality, diversity and inclusion are embedded from the outset. This EIA also recognises the importance of the local government workforce in delivering high-quality, inclusive services. As the structure of local authorities change, so too will the working environments, patterns, and relationships that underpin effective service delivery. These high-level workforce factors will be explored further in the assessment to ensure that staff needs are considered alongside those of residents.

As the process to establish new unitary authorities progresses, more detailed and targeted Equality Impact Assessments will be developed, incorporating additional data and community insights to ensure a deeper understanding of potential impacts.

1.1 Insights and Data

To inform this EIA data has been drawn from the 2021 census, Hampshire's Joint Needs Assessment, Portsmouth's Joint Needs Assessment, Southampton's Joint Needs Assessment, the English Index of Multiple Deprivation. All of the data in this report, except where otherwise specified is from the 2021 census.[1]

In this report, the area that currently makes up the county of Hampshire, including the Isle of Wight, Portsmouth and Hampshire is referred to as 'Hampshire and the Isle of Wight' and 'Hampshire'. As such, when data refers to 'Hampshire' or 'Hampshire and the Isle of Wight', the data is the cumulative figure of the areas covered by the following local authorities:

Basingstoke and Deane Borough Council	East Hampshire District Council	Eastleigh Borough Council	Fareham Borough Council	Gosport Borough Council	Hart District Council	Havant Borough Council
Isle of Wight Council	New Forest District Council	Portsmouth City Council	Rushmoor Borough Council	Southampton City Council	Test Valley Borough Council	Winchester City Council

Alongside quantitative data, the twelve councils have undertaken extensive engagement with stakeholders and communities to ensure the proposals are shaped by local insight, shared priorities, and lived experience. Communication and engagement activities across Hampshire and the Isle of Wight have helped residents understand what local government reorganisation could mean for them and provided valuable perspectives on the options being considered. These conversations, through surveys, workshops, and deliberative sessions, have helped ensure that the voices of communities, particularly those most directly affected, are reflected in the development of the proposals, in this Equality Impact Assessment and future assessments going forward.

[1] Information about the 2021 census can be found here: About census - Office for National Statistics

2. Age

2.1 Data Analysis

2.1.1 Hampshire and the Isle of Wight Analysis

According to the 2021 census, the population of Hampshire (including Southampton, Portsmouth and the Isle of Wight) was 2,185,933. Overall, Hampshire and the Isle of Wight has an ageing population compared to the UK as a whole, with people aged 55 and above making up a larger portion of the population – 34.3% in Hampshire compared to 23.8% in the UK.

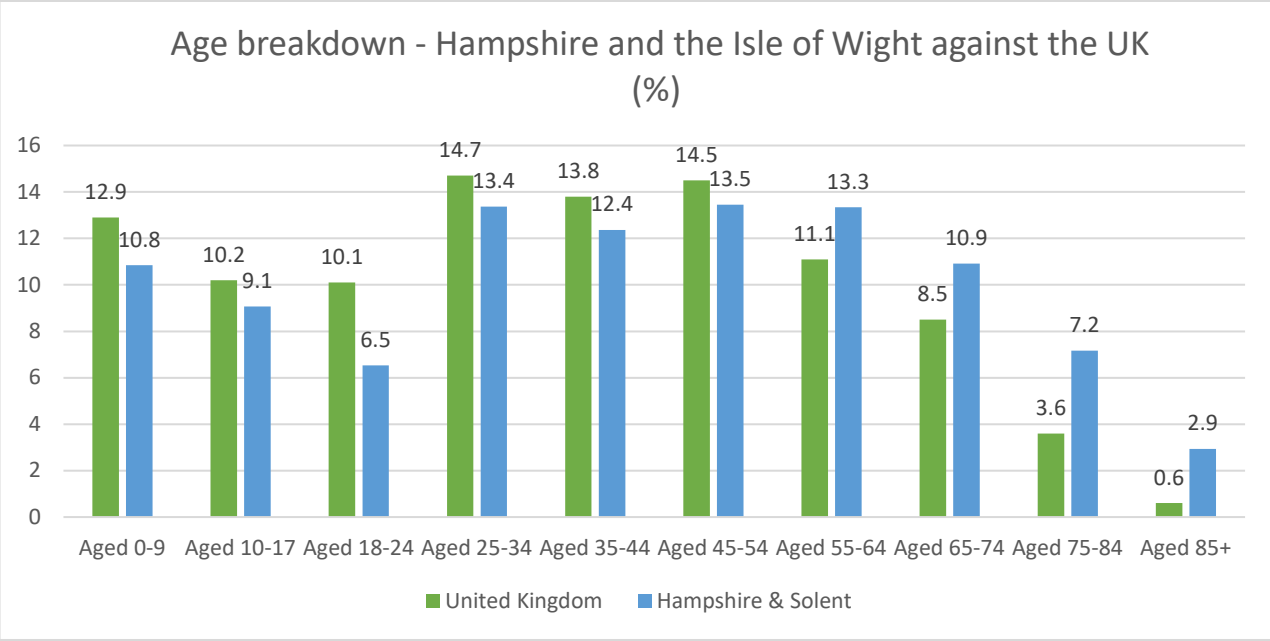
Those aged 75-85 and over make up a considerably larger proportion of the population, 7.2% compared 3.6% of the UK population. People aged 75 and over tend to be more reliant on council services than most of their younger counterparts.

Those aged 25-54 are represented relatively similarly in Hampshire and the Isle of Wight compared to the UK, though they make up a smaller portion of the population in Hampshire and the Isle of Wight – 39.3% compared to 43.0% in the UK.

Young people, between birth and aged 24 make up 26.4% of Hampshire and the Isle of Wight's population, compared to 33.2% of the UK's population. Those aged 18-24 are particularly underrepresented when compared to the national figures, 6.5% compared to 10.1% in the UK. However, this is similar to other, more rural areas, which consistently see people aged 18-24 leave for more urban settings.

2.1.2 District and Unitary Analysis

Hampshire and the Isle of Wight contains large areas of rurality, alongside smaller towns and more urban areas, so the districts that currently make up Hampshire and the Isle of Wight are very varied in their age profiles. The city unitaries of Southampton and Portsmouth, and the borough of Rushmoor have notably younger populations (aged 34 and under). The coastal borough of Fareham and the Isle of Wight have older populations (aged 55 and over). Winchester and Test Valley have incredibly similar age profiles; the largest difference is between those aged 25-34, 12.7% of the population of Winchester and 11.6% of the population of Test Valley. Basingstoke and Deane and Eastleigh also have similar age profiles, with the largest difference being between those aged 45-54,13.8% in Eastleigh and 14.8% in Basingstoke and Dean.



Children and young people (aged 0-17 years)

19.9% of Hampshire and the Isle of Wight's population is aged 17 or under. Using this as a base figure, Eastleigh with a 0-17 population of 19.9%, Hart with 22.2%, Rushmoor with 25.8% and Test Valley at 20.3% have the largest proportion of children and young adults. The boroughs of Basingstoke and Dean 19.5, and Winchester 19.6%, both home to large towns also have a large population of children and young people, at 19.5%

and 19.6% respectively. Meanwhile, the populations of the city unitaries of Portsmouth and Southampton consist of 17.6% and 18.1% 0–17-year-olds respectively.

Young adults (aged 18-34)

20.1% of Hampshire and the Isle of Wight's population is aged 18-34. Young adults tend to leave more rural areas for urban areas in search of job opportunities and appropriate housing. Rushmoor has the largest percentage of young adults at 29.6%, likely in part due to its status as a Garrison town. The populations of Basingstoke and Winchester consist of 20.4% and 21.0% people aged 18-34 respectively. 28.1% of Southampton's population and 25.8% of Portsmouth's population are aged 18-34.

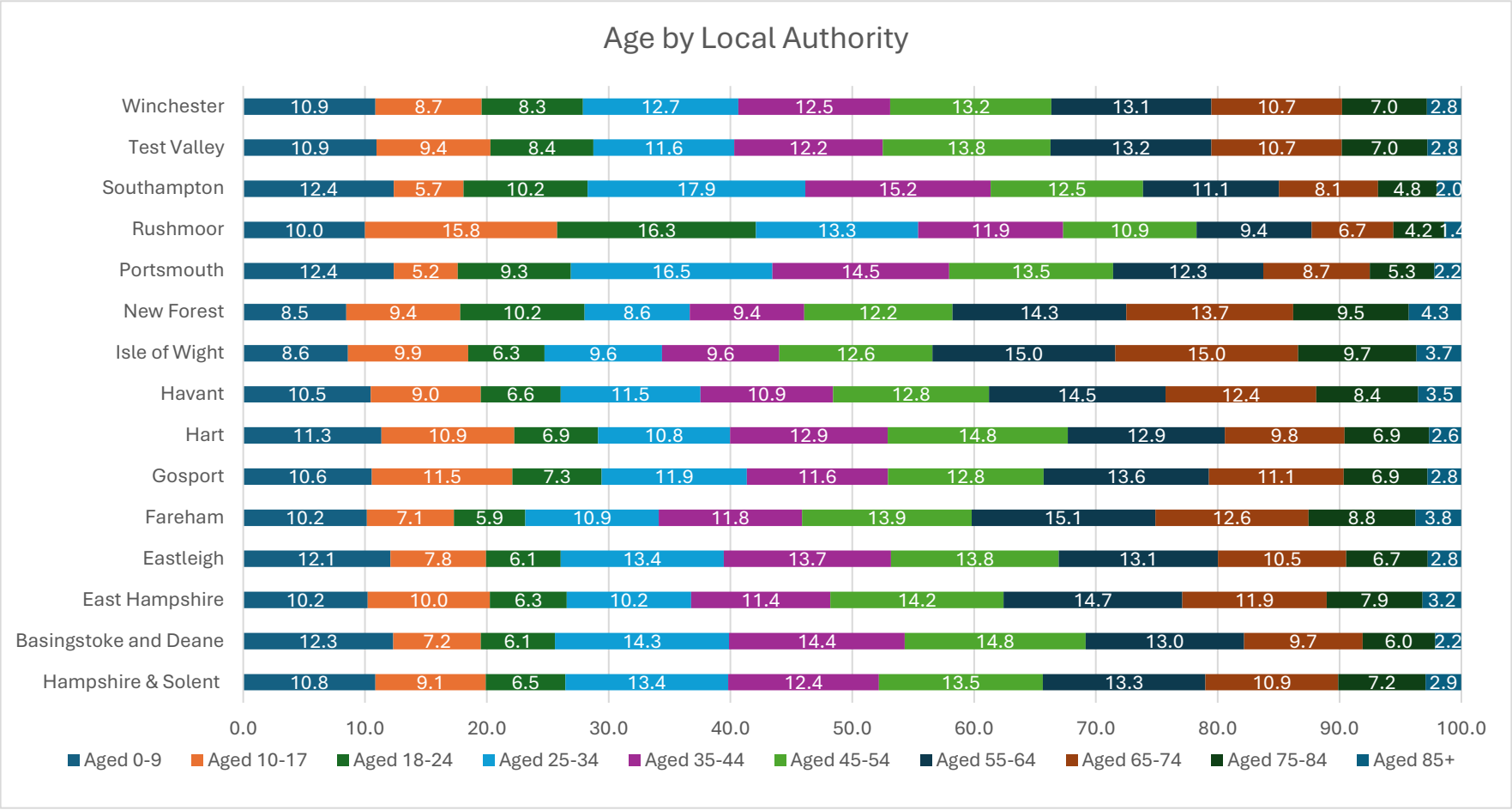
Adults (35-54)

25.9% of Hampshire and the Isle of Wight's population is aged 35-54. In Test Valley, where there is a mix of rural and more urban towns, 26.0% of the population are 35-54, just above the figure for Hampshire and the Isle of Wight. With its continuous urban area, 27.5% of Eastleigh's population is 35-54. Hart's population consists of 27.7% people aged 35-44, the figure for Basingstoke is 29.2%. As urban centres, both Southampton and Portsmouth have large 35-54 groups, at 27.7% and 28.0% respectively.

Older adults (aged 55-74)

24.2% of Hampshire and the Isle of Wight's population is aged 55-64. Six of the districts that currently make up mainland Hampshire have larger proportions of 55-64 than Hampshire and the Isle of Wight as a whole. The populations of the costal boroughs of Gosport and Fareham contain 24.7% and 27.7% people aged 55-64 respectively. 26.9% of Havant's population, and 26.6% of East Hampshire's population are within this age bracket. The two areas home to the largest percentage of people aged 55-64 are New Forest at 28.0% and the Isle of Wight at 30.0%.

Elderly Adults (75+) 9.9% of the Isle of Wight's population is aged 75-85+. New Forest has the largest number of people aged 75+ at 13.8%, followed by the Isle of Wight at 13.4%. The bordering districts of Havant and East Hampshire consist of 11.9% and 11.1% of the population aged 75 and over. Finally, Fareham's population is 12.5% people aged 75+.



2.2 Community Impact- Age

Across Hampshire and the Isle of Wight, people engage with local authorities across different stages of their lives. This is often shaped by age, circumstances, and community context.

For older adults, key touchpoints include adult social care, housing support, health and wellbeing services, transport, and community safety. This is particularly true for those aged 75–85, who are likely to interact with a wide range of services — from waste management and housing to health and social care — and whose needs must be carefully considered when designing future services and their locations.

Working-age adults engage with services such as employment support, transport and infrastructure, housing, digital access, and family-related services. Those aged 25–54 often use a broad mix of services, including housing provision, business and employment support, highways and transport, and digital services. Many in this group are also parents, guardians, or carers, making children and young people's services, adult social care, and education particularly relevant.

Young people interact with local authorities through education, youth services, early intervention and safeguarding, and community and leisure activities. For those aged 0–17, education and children's services are central, while 18–24-year-olds may focus more on housing, employment support, and transitions into adulthood.

In addition to statutory services, access to cultural opportunities and green spaces plays a vital role in supporting wellbeing across all age groups. Hampshire and the Isle of Wight benefit from a rich cultural offer, including museums, heritage sites, and community events, as well as significant natural assets such as Queen Elizabeth Country Park, Itchen Valley Country Park, and many local parks and open spaces. Our proposed four new mainland and Isle of Wight unitary model enables each new authority to draw on a mix of urban and rural environments, helping to promote healthier lives and stronger communities. These assets contribute to physical and mental wellbeing, social connection, and a sense of place. All of which are essential to inclusive, age-responsive service delivery.

Our four new mainland and Isle of Wight unitary model offers a strong foundation for tailoring services to these life stages. By aligning governance with real economic and social geographies, the model supports more locally responsive service delivery, enabling authorities to better understand and meet the needs of residents at different ages. This includes supporting preventative approaches in adult social care, improving transitions for young people, and ensuring services are rooted in community identity.

In contrast, fewer or larger unitary authorities risk diluting these connections. Larger geographies may struggle to reflect the lived experiences of residents, particularly where age-related needs vary significantly between communities. Our four new mainland and Isle of Wight unitary model

enables a more place-based approach, fostering collaboration between local partners and ensuring services remain accessible, relevant, and responsive across all age groups.

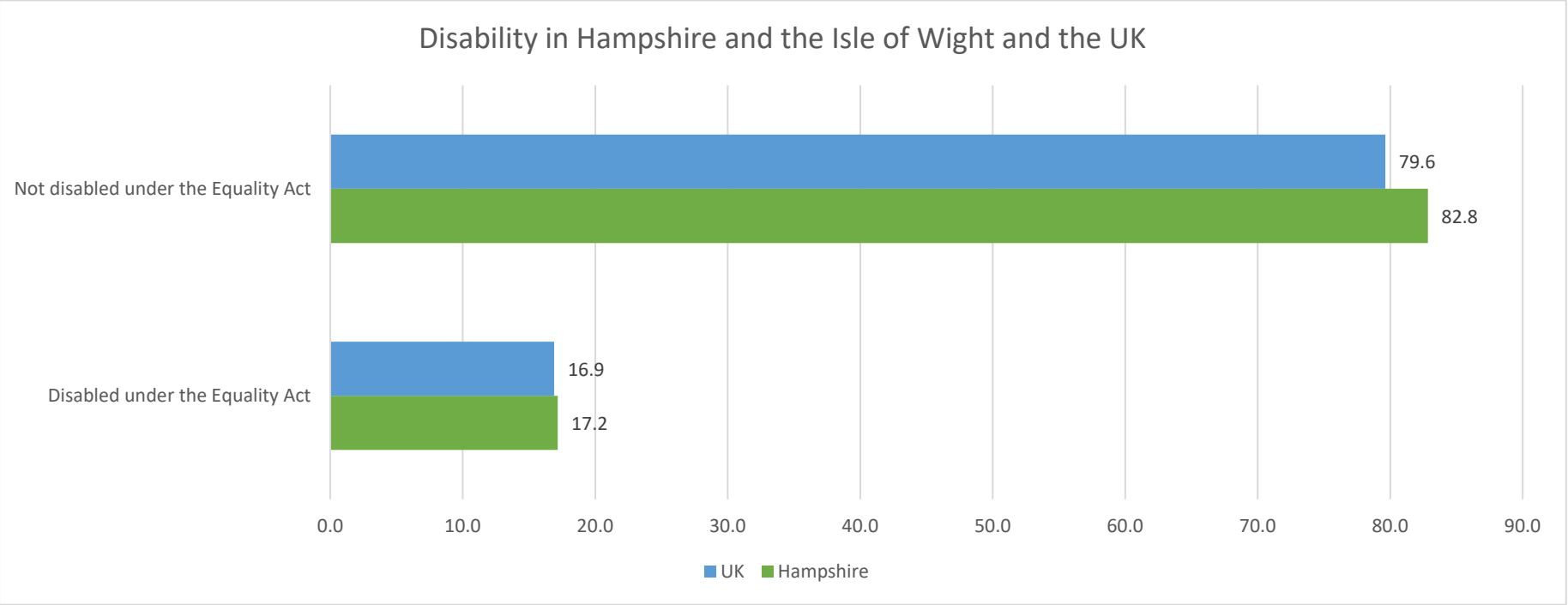
Positive Impacts
Localised Neighbourhood Service Delivery: Our four new mainland and Isle of Wight unitary model ensures that services are designed around how people live and work. Enabling services to be closer to where people live, which is especially important for older adults who may rely more on local networks or connections or struggle with access or transport. As well as enable continuity of care to build on existing community relationships. **Alignment with NHS 10-year plan:** The NHS 10-year plan prioritises prevention, integration and community resilience, all of which benefit older adults be reducing hospital admissions and promote independent living. This alignment between NHS, four new unitary authorities and local health systems, means existing well-functioning operation models can be built on. Especially in areas like Mid Hampshire where place-based care is already embedded. **Balanced scale and proximity:** Our four new mainland and Isle of Wight unitary model combines strategic capacity with closeness to communities, enabling services to be more person centred and reduces risk of over-centralisation of larger models
Negative Impacts
Transition planning must ensure continuity of care and workforce stability to avoid exacerbating existing gaps. Transitioning to a new structure may disrupt existing arrangements in adult social care and children's services which could result in delays or inconsistencies in care and service delivery. **Fragmentation:** Although our four new mainland and Isle of Wight unitary model aims to reduce fragmentation, the transition from county-district arrangements could temporarily exacerbate gaps in service integration. **Disruption in local relationships and informal networks:** Even with place-based interventions, structural change can disrupt long-standing relationships between older residents and local service providers. Which could result in a loss of trust or familiarity which in turn could reduce engagement during transition.

3. Disability

3.1 Data Analysis

3.1.1 Hampshire and the Isle of Wight Analysis

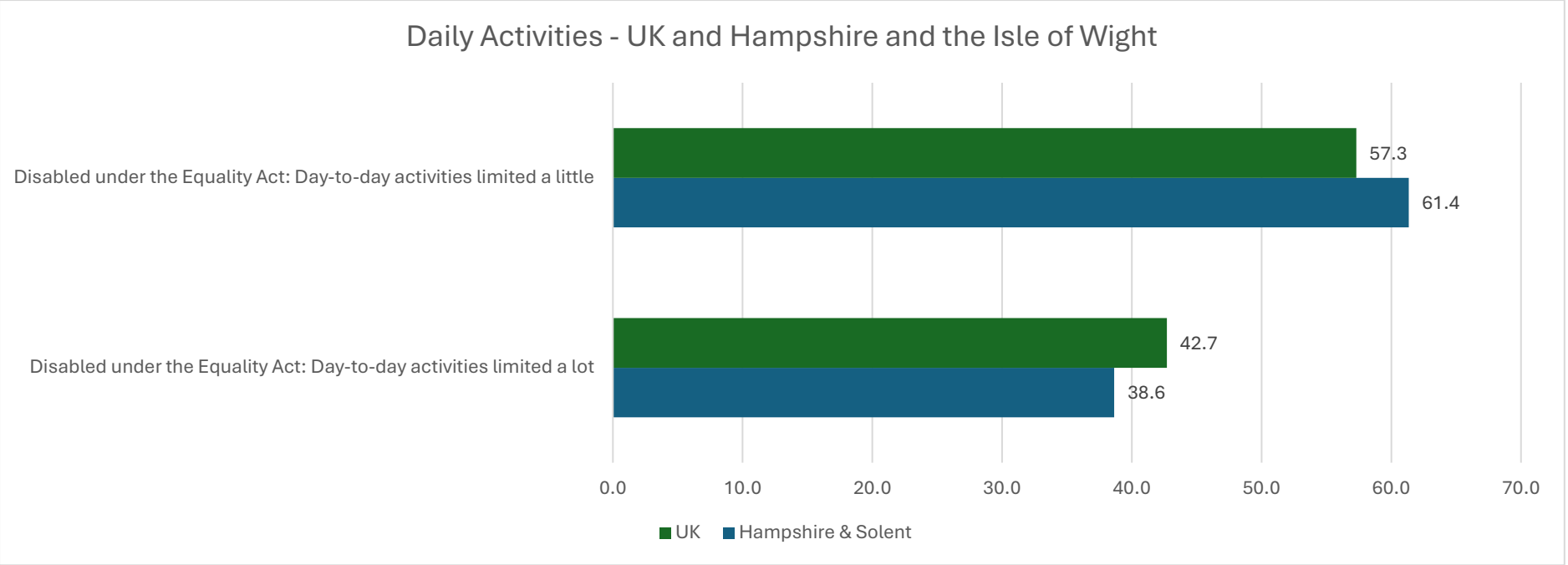
At the time of the 2021 Census, 17.2% of the population of Hampshire and the Isle of Wight identified themselves as disabled under the 2010 Equality Act. The equivalent figure for the UK is 16.90%, and 17.3% for England. While on the surface, these figures are similar, the day-to-day impact people experience, and often the types of support required, varies.



Daily Activities

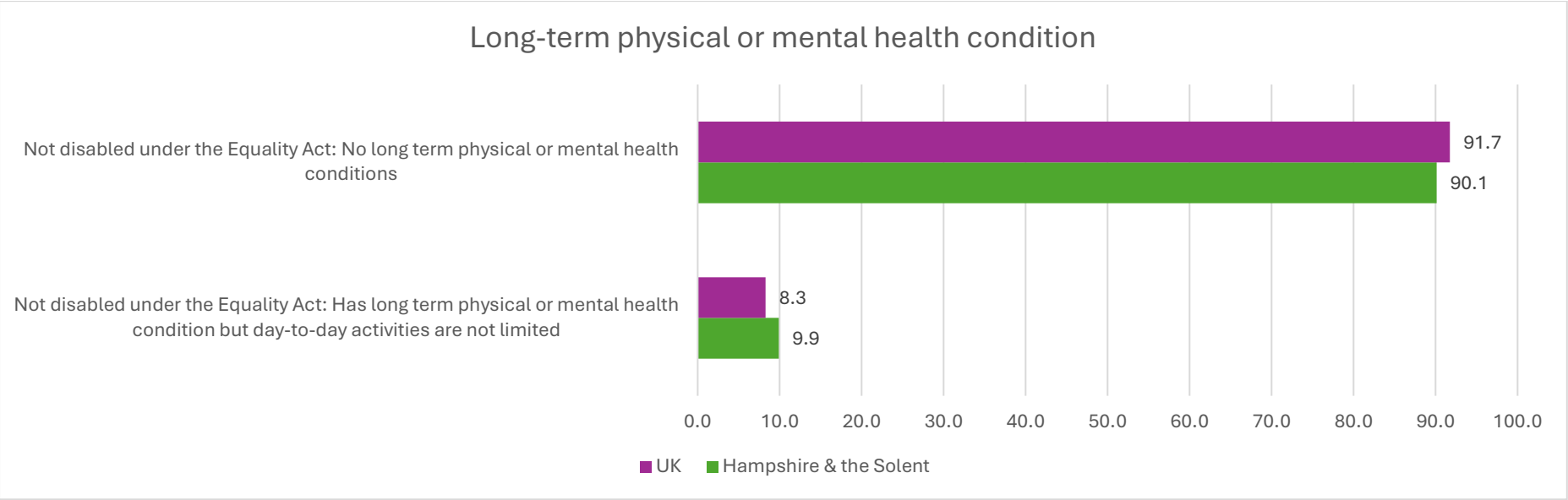
Of the population in Hampshire and the Isle of Wight who are disabled, 61.4% said that their disability impacts their daily activities a little, the equivalent figure for the UK is 57.3%. Comparatively, across the UK, people who are disabled experience more limitations when going about daily activities – 42.7%, compared to 38.6% in Hampshire and the Isle of Wight. Overall, disabled people in Hampsire and the Solent experience less impact on their daily activities than the disabled population in the UK more widely.

While this data is useful, it should be noted that in the census, there is no description or example, making people's answers entirely subjective.



Long-term conditions

Of the population who are not disabled under the Equality Act, some recorded a long term physical or mental health condition which does not limit their daily activities. In Hampshire and the Isle of Wight, this group accounts for 9.9% of the population who aren't disabled, compared to 8.3% in the UK. While daily activities are not limited, this group may require more assistance from health and wellbeing services.

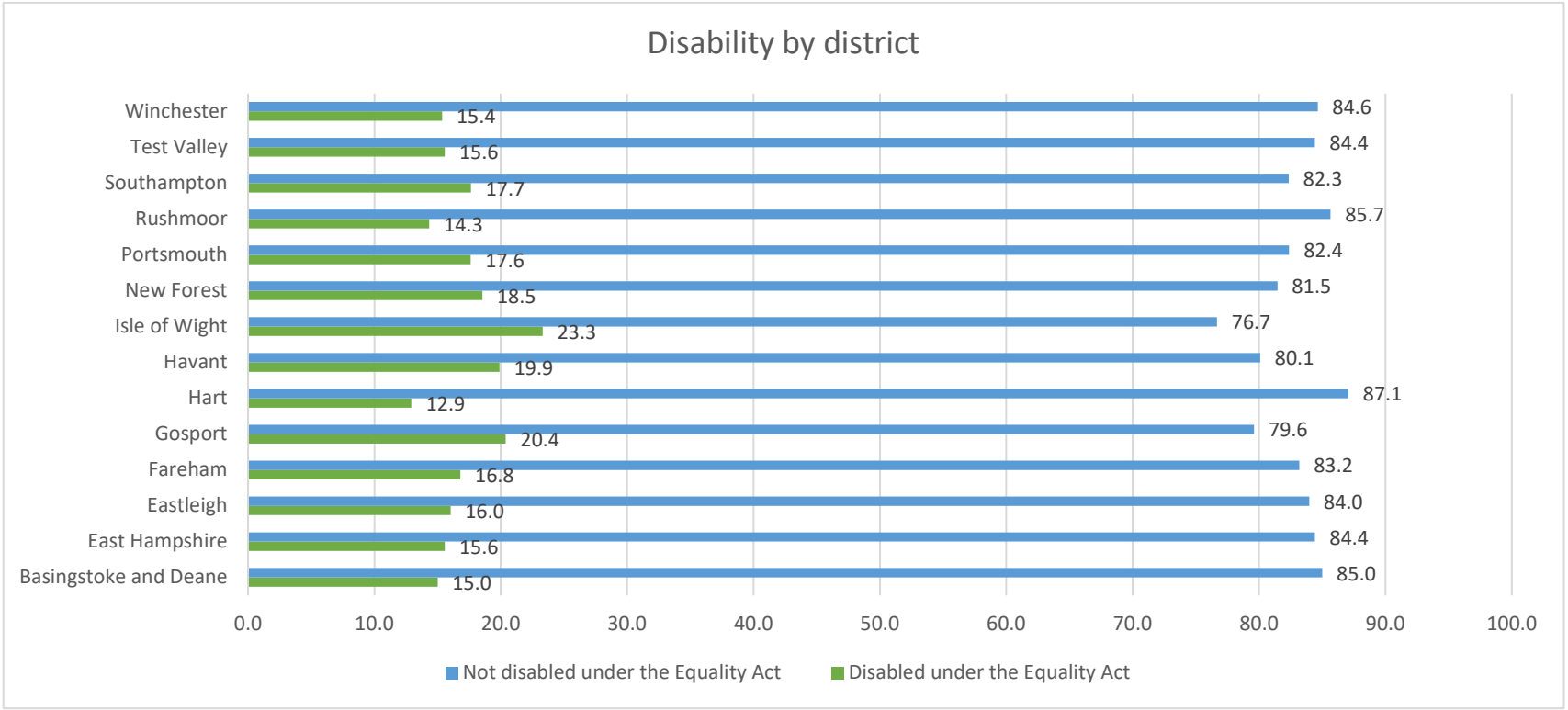


3.1.2 District and Unitary Analysis

The percentage of people who are disabled in each district varies massively, by over 10.0%. Six of the districts that currently make up Hampshire and the Isle of Wight have larger disabled populations than in Hampshire and the Isle of Wight, and the UK as a whole. Hart's disabled population is the lowest, at 12.9%, which equates to 12,850 people.

Seven of the districts sit between 14.0-17.0% of the population identifying as disabled. In Rushmoor, 14.3% of the population are disabled, this equates to 14,309 people. 15.0% of Basingstoke's population are disabled – 27,778 people, and 15.4% of Winchester's population are disabled –

19,566 people. Test Valley and East Hampshire's populations consist of 15.6%, or 20,316 and 19,579 disabled people respectfully. In Eastleigh, 16.0% of the population, 21,869 are disabled, and 16.8% of Fareham's population are disabled – 19,252 people.



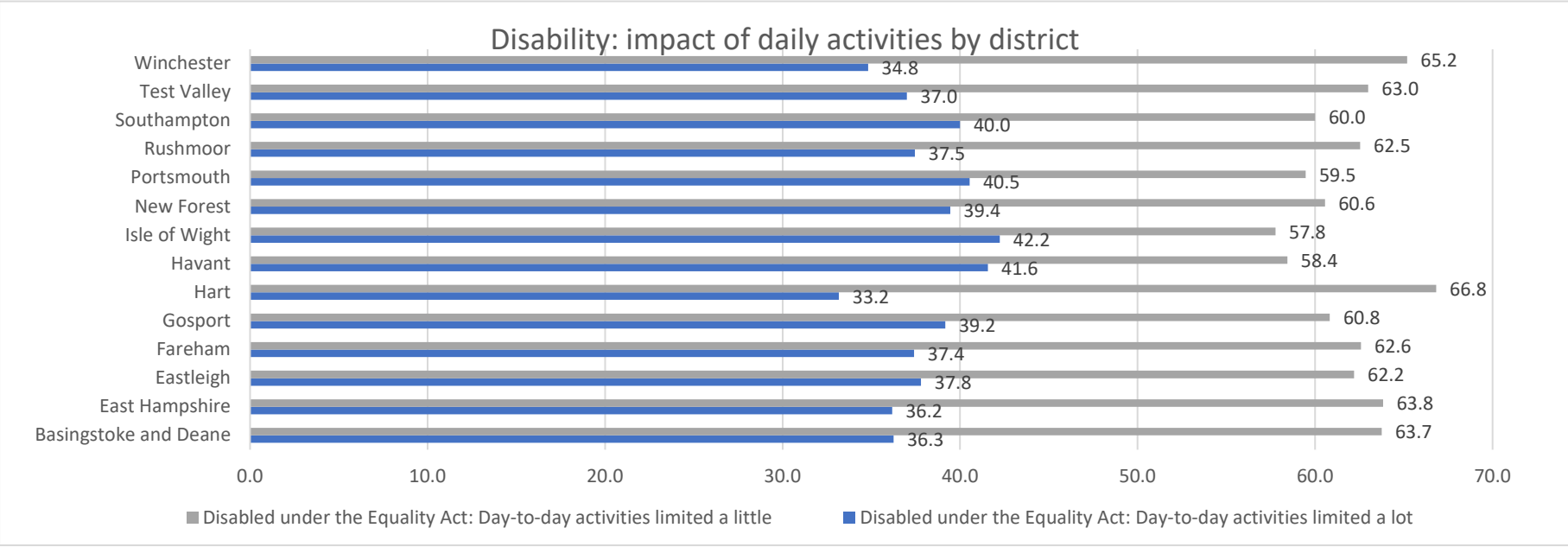
Areas with slightly higher percentages of disabled people include the city unitaries of Southampton (17.7%) and Portsmouth (17.6%), equating to 43,937 and 36,648 people respectively and the New Forest, where 19.9% of the population, or 32,591 are disabled.

The coastal communities of Gosport and Havant, both of which have older age profiles than the majority of the other districts, have higher percentages of disabled people. 19.9% of Gosport's population (16,714 people) and 20.4% of Havant's population (24,718 people) are disabled.

The Isle of Wight has the highest disabled population, at 23.3%, which equates to 32,755. While this raw figure is similar to the number of people with disabilities in the New Forest, Southampton, and Portsmouth, each area is distinct, with its own geographical challenges and community networks.

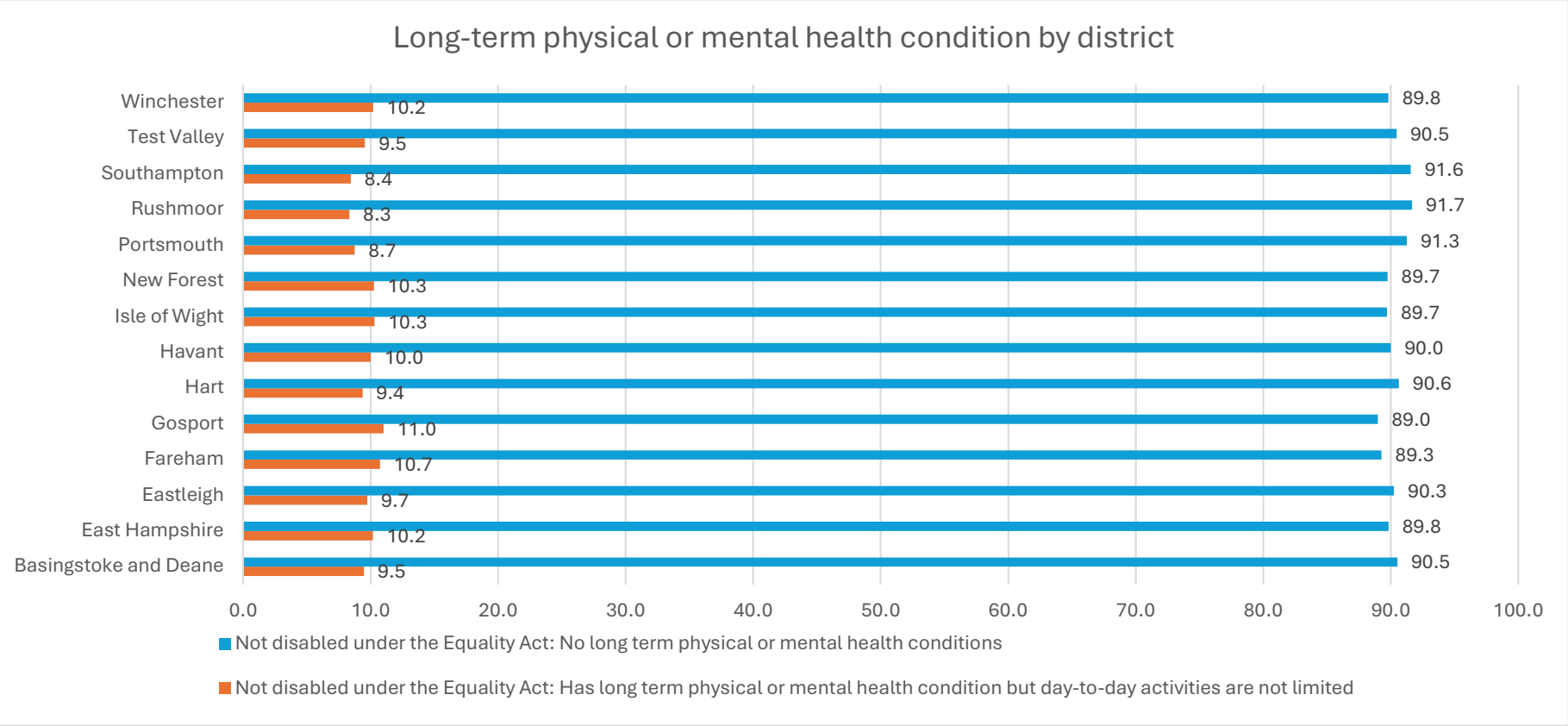
Daily Activities

The impact disabilities can have on people's daily lives and activities is, in this case broadly similar to the disabled populations. Hart, which has the lowest population of disabled people, has the lowest percentage of people whose disability impact their daily activities a lot. The Isle of Wight, which has the largest disabled population in the area has the highest percentage of people whose disability impact their daily activities a lot. With the exception of the Isle of Wight, all of Hampshire and the Isle of Wight has a lower percentage of people whose daily activities are limited a lot than the UK as a whole. Meanwhile eight of the districts have a lower percentage of people whose daily activities are limited a lot than Hampshire and the Isle of Wight.



Long term conditions

The highest percentage of those who are not disabled but do have a long term physical or mental health condition is in Gosport where the figure is 11.0%. All of Hampshire and the Isle of Wight have a higher percentage of people with a long term physical or mental health condition than the UK (at 8.3%), with the exception of Rushmoor, which has the same percentage of 8.3%.



3.2 Community Impact- Disability

Individuals with disabilities may engage with local authorities through a wide range of services, including those that support independence, wellbeing, and inclusion. These touchpoints often include adult social care, housing adaptations, transport and mobility support, education and SEND provision, employment services, and digital accessibility. Local authorities also play a vital role in coordinating with health and voluntary sector partners to ensure joined-up, person-centred support.

Our four new mainland and Isle of Wight unitary model offers an opportunity to strengthen these connections by embedding services within local communities and aligning delivery with the way people live. This approach enables more responsive and inclusive service design, ensuring that the diverse needs of disabled residents are understood and met at a local level. It also supports the development of integrated, community-based delivery models that can better respond to complex needs and reduce reliance on crisis interventions.

In contrast, fewer or larger unitary authorities risk creating more distant and standardised service models, which may overlook local variation in need and reduce opportunities for co-production with disabled residents and their representative groups. This could also reduce opportunities for coproduction and weaken visibility of specific challenges.

Our four new mainland and Isle of Wight unitary model's emphasis on collaborative working, local representation and community engagement helps mitigate these risks by ensuring services are shaped by those who use them. It also supports investment through transformation, digital inclusion and workforce development. All of which are essential to delivering high-quality, person-centred support for residents with disabilities.

Positive Impacts
More responsive, localised service design: Embedding services within communities allows for better understanding of local needs and lived experiences of disabled residents. Services such as housing adaptions, mobility support and adult social care can be tailored more effectively to localised contexts. **Improved accessibility through place-based planning:** Our four new mainland and Isle of Wight unitary model enables authorities to better understand the physical and digital accessibility of local infrastructure and service design. Which in turn enhances inclusion in public life for disabled residents. **Stronger integration with health and voluntary sector partners:** Our four new mainland and Isle of Wight unitary model supports joined up, person centred care through closer collaboration between Councils, health partners and community organisations. Reducing duplication and improving continuity of care.

Negative Impacts
Risk of disruption during transition: Reorganisation may temporarily disrupt services which could result in delays or confusion in accessing support for disabled residents. **Loss of specialist expertise and relationships:** If not carefully managed, the transition could lead to temporary fragmentation of specialist teams with localised knowledge and relationships. Which could impact the quality of support for individuals with a disability or complex needs. **A digital first approach may exclude some** residents who struggle to use or access technology. Without robust offline alternatives and inclusive design, digital self-service could become a barrier for disabled residents.

4. Gender reassignment

4.1 Data Analysis

4.1.1 Hampshire and the Isle of Wight Analysis

The below data on gender identity is taken from the 2021 census. The Office for National Statistics notes that they are 'statistics in development', as the first time the census featured questions on gender identity was 2021.

95.0% of Hampshire and the Isle of Wight area's population gender identity is the same as the sex they were assigned at birth. This is lower than in the UK, where the figure is 93.5%. 4.6% of people in Hampshire and the Isle of Wight did not answer this question, meaning 0.4% of people have a gender identity different to the sex they were assigned at birth, compared to 0.8% in the UK. Of this 0.4%, 0.1% had a gender identity different to the sex they were assigned at birth. 0.2% were transgender (0.1% were trans women, 0.1% were trans men) and 0.1% had other gender identities, such as non-binary.

Area	Gender identity the same as sex assigned at birth (%)	Gender identity different from sex assigned at birth but no specific identity given (%)	Transgender (Trans man or Trans woman) (%)	All other gender identities (including non-binary)	Not answered
Hampshire and the Isle of Wight	95.0	0.1	0.2	0.1	4.6
UK	93.5	0.2	0.5	0.1	6.0

4.1.2 District and Unitary Analysis

People aged 18-24 are more likely to report that their gender identity is different from the sex they were assigned at birth. Hampshire and the Isle of Wight broadly follows this national trend, as the areas with the youngest age profiles have the highest percentage of people whose gender identity is different from the sex they were assigned at birth. Southampton is the highest, with 0.9% of people having a gender identity different to the sex they were assigned at birth. The figure for Rushmoor is 0.7%, and for Portsmouth, 0.6%. For eleven areas, 0.4% of the population has a different gender identity than sex assigned at birth, and in the New Forest, the figure is 0.3%.

Area	Gender identity the same as sex assigned at birth (%)	Gender identity different from sex assigned at birth but no specific identity given (%)	Transgender (Trans man or Trans woman) (%)	All other gender identities (including non-binary)	Not answered
Portsmouth	93.1	0.2	0.2	0.2	6.2
Southampton	92.3	0.3	0.4	0.2	6.9
Isle of Wight	93.6	0.1	0.2	0.1	6.0
Basingstoke and Deane	95.1	0.1	0.2	0.1	4.5
East Hampshire	95.0	0.1	0.2	0.1	4.7
Eastleigh	95.5	0.1	0.2	0.1	4.2
Fareham	95.4	0.1	0.2	0.1	4.3
Gosport	95.4	0.1	0.2	0.1	4.2
Hart	95.8	0.1	0.2	0.1	4.0

Havant	94.9	0.1	0.2	0.1	4.7
New Forest	94.7	0.1	0.2	0.1	5.1
Rushmoor	93.9	0.4	0.2	0.1	5.3
Test Valley	95.0	0.1	0.2	0.1	4.7
Winchester	94.8	0.1	0.2	0.1	4.8

4.2 Community Impact- Gender Reassignment

Individuals undergoing or having undergone gender reassignment may engage with local authorities through a range of services where inclusion, privacy, and respectful treatment are essential. These touchpoints may include housing, community safety, health and wellbeing services, and access to inclusive digital platforms. Local authorities also play a vital role in fostering inclusive environments through staff training, service design, and community engagement.

Our four new mainland and Isle of Wight unitary model offers an opportunity to strengthen these approaches by embedding inclusive practices at a local level. More locally connected authorities are better placed to build trusted relationships, respond to community-specific needs and codesign services with trans and non-binary residents and respective organisations. This place-based approach supports visibility, dignity and responsiveness in everyday service delivery.

In contrast, fewer or larger unitary authorities may struggle to maintain visibility and responsiveness, particularly for communities whose needs may be less prominent within broader structures. A place-based approach supports meaningful engagement and ensures that inclusion is not only embedded in policy but reflected in everyday service delivery.

Positive Impacts
More localised and inclusive service design: Our four new mainland and Isle of Wight unitary model means authorities are better positioned to embed inclusive practices in everyday service delivery and designed with greater sensitivity to privacy, dignity and respectful treatment. **Stronger relationships and trust:** Localised governance fosters closer relationships between authorities and communities, enabling more meaningful engagement with trans and non-binary residents. Building trust may encourage individuals to seek support earlier with less fear of discrimination or misunderstanding. **Enhanced visibility and responsiveness:** Our four new mainland and Isle of Wight unitary model allows for more tailored approaches that reflect local demographics and need. Ensuring that the needs of trans individuals are not lost within broader, standardised service models.

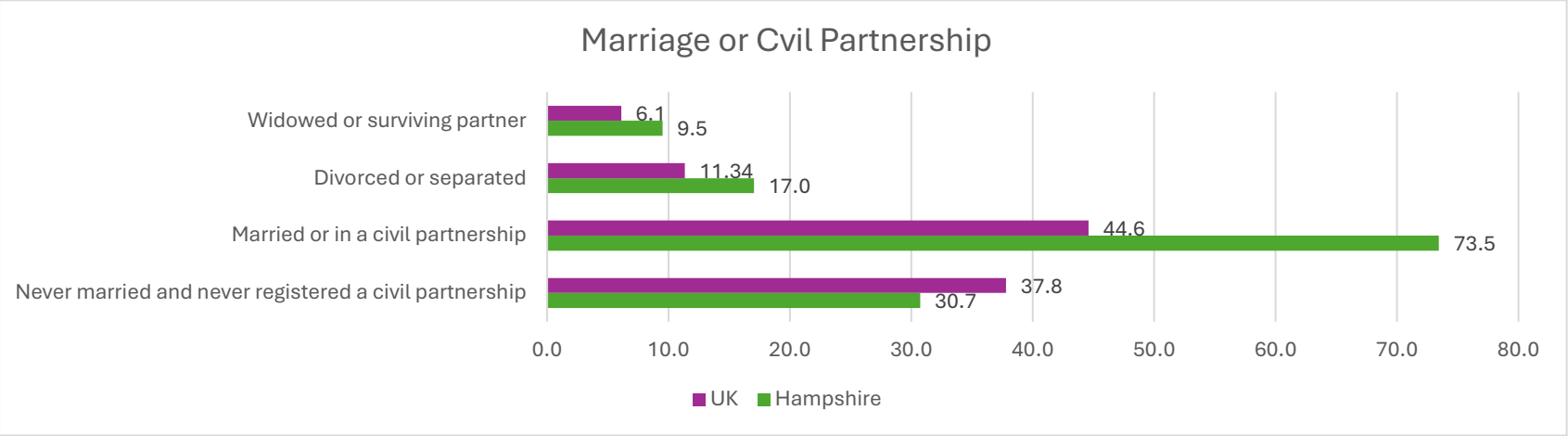
Negative Impacts
Transition planning must ensure continuity of care and workforce stability to avoid exacerbating existing gaps. Transitioning to a new structure may disrupt existing arrangements in adult social care and children's services which could result in delays or inconsistencies in care and service delivery. **Fragmentation:** Although our four new mainland and Isle of Wight unitary model aims to reduce fragmentation, the transition from county-district arrangements could temporarily exacerbate gaps in service integration.

5. Marriage and Civil Partnership

5.1 Data Analysis

5.1.1 Hampshire and the Isle of Wight Analysis

In Hampshire and the Isle of Wight, 73.5% of the population aged 18 and over are married or in a civil partnership, compared to 44.6% of the UK's population. In the UK, the proportion of adults who are not married has been rising since 1991 across all age groups, and the percentage of people who are divorced is similar, though divorce is on the rise for older adults.

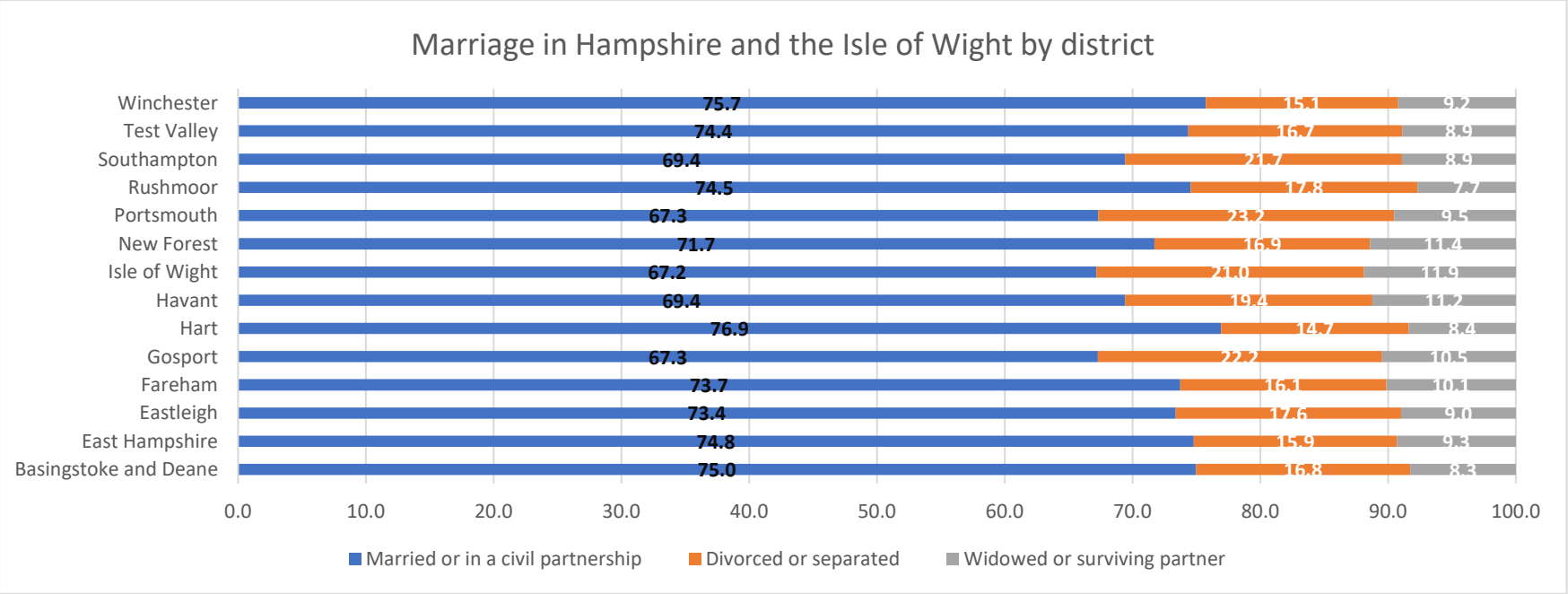


Perhaps due to the older age profile of Hampshire and the Isle of Wight as well as the high percentage of marriages, the percentage of divorces or separations is higher than the UK – 17.0% compared to 11.3% in the UK. Additionally, the percentage of people who are widowed, or the surviving partner is higher – 9.5% in Hampshire and the Isle of Wight and 6.1% in the UK.

5.1.2 District and Unitary Analysis

All of the districts that currently make up Hampshire and the Isle of Wight have a higher percentage of people who are married or in a civil partnership than the UK. Hart has the highest percentage at 76.9%, followed by Winchester at 75.7% and the Solent has the lowest percentage at 67.2%.

Portsmouth has the highest percentage of divorced or separated people at 23.3%, followed by Gosport at 22.2% and Hart has the lowest at 14.7%. The Isle of Wight has the highest percentage of widows or surviving partners at 11.9%, followed by the New Forest at 11.4% and Rushmoor has the lowest at 7.7%.



5.2 Community Impact- Marriage and civil partnership

Individuals who are married or in a civil partnership may engage with local authorities through a range of services that support family life and household stability. These touchpoints can include housing services, council tax and benefits, registration services, and access to family support or mediation. While this characteristic may not always result in distinct service needs, it remains important that services are delivered in a way that recognises and respects diverse family structures.

Our four new mainland and Isle of Wight unitary model offers an opportunity to strengthen this approach by enabling more locally responsive and inclusive service delivery. By aligning governance with established community and economic geographies, councils will be better placed to understand and reflect the needs of residents who are married or in a civil partnership and throughout different stages of life. The model also supports enhanced neighbourhood working, enabling decision-making at the lowest effective level and fostering more personalised engagement with residents. Through tailored governance and leadership, councils can develop strategies that reflect the unique social and economic contexts of their areas, improving outcomes for people in marriages and civil partnerships.

In contrast, fewer or larger authorities may risk standardising services in ways that overlook the nuances of relationship diversity. Larger, less locally connected structures could dilute community identity and reduce opportunities for personalised support, particularly in areas with distinct cultural and demographic profiles. This could impact the visibility of different relationship arrangements and limit the ability of councils to respond to specific needs. Such as housing for older couples, support for same sex partnerships or when navigating complex life events.

Our four new mainland and Isle of Wight unitary model's emphasis on collaborative working, local representation and community engagement helps mitigate these risks by embedding services within communities and ensuring they are shaped by lived experience.

Positive Impacts
Enhanced neighbourhood working: Decision making at the lowest effective level allows councils to engage more personally with residents in marriage or civil partnerships. Supporting nuanced service design and delivery which may be particularly beneficial for those navigating complex life events that may involve multiple services support. **Tailored governance and leadership:** Councils can develop strategies that reflect the unique social and economic contexts of their areas, in ways which are reflective of how people live their lives. Improving outcomes across different life stages e.g. young adults forming households to older couples requiring care or support.
Negative Impacts

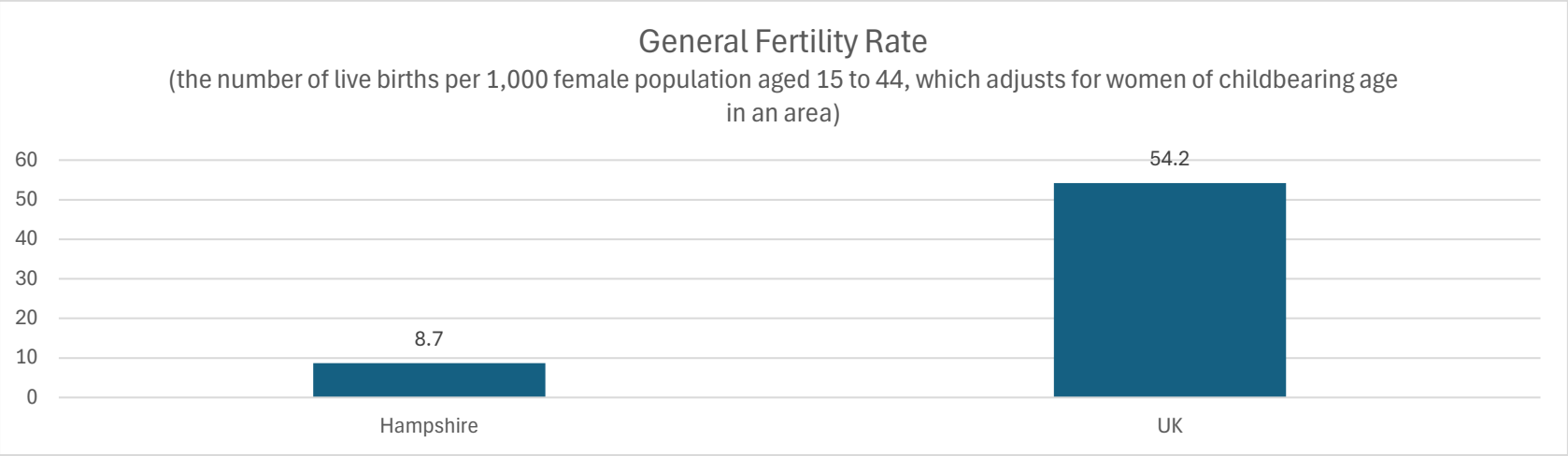
Complexity during transition: The shift to new local authorities may temporarily disrupt services that support household stability, such as benefits processing, housing allocation or registration services. Particularly if systems and staff structures are being reorganised.

6. Pregnancy and maternity

6.1 Data Analysis

6.1.1 Hampshire and the Isle of Wight Analysis

The UK census does not directly ask any questions on pregnancy, so for this data analysis, the general fertility rate (GFR) will be used, taken from the Joint Strategic Needs Assessments for Hampshire and Isle of Wight, Portsmouth, and Southampton. The GFR is the number of live births per 1,000 of the female population aged 15-44, as this age bracket is considered to be 'childbearing age'. In Hampshire and the Isle of Wight, the GFR is 8.7, considerably lower than the GFR for the UK, which is 54.2. This is likely due to the older age profile of Hampshire and the Isle of Wight, as well as national pressures such as the cost of living.

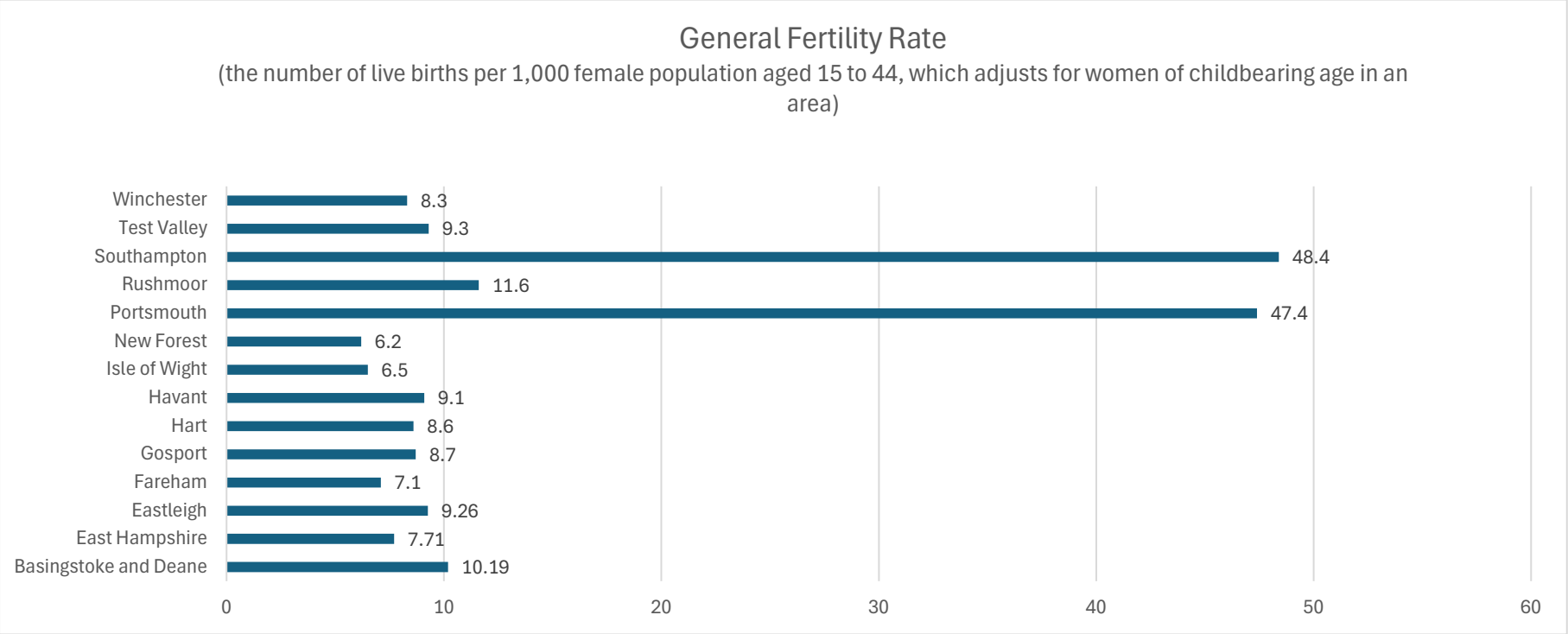


[2]

[2] GFR rates are taken from the Joint Strategic Needs Assessments for Hampshire and the Isle of Wight, Portsmouth and Southampton available here:

6.1.2 District and Unitary Analysis

At the local level, GFR varies greatly. In the cities of Southampton and Portsmouth, the GFR is much closer to the national figure – 48.4 for Southampton and 47.4 for Portsmouth. Rushmoor, with a comparatively younger age profile than Hampshire and the Isle of Wight overall has the GFR of 11.6 and Basingstoke and Dean, with the large town of Basingstoke has the GRF of 11.16. Six of the districts have a GFR between 8.3 and 9.3, they are: Winchester (8.3), Hart (8.6), Gosport (8.7) Havant (9.1), Eastleigh (9.26), and Test Valley (9.3). The four districts with the lowest GFR are East Hampshire (7.71), Fareham (7.1), the Isle of Wight (6.5) and the New Forest with a GFR of 6.2.



Hampshire: Microsoft Power BI
Southampton: https://data.southampton.gov.uk/population/births/
Portsmouth: Portsmouth births - JSNA report - Portsmouth City Council

6.2 Community Impact- pregnancy and maternity

Pregnancy and maternity represent key life stages where individuals may engage with a range of local authority services. These touchpoints often include access to housing and benefits support, early years and childcare provision, public health services, and community-based support networks. Local authorities also play a role in coordinating with health partners to ensure wraparound care and safeguarding for both parent and child.

Our four new mainland and Isle of Wight unitary model offers an opportunity to strengthen support for pregnant individuals and new parents by embedding services within communities and aligning delivery with how people live. This place-based approach enables more responsive and inclusive service design tailored to local demographic. As well as improved coordination across services (such as housing, early years and social care), where current challenges can be exacerbated for those also experiencing deprivation, rural isolation or complex needs. It also created the opportunity for stronger relationships with community organisations, which are often key in supporting families during pregnancy and early parenthood.

In contrast, a model with three or fewer mainland authorities' risks creating larger, less connected structures that may dilute visibility of local needs. Standardised service models could overlook the nuances of pregnancy and maternity. Particularly in areas with distinct cultural, economic and geographic profiles. Our four new mainland and Isle of Wight unitary model's emphasis on local representation, neighbourhood working, and collaborative leadership helps ensure that services are shaped by lived experience and delivered in ways that promote dignity, continuity, and inclusion at a critical life stage.

Positive Impacts
Enhanced coordination between services: Our four new mainland and Isle of Wight unitary model allows for closer alignment with local NHS trusts and boundaries, which supports more integrated and wraparound care and support. **Improved responsiveness to local needs**: Authorities aligned to the way people live their lives with clearer geographic and demographic focus, may be more agile in responding to local emerging issues. Localised data can inform targeted interventions that may support (for example) young parents, or pregnant people experiencing homelessness. **Stronger community-based support networks:** Embedding services within communities enabled councils to strengthen relationships with voluntary and community organisations that support families, improving access to informal and preventative support.
Negative Impacts

Disruption during transition: Structural change may temporarily disrupt existing arrangements in adult social care, children's services and early years provision. This could result in delays or inconsistencies in care, particularly for families navigating multiple services.

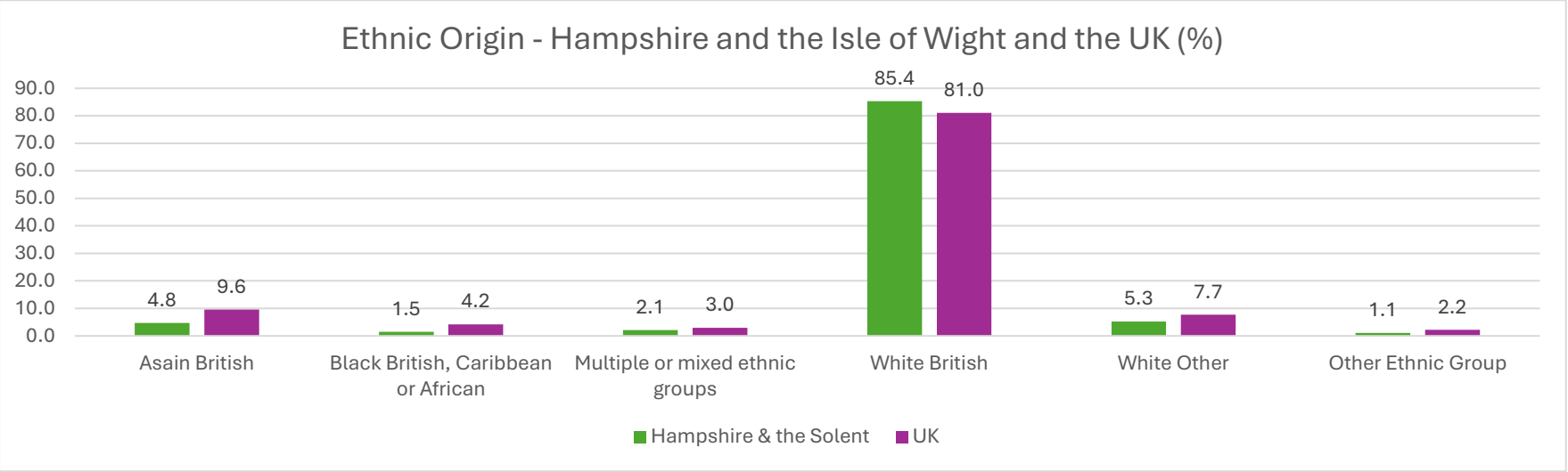
Disruption to informal or trusted relationships: Structural change can disrupt long standing relationships between individuals and service providers which could reduce engagement, particularly among vulnerable or marginalised groups who rely on trusted contacts.

7. Ethnicity

7.1 Data Analysis

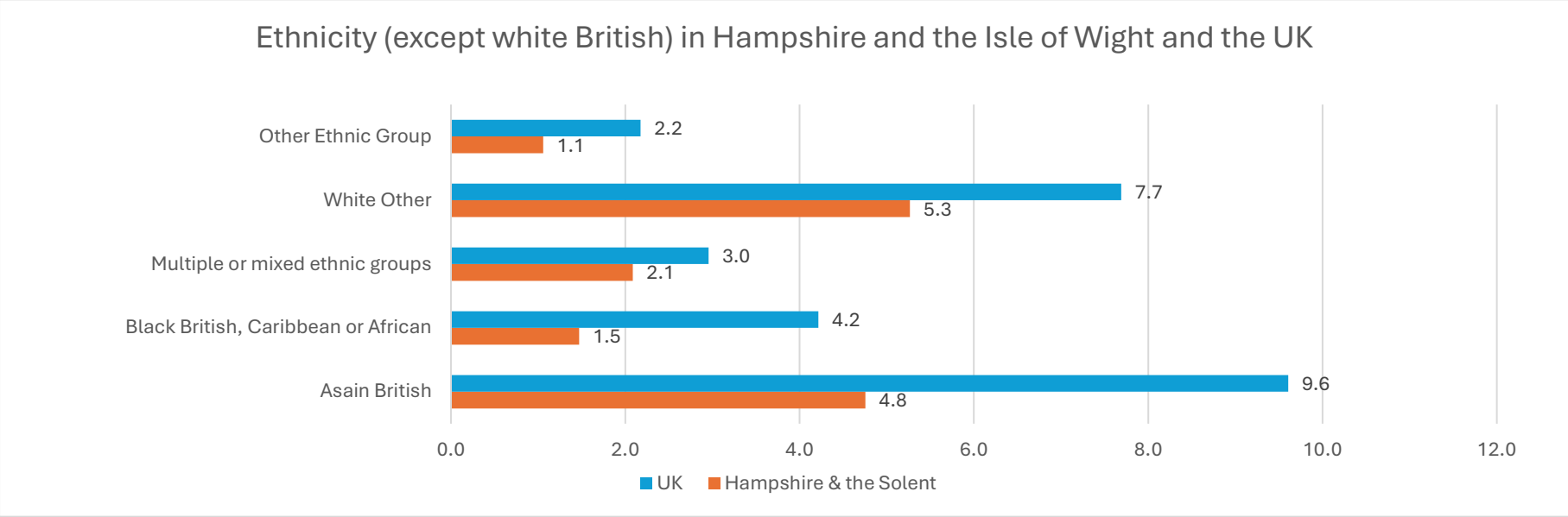
7.1.1 Hampshire and the Isle of Wight Analysis

As with the UK, the most common ethnicity for residents in Hampshire and the Isle of Wight is white. In this data analysis, white has been separated into white British and white other. This is because white other includes people who are Gypsy, Roma and/or Traveller, a group which are often disadvantaged. In Hampshire and the Isle of Wight, 85.4% of the population is white British, and 5.3% are white other. The population of the UK is slightly more diverse, with 81.0% identifying as white British, and 7.7% are white other.



The next most populous group in Hampshire and the Isle of Wight is Asian British, at 4.8% of the population, the same is true for the UK, where the figure is 9.6%. Black British, Caribbean, or African people make up 1.5% of Hampshire and the Isle of Wight's population and 4.2% of the UK's population. People who have multiple or mixed ethnic groups makeup 2.1% of the population in Hampshire and the Isle of Wight, compared to 3.0% in the UK, and other ethnic groups make up 1.1% of Hampshire and the Isle of Wight's population, compared to 2.2% in the UK.

The graph below shows the ethnicities of people in the UK and Hampshire and the Isle of Wight, without white British, for a clearer comparison. In Hampshire and the Isle of Wight, with the exception of white British, the most common ethnicity is white other at 7.7%, in the UK it's Asian British at 9.6%.



7.1.2 District Analysis

As with Hampshire and the Isle of Wight as a whole, within the districts the most common ethnicity is white British, though the percentage of the population varies. The Isle of Wight has the largest percentage of white British people at 94.4%, followed by the New Forest at 93.7%. The city of Southampton has the lowest percentage of white British people at 68.7%, preceded by Rushmoor with 71.7% white British.

Twelve of the districts share white other as their second most populous group, though in Basingstoke and Dean white other makes up the same percentage as Asian or Asian British at 5.9%. In Eastleigh and Rushmoor, the second largest ethnic group is Asian or Asian British, accounting for 3.9% of Eastleigh's population and 14.7% of Rushmoor's.

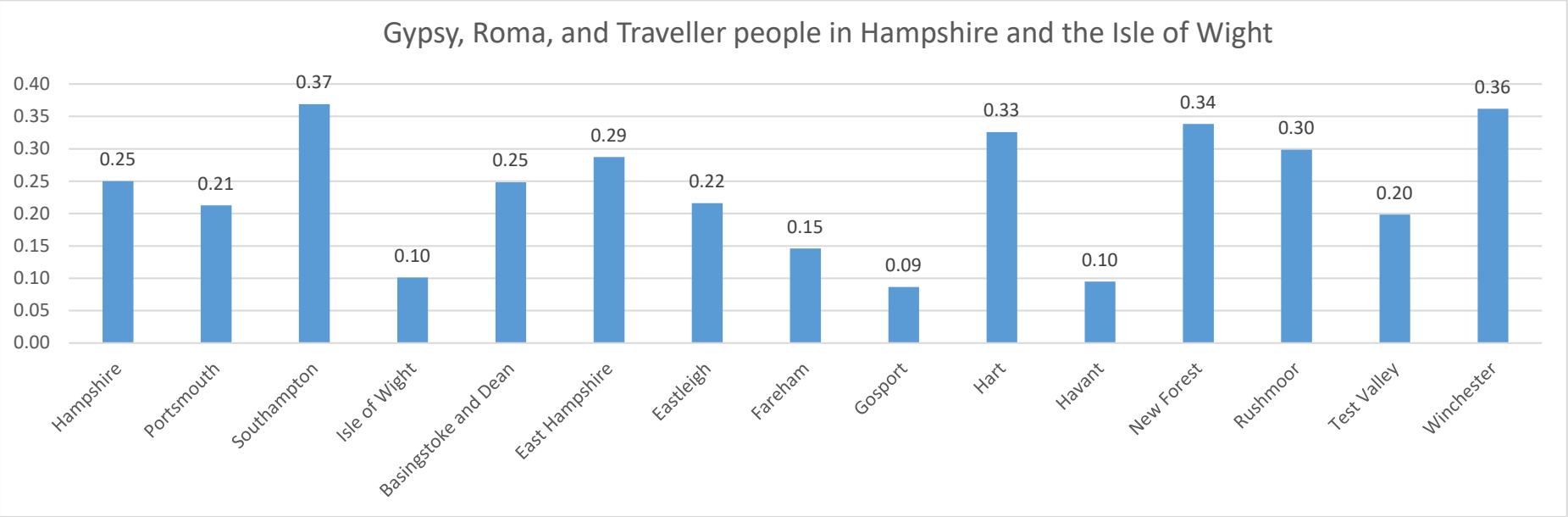
Other ethnic groups account for the smallest amount of the population in twelve of the districts, though in East Hampshire, Hart, the Isle of Wight and the New Forest Black, Black British, Caribbean or African people share the same percentage as other ethnic groups. In Rushmoor and Winchester, Black, Black British, Caribbean or African people account for the smallest percentage of the population – 0.6% in Winchester and 2.5% in Rushmoor.

Key	Largest group	Second largest group	Smallest Group			
AREA	Asian or Asian British (%)	Black, Black British, Caribbean, or African (%)	Mixed or Multiple ethnic groups (%)	White British (%)	White Other (%)	Other ethnic group (%)
Basingstoke and Deane	5.9	2.0	2.5	82.6	5.9	1.1
East Hampshire	1.9	0.5	1.7	91.1	4.3	0.5
Eastleigh	3.9	1	2.1	88.6	3.8	0.7
Fareham	1.8	0.6	1.5	93.2	2.4	0.4
Gosport	1.4	1.2	1.5	92.8	2.5	0.5
Hart	3.6	0.8	2.2	87.7	4.8	0.8
Havant	1.7	0.6	1.4	93.6	2.3	0.4
Isle of Wight	1.2	0.3	1.2	94.4	2.6	0.3
New Forest	1.2	0.4	1.3	93.7	3.1	0.4
Portsmouth	6.9	3.4	2.6	78.2	7.0	1.8
Rushmoor	14.7	2.5	2.6	71.7	5.7	2.8
Southampton	10.6	3	3.3	68.7	11.9	2.3
Test Valley	3.3	1.1	1.8	88.5	4.6	0.8

Winchester	3.1	0.6	2.0	88.8	4.8	0.7

Gypsy, Roma, and Traveller (GRT) people

At the time of the 2021 census, 4,911 GRT people were recorded in Hampshire and the Isle of Wight accounting for 0.25% of the population. The needs and challenges of GRT people are unique. GRT people tend to have poorer health and as a result, lower life expectancies. GRT people are twice as likely to live in social rented accommodation and live in overcrowded conditions. Self-employment is more common among GRT people, as is provision of over 50 hour a week of unpaid care.



7.2 Community Impact- Ethnicity

Individuals from racially and ethnically diverse backgrounds engage with local authorities across a broad spectrum of services, including housing, education, health and wellbeing, community safety, and employment support. To ensure equitable outcomes, it is essential that these services are not only accessible but also culturally competent, inclusive, and responsive to the specific needs of diverse communities.

Local authorities have a critical role in fostering community cohesion, addressing racial discrimination, and ensuring meaningful representation in decision-making processes. This includes actively addressing structural inequalities and ensuring that engagement mechanisms are designed to reach and empower underrepresented groups.

Our four new mainland and Isle of Wight unitary model strengthens the ability to meet these responsibilities by enabling more locally informed service design and delivery. By aligning governance with established community and economic geographies, councils can better reflect the lived experiences of residents and tailor services to local demographic profiles. This supports targeted interventions, inclusive planning, and stronger partnerships with community-led organisations, many of which are best placed to build trust and deliver effective support.

The model also enhances local leadership and accountability, allowing each authority to develop bespoke strategies that reflect the cultural diversity and economic potential of their areas. This includes promoting inclusive regeneration, supporting diverse business communities, and ensuring that cultural and community assets are protected and celebrated.

In contrast, a model with three or fewer mainland authorities' risks diluting the visibility of ethnically diverse communities, particularly in areas where populations are smaller or more dispersed. Larger, less connected structures may lead to standardised service delivery that overlooks cultural nuance, reduces opportunities for co-design, and weakens local representation. This could result in poorer outcomes in areas such as education, health, housing, and economic inclusion.

Our four new mainland and Isle of Wight unitary model helps mitigate these risks by embedding services within communities, supporting inclusive engagement, and ensuring that diversity is recognised as a strength in shaping future governance and service delivery.

Positive Impacts
Greater responsiveness to diverse needs: Place-based authorities can better reflect the demographic makeup of their communities, allowing for more culturally competent service design and delivery. This is particularly beneficial in urban centres like Southampton and Portsmouth, which have higher proportions of racially and ethnically diverse residents. **Improved community engagement and representation:** Our four new mainland and Isle of Wight unitary model will enable more targeted and inclusive engagement strategies, increasing visibility and voice of underrepresented groups in decision making. Due to the place-based nature of the authorities, the most appropriate methods can be used to engage with communities, addressing barriers like rurality or isolation. **Stronger partnerships:** Authorities which are more connected to their local populations supports collaboration with grassroots and culturally specific organisations that are trusted within communities and can deliver effective, targeted support.

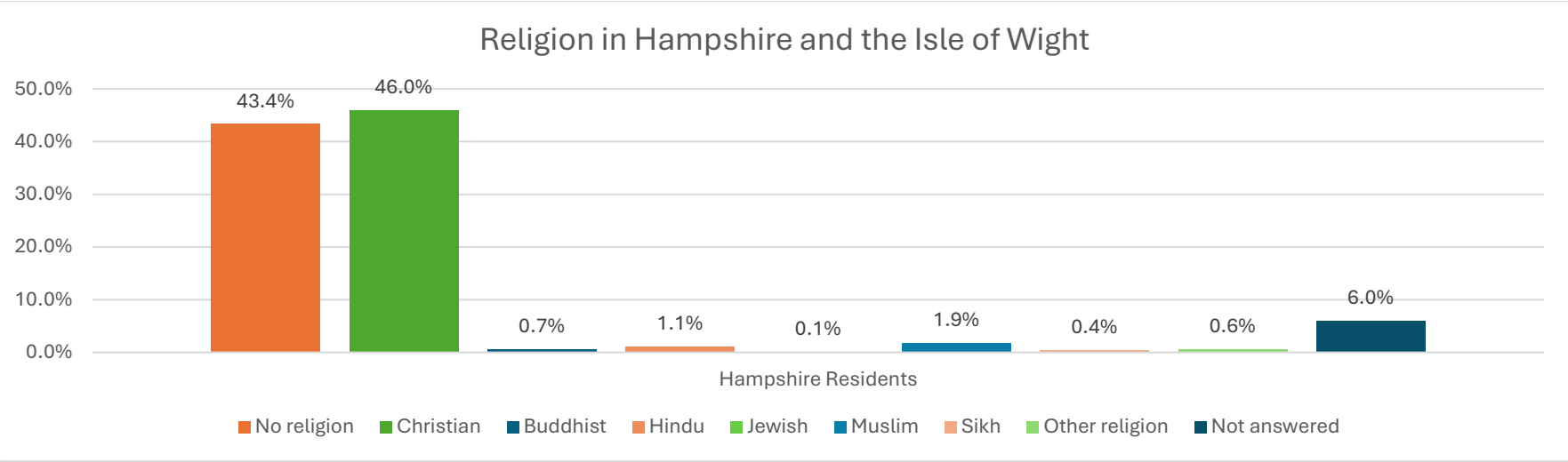
Ability to address inequalities: Our four new mainland and Isle of Wight unitary model means authorities will be better equipped to identify and respond to disparities in service delivery for diverse communities. This includes tailoring interventions to address inequalities and promote equity.
Negative Impacts
Disruption to community relationships: Reorganisation may affect established partnerships between councils and ethnic minority communities, especially if staff or structures change. **Access barriers:** Diverse communities may be disproportionately affected by digital exclusion, particularly in areas of deprivation. Transitioning to new digital systems or platforms should be carefully managed to avoid creating new barriers to access.

8. Religion or Belief

8.1 Data Analysis

8.1.1 Hampshire and the Isle of Wight Analysis

According to the 2021 Census, Christianity is the most common religion in Hampshire and the Isle of Wight with 46% of residents identifying as Christian. The second largest group are those who follow no religion, accounting for 43.4% of the population. Out of those who do adhere to a religion, Islam is the next most common religion being followed by 1.9% of Hampshire and the Isle of Wight's population.

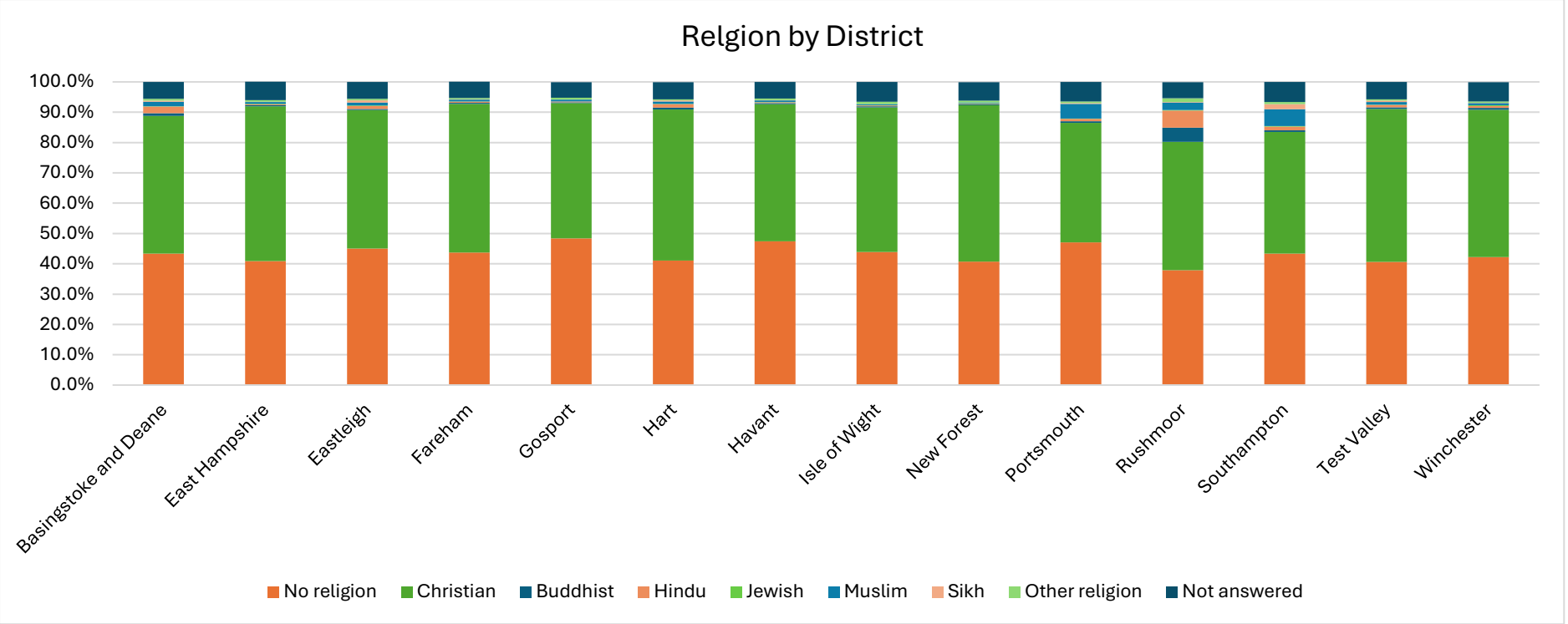


8.1.2 District and Unitary Analysis

When examining religion throughout Hampshire and the Isle of Wight's Local Authorities, Christianity is the most common religion in ten out of the fourteen district and unitary councils. In the remaining four council's, the largest group is those who don't follow a religion.

Whilst this is reflective of the county level data, it is important to note variations in the second most common religions followed throughout the districts. For example, in Rushmoor 5.7% of the population identify as Hindu, compared with the county average of 1.1%, making it the second most followed religion in the district. This can be linked to the sizable Gurka population that can be found in Aldershot Town. Hinduism was also the second most common religion in Basingstoke and Deane (2.2%) and Hart (1.2%) both of which are higher than the county average. In Eastleigh and Winchester Hinduism was the second most common religion alongside Islam.

Additionally, in both the populations of Portsmouth and Southampton, Islam is the second most followed religion, with 4.9% of Portsmouth's population and 5.6% of Southampton's population identifying as Muslim, as opposed to 1.9% of the total Hampshire and the Isle of Wight population. This equates to a Muslim population of 10,147 in Portsmouth and 13,893 in Southampton. In the context of Local Government Reorganisation, this data highlights the benefit of analysing smaller populations as it provides more specific community insights allowing for more inclusive service design that is reflective of local needs.



Key	Largest group	Most Common Secondary Religion

Area	No religion (%)	Christian (%)	Buddhist (%)	Hindu (%)	Jewish (%)	Muslim (%)	Sikh (%)	Other religion (%)	Not answered (%)
Hampshire	43.4	**46.0**	0.7	1.1	0.1	**1.9**	0.4	0.6	6.0
Basingstoke and Deane	43.4	**45.4**	0.9	**2.2**	0.1	1.5	0.3	0.6	5.6
East Hampshire	40.9	**51.1**	0.3	0.3	0.2	**0.6**	0.1	0.5	6.1
Eastleigh	45.0	**45.7**	0.4	**1.0**	0.1	1.0	0.7	0.5	5.6
Fareham	43.7	**49.1**	0.3	0.4	0.1	**0.6**	0.1	0.4	5.4

Gosport	**48.4**	44.6	0.3	0.3	0.0	**0.6**	0.0	**0.6**	5.1
Hart	41.1	**49.8**	0.6	**1.2**	0.1	0.8	0.3	0.4	5.6
Havant	**47.4**	45.3	0.3	0.3	0.1	**0.5**	0.1	**0.5**	5.5
Isle of Wight	43.9	**47.7**	0.4	0.2	0.1	0.4	0.0	**0.8**	6.5
New Forest	40.7	**51.6**	0.3	0.2	0.1	0.3	0.0	**0.6**	6.1
Portsmouth	**47.1**	39.4	0.5	0.8	0.1	**4.9**	0.2	0.6	6.4
Rushmoor	37.9	**42.3**	4.7	**5.7**	0.1	2.5	0.2	1.2	5.3
Southampton	**43.4**	40.1	0.5	1.3	0.1	**5.6**	1.7	0.7	6.6
Test Valley	40.6	**50.5**	0.5	0.8	0.1	**0.9**	0.4	0.5	5.7
Winchester	42.2	**48.6**	0.6	**0.7**	0.2	**0.7**	0.1	0.5	6.3
Source: Census 2021									

8.2 Community Impact- Religion or Belief

Individuals of different religions or beliefs engage with local authorities through a wide variety of services, including education, public health, community safety, and civic participation. Delivering these services in ways that respect religious practices, promote inclusion, and uphold freedom of belief is essential to fostering trust and equity.

Local authorities are uniquely positioned to support interfaith dialogue and ensure that diverse belief systems are represented and able to access decision-making processes. Our four new mainland and Isle of Wight unitary model strengthens this role by embedding service design within communities, enabling councils to build on established relationships with faith groups and community leaders.

This approach supports co-designed, locally relevant services that reflect religious and cultural diversity. In contrast, fewer, larger authorities risk weakening these connections and reducing visibility for smaller or less prominent faith communities, potentially limiting inclusive engagement and representation.

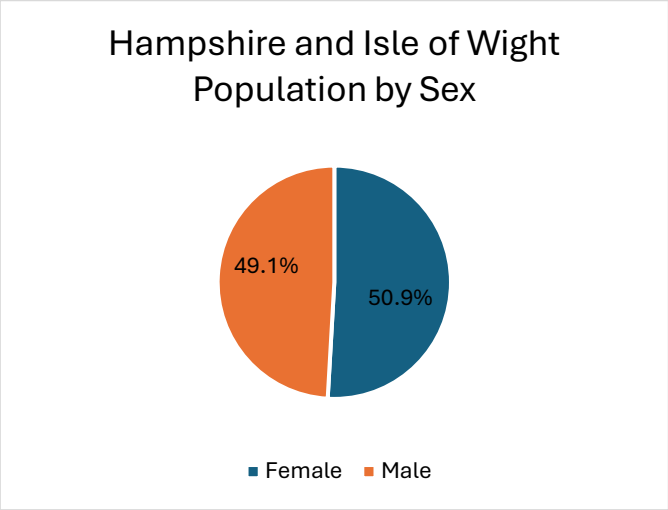
Positive Impacts
Stronger local relationships with faith communities: Smaller, place-based authorities are more likely to maintain and deepen relationships with local faith groups, enabling culturally sensitive service delivery and inclusive civic participation. **Enabling community cohesion:** Our four new mainland and Isle of Wight unitary model allows for more tailored interfaith initiatives where needed or aspired to locally. Promoting community cohesion and mutual understanding based on more localised geographies. Councils can support forums and partnerships that reflect the religious diversity of their specific areas. **Improved representation in decision making:** Place-based governance may increase opportunities for faith-based organisations and individuals to contribute to policy development and service design. This is particularly important for smaller or minority faith communities that may be overlooked in larger administrative structures. **Culturally competent service design:** Embedding services within communities enables councils to better understand and respond to the needs of residents with different beliefs. Building an understanding of barriers in place and actively seeking to improve outcomes in areas of community priority.
Negative Impacts
Weakened local networks: Reorganisation may disrupt established relationships between councils and faith groups, particularly if staff roles or structures change. This loss of continuity could impact trust and collaboration, especially in areas where faith groups play a key role in community support.

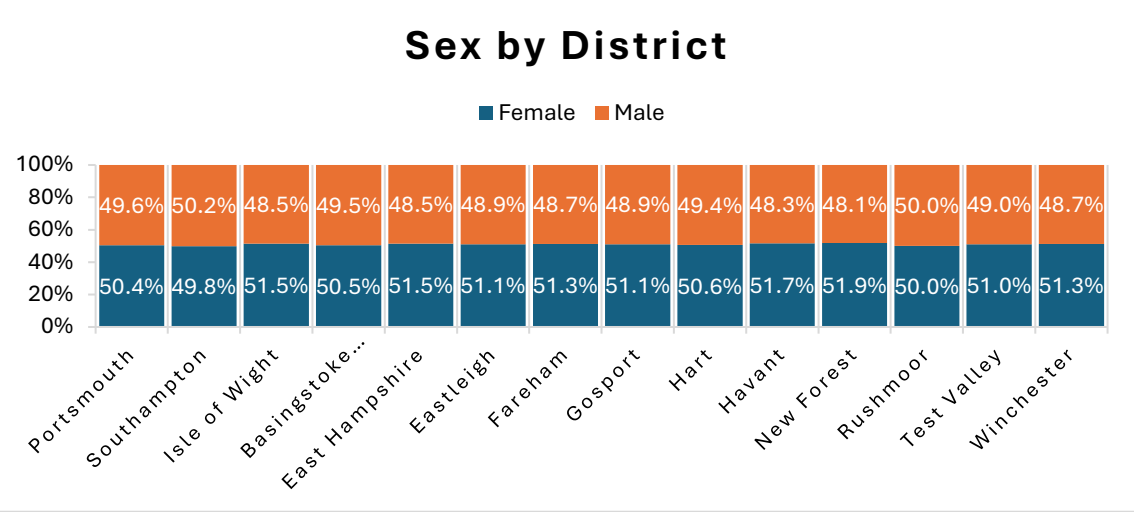
9. Sex

9.1 Data Analysis

9.1.1 Hampshire and the Isle of Wight, Unitary and District Analysis

In Hampshire and the Isle of Wight 50.9% of the population is female and the other 49.1% is male. This trend is broadly reflected throughout the unitary and district councils. In twelve of the fourteen unitaries and districts the female population is slightly higher than the male population. Southampton is the only district where the male population, at 50.2%, is higher than the female population at 49.8%. Additionally, in Rushmoor the male and female population is evenly split.

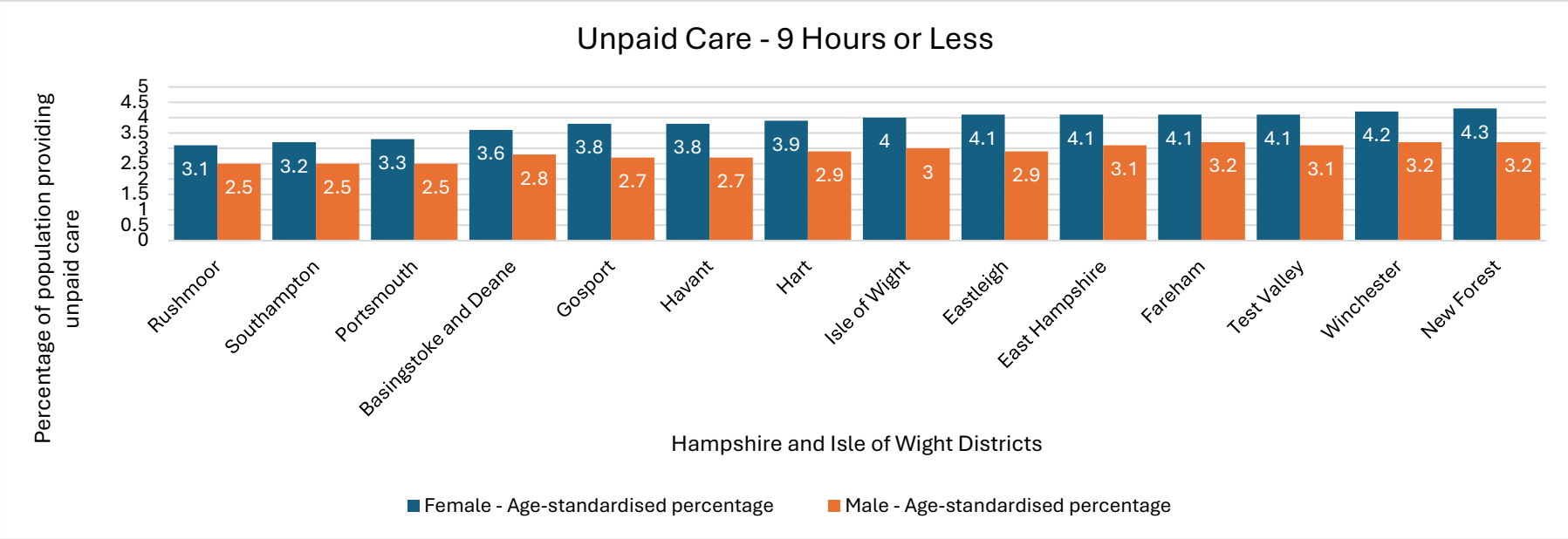




Example – Unpaid Care

Despite the population of Hampshire and the Isle of Wight being split almost evenly by sex, it is important to consider the ways sex impacts an individual's experience of services. When looking at the provision of unpaid care, the 2021 census shows that more female individuals provide unpaid care compared to male individuals. For example, in Eastleigh 4.1% of female individuals provide 9 hours or less of unpaid care a week as opposed to 2.9% of men. This trend is reflected in the 2021 Census data for all the Hampshire and the Isle of Wight districts and unitaries in each level of unpaid work, ranging from 9 hours to 50 hours. In turn this may lead to increased interactions with services such as Adult Social Care,

Children's services and Health and Wellbeing Services. Therefore, it important to consider these differences when designing services to ensure they are inclusive and supportive of the varying needs of residents.



9.2 Community Impact- Sex

Individuals of different sexes may interact with local authorities in ways shaped by social, economic, and cultural factors. These services may include education, social care, housing, public health, community safety, and employment support, and may be experienced differently depending on gender.

For example, patterns of engagement can be seen in areas such as childcare provision, domestic abuse support and mental health services. Women may be disproportionately represented among unpaid carers or survivors of domestic abuse, while men may face barriers in access mental health support or parenting services. Recognising and responding to these gendered patterns is essential to ensuring services are inclusive, equitable and meet the needs of all residents.

Our four new mainland and Isle of Wight unitary model supports this by enabling more locally informed service delivery. This allows councils to better understand and respond to gendered needs within each community, ensuring that services are shaped by lived experience and local insight.

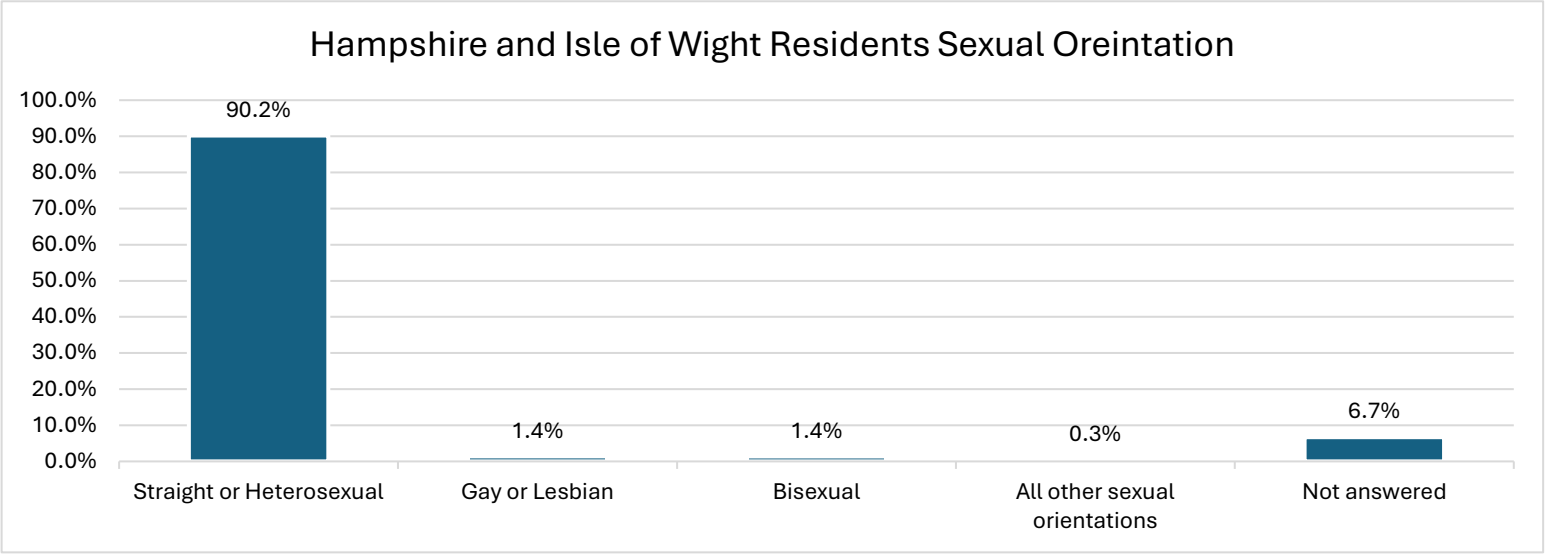
This enables services to be designed and delivered in ways that reflect the realities of residents' lives. In contrast, fewer, larger authorities may risk overlooking these nuances, reducing the visibility of gender-specific issues and limiting opportunities for targeted interventions.

Positive Impacts
Improved responsiveness to gendered needs: Place-based authorities are better positioned to understand and respond to gendered patterns of service use. Enabling more tailored interventions to address underlying need and better resource allocation. **Enhanced support for gender-specific services:** Our four new mainland and Isle of Wight unitary model allows for more targeted investment in services that may disproportionately affect one sex. Building on local insight based on communities' geographies and the way they access services can help identify gaps and emerging needs more effectively. **Stronger community engagement:** Place-based governance structures may foster better engagement with gender-focused organisations or advocacy groups, supporting co-design and service delivery. This is particularly important for addressing intersectional issues.
Negative Impacts
Disruption to specialist services: Reorganisation may affect continuity of gender-specific services, such as domestic abuse support or gender-based violence prevention programmes. Changes in staffing, funding or commissioning arrangements could impact service quality and accessibility.

10. Sexual orientation

10.1 Hampshire and the Isle of Wight Analysis

At the time of the 2021 Census, 90.2% of Hampshire and the Isle of Wight residents identified as straight. 1.4% of residents identified as gay or lesbian and 1.4% of residents identified as bisexual. 0.3% of Hampshire and the Isle of Wight residents identified as other sexual orientations.



10.1.2 District and Unitary Analysis

The data reflecting the sexual orientation of residents varies across the different Hampshire and the Isle of Wight districts and unitaries. For example, Rushmoor (90.1%), Winchester (90.1%), Isle of Wight (89.5%), Southampton (86.8%), and Portsmouth (87.7%) have a lower percentage of residents that identify as straight in comparison to the county data. The district with the highest percentage of residents who identify as straight is Hart at 92.4%, whilst the lowest is Southampton at 86.8% meaning the percentage of residents who identify as straight across the districts varies by 5.6%.

In comparison to the county average of 1.4%, Southampton (2%), Portsmouth (2%) and Gosport (1.6%) all have a higher percentage of residents who identify as gay or lesbian. In contrast of New Forest is the district with the lowest proportion of residents who identify as gay or lesbian at 1%.

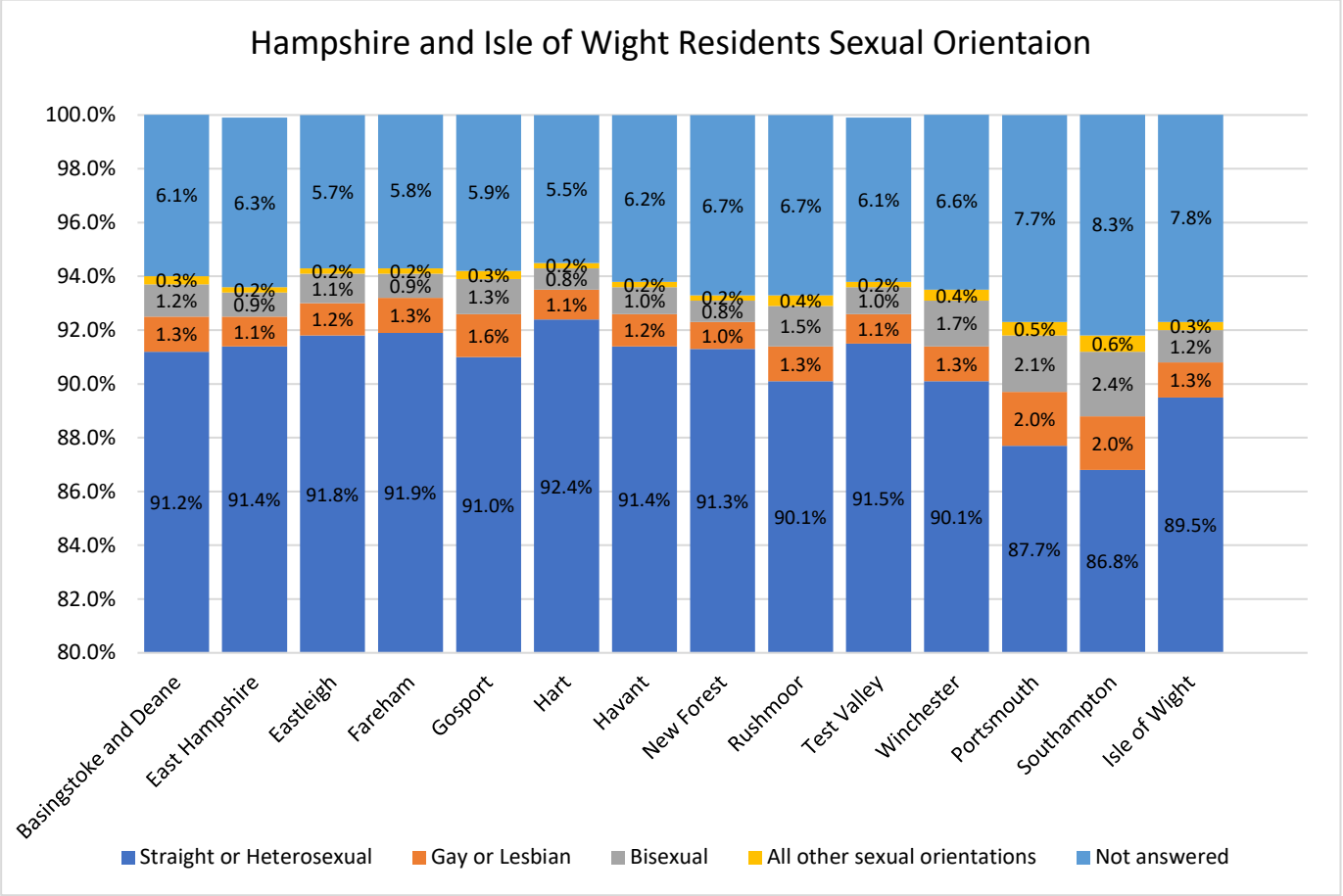
When looking at the data for residents who identify as bisexual, Southampton has the highest proportion of residents at 2.4%, this is closely followed by Portsmouth where 2.1% of residents identify as bisexual, then by Winchester where 1.7% of residents identify as bisexual. Hart and the New Forest have the lowest proportion of residents who identify as bisexual both with 0.8%. This means that there is a variation of 1.6% across the district and unitary councils.

Across the Hampshire and the Isle of Wight districts and unitaries the percentage of residents that identify as other sexual orientation ranges from 0.6% in Southampton and 0.2% in Eastleigh, Test Valley, Havant, East Hampshire, Fareham, New Forest and Hart.

10.2 Community Impact- Sexual Orientation

Individuals of all sexual orientations engage with local authorities through a wide range of services, including housing, health and wellbeing, community safety, and youth or family support. It is essential that these services are inclusive, respectful, and free from discrimination, with staff equipped to understand and respond to the needs of LGBTQ+ residents across all age groups.

Local authorities also play a vital role in promoting equality, tackling prejudice, and creating safe, welcoming spaces for LGBTQ+ individuals. Our four new mainland and Isle of Wight unitary model enhances this by embedding inclusive practices at a more local level, enabling services to be shaped by community insight and lived experience.



Place-based authorities are better positioned to engage with LGBTQ+ communities, understand local challenges and co-design services that are trusted and accessible. This approach supports stronger relationships with LGBTQ+ organisations, networks and advocacy groups, fostering collaboration and ensuring services are shared by lived experience and local insight.

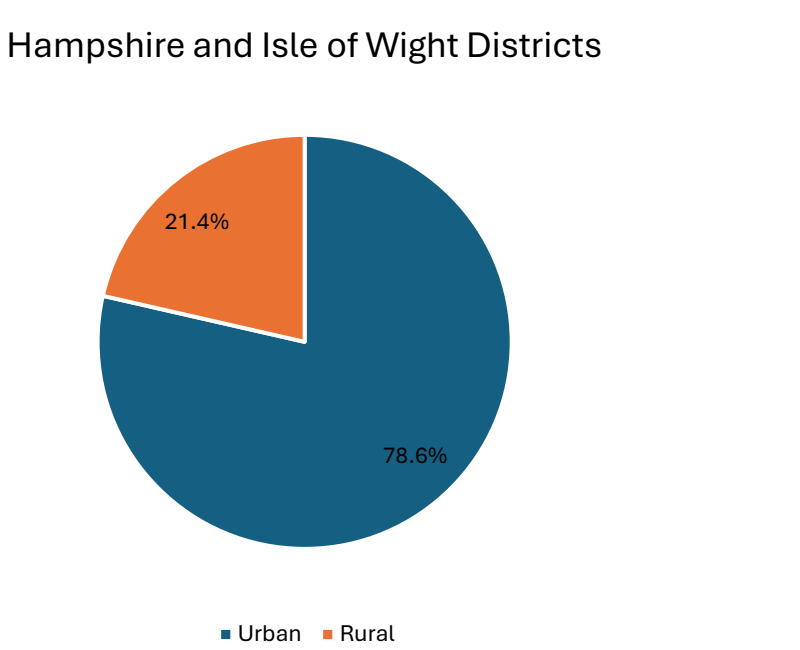
In contrast, fewer or larger authorities may risk diluting local insight and reducing visibility of LGBTQ+ experiences, potentially leading to less responsive and inclusive provision. By taking a place-based focus to commissioning and intervention, local authorities are able to respond to unique challenges and opportunities of each area, which can also better address intersectional needs.

Positive Impacts
Stronger local relationships with LGBTQ+ communities: Place-based local authorities are better positioned to build and maintain relationships with LGBTQ+ organisations, support groups and networks. Fostering trust and ensuring services are shaped by local lived experience and community insight. **Inclusive and responsive service design:** Localised governance allows authorities to tailor services to the needs of LGBTQ+ organisations and residents, including in areas like housing, mental health support and youth services. **Improved visibility and representation**: Our four new mainland and Isle of Wight unitary model will enhance the visibility of LGBTQ+ issues within local decision making, enabling more inclusive civic participation and policy development. Councils can more easily support local events, campaigns or initiatives that support LGBTQ+ communities due to the closer proximity to communities.
Negative Impacts
Disruption to informal or trusted relationships: Structural change can disrupt long standing relationships between individuals and service providers which could reduce engagement, particularly among vulnerable or marginalised groups who rely on trusted contacts.

11. Rurality

11.1 Hampshire and the Isle of Wight Analysis

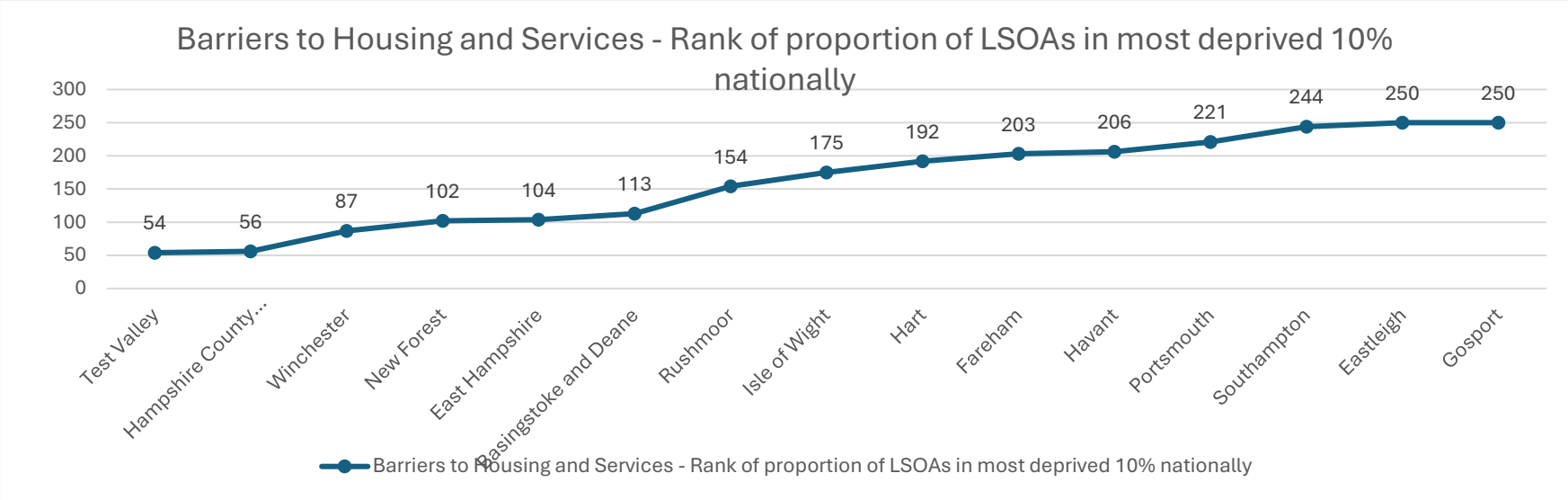
According to the 2021 Census Rural Urban Classification, 78.6% of the Hampshire and the Isle of Wight district and unitary councils are classified as Urban whilst 21.4% of districts are classified as rural. The local authorities classified as rural include the Isle of Wight, East Hampshire, and Winchester. The Classification defines Urban areas 'as settlements with populations of 10,000 or more, based on the 2021 Census' and Rural areas as 'everywhere else' including 'rural towns, villages, hamlets, isolated dwellings and open countryside'.



Area	Rural/ Urban Classification
Portsmouth	Urban: Majority nearer to a major town or city
Southampton	Urban: Majority nearer to a major town or city
Isle of Wight	Intermediate rural: Majority further from a major town or city
Basingstoke and Deane	Intermediate urban: Majority nearer to a major town or city
East Hampshire	Intermediate rural: Majority nearer to a major town or city
Fareham	Urban: Majority nearer to a major town or city
Gosport	Urban: Majority nearer to a major town or city
Hart	Intermediate urban: Majority nearer to a major town or city
Havant	Urban: Majority nearer to a major town or city
New Forest	Intermediate urban: Majority nearer to a major town or city
Rushmoor	Urban: Majority nearer to a major town or city

Test Valley	Intermediate urban: Majority nearer to a major town or city
Winchester	Intermediate rural: Majority nearer to a major town or city
Eastleigh	Urban: Majority nearer to a major town or city

Whilst this data in beneficial in providing an overview of the Hampshire and the Isle of Wight population it does not identify for rural communities within districts classified as Urban. Alternatively, rurality can be viewed through the lens of deprivation. The Barriers to Housing and Services domain of the Index of Multiple Deprivation (IMD) 2019[3] measures the physical and financial accessibility of services, looking at geographical barriers, which relate to the physical proximity of local services, and 'wider barriers' which includes access to housing such as affordability.

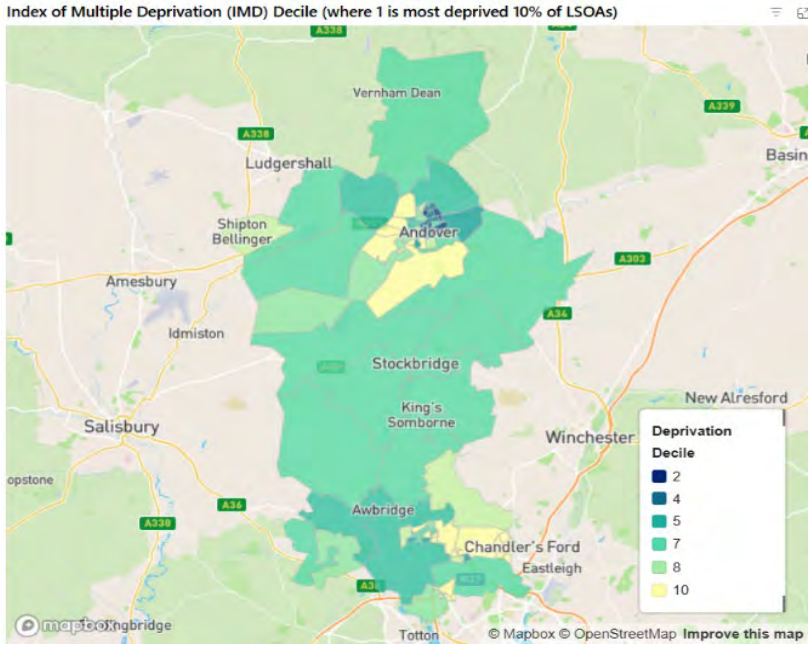


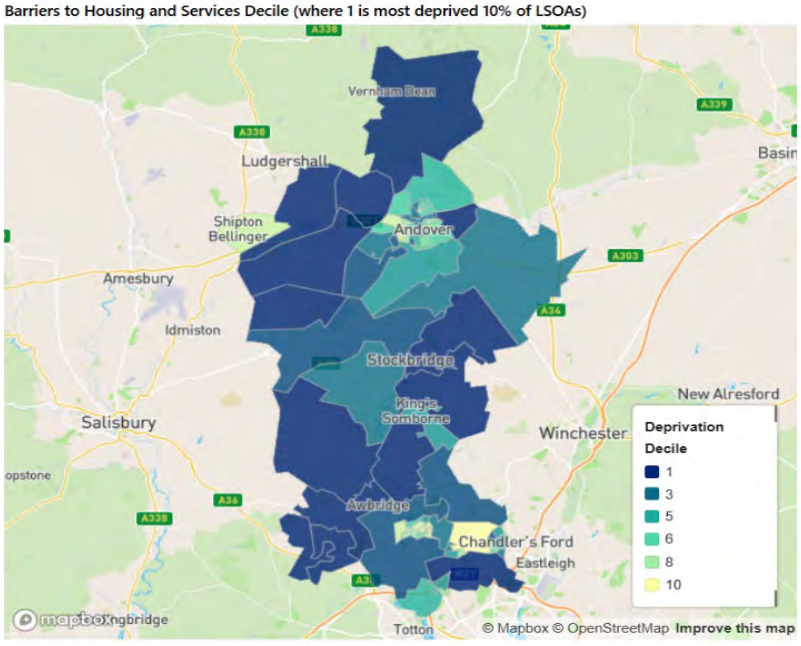
For example, Test Valley despite being classified as an urban district encompasses many rural towns and villages where access to services may be limited. Among all the Hampshire and the Isle of Wight Districts- where rank 1 is the most deprived - Test Valley ranks as the most deprived district

[3] More information about the Index of Multiple Depravation can be found here - The English Indices of Deprivation 2019

when considering the Barries to Housing and Services decile. The maps below illustrate both the overall IMD and the specific decile for Barriers to Housing and Services within Test Valley.

When assessing the IMD, Test Valley appears relatively less deprived, ranking 262. However, urban areas such as Andover show higher levels of deprivation. Conversely, when looking at Barriers to Housing and Services, rural areas located away from the main towns of Andover and Romsey exhibit higher levels of deprivation. The trend can be identified in other districts such as Basingstoke and Dean and East Hampshire.





Source: Hampshire JSNA

This example highlights that by assessing areas at a more localised level—as would be possible under a four new mainland and Isle of Wight unitary model —the distinct needs of communities, particularly in rural areas, can be more effectively identified and addressed.

11.2 Community Impact- Rurality

Rural communities across Hampshire and the Isle of Wight face a distinct set of challenges that shape how residents engage with local authorities. In the current two-tier system, key touchpoints include access to transport, health and social care, housing, digital connectivity, and community safety. Geographic isolation limited public transport, and reduced service coverage can create barriers to accessing support—particularly for older adults, young people, and those with additional needs.

Our four new mainland and Isle of Wight unitary model offers a more responsive and locally connected approach. By aligning governance with local geographies and maintaining strong community links, this model enables rural-focused decision-making and service design. This is particularly key in rural areas where local knowledge and resilience is key, supporting more equitable access to services which address specific rural pressures such as social inclusion, digital access and affordable housing.

This model enables decision making that ensures voices of rural residents are heard and reflected in local priorities. It also supports a total place approach, allowing councils to work with communities and partners to design services that are rooted in local assets, needs and opportunities, which may be lost in larger more centralised models.

A model with three or fewer mainland authorities in Hampshire may risk diluting the visibility of rural issues within broader strategic planning. Larger authorities covering more diverse geographies may struggle to prioritise rural needs, leading to less responsive service design. This could exacerbate existing inequalities and weaken relationships with rural communities.

Positive Impacts
Balancing urban and rural needs: Our four new mainland and Isle of Wight unitary model enables proportionate, tailored and effective service delivery across different population densities and types of communities. Grouping rural areas together (e.g. Mid Hampshire) ensures services reflect the needs of smaller towns and dispersed populations. While creating urban focused authorities around major centres like Southampton, Portsmouth and Basingstoke allows targeted responses to urban deprivation and need. **Locally responsive decision making:** Where governance is aligned with geographies it enables authorities to prioritise rural specific needs. Supporting tailored service design for transport, housing, health and social care. **Opportunity to build on existing good practice:** Local authorities with strong rural engagement and service models are better enabled to scale up successful approaches. As such, our four new mainland and Isle of Wight unitary model promotes continuity and innovation in areas of particular importance for rural communities in areas like transport, digital inclusion and preventative health.
Negative Impacts

Digital exclusion risks: Despite ambitions for digital transformation, rural areas may continue to face connectivity challenges. If digital-first service models are not carefully designed, they could inadvertently exclude residents with limited access to reliable broadband or digital skills.

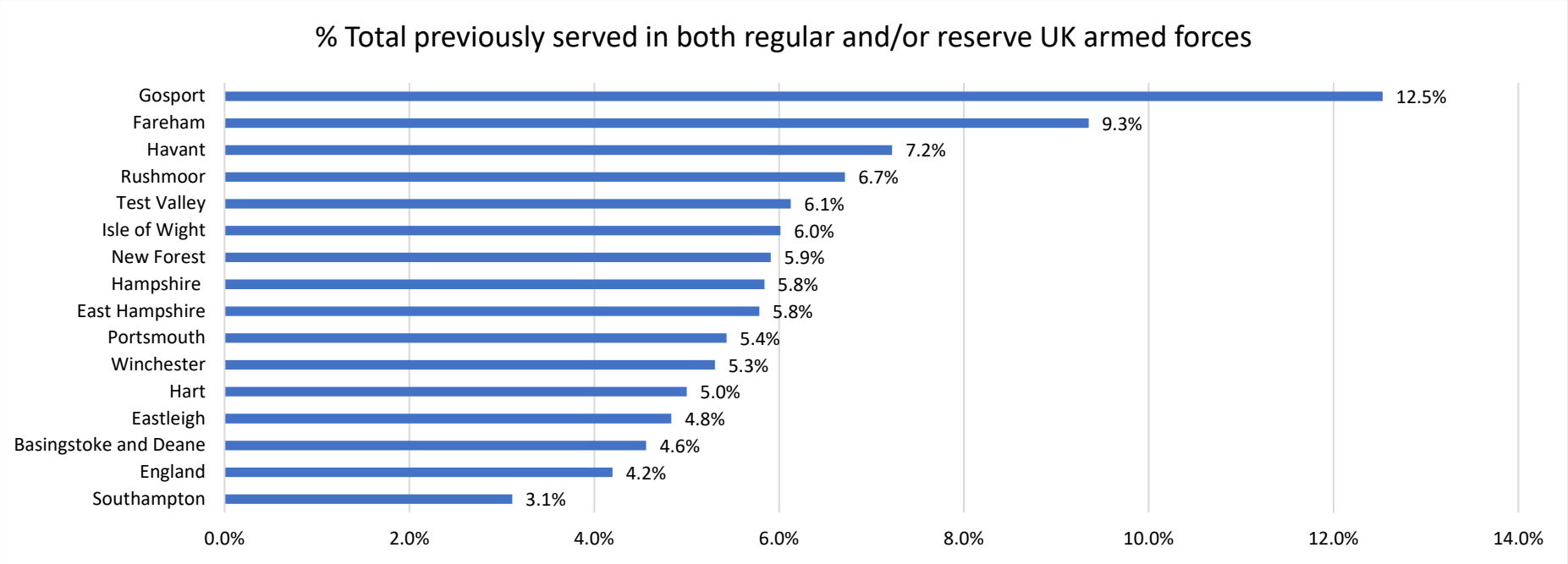
12. Armed forces

12.1 Data Analysis

As a county, Hampshire and the Isle of Wight is unique in that it is home to all three branches of the Armed Forces – the Army, the Royal Air Force, and the Royal Navy. Notable military establishments include HMNB Portsmouth, RAF Odiham, and Army Headquarters in Andover. Out of the fourteen districts and unitaries all but Eastleigh and East Hampshire are home to a military base and/or reserves.

Due to the large military presence in Hampshire and the Isle of Wight, it is unsurprising that many service leavers decide to settle in the county. Out of all Hampshire and the Isle of Wight residents, in both unitary and district councils, 5.8% have previously served in both regular and/or reserve UK Armed Forces, totalling 96,139 individuals. Thirteen of the fourteen districts and unitaries have a higher proportion for service leavers than the English average of 4.2%, Southampton is the only district that falls below this average with 3.1% of the population previously serving.

Notably with 12.5% of their population previously serving in both regular and/or reserve UK Armed Forces, Gosport has the highest proportion of Veterans out of all Local authorities in England and Wales (Census 2021).



12.2 Community Impact- Armed Forces

With there being many military bases with current serving personnel, veterans and military families across Hampshire and the Isle of Wight it is important that this community is considered when moving to new local authorities.

Armed Forces communities, including serving personnel, veterans, and their families, engage with local authorities through a range of services such as housing, health and wellbeing, education, employment support, and community integration. These communities often face distinct challenges, including frequent relocation, access to specialist support, and the need for continuity in services like schooling and healthcare.

For example, according to the Hampshire Joint Strategic Needs Assessment (JSNA[4]) (2019), veterans aged 16- 64 are more likely to have long term health problems with their arms, hands, legs, feet back or necks than the general population. Additionally, common mental health issues for both veterans include depression, anxiety, and alcohol misuse, with working age veterans more likely to report suffering with depression than the public.

Our four new mainland and Isle of Wight unitary model offers an opportunity to strengthen support for Armed Forces communities by enabling more locally responsive and coordinated service delivery. By aligning governance with established community and economic geographies, this model allows councils to build on existing relationships with military bases, garrisons, and veteran networks. It ensures services are tailored, accessible, and reflective of local needs. Crucially, it helps maintain visibility and continuity for Armed Forces families. Factors that could be diluted in larger, less locally connected structures.

Positive Impacts
Stronger local coordination with military infrastructure: Aligning governance with established community and economic geographies allows councils to build on existing relationships with military bases, garrisons and networks. Supporting more joined up service delivery and better integration of Armed Forces families into local communities. **Improved continuity of services:** Frequent relocation is a common challenge for Armed Forces families. Our four new mainland and Isle of Wight unitary model will offer more consistent and locally responsive services across Hampshire and the Isle of Wight. Authorities can better coordinate across neighbouring areas to support transitions and maintain continuity. **Enhanced visibility and representation**: Place-based authorities will be able to build on existing local partnerships and connections to be more aware of the needs of Armed Forces communities. Ensuring they are considered in local decision making and service design. This includes recognising the unique needs of veterans, reservists and families.
Negative Impacts
Disruption to established support networks: Reorganisation may affect existing partnerships and service pathways, particularly if staff roles or commissioning arrangements change. This could impact access to specialist support or areas of work such as Armed Forces Covenant delivery.

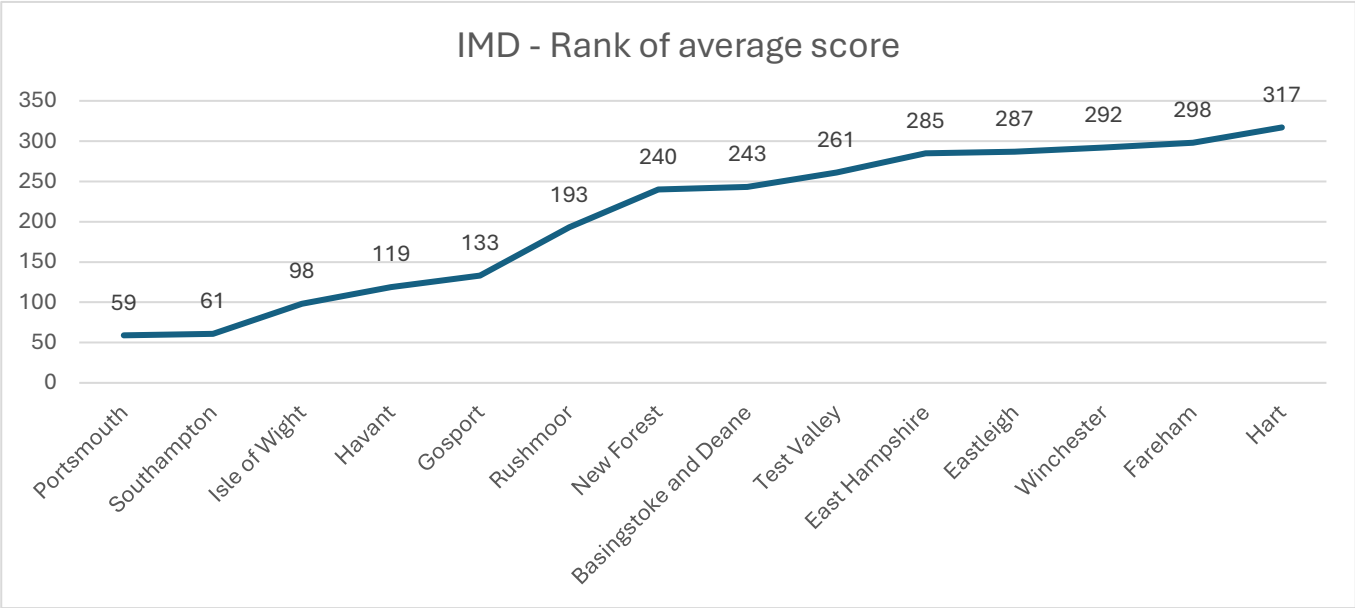
[4] More information about the Hampshire Joint Strategic Needs assessment can be found here - Joint Strategic Needs Assessment (JSNA) | Health and social care | Hampshire County Council

13. Socio-economic / Deprivation

13.1 Data Analysis

Deprivation can be measured by the Index of Multiple Deprivation (IMD) which is the official measure of relative deprivation in England. It ranks all local authorities from least deprived to most deprived – 1 being the most deprived. The 7 domains of deprivation, which combine to create the Index of Multiple Deprivation involve income, employment, education, health, crime, barriers to housing & services and living environment.

In Hampshire and the Isle of Wight deprivation varies widely across the county. Portsmouth is the most deprived Local Authority in Hampshire and the Isle of Wight ranking 59th out 319 Local Authorities according to the IMD rank of average score. This is closely followed by Southampton which ranks as 61st. Comparatively at a district level Hart ranks as the least deprived area in England as the 317th deprived Local Authority.



The data demonstrates the range of deprivation across the county. However, within each Local Authority deprivation varies even further. For example, despite Havant and Gosport being ranked as 119th and 133rd most deprived local authorities they both have communities ranked in the most deprived 10% of LSOAs. Similarly, despite being ranked 193rd most deprived and above, Basingstoke and Deane, Rushmoor, Test Valley, Eastleigh and Rushmoor all have communities in the top 20% most deprived LSOA's.

What is evidenced here is the value of a localised focus, offering deeper insight into specific community challenges. Given the wide variation in deprivation levels across existing local authorities, it is essential that the creation of new authorities reflects and responds to these local needs. Our four new mainland and Isle of Wight unitary model provides the necessary scope to achieve this.

13.2 Community Impact- Socio-economic/ Deprivation

Individuals living in areas of deprivation may engage with local authorities through a wide range of services aimed at addressing social and economic disadvantage. These touchpoints include housing and homelessness support, employment and skills programmes, public health services, early intervention and family support, and access to benefits and financial assistance. Deprivation is often linked to poorer health outcomes, lower educational attainment, and reduced access to opportunities and intergenerational poverty, making coordinated and targeted service delivery essential.

Our four new mainland and Isle of Wight unitary model offers a unique opportunity to address entrenched deprivation by aligning governance with lived economic geographies. By aligning governance with lived economic geographies, councils can better understand local challenges and build on existing partnerships and good practice. This enables more targeted investment, integrated prevention strategies, and locally tailored services that respond to the specific challenges faced by communities.

Through strong local leadership, tailored to distinct opportunities and challenges of each area, councils can develop bespoke strategies to drive inclusive economic growth, improve health outcomes and raise living standards. The model also supports enhanced neighbourhood working, enabling decision making at the lowest effective level and fostering meaningful engagement with communities experiencing deprivation. This is particularly important for ensuring services are accessible, trusted and responsive to local need.

In contrast, a model with three or fewer mainland authorities' risks creating larger, less connected structures that may dilute the visibility of deprived communities. Broader geographies could lead to standardised service delivery, reducing ability to tailor services and interventions to specific local contexts. Large authorities may also risk uneven resource allocation when balancing urban and rural needs, reducing responsiveness to complex socio-economic challenges.

Our four new mainland and Isle of Wight unitary model's emphasis on collaborative working, community engagement and local representation helps mitigate these risks by embedding services within communities and ensuring they are shaped by lived experience.

Positive Impacts
Targeted investment and integrated prevention: Aligning governance with lived economic and social footprints can enable more precise targeting of investment in areas of deprivation. Supporting coordinated service delivery and integrated prevention strategies which are rooted in communities to begin to address some of the root causes of socio-economic deprivation. **Building on existing partnerships and good practice:** Our four new mainland and Isle of Wight unitary model builds on established local partnership, including those that address inequalities and deprivation. Enabling the scaling of successful local initiatives ensuring good practice is not lost and local challenges are understood and addressed. **Strengthening local economic leadership:** Our four new mainland and Isle of Wight unitary model enables bespoke economic strategies to be tailored to the unique challenges and opportunities of each area. Underpinned by local knowledge, context and insight to enhance the ability to coordinate strategies that address the systemic causes of socio-economic exclusion.
Negative Impacts
Potential disruption to existing support networks: Reorganisation may temporarily affect partnerships and programmes that support deprived communities, especially if funding, commissioning, or staffing structures change. This could impact continuity of support for vulnerable residents during transition.

14. Workforce

The implementation of LGR will bring substantial changes for staff with the potential of new working practices, team structures and working environments. Such large-scale transformation has the potential to affect staff wellbeing, service delivery and collaborative working. As the details of the transition become clearer, subsequent EIAs will be undertaken to explore these impacts for staff in greater depth, including detailed analysis of staff demographics. As implementation plans and EIAs are developed, we will ensure that appropriate mitigations are identified and implemented to prevent any disproportionate or detrimental impact on staff with protected characteristics.

The impact on staff terms and conditions arising from LGR implementation will be significant and harmonisation of such will require extensive engagement with recognised trades unions and staff representatives. Central to that engagement will be a focus on ensuring equity, especially in respect of pay, and ensuring that there are no detrimental effects on staff with protected characteristics. Pay equity will be an area where specific EIAs will be undertaken throughout the implementation process. In addition, all of the local authorities in Hampshire and Isle of Wight already have a

legislative obligation to publish pay policies, including gender pay gaps and this will soon include ethnicity and disability pay gaps. These data sets will continue to be produced, and the accompanying analysis will act as a barometer of equitable practice. This will enable each of the four new mainland and Isle of Wight unitaries to monitor both pay and total reward equity, making changes and adjustments as required in the process of harmonisation, as well as taking account of the issues arising from the specific EIA.

From a workforce perspective, our proposed four new mainland and Isle of Wight unitary model offers the opportunity for a more inclusive approach. Smaller, more locally focused organisations are better positioned to understand and respond to the specific needs of their employees. Our four new mainland and Isle of Wight unitary model will offer a more manageable and consistent approach to embedding inclusive practices whereas larger organisations, with multiple locations, teams and services, could have difficulties in maintaining uniformity in how equality, diversity and inclusion is understood and applied. For example, preserving and maintaining a consistent and inclusive approach to reasonable adjustments for staff is more achievable in smaller, more locally focused organisations.

In recognition of the recruitment and retention challenges being faced within the sector, the changes that LGR will bring will have both challenges and opportunities from a change management perspective. Supporting staff through change will be paramount to ensure retention of staff and continuity of service delivery throughout the implementation phase and beyond. In addition to more specific EIAs, change impact assessments will also be used identify and to mitigate the impact of change on the workforce. Our proposed four new mainland and Isle of Wight unitary model will ensure that leadership of the change (a critical success factor) and its impact on the workforce can be more effectively delivered through smaller organisations and a closer and more direct relationship between leaders, managers and staff. A model of three or fewer mainland unitary authorities would create much larger organisations and therefore a greater distance (physically, figuratively and culturally) and lesser connection between leadership and the workforce, making it more challenging to effectively lead and implement change, thus adding risk to service delivery and business continuity.

Our proposed four new mainland and Isle of Wight unitary model will support the development of agile, responsive HR policies that are reflective of workforce profiles and needs, enabling more tailored approaches to aspects such as staff wellbeing, recruitment and retention. This approach will also enable more effective engagement with staff, through staff networks and support groups, ensuring diverse voices from across the organisations are heard and reflected in decision making. With fewer, larger organisations, there is the potential for a lack of connection between leadership and staff which can impact how valued, engaged and supported staff feel.

The LGA Equality Framework emphasises the importance of providing equality of opportunity for all staff and employing a workforce that reflects the diversity of the local population. Our four new mainland and Isle of Wight unitary model would allow for more focused implementation of EDI strategies and initiatives, ensuring that equality considerations are embedded in aspects such as workforce planning and development, enabling more equitable outcomes for staff. Our four new mainland and Isle of Wight unitary model would also provide the opportunity for new authorities to

take a more targeted approach to recruitment from the local population. Through a greater understanding of the make-up of the local population, strong links to local communities and targeted positive action initiatives, authorities could ensure their workforce is representative of the local community and is reflective of their needs in inclusive service delivery.

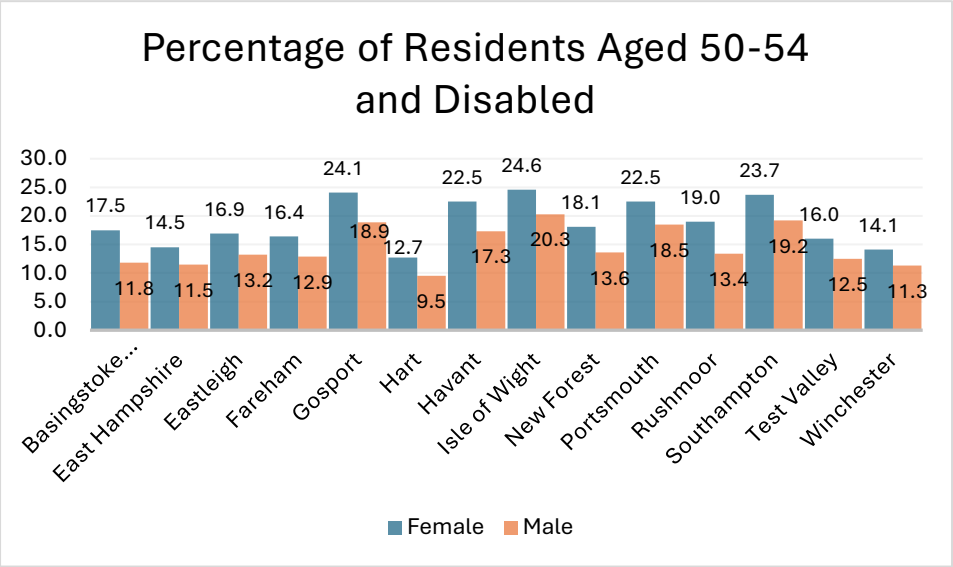
Positive Impacts
Consistency in implementing EDI: Our four new mainland and Isle of Wight unitary model gives the opportunity to embed inclusive practices and policies across locations and teams with greater consistency, meaning more equitable outcomes for staff cross the organisations. **Representative workforce:** There is the potential for the workforce to more closely reflect the local population with our four new mainland and Isle of Wight unitary model. This model would provide clearer understanding of local demographics so that organisations can tailor approaches to recruitment to address underrepresentation. The workforce would be reflective of the communities they serve and have greater understanding of their needs. **Enhanced staff engagement:** Our four new mainland and Isle of Wight unitary model offers the opportunity for greater staff engagement, enabling organisations to better understand the experiences of staff and create closer connections between leadership and staff. This offers the opportunity to be more responsive to staff needs and create a culture where staff feel valued and heard.
Negative Impacts
Disruption to staff support: Current support in place, such as individual reasonable adjustments or staff networks and support groups, could be impacted during the transition period of reorganisation which could affect staff morale and wellbeing. **Risk of fragmentation:** Our four new mainland and Isle of Wight unitary model aims to reduce fragmentation but in the transition period, without strong co-ordination, there is a risk that policies and practices differ between organisations.

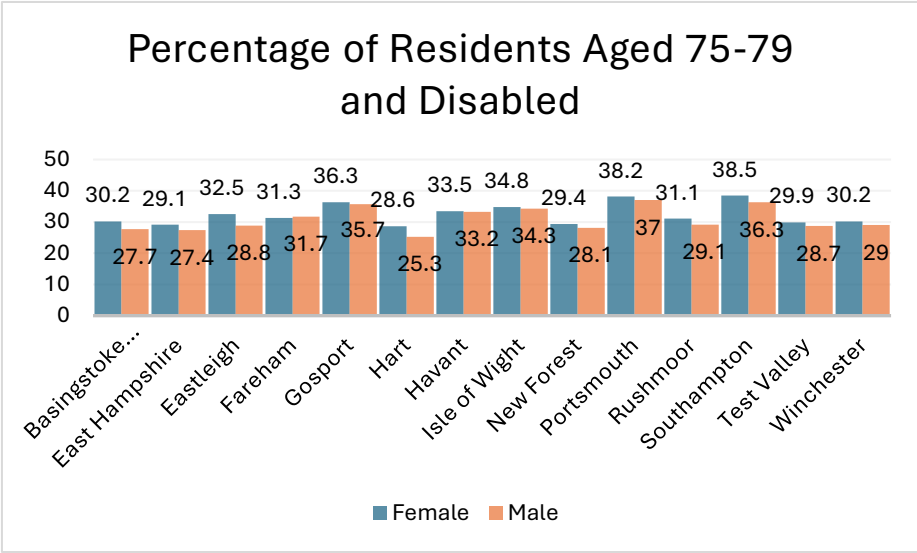
15. Intersectionality

While each of the characteristics provide a lens through which to assess potential impacts of LGR and how our four new mainland and Isle of Wight unitary model may affect individuals and communities, it is essential to recognise that individuals do not experience these characteristics in isolation.

Many residents live at the intersection of multiple identities, for example an older disabled woman living in a rural area may experience the compounded impacts of these overlapping characteristics and this can shape how people engage with local authority services.

This example is supported by existing data. Demographic factors such as age and sex significantly influence individuals lived experiences. The data below, taken from the 2021 Census, highlights a correlation between age, sex, and disability. For example, both the 50–54 and 75–79 age groups, women are more likely to report a disability than men. Furthermore, disability prevalence increases with age across all sexes, meaning older adults—particularly older women—are disproportionately affected. When this is considered alongside the deprivation faced by rural communities, especially in terms of barriers to housing and services (as outlined in section 11.1), it becomes evident that an older disabled woman living in a rural area may face compounded challenges. These intersecting characteristics can create significant barriers to accessing services—barriers that may be overlooked if protected characteristics are considered in isolation.





Across Hampshire and the Isle of Wight, intersectionality is particularly relevant given the region's diverse population and varied geography. Urban centres, coastal communities and rural areas each present distinct challenges and opportunities, and the way services are accessed and experienced can vary significantly depending on a person's combined characteristics and circumstances.

Our four new mainland and Isle of Wight unitary model offers a more responsive framework for recognising and addressing these complexities. By aligning governance with real economic and social geographies, the model supports place-based service design that is informed by lived experience. This enables councils to better understand how overlapping factors (such as age, disability, ethnicity and socio-economic status) interact to affect access to housing, education, health, transport and cultural opportunities.

The proposal's emphasis on enhanced neighbourhood working, local representation and community engagement creates space for more inclusive decision making and co-design. It also supports the development of targeted interventions that reflect the realities of residents' lives.

In contrast, a model with three or fewer mainland authorities' risks creating larger, less connected structures that may dilute the visibility of marginalised groups and reduce the ability to respond to nuanced, intersectional needs. Standardised service delivery across broader geographies could result in poorer outcomes for those facing multiple barriers, particularly in areas with distinct cultural, demographic, or geographic profiles.

By recognising and responding to intersectionality within communities as well as the workforce, our four new mainland and Isle of Wight unitary model can help create a more inclusive, equitable, and resilient local government system. One that reflects the full diversity of Hampshire and the Isle of Wight and delivers better outcomes for all.

16. Mitigations

We recognise that delivering Local Government Reorganisation (LGR) at this scale brings complexity and risk, particularly in ensuring continuity, equity, and responsiveness during transition. That is why we are taking a proactive and structured approach to mitigation—embedding safeguards across every stage. From planning and ICT integration to workforce engagement and community co-design, our approach is grounded in collaboration, learning from previous LGR programmes, and a shared commitment to protecting and enhancing outcomes for all.

To ensure continuous monitoring, regular reviews and analysis of workforce and community data, and feedback from staff, communities and service users, will take place throughout transition planning and implementation with regular reporting to new authority leadership and community stakeholders to ensure transparency and accountability. A monitoring framework, with key indicators, as well as subsequent EIAs will be used to identify any emerging risks and where negative impacts are identified, mitigating actions will be taken to ensure that equality considerations remain central to decision making.

These mitigations are not standalone measures, they are woven into the fabric of our programme to ensure that the new unitary authorities are not only safe and legal, but also inclusive, resilient, and rooted in the communities they serve. Mitigations taken in developing the Hampshire and the Isle of Wight case for change includes:

Community Engagement

Residents have played a crucial role in shaping the future design of local government across Hampshire and the Isle of Wight. Ensuring that our four new mainland and Isle of Wight unitary model effectively serves communities and delivers improved outcomes is our top priority. To gather public perspectives, a region-wide engagement survey was conducted throughout July, capturing feedback on the proposed options.

Alongside this, workshops were held with key partner organisations, including police, fire and health services, Coastal Partners, National Parks, businesses, town and parish councils and the voluntary and community sector, to explore opportunities and challenges linked to reorganisation.

Further engagement has also taken place within the proposed new unitary areas, involving residents, members of parliament, higher and further education providers, businesses, town and parish councils, and voluntary and community groups to gather more localised views. This comprehensive engagement process helps ensure that the new authorities are shaped by those they serve, mitigating risks of reduced visibility and promoting inclusive, place-based governance.

Community engagement plays a vital role in mitigating the risk of reduced visibility and weakened relationships during any transition. By involving communities' voices from the onset of proposal development it ensures the voices and needs of those most directly affected are recognised. This also builds trust within different community demographics and the feeling of continuity. Which is particularly important for groups such as LGBTQ+ communities, ethnically diverse communities, faith groups and rural residents who rely on local networks and informal support. Engagement activities ensure that services remain responsive to lived experiences and are designed with these views in mind so as not to be lost in structural changes.

Across Hampshire and the Isle of Wight authorities have a strong, proven track record for meaningful engagement with residents and involving communities in decision making. For example, in Portsmouth a community-centred approach is being taken to digital inclusion with audience groups including Local Authority housing tenants, people with disabilities, low-income households and people who are unemployed and seeking work. This demographic profile for community-centred approaches has been identified via Government's digital inclusion action plan and through research conducted in Portsmouth by the local authority in conjunction with the VCS. Providing strong foundations to build on throughout the next phases of LGR. Community engagement will remain a central pilar throughout LGR implementation. With a key principle of the proposal being that service delivery should align with distinct communities, engaging them upfront in the shaping of future service.

Stakeholder Engagement and Workshops

We have embedded extensive stakeholder engagement into the LGR process, including focused workshops with service leads, external advisers, and key partners such as police, fire, health, and coastal authorities. These sessions have helped shape service models in high-demand areas and

ensure that future delivery is informed by operational expertise and strategic insight. This collaborative approach strengthens the resilience and inclusivity of new service structures.

Focused workshops with service leads, external advisers, and key partners help mitigate risks of fragmentation and service disruption, especially in high-demand areas like adult social care, children's services, and housing. These sessions support continuity for older adults, disabled residents, pregnant people, and those experiencing socio-economic deprivation by embedding operational expertise into future service models. They also strengthen relationships with specialist providers and advocacy groups, reducing the risk of losing local knowledge and trusted contacts.

Transition Planning

Transition panning for LGR in Hampshire and the Isle of Wight is informed by prior experience of unitarisation within the region, including the establishment of unitary councils in Portsmouth, Southampton and the Solent. The expansion of Portsmouth and Southampton unitaries will make LGR transition easier as both councils already deliver a full range of services with established systems, staff, governance and partnerships in place. Expanding existing unitaries will allow for service continuity, lower transition costs and faster implementation. While also building on proven delivery models and local knowledge.

Our four new mainland and Isle of Wight unitary model aligns with existing economic geographies and patterns of movement, reflecting the way people live, work and travel. Early transformation work has already commenced, with collaboration across 12 councils and key partners. A set of shared implementation principles focused on collaboration continuity, local design, financial sustainability and workforce wellbeing, will guide the transition process and help ensure the new structures are inclusive, resilient and responsive to community need.

Transition planning is essential to managing risks of disruption, fragmentation, and workforce instability. By building on existing unitary structures and aligning with economic and social geographies, this mitigation supports continuity in services that are critical for older adults, disabled people, trans residents, and families. It also helps maintain stability in gender-specific services, Armed Forces support networks, and programmes addressing deprivation. The use of shared implementation principles ensures that transition is guided by collaboration, local design, and workforce wellbeing while building on existing proven delivery models and local knowledge.

Inclusive Service Design

Our four new mainland and Isle of Wight unitary model places emphasis on designing services that are inclusive, locally responsive and informed by evidence. To support this, the 12 councils in the proposal prioritised high-cost, high demand and strategically significant service areas. Including adult social care, children's services, waste, highways and transport, strategic planning, economic development and regeneration, education, housing and homelessness and customer and digital.

A series of focused workshops were held with council leads and external advisers to examine current service provision, identify challenge, good practice and existing collaboration and explore transformation opportunities.

These sessions contributed to shaping future service models that reflect the distinct needs of communities across Hampshire and the Isle of Wight. This inclusive design approach aims to mitigate risks of exclusion or inequity by embedding local insight, collaboration and innovation into the development of new service structures.

Inclusive service design directly addresses risks of exclusion, digital barriers and loss of specialist expertise. By embedding local insight and evidence into service transformation, this approach ensures services are culturally competent, accessible and tailored to diverse needs. This could include residents with disabilities being supported to share their views on accessibility planning, diverse communities inputting on culturally sensitive design, and LGBTQ+ communities on respectful and inclusive service delivery.

Staff engagement and communications

Keeping staff well-informed and engaged has been a focus throughout the initial stages of LGR to ensure transparency and understanding of the process. Regular updates have been communicated with staff via internal communications, including messages from Chief Execs and dedicated intranet pages. Staff have been encouraged to participate in surveys on the shaping of LGR and have been invited to attend staff briefing sessions to ensure their views are heard and questions are answered, reducing staff anxieties around potential changes as much as possible. This transparent and inclusive approach will continue to build understanding of proposed changes and foster a sense of involvement in LGR.

Transparent and inclusive staff engagement mitigates risks related to workforce disruption, loss of specialist knowledge and reduced service quality. By keeping staff informed and involved this mitigation supports continuity in services for vulnerable groups. It also helps preserve trusted relationships between service providers and communities, which is especially important for the groups discussed throughout this EIA during periods of change.

17. Reflections

Any decision about the future of local government will have real and lasting impacts on the communities it serves. This EIA has explored how our four new mainland and Isle of Wight unitary model may affect individuals and groups across Hampshire and the Isle of Wight, recognising both the opportunities and the risks. What emerges clearly is that our proposed model of the creation of four new mainland unitary authorities with the Isle of

Wight remaining independent offers a transformative opportunity to reshape local government in a way that is more responsive, inclusive, and rooted in place.

By aligning governance with real economic and social geographies, our four new mainland and Isle of Wight unitary model enables councils to better understand and respond to the diverse needs of their communities. It supports tailored service design, stronger local leadership, and more meaningful engagement, particularly for groups whose needs may be overlooked in larger, more centralised structures.

The assessment also acknowledges that change brings complexity. Transitioning to new authorities may disrupt existing relationships, services, and systems. However, the mitigations embedded throughout the proposal, including inclusive service design, community and stakeholder engagement, and robust transition planning, are designed to address these risks directly. These measures are not generic; they are targeted responses to the specific challenges faced by different groups, ensuring that equity and inclusion are central to the transformation process.

Importantly, this assessment recognises that individuals do not experience their identities in isolation. Intersectionality shapes how people engage with services and experience public life. Our four new mainland and Isle of Wight unitary model provides a framework for recognising and responding to these complexities, enabling councils to design services that reflect the realities of residents' lives.

A model with three or fewer mainland authorities presents a risk of reducing the visibility and influence of certain communities, particularly those with distinct geographic, demographic, or socio-economic profiles. Larger administrative areas may struggle to reflect the nuanced needs of smaller towns, rural communities, or marginalised groups, leading to more standardised service delivery that overlooks local variation. This could result in under-resourcing of services in areas with complex or less prominent needs, weakening the ability to deliver targeted interventions and diminishing opportunities for community-led design. In turn, this risks exacerbating existing inequalities and undermining the responsiveness, trust, and inclusivity that are central to effective local governance.

As Local Government Reorganisation progresses, future Equality Impact Assessments will be developed to provide more detailed and targeted analysis. These will incorporate updated data, community insights, and feedback from service users to ensure a deeper understanding of evolving impacts. Monitoring and implementation of this and subsequent EIAs will be embedded into transition planning from day one, with regular reporting to new unitary authority leadership and community stakeholders. This will help ensure accountability, transparency, and that equality, diversity and inclusion remain central to decision-making throughout and beyond the reorganisation process.

The proposal put forward aims to build a future where every community thrives. Where services are designed with and for the people they serve. Where councils are close enough to understand local needs, but strong enough to deliver lasting change. By embracing this opportunity, we can create a modern, resilient, and inclusive local government system that reflects the full diversity of Hampshire and the Isle of Wight and delivers better outcomes for all.

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Appendix 8:

Our Place, Our Future: Shaping council services in Hampshire, Southampton, Portsmouth and the Isle of Wight – Local Government Reorganisation engagement report

Our Place, Our Future: Shaping council services in Hampshire, Southampton, Portsmouth and the Isle of Wight

Local Government Reorganisation engagement report

Thinks
Insight & Strategy

20 August, 2025

PRIVATE AND CONFIDENTIAL

Contents

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3. Views of the local area
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5. Views of local government reorganisation
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PRIVATE AND CONFIDENTIAL

Introduction

Background and overview of approach

PRIVATE AND CONFIDENTIAL

Background to the engagement

In December 2024, the Government announced its intentions for a large-scale reorganisation of local government. It has asked two-tier local authorities across England to review how local government is organised. In Hampshire, Southampton, Portsmouth and the Isle of Wight, that means local councils are being asked to consider options for replacing the current county, borough, district and unitary authority arrangements.

A group of 12 of the 15 councils* in the area are collaborating on options for reorganising the council boundaries. They have commissioned Thinks Insight & Strategy to conduct large-scale resident engagement to understand what matters most to residents about their area, to ensure that future councils reflect real places, priorities, and people.

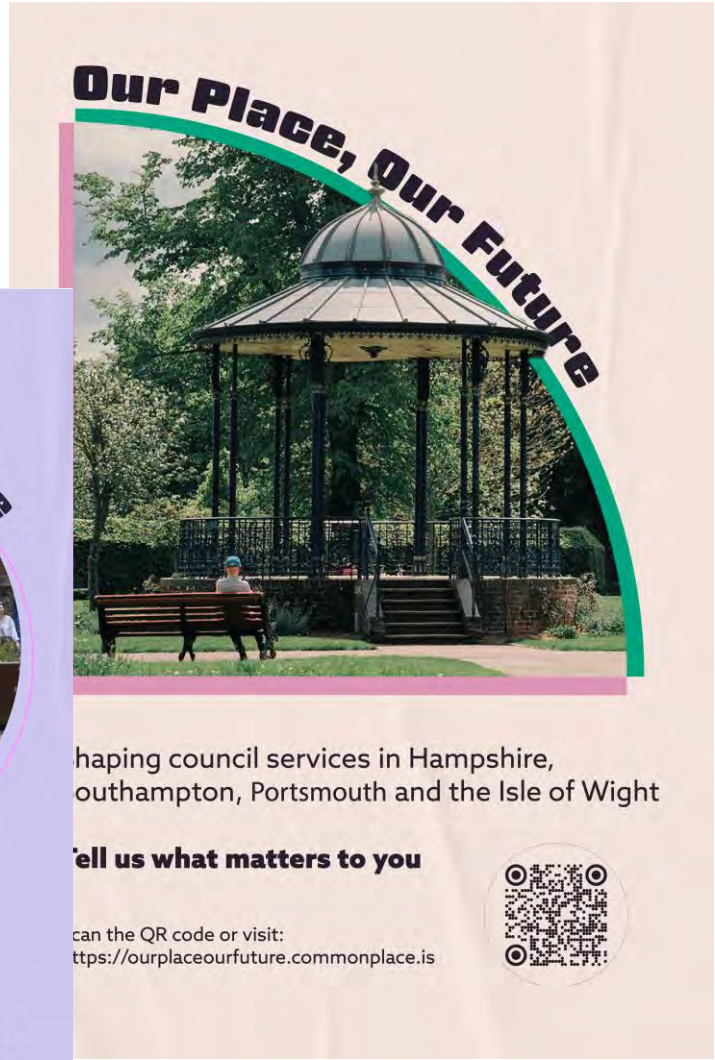
This engagement will inform and support these councils' submissions to the Ministry for Housing, Communities and Local Government (MHCLG).

* Hampshire County Council is working on its own proposal and is consulting on this separately. East Hampshire District Council opted not to participate in commissioning or promoting this engagement, while Gosport Borough Council commissioned a separate survey within this engagement.

Engagement approach

- Working with the 12 commissioning councils, Thinks Insight & Strategy developed a **questionnaire** including a mix of open-ended and closed (e.g. multiple choice, scale questions) questions, as well as supporting materials such as FAQs and background information for respondents. The survey and information about LGR and the engagement were hosted on specialist engagement platform **Commonplace**. The engagement was live between **30th June and 27th July.**
- The survey was disseminated via social media channels, email, and out-of-home advertising (e.g. posters, flyers, paper tags on domestic waste bins) including QR links.
- The survey was designed to be easily **accessible**, with options to request a paper copy or telephone interview for greater inclusion.
- Anyone could respond, with no restrictions or quotas. This means the survey is not necessarily representative of the views of the population as a whole. Rather it shows the views of residents who were keen to have their say on the issue of local government reorganisation.

Example social media post



Example bus stop poster

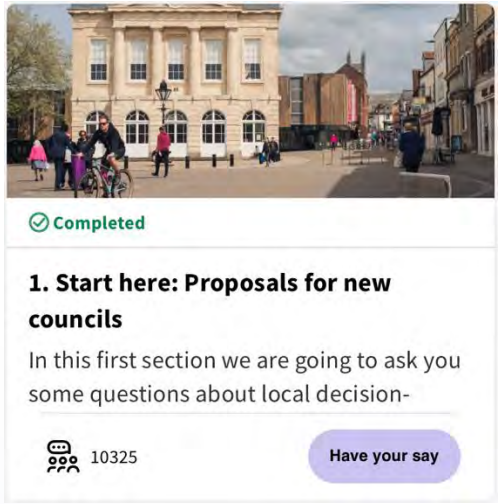
Notes on approach and how to read this report

- **Survey dissemination:** This survey was publicised and promoted by the commissioning councils via their social media, email, and other channels (including physical posters with QR codes). In East Hampshire, where the District Council did not take part in the engagement, the survey was promoted by Thinks Insight via marketing channels (email and Meta adverts).
- **Other engagement activity:** Basingstoke, Hart and Rushmoor together promoted a north Hampshire specific self-selection survey alongside this survey. This is likely to have reduced response rates from those areas, especially as all the Hampshire mainland options people were asked for feedback on proposed the same north Hampshire council. Similarly, Portsmouth City Council ran its own, localised survey which closed 29th June (the day before this consultation launched), likely affecting numbers on this survey. In addition, Hampshire County Council launched its own engagement on 21st July (about a week before this engagement closed).
- **Sample selection, quantitative representation and weighting:** This engagement sought the views of as broad a selection of residents as possible, looking to hear from everyone who has something to say on the question of LGR. However, as with any opt-in or self-selected sample, the data reported here should not be treated as representative of the wider Hampshire population. Most importantly, those who chose to participate in the engagement are likely to be more engaged and more vocal than the average resident. Demographically, the sample skews towards older, white participants compared to census data. This type of data is not suitable for weighting (i.e. making it more representative through statistical manipulation) as it could result in biased and inaccurate data. Proportionally, there is a much a higher response rate from areas such as the New Forest, Test Valley and Winchester. This means these councils have a larger impact on average values than others. We have also reported on each council separately to avoid this bias.

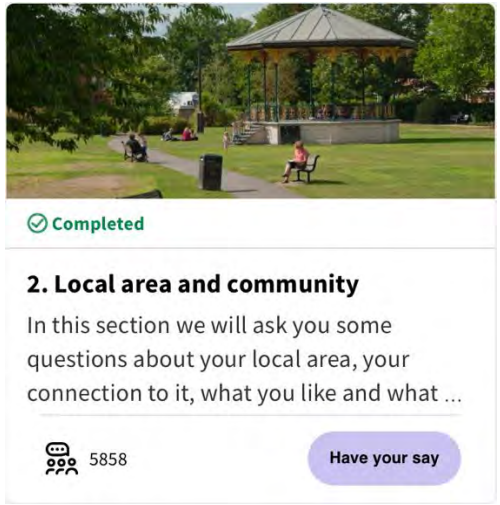
Notes on approach and how to read this report

- **Incomplete data/responses:** Unlike a representative research survey, almost all questions in this engagement were optional and we included responses from participants who only answered a small number of questions in our analysis. This means the base size for analysis varies between questions.
- **Statistical significance:** By default, a p-value of 0.05 was used for significance testing, in line with industry standards. Differences by sub-groups have been explored throughout the report and those which were statistically significant have been highlighted in red and green. Where statistical significance is mentioned, this refers to a difference *within* the sample, e.g. where respondents from one council are significantly more or less supportive of an option than the average respondent in the engagement.
- **NETs and rounding:** NET, or aggregate, scores have been used in this engagement report to group together responses that are similar (e.g. a NET for satisfaction would show very satisfied + fairly satisfied). These NET scores have been calculated based on *exact values,* while the charts show *rounded values for individual scores.* Because rounding replaces exact values with approximations, i.e. every number becomes a little higher or a little lower than the exact value, small differences can accumulate when adding or subtracting several rounded numbers. As a result, the total of rounded figures may not exactly match the rounded total of the original values.

Survey overview



Part 1 of the survey introduced LGR, as well as the three options under consideration by the commissioning councils (see next slide)*. Residents were asked to share their views and preferences for the new unitary authorities.



Part 2 of the survey focused on residents' feelings about their local area – the places they go, the services they use, and what they would like to see from their local council.

In addition, we collected demographic information (e.g. age, gender, ethnicity, occupation, etc.) to support analysis and monitor uptake.

NB. When we initially launched the survey, it was not split into two parts and included a map-based activity which some participants found difficult to use. We removed the map activity after 8th July, and changed the order in which people were directed to the survey (to prioritise the options tile) on 11th July. We received almost twice as many responses to Part 1 (the survey focussed on the options) as we did to Part 2 (with a focus on their local area).

* In the separate survey commissioned by Gosport Borough Council, residents were not shown the three options and instead asked open questions about their preferences for local government more generally.

Respondents were asked about 3 potential options for reorganisation:

Council 1: Basingstoke, Hart, Rushmoor

Council 2: New Forest, Test Valley, Winchester, East Hampshire

Council 3: Eastleigh, Southampton

Council 4: Portsmouth, Havant, Gosport, Fareham

Council 5: Isle of Wight

Council 1: Basingstoke, Hart, Rushmoor

Council 2: Test Valley, Winchester, East Hampshire

Council 3: New Forest, Eastleigh, Southampton

Council 4: Portsmouth, Havant, Gosport, Fareham

Council 5: Isle of Wight

Potential boundary changes, affecting parishes in the New Forest, Test Valley, Winchester and East Hampshire.

Sample overview

Council	Number of respondents	Responses as % of population
Basingstoke and Deane Borough Council	205	0.11%
East Hampshire District Council	213	0.17%
Eastleigh Borough Council	933	0.67%
Fareham Borough Council	370	0.32%
Gosport Borough Council	304	0.37%
Hart District Council	75	0.07%
Havant Borough Council	271	0.22%
Isle of Wight Council	340	0.24%
New Forest District Council	3,141	1.79%
Portsmouth City Council	755	0.36%
Rushmoor Borough Council	156	0.15%
Southampton City Council	812	0.32%
Test Valley Borough Council	2,773	2.09%
Winchester City Council	1,750	1.34%
Unassigned*	1,236	
Total	**13,334**	

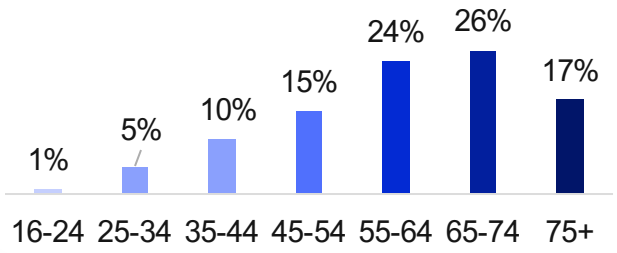
*Most unassigned respondents did not provide a postcode or select a council. A very small number (n < 20) of respondents provided a postcode from outside the area, primarily from Wiltshire.

Sample observations

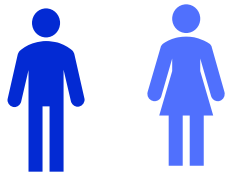
- Compared to similar engagements that have been hosted on Commonplace, this is a very high response rate.
- In proportion to their populations, New Forest (1.79%), Test Valley (2.09%) and Winchester (1.34%) achieved the highest response rate.
- In council areas where other engagements were also promoted, or where there is less of a difference between proposed options, the response rate was significantly lower (e.g. 0.07% in Hart, 0.11% in Basingstoke).
- Demographically (see more on the next slide), the sample skews older, when compared with census data.
- Almost half of respondents are retired and the sample leans towards respondents from a higher socioeconomic background.

Demographic sample overview

Age

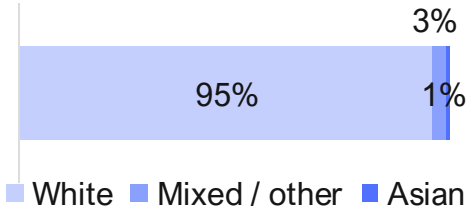


Gender

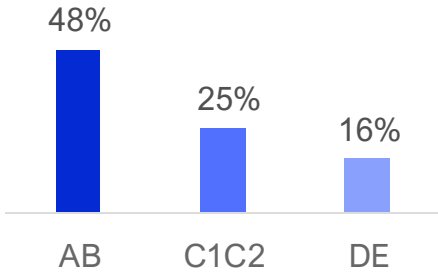


4% identify as non-binary, other or prefer not to say

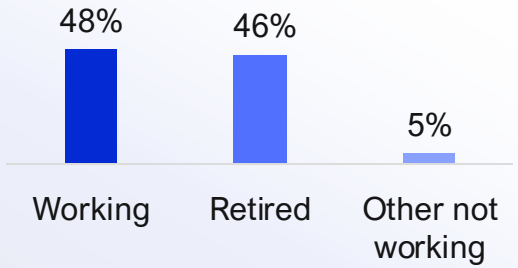
Ethnicity



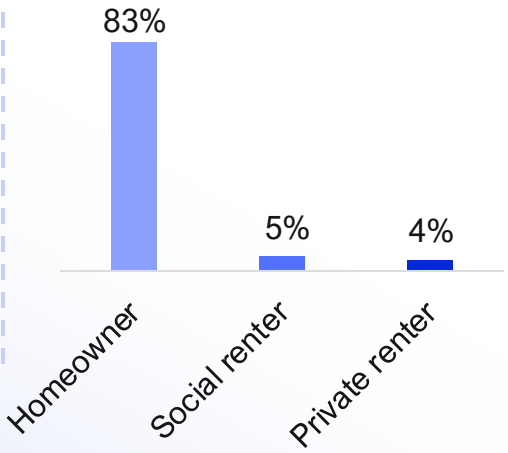
Socioeconomic grade



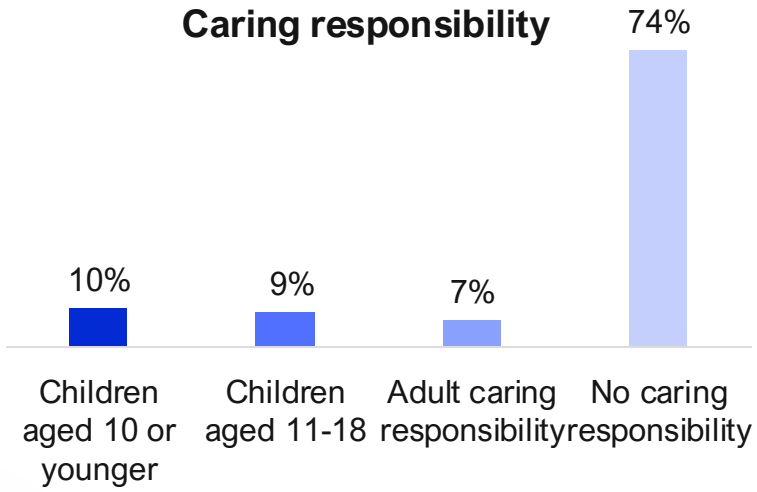
Working status



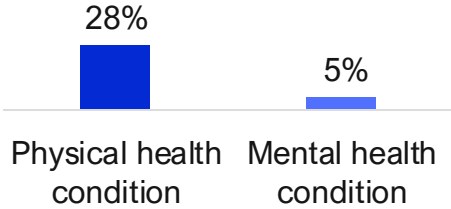
Tenure type



Caring responsibility



Health



Various questions. Varying sample size.

Thinks
Insight & Strategy

Executive summary

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Overarching reflections

1. Respondents to this survey are largely highly engaged residents. Only 7% had not heard of LGR before taking part, and most have also taken a range of actions in the past (e.g. signing petitions, writing to their MP) that suggest they are more politically engaged than the average citizen. Older residents were more likely to respond to this survey than younger people.

2. Perhaps unsurprisingly, the response rate is highest in areas where the options for new unitary authorities vary significantly or where there are potential boundary changes (in particular the New Forest, Test Valley, and Winchester). For these residents, the stakes can feel higher than for residents of areas where the options do not differ, such as those in North Hampshire.

3. Across respondents, the case for reorganisation is not clear. Although only 1 in 10 (9%) residents in the engagement strongly opposes all three options for LGR, qualitatively, respondents tend to support an option which they feel is the “best of a bad bunch”. Most feel that the proposed unitary authorities are too big, impacting local decision-making and service delivery. Many doubt that LGR will help to save money or deliver services more efficiently. Almost all assume that they will lose out in some way as a result of reorganisation.

4. When considering the options, respondents are most likely to refer to what they feel makes most sense for a county that includes very rural areas such as the New Forest alongside conurbations such as Southampton or Portsmouth. This urban-rural divide is seen to be about culture and way of life, but also about relatively wealthy rural councils having to ‘subsidise’ indebted city councils. Rural respondents tend to be more worried about losing their voice as a result of LGR, while urban respondents tend to be more open to decisions being made more centrally on behalf of a wider area.

5. Responses to this engagement suggest that there are deeper concerns about urbanisation, overdevelopment, and immigration which underlie these considerations. These combine with a perception of overstretched and underfunded public services and infrastructure – from social care to roads, education and GP surgeries.

Key findings on Option 1

- Even if the area feels very large, Option 1 is strongly preferred by respondents from Test Valley and New Forest, based on a sense that rural councils should stick together to preserve their way of life. These respondents also argue that services would be easier to administer as these areas have more similar needs.
- Their preference is also based on a mutual rejection of Southampton, which respondents in this engagement visit regularly but do not feel culturally aligned with.
- Respondents from East Hampshire and Winchester residents do not agree – they feel Council 2 is too large an area to effectively govern under this proposal.
- Those in other areas have less strongly held views on the options overall, but make similar points regarding the urban-rural alignment and worry about the size of the new unitary authorities.

With it covering such a large area I believe we would lose some of identity and as a result an understanding in community needs. Issues in the New Forest are not he same as issues in East Hampshire seeing as the density of population is more.
Winchester, 75-84

It links together the rural communities better than the other options. This is very important for Totton and the New Forest. The South Downs national park and the new forest have much in common.
New Forest, 55-64

Option 1

Council 1: Basingstoke & Deane, Hart, Rushmoor

Council 2: New Forest, Test Valley, Winchester, East Hampshire

Council 3: Eastleigh, Southampton

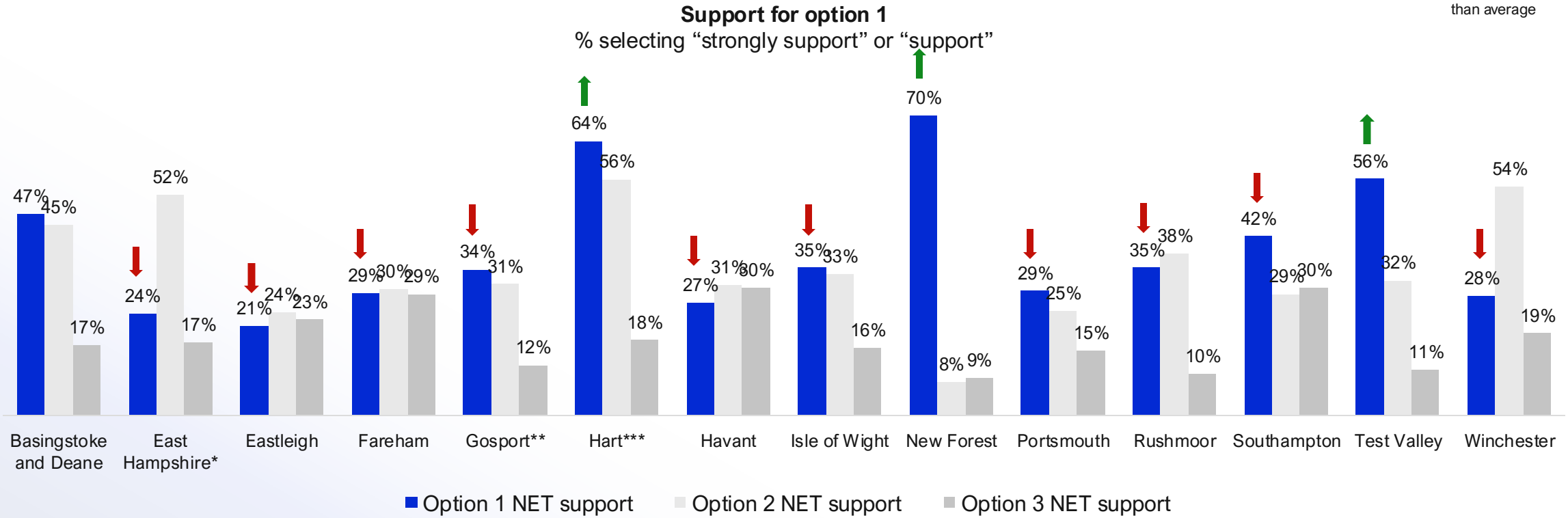
Council 4: Portsmouth, Havant, Gosport, Fareham

Council 5: Isle of Wight

Test Valley and New Forest have a clear preference for Option 1, which would see them form a larger, majority rural unitary authority

statistically significantly **higher** than average

statistically significantly **lower** than average



Q12. To what extent do you support or oppose each of these options? Base: All respondents who answered this question in Basingstoke and Deane Borough Council (n=154), East Hampshire District Council (n=154)*, Eastleigh Borough Council (n=662), Fareham Borough Council (n=264), Gosport Borough Council (n=67)**, Hart District Council (n=45)***, Havant Borough Council (n=166), Isle of Wight Council (n=184), New Forest District Council (n=2,585), Portsmouth City Council (n=515), Rushmoor Borough Council (n=95), Southampton City Council (n=198), Test Valley Borough Council (n=2,278), Winchester City Council (n=1,496)

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*Note that East Hampshire District Council did not co-commission this project or promote this engagement.
**The majority of respondents from Gosport did not answer this question, as they were routed to a different survey.
*** Caution: low base size of n < 50.

Key findings on Option 2

- Those who responded from the New Forest are strongly opposed to Option 2, and worry about losing their identity and access to services, fearing that the needs of Southampton would be prioritised.
- Respondents from Eastleigh and Southampton also have reservations about being joined in a larger unitary authority they perceive as quite disparate.
- However, this is the preferred option for respondents in East Hampshire and Winchester. While they express concerns about impacts for the New Forest, geographically this is seen to make more sense. While the area still feels very large under this option, to many respondents from those eastern areas, Option 1 is simply too big.
- As with Option 1, In the areas where there is no difference between the two options, opinions are split but less strongly held.

I like that the cities Southampton, Portsmouth and areas such as Havant are separate from EH & Winchester. I prefer that New Forest is in a council closer to it geographically and that council 4 covers more of the area that is local to me (by taking away the New Forest).
East Hampshire, 45-54

Would the New Forest want to be linked with Southampton?
Eastleigh, 75-84

Option 2

Council 1: Basingstoke & Deane, Hart, Rushmoor

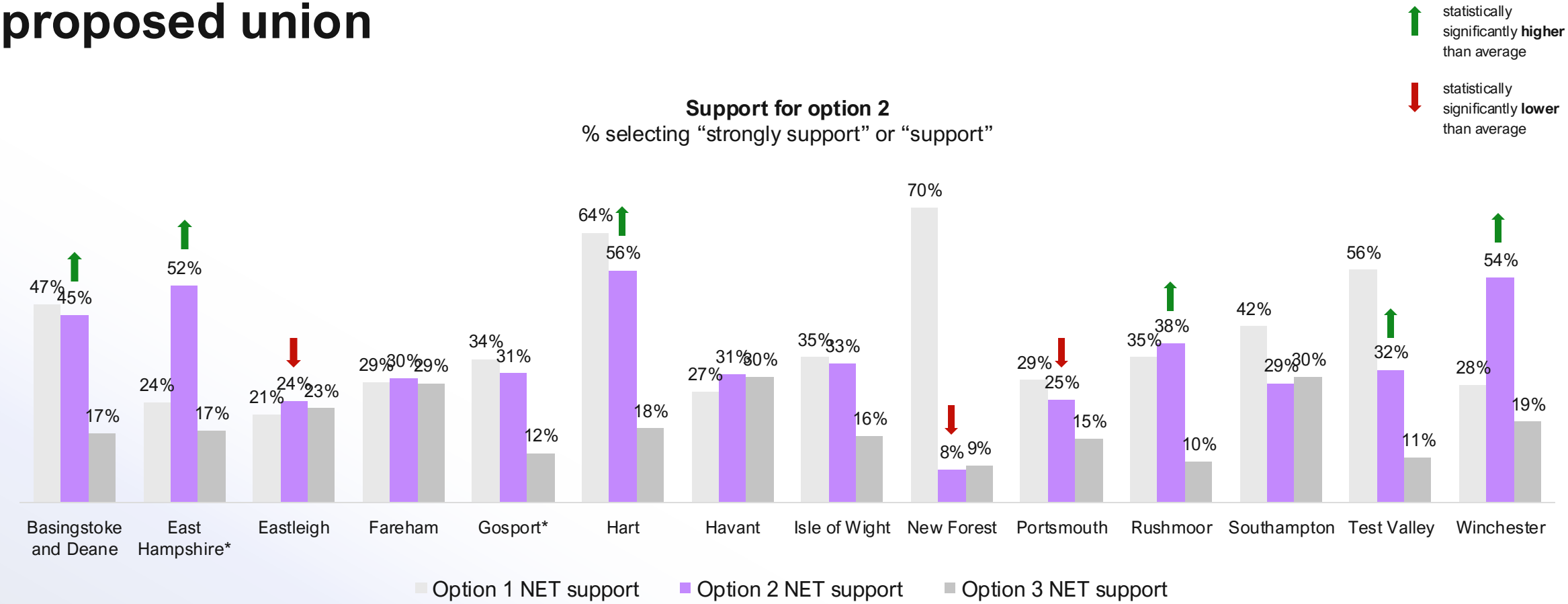
Council 2: Test Valley, Winchester, East Hampshire

Council 3: New Forest, Eastleigh, Southampton

Council 4: Portsmouth, Havant, Gosport, Fareham

Council 5: Isle of Wight

East Hampshire and Winchester respondents lean towards Option 2, which they feel is preferably to the larger Option 1. New Forest and Southampton respondents are both sceptical about the proposed union



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**The majority of respondents from Gosport did not answer this question, as they were routed to a different survey.
*** Caution: low base size of n < 50.

Key findings on Option 3 – boundary changes

- This option is most disliked and considered controversial by many respondents. It is also the most poorly understood, with respondents wondering whether the affected areas will be split out into smaller separate councils, or joined to the proposed larger councils. This would need to be carefully explained to residents in affected parishes.
- Across all areas, those unaffected, i.e. not living in one of the parishes, are relatively more likely to see benefits to this; however, only very few in the potentially affected parishes agree.
- Across councils, respondents argue against their parishes being absorbed into more urban unitary authorities, which they see as threatening their rural way of life and paving the way to urbanisation, overdevelopment, and deprivation. These respondents also worry about their voice being trumped by those of city residents in decision-making. This is felt more strongly in the New Forest and Test Valley, compared to East Hampshire and Winchester.
- Only a small minority in these parishes agree that this could lead to a better representation of how people already live, work and access services. These views are more common in the southern parishes of East Hampshire and Winchester than New Forest or Test Valley.

This matches areas to the larger areas they serve. I think it presents a more realistic picture
Winchester, Not affected, 25-34

The Waterside is NOT a suburb of Southampton. We would be peeled away from our longstanding community in the New Forest.
New Forest, Affected, 55-64

Option 3

Potential boundary changes, affecting parishes in the New Forest, Test Valley, Winchester and East Hampshire:

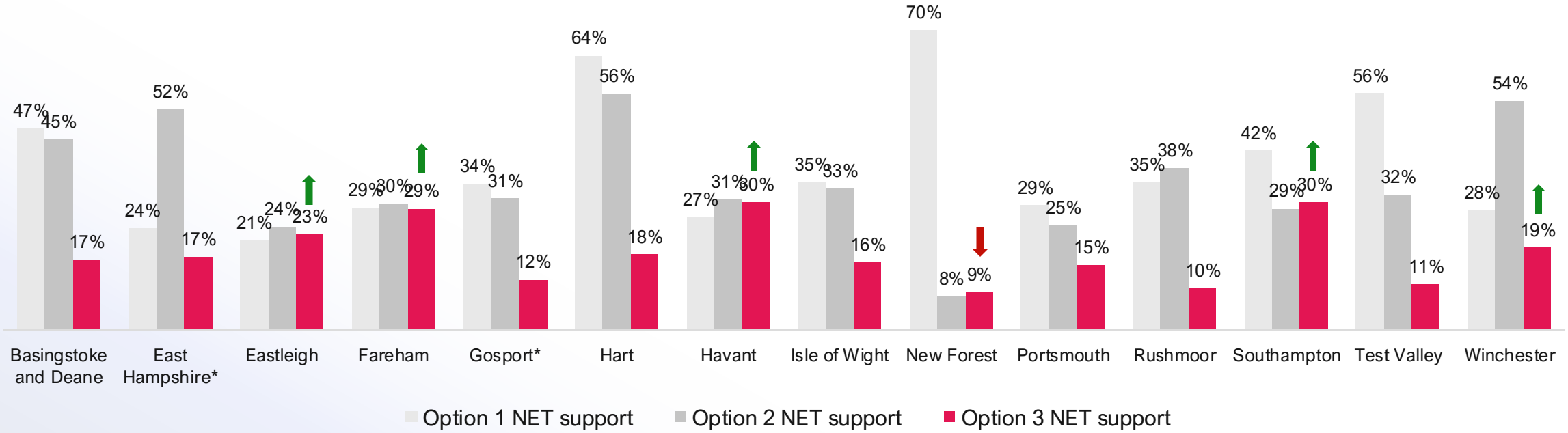
- Totton & Eling, Marchwood, Hythe & Dibden and Fawley.
- Nursling & Rownhams, Chilworth, Valley Park and North Baddesley.
- Denmead, Newlands, Boarhunt, Southwick & Widley, Wickham & Knowle and Whiteley.
- Horndean, Clanfield and Rowlands Castle.

Option 3 is almost universally disliked, particularly among those potentially affected by boundary changes. However, this rejection is more pronounced in Test Valley and New Forest than in Winchester and East Hampshire

statistically significantly **higher** than average

statistically significantly **lower** than average

Support for Option 3
% selecting "strongly support" or "support"



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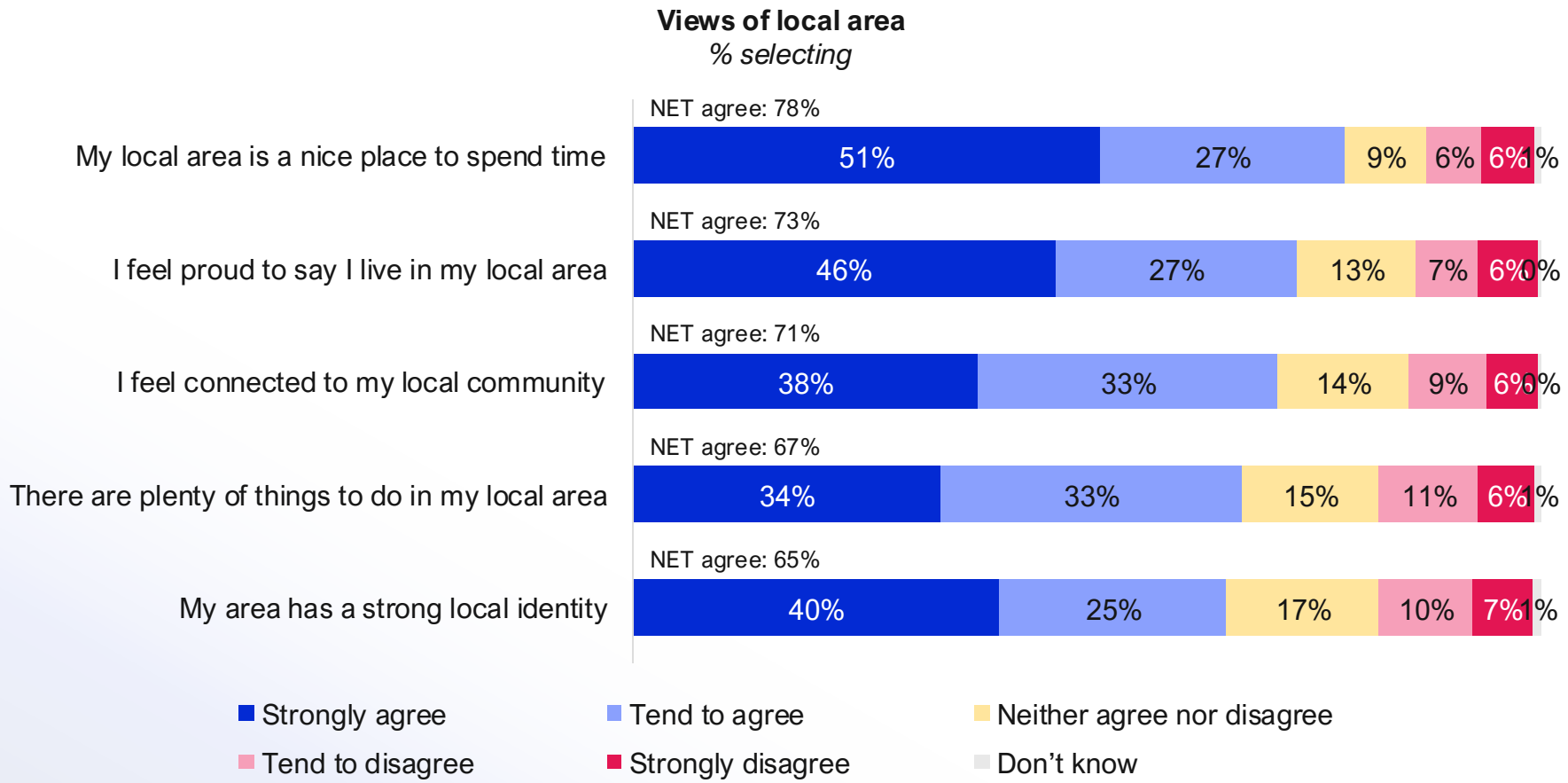
**The majority of respondents from Gosport did not answer this question, as they were routed to a different survey.
*** Caution: low base size of n < 50.

Overarching findings from the engagement

Views of the local area

The majority of residents engaged in this survey enjoy living in their local area and feel connected to their community



At more than 8 in 10 **(87%),** respondents in **New Forest** are most likely to say they feel proud of their local area, especially compared to **Southampton** respondents (**52%** of whom agree). Respondents in **New Forest (81%)**, **Portsmouth (77%),** and **Winchester (73%)** are most likely to say there are plenty of things to do in their local area.

Q4. We want to understand how people feel about the area they live in. How much do you agree or disagree with the following statements? Base: All who responded to this question (n=5,855-5,862), in New Forest (n=942), Southampton (n=516), Portsmouth (n=384), and Winchester (n=466)

Respondents in this engagement value easy access to green spaces and the seaside, and active local communities

- **Access to green spaces**, with the seafront, New Forest, AONBs and nice landscapes nearby
- **Active communities**, with clubs, groups and things to do and a friendly environment
- **Access to amenities and nearby towns or** cities for shops and things to do
- **Transport hubs** nearby by car, train or plane
- **Peace and quiet**, particularly in rural areas
- **Good schools** for younger people

Welcoming community. Easy to get involved and feel part of the village. Really good pubs and great walking. Disused railway line is a real bonus.
Winchester, 65-74

Peaceful and plenty of green outdoor space. Sense of community in the village. Not too far from a few city centres if you want to go out to restaurants or shopping.
Winchester, 35-44

The road system allows for easy access to all parts of the area. Plenty of nice open spaces and parks which are all well maintained.
Eastleigh, 85+

The countryside, the friendliness of people, good schools, good access to London and major roads to other cities.
East Hampshire, 25-34

Q7. What do you like most about your local area?

Respondents also agree on the negatives: over-development, issues with traffic and transport, high house prices

- **Overdevelopment**, which is causing strain on existing infrastructure
- An increase in **crime, anti-social behaviour** which is making residents feel unsafe
- **Inaccessible transport**, with poor links in rural areas, expensive bus or ferry tickets and expensive parking
- **Heavy traffic** in towns and on main roads (A326, M27), and associated noise and pollution
- **Unaffordable housing**, making it difficult for younger people to find homes
- **Few shops or activities**, particularly for younger groups
- **Littering** and limited maintenance

TOO CROWDED. Too many new homes with no supporting infrastructure. Traffic is a nightmare.
Eastleigh, 65-74

The public transport is poor, there is effectively no option to travel any great distance but to drive.
New Forest, 25-34

I wish there was more to do in town socially, like nice places to eat or drink for my age group.
Test Valley, 35-44

Those who do not treat our surroundings with respect, poor quality of roads and general littering, unsatisfactory police presence.
New Forest, 75-84

Q7. What do you like most about your local area? What do you dislike most?

Despite these similarities, not everyone has the same experience of life in Hampshire, Portsmouth, Southampton and the Isle of Wight

Urban / rural

Urban residents in the area are usually more satisfied with their ability to access services, activities and entertainment. They are also most likely to be satisfied with their access to public transport. However, even though many can access green spaces relatively easily, they experience challenges around traffic, noise, pollution and crime.

Rural residents are more likely to be satisfied and proud of where they live. However, this group is often older, and are more likely to experience issues getting around the wider Hampshire area and accessing services.

Older / younger

Older residents are more likely to be satisfied with the activities and community life that is available, even when living in villages or rural areas. However, the oldest generations often experience challenges getting around on public transport, and feel that it isn't always accessible to them or well connected enough.

Younger people express more frustration around the range of activities and events that are available near them – especially those living in rural areas. Those living in cities are more likely to be excited by the range of events, shops and restaurants on offer.

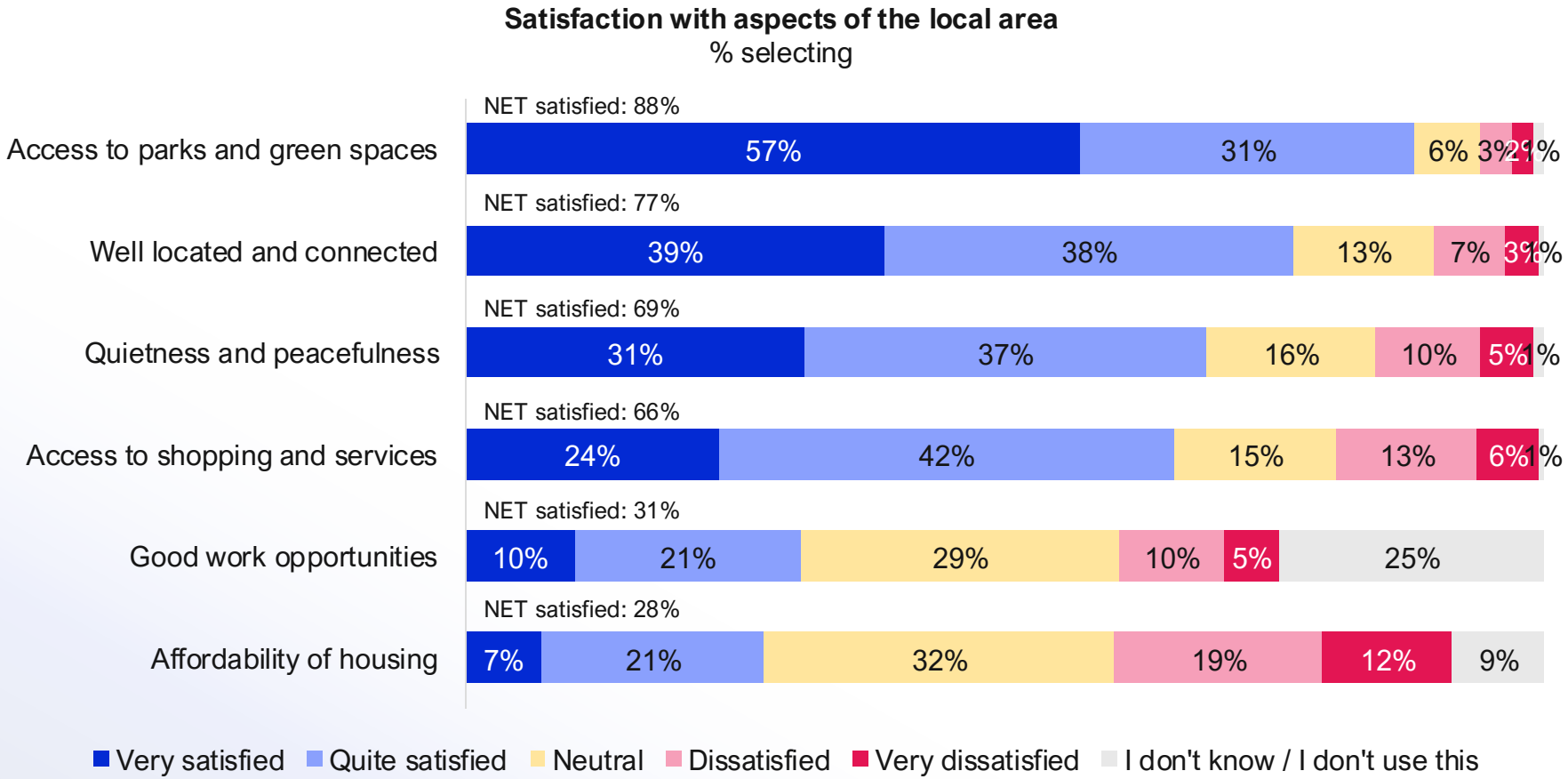
Rich / deprived

Residents across the sample talk about differences between 'richer' and 'poorer' areas, often raising concerns about how the two might interact when it comes to decision-making and service delivery.

While most name urban areas as more likely to be poorer, have social housing and more people experiencing deprivation, residents also raise concerns around deprived rural communities being forgotten. There is a sense that support and services for this group are largely available in cities, and are inaccessible to those living rurally.

Q7. What do you like most about your local area? What do you dislike most?

Respondents generally feel their area is well located and peaceful, but housing is expensive and work opportunities can be limited



Access to parks and green spaces: Those living in the New Forest (95%), Winchester (92%) East Hampshire and Hart* (both 95%) are most likely to be satisfied.

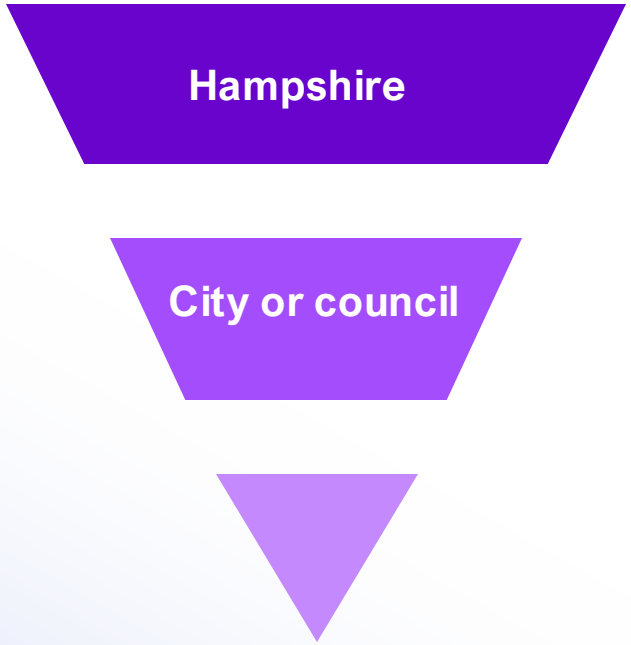
Access to shopping and services: Those living in the New Forest (75%) and near cities in Winchester (72%) and Portsmouth (71%) are most likely to be satisfied.

Work opportunities: Those living on the Isle of Wight (15%), Gosport (20%) and East Hampshire (25%) are least likely to be satisfied.

Affordability of housing: Those living in Gosport (35%) and Portsmouth (34%) are most likely to be satisfied, while those in Winchester are least satisfied (20%).

Q5. How satisfied are you with the following aspects of your local area? Base: All who responded to this question (n=5822)

Residents in this engagement identify differently with their local area, but many are accessing services in their nearby city



Some see the whole of Hampshire as their local area, often because they travel around the wider area for work or for leisure. These people have often lived in multiple places around Hampshire, or have friends and family spread around the wider area.

Many mention their town, city or current council area, such as ‘Test Valley’ or ‘Winchester’ as it is the main place they work, access services and spend their leisure time. Even those who don’t see the whole city as their local area tend to say they have to go there to access services.

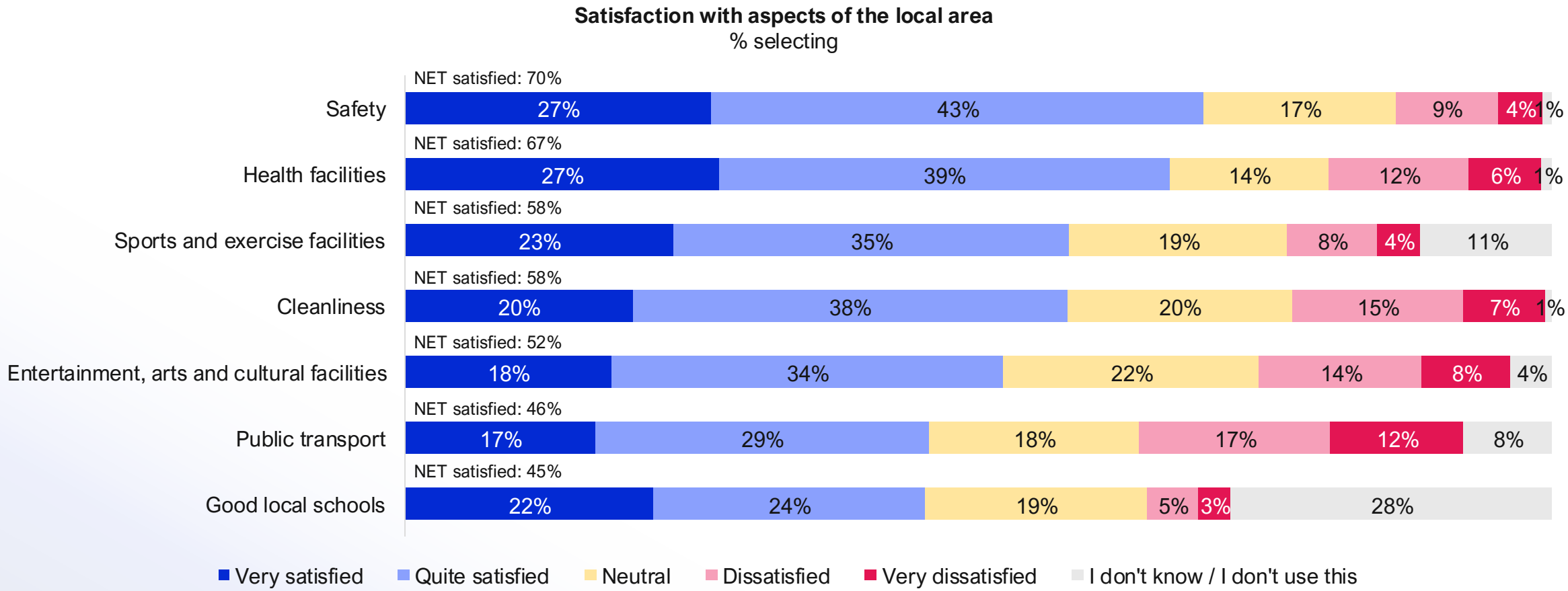
Other define their local area as specific villages or neighbourhoods, such as ‘Bishops Waltham’ or ‘Waterside’, even if they have to leave regularly to access facilities and services nearby. These are most often people living rurally, who identify strongly with their community.

Working adults are generally more mobile, often commuting to hubs such as Southampton, Winchester, or Portsmouth, but also London. Many are going to urban centres across Hampshire to access services. Retired residents, especially those who make more use of public services, are likely to travel in their immediate local area for most of their needs, but sometimes find they have to go quite far for specific needs (e.g. for hospital appointments, better shopping options, etc.).

Q3. Thinking about Hampshire, Portsmouth, Southampton and the Isle of Wight, tell us the area you think of as your 'local area'

Views of the local council

Across the county, respondents agree that their areas are green and safe, though access to services is more variable



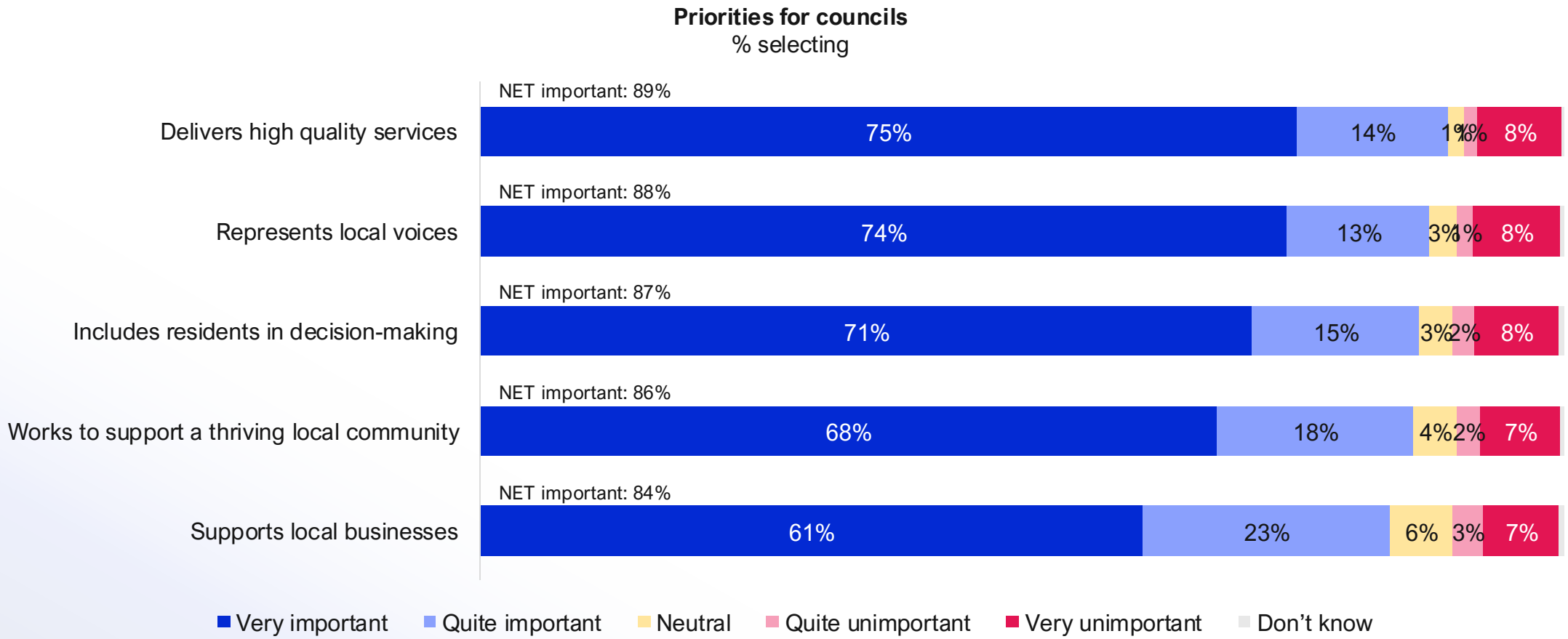
Q5. How satisfied are you with the following aspects of your local area? Base: All who responded to this question (n=5822)

Rural respondents tend to be more satisfied with safety and cleanliness, while those in urban areas benefit from better infrastructure and public transport

	More satisfied	Less satisfied
Safety	Respondents in rural councils are most satisfied: Hart* (84% satisfied), New Forest (82%) as well as those living in Winchester City Council (82%).	Those living in Southampton (48% satisfied), Rushmoor (54%), Gosport (55%) and Portsmouth (60%) are least likely to be satisfied.
Cleanliness	Those more likely to be rural are most satisfied with this: those living in Hart* (82%), New Forest (77%), Test Valley (70%) and East Hampshire* (69%) but also those living in Winchester (73%).	On the other hand, those living in Southampton are least likely to be satisfied (26% satisfied), followed by Rushmoor (30%) and Havant (36%).
Public transport	Respondents living in cities such as Portsmouth are most satisfied (72%), followed by Southampton (64%) and Rushmoor (63%).	Those living in Hart* are least satisfied with public transport (16%), followed by East Hampshire* (35%) and Winchester (35%).
Entertainment and things to do	Those living in Portsmouth are most likely to be satisfied (71%), followed by those living in Basingstoke & Deane (65%) and Fareham (62%). Many of those living in cities feel more neutrally, with 57% feeling satisfied in Southampton and Winchester.	Less than a quarter of those living in Gosport are least satisfied (23%), followed by East Hampshire (26%) and Havant (34%).

Q5. How satisfied are you with the following aspects of your local area? Base: All who responded to this question (n=5822)

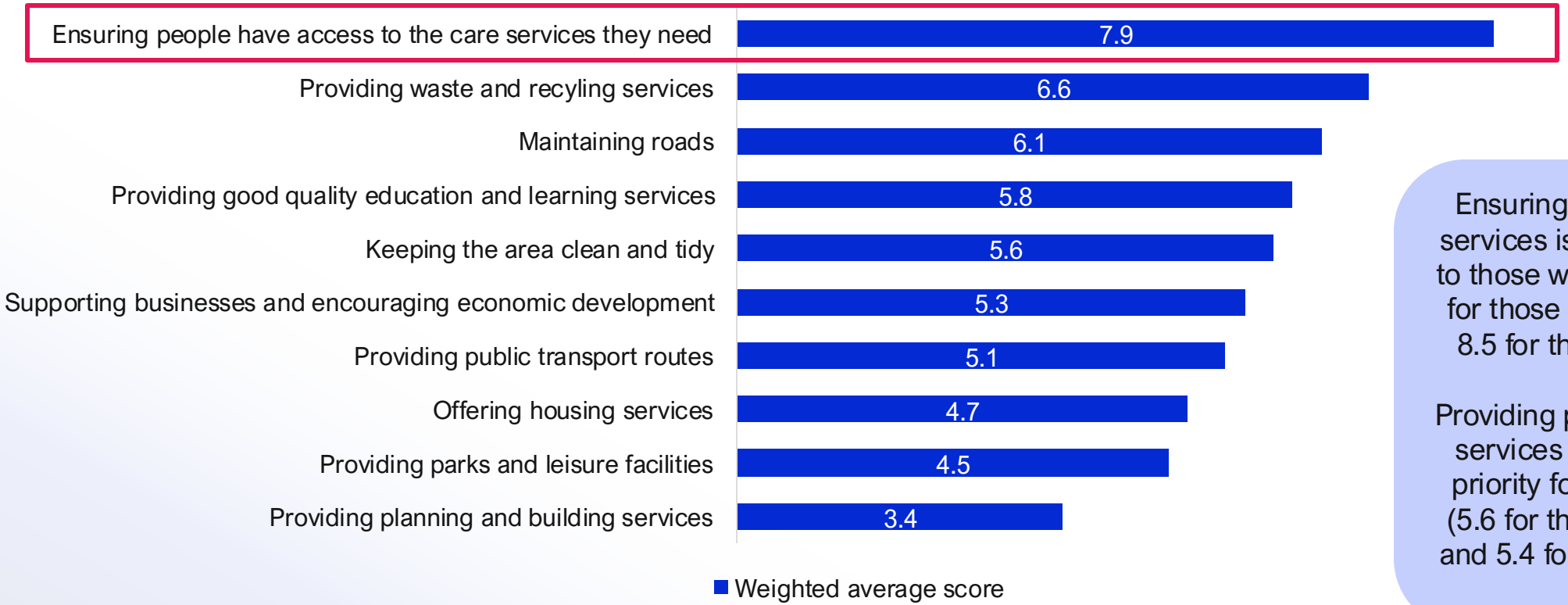
The vast majority of respondents feel the council should prioritise delivering high-quality services, and representing local voices



Q6. How important is it to you that your council… Base: All who responded to this question (n=5834)

Access to care services is a clear priority across the county, reflecting one of the most prominent concerns about service provision after LGR

What councils should prioritise in the future
*Showing weighted average score for each option out of 10**



Ensuring access to care services is most important to those who are older (8.1 for those aged 65-74 and 8.5 for those ages 75+).

Providing parks and leisure services is also a higher priority for young people (5.6 for those aged 25-34 and 5.4 for those aged 35-44).

Q8. In the future, what would you like your council to prioritise? Number each option in order of priority, with 1 being the highest.
* Responses were ranked using a weighted scoring system where Rank 1 = 10 points, Rank 2 = 9 points, … Rank 10 = 1 point. Base: All who responded to this question (n=1785)

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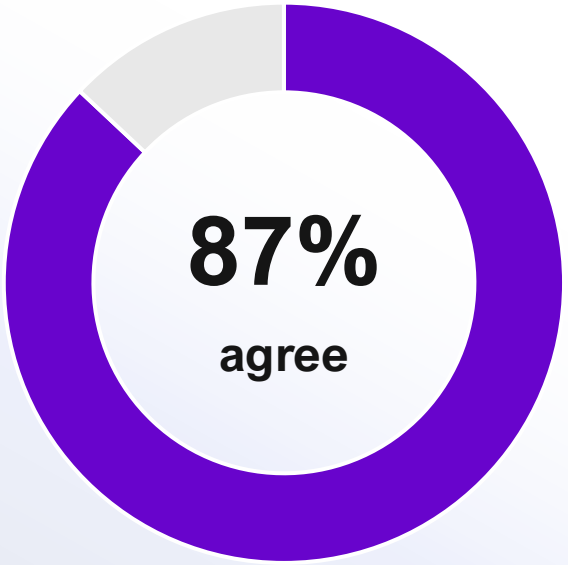
Residents express similar priorities and areas for improvement, connected to the negative aspects of their local areas

Overdevelopment	Improving infrastructure in areas that are being further developed. Also ensuring that green spaces are cared for and protected, with a focus on biodiversity and making them attractive.
Crime and anti-social behaviour	Improving social cohesion and activities for younger people to build a stronger sense of community. Also increasing policing and surveillance, and targeting areas where anti-social behaviour is worst.
Inaccessible transport	Improving and integrating public transport routes, as well as ensuring they are all accessible – particularly on the Isle of Wight, and providing better bus services in the evenings.
Heavy traffic	Encouraging more public transport and active travel, as well as rethinking major roads to ensure they are able to cope with the volume of traffic.
Unaffordable housing	Improving housing stock, building more social housing, and ensuring that there are options for younger local people (in strong tension with fears and perceptions of overdevelopment).
Few shops or activities	Supporting businesses (especially independent ones) to make town centres more lively and vibrant, and attractive to all different age groups. Also providing better access to services such as banks.
Vandalism and littering	Providing more proactive maintenance and repairs, and increasing policing or fines for littering and vandalism.

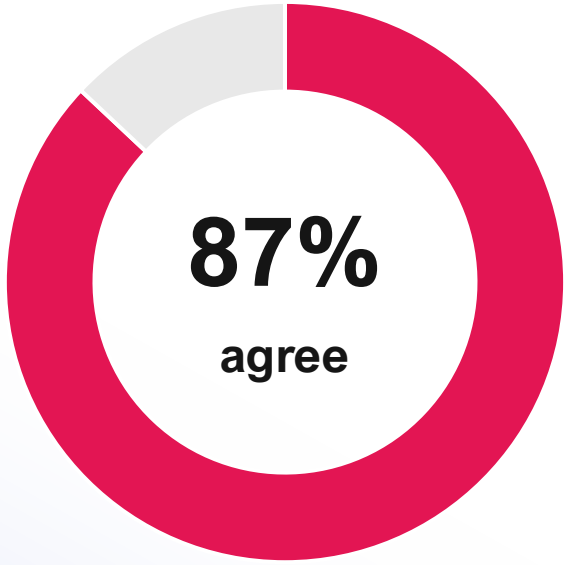
Q9. What one thing would you like your council to focus on the most? Please be as specific as possible.

While more than half agree that other areas' needs should be considered, they strongly feel that decision-making should be local

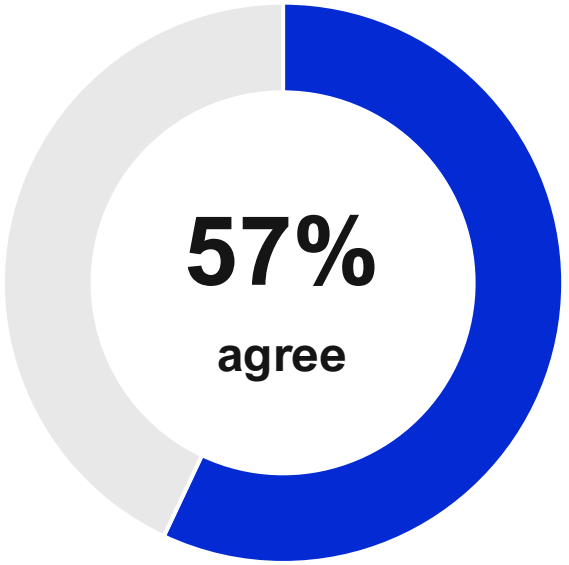
"It is important that my council reflects the identity of my local community"



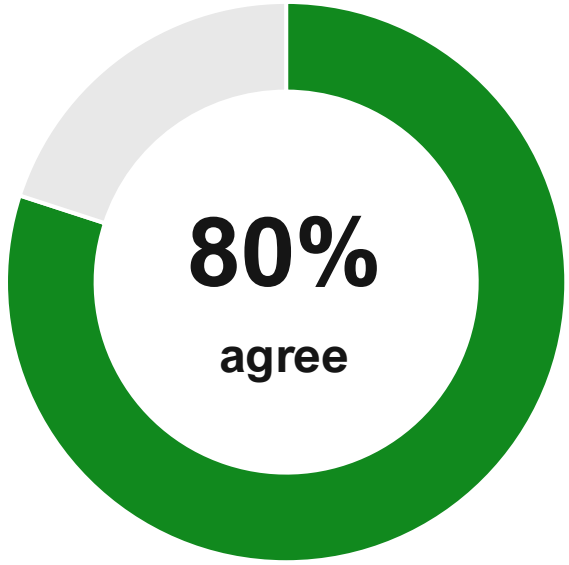
"Decisions about my local area should be made near my community"



"Decisions about my local area should be considered alongside other areas"



"Local voices should have the strongest influence in decision making"

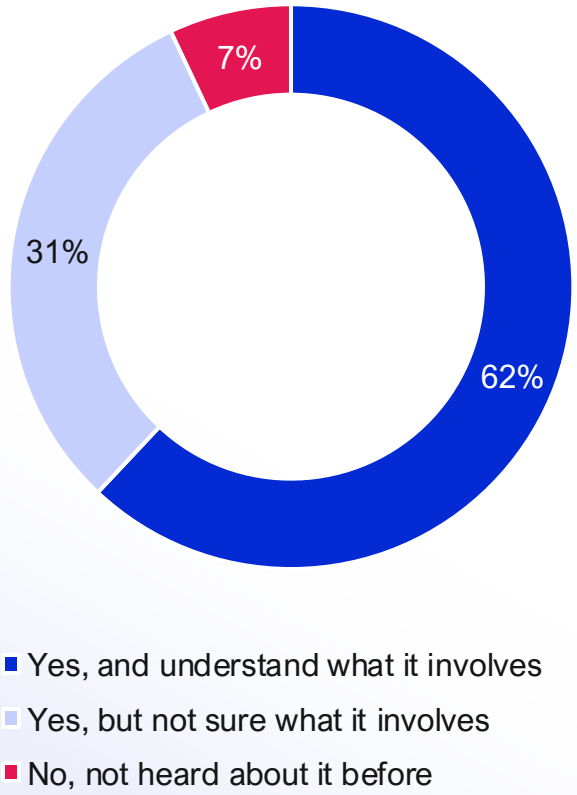


Q10. Here are some statements about local decision-making. Please tell us to what extent you agree or disagree with each of the statements. Base: All who responded to this question (n=11410)

Views of local government reorganisation

Most say they had heard of LGR prior to taking part in the engagement, with 6 in 10 claiming to be well informed

Awareness of LGR
% selecting



Those living in areas that are most likely to be affected – so where Options 1 and 2 would involve them being part of differing councils, or those living in parishes affected by Option 3 – are most likely to be well informed about local government reorganisation.

Q11. Have you heard about the government's plans to reorganise councils in Hampshire, Portsmouth, Southampton and the Isle of Wight? Base: All who responded to this question (n=11065)

These relatively engaged residents express a high level of concern and scepticism about LGR in principle

Generally, there is a high level of concern around Local Government Reorganisation as a whole. Although only 1 in 10 (9%) of respondents in the engagement say they "strongly oppose" all three options included for consideration, many feel forced to pick the "best of a bad bunch" of options.

Residents struggle to understand why a change is needed and have a strong sense that they will ultimately lose out:

Losing the local touch	Losing funding	Losing services	Losing influence
With councils covering a larger area, many are worried that councils will lose their understanding of the local area, and a 'local touch'. They raise fears around council staff and councillors becoming too generalised as they will be spread too thin.	Funding allocation may change – which for many suggests that less will be spent on their area. There are also concerns about how this will impact council tax, and how debt held by different councils will be spread.	Services being moved away from them, with many raising issues around ease of access. They worry about the way decisions will be made about where services are provided, and that urban areas will always be prioritised over rural locations.	Concern that they will have less power to influence local decision-making – for example, if local meetings happen further away from their homes, or if a local councillor has a lesser understanding of their needs.

Why go through all this disruption instead of putting the time and resources into improving public services?
Winchester, 55-64

Decision-making and funding will be biased towards wherever the bureaucratic centre of the council is (eg - Winchester for Council 2) as that's where most of the council employees will live. The places on the edge of those councils, or far from the bureaucratic centres will be marginalised.
Test Valley, 45-54

Those living in rural areas tend to be more sensitive to the perceived risk LGR poses to local decision-making

Decisions being made near their community is most important for those living in predominantly rural councils:

- 81% of respondents in the New Forest and Hart* strongly agree this is important
- 73% in Test Valley strongly agree

This is less important to those living in urban and city councils:

- 53% of respondents in Southampton strongly agree
- 61% in Winchester and in Havant strongly agree

> *Because of the suggested shift of my Parish into a large urban area I believe that decisions will be driven by the urban majority view and we will become just another densely built area of a very large conurbation where decisions will not regard the rural aspects of my area with any sense of importance in the whole new Unitary Council area. Simply put I believe bad decisions are more likely if this option [3] was to be implemented.*
>
> East Hampshire, 65-74

Those living in rural areas are more likely to express concerns that they will be forgotten about when it comes to decision-making and service delivery. They worry that more populated urban areas and cities will be prioritised, and that larger numbers of voters will take precedence over relatively smaller rural populations.

However, some recognise that LGR may have some positive effects on service delivery and decision-making

Efficiencies

Larger authorities may help councils deliver efficiencies of scale, by offering similar services to a larger number of people. It also feels like an opportunity to provide better coverage of services, especially for places which are geographically more distant from the majority of their current council.

Centralisation can bring organisational benefits such as purchasing efficiencies, facilities provision and streamlining of decision-making.
Portsmouth, 65-74

Connecting communities

Avoiding over-fragmenting communities in different council boundaries, which feel arbitrary to some, and better recognising the way that people travel and use services in the Hampshire area.
Some are keen to see this address some issues about particular villages or neighbourhoods they feel have been in the wrong council all along e.g. Chilworth or Denmead.

Would be both cheaper to run and allow better coordination of transport networks, an increase in job opportunities and collaboration on climate change initiatives.
Portsmouth, 75-84

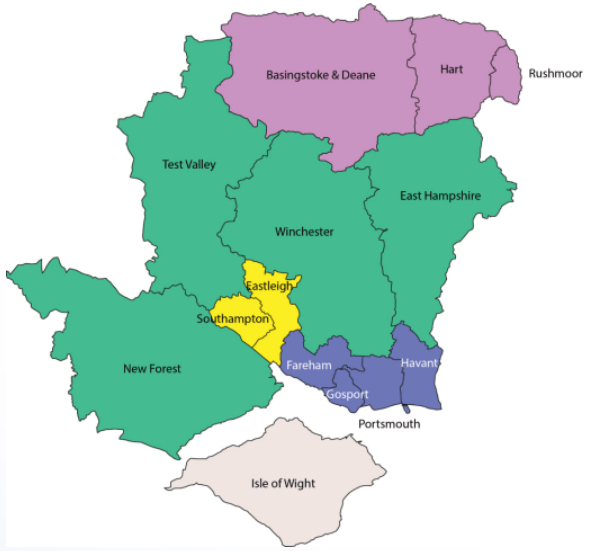
Better decisions

Different councils will be able to learn from each other, challenging each other to make better decisions.
For some, this as an opportunity to address specific concerns and frustrations they have around the running of their own council.

Better decision making - affecting larger areas rather than lots of smaller decisions.
Winchester, 25-34

Residents were asked specifically about 3 potential options…

Option 1



Council 1 (Pink): Basingstoke, Hart, Rushmoor

Council 2 (Green): New Forest, Test Valley, Winchester, East Hampshire

Council 3 (Yellow): Eastleigh, Southampton

Council 4 (Blue): Portsmouth, Havant, Gosport, Fareham

Council 5 (Grey): Isle of Wight

Option 2

Council 1 (Pink): Basingstoke, Hart, Rushmoor

Council 2 (Green): Test Valley, Winchester, East Hampshire

Council 3 (Yellow): New Forest, Eastleigh, Southampton

Council 4 (Blue): Portsmouth, Havant, Gosport, Fareham

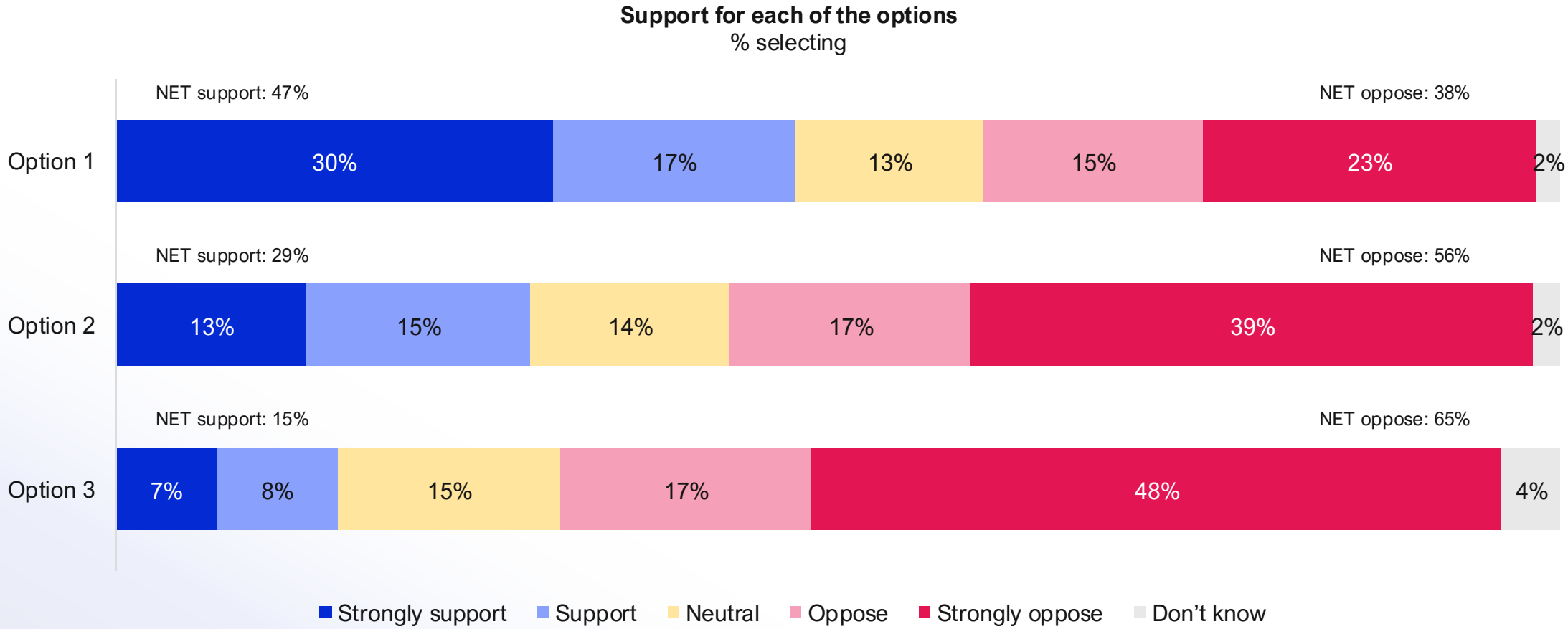
Council 5 (Grey): Isle of Wight

Option 3

Existing Council:	New Forest	Test Valley	Winchester	East Hampshire
Parishes potentially affected by boundary changes:	Totton & Eling, Marchwood, Hythe & Dibden and Fawley	Nursling & Rownhams, Chilworth, Valley Park and North Baddesley	Denmead, Newlands, Boarhunt, Southwick & Widley, Wickham & Knowle and Whiteley	Horndean, Clanfield and Rowlands Castle

Potential boundary changes, affecting wards highlighted (Orange) in the New Forest, Test Valley, Winchester and East Hampshire

Option 1 is most popular, while Option 3 is considered highly controversial, especially by those in affected parishes

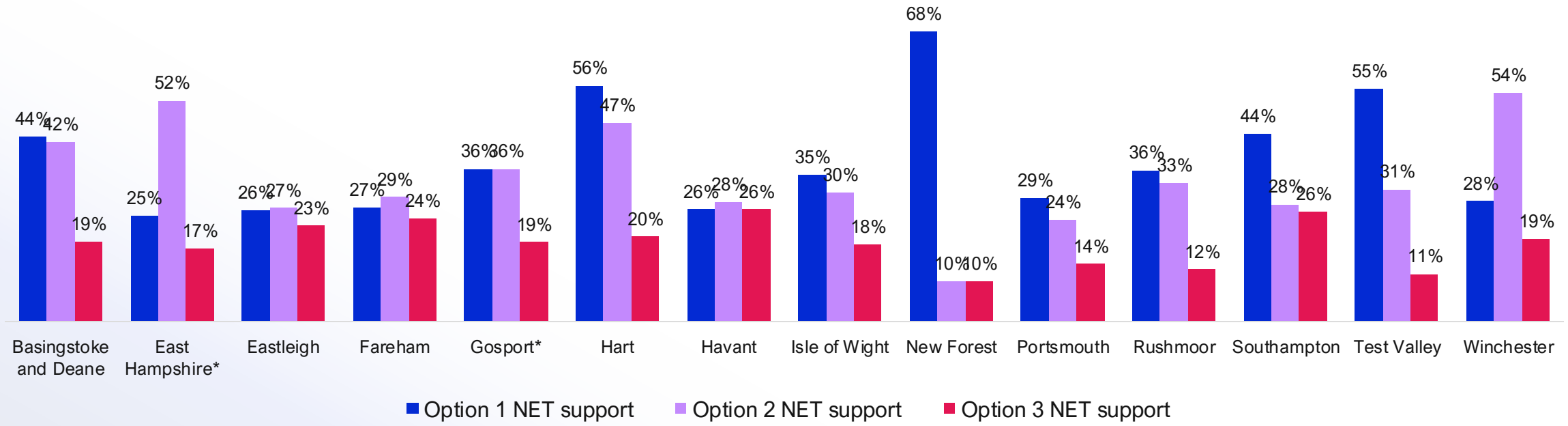


Q12. To what extent do you support or oppose each of these options? Base: All who responded to this question (n=10476)

Residents who feel they have more at stake tend to have a stronger preference for an option, but they do not always agree

While Option 3 is almost universally disliked, residents are more split on Options 1 and 2. Most significantly, Test Valley and New Forest have a clear preference for Option 1, while East Hampshire and Winchester lean towards Option 2.

Support for each of the options
% selecting “strongly support” or “support”



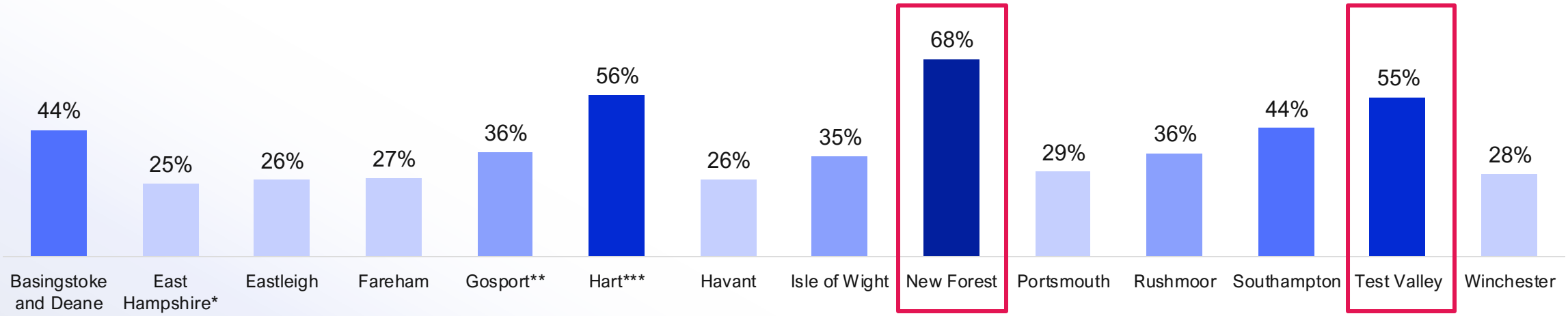
Q12. To what extent do you support or oppose each of these options? Base: All who responded to this question (n=10476), in Basingstoke and Deane (n=154), East Hampshire (n=154), Eastleigh (n=662), Fareham (n=262), Gosport (n=67), Hart (n=45), Havant (n=166), Isle of Wight (n=184), New Forest (n=2585), Portsmouth (n=515), Rushmoor (n=95), Southampton (n=498), Test Valley (n=2278), Winchester (n=1496)

Option 1 is seen as making the most sense politically, socially and demographically, though not geographically

This option is strongly preferred by residents in New Forest and Test Valley, who feel most threatened by the proposal to merge New Forest and Southampton.

Support for Option 1

% selecting “strongly support” or “support”



Q12. To what extent do you support or oppose each of these options? Base: All respondents who answered this question in Basingstoke and Deane Borough Council (n=154), East Hampshire District Council (n=154)*, Eastleigh Borough Council (n=662), Fareham Borough Council (n=264), Gosport Borough Council (n=67)**, Hart District Council (n=45)***, Havant Borough Council (n=166), Isle of Wight Council (n=184), New Forest District Council (n=2,585), Portsmouth City Council (n=515), Rushmoor Borough Council (n=95), Southampton City Council (n=198), Test Valley Borough Council (n=2,278), Winchester City Council (n=1,496)

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*Note that East Hampshire District Council did not co-commission this project or promote this engagement.
**The majority of respondents from Gosport did not answer this question, as they were routed to a different survey.
*** Caution: low base size of n < 50.

Residents like that Option 1 groups councils that *feel* similar, but worry about creating overly large councils

Residents feel there are positives around…

- Grouping similar councils, with similar characteristics, who will have experience providing services for similar types of areas.
- Grouping people around cities.
- Preserving the rural identities and focus for areas like the New Forest and Test Valley.
- Keeping urban centres like Southampton and Eastleigh together.
- Leads to councils which feel smaller in terms of population size.

But drawbacks around…

- The large geographic area for council 2, potentially diluting council services, funding and powers.
- Grouping together councils because they are rural, ignoring their identified and differences – with particular concerns around the uniqueness of the New Forest.
- Concern that the new councils are being split between 'rich' and 'poor' areas.

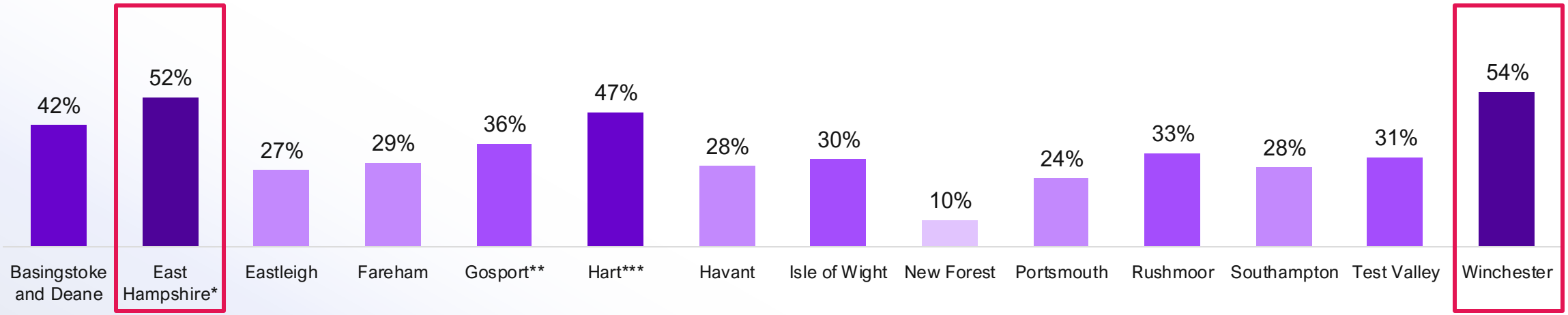
What council plans would need to address: Residents struggle to picture how a local authority would work in practice across such a large geographical area – council plans would need to show how the needs of different neighbourhoods would be met, and how services will be delivered and spread across a wider geographical area.

Q14. How do you feel option 1 might… Impact the way you use services locally? Impact the way that decisions are made in your local area? Impact the way you engage with local decision-making?

Winchester and East Hants are most in support of Option 2, while those most affected, the New Forest, are least supportive

Those supporting Option 2 mostly consider Option 1 too large a geographical area to administer effectively. Across the county, there is also a sense of "solidarity" with the New Forest, which many feel should not be merged with Southampton.

Support for Option 2
% selecting



Q12. To what extent do you support or oppose each of these options? Base: All respondents who answered this question in Basingstoke and Deane Borough Council (n=154), East Hampshire District Council (n=154)*, Eastleigh Borough Council (n=662), Fareham Borough Council (n=264), Gosport Borough Council (n=67)**, Hart District Council (n=45)***, Havant Borough Council (n=166), Isle of Wight Council (n=184), New Forest District Council (n=2,585), Portsmouth City Council (n=515), Rushmoor Borough Council (n=95), Southampton City Council (n=198), Test Valley Borough Council (n=2,278), Winchester City Council (n=1,496)

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*** Caution: low base size of n < 50.

Residents express strong concerns about linking urban and rural areas together, but recognise that it makes geographic sense

Residents feel there are positives around…

- The geographic logic of linking the New Forest with Southampton and Eastleigh, as many are already accessing services there.
- Avoiding creating one very large council.
- Provides balance between rural and urban areas, and may even out population across the five proposed councils.

But drawbacks around…

- Merging areas that are very different to each other, with concerns that either rural or urban areas will be left behind.
- The potential risk of urban areas being prioritised over rural areas, and the way funding will be allocated. Those in rural areas also worry that urban centres will want to develop and urbanise them.
- Concerns around services being centralised in urban areas.
- Concerns around financial strain.

What council plans would need to address: Residents need more reassurance that any model combining historically rural areas with cities will still be able to cater to their needs, and that provision of services will account for differing needs in different areas. They particularly want to know whether services will all be centralised into urban hubs, or whether provision will be spread across the larger unitary authorities.

This looks like it makes more sense for the New Forest. Closer to those making the decisions. No one in Winchester should be decision making for the New Forest.

Rushmoor, 35-44

Southampton's priorities will absolutely swallow up all the time, energy, focus (and money!) from all our rural areas in the New Forest. We all know local councils are horribly underfunded - there will be "needs of the many outweigh the needs of the few" decisions and we will lose out I'm afraid.

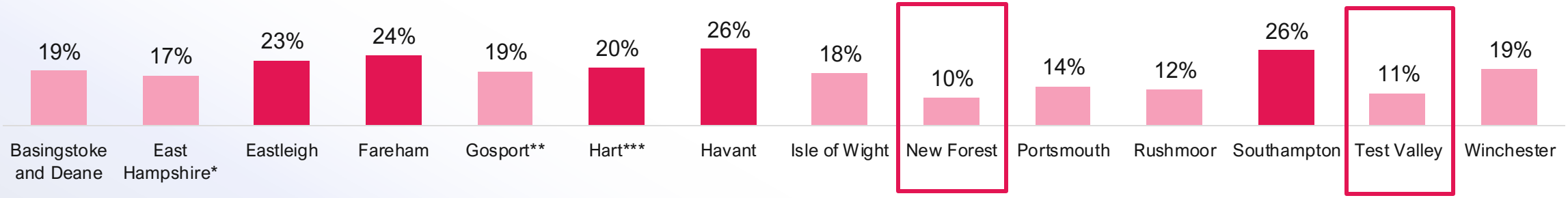
New Forest, 55-64

Q145 How do you feel option 2 might… Impact the way you use services locally? Impact the way that decisions are made in your local area? Impact the way you engage with local decision-making?

Support for Option 3 is low overall, and lowest in New Forest and Test Valley, where residents are most concerned about boundary changes

Option 3 is slightly more popular in areas that stand to gain from the inclusion of new parishes (i.e. Southampton, Havant and Fareham), but very unpopular in areas that are directly affected such as the New Forest and Test Valley. Respondents in Winchester and East Hampshire, who would also be affected, do not feel as strongly and can see some benefits.

Support for Option 3
% selecting



Q12. To what extent do you support or oppose each of these options? Base: All respondents who answered this question in Basingstoke and Deane Borough Council (n=154), East Hampshire District Council (n=154)*, Eastleigh Borough Council (n=662), Fareham Borough Council (n=264), Gosport Borough Council (n=67)**, Hart District Council (n=45)***, Havant Borough Council (n=166), Isle of Wight Council (n=184), New Forest District Council (n=2,585), Portsmouth City Council (n=515), Rushmoor Borough Council (n=95), Southampton City Council (n=198), Test Valley Borough Council (n=2,278), Winchester City Council (n=1,496)

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*** Caution: low base size of n < 50.

Residents are concerned about boundary changes fragmenting communities and are unsure what it will mean for services

Residents feel there are positives around…

- Aligning more urban areas with Southampton/Portsmouth, which may mean better service delivery for those areas.
- Better reflecting reality for those who live in those areas, and linking them to where they access services.
- Those living in semi-urban areas being served by a council that better reflects their needs.

But drawbacks around…

- Disruption to those living in the affected areas.
- Fragmenting existing communities. Particularly when it comes to separating the New Forest from the Waterside, which is seen as integral to the identity of the area.
- Residents in affected areas losing local representation and influence in decision-making.

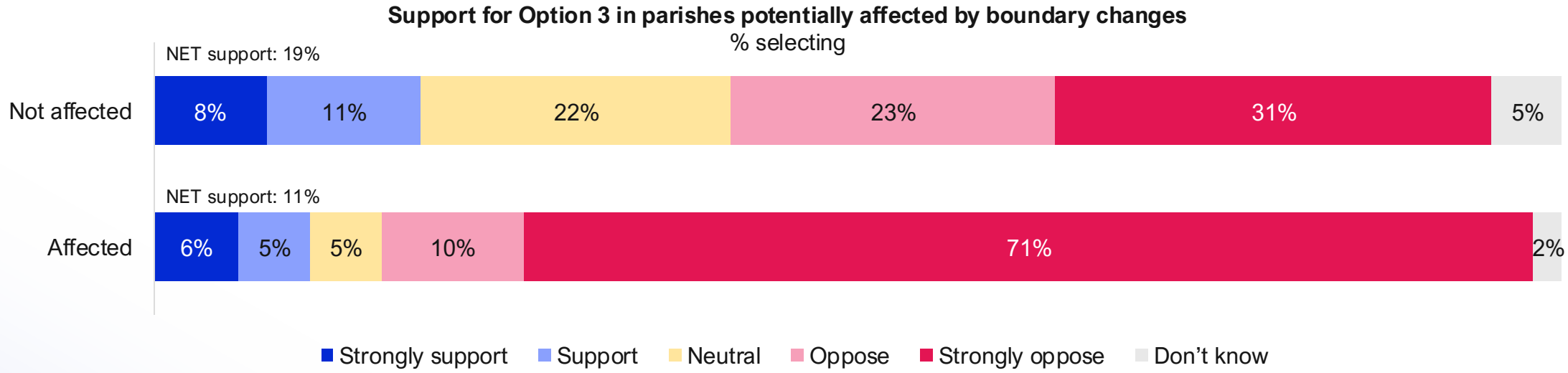
What council plans would need to address: Residents want more information about what the changes will entail – they are looking for more certainty about how the boundaries will change, and how this will impact the services they receive from the council, but also from other providers (schools, GPs). There is also a need for more clarity around affected areas joining a larger council, as some respondent assumed they would remain as a small council area rather than joining a larger unitary authority.

Might be better grouping semiurban dormitary areas with the conurbations they serve. Some (not all) are effectively part of the conurbations now and look towards them for services rather to further away more smaller towns/cities.
Test Valley, not affected, 65-74

I live in the parish of Fawley and strongly dislike splitting the New Forest area - many New Forest commoners live in this area and have a very strong attachment to the New Forest. My own family have been commoners for over 300 years. People who live in the Waterside parishes regard it as part of the New Forest (historically ponies/cattle also roamed in these areas).
New Forest, affected, 45-54

Q16. How do you feel option 3 might… Impact the way you use services locally? Impact the way that decisions are made in your local area? Impact the way you engage with local decision-making?

Respondents from potentially affected parishes are most opposed to boundary changes, driven primarily by those in New Forest and Test Valley



Option 3 is more strongly opposed in New Forest and Test Valley than Winchester and East Hampshire:

- Among those respondents whose parishes may be affected in the **New Forest**, three quarters **(75%) strongly oppose** Option 3, rising to **81%** among respondents from potentially affected **Test Valley** parishes.
- In **Winchester**, meanwhile, just over half **(54%) strongly oppose** this proposal, and in **East Hampshire** it is even fewer respondents (46 of 90 potentially affected respondents - **51%**).

See a breakdown by parish on the next slide.

Q12. To what extent do you support or oppose each of these options? Base: All who responded to this question who are affected (n=1842) Not affected (n=7152). Those in affected parishes in New Forest (n=1302), Test Valley (n=809), Winchester (n=402) and East Hampshire (n=90).

Preferences of those living in parishes potentially affected by boundary changes

District/ Borough	Parish potentially affected by boundary changes	N	Preferred option	Option 1		Option 2		Option 3	
				Support	Oppose	Support	Oppose	Support	Oppose
East Hampshire	Horndean	31-32	Option 2	6 (19%)	**16 (52%)**	**14 (45%)**	10 (32%)	8 (25%)	**15 (47%)**
	Clanfield	14	Option 2	1 (7%)	**12 (86%)**	**9 (64%)**	4 (29%)	4 (29%)	**5 (36%)**
	Rowland's Castle	38-40	Option 2	**16 (42%)**	11 (29%)	**22 (56%)**	12 (31%)	3 (8%)	**32 (80%)**
New Forest	Fawley	280	Option 1	**191 (68%)**	69 (25%)	19 (7%)	**251 (90%)**	18 (6%)	**244 (87%)**
	Hythe and Dibden	460	Option 1	**327 (71%)**	108 (23%)	32 (7%)	**399 (88%)**	36 (8%)	**381 (84%)**
	Marchwood	168	Option 1	**122 (73%)**	37 (22%)	11 (7%)	**151 (90%)**	7 (4%)	**149 (90%)**
	Totton and Eling	403	Option 1	**295 (73%)**	78 (19%)	27 (7%)	**353 (89%)**	28 (7%)	**346(87%)**
Test Valley	Chilworth	54-56	Option 1	**48 (86%)**	6 (11%)	5 (9%)	**44 (81%)**	3 (5%)	**51 (93%)**
	North Baddesley	72-79	Option 1	**38 (48%)**	29 (37%)	30 (39%)	**37 (48%)**	13 (18%)	**51 (71%)**
	Nursling and Rownhams	602-619	Option 1	**561 (91%)**	42 (7%)	73 (12%)	**430 (71%)**	14 (2%)	**573 (95%)**
	Valley Park	75-77	Option 1	**35 (47%)**	25 (33%)	26 (35%)	**33 (44%)**	21 (27%)	**45 (58%)**
Winchester	Boarhunt	10-11	N/A	3 (27%)	**7 (64%)**	3 (27%)	**7 (64%)**	3 (27%)	**6 (55%)**
	Denmead	170-174	Option 2	**76 (44%)**	65 (38%)	**102 (59%)**	37 (22%)	35 (20%)	**128 (74%)**
	Newlands	36-38	Option 3	6 (16%)	**24 (65%)**	14 (38%)	**16 (43%)**	**19 (50%)**	14 (37%)
	Southwick and Widley	10-11	N/A	4 (36%)	**5 (45%)**	4 (40%)	**5 (50%)**	**6 (55%)**	5 (45%)
	Whiteley	95-96	Option 2	34 (35%)	**49 (51%)**	**49 (51%)**	28 (29%)	31 (32%)	**55 (57%)**
	Wickham and Knowle	66-72	Option 2	23 (32%)	**28 (39%)**	**36 (51%)**	21 (30%)	19 (26%)	**48 (67%)**

NB. The scores shown here are the combined NETs (strongly support + support and strongly oppose + oppose), not including those who feel neutrally or answered "don't know" to this question.

Preferences of those living in wards potentially affected by boundary changes

District/ Borough	Ward	N	Preferred option (ward level)	Option 1		Option 2		Option 3	
				Support	Oppose	Support	Oppose	Support	Oppose
East Hampshire	Horndean Catherington	11	Option 2	2 (18%)	**6 (55%)**	**5 (45%)**	4 (36%)	3 (27%)	**6 (55%)**
	Horndean Downs	6	Option 2	2 (33%)	**4 (67%)**	2 (33%)	**3 (50%)**	1 (17%)	**2 (33%)**
	Horndean Kings & Blendworth	9	Option 2	1 11%)	**5 (56%)**	**4 (44%)**	2 (22%)	2 (22%)	**4 (44%)**
	Horndean Murray	6-7	Option 2	1 (17%)	**2 (33%)**	**3 (50%)**	2 (33%)	2 (29%)	**4 (57%)**
	Clanfield	16	Option 2	1 (6%)	**14 (88%)**	**9 (56%)**	6 (38%)	4 (25%)	**7 (44%)**
	Rowlands Castle	38-41	Option 2	**16 (41%)**	12 (31%)	**22 (55%)**	13 (33%)	3 (7%)	**33 (80%)**
New Forest	Fawley, Blackfield, Calshot & Langley	154-156	Option 1	**107 (69%)**	38 (24%)	9 (6%)	**139 (90%)**	9 (6%)	**135 (88%)**
	Hardley, Holbury & North Blackfield	124-127	Option 1	**84 (68%)**	31 (25%)	10 (8%)	**112 (89%)**	9 (7%)	**109 (86%)**
	Hythe Central	160-162	Option 1	**110 (68%)**	47 (29%)	10 (6%)	**141 (88%)**	10 (6%)	**137 (85%)**
	Hythe South	134-138	Option 1	**98 (71%)**	35 (25%)	9 (7%)	**122 (91%)**	18 (13%)	**106 (79%)**
	Marchwood & Eling	208-210	Option 1	**152 (72%)**	45 (21%)	13 (6%)	**188 (90%)**	10 (5%)	**186 (89%)**
	Totton Central	92-95	Option 1	**67 (71%)**	22 (23%)	7 (8%)	**81 (88%)**	9 (10%)	**78 (85%)**
	Totton North	146-148	Option 1	108 (73%)	25 (17%)	9 (6%)	**129 (88%)**	11 (8%)	**123 (85%)**
	Totton South	119-120	Option 1	**90 (76%)**	23 (19%)	9 (8%)	**106 (89%)**	5 (4%)	**108 (90%)**
Test Valley	Chilworth, Nursling & Rownhams	663-682	Option 1	**612 (90%)**	52 (8%)	80 (12%)	**479 (72%)**	20 (3%)	**626 (94%)**
	North Baddesley	85-87	Option 1	**41 (47%)**	31 (36%)	32 (38%)	**40 (47%)**	17 (21%)	**55 (69%)**
	Valley Park	61-62	Option 1	**30 (49%)**	19 (31%)	22 (36%)	**26 (43%)**	14 (23%)	**39 (63%)**
Winchester	Southwick & Wickham	110-113	Option 2	32 (29%)	**52 (47%)**	**49 (45%)**	42 (38%)	39 (35%)	**65 (58%)**
	Denmead	191-193	Option 2	**80 (42%)**	77 (40%)	**110 (58%)**	44 (23%)	43 (22%)	**136 (70%)**
	Whiteley & Shedfield	125-126	Option 2	46 (37%)	**58 (46%)**	**58 (46%)**	34 (27%)	36 (29%)	**76 (61%)**