

# Cabinet

## DOCUMENTS FOR THE MEMBERS ROOM

Tuesday, 25th February, 2020  
at 4.30 pm

MEMBERS ROOM DOCUMENTS ATTACHED TO THE  
LISTED REPORTS

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# MEMBERS ROOM DOCUMENTS

**8 THE MEDIUM TERM FINANCIAL STRATEGY, BUDGET AND CAPITAL PROGRAMME 2020/21 TO 2022/23 □ (Pages 1 - 122)**

Monday, 17 February 2020

SERVICE DIRECTOR, LEGAL AND BUSINESS  
OPERATIONS

**1**     "  
**2**     "



## Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

<b>Name or Brief Description of Proposal</b>	<b>1:</b> Increasing availability of support and carrying out assessments more quickly to help people to return home after a short stay in residential care on discharge from hospital
<b>Brief Service Profile (including number of customers)</b>	
<p>Southampton City Council is proposing to increase the level of support to help more people to return home after a short stay in residential care following discharge from hospital.</p> <p>Some people need to spend a period of time in residential care after being discharged from hospital and before they can return home. This proposal will use existing policies and processes to ensure that the right support is available to help more people regain their independence and move home from these short term placements more quickly. This will involve an assessment being carried out more quickly by a social work practitioner after the individual has been discharged from hospital into residential or nursing care. This will help to make sure that suitable care arrangements are put in place as quickly as possible to support someone to return home in line with their and their family’s wishes, before there is any deterioration in the individual’s ability to return home. This might involve the provision of home care, reablement care and therapy, adaptations, the use of telecare and other community support.</p> <p>We will increase the proportion of people who return home after a short-term period in a residential care bed following discharge from hospital, in line with national best practice benchmarks.</p> <p>Individuals will only be return home where it is safe and reasonable to do so, and with appropriately assessed care and carers packages in place in line with statutory requirements and guidance. If residential or nursing care was subsequently required, this would be arranged from home in a planned way and in the person’s best interests. Any assessments would be undertaken in consultation with those affected.</p>	

### **Summary of Impact and Issues**

The primary impact of this proposal will be that individuals needing a short time in residential care between hospital discharge and returning home, spend less time in that residential setting overall.

Last year, 14 people were discharged in to a residential care home from hospital. 5 returned home after a short stay and 9 became permanent residents. If this proposal is adopted and there were 14 people discharged in similar circumstances, this proposal would mean that 12 would be supported to return home after a short stay and 2 would become permanent residents. These figures are based on the outcome of an independent review of the council's approach to Adult Social Care carried out by the Local Government Association. This found that the council was an outlier in terms of the number of people being supported in residential care and that this was not leading to the best outcomes for people. Research published by the Institute of Public Care, Oxford Brookes University, recommends that at least 75% of people should be supported to return home after a short-term period (no more than six weeks) in a residential care bed, following discharge from hospital. This proposal is based on that recommendation. As well as supporting people to return home in accordance with their and their family's wishes, this leads to a financial saving as the cost of care and other services provided in a person's own home is typically less than the cost of residential care. The average cost to the council of supporting someone in their own home is £10,322 and the average cost to the council of supporting someone in a residential care home is £28,448.

Southampton City Council's driving principle in our approach to supporting people to return home is that individuals are offered the right care, in the right place, at the right time. Best practice guidance states that no one should be admitted directly to long-term care from hospital unless in very exceptional circumstances e.g. for end-of-life care where this is not possible at home. The default pathway should be discharge home, with the right support; reablement (tailored support to maximise a person's capabilities and confidence) should always be considered. This proposal will positively support this approach.

Some people or their families might prefer them to become permanent residents rather than being supported to return home and to make the decision from there. These preferences will be considered in line with the Care Act 2014.

### **Potential Positive Impacts**

This proposal will support more people to return to living within their own homes more quickly, with the right care and support in place to enable them to do so.

This proposal will also help ensure that Southampton City Council meets best practice guidelines around supporting independence and decision making regarding an individual's care and support arrangements.

<b>Responsible Service Manager</b>	Abi Hamilton Complex Care and Hospital Discharge Service Manager
<b>Date</b>	30 January 2020
<b>Approved by Senior Manager</b>	Paul Juan Service Director: Adults, Housing and Communities
<b>Date</b>	13 February 2020

## Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
<b>Age</b>	<p>Older people are more likely to be impacted by this proposal, as it is typically older people (aged over 65) who are discharged from hospital into short stay residential care who then go on to become a permanent resident.</p> <p>Just over 13% of the population in Southampton are aged over 65 (33,508 people) which is lower than the national average of 18.2%</p>	<p>Robust application of Care Act Principles: assessments and reviews will be needs-driven, and the requirements of statutory guidance in respect of choice, access to advocacy where needed and the involvement of carers.</p> <p>The Mental Capacity Act will be used where appropriate to protect the needs and rights of the individuals.</p>
<b>Disability</b>	<p>People living with a disability are more likely to be impacted by this proposal, as it is typically people with disabilities or impairments who are discharged from hospital into short stay residential care who then go on to become a permanent resident.</p> <p>This proposal would improve the situation for people living with a disability as a timely review and the right support would enable them to return home, rather than become permanent residential care residents.</p>	<p>Assessments will be carried out swiftly on discharge from hospital to enable the right support to be put in place to facilitate a safe return home for the individual.</p> <p>‘Discharge to assess’ models will be kept under review to make sure they are working as intended so that (i) short-term admissions to care homes do not end up becoming long-term placements. For example, persuading someone to enter short-term care that is really long-term care because there are no therapies or reablement is wrong in human, consumer and financial terms and ties up budgets; (ii) premature or inappropriate discharge arrangements do not result in readmission to hospital.</p> <p>Care planning and communication with</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		<p>individuals and families will involve providing clear information about care options, including cost (now and in the future) implications for individual charges of any changes or transfers in care settings.</p>
<b>Gender Reassignment</b>	No identified impact	
<b>Marriage and Civil Partnership</b>	<p>Potential positive impact, as more people would be supported to live at home, rather than away from their spouse or partner.</p> <p>Potential impact of additional caring responsibilities for some spouses/partners.</p>	<p>Any individual who is returning home from a short term stay in residential care will be subject to an assessment, in line with the Care Act, to ensure their needs are met. Where these needs are to be met fully or partially by a carer (including a spouse or partner) rather than a care worker, a carers' assessment will also be undertaken in line with the Care Act.</p> <p>Individuals will only move home where it safe and in the best interests of that individual to do so.</p>
<b>Pregnancy and Maternity</b>	No identified impact	
<b>Race</b>	No identified impact	
<b>Religion or Belief</b>	No identified impact	
<b>Sex</b>	No identified impact	
<b>Sexual Orientation</b>	No identified impact	
<b>Community Safety</b>	No identified impact	
<b>Poverty</b>	Potential positive impact, as the value of an individual's home (where it is owned) is disregarded from the adult social care financial assessment) when someone lives at home (as opposed to being taken into account when they are living permanently in a residential	N/A

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	care home [subject to certain conditions])	
<b>Health &amp; Wellbeing</b>	Overall positive impact on health and wellbeing.	Any adverse impacts would in any case be mitigated through the robust application of Care Act Principles.
<b>Other Significant Impacts</b>	No other identified impact	

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## Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

<b>Name or Brief Description of Proposal</b>	2. Making best use of the full range of services that are currently available to support people to live independently in a community setting.
<b>Brief Service Profile (including number of customers)</b>	
<p>Southampton City Council provides support to customers through telecare and other home based community support such as meals on wheels. This allows customers to receive support quickly and efficiently when they need it within their own homes, and making sure that it is the most appropriate help for their needs, whilst promoting their independence. In order to provide the most cost effective service that is able to support customers in the best way possible, it has been proposed to meet lower level needs through increased use of telecare and community support.</p> <p>The proposal is to bring the Southampton City Council’s activity in line with recommendations on the provision of small home care packages made by the Institute of Public Care, Oxford Brookes University.</p>	
<b>Summary of Impact and Issues</b>	
<p>The needs of approximately 400 clients with lower level needs are currently met through home care packages provided by a care agency. Over 5 years, this is expected to reduce to about 100 clients, with more clients being better supported to live independently through improved access to support provided by the voluntary sector (for example through the recently launched SO:Linked project which includes a community navigation service to link people with support available in the city and their communities); the use of telecare (for example, through the provision of a medication dispenser and an alarm unit); through the delivery of hot meals (for example, from City Catering) or by identifying additional community support by using an online community resource directory.</p> <p>As well as supporting greater levels of independence, this proposal is expected to deliver savings to the home care budget, as it is more cost effective to provide support by developing and supporting community networks, telecare and hot meal delivery than paying agencies to provide home care. This is expected to have the</p>	

added benefit of preventing needs arising and delaying needs becoming more complex, and the home care capacity freed up can be used to support people for whom community support would not be suitable or sufficient.

This proposal is about applying a 'strengths-based' approach as the council carries out social care assessments for new clients, which mirrors the approach proposed for existing clients as their packages of care are reviewed. New clients will be offered alternatives to meet their needs, in accordance with the council's existing policy.

The provision of telecare, hot meal delivery, support from friends, neighbours and community groups and other 'strengths-based' approaches would be considered as part of a Care Act individual needs assessment, before a homecare package was approved. Clients will continue to receive the care and support needed to meet their needs in full, and community based alternatives to home care will only be offered where safe and appropriate in line with the client's assessed need.

Some individuals or their families might prefer to have a homecare package than the alternative offered or agreed to meet their needs. These preferences would be considered under the Care Act 2014.

#### **Potential Positive Impacts**

This proposal will provide more options for lower level care needs to be met within the home and community, supporting increased independence in an efficient and cost effective way.

The proposal will support the council to meet best practice guidelines around supporting independence and decision making regarding an individual's care and support arrangements.

<b>Responsible Service Manager</b>	Sharon Stewart Divisional Head of Service - Adult Social Care
<b>Date</b>	30 January 2020
<b>Approved by Senior Manager</b>	Paul Juan Service Director: Adults, Housing and Communities
<b>Date</b>	13 February 2020

#### **Potential Impact**

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>Age</b>	Older people are more likely to be impacted by this proposal, as it is typically older people (aged over 65) who have home care packages to meet lower level needs.	Robust application of Care Act Principles: assessments and reviews will be needs-driven, and the requirements of statutory guidance in respect of choice, access

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
	Just over 13% of the population in Southampton are aged over 65 (33,508 people) which is lower than the national average of 18.2%	to advocacy where needed and the involvement of carers.
<b>Disability</b>	People living with a disability will be impacted by this proposal, as it is disabled people who have home care packages to meet lower level needs.	<p>The Mental Capacity Act will be used where appropriate to protect the needs and rights of the individuals.</p> <p>Care planning and communication with individuals and families will involve providing clear information about care options, including cost (now and in the future) implications for individual charges of any changes or transfers in care settings.</p>
<b>Gender Reassignment</b>	No identified impact	
<b>Marriage and Civil Partnership</b>	An increased use of community based support arrangements could impact spouses or civil partners with increased responsibilities.	<p>Robust application of Care Act Principles: assessments and reviews will be needs-driven, and the requirements of statutory guidance in respect of choice, access to advocacy where needed and the involvement of carers.</p> <p>Where these needs are to be met fully or partially by a carer (including a spouse or partner) rather than a care worker, a carers' assessment will also be undertaken in line with the Care Act.</p>
<b>Pregnancy and Maternity</b>	No identified impact	
<b>Race</b>	No identified impact	
<b>Religion or Belief</b>	No identified impact	
<b>Sex</b>	No identified impact	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
<b>Sexual Orientation</b>	No identified impact	
<b>Community Safety</b>	No identified impact	
<b>Poverty</b>	<p>Some alternative support arrangements such as telecare, hot meal delivery or community groups etc may have associated costs which may be passed on to the client.</p> <p>These costs are likely to be lower than the client contribution to any home care support package that might be required should these types of alternative support not be put in place.</p>	Any adverse impacts would be kept under review on an individual basis. Special arrangements would be made in the unusual situation of a client being unable to afford telecare or hot meal delivery, for example.
<b>Health &amp; Wellbeing</b>	Overall positive impact on health and wellbeing.	Any adverse impacts would in any case be mitigated through the robust application of Care Act Principles.
<b>Other Significant Impacts</b>	No other identified impact.	

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

<b>Name or Brief Description of Proposal</b>	<b>3. Expanding the successful reablement service so more people benefit from short term, intensive support.</b>
<b>Brief Service Profile (including number of customers)</b>	
<p>Southampton has a well-established approach to reablement care, providing short term, tailored and intensive support to maximise independence, which in turn can prevent, defer or reduce the need for a long-term care package.</p> <p>The council’s activity is currently not in line with the highest performing authorities for the provision of reablement care, as defined by the Institute of Public Care, Oxford Brookes University and as identified through an independent review of adult social care carried out by the Local Government Association in May 2019. This proposal will use existing policies and processes to increase the number of people who are offered reablement services, and therefore reduce overall need for longer term care packages.</p> <p>The current focus is on providing reablement care to people being discharged from hospital, but this proposal will widen this to ensure that it can be offered to people living at home, who approach the council for support for the first time or when their needs change. People who are identified as being most likely to benefit from reablement care will be prioritised for the expanded service.</p>	
<b>Summary of Impact and Issues</b>	
<p>Currently, approximately 26% of people who could benefit from reablement receive this service (approximately 189 people a year). Over 5 years, this is expected to increase to 70% of people who could benefit (approximately 511 people a year in total, if the overall number of people remains the same).</p> <p>Following reablement, approximately 50% of people do not require a long-term package of care, as the reablement has given them the skills, confidence and ability to live independently without this.</p>	

<p>This would meet the targets defined by Oxford Brookes University's Institute of Public Care (an academic body that sets standards for the quality of adult social care provision).</p> <p>Clients will continue to receive the care and support needed to meet their needs in full in line with the Care Act 2014. Client's wishes and preferences will be taken into consideration in relation to the provision of care.</p> <p>The proposal will widen the scope of offers to be made to include reablement care to people being discharged from hospital and people living in their homes. Under the Care Act people are entitled to request a full assessment at any time.</p>	
<p><b>Potential Positive Impacts</b></p> <p>This proposal will support the council to meet best practice guidelines around supporting independence.</p> <p>The proposal will increase the proportion of people being offered reablement (short term, tailored and intensive support to maximise independence), preventing, deferring or reducing the need for a long-term care package.</p> <p>The proposal will widen the scope of people being offered reablement.</p>	
<p><b>Responsible Service Manager</b></p>	<p>Sharon Stewart Divisional Head of Service - Adult Social Care</p>
<p><b>Date</b></p>	<p>30 January 2020</p>
<p><b>Approved by Senior Manager</b></p>	<p>Paul Juan Service Director: Adults, Housing and Communities</p>
<p><b>Date</b></p>	<p>13 February 2020</p>

**Potential Impact**

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
<p><b>Age</b></p>	<p>Older people are more likely to be impacted by this proposal, as it is typically older people (aged over 65) who have home care packages, but this would be a positive impact, as more people would be receiving a service that leads to improved outcomes.</p> <p>Just over 13% of the population in Southampton are aged over 65 (33,508 people) which is lower than the national average of 18.2%.</p>	<p>Robust application of Care Act Principles: assessments and reviews will be needs-driven, and the requirements of statutory guidance in respect of choice, access to advocacy where needed and the involvement of carers.</p> <p>The Mental Capacity Act will be used where appropriate to protect the needs and rights of the individuals.</p>
<p><b>Disability</b></p>	<p>People living with a disability are more likely to be impacted by this proposal, as it is typically people</p>	

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
	<p>living with a disability who have home care packages but this would be a positive impact, as more people would be receiving a service that leads to improved outcomes.</p>	<p>Assessments will be carried out swiftly on discharge from hospital to enable the right support to be put in place to facilitate a safe return home for the individual.</p> <p>Care planning and communication with individuals and families will involve providing clear information about care options, including cost (now and in the future) implications for individual charges of any changes or transfers in care settings.</p>
<b>Gender Reassignment</b>	No identified impact.	
<b>Marriage and Civil Partnership</b>	No identified impact.	
<b>Pregnancy and Maternity</b>	No identified impact.	
<b>Race</b>	No known impacts	
<b>Religion or Belief</b>	No identified impact.	
<b>Sex</b>	No identified impact.	
<b>Sexual Orientation</b>	No identified impact.	
<b>Community Safety</b>	No identified impact.	
<b>Poverty</b>	<p>Of the 326 Local Authorities in England, Southampton is ranked 54th (previously 72nd) most deprived.</p> <p>Reablement is provided free to the individual and there could be a positive impact in 50% of cases as no ongoing care would be needed (meaning the individual does not have to contribute to the cost of this care).</p>	

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>Health &amp; Wellbeing</b>	The health and wellbeing of an individual will be taken into account when deciding on the most appropriate care and support package during and after the implementation of this proposal.	Any adverse impacts would in any case be mitigated through the robust application of Care Act Principles.
<b>Other Significant Impacts</b>	No other identified impact.	

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## Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

<b>Name or Brief Description of Proposal</b>	<b>4. Occupational Therapy (OT) reviews to identify where equipment can be used to enable care to be provided in the home by one carer.</b>
<b>Brief Service Profile (including number of customers)</b>	
<p>Southampton has a well-established Occupational Therapy (OT) service which currently provides clients with double handed care (the use of two carers) with clients who require manual handling.</p> <p>As part of normal review processes, the council will review whether current care packages are right for clients, and in cases of double handed care, whether that client still requires two carers at once. This may change because of changing need, or the introduction of new equipment and technologies.</p> <p>The proposal is to have Occupational Therapy review all double handed care packages that are being supplied by the council and, where appropriate, reduce this through training and/or the introduction of new equipment, having undertaken appropriate customer, staff and contractor risk assessments.</p> <p>Clients will continue to receive the care and support needed to meet their needs in full. In the future, this may be through one carer using equipment and the latest techniques.</p>	
<b>Summary of Impact and Issues</b>	
<p>Some clients who currently receive double handed care and are visited by two carers at a time will see a change in their support package, reducing to one carer. This will only be implemented after a review of individual care packages in line with statutory guidance and having undertaken appropriate H&amp;S risk assessments for staff and contractors to ensure that this reduction can be made safely, and the needs of the client will continue to be met.</p>	

Currently, approximately 200 people are receiving care packages requiring two carers in attendance at once.

Clients may have new equipment installed in their homes, and this will be done in agreement with the client and/or their representatives, and training and support will be provided. The hoist and sling (MoLift) will be similar in size to the hoist that is currently used for two handed care. The storage and use of the sling will be similar also. The care agency and the family members will need specific training in single handed care and the functions of the hoist. This training will be the responsibility of the prescribing staff member. The care agency will disseminate the training to ensure all carers in attendance are able to use the hoist.

**Potential Positive Impacts**

This proposal will support the council to meet best practice guidelines around supporting independence.

Home care resources will be freed up to support more people in the city (for example, speeding up discharges from hospital, people not having to wait as long for a home care package to start). Clients will be provided with a more tailor-made, personalised level of support in order to provide maximised independence to our clients.

<b>Responsible Service Manager</b>	Sharon Stewart Divisional Head of Service - Adult Social Care
<b>Date</b>	30 January 2020
<b>Approved by Senior Manager</b>	Paul Juan Service Director: Adults, Housing and Communities
<b>Date</b>	13 February 2020

**Potential Impact**

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>Age</b>	Older people are more likely to be impacted by this proposal, as it is typically older people (aged over 65) who receive double handed care packages.	Clients will continue to have their needs met in full through a safe way of working and this would be kept under regular review.
<b>Disability</b>	People living with a disability people are more likely to be impacted by this proposal, as it is	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	typically disabled people who receive double up care packages.	
<b>Gender Reassignment</b>	No identified impact.	
<b>Marriage and Civil Partnership</b>	No identified impact.	
<b>Pregnancy and Maternity</b>	No identified impact.	
<b>Race</b>	No identified impact.	
<b>Religion or Belief</b>	No identified impact.	
<b>Sex</b>	No identified impact.	
<b>Sexual Orientation</b>	No identified impact.	
<b>Community Safety</b>	No identified impact.	
<b>Poverty</b>	No identified impact.	
<b>Health &amp; Wellbeing</b>	The health and wellbeing of an individual will be taken into account when deciding on the most appropriate care and support package during and after the implementation of this proposal.	<p>Any adverse impacts would be mitigated on a case by case basis through the robust application of Care Act Principles.</p> <p>Assessments and reviews will be needs-driven, and the requirements of statutory guidance in respect of choice, access to advocacy where needed and the involvement of carers.</p> <p>The Mental Capacity Act will be used where appropriate to protect the needs and rights of the individuals. Timely assessments and reviews would be carried out.</p>
<b>Other Significant Impacts</b>	Potential impacts on SCC staff and contractors have been considered. No significant impacts on staff working within the care sector is anticipated.	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>SCC staff do not currently deliver home care visits. There is no anticipated reduction in availability of work anticipated for contracted suppliers of these services, as there is currently a shortfall in carers within the city resulting in greater demand than availability of carers. Some care workers may change their visit patterns if some clients move from double to single person requirements, but this is part of normal business and will be part of staff contracts.</p>	

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The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

<b>Name or Brief Description of Proposal</b>	<b>5. Increased availability of housing with care options (‘extra care’) across the city.</b>
<b>Brief Service Profile (including number of customers)</b>	
<p>Southampton City Council has made a commitment to increase its supply of housing with care (also referred to as ‘extra care’ housing) in line with local and national agendas. Housing with care refers to specialist housing designed to effectively accommodate people with additional needs, mostly related to old age and disability (e.g. frailty, mobility and cognitive issues), who would normally struggle to live independently in ordinary housing.</p> <p>Some of the key features of housing with care that enable it to support a wide range of individuals with needs include; purpose built environment (preventing falls and increasing accessibility), 24/7 care, communal restaurant and wellbeing facilities, as well as emergency cover. Housing with care enables individuals to sustain their independence for longer, and either avoid or delay the need for institutional care (such as residential and nursing care settings).</p> <p>The proposal is to expand citywide provision of housing with care to support more people in community based settings and to reduce the city’s reliance on residential care. This approach links to other key agendas for the city, such as the Southampton City Five Year Health &amp; Care Strategy, The Better Care Plan, and housing and adult social care services around personalised support offer.</p> <p>There are currently five housing with care schemes in the city, jointly providing capacity of around 160 units of adapted accommodation for people with needs. Four of these schemes are owned and managed by SCC, and one scheme by Saxon Weald. To maximise the use of this type of housing to support people with care needs most effectively, the city is developing a further 450 – 500 units of extra care housing over the next eight years. This includes Potter’s Court, which will be</p>	

one of the schemes developed as a part of the wider delivery programme and will produce 84 units of extra care accommodation, due to go live in October 2020.

The Potter's Court scheme will accommodate people with identified care and housing need, and will support individuals over the age of 18. While we believe it is more likely the majority of clients will be older people, the lack of age restrictions will enable the council to offer this type of accommodation to younger people who have an assessed care need and would like to be supported in extra care housing.

A number of individuals accessing Potter's Court will have significant care needs. The referrals will come from community settings as well as from residential care. This strategy will result in significant savings to SCC (care delivery is more cost effective in housing with care), but most importantly, housing with care will provide a better environment for people requiring care.

Only people who have been assessed as being suitable for extra care housing will be offered this as an option, based on meeting need and taking account of any preferences expressed by individuals and their families, in accordance with the council's Care and Support Planning Policy and relevant legislation.

### **Summary of Impact and Issues**

Overall, the council's strategy to deliver more housing with care accommodation is expected to have a positive impact on people with support needs. This proposal will offer the city's residents suitable accommodation in an independent living setting, while traditionally an alternative for this type of housing would be residential care, which is associated with a loss of independence and an institutional setting.

In addition, housing with care plays a preventative function, whereby people who are likely to develop needs are identified early and encouraged to move to extra care to help manage their conditions. Housing with care can act as a direct alternative to institutional (residential and nursing) care, and contribute to the number of options available to people with support needs.

### **Potential Positive Impacts**

SCC have not identified any negative impacts on individuals in relation to increasing the supply of housing with care. There have been, however, a number of positive impacts identified in relation to individuals' health and wellbeing ' These include:

- slower deterioration of functional ability in comparison to a comparator group in the community – due to the availability of support and adapted environment
- improved social wellbeing, mental health and reduced feeling of isolation – due to the activities and the support offer available
- improved assessment of care needs – due to 24/7 staff availability and regular contact with client
- improved impact on health – evidenced by a reduced use of health facilities (GPs, nursing, shorter hospital stays).

Taken from 'Identifying the Health Care System Benefits of Housing with Care' (2019). Housing Learning Improvement Network and Southampton City Council.

In addition, people that choose to access 'extra care' over residential care can sustain their independent living status due to the sustainment of housing and occupancy rights to their accommodation, which isn't the case for people moving onto residential care.

The development of extra care schemes also benefits the community as the facilities are available to the nearby community that can access the support and facilities available on site, enabling and deepening community interactions. It also produces similar regeneration benefits to other housing developments.

<b>Responsible Service Manager</b>	Paul Juan Service Director: Adults, Housing and Communities
<b>Date</b>	30 January 2020
<b>Approved by Senior Manager</b>	Paul Juan Service Director: Adults, Housing and Communities
<b>Date</b>	13 February 2020

### Potential Impact

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>Age</b>	<p>Potter's Court will be available to individuals over the age of 18 who have an assessed care and housing need.</p> <p>Other extra care housing schemes in the city are currently available to older adults (the age depends on the scheme, but is generally aimed at people who are aged 55 and over). Age criteria for new schemes being planned for the city will be determined following an evaluation of the Potter's Court scheme (and the adjacent new supported housing scheme at Kiln Court).</p>	<p>This is a positive impact – it increases choice of care options for people with needs.</p>
<b>Disability</b>	<p>Potter's Court will be purpose-built to meet the needs of disabled people. This can include people with Mental Health, Learning Disabilities and physical disabilities. It will have appropriate</p>	<p>The provision will expand the number of housing units available to people with needs and disabilities. Care provision will be tailored to meet the needs of individuals. Staff will</p>

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
	<p>support and care on site to cater to needs effectively.</p> <p>Other extra care housing schemes in the city are also purpose-built or adapted to meet the needs of disabled people and have appropriate care and support on site. The design of future schemes will take into account an evaluation of the scheme at Potter's Court when it opens in 2020.</p>	<p>have completed relevant training (see Home Care Framework requirements).</p>
<b>Gender Reassignment</b>	<p>No impacts identified.</p>	
<b>Marriage and Civil Partnership</b>	<p>A proportion of two-bedroom apartments will allow for couples to move in together.</p> <p>Planning of future extra care housing schemes will take in to account demographic forecasts.</p>	
<b>Pregnancy and Maternity</b>	<p>No impacts identified.</p>	
<b>Race</b>	<p>No impacts identified.</p>	
<b>Religion or Belief</b>	<p>No impacts identified.</p>	
<b>Sex</b>	<p>No impacts identified.</p>	
<b>Sexual Orientation</b>	<p>No impacts identified.</p>	
<b>Community Safety</b>	<p>Accommodation access will be by key fobs and staff will support with the day to day management of the scheme and promote safety among residents.</p> <p>Interaction between residents and the wider community is encouraged in existing schemes and this will continue with Potter's Court and new schemes, for example by opening up the restaurant and other facilities (hairdresser, wellbeing, community room etc.).</p>	
<b>Poverty</b>	<p>Individual financial circumstances will be taken into account when assessing care need.</p>	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
<b>Health &amp; Wellbeing</b>	Positive impact identified as extra care delivers support to enable people to sustain their independence in a community setting.	
<b>Other Significant Impacts</b>	No other impacts identified.	

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The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

<b>Name or Brief Description of Proposal</b>	<b>6. Ensuring direct payments are being used in accordance with care and support plans to meet care needs</b>
<b>Brief Service Profile (including number of customers)</b>	
<p>Southampton City Council currently pays Direct Payments to 326 Adult Social Care clients. These payments are paid into 2 types of accounts. A traditional bank account that is managed by the client in its entirety or into an Allpay account that is set up by the council. Currently 258 Clients use a traditional bank account and 68 have Allpay accounts. The council pays a total of £4m in Direct Payments per year.</p> <p>The council is responsible for auditing payments and accounts to ensure that funds are spending in line with agreed care plans.</p> <p>Where payments are made into a traditional bank account, the client is required to retain evidence to be produced when a financial audit request is received. Where payments are made into an Allpay account, the account is visible on-line to authorised officers of the council, meaning that there is less need for the client to keep documentary evidence (with exceptions such as receipts for cash expenditure).</p> <p>The proposal is to review and audit direct payments to ensure the funds are being used in accordance with the care and support plan in line with council policies.</p> <p>Audit activity in 2019/20 identified that 16% of funds paid into the accounts audited was potentially misspent. Therefore, the proposal is to ensure more rigorous audit activity is undertaken to identify any funds that have been potentially misspent, or remain unused (overpayments). Where appropriate, the council will seek to recover these funds.</p>	

<b>Summary of Impact and Issues</b>	
<p>Clients will continue to receive the care and support needed to meet their needs in full.</p> <p>The use of direct payments will be subject to more regular checks (in accordance with the council's current policy) to make sure that additional support is not needed and that the payment is being used to meet identified care needs. This means that some clients may be required to provide evidence relating to their spend in line with policies and Direct Payment agreements, when this may not previously have been routinely requested.</p> <p>Where overpayments or misused funds are identified, the council may seek to recover these funds.</p>	
<b>Potential Positive Impacts</b>	
<p>This proposal will support the council to meet best practice guidelines around direct payments.</p> <p>More frequent audits will ensure that clients do not accrue large balances, and overpayments are identified quickly.</p> <p>The direct payment process will be more streamlined, encouraging more people to take these up, to have greater control of their personalised care.</p>	
<b>Responsible Service Manager</b>	Louise Ryan Social Wellbeing Service Manager
<b>Date</b>	30 January 2020
<b>Approved by Senior Manager</b>	Paul Juan Service Director: Adults, Housing and Communities
<b>Date</b>	13 February 2020

### Potential Impact

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>Age</b>	No identified impact. This process will be applied in the same way to all Direct Payment recipients, regardless of age.	
<b>Disability</b>	People living with a disability are more likely to be affected by the proposal as this group tend to receive direct payments and therefore are more likely to be impacted by this proposal, as it is	Clients will continue to have their needs met in full; timely reviews would be offered along with support and advice.

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
	typically disabled people who receive direct payments.	
<b>Gender Reassignment</b>	No identified impact.	
<b>Marriage and Civil Partnership</b>	No identified impact.	
<b>Pregnancy and Maternity</b>	No identified impact.	
<b>Race</b>	No identified impact.	
<b>Religion or Belief</b>	No identified impact.	
<b>Sex</b>	No identified impact.	
<b>Sexual Orientation</b>	No identified impact.	
<b>Community Safety</b>	No identified impact.	
<b>Poverty</b>	<p>Of the 326 Local Authorities in England, Southampton is ranked 54th (previously 72nd) most deprived.</p> <p>This proposal will make it more difficult for a direct payment to be used for any other purpose than meeting an individual's assessed unmet care and support needs. This may impact negatively on their finances overall.</p>	<p>People will be signposted to benefit and debt advice as part of the financial assessment for social care (as appropriate).</p> <p>A repayment plan for any payments that have to be repaid will be agreed, having regard to individual circumstances.</p>
<b>Health &amp; Wellbeing</b>	No identified impact.	
<b>Other Significant Impacts</b>	No identified impact.	

## Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

<b>Name or Brief Description of Proposal</b>	7. The provision of better and earlier advice and information on adult social care and community support etc. to meet Care Act duties on promoting wellbeing and supporting independence
<b>Brief Service Profile (including number of customers)</b>	
<p>Information is currently provided to the public on support services available in the city via the Southampton Information Directory (SID).</p> <p>The proposal is to explore alternative web-based advice system and/or improvements to the current SID system for adult social care.</p> <p>This will be kept more regularly updated with advice and information about support available in people’s communities that can help to prevent needs arising and help to keep people independent and well.</p> <p>We will also maximise the use of SO:Linked, the new Community Support framework that has been commissioned in Southampton (and is provided by Southampton Voluntary Services) to signpost people to support.</p> <p>Overall this is expected to reduce demand on council delivered support services, through signposting and self-service, and to help prevent problems from escalating.</p>	
<b>Summary of Impact and Issues</b>	
<p>Some clients who currently use the Southampton Information Directory may need to visit an alternative website. This would be supported through clear communications and messaging to alert users to any change. This proposal is anticipated to have a positive impact, as any new or improved web experience will provide improved information on a wider scale than previously. That information</p>	

will be more comprehensive and up to date, and will provide intelligent search functions to direct users quickly to relevant information.

Some users currently access information on support services through intermediaries. For example, they will visit face to face advice centres, ask for advice from care and support workers, or phone the council or other advice lines. These users will experience no direct impact, as these channels will remain. However, workers within these channels may move to using any new system and indirectly provide a positive impact to the service users, through having access to a more comprehensive support tool.

The Community Support framework will boost access to and availability of community and voluntary sector organisations and services that can provide practical help and support.

### Potential Positive Impacts

This proposal is anticipated to have an overall positive impact. The Community Network framework will enable more people to access more help and support in the community, with the improved web-based advice service helping more people to find out what support is available.

<b>Responsible Service Manager</b>	Sharon Stewart Divisional Head of Service - Adult Social Care
<b>Date</b>	30 January 2020
<b>Approved by Senior Manager</b>	Paul Juan Service Director: Adults, Housing and Communities
<b>Date</b>	13 February 2020

### Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
<b>Age</b>	Older people are more likely to be impacted by this proposal, as it is typically older people (aged over 65) who have adult social care needs that can be prevented or deferred through the provision of advice and information.	Communications will be accessible and tailored.  The existing council provided Connect Service will remain available to provide telephone and email advice and support and triage clients with the most complex needs for appropriate follow up.
<b>Disability</b>	People living with a disability are more likely to be impacted by this proposal, as it is typically disabled people who have adult social care needs that can be prevented or deferred through the provision of advice and information.	The use of systems will be monitored in order to identify any safeguarding concerns, which will then be addressed.

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		The service will complement existing services in order to meet Care Act requirements to provide early advice and support in order to prevent needs arising.
<b>Gender Reassignment</b>	No identified impact	
<b>Marriage and Civil Partnership</b>	No identified impact	
<b>Pregnancy and Maternity</b>	No identified impact	
<b>Race</b>	Individuals for whom English is not their first language may not be able to access online or community based advice and signposting.	<p>Care planning and communication with individuals and families will involve providing clear information about care options, including cost (now and in the future) implications for individual charges of any changes or transfers in care settings.</p> <p>Alternative formats and communication, including interpretation and translation where required, can be available upon request or provided initially if previous request had been made.</p>
<b>Religion or Belief</b>	No identified impact	
<b>Sex</b>	No identified impact	
<b>Sexual Orientation</b>	No identified impact	
<b>Community Safety</b>	No identified impact	
<b>Poverty</b>	In some cases, accessing support via the internet can have associated costs (access to a computer or data costs).	The council will continue to ensure that residents can access online services for free in libraries and other community and partner venues, to ensure that they do not need own personal

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		<p>devices or data to access online services.</p> <p>Access to alternative channels for information will not be impacted by this proposal.</p>
<b>Health &amp; Wellbeing</b>	No identified impact	
<b>Other Significant Impacts</b>	No other identified impacts.	

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The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

<b>Name or Brief Description of Proposal</b>	<b>8. Developing a ‘Level 4’ Specialist Foster Care scheme in Southampton</b>
<b>Brief Service Profile (including number of customers)</b>	
<p>The proposal is to develop a Specialist Foster Care scheme in Southampton, by introducing an additional level (level 4) to the fee structure, for those carers able to care for children and young people with complex behavioural needs who are currently placed in out of city Residential Settings or Independent Fostering Agency placements.</p> <p>The specialist scheme will offer placements to those with the highest level of need, particularly older children exhibiting challenging and/or risky behaviour who would currently be more likely to be placed externally.</p> <p>This enhanced ‘Level 4’ service will enable Looked After Children (LAC), for whom Southampton City Council hold a corporate parenting responsibly, to be brought back into the city to access specialist in-house foster care services and therefore improve overall outcomes, increasing their chances to be successful. This proposal also allows the service to reduce the dependency on specialist services being purchased outside of the city, where positive outcomes are impacted due to children being geographically dispersed.</p> <p>Weekly payments to foster carers have two elements – a fee and an allowance. The allowance is the amount paid to the carer for the upkeep of the child – this includes food and clothing as well as a contribution towards household costs, transport etc. The fee is paid to the carer as a reward for the skills and experience they bring to the role of fostering. This is not a salary - all foster carers are self-employed, not employees of the agencies they foster for. This proposal will</p>	

introduce a new 'level 4' fee for those foster carers that are able to care for children with complex behavioural needs.

A team of workers will be created to provide the fostering service and specialist carers with a high level of wrap-around support so that placements remain stable. This support will consist of:

- 1.0FTE Supervising Social Worker
- 0.5FTE Psychologist
- 1.0FTE Mental Health Social Worker
- 3.0FTE Family Engagement Workers
- 1.0FTE Administrator

The scheme will be piloted with six fostering households, recruited both externally and from the in-house foster carer population. Assuming some households would be approved for more than one child, the initial capacity of the service would be around 10 children.

### **Summary of Impact and Issues**

This proposal will affect around 10 children and young people who are currently placed outside the city in Residential Care settings, and new children who are being placed in a care setting who might previously have been placed outside the city in a Residential Care setting or with an Independent Fostering Agency (IFA) placement. For those children and young people this proposal is anticipated to have an overall positive impact, in providing a supportive wrap-around service within the city, keeping children and young people within their communities where suitable, and minimising disruption when they are moved into care placements.

Where a child or young person is already in a placement outside the city and consideration is given to a move into a new placement within the 'Level 4' service in Southampton, a full assessment will be undertaken to ensure that the move is positive and will not have negative impacts on the child or young person.

This proposal will also affect foster carers within the city who opt to take part in the 'Level 4' service. These carers will be given support and training before a child or young person with more complex behavioural needs is placed with them, and throughout the placement. Placements will only be made where it is deemed safe and suitable for both the child/young person and the carer. The 'Level 4' enhanced fee is reflective of the additional skills and experience required to support these placements.

### **Potential Positive Impacts**

This proposal is anticipated to have an overall positive impact for children and young people who are currently or would be placed outside the city, by ensuring that the council can deliver a 'wrap-around' and holistic services including therapeutic work and education within the city.

Outcomes for those children and young people are expected to improve, as remaining within their communities and familiar settings will be less disruptive when placed in a care setting. Remaining within the city will also support children's social care practitioners to be continually revisiting opportunities for children to return home to their families at the earliest point.

Staff time will be reduced in terms of travelling to visit children if they are within the city boundaries, meaning that workers will be more productive and can achieve better outcomes for our children and young people. Dependency on longer term services can again be minimised by ensuring that children are able to access good quality local education, health support and mental health support in their local area.

Improving our 'in house' foster care service will also reduce costs of individual placements (recognising that out of city Residential or IFA placements are generally higher cost), meaning that funds can be used effectively to meet need across the service.

<b>Responsible Service Manager</b>	Sharon Hawkins Head of Children's Social Care
<b>Date</b>	30 January 2020
<b>Approved by Senior Manager</b>	Hilary Brooks Executive Director for Wellbeing (Children and Learning)
<b>Date</b>	31 January 2020

### Potential Impact

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>Age</b>	<p>This proposal will mostly impact children and young people – predominantly the 'older' age group (generally 10-18).</p> <p>The initial capacity of the service would mean that this service will impact around 10 children.</p> <p>The overall impact is anticipated to be positive for these children, by ensuring that the council can deliver a 'wrap-around' and holistic services including therapeutic work and education within the city.</p> <p>Remaining within their communities and familiar settings will be minimise disruption to children when placed in a care setting.</p>	<p>Full assessments will be undertaken to ensure that the placement is safe and suitable for the individual child and meets their needs.</p> <p>If a child is being moved from an out of city residential placement, a full assessment will be undertaken to ensure that the move is positive and will not have negative impacts on the child or young person.</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
<b>Disability</b>	<p>The specialist scheme will offer placements to those with the highest level of need, particularly older children exhibiting challenging and/or risky behaviour.</p> <p>Children and young people with complex behavioural needs may also be living with a disability, including learning disabilities and mental health needs.</p>	<p>Any child or young person being placed in a foster care setting will have their needs assessed, and the placement will only be agreed where it is safe and suitable and meets the needs of the individual child.</p> <p>Where the child or young person is living with a disability they will be supported under the council's SEND service and provided with support in line with the Education Health and Care Plan (EHCP).</p>
<b>Gender Reassignment</b>	No identified impact.	
<b>Marriage and Civil Partnership</b>	No identified impact.	
<b>Pregnancy and Maternity</b>	<p>This proposal will support older children and young people (generally 10-18) who have complex behavioural needs. Therefore this proposal is not anticipated to have any impact on children entering care at birth and their mothers.</p>	
<b>Race</b>	No identified impact.	
<b>Religion or Belief</b>	No identified impact.	
<b>Sex</b>	<p>In general, the children likely to be in scope of this proposal include more males. However, the support delivered through the Level 4 Fostering approach will not be differentiated between sexes, and will be offered based on need rather than sex.</p>	
<b>Sexual Orientation</b>	No identified impact.	
<b>Community Safety</b>	The specialist scheme will offer placements to those with the	This proposal will relate to a small cohort of children

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>highest level of need, particularly older children exhibiting challenging and/or risky behaviour within Southampton.</p> <p>Whilst the overall impact of remaining in the city is considered to be positive, there is a risk of negative impact on community safety. If antisocial behaviour persists within the placement this could have an impact on residents in the area. Furthermore, remaining within a locality could encourage a child or young person to persist in anti-social behaviours where this is linked to a social group or other local influences.</p>	<p>and young people (around 10). Each placement will be subject to assessment, which, on a case by case basis, will consider the impacts of the location of placement in order to take into account any individual circumstances and minimise risk for the young person, carers, and community. Ongoing assessment will be in place alongside wraparound support to address any behavioural needs.</p>
<b>Poverty</b>	No identified impact.	
<b>Health &amp; Wellbeing</b>	No identified impact.	
<b>Other Significant Impacts</b>	No other identified impact.	



## **Budget Proposals 2020/21 Equality and Safety Cumulative Impact Assessment**

February 2020

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# Equality and Safety Cumulative Impact Assessment

## Introduction

1. Southampton City Council, in line with its statutory responsibilities, undertakes Equality and Safety Impact Assessments (ESIAs). ESIAs provide a systematic way of assessing the impact of policies, strategies, programmes, projects, services or functions on different equality groups - and on poverty and community safety. During the council's annual budget cycle, ESIAs are completed for all proposals identified as requiring them to inform decision making.
2. This document draws into one place a summary of all the ESIAs for the 2020/21 budget proposals. This assessment focuses on service based proposals identified as having a direct impact on customers/residents. In addition, there are a range of budget proposals which are efficiencies and do not have a disproportionate impact for people within the equalities legislation, and therefore are not represented by ESIAs.
3. It is important to fully understand the impact of the budget proposals on equality groups (identified in paragraph 10) and on community safety, poverty and health and wellbeing. The council, working with others, will need to take action to mitigate the collective impact of any such proposals. Mitigating actions could include re-shaping services to target more efficiently and to reduce the potential of disproportionate impacts on equalities groups, community safety, poverty and health and wellbeing.
4. Consultation was undertaken with residents and stakeholders on the draft budget proposals between 16 October 2019 and 7 January 2020. Analysis on consultation feedback will be considered by the Cabinet before they finalise their budget proposals that will be recommended to Full Council in February 2020 when it will set the budget. Feedback from the consultation has been incorporated into the relevant individual Equality and Safety Impact Assessments and reflected in this updated version of the Cumulative Impact Assessment.

## Context

5. Local government has had to change significantly in response to ongoing changes in the city's profile, trends in customer behaviour, national and local policies and the austerity challenges. This is accompanied by ongoing challenges in the shape of rising demand in adults and children's social care.
6. On 4 September 2019 the Government published the Spending Round 2019, which announced additional funding for Local Government, in particular in relation to adult social care. The Government undertook consultation on the provisional local government finance settlement 2020 to 2021 in December 2019 and January 2020 and Southampton City Council is awaiting further information from the Government following the close of this consultation.
7. This Cumulative Impact Assessment covers the budget proposals for the financial year 2020/21 which are being considered by Cabinet from October 2019, and will be proposed to Full Council in February 2020. These proposals should be considered in addition to proposals set out in the [Cumulative Impact Assessment published in February 2019](#), which included proposals for 2019/20 and 2020/21. The overall impact

of both the decisions made in February 2019 and this set of proposals is demonstrated in **Appendix 1**.

## **Legal Framework – Equalities**

8. The Equality Duty, section 149 of the Equality Act, came into effect on 5<sup>th</sup> April 2011 and places a duty on all public bodies and others carrying out public functions.
9. The Public Sector Equality Duty (the Equality Duty) replaced three previous public sector equality duties – for race, disability and gender, and broadened the breadth of protected characteristics to include:
  - Age
  - Disability
  - Gender reassignment
  - Marriage and civil partnership, but only in respect of the requirements to have due regard to the need to eliminate discrimination.
  - Pregnancy and maternity
  - Race – ethnic or national origins, colour or nationality
  - Religion or Belief – including lack of belief
  - Sex
  - Sexual orientation.
10. The Act was designed to ensure public bodies consider the needs of all individuals in their day to day work, including: shaping policy, delivering services and employment of employees. It requires public bodies, such as local councils not to discriminate against any person on the basis of a protected characteristic such as disability. The legislation strengthened existing provisions about discrimination to also include associative and perceptive discrimination as well as direct and indirect discrimination.
11. Direct discrimination occurs when a rule, policy or practice offers less favourable treatment to a group and indirect discrimination occurs by introducing a rule, policy or practice that applies to everyone but particularly disadvantages people who have a protected characteristic. Direct discrimination will always be unlawful. Indirect discrimination will not be unlawful if it can be justified, for instance it can be shown that the rule, policy or practice was intended to meet a legitimate objective in a fair, balanced and reasonable way.
12. In considering whether or not any indirect discrimination is justified, the council must consider whether or not there is any other way to meet their objective that is not discriminatory or is less likely to disadvantage those with protected characteristics. This may well mean setting out clearly whether or not consideration has been given to other ways of achieving these objectives.
13. The Equality Duty does not impose a legal requirement to conduct an Equality and Safety Impact Assessment, rather it requires public bodies to demonstrate their consideration of the Equality Duty and the conscious thought of the Equality Duty as part of the process of decision-making. This entails an understanding of the potential effect the organisation's activities could have on different people and a record of how decisions were reached. Producing an Equality Impact Assessment post decision making is non-compliant with the Public Sector Equality Duty. For this reason the council requires adherence to the existing impact assessment framework.

## Legal Framework - Community Safety

14. Community Safety is a broad term. It refers to the protection of local communities from the threat and consequence of criminal and anti-social behaviour by achieving reductions in relation to both crime and the fear of crime.
15. Section 17 of the Crime and Disorder Act 1998, as amended by the Police and Justice Act 2006, requires responsible authorities to consider crime and disorder, including antisocial behaviour and other behaviour adversely affecting the local environment; and the misuse of drugs, alcohol and other substances in the exercise of all their duties, activities and decision-making. This means consideration must be given to the likely impact on crime and disorder in the development of any policies, strategies and service delivery. This responsibility affects all employees of the council.
16. This responsibility is summed up by guidance issued by the Home Office. This guidance describes the legal responsibility as: *'a general duty on each local authority to take account of the community safety dimension in all of its work. All policies, strategies, plans and budgets will need to be considered from the standpoint of their potential contribution to the reduction of crime and disorder'*.

## Other considerations

17. In line with the [Southampton Joint Health and Wellbeing 2017-2025](#), the council has committed to ensuring that health inequalities are taken into account in policy development, commissioning and service delivery. This means that consideration will be given to impacts on health and wellbeing in the ESIA's.
18. The council's approach on assessing the impact of its policies, proposals and decisions, is designed to demonstrate that it has acted over and above its statutory duties. This is reflected in including poverty in the ESIA, as the council is committed to addressing the impact on poverty for people in work and unemployed and for other low income households.
19. The ESIA's also consider any other significant impacts that in relation to the proposal and decision.

## Scope and our approach

20. This assessment identifies areas where there is a risk that changes resulting from individual budget proposals for 2020/21, may have, when considered together, negative impacts on particular groups.
21. It is important to note this is an ongoing process. As individual budget proposals are developed and implemented, they will be subject to further assessment. This assessment also describes mitigating actions that will need to be considered.
22. In order to inform decision-making on the budget proposals, the council has taken the following steps:
  - Managers identified proposals which in their view require an Equality and Safety Impact Assessment (ESIA).

- All budget proposals have been screened independently by a group of officers to consider whether or not an ESIA was required. This was based on an assessment of whether or not they were likely to have a disproportionate equalities impact on particular groups of residents, or have implications for community safety, health and wellbeing or increasing poverty.
- This resulted in a list of proposals for which an ESIA was clearly required and those for which further detail was needed to be gathered before making a decision.
- As a result of the screening, ESIA's have been produced for every proposal assessed as requiring one. These primarily focus on the impact of proposals on residents and service users.

23. This Cumulative Impact Assessment has been updated based on the final proposals and detail of individual ESIA's. It has also been informed by the feedback from residents and stakeholders as part of the public budget consultation.

## City Profile

24. The most recent data available for the population of Southampton is from the Hampshire County Council Small Area Population Forecast 2018. This puts the total figure at 256,459. There were 130,500 (51%) males and 125,959 (49%) females.

25. However, the 2011 Census provides a more detailed population profile for the city. According to this, in 2011 the city's population profile comprised 236,900 residents and:

- There were 117,429 females and 119,453 males, a 49.6% to 50.4% split.
- 77.7% of residents were white British (compared to 88.7% in 2001).
- The 'Other white' population, which includes migrants from Europe, increased by over 200% (from 5,519 to 17,461) compared to Census 2001.
- The largest percentage increase is in our 'other Asian' population, which increased from 833 to 5,281 people compared to Census 2001.
- It is estimated that there are 26,929 residents whose main language is not English; of these 717 cannot speak English at all and a further 4,587 do not speak it well. In 2019 there were 149 different languages spoken in schools across Southampton.
- 4,672 residents in Southampton are aged 85 or over, of whom 834 are in bad or very bad health and have a long-term illness or disability.

26. The Index of Multiple Deprivation (IMD) provides another range of data about the city. It focuses on the geographical profile of poverty but there is also a link between equality strands and risk factors for poverty. The most recent IMD was published in 2019, and covers the period between 2015/16. It indicates that, during this period, Southampton became relatively less deprived compared to other places in the country. Of the 317 local authorities in England, Southampton is now ranked 55<sup>th</sup> most deprived, compared to 54<sup>th</sup> in IMD 2015.

**Table1:**

**Budget Proposals: Negative Impact By Protected Characteristics, Community Safety, Health and Wellbeing and Poverty.**

Code	Description of Proposal	Age	Disability	Gender Reassignment	Marriage & Civil Partnership	Pregnancy & Maternity	Race	Religion & Belief	Sex	Sexual Orientation	Community Safety	Poverty	Health & Wellbeing	Other
1	Increasing availability of support and carrying out assessments more quickly to help people to return home after a short stay in residential care on discharge from hospital	*	*		*									
2	Making best use of the full range of services that are currently available to support people to live independently in a community setting	*	*		*							*		
3	Expanding the successful reablement service so more people benefit from short term, intensive support	*	*											
4	Occupational Therapy (OT) reviews to identify where equipment can be used to enable care to be provided in the home by one carer	*	*											*
5	Increased availability of housing with care options ('extra care') across the city	*	*											
6	Ensuring direct payments are being used in accordance with care and support plans to meet care needs		*									*		
7	The provision of better and earlier advice and information on adult social care and community support etc. to meet Care Act duties on promoting wellbeing and supporting independence	*	*				*					*		
8	Developing a 'Level 4' Specialist Foster Care scheme in Southampton	*	*								*			

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## Age – Older people

27. People in later life may be more likely to use some council services and so may be more vulnerable than the general population to reductions or changes in those services. This vulnerability will be worsened for those living on low incomes. Some older people may feel the impact of several proposals. Some of the most significant are those relating to social care, and accessing services and information.
28. The proposals for adult social care are designed to improve the quality of adult social care services and to ensure that the way that the council works gives people aged over 65 the best opportunity to live independently.
29. The proposals being considered in the Budget are designed to deliver support more older people to live independently. For example, the proposals will provide older people with improved access to advice and information, which may prevent any social care needs arising in the first place or worsening.
30. If and when older people do need support, these proposals offer more people “reablement care”. This is currently offered to people being discharged from hospital but it would be extended so that others could benefit. Reablement care is offered at no cost to the individual on a short term basis, in a way that is tailored to their needs. People who receive reablement care are more likely to reach their individual goals and to not need ongoing support, but ongoing support would still be available to those who need it. Older people identified as having lower level needs at any stage (this might be people who are receiving advice and information and those receiving reablement) will be offered options for how these needs could be met. It is anticipated that more people could benefit from telecare, hot meal delivery, befriending groups etc. to provide support and reassurance as a result of these proposals.
31. These proposals also mean that people being discharged from hospital into a care home would receive an earlier social care assessment with a view to supporting all those that can to return to their own homes. People in this situation generally already benefit from reablement care. They would also routinely be offered telecare and any other community based service that could support them to remain living independently at home. They would also have improved access to advice and information and support to plan ahead should their circumstances change. Older people who currently receive care at home from two carers would receive a review to see whether any equipment could mean that care could safely be given by one carer.
32. These Budget proposals may impact on individuals affected by Budget proposals agreed by Council in February 2019. The Budget decision taken in February 2019 to increase the amount some people have to pay towards their non-residential care (home care) means that some may face financial hardship if they are required to make a further contribution towards the cost of telecare, hot meal delivery or any other chargeable service provided in addition to home care. There is a mechanism in place to mitigate any negative impact of this by taking into account essential expenditure incurred because of a person’s disability as part of their financial assessment. For example, the cost of telecare and other services would not be taken into account as income as it is a disability related expense. This means that the person would not be worse off overall because of having to pay for these services. In exceptional circumstances, the council will consider options to defer, suspend or waive any charges.

33. Adult social care decisions are undertaken in the best interest of the individual taking personal circumstances into account, and cumulative impacts will be considered on a case by case basis where appropriate.
34. **1: Increasing availability of support and carrying out assessments more quickly to help people to return home after a short stay in residential care on discharge from hospital.** Southampton City Council is proposing to increase the level of support to help more people to return home after a short stay in residential care following discharge from hospital.
35. Some people need to spend a period of time in residential care after being discharged from hospital and before they can return home. This proposal will use existing policies and processes to ensure that the right support is available to help more people regain their independence and move home from these short term placements more quickly. This will involve an assessment being carried out more quickly by a social work practitioner after the individual has been discharged from hospital into residential or nursing care. This will help to make sure that suitable care arrangements are put in place as quickly as possible to support someone to return home in line with their and their family's wishes, before there is any deterioration in the individual's ability to return home. This might involve the provision of home care, reablement care and therapy, adaptations, the use of telecare and other community support.
36. We will increase the proportion of people who return home after a short-term period in a residential care bed following discharge from hospital, in line with national best practice benchmarks.
37. Individuals will only be return home where it is safe and reasonable to do so, and with appropriately assessed care and carers packages in place in line with statutory requirements and guidance. If residential or nursing care was subsequently required, this would be arranged from home in a planned way and in the person's best interests. Any assessments would be undertaken in consultation with those affected.
38. We have identified the following impacts:
- Older people are more likely to be impacted by this proposal, as it is typically older people (aged over 65) who are discharged from hospital into short stay residential care who then go on to become a permanent resident.
  - Just over 13% of the population in Southampton are aged over 65 (33,508 people) which is lower than the national average of 18.2%.
  - The primary impact of this proposal will be that individuals needing a short time in residential care between hospital discharge and returning home, spend less time in that residential setting overall.
  - Last year, 14 people were discharged in to a residential care home from hospital. 5 returned home after a short stay and 9 became permanent residents. If this proposal is adopted and there were 14 people discharged in similar circumstances, this proposal would mean that 12 would be supported to return home after a short stay and 2 would become permanent residents.
  - Some people or their families might prefer them to become permanent residents rather than being supported to return home and to make the decision from there. These preferences will be considered in line with the Care Act 2014.

39. We have identified the following mitigations:

- Robust application of Care Act Principles: assessments and reviews will be needs-driven, and the requirements of statutory guidance in respect of choice, access to advocacy where needed and the involvement of carers.
- The Mental Capacity Act will be used where appropriate to protect the needs and rights of the individuals.
- Assessments will be carried out swiftly on discharge from hospital to enable the right support to be put in place to facilitate a safe return home for the individual.
- 'Discharge to assess' models will be kept under review to make sure they are working as intended so that (i) short-term admissions to care homes do not end up becoming long-term placements. For example, persuading someone to enter short-term care that is really long-term care because there are no therapies or reablement is wrong in human, consumer and financial terms and ties up budgets; (ii) premature or inappropriate discharge arrangements do not result in readmission to hospital.
- Care planning and communication with individuals and families will involve providing clear information about care options, including cost (now and in the future) implications for individual charges of any changes or transfers in care settings.

40. Southampton City Council's driving principle in our approach to supporting people to return home is that individuals are offered the right care, in the right place, at the right time. Best practice guidance states that no one should be admitted directly to long-term care from hospital unless in very exceptional circumstances e.g. for end-of-life care where this is not possible at home. The default pathway should be discharge home, with the right support; reablement (tailored support to maximise a person's capabilities and confidence) should always be considered. This proposal will positively support this approach.

41. For all groups, this proposal will support more people to return to living within their own homes more quickly, with the right care and support in place to enable them to do so.

42. This proposal will also help ensure that Southampton City Council meets best practice guidelines around supporting independence and decision making regarding an individual's care and support arrangements.

43. **2: Making best use of the full range of services that are currently available to support people to live independently in a community setting.** Southampton City Council provides support to customers through telecare and other home based community support such as meals on wheels. This allows customers to receive support quickly and efficiently when they need it within their own homes, and making sure that it is the most appropriate help for their needs, whilst promoting their independence. In order to provide the most cost effective service that is able to support customers in the best way possible, it has been proposed to meet lower level needs through increased use of telecare and community support.

44. The proposal is to bring the Southampton City Council's activity in line with recommendations on the provision of small home care packages made by the Institute of Public Care, Oxford Brookes University.

45. The needs of approximately 400 clients with lower level needs are currently met through home care packages provided by a care agency. Over 5 years, this is expected to reduce to about 100 clients, with more clients being better supported to

live independently through improved access to support provided by the voluntary sector (for example through the recently launched SO:Linked project which includes a community navigation service to link people with support available in the city and their communities); the use of telecare (for example, through the provision of a medication dispenser and an alarm unit); through the delivery of hot meals (for example, from City Catering) or by identifying additional community support by using an online community resource directory.

46. This proposal is about applying a 'strengths-based' approach as the council carries out social care assessments for new clients, which mirrors the approach proposed for existing clients as their packages of care are reviewed. New clients will be offered alternatives to meet their needs, in accordance with the council's existing policy.

47. The provision of telecare, hot meal delivery, support from friends, neighbours and community groups and other 'strengths-based' approaches would be considered as part of a Care Act individual needs assessment, before a homecare package was approved. Clients will continue to receive the care and support needed to meet their needs in full, and community based alternatives to home care will only be offered where safe and appropriate in line with the client's assessed need.

48. We have identified the following impacts:

- Older people are more likely to be impacted by this proposal, as it is typically older people (aged over 65) who have home care packages to meet lower level needs.
- Just over 13% of the population in Southampton are aged over 65 (33,508 people) which is lower than the national average of 18.2%.
- Some individuals or their families might prefer to have a homecare package than the alternative offered or agreed to meet their needs. These preferences would be considered under the Care Act 2014.

49. We have identified the following mitigations:

- Robust application of Care Act Principles: assessments and reviews will be needs-driven, and the requirements of statutory guidance in respect of choice, access to advocacy where needed and the involvement of carers.
- The Mental Capacity Act will be used where appropriate to protect the needs and rights of the individuals.
- Care planning and communication with individuals and families will involve providing clear information about care options, including cost (now and in the future) implications for individual charges of any changes or transfers in care settings.

50. As well as supporting greater levels of independence, this proposal is expected to deliver savings to the home care budget, as it is more cost effective to provide support by developing and supporting community networks, telecare and hot meal delivery than paying agencies to provide home care. This is expected to have the added benefit of preventing needs arising and delaying needs becoming more complex, and the home care capacity freed up can be used to support people for whom community support would not be suitable or sufficient.

51. Across all groups, this proposal will provide more options for lower level care needs to be met within the home and community, supporting increased independence in an efficient and cost effective way.

52. This proposal will also support the council to meet best practice guidelines around supporting independence and decision making regarding an individual's care and support arrangements.
53. **3: Expanding the successful reablement service so more people benefit from short term, intensive support.** Southampton has a well-established approach to reablement care, providing short term, tailored and intensive support to maximise independence, which in turn can prevent, defer or reduce the need for a long-term care package.
54. The council's activity is currently not in line with the highest performing authorities for the provision of reablement care, as defined by the Institute of Public Care, Oxford Brookes University and as identified through an independent review of adult social care carried out by the Local Government Association in May 2019. This proposal will use existing policies and processes to increase the number of people who are offered reablement services, and therefore reduce overall need for longer term care packages.
55. The current focus is on providing reablement care to people being discharged from hospital, but this proposal will widen this to ensure that it can be offered to people living at home, who approach the council for support for the first time or when their needs change. People who are identified as being most likely to benefit from reablement care will be prioritised for the expanded service.
56. Currently, approximately 26% of people who could benefit from reablement receive this service (approximately 189 people a year). Over 5 years, this is expected to increase to 70% of people who could benefit (approximately 511 people a year in total, if the overall number of people remains the same).
57. Following reablement, approximately 50% of people do not require a long-term package of care, as the reablement has given them the skills, confidence and ability to live independently without this.
58. This would meet the targets defined by Oxford Brookes University's Institute of Public Care (an academic body that sets standards for the quality of adult social care provision).
59. Clients will continue to receive the care and support needed to meet their needs in full in line with the Care Act 2014. Client's needs, wishes and preferences will continue to be taken into consideration in relation to the provision of care.
60. We have identified the following impacts:
- Older people are more likely to be impacted by this proposal, as it is typically older people (aged over 65) who have home care packages, but this would be a positive impact, as more people would be receiving a service that leads to improved outcomes.
  - Just over 13% of the population in Southampton are aged over 65 (33,508 people) which is lower than the national average of 18.2%.
  - The proposal will widen the scope of offers to be made to include reablement care to people being discharged from hospital and people living in their homes. Under the Care Act people are entitled to request a full assessment at any time.

61. We have identified the following mitigations:

- Robust application of Care Act Principles: assessments and reviews will be needs-driven, and the requirements of statutory guidance in respect of choice, access to advocacy where needed and the involvement of carers.
- The Mental Capacity Act will be used where appropriate to protect the needs and rights of the individuals.
- Assessments will be carried out swiftly on discharge from hospital to enable the right support to be put in place to facilitate a safe return home for the individual.
- Care planning and communication with individuals and families will involve providing clear information about care options, including cost (now and in the future) implications for individual charges of any changes or transfers in care settings.
- This proposal will provide more options for lower level care needs to be met within the home and community, supporting increased independence in an efficient and cost effective way.

62. Proposals will be in line with the Care Act 2014 and client's needs and wishes (preferences) would continue to be considered as well as kept under review on an ongoing basis.

63. This proposal will support the council to meet best practice guidelines around supporting independence.

64. The proposal will increase the proportion of people being offered reablement (short term, tailored and intensive support to maximise independence), preventing, deferring or reducing the need for a long-term care package. The proposal will also widen the scope of people being offered reablement.

**65. 4: Occupational Therapy (OT) reviews to identify where equipment can be used to enable care to be provided in the home by one carer.** Southampton has a well-established Occupational Therapy (OT) service which currently provides clients with double handed care (the use of two carers) with clients who require manual handling.

66. As part of normal review processes, the council will review whether current care packages are right for clients, and in cases of double handed care, whether that client still requires two carers at once. This may change because of changing need, or the introduction of new equipment and technologies.

67. The proposal is to have Occupational Therapy review all double handed care packages that are being supplied by the council and, where appropriate, reduce this through training and/or the introduction of new equipment, having undertaken appropriate customer, staff and contractor risk assessments.

68. Clients will continue to receive the care and support needed to meet their needs in full. In the future, this may be through one carer using equipment and the latest techniques.

69. We have identified the following impacts:

- Older people are more likely to be impacted by this proposal, as it is typically older people (aged over 65) who receive double handed care packages.
- Some clients who currently receive double handed care and are visited by two carers at a time will see a change in their support package, reducing to one carer. This will only be implemented after a review of individual care packages in line with statutory guidance and having undertaken appropriate H&S risk assessments

for staff and contractors to ensure that this reduction can be made safely, and the needs of the client will continue to be met.

- Currently, approximately 200 people are receiving care packages requiring two carers in attendance at once.
- Clients may have new equipment installed in their homes, and this will be done in agreement with the client and/or their representatives, and training and support will be provided.

70. We have identified the following mitigation:

- Clients will continue to have their needs met in full through a safe way of working and this would be kept under regular review.

71. The hoist and sling (MoLift) will be similar in size to the hoist that is currently used for two handed care. The storage and use of the sling will be similar also. The care agency and the family members will need specific training in single handed care and the functions of the hoist. This training will be the responsibility of the prescribing staff member. The care agency will disseminate the training to ensure all carers in attendance are able to use the hoist.

72. This proposal will support the council to meet best practice guidelines around supporting independence.

73. Home care resources will be freed up to support more people in the city (for example, speeding up discharges from hospital, people not having to wait as long for a home care package to start). Clients will be provided with a more tailor-made, personalised level of support in order to provide maximised independence to our clients.

74. **5. Increased availability of housing with care options ('extra care') across the city.** Southampton City Council has made a commitment to increase its supply of housing with care (also referred to as 'extra care' housing) in line with local and national agendas. Housing with care refers to specialist housing designed to effectively accommodate people with additional needs, mostly related to old age and disability (e.g. frailty, mobility and cognitive issues), who would normally struggle to live independently in ordinary housing.

75. The proposal is to expand citywide provision of housing with care to support more people in community based settings and to reduce the city's reliance on residential care. This approach links to other key agendas for the city, such as the Southampton City Five Year Health & Care Strategy, The Better Care Plan, and housing and adult social care services around personalised support offer.

76. There are currently five housing with care schemes in the city, jointly providing capacity of around 160 units of adapted accommodation for people with needs. Four of these schemes are owned and managed by SCC, and one scheme by Saxon Weald. To maximise the use of this type of housing to support people with care needs most effectively, the city is developing a further 450 – 500 units of extra care housing over the next eight years. This includes Potter's Court, which will be one of the schemes developed as a part of the wider delivery programme and will produce 84 units of extra care accommodation, due to go live in October 2020.

77. Potter's Court will be available to individuals over the age of 18 who have an assessed care and housing need. However, this is a positive impact – it increases choice of care options for people with needs. Other extra care housing schemes in the city are

currently available to older adults (the age depends on the scheme, but is generally aimed at people who are aged 55 and over). Age criteria for new schemes being planned for the city will be determined following an evaluation of the Potter's Court scheme (and the adjacent new supported housing scheme at Kiln Court).

78. A number of individuals accessing Potter's Court will have significant care needs. The referrals will come from community settings as well as from residential care. This strategy will result in significant savings to SCC (care delivery is more cost effective in housing with care), but most importantly, housing with care will provide a better environment for people requiring care.
79. Only people who have been assessed as being suitable for extra care housing will be offered this as an option, based on meeting need and taking account of any preferences expressed by individuals and their families, in accordance with the council's Care and Support Planning Policy and relevant legislation.
80. Overall, the council's strategy to deliver more housing with care accommodation is expected to have a positive impact on people with support needs. This proposal will offer the city's residents suitable accommodation in an independent living setting, while traditionally an alternative for this type of housing would be residential care, which is associated with a loss of independence and an institutional setting.
81. In addition, housing with care plays a preventative function, whereby people who are likely to develop needs are identified early and encouraged to move to extra care to help manage their conditions. Housing with care can act as a direct alternative to institutional (residential and nursing) care, and contribute to the number of options available to people with support needs.
82. **7. The provision of better and earlier advice and information on adult social care and community support etc. to meet Care Act duties on promoting wellbeing and supporting independence.** Information is currently provided to the public on support services available in the city via the Southampton Information Directory (SID).
83. The proposal is to explore alternative web-based advice system and/or improvements to the current SID system for adult social care.
84. This will be kept more regularly updated with advice and information about support available in people's communities that can help to prevent needs arising and help to keep people independent and well.
85. We will also maximise the use of SO:Linked, the new Community Support framework that has been commissioned in Southampton (and is provided by Southampton Voluntary Services) to signpost people to support.
86. Overall this is expected to reduce demand on council delivered support services, through signposting and self-service, and to help prevent problems from escalating.
87. We have identified the following impacts:
  - Older people are more likely to be impacted by this proposal, as it is typically older people (aged over 65) who have adult social care needs that can be prevented or deferred through the provision of advice and information.

- Some clients who currently use the Southampton Information Directory may need to visit an alternative website. This would be supported through clear communications and messaging to alert users to any change.
- Some users currently access information on support services through intermediaries. For example, they will visit face to face advice centres, ask for advice from care and support workers, or phone the council or other advice lines. These users will experience no direct impact, as these channels will remain.

88. We have identified the following mitigations:

- Communications will be accessible and tailored.
- The existing council provided Connect Service will remain available to provide telephone and email advice and support and triage clients with the most complex needs for appropriate follow up.
- The use of systems will be monitored in order to identify any safeguarding concerns, which will then be addressed.
- The service will complement existing services in order to meet Care Act requirements to provide early advice and support in order to prevent needs arising.

89. This proposal is anticipated to have an overall positive impact. The Community Network framework will enable more people to access more help and support in the community, with the improved web-based advice service helping more people to find out what support is available.

## **Age - Children and young people**

90. Nearly a quarter of children live in poverty in the city and this figure rises to almost 40% in one of our most deprived wards. Continued economic and social pressures on families, including the impact of welfare reforms, are likely to put increase pressure on support services.

91. The proposal being considered relating to children and young people introduces a Specialist Foster Care scheme in Southampton, children and young people with complex behavioural needs who are currently placed in out of city Residential Settings or Independent Fostering Agency placements.

92. This scheme will only impact a small cohort of around 10 children and young people. These will be children and young people requiring specialist support relating to complex behavioural needs. The proposal does not impact any universal services (services available to the general public) or other cohorts of individuals receiving support such as children with Special Educational Needs or Disabilities (SEND). Any child or young person will be assessed on a case by case basis before a placement is made under this proposal, and any cumulative impacts of local and national policies will be assessed on a case by cases basis. The placement will only be made in the best interest of the child or young person.

**93.8: Fostering: Developing a 'Level 4' Specialist Foster Care scheme in Southampton.** The proposal is to develop a Specialist Foster Care scheme in Southampton, by introducing an additional level (level 4) to the fee structure, for those carers able to care for children and young people with complex behavioural needs who are currently placed in out of city Residential Settings or Independent Fostering Agency placements.

94. The specialist scheme will offer placements to those with the highest level of need, particularly older children exhibiting challenging and/or risky behaviour who would currently be more likely to be placed externally.
95. This enhanced 'Level 4' service will enable Looked After Children (LAC), for whom Southampton City Council hold a corporate parenting responsibility, to be brought back into the city to access specialist in-house foster care services and therefore improve overall outcomes, increasing their chances to be successful. This proposal also allows the service to reduce the dependency on specialist services being purchased outside of the city, where positive outcomes are impacted due to children being geographically dispersed.
96. We have identified the following impacts:
- This proposal will mostly impact children and young people – predominantly the 'older' age group (generally 10-18).
  - The initial capacity of the service would mean that this service will impact around 10 children.
  - The overall impact is anticipated to be positive for these children, by ensuring that the council can deliver a 'wrap-around' and holistic services including therapeutic work and education within the city.
  - Remaining within their communities and familiar settings will be minimise disruption to children when placed in a care setting.
97. We have identified the following mitigations:
- Full assessments will be undertaken to ensure that the placement is safe and suitable for the individual child and meets their needs.
  - If a child is being moved from an out of city residential placement, a full assessment will be undertaken to ensure that the move is positive and will not have negative impacts on the child or young person.
98. This proposal is anticipated to have an overall positive impact for children and young people who are currently or would be placed outside the city, by ensuring that the council can deliver a 'wrap-around' and holistic services including therapeutic work and education within the city.
99. Outcomes for those children and young people are expected to improve, as remaining within their communities and familiar settings will be less disruptive when placed in a care setting. Remaining within the city will also support children's social care practitioners to be continually revisiting opportunities for children to return home to their families at the earliest point.
100. Staff time will be reduced in terms of travelling to visit children if they are within the city boundaries, meaning that workers will be more productive and can achieve better outcomes for our children and young people. Dependency on longer term services can again be minimised by ensuring that children are able to access good quality local education, health support and mental health support in their local area.
101. Improving our 'in house' foster care service will also reduce costs of individual placements (recognising that out of city Residential or IFA placements are generally higher cost), meaning that funds can be used effectively to meet need across the service.

## Disability

102. According to the Equality Act 2010, a person has a disability if he or she has a physical or mental impairment which has a long term adverse effect on that person's ability to carry out day to day activities. People living with a disability may feel the impact of several proposals. Some of the most significant are those relating to accessing services, information and social care. Below is a summary of the main proposals that may impact on people with a physical or mental impairment.
103. The proposals for adult social care are designed to improve the quality of adult social care services and to ensure that the way that the council works gives people living with a disability the best opportunity to live independently.
104. The proposals for the Budget are designed to deliver support more people to live independently. For example, people living with a disability will have improved access to advice and information, which may prevent any social care needs arising in the first place or worsening.
105. If and when an individual does need support, these proposals offer more people "reablement care". This is currently offered to people being discharged from hospital but it would be extended so that others could benefit. Reablement care is offered at no cost to the individual on a short term basis, in a way that is tailored to their needs. People who receive reablement care are more likely to reach their individual goals and to not need ongoing support, but ongoing support would still be available to those who need it. People living with a disability, identified as having lower level needs at any stage (this might be people who are receiving advice and information and those receiving reablement) will be offered options for how these could be met. It is anticipated that more people could benefit from telecare to provide support and reassurance.
106. People living with a disability who currently receive care at home from two carers would receive a review to see whether any equipment could mean that care could safely be given by one carer. People in this situation may have previously been given advice and information or have received reablement care, but these proposals are not expected to result in any negative impacts on people living with a disability.
107. These proposals may impact on some individuals living with a learning disability and their carers who were subject to the previous proposal to close the Kentish Road residential respite unit. This scheme has now reopened and the current proposals are not considered to impact on their continuing use of the scheme or alternative respite care provision. All respite placements are carefully considered following a full assessment of an individual's needs and taking into account individual preferences. These safeguards will continue to form a crucial part of the council's approach to mitigating any negative impacts on individuals that may have been unforeseen.
108. The Budget decision taken in February 2019 to increase the amount some people have to pay towards their non-residential care (home care) means that some people may face financial hardship if they are required to make a further contribution towards the cost of telecare, hot meal delivery or any other chargeable service provided in addition to home care. There is a mechanism in place to mitigate any negative impact of these by taking into account essential expenditure incurred because of a person's disability as part of their financial assessment (for example, the cost of telecare and

other services would not be taken into account as income, which means that the person would not be worse off because of having to pay for this).

109. Adult social care decisions are undertaken in the best interest of the individual taking personal circumstances into account, and cumulative impacts will be considered on a case by case basis where appropriate.

110. **1: Increasing availability of support and carrying out assessments more quickly to help people to return home after a short stay in residential care on discharge from hospital.** Southampton City Council is proposing to increase the level of support to help more people to return home after a short stay in residential care following discharge from hospital.

111. Some people need to spend a period of time in residential care after being discharged from hospital and before they can return home. This proposal will use existing policies and processes to ensure that the right support is available to help more people regain their independence and move home from these short term placements more quickly. This will involve an assessment being carried out more quickly by a social work practitioner after the individual has been discharged from hospital into residential or nursing care. This will help to make sure that suitable care arrangements are put in place as quickly as possible to support someone to return home in line with their and their family's wishes, before there is any deterioration in the individual's ability to return home. This might involve the provision of home care, reablement care and therapy, adaptations, the use of telecare and other community support.

112. We will increase the proportion of people who return home after a short-term period in a residential care bed following discharge from hospital, in line with national best practice benchmarks.

113. Individuals will only be return home where it is safe and reasonable to do so, and with appropriately assessed care and carers packages in place in line with statutory requirements and guidance. If residential or nursing care was subsequently required, this would be arranged from home in a planned way and in the person's best interests. Any assessments would be undertaken in consultation with those affected.

114. We have identified the following impacts:

- People living with a disability are more likely to be impacted by this proposal, as it is typically people with disabilities or impairments who are discharged from hospital into short stay residential care who then go on to become a permanent resident.
- The primary impact of this proposal will be that individuals needing a short time in residential care between hospital discharge and returning home, spend less time in that residential setting overall.
- Last year, 14 people were discharged in to a residential care home from hospital. 5 returned home after a short stay and 9 became permanent residents. If this proposal is adopted and there were 14 people discharged in similar circumstances, this proposal would mean that 12 would be supported to return home after a short stay and 2 would become permanent residents.
- Some people or their families might prefer them to become permanent residents rather than being supported to return home and to make the decision from there. These preferences will be considered in line with the Care Act 2014.

115. We have identified the following mitigations:
- Robust application of Care Act Principles: assessments and reviews will be needs-driven, and the requirements of statutory guidance in respect of choice, access to advocacy where needed and the involvement of carers.
  - The Mental Capacity Act will be used where appropriate to protect the needs and rights of the individuals.
  - Assessments will be carried out swiftly on discharge from hospital to enable the right support to be put in place to facilitate a safe return home for the individual.
  - 'Discharge to assess' models will be kept under review to make sure they are working as intended so that (i) short-term admissions to care homes do not end up becoming long-term placements. For example, persuading someone to enter short-term care that is really long-term care because there are no therapies or reablement is wrong in human, consumer and financial terms and ties up budgets; (ii) premature or inappropriate discharge arrangements do not result in readmission to hospital.
  - Care planning and communication with individuals and families will involve providing clear information about care options, including cost (now and in the future) implications for individual charges of any changes or transfers in care settings.
116. Southampton City Council's driving principle in our approach to supporting people to return home is that individuals are offered the right care, in the right place, at the right time. Best practice guidance states that no one should be admitted directly to long-term care from hospital unless in very exceptional circumstances e.g. for end-of-life care where this is not possible at home. The default pathway should be discharge home, with the right support; reablement (tailored support to maximise a person's capabilities and confidence) should always be considered. This proposal will positively support this approach.
117. This proposal would improve the situation for people living with a disability as a timely review and the right support would enable them to return home, rather than become permanent residential care residents.
118. For all groups, this proposal will support more people to return to living within their own homes more quickly, with the right care and support in place to enable them to do so.
119. This proposal will also help ensure that Southampton City Council meets best practice guidelines around supporting independence and decision making regarding an individual's care and support arrangements.
120. **2: Making best use of the full range of services that are currently available to support people to live independently in a community setting.** Southampton City Council provides support to customers through telecare and other home based community support such as meals on wheels. This allows customers to receive support quickly and efficiently when they need it within their own homes, and making sure that it is the most appropriate help for their needs, whilst promoting their independence. In order to provide the most cost effective service that is able to support customers in the best way possible, it has been proposed to meet lower level needs through increased use of telecare and community support.
121. The proposal is to bring the Southampton City Council's activity in line with recommendations on the provision of small home care packages made by the Institute of Public Care, Oxford Brookes University.

122. The needs of approximately 400 clients with lower level needs are currently met through home care packages provided by a care agency. Over 5 years, this is expected to reduce to about 100 clients, with more clients being better supported to live independently through improved access to support provided by the voluntary sector (for example through the recently launched SO:Linked project which includes a community navigation service to link people with support available in the city and their communities); the use of telecare (for example, through the provision of a medication dispenser and an alarm unit); through the delivery of hot meals (for example, from City Catering) or by identifying additional community support by using an online community resource directory.
123. This proposal is about applying a 'strengths-based' approach as the council carries out social care assessments for new clients, which mirrors the approach proposed for existing clients as their packages of care are reviewed. New clients will be offered alternatives to meet their needs, in accordance with the council's existing policy.
124. The provision of telecare, hot meal delivery, support from friends, neighbours and community groups and other 'strengths-based' approaches would be considered as part of a Care Act individual needs assessment, before a homecare package was approved. Clients will continue to receive the care and support needed to meet their needs in full, and community based alternatives to home care will only be offered where safe and appropriate in line with the client's assessed need.
125. We have identified the following impacts:
- People living with a disability will be impacted by this proposal, as it is disabled people who have home care packages to meet lower level needs.
  - Some individuals or their families might prefer to have a homecare package than the alternative offered or agreed to meet their needs. These preferences would be considered under the Care Act 2014.
126. We have identified the following mitigations:
- Robust application of Care Act Principles: assessments and reviews will be needs-driven, and the requirements of statutory guidance in respect of choice, access to advocacy where needed and the involvement of carers.
  - The Mental Capacity Act will be used where appropriate to protect the needs and rights of the individuals.
  - Care planning and communication with individuals and families will involve providing clear information about care options, including cost (now and in the future) implications for individual charges of any changes or transfers in care settings.
127. As well as supporting greater levels of independence, this proposal is expected to deliver savings to the home care budget, as it is more cost effective to provide support by developing and supporting community networks, telecare and hot meal delivery than paying agencies to provide home care. This is expected to have the added benefit of preventing needs arising and delaying needs becoming more complex, and the home care capacity freed up can be used to support people for whom community support would not be suitable or sufficient.
128. Across all groups, this proposal will provide more options for lower level care needs to be met within the home and community, supporting increased independence in an efficient and cost effective way.

129. This proposal will also support the council to meet best practice guidelines around supporting independence and decision making regarding an individual's care and support arrangements.
130. **3: Expanding the successful reablement service so more people benefit from short term, intensive support.** Southampton has a well-established approach to reablement care, providing short term, tailored and intensive support to maximise independence, which in turn can prevent, defer or reduce the need for a long-term care package.
131. The council's activity is currently not in line with the highest performing authorities for the provision of reablement care, as defined by the Institute of Public Care, Oxford Brookes University and as identified through an independent review of adult social care carried out by the Local Government Association in May 2019. This proposal will use existing policies and processes to increase the number of people who are offered reablement services, and therefore reduce overall need for longer term care packages.
132. The current focus is on providing reablement care to people being discharged from hospital, but this proposal will widen this to ensure that it can be offered to people living at home, who approach the council for support for the first time or when their needs change. People who are identified as being most likely to benefit from reablement care will be prioritised for the expanded service.
133. Currently, approximately 26% of people who could benefit from reablement receive this service (approximately 189 people a year). Over 5 years, this is expected to increase to 70% of people who could benefit (approximately 511 people a year in total, if the overall number of people remains the same).
134. Following reablement, approximately 50% of people do not require a long-term package of care, as the reablement has given them the skills, confidence and ability to live independently without this.
135. This would meet the targets defined by Oxford Brookes University's Institute of Public Care (an academic body that sets standards for the quality of adult social care provision).
136. Clients will continue to receive the care and support needed to meet their needs in full in line with the Care Act 2014. Client's needs, wishes and preferences will continue to be taken into consideration in relation to the provision of care.
137. We have identified the following impacts:
- People living with a disability are more likely to be impacted by this proposal, as it is typically people living with a disability who have home care packages but this would be a positive impact, as more people would be receiving a service that leads to improved outcomes.
  - The proposal will widen the scope of offers to be made to include reablement care to people being discharged from hospital and people living in their homes. Under the Care Act people are entitled to request a full assessment at any time.

138. We have identified the following mitigations:

- Robust application of Care Act Principles: assessments and reviews will be needs-driven, and the requirements of statutory guidance in respect of choice, access to advocacy where needed and the involvement of carers.
- The Mental Capacity Act will be used where appropriate to protect the needs and rights of the individuals.
- Assessments will be carried out swiftly on discharge from hospital to enable the right support to be put in place to facilitate a safe return home for the individual.
- Care planning and communication with individuals and families will involve providing clear information about care options, including cost (now and in the future) implications for individual charges of any changes or transfers in care settings.
- This proposal will provide more options for lower level care needs to be met within the home and community, supporting increased independence in an efficient and cost effective way.

139. Proposals will be in line with the Care Act 2014 and client's needs and wishes (preferences) would continue to be considered as well as kept under review on an ongoing basis.

140. This proposal will support the council to meet best practice guidelines around supporting independence.

141. The proposal will increase the proportion of people being offered reablement (short term, tailored and intensive support to maximise independence), preventing, deferring or reducing the need for a long-term care package. The proposal will also widen the scope of people being offered reablement.

142. **4: Occupational Therapy (OT) reviews to identify where equipment can be used to enable care to be provided in the home by one carer.** Southampton has a well-established Occupational Therapy (OT) service which currently provides clients with double handed care (the use of two carers) with clients who require manual handling.

143. As part of normal review processes, the council will review whether current care packages are right for clients, and in cases of double handed care, whether that client still requires two carers at once. This may change because of changing need, or the introduction of new equipment and technologies.

144. The proposal is to have Occupational Therapy review all double handed care packages that are being supplied by the council and, where appropriate, reduce this through training and/or the introduction of new equipment, having undertaken appropriate customer, staff and contractor risk assessments.

145. Clients will continue to receive the care and support needed to meet their needs in full. In the future, this may be through one carer using equipment and the latest techniques.

146. We have identified the following impacts:

- People living with a disability people are more likely to be impacted by this proposal, as it is typically disabled people who receive double up care packages.
- Some clients who currently receive double handed care and are visited by two carers at a time will see a change in their support package, reducing to one carer. This will only be implemented after a review of individual care packages in line with statutory guidance and having undertaken appropriate H&S risk assessments for staff and contractors to ensure that this reduction can be made safely, and the needs of the client will continue to be met.

- Currently, approximately 200 people are receiving care packages requiring two carers in attendance at once.
- Clients may have new equipment installed in their homes, and this will be done in agreement with the client and/or their representatives, and training and support will be provided.

147. We have identified the following mitigation:

- Clients will continue to have their needs met in full through a safe way of working and this would be kept under regular review.

148. The hoist and sling (MoLift) will be similar in size to the hoist that is currently used for two handed care. The storage and use of the sling will be similar also. The care agency and the family members will need specific training in single handed care and the functions of the hoist. This training will be the responsibility of the prescribing staff member. The care agency will disseminate the training to ensure all carers in attendance are able to use the hoist.

149. This proposal will support the council to meet best practice guidelines around supporting independence.

150. Home care resources will be freed up to support more people in the city (for example, speeding up discharges from hospital, people not having to wait as long for a home care package to start). Clients will be provided with a more tailor-made, personalised level of support in order to provide maximised independence to our clients.

151. **5. Increased availability of housing with care options ('extra care') across the city.** Southampton City Council has made a commitment to increase its supply of housing with care (also referred to as 'extra care' housing) in line with local and national agendas. Housing with care refers to specialist housing designed to effectively accommodate people with additional needs, mostly related to old age and disability (e.g. frailty, mobility and cognitive issues), who would normally struggle to live independently in ordinary housing.

152. The proposal is to expand citywide provision of housing with care to support more people in community based settings and to reduce the city's reliance on residential care. This approach links to other key agendas for the city, such as the Southampton City Five Year Health & Care Strategy, The Better Care Plan, and housing and adult social care services around personalised support offer.

153. There are currently five housing with care schemes in the city, jointly providing capacity of around 160 units of adapted accommodation for people with needs. Four of these schemes are owned and managed by SCC, and one scheme by Saxon Weald. To maximise the use of this type of housing to support people with care needs most effectively, the city is developing a further 450 – 500 units of extra care housing over the next eight years. This includes Potter's Court, which will be one of the schemes developed as a part of the wider delivery programme and will produce 84 units of extra care accommodation, due to go live in October 2020.

154. Potter's Court will be purpose-built to meet the needs of disabled people. This can include people with Mental Health, Learning Disabilities and physical disabilities. It will have appropriate support and care on site to cater to needs effectively.

155. Other extra care housing schemes in the city are also purpose-built or adapted to meet the needs of disabled people and have appropriate care and support on site. The

design of future schemes will take into account an evaluation of the scheme at Potter's Court when it opens in 2020.

156. A number of individuals accessing Potter's Court will have significant care needs. The referrals will come from community settings as well as from residential care. This strategy will result in significant savings to SCC (care delivery is more cost effective in housing with care), but most importantly, housing with care will provide a better environment for people requiring care.
157. Only people who have been assessed as being suitable for extra care housing will be offered this as an option, based on meeting need and taking account of any preferences expressed by individuals and their families, in accordance with the council's Care and Support Planning Policy and relevant legislation.
158. Overall, the council's strategy to deliver more housing with care accommodation is expected to have a positive impact on people with support needs. This proposal will offer the city's residents suitable accommodation in an independent living setting, while traditionally an alternative for this type of housing would be residential care, which is associated with a loss of independence and an institutional setting.
159. In addition, housing with care plays a preventative function, whereby people who are likely to develop needs are identified early and encouraged to move to extra care to help manage their conditions. Housing with care can act as a direct alternative to institutional (residential and nursing) care, and contribute to the number of options available to people with support needs.
160. **6. Ensuring direct payments are being used in accordance with care and support plans to meet care needs.** Southampton City Council currently pays Direct Payments to 326 Adult Social Care clients. The council is responsible for auditing payments and accounts to ensure that funds are spending in line with agreed care plans.
161. The proposal is to review and audit direct payments to ensure the funds are being used in accordance with the care and support plan in line with council policies.
162. Audit activity in 2019/20 identified that 16% of funds paid into the accounts audited was potentially misspent. Therefore, the proposal is to ensure more rigorous audit activity is undertaken to identify any funds that have been potentially misspent, or remain unused (overpayments). Where appropriate, the council will seek to recover these funds.
163. We have identified the following impacts:
- People living with a disability are more likely to be affected by the proposal as this group tend to receive direct payments and therefore are more likely to be impacted by this proposal, as it is typically disabled people who receive direct payments.
  - Clients will continue to have their needs met in full through a safe way of working and this would be kept under regular review.
  - Clients will continue to receive the care and support needed to meet their needs in full.
  - The use of direct payments will be subject to more regular checks (in accordance with the council's current policy) to make sure that additional support is not needed and that the payment is being used to meet identified care needs. This means that some clients may be required to provide evidence relating to their

spend in line with policies and Direct Payment agreements, when this may not previously have been routinely requested.

- Where overpayments or misused funds are identified, the council may seek to recover these funds.

164. We have identified the following mitigation:

- Clients will continue to have their needs met in full; timely reviews would be offered along with support and advice.

165. This proposal will support the council to meet best practice guidelines around direct payments. More frequent audits will ensure that clients do not accrue large balances, and overpayments are identified quickly. The direct payment process will be more streamlined, encouraging more people to take these up, to have greater control of their personalised care.

166. **7. The provision of better and earlier advice and information on adult social care and community support etc. to meet Care Act duties on promoting wellbeing and supporting independence.** Information is currently provided to the public on support services available in the city via the Southampton Information Directory (SID).

167. The proposal is to explore alternative web-based advice system and/or improvements to the current SID system for adult social care.

168. This will be kept more regularly updated with advice and information about support available in people's communities that can help to prevent needs arising and help to keep people independent and well.

169. We will also maximise the use of SO:Linked, the new Community Support framework that has been commissioned in Southampton (and is provided by Southampton Voluntary Services) to signpost people to support.

170. Overall this is expected to reduce demand on council delivered support services, through signposting and self-service, and to help prevent problems from escalating.

171. We have identified the following impacts:

- People living with a disability are more likely to be impacted by this proposal, as it is typically disabled people who have adult social care needs that can be prevented or deferred through the provision of advice and information.
- Some clients who currently use the Southampton Information Directory may need to visit an alternative website. This would be supported through clear communications and messaging to alert users to any change.
- Some users currently access information on support services through intermediaries. For example, they will visit face to face advice centres, ask for advice from care and support workers, or phone the council or other advice lines. These users will experience no direct impact, as these channels will remain.

172. We have identified the following mitigations:

- Communications will be accessible and tailored.
- The existing council provided Connect Service will remain available to provide telephone and email advice and support and triage clients with the most complex needs for appropriate follow up.
- The use of systems will be monitored in order to identify any safeguarding concerns, which will then be addressed.

- The service will complement existing services in order to meet Care Act requirements to provide early advice and support in order to prevent needs arising.

173. This proposal is anticipated to have an overall positive impact. The Community Network framework will enable more people to access more help and support in the community, with the improved web-based advice service helping more people to find out what support is available.

174. **8: Fostering: Developing a 'Level 4' Specialist Foster Care scheme in Southampton.** The proposal is to develop a Specialist Foster Care scheme in Southampton, by introducing an additional level (level 4) to the fee structure, for those carers able to care for children and young people with complex behavioural needs who are currently placed in out of city Residential Settings or Independent Fostering Agency placements.

175. The specialist scheme will offer placements to those with the highest level of need, particularly older children exhibiting challenging and/or risky behaviour who would currently be more likely to be placed externally.

176. This enhanced 'Level 4' service will enable Looked After Children (LAC), for whom Southampton City Council hold a corporate parenting responsibility, to be brought back into the city to access specialist in-house foster care services and therefore improve overall outcomes, increasing their chances to be successful. This proposal also allows the service to reduce the dependency on specialist services being purchased outside of the city, where positive outcomes are impacted due to children being geographically dispersed.

177. We have identified the following impacts:

- The specialist scheme will offer placements to those with the highest level of need, particularly older children exhibiting challenging and/or risky behaviour.
- Children and young people with complex behavioural needs may also be living with a disability, including learning disabilities and mental health needs.

178. We have identified the following mitigations:

- Any child or young person being placed in a foster care setting will have their needs assessed, and the placement will only be agreed where it is safe and suitable and meets the needs of the individual child.
- Where the child or young person is living with a disability they will be supported under the council's SEND service and provided with support in line with the Education Health and Care Plan (EHCP).
- This proposal will affect around 10 children and young people who are currently placed outside the city in Residential Care settings, and new children who are being placed in a care setting who might previously have been placed outside the city in a Residential Care setting or with an Independent Fostering Agency (IFA) placement.
- Where a child or young person is already in a placement outside the city and consideration is given to a move into a new placement within the 'Level 4' service in Southampton, a full assessment will be undertaken to ensure that the move is positive and will not have negative impacts on the child or young person.
- This proposal will also affect foster carers within the city who opt to take part in the 'Level 4' service. These carers will be given support and training before a child or young person with more complex behavioural needs is placed with them, and

throughout the placement. Placements will only be made where it deemed safe and suitable for both the child/young person and the carer. The 'Level 4' enhanced fee is reflective of the additional skills and experience required to support these placements.

179. This proposal is anticipated to have an overall positive impact for children and young people who are currently or would be placed outside the city, by ensuring that the council can deliver a 'wrap-around' and holistic services including therapeutic work and education within the city.
180. Outcomes for those children and young people are expected to improve, as remaining within their communities and familiar settings will be less disruptive when placed in a care setting. Remaining within the city will also support children's social care practitioners to be continually revisiting opportunities for children to return home to their families at the earliest point.
181. Staff time will be reduced in terms of travelling to visit children if they are within the city boundaries, meaning that workers will be more productive and can achieve better outcomes for our children and young people. Dependency on longer term services can again be minimised by ensuring that children are able to access good quality local education, health support and mental health support in their local area.
182. Improving our 'in house' foster care service will also reduce costs of individual placements (recognising that out of city Residential or IFA placements are generally higher cost), meaning that funds can be used effectively to meet need across the service.

## **Marriage and Civil Partnership**

183. **1: Increasing availability of support and carrying out assessments more quickly to help people to return home after a short stay in residential care on discharge from hospital.** Southampton City Council is proposing to increase the level of support to help more people to return home after a short stay in residential care following discharge from hospital.
184. Some people need to spend a period of time in residential care after being discharged from hospital and before they can return home. This proposal will use existing policies and processes to ensure that the right support is available to help more people regain their independence and move home from these short term placements more quickly. This will involve an assessment being carried out more quickly by a social work practitioner after the individual has been discharged from hospital into residential or nursing care. This will help to make sure that suitable care arrangements are put in place as quickly as possible to support someone to return home in line with their and their family's wishes, before there is any deterioration in the individual's ability to return home. This might involve the provision of home care, reablement care and therapy, adaptations, the use of telecare and other community support.
185. We will increase the proportion of people who return home after a short-term period in a residential care bed following discharge from hospital, in line with national best practice benchmarks.
186. Individuals will only be return home where it is safe and reasonable to do so, and with appropriately assessed care and carers packages in place in line with statutory requirements and guidance. If residential or nursing care was subsequently required,

this would be arranged from home in a planned way and in the person's best interests. Any assessments would be undertaken in consultation with those affected.

187. We have identified the following impact:

- Potential impact of additional caring responsibilities for some spouses/partners.

188. We have identified the following mitigations:

- Any individual who is returning home from a short term stay in residential care will be subject to an assessment, in line with the Care Act, to ensure their needs are met. Where these needs are to be met fully or partially by a carer (including a spouse or partner) rather than a care worker, a carers' assessment will also be undertaken in line with the Care Act.
- Individuals will only move home where it safe and in the best interests of that individual to do so.

189. There is also a potential positive impact on marriage/civil partnership, as more people would be supported to live at home, rather than away from their spouse or partner.

190. **2: Making best use of the full range of services that are currently available to support people to live independently in a community setting.** Southampton City Council provides support to customers through telecare and other home based community support such as meals on wheels. This allows customers to receive support quickly and efficiently when they need it within their own homes, and making sure that it is the most appropriate help for their needs, whilst promoting their independence. In order to provide the most cost effective service that is able to support customers in the best way possible, it has been proposed to meet lower level needs through increased use of telecare and community support.

191. The proposal is to bring the Southampton City Council's activity in line with recommendations on the provision of small home care packages made by the Institute of Public Care, Oxford Brookes University.

192. The needs of approximately 400 clients with lower level needs are currently met through home care packages provided by a care agency. Over 5 years, this is expected to reduce to about 100 clients, with more clients being better supported to live independently through improved access to support provided by the voluntary sector (for example through the recently launched SO:Linked project which includes a community navigation service to link people with support available in the city and their communities); the use of telecare (for example, through the provision of a medication dispenser and an alarm unit); through the delivery of hot meals (for example, from City Catering) or by identifying additional community support by using an online community resource directory.

193. This proposal is about applying a 'strengths-based' approach as the council carries out social care assessments for new clients, which mirrors the approach proposed for existing clients as their packages of care are reviewed. New clients will be offered alternatives to meet their needs, in accordance with the council's existing policy.

194. The provision of telecare, hot meal delivery, support from friends, neighbours and community groups and other 'strengths-based' approaches would be considered as part of a Care Act individual needs assessment, before a homecare package was approved. Clients will continue to receive the care and support needed to meet their needs in full, and community based alternatives to home care will only be offered where safe and appropriate in line with the client's assessed need.

195. We have identified the following impacts:

- An increased use of community based support arrangements could impact spouses or civil partners with increased responsibilities.
- Some individuals or their families might prefer to have a homecare package than the alternative offered or agreed to meet their needs. These preferences would be considered under the Care Act 2014.

196. We have identified the following mitigations:

- Robust application of Care Act Principles: assessments and reviews will be needs-driven, and the requirements of statutory guidance in respect of choice, access to advocacy where needed and the involvement of carers.
- Where these needs are to be met fully or partially by a carer (including a spouse or partner) rather than a care worker, a carers' assessment will also be undertaken in line with the Care Act.

## Race

197. **7. The provision of better and earlier advice and information on adult social care and community support etc. to meet Care Act duties on promoting wellbeing and supporting independence.** Information is currently provided to the public on support services available in the city via the Southampton Information Directory (SID).

198. The proposal is to explore alternative web-based advice system and/or improvements to the current SID system for adult social care.

199. This will be kept more regularly updated with advice and information about support available in people's communities that can help to prevent needs arising and help to keep people independent and well.

200. We will also maximise the use of SO:Linked, the new Community Support framework that has been commissioned in Southampton (and is provided by Southampton Voluntary Services) to signpost people to support.

201. Overall this is expected to reduce demand on council delivered support services, through signposting and self-service, and to help prevent problems from escalating.

202. We have identified the following impacts:

- Individuals for whom English is not their first language may not be able to access online or community based advice and signposting .
- Some users currently access information on support services through intermediaries. For example, they will visit face to face advice centres, ask for advice from care and support workers, or phone the council or other advice lines. These users will experience no direct impact, as these channels will remain.

203. We have identified the following mitigations:

- Care planning and communication with individuals and families will involve providing clear information about care options, including cost (now and in the future) implications for individual charges of any changes or transfers in care settings. Alternative formats and communication, including interpretation and translation where required, can be available upon request or provided initially if previous request had been made.

204. This proposal is anticipated to have an overall positive impact. The Community Network framework will enable more people to access more help and support in the community, with the improved web-based advice service helping more people to find out what support is available.

## **Community Safety**

205. **5. Increased availability of housing with care options ('extra care') across the city.** Southampton City Council has made a commitment to increase its supply of housing with care (also referred to as 'extra care' housing) in line with local and national agendas. Housing with care refers to specialist housing designed to effectively accommodate people with additional needs, mostly related to old age and disability (e.g. frailty, mobility and cognitive issues), who would normally struggle to live independently in ordinary housing.

206. The proposal is to expand citywide provision of housing with care to support more people in community based settings and to reduce the city's reliance on residential care. This approach links to other key agendas for the city, such as the Southampton City Five Year Health & Care Strategy, The Better Care Plan, and housing and adult social care services around personalised support offer.

207. Some of the key features of housing with care that enable it to support a wide range of individuals with needs include; purpose built environment (preventing falls and increasing accessibility), 24/7 care, communal restaurant and wellbeing facilities, as well as emergency cover. The development of extra care schemes benefits the community as the facilities are available to the nearby community that can access the support and facilities available on site, enabling and deepening community interactions. It also produces similar regeneration benefits to other housing developments.

208. Interaction between residents and the wider community is encouraged in existing schemes and this will continue with Potter's Court and new schemes, for example by opening up the restaurant and other facilities (hairdresser, wellbeing, community room etc.).

209. Accommodation access will be by key fobs and staff will support with the day to day management of the scheme and promote safety among residents.

210. **8: Fostering: Developing a 'Level 4' Specialist Foster Care scheme in Southampton.** The proposal is to develop a Specialist Foster Care scheme in Southampton, by introducing an additional level (level 4) to the fee structure, for those carers able to care for children and young people with complex behavioural needs who are currently placed in out of city Residential Settings or Independent Fostering Agency placements.

211. The specialist scheme will offer placements to those with the highest level of need, particularly older children exhibiting challenging and/or risky behaviour who would currently be more likely to be placed externally.

212. This enhanced 'Level 4' service will enable Looked After Children (LAC), for whom Southampton City Council hold a corporate parenting responsibility, to be brought back into the city to access specialist in-house foster care services and therefore improve

overall outcomes, increasing their chances to be successful. This proposal also allows the service to reduce the dependency on specialist services being purchased outside of the city, where positive outcomes are impacted due to children being geographically dispersed.

213. The specialist scheme will offer placements to those with the highest level of need, particularly older children exhibiting challenging and/or risky behaviour within Southampton. Whilst the overall impact of remaining in the city is considered to be positive, there is a risk of negative impact on community safety. If antisocial behaviour persists within the placement this could have an impact on residents in the area. Furthermore, remaining within a locality could encourage a child or young person to persist in anti-social behaviours where this is linked to a social group or other local influences.
214. This proposal will relate to a small cohort of children and young people (around 10). Each placement will be subject to assessment, which, on a case by case basis, will consider the impacts of the location of placement in order to take into account any individual circumstances and minimise risk for the young person, carers, and community. Ongoing assessment will be in place alongside wraparound support to address any behavioural needs.

## Poverty

215. **2. Making best use of the full range of services that are currently available to support people to live independently in a community setting.** Southampton City Council provides support to customers through telecare and other home based community support such as meals on wheels. This allows customers to receive support quickly and efficiently when they need it within their own homes, and making sure that it is the most appropriate help for their needs, whilst promoting their independence. In order to provide the most cost effective service that is able to support customers in the best way possible, it has been proposed to meet lower level needs through increased use of telecare and community support.
216. The proposal is to bring the Southampton City Council's activity in line with recommendations on the provision of small home care packages made by the Institute of Public Care, Oxford Brookes University.
217. Clients will continue to receive the care and support needed to meet their needs in full, and community based alternatives to home care will only be offered where safe and appropriate in line with the client's assessed need.
218. We have identified the following impact:
- Some alternative support arrangements such as telecare, hot meal delivery or community groups etc may have associated costs which may be passed on to the client. These costs are likely to be lower than the client contribution to any home care support package that might be required should these types of alternative support not be put in place.
219. We have identified the following mitigation:
- Any adverse impacts would be kept under review on an individual basis. Special arrangements would be made in the unusual situation of a client being unable to afford telecare or hot meal delivery, for example.

220. This proposal will provide more options for lower level care needs to be met within the home and community, supporting increased independence in an efficient and cost effective way.
221. The proposal will support the council to meet best practice guidelines around supporting independence and decision making regarding an individual's care and support arrangements.
222. **5. Increased availability of housing with care options ('extra care') across the city.** Southampton City Council has made a commitment to increase its supply of housing with care (also referred to as 'extra care' housing) in line with local and national agendas. Housing with care refers to specialist housing designed to effectively accommodate people with additional needs, mostly related to old age and disability (e.g. frailty, mobility and cognitive issues), who would normally struggle to live independently in ordinary housing.
223. The proposal is to expand citywide provision of housing with care to support more people in community based settings and to reduce the city's reliance on residential care. This approach links to other key agendas for the city, such as the Southampton City Five Year Health & Care Strategy, The Better Care Plan, and housing and adult social care services around personalised support offer.
224. Individual financial circumstances will be taken into account when assessing care need.
225. **6. Ensuring direct payments are being used in accordance with care and support plans to meet care needs.** Southampton City Council currently pays Direct Payments to 326 Adult Social Care clients. The proposal is to review and audit direct payments to ensure the funds are being used in accordance with the care and support plan in line with council policies.
226. Audit activity in 2019/20 identified that 16% of funds paid into the accounts audited was potentially misspent. Therefore, the proposal is to ensure more rigorous audit activity is undertaken to identify any funds that have been potentially misspent, or remain unused (overpayments). Where appropriate, the council will seek to recover these funds.
227. We have identified the following impacts:
- Of the 326 Local Authorities in England, Southampton is ranked 54th (previously 72nd) most deprived.
  - This proposal will make it more difficult for a direct payment to be used for any other purpose than meeting an individual's assessed unmet care and support needs. This may impact negatively on their finances overall.
  - Clients will continue to receive the care and support needed to meet their needs in full.
  - The use of direct payments will be subject to more regular checks (in accordance with the council's current policy) to make sure that additional support is not needed and that the payment is being used to meet identified care needs. This means that some clients may be required to provide evidence relating to their spend in line with policies and Direct Payment agreements, when this may not previously have been routinely requested.
  - Where overpayments or misused funds are identified, the council may seek to recover these funds.

228. We have identified the following mitigations:

- People will be signposted to benefit and debt advice as part of the financial assessment for social care (as appropriate).
- A repayment plan for any payments that have to be repaid will be agreed, having regard to individual circumstances.

229. This proposal will support the council to meet best practice guidelines around direct payments. More frequent audits will ensure that clients do not accrue large balances, and overpayments are identified quickly. The direct payment process will be more streamlined, encouraging more people to take these up, to have greater control of their personalised care.

230. **7. The provision of better and earlier advice and information on adult social care and community support etc. to meet Care Act duties on promoting wellbeing and supporting independence.** Information is currently provided to the public on support services available in the city via the Southampton Information Directory (SID).

231. The proposal is to explore alternative web-based advice system and/or improvements to the current SID system for adult social care.

232. This will be kept more regularly updated with advice and information about support available in people's communities that can help to prevent needs arising and help to keep people independent and well.

233. We will also maximise the use of SO:Linked, the new Community Support framework that has been commissioned in Southampton (and is provided by Southampton Voluntary Services) to signpost people to support.

234. Overall this is expected to reduce demand on council delivered support services, through signposting and self-service, and to help prevent problems from escalating.

235. We have identified the following impact:

- In some cases, accessing support via the internet can have associated costs (access to a computer or data costs).

236. We have identified the following mitigations:

- The council will continue to ensure that residents can access online services for free in libraries and other community and partner venues, to ensure that they do not need own personal devices or data to access online services.
- Access to alternative channels for information will not be impacted by this proposal.

237. This proposal is anticipated to have an overall positive impact. The Community Network framework will enable more people to access more help and support in the community, with the 'Connect to Support Hampshire' helping more people to find out what support is available.

## **Health and Wellbeing:**

238. The following proposals in the Adult Social Care portfolio directly impact the health and wellbeing of clients/service users:

- 1. Increasing availability of support and carrying out assessments more quickly to help people to return home after a short stay in residential care on discharge from hospital.
- 2. Making best use of the full range of services that are currently available to support people to live independently in a community setting.
- 3. Expanding the successful reablement service so more people benefit from short term, intensive support.
- 4. Occupational Therapy (OT) reviews to identify where equipment can be used to enable care to be provided in the home by one carer
- 5. Increased availability of housing with care options ('extra care') across the city.

239. Overall these proposals are anticipated to have a positive impact on the health and wellbeing of clients. The proposals all focus on promoting greater independence so that people can remain in or return to their own homes, and ensuring that they have the right support in place to do so.

240. **1: Increasing availability of support and carrying out assessments more quickly to help people to return home after a short stay in residential care on discharge from hospital.** Southampton City Council is proposing to increase the level of support to help more people to return home after a short stay in residential care following discharge from hospital.

241. Some people need to spend a period of time in residential care after being discharged from hospital and before they can return home. This proposal will use existing policies and processes to ensure that the right support is available to help more people regain their independence and move home from these short term placements more quickly. This will involve an assessment being carried out more quickly by a social work practitioner after the individual has been discharged from hospital into residential or nursing care. This will help to make sure that suitable care arrangements are put in place as quickly as possible to support someone to return home in line with their and their family's wishes, before there is any deterioration in the individual's ability to return home. This might involve the provision of home care, reablement care and therapy, adaptations, the use of telecare and other community support.

242. We will increase the proportion of people who return home after a short-term period in a residential care bed following discharge from hospital, in line with national best practice benchmarks.

243. Individuals will only be return home where it is safe and reasonable to do so, and with appropriately assessed care and carers packages in place in line with statutory requirements and guidance. If residential or nursing care was subsequently required, this would be arranged from home in a planned way and in the person's best interests. Any assessments would be undertaken in consultation with those affected.

244. No negative impacts have been identified in relation to health and wellbeing, but on a case by case basis, any adverse impacts would in any case be mitigated through the robust application of Care Act Principles.

245. **2: Making best use of the full range of services that are currently available to support people to live independently in a community setting.** Southampton City Council provides support to customers through telecare and other home based community support such as meals on wheels. This allows customers to receive support quickly and efficiently when they need it within their own homes, and making sure that

it is the most appropriate help for their needs, whilst promoting their independence. In order to provide the most cost effective service that is able to support customers in the best way possible, it has been proposed to meet lower level needs through increased use of telecare and community support.

246. The proposal is to bring the Southampton City Council's activity in line with recommendations on the provision of small home care packages made by the Institute of Public Care, Oxford Brookes University.
247. No negative impacts have been identified in relation to health and wellbeing, but on a case by case basis, any adverse impacts would in any case be mitigated through the robust application of Care Act Principles.
248. **3: Expanding the successful reablement service so more people benefit from short term, intensive support.** Southampton has a well-established approach to reablement care, providing short term, tailored and intensive support to maximise independence, which in turn can prevent, defer or reduce the need for a long-term care package.
249. The council's activity is currently not in line with the highest performing authorities for the provision of reablement care, as defined by the Institute of Public Care, Oxford Brookes University and as identified through an independent review of adult social care carried out by the Local Government Association in May 2019. This proposal will use existing policies and processes to increase the number of people who are offered reablement services, and therefore reduce overall need for longer term care packages.
250. The current focus is on providing reablement care to people being discharged from hospital, but this proposal will widen this to ensure that it can be offered to people living at home, who approach the council for support for the first time or when their needs change. People who are identified as being most likely to benefit from reablement care will be prioritised for the expanded service.
251. The health and wellbeing of an individual will be taken into account when deciding on the most appropriate care and support package during and after the implementation of this proposal and any adverse impacts would in any case be mitigated through the robust application of Care Act Principles.
252. **4: Occupational Therapy (OT) reviews to identify where equipment can be used to enable care to be provided in the home by one carer.** Southampton has a well-established Occupational Therapy (OT) service which currently provides clients with double handed care (the use of two carers) with clients who require manual handling.
253. As part of normal review processes, the council will review whether current care packages are right for clients, and in cases of double handed care, whether that client still requires two carers at once. This may change because of changing need, or the introduction of new equipment and technologies.
254. The proposal is to have Occupational Therapy review all double handed care packages that are being supplied by the council and, where appropriate, reduce this through training and/or the introduction of new equipment.
255. The health and wellbeing of an individual will be taken into account when deciding on the most appropriate care and support package during and after the implementation of

this proposal and any adverse impacts would be mitigated on a case by case basis through the robust application of Care Act Principles.

256. Assessments and reviews will be needs-driven, and the requirements of statutory guidance in respect of choice, access to advocacy where needed and the involvement of carers.
257. The Mental Capacity Act will be used where appropriate to protect the needs and rights of the individuals. Timely assessments and reviews would be carried out.
258. **5. Increased availability of housing with care options ('extra care') across the city.** Southampton City Council has made a commitment to increase its supply of housing with care (also referred to as 'extra care' housing) in line with local and national agendas. Housing with care refers to specialist housing designed to effectively accommodate people with additional needs, mostly related to old age and disability (e.g. frailty, mobility and cognitive issues), who would normally struggle to live independently in ordinary housing.
259. The proposal is to expand citywide provision of housing with care to support more people in community based settings and to reduce the city's reliance on residential care. This approach links to other key agendas for the city, such as the Southampton City Five Year Health & Care Strategy, The Better Care Plan, and housing and adult social care services around personalised support offer.
260. No negative impacts have been identified in relation to health and wellbeing. Positive impacts are anticipated as extra care delivers support to enable people to sustain their independence in a community setting.

## Other Significant Impacts

261. **4: Occupational Therapy (OT) reviews to identify where equipment can be used to enable care to be provided in the home by one carer.** Southampton has a well-established Occupational Therapy (OT) service which currently provides clients with double handed care (the use of two carers) with clients who require manual handling.
262. Potential impacts on SCC staff and contractors have been considered. No significant impacts on staff working within the care sector is anticipated.
263. SCC staff do not currently deliver home care visits. There is no anticipated reduction in availability of work anticipated for contracted suppliers of these services, as there is currently a shortfall in carers within the city resulting in greater demand than availability of carers. Some care workers may change their visit patterns if some clients move from double to single person requirements, but this is part of normal business and will be part of staff contracts.

## Other Protected Characteristics

264. We have identified no direct impacts for the following:
- Gender reassignment
  - Pregnancy and maternity
  - Religion or Belief – including lack of belief
  - Sex
  - Sexual orientation.

APPENDIX 1

Table 2: Cumulative Impacts of Budget agreed February 2019 (including years 2019/20 and 2020/2021) and Budget Proposals October 2019 (year 2020/21)

	Code	Description of Proposal	Age	Disability	Gender Reassignment	Marriage & Civil Partnership	Pregnancy & Maternity	Race	Religion & Belief	Sex	Sexual Orientation	Community Safety	Poverty	Health & Wellbeing	Other	
<b>Children and young people</b>																
Page 71 Feb 2019 Budget (2019/20 & 2020/21)	CYP1	Review and redesign early help and outreach preventative services, to deliver a new focussed locality based model which prevents children becoming looked after by the council	*	*									*	*		
	CYP2	Review the council run play offer and seek community and voluntary sector partners to take over the direct running of this service	*	*			*						*	*		
	CYP3	Review the Contact Service which facilitates contact for Looked After Children with their birth families, with a view to this being delivered by a partner organisation	*	*												
	CYP4	Reduce the funding provided to Compass School Pupil Referral Unit from 160 to 100, in line with actual demand	*	*												
	CYP6	Reduce Early Intervention Fund which supports early years and childcare providers to expand or set up new provision	*	*				*						*	*	

	Code	Description of Proposal	Age	Disability	Gender Reassignment	Marriage & Civil Partnership	Pregnancy & Maternity	Race	Religion & Belief	Sex	Sexual Orientation	Community Safety	Poverty	Health & Wellbeing	Other	
Oct 2019 (2020/21)	8	Developing a 'Level 4' Specialist Foster Care scheme in Southampton	*	*								*				
<b>Adult Social Care</b>																
Feb 2019 Budget (2019/20 & 2020/21)	SHIL 1	Revise the Adult Social Care Charging Policy.	*	*						*			*	*		
	SHIL 2	Future of two council owned residential care homes for older people, enabling the council to focus on the development of housing with care and community-based services, with the local home care market providing residential care where this is needed	*	*		*		*	*	*			*	*	*	
	SHIL 3	Reclassify some council properties currently only available to those aged 60 and over, making them available to people over 50	*												*	
	SHIL 4	Review service charges to tenants in council owned properties, increasing the existing charges and introducing four new ones												*	*	
Oct 2019 (2020/21)	1	Increasing availability of support and carrying out assessments more quickly to help people to return home after a short stay in residential care on discharge from hospital	*	*		*								*		
	2	Making best use of the full range of services that are currently available to support people to live independently in a community setting	*	*		*							*			

	Code	Description of Proposal	Age	Disability	Gender Reassignment	Marriage & Civil Partnership	Pregnancy & Maternity	Race	Religion & Belief	Sex	Sexual Orientation	Community Safety	Poverty	Health & Wellbeing	Other	
Page 73	3	Expanding the successful reablement service so more people benefit from short term, intensive support	*	*										*		
	4	Occupational Therapy (OT) reviews to identify where equipment can be used to enable care to be provided in the home by one carer	*	*										*	*	
	5	Increased availability of housing with care options ('extra care') across the city	*	*												
	6	Ensuring direct payments are being used in accordance with care and support plans to meet care needs		*										*		
	7	The provision of better and earlier advice and information on adult social care and community support etc. to meet Care Act duties on promoting wellbeing and supporting independence	*	*					*					*		
<b>Other</b>																
Feb 2019 Budget (2019/20)	SSEG1	Introduce charges for Blue Badge holders in council owned off-street car parks	*	*								*	*			
	SSEG2	Increase Itchen Bridge fees for non-residents	*										*			

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## Budget proposals 2020/21 - Consultation Feedback

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## Introduction

1. Southampton City Council ran consultations on a range of budget proposals for 2020/21. The written consultation ran for 12 weeks from 16/10/19 – 07/01/20.
2. As a result of reductions in funding from national government and the increasing demand for services, Southampton City Council has tackled £151 million of savings in the last eight years. The council still needs to save another £33m by 2022/23 which through the proposals in this budget would be reduced to £12m.
3. This year there was a slightly different approach towards the budget. Whilst continuing to find and deliver efficiencies the council want to grow their way out of the budget gap. For example, making bold investments in the areas which are important to the city, and by investing money in things which can generate income to the council and therefore support services.
4. This year the proposals were split into four areas:
  - Efficiencies
  - Investment
  - Priorities
  - Savings
5. This report summarises the aims, principles, methodology and results of the public consultation. It provides a summary of the consultation responses both for the consideration of decision makers and any interested individuals and stakeholders.
6. It is important to be mindful that a consultation is not a vote, it is an opportunity for stakeholders to express their views, concerns and alternatives to a proposal. This report outlines in detail the representations made during the consultation period so that decision makers can consider what has been said alongside other information.

## Aims

7. The aim of this consultation was to:
  - Communicate clearly to residents and stakeholders the budget proposals for 2020/21.
  - Ensure any resident, business or stakeholder who wished to comment on the proposals had the opportunity to do so, enabling them to raise any impacts the proposals may have.
  - Allow participants to propose alternative suggestions for consideration which they felt could achieve the objective in a different way.
  - Provide feedback on the results of the consultation to elected Members to enable them to make informed decisions about how to best progress.
  - Ensure that the results were analysed in a meaningful, timely fashion, so that feedback could be taken into account when decisions are made.

## Consultation principles

8. The council takes its duty to consult with residents and stakeholders on changes to services very seriously. The council's consultation principles ensure all consultation is:
  - Inclusive: so that everyone in the city has the opportunity to express their views.

- Informative: so that people have adequate information about the proposals, what different options mean, and a balanced and fair explanation of the potential impact, particularly the equality and safety impact.
  - Understandable: by ensuring that the language used to communicate is simple and clear and that efforts are made to reach all stakeholders, for example people who are non-English speakers or disabled people.
  - Appropriate: by targeting people who are more likely to be affected and using a more tailored approach to get their feedback, complemented by a general approach to all residents, staff, businesses and partners.
  - Meaningful: by ensuring decision makers have the full consultation feedback information so that they can make informed decisions.
  - Reported: by letting consultees know what was done with their feedback.
9. Southampton City Council is committed to consultations of the highest standard, which are meaningful and comply with the following legal standards:
- Consultation must take place when the proposal is still at a formative stage
  - Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
  - Adequate time must be given for consideration and response
  - The product of consultation must be carefully taken into account.
10. Public sector organisations in Southampton also have a compact (or agreement) with the voluntary sector in which there is a commitment to undertake public consultations for a minimum of 12 weeks wherever possible. This aims to ensure that there is enough time for individuals and voluntary organisations to hear about, consider and respond to consultations. It was felt that a 12 week consultation period would be the best approach.

## **Consultation methodology**

11. Deciding on the best process for gathering feedback from stakeholders when conducting a consultation requires an understanding of the audience and the focus of the consultation. It is also important to have more than one way for stakeholders to feedback on the consultation, to enable engagement with the widest range of the population. Previous best practice was also considered in the process of developing the consultation methodology.

## **Questionnaires and written feedback**

12. The agreed approach for this consultation was to use a combination of online and paper questionnaires as the main basis. Questionnaires enable an appropriate amount of explanatory and supporting information to be included in a structured questionnaire, helping to ensure respondents were aware of the background and detail of the proposals. Paper copies of the questionnaire were made available in all Southampton libraries.

13. Respondents to the consultation could also write letters or emails to provide feedback on the proposals. Emails or letters from stakeholders that contained consultation feedback were collated and analysed as a part of the overall consultation.

## Public drop-ins

14. There were also a total of 6 public meetings at the following times and locations throughout the consultation period. These were designed for people to ask questions about the adult social care proposals and give their views.

Date	Time	Location
12/11/19	18:00-19:30	Committee Room 1, Civic Centre Southampton
22/11/19	13:00-14:30	Erskine Court, Sutherland Road, Southampton, SO16 8FZ
25/11/19	14:00-15:30	Sembal House, Handel Terrace, Southampton, SO15 2FH
03/12/19	14:00-15:30	Challis Court Community Room, off King Street, Holyrood, Southampton SO14 3DQ
09/12/19	10:00-12:30	Weston Court Community Room, Kingsclere Avenue, Woolston, Southampton SO19 9LB
10/12/19	10:30-12:00	Bassett Green Court, Bassett Green Court, Bassett Green Village SO16 3FH

*Table 1*

## Promotion and communication

15. Throughout the consultation, every effort was made to ensure that as many people as possible were aware of the budget proposals and had every opportunity to have their say. Please be aware that as a result of the December General Election promotional activity had to be restricted during the pre-election period. Promotional activity was therefore concentrated at the start of the consultation and after the election had passed.

16. The consultation was promoted in the following ways:

- A link to the consultation questionnaire, the Equalities and Safety Impact Assessments and cabinet papers were included on the consultation section of the council website.
- Press release
- Article in Tenants' Link
- Promotion in the following Southampton City Council e-alerts:
  - i. Your City Your Say
  - ii. City News
  - iii. Community News and Events
  - iv. Adult Social Care Can Do Bulletin
  - v. Internal Staff Bulletin
- Promotion on Southampton City Council social media pages (Twitter, Facebook, Consultation Events pages on Facebook, LinkedIn)
- The consultation was discussed at the Southampton Voluntary Services Friday Forum on 01/11/19
- The consultation was discussed at the Supported Housing Forum on 26/11/19
- Video message from Cllr Barnes-Andrews on social media
- Paper copies of the questionnaire were distributed at drop in sessions
- Paper copies of the questionnaire were available in Southampton libraries

# Summary of Consultation Feedback

## Overall respondents

17. Overall, there were **633** separate written responses to the consultation.

18. The majority of responses were received through the consultation questionnaire; 630 in total.

Additional written responses were also received through email. The breakdown of all written responses is shown within table 2 below.

Feedback route	Total number of responses
Questionnaire (Paper and online)	630
Letters or emails	3
<b>Total</b>	<b>633</b>

Table 2

19. In addition to written responses to the consultation, there were a number of public engagements and meetings in which verbal feedback was provided.

20. This year the proposals in the questionnaire were arranged over 5 sections. The quantitative questions from each of these sections has been analysed and presented in graphs:

- Efficiencies
- Investment
- Priorities
- Savings
- Overall budget

21. Respondents were also given opportunities throughout the questionnaire to provide written feedback on the proposals. In addition anyone could provide feedback in letters and emails. All written responses and questionnaire comments have been read and then assigned to categories based upon similar sentiment or theme. We have also endeavoured to outline all the unique points and suggestions gathered as a part of the consultation and so there are tables of these provided for each theme of comment.

22. All written and verbal feedback received is summarised within the following sections.

## Breakdown of questionnaire respondents

23. A number of questions were asked within the questionnaire to find out a bit more about the respondents to help contextualise their response.

24. The first question asked respondents what their interest in the consultation was. Figure 1 shows the breakdown of responses to this question. Please note percentages add up to more than 100% as respondents could select multiple options. A total of 537 respondents (86% of respondents) were interested in the consultation as a resident of Southampton. The second highest number were people that described themselves as someone who works or studies in Southampton; 123 respondents in

total. The third highest category were the 74 respondents that were family members or carers of a recipient of adult social care. Employees of Southampton City Council made up the fourth most common category of respondents with 71 employees completing the survey. Of the remaining options: 36 respondents answered as a third sector organisation; 28 respondents as a resident elsewhere in Hampshire; 19 respondents were a private business; 18 respondents were a public sector organisation; 12 respondents were recipients of adult social care; 11 respondents were political members and 8 respondents were family members or carers of a recipient of children’s social care. There were also 37 respondents that described their interest in the consultation as “Other”.

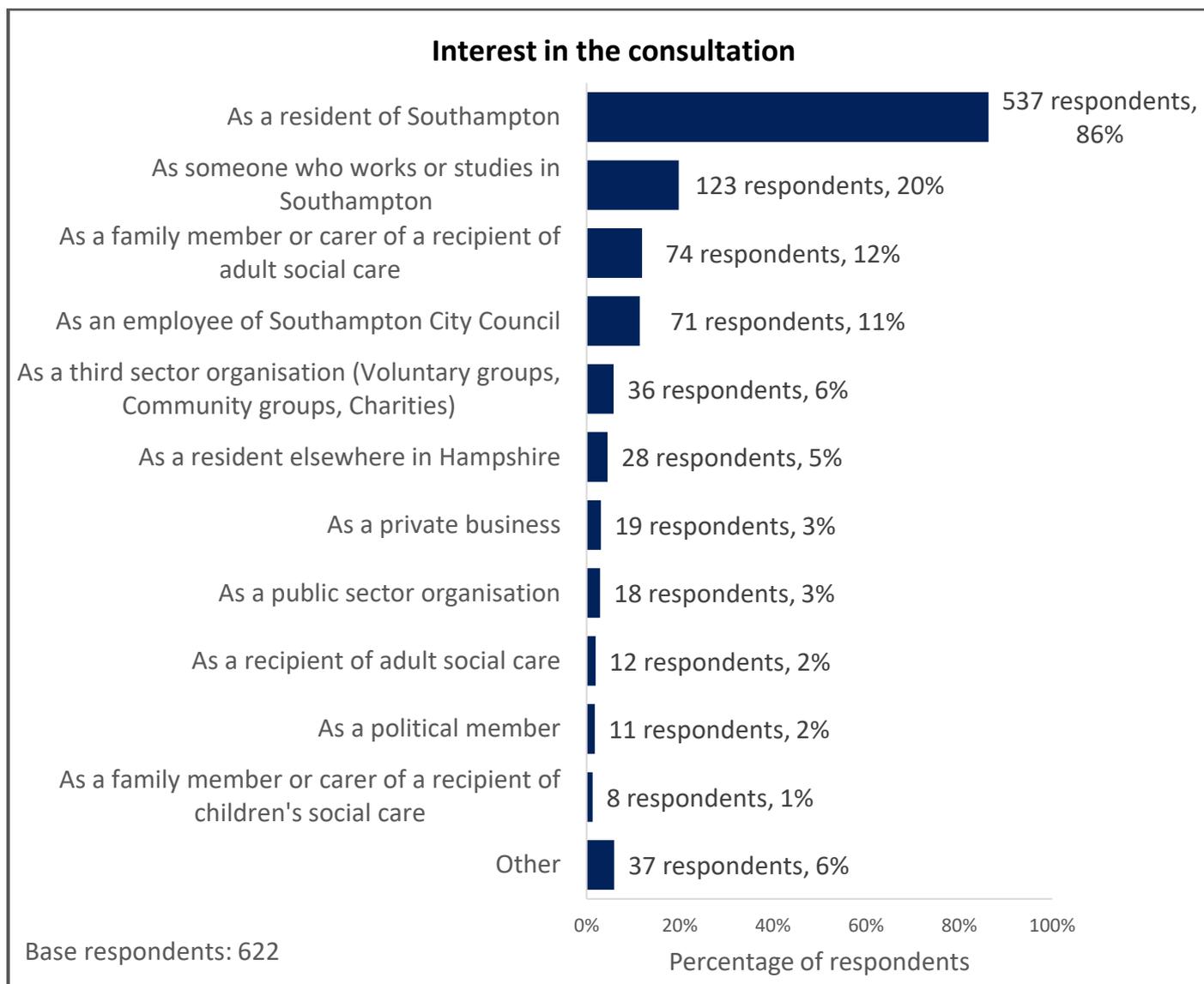


Figure 1

25. Figure 2 shows how respondents described their gender. A total of 283 respondents (48%) described themselves as Female, 302 respondents (51%) described themselves as Male and 4 respondents (1%) described themselves in another way.

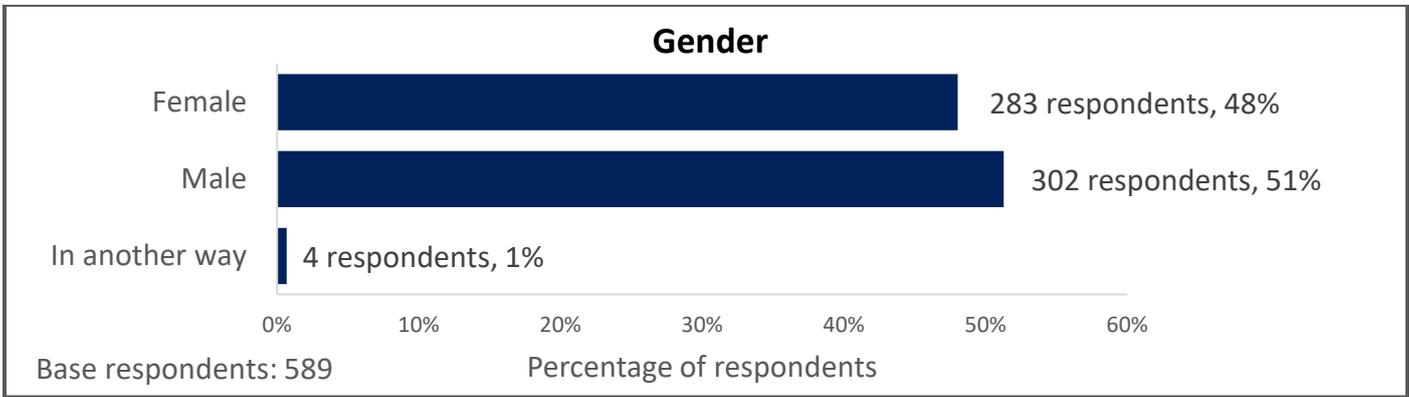


Figure 2

26. Figure 3 shows the age categories of respondents. The highest proportion of respondents were between the ages of 55 and 74. The lowest proportion of respondents were below the age of 25 and over 75.

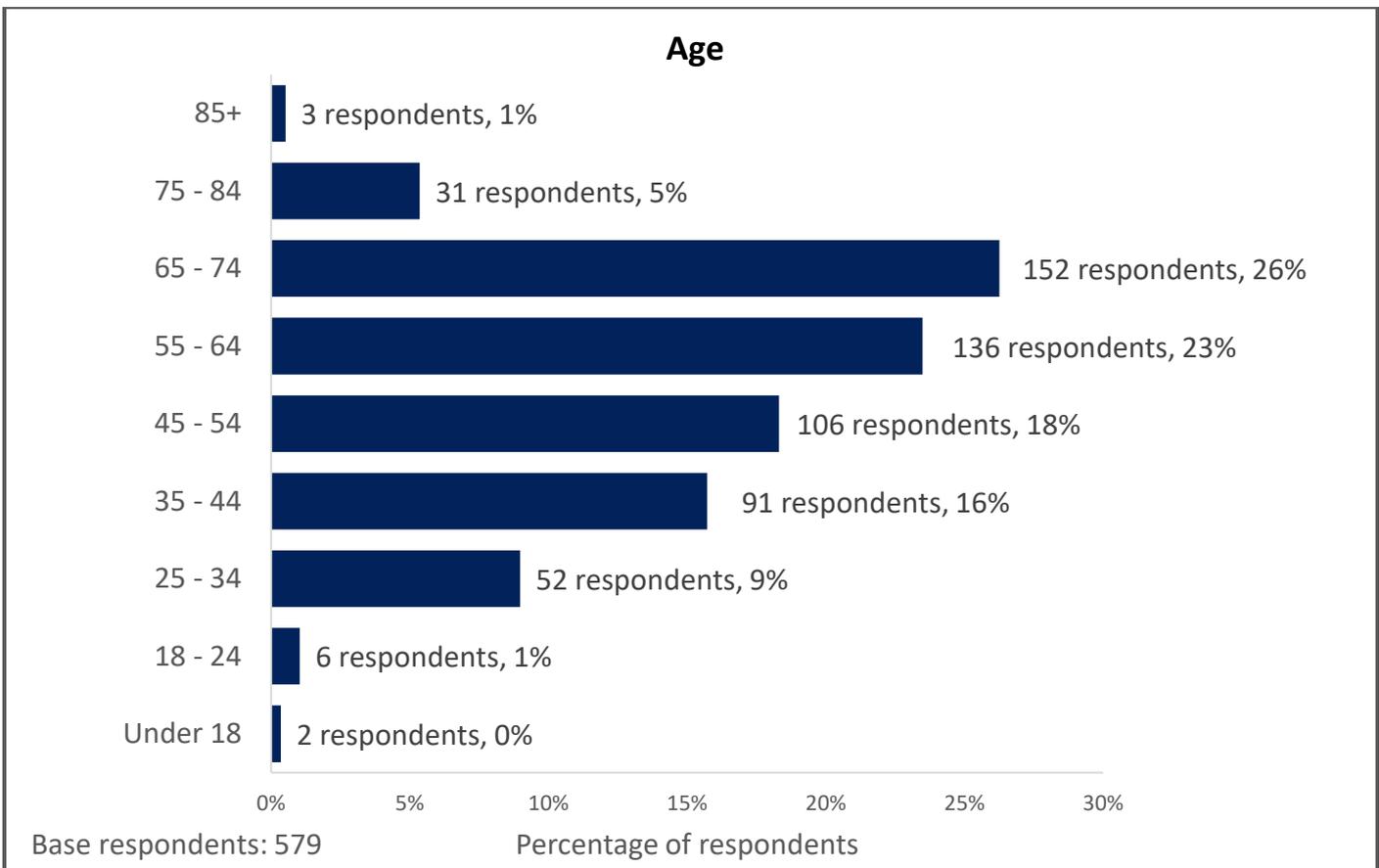


Figure 3

27. Respondents were also asked their ethnicity. Figure 4 shows that 534 respondents (94%) described themselves as White. A further 11 respondents (2%) described themselves as Asian or Asian British; 10 respondents (2%) described themselves as Mixed or multiple ethnic groups, 6 respondents (1%) described themselves as Black, African, Caribbean or Black British, and a further 5 respondents (1%) described themselves in another ethnic group.

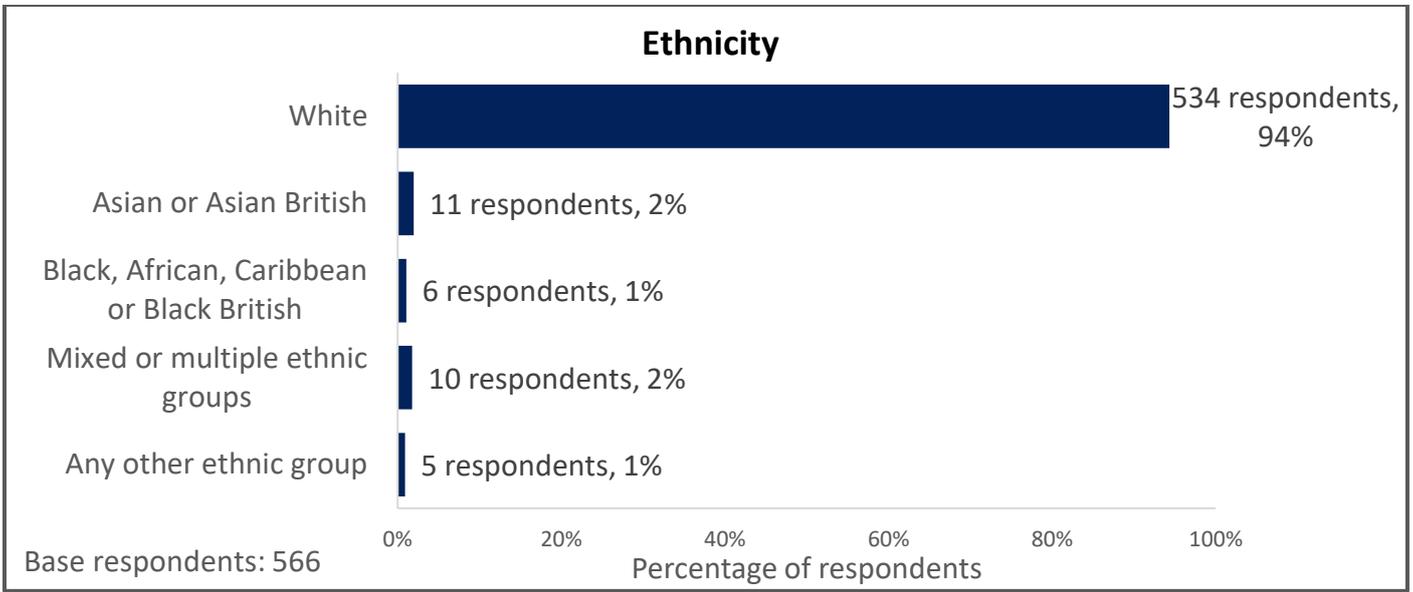


Figure 4

28. The final question in this section asked respondents to what extent their day to day activities were limited because of a health problem or disability. Figure 5 shows that a total of 46 respondents (8%) felt their day to day activities were limited a lot. A further 116 respondents (20%) felt their day to day activities were limited a little. The remaining 429 respondents (73%) had no day to day activities limited by a health problem or disability.

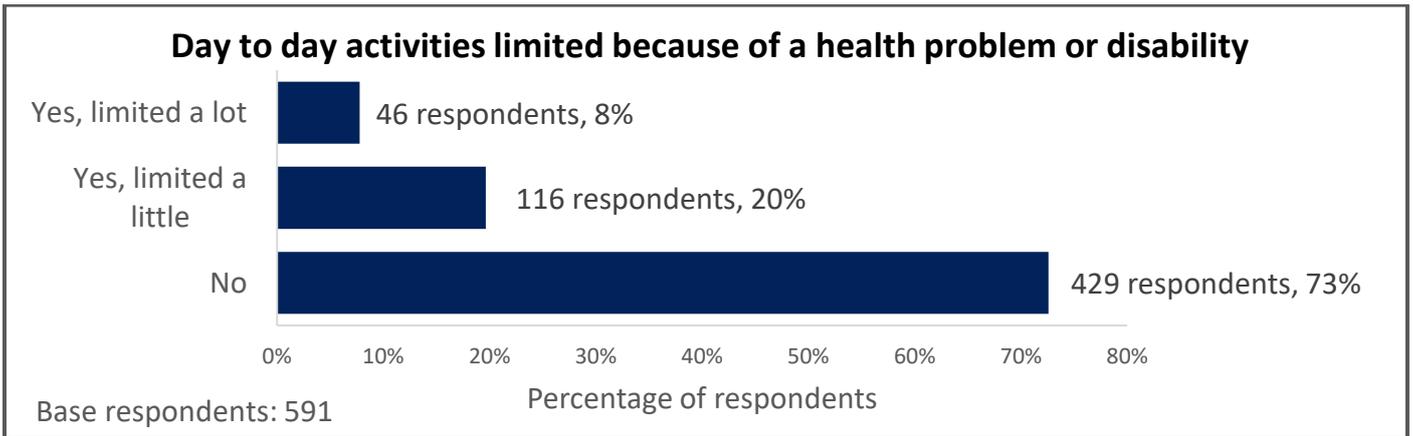


Figure 5

## Efficiencies proposals

29. The first section of the questionnaire asked respondents for their feedback on a range of proposed efficiencies. These included: streamlining management, reducing the cost of IT, making savings from external spend, improving the collection of council tax, reducing the cost of staff sickness, getting the most benefit from existing contracts and ensuring any borrowing made for investment is at the most competitive rates possible.

30. Respondents were asked to what extent they agreed or disagreed with the proposed efficiencies (Figure 6). Overall, 78% of respondents expressed agreement with the proposals. Of this, 23% strongly agreed, and 55% agreed with the proposed efficiencies. A further 16% of respondents neither agreed nor disagreed with the proposals and the remaining 6% disagreed. Of this 6%, 4% disagreed and 2% strongly disagreed.

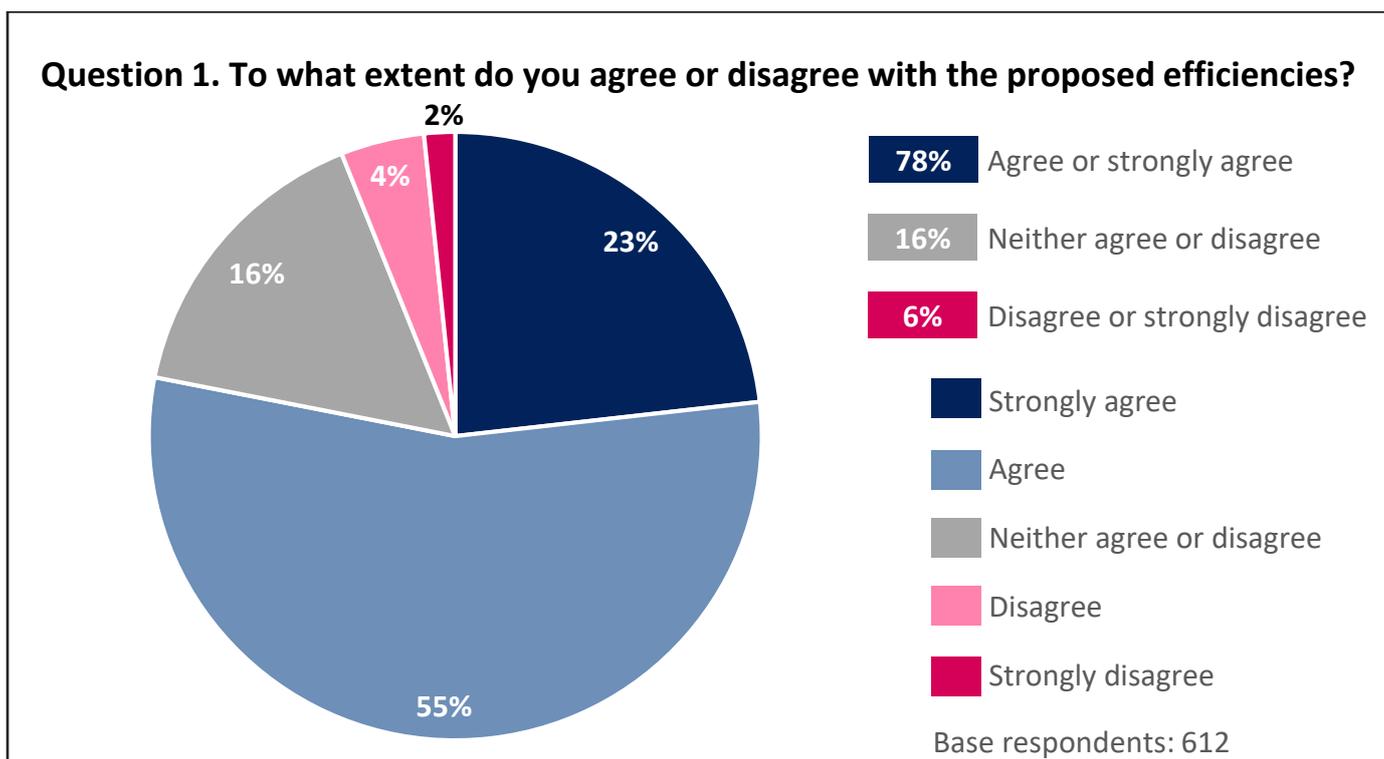
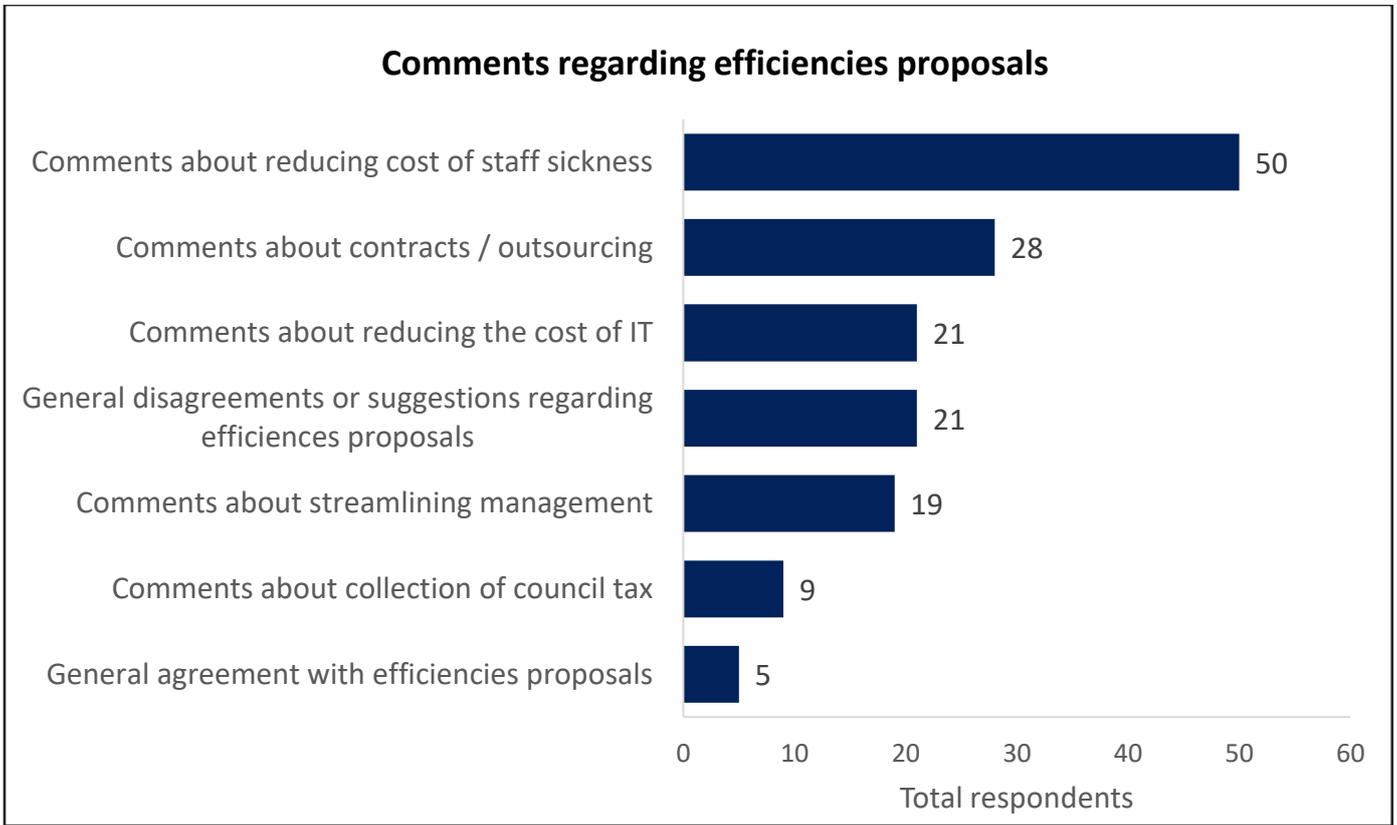


Figure 6

31. Respondents were then asked if they had any comments, impacts suggestions or alternatives to provide regarding the efficiencies proposals. Figure 7 shows the total numbers of respondents by themes of comments and the subsequent tables summarise the unique points and suggestions provided. A total of 50 respondents, the highest in this section, commented on the proposal to reduce the cost of staff sickness. Respondents were confused over the way the cost of sickness could be reduced, and concerned over the impacts of the proposals and also provided reasons as to why staff sickness rates could be high.



*Figure 7*

32. A total of 50 respondents comments on the proposals to reduce the cost of staff sickness. The unique points raised and suggestions were:

<b>Agreements</b> (more attention should be given to staff attendance and sickness; would like it if relevant unions agree with measures)
Confusion over how the cost of staff sickness can be reduced.
<b>Concerns regarding impacts of the proposal</b> (unsupportive of well-being; staff rights reduced; sick people may be sacked; affect vulnerable people more; sickness allowance may be reduced; feel pressured to work when ill; people with health issues may be moved onto zero hour contracts; delays to the start of sick benefit; pressure to not recruit people with disabilities)
<b>Reasons for staff sickness</b> (reduced numbers of staff increases workload of others; increased stress in jobs; poor air ventilation; use of agency workers that unsettle and undermine existing overworked staff; bullying culture; negative experiences or trust with HR)
<b>Suggestions</b> (Focus should be on staff wellbeing, security, happiness and support; Do team building; Learn from private businesses; Train staff in emotional first aid training and mental health awareness)

33. There were 28 people that raised the following comments about contracts and outsourcing:

<b>Need to review existing contracts</b> (Should be constant; Review contract with Balfour Beatty; sometimes price is more because they know they are approved contractors; all contracts with private companies should be scrapped; sometimes long delays and inefficiencies; look at competitor investment and contracts; contractors deliberately stretch out jobs for the council to undertake other private work instead; workmanship is shoddy and things break again; end arrangements with contractor if work is poor; make sure they won't be affected by Brexit; problems with consultants not delivering work; Business world has been very difficult to deal with; check contracts still value for money)
<b>Outsource more</b> (to improve efficiency; bring in consultants to provide innovation for additional income)

**Outsource less to improve efficiency** (bring services back in house to have direct control on effectiveness and spending; often there isn't long-term cost savings and becomes more expensive, outsourcing is by nature working for maximum profit rather than at cost; train staff internally to do the jobs themselves; take full responsibility for highways; tendering process causes disruption; forcing staff to TUPE causes instability in staff; reduce use of consultants)

34. 21 respondents commented on reducing the cost of IT. The unique points and suggestions raised were:

**Suggestions** (Need better IT equipment; Invest in IT; Upgrade computers as cheaper than buying new ones; do not reduce if affect security or performance of systems; insist the staff leading on this have appropriate skills and professional status; should be saying "using IT to reduce costs"; Invest in AI)

**Disagreements with reducing cost of IT** (negative impact on the business; not good service currently with no spare laptops, delays with resolutions etc.; potential for business failures; poor software might be purchased because it is the cheapest; results in higher costs in the future; would be a short-term false economy; Good IT drives efficiency and cost management; old computer that are slow and don't work properly have been spotted by residents at community meetings; customer portal is an example of IT that needs updating; need a lot more detail to know what requirements are; new computer systems can cause a lot of stress)

35. There were 21 respondents that expressed a general disagreement or had suggestions regarding efficiencies proposals. These unique comments were:

Efficiency sounds like there is going to be cuts

Rather than reducing spend in some services, scrap some of the new ideas instead.

Concern that the efficiencies cause a poorer service from: reduction in staff; reduction in management; poor IT; cuts to IT volunteers never as effective as paid employees; reduction in admin; mobile phone problems.

Be careful that the efficiencies do not accrue hidden costs, negligence, stress, strain and knock on effects

Not enough information about the efficiencies to suggest alternatives or give opinion

The suggestions should be part of good business management already

36. There were 19 respondents that commented about streamlining management, these comments included:

**Agree** (Council is too top heavy; Salaries of management are high; too many middle managers; should already be streamlined; remove poor quality managers)

**Problems caused by streamlining management** (impact the teams below, teams have less manager's time and input; reduces quality of service; staff morale; stress for staff; not cost effective)

**Suggestions** (Doesn't go far enough; focus on all staff productivity; Invest in staff and managers instead; cut out many middle layers of management)

37. The nine respondents that commented on the collection of council tax raised the following points:

Would like to be able to pay rent or council tax locally

Agree with improving collection of council tax

Improving the collection of council tax (take council tax from source; stop sending council tax arrears collection to external agencies; stop some people getting away with it)

Consider those with mental health or other issues. Any automated messages that apply pressure to those who lack the support or means to pay could worsen mental health. Would like assurances that

systems are in place to identify vulnerable people and alternative approaches to managing council tax accounts for them

38. Five respondents expressed the following agreements with efficiencies proposals:

It makes sense to improve efficiencies
Agree with more efficient collection of council tax
Agree because of reduced funding from central government
Agree with streamlining management and use of external agencies

### Investment proposals

39. The second section of the questionnaire asked respondents for their feedback on a proposal to further invest in a portfolio of properties to contribute to the city’s economic, social and environmental developments and regeneration initiatives.

40. Figure 8 shows to what extent respondents agreed or disagreed with the investment proposal. A total of 24% of respondents strongly agreed with the proposal and 50% agreed. This meant a total of 74% of respondents expressed a level of agreement with the idea. A further 16% neither agreed nor disagreed. The remaining 10% of respondents expressed a level of disagreement of which 8% disagreed and 2% strongly disagreed.

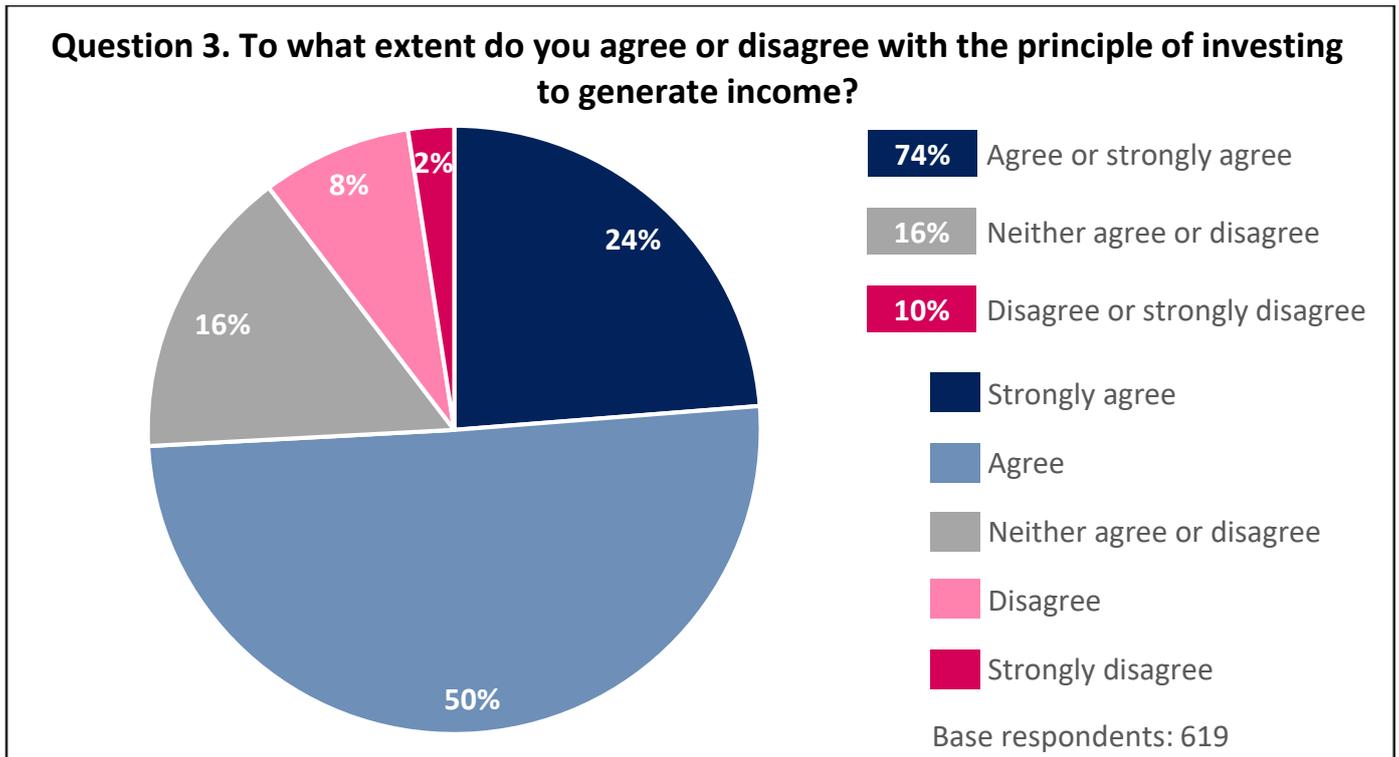
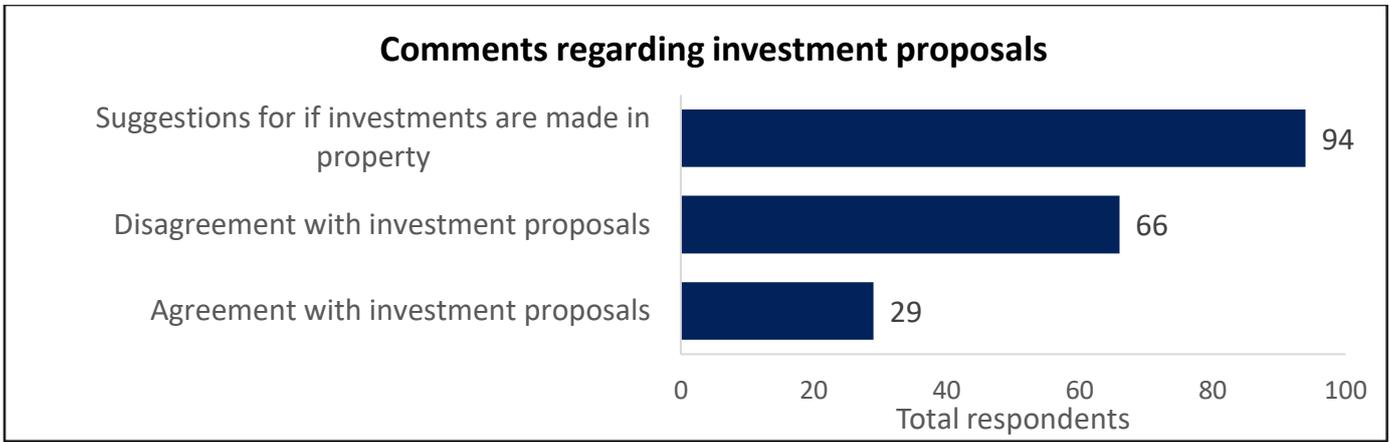


Figure 8

41. Question 4 asked respondents if they had any comments, impacts suggestions or alternatives to provide. Figure 9 shows the total numbers of respondents by themes of comments and the subsequent tables summarise the unique points and suggestions provided. The highest number of comments regarding the investment proposals were suggestions for how investments should be made or take place; in total 94 respondents gave suggestions for this.



*Figure 9*

42. A total of 94 respondents provided different suggestions for how investments should be made in property. The following table outlines all of the unique points and suggestions raised:

**The ways investments should be planned / carried out** (Council should future proof the projects against changes in policy; should be well managed; should not be tempted into a very high proportion of debt to income; there should be agreed criteria for agreeing investment and it should be shared publicly; this needs to be done very carefully so that money is not lost; should consider the environmental needs of Southampton and make it as eco-friendly as possible; encourage use of renewable energy sources; make rents fair and affordable; would like to see more information balancing the risk and gain; conduct financial risk analysis; only invest if there is an overwhelming benefit; take advantage of property potentially at a reasonable cost as a result of Brexit; do not borrow more money to do it; make the property accessible to other organisations such as the NHS; only carry out developments that benefit the residents of Southampton; purchase the land, prepare outline planning permission for what you would like there then sell it on; if bringing in consultants put penalties into contract if it goes wrong; varied and spread to minimise collapse in one area or sector; adapt governance model to be able to work more commercially; create jobs and apprenticeships to build; make better use of existing property assets; procurement processes severely restrict- would need a free rein; do not place too much focus on any one area of investment; invest in business sectors that are making profits; must be within the city; Make sure green spaces are also invested in; Buy ABP land back off them and transform back into coastal town; look to Hong Kong; give priority to co-operative or social enterprise partners; make sure it doesn't lead to dishonest or exploitative business practices; borrow from central government on low interest rates; look at other models by successful councils; think about the traffic associated with developments; tax payer should not fund it; employees and contractors should be on living wage; clearly define pay-back periods to recover capital investment; keep consulting with the public; should be leading it rather than splitting the profits with layers of middlemen or organisations; align with council priorities; make partnership investments)

**Suggestions for housing investment** (Make the properties residences for the homeless so that there are no homeless people in the city; focus on affordable housing; take back ownership of empty houses that were/are privately owned; focus on new council housing development to deal with social housing back log; currently efficiency problems in older houses; make sure the extra infrastructure is there such as healthcare, roads, public transport; invest in social housing as it also provides a service; improve the properties provided to tenants; more money spent on void properties process; house building will increase employment and tax revenue; some tenants will have little or no intention or keeping properties clean and looked after; do not buy and then sell housing stock for a discount; create your own housing association company; build new ones and sell off old ones; be careful not to potentially raise property prices for buying or renting; build a variety of sized properties; speed up regeneration of Townhill Park; build more 1-bed council homes and private rented homes; think about parking; no more

student accommodation; demand for housing for middle income families struggling to get onto the property ladder; sell off the golf driving range for housing )

**Suggestions for commercial investment** (do not create more office space as lots is currently vacant; it takes away land that could be used for housing; should be restricted to existing commercial properties that are unused; new restaurants or cafes not needed; include community facilities open to all; retail is not a good investment with collapse of high streets; encourage local businesses and co-ops; invest in technology hubs to retain talent in the city; invest in regenerating the waterfront; build indoor arena for 10,000+ for entertainment and conferences; invest in the Pier to improve the view of the seafront; also add cultural investment; invest in the sports centre; no more casinos)

43. 66 respondents described their disagreement with the investment proposal. The following points or alternative suggestions were made:

**Disagreements** (Building new homes doesn't help as most people cannot afford them; do not want to destroy green areas; the current property portfolio is not managed well or looked after such as Royal Pier, Itchen Bridge, Car parks, O2 Guildhall; Southampton is full with a high demand for services already such as GPs, roads, shopping; local authorities shouldn't have to be investing and business talk; already too many empty properties poorly maintained; council tax should not be spent on investments; concerned with the risk; concern over vulnerability to external factors; lack the expertise in the area; the value of properties can go down; disagree with plans for Toys R Us site; too much red tape; timing is too risky to invest in property; potentially a waste of money; parking is an issue created by building so many new flats; disagree with retail and restaurant developments as many already vacant; councils shouldn't be able to own or use property for economic advantage; concern about interest rates and Brexit; may not need to use funding in investments if government may give councils more money in the future; do not have money to spare to put into this; stop building without the infrastructure in place)

**Alternative suggestions** (The money should be spent on other local services; sell, lease or use existing empty properties; upgrade buildings currently not fit for purpose like Vermont School; invest in what there currently is; repair roads instead; sell council properties instead; upgrade the buildings in Hoglands Park; invest in solar panels for council buildings; install wind turbines at the docks)

44. 29 respondents made the following agreements with investment proposals:

Good because they bring in income for the council long term

Supports economic development

Good idea to use reserves to generate income

Allow greater flexibility with current stock and customer requests

More control and influence over how property is used

Future councils will be encouraged to maintain value of investment

Good idea if it works

Boosts the economy

## Priorities proposals

45. The next section of the questionnaire outlined a number of key priorities that the council was proposing to invest in. These projects included: meeting the commitments of the Green City Charter; tackling child hunger; investing in transport; bidding to become the City of Culture 2020; and investing in adult social care to help the most vulnerable in the community.
46. Respondents in the questionnaire were asked to what extent they agreed or disagreed with focusing spend on the priorities listed. Figure 10 shows that 75% of respondents generally agreed with the proposal overall; of this 30% strongly agreed and 46% agreed. A total of 10% of respondents expressed disagreement with the proposals of which 8% disagreed and 2% strongly disagreed. The remaining 14% of respondents neither agreed nor disagreed with the proposal.

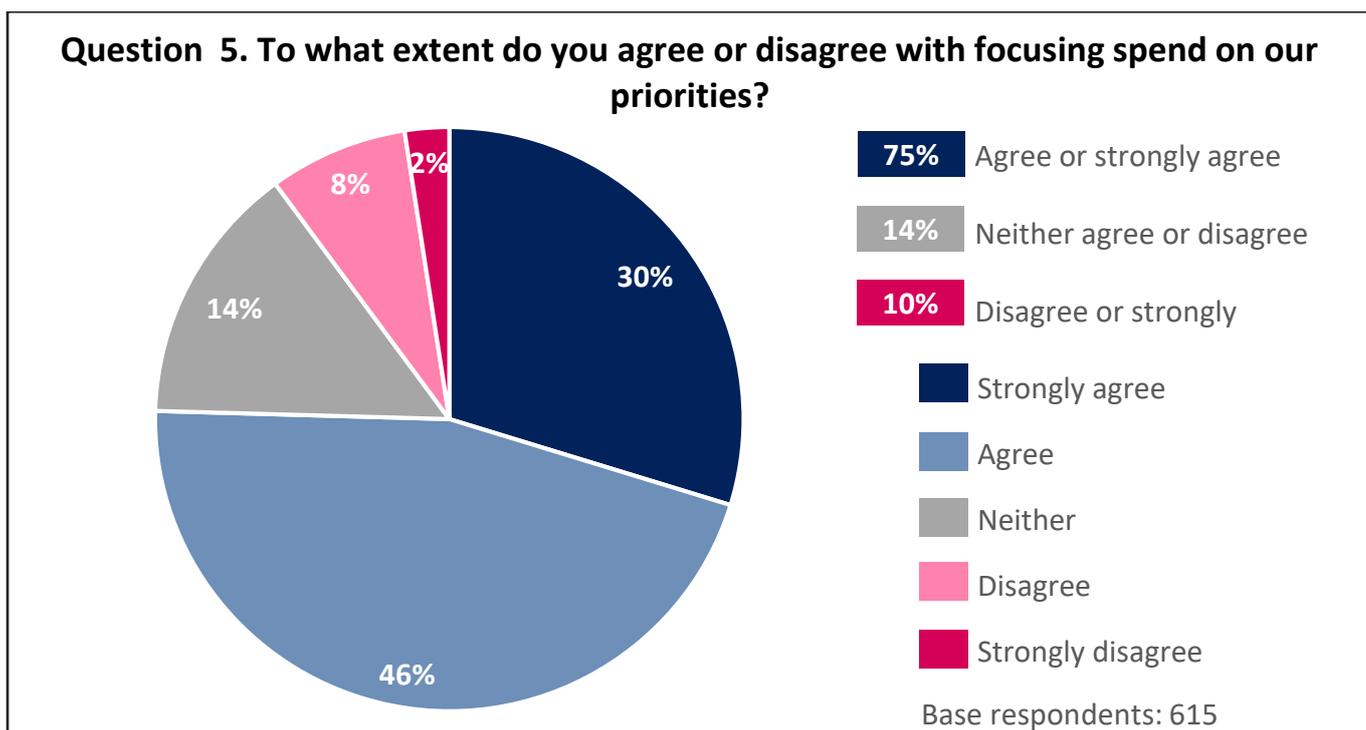


Figure 10

47. Question 6 asked respondents if they had any comments, impacts suggestions or alternatives to provide. Figure 11 shows the total numbers of respondents by themes of comments and the subsequent tables summarise the unique points and suggestions provided for each of these themes.

### Comments regarding priorities proposals

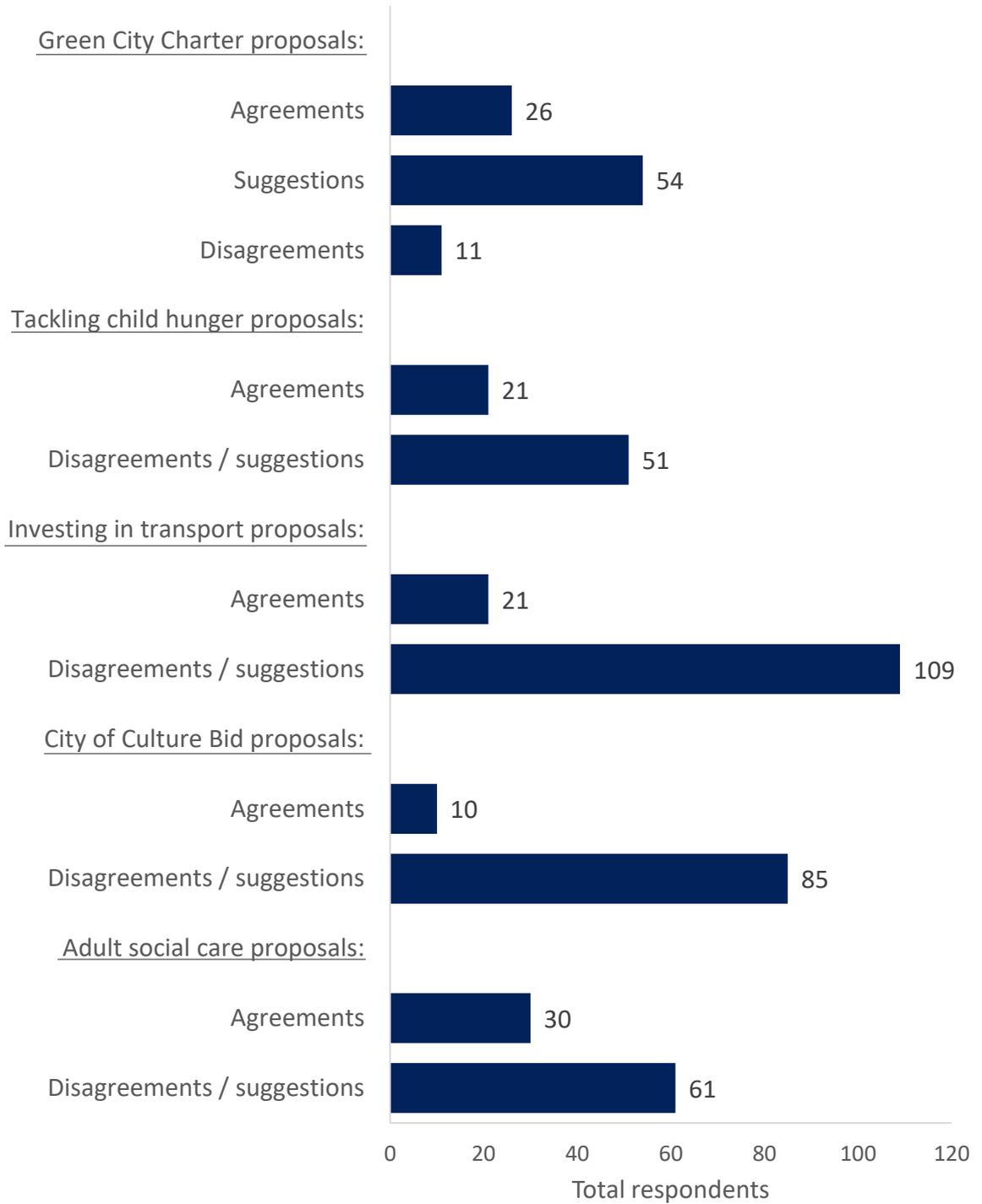


Figure 11

48. Agreements with the Green City Charter proposals:

Especially important because of air quality problems
Without tackling climate change, the rest is irrelevant
Should be the number one priority

49. Suggestions for the Green City Charter proposals:

<b>Transport suggestions</b> (ban diesel cars for leisure; reduce the number of vehicle movements; reduce private car use; make park and ride; build a tram loop; council should invest in all electric fleet vehicles;
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sort out road junctions; educate people against vehicle idling; would like to know more about infrastructure for private e-vehicles; roll out charges points for electric vehicles; free parking for electric vehicles; council staff walk, cycle or travel by public transport around the city; centralise parking in housing estates to make people walk to their cars)
<b>Port suggestions</b> (tackle the pollution from ships; the noise is a problem from the generators; put in place ship to shore power; must match other local work to reduce emissions; Ships should be subject to certain pollution levels; problems with the number of HGVs coming into the city for the port; force lorries along motorways and not through A roads)
<b>Green spaces suggestions</b> (encourage gardening or allotments for children to help grow healthy food; bring people into connection with land; plant edible shrubs and trees in parks; introduce living spaces in neighbourhoods; plant more trees everywhere; enhance green spaces; improve the parks; encourage people to plant a tree in graveyards with a small plaque rather than headstones; increase the number of allotments; bring back Southampton in Bloom )
<b>How the Green City Charter should be planned</b> (Need a lot more work and investment as not good enough yet to tackle climate emergency; must not reduce attractiveness of the area for inward investment and businesses thriving; look to Pontevedra or Barcelona for advances; balance against cost of implementation; undertake cost-benefit analysis; need more information; what will be achieved in the next year)
<b>Other suggestions</b> (police littering and fly tipping with heavy fines; support the idea to bring in a 'Green Mile'; make Southampton the UK's first 'Green City'; attract entrepreneurs and more Plastic Free shops; solar panels on council properties; encourage low or neutral carbon industries; support green economy; all council policies and contracts should reflect principles of Green City Charter; council lead by example; tax breaks for technology companies to help achieve project; more street trees; encourage personal responsibility to reduce plastics; 'Boris Bike' like scheme with docking stations; more plastic recycling; new clean incinerating plants; difficult to support Green City Charter when support for the expansion to the airport continues)

50. Disagreement with the Green City Charter proposals:

Green charter penalises normal people when the largest polluter is the ships
City will be cleaner and healthier when people can afford new, cleaner ways of life
Help ensure climate change is really tackled
Disagree with spending money on this
Just lip service worldwide
Concern on there being enough budget to deliver it
Please stop focussing on stopping drivers some people have to drive for work.

51. Agreements with the proposals for tackling child hunger:

Very good idea, as long as every child is treated same equally
Good idea to promote healthy eating
Should be a high priority
Help with education on dental health

52. Disagreement or suggestions for the proposals for tackling child hunger:

<b>Disagreements with providing free food in school</b> (it will not tackle child hunger; free school meals plans should already cover it; parents should already be providing this food; Some families will spend money on other things or expensive takeaway food; people that can afford food may take unfair advantage of service; not aware of any hunger issues; don't think giving out free fruit, veg and yoghurts
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will help the problem; most will reject the healthy food; food wasted; not the council's problem; tackles malnutrition which is important but doesn't tackle hunger; the food provided is very low quality, fruit is very bruised and old; local school currently end up giving it away at the end of the week as not eaten)
<b>Suggestions regarding the proposal</b> (Continue to the age of 18; Families with under 5s also struggling and may need support; Support in the school holidays; Be careful as a lot of fruit and veg already provided is not eaten and thrown out; Make it more targeted than being available to all children; means tested; feel that yoghurt is too sugary as a snack; best issued to schools to issue; have something available for breakfast; social services should monitor families; make it an option parents can opt in for; libraries should be a part of it in the school holidays; have a policy that no child goes to school or starts the day hungry; engage with businesses to assist with the funding for this such as universities and research facilities; also need carbohydrate too or just fruit and veg will make them more hungry; link up with local shops to reduce food waste - schools get food that needs to be eaten by that day; provide bottle of milk too)
<b>Alternative suggestions</b> (Help parents with budgeting; Help parents and children with learning how and what to cook; Encourage parents to give up smoking and drinking to have more money for food; Educate parents with what essential items are versus luxury items; council should not be supporting the Coca Cola truck; need to do more to address child poverty in the city; use allotments more; distribute some of the spare food grown in allotments; make sure lunchtimes are long enough at school to have a proper nutritious meal; tackle the reason why children are hungry rather than just giving them food; tackle this at the source and prosecute neglectful parents; issue part of benefits as food vouchers; preventative measures such as good quality housing, fair rent, fair pay, education, funding health visitors; teach cooking in schools till leaving age; older kids in school could cook a meal for the class once a month)

53. Agreements with the transport investment proposals:

Especially important because of air quality problems
Lots of benefits of cycling including better health, cleaner air, less congestion, reduced obesity and better mental health.
Pleased with the cycle lanes
Poor public transport connectivity is bad for people and the economy

54. Disagreements or suggestions for the transport investment proposals:

<b>Improvements to public transport</b> (better; cheaper; more frequent; buses not reliable; more bus lanes; more bus routes and diverse routes; friendlier buses; improved ticket options; tickets that work on all bus networks; "one price fits all" approach; more electric buses; improve bus routes so that they aren't all going to similar places; extend rail network to Marchwood; introduce a tram; improved ferry services; dislike bus parking in roads; make it accessible for those with mobility problems or in a wheelchair; set up small bus company to do 1 or 2 routes to start with; introduce trains that follow the roads; improve the current system; Ban Uber from Southampton; take a cut of increase parking charges at West Quay; more public transport incentives and subsidies; bus connections between cities; improve linkage from city centre to waterfront boarding; improve bus availability to the hospital)
<b>Improvements to cycling and walking infrastructure</b> (more cycle lanes; better pavements; safer road crossings; improve cycling facilities at work and school including safe lock ups, showers and changing rooms; make wheelchair accessible; make some roads one way to give cyclists more space; convert more roads to pedestrian only; enforce people cycling on the pavements when there are the new cycle ways; improved signs for walking; improve linkage from city centre to waterfront boarding; bike borrowing scheme with docking stations like Boris Bikes; separate traffic for other users by physical barriers; improved bike parks)

<b>Disagreements with cycling lanes</b> (No-one use them; bus lanes would be more useful; money could have been better spent in other areas; cause congestion and more pollution; not sure good use of resources; disagree with the one at Bitterne triangle; don't want to be asked a vague or euphemistic question so it can later be said they approved of it; not long enough so cyclists dodge in and out of traffic or continue to stay in the main flow; slows down traffic so doesn't reduce CO2; Cyclists don't find them safe; cause chaos on the roads to put them in; people cannot always cycle long distances; on a dark wet night you cannot see the cycle lane curb)
<b>Encourage people to travel differently</b> (tempt people out of cars; Get children to take their cycling proficiency tests; ban cars in city centre if only one person in vehicle; people will only change if you make it more difficult for them in a car)
<b>Build a park and ride</b> (to reduce journey times into the city; to reduce pollution; good for football or cricket games; good for cruise ship passengers; use electric buses; worth the set up cost; would reduce the cost of road upkeep; smaller cities have them )
<b>Improvements to roads and junctions and parking</b> (fewer traffic lights; have smart traffic lights and junctions; invest in roads less but more into other transport; sort out potholes; people rather than good roads than innovative transport investment; sort out subsidence; stop messing with the roads; confusion over why some roads and junctions have been improved versus others; sort out lights to reduce pollution; changes to Cobden Bridge have only made the traffic worse in St Denys; joined up approach to road works; toll on the Itchen Bridge is too expensive; reduce the Itchen Bridge toll have not seen the benefit of the roadworks as make no difference; turn off traffic lights after 10pm; disagree with the work at Bitterne Park Triangle; terrible traffic at M27/M3 junction; do not take away disabled parking on council sites; more streamlines routes; make junctions logical and safe; only have bus lanes in rush hour; disagree with present use of 20mph limits; introduce congestion charge; parking is too expensive; shop mobility car park urgently requires attention as has a large pothole )
Tax breaks for technology companies to help achieve project
Do a cost-benefit analysis
Think about how it would be to experience it
Spend the money on other services
Transport is fine, so no need to improve

55. Agreements for the City of Culture bid:

<b>Good to promote our interesting history and culture</b> (the Romans, Norman walls, French traders, Mayflower, Titanic, D Day, the Spitfire, the great passenger liners, Premiership football, museums, art galleries, theatres.)
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56. Disagreements or suggestions regarding the City of Culture bid:

<b>Reasons against City of Culture bid</b> (more important things or services the council should be prioritising; cost would be higher than the benefit; concern it won't bring in additional income; concern over money lost; waste of taxpayers' money; would not benefit residents; we might not even win it; nobody cares if somewhere is the city of culture when deciding to visit; feel that culture offer in the city is poor; a vanity project; City of Culture is a title associated with the most deprived cities; city not in a strong enough position; other culture projects have not gone to plan or were over budget such as Mayflower 400 project, Arts quarter; the city-wide infrastructure would not be good enough to deal with extra tourists; even if brings benefit to the city if successful it will still cost millions; we would be unlikely to win; it will take a lot of work in the community to win it; we are leaving the EU so how can we be European City of Culture)
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**Suggestions for the City of Culture** (Would like to see a cost benefit analysis; want more detail; would like to see the cost and estimated income; look to see if other cities that have previously held the position have made money from it; improve appearance of city to increase chance of getting the bid; reduce number of people begging to increase chances of getting the bid; must be sustained beyond the bid; tax breaks for technology companies to help achieve project; lowest priority project; don't focus on too many diverse initiatives; don't worry about award, just do it )

**Suggestions related to culture** (focus on Mayflower 2020 as it has potential to attract tourist revenue for the city; attract cruise ship passengers to visit Southampton; open a Tourist Information Centre; improve the cultural offer; look into aviation heritage; there is no suitable large venue for performances/exhibitions; improve the Music in the City event as currently disorganised; invest in the National Lottery; expand music services to reach everyone; engage with the Universities on their social efforts and programmes; open the art gallery for longer hours; do not charge for museums; support local music venues; treat our artwork better; build an ice rink; build a dog stadium; Move the Christmas market to Winchester)

57. Agreements with the Adult Social Care proposals:

Agree with needing more social workers

Will see the benefit in the future of extra social workers

Make this the highest priority

58. Disagreements or suggestions regarding the Adult Social Care proposals:

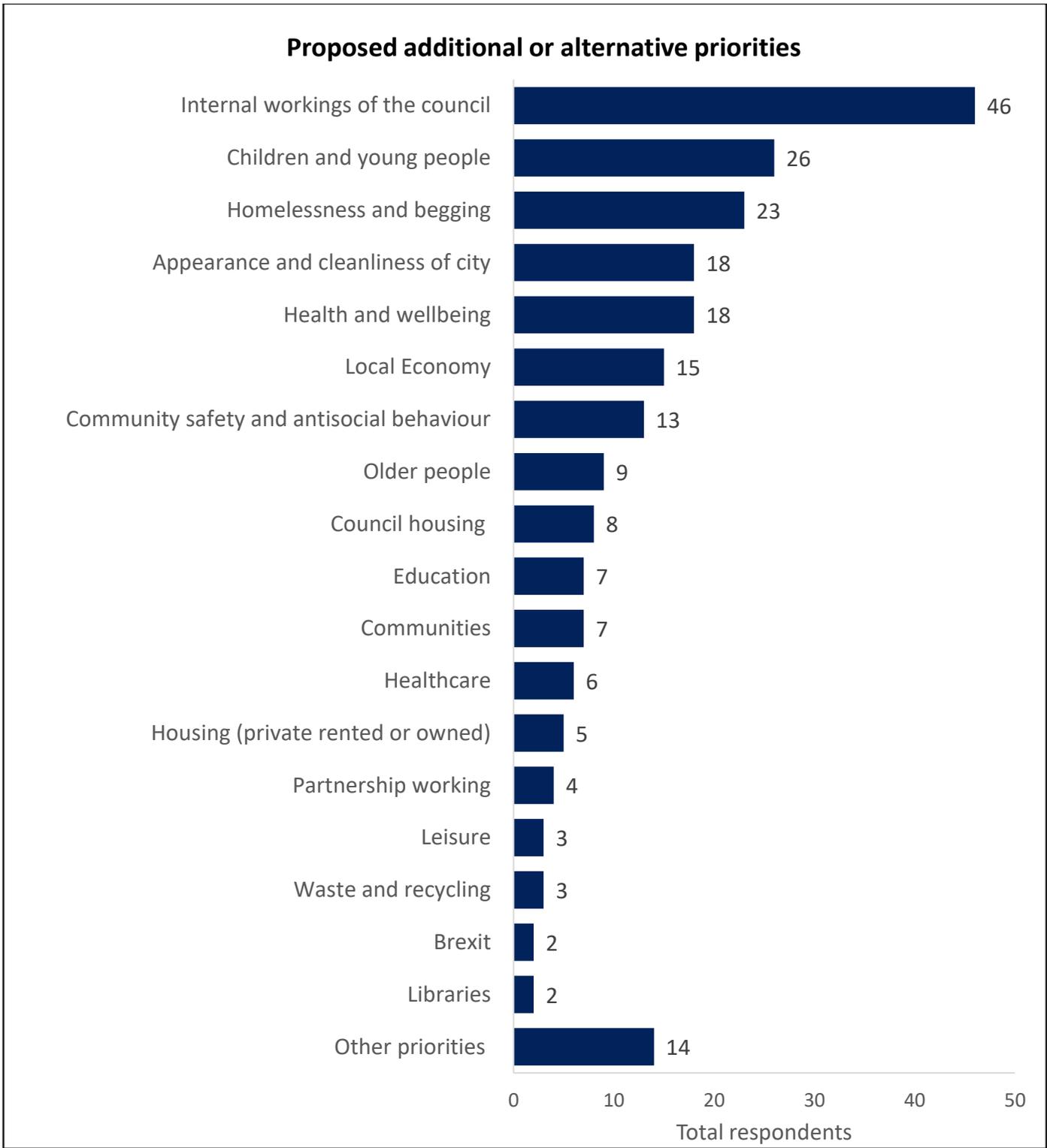
**Disagreements with additional social worker proposal** (Concern about cuts being needed elsewhere in the service due to additional spend on social workers; too much is already spent on adult social care; encourage neighbourhoods and communities to support social care; do not trust the proposals; should look at the current working practices of social workers; spending on this is already excessive)

**Suggestions for additional social worker proposal** (would like to know the numbers that will be employed; need to make social worker time more efficient by clustering and coordinating visits to reduce travel time/expenses; make sure sufficient oversight and management structure put in place; encourage more people to be social workers with direct training paths or extra pay or bonuses; improve support to social workers as this is the reason there is a shortage and such a fast turnover; employ better trained, more experienced social workers; as long as it isn't agency social workers; value social workers higher with better pay and more investment in training; give them long standing credit; mentoring programme)

**Alternative suggestions instead of additional social worker proposal** (The extra funding should be given to person needing care instead; provide more care facilities instead; provide more support for community facilities and volunteers; fund a survey to see what the social care problems are; invest in respite centres; pensioners on average are wealthy enough to afford care themselves even though they don't wish to; reduce the adult social care charges)

**Comments or suggestions regarding Adult Social Care generally** (Make this a high priority; Invest in Adult Social Care rather than make savings; The threshold should be increased for the amount of savings a person has before financial help is given; spend more money on elderly care for dementia and nursing homes; questioned why Brownhill House was closed; Adult Social Care should be more linked with healthcare as problems when people are referred to health services without adequate social support; service is not currently streamlined enough and a lot of time is spent sending clients around different teams which increases client wait time and increase staff time, visits and paperwork; Central government should offer more support and leadership; the individuals should be priority rather than savings; burden falls on to relatives that are often emotionally involved, lack time or money and not professionally trained; invest more on the care that has the biggest impact; work with neighbouring authorities to build new care facilities; should be grants available and options to have home maintenance costs carried out by the council and charged back when the house is sold; improve early intervention; cannot say the council is investing in adult social care when they take people's money and double their client contribution; concern that a lot of money for Adult Social Care is spent on unnecessary bureaucracy rather than on individuals and families; consider the different individuals involved and how they perceive different situations; use advocacy to support people; help is often given to those that shout the loudest; should be responsibility of the NHS; been no improvement in the last 5 years so little trust in service or proposals; reduce social care offerings as it only attracts lesser contributors to the area; poor service; reopen the close day services; carers are suffering; invest in the non-scc workforce who are stretched and underpaid; build a care force which is respected; get more staff generally; older people will suffer; some care providers are not fit for purpose; if no family then people can be left unsupported; disagree with private care)

59. In addition to the priorities listed in the questionnaire, a number of respondents wrote in the feedback there were also additional or alternative priorities the council should consider. These are summarised in figure 12 and subsequent tables after highlight the unique points or suggestions that were made. The priority suggested the most was to focus on the internal workings of the council, a total of 46 respondents raised this in the comments.



*Figure 12*

60. The following table highlights the unique points and suggestions for the proposed additional or alternative priorities:

<b>Internal workings of the council</b>	<b>Suggestions regarding staff</b> (fewer go to meetings; improve wages; wages should be reviewed and lowered; integrate between teams more; give basic rates of pay to all staff at all levels and then give bonus payments once measurable targets are achieved; provide incentives to improve performance; increase support to staff; increase support to staff that have to deliver news and make cuts to individuals; provide good training; evaluate success regularly to ensure aims are carried out; improve communications with staff on up to date information and priorities; employ good people; improve efficiencies; staff too stressed and therefore more likely to make mistakes; staff will
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	<p>leave if conditions aren't good; staff need to be able to work in a more flexible and rapid way; stop spending loads of money for redundancies; greater support for problems like high sickness levels; agency workers unsettle and undermine staff; bullying culture; staff stretched too thinly; problems with vacant posts not been recruited to; review timeframes for resolving staff grievances and workplace investigations to reduce time spent paying staff absence; mandatory training on equalities and diversity; record disability related absence separately to sickness to avoid discriminating staff with disabilities; work with trade unions who represent staff; make sure staff with disabilities can park in the civic centre; employ more parking wardens)</p>
	<p><b>Suggestions for councillors</b> (reduce the number of councillors; reduce their allowances)</p>
	<p><b>Contact or payments with the council</b> (Improve council phone lines; better customer services; difficult to pay for something; Website is difficult; surprised there was no direct debit paying for care monthly, instead received an invoice every 4 weeks to pay; invoices frequently received after the date due; contacting online is a shambles; if you go into gateway to complain they instead direct you to use the computer to email query or question; Nobody every contacts you or calls you back; council do not stick to own timelines)</p>
	<p><b>Suggestions for services/projects</b> (Invest in IT; Invest in support services; disagree with LatCo; to reduce costs look closely at social care transactions to identify duplicate or over payments which could be recovered; identify unreasonably high placement costs; improve management of the council budget; invest in the right equipment for staff; be careful that services that were previously outsourced don't go back to having too much bureaucracy; concern that unnecessary spend on new uniforms for Street Cleansing and Parks teams when old ones were fine; invest in a municipal talent bank for different public services to hire temp staff; turn off lights when room not used; don't leave SCC engines running; close windows in air conditioned offices; fine more people for parking)</p>
<p><b>Children and young people</b></p>	<p><b>Suggestions</b> (invest in more social workers; preventative work would be beneficial in the long run; be more supportive of young people; bring back Sure Start; invest in youth work; improve early intervention; invest in childcare and childcare settings; better checks on social workers at interview; introduce youth centres and activity programmes; fewer agency social workers; drive ambition in children)</p>
	<p><b>Concerns</b> (Capacity of child social services is at dangerous levels; poor quality social workers from agencies; serious cases are costing a lot of money; significant funding shortage in early years settings as hourly rate paid to settings is less than it costs to run; the city is not delivering the Carers Assessments for Parent Carers as a separate assessment as promised advertised and stated in the Care Act 2014; Struggling to contact and communicate with social services to get their loved ones assessed; young people will inherit the problems in the world; difficult to get EHCP plan without a jumping through hoops with council contact poor)</p>
<p><b>Homelessness and begging</b></p>	<p><b>Problems currently</b> (begging is detrimental to the appearance of the city; homelessness often accompanied with drug use; services continuing to be cut make homelessness worse)</p>
	<p><b>Suggestions</b> (Invest in homeless hostels; authorities should not allow homeless people to stay on the streets; use containers for housing; get homeless people registered to an app where money can be donated to help them but they have to be off the streets to claim the donations/allowance; provide support to help maintain tenancies; the current community support and contracts are ineffective as large percentage of residents at homeless shelters can be seen openly drug taking and commuting crimes)</p>

<b>Appearance and cleanliness of city</b>	<b>Suggestions</b> (Fine people for dumping rubbish in the streets; Fine people for not clearing dog mess; people take more responsibility for their litter; fewer overflowing bins; cleaner streets; more controls on landlords for dumped waste by tenants; organise community litter pick-ups; improve clean-up of chewing gum on streets; improve shabby precinct)
<b>Health and wellbeing</b>	<b>Invest in services to provide support for:</b> Addiction to drugs, Mental Health Support; Alcoholism
	<b>Suggestions</b> (Bring back walk-in clinics; encourage flexible working for people with mental health issues; greater support for high functioning autistic people; educate children regarding healthy living such as exercise, healthy food, vitamins and minerals, healthy weight, bones, muscles and teeth; invest in physical activity and health programmes; make smoking and excessive drinking unacceptable for parents; ensure people know how to cook cheap nutritious meals; ensure pregnant women eat healthily; encourage people to go out to the shops and walk around to improve health rather than sitting and ordering online)
	<b>Concerns</b> ( Health provision is poor on the east side of the city; much preventative work has struggled to gain or maintain funding such as Drop-ins and Social groups; rehabilitation facilities inadequate; Mental health care poorly funded)
<b>Local Economy</b>	Continued economic development should be a focus
	<b>Suggestions for jobs</b> (create good jobs for all; grow industries that will have jobs for part-time workers rather than basic wage zero-hour projects; provide grants to help city centre jobs; improve wages)
	<b>Suggestions for businesses / organisations</b> (help with business rates for smaller businesses; attract them to the area; help businesses by providing fast broadband which is currently poor in Ocean Village; create more business space; dry docks to use for repairing and maintaining ships for the economic benefit; encourage start-ups; promote entrepreneurial culture in the area; use more local suppliers in line with social value act aims; follow CLES ideas used in Preston; focus on the Southampton pound; focus on getting the 2020 Masterplan delivered and VIP projects; encourage small individual shops )
<b>Community safety and antisocial behaviour</b>	<b>Suggestions</b> (More police generally; Greater police presence at night; extra street lighting; reduce anti-social behaviour; enforce against people cycling without lights at night; enforce those parking blocking pavements or double yellow lines as it makes it hard for people with disabilities; focus on youth crime and exploitation by gangs; introduce youth centres and activity programmes)
	<b>Problems</b> (Drugs; theft; violent crime, hooliganism; damage to public places, antisocial behaviour, groups of youth terrorising, street lighting issues)
<b>Older people</b>	Support for older people (improve the support for older people; put more preventative measures in place; OAP discounts have been abolished; by the time you get to being older, the services keep being cut)
	Everyone should be encouraged to prepare for being older
	Need to budget for the ageing population
	Consider elderly social care to be as great a priority as adult care.
	For pensioners the TV Licence should be calculated on income.
	The Fuel allowance should also be given only to those with an income of less than £20,000 per year, which would save a huge amount of money.
<b>Council housing</b>	<b>Suggestions</b> (improve management of properties; have higher expectations on tenant behaviour and care of homes; do not sell off council properties; encourage residents in larger properties they do not need to downsize; manage it the same way private rented is managed; if you can afford to pay full rent in private sector you should so

	that council properties are there for those that need them; stop selling council homes as it is reducing the stock and isn't replaced)
	<b>Disagreements</b> (Strongly disagree with right to buy because it reduces housing stock, reduces council income through rent and is unfair on residents that have to pay the going rate for a house; disagree with the local housing offices being closed; Townhill Park regeneration is painfully slow; current place has ground movement and council keep just filling in the cracks)
<b>Education</b>	<b>Problems currently</b> (performance of local school and colleges; competition between schools is replacing with cooperation that existed; disagree with forced academisation as it is undemocratic and counterproductive; staff providing increasing levels of support for families of SEND children without extra funding to help them access education; support for SEND children not put in place quick enough as difficulties not identified early enough; budgets are appalling; staff are being made redundant)
	<b>Suggestions</b> (fund nursery education more as it is the start of accessing education; education should be featuring in the consultation as a priority; improve early years intervention and support)
<b>Communities</b>	Improve community centres
	Lack of social cohesion amongst residents
	Improve loneliness and isolation
	Increase in spending to recover our communities
	Introduce helpful neighbour scheme or buddy scheme with incentives
	Grow volunteering
	Increase the number of community programmes
<b>Healthcare</b>	<b>Concerns with NHS</b> (poor performance in the city)
	<b>Suggestions for the NHS</b> (Only UK citizens should be eligible for treatment; treatment for obesity should not waste NHS resources; Anyone requiring treatment or ambulance for binge drinking should have to pay the cost; local health system needs to be made to work more efficiently; also need quick turnaround in beds even at weekends in hospital)
<b>Partnership working</b>	Other local authorities (Liaise to jointly purchase equipment and services; generate efficiencies from working together more proactively; share senior managers)
<b>Housing (private rented or owned)</b>	Regeneration grants required for deprived areas like St Mary's, Queensway, Kingsland, Newtown due to big damp and energy efficiency problems in the older houses.
	Lack of affordable private rented properties
	Dislike of HMOs (tenants do not care about neighbourhood; should be forced to tidy up front gardens)
	Help more people to get onto the property ladder and own homes
<b>Leisure</b>	The city needs a leisure strategy
	Investment in leisure
	Outdoor sports centre (needs investment; pleased to see proposed investment as it has a huge value on people's lives; safeguard for future generations)
<b>Waste and recycling</b>	Put more investment into waste and recycling and the workers that do the job
	Recycling is a shambles
<b>Brexit</b>	Provide maximum support to communities post Brexit
	Concern over the impact of Brexit on public services
<b>Libraries</b>	More library staff
	Libraries good value for all ages
	Improve preventative support in the city to reduce demand on services.

<b>Other priorities</b>	The east of the city lacks investment.
	There should be a vote to decide how money is spent
	Shops, pubs, public buildings should allow free use of toilet facilities.
	Disagreed with raising banks of soil around Veracity playing fields to block access to gypsies and travellers. Would prefer the issue is addressed rather than temporary solutions.
	What about setting up charities or involving charities to help to part fund some of the council services. A charity would more likely spend the money more frugally than the council.
	Noise pollution is a bigger problem than the council realises.
	It would be nice to work and pay bills in this country without borrowing. To earn £40.00 a day cannot cover rent and council tax.
	Make us proud of our city not just for what is in it but what it stands for.
	Maintain and improve the various high streets, parks and other public environments.
	Invest in creative town planning
	Additional support for people caring for others would be beneficial. To be able to train for a career from home would generate income and help the carer feel inclusive and not isolated. Some charities do offer a degree of support but sign posting from the Local Authority would hold more weight. The Council has little or no empathic understanding of the impact of financial issues on family. No letter arrived to advise what a carer should do.
	Increase council tax banding
	Please focus on the people that are most in need first.

## Savings proposals

61. In this section of the questionnaire there were multiple savings proposals each with their own question asking levels of agreement or disagreement. There was also a free text box for any comments, suggestions and alternatives at the end of the section where respondents provided feedback on any of the different savings proposals. The following analysis shows the levels of agreement and comments associated with each savings proposal.

### Getting people home after a short stay in residential care on discharge from hospital

62. The first saving proposal was to work quickly to get people home after a short stay in residential care on discharge from hospital (Saving: £34,000). Figure 13 shows that 86% of respondents expressed a level of agreement with the proposal and that a total of 5% expressed a level of disagreement. Of the respondents that expressed a level of agreement, the breakdown was 38% that strongly agreed and 49% that agreed. For levels of disagreement, 4% disagreed and 1% strongly disagreed. The remaining 8% of respondents neither agreed nor disagreed.

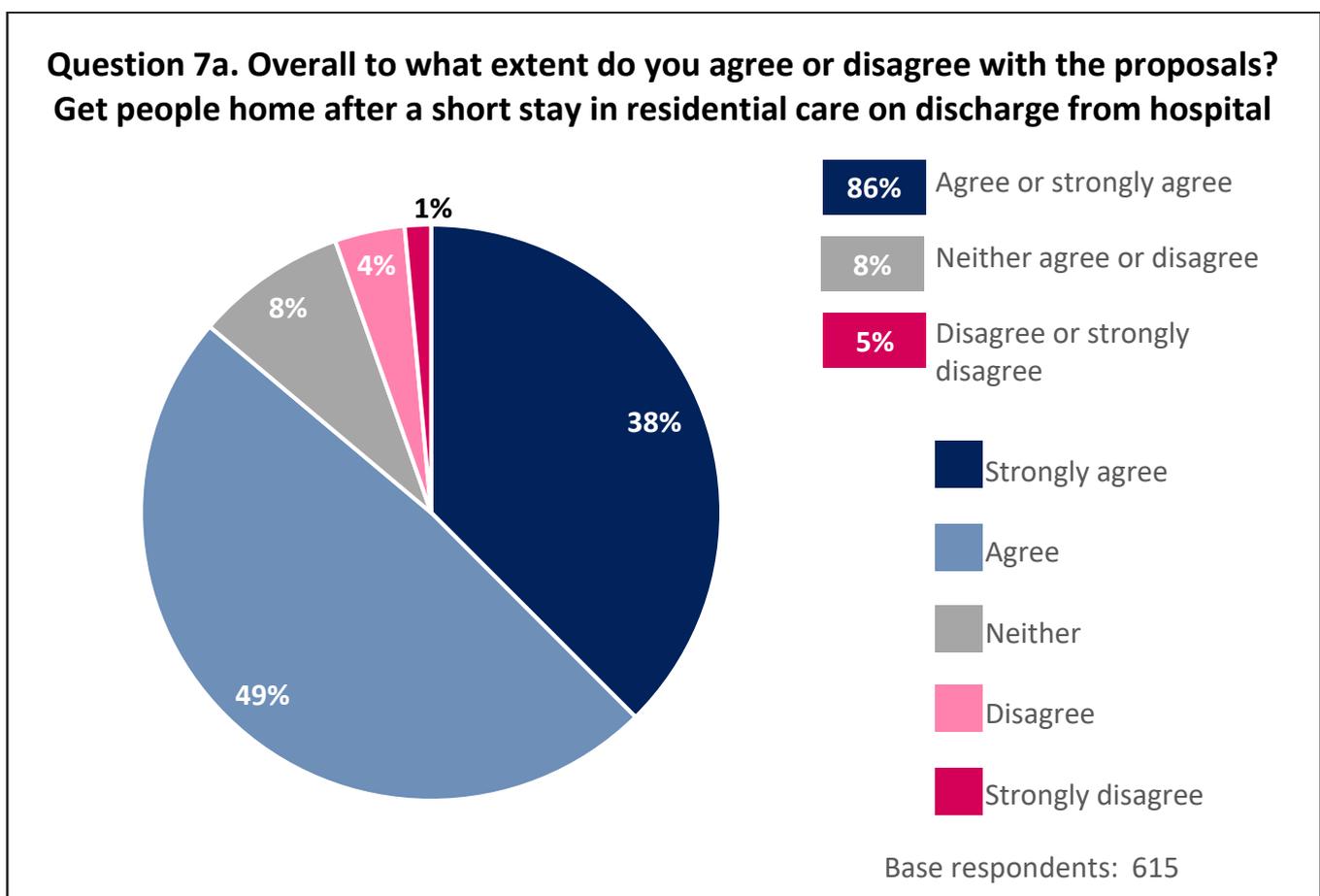
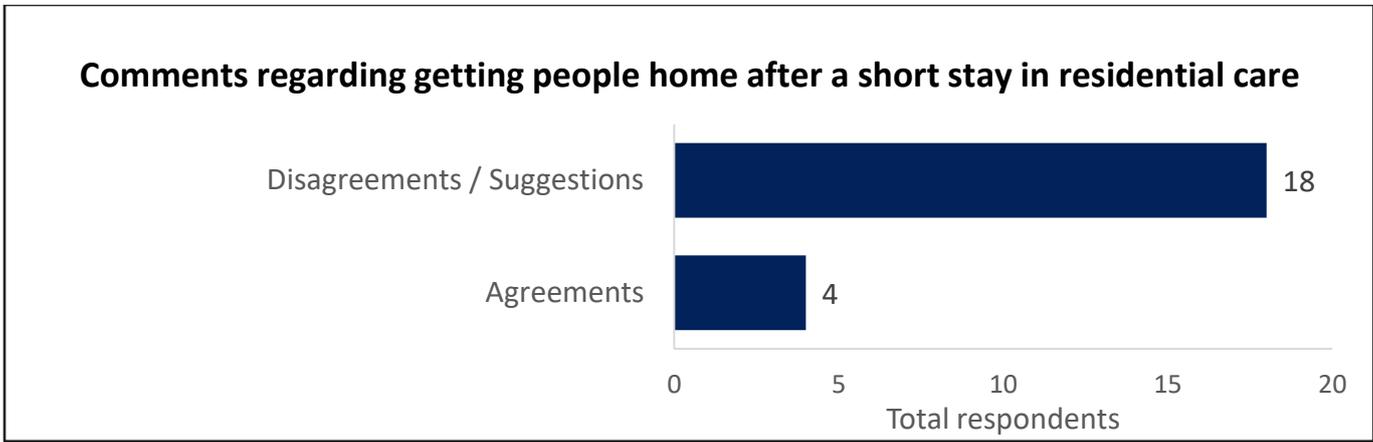


Figure 13

63. Figure 14 shows the total numbers of respondent that commented on the proposal regarding getting people home after a short stay in residential care. A total of 18 respondents either disagreed with the proposal or had an alternative suggestion to raise. Four respondents expressed their agreement with the proposal in their comment.



*Figure 14*

64. The unique disagreements and suggestions regarding getting people home after a short stay in residential care:

<p><b>Disagreements and concerns</b> (pressure on care staff to move people out even if not quite ready; people will be pressured to go home; just saving money; might not have the right care at home; concern that people end up back in residential care again if sent home too soon; if not enough beds people may be sent home; some people play down their needs due to pride; carers do not have enough time with each person)</p>
<p><b>Suggestions</b> (make sure it is needs based assessment to send people home and not cost; make sure it is not a rushed process; make sure the support is already in place before they leave and home is suitable; make sure family worries and concerns are taken into account; give families and individuals all the options and information)</p>
<p><b>Comments about residential care generally</b> (need more care homes as lot of people have no-one to care for them at home; inefficiencies, wasted time and disjointed between departments involved; poor communication; need better ways to pay)</p>

**Supporting people to live independently in a community setting**

65. The second proposals was about supporting people to live independently in a community setting (Saving: £370,000). Figure 15 highlights that 87% of respondents expressed agreement with the proposal of which 41% strongly agreed and 46% agreed. A further 8% of respondents neither agreed nor disagreed. The remaining 4% of respondents either disagreed (3%) or strongly disagreed (2%) with the proposal.

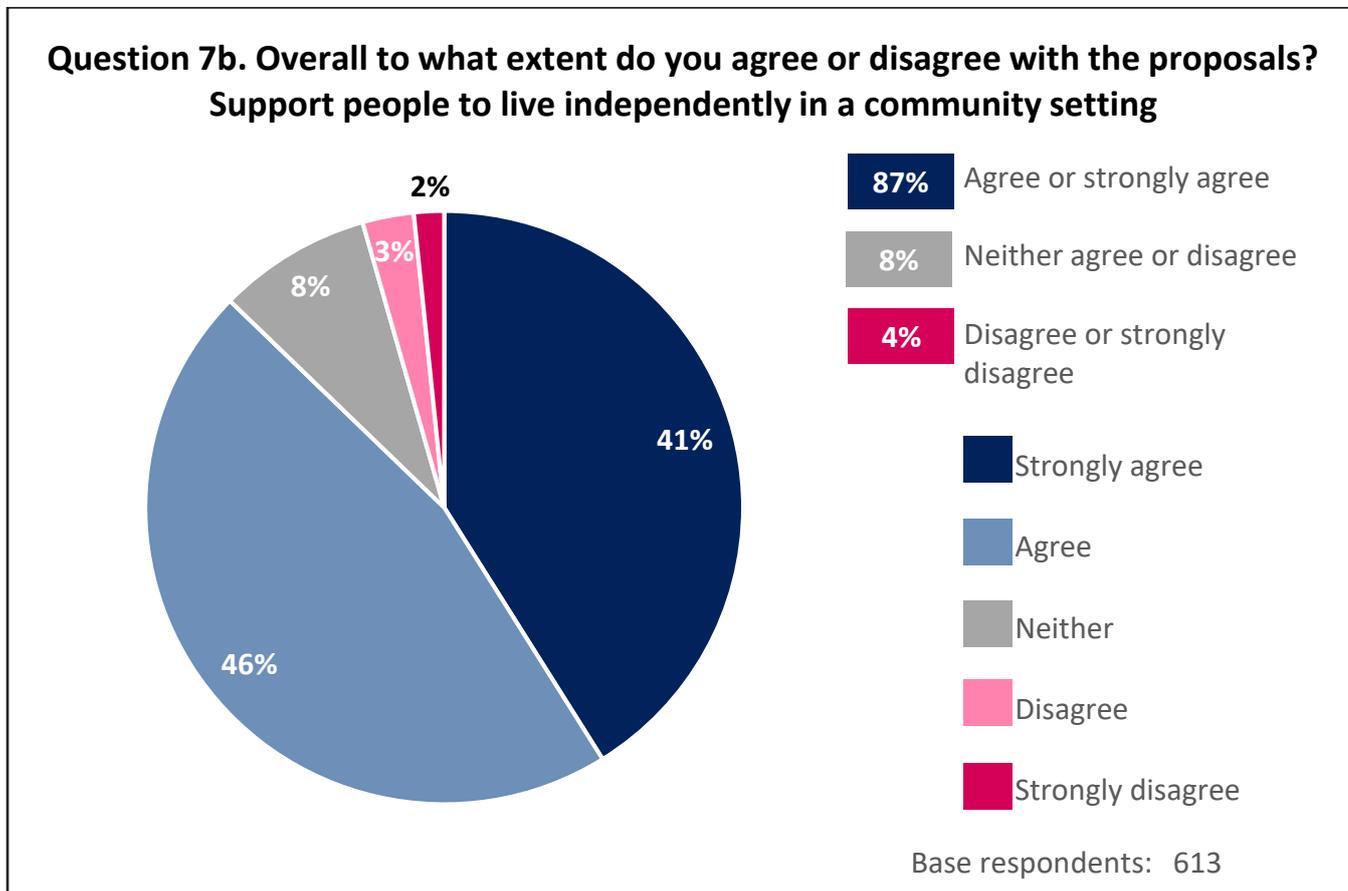


Figure 15

66. Figure 16 shows the number of respondents that commented on this proposal. There were 25 respondents that specifically disagreed with the proposal or had an alternative suggestion. An additional seven respondents stated agreement in their comments.

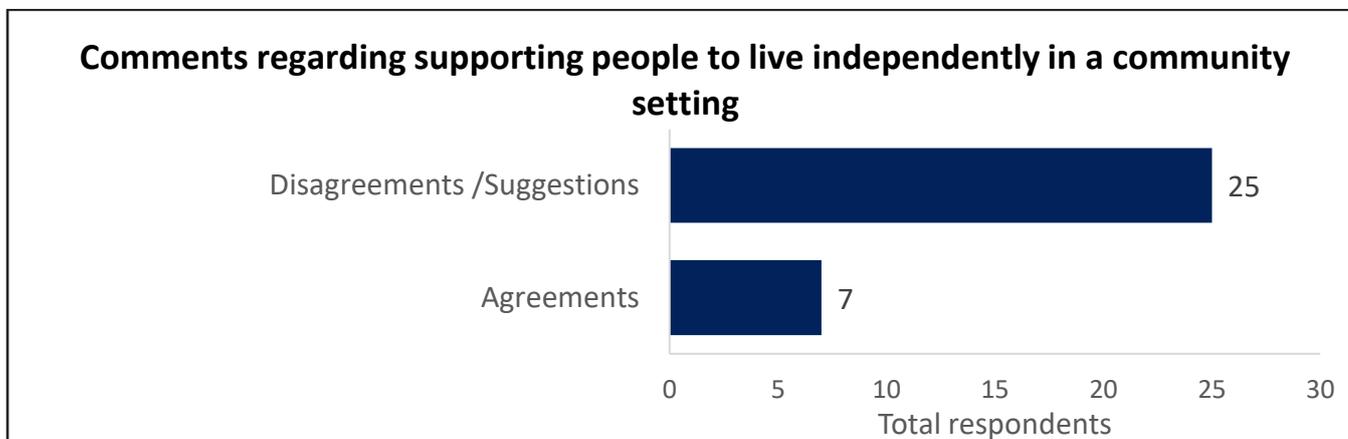


Figure 16

67. The following table highlights the unique disagreement and suggestions raised by 25 respondents regarding supporting people to live independently in a community setting:

<p><b>Disagreements / concerns</b> (Concern people will be abandoned to the community without the support they need; there are not enough staff to deal with the demand; would not be suitable for people with dementia or Alzheimer's; cuts may mean job losses for staff; no safety net for if things go wrong; the responsibility of care giving will be pushed onto families; sounds like 'Care in the Community' which did not go well; people could fall through the cracks; increased loneliness and isolation; community support can be ineffective; reducing face to face interaction with pill dispensers, alarms and electronic devices is poor idea as it could lead to deterioration of the health of the individual and lack of interaction; individuals may not take their medication correctly; options for individuals have been restricted or removed; vulnerable people may be left for longer without their full support package while alternatives are tested on them which could affect mental health)</p>
<p><b>Suggestions for the proposal</b> (Must be needs driven assessment rather than economic; Must be the right support in place to stop people going into crisis; People need more than 10 minutes a day; make sure it is appropriate for the individual; people take time to adapt to new methods or technologies so make sure the right support is in place to facilitate transition at the pace of the end user; need help for all aspects of living independently including eating and cleaning; do not allow violent or mentally unfit people back into the community; fewer agencies involved so that council has proper oversight and control of who is employed; should centralise types of care to stop carers spending time travelling all over the city)</p>
<p><b>Alternative suggestions</b> (some people may be happy to provide care to someone by inviting an individual into their own home, council could support them; put more funding into the service rather than cuts)</p>

68. Agreements regarding supporting people to live independently in a community setting:

Supporting people to live in their own homes is important.
Seen success with the Falls Revolution Programme and Independent Living Unit
Cost effective for people to remain in own homes
There can be economies of scale wherever there is community independent living with centralised services. Successful if managed well

**Expanding the successful reablement service**

69. Figure 17 shows the extent to which respondents agreed or disagreed with the proposal to expand the successful reablement service (Saving £655,000). Overall, 31% of respondents strongly agreed and 51% of respondents agreed which meant 82% of respondents expressed a level of agreement. A further 15% of respondents neither agreed nor disagreed. The remaining 3% of respondents expressed a level of disagreement with the proposal (2% disagreed, 1% strongly disagreed).

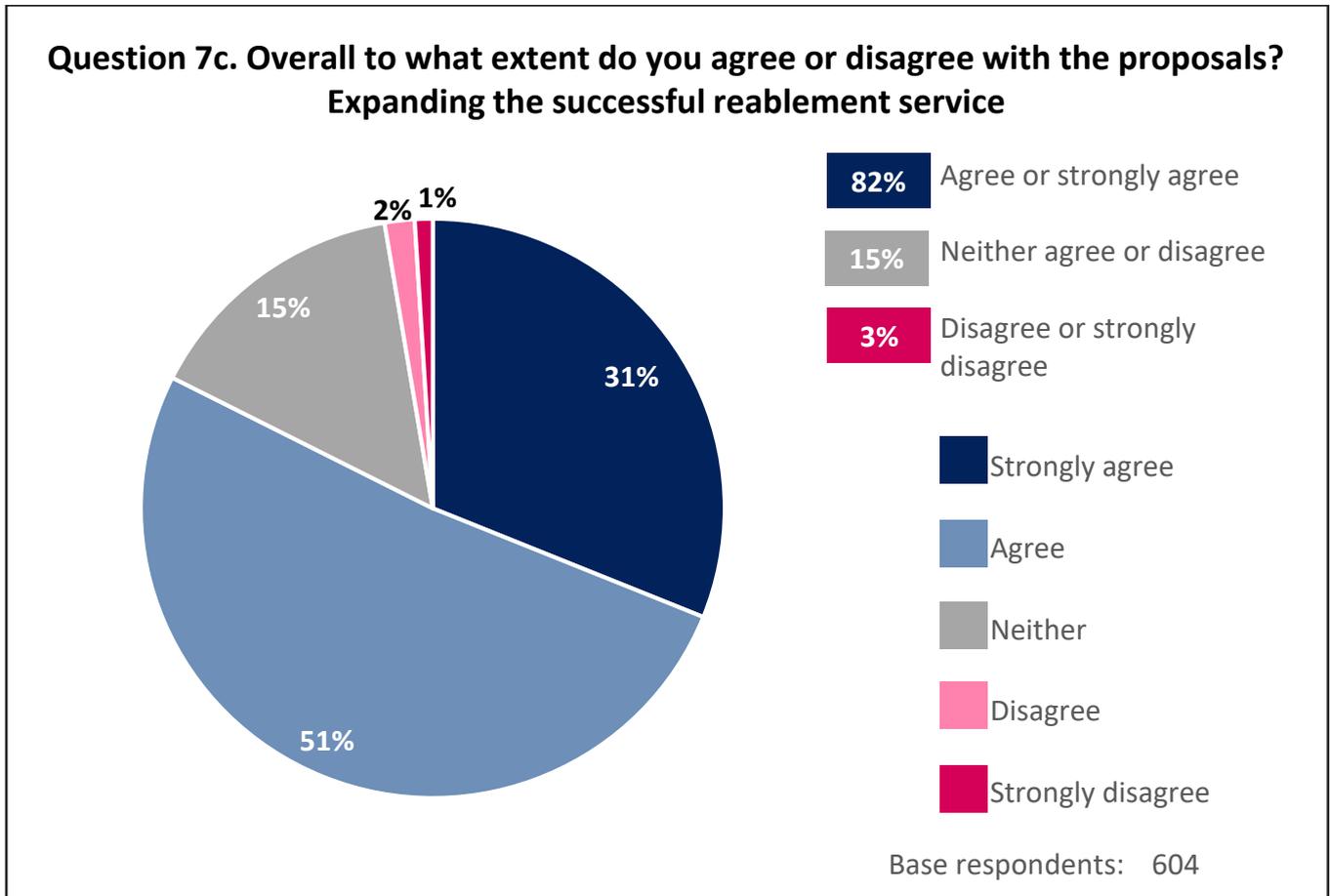


Figure 17

70. A total of eight respondents expressed a disagreement or suggestion in their comment regarding the reablement service and three respondents voiced an agreement (Figure 18).

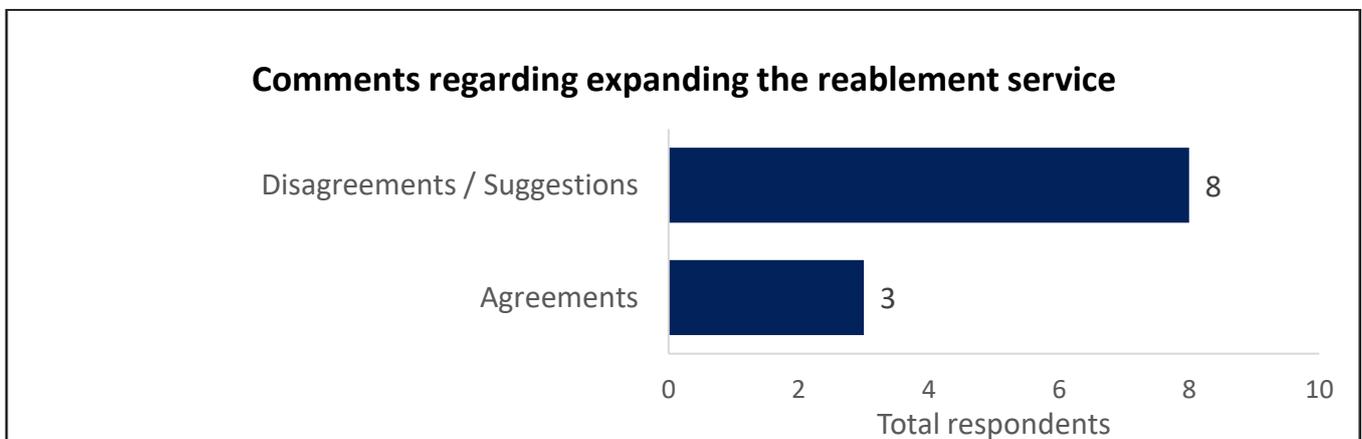


Figure 18

71. The disagreements or suggestions raised by eight respondents regarding expanding the reablement service were:

**Concerns or disagreements** (can push people too hard; suddenly go from everything to nothing; the savings seem too large to be realistic; people have been taxed their whole lives and deserve a decent old age; dementia patients and immediate families less likely to benefit from this system; concern over the mental wellbeing of individuals; concern individuals may be left longer without the full support package they require; not enough slots currently available in reablement service so individuals are put in care instead)

**Suggestions** (must be driven by needs led assessment rather than economic decision; ensure well-trained good staff; staff spend a good amount of time with individuals; service continues until it is safe to withdraw)

72. Agreements regarding expanding the reablement service:

Interested in the plans for this area of work and how these people can be sustainably supported.

### Recommending equipment and training carers so that care can be provided safely by one carer

73. The next saving proposal was to recommend equipment and train carers so that care can be provided safely by one carer (Saving: £80,000). Figure 19 shows that 66% of respondents agreed to a certain extent with the proposal. Of this, 26% strongly agreed and 40% agreed. A further 22% of respondents neither agreed nor disagreed. There were 8% of respondents that disagreed with the proposals and 3% that strongly disagreed which added up to 11% of respondents expressing a level of disagreement overall.

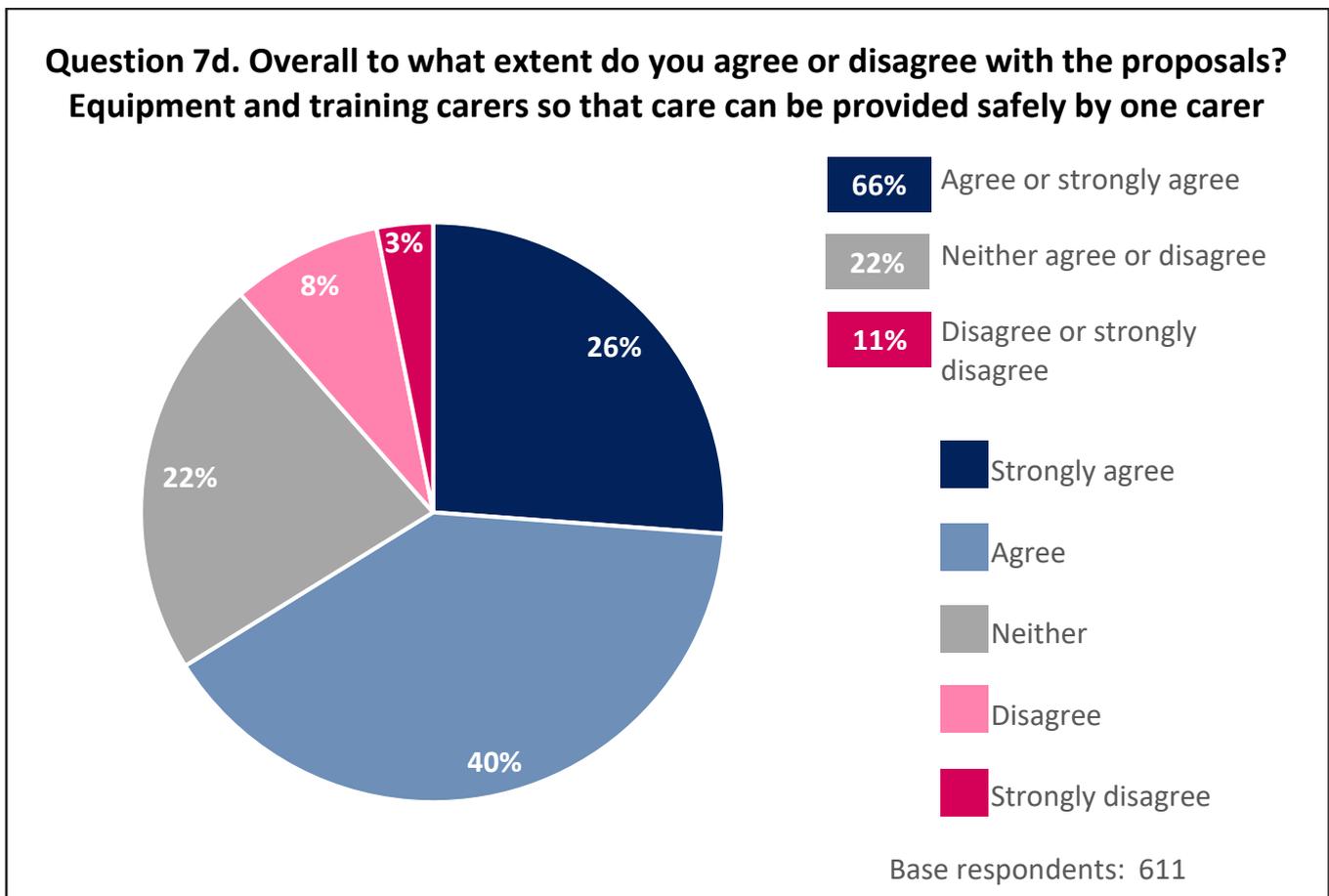


Figure 19  
Page 106

74. Figure 20 shows the numbers of respondents that provided a comment on this savings proposal. In total, 26 respondents communicated a disagreement or made a suggestion. Six respondents wrote about their agreement with the proposal.

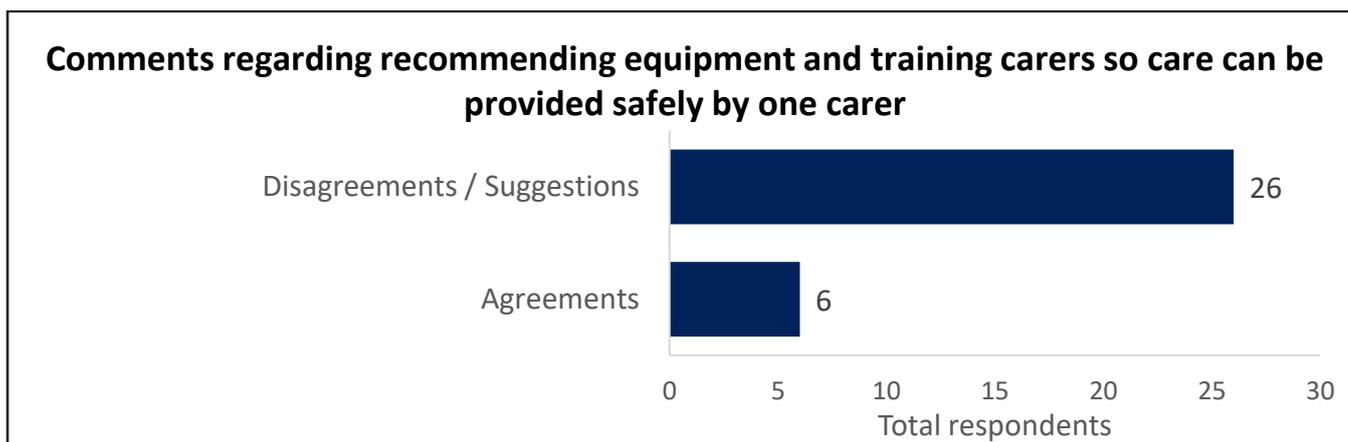


Figure 20

75. Disagreements or suggestions regarding recommending equipment and training carers so that care can be provided safely by one carer:

**Disagreements and concerns** (two carers is essential on some calls; double care relieves caring responsibilities from spouses; should be two carers for health and safety reasons; may be difficult for one to lift an individual; Two carers is good for back-up, extra ears, eyes and hands if a situation occurs; client may become dependent on one particular carer; may put too much strain on one carer; concern that Occupational Therapists will be under pressure to reduce carers; one carer on their own could be wrongly accused or complained against; that the change won't be properly explained to clients; could breach Care Act if people have been assessed as needing two carers and then it is reduced down to one which would undermine their care to save money; if it is a private company they should be paying to train their own staff; could be additional work and pressure for carers; looks like it is about reducing costs rather than need; jobs could be lost)

**Suggestions for the proposal** (Need more Occupational therapists time to recommend equipment and train carers; Working hours and conditions of carers needs to be monitored and controlled to avoid burnt out staff; Send an occupational therapist at the start to work out whether need two carers; carers deserve more pay if more responsibility is placed on their shoulders; also review the people that already have one carer; consultation should be carried out with recognised trade unions and safety representatives; the savings are not huge and by keeping two carers it keeps more people employed and the client receiving more care; encourage older people to keep mobile with more physio)

76. Agreements with care being provided by one carer:

I wholly agree with the proposal

Training is a good solution to two person lifting and turning

Training carers to provide the abilities of OTs is a good progression for workers to learn new skills.

**New extra care housing schemes**

77. The fifth savings proposal was to invest in new extra care housing schemes (Saving: £100,000). Figure 21 shows that 34% of respondents strongly agreed with the proposals and 50% agreed. A total of 84% of respondents expressed a level of agreement with the proposal. A further 13% of respondents neither agreed nor disagreed with the proposal. The remaining 3% of respondents disagreed with the proposal (1% disagree, 2% strongly disagree).

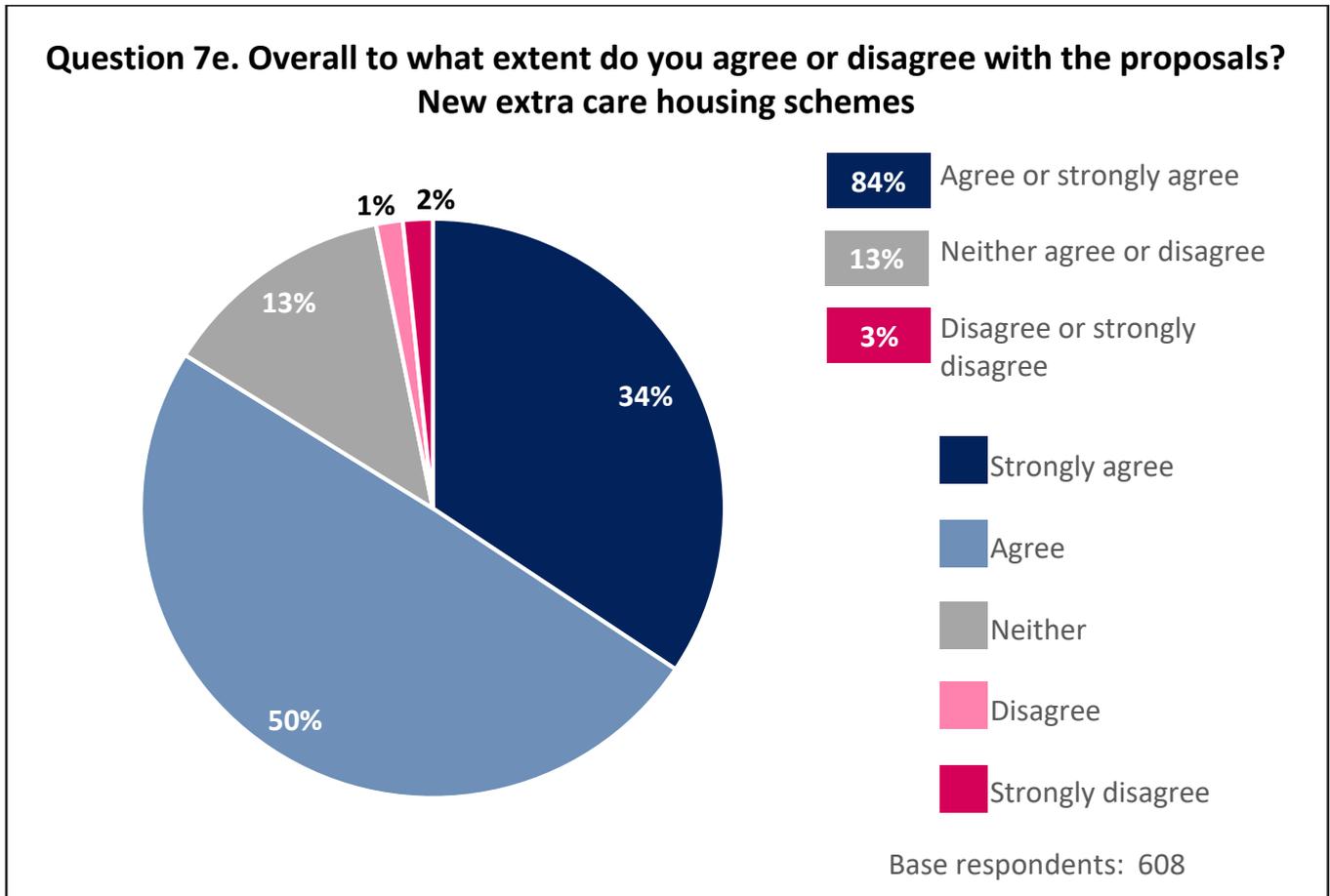


Figure 21

78. A few respondents commented on the extra care housing schemes proposals (Figure 22). In total, seven respondents provided a reason why they disagreed or a suggestion and six respondents conveyed their agreement with the proposal.

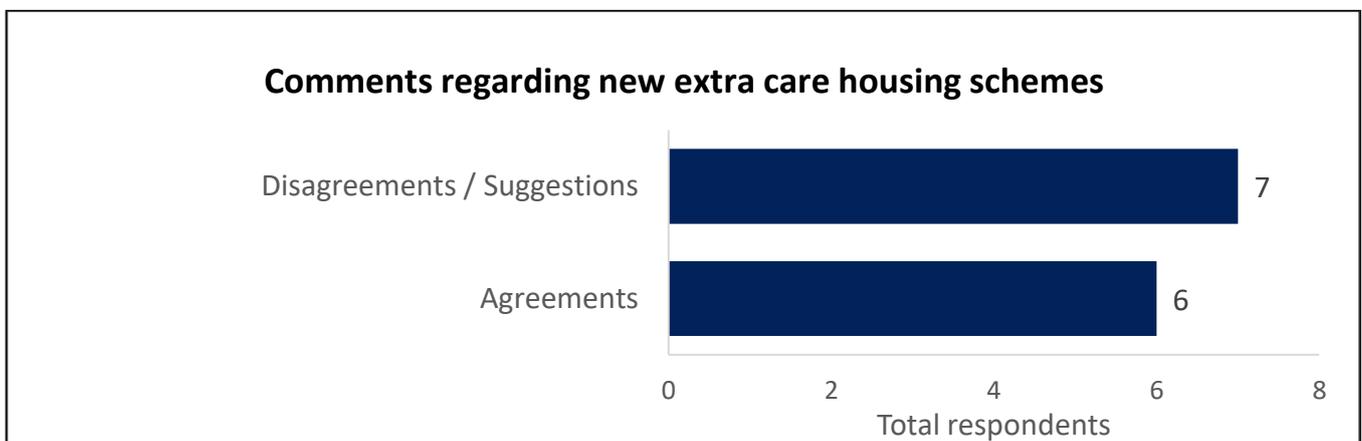


Figure 22

79. Disagreements or suggestions regarding new extra care housing schemes:

**Concerns and disagreements** (the number of hours of support per week is low; those with higher needs get more hours of care leaving other people with less support; sounds too much like Care in the Community; puts risk on the housing revenue account if the properties are not filled)

**Suggestions** (need more extra care housing schemes on the east of Southampton; need services for people with mental health problems and problems with alcohol or drugs; do not reduce numbers of staff; council support identification of land and property; create multi-generational co-housing communities in the city that could commission their own services and council could incentivise; should be delivered by housing associations rather than SCC; use the money to deliver home care instead; build them around district centres with shops and public transport to be able to keep people in local areas)

80. Agreements with new extra care housing schemes:

The more help people can be given to remain in their own homes, with the right support, the better.

Helping people to use direct payments

81. Figure 23 shows the proportion of respondents that agreed or disagreed with the proposals to help people to use direct payments (Saving £320,000). Overall 70% of respondents agreed with the proposal (24% strongly agreed, 46% agreed). A total of 6% of respondents expressed a disagreement of which 4% disagreed and 1% strongly disagreed. The remaining 24% of respondents neither agreed nor disagreed with the proposal.

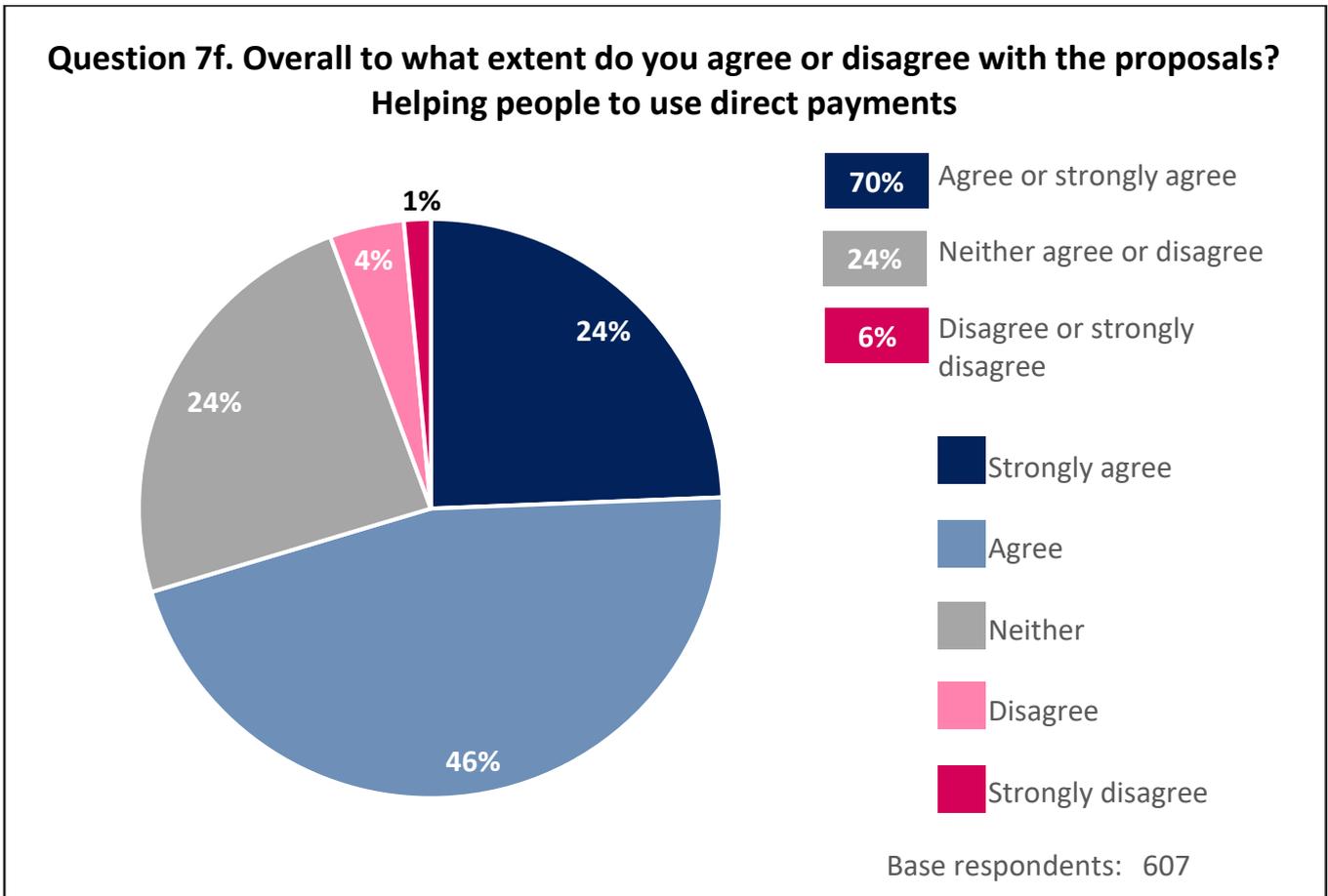


Figure 23

82. Figure 24 shows the total numbers of comments received on this proposal. Overall 18 respondents conveyed a disagreement or suggested an alternative to the proposal. Two respondents wrote of their agreement with the proposal.

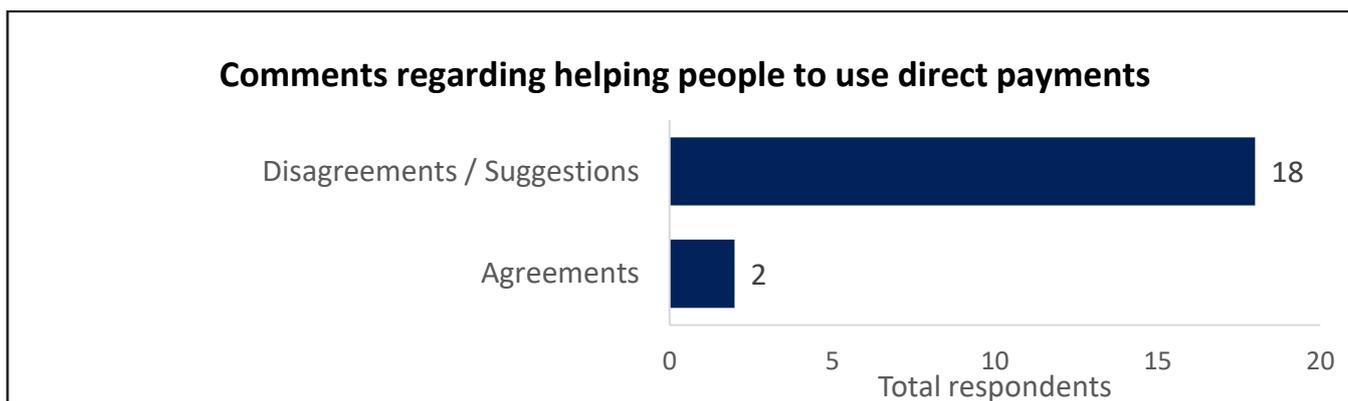


Figure 24

83. Disagreements or suggestions regarding direct payments:

**Concerns with direct payments** (Not everyone has the capability to use direct payments; Not everyone understands direct payments; puts too much pressure on the family who are already stressed; futile attempt to shift work from council and give work to vulnerable people; clients sometimes find themselves charged "extras" by care companies exploiting users reliance on the care company; direct payments can make people more isolated; vulnerable people's income is being taken when they need it for themselves making them even more vulnerable; already going through a lot without having to worry about finances; what is happening now to make the savings so high in this proposal; costing the council money; being pushed out inappropriately; increasing number of financial reviews and audits will increase workload and burden on carers; direct payments offer no or little support for getting out and about and staying well; direct payments offer little support with laundry and cleaning and little support with bathing, dressing and meals; some people do not use the payments as intended; payments can be cut and puts pressure on the individuals to reduce their hours of care; letters have been poorly phrased, unclear, incoherent, unsympathetic, uncaring and unhelpful; learn from the problems in housing rent arrears from directly paying people)

**Suggestions regarding direct payments** (ensure carers under direct payments have adequate supervisions and line management other than from the client; billing needs to be more accurate and on time; should only be used when appropriate; make direct payments much clearer to understand so maximum benefit is reached; could bring in a debit card with severe restrictions as to how it can be used)

**Giving people better and earlier advice and information**

84. Figure 25 shows the extent to which respondents agreed or disagreed with the proposal to give people better and earlier advice and information (Saving: £150,000). A total of 87% of respondents agreed (41%) or strongly agreed (46%) with the proposal. A further 10% of respondents neither agreed nor disagreed. The remaining 3% either disagreed (2%) or strongly disagreed (1%) with the proposal.

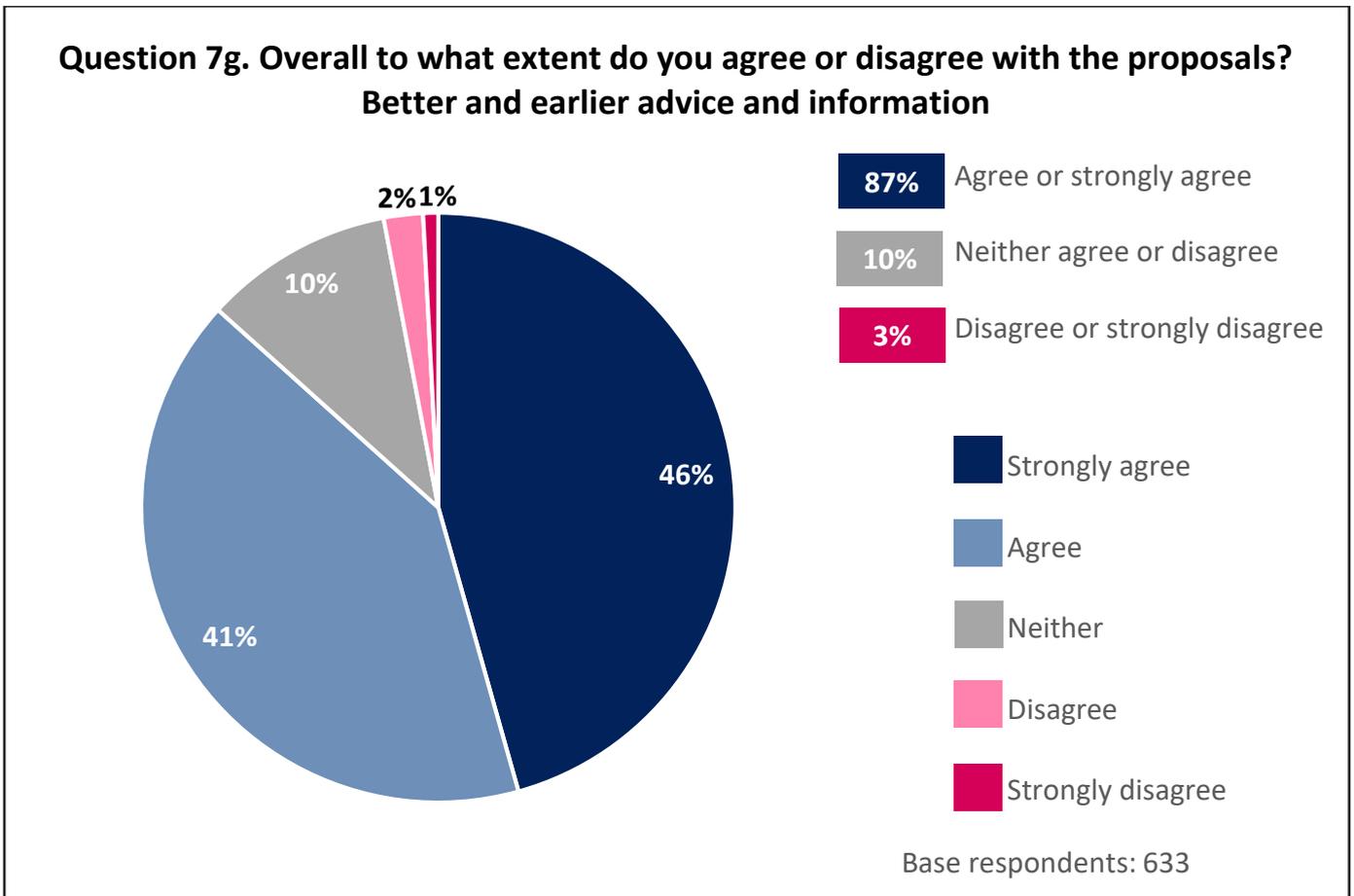


Figure 25

85. Figure 26 shows the total numbers of respondents that provided a comment on this proposal. A total of 17 respondents wrote a comment to disagree with the proposal or provide an alternative suggestion. There were six respondents that conveyed an agreement with the proposal in their comment.

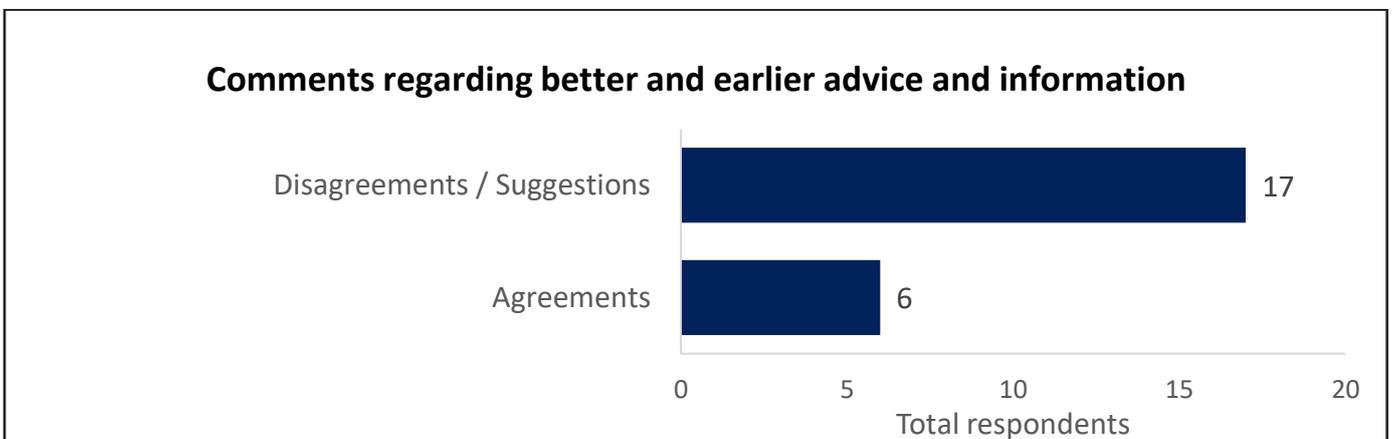


Figure 26

86. The following table highlights the unique disagreements or suggestions regarding better and earlier advice and information:

**Disagreements and concerns** (Many people are not online; may need support to go online; may not have the support to go online; cannot rely solely on a website; increasing reliance on the internet; Council has an obligation under the Care Act yet are signposting people to volunteer agencies or getting people to look online; those with learning disabilities or autism may struggle to access or understand the information; puts more responsibility on carers and family to go through the information; potential problems for people where English is not their first language; advice given before care becomes the only viable option has been not sustainable and a stopgap measure rather than a full plan; GP surgeries have a similar system)

**Suggestions** (More face to face contact; Easier telephone contact; Vulnerable people need support not a website; people take time to adapt to new methods so make sure right support is in place to facilitate transition at pace of end user; needs to be carefully planned and maintained; information available in multiple languages; would like to know how to find out information now; instigate end of life arrangements)

87. Agreements with better and earlier advice and information:

Strongly agree with giving people early advice so they can make plans before they require these services.

### Developing a specialist Foster Care scheme

88. The final savings proposals in the section was to develop a specialist Foster Care scheme (Saving: £131,000). Figure 27 shows that 33% of respondents strongly agreed, and 44% of respondents agreed. A total of 76% of respondents therefore expressed a level of agreement with the proposal. In contract, a total of 3% of respondents expressed a disagreement of which 2% disagreed and 1% strongly disagreed. The remaining 21% neither agreed nor disagreed.

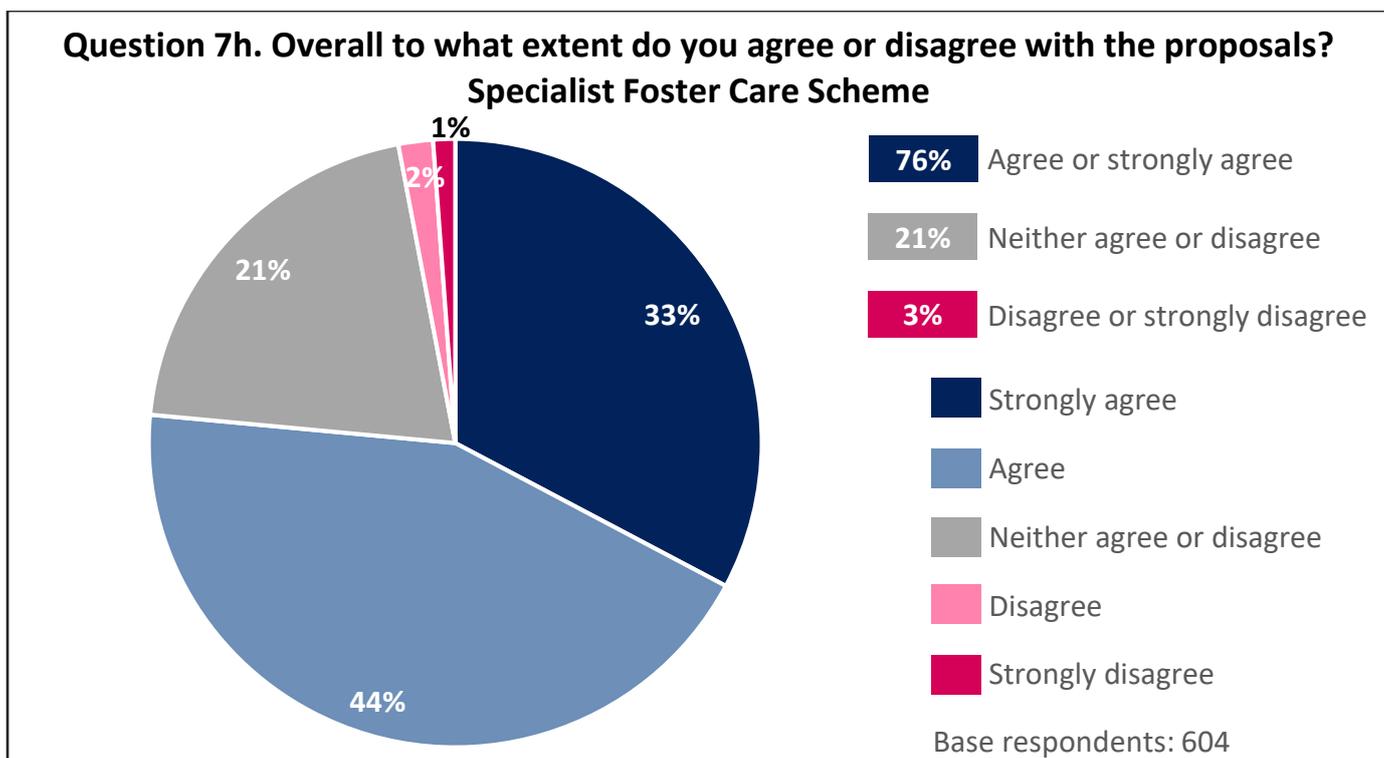


Figure 27

89. Figure 29 shows that 16 respondents commented on the proposal to express a disagreement, concern or make a suggestion. A further 4 respondents expressed an agreement with the proposal in their comment.

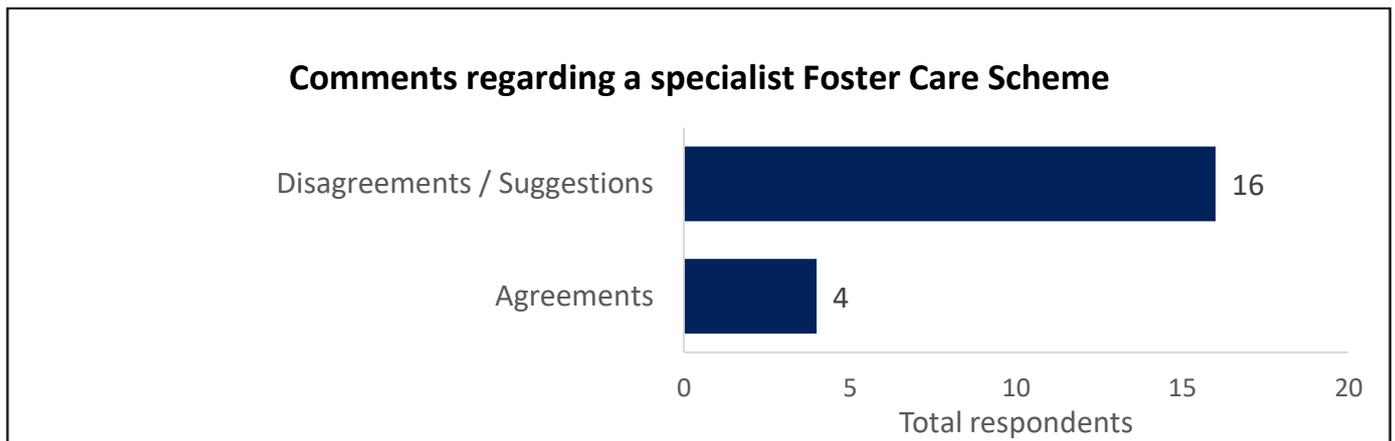


Figure 28

90. Disagreements or suggestions regarding a specialist Foster Care Scheme:

**Suggestions for the proposal** (Foster carers will also need ongoing training and support, not just extra funding; make sure education, health and family needs also met; ensure it is quality assured; foster carers should be able to demonstrate knowledge and ability before young person placed with them; pay them properly or you will get awful foster carers; don't end the placements out of area until ready; needs to be facilitated well; provide respite for Foster Carers without losing out on income;)

**Concerns** (are there sufficiently trained people with suitable housing to foster these children; proposals will be undermined by excessively high agency rates in social work teams; concern that similar schemes did not reduce numbers going into high cost residential placements such as Treatment Foster Care and Bridge to Fostering; this won't be enough to tackle current crisis; struggle to get foster carers already; concerned about the uptake and sustainability of the scheme)

**Suggestions for foster care generally** (whole foster service needs to be reviewed; reduce spending; funding levels for Foster Carers already very generous in comparison to other local authorities so probably should review whole system; more support for young care leavers to help them grow into mature and confident adults; invest in foster carers; it is fine and needs no investment)

Impact of the savings proposals

91. At the end of the savings proposals section, respondents were asked specifically what the impact would be to them, their family or community if the savings proposals in this section were implemented. Figure 30 shows the levels of impact that respondents felt there would be. A total of 53% of respondents felt that there would be an overall positive impact of the savings proposals. This was broken down into 11% that felt the impact would be very positive, 22% that felt it would be fairly positive and 20% that felt it would be slightly positive. A further 29% felt there would be no impact at all. A total of 10% of respondents felt that the impact would be negative. Of this, 4% felt the impact would be slightly negative, 4% fairly negative and 3% very negative. The remaining 7% of respondents felt they did not know what the impact would be.

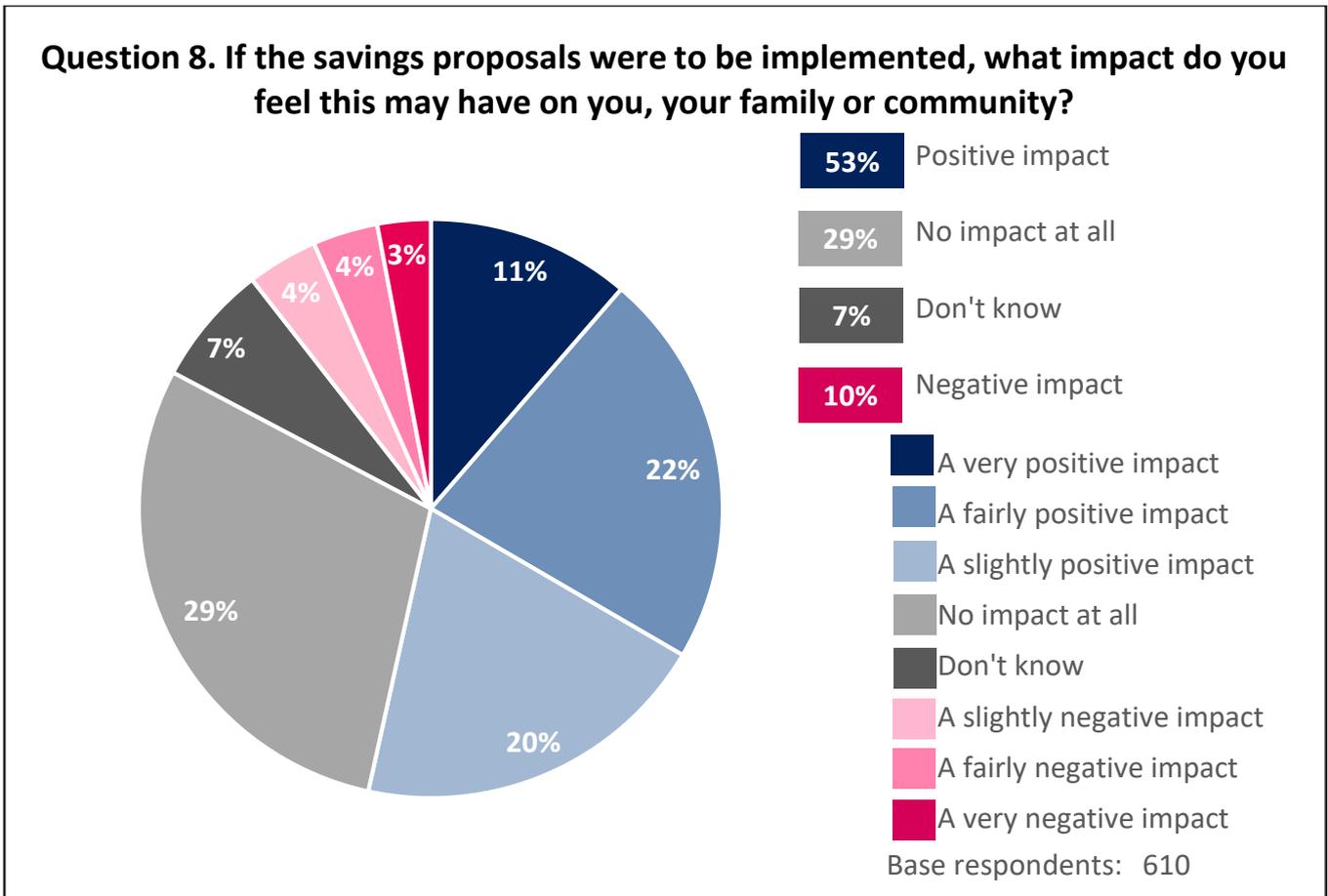


Figure 29

## Overall Budget

92. Once all of the proposals had been outlined, the later part of the questionnaire was designed to see how respondents felt about the budget proposed as a whole. Respondents were first asked to what extent they agree or disagreed with the proposed budget overall. Figure 31 shows that 69% of respondents agreed or strongly agreed with the proposals overall. Of this, 15% strongly agreed and 53% agreed. In contrast, 10% of respondents either disagreed or strongly disagreed. This was broken down into 7% of respondents that disagreed and 3% of respondents that strongly disagreed. The remaining 21% of respondents neither agreed nor disagreed.

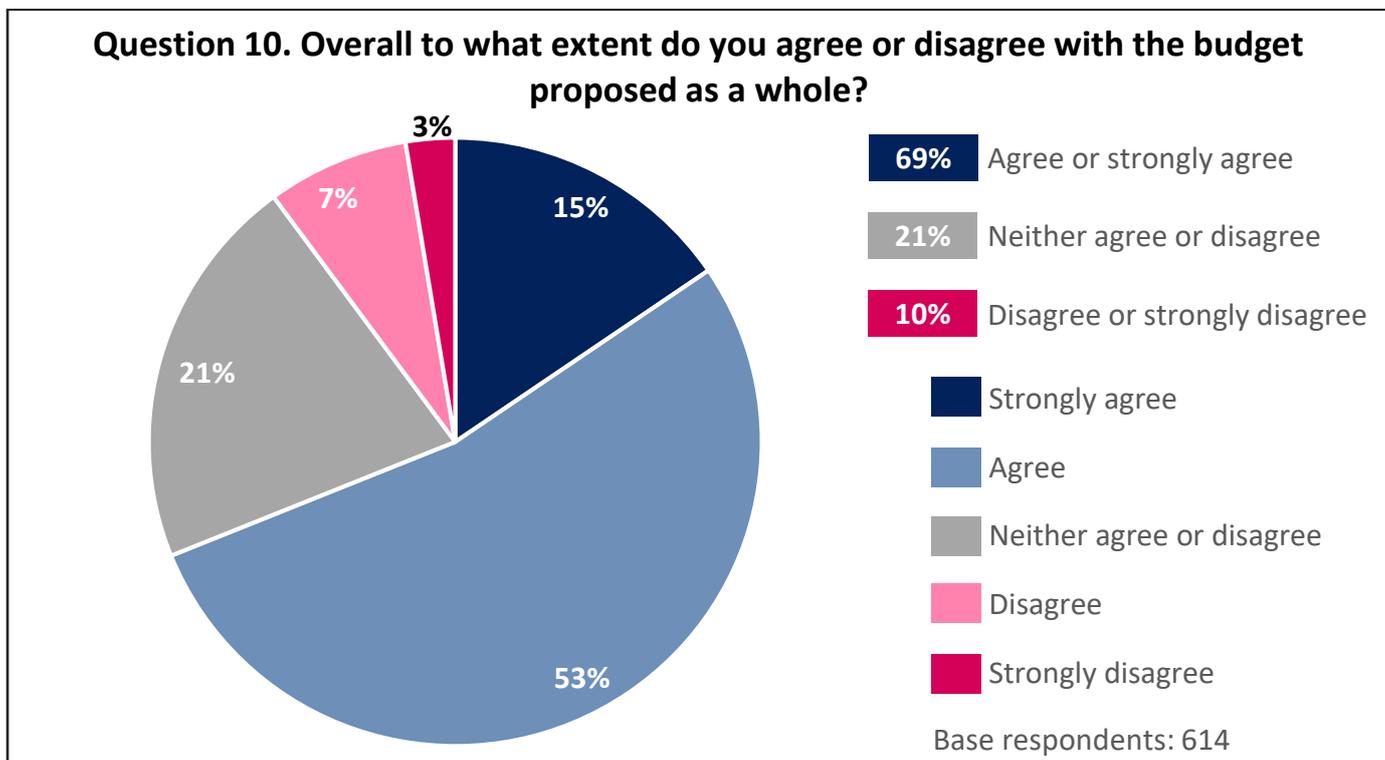


Figure 30

93. Respondents were then asked what the impact of the budget proposed as a whole would be on them, their family or community (see Figure 31). Overall, 51% of respondents felt the proposals would have a positive impact. Of this, 9% felt the impact would be very positive, 18% fairly positive and 24% slightly positive. In contrast, 22% of respondents felt the proposals would have a negative impact, of which 11% felt there would be a slightly negative impact, 7% a fairly negative impact, and 4% a very negative impact. Of the remaining respondents, 19% felt there would be no impact at all and 8% did not know what the impact would be.

**Question 11. If the proposals were to be implemented, what impact do you feel this may have on you, your family or community?**

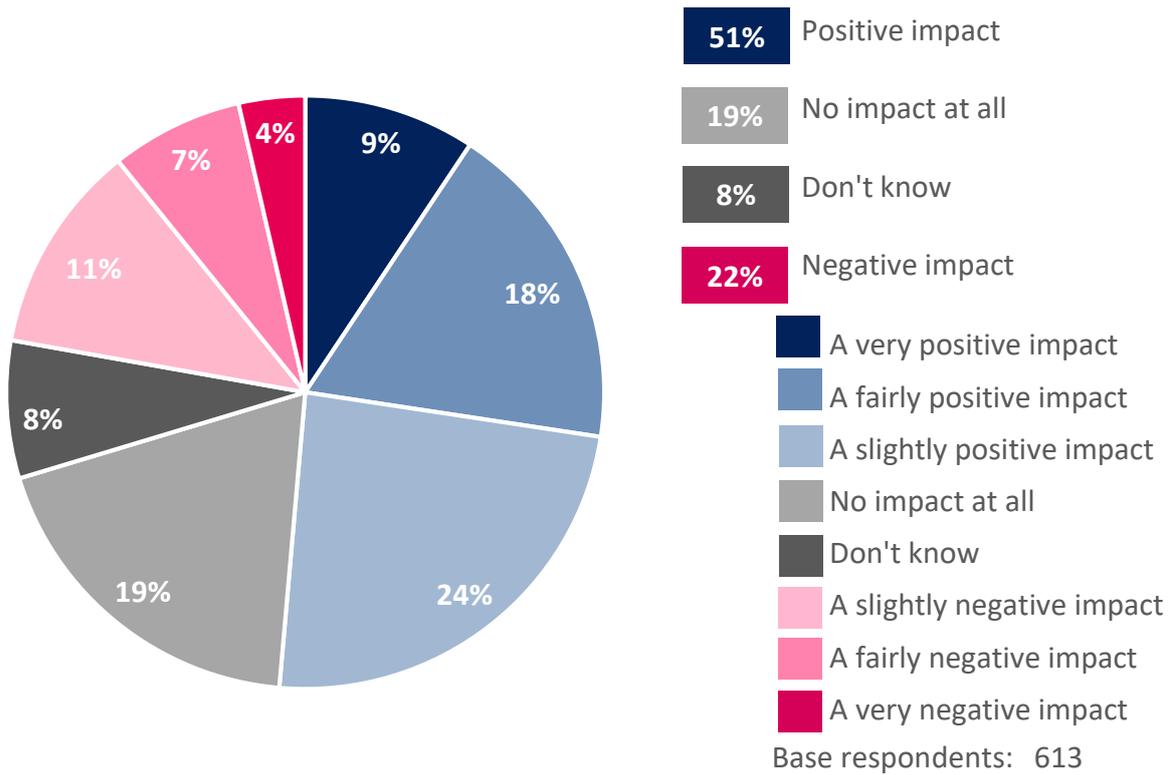


Figure 31

94. The final question in the proposals section asked respondents if they had any comments, impacts suggestions or alternatives to provide. Figure 32 shows the total numbers of respondents by themes of comments and the subsequent tables summarise the unique points and suggestions provided.

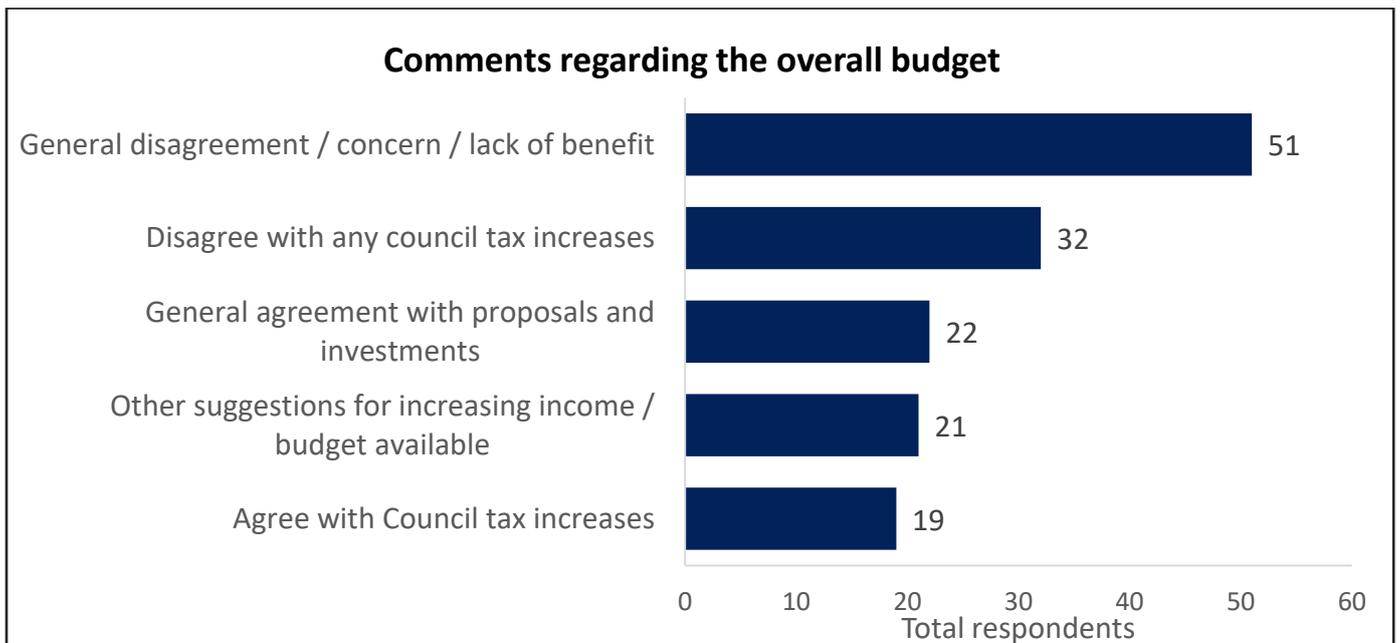


Figure 32

95. There were 51 respondents that articulated a general disagreement or concern with the budget proposals in their comments. The unique points made were:

There is no benefit for anyone other than the council.
Not sure whether the proposals are realistically achievable and make the savings expected.
Plans are too optimistic. At lot of hype but little hope.
Look to fix current problems before having grand money saving ideas
Concern that many of the descriptions are cuts to services but with a positive spin
Used to think the council was one of the best, but disagree with recent council decisions
Not saying anything new
Feel that the council should spend some of the money it has
Proposals need more development and resource
Lack of trust that the council would do a good job
Service cuts rather than using money effectively
The proposals will result in some vulnerable people ending up in a more vulnerable position. Consider them in decision making.
Implies council has been very inefficient before now
Spend council money very wisely as it is complex
Not thinking long-term
Most of the proposals are unnecessary and a luxury
Some of the saving proposals seem very modest and wonder whether they are worth considering.
Remember that people are people. They are not just numbers on a finance spreadsheet
Depends on what the proposed income generation measures are, if they are bad ideas for the community they will have short term financial benefits but a negative long term impact.
A degree of concern at the proposal to dip into reserves with no explanation of the reserves remaining or the long term impact or risk involved.
Money is wasted on failed projects.

96. Disagreements with any council tax increases:

<b>Reasons why they do not want to pay more council tax</b> (cannot afford to pay anymore council tax; already pay enough council tax compared to other cities; if plans are to grow out of a budget deficit would not need more council tax; 2% is quite a lot of money; would see no benefit from a council tax rise; services continue to deteriorate even though council tax goes up; costs go up but salaries are not; stealth tax; lot for pensioners; concern that would not be able to afford council tax if the council abolished the single persons discount)
<b>Impacts of increase in council tax</b> (further stress on finances - particularly for those in financial hardship; mental health issues; impact families; particularly difficult for people that are only just over so do not receive benefits; drive people into poverty)
<b>Alternative suggestions</b> (government contributes more; poll tax for wages would be fairer; lower the rates rather than increase them; keep council tax reduction in line with the increase; council should make up the 2% in a different way; council tax should not increase higher than inflation)

97. General agreements with proposals and investments:

This is complex stuff but critically important.
Don't envy the Council in having to make substantial savings in an already decimated system.
We need to make our money to go further and this looks good
Lead to a better quality life for the city as a whole

Ambitions are admirable
The council has no option other than to look for ways to generate income
Pleased to see a focus on development of support for Southampton's vulnerable residents

98. Other suggestions for increasing income / budget:

Demand more money from central government
<b>Council tax</b> (increase by £1 a week; get students to contribute as they use the same service)
<b>Business rates</b> (charge higher for businesses in West Quay)
<b>Other charges or taxes suggestions</b> (Environment Tax on workplace parking places; HGV transit tax; Cruise Ship company tax for departure; tourist tax; cruise ship passenger tax; charge HMO landlords for the condition of outside and inside of properties; student tax; fine people for jumping red lights; parking fines in residential areas; fine cyclists for riding on pavements that they shouldn't be on; charge foreign lorries)
<b>Suggestions for providing a service</b> (provide professional services to other local authorities or businesses; charge more for specialist services already run; operate a departure zone/café/bar at waterfront; environmental programmes; PVC window and doorframe production and installation)
<b>Other suggestions</b> (Sell off some of the stored artwork; more money from central government)

99. Agreements with council tax increases:

<b>Reasons why people would be happy to pay more council tax</b> (to improve services; to support the wider community; 2% is not a huge amount to look after those in need; to be able to maintain current levels of service; to help you if you need the services in the future)
<b>Conditions of paying more</b> (If efficiencies have been made as much as possible; if the city needs further investment; as long as it is only used for Adult Social Care; increase for those with higher resources)

## Public engagements, meetings and verbal feedback

100. A total of 6 public meetings were held throughout the consultation period and around 9 people attended.

101. The following general agreements were made:

- Good set of proposals
- Fully supportive and makes the best use of council resources

102. Comment made regarding transport:

- Council should invest in a new mass transit system in the city

103. Comments made regarding City Of Culture or culture in the city:

- Support proposed bid for City of Culture to improve civic pride and to make best use of city's cultural assets.
- Cultural events need to be well-publicised, including on screens in buses
- The city has good cultural events to build on – e.g. ice skating at West Quay

104. Comment about getting people home after a short stay in hospital:

- Support the proposal

105. Comments about living independently:
- Important to support people to live at home for as long as possible
  - Helps to support their routine and pets
  - Support proposal to help people to live independently.
  - Agree with investing in telecare as it provides reassurance.
  - Greater focus on preventing hospital admissions.
  - Some people really need support and the council needs to make sure that this is available to those who need it the most (for example, people who cannot get upstairs to sleep in their bed)
  - Compliments on the Care Team app
106. Comment about expanding the reablement service:
- The reablement service should provide advice on benefits and welfare rights
107. Comment about recommending equipment and training carers so care can be provided safely by one carer:
- Concern that two carers may be needed where there is a safety issue, for the carers' and individual's protection
108. The following points or suggestions were made regarding supported housing:
- More care should be taken when allocating properties in supported housing schemes
  - Would welcome the development of additional extra care housing schemes particularly in the North of the city and the East of the city.
  - People living in Supported Housing schemes would benefit from weekly checks.
  - The council should "reach out" to people who don't live in Supported Housing blocks
  - Housing Support staff and Wardens should be doing more to tackle loneliness, which is perceived as a problem in the city
  - Support for more Extra Care housing in the city but concerns about its suitability for people living with dementia and the need for a scheme in the North of the city. Good training should be provided to carers to ensure that the right care is provided.
  - Concerned about who the council is allocating properties to in Ventnor Court
  - Object to reducing the age for Supported Housing in some schemes to 50
  - People living in Supported Housing should have access to a warden in an office at the scheme but would not necessarily like to see weekly or daily visits to residents' homes
109. Comment on direct payments:
- Strong support for regulating Direct Payments to make sure they are at the right amount and spent on care
110. Comments on advice and information
- Positive views about the work of the Environment Centre, which has benefitted from a Fuel Poverty grant
  - Concern that things aren't joined up as a council – for example, housing with social care with NHS health services. Improved advice and information should take this into account

## Feedback on the consultation process

111. Southampton City Council are committed to make the whole consultation process as transparent and fair as possible. As a part of this commitment, any feedback on the consultation process itself received during the course of the consultation is gathered together here.
112. A total of 60 respondents commented on the consultation process and questionnaire.
113. The following table highlights the unique points and suggestions made:

<b>Confusion with the proposals</b> (what is meant by the terms efficiencies, investment, priorities and savings; proposals too complex to understand; confusion by the phrase "investing in our priorities to grow our way out of our challenges"; blue sky thinking; queried whether the proposals are in priority order; mixed question; don't know what an "active travel zone" is; confusion from saying there will be an increase in budget but then also saying seeking reductions; the word investment means different things in different sections; have previously said 4% increase in council tax rather than 2%)
<b>Suggestions</b> (There should be a link to the cabinet papers in the questionnaire; should have been increased promotion of the consultation by all parties and councillors; the list of priorities too disparate to consider as one question; give examples of property portfolio)
<b>Not sufficient detail to make an informed decision</b> (headlines are too generic; don't say how much is to be spent on each proposal; need more detail generally; queried how investing in properties generates income, needed detail on how this works; the proposals are hard to disagree with without the detail; need more detailed examples on the efficiencies proposals; opinion would be different depending on the different types of property investment if detailed; shouldn't need to look for more details in the cabinet papers; do not say the types of property investments; ways to generate revenue; no idea of the costs or savings involved; need more information about IT proposal; no information about the amount in reserves or long term impact of using that)
<b>Process</b> (Concern that the wrong end date had been promoted on a radio advert; concern over the way previous adults social care consultations have taken place; rigged survey; consultation isn't really asking for suggestions, it is simply agree or disagree with what the council intends to do; not enough options; would rather be asked more openly "how much council tax should rise?", "what services should be cut", "where extra spend should be"; need more consultation on the proposals)

## Conclusion

114. Southampton City Council sought views on draft budget proposals for 2020/21. The consultation ran for 12 weeks from 16/10/19 – 07/01/20.
115. In total, there were 633 responses to the consultation of which 630 responded via the consultation questionnaire and a further 3 responded via emails.
116. All questionnaire results have been analysed and presented in graphs within the report. In addition all written feedback has been read and assigned to categories based upon similar sentiment or theme and descriptions have been provided of each category within the report.
117. In conclusion, this consultation allows Cabinet to understand the views of residents and stakeholders on the proposals that have been consulted on. It represents the best possible summary and categorisation of all the feedback received through the consultation period.

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