



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

February 2020

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 5th 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 55th most deprived, compared to 54th 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	*	*								*			

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	
Children and young people																
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	*	*								*				
Adult Social Care																
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
	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	*	*				*					*		
Other															
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	*										*		