



**Budget Proposals 2021/22
Equality and Safety
Cumulative Impact Assessment**

December 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 2021/22 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. A public engagement exercise will be undertaken with residents and stakeholders on the draft budget proposals between 16 December 2020 and 19 January 2021. Analysis of the feedback from this exercise will be considered by the Cabinet before they finalise their budget proposals that will be recommended to Full Council in February 2021 when it will set the budget. Feedback will be incorporated into the relevant individual Equality and Safety Impact Assessments and reflected in an updated version of this Cumulative Impact Assessment.

Context

5. Over recent years, Southampton City Council 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 has been accompanied by ongoing challenges in the shape of rising demand in adults and children's social care.
6. In 2020 Southampton City Council has responded to the global coronavirus (COVID-19) pandemic. All councils are facing unprecedented difficulties in coping with the combined challenges of COVID-19's impact on service demand, the economic consequences of COVID-19 and the on-going pressures of rising demand for social care. The ability to encourage growth in the economy, the number of businesses operating in Southampton plus the level of employment within the area directly impact upon the finances of the council. The amount of council tax and business rates income collected directly contributes to the funding of services provided. The latest developments in relation to COVID-19 have the potential to add to the financial risks faced by the council depending upon how long and with which frequency the restrictions are required due to the pandemic. Similarly, the end of the Brexit transition

period in January 2021 also has a potential to affect the financial outlook and hence the revenue the council can expect including from council tax and business rates.

7. Following a one-year Spending Round in 2019 covering only 2020/21, a multi-year comprehensive spending review had been expected during 2020. However, having cancelled the Autumn Budget in September, the Government announced in October that in order to prioritise the response to COVID-19, and focus on supporting jobs, the Chancellor and the Prime Minister had decided to conduct a one-year Spending Review. Southampton City Council has not yet received a financial settlement for 2020/21, and this is expected at the end of 2019. This CIA will be updated following further announcements from the government regarding funding allocations 2020/21.
8. This Cumulative Impact Assessment covers the budget proposals for the financial year 2021/22 which are being considered by Cabinet in December 2020, and will be proposed to Full Council in February 2021.

Legal Framework – Equalities

9. The Public Sector 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.
10. 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.
11. 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.
12. 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.
13. 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.

14. 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

15. 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.
16. 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.
17. 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

18. 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.
19. 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.
20. The ESIA's also consider any other significant impacts that in relation to the proposal and decision.

Scope and our approach

21. This assessment identifies areas where there is a risk that changes resulting from individual budget proposals for 2021/22, may have, when considered together, negative impacts on particular groups.
22. 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.
23. 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.
24. This Cumulative Impact Assessment will be updated and developed based on the final proposals and detail of individual ESIA's. It will also be informed by the feedback from residents and stakeholders as part of the public budget consultation.

City Profile

25. The most recent data available for the population of Southampton is from the Office of National Statistics mid-year estimate 2019. This puts the total figure at 252,796. There were 129,141 (51%) males and 123,379 (49%) females. Southampton's population is predicted to rise by 12.3% between 2016 and 2041. This is an increase of 30,800 people from 250,400 people in 2016 to 281,200 people in 2041.
26. 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 122,368 females and 127,168 males, a 49% to 51% 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.

27. 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
Wellbeing (Adults)														
1	Telecare – income generation	X	X									X	X	
2	Reduction in double handed care packages	X	X										X	X
3	Maximising independence for people with Learning Disabilities		X				X				X	X	X	
Communities, Culture and Homes														
4	Libraries income review	X										X		
5	Community funding with alternative model													X
Place														
6	Concessionary Fares	X	X									X	X	

Age – Older people

28. 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.
29. 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.
30. The proposals being considered in the Budget are designed to deliver support more older people to live independently. This includes the proposals to make more use of telecare and to maximise independence for people with a learning disability.
31. The budget decision taken in February 2020 included a decision to undertake Occupational Therapy (OT) reviews to identify where equipment can be used to enable care to be provided in the home by one carer. This proposal is being further developed in the 2021/22 budget proposals, with continued roll-out and installation of lifting equipment to reduce the need to doubled handed car packages where it is safe and appropriate to do so.
32. 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 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, which means that the person would not be worse off because of having to pay for this).
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: Review of telecare rental charges.** Southampton City Council is proposing to increase charges for the telecare service as outlined below:

Service Type	Current Weekly Charge (ex VAT)	Proposed Weekly Charge (ex VAT) from April 2021
Basic Silver	3.00	3.50
Basic Gold	4.25	5.00
Installation (one-off)	20.00	25.00 one – off
Key safe – supply and install	40.00	40.00 one -off

35. Southampton City Council's telecare service offers peace of mind to individuals and their carers through advanced care technology equipment. The service comes with alarm packages that allow people to be supported 24 hours a day 365 days of the year.

36. The service is available to anyone living in Southampton or within 20 miles of the city boundaries who wants reassurance that they can call for help quickly and easily in case of an emergency. This could be because they are elderly, or have a disability of any age and would like peace of mind.
37. This charge increase will apply to all users of the service from April 2021. Existing customers will receive at least 28 days' notice of the charge increases. After review of market competitors, the increased charge will mean that the cost of the Southampton Telecare Service remains below market competitors.
38. This change will affect both adult social care clients for whom telecare is delivered as part of the care package to meet assessed need, and private customers who opt to use this service without having assessed need.
39. Service users with assessed needs will continue to have their needs met in line with the Care Act 2014. Where clients are self-funded or make contributions to their care, the increased cost will be considered a Disability Related Expenditure.
40. We have identified the following impacts:
- The increased cost may make people apprehensive to continue to utilise telecare, although the increased cost brings it more in line with market.
 - Carers may be affected as it may act as a disincentive to individuals taking up the service therefore the benefits that the service provides in terms of security, confidence and peace of mind for carers may be adversely affected, in turn affecting carers.
 - Telecare, including Community Care Alarms, are provided to people to assist them to manage the risks that their health or physical condition may present. As people age they are more likely to experience these types of conditions therefore older people make up the greatest percentage of the Telecare service user demographic. Older people are therefore proportionally more affected by this change.
41. We have identified the following mitigations:
- Service users with assessed needs will continue to have their needs met in line with the Care Act 2014.
 - Where clients are self-funded or make contributions to their care, the increased cost will be considered a Disability Related Expenditure.
 - Clients who are self-funded and/or do not have an assessed care need will experience a price increase, but the service remains competitively priced.
42. Telecare can often be used to provide support to carers and provide reassurance that someone they are caring for is safe and well. This can be someone who is living in the same property as the carer, but also some distance away. Carers can often act as the first contact when an alarm is triggered to provide a response to an individual. Carers who support people with a disability are also considered as part of the Equality Act (2010) legislation in relation to provision regarding 'association with a disabled person'.
43. There are several ways in which telecare can enhance a person's quality of life.
- It can enable a person to remain living at home if that is their preference, although there will always be some trade-off between meeting the desired sense of independence and a residual element of risk in living at home.
 - It can ease the challenges of daily living caused by age or long-term health conditions and improve an older person's sense of security and self-confidence.

- The level of telecare provision can be increased as new problems emerge with activities of daily living or any new health problems develop.
- It can relieve some of the burdens and pressures that affect informal carers, improving their quality of lives too. This can encourage family members to carry on caring for longer, which can avoid the older person moving into a care home.
- Telecare also has the potential to be cost-effective.
- It can avoid or defer an elderly person's move into a care home or hospital.
- It can reduce or replace some of the routine input needed from carers, formal and/or informal, in the home setting, permitting them to be more effectively deployed.
- It can help someone maintain a healthier lifestyle, thereby reducing or delaying future needs.

44. For all user groups, increasing charging in line with the market will mean that service can continue to be delivered in a sustainable way.

45.2: Improved use of appropriate lifting equipment to help reduce double handed care. 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. 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.

46. 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.

47. Eighty-six residents have been identified as receiving double handed care. A review of the double handed component will be required alongside evidence that the appropriate lifting equipment can be installed within the property to reduce to single handed. 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.

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 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.
- Clients may have new equipment installed in their homes.

49. We have identified the following mitigations:

- Clients will continue to have their needs met in full through a safe way of working and this would be kept under regular review.
- The installation of any new equipment will be done in agreement with the client and/or their representatives, and training and support will be provided.
- The hoist and sling (MoLift) will be similar in size to the hoist that is currently used for two handed care. The storage and use of the sling will be similar also. The

care agency and the family members will need specific training in single handed care and the functions of the hoist. This training will be the responsibility of the prescribing staff member. The care agency will disseminate the training to ensure all carers in attendance are able to use the hoist.

50. This proposal will support the council to meet best practice guidelines around supporting independence.
51. 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.
52. **6: Concessionary fares.** A mandatory bus concession for older and disabled people has been in place nationally since 2001. The concession has gradually been extended since its introduction and since April 2008 has provided free off-peak local bus travel to eligible older and disabled people anywhere in England. Southampton City Council as the Travel Concession Authority (TCA) has a statutory requirement to administer the Concessionary Travel Scheme ensuring bus operators are reimbursed for every concessionary traveller that uses the buses in Southampton.
53. On average, there are approximately 275,000 passenger trips (pre-Covid) per month within the SCC travel concession area that travel using the older person bus pass issued by SCC. The number of trips fluctuates across the seasons. There are 28,000 Southampton residents that have an concessionary bus pass.
54. The proposal is to stop making monthly Concessionary Fare reimbursement payments to local bus operators at pre-Covid levels and revert to making monthly reimbursement payments based on actual demand. As a consequence, reimbursement payments to local bus operators could reduce in 21/22 financial year. The actual level of reimbursement will be determined by passenger demand with a forecast reduction proposed of 25%.
55. The current forecast for concessionary travel in 2021/22 is subject to change and subject to a range of influences outside of the control of SCC including the Covid-19 pandemic, vaccine, travel restrictions, social distancing, traveller behaviours. If the 75% forecast is accurate, this would see a reduction in revenue for the bus operators of 25%. The current network may be maintained. However, this may result in some bus service changes such as reduced hours of service on less commercially viable bus routes and reduced service frequency.
56. If the travel demand is between 50-75% forecast this is likely to see a reduction in revenue for the bus operators of 25-50%. This may result in some bus service changes such as reduced hours of service across the network, reduced service frequency and potentially the complete withdrawal of services especially on more marginal routes.
57. We have identified the following impacts:
 - If there was a reduction in bus service provision this would reduce bus service availability and restrict travel options in the city to access jobs, schools and services. Impact would be greatest for Southampton residents who rely on public transport. 30% of Southampton residents do not have access to a car and there are 21 million bus passenger trips per year across the city, including 28,000 concessionary card holders.

- There is a higher proportion of older passengers on the more marginal (less commercial) bus services, which are more likely to be reduced in service frequency or withdrawn completely if funding is reduced.
- These residents will therefore find their travel options more limited if frequencies are reduced/ services withdrawn. The additional distance to reach the alternative trunk bus services will be more difficult for some older people who have reduced mobility.

58. We have identified the following mitigations:

- Information will be placed on buses, at bus stops and at locations where customers are likely to visit in addition to social media well in advance of a service change.
- The council will review and consider the option to award supported bus services contracts or other community transport solutions to replace any commercially operated services that are withdrawn. Any decision to award supported contracts in the event of reduced or withdrawn commercial services will be taken based on need and necessity and is therefore not guaranteed as an outcome.

Age - Children and young people

59. 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 economic impact of Covid-19, are likely to put increase pressure on support services.

60. **4: Libraries income review.** Libraries represent a core part of Southampton's cultural, information, skills and learning offer. They provide free and universal access to books, information, the internet and informal learning; support for families and individuals through reading and training programmes and by promoting life skills, readiness for economic activity, digital literacy and well-being. The service consists of 11 libraries across the city incorporating 5 community led libraries which are not staffed by council personnel. The statutory provision is for the 6 Council-run libraries. The city's libraries attract up to 850,000 visitors per year.

61. The proposal is to review and set library charges to ensure charges are fair but in line with current costs and benchmarked against comparative services and local suppliers.

62. The council will also review all opportunities to use library spaces for fee paying customers, ensuring that this adds to the library offer and does not detract from the statutory offer for local residents.

63. Reviewing charges will ensure that charges set by libraries are fair and affordable to local people and at a level which will encourage use of services such as printing and copying and cover costs including overheads at a minimum and increase income where possible.

64. "Overdue" charges will be benchmarked with comparable libraries and set to a level which encourages return or reuse of items. Hire charges for DVDs are reviewed as new rental stock is no longer available for libraries and remaining collections are being phased out.

65. We have identified the following impacts:

- Increased fees may impact people of different age groups differently based on their income.
- Children facing fees may be deterred from visiting libraries.

66. We have identified the following mitigations:

- There are no fees for overdue children's items.

67. The review of fees and charges will create additional income for the libraries, whilst ensuring a fair and fully transparent set of charges for services and fees.

Disability

68. 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.

69. The proposals being considered in the Budget are designed to deliver support more people with disabilities to live independently. This includes the proposals to make more use of telecare and to maximise independence for people with a learning disability.

70. The budget decision taken in February 2020 included a decision to undertake Occupational Therapy (OT) reviews to identify where equipment can be used to enable care to be provided in the home by one carer. This proposal is being further developed in the 2021/22 budget proposals, with continued roll-out and installation of lifting equipment to reduce the need to doubled handed car packages where it is safe and appropriate to do so.

71. 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 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, which means that the person would not be worse off because of having to pay for this).

72. 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.

73. **1: Review of telecare rental charges.** Southampton City Council is proposing to increase charges for the telecare service as outlined below:

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74. Southampton City Council's telecare service offers peace of mind to individuals and their carers through advanced care technology equipment. The service comes with alarm packages that allow people to be supported 24 hours a day 365 days of the year.
75. The service is available to anyone living in Southampton or within 20 miles of the city boundaries who wants reassurance that they can call for help quickly and easily in case of an emergency. This could be because they are elderly, or have a disability of any age and would like peace of mind.
76. This charge increase will apply to all users of the service from April 2021. Existing customers will receive at least 28 days' notice of the charge increases. After review of market competitors, the increased charge will mean that the cost of the Southampton Telecare Service remains below market competitors.
77. This change will affect both adult social care clients for whom telecare is delivered as part of the care package to meet assessed need, and private customers who opt to use this service without having assessed need.
78. Service users with assessed needs will continue to have their needs met in line with the Care Act 2014. Where clients are self-funded or make contributions to their care, the increased cost will be considered a Disability Related Expenditure.
79. We have identified the following impacts:
- The increased cost may make people apprehensive to continue to utilise telecare, although the increased cost brings it more in line with market.
 - Carers may be affected as it may act as a disincentive to individuals taking up the service therefore the benefits that the service provides in terms of security, confidence and peace of mind for carers may be adversely affected, in turn affecting carers.
 - Telecare, including Community Care Alarms, are provided to people to assist them to manage the risks that their health or physical condition may present. By definition, a person with a disability is more likely to experience the types of risk that the service is designed to respond to. The age of the person with a disability is not relevant as the service may be provided to a child, young person, adult or older person, therefore overall people with disabilities are proportionally more affected by this change than people without disabilities.
80. We have identified the following mitigations:
- Service users with assessed needs will continue to have their needs met in line with the Care Act 2014.
 - Where clients are self-funded or make contributions to their care, the increased cost will be considered a Disability Related Expenditure.
 - Clients who are self-funded and/or do not have an assessed care need will experience a price increase, but the service remains competitively priced.
81. Telecare can often be used to provide support to carers and provide reassurance that someone they are caring for is safe and well. This can be someone who is living in the same property as the carer, but also some distance away. Carers can often act as the first contact when an alarm is triggered to provide a response to an individual. Carers who support people with a disability are also considered as part of the Equality Act (2010) legislation in relation to provision regarding 'association with a disabled person'.

82. There are several ways in which telecare can enhance a person's quality of life.
- It can enable a person to remain living at home if that is their preference, although there will always be some trade-off between meeting the desired sense of independence and a residual element of risk in living at home.
 - It can ease the challenges of daily living caused by age or long-term health conditions and improve an older person's sense of security and self-confidence.
 - The level of telecare provision can be increased as new problems emerge with activities of daily living or any new health problems develop.
 - It can relieve some of the burdens and pressures that affect informal carers, improving their quality of lives too. This can encourage family members to carry on caring for longer, which can avoid the older person moving into a care home.
 - Telecare also has the potential to be cost-effective.
 - It can avoid or defer an elderly person's move into a care home or hospital.
 - It can reduce or replace some of the routine input needed from carers, formal and/or informal, in the home setting, permitting them to be more effectively deployed.
 - It can help someone maintain a healthier lifestyle, thereby reducing or delaying future needs.

83.2: Improved use of appropriate lifting equipment to help reduce double handed care. 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. 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.

84. 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.

85. Eighty-six residents have been identified as receiving double handed care. A review of the double handed component will be required alongside evidence that the appropriate lifting equipment can be installed within the property to reduce to single handed. 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.

86. 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.
- Clients may have new equipment installed in their homes.

87. We have identified the following mitigations:

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

- The installation of any new equipment will be done in agreement with the client and/or their representatives, and training and support will be provided.
 - The hoist and sling (MoLift) will be similar in size to the hoist that is currently used for two handed care. The storage and use of the sling will be similar also. The care agency and the family members will need specific training in single handed care and the functions of the hoist. This training will be the responsibility of the prescribing staff member. The care agency will disseminate the training to ensure all carers in attendance are able to use the hoist.
88. This proposal will support the council to meet best practice guidelines around supporting independence.
89. 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.
90. **3: Maximising independence for people with Learning Disabilities.** The council's Learning Disabilities residential care service supports 113 adult social care clients. Twelve residents have been identified as having the potential to reduce the cost of care through a range of interventions.
91. Working with the residents in a personalised way, key actions would relate to independence goals achieved via the assessed care and support plan. This includes supporting individuals in the least restrictive way. Therefore, there may be potential to:
- move residents on from residential care into supported living
 - review of 1:1 or higher ratio care
 - review any continuing healthcare arrangements
 - work with the provider market to review the outcomes and costs of care.
92. The proposal seeks to enhance the quality of care for people currently living in residential care and/or supported living, by providing them with options to move on to less institutionalised settings and/or support more effective support options in their current home. If a move on to supported living is identified, this could mean changes for the residents in three main areas: their home, their support and their money. The changes are summarised below, explaining the differences between living in registered care and a supported living home.
93. Twelve residents have been identified as having the potential to reduce the cost of care through a mixture of move-on from residential care into supported living, a review of 1:1 ratio care, ability to review continuing healthcare arrangements around funding and working with the provider market to review the overall cost of care.
94. We have identified the following impacts:
- All affected individuals have been diagnosed with a learning disability and have associated needs.
95. We have identified the following mitigations:
- Individuals will continue to receive the care and support they need but with the benefit of supported living enabling a more person-centred care plan.
 - Care Act assessments will have taken place for all individuals and should the proposal go ahead new Care & Support plans will be completed based on these assessments.

96. The proposal seeks to enhance the quality of care for people currently living in residential care or other settings, by providing them with options to move on to less institutionalised settings and supporting their independence within their current setting. In addition, their Continuing Healthcare status may be reviewed.
97. **6: Concessionary fares.** A mandatory bus concession for older and disabled people has been in place nationally since 2001. The concession has gradually been extended since its introduction and since April 2008 has provided free off-peak local bus travel to eligible older and disabled people anywhere in England. Southampton City Council as the Travel Concession Authority (TCA) has a statutory requirement to administer the Concessionary Travel Scheme ensuring bus operators are reimbursed for every concessionary traveller that uses the buses in Southampton.
98. On average, there are approximately 275,000 passenger trips (pre-Covid) per month within the SCC travel concession area that travel using the older person bus pass issued by SCC. The number of trips fluctuates across the seasons. There are 28,000 Southampton residents that have an concessionary bus pass.
99. The proposal is to stop making monthly Concessionary Fare reimbursement payments to local bus operators at pre-Covid levels and revert to making monthly reimbursement payments based on actual demand. As a consequence, reimbursement payments to local bus operators could reduce in 21/22 financial year. The actual level of reimbursement will be determined by passenger demand with a forecast reduction proposed of 25%.
100. The current forecast for concessionary travel in 2021/22 is subject to change and subject to a range of influences outside of the control of SCC including the Covid-19 pandemic, vaccine, travel restrictions, social distancing, traveller behaviours. If the 75% forecast is accurate, this would see a reduction in revenue for the bus operators of 25%. The current network may be maintained. However, this may result in some bus service changes such as reduced hours of service on less commercially viable bus routes and reduced service frequency.
101. If the travel demand is between 50-75% forecast this is likely to see a reduction in revenue for the bus operators of 25-50%. This may result in some bus service changes such as reduced hours of service across the network, reduced service frequency and potentially the complete withdrawal of services especially on more marginal routes.
102. We have identified the following impacts:
- If there was a reduction in bus service provision this would reduce bus service availability and restrict travel options in the city to access jobs, schools and services. Impact would be greatest for Southampton residents who rely on public transport. 30% of Southampton residents do not have access to a car and there are 21 million bus passenger trips per year across the city, including 28,000 concessionary card holders.
 - The more marginal (less commercial) bus services which are more likely to be reduced in service frequency or withdrawn completely are suburban and penetrate residential areas.
 - These services are more accessible to people with a disability/mobility impairment who may find it harder to reach major routes and transport hubs. Some people with a disability may therefore find the alternative trunk bus services more difficult to access due to the additional walking distance to reach a bus stop.

103. We have identified the following mitigations:

- Information will be placed on buses, at bus stops and at locations where customers are likely to visit in addition to social media well in advance of a service change.
- The council will review and consider the option to award supported bus services contracts or other community transport solutions to replace any commercially operated services that are withdrawn. Any decision to award supported contracts in the event of reduced or withdrawn commercial services will be taken based on need and necessity and is therefore not guaranteed as an outcome.

Race

104. Based on results from the 2011 Census, Southampton has residents from over 55 different countries. Just over 22% of Southampton's population are non-White British, with the biggest change being seen in the 'Other White' group (which includes migrants from Europe), which has increased by over 200% in last 10 years, from 5,519 to 17,461 residents (8.3%).

105. Based on results from the 2011 Census, 7,522 households (7.7%) in Southampton have no one in them who speaks English as their main language, compared to 4.4% nationally. Just under 12% of Southampton's resident population do not speak English as their main language, and this rose to nearly 24% in residents aged 25 to 34. The 2019 Southampton school pupil census shows that 149 different languages are spoken in Southampton's schools, with 9,004 (27.8%) pupils having a first language other than English.

106. **3: Maximising independence for people with Learning Disabilities.** The council's Learning Disabilities residential care service supports 113 adult social care clients. Twelve residents have been identified as having the potential to reduce the cost of care through a range of interventions.

107. Working with the residents in a personalised way, key actions would relate to independence goals achieved via the assessed care and support plan. This includes supporting individuals in the least restrictive way. Therefore, there may be potential to:

- move residents on from residential care into supported living
- review of 1:1 or higher ratio care
- review any continuing healthcare arrangements
- work with the provider market to review the outcomes and costs of care.

108. The proposal seeks to enhance the quality of care for people currently living in residential care and/or supported living, by providing them with options to move on to less institutionalised settings and/or support more effective support options in their current home. If a move on to supported living is identified, this could mean changes for the residents in three main areas: their home, their support and their money. The changes are summarised below, explaining the differences between living in registered care and a supported living home.

109. Twelve residents have been identified as having the potential to reduce the cost of care through a mixture of move-on from residential care into supported living, a review of 1:1 ratio care, ability to review continuing healthcare arrangements around funding and working with the provider market to review the overall cost of care.

110. We have identified the following impacts:

- Data and intelligence evidences that there is an under-representation of people from BME groups seeking support (LeDeR, 2019), and therefore the experience and skills of our workforce may need some additional training and development.

111. We have identified the following mitigations:

- The council will identify via providers and social work resource any support that can offered to enhance representation of BME groups seeking support.
- As per our contracts, all providers are be required to deliver services which are appropriate to culture / race and to ensure their workforce are trained to do so. This is a contractual requirement within the home care framework.

Community Safety

112. **3: Maximising independence for people with Learning Disabilities.** The council's Learning Disabilities residential care service supports 113 adult social care clients. Twelve residents have been identified as having the potential to reduce the cost of care through a range of interventions.

113. Working with the residents in a personalised way, key actions would relate to independence goals achieved via the assessed care and support plan. This includes supporting individuals in the least restrictive way. Therefore, there may be potential to:

- move residents on from residential care into supported living
- review of 1:1 or higher ratio care
- review any continuing healthcare arrangements
- work with the provider market to review the outcomes and costs of care.

114. The proposal seeks to enhance the quality of care for people currently living in residential care and/or supported living, by providing them with options to move on to less institutionalised settings and/or support more effective support options in their current home. If a move on to supported living is identified, this could mean changes for the residents in three main areas: their home, their support and their money. The changes are summarised below, explaining the differences between living in registered care and a supported living home.

115. Twelve residents have been identified as having the potential to reduce the cost of care through a mixture of move-on from residential care into supported living, a review of 1:1 ratio care, ability to review continuing healthcare arrangements around funding and working with the provider market to review the overall cost of care.

116. We have identified the following impacts:

- Community safety can be a concern and issue for some individuals within the care system. There remains stigma of people with learning disabilities in the community.

117. We have identified the following mitigations:

- Support providers and landlords work with individuals and their local neighbourhoods to ensure that positive relationships are committed to and established. Safer Places is an example a preventative scheme that has been rolled out across the city in partnership with policing.

- In addition, support providers are given training to recognise and report Disability related Hate Crimes, and encourage people with learning disabilities to enact their right to take this action should they need to.

Poverty

118.1: **Review of telecare rental charges.** Southampton City Council is proposing to increase charges for the telecare service as outlined below:

Service Type	Current Weekly Charge (ex VAT)	Proposed Weekly Charge (ex VAT) from April 2021
Basic Silver	3.00	3.50
Basic Gold	4.25	5.00
Installation (one-off)	20.00	25.00 one – off
Key safe – supply and install	40.00	40.00 one -off

119. Southampton City Council's telecare service offers peace of mind to individuals and their carers through advanced care technology equipment. The service comes with alarm packages that allow people to be supported 24 hours a day 365 days of the year.
120. The service is available to anyone living in Southampton or within 20 miles of the city boundaries who wants reassurance that they can call for help quickly and easily in case of an emergency. This could be because they are elderly, or have a disability of any age and would like peace of mind.
121. This charge increase will apply to all users of the service from April 2021. Existing customers will receive at least 28 days' notice of the charge increases. After review of market competitors, the increased charge will mean that the cost of the Southampton Telecare Service remains below market competitors.
122. This change will affect both adult social care clients for whom telecare is delivered as part of the care package to meet assessed need, and private customers who opt to use this service without having assessed need.
123. Service users with assessed needs will continue to have their needs met in line with the Care Act 2014. Where clients are self-funded or make contributions to their care, the increased cost will be considered a Disability Related Expenditure.
124. We have identified the following impacts:
- The increased cost may make people apprehensive to continue to utilise telecare, although the increased cost brings it more in line with market.
 - The increased cost of the service may adversely affect those on benefits or lower incomes.
 - People may choose not to use telecare and therefore be at risk of isolation and an increased risk of falls.
 - If individuals choose to pay for telecare services they may have to make difficult decisions about other expenditure which could adversely affect them.
125. We have identified the following mitigations:

- Where clients are self-funded or make contributions to their care, the increased cost will be considered a Disability Related Expenditure.
- Clients who are self-funded and/or do not have an assessed care need will experience a price increase, but the service remains competitively priced.

126. **3: Maximising independence for people with Learning Disabilities.** The council's Learning Disabilities residential care service supports 113 adult social care clients. Twelve residents have been identified as having the potential to reduce the cost of care through a range of interventions.

127. Working with the residents in a personalised way, key actions would relate to independence goals achieved via the assessed care and support plan. This includes supporting individuals in the least restrictive way. Therefore, there may be potential to:

- move residents on from residential care into supported living
- review of 1:1 or higher ratio care
- review any continuing healthcare arrangements
- work with the provider market to review the outcomes and costs of care.

128. The proposal seeks to enhance the quality of care for people currently living in residential care and/or supported living, by providing them with options to move on to less institutionalised settings and/or support more effective support options in their current home. If a move on to supported living is identified, this could mean changes for the residents in three main areas: their home, their support and their money. The changes are summarised below, explaining the differences between living in registered care and a supported living home.

129. Twelve residents have been identified as having the potential to reduce the cost of care through a mixture of move-on from residential care into supported living, a review of 1:1 ratio care, ability to review continuing healthcare arrangements around funding and working with the provider market to review the overall cost of care.

130. We have identified the following impacts:

- Clients living in residential settings are generally financially worse off than those within supported living or those who continue living in family settings. We anticipate that any moves to supported living will likely be financially beneficial to residents.
- Some individuals may not have the capacity to manage their own finances and so there may be concerns that the residents could get into debt.

131. We have identified the following mitigations:

- All residents have received up to date Care Act assessments and individual support plans will be put in place to identify any support needs in relation to managing finances.
- The FAB (Finance, Assessment and Benefits) team will undertake individual assessments to maximise client benefits and the social worker as well as care provider will support residents and their families (where relevant) to make the necessary benefit applications.
- Residents who are assessed as lacking capacity to manage their finances and for whom there is not a suitable family member in place to undertake this role will have an appointee in place from the council, or the Client Affairs Team (provided via Hampshire County Council).

132. **4: Libraries income review.** Libraries represent a core part of Southampton's cultural, information, skills and learning offer. They provide free and universal access to books, information, the internet and informal learning; support for families and individuals through reading and training programmes and by promoting life skills, readiness for economic activity, digital literacy and well-being. The service consists of 11 libraries across the city incorporating 5 community led libraries which are not staffed by council personnel. The statutory provision is for the 6 Council-run libraries. The city's libraries attract up to 850,000 visitors per year.
133. The proposal is to review and set library charges to ensure charges are fair but in line with current costs and benchmarked against comparative services and local suppliers.
134. The council will also review all opportunities to use library spaces for fee paying customers, ensuring that this adds to the library offer and does not detract from the statutory offer for local residents.
135. Reviewing charges will ensure that charges set by libraries are fair and affordable to local people and at a level which will encourage use of services such as printing and copying and cover costs including overheads at a minimum and increase income where possible.
136. "Overdue" charges will be benchmarked with comparable libraries and set to a level which encourages return or reuse of items. Hire charges for DVDs are reviewed as new rental stock is no longer available for libraries and remaining collections are being phased out.
137. We have identified the following impacts:
- Some people may find any increased fees unaffordable and may have access to library services restricted if they have outstanding payments due.
138. We have identified the following mitigations:
- Concessions and flexible payment options are offered to people with any protected characteristic who may find fees unaffordable.
139. The review of fees and charges will create additional income for the libraries, whilst ensuring a fair and fully transparent set of charges for services and fees.
140. **6: Concessionary fares.** A mandatory bus concession for older and disabled people has been in place nationally since 2001. The concession has gradually been extended since its introduction and since April 2008 has provided free off-peak local bus travel to eligible older and disabled people anywhere in England. Southampton City Council as the Travel Concession Authority (TCA) has a statutory requirement to administer the Concessionary Travel Scheme ensuring bus operators are reimbursed for every concessionary traveller that uses the buses in Southampton.
141. On average, there are approximately 275,000 passenger trips (pre-Covid) per month within the SCC travel concession area that travel using the older person bus pass issued by SCC. The number of trips fluctuates across the seasons. There are 28,000 Southampton residents that have an concessionary bus pass.
142. The proposal is to stop making monthly Concessionary Fare reimbursement payments to local bus operators at pre-Covid levels and revert to making monthly reimbursement payments based on actual demand. As a consequence, reimbursement payments to

local bus operators could reduce in 21/22 financial year. The actual level of reimbursement will be determined by passenger demand with a forecast reduction proposed of 25%.

143. The current forecast for concessionary travel in 2021/22 is subject to change and subject to a range of influences outside of the control of SCC including the Covid-19 pandemic, vaccine, travel restrictions, social distancing, traveller behaviours. If the 75% forecast is accurate, this would see a reduction in revenue for the bus operators of 25%. The current network may be maintained. However, this may result in some bus service changes such as reduced hours of service on less commercially viable bus routes and reduced service frequency.

144. If the travel demand is between 50-75% forecast this is likely to see a reduction in revenue for the bus operators of 25-50%. This may result in some bus service changes such as reduced hours of service across the network, reduced service frequency and potentially the complete withdrawal of services especially on more marginal routes.

145. We have identified the following impacts:

- If there was a reduction in bus service provision this would reduce bus service availability and restrict travel options in the city to access jobs, schools and services. Impact would be greatest for Southampton residents who rely on public transport. 30% of Southampton residents do not have access to a car and there are 21 million bus passenger trips per year across the city, including 28,000 concessionary card holders.
- Some people who rely on the more marginal (less commercial) bus services and who would struggle to access alternative bus routes may (in the event that some services are withdrawn) require alternative and more expensive transport such as taxi travel.

146. We have identified the following mitigations:

- The council will review and consider the option to award supported bus services contracts or other community transport solutions to replace any commercially operated services that are withdrawn. Any decision to award supported contracts in the event of reduced or withdrawn commercial services will be taken based on need and necessity and is therefore not guaranteed as an outcome.

Health and Wellbeing

147. **1: Review of telecare rental charges.** Southampton City Council is proposing to increase charges for the telecare service as outlined below:

Service Type	Current Weekly Charge (ex VAT)	Proposed Weekly Charge (ex VAT) from April 2021
Basic Silver	3.00	3.50
Basic Gold	4.25	5.00
Installation (one-off)	20.00	25.00 one – off
Key safe – supply and install	40.00	40.00 one -off

148. Southampton City Council's telecare service offers peace of mind to individuals and their carers through advanced care technology equipment. The service comes with alarm packages that allow people to be supported 24 hours a day 365 days of the year.

149. The service is available to anyone living in Southampton or within 20 miles of the city boundaries who wants reassurance that they can call for help quickly and easily in case of an emergency. This could be because they are elderly, or have a disability of any age and would like peace of mind.
150. We have identified the following impacts:
- Clients' concerns and levels of anxiety could impact their emotional and physical wellbeing when they are concerned by the increased expenditure or meeting the costs of telecare.
 - Relatives of clients may also have concerns relating to finding suitable alternate care and support which could impact their health and wellbeing.
151. We have identified the following mitigations:
- Clients with assessed needs will continue to have their needs met in line with the Care Act 2014.
152. **2: Improved use of appropriate lifting equipment to help reduce double handed care.** 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. 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.
153. 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.
154. We have identified the following impacts:
- 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.
155. We have identified the following mitigations:
- Any adverse impacts would be mitigated on a case by case basis through the 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. Timely assessments and reviews would be carried out.
156. **3: Maximising independence for people with Learning Disabilities.** The council's Learning Disabilities residential care service supports 113 adult social care clients. Twelve residents have been identified as having the potential to reduce the cost of care through a range of interventions.
157. Working with the residents in a personalised way, key actions would relate to independence goals achieved via the assessed care and support plan. This includes supporting individuals in the least restrictive way. Therefore, there may be potential to:
- move residents on from residential care into supported living

- review of 1:1 or higher ratio care
- review any continuing healthcare arrangements
- work with the provider market to review the outcomes and costs of care.

158. The proposal seeks to enhance the quality of care for people currently living in residential care and/or supported living, by providing them with options to move on to less institutionalised settings and/or support more effective support options in their current home. If a move on to supported living is identified, this could mean changes for the residents in three main areas: their home, their support and their money. The changes are summarised below, explaining the differences between living in registered care and a supported living home.

159. Twelve residents have been identified as having the potential to reduce the cost of care through a mixture of move-on from residential care into supported living, a review of 1:1 ratio care, ability to review continuing healthcare arrangements around funding and working with the provider market to review the overall cost of care.

160. We have identified the following impacts:

- People with learning disabilities experience a number of health conditions at an earlier stage than the general population.

161. We have identified the following mitigations:

- Referrals to health services will be supported should there be a requirement including to specialist Learning Disability health services provided by Southern Health Foundation Trust.

162. **6: Concessionary fares.** A mandatory bus concession for older and disabled people has been in place nationally since 2001. The concession has gradually been extended since its introduction and since April 2008 has provided free off-peak local bus travel to eligible older and disabled people anywhere in England. Southampton City Council as the Travel Concession Authority (TCA) has a statutory requirement to administer the Concessionary Travel Scheme ensuring bus operators are reimbursed for every concessionary traveller that uses the buses in Southampton.

163. On average, there are approximately 275,000 passenger trips (pre-Covid) per month within the SCC travel concession area that travel using the older person bus pass issued by SCC. The number of trips fluctuates across the seasons. There are 28,000 Southampton residents that have an concessionary bus pass.

164. The proposal is to stop making monthly Concessionary Fare reimbursement payments to local bus operators at pre-Covid levels and revert to making monthly reimbursement payments based on actual demand. As a consequence, reimbursement payments to local bus operators could reduce in 21/22 financial year. The actual level of reimbursement will be determined by passenger demand with a forecast reduction proposed of 25%.

165. The current forecast for concessionary travel in 2021/22 is subject to change and subject to a range of influences outside of the control of SCC including the Covid-19 pandemic, vaccine, travel restrictions, social distancing, traveller behaviours. If the 75% forecast is accurate, this would see a reduction in revenue for the bus operators of 25%. The current network may be maintained. However, this may result in some bus service changes such as reduced hours of service on less commercially viable bus routes and reduced service frequency.

166. If the travel demand is between 50-75% forecast this is likely to see a reduction in revenue for the bus operators of 25-50%. This may result in some bus service changes such as reduced hours of service across the network, reduced service frequency and potentially the complete withdrawal of services especially on more marginal routes.

167. We have identified the following impacts:

- A reduction in bus service provision could lead to an increased number of people in the city suffering from social isolation.

168. We have identified the following mitigations:

- The council will review and consider the option to award supported bus services contracts or other community transport solutions to replace any commercially operated services that are withdrawn. Any decision to award supported contracts in the event of reduced or withdrawn commercial services will be taken based on need and necessity and is therefore not guaranteed as an outcome.

Other Significant Impacts

169. **2: Improved use of appropriate lifting equipment to help reduce double handed care.** 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. 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.

170. 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.

171. We have identified the following impacts:

- Potential impacts on SCC staff and contractors have been considered. No significant impacts on staff working within the care sector is anticipated.
- 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.

172. **5: Exploring Community funding with alternative model.** The council runs a number of small grants scheme for community groups which include grants for community activities and community celebration events amongst other community centred activities.

173. The proposal is to investigate the use of a match or crowd funding approach to fund community projects, including exploring options for a community lottery. Applications would be submitted on the basis of fresh ideas and innovation, from within communities.

174. Subject to the findings of the investigation, there could be a reduction in the funding made available for community grants, which would be supplemented by crowd funding or other alternative funding mechanisms.

175. This could lead to a reduction in funding for some community projects if those groups are not able to achieve match-funding or attract other funding streams. The requirement to identify alternative sources of funding could be a barrier for some groups.

176. However, some communities have highlighted how difficult to access the scheme has been in its current form and this proposal would encourage a wider approach to funding of community initiatives and stimulate innovation. A rolling all year scheme could be organised to allow applicants time and capacity to achieve match funding, rather than as at present twice yearly cycles.

177. We have identified the following impacts:

- Requests for an award of money from the council's community grant schemes may be received from organisations that represent people who share Protected Characteristics. These groups may experience less base funding available through the council's schemes and be required to seek alternative funding elsewhere. This may in turn impact on the services available to people who share a Protected Characteristic.

178. We have identified the following mitigations:

- When seeking bid applications from the council's community grant schemes we will offer advice/information in relation to bidding for money from a lottery and/or crowd funding.
- Requests for an award of money from council's community grant schemes may be received from organisations delivering activity to improve community safety, health and wellbeing or reduce poverty.

179. Positive impacts of this proposal may include:

- Increased awareness of residents of community projects and ideas.
- Increased funding from crowd funding or other funding initiatives if successful.
- A strong emphasis on community power.
- Reduced dependence on small grants.
- An all year window allows flexibility in how the scheme is administered and support provided to applicants (further consideration of this is required before taking this approach).

Other Protected Characteristics

180. We have identified no direct impacts for the following:

- Gender reassignment
- Pregnancy and maternity
- Religion or Belief – including lack of belief
- Sex
- Sexual orientation

Public Engagement Exercise

181. A public engagement exercise will be undertaken between the between 16 December 2020 and 19 January 2021. Engagement will be undertaken with any people or organisations affected by the proposals to ensure all options have been considered, as well as with residents at a wider level. Southampton City Council is in a challenging financial position as it continues to respond to the coronavirus (COVID-19) pandemic, at a time when demand for certain services such as adult and children's social care continues to increase. Therefore, the aim of this engagement exercise is to:
- Make residents aware of the significant financial pressures the Council is facing;
 - Ensure residents are aware of any savings that are being proposed and what this will mean for them;
 - Enable residents, businesses and stakeholders to comment and raise any impacts the proposals may have;
 - Ensure that resident feedback is taken into account when final decisions are made;
 - Provide a summary of feedback received and how these have influenced the final decision.
182. Every effort will be made to ensure the engagement exercise is:
- Inclusive: so that everyone in the city has the opportunity to express their views.
 - Informative: so that people have adequate information about the proposals, what different options mean, and a balanced and fair explanation of the potential impacts, particularly the equality and safety impacts.
 - Understandable: by ensuring that the language we use to communicate is simple and clear and that efforts are made to reach all stakeholders, for example people who are non-English speakers or disabled people.
 - Appropriate: by targeting people who are more likely to be affected and using a more tailored approach to get their feedback, complemented by a general approach to all residents, staff, businesses and partners.
 - Meaningful: by ensuring decision makers have the full feedback information so they can make informed decisions.
 - Reported: by letting respondents know what we have done with their feedback.
183. The engagement exercise will be based around an online questionnaire and paper copies will also be made available on request.
184. This Cumulative Impact Assessment will be updated and developed based on the final proposals and detail of individual ESIAs. It will also be informed by the feedback from residents and stakeholders as part of the public engagement exercise.

[ENDS]