



Budget Proposals 2019/20 and 2020/21

Equality and Safety Cumulative Impact Assessment

February 2019

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 community safety, poverty and health and wellbeing and other significant impacts. 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 2019/20 and 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.
3. It is important to fully understand the impact of the budget proposals on equality groups (identified in paragraph 11) and on community safety, health and wellbeing and poverty. 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 introducing measures to reduce any potential disproportionate impacts on equalities groups, community safety, poverty and health and wellbeing.
4. The budget proposals were subject to public consultation, with the questionnaire on the overall budget consultation open from 24 October 2018 until 2 January 2019 and written or verbal comments accepted until 16 January 2019. Three additional consultations were open for feedback from 24 October 2018 until 16 January 2019 on:
 - Future of two residential care homes
 - Adult Social Care charging policy review
 - Revising service charges for tenants
5. 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 2019 when it will set the budget. Feedback has been incorporated into the relevant individual Equality and Safety Impact Assessments and is reflected in this updated version of the Cumulative Impact Assessment.

Context

6. 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.
7. This Cumulative Impact Assessment is also being carried out against the backdrop of the welfare reforms, a number of which have been implemented since 2011 and the programme continues. The government's programme of welfare reform is

'intended to reduce benefit dependency for households, and to make the system more affordable for government. The reforms are therefore predicated on those affected being able to respond positively to reforms – by increasing their income through work; and/or by reducing their outgoings, in particular through housing choices.'¹

8. The most recent major change locally, has been the introduction of Universal Credit Full Service. Southampton was in an early tranche of the roll-out, becoming a Universal Credit Full Service area in February 2017. The national roll-out of Universal Credit Full Service was completed in December 2018. The main differences for claimants are; their claim is made and managed online, they are paid a single monthly payment in arrears (this includes housing costs). If they are in a couple, the payment is made to the main claimant.
9. In general, welfare reforms affect households with working age people on benefits - including people in work on low incomes. There are data limitations around claimant information. This means analysis of the cumulative impact of the reforms on households with particular characteristics is not possible at a local level. But available evidence indicates that young people, those who are homeless or vulnerably housed, lone parents, larger families, households with a disabled person and women are some of the 'hardest hit'.

Legal Framework – Equalities

10. 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.
11. 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 (Gender)
 - Sexual orientation.
12. 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

¹ Wilson, T., Foster, S. (October 2017). 'The Local Impacts of Welfare Reform: A Review of the impact of welfare changes on people, communities and services.' Learning and Work Institute.
<https://www.local.gov.uk/sites/default/files/documents/FINAL%20Review%20of%20impacts%20of%20welfare%20reform%20report%20to%20LGA%20Oct%2017-1.pdf>

also include associative and perceptive discrimination as well as direct and indirect discrimination.

13. 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.
14. 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.
15. The Public Sector 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

16. 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.
17. 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.
18. 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'*.

Scope and our approach

19. This assessment identifies areas where there is a risk that changes resulting from individual budget proposals for 2019/20 and 2020/21, may have, when considered together, negative impacts on particular groups.

20. 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.
21. 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.
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 check 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 and developed 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 Office of National Statistics mid-year estimate 2017. This puts the total figure at 252,359. There are 123,610 females and 128,749 males. However, the 2011 Census provides a more detailed population profile for the city relating to protected characteristics. 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.
 - 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.

25. 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 2015, and covers the period between 2008/9 and 2012/13. It indicates that, during this period, Southampton became relatively more deprived compared to other places in the country. Of the 326 local authorities in England, Southampton is now ranked 54th most deprived, compared to 72nd in IMD 2010. Within the city, almost 70% of Lower Super Output Areas (LSOAs) are judged to be more deprived in both absolute and relative terms compared with IMD (2010).

Public Consultation

26. The Budget Consultation Report is available on the council's website and as an appendix to the Cabinet and Council reports, alongside detailed reports on each of the three additional consultations.
27. In response to the consultation feedback, The following draft proposals have been revised:

SHIL1	<p>Revise the Adult Social Care Charging Policy</p> <ul style="list-style-type: none"> • It is proposed to amend the policy to state that individuals with a terminal illness who have been issued with a DS 1500 form by a medical practitioner will not have disability related benefits taken into account in their income assessment. • Where the charges will apply from the date the service commences, it is proposed to amend the policy to state that charges will not apply for a period any longer than 8 weeks prior to the completion of financial assessment. • The one-off initial set-up charge amount for the deferred payment scheme has been reviewed and revised to £730 in line with actual costs. It is proposed that the annual administration charge of £305 (£505 if revaluation is required) is not introduced. • A further review of the individual circumstances of clients receiving social care support who were previously supported by the Locally Based Hospital Unit (LBHU) prior to its closure in 2011 has shown that, on the basis of their current circumstances, they would not be assessed as requiring to make any contribution towards the cost of their care.
SHIL2	<p>Future of two council owned care homes</p> <ul style="list-style-type: none"> • The proposal is to approve in principle the proposal for the closure of Glen Lee Residential Care Home, subject to formal staff consultation and a further report to Cabinet to make a final decision.

Table1: Budget Proposals: Negative Impact By Protected Characteristics, Community Safety 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
Children and young people get a good start in life														
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.	*	*			*						*	*	
People in Southampton live safe, healthy, independent lives														
SHIL 1	Revise the Adult Social Care Charging Policy.	*	*						*			*	*	
SHIL 2	Future of two council owned residential care homes.	*	*		*		*	*	*			*	*	*
SHIL 3	Reclassify some council properties currently only available to those aged 60 and over, making them available to people over 50.	*											*	

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
SHIL 4	Review service charges to tenants in council owned properties, increasing the existing charges and introducing four new ones.											*	*	
Southampton is a city with strong sustainable economic growth														
SSEG1	Introduce charges for Blue Badge holders in council owned off-street car parks.	*	*								*	*		
SSEG2	Increase Itchen Bridge fees for non-residents.	*										*		

Age – Older people

28. **SHIL1: Revise the Adult Social Care Charging Policy.** Under the Care Act 2014, the council has discretion whether to charge for services to meet both eligible and non-eligible needs, except where it is required to arrange care and support free of charge. The council has, to date, exercised its discretion to not charge at all for some services and for other services has not charged the full amount to cover the actual service being delivered. The Care Act 2014 and associated relevant regulations set out the services that a local authority can and cannot charge for. The proposed policy aims to deliver a fairer and more equitable service, whilst ensuring that the services can remain sustainable in order to meet the needs of local people, now and in the future.
29. The council proposes to make the following changes to its Adult Social Care Charging Policy, which will affect approximately 700 people currently using services as well as future clients.
- To introduce a new Arrangement Fee of £250 for people whose assets are over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who request Southampton City Council to make the arrangements for their non-residential care (as is permitted under the Care Act 2014).
 - To take account of the higher rate Attendance Allowance and disability benefits (Personal Independence Payment and the care component of Disability Living Allowance) when assessing for financial contributions for non-residential care. This is in line with other local authorities. The difference between the higher and lower rate payments is currently £28.30 per week. This would now be taken into account when calculating an individual's income.
 - To make it clear that Southampton City Council will begin charging the assessed contribution from the first day that chargeable services are provided.
 - To increase charges for deferred payment scheme loans to reflect the actual costs of administering the scheme, and introduce an interest charge in line with the Care Act 2014.
 - To apply the charging policy for clients receiving social care support who were previously supported by the Locally Based Hospital Unit (LBHU) prior to its closure in 2011.
30. We have identified the following impacts:
- Older people are disproportionately highly represented in the adult social care customer group and therefore older people will be impacted by these proposals.
 - Within the customer group it is the older customers that are more likely to have the type of capital assets that these proposals take in to account.
 - Within the client group itself the proposed changes will apply equally regardless of age, and these proposals could therefore impact customers of any age.
 - Older people impacted are likely to experience a negative financial impact as a result of the proposals.
31. We have identified the following mitigations:
- A full review of all charges, and the risks associated with the each proposal impacting on older people has been undertaken which includes mitigating actions, where appropriate, under each proposal.

- All representations made during the consultation have been taken into account and used to inform the final version of the draft policy and recommendations to council.
 - Customers and their families will be provided with advice and information including details of local advice agencies which will provide financial advice where relevant.
32. For all groups, these changes help to ensure that the council can continue to help as many people with care and support needs as possible within the limited resources available. To this extent there should be a positive impact overall, as resources will be distributed more equitably.
33. **SHIL2: Future of two council owned residential care homes.** Southampton City Council runs two residential homes, Holcroft House and Glen Lee. Holcroft House is a 34 bedded unit and Glen Lee is a 33 bedded unit. Both are Care Quality Commission (CQC) registered residential units providing short and long term care for adults living with a dementia. Both homes are rated as “good” by CQC. In Glen Lee, the accommodation is provided over two floors accessed by a passenger lift. In Holcroft House, accommodation is provided on one floor.
34. There are currently 36 residential homes that are CQC registered to provide dementia care in or near the boundary of the city. There is an over provision of residential homes in the area, with 70 vacancies available to the council for residential care placements across these homes as of October 2018 (including the two homes run by the council).
35. Although demand for Adult Social Care is increasing, the demand for residential care has decreased as more people are supported to live independently in their own homes. National research has found that older people would prefer to continue living at home for as long as possible. Research also tells us that the demand for residential care is likely to continue to decrease as alternatives such as housing with care become the preferred option. The local care market is better placed to provide care and support where residential care is needed, leaving the council to focus on the development of housing with care and community-based services. The proposal is therefore to close one or both council owned residential care units: Glen Lee and Holcroft House.
36. The impact of any decision to close one or both care homes will be a direct impact on those currently using these facilities. Current residents will have their needs reviewed and will be supported to move to alternative provision which could be a new care home.
37. We have identified the following impacts:
- The greatest impact of the proposal is likely to be on those older residents who have been using Glen Lee and Holcroft services for many years and for whom any change in provision will be difficult.
 - All of the residents are over 65 years.
 - There is potential for decline in residents’ emotional and physical health during and immediately after any move following closure of a care home.
38. We have identified the following mitigations:

- An initial review of needs has been undertaken for all residents, taking the following factors into consideration:
 - People who lack mental capacity
 - Very frail vulnerable people, with complex medical needs
 - People who need specialist equipment
 - People who have special dietary needs,
 - People who have sensory loss/deficit e.g. blind, deaf
 - People who have been resident for long periods and developed close friendship with staff/off residents
39. Further and more detailed reviews will be undertaken prior to any changes to an individual's accommodation taking place. Through this process information on alternatives will be made available. A gradual approach will be taken to support those who will be most affected. Individual transition plans will be produced and updated. This plan will include analysing the impact and where necessary other professionals and agencies will be called upon to support the individual to minimise any impact.
 40. Advocacy services are in place to help support the individual's and their families throughout the proposed process. Any proposed move will be considered carefully taking into account the persons best interest's and their and their families' wishes and feelings. Any move will need to meet the individuals assessed eligible needs for care and support are met. A project team will be set up, subject to decision, to deliver the decision. There is adequate residential and non-residential provision in or near the boundary of the city to accommodate current residents and any needs associated with their age.
 41. In the longer term there is evidence that supporting people living with a dementia to live independently in their own homes drawing where appropriate on the support of others in their community leads to the best outcomes for those people.
 42. Re-providing residential care and support in homes run by charities and the private sector is more cost effective, supporting a more sustainable social care system locally, ensuring that the needs of people in Southampton can continue to be met in full. The proposal for change is in line with the council's strategy to develop more housing with care schemes at different sites as an alternative to residential care. This is a positive impact on people who live in Southampton, as this will enable people to live independently within a scheme in a self-contained flat which will have the benefit of an on-site care team.
 43. **SHIL3: Reclassify some council properties currently only available to those aged 60 and over, making them available to people over 50.** There is a significant demand for affordable social rented homes in Southampton and there are currently 8,000 people on the Housing Register. However, there are a number of properties that are currently 'hard to let'. These are typically properties which are restricted to residents aged 60+, which are on the first floor or above in walk up blocks (without lifts). We are proposing to reclassify some properties which are currently restricted to residents aged 60+ to make them available to those aged 50+ or 55+. The blocks currently identified as potentially suitable for reclassification include: Malin Close, Rockall Close, Lundy Close, Curzon Court, Sarina Court, Manston Court, Maybush Court, Vellan Court, Penrith Court, Mansel Court, Jessamine Road, Edward Road, Avignton Court, Basset Green Court, Bowman Court, Meon Court and Dewsbury Court.

44. We have identified the following impacts:
- Reclassification would introduce people aged 50-60 in to what is currently designated over 60s accommodation.
 - This would have a positive impact on residents in this age bracket currently on the Housing Register, by making more properties available to them.
 - This would only apply to properties that are currently vacant, and therefore not have an impact on people over 60 on the Housing Register.
 - Some tenants aged 60+ may have concerns about the reclassification of neighbouring properties, as it would mean that the block has a wider mix of tenants including those who are 50+ rather than 60+, as well as potentially younger partners and families.
45. The potential impact of this proposal is positive and could result in improved void turnaround times, increase in rental income and improved rehousing for those aged 50-60 who are on the housing register.
46. The proposal is to review and potentially reclassify accommodation in phases, block by block. We will undertake detailed consultation with affected tenants as proposals are developed, and before any decisions are taken about each block. As part of that process we would also review and consider what measures we might need to take to address equality impacts for individuals and properties.
47. **SSEG1: Introduce charges for Blue Badge holders in council owned off-street car parks.** The proposal is to withdraw free parking in off-street car parks for Blue Badge holders, meaning that Blue Badge holders who choose to park in off-street car parks will be subject to a charge and the same terms and conditions as other users.
48. The Disabled Person's Parking Badge Scheme, also known as the Blue Badge Scheme, provides a national arrangement of parking concessions for people with severe mobility difficulties, who travel either as drivers or passengers. A Blue Badge is designed to help disabled people park close to their destination, either as a passenger or driver. There are 7,781 Blue Badge holders in the city and over 50% of those are people with walking difficulties.
49. The introduction of charges for Blue Badge holders apply to all council owned surface car parks and to the West Park Road Multi-story Car Park (MSCP). All other MSCPs in the city already have barrier systems in place, meaning that those with Blue Badges pay for parking in these car parks.
50. Blue Badge holders will still have designated spaces within off-street car parks, however they will be expected to pay parking charges in common with all users of that car park and be subject to any time restrictions in place in that car park. Blue Badge holders will continue have the option to make use of on-street parking for free, and these changes will apply to off-street car parks only.
51. We have identified the following impacts:
- This proposal will have an impact on Blue Badge holders aged over 17 years who drive and all ages who are passengers in cars. Higher numbers of older people are likely to be Blue Badge holders.
 - The impact will require Blue Badge holders to pay for parking which was previously free if they choose to park in off-street car park, and mean that they

are subject to any terms and conditions of the car park such as time restrictions.

52. We have identified the following mitigations:
- Charges only apply to off-street car parks. There is a statutory requirement to provide free on street car parking, which is located having regard to proximity to essential services. Signing in car parks and communications will draw attention to this change.
 - The council have undertaken an assessment which demonstrates that there is sufficient alternative on street parking and/or dedicated on street disabled bays that is either within the immediate vicinity of the car park or would likely facilitate parking for essential services closer than the off-street provision affected.
 - Provision of on street disabled parking bays is reviewed regularly and every effort is made to replace those that are lost due to changes to the highway or other reasons.
53. **SSEG2: Increase Itchen Bridge fees for non-residents.** The proposal is to increase the Itchen Bridge Toll charges by 20p to vehicles in classes 2 and 3 and above crossing the bridge, who are not eligible for a concession. This will impact on non-residents, whether using a smart card or paying in cash, who are driving cars, small vans, small 4x4 and large vans, which include large transit and 4x4 vans.
54. The increase in the toll would not apply to residents that receive a concessionary toll through use of a Smart Card. Residents who do not currently have a Smartcities card would need to apply for one in order to avoid paying the increased charges. Those that currently qualify for free use of the bridge would continue to do so, which includes motorcycles, electric vehicles and blue badge holders who receive Smartcities eligible mobility related benefit payments.
55. We have identified the following impact:
- The increased charges will impact on drivers of all ages who are non-residents visiting the city for education, business or leisure and fall into the class 2 or 3 bracket, as well as residents who do not use a smart card.
56. We have identified the following mitigation:
- Residents of the city can apply for a concession via a Smart Cities card and would therefore not have to pay for the increased amount. Alternative routes are available for non-residents and these routes are more suitable for non-local traffic.
57. Increasing toll charges may encourage more people to seek alternative methods of transport (public transport, care shares, cycling etc), leading to air quality and health improvements and reduced congestion.

Age - Children and young people

58. **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.** In 2017, a Locality Based 0-19 Early

Help and Prevention service was introduced that included a mix of universal services (meaning they are open to everyone who wants to use them), and more targeted, intensive support for children and young people with additional needs, or whose home life makes them vulnerable to poor outcomes. This element supports approximately 950 children.

59. Services include Sure Start children's centres, health visiting, school nursing, Families Matter and the Family Nurse Partnership. There are also links to other services such as maternity services, pre-schools, schools, colleges, GPs, children's social care, services for children with special educational needs and/or disabilities (SEND), child and adolescent mental health services (CAMHS), and local community and voluntary sector organisations who support these communities.
60. The service has been successful in offering advice and support to children and families, and we want to extend it to include more targeted support that can address issues such as complex parenting, challenging behaviours, supporting disabilities, welfare advice, mental health advice, domestic abuse and exploitation. The proposal is therefore to extend the model by bringing in more specialist and targeted health and social care, such as Educational Welfare, Inclusion and Targeted teams, Youth Offending and others which can provide early help and outreach preventative services.
61. These specialist and targeted services are currently available, but have to be accessed separately. By delivering more services locally for families, we aim to make them part of a community resource that is practical and easy to access. We also want to increase our partnership working with local community and voluntary services.
62. This will enable us to engage families at an early stage when they are facing challenges or need advice. It will also help to enhance the Families Matter service which focuses on strengthening and turning around families who are experiencing issues. Providing the right help early can stop problems getting worse or avoid issues altogether. Evidence shows that this can deliver better outcomes for children and families as well as saving money in the longer term as it avoids the need for more intensive, long term support. Therefore, it should ultimately reduce the number of children coming into statutory services with escalated needs, requiring the intervention of the council.
63. We have identified the following impacts:
 - 63,091 children and young people (aged 0-19) live in the city, and this is expected to grow by 4.5% by 2024 to 65,912 (2,821 children and young people).
 - This proposal's principal direct impacts will be on children, young people and their parents and carers.
 - Overall it is anticipated that the extension of the Locality Based model will have positive impacts on children and families. Some localities may experience a change in the specialist and targeted services available locally and so some children and families may not be able to access all services in their local area. This is because services will be based on local need and targeted where they are needed most. Therefore, there may be a reduced offer in parts of the city.
64. We have identified the following mitigation:

- All families will receive the universal offer. Specialist services will also be accessible to those who need them, although in some cases children and families may have to travel out of their local area to access them. Where need is identified families will not be excluded on the grounds of their location, and transport options will be considered to enable those individuals to access services.
65. The proposed service will have a number of positive impacts on children and families in Southampton:
- There will be a clearer offer for children and families and more services will be based locally.
 - There will be less reliance on assessment or strict criteria of access and greater focus on targeted need and intervention.
 - Children and families will be able to access support and help with any challenges or issues more quickly.
 - Services will be more joined up and focused on the key issues that are challenging family stability and resilience.
 - There will be closer working relationships across the professional networks. There will be greater opportunities to develop links with community and voluntary sector organisations.
66. **CYP2: Review the council run play offer and seek community and voluntary sector partners to take over the direct running of this service.** The council's Children and Families Service provides a range of services and support to help children and young people get a good start in life. One of those services is the 'play offer' which runs out of the council's Sure Start Children's Centres and allows children and families to access play sessions in a safe and contained space. These provide support for children and their parents/carers, helps develop community cohesion, provides parent and child socialisation and assists in school readiness.
67. The council currently sets up, runs and facilitates play sessions in 7 centres across the city and these are staffed by council employees (approximately 20 staff). Number of children who are supported through the play offer varies. There are multiple play type sessions including some drop in sessions where the attendance can vary week to week. However, in October 2018, the average play session attendance was 15, and the current offer extends to an estimated 140 children.
68. The council recognises the importance of these play sessions to children and their parents/carers. However, it is also important that council resources are targeted where they are needed most, and that we work with other public sector, private sector, voluntary and community organisations to deliver the best value and most joined up services.
69. The proposal is therefore to explore opportunities for some play services to be run or co-run by local community volunteers and/or parent volunteers rather than council staff. The council and its partners will continue to coordinate and support the running of these groups, though will seek to hand over some facilitation to capable and trained members of the community. Council staff will continue to run some targeted sessions if there are areas where it is not viable to deliver a community led play offer; in that case, these will be targeted to those areas with

the greatest need. The council will also support work to develop the availability of play opportunities across the city.

70. We have identified the following impacts:
- There are 140 children currently using the Sure Start Children's Centre play offer.
 - 63,091 children and young people (aged 0-19) live in the city, and this is expected to grow by 4.5% by 2024 to 65,912 (2,821 children and young people).
 - The successful development of a community led model would ensure that the play offer is maintained for children in the city. However, it is possible that services could reduce in some areas, which could have a negative impact on some children.
71. We have identified the following mitigations:
- The council will work with individuals and community groups to explore opportunities for community groups and individuals to take over delivery and facilitation of play sessions.
 - The council will continue to target resources to areas of greatest need, if community led delivery is not possible in these areas.
 - The council will also support work to develop the availability of play opportunities across the city.
72. The delivery of a play offer through communities will strengthen and build partnerships between the council and communities. Exploring innovative community led delivery models will enable the council to maintain services in parts of the city which potentially could otherwise see a significant reduction or ceasing of the play offer.
73. **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.** Southampton City Council runs a Contact Service which facilitates contact for our Looked After Children (LAC) with their birth families. The service supervises contact between approximately 300 Looked After Children and their families across varying time frames: some contacts are 3 or 4 times per week and some are once every 6 months. Demand for the service is high due to the numbers of cases being referred.
74. The current service is costly in terms of staffing, time and physical resource. It employs 16 contact practitioners and requires complex coordination. It is also not flexible enough for our Looked After Children their families, as it only operates in core hours and is not able to meet urgent contacts or to facilitate out of area contact.
75. The proposal is to review, scope and assess the benefits of the current Contact Service, with a view to it being delivered by a partner organisation. In doing so, the service has the potential to become more flexible, with a 7 day a week service across extended hours. Following review, any changes that are anticipated to have an impact on service users will be subject to further consultation and/or engagement.
76. We have identified the following impact:

- Around 300 children are supported by the Contact Service. These children could be impacted by any changes to the service.
77. We have identified the following mitigations:
- Following a review, proposals affecting service users will be subject to further consultation and engagement as appropriate.
 - January 2019 - The current position of the Contact Service, on the back of recent review activity, shows that the service should be retained as a Council led offer and that further review focus should be to improve the offer by aligning it closer to locality resources; so as to improve contact service experiences uniformly for all children, including those with SEND.
78. The proposal may have positive impacts including; clearer offer for families which are locality based, extended hours offer, potential for 7 day service, flexible use of buildings, quicker response for families, more cost efficient, extended service could be used to assist in rehabilitation work and so reduce the numbers of LAC and the time they spend in care.
79. **CYP4: Reduce the funding provided to Compass School Pupil Referral Unit from 160 to 100, in line with actual demand.** Compass School is a Pupil Referral Unit (PRU), providing transitional, full time education and support for pupils aged 5 - 16 who are not accessing mainstream schools. The council currently provides funding to Compass School for 160 pupils but this does not reflect that actual number of pupils attending this provision. The proposal is to reduce the number of full-time funded places from September 2019, in line with actual pupil numbers.
80. We have identified the following impacts:
- In September 2018 there were 67 pupils aged 5-16 attending Compass School.
 - The reduction in funding may have an impact on the level of service experienced by children attending the school.
81. We have identified the following mitigation:
- Funding is being reduced in line with actual pupil numbers based on full-time equivalent places.
 - Schools are increasingly developing a curriculum which meets the needs of a broader range of students, which will enable learners to access provision within mainstream education and reduce the need for places at Compass School.
 - Pupil numbers will be kept under review with regular dialogue with the school. This will be carried out to ensure funding matches needs based on full-time equivalent places.
82. The proposal may have positive impacts including;
- Long term places in Compass School will be made available to those most in need of specialist support.
 - There will be an increased focus on preventing exclusion and reintegration into mainstream schooling which will have positive impacts on the outcomes of children and young people.
 - The proposal will include the development of preventative outreach programmes (particularly at secondary level).

- Increased numbers of pupils will be supported locally and within the mainstream through flexible provision.
 - Specialist resources will be targeted to the most complex cases.
83. **CYP6 Reduce Early Intervention Fund which supports early years and childcare providers to expand or set up new provision.** The Early Intervention Fund supports early years and childcare providers to expand or to set up new provision. In 2018/19, £116,000 was allocated to the Fund. The proposal is to reduce the funding allocated to the Early Intervention Fund to £15,000 per annum in 2019/20 and beyond. Providers will be encouraged to seek funding from other sources. The impact of the reduction in the funding may be that some early years and childcare providers will find it more challenging to expand or set up new provision. This may in turn impact the number of places available across the city.
84. We have identified the following impacts:
- 49,513 children and young people (aged 0-17) live in the city, and this is expected to grow by 5.5% by 2024 to 52,246.
 - There are 15,826 children aged 0-4 in the city, and by 2024 this predicted to fall by 0.2% (30 children).
 - Demand for early education and childcare places has increased in recent years. A reduction in funding available from the council could have an impact on the number of places available in the city if providers are unable to attract funding from other sources to support expansion.
85. We have identified the following mitigation:
- Southampton has always had a mixed model of early years provision. With most national grants only being available to schools, the council will work with schools to encourage more of them to deliver early education. The council has a statutory duty under the Childcare Act 2006 and subsequent revisions to ensure there are sufficient early education places, so if insufficient places are available in future, the council will take appropriate action to address that.

Disability

86. **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.** In 2017, a Locality Based 0-19 Early Help and Prevention service was introduced that included a mix of universal services (meaning they are open to everyone who wants to use them), and more targeted, intensive support for children and young people with additional needs, or whose home life makes them vulnerable to poor outcomes. This element supports approximately 950 children.
87. Services include Sure Start children's centres, health visiting, school nursing, Families Matter and the Family Nurse Partnership. There are also links to other services such as maternity services, pre-schools, schools, colleges, GPs, children's social care, services for children with special educational needs and/or disabilities (SEND), child and adolescent mental health services (CAMHS), and local community and voluntary sector organisations who support these communities.

88. The service has been successful in offering advice and support to children and families, and we want to extend it to include more targeted support that can address issues such as complex parenting, challenging behaviours, supporting disabilities, welfare advice, mental health advice, domestic abuse and exploitation. The proposal is therefore to extend the model by bringing in more specialist and targeted health and social care, such as Educational Welfare, Inclusion and Targeted teams, Youth Offending and others which can provide early help and outreach preventative services.
89. These specialist and targeted services are currently available, but have to be accessed separately. By delivering more services locally for families, we aim to make them part of a community resource that is practical and easy to access. We also want to increase our partnership working with local community and voluntary services.
90. This will enable us to engage families at an early stage when they are facing challenges or need advice. It will also help to enhance the Families Matter service which focuses on strengthening and turning around families who are experiencing issues. Providing the right help early can stop problems getting worse or avoid issues altogether. Evidence shows that this can deliver better outcomes for children and families as well as saving money in the longer term as it avoids the need for more intensive, long term support. Therefore, it should ultimately reduce the number of children coming into statutory services with escalated needs, requiring the intervention of the council.
91. We have identified the following impacts:
- There are some users of this service that have special educational needs and/or disabilities (SEND). The overall impact of extending this model should be positive in terms of its impact.
 - Some localities may experience a change in the specialist and targeted services available locally and so some children and families may not be able to access all services in their local area. This is because services will be based on local need and targeted where they are needed most. Therefore, there may be a reduced offer in parts of the city.
 - If specific specialist services are not available in a particular locality, some disabled children or parents may need to travel further to access services that might have previously been available in their locality.
92. We have identified the following mitigations:
- The intention is to increase local availability of more specialist support.
 - Where need is identified families will not be excluded on the grounds of their location, and transport options will be considered to enable those individuals to access services.
93. The proposed service will have a number of positive impacts on children and families in Southampton:
- There will be a clearer offer for children and families and more services will be based locally.
 - There will be less reliance on assessment or strict criteria of access and greater focus on targeted need and intervention.
 - Children and families will be able to access support and help with any challenges or issues more quickly.

- Services will be more joined up and focused on the key issues that are challenging family stability and resilience.
 - There will be closer working relationships across the professional networks.
 - There will be greater opportunities to develop links with community and voluntary sector organisations.
94. **CYP2: Review the council run play offer and seek community and voluntary sector partners to take over the direct running of this service.** The council's Children and Families Service provides a range of services and support to help children and young people get a good start in life. One of those services is the 'play offer' which runs out of the council's Sure Start Children's Centres and allows children and families to access play sessions in a safe and contained space. These provide support for children and their parents/carers, helps develop community cohesion, provides parent and child socialisation and assists in school readiness.
95. The council currently sets up, runs and facilitates play sessions in 7 centres across the city and these are staffed by council employees (approximately 20 staff). Number of children who are supported through the play offer varies. There are multiple play type sessions including some drop in sessions where the attendance can vary week to week. However, in October 2018, the average play session attendance was 15, and the current offer extends to an estimated 140 children.
96. The council recognises the importance of these play sessions to children and their parents/carers. However, it is also important that council resources are targeted where they are needed most, and that we work with other public sector, private sector, voluntary and community organisations to deliver the best value and most joined up services.
97. The proposal is therefore to explore opportunities for some play services to be run or co-run by local community volunteers and/or parent volunteers rather than council staff. The council and its partners will continue to coordinate and support the running of these groups, though will seek to hand over some facilitation to capable and trained members of the community. Council staff will continue to run some targeted sessions if there are areas where it is not viable to deliver a community led play offer; in that case, these will be targeted to those areas with the greatest need. The council will also support work to develop the availability of play opportunities across the city.
98. We have identified the following impacts:
- There will be a reduction in access to professional support during play sessions, which could have a greater impact on children with SEND and their parents/carers.
99. We have identified the following mitigation:
- The council will continue to target its resources to areas of greatest need and this will require a specific focus on presenting demand around children's additional needs, including SEND. The offer across the City will be agile so as to respond to need across localities – bring a level of focus to high demand areas.

100. The delivery of a play offer through communities will strengthen and build partnerships between the council and communities. Exploring innovative community led delivery models will enable the council to maintain services in parts of the city which potentially could otherwise see a significant reduction or ceasing of the play offer.
101. **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.** Southampton City Council runs a Contact Service which facilitates contact for our Looked After Children (LAC) with their birth families. The service supervises contact between approximately 300 Looked After Children and their families across varying time frames: some contacts are 3 or 4 times per week and some are once every 6 months. Demand for the service is high due to the numbers of cases being referred.
102. The current service is costly in terms of staffing, time and physical resource. It employs 16 contact practitioners and requires complex coordination. It is also not flexible enough for our Looked After Children their families, as it only operates in core hours and is not able to meet urgent contacts or to facilitate out of area contact.
103. The proposal is to review, scope and assess the benefits of the current Contact Service, with a view to it being delivered by a partner organisation. In doing so, the service has the potential to become more flexible, with a 7 day a week service across extended hours. Following review, any changes that are anticipated to have an impact on service users will be subject to further consultation and/or engagement.
104. We have identified the following impacts:
- Some children or parents being supported may have disabilities. These individuals could be impacted by any changes to the service. There is a potential positive impact if the service moves location, as this may improve ease of access.
105. We have identified the following mitigations:
- Following a review, proposals affecting service users will be subject to further consultation and engagement as appropriate.
 - January 2019 - The current position of the Contact Service, on the back of recent review activity, shows that the service should be retained as a Council led offer and that further review focus should be to improve the offer by aligning it closer to locality resources; so as to improve contact service experiences uniformly for all children, including those with SEND.
106. The proposal may have positive impacts including; clearer offer for families which are locality based, extended hours offer, potential for 7 day service, flexible use of buildings, quicker response for families, more cost efficient, extended service could be used to assist in rehabilitation work and so reduce the numbers of LAC and the time they spend in care.
107. **CYP4: Reduce the funding provided to Compass School Pupil Referral Unit from 160 to 100, in line with actual demand.** Compass School is a Pupil Referral Unit (PRU), providing transitional, full time education and support for pupils aged 5 - 16 who are not accessing mainstream schools. The council

currently provides funding to Compass School for 160 pupils but this does not reflect that actual number of pupils attending this provision. The proposal is to reduce the number of full-time funded places from September 2019, in line with actual pupil numbers.

108. We have identified the following impact:

- 100% of pupils in Compass School have special educational needs and/or disabilities (SEND) compared to a national average of 22%.

109. We have identified the following mitigations:

- Frequent periods of change can have a detrimental effect on outcomes for young people with SEND. Therefore, the short-term nature of the placements at Compass may not be beneficial to this cohort. Sustaining placements in mainstream schools through early intervention will see pupils with SEND fully included in mainstream education.
- Having a needs-led, child centred approach to learning within mainstream schools will engage young people with SEND.
- Tailoring the curriculum within mainstream schools to meet the needs of these pupils will have a positive impact on outcomes.

110. The proposal may have positive impacts including;

- Long term places in Compass School will be made available to those most in need of specialist support.
- There will be an increased focus on preventing exclusion and reintegration into mainstream schooling which will have positive impacts on the outcomes of children and young people.
- The proposal will include the development of preventative outreach programmes (particularly at secondary level).
- Increased numbers of pupils will be supported locally and within the mainstream through flexible provision.
- Specialist resources will be targeted to the most complex cases.

111. **CYP 6 Reduce Early Intervention Fund which supports early years and childcare providers to expand or set up new provision.** The Early Intervention Fund supports early years and childcare providers to expand or to set up new provision. In 2018/19, £116,000 was allocated to the Fund. The proposal is to reduce the funding allocated to the Early Intervention Fund to £15,000 per annum in 2019/20 and beyond. Providers will be encouraged to seek funding from other sources. The impact of the reduction in the funding may be that some early years and childcare providers will find it more challenging to expand or set up new provision. This may in turn impact the number of places available across the city.

112. We have identified the following impacts:

- This proposal may mean that some groups are unable to expand, therefore potentially meaning less places for children with special educational needs and/or disabilities (SEND).
- The costs of supporting a child with high-end additional needs in an Early Years setting is not completely covered by the early years funding formula, therefore providers may choose, if they have limited places, to prioritise taking children who do not need dedicated support. This could have a negative impact on SEND children and their families.

113. We have identified the following mitigation:

- The council will work on a case by case basis to identify suitable provision for 2, 3 and 4 year olds with special educational needs and/or disabilities (SEND).
114. **SHIL1: Revise the Adult Social Care Charging Policy.** Under the Care Act 2014, the council has discretion whether to charge for services to meet both eligible and non-eligible needs, except where it is required to arrange care and support free of charge. The council has, to date, exercised its discretion to not charge at all for some services and for other services has not charged the full amount to cover the actual service being delivered. The Care Act 2014 and associated relevant regulations set out the services that a local authority can and cannot charge for. The proposed policy aims to deliver a fairer and more equitable service, whilst ensuring that the services can remain sustainable in order to meet the needs of local people, now and in the future.
115. The council proposes to make the following changes to its Adult Social Care Charging Policy, which will affect approximately 700 people currently using services as well as future clients.
- To introduce a new Arrangement Fee of £250 for people whose assets are over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who request Southampton City Council to make the arrangements for their non-residential care (as is permitted under the Care Act 2014).
 - To take account of the higher rate Attendance Allowance and disability benefits (Personal Independence Payment and the care component of Disability Living Allowance) when assessing for financial contributions for non-residential care. This is in line with other local authorities. The difference between the higher and lower rate payments is currently £28.30 per week. This would now be taken into account when calculating an individual's income.
 - To make it clear that Southampton City Council will begin charging the assessed contribution from the first day that chargeable services are provided.
 - To increase charges for deferred payment scheme loans to reflect the actual costs of administering the scheme, and introduce an interest charge in line with the Care Act 2014.
 - To apply the charging policy for clients receiving social care support who were previously supported by the Locally Based Hospital Unit (LBHU) prior to its closure in 2011.
116. We have identified the following impacts:
- All those affected by the introduction of a new arrangement fee will have a disability.
 - Up to 700 people may be impacted by the proposal to take into account the higher rate of Attendance Allowance or disability benefits. Clients could choose to reduce or cancel care and support as a result of the proposal being implemented. This could have an adverse impact on health and wellbeing on the individual and on their carer(s), family members and/or friends who may have to give additional care and support.
 - There is a risk that some individuals face financial hardship if they are required to pay backdated contributions following lengthy financial assessment period.
 - For some people, the set-up charge and introduction of an interest charge for the deferred payment scheme may deter them from utilising the scheme.
 - 25 clients who were previously residents of the Locally Based Hospital Unit (LBHU) would be impacted. This proposal could have negative financial impacts on these clients.

117. We have identified the following mitigations:

- Arrangement Fee: Those with income and savings below £23,250 will not be subject to the charge. In exceptional circumstances, the council will consider options to defer, suspend or waive the charge.
- Attendance Allowance: Everyone directly affected by this proposal will be financially reviewed. This will include a benefits check and an offer of a Disability related Expenditure (DRE) assessment/ re-assessment so that all of their allowable disability related expenditure is taken into account, including where relevant, night-time care costs that are not met by the council. In cases where a client chooses not to undergo a DRE assessment, the council will make every effort to take into account the person's disability related costs within their financial assessment. In doing so, the council may use relevant information such as the person's care needs assessment, care plan and/or review to inform the amount of money, if any, the council will include as DRE within the financial assessment. The council will continue to disregard the mobility component of disability related benefits in line with legislation. If an individual does not intend to continue using a service as a result of the changes then they will be offered a strengths-based assessment. The council will disregard disability related benefits for people who are terminally ill and have been issued with form DS 1500. In exceptional circumstances, the council will consider options to defer, suspend or remove charges where the charges might create financial hardship. A review and appeals procedure is in place in cases where people disagree with their financial assessment. Potentially affected customers will have the opportunity to consider the proposals as part of a formal consultation in 2019.
- Charges: Southampton City Council will undertake financial assessments as swiftly as possible to avoid any undue delay. In cases of lengthy financial assessments, charges will not apply to a period any longer than 8 weeks prior to the notification date of the completed financial assessment. The council will ensure people are offered a light-touch financial assessment to minimise delay and offer appropriate support to engage in the assessment. In exceptional circumstances, the council will consider options to defer, suspend or remove charges where the charges might create financial hardship.
- Deferred Payment Scheme Loans: The recommendation to apply administration charge of £305 is not being taken forward following consideration of the consultation representation. In exceptional circumstances, the council will consider options to defer, suspend or remove charges.
- LBHU: All 25 clients affected by the proposal were supported by independent advocacy as well as Deputies for Property and Financial Affairs for those who had them to engage in the consultation process as much as they were able. Assessments were carried out for each individual to understand the impact of the proposal. These assessments have shown that by virtue of their significant and complex health care needs, these individuals would not in any case be affected by this proposal and, on the basis of their current circumstances, they would not be assessed as requiring to make any contribution towards the cost of their care. These individuals will continue to receive regular individual assessments to ensure that the arrangements for funding their care and support are made in accordance with the Adult Social Care charging policy, arrangements for Continuing Healthcare and other relevant policies.

118. For all groups, these changes help to ensure that the council can continue to help as many people with care and support needs as possible within the limited

resources available. To this extent there should be a positive impact overall, as resources will be distributed more equitably.

119. **SHIL2: Future of two council owned residential care homes.** Southampton City Council runs two residential homes, Holcroft House and Glen Lee. Holcroft House is a 34 bedded unit and Glen Lee is a 33 bedded unit. Both are Care Quality Commission (CQC) registered residential units providing short and long term care for adults living with a dementia. Both homes are rated as “good” by CQC. In Glen Lee, the accommodation is provided over two floors accessed by a passenger lift. In Holcroft House, accommodation is provided on one floor.
120. There are currently 36 residential homes that are CQC registered to provide dementia care in or near the boundary of the city. There is an over provision of residential homes in the area, with 70 vacancies available to the council for residential care placements across these homes as of October 2018 (including the two homes run by the council).
121. Although demand for Adult Social Care is increasing, the demand for residential care has decreased as more people are supported to live independently in their own homes. National research has found that older people would prefer to continue living at home for as long as possible. Research also tells us that the demand for residential care is likely to continue to decrease as alternatives such as housing with care become the preferred option. The local care market is better placed to provide care and support where residential care is needed, leaving the council to focus on the development of housing with care and community-based services. The proposal is therefore to close one or both council owned residential care units: Glen Lee and Holcroft House.
122. The impact of any decision to close the one or both care homes will be a direct impact on those currently using these facilities. Current residents will have their needs reviewed and will be supported to move to alternative provision which could be a new care home.
123. We have identified the following impacts:
 - All residents have a cognitive impairment and a significant number also have a physical impairment.
 - The proposal may have either a positive or negative impact depending on the individual and the extent to which they prefer current models of service.
 - Those with physical disabilities may experience a larger impact due to some of the alternative options not having the equipment to be able to support appropriately and being able to accommodate in private sector, however, this will be no different to our internal homes.
 - Due to the fact that all impacted individuals have dementia, those individuals affected may need additional support to transition and settle in a new residential setting.
124. We have identified the following mitigations:
 - An initial review of needs has been undertaken for all residents, taking the following factors into consideration:
 - People who lack mental capacity
 - Very frail vulnerable people, with complex medical needs
 - People who need specialist equipment
 - People who have special dietary needs,

- People who have sensory loss/deficit e.g. blind, deaf
 - People who have been resident for long periods and developed close friendship with staff/off residents
125. Further and more detailed reviews will be undertaken prior to any changes to an individual's accommodation taking place. Through this process information on alternatives will be made available. A gradual approach will be taken to support those who will be most affected. Individual transition plans will be produced and updated. This plan will include analysing the impact and where necessary other professionals and agencies will be called upon to support the individual to minimise any impact.
126. Advocacy services are in place to help support the individual's and their families throughout the proposed process. Any proposed move will be considered carefully taking into account the persons best interest's and their and their families' wishes and feelings. Any move will need to meet the individuals assessed eligible needs for care and support are met.
127. A project team will be set up, subject to decision, to deliver the decision. There is adequate residential and non-residential provision in or near the boundary of the city to accommodate current residents and any needs associated with their age.
128. Any move will ensure that the individual's assessed eligible needs for care and support are met, including ensuring they have appropriate equipment. Residents and their carers will be supported to identify the most appropriate residential option which meets their needs.
129. **SSEG1: Introduce charges for Blue Badge holders in council owned off-street car parks.** The proposal is to withdraw free parking in off-street car parks for Blue Badge holders, meaning that Blue Badge holders who choose to park in off-street car parks will be subject to a charge and the same terms and conditions as other users.
130. The Disabled Person's Parking Badge Scheme, also known as the Blue Badge Scheme, provides a national arrangement of parking concessions for people with severe mobility difficulties, who travel either as drivers or passengers. A Blue Badge is designed to help disabled people park close to their destination, either as a passenger or driver. There are 7,781 Blue Badge holders in the city and over 50% of those are people with walking difficulties.
131. The introduction of charges for Blue Badge holders apply to all council owned surface car parks and to the West Park Road Multi-story Car Park (MSCP). All other MSCPs in the city already have barrier systems in place, meaning that those with Blue Badges pay for parking in these car parks.
132. Blue Badge holders will still have designated spaces within off-street car parks, however they will be expected to pay parking charges in common with all users of that car park and be subject to any time restrictions in place in that car park. Blue Badge holders will continue have the option to make use of on-street parking for free, and these changes will apply to off-street car parks only.
133. We have identified the following impacts:

- All Blue Badge holders are people who have a disability or health condition that affects their mobility.
- The proposal to introduce charges in off-street car parks will have a financial impact on this group if an individual chooses to park in an off-street car park.
- Blue Badge holders will be subject to the terms and conditions of the car park, which may include time restrictions, including a two hour parking limit in car parks including the Civic Centre Forecourt and Albion Place (Castle Way). People with a disability that affects their mobility may be more affected by time limitations than those who do not have a disability.

134. We have identified the following mitigations:

- Charges only apply to off-street car parks. There is a statutory requirement to provide free on street car parking which is provided in proximity to essential services. Signing in car parks and communications will draw attention to this change.
- The council have undertaken an assessment which demonstrates that there is sufficient alternative on street parking and/or dedicated on street disabled bays that is either within the immediate vicinity of the car park or would likely facilitate parking for essential services closer than the off-street provision affected.

Marriage and Civil Partnership

135. **SHIL2: Future of two council owned residential care homes.** Southampton City Council runs two residential homes, Holcroft House and Glen Lee. Holcroft House is a 34 bedded unit and Glen Lee is a 33 bedded unit. Both are Care Quality Commission (CQC) registered residential units providing short and long term care for adults living with a dementia. Both homes are rated as “good” by CQC. In Glen Lee, the accommodation is provided over two floors accessed by a passenger lift. In Holcroft House, accommodation is provided on one floor.

136. There are currently 36 residential homes that are CQC registered to provide dementia care in or near the boundary of the city. There is an over provision of residential homes in the area, with 70 vacancies available to the council for residential care placements across these homes as of October 2018 (including the two homes run by the council).

137. Although demand for Adult Social Care is increasing, the demand for residential care has decreased as more people are supported to live independently in their own homes. National research has found that older people would prefer to continue living at home for as long as possible. Research also tells us that the demand for residential care is likely to continue to decrease as alternatives such as housing with care become the preferred option. The local care market is better placed to provide care and support where residential care is needed, leaving the council to focus on the development of housing with care and community-based services. The proposal is therefore to close one or both council owned residential care units: Glen Lee and Holcroft House.

138. The impact of any decision to close one or both of the care homes will be a direct impact on those currently using these facilities. Current residents will have their needs reviewed and will be supported to move to alternative provision which could be a new care home.

139. We have identified the following impacts:
- Some residents within the care homes are married or in partnerships. There currently are no couples living together as residents in the homes.
 - The impacts of the proposals could mean that for some couples, travel arrangements will need to change to their respective visit their respective partner in any new setting.
140. We have identified the following mitigations:
- For future placements, provision across city includes a range of options for accommodating couples.
 - For existing residents, visiting and travel arrangements of their partner will be taken into account when considering alternative care settings.

Pregnancy and Maternity

141. **CYP2: Review the council run play offer and seek community and voluntary sector partners to take over the direct running of this service.** The council's Children and Families Service provides a range of services and support to help children and young people get a good start in life. One of those services is the 'play offer' which runs out of the council's Sure Start Children's Centres and allows children and families to access play sessions in a safe and contained space. These provide support for children and their parents/carers, helps develop community cohesion, provides parent and child socialisation and assists in school readiness.
142. The council currently sets up, runs and facilitates play sessions in 7 centres across the city and these are staffed by council employees (approximately 20 staff). Number of children who are supported through the play offer varies. There are multiple play type sessions including some drop in sessions where the attendance can vary week to week. However, in October 2018, the average play session attendance was 15, and the current offer extends to an estimated 140 children.
143. The council recognises the importance of these play sessions to children and their parents/carers. However, it is also important that council resources are targeted where they are needed most, and that we work with other public sector, private sector, voluntary and community organisations to deliver the best value and most joined up services.
144. The proposal is therefore to explore opportunities for some play services to be run or co-run by local community volunteers and/or parent volunteers rather than council staff. The council and its partners will continue to coordinate and support the running of these groups, though will seek to hand over some facilitation to capable and trained members of the community. Council staff will continue to run some targeted sessions if there are areas where it is not viable to deliver a community led play offer; in that case, these will be targeted to those areas with the greatest need. The council will also support work to develop the availability of play opportunities across the city.
145. We have identified the following impact:
- It is possible that some services may reduce in some areas, which could have an impact on the socialisation of children and their parents/carers, and have a greater impact on those with more than one younger child.

146. We have identified the following mitigation:
- The council will continue to target resources to areas of greatest need, if community led delivery is not possible in these areas. It will still be possible to access professional support via other routes.
147. **CYP6 Reduce Early Intervention Fund which supports early years and childcare providers to expand or set up new provision.** The Early Intervention Fund supports early years and childcare providers to expand or to set up new provision. In 2018/19, £116,000 was allocated to the Fund. The proposal is to reduce the funding allocated to the Early Intervention Fund to £15,000 per annum in 2019/20 and beyond. Providers will be encouraged to seek funding from other sources. The impact of the reduction in the funding may be that some early years and childcare providers will find it more challenging to expand or set up new provision. This may in turn impact the number of places available across the city.
148. We have identified the following impacts:
- Southampton has a birth rate of 53.2 births per 1,000 females aged 15 to 44 years. This is lower than the England average of 62.5 per 1,000 females.
 - The number of children aged 0-4 in Southampton is due to fall by 0.2% (30 children) by 2027.
 - However, demand for early education and childcare places has increased in recent years. A reduction in funding available from the council could have an impact on the number of places available in the city if providers are unable to attract funding from other sources to support expansion.
149. We have identified the following mitigation:
- Southampton has always had a mixed model of early year's provision. With most national grants only being available to schools, the council will work with schools to encourage more of them to deliver early education. The council has a statutory duty under the Childcare Act 2006 and subsequent revisions to ensure there are sufficient early education places, so if insufficient places are available in future, the council will take appropriate action to address that.

Race

150. **SHIL2: Future of two council owned residential care homes.** Southampton City Council runs two residential homes, Holcroft House and Glen Lee. Holcroft House is a 34 bedded unit and Glen Lee is a 33 bedded unit. Both are Care Quality Commission (CQC) registered residential units providing short and long term care for adults living with a dementia. Both homes are rated as "good" by CQC. In Glen Lee, the accommodation is provided over two floors accessed by a passenger lift. In Holcroft House, accommodation is provided on one floor.
151. There are currently 36 residential homes that are CQC registered to provide dementia care in or near the boundary of the city. There is an over provision of residential homes in the area, with 70 vacancies available to the council for residential care placements across these homes as of October 2018 (including the two homes run by the council).

152. Although demand for Adult Social Care is increasing, the demand for residential care has decreased as more people are supported to live independently in their own homes. National research has found that older people would prefer to continue living at home for as long as possible. Research also tells us that the demand for residential care is likely to continue to decrease as alternatives such as housing with care become the preferred option. The local care market is better placed to provide care and support where residential care is needed, leaving the council to focus on the development of housing with care and community-based services. The proposal is therefore to close one or both council owned residential care units: Glen Lee and Holcroft House.
153. The impact of any decision to close one or both care homes will be a direct impact on those currently using these facilities. Current residents will have their needs reviewed and will be supported to move to alternative provision which could be a new care home.
154. We have identified the following impact:
- The impact of this proposal is predominantly linked to the health, disability and age needs of the individuals affected. Race is a consideration but not a factor deemed to influence the impact of the proposal.
155. We have identified the following mitigations:
- All residents will have an assessment prior to any service change which will include any cultural considerations linked to race, when looking at appropriate placements within communities.
 - Residents and carers will be able to choose, to some extent, from a range of alternative provision and arrange services that are culturally appropriate.

Religion & Belief

156. **SHIL2: Future of two council owned residential care homes.** Southampton City Council runs two residential homes, Holcroft House and Glen Lee. Holcroft House is a 34 bedded unit and Glen Lee is a 33 bedded unit. Both are Care Quality Commission (CQC) registered residential units providing short and long term care for adults living with a dementia. Both homes are rated as “good” by CQC. In Glen Lee, the accommodation is provided over two floors accessed by a passenger lift. In Holcroft House, accommodation is provided on one floor.
157. There are currently 36 residential homes that are CQC registered to provide dementia care in or near the boundary of the city. There is an over provision of residential homes in the area, with 70 vacancies available to the council for residential care placements across these homes as of October 2018 (including the two homes run by the council).
158. Although demand for Adult Social Care is increasing, the demand for residential care has decreased as more people are supported to live independently in their own homes. National research has found that older people would prefer to continue living at home for as long as possible. Research also tells us that the demand for residential care is likely to continue to decrease as alternatives such as housing with care become the preferred option. The local care market is better placed to provide care and support where residential care is needed, leaving the council to focus on the development of housing with care and community-based

services. The proposal is therefore to close one or both council owned residential care units: Glen Lee and Holcroft House.

159. The impact of any decision to close one or both care homes will be a direct impact on those currently using these facilities. Current residents will have their needs reviewed and will be supported to move to alternative provision which could be a new care home.
160. We have identified the following impact:
- The impact of this proposal is predominantly linked to the health, disability and age needs of the individuals affected. Religion or belief is a consideration but not a factor deemed to influence the impact of the proposal.
161. We have identified the following mitigations:
- All residents will have an assessment prior to any service change which will address matters of religion and belief and ensure that future provision is in line with their requirements.
 - Residents and carers will be able to choose, to some extent, from a range of alternative provision and arrange services that are appropriate to their individual need including religion and belief.

Sex

162. **SHIL1: Revise the Adult Social Care Charging Policy.** Under the Care Act 2014, the council has discretion whether to charge for services to meet both eligible and non-eligible needs, except where it is required to arrange care and support free of charge. The council has, to date, exercised its discretion to not charge at all for some services and for other services has not charged the full amount to cover the actual service being delivered. The Care Act 2014 and associated relevant regulations set out the services that a local authority can and cannot charge for. The proposed policy aims to deliver a fairer and more equitable service, whilst ensuring that the services can remain sustainable in order to meet the needs of local people, now and in the future.
163. The council proposes to make the following changes to its Adult Social Care Charging Policy, which will affect approximately 700 people currently using services as well as future clients.
- To introduce a new Arrangement Fee of £250 for people whose assets are over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who request Southampton City Council to make the arrangements for their non-residential care (as is permitted under the Care Act 2014).
 - To take account of the higher rate Attendance Allowance and disability benefits (Personal Independence Payment and the care component of Disability Living Allowance) when assessing for financial contributions for non-residential care. This is in line with other local authorities. The difference between the higher and lower rate payments is currently £28.30 per week. This would now be taken into account when calculating an individual's income.
 - To make it clear that Southampton City Council will begin charging the assessed contribution from the first day that chargeable services are provided.

- To increase charges for deferred payment scheme loans to reflect the actual costs of administering the scheme, and introduce an interest charge in line with the Care Act 2014.
 - To apply the charging policy for clients receiving social care support who were previously supported by the Locally Based Hospital Unit (LBHU) prior to its closure in 2011.
164. We have identified the following impacts:
- There is a higher proportion of female clients who are currently receiving social care support from Southampton City Council.
 - Women are more likely to be carers, and more women could feel compelled to provide unpaid care if deterred from seeking help from the council due to charges.
165. We have identified the following mitigations:
- The council will comply with its duties under the Care Act 2014 which confirms that any charge should be reasonable and affordable, and sex is not a contributing factor to the assessment of charges.
 - Carers will be signposted to support where appropriate.
 - The council will use its discretion to waive all or part of any charge if it is likely to cause undue hardship on a case by case basis.
166. **SHIL2: Future of two council owned residential care homes.** Southampton City Council runs two residential homes, Holcroft House and Glen Lee. Holcroft House is a 34 bedded unit and Glen Lee is a 33 bedded unit. Both are Care Quality Commission (CQC) registered residential units providing short and long term care for adults living with a dementia. Both homes are rated as “good” by CQC. In Glen Lee, the accommodation is provided over two floors accessed by a passenger lift. In Holcroft House, accommodation is provided on one floor.
167. There are currently 36 residential homes that are CQC registered to provide dementia care in or near the boundary of the city. There is an over provision of residential homes in the area, with 70 vacancies available to the council for residential care placements across these homes as of October 2018 (including the two homes run by the council).
168. Although demand for Adult Social Care is increasing, the demand for residential care has decreased as more people are supported to live independently in their own homes. National research has found that older people would prefer to continue living at home for as long as possible. Research also tells us that the demand for residential care is likely to continue to decrease as alternatives such as housing with care become the preferred option. The local care market is better placed to provide care and support where residential care is needed, leaving the council to focus on the development of housing with care and community-based services. The proposal is therefore to close one or both council owned residential care units: Glen Lee and Holcroft House.
169. The impact of any decision to close one or both care homes will be a direct impact on those currently using these facilities. Current residents will have their needs reviewed and will be supported to move to alternative provision which could be a new care home.
170. We have identified the following impact:

- There is likely to be a greater adverse effect on women as a significant majority of residents are currently female.
- There will be a potential impact on staff as more females are employed at both homes.

171. We have identified the following mitigations:

- All residents will have an assessment prior to any service change which will also address matters relating to sex.
- Residents and carers will be able to choose, to some extent, from a range of alternative provision and arrange services that are tailored to their needs including single gender services.
- A full statutory consultation will be undertaken in relation to all staff, subject to the decision outcome.
- The consultation process will include one to one meetings to discuss and address any particular needs or concerns.

Community Safety

172. **SSEG1: Introduce charges for Blue Badge holders in council owned off-street car parks.** The proposal is to withdraw free parking in off-street car parks for Blue Badge holders, meaning that Blue Badge holders who choose to park in off-street car parks will be subject to a charge and the same terms and conditions as other users.

173. The Disabled Person's Parking Badge Scheme, also known as the Blue Badge Scheme, provides a national arrangement of parking concessions for people with severe mobility difficulties, who travel either as drivers or passengers. A Blue Badge is designed to help disabled people park close to their destination, either as a passenger or driver. There are 7,781 Blue Badge holders in the city and over 50% of those are people with walking difficulties.

174. The introduction of charges for Blue Badge holders apply to all council owned surface car parks and to the West Park Road Multi-story Car Park (MSCP). All other MSCPs in the city already have barrier systems in place, meaning that those with Blue Badges pay for parking in these car parks.

175. Blue Badge holders will still have designated spaces within off-street car parks, however they will be expected to pay parking charges in common with all users of that car park and be subject to any time restrictions in place in that car park. Blue Badge holders will continue have the option to make use of on-street parking for free, and these changes will apply to off-street car parks only.

176. We have identified the following impact:

- Blue Badge holders using on street parking, such as double yellow lines, as a result of off street parking no longer being free, could increase the risk of an accident occurring for either themselves when exiting their vehicle or other motorists/ pedestrians passing by.

177. We have identified the following mitigation:

- The council will encourage the use of on street parking in designated on street disabled bays where possible and it is recommended that drivers take reasonable precautions when exiting the vehicle as would be normal when

parking in an on-street location. The Blue Badge Handbook recommends that drivers only park on double yellow lines where it is safe to do so.

Poverty

178. **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.** In 2017, a Locality Based 0-19 Early Help and Prevention service was introduced that included a mix of universal services (meaning they are open to everyone who wants to use them), and more targeted, intensive support for children and young people with additional needs, or whose home life makes them vulnerable to poor outcomes. This element supports approximately 950 children.
179. Services include Sure Start children's centres, health visiting, school nursing, Families Matter and the Family Nurse Partnership. There are also links to other services such as maternity services, pre-schools, schools, colleges, GPs, children's social care, services for children with special educational needs and/or disabilities (SEND), child and adolescent mental health services (CAMHS), and local community and voluntary sector organisations who support these communities.
180. The service has been successful in offering advice and support to children and families, and we want to extend it to include more targeted support that can address issues such as complex parenting, challenging behaviours, supporting disabilities, welfare advice, mental health advice, domestic abuse and exploitation. The proposal is therefore to extend the model by bringing in more specialist and targeted health and social care, such as Educational Welfare, Inclusion and Targeted teams, Youth Offending and others which can provide early help and outreach preventative services.
181. These specialist and targeted services are currently available, but have to be accessed separately. By delivering more services locally for families, we aim to make them part of a community resource that is practical and easy to access. We also want to increase our partnership working with local community and voluntary services.
182. This will enable us to engage families at an early stage when they are facing challenges or need advice. It will also help to enhance the Families Matter service which focuses on strengthening and turning around families who are experiencing issues. Providing the right help early can stop problems getting worse or avoid issues altogether. Evidence shows that this can deliver better outcomes for children and families as well as saving money in the longer term as it avoids the need for more intensive, long term support. Therefore, it should ultimately reduce the number of children coming into statutory services with escalated needs, requiring the intervention of the council.
183. We have identified the following impact:
 - The majority of looked after children in Southampton originally come from the 20% most deprived communities – 6.3 x higher than the 20% least deprived.
184. We have identified the following mitigation:

- The council will continue to target resources to areas of greatest need.
185. The proposed service will have a number of positive impacts on children and families in Southampton:
- There will be a clearer offer for children and families and more services will be based locally.
 - There will be less reliance on assessment or strict criteria of access and greater focus on targeted need and intervention.
 - Children and families will be able to access support and help with any challenges or issues more quickly.
 - Services will be more joined up and focused on the key issues that are challenging family stability and resilience.
 - There will be closer working relationships across the professional networks.
 - There will be greater opportunities to develop links with community and voluntary sector organisations.
186. **CYP2: Review the council run play offer and seek community and voluntary sector partners to take over the direct running of this service.** The council's Children and Families Service provides a range of services and support to help children and young people get a good start in life. One of those services is the 'play offer' which runs out of the council's Sure Start Children's Centres and allows children and families to access play sessions in a safe and contained space. These provide support for children and their parents/carers, helps develop community cohesion, provides parent and child socialisation and assists in school readiness.
187. The council currently sets up, runs and facilitates play sessions in 7 centres across the city and these are staffed by council employees (approximately 20 staff). Number of children who are supported through the play offer varies. There are multiple play type sessions including some drop in sessions where the attendance can vary week to week. However, in October 2018, the average play session attendance was 15, and the current offer extends to an estimated 140 children.
188. The council recognises the importance of these play sessions to children and their parents/carers. However, it is also important that council resources are targeted where they are needed most, and that we work with other public sector, private sector, voluntary and community organisations to deliver the best value and most joined up services.
189. The proposal is therefore to explore opportunities for some play services to be run or co-run by local community volunteers and/or parent volunteers rather than council staff. The council and its partners will continue to coordinate and support the running of these groups, though will seek to hand over some facilitation to capable and trained members of the community. Council staff will continue to run some targeted sessions if there are areas where it is not viable to deliver a community led play offer; in that case, these will be targeted to those areas with the greatest need. The council will also support work to develop the availability of play opportunities across the city.
190. We have identified the following impacts:
- The majority of looked after children in Southampton originally come from the 20% most deprived communities – 6.3 x higher than the 20% least deprived.

191. We have identified the following mitigation:
- The council will continue to target resources to areas of greatest need, if community led delivery is not possible in these areas. It will still be possible to access professional support via other routes.
192. **CYP6 Reduce Early Intervention Fund which supports early years and childcare providers to expand or set up new provision.** The Early Intervention Fund supports early years and childcare providers to expand or to set up new provision. In 2018/19, £116,000 was allocated to the Fund. The proposal is to reduce the funding allocated to the Early Intervention Fund to £15,000 per annum in 2019/20 and beyond. Providers will be encouraged to seek funding from other sources. The impact of the reduction in the funding may be that some early years and childcare providers will find it more challenging to expand or set up new provision. This may in turn impact the number of places available across the city.
193. We have identified the following impacts:
- 23.4% of children in Southampton live in poverty. Local data shows that only 37% of children living in the 10% most deprived areas of the city who do not attend early years provision reach the expected level in the Early Years Foundation Stage at age 5, compared with 59% who have attended for over 540 hours.
 - Reducing the early intervention grant may result in fewer new places being made available to under 2s, as it is more costly to staff places for younger children.
194. We have identified the following mitigation:
- The council will signpost providers who are considering expanding to national grants, and work with schools to encourage more schools to deliver early intervention. The council has a statutory duty under the Childcare Act 2006 and subsequent revisions to ensure there are sufficient early education places, so if insufficient places are available in future, the council will take appropriate action to address that.
195. **SHIL 1: Revise the Adult Social Care Charging Policy.** Under the Care Act 2014, the council has discretion whether to charge for services to meet both eligible and non-eligible needs, except where it is required to arrange care and support free of charge. The council has, to date, exercised its discretion to not charge at all for some services and for other services has not charged the full amount to cover the actual service being delivered. The Care Act 2014 and associated relevant regulations set out the services that a local authority can and cannot charge for. The proposed policy aims to deliver a fairer and more equitable service, whilst ensuring that the services can remain sustainable in order to meet the needs of local people, now and in the future.
196. The council proposes to make the following changes to its Adult Social Care Charging Policy, which will affect approximately 700 people currently using services as well as future clients.
- To introduce a new Arrangement Fee of £250 for people whose assets are over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who request Southampton City Council to make the

arrangements for their non-residential care (as is permitted under the Care Act 2014).

- To take account of the higher rate Attendance Allowance and disability benefits (Personal Independence Payment and the care component of Disability Living Allowance) when assessing for financial contributions for non-residential care. This is in line with other local authorities. The difference between the higher and lower rate payments is currently £28.30 per week. This would now be taken into account when calculating an individual's income.
- To make it clear that Southampton City Council will begin charging the assessed contribution from the first day that chargeable services are provided.
- To increase charges for deferred payment scheme loans to reflect the actual costs of administering the scheme, and introduce an interest charge in line with the Care Act 2014.
- To apply the charging policy for clients receiving social care support who were previously supported by the Locally Based Hospital Unit (LBHU) prior to its closure in 2011.

197. We have identified the following impact:

- There could potentially be an impact as increasing charges and making new changes have an adverse financial effect on some clients.

198. We have identified the following mitigations:

- Everyone directly affected by this proposal will be financially reviewed. This will include a benefits check and an offer of a Disability related Expenditure (DRE) assessment/ re-assessment so that all of their allowable disability related expenditure is taken into account, including where relevant, night-time care costs that are not met by the council.
- The council will use its discretion to waive all or part of any charge if it is likely to cause undue hardship on a case by case basis.

199. **SHIL2: Future of two council owned residential care homes.** Southampton City Council runs two residential homes, Holcroft House and Glen Lee. Holcroft House is a 34 bedded unit and Glen Lee is a 33 bedded unit. Both are Care Quality Commission (CQC) registered residential units providing short and long term care for adults living with a dementia. Both homes are rated as "good" by CQC. In Glen Lee, the accommodation is provided over two floors accessed by a passenger lift. In Holcroft House, accommodation is provided on one floor.

200. There are currently 36 residential homes that are CQC registered to provide dementia care in or near the boundary of the city. There is an over provision of residential homes in the area, with 70 vacancies available to the council for residential care placements across these homes as of October 2018 (including the two homes run by the council).

201. Although demand for Adult Social Care is increasing, the demand for residential care has decreased as more people are supported to live independently in their own homes. National research has found that older people would prefer to continue living at home for as long as possible. Research also tells us that the demand for residential care is likely to continue to decrease as alternatives such as housing with care become the preferred option. The local care market is better placed to provide care and support where residential care is needed, leaving the council to focus on the development of housing with care and community-based

services. The proposal is therefore to close one or both council owned residential care units: Glen Lee and Holcroft House.

202. The impact of any decision to close one or both care homes will be a direct impact on those currently using these facilities. Current residents will have their needs reviewed and will be supported to move to alternative provision which could be a new care home.
203. We have identified the following impact:
- Some alternative provision may cost more than the existing provision.
204. We have identified the following mitigation:
- There is a varied market provision across Southampton and near to the city, including a range of alternative residential settings available at comparable costs.
 - Placements will be based on assessed level of need rather than affordability, although this will be taken into account.
205. **SHIL4: Review service charges to tenants in council owned properties, increasing the existing charges and introducing four new ones.** As a landlord, the council provides a range of services to tenants and leaseholders. Rents generally include all charges relating to the occupation of a property while service charges relate to additional services which may not be provided to every tenant, or to communal facilities. These include block cleaning, concierge, heating, grounds and garden maintenance and other services. The council has legal powers to charge for these services so long as the charges are clear and transparent and represent the actual cost of the service.
206. The council's current charges are lower than the actual costs and in some cases the council has not previously made a charge, but has been providing a service to tenants. The council needs to have a viable and sustainable Housing Revenue Account (HRA) that enables the council to deliver effective services, invest in its properties so homes are of a modern standard, and to provide new social housing to rent. If the council does not recover its actual costs for these services it has a detrimental effect on the HRA overall. The proposal is to increase the costs to tenants living in the council's walk-up blocks and tower blocks across the city.
207. We have identified the following impacts:
- Council tenants are more likely to be on lower incomes and eligible for qualifying benefits than other groups.
 - Approximately 10,000 tenants are currently in receipt of Housing Benefit/Universal Credit.
 - Those on lower incomes are more likely to experience a proportionally higher impacts of a service charge increase than others.
208. We have identified the following mitigations:
- Tenants will be given information as to how to gain advice from local agencies such as the council's Homeless Prevention Team, Citizen Advice, Money Advice Service, StepChange, Money Matters, Age UK, and local relevant charitable/voluntary sector organisations.
 - Some service charges may be covered by Housing Benefit/Universal Credit.

- The council intends to set up a discretionary relief fund if these proposals are approved to help those in most need to pay for all or part of the additional charges.
209. **SSEG1: Introduce charges for Blue Badge holders in council owned off-street car parks.** The proposal is to withdraw free parking in off-street car parks for Blue Badge holders, meaning that Blue Badge holders who choose to park in off-street car parks will be subject to a charge and the same terms and conditions as other users.
210. The Disabled Person's Parking Badge Scheme, also known as the Blue Badge Scheme, provides a national arrangement of parking concessions for people with severe mobility difficulties, who travel either as drivers or passengers. A Blue Badge is designed to help disabled people park close to their destination, either as a passenger or driver. There are 7,781 Blue Badge holders in the city and over 50% of those are people with walking difficulties.
211. The introduction of charges for Blue Badge holders apply to all council owned surface car parks and to the West Park Road Multi-story Car Park (MSCP). All other MSCPs in the city already have barrier systems in place, meaning that those with Blue Badges pay for parking in these car parks.
212. Blue Badge holders will still have designated spaces within off-street car parks, however they will be expected to pay parking charges in common with all users of that car park and be subject to any time restrictions in place in that car park. Blue Badge holders will continue have the option to make use of on-street parking for free, and these changes will apply to off-street car parks only.
213. We have identified the following impact:
- Blue Badge holders using on street parking, such as double yellow lines, as a result of off street parking no longer being free, may experience difficulties when exiting their vehicle and/or cause problems for other motorists/ pedestrians passing by.
214. We have identified the following mitigations:
- Free on-street car parking is available for anyone who is a Blue Badge holder.
 - The council have undertaken an assessment which demonstrates that there is sufficient alternative on street parking and/or dedicated on street disabled bays that is either within the immediate vicinity of the car park or closer to essential services.
215. **SSEG2: Increase Itchen Bridge fees for non-residents.** The proposal is to increase the Itchen Bridge Toll charges by 20p to vehicles in classes 2 and 3 and above crossing the bridge, who are not eligible for a concession. This will impact on non-residents, whether using a smart card or paying in cash, who are driving cars, small vans, small 4x4 and large vans, which include large transit and 4x4 vans.
216. The increase in the toll would not apply to residents that receive a concessionary toll through use of a Smart Card. Residents who do not currently have a Smartcities card would need to apply for one in order to avoid paying the increased charges. Those that currently qualify for free use of the bridge would

continue to do so, which includes motorcycles, electric vehicles and blue badge holders who receive Smartcities eligible mobility related benefit payments.

217. We have identified the following impact:

- This proposal may have a negative impact on some users who are non-residents or non-smart card users, who are low income earners and need to travel to Southampton to work.

218. We have identified the following mitigation:

- The price increase is to meet the running costs of the bridge, including maintenance and management. This charge would not apply to residents that receive a concessionary toll and this discount would be protected.

Health and Wellbeing:

219. **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.** In 2017, a Locality Based 0-19 Early Help and Prevention service was introduced that included a mix of universal services (meaning they are open to everyone who wants to use them), and more targeted, intensive support for children and young people with additional needs, or whose home life makes them vulnerable to poor outcomes. This element supports approximately 950 children.

220. Services include Sure Start children's centres, health visiting, school nursing, Families Matter and the Family Nurse Partnership. There are also links to other services such as maternity services, pre-schools, schools, colleges, GPs, children's social care, services for children with special educational needs and/or disabilities (SEND), child and adolescent mental health services (CAMHS), and local community and voluntary sector organisations who support these communities.

221. The service has been successful in offering advice and support to children and families, and we want to extend it to include more targeted support that can address issues such as complex parenting, challenging behaviours, supporting disabilities, welfare advice, mental health advice, domestic abuse and exploitation. The proposal is therefore to extend the model by bringing in more specialist and targeted health and social care, such as Educational Welfare, Inclusion and Targeted teams, Youth Offending and others which can provide early help and outreach preventative services.

222. These specialist and targeted services are currently available, but have to be accessed separately. By delivering more services locally for families, we aim to make them part of a community resource that is practical and easy to access. We also want to increase our partnership working with local community and voluntary services.

223. This will enable us to engage families at an early stage when they are facing challenges or need advice. It will also help to enhance the Families Matter service which focuses on strengthening and turning around families who are experiencing issues. Providing the right help early can stop problems getting worse or avoid issues altogether. Evidence shows that this can deliver better outcomes for

children and families as well as saving money in the longer term as it avoids the need for more intensive, long term support. Therefore, it should ultimately reduce the number of children coming into statutory services with escalated needs, requiring the intervention of the council.

224. We have identified the following impact:

- If services reduce in some areas, this could have an impact on the socialisation of children and their parents/carers, and their health and wellbeing.

225. We have identified the following mitigation:

- All families will receive the universal offer. Specialist services will also be accessible to those who need them, although in some cases children and families may have to travel out of their local area to access them. Where need is identified families will not be excluded on the grounds of their location, and transport options will be considered to enable those individuals to access services.

226. The proposed service will have a number of positive impacts on children and families in Southampton:

- There will be a clearer offer for children and families and more services will be based locally.
- There will be less reliance on assessment or strict criteria of access and greater focus on targeted need and intervention.
- Children and families will be able to access support and help with any challenges or issues more quickly.
- Services will be more joined up and focused on the key issues that are challenging family stability and resilience.
- There will be closer working relationships across the professional networks.
- There will be greater opportunities to develop links with community and voluntary sector organisations.

227. **CYP2: Review the council run play offer and seek community and voluntary sector partners to take over the direct running of this service.** The council's Children and Families Service provides a range of services and support to help children and young people get a good start in life. One of those services is the 'play offer' which runs out of the council's Sure Start Children's Centres and allows children and families to access play sessions in a safe and contained space. These provide support for children and their parents/carers, helps develop community cohesion, provides parent and child socialisation and assists in school readiness.

228. The council currently sets up, runs and facilitates play sessions in 7 centres across the city and these are staffed by council employees (approximately 20 staff). Number of children who are supported through the play offer varies. There are multiple play type sessions including some drop in sessions where the attendance can vary week to week. However, in October 2018, the average play session attendance was 15, and the current offer extends to an estimated 140 children.

229. The council recognises the importance of these play sessions to children and their parents/carers. However, it is also important that council resources are targeted where they are needed most, and that we work with other public sector, private

sector, voluntary and community organisations to deliver the best value and most joined up services.

230. The proposal is therefore to explore opportunities for some play services to be run or co-run by local community volunteers and/or parent volunteers rather than council staff. The council and its partners will continue to coordinate and support the running of these groups, though will seek to hand over some facilitation to capable and trained members of the community. Council staff will continue to run some targeted sessions if there are areas where it is not viable to deliver a community led play offer; in that case, these will be targeted to those areas with the greatest need. The council will also support work to develop the availability of play opportunities across the city.
231. We have identified the following impact:
- If services reduce in some areas, this could have an impact on the socialisation of children and their parents/carers, and their health and wellbeing.
232. We have identified the following mitigation:
- The council will continue to target resources to areas of greatest need, if community led delivery is not possible in these areas. It will still be possible to access professional support via other routes.
233. The delivery of a play offer through communities will strengthen and build partnerships between the council and communities. Exploring innovative community led delivery models will enable the council to maintain services in parts of the city which potentially could otherwise see a significant reduction or ceasing of the play offer.
234. **CYP6 Reduce Early Intervention Fund which supports early years and childcare providers to expand or set up new provision.** The Early Intervention Fund supports early years and childcare providers to expand or to set up new provision. In 2018/19, £116,000 was allocated to the Fund. The proposal is to reduce the funding allocated to the Early Intervention Fund to £15,000 per annum in 2019/20 and beyond. Providers will be encouraged to seek funding from other sources. The impact of the reduction in the funding may be that some early years and childcare providers will find it more challenging to expand or set up new provision. This may in turn impact the number of places available across the city.
235. We have identified the following impact:
- If sufficient childcare places are not available, this may have an impact on the health and wellbeing of children and their parents.
236. We have identified the following mitigation:
- The council will signpost providers who are considering expanding to national grants, and work with schools to encourage more schools to deliver early intervention. The council has a statutory duty under the Childcare Act 2006 and subsequent revisions to ensure there are sufficient early education places, so if insufficient places are available in future, the council will take appropriate action to address that.
237. **SHIL1: Revise the Adult Social Care Charging Policy.** Under the Care Act 2014, the council has discretion whether to charge for services to meet both

eligible and non-eligible needs, except where it is required to arrange care and support free of charge. The council has, to date, exercised its discretion to not charge at all for some services and for other services has not charged the full amount to cover the actual service being delivered. The Care Act 2014 and associated relevant regulations set out the services that a local authority can and cannot charge for. The proposed policy aims to deliver a fairer and more equitable service, whilst ensuring that the services can remain sustainable in order to meet the needs of local people, now and in the future.

238. The council proposes to make the following changes to its Adult Social Care Charging Policy, which will affect approximately 700 people currently using services as well as future clients.
- To introduce a new Arrangement Fee of £250 for people whose assets are over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who request Southampton City Council to make the arrangements for their non-residential care (as is permitted under the Care Act 2014).
 - To take account of the higher rate Attendance Allowance and disability benefits (Personal Independence Payment and the care component of Disability Living Allowance) when assessing for financial contributions for non-residential care. This is in line with other local authorities. The difference between the higher and lower rate payments is currently £28.30 per week. This would now be taken into account when calculating an individual's income.
 - To make it clear that Southampton City Council will begin charging the assessed contribution from the first day that chargeable services are provided.
 - To increase charges for deferred payment scheme loans to reflect the actual costs of administering the scheme, and introduce an interest charge in line with the Care Act 2014.
 - To apply the charging policy for clients receiving social care support who were previously supported by the Locally Based Hospital Unit (LBHU) prior to its closure in 2011.
239. We have identified the following impact:
- In cases where a client is deterred from seeking support from the council due to charges, their health and wellbeing could be detrimentally impacted.
240. We identified the following mitigations:
- Customers and their families will be provided with advice and information including details of local advice agencies which will provide financial advice where relevant.
 - The council will use its discretion to waive all or part of any charge if it is likely to cause undue hardship on a case by case basis.
241. **SHIL2: Future of two council owned residential care homes.** Southampton City Council runs two residential homes, Holcroft House and Glen Lee. Holcroft House is a 34 bedded unit and Glen Lee is a 33 bedded unit. Both are Care Quality Commission (CQC) registered residential units providing short and long term care for adults living with a dementia. Both homes are rated as "good" by CQC. In Glen Lee, the accommodation is provided over two floors accessed by a passenger lift. In Holcroft House, accommodation is provided on one floor.
242. There are currently 36 residential homes that are CQC registered to provide dementia care in or near the boundary of the city. There is an over provision of

residential homes in the area, with 70 vacancies available to the council for residential care placements across these homes as of October 2018 (including the two homes run by the council).

243. Although demand for Adult Social Care is increasing, the demand for residential care has decreased as more people are supported to live independently in their own homes. National research has found that older people would prefer to continue living at home for as long as possible. Research also tells us that the demand for residential care is likely to continue to decrease as alternatives such as housing with care become the preferred option. The local care market is better placed to provide care and support where residential care is needed, leaving the council to focus on the development of housing with care and community-based services. The proposal is therefore to close one or both council owned residential care units: Glen Lee and Holcroft House.
244. The impact of any decision to close one or both care homes will be a direct impact on those currently using these facilities. Current residents will have their needs reviewed and will be supported to move to alternative provision which could be a new care home.
245. We have identified the following impacts:
- Residents' concerns and levels of anxiety could impact their emotional and physical wellbeing particularly just before a move or immediately afterwards.
 - Relatives of residents may also have concerns relating to finding suitable alternate care and support which could impact their health and wellbeing.
246. We have identified the following mitigations:
- Registered managers are monitoring the health and wellbeing of current residents on a daily basis, and any significant changes are being escalated.
 - Residents will be fully assessed prior to any change in service.
 - Throughout this process information on alternatives will be made available.
247. In the longer term there is evidence that supporting people living with a dementia to live independently in their own homes drawing where appropriate on the support of others in their community leads to the best outcomes for those people. Re-providing residential care and support in homes run by charities and the private sector is more cost effective, supporting a more sustainable social care system locally, ensuring that the needs of people in Southampton can continue to be met in full.
248. **SHIL3: Reclassify some council properties currently only available to those aged 60 and over, making them available to people over 50.** There is a significant demand for affordable social rented homes in Southampton and there are currently 8,000 people on the Housing Register. However, there are a number of properties that are currently 'hard to let'. These are typically properties which are restricted to residents aged 60+, which are on the first floor or above in walk up blocks (without lifts). We are proposing to reclassify some properties which are currently restricted to residents aged 60+ to make them available to those aged 50+ or 55+. The blocks currently identified as potentially suitable for reclassification include: Malin Close, Rockall Close, Lundy Close, Curzon Court, Sarina Court, Manston Court, Maybush Court, Vellan Court, Penrith Court, Mansel

Court, Jessamine Road, Edward Road, Avington Court, Basset Green Court, Bowman Court, Meon Court and Dewsbury Court.

249. We have identified the following impact:

- Some tenants aged 60+ may have concerns about the reclassification of neighbouring properties, as it would mean that the block has a wider mix of tenants including those who are 50+ rather than 60+, as well as potentially younger partners and families.

250. We have identified the following mitigations:

- Tenants will continue to have access to wellbeing and prevention staff and Local Housing Management staff.
- We will undertake detailed consultation with affected tenants on a block by block basis as proposals are developed, and before any decisions are taken about each block.
- As part of that consultation tenants will receive clear information including signage about the rights and responsibilities of tenants.
- As part of that process we would also review and consider what measures we might need to take to address equality impacts or other impacts for individuals and properties.

251. The potential impact of this proposal is positive and could result in, improved void turnaround times, increase in rental income and improved rehousing for those aged 50-60 who are on the housing register.

252. The proposal is to review and potentially classify accommodation in phases, block by block. We would undertake detailed consultation with affected tenants as proposals are developed, and before any decisions are taken about each block. As part of that process we would also review and consider what measures we might need to take to address equality impacts for individuals and properties.

253. **SHIL4: Review service charges to tenants in council owned properties, increasing the existing charges and introducing four new ones.** As a landlord, the council provides a range of services to tenants and leaseholders. Rents generally include all charges relating to the occupation of a property while service charges relate to additional services which may not be provided to every tenant, or to communal facilities. These include block cleaning, concierge, heating, grounds and garden maintenance and other services. The council has legal powers to charge for these services so long as the charges are clear and transparent and represent the actual cost of the service.

254. The council's current charges are lower than the actual costs and in some cases the council has not previously made a charge, but has been providing a service to tenants. The council needs to have a viable and sustainable Housing Revenue Account (HRA) that enables the council to deliver effective services, invest in its properties so homes are of a modern standard, and to provide new social housing to rent. If the council does not recover its actual costs for these services it has a detrimental effect on the HRA overall. The proposal is to increase the costs to tenants living in the council's walk-up blocks and tower blocks across the city,

255. We have identified the following impact:

- Tenants may experience increased financial strain due to increased living costs, which may have negative impacts on health and wellbeing.

256. We have identified the following mitigations:

- Tenants will be given information as to how to gain advice from local agencies such as the council's Homeless Prevention Team, Citizen Advice, Money Advice Service, StepChange, Money Matters, Age UK, and local relevant charitable/voluntary sector organisations.
- The council intends to set up a discretionary relief fund if these proposals are approved to help those in most need to pay for all or part of the additional charges.

Other Impacts:

257. **SHIL2: Future of two council owned residential care homes.** Southampton City Council runs two residential homes, Holcroft House and Glen Lee. Holcroft House is a 34 bedded unit and Glen Lee is a 33 bedded unit. Both are Care Quality Commission (CQC) registered residential units providing short and long term care for adults living with a dementia. Both homes are rated as "good" by CQC. In Glen Lee, the accommodation is provided over two floors accessed by a passenger lift. In Holcroft House, accommodation is provided on one floor.

258. There are currently 36 residential homes that are CQC registered to provide dementia care in or near the boundary of the city. There is an over provision of residential homes in the area, with 70 vacancies available to the council for residential care placements across these homes as of October 2018 (including the two homes run by the council).

259. Although demand for Adult Social Care is increasing, the demand for residential care has decreased as more people are supported to live independently in their own homes. National research has found that older people would prefer to continue living at home for as long as possible. Research also tells us that the demand for residential care is likely to continue to decrease as alternatives such as housing with care become the preferred option. The local care market is better placed to provide care and support where residential care is needed, leaving the council to focus on the development of housing with care and community-based services. The proposal is therefore to close one or both council owned residential care units: Glen Lee and Holcroft House.

260. The impact of any decision to close one or both care homes will be a direct impact on those currently using these facilities. Current residents will have their needs reviewed and will be supported to move to alternative provision which could be a new care home.

261. We have identified the following impacts:

- The proposals will have a significant impact on staff who are employed at Glen Lee and Holcroft House.

262. We have identified the following mitigations:

- A full statutory consultation will be undertaken in relation to all staff, subject to the decision outcome.
- The consultation process will include one to one meetings to discuss and address any particular needs or concerns.
- Full assessment of Protected Characteristics in relation to staff will be undertaken during this consultation.

- The outcome of the staff consultation will inform a further Cabinet decision regarding how the proposals are taken forward to meet the budget requirement. In the event that further budget decisions are required, these will be taken forward in due course.

Other Protected Characteristics

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

- Gender reassignment
- Sexual orientation.