

Equality and Safety Impact Assessment



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

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

Name or Brief Description of Proposal	New Adult Social Care Strategy																
Brief Service Profile (including number of customers)																	
<p>The provision of Adult Social Care (ASC) is regulated by the Care Act 2014, which includes statutory guidelines covering the Council’s duties.</p> <p>Southampton City Council (SCC, or the Council) has new ASC strategy which sets out it’s aims for the development of the service in the next 5 years.</p> <p>SCC ASC has approximately 3000 people who draw on its services. Of these:</p> <ul style="list-style-type: none"> • Approximately 1800 are in non-residential care (care outside a care home) • Approximately 700 are receiving long-term (permanent) residential care (in a care home) • Approximately 50 are receiving occasional short-term/respite residential care <p>People who use our ASC services all have a “primary support reason” indicating the main reason they need care and support. This breaks down as follows:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">• Learning Disability Support</td> <td style="text-align: right;">21%</td> </tr> <tr> <td style="padding-left: 20px;">• Mental Health Support</td> <td style="text-align: right;">13%</td> </tr> <tr> <td style="padding-left: 20px;">• Physical Support - Access and Mobility only</td> <td style="text-align: right;">5%</td> </tr> <tr> <td style="padding-left: 20px;">• Physical Support - Personal Care support</td> <td style="text-align: right;">49%</td> </tr> <tr> <td style="padding-left: 20px;">• Sensory Support - Support for Hearing Impairment</td> <td style="text-align: right;"><1%</td> </tr> <tr> <td style="padding-left: 20px;">• Sensory Support - Support for Visual Impairment</td> <td style="text-align: right;"><1%</td> </tr> <tr> <td style="padding-left: 20px;">• Social Support - Substance Misuse support</td> <td style="text-align: right;">1%</td> </tr> <tr> <td style="padding-left: 20px;">• Support with Memory and Cognition</td> <td style="text-align: right;">8%</td> </tr> </table>		• Learning Disability Support	21%	• Mental Health Support	13%	• Physical Support - Access and Mobility only	5%	• Physical Support - Personal Care support	49%	• Sensory Support - Support for Hearing Impairment	<1%	• Sensory Support - Support for Visual Impairment	<1%	• Social Support - Substance Misuse support	1%	• Support with Memory and Cognition	8%
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- Other 1%

The key aims set out in the strategy are:

1. A **high-quality service that is easy for people to navigate**, developing our pathways and processes will lead to people’s experience of social care being accessible and supportive, rather than confusing and difficult. Making safeguarding personal will support people to be safe and well.
2. An **excellent early intervention offer**, supporting people to live good lives, preventing or delaying the need for specialist services. Enabling people to make informed choices around their wellbeing.
3. A **confident and competent workforce**, ensuring that people receive the right support, in the right place, at the right time. We want well supported and healthy workforce who enjoy the work they do and use their skills and knowledge to support people well.
4. A **fair, sustainable and flexible service** for the residents in Southampton, ensuring resources are shared with equality and equity, enabling people to maintain control and exercise choice.

Summary of Impact and Issues

1. Service redesign

This will strengthen the ASC with a greater mix of skills available earlier in the persons journey through our service and improving the value of first conversations. There will be less handoffs to reduce the number of times it is necessary to pass work between staff members.

2. Implement the new Quality Assurance and Practice Framework

This will ensure that the work we do is of high quality and delivers good outcomes for the people we’re working with.

3. Continual review of supplier contracts and quality of placements

This will ensure quality and best value. It will also reduce the number of out of area placements.

4. Increased use of technology

This will give people more choice and protect their and their carers independence

5. Implementation of the Carers Strategy

This will increase our focus on meeting the needs of our carers who are a valued support to those who draw on our services.

6. Co-production Strategy

This will improve the development of our service by incorporating the views of people with lived or learned experience.

7. Increasing and improving self-serve information

This will enable people to access the information and tools they need to remain independent and improve their support networks

8. Improving partnership working

This will help build community resilience and the experience of people use our services.

9. Workforce Strategy

This will improve staff experience, development of skills, recruitment and retention.

Potential Positive Impacts

The overarching purpose of the strategy is to improve the health and wellbeing of all persons making contact with and drawing on ASC services. It has been written with a layout and format to support accessibility. The strategy aims to:

1. Reduce the need for people to repeat their 'story' and strengthen relationships between practitioners and families.
2. Promote people's independence.
3. Assure that our statutory duties are met to a high standard.
4. Ensure people get the right level of service at the right time.
5. Meet people's needs earlier in the process.
6. Reduce of waiting times.
7. Raise standards to improve outcomes from CQC assurance.

Approved by Senior Manager	Kate Concannon
Date	6 th September 2024

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	<p>In the Southampton population, the age range of adults is:</p> <p style="text-align: center;">82% aged 18-64 18% aged 65 and over</p> <p>However, for adult social care:</p> <p style="text-align: center;">44% aged 18-64 56% aged 65 and over</p> <p>The following age-related impacts have been considered, in relation to the proposed changes:</p> <p>Older people may not as easily access online information and tools.</p> <p>Older people may find it harder to access co-production groups</p>	<p>Retain ability to contact ASC by phone.</p> <p>Retain home visits by Staff.</p>
Disability	None of the changes proposed should have any impact on a person with a disability.	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Gender Reassignment	None of the changes proposed should have any impact on a person with a reassigned gender.	
Marriage and Civil Partnership	None of the changes proposed should have any impact on a person because of their marriage or civil partnership status.	
Pregnancy and Maternity	None of the changes proposed should have any impact on a person because of their pregnancy/maternity status.	
Race	<p>In the Southampton population, the ethnicity profile is:</p> <ul style="list-style-type: none"> • 11% Asian/Asian British • 3% Black / Black British • 3% Mixed • 81% White/White British • 2% Other <p>The profile for adult social care user is:</p> <ul style="list-style-type: none"> • 4% Asian/British Asian • 2% Black / Black British • 2% Mixed • 89% White/White British • 3% Other/unknown <p>This suggests that some ethnicities are under-represented in Adult Social Care. The new Adult Social Care Strategy is seeking to address this by ensuring that we make our services accessible to all residents.</p> <p>None of the changes proposed should have any impact on a person because of their ethnicity.</p>	<p>Seek to ensure that coproduction groups are representative of Southampton's ethnicity profile.</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Religion or Belief	<p>The breakdown of religion shows that of our 2,654 service users:</p> <ul style="list-style-type: none"> • 39% are Christian • 1% are Muslim • 1% are Sikh • 1% are Hindu • 3% state another religion • <1% are atheist • <1% are agnostic • 12% state “no religion” • 3.5% refused or could not say • 39% are unknown <p>None of the changes proposed should have any impact on a person because of their religion.</p>	
Sex	<p>In the Southampton population, 49% are female and 51% male.</p> <p>Of our adult social care service users, 54% are female and 46% are male.</p> <p>None of the proposed changes should impact people of any gender more than the other.</p>	
Sexual Orientation	<p>None of the changes proposed should have any impact on a person because of their sexual orientation.</p>	
Community Safety	<p>n/a</p>	
Poverty	<p>The relative poverty of our service users has been assessed using the ONS Combined Index of Multiple Deprivation (IMD) 2019.</p> <p>The index indicates the level of deprivation in the local area someone lives in, based on multiple factors including income.</p> <p>This is the deprivation profile for Southampton residents overall –</p>	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>figures show the percentage of people living in the most deprived areas, then the slightly less deprived areas etc:</p> <ul style="list-style-type: none"> • Top 20% most deprived: 28% • Next 20%: 35% • Next 20%: 19% • Next 20%: 14% • 20% least deprived: 4% <p>The profile for adult social care users is similar overall, except for people in residential care. This group has much lower numbers in the most deprived areas and more people in the least deprived areas.</p> <p>Another ONS measure, the Income Deprivation Affecting Older People Index (IDAOPI) was also checked. The results for the Southampton population were:</p> <ul style="list-style-type: none"> • Top 20% most deprived: 26% • Next 20%: 30% • Next 20%: 20% • Next 20%: 18% • 20% least deprived: 6% <p>Again, the pattern for ASC service users was similar, with the same exception for people in care homes.</p> <p>This difference between the IMD and IDAOPI profiles suggests that older people are overall slightly less deprived than the population as a whole.</p> <p>The strategy seeks to improve support for those who self-fund their care equally to those whose care is funded. None of the changes proposed should have any impact on a person because of their socio-economic status</p>	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Health & Wellbeing	<p>Ensuring residents' health and wellbeing is at the core of adult social care practice.</p> <p>None of the proposed changes should impact adversely on anyone's health and wellbeing.</p>	
Care-Experienced	<p>None of the proposed changes will adversely impact people with care experience.</p>	
Other Significant Impacts	<p>No other significant impacts have been identified at this time.</p>	