



SOUTHAMPTON CITY COUNCIL

Budget Proposals 2017/2021

**Equality and Safety
Cumulative Impact Assessment**

February 2017

Equality and Safety Cumulative Impact Assessment

Introduction

1. Southampton City Council, in line with its statutory responsibilities, undertakes Equality and Safety Impact Assessments (ESIAs). ESIAs provide a systematic way of assessing the impact of policies, strategies, programmes, projects, services or functions on different equality groups - and on poverty and community safety. During the Council's budget cycle, ESIAs are completed for all proposals identified as requiring them to inform decision making.
2. This document provides an overarching summary of the Equality and Safety Impact Assessments for the 2017/2021 budget proposals. It focuses on service based proposals identified as having a direct impact on customers and/or residents. There are a range of budget proposals in addition to these, which focus on delivering internal efficiencies and do not have any 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 14) and on poverty and community safety. 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 them more efficiently and to reduce the potential of disproportionate impacts on equalities groups, poverty and community safety.
4. The budget proposals were subject to public consultation from the 16th November 2016 until the 8th February 2017. Feedback received up until the 24 January 2017 was presented to Cabinet to help inform their final budget proposals. Any feedback received between the 25th January 2017 and the 8th February 2017 will be represented verbally Cabinet. Feedback will be incorporated into the relevant individual Equality and Safety Impact Assessments and is reflected in this Cumulative Impact Assessment.

Context

5. Since 2011/12 the Council has faced year on year reductions in grant funding government from Government to support the General Revenue Fund Account. This source of funding is expected to come to an end in 2019/20. At this point, the Government is proposing that the Council will retain the business rates collected within the city; however, additional responsibilities will also be allocated to local government at this time. This represents a radical change in the way local authorities are funded and will require the Council to focus on facilitating economic growth and developing our approach to financial management
6. The Council will need to invest its reducing resources in activities that have the greatest impact on the delivery of its priority outcomes. These were agreed as part of the Council Strategy in September 2016, and informed by residents feedback; they are:
 - Southampton is a city with strong and sustainable economic growth
 - Children and young people in Southampton get a good start in life
 - People in Southampton live safe, healthy, independent lives and
 - Southampton is a modern, attractive city where people are proud to live and work.

7. Financial plans have been drawn up on the basis of these outcomes, and are supported by an internal plan to enable the Council to become a modern and sustainable organisation. Over the last 5 years, the Council has delivered savings of £92.4M but to be sustainable in the future the Council will need to continue to stop, change, reduce and in some cases, develop new services. The Council will also have to continue to change significantly in response to ongoing changes in the city's profile, trends in customer behaviour driven by technology, national and local policies and rising demand in adults and children's social care.
8. Other external changes are likely to have a major impact on how we change and transform in the future, including proposals for Devolution, further integration with Health, changes in the role of councils in relation to Education, and the impact of Brexit on the national and local economy.
9. The ongoing welfare reforms programme will also continue to impact on local people. In general, they 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 parent households, larger families, households with a disabled person and women are some of the most affected.

Legal Framework – Equalities

10. The Equality Duty, section 149 of the Equality Act, came into effect on 5th April 2011 and places a duty on all public bodies and others carrying out public functions. 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 councils, not to discriminate against any person on the basis of a protected characteristic such as disability. The legislation strengthened existing provisions about discrimination to also include associative and perceptible discrimination as well as direct and indirect discrimination.
11. Direct discrimination occurs when a rule, policy or practice offers less favourable treatment to a group. Direct discrimination will always be unlawful.
12. Indirect discrimination occurs by introducing a rule, policy or practice that applies to everyone but particularly disadvantages people who have a protected characteristic. 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. In considering whether or not any indirect discrimination is justified, the Council must consider whether or not there is any other way to meet its objective that is not discriminatory or is less likely to disadvantage those with protected characteristics.
13. 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.

14. The Equality Duty does not impose a legal requirement to conduct an Equality 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 Equality Duty. For this reason the Council requires adherence to the existing impact assessment framework.

Legal Framework - Community Safety

15. Community Safety is a broad term. It refers to the protection of local communities from the threat and consequence of criminal and anti-social behaviour by achieving reductions in relation to both crime and the fear of crime.

16. Section 17 of the Crime and Disorder Act 1998, as amended by the Police and Justice Act 2006, requires responsible authorities to consider crime and disorder, including antisocial behaviour and other behaviour adversely affecting the local environment; and the misuse of drugs, alcohol and other substances in the exercise of all their duties, activities and decision-making. This means consideration must be given to the likely impact on crime and disorder in the development of any policies, strategies and service delivery. This responsibility affects all employees of the Council.

17. This responsibility is summed up by guidance issued by the Home Office. This guidance describes the legal responsibility as: *'a general duty on each local authority to take account of the community safety dimension in all of its work. All policies, strategies, plans and budgets will need to be considered from the standpoint of their potential contribution to the reduction of crime and disorder'*.

Scope and our approach

18. This assessment identifies areas where there is a risk that changes resulting from individual budget proposals for 2017/2021 may have, when considered together, a negative impact on particular groups. 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.

19. The Council's approach on assessing the impact of its policies, proposals and decisions is designed to demonstrate that it has acted over and above its statutory duties. This is reflected in including poverty in the ESIA, as the Council is committed addressing the impact of poverty.

20. 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 the proposals were screened independently by a group of officers to assess whether an ESIA was required, in terms of whether or not they were likely to have a disproportionate impact on particular groups of residents, or have implications for community safety or increasing poverty.
- ESIA's were then produced for every proposal assessed as requiring one.

21. This assessment of the budget proposals has been undertaken to provide an overview of likely cumulative impacts on particular groups, along with community safety and poverty implications. This Cumulative Impact Assessment has also been informed by the feedback from residents and stakeholders as part of the public budget consultation.

City Profile

22. This Cumulative Impact Assessment must be considered in light of the city's profile, service users and non-users, staffing profiles as well as the proportion of the Council's budget that is currently spent on targeted groups or communities.

23. The most recent data available for the population of Southampton is from the Office of National Statistics mid-year estimate 2015. This puts the total figure at 247,569. However, the 2011 Census provides a more detailed population profile for the city. According to this, in 2011 the city's population profile comprised 236,900 residents and:

- There are 122,368 females and 127,168 males, a 49% to 51% split.
- 77.7% of residents are white British (compared to 88.7% in 2001).
- The 'Other white' population, which includes migrants from Europe, has increased by over 200% (from 5,519 to 17,461).
- The largest percentage increase is in our 'other Asian' population, which has increased from 833 to 5,281 people.
- 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.
- We have low rates of owner occupation and high rates of social housing and private renting. The proportion of households in privately rented accommodation has increased from 15.6% to 23.4%.

24. 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).

25. More detail about the city's population and analysis of needs can be found in the [Southampton Statistics](#) and in the [Equalities Profile](#) .

Budget Proposals 2017/2021

Table 1 gives a summary of the budget proposals and Equality and Safety Impacts Assessments published in November 2016. A full version of each ESIA is available on the Council's website. Southampton City Council undertook public consultation regarding these proposals and their impacts between November 2016 and February 2017.

Table1: Budget Proposals 2017/21 -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	Other
Children and Young People get a good start in life													
CYP 1	(i) Review and redesign of services including Early Help, Emergency Duty. (If services are reduced).	*	*			*	*	*	*		*	*	*
	(ii) Reduction in LAC placement costs through transfer from IFAs to in house provision and promoting Special Guardianship Orders.	No identified negative impacts											
CYP 7	Changes to Libraries service to enable extended opening times with less staffing; redesign the book courier service and developing a community in the Central library.	*	*								*		
Southampton is a modern, attractive city where people are proud to live and work													
AMC 1	Review of free parking period at district centre car parks.												*
AMC 2	Reduce number of Environmental Health services. (i) Registration							*				*	
	Reduce number of Environmental Health services. (ii) Port Health.	No identified negative impacts											
AMC 3	Joining together Parks, Open Spaces and some Housing teams to work more efficiently.	*	*								*	*	
AMC 4	Introduce Alternate Weekly Collections (AWC) of recycling and residual waste collection.	*	*			*					*	*	*
AMC 5	Increase income from waste charges.	*	*			*						*	

Code	Description of Proposal	Age	Disability	Gender Reassignment	Marriage & Civil Partnership	Pregnancy & Maternity	Race	Religion & Belief	Sex	Sexual Orientation	Community Safety	Poverty	Other
	(i) Increase Garden Waste charges by £5 (with early bird discount of £5 online).												
	(ii) Introduce a charge for wheeled bin replacement. Reduced costs associated with wheeled bin purchases.	*	*								*	*	
People in Southampton live, safe, healthy, independent lives													
SHIL 1	Manage demand by offering alternative to home care for new clients by providing care for new clients by providing advice and information, supporting self-management and signposting to partner services.	*	*									*	*
SHIL 2	Changing the way that adult social work teams operate. This is to ensure that the right processes are in place to assess people for the right care, in the right place, at the right time and making full use of community support, telecare and extra care housing to help people live independently.	*	*						*				
SHIL 4	(i) Removing a subsidy from people who can afford to pay for their own care following a means test.	*	*						*				
	(ii) A review of Mental Health Services.		*									*	
SHIL 8	(i) Cease appropriate adult scheme.	*	*				*						*
	(ii) Cease HIV/AIDS contract with Positive Lives.					*	*		*	*	*	*	*
SHIL 9	Increase employment, skills development, volunteering and other opportunities which promote and maintain independence as an alternative to day services.	*	*								*	*	
SHIL 10	Review substance misuse provision.	*	*	*	*	*	*	*	*	*	*	*	*
Public Health Grant	Emergency Contraception	*			*	*			*	*	*	*	*

Public Consultation: Process and Feedback

26. The budget proposals are subject to extensive public consultation. This commenced on 16 November 2016. Responses to the consultation questionnaire were made until 24 January 2017 and verbal responses will be accepted until the point of the final decision on 15 February 2017.
27. The 'Southampton City Council 2017-2021 Budget Consultation Report' is available on the Council's website. This gives an overview of the aims and approach, along with a full analysis of responses and results.
28. The agreed approach for the public consultation was to use a combination of paper and online questionnaires. This approach enables an appropriate amount of explanatory and supporting information to be included in a structured questionnaire, helping to ensure that residents are aware of the background and context to each of the proposals. It is therefore the most suitable methodology for consulting on a complex issue such as the whole draft Council budget.
29. In addition to the main questionnaire, a general response email and postal address was also advertised. This was to allow for respondents who, for whatever reason, would not wish to use the questionnaire. Representatives from the council also attended a range of face to face sessions with key stakeholder groups, feedback from these sessions was captured and included in the analysis of consultation results. The council also wrote to key partners across the city, to make them aware and seek their views.
30. In total, 1,498 people responded to the consultation on the budget 2017/2021, either through a paper or online questionnaire, or a general letter/ email or comment.
31. Age: The groups with the lowest representation were under 16, 16-24, 25-34 and 85+ year olds, all having less than 20 respondents. The most over-represented groups were the 35-44, 45-54, 55-64 and 65-74 year olds, which represent 40% of the Southampton population but in the consultation represented 78% of the overall respondents.
32. Gender: The gender breakdown of consultation respondents was 54.6% male, 44.8% female with 0.2% transgender and 0.4% not identifying as female, male or transgender. Overall this is representative of Southampton as it is similar to the mid-2015 population estimate for Southampton which reports 51% male and 49% female.
33. Ethnicity: The ethnicity breakdown of consultation respondents was:
 - 87% White
 - 2% Mixed/multiple ethnic groups
 - 2% Asian/Asian British
 - 1% other ethnic group
 - Less than 1% Black/African/Caribbean/Black British.
 - 9% of respondents preferred not to state their ethnic group.

This is broadly representative of the Southampton population as recorded in the 2011 census in which 86% of the population describe themselves as White, 2% Mixed/multiple ethnic groups, 2% Black/African/Caribbean/ Black British and 1% other ethnic group. However, as 8%

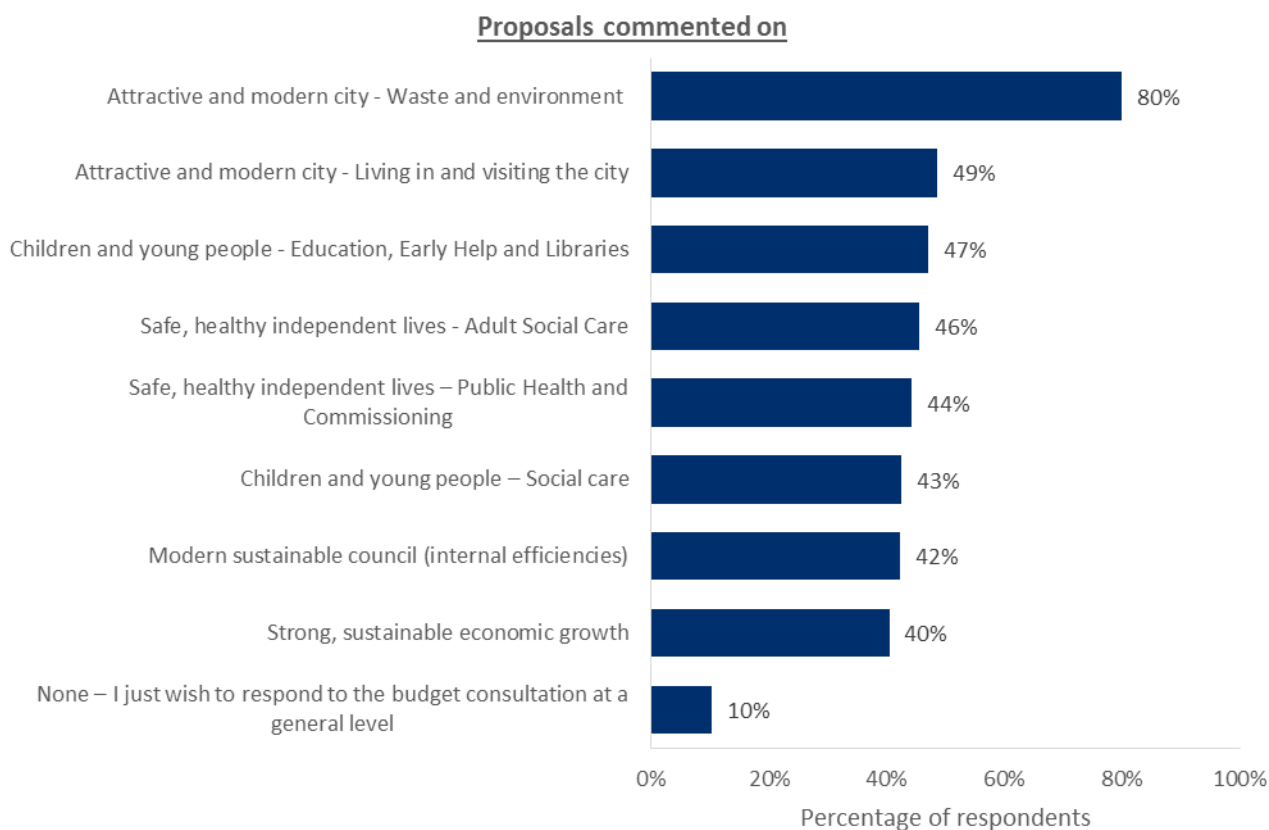
of the Southampton population describe themselves as Asian/Asian British compared to 2% of consultation respondents, this ethnic group were underrepresented in the consultation.

34. In total, 10% of questionnaire respondents considered themselves disabled, 84% did not consider themselves disabled and 7% of respondents preferred not to say.

35. Of the questionnaire respondents, 29% look after, help or support others.

36. The majority of respondents stated that they were not employed by Southampton City Council (91%), 9% are employed by Southampton City Council.

37. The breakdown of which areas questionnaire respondents chose to answer is shown below. The proposals on waste and environment were of particular interest with 80% of respondents completing this section.

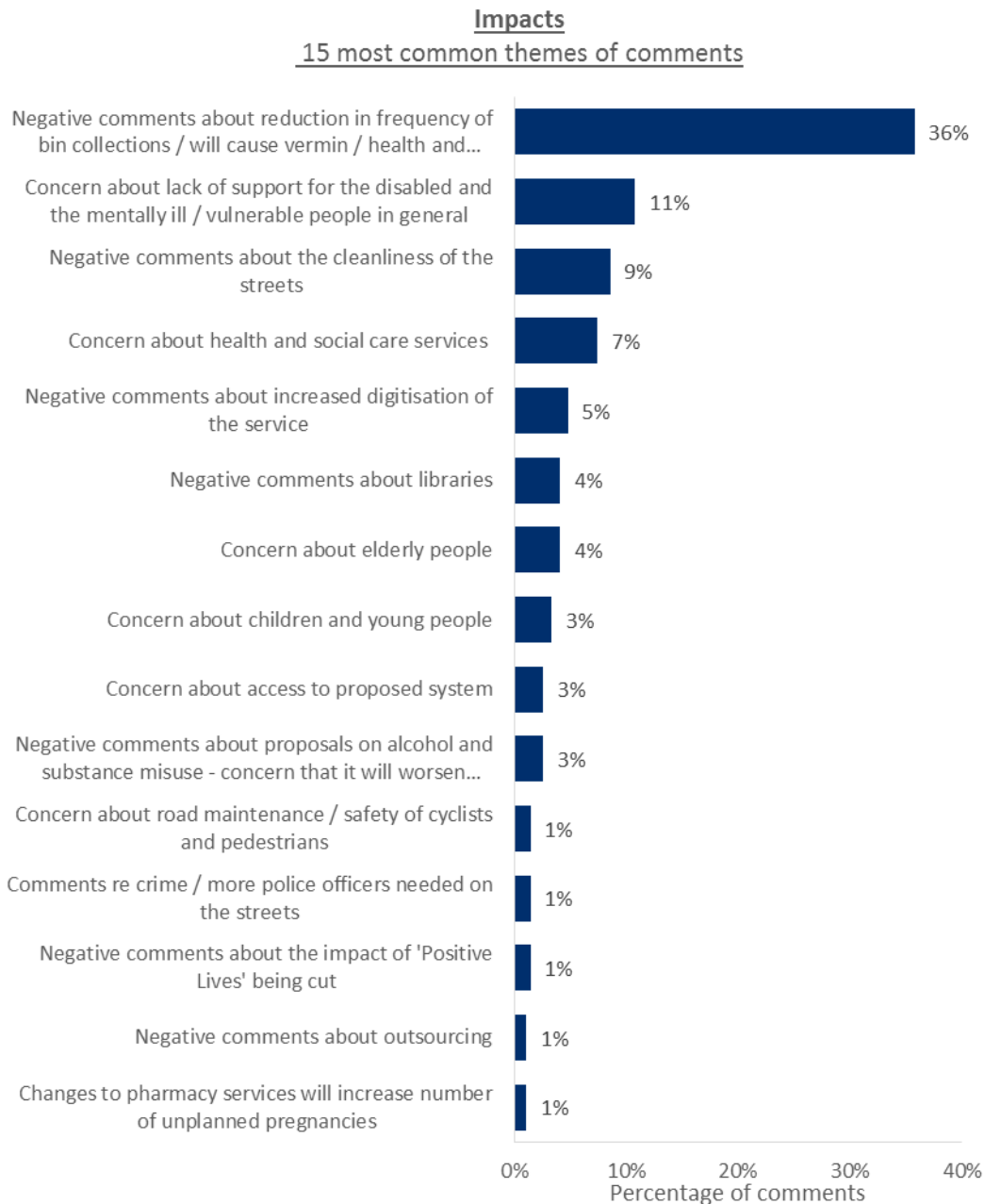


38. In addition to the questionnaire responses, there were 768 general feedback comments received as a part of the consultation. This also includes any letters or emails that were received during the written consultation period. The majority of the overall comments linked directly to the proposals to move to alternate weekly collections.

39. The most common themes for comments:

Theme	% of Comments
Negative comments about alternative weekly bin collections/need to improve waste services	44%
Improve recycling including food waste	10%
Negative comments about cuts to health services/concerns about contraception/mental health	9%
Positive comments about alternative weekly bin collections	7%
General negative comments about budget cuts	6%
Negative comments about maintenance/cleaning of parks common areas	5%

40. The consultation also include a question on impacts. In total 268, questionnaire respondents answered the question about impacts the proposals would have if implemented. The most common themes of comments on impacts are outline below:



41. In response to the consultation feedback Cabinet have revised the draft proposals. The main changes are:

- Reducing the proposed reduction to substance misuse budgets services;
- Withdrawing some Public Health proposals in 2017/18;
- Reducing the proposed reduction to Parks & Open Spaces services;
- Deferring the saving for delivering school improvement differently;
- Investment in support to the introduction of Alternative Weekly Collection;
- Investment in a dedicated team to support waste collection and street cleaning;
- Investment in cultural events in the city to pump prime match funding.

42. The revised budget proposals will potentially mitigate the impacts originally identified for the following proposals:

SHIL 8 (ii)	Cease HIV/AIDS contract with Positive Lives. (2017/18)
SHIL 10	Review substance misuse provision.
AMC 3	Joining together Parks, Open Spaces and some Housing teams to work more efficiently.
AMC 4	Introduce Alternate Weekly Collections (AWC) of recycling and residual waste collection.

Equality and Safety Cumulative Impact Assessment

Age – Older people

43. People in later life may be more likely to use some Council services and so may be more vulnerable than the general population to reductions or changes in those services. This vulnerability may be more acute for those living on low incomes. Some older people may experience the impact of several proposals. Some of the most significant are those relating to social care, and accessing services and information. Below is a summary of the main proposals that may impact on some older people.
44. **AMC 3 Joining together Parks, Open Spaces and some Housing teams to work more efficiently.** This proposal is to redesign the service to enable income generation but will result in a reduced service in parks outside the city centre and the Common.
This includes:
- joining together housing and grounds maintenance teams,
 - identifying overlaps and reducing post numbers in parks teams,
 - increasing income and reviewing the frequency of maintenance and alternative provision and funding,
 - utilising other funding sources wherever appropriate.
45. The elderly particularly benefit from the opportunity parks present for free, healthy and sociable recreation and exercise, and therefore may be disproportionately impacted by any significant reduction in maintenance standards of local parks and green spaces. The Council will work with users and 'Friends of' groups to ensure facilities offered by local parks and green spaces that are most valued by local users are identified and safeguarded, and that opportunities for local volunteers to actively engage in care of green spaces are identified and fully supported.
46. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
47. **AMC 4 Introduce Alternate Weekly Collections (AWC) of recycling and residual waste collections.** This proposal would mean residents in houses move from a weekly collection of household waste to a collection of household waste one week and the collection of recycling the next week. This would mean residents would have to store their household waste for two weeks rather than one week. This removes a significant financial pressure on the Council. It will also lead to increased recycling rates and reduced disposal costs.
48. Some older people may be impacted if there is not enough household waste bin capacity to meet their needs. To mitigate this impact, assisted collections would remain in place and any additional requests would be reviewed taking into account the additional weight of bins and their contents. If there are medical needs, extra household waste capacity would be provided if necessary after consultation with the resident. Residents are also able to dispose of excess waste at the Household Waste Recycling Centre.
49. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.

50. **AMC 5 (i) Increase income from waste charges.** The proposal is to increase Garden Waste charges by £5 (with early bird discount of £5 online). The chargeable service must be able to cover its costs and therefore it is proposed that the charge be increased.
51. Issues include the potential contamination of residual bins with garden waste and fly-tipping by those not wanting to pay for the service. It may be that residents on low incomes/benefits are not able to access this service. However, all residents are able to take their garden waste to the Household Waste Recycling Centre (HWRC) and dispose of their garden waste responsibly and at no cost.
52. If there are cases where residents have difficulty with the weight or the size of the garden waste collection container, assisted collections would be provided in the same way they are for other domestic waste types. Residents are also able to take their garden waste to the HWRC and dispose of it for free. There may also be a discount for residents receiving benefits.
53. **AMC 5 (ii) Increase income from waste charges. Introduce a charge for wheeled bin replacement of lost/damaged residual (green lidded) wheeled bins.** The Waste and Recycling Service must be able to cover its costs and this new charge will reduce costs associated with wheeled bins by introducing a charge for replacing any lost or damaged bins. There will be different prices for different sizes of bins to reflect the different cost to the Council. There will be some flexibility, on a case by case basis, to determine when a charge will be applied for a lost or damaged bin.
54. If some residents cannot afford the cost of the replacement service, the service will consider residents' personal situations on a case by case basis. There may be a discount for residents receiving benefits (policy to be developed and approved). Residents can ensure that bins are stored, maintained and numbered appropriately to reduce risk of loss or damage.
55. **SHIL 1 Manage demand by offering alternative to home care for new clients by providing care for new clients by providing advice and information, supporting self-management and signposting to partner services.** With good quality information, made available via a single point of contact, many people will be able to use their own resources to identify what support is available, how much it might cost and whether or not they need any further help to plan the means of meeting their or their relative or friend's needs.
56. This may affect older people who are vulnerable or isolated. Some older people may require support to access new teams in a different way than they have traditionally done. Some service users have older carers who have their own support needs or who may develop needs in the future. The needs of all service users will be addressed, taking into account age, complexity and access issues. However, they may be provided in a different way, for example by multi agency teams in clusters so that potential problems are identified at an earlier stage. Carers are entitled to assessments in their own right and would be able to access this where necessary.
57. **SHIL 2 Changing the way that adult social work teams operate. This is to ensure that the right processes are in place to assess people for the right care, in the right place, at the right time and making full use of community support, telecare and extra care housing to help people live independently.** Social workers and care managers will routinely ensure that people are supported to achieve independence and the best outcomes for them through the use of support available in their networks and communities. This may include telecare, direct payments, regular and timely assessments and reviews, and existing housing with care and

Shared Lives schemes. This approach will be underpinned by a comprehensive training and development programme for staff, a new structure and fresh approaches to managing performance and monitoring outcomes and spend.

58. Older people are more likely to be impacted by this proposal, as there are more older people who receive care and support to meet their social care needs. Each person who is affected by this proposal will receive a thorough, person-centred assessment or review of their social care needs, taking into account their preferences along with those of their family and carers, in line with the requirements in the Care Act 2014. A support plan will be agreed in accordance with the Council's Adult Social Care and Support Planning Policy. The council will continue to ensure that suitable arrangements are in place to meet all eligible unmet social care needs.
59. People who lack the mental capacity to make decisions about their care and support will be protected by legal safeguards. An appropriate person or independent advocate will help ensure the person's views are taken into account during the assessment or review. The Council will consult partners and stakeholders to identify any adverse impacts and this plan will be updated to incorporate any further mitigating actions agreed.
60. **SHIL 4 (i) Removing a subsidy from people who can afford to pay for their own care following a means test.** This proposal will affect people receiving home care services who are financially assessed as having over £23,250 in capital (money in bank accounts, building societies, Premium Bonds, shares and second properties), who are not currently charged a fee to cover the cost of the Council arranging their care.
61. There are a higher number of people aged over 65 who would be impacted by this proposal. Of the 122 people currently identified, 109 people are aged over 65 and 13 are aged between 18 and 64. Financial assessments will be carried out to confirm that individuals can afford to pay an arrangement fee. Clients have the option of making arrangements themselves with information about care agencies that we would provide. For those people who are unable to make a decision because they lack mental capacity, the Council could offer Appointeeship or Deputyship Services to help them manage their finances.
62. **SHIL 9 Increase employment, skills development, volunteering and other opportunities which promote and maintain independence as an alternative to day services.** This covers all day care including those provided by external providers and Council services at Sembal House and Woolston Community Centre. This proposal incorporates a review of how the Council funds transport to and from day services for people predominantly aged 18 to 65 years.
63. This proposal aims to address inequalities experienced by people, predominantly those with learning disabilities, but including a small group of individuals with mental health and physical disabilities, who use the day services, from getting and keeping paid employment. The full impact will not be clear until implemented and outcomes can be monitored.
64. People with learning disabilities experience a range of health problems earlier than the general population which needs to be factored into the design of alternative services. Some service users have older carers who have their own support needs or who may develop needs in the future. All service users will have an assessment prior to any consideration of service change. This will address individual needs including age, complexity and access issues. Carers are entitled to assessments in their own right and would be able to access this where necessary.

65. **SHIL 10 Review substance misuse provision.** The proposal is to reduce investment in drug and alcohol treatment services by working with providers to deliver these services differently in the short term and in the longer term to review services alongside other areas, including homelessness services, to develop a more integrated approach.
66. Work is being undertaken with providers to consider how these services could be delivered differently in future. Should this result in a reduction in service availability, this could have an impact upon the provision of harm reduction and recovery interventions to the citizens of Southampton. This could mean an increase in drug use and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.
67. There is potential for this to have a negative impact across all age groups. Changes to shared care could also impact disproportionately on middle age/mature drug users with long-term addiction who are a group at high risk of drug related death.
68. In order to mitigate against these impacts, service redesign work could specify that brief/early intervention should be prioritised. As part of the CAMHS (Child and Adolescent Mental Health Services) transformation plan, it is likely that counselling services may be improved. This may help to identify young people experiencing substance misuse problems and refer them accordingly. It may also be appropriate to consider higher reductions in adult services to protect young person's services (though this would increase impact in these services).
69. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.

Next steps:

70. A joint discussion will be held between the relevant Service Leads or their nominated representatives on the potential impact, and any further mitigating actions and consultation requirements.

Age – Adult

71. **SHIL 8 (ii) Non-renewal of commissioned outreach and support services for Southampton people living with HIV.** This service contributes towards improving the health, wellbeing and quality of life of people living with HIV in Southampton alongside the statutory sector provision for HIV treatment and care commissioned by NHS England. The service is provided by Positive Lives and provides emotional and practical support to individuals and families who are affected by HIV. The service helps individuals to remain in treatment and maintain their viral load under control.
72. The service also provides regular 'HIV Awareness' courses for organisations which are well attended. The aim is to reduce discrimination, which has been found in many settings including health, education and the workplace. Participants feedback is extremely positive and shows the courses are effective. The service supports approximately 120 service users at any one time.
73. The decommissioning of this service would mostly affect adults between the ages of 25-65. However they also work closely with young people with HIV to smooth the transition from child to adolescent health services, and with vulnerable older adults. The young people they work with would be particularly affected as they may not be able to obtain alternative support as the nearest is in London. Although some young people do currently go to London they are escorted by a volunteer from the current service provider. When support for young people was introduced as part of the service specification in 2013 all the young people said it changed their lives as they had never met any other young person who was HIV positive and had never had support of any kind except clinically. Young people (with HIV) who have received support have had better life outcomes than those that lived in Southampton prior to the service starting.
74. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
75. **Public Health Grant Controlling spend on Emergency Hormonal Contraception.** Emergency Hormonal Contraception (EHC) is a form of contraception that can be used by women to prevent an unwanted pregnancy after unprotected sexual intercourse, including when they have reason to believe that their regular form of contraception may have been compromised, or following an unwanted / unplanned sexual encounter, such as a sexual assault.
76. Southampton City Council commissions community pharmacies to provide access to EHC, plus information and advice, free of charge, to women in Southampton. Women can also access EHC free of charge from GPs or from the integrated sexual health service, or buy it over the counter from a pharmacy. In Southampton, women sought access to EHC through the Council funded pharmacy service on 4,200 occasions in 2015-16.
77. The Council is proposing a reduction in spend on EHC from 2017-18 of approximately £30,000 through targeting the Council commissioned element to more vulnerable groups. This is a service that benefits women of child bearing age (13-49), though in practice 3 out of 4 service users are aged 25 or less. Potential ways to mitigate the impact of this would be to look at ways to increase access to long acting reversible contraceptives (LARC) methods and improvements in education about sexual and reproductive health.

Next steps:

78. A joint discussion will be held between the relevant Service Leads or their nominated representatives on the potential impact, and any further mitigating actions and consultation requirements.

Age - Children and young people

79. **CYP 1(i) Review and redesign of services including Early Help, Emergency Duty.** The proposal is to review the way Prevention and Early Help for children, young people and their families is provided. The aim is to develop a more coordinated and integrated service. The services in scope include a mix of in house and externally commissioned services.
80. The Council will be looking to co-produce the finer detail of these proposals with staff, parents and young people via existing local advisory boards, youth champions and community and staff engagement. As these services focus on provision for children and families, including some of the most vulnerable, any reduction in provision or access may have a negative impact. This proposal will be subject to ongoing Equality and Safety Impact Assessment as it progresses.
81. **CYP 7 Changes to Libraries service to enable extended opening times with less staffing.** This proposal is for the introduction of Open Use Systems in suitable libraries, installing a pilot scheme at Woolston library and extending the scheme to appropriate library locations to enable the library to be open for pre-registered users without a staff presence. The library will be open for the basic functions of book browsing, borrowing and returns, computer use and leisure use. Other locations to be proposed are Bitterne Library and Shirley Library. This proposal would result in retained or possibly longer opening hours for local Council run libraries. However, for safety reasons those under the age of 18 would not be registered/permitted to use libraries during unstaffed hours, unless accompanied by a responsible adult.
82. This has the potential to result in a negative impact for younger people. In mitigation of this, people will be encouraged to use libraries during staffed hours. People under 16 years are proportionately more likely to use libraries during the staffed hours after school or at weekends. Many younger users also visit libraries with adults.
83. **AMC 3 Joining together Parks, Open Spaces and some Housing teams to work more efficiently.** This proposal is to redesign the service to enable income generation but will result in a reduced service in parks outside the city centre and the Common.
This includes:
- joining together housing and grounds maintenance teams,
 - identifying overlaps and reducing post numbers in parks teams,
 - increasing income and reviewing the frequency of maintenance and alternative provision and funding,
 - utilising other funding sources wherever appropriate.
84. Families with young children particularly benefit from the opportunity parks present for free, healthy and sociable recreation and exercise, and therefore may be disproportionately impacted by any significant reduction in maintenance standards of local parks and green

spaces. The Council will work with users and 'Friends of' groups to ensure facilities offered by local parks and green spaces that are most valued by local users are identified and safeguarded, and that opportunities for local volunteers to actively engage in care of green spaces are identified and fully supported.

85. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
86. **SHIL 8 (i) Cease funding contribution for appropriate adult scheme.** The service provides people to act as an Appropriate Adult (AA) for children and young people (in the absence of a parent, guardian or, if the juvenile is in the care of a local authority or voluntary organisation, a person representing that authority or organisation, or a Social Worker) and mentally vulnerable adults (in the absence of a relative, guardian or other person responsible for their care) held in custody at a police station.
87. The service also provides appropriate adults for children or vulnerable adults who are victims or witnesses required at the police station, and for Unaccompanied Asylum Seeking Children who require an age assessment to be undertaken by Children's Services.
88. This proposal may result in people of working age spending longer in police cells. Children and young people may have to wait longer in custody for an appropriate adult to arrive as currently there is one permanently situated in the custody suite in core hours to work with all ages and this would be withdrawn. The Council will work with Hampshire Constabulary (HC) to develop joint solutions.
89. **SHIL 10 Review substance misuse provision.** The proposal is to reduce investment in drug and alcohol treatment services by working with providers to deliver these services differently in the short term and in the longer term to review services alongside other areas, including homelessness services, to develop a more integrated approach.
90. Work is being undertaken with providers to consider how these services could be delivered differently in future. Should this result in a reduction in service availability, this could have an impact upon the provision of harm reduction and recovery interventions to the citizens of Southampton. This could mean an increase in drug use and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.
91. There is potential for this to have a negative impact across all age groups. It is usually more effective to provide intervention to people with substance misuse problems as early as possible and reducing service provision to young people could result in problems becoming more severe and entrenched. If outreach into schools and the community are reduced, this could lead to fewer young people at risk of developing problems being identified and limit our ambitions for early intervention. Changes to shared care could also impact disproportionately on middle age/mature drug users with long-term addiction who are a group at high risk of drug related death.
92. In order to mitigate against these impacts, service redesign work could specify that brief/early intervention should be prioritised. As part of the CAMHS (Child and Adolescent Mental Health Services) transformation plan, it is likely that counselling services may be improved. This may help to identify young people experiencing substance misuse problems and refer them

accordingly. It may also be appropriate to consider higher reductions in adult services to protect young person's services (though this would increase impact in these services).

93. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.

Next steps:

94. A joint discussion will be held between the relevant Service Leads or their nominated representatives on the potential impact, and any further mitigating actions and consultation requirements.

Disability

95. According to the Equality Act 2010, a person has a disability if he or she has a physical or mental impairment which has a long term adverse effect on that person's ability to carry out day to day activities. Disabled people may feel the impact of several proposals. Some of the most significant are those relating to accessing services, information and social care. Below is a summary of the main proposals that may impact on people with a physical or mental impairment.
96. **CYP 1(i) Review and redesign of services including Early Help, Emergency Duty.** The proposal is to review the way Prevention and Early Help for children, young people and their families is provided. The aim is to develop a more coordinated and integrated service. The services in scope include a mix of in house and externally commissioned services. The Council will be looking to co-produce the finer detail of these proposals with staff, parents and young people via existing local advisory boards, youth champions and community and staff engagement. As these services focus on provision for children and families, including some of the most vulnerable, any reduction in provision or access may have a negative impact. This proposal will be subject to ongoing Equality and Safety Impact Assessment as it progresses.
97. **CYP 7 Changes to Libraries service to enable extended opening times with less staffing.** This proposal is for the introduction of Open Use Systems in suitable libraries, installing a pilot scheme at Woolston Library and extending the scheme to appropriate library locations to enable the library to be open for pre-registered users without a staff presence. The library will be open for the basic functions of book browsing, borrowing and returns, computer use and leisure use. Other locations to be proposed are Bitterne Library and Shirley Library. This proposal would result in retained or possibly longer opening hours for local Council run libraries. Access will be available for people with disabilities but staff assistance will not be available. In mitigation of this, people will be encouraged to use libraries during staffed hours.
98. **AMC 3 Joining together Parks, Open Spaces and some Housing teams to work more efficiently.** This proposal is to redesign the service to enable income generation but will result in a reduced service in parks outside the city centre and the Common. This includes:
- joining together housing and grounds maintenance teams,
 - identifying overlaps and reducing post numbers in parks teams,

- increasing income and reviewing the frequency of maintenance and alternative provision and funding,
 - utilising other funding sources wherever appropriate.
99. Encroaching vegetation has the potential to restrict use by disabled people. This could be mitigated by setting up a reactive team to deal with worst areas of encroachment and growth to keep routes open and compliant with Equality Act 2010 wherever possible. The Council will work with users and 'Friends of' groups to ensure facilities offered by local parks and green spaces that are most valued by local users are identified and safeguarded, and that opportunities for local volunteers to actively engage in care of green spaces are identified and fully supported.
100. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
101. **AMC 4 Introduce Alternate Weekly Collections (AWC) of recycling and residual waste collections.** This proposal would mean residents in houses move from a weekly collection of household waste to a collection of household waste one week and the collection of recycling the next week. This would mean residents would have to store their household waste for two weeks rather than one week. This removes a significant financial pressure on the Council. It will also lead to increased recycling rates and reduced disposal costs.
102. There may be an impact on this group if changes to the collection of waste are not fully understood, or residents are unable to present their bins on the days required. To mitigate this impact, assisted collections would remain in place and any additional requests would be reviewed taking into account the additional weight of bins and their contents. If there are medical needs, extra household waste capacity would be provided if necessary after consultation with the resident. Residents are also able to dispose of excess waste at the Household Waste Recycling Centre.
103. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
104. **AMC 5 (i) Increase income from waste charges.** The proposal is to increase Garden Waste charges by £5 (with early bird discount of £5 online). The chargeable service must be able to cover its costs and therefore it is proposed that the charge be increased.
105. Issues include the potential contamination of residual bins with garden waste and fly-tipping by those not able to pay for the service. In addition, there may be cases where residents have difficulty with the weight or the size of the garden waste collection container. Assisted collections would be provided in the same way they are for other domestic waste types, and residents are also able to take their garden waste to the Household Waste Recycling Centre and dispose of it for free. There may also be a discount for residents receiving benefits.
106. **AMC 5 (ii) Increase income from waste charges. Introduce a charge for wheeled bin replacement of lost/damaged residual (green lidded) wheeled bins.** The Waste and Recycling Service must be able to cover its costs and this new charge will reduce costs associated with wheeled bins by introducing a charge for replacing any lost or damaged bins. There will be different prices for different sizes of bins to reflect the different cost to the Council. There will

be some flexibility, on a case by case basis, to determine when a charge will be applied for a lost or damaged bin.

107. If some residents cannot afford the cost of the replacement service, the service will consider residents' personal situations on a case by case basis. There may be a discount for residents receiving benefits (policy to be developed and approved). Residents can ensure that bins are stored, maintained and numbered appropriately to reduce risk of loss or damage.
108. **SHIL 1 Manage demand by offering alternative to home care for new clients by providing care for new clients by providing advice and information, supporting self-management and signposting to partner services.** With good quality information, made available via a single point of contact, many people will be able to use their own resources to identify what support is available, how much it might cost and whether or not they need any further help to plan the means of meeting their or their relative or friend's needs.
109. This may impact on people with learning disabilities, physical disabilities, sensory impairment and mental health needs. The recommendation may have either a positive or negative impact depending on the individual and the extent to which they prefer current models of service. Individuals will be able to have a personal budget/ direct payment, and be supported to do so. Therefore, a positive impact for some will be the freedom and flexibility to use their personal budget to meet their individual needs, and utilise resources in their local community.
110. The needs of all service users will be addressed, taking into account age, complexity and access issues. Some service users may require support to access services in a different way than they have traditionally done.
111. **SHIL 2 Changing the way that adult social work teams operate.** Social workers and care managers will routinely ensure that people are supported to achieve independence and the best outcomes for them through the use of support available in their networks and communities. This may include telecare, direct payments, regular and timely assessments and reviews, and existing housing with care and Shared Lives schemes. This approach will be underpinned by a comprehensive training and development programme for staff, a new structure and fresh approaches to managing performance and monitoring outcomes and spend.
112. People who have a physical or learning disability are more likely to be impacted by this proposal, as there are more people with a physical or learning disability who receive care and support to meet their social care needs. Each person who is affected by this proposal will receive a thorough, person-centred assessment or review of their social care needs, taking into account their preferences along with those of their family and carers, in line with the requirements in the Care Act 2014. A support plan will be agreed in accordance with the Council's Adult Social Care and Support Planning Policy. The council will continue to ensure that suitable arrangements are in place to meet all eligible unmet social care needs.
113. People who lack the mental capacity to make decisions about their care and support will be protected by legal safeguards. An appropriate person or independent advocate will help ensure the person's views are taken into account during the assessment or review. The Council will consult partners and stakeholders to identify any adverse impacts and this plan will be updated to incorporate any further mitigating actions agreed.

114. **SHIL 4 (i) Removing a subsidy from people who can afford to pay for their own care following a means test.** This proposal will affect people receiving home care services who are financially assessed as having over £23,250 in capital (money in bank accounts, building societies, Premium Bonds, shares and second properties), who are not currently charged a fee to cover the cost of the Council arranging their care.
115. There are a higher number of disabled people who would be impacted by this proposal. Of the 122 people currently identified, there are 7 people with a learning disability, 13 people with a mental health need and 102 with a physical disability who would be affected. Financial assessments will be carried out to confirm that individuals can afford to pay an arrangement fee. Clients have the option of making arrangements themselves with information about care agencies that we would provide. For those people who are unable to make a decision because they lack mental capacity, the Council could offer Appointeeship or Deputyship Services to help them manage their finances.
116. **SHIL 4 (ii) Review of Mental Health services.** The Council proposes to review its relationship with Southern Health Foundation Trust to ensure the agreement continues to offer value for money and the best care possible for services users. This will include work to:
- Consider the joint arrangements in place to ensure they are meeting current level of demand.
 - Work in partnership with health to review all Mental Health care packages to ensure value for money.
 - Review and update policies and procedure and ensure that the provision of aftercare services is appropriate.
 - Review current training to ensure we are meeting legislative requirements.
117. In Southampton, we have approximately 3,500 service users. It is anticipated that the service provision will improve and there will be no interruption in care provision. Services can provide a safe environment for people who face multiple discrimination. Accessing mainstream services may be more challenging for some individuals. This can be mitigated by support to access alternative, appropriate services such as peer support and by working with other agencies to ensure all purchased and community services are accessible to all communities.
118. There are potential impacts if people have to travel further at extra cost to access their support. Alternatively people can chose to access more local services. All service users will be considered in view of their individual needs including age, complexity and access issues.
119. **SHIL 8 (i) Cease funding contribution for appropriate adult scheme.** The service provides people to act as an Appropriate Adult (AA) for children and young people (in the absence of a parent, guardian or, if the juvenile is in the care of a local authority or voluntary organisation, a person representing that authority or organisation, or a Social Worker) and mentally vulnerable adults (in the absence of a relative, guardian or other person responsible for their care) held in custody at a police station.
120. The service also provides appropriate adults for children or vulnerable adults who are victims or witnesses required at the police station, and for Unaccompanied Asylum Seeking Children who require an age assessment to be undertaken by Children's Services.
121. The service safeguards the rights and needs of vulnerable individuals, which may impact individuals across all of the protected characteristics, including those with learning and mental

disabilities. The Council will undertake work with Hampshire Constabulary to develop joint solutions and any mitigating actions required.

122. **SHIL 9 Increase employment, skills development, volunteering and other opportunities which promote and maintain independence as an alternative to day services.** This proposal covers all day care including that provided by external providers and Council services at Sembal House and Woolston Community Centre.
123. This proposal aims to address inequalities experienced by people who use the day services, and experience barriers in terms of getting and keeping paid employment. The full impact will not be clear until implemented and outcomes can be monitored.
124. The proposal will impact predominantly on people with learning disabilities, but will also impact on a small group of individuals with physical disabilities, sensory impairment and mental health needs. 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. A negative impact for some may be a change in service location. This could impact specifically on people with physical disabilities who need to use services and buildings which are accessible. Some of the buildings currently providing day services have good access arrangements but other community resources may not be as suitable.
125. All service users will have an assessment prior to any consideration of service changes. This will address individual needs including age, complexity and access issues. In addition to individual assessments the phased closure of Southampton Day Service will consider which buildings should be retained in the initial phase in order to address any potential impact. This will also provide the time to seek suitable alternatives for people.
126. Capital investment from the Council may be required to ensure alternative accommodation of service provision for clients with complex needs meet accessibility requirements and personal care needs.
127. **SHIL 10 Review substance misuse provision.** The proposal is to reduce investment in drug and alcohol treatment services by working with providers to deliver these services differently in the short term and in the longer term to review services alongside other areas, including homelessness services, to develop a more integrated approach.
128. Work is being undertaken with providers to consider how these services could be delivered differently in future. Should this result in a reduction in service availability, this could have an impact upon the provision of harm reduction and recovery interventions to the citizens of Southampton. This could mean an increase in drug use and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.
129. Long term drug use is associated with a range of other chronic health problems and people with disabilities are likely to be over represented in this group. Interventions can and do prevent disability. Current services take a universal but targeted approach. Whilst the impact will be population wide there is a risk that groups which find it harder to engage with universal services are disproportionately affected by this proposal. In order to mitigate against these impacts, service redesign work could specify that certain groups should be prioritised, including adults with long term physical and/or mental health conditions.

130. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.

Next steps:

131. A joint discussion will be held between the relevant Service Leads or their nominated representatives on the potential impact, and any further mitigating actions and consultation requirements.

Gender Reassignment

132. **SHIL 10 Review substance misuse provision.** The proposal is to reduce investment in drug and alcohol treatment services by working with providers to deliver these services differently in the short term and in the longer term to review services alongside other areas, including homelessness services, to develop a more integrated approach.
133. Work is being undertaken with providers to consider how these services could be delivered differently in future. Should this result in a reduction in service availability, this could have an impact upon the provision of harm reduction and recovery interventions to the citizens of Southampton. This could mean an increase in drug use and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.
134. Current services take a universal but targeted approach. Whilst the impact will be population wide there is a risk that groups which find it harder to engage with universal services are disproportionately affected by this proposal. In order to mitigate against these impacts, there is a need to ensure that commissioned services are able to work with diverse individuals and take into account the needs of different people and groups. There is also a need to ensure appropriate contract monitoring, to provide assurance that the take up of the service appropriately reflects population and local need.
135. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.

Next steps:

136. A joint discussion will be held between the relevant Service Leads or their nominated representatives on the potential impact, and any further mitigating actions and consultation requirements.

Marriage and Civil Partnership

137. **SHIL 10 Review substance misuse provision.** The proposal is to reduce investment in drug and alcohol treatment services by working with providers to deliver these services differently in the short term and in the longer term to review services alongside other areas, including homelessness services, to develop a more integrated approach.
138. Work is being undertaken with providers to consider how these services could be delivered differently in future. Should this result in a reduction in service availability, this could have an impact upon the provision of harm reduction and recovery interventions to the citizens of Southampton. This could mean an increase in drug use and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.
139. In terms of negative impacts, the problematic use of alcohol can have direct impact on relationships. In particular the relationship between alcohol and domestic abuse and violence is well evidenced. Any reduction in services will have an impact on our ability to address the strains and difficulties caused by alcohol and drugs on relationships. In order to mitigate against this, there needs to be partnership work with other stakeholders and children and families teams to address negative consequences where possible. The DAPP (domestic abuse) scheme is currently working with substance misuse services to address the issues of identifying perpetrators and domestic abuse victims engaging in treatment.
140. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
141. **Public Health Grant Controlling spend on Emergency Hormonal Contraception.** Emergency Hormonal Contraception (EHC) is a form of contraception that can be used by women to prevent an unwanted pregnancy after unprotected sexual intercourse, including when they have reason to believe that their regular form of contraception may have been compromised, or following an unwanted / unplanned sexual encounter, such as a sexual assault.
142. Southampton City Council commissions community pharmacies to provide access to EHC, plus information and advice, free of charge, to women in Southampton. Women can also access EHC free of charge from GPs or from the integrated sexual health service, or buy it over the counter from a pharmacy. In Southampton, women sought access to EHC through the Council funded pharmacy service on 4,200 occasions in 2015-16.
143. The Council is proposing a reduction in spend on EHC from 2017-18 of approximately £30,000 through targeting the Council commissioned element to more vulnerable groups. EHC may be used on occasion in stable relationships in the instance of contraception failure. Potential ways to mitigate the impact of this would be to look at ways to increase access to long acting reversible contraceptives (LARC) methods and improvements in education about sexual and reproductive health.

Next steps:

144. A joint discussion will be held between the relevant Service Leads or their nominated representatives on the potential impact, and any further mitigating actions and consultation requirements.

Pregnancy and Maternity

145. **CYP 1 (i) Review and redesign of services including Early Help, Emergency Duty.** The proposal is to review the way Prevention and Early Help for children, young people and their families is provided. The aim is to develop a more coordinated and integrated service. The services in scope include a mix of in house and externally commissioned services. The Council will be looking to co-produce the finer detail of these proposals with staff, parents and young people via existing local advisory boards, youth champions and community and staff engagement. As these services focus on provision for children and families, including some of the most vulnerable, any reduction in provision or access may have a negative impact.
146. The service offer through Sure Start Children's Centres and Family Points are likely to impact on this group if any reductions in service are experienced or access is limited. The services in scope support key public health outcomes for this group as part of the 'best start' principles and Healthy Child Programme. This proposal will be subject to ongoing Equality and Safety Impact Assessment as it progresses.
147. **AMC 4 Introduce Alternate Weekly Collections (AWC) of recycling and residual waste collections.** This proposal would mean residents in houses move from a weekly collection of household waste to a collection of household waste one week and the collection of recycling the next week. This would mean residents would have to store their household waste for two weeks rather than one week. This removes a significant financial pressure on the Council. It will also lead to increased recycling rates and reduced disposal costs.
148. There could be an impact on this group if people are unable to manage their waste, or unable to present bins for collection on the days required, and there is no-one else in the household able to do this. They may also be impacted if there is not enough household waste bin capacity to meet their needs. To mitigate this impact, if there are households with three or more children in nappies, then if necessary, extra household waste capacity would be provided after consultation with the resident. If there are medical needs, extra household waste capacity would be provided if necessary after consultation with the resident. Residents are also able to dispose of excess waste at the Household Waste Recycling Centre.
149. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
150. **AMC 5 (i) Increase income from waste charges.** The proposal is to increase Garden Waste charges by £5 (with early bird discount of £5 online). The chargeable service must be able to cover its costs and therefore it is proposed that the charge be increased.
151. Issues include the potential contamination of residual bins with garden waste and fly-tipping by those not wanting to pay for the service. It may be that residents on low incomes/benefits are not able to access this service. However, all residents are able to take their garden waste

to the Household Waste Recycling Centre (HWRC) and dispose of their garden waste responsibly and at no cost.

152. If there are cases where residents have difficulty with the weight or the size of the garden waste collection container, assisted collections would be provided in the same way they are for other domestic waste types. Residents are also able to take their garden waste to the HWRC and dispose of it for free. There may also be a discount for residents receiving benefits.
153. **SHIL 8 (ii) Non-renewal of commissioned outreach and support services for Southampton people living with HIV.** This service has been commissioned to contribute towards improving the health, wellbeing and quality of life of people living with HIV in Southampton alongside the statutory sector provision for HIV treatment and care commissioned by NHS England. The service is provided by Positive Lives and provides emotional and practical support to individuals and families who are affected by HIV. The service helps individuals to remain in treatment and maintain their viral load under control.
154. The service also provides regular 'HIV Awareness' courses for organisations which are well attended. The aim is to reduce discrimination, which has been found in many settings including health, education and the workplace. Participants feedback is extremely positive and shows the courses are effective. The service supports approximately 120 service users at any one time. It is important that the small minority of HIV positive pregnant and maternity women are supported appropriately so that they adhere to their medication programme and also obtain formula milk. Without this support HIV may be transmitted to the baby.
155. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
156. **SHIL 10 Review substance misuse provision.** The proposal is to reduce investment in drug and alcohol treatment services by working with providers to deliver these services differently in the short term and in the longer term to review services alongside other areas, including homelessness services, to develop a more integrated approach.
157. Work is being undertaken with providers to consider how these services could be delivered differently in future. Should this result in a reduction in service availability, this could have an impact upon the provision of harm reduction and recovery interventions to the citizens of Southampton. This could mean an increase in drug use and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.
158. In terms of impacts, any reduction in funding would impact on the ability to prevent and reduce harm in terms of complications in pregnancy, still birth and low birth weight and children born with Foetal Alcohol Spectrum Disorders, which can result in lifelong health and social care needs. This could increase demand for adoption or fostering and cost transfer to other services. Women who are pregnant or who have children are often reluctant to approach statutory services due to the fear of child protection proceedings.
159. The current funding arrangements include a joint post across Children's and Adult Services in order to proactively engage women in these situations. Reduced investment may put specialist posts like this at risk. Reductions in these services are likely to have an impact on

safeguarding. In order to mitigate against this, there will be a need to increase the responsibility of pre and post-natal services to address need, subject to capacity within those services and to consider upskilling children and family workers to incorporate into core work.

160. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
161. **Public Health Grant Controlling spend on Emergency Hormonal Contraception.** Emergency Hormonal Contraception (EHC) is a form of contraception that can be used by women to prevent an unwanted pregnancy after unprotected sexual intercourse, including when they have reason to believe that their regular form of contraception may have been compromised, or following an unwanted / unplanned sexual encounter, such as a sexual assault.
162. Southampton City Council commissions community pharmacies to provide access to EHC, plus information and advice, free of charge, to women in Southampton. Women can also access EHC free of charge from GPs or from the integrated sexual health service, or buy it over the counter from a pharmacy. In Southampton, women sought access to EHC through the Council funded pharmacy service on 4,200 occasions in 2015-16.
163. The Council is proposing a reduction in spend on EHC from 2017-18 of approximately £30,000 through targeting the Council commissioned element to more vulnerable groups. Some increase in unplanned pregnancies is likely, and this is likely to lead to a disproportionate rise in complex pregnancy and maternity episodes, since those subject to unplanned pregnancy are less likely to have been adhering to positive pre-pregnancy lifestyle changes in nutrition, alcohol intake or smoking behaviours. An increase in unplanned pregnancy levels among more vulnerable women is also likely to result in an increase in terminations of pregnancy, and in the number of children being placed at birth into care for adoption or protection. Potential ways to mitigate this include, increased access to long acting reversible contraceptives (LARC) methods that are less subject to failure than oral contraceptives and/or condoms and improvements in education about sexual and reproductive health.

Next steps:

164. A joint discussion will be held between the relevant Service Leads or their nominated representatives on the potential impact, and any further mitigating actions and consultation requirements.

Race

165. The 2011 Census gives the first opportunity since the last census in 2001, to look at the ethnicity of residents in detail and shows that Southampton is becoming a more ethnically diverse city. In assessing budget proposals – the impacts identified were mainly linked to potential barriers to accessing information and services where a resident has limited English language rather than any specific, disproportionate impacts on one or more ethnic group. According to the Census 2011, 7,522, or 7.7%, of households in Southampton have no people in them who have English as a main language. This means many will be bi-lingual and does not mean that they cannot speak English at all.

166. **CYP 1(i) Review and redesign of services including Early Help, Emergency Duty.** The proposal is to review the way Prevention and Early Help for children, young people and their families is provided. The aim is to develop a more coordinated and integrated service. The services in scope include a mix of in house and externally commissioned services.
167. Previous savings rounds have already greatly reduced the services capacity to engage families where English is not their first language – centres such as Clovelly in the Central Locality are used by a broad range of BME groups in the community; many of whom would not otherwise access services elsewhere.
168. The Council will be looking to co-produce the finer detail of these proposals with staff, parents and young people via existing local advisory boards, youth champions and community and staff engagement. This proposal will be subject to ongoing Equality and Safety Impact Assessment as it progresses.
169. **SHIL 2 Changing the way that adult social work teams operate.** Social workers and care managers will routinely ensure that people are supported to achieve independence and the best outcomes for them through the use of support available in their networks and communities. This may include telecare, direct payments, regular and timely assessments and reviews, and existing housing with care and Shared Lives schemes. This approach will be underpinned by a comprehensive training and development programme for staff, a new structure and fresh approaches to managing performance and monitoring outcomes and spend.
170. There is no adverse impact identified on this group, although Black and Minority Ethnic communities are currently under-represented in the group of people who receive care and support. Some further analysis is needed to better understand the reasons for this, and to determine whether additional steps need to be taken to ensure that adequate arrangements are in place to meet individuals’ social care needs.
171. **SHIL 8 (i) Cease funding contribution for appropriate adult scheme.** The service provides people to act as an Appropriate Adult (AA) for children and young people (in the absence of a parent, guardian or, if the juvenile is in the care of a local authority or voluntary organisation, a person representing that authority or organisation, or a Social Worker) and mentally vulnerable adults (in the absence of a relative, guardian or other person responsible for their care) held in custody at a police station.
172. The service also provides appropriate adults for children or vulnerable adults who are victims or witnesses required at the police station, and for Unaccompanied Asylum Seeking Children who require an age assessment to be undertaken by Children’s Services.
173. There is some evidence that people from Black and Minority Ethnic (BME) communities are more heavily represented in arrest figures and therefore vulnerable people from BME communities could be disproportionately affected by this proposal. The Council will undertake work with Hampshire Constabulary to develop joint solutions and any mitigating actions required.
174. **SHIL 8 (ii) Non-renewal of commissioned outreach and support services for Southampton people living with HIV.** This service has been commissioned to contribute towards improving the health, wellbeing and quality of life of people living with HIV in Southampton alongside the statutory sector provision for HIV treatment and care commissioned by NHS England. The

service is provided by Positive Lives and provides emotional and practical support to individuals and families who are affected by HIV. The service helps individuals to remain in treatment and maintain their viral load under control.

175. The service also provides regular 'HIV Awareness' courses for organisations which are well attended. The aim is to reduce discrimination, which has been found in many settings including health, education and the workplace. Participants feedback is extremely positive and shows the courses are effective. The service supports approximately 120 service users at any one time.
176. Currently 37% of the service's clients are from Sub-Saharan Africa or are Black Caribbean. There would be a particular adverse impact for this cohort of the population due to the stigma attached to HIV in their community. This results in HIV positive people not disclosing to friends and family and being isolated from support. They are also often not able to access information through the web as they are afraid family members will see their 'web history'. Without independent support such as that received through this service Black African / Caribbean clients could be excluded from any support, advice and information.
177. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
178. **SHIL 10 Review substance misuse provision.** The proposal is to reduce investment in drug and alcohol treatment services by working with providers to deliver these services differently in the short term and in the longer term to review services alongside other areas, including homelessness services, to develop a more integrated approach.
179. Work is being undertaken with providers to consider how these services could be delivered differently in future. Should this result in a reduction in service availability, this could have an impact upon the provision of harm reduction and recovery interventions to the citizens of Southampton. This could mean an increase in drug use and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.
180. In terms of impacts, no specific impact on individual ethnicities has been identified. Current services take a universal but targeted approach. Whilst impact will be population wide there is a risk that groups that find it harder to engage with universal services are disproportionately affected by this proposal. There is some evidence that people from BME communities are under-represented in accessing services in the city, and any additional barriers to access such as longer waiting times may impact more negatively on people who already face barriers.
181. In order to mitigate against this, service redesign could require providers to prioritise certain groups including Black and Minority Ethnic (BME) groups and to provide active outreach to minority ethnic communities. There is also a need to ensure appropriate contract monitoring to provide assurance that all parts of the community can access services.
182. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.

Next steps:

183. A joint discussion will be held between the relevant Service Leads or their nominated representatives on the potential impact, and any further mitigating actions and consultation requirements.

Religion & Belief

184. The religious profile of Southampton in the 2011 Census is detailed below:

Religion	Number	%
All people	236,882	100.0
Has religion	140,793	59.4
Christian	122,018	51.5
Buddhist	1,331	0.6
Hindu	2,482	1.0
Jewish	254	0.1
Muslim	9,903	4.2
Sikh	3,476	1.5
Other religion	1,329	0.6
No religion	79,379	33.5
Religion not stated	16,710	7.1

185. **CYP 1(i) Review and redesign of services including Early Help, Emergency Duty.** The proposal is to review the way Prevention and Early Help for children, young people and their families is provided. The aim is to develop a more coordinated and integrated service. The services in scope include a mix of in house and externally commissioned services.
186. There is potential for all those using these services to be impacted any changes, including residents representing a diversity of religion and belief. The Council will be looking to co-produce the finer detail of these proposals with staff, parents and young people via existing local advisory boards, youth champions and community and staff engagement. This proposal will be subject to ongoing Equality and Safety Impact Assessment as it progresses.
187. **AMC 2 (i) Reduce the number of Environmental Health services (Registration Services).** The proposal is to reduce birth and death registration appointments in favour of income generating customer interactions. This proposal may lead to longer waiting times for appointments and will reduce the number of birth and death registration appointments available each day, and create capacity for providing additional income generating appointments such as Notice of Marriage or Nationality & Passport Checking Service.
188. Communities wishing to register a death for a 'same day' burial or cremation may find that appointments are not immediately available which will delay the funeral. This could be mitigated by the provision of a limited number of walk in appointments being available if not pre-booked for income generating activities.
189. **SHIL 10 Review substance misuse provision.** The proposal is to reduce investment in drug and alcohol treatment services by working with providers to deliver these services differently in

the short term and in the longer term to review services alongside other areas, including homelessness services, to develop a more integrated approach.

190. Work is being undertaken with providers to consider how these services could be delivered differently in future. Should this result in a reduction in service availability, this could have an impact upon the provision of harm reduction and recovery interventions to the citizens of Southampton. This could mean an increase in drug use and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.
191. Current services take a universal but targeted approach. Whilst the impact will be population wide there is a risk that groups which find it harder to engage with universal services are disproportionately affected by this proposal. In order to mitigate against these impacts, there is a need to ensure that commissioned services are able to work with diverse individuals and take into account the needs of different people and groups. There is also a need to ensure appropriate contract monitoring, to provide assurance that the take up of the service appropriately reflects population and local need.
192. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.

Next steps:

193. A joint discussion will be held between the relevant Service Leads or their nominated representatives on the potential impact, and any further mitigating actions and consultation requirements.

Sex

194. **CYP 1(i) Review and redesign of services including Early Help, Emergency Duty.** The proposal is to review the way Prevention and Early Help for children, young people and their families is provided. The aim is to develop a more coordinated and integrated service. The services in scope include a mix of in house and externally commissioned services. Any changes are likely to impact women most significantly, particularly pre-birth or new birth mothers who may experience reductions in demand or access.
195. The Council will be looking to co-produce the finer detail of these proposals with staff, parents and young people via existing local advisory boards, youth champions and community and staff engagement. This proposal will be subject to ongoing Equality and Safety Impact Assessment as it progresses.
196. **SHIL 2 Changing the way that adult social work teams operate.** Social workers and care managers will routinely ensure that people are supported to achieve independence and the best outcomes for them through the use of support available in their networks and communities. This may include telecare, direct payments, regular and timely assessments and reviews, and existing housing with care and Shared Lives schemes. This approach will be underpinned by a comprehensive training and development programme for staff, a new

structure and fresh approaches to managing performance and monitoring outcomes and spend.

197. Women are more likely to be impacted by this proposal, as there are more women who receive care and support to meet their social care needs. Each person who is affected by this proposal will receive a thorough, person-centred assessment or review of their social care needs, taking into account their preferences along with those of their family and carers, in line with the requirements in the Care Act 2014. A support plan will be agreed in accordance with the Council's Adult Social Care and Support Planning Policy. The council will continue to ensure that suitable arrangements are in place to meet all eligible unmet social care needs.
198. People who lack the mental capacity to make decisions about their care and support will be protected by legal safeguards. An appropriate person or independent advocate will help ensure the person's views are taken into account during the assessment or review. The Council will consult partners and stakeholders to identify any adverse impacts and this plan will be updated to incorporate any further mitigating actions agreed.
199. **SHIL 4 (i) Removing a subsidy from people who can afford to pay for their own care following a means test.** This proposal will affect people receiving home care services who are financially assessed as having over £23,250 in capital (money in bank accounts, building societies, Premium Bonds, shares and second properties), who are not currently charged a fee to cover the cost of the Council arranging their care.
200. There are more women than men who will be impacted by this proposal. Of the 122 people currently identified, there are 93 women and 29 men who would be affected. Financial assessments will be carried out to confirm that individuals can afford to pay an arrangement fee. Clients have the option of making arrangements themselves with information about care agencies that we would provide. For those people who are unable to make a decision because they lack mental capacity, the Council could offer Appointeeship or Deputyship Services to help them manage their finances.
201. **SHIL 8 (ii) Non-renewal of commissioned outreach and support services for Southampton people living with HIV.** This service has been commissioned to contribute towards improving the health, wellbeing and quality of life of people living with HIV in Southampton alongside the statutory sector provision for HIV treatment and care commissioned by NHS England. The service is provided by Positive Lives and provides emotional and practical support to individuals and families who are affected by HIV. The service helps individuals to remain in treatment and maintain their viral load under control.
202. The service also provides regular 'HIV Awareness' courses for organisations which are well attended. The aim is to reduce discrimination, which has been found in many settings including health, education and the workplace. Participants feedback is extremely positive and shows the courses are effective.
203. The service supports approximately 120 service users at any one time. 62% of clients are men with the remaining 38% being women. There are no transgender clients. More importantly the majority of male clients will be gay, bisexual or other men who have sex with men (MSM). The impact of this is discussed under sexual orientation.
204. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.

205. **SHIL 10 Review substance misuse provision.** The proposal is to reduce investment in drug and alcohol treatment services by working with providers to deliver these services differently in the short term and in the longer term to review services alongside other areas, including homelessness services, to develop a more integrated approach.
206. Work is being undertaken with providers to consider how these services could be delivered differently in future. Should this result in a reduction in service availability, this could have an impact upon the provision of harm reduction and recovery interventions to the citizens of Southampton. This could mean an increase in drug use and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.
207. In terms of impacts, the service engages with whole populations focussing on harm rather than gender. However, more men are impacted by problematic drug and alcohol use and therefore are likely to experience greater impact. The health of men in Southampton is worse than women with lower life expectancy and higher premature mortality. Alcohol is a key driver of morbidity and mortality thus reducing investment in these services may increase inequalities between men and women. Men are more likely to die a drug related death. Men are known to be less likely to engage with health services. There is a risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.
208. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
209. **Public Health Grant Controlling spend on Emergency Hormonal Contraception.** Emergency Hormonal Contraception (EHC) is a form of contraception that can be used by women to prevent an unwanted pregnancy after unprotected sexual intercourse, including when they have reason to believe that their regular form of contraception may have been compromised, or following an unwanted / unplanned sexual encounter, such as a sexual assault.
210. Southampton City Council commissions community pharmacies to provide access to EHC, plus information and advice, free of charge, to women in Southampton. Women can also access EHC free of charge from GPs or from the integrated sexual health service, or buy it over the counter from a pharmacy. In Southampton, women sought access to EHC through the Council funded pharmacy service on 4,200 occasions in 2015-16.
211. The Council is proposing a reduction in spend on EHC from 2017-18 of approximately £30,000 through targeting the Council commissioned element to more vulnerable groups. The immediate impact of restrictions on this service would fall exclusively on women. The wider impact may affect men and women, but most directly women.

Next steps:

212. A joint discussion will be held between the relevant Service Leads or their nominated representatives on the potential impact, and any further mitigating actions and consultation requirements.

Sexual Orientation

213. **SHIL 8 (ii) Non-renewal of commissioned outreach and support services for Southampton people living with HIV.** This service has been commissioned to contribute towards improving the health, wellbeing and quality of life of people living with HIV in Southampton alongside the statutory sector provision for HIV treatment and care commissioned by NHS England. The service is provided by Positive Lives and provides emotional and practical support to individuals and families who are affected by HIV. The service helps individuals to remain in treatment and maintain their viral load under control.
214. The service also provides regular 'HIV Awareness' courses for organisations which are well attended. The aim is to reduce discrimination, which has been found in many settings including health, education and the workplace. Participants feedback is extremely positive and shows the courses are effective. The service supports approximately 120 service users at any one time. 62% of clients are male of which the majority will be either gay men, bisexual men or other MSM. Without this service men will be vulnerable to not adhering to their medication and may be more prone to causing onward transmission.
215. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
216. **SHIL 10 Review substance misuse provision.** The proposal is to reduce investment in drug and alcohol treatment services by working with providers to deliver these services differently in the short term and in the longer term to review services alongside other areas, including homelessness services, to develop a more integrated approach.
217. Work is being undertaken with providers to consider how these services could be delivered differently in future. Should this result in a reduction in service availability, this could have an impact upon the provision of harm reduction and recovery interventions to the citizens of Southampton. This could mean an increase in drug use and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.
218. Some groups have a higher incidence of substance misuse yet these communities are underrepresented in substance misuse services. Current services take a universal but targeted approach. Whilst the impact will be population wide there is a risk that groups which find it harder to engage with universal services are disproportionately affected by this proposal. In order to mitigate against these impacts, there is a need to ensure that commissioned services are able to take into account the needs of different people and groups. There is also a need to ensure appropriate contract monitoring, to provide assurance that the take up of the service appropriately reflects population and local need. Additional work with partners could be undertaken to address any negative consequences.
219. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.

220. **Public Health Grant Controlling spend on Emergency Hormonal Contraception.** Emergency Hormonal Contraception (EHC) is a form of contraception that can be used by women to prevent an unwanted pregnancy after unprotected sexual intercourse, including when they have reason to believe that their regular form of contraception may have been compromised, or following an unwanted / unplanned sexual encounter, such as a sexual assault.
221. Southampton City Council commissions community pharmacies to provide access to EHC, plus information and advice, free of charge, to women in Southampton. Women can also access EHC free of charge from GPs or from the integrated sexual health service, or buy it over the counter from a pharmacy. In Southampton, women sought access to EHC through the Council funded pharmacy service on 4,200 occasions in 2015-16.
222. The Council is proposing a reduction in spend on EHC from 2017-18 of approximately £30,000 through targeting the Council commissioned element to more vulnerable groups. This will affect women who have sex with men. Potential mitigations include increased access to LARC methods that are less subject to failure than oral contraceptives and/or condoms. Improvements in education about sexual and reproductive health.
223. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.

Next steps:

224. A joint discussion will be held between the relevant Service Leads or their nominated representatives on the potential impact, and any further mitigating actions and consultation requirements.

Community Safety

225. **CYP 1(i) Review and redesign of services including Early Help, Emergency Duty.** The proposal is to review the way Prevention and Early Help for children, young people and their families is provided. The aim is to develop a more coordinated and integrated service. The services in scope include a mix of in house and externally commissioned services.
226. Once the Family and Youth Hub model is embedded, consideration can be given to how the statutory duties of the Youth Offending Service might be better delivered in communities and in liaison with Early Help. Reductions in capacity to the YOS or changes to the model of delivery risk the positive performance in reducing first time entrants and re-offending. An indirect impact of reductions in services to communities could be to increase incidents of Anti-Social Behaviour (ASB) or criminality.
227. The Council will be looking to co-produce the finer detail of these proposals with staff, parents and young people via existing local advisory boards, youth champions and community and staff engagement. This proposal will be subject to ongoing Equality and Safety Impact Assessment as it progresses.
228. **CYP 7 Changes to Libraries service to enable extended opening times with less staffing.** This proposal is for the introduction of Open Use Systems in suitable libraries, installing a pilot scheme at Woolston Library and extending the scheme to appropriate library locations to

enable the library to be open for pre-registered users without a staff presence. The library will be open for the basic functions of book browsing, borrowing and returns, computer use and leisure use. Other locations to be proposed are Bitterne Library and Shirley Library. This proposal would result in retained or possibly longer opening hours for local Council run libraries. However, having the library open but unstaffed may increase the risk of library misuse and other crime. To mitigate this, a process of registration of users with a briefing on responsibilities will be in place. CCTV will be available for identification of misuse.

229. **AMC 3 Joining together Parks, Open Spaces and some Housing teams to work more efficiently.** This proposal is to redesign the service to enable income generation but will result in a reduced service in parks outside the city centre and the Common. This includes:
- joining together housing and grounds maintenance teams,
 - identifying overlaps and reducing post numbers in parks teams,
 - increasing income and reviewing the frequency of maintenance and alternative provision and funding,
 - utilising other funding sources wherever appropriate.
230. Reduced standards of maintenance and upkeep of parks infrastructure could be perceived as parks being less well cared for. If not carefully managed this potential, combined with a reduction of a visible staff presence in parks, could lead to an undermining of the public's perception of parks as safe places to be and potential increases in levels of Anti-Social Behaviour (ASB). Longer grass is likely to make clearance of dog waste more difficult for owners and therefore there is likely to be more dog waste in parks. Longer grass will also make it more difficult to identify hazards, such as broken glass, which could put users at risk. Overgrown bushes have the ability to harbour drug dens and reduced staff numbers will mean a reduction in the ability to clear needles in a timely manner, placing users at risk.
231. The Council will work with users and 'Friends of' groups to ensure facilities offered by local parks and green spaces that are most valued by local users are identified and safeguarded, and that opportunities for local volunteers to actively engage in care of green spaces are identified and fully supported. Additional mitigating actions could include ensuring that effective local networks are in place with Police and local Police Community Support Officers (PCSO's), so that local intelligence from staff and users relating to community safety issues are quickly acted on.
232. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
233. **AMC 4 Introduce Alternate Weekly Collections (AWC) of recycling and residual waste collections.** This proposal would mean residents in houses move from a weekly collection of household waste to a collection of household waste one week and the collection of recycling the next week. This would mean residents would have to store their household waste for two weeks rather than one week. This removes a significant financial pressure on the Council. It will also lead to increased recycling rates and reduced disposal costs.
234. It is possible that, during this period of change, some residents will leave their bins out on the wrong days or leave excess waste on the pavement. Clear and easy to understand information will be provided with additional monitoring and support available if required from Recycling Officers.

235. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
236. **AMC 5 (ii) Increase income from waste charges. Introduce a charge for wheeled bin replacement of lost/damaged residual (green lidded) wheeled bins.** The Waste and Recycling Service must be able to cover its costs and this new charge will reduce costs associated with wheeled bins by introducing a charge for replacing any lost or damaged bins. There will be different prices for different sizes of bins to reflect the different cost to the Council. There will be some flexibility, on a case by case basis, to determine when a charge will be applied for a lost or damaged bin.
237. If some residents cannot afford the cost of the replacement service, the service will consider residents' personal situations on a case by case basis. There may be a discount for residents receiving benefits (policy to be developed and approved). Residents can ensure that bins are stored, maintained and numbered appropriately to reduce risk of loss or damage.
238. There may also be an impact if excess waste accumulates during a period when a bin is not available. A potential mitigation could be that the service will act to clear excess waste and to contact residents.
239. **SHIL 8 (ii) Non-renewal of commissioned outreach and support services for Southampton people living with HIV.** This service has been commissioned to contribute towards improving the health, wellbeing and quality of life of people living with HIV in Southampton alongside the statutory sector provision for HIV treatment and care commissioned by NHS England. The service is provided by Positive Lives and provides emotional and practical support to individuals and families who are affected by HIV. The service helps individuals to remain in treatment and maintain their viral load under control.
240. The service also provides regular 'HIV Awareness' courses for organisations which are well attended. The aim is to reduce discrimination, which has been found in many settings including health, education and the workplace. Participants feedback is extremely positive and shows the courses are effective. The service supports approximately 120 service users at any one time. No specific negative impacts have been identified in terms of community safety, in the traditional sense. However the decommissioning of this service could increase the prevalence of HIV locally.
241. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
242. **SHIL 9 Increase employment, skills development, volunteering and other opportunities which promote and maintain independence as an alternative to day services.** This covers all day care including those provided by external providers and Council services at Sembal House and Woolston Community Centre. This proposal aims to address inequalities experienced by people, predominantly those with learning disabilities, but includes a small group of individuals with mental health and physical disabilities, who use the day services, from getting and keeping paid employment. The full impact will not be clear until implemented and outcomes can be monitored.

243. National research identifies disabled people are more likely to experience crime and anti-social behaviour, than non-disabled people. This may be harder to identify in a wider, employment based setting. There could be a negative impact on individuals who feel safer accessing city council buildings in areas that they know and feel comfortable in. Assessments will consider community safety issues for individuals including service location. The Community Safety team works with a wide range of partners to address and provide a more resilient response to community safety issues.
244. **SHIL 10 Review substance misuse provision.** The proposal is to reduce investment in drug and alcohol treatment services by working with providers to deliver these services differently in the short term and in the longer term to review services alongside other areas, including homelessness services, to develop a more integrated approach.
245. Work is being undertaken with providers to consider how these services could be delivered differently in future. Should this result in a reduction in service availability, this could have an impact upon the provision of harm reduction and recovery interventions to the citizens of Southampton. This could mean an increase in drug use and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.
246. The impact of problematic drug and alcohol use on community safety is well documented. A reduction of investment in this service would risk a reduction in our ability to reduce harm related to drug and alcohol use on individuals, their friends, families and communities. Increase in Anti-Social Behaviour, Drug Litter, Street Drinking and begging. Crime may increase to pay for drug habits. There is a need for joint work with partners to address negative consequences.
247. The Southampton Safe City Partnership has committed to developing new Drug and Alcohol Strategies for the city. Discussions have identified the need to increase capacity in treatment services as a key action. The proposed disinvestment in services presents a reputational risk to the Council.
248. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
249. **Public Health Grant Controlling spend on Emergency Hormonal Contraception.** Emergency Hormonal Contraception (EHC) is a form of contraception that can be used by women to prevent an unwanted pregnancy after unprotected sexual intercourse, including when they have reason to believe that their regular form of contraception may have been compromised, or following an unwanted / unplanned sexual encounter, such as a sexual assault.
250. Southampton City Council commissions community pharmacies to provide access to EHC, plus information and advice, free of charge, to women in Southampton. Women can also access EHC free of charge from GPs or from the integrated sexual health service, or buy it over the counter from a pharmacy. In Southampton, women sought access to EHC through the Council funded pharmacy service on 4,200 occasions in 2015-16.
251. The Council is proposing a reduction in spend on EHC from 2017-18 of approximately £30,000 through targeting the Council commissioned element to more vulnerable groups. Whilst there

is no immediate link there is evidence that sexual assault against women is significantly under-reported in England. Some proportion of those that access this service may be among those who have been subjected to a sexual assault, but who do not wish to report this to Police, other authorities or access Sexual Assault Referral Centre (SARC) services. Women who state that they have been subject to a sexual assault during a pharmacy consultation might be exempted from any broader age related restrictions. Increased education about sexual assault and the wider health, wellbeing and emotional support that a SARC service can offer victims of sexual assault and other unwanted sexual experiences.

Next steps:

252. A joint discussion will be held between the relevant Service Leads or their nominated representatives on the potential impact, and any further mitigating actions and consultation requirements.

Poverty

253. **CYP 1(i) Review and redesign of services including Early Help, Emergency Duty.** The proposal is to review the way Prevention and Early Help for children, young people and their families is provided. The aim is to develop a more coordinated and integrated service. The services in scope include a mix of in house and externally commissioned services.
254. The Council will be looking to co-produce the finer detail of these proposals with staff, parents and young people via existing local advisory boards, youth champions and community and staff engagement. As these services focus on provision for children and families, including some of the most vulnerable, any reduction in provision or access may have a negative impact, particularly on households on low income and/or in deprived areas. This proposal will be subject to ongoing Equality and Safety Impact Assessment as it progresses.
255. **AMC 2 (i) Reduce the number of Environmental Health services (Registration Services).** The proposal is to reduce birth and death registration appointments in favour of income generating customer interactions. This proposal may lead to longer waiting times for appointments and will reduce the number of birth and death registration appointments available each day, 6 death or 9 birth, and create capacity for providing additional income generating appointments such as Notice of Marriage or Nationality & Passport Checking Service. A delay in registering a birth could lead to a delay in receipt of Child Benefit payments which will negatively impact on those families with limited income. This could be mitigated by the provision of a limited number of walk in appointments being available if not pre-booked for income generating activities.
256. **AMC 3 Joining together Parks, Open Spaces and some Housing teams to work more efficiently.** This proposal is to redesign the service to enable income generation but will result in a reduced service in parks outside the city centre and the Common.
This includes:
- joining together housing and grounds maintenance teams,
 - identifying overlaps and reducing post numbers in parks teams,
 - increasing income and reviewing the frequency of maintenance and alternative provision and funding,
 - utilising other funding sources wherever appropriate.

257. Individuals or families on low incomes particularly benefit from the opportunity parks present for free, healthy and sociable recreation and exercise, and therefore may be disproportionately impacted by any significant reduction in maintenance standards of local parks and green spaces. The Council will work with users and 'Friends of' groups to ensure facilities offered by local parks and green spaces that are most valued by local users are identified and safeguarded, and that opportunities for local volunteers to actively engage in care of green spaces are identified and fully supported. We will continue to direct developer contributions to provide quality facilities within the city's parks that are free at the point of delivery and appeal to all ages and sectors of the local community.
258. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
259. **AMC 4 Introduce Alternate Weekly Collections (AWC) of recycling and residual waste collections.** This proposal would mean residents in houses move from a weekly collection of household waste to a collection of household waste one week and the collection of recycling the next week. This would mean residents would have to store their household waste for two weeks rather than one week. This removes a significant financial pressure on the Council. It will also lead to increased recycling rates and reduced disposal costs.
260. Evidence suggests that in areas of deprivation there may be higher levels of contaminated waste and this may be exacerbated by the changes to collection. Comprehensive, clear and easy to understand information will be given out on how to store food waste for two weeks by double bagging and careful management.
261. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
262. **AMC 5 (i) Increase income from waste charges.** The proposal is to increase Garden Waste charges by £5 (with early bird discount of £5 online). The chargeable service must be able to cover its costs and therefore it is proposed that the charge be increased.
263. Issues include the potential contamination of residual bins with garden waste and fly-tipping by those not wanting to pay for the service. It may be that residents on low incomes/benefits are not able to access this service. However, all residents are able to take their garden waste to the Household Waste Recycling Centre (HWRC) and dispose of their garden waste responsibly and at no cost.
264. If there are cases where residents have difficulty with the weight or the size of the garden waste collection container, assisted collections would be provided in the same way they are for other domestic waste types. Residents are also able to take their garden waste to the HWRC and dispose of it for free. There may also be a discount for residents receiving benefits.
265. There is potential that some residents on low incomes may have less options for transporting waste to the HWRC. Therefore, there is a need to ensure information on the location of alternative HWRCs is clear and promoted, and to encourage help from neighbours, car sharing etc.

266. **AMC 5 (ii) Increase income from waste charges. Introduce a charge for wheeled bin replacement of lost/damaged residual (green lidded) wheeled bins.** The Waste and Recycling Service must be able to cover its costs and this new charge will reduce costs associated with wheeled bins by introducing a charge for replacing any lost or damaged bins. There will be different prices for different sizes of bins to reflect the different cost to the Council. There will be some flexibility, on a case by case basis, to determine when a charge will be applied for a lost or damaged bin.
267. If some residents cannot afford the cost of the replacement service, the service will consider residents' personal situations on a case by case basis. There may be a discount for residents receiving benefits (policy to be developed and approved). Residents can ensure that bins are stored, maintained and numbered appropriately to reduce risk of loss or damage.
268. **SHIL 1 Manage demand by offering alternative to home care for new clients by providing care for new clients by providing advice and information, supporting self-management and signposting to partner services.** With good quality information, made available via a single point of contact, many people will be able to use their own resources to identify what support is available, how much it might cost and whether or not they need any further help to plan the means of meeting their or their relative or friend's needs. It is likely that much of this information will be available online, and some low income households may not have direct access to the internet. The Council will promote public access and digital inclusion in places like libraries.
269. **SHIL 4 (ii) Review of Mental Health services.** The Council proposes to review its relationship with Southern Health Foundation Trust to ensure the agreement continues to offer value for money and the best care possible for services users. This will include work to:
- Consider the joint arrangements in place to ensure they are meeting current level of demand.
 - Work in partnership with health to review all Mental Health care packages to ensure value for money.
 - Review and update policies and procedure and ensure that the provision of aftercare services is appropriate.
 - Review current training to ensure we are meeting legislative requirements.
270. In Southampton, we have approximately 3,500 service users. It is anticipated that the service provision will improve and there will be no interruption in care provision. Services can provide a safe environment for people who face multiple discrimination. Accessing mainstream services may be more challenging for some individuals. This can be mitigated by support to access alternative, appropriate services such as peer support and by working with other agencies to ensure all purchased and community services are accessible to all communities.
271. There are potential impacts if people have to travel further at extra cost to access their support. Alternatively people can chose to access more local services. All service users will be considered in view of their individual needs including age, complexity and access issues.
272. **SHIL 8 (ii) Non-renewal of commissioned outreach and support services for Southampton people living with HIV.** This service has been commissioned to contribute towards improving the health, wellbeing and quality of life of people living with HIV in Southampton alongside the statutory sector provision for HIV treatment and care commissioned by NHS England. The service is provided by Positive Lives and provides emotional and practical support to

individuals and families who are affected by HIV. The service helps individuals to remain in treatment and maintain their viral load under control.

273. The service also provides regular 'HIV Awareness' courses for organisations which are well attended. The aim is to reduce discrimination, which has been found in many settings including health, education and the workplace. Participants feedback is extremely positive and shows the courses are effective. The service supports approximately 120 service users at any one time. This service often supports people that are not working due to their HIV causing ill health. Closure of the service would therefore adversely affect those clients who live in poverty. The service has also supported people discriminated at work when their HIV positive status has been inadvertently disclosed. They have 'educated' the work place and prevented people resigning due to the discrimination they had previously received, or perceived they would receive.
274. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
275. **SHIL 9 Increase employment, skills development, volunteering and other opportunities which promote and maintain independence as an alternative to day services.** This covers all day care including those provided by external providers and Council services at Sembal House and Woolston Community Centre. This proposal aims to address inequalities experienced by people, predominantly those with learning disabilities, but includes a small group of individuals with mental health and physical disabilities, who use the day services, from getting and keeping paid employment. The full impact will not be clear until implemented and outcomes can be monitored.
276. Access to employment and other comparable opportunities usually leads to improved economic situations. However, there are potential impacts if people have to travel further at extra cost to access their support or need to access the benefit system. A change of service for those not accessing employment skills could cause financial difficulties. Alternatively people can chose to access more local services. All services users will have an assessment prior to any service change which will address these issues. Good information and advice about employment based benefits will be provided through the changes. Individual financial circumstances will be considered in any new arrangements that are agreed with the individuals. Costs of transport can be included in a personal budget/direct payment.
277. **SHIL 10 Review substance misuse provision.** The proposal is to reduce investment in drug and alcohol treatment services by working with providers to deliver these services differently in the short term and in the longer term to review services alongside other areas, including homelessness services, to develop a more integrated approach.
278. Work is being undertaken with providers to consider how these services could be delivered differently in future. Should this result in a reduction in service availability, this could have an impact upon the provision of harm reduction and recovery interventions to the citizens of Southampton. This could mean an increase in drug use and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.
279. There is a direct relationship between deprivation and substance misuse. Any reduction in investment could negatively impact on our more deprived populations, exacerbating poverty

and associated health inequalities. There is a need for joint work with partners to address negative consequences.

280. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
281. **Public Health Grant Controlling spend on Emergency Hormonal Contraception.** Emergency Hormonal Contraception (EHC) is a form of contraception that can be used by women to prevent an unwanted pregnancy after unprotected sexual intercourse, including when they have reason to believe that their regular form of contraception may have been compromised, or following an unwanted / unplanned sexual encounter, such as a sexual assault.
282. Southampton City Council commissions community pharmacies to provide access to EHC, plus information and advice, free of charge, to women in Southampton. Women can also access EHC free of charge from GPs or from the integrated sexual health service, or buy it over the counter from a pharmacy. In Southampton, women sought access to EHC through the Council funded pharmacy service on 4,200 occasions in 2015-16.
283. The Council is proposing a reduction in spend on EHC from 2017-18 of approximately £30,000 through the introduction of targeting the Council commissioned element to more vulnerable groups. Whilst there is not good local information about the socio-economic profile of women using EHC, the impact of unplanned pregnancy, particularly where it progresses to a live birth is more profound upon people already living in poverty given the space, accommodation and financial pressures associated with raising children. A rise in unplanned pregnancy would tend to result in a rise in the number of children living in poverty.
284. It might be possible, in addition to relaxing restrictions by age and sexual assault, to relax rationing of free EHC access by deprivation by looking at the postcode of women. However, a mechanism for facilitating this for pharmacists at the point of service delivery has not been identified.

Next steps:

285. A joint discussion will be held between the relevant Service Leads or their nominated representatives on the potential impact, and any further mitigating actions and consultation requirements.

Other Significant Impacts

286. **CYP 1(i) Review and redesign of services including Early Help, Emergency Duty.** The proposal is to review the way Prevention and Early Help for children, young people and their families is provided. The aim is to develop a more coordinated and integrated service; however, any reduction in provision or access may have a negative impact. Other potential significant impacts include: Reductions in school readiness. Reduced resources within children's centres has seen reduced support for parents in accessing early years' provision; our percentage of 3 and 4 year olds attending funded early years' provision has reduced, thus meaning children are less likely to be 'school ready'. Early years' providers have had higher expectations placed

on them, as other support has reduced and the needs of children, and the number of children with Special Educational Needs and Disabilities (SEND), have increased. Should preventative and early help services be reduced, this may result in an increase in inappropriate presentation to Emergency Duty or other specialist health resources, and/or increased demand on the statutory 'front door'.

287. **AMC 1 Review of the free parking at district centre car parks.** Currently in District Centre car parks, parking is free for up to 5 hours with a single charge of £5.50 a day thereafter. The proposal is to reduce the free period to 2 hours. Reducing the free parking period would encourage the turnover of spaces to the benefit of local businesses and residents. However, there could be a negative impact on local workers who use district car parks affected. A low cost season ticket for local workers would be a possible mitigation.
288. **AMC 4 Introduce Alternate Weekly Collections (AWC) of recycling and residual waste collections.** This proposal would mean residents in houses move from a weekly collection of household waste to a collection of household waste one week and the collection of recycling the next week. This would mean residents would have to store their household waste for two weeks rather than one week. This removes a significant financial pressure on the Council. It will also lead to increased recycling rates and reduced disposal costs.
289. Comprehensive information will be given out on how to store food waste for two weeks by double bagging and careful management. Changes to collections from blocks of flats will be phased in gradually over a different timescale. There is also a potential impact on residents whose first language is not English, if changes to collection days are not fully understood. Translated information can be made available if required.
290. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
291. **SHIL 1 Manage demand by offering alternative to home care for new clients by providing care for new clients by providing advice and information, supporting self-management and signposting to partner services.** People with learning disabilities experience a range of health problems earlier than the general population which needs to be factored into the design of alternative services. The needs of all service users will be addressed, taking into account age, complexity and access issues. However, they may be provided in a different way.
292. **SHIL 8 (i) Cease funding contribution for appropriate adult scheme.** The service provides people to act as an Appropriate Adult (AA) for children and young people (in the absence of a parent, guardian or, if the juvenile is in the care of a local authority or voluntary organisation, a person representing that authority or organisation, or a Social Worker) and mentally vulnerable adults (in the absence of a relative, guardian or other person responsible for their care) held in custody at a police station.
293. The service also provides appropriate adults for children or vulnerable adults who are victims or witnesses required at the police station, and for Unaccompanied Asylum Seeking Children who require an age assessment to be undertaken by Children's Services. In terms of impacts, it is possible that responsibility for covering some of this work may fall to the council's operational teams, increasing pressure on those services.

294. **SHIL 8 (ii) Non-renewal of commissioned outreach and support services for Southampton people living with HIV.** This service has been commissioned to contribute towards improving the health, wellbeing and quality of life of people living with HIV in Southampton alongside the statutory sector provision for HIV treatment and care commissioned by NHS England. The service is provided by Positive Lives and provides emotional and practical support to individuals and families who are affected by HIV. The service helps individuals to remain in treatment and maintain their viral load under control.
295. Without support everyone living with HIV is vulnerable to not adhering to their medication programme. This is partly due to the fact that the majority of medications have to be taken on a very strict routine. The service helps them overcome barriers to taking medication. Without adherence viral loads will increase or people may become immune to their medication and have to change to progressively more expensive medications. People become unwell (immune system is low and so infections are picked up etc.) and can be hospitalised. This service helps reduce the onward spread of HIV by keeping those living with it stable and in treatment, working, and also helps reduce stigma associated with HIV.
296. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
297. **SHIL 10 Review substance misuse provision.** The proposal is to reduce investment in drug and alcohol treatment services by working with providers to deliver these services differently in the short term and in the longer term to review services alongside other areas, including homelessness services, to develop a more integrated approach.
298. There is overwhelming evidence that addressing substance misuse issues can have a major impact on mortality and morbidity and thus increase demand for health and care services. Unhealthy behaviours such as long term drug or alcohol use are known to cluster in populations and are a key driver of health inequalities. A reduced substance misuse treatment offer is likely to lead to higher demand on future health and social care services and may increase health inequalities. All emergency services (Police, Ambulance and acute care) are impacted by problematic drug and alcohol consumption and so any reduction in services is likely to lead to increased pressure on these services.
299. An update based on consultation feedback has led to revised budget proposals which will potentially mitigate the impacts originally identified for this proposal.
300. **Public Health Grant Controlling spend on Emergency Hormonal Contraception.** Emergency Hormonal Contraception (EHC) is a form of contraception that can be used by women to prevent an unwanted pregnancy after unprotected sexual intercourse, including when they have reason to believe that their regular form of contraception may have been compromised, or following an unwanted / unplanned sexual encounter, such as a sexual assault.
301. Southampton City Council commissions community pharmacies to provide access to EHC, plus information and advice, free of charge, to women in Southampton. Women can also access EHC free of charge from GPs or from the integrated sexual health service, or buy it over the counter from a pharmacy. In Southampton, women sought access to EHC through the Council funded pharmacy service on 4,200 occasions in 2015-16.
302. The Council is proposing a reduction in spend on EHC from 2017-18 of approximately £30,000 through targeting the Council commissioned element to more vulnerable groups. There is a

risk that, having raised an expectation that women can access EHC for free that a proportion will seek it from the integrated specialist sexual health service commissioned by the Council. EHC provided through this method cannot be capped, and activity would cost more as it would be part of a more comprehensive service offer. There is therefore a risk that a saving on EHC in pharmacy may drive channel shift to a more expensive intervention. Making this a restricted service (rationed) will make it more costly for pharmacy providers to provide the service, whilst reducing associated income.

303. This may result in an increase in unplanned pregnancies which could have an impact on universal children's services (early years' places, school places, children's centres etc.) and more specialist health, wellbeing and safeguarding services.
304. Whilst condoms are not recommended as a reliable form of contraception in the long term, an increase in condom use might have some additional benefits for public health by reducing levels of sexually transmitted infection. Making it clear how those no longer able to access this service would still be able to access EHC would mitigate the impact.
305. Overall it is also likely that this may result in a small net increase in the birth rate, in relation to unplanned pregnancies and services need to monitor the situation so that they can respond appropriately.

Next steps:

306. A joint discussion will be held between the relevant Service Leads or their nominated representatives on the potential impact, and any further mitigating actions and consultation requirements.

Staffing

307. As stated earlier, an initial cumulative impact on staffing is being completed and will be reviewed once all budget related structures and role changes have been developed and consulted on. However, in the meantime, Tables 2 and 3 provide information about the Council's workforce. Data in both tables has been rounded to the nearest decimal point.

Table 2: Employee Profile

Employee Profile	Total	Percentage
Total Workforce	2968	100%
No. of BME employees	119	4.01%
No. of Disabled employees	72	2.42%
No. of Women employees	1793	62.3%

Table 3: Top 5% of Earners

Directorate	Total of Top 5% of Earners	Women	Disabled	Ethnic Minority
Total Number of Employees	167	48.5%	0.6%	4.19%
Number		81	1	7

Based on Quarter 1 2016/17.