

Council's response to questions from Unite relating to the proposals to close Holcroft House

1. Who made the decision to stop the improvement works at Holcroft House, that had already been commenced in 2022? How was the decision made to stop the works and which Council procedure was followed to ensure a democratic process was followed (can records be provided of the decision-making process)?

A revised report at the end of 2022 identified additional works at Holcroft House that would result in additional impact on the safety and wellbeing of our residents and additional financial implications that had not been approved. In January 2023 a paper was taken to CMB whereby a decision was made that no further refurbishment work should be undertaken at Holcroft House until further consideration was given to the future of the building.

2. Why were brand new bespoke fire doors and bespoke fire door surrounds purchased and stored at Holcroft House for one zone of the fire safety schedule plan of works to commence, for then this to be put on hold last November?

Whilst the proposed plan with the approach of phasing over 78 weeks was being drafted and sent for approval, it was agreed the doors for the first phase could be ordered to reduce delay in starting. However, the first phase had to be put on hold due to a resident who was at 'end of life' and it was not appropriate to start the work at this time.

3. How much cost is involved in this because if it is not used for its purpose at Holcroft House then it will all be wasted because it is bespoke to the Holcroft House building?

£37,000 has been spent from the £610,000 capital budget to date.

4. How much money was allocated for the improvement works at Holcroft House in the previous financial year's budget and how much was allocated for those works in this financial year?

22/23 Capital budget was £610k

23/24 Capital budget slippage from 22/23 was £573k (this is the remainder as £37k was spent on work 22/23)

5. Who made the decision to stop accepting new residents/admissions to Holcroft House and when did new admissions stop?

The decision was made by the Adult Social Care Management Team in January 2023.

6. To ensure compliance with the Public Sector Equality Duty an Equality Impact Assessment should be conducted. Has the Council completed an EIA to consider the impact and fairness of the closure and can a record of the assessment be shared as part of the public and staff consultation about the future of Holcroft House?

An ESIA has been completed and has been included in the Cabinet papers published on the Southampton City Council website.

7. Could the Council end working practices such as 'task and finish' in Waste Operations and use the money saved to support the future of Holcroft House?

No. Salaries are funded by the revenue budget, major works are funded through the Capital Budget.

8. How much was Glen Lee sold for and will the Council use the funds raised from the sale of Glen Lee to support the improvement and future of Holcroft House?

The site of Glen Lee has not been sold by the Council, it is still in the Council's ownership. The future use of the site will be confirmed later this financial year.

9. What is the forecast cost of closing Holcroft House (including redundancy payments, decommissioning the building, maintaining security of the building while not occupied etc)?

This has been included in the Cabinet papers published on the Southampton City Council website.

10. Have the forecast financial figures, on which the closure proposals are based, included the potential rise in private provider fees once Holcroft House is closed?

Inflation is a factor on all options and so the options/calculations are based on the current position.

11. Which private providers will the Council commission its residential dementia care services from if the home closes?

There are 14 homes in Southampton which can be commissioned to provide residential care.

12. Has the Council checked the terms and conditions for employees and workers of those private providers (including hourly rate of pay, sickness payments, pensions, permanency of contracts, regularity of hours, trade union

recognition and collective bargaining arrangements etc)? If so, have differentials in the terms and conditions of employment been identified and what will the Council do to ensure staff do not suffer detriment if they have to take up employment with private providers?

The Council are committed to supporting employees to secure redeployment opportunities internally as much as possible. Support is also being offered with interview skills, applications etc. In the event that redeployment is unsuccessful or unwanted then a redundancy payment will be applicable. This is in line with corporate policy and procedure.

13. Has the Council reviewed the tax arrangements used by the private providers it is likely to use, to ensure those companies pay tax in the UK? If not, does it have the intention to do so and will it share its findings?

19 of the 21 private residential care homes in the city supporting older people are not part of regional or national companies and run as either standalone businesses or part of small groups of several homes. Therefore, complex tax arrangements are unlikely to be applicable to the majority of the market.

14. When agreeing and commissioning residential dementia care placements will the Council ensure that as part of tender documents and contract specifications it includes the criterion that they will only agree to engage with providers who are registered and pay tax in the UK?

This is not currently part of commissioning arrangements given the composition of the market described in Q14.

15. Focusing on the wellbeing of residents and consistency of care: will private providers of residential dementia care services give residents the same level of contact time and what is their staff turnover like?

All care providers are required to deliver appropriate levels of care to meet the individual needs of each person as described in their care and support plans.

Data from Skills for Care reports that the staff turnover rate within Southampton adult social care providers in 2021/22 was 31.5%. Data for 2022/23 is due to be published in October 2023. National average is 29%.

16. Has the Council checked the future stability of the private providers it will be reliant on Holcroft House close?

Commissioners have regular contact with care providers and discuss any early indications of instability. Given the number of homes this is not currently considered to be a significant risk (see Q17 below).

17. What contingency plan does the Council have if one or several private providers fold, close or go into administration after Holcroft House is closed? What reserves will need to be or have been set aside to cope with this situation, should it arise?

There are 14 residential care homes in the city with a total capacity of 535 beds, 69 of which are currently vacant. No single home closure is likely to have a significant impact on the overall capacity in the market. Where a home indicates that they may be at risk of closure (for whatever reason) we have a provider failure policy which would be put into place.

18. It is understood that the Council is committing to meet the difference between the cost of Council owned residential care and private provider care for current residents, but how will the Council assist those who would have been residents of Holcroft House, had they stayed open, to meet the cost of private residential care, after the homes close?

Residents eligible for council funded care will continue to be in receipt of funded placements.

19. To ensure the Council's current and on-going legal duty under the Care Act 2014, has the admissions criteria for the private providers in the City been obtained and checked to ensure there will be adequate provision of residential dementia care to meet the needs of residents of Holcroft House as well as those who were on the waiting lists for the homes and those who are in hospital waiting on a place in residential dementia care homes?

There are currently 69 vacant beds within residential care homes which will provide adequate provision for those from Holcroft. Care homes do not usually have waiting lists. Hospital discharges tend to be into nursing homes rather than residential homes so this is not a significant impact on residential home occupancy.

20. In relation to Best Interest Assessments and legal implications- where it's recorded that it's in the resident's best interest to remain at Holcroft House?

In general terms, when making best interest decisions for our service users, those decisions will be recorded in council records and/or at the care home.

21. Impact on hospital discharge times for people with dementia (Southampton residents) – consultation with Health Service partners?

There are sufficient placements in the city for residents with dementia requiring a residential placement.

22. Have adult social care practitioners (internal to the Council and external) been consulted about the proposed closure of Holcroft House and have their

experiences of finding suitable accommodation for adults with dementia been obtained and considered?

Directly impacted staff have been consulted on the fire safety concerns. There is sufficient provision for residents with dementia requiring residential care in the city.

23. Review of public consultation that's currently underway – no alternatives to closure included in the text presented, the way the proposal is presented is misleading and doesn't explain why alternatives may not be viable for the public to provide informed views – will there be a supplementary consultation outlining the options available with financial implications and risks to residents and workforce?

Thank you for the feedback on how the consultation questions. This has been fed back to the data and insight team in order to improve. No further consultation on the future of Holcroft House will be undertaken.

24. What alternative forms of care are available in the City for adults with dementia who have an assessed need for secure residential care? Is the cost of that care equivalent to Holcroft House and is there capacity to accommodate current and future need?

Availability noted above.

25. Has the Council reviewed how many of the city's residents are in hospital waiting for a place in residential dementia care? If so, how many are waiting on places in dementia specialising residential care and how much does it cost the NHS per week to keep those people in a bed in hospital?

The majority of hospital discharges into care homes occur into nursing homes rather than residential homes. The needs assessments for nursing and residential care completed in 2021, took account of this and concluded that there was sufficient residential care provision for the local population until at least 2030.

26. Have Health partners been approached for assistance in the development of the homes on the basis that keeping Council owned dementia residential homes assists in alleviating the bed crisis in Southampton's hospitals?

There are sufficient placements in the city for residents with dementia requiring a residential placement. The Integrated Commissioning Unit is a joint team of commissioners from the council and ICB (NHS) and has been involved throughout the process. The majority of care home referrals for discharges from the hospital are for nursing home placements so Holcroft and other residential homes without nursing do not play a significant part in this.

27. Has the council spoken to the Clinical Commissioning Group and other colleagues in the NHS about how best to reduce spending in adult social services and health services, through a multi-agency approach? If so, what was the outcome of those conversations and can records be shared with the public if they haven't already?

The Integrated Commissioning Unit is a joint team of commissioners from the council and ICB (previously called the CCG) and has been involved throughout the process. The ICU and adult social care colleagues work closely together to identify opportunities to reduce spending.

Performance information and details of work being undertaken to identify opportunity to ensure the Adult Social Care budget is spent in the most effective way, is reported to the Health Overview and Scrutiny Panel meeting.

28. What jobs can the Council offer those who would be at risk of redundancy if the homes were to be closed? Would those jobs be available at the time the homes closed?

A list of Council vacancies is being provided to staff at Holcroft on a weekly basis. Staff are being invited to join the redeployment register at the earliest opportunity and management will be as flexible and supportive as possible with regards to releasing staff that have secured internal opportunities.

29. Holcroft House take emergency admissions and offer respite for unpaid carers, some of whom would not cope if this was not available to them (admissions criteria and affordability can mean respite is out of reach). The majority of those who would be impacted (in relation to their mental and physical health, finances, employment and age) due to the limited availability of respite would be likely to be women and those with low income or in poverty. Has the Council considered the equality impacts for relatives, friends and spouses of residents in the proposals to close these homes?

Emergency admissions and respite are provided by other residential care providers and the process will remain the same.

30. Based on needs assessments for current residents at Holcroft House and any potential future residents with equivalent needs would it be appropriate for those residents to live independently in their own homes?

Reviews will be undertaken on an individual basis by trained social workers and the most appropriate type of accommodation, based on individual need will be recommended.

31. What research provides evidence that people would prefer to remain living independently in their own homes? Which group/s of people were surveyed and are their needs the same as those who reside at Holcroft House?

The consultation is in relation to the wellbeing of residents and with regard to the fire safety works required at Holcroft House. These residents have been assessed as requiring residential care, and no longer safe to live independently in their own homes.

32. Holcroft House has not had an opportunity to reach full capacity since the Glen Lee closure, mainly due to Covid and then reducing numbers to be able to complete the fire safety works. How can the council make a financial decision based on only partial capacity over the last four years?

The budget has not reduced in that time. The financial information is included in the full report for Cabinet.

33. What was the rationale for putting a stop on long term admissions to Holcroft House when no decision about the future of the homes has been made? How many long-term admissions have been refused as a result of this instruction? How much income has been lost due to the stop on long-term admissions?

Refer to the timeline in the response to question 1. Due to the sufficient provision in the city all requirements for placements have been met.

34. If the homes close, what plans does the Council have for the buildings and the land the homes are on?

Further consideration for the long-term future of Holcroft House will be take to the Corporate Property Management Board.

35. If the homes were to close there will be an impact on local businesses, like the convenience shop at 165 Hinker Road which benefits from the passing trade from visitors to the home and staff purchases. Has the Council considered the impact of the closures on surrounding businesses and the impact of this on the local economy? If not, does the Council intend to explore and put in measures to mitigate the economic impacts of the closures on local businesses?

The Council's assessment has not extended to impact on local businesses.

36. Has the Council considered the long-term savings that could be achieved by investing and developing the services provided by Holcroft House? If not, when will it do so and publish its findings?

The Cabinet Report sets out the revenue budget for Holcroft House and the cost of investment.

37. Has the Council forecast the city's population age demographics for the coming 5-10 years (or more) to ensure care provision is adequate for the future older population and their social care needs? If not, when will this be done and will the Council consider this information in its decision-making process in October 2023?

The Council completed a needs assessment in 2021 for residential and nursing home provision which was based on the future population forecasts. The outcome from this was that there is sufficient residential care provision until at least 2030.

38. To bring down the amount spent on Agency staff, will the Council offer permanent contracts to current Agency staff and apprenticeships for young people at Holcroft House?

Pending the staff consultation, council contracts will not be offered to agency staff. They will be able to apply for any council vacancies in line with policy and procedure. Similarly new apprenticeship opportunities will not be offered during this time. Existing staff are continuing to be supported with training and apprenticeship opportunities that are already in place wherever possible.

39. If Holcroft were to close and Southampton was to find itself in a position where it needs to buy or build homes with a similar capacity to Holcroft House in similar locations in the future, has the cost of this been forecast and considered against the cost of keeping the homes open and investing in them?

There is sufficient capacity within the city. The needs assessments for nursing and residential care completed in 2021 concluded that there was sufficient residential care provision for the local population until at least 2030.

40. What will be done to meet the needs of those families whose loved ones require residential care but may be from lower income brackets?

Residents eligible for council funded care will continue to be receipt of funded placements. Adults who are funded by Southampton City Council will be supported to find alternative placements that meet their care needs.

41. Could Holcroft House be set up as a business unit in the same way as Southampton City Council's Archaeology Unit has been?

This option has not been considered due to the differences in the type of service provided.

42. Has the Council collated data on the protected characteristics of the workforce at Holcroft House, the residents and the relatives who would be affected by

the closures? If the information has been collated, when will it be anonymised and published?

An ESIA has been completed for SCC staff at Holcroft House.

43. The administration previously made a decision to close Kentish Road, however was forced to accept that this was a misguided decision that ended up costing that tax payer a significant amount of money. How can you be sure that the decision to close Holcroft house isn't another misguided decision that will not only cost more, but result in vulnerable people losing their home?

The Cabinet report sets out the rationale for the recommendation.