

Public Document Pack

Cabinet

Tuesday, 20th November, 2018
at 4.30 pm

PLEASE NOTE TIME OF MEETING

Council Chamber - Civic Centre

This meeting is open to the public

Members

Leader and Clean Growth & Development –
Councillor Hammond
Adult Care - Councillor Fielker
Aspiration, Schools & Lifelong Learning –
Councillor Paffey
Children & Families - Councillor Jordan
Community Wellbeing – Councillor Shields
Finance & Customer Experience - Councillor Chaloner
Green City – Councillor Leggett
Homes & Culture - Councillor Kaur
Transport & Public Realm - Councillor Rayment

(QUORUM – 3)

Contacts

Cabinet Administrator
Judy Cordell
Tel. 023 8083 2766
Email: judy.cordell@southampton.gov.uk

Director of Legal and Governance
Richard Ivory
Tel: 023 8083 2794
Email: richard.ivory@southampton.gov.uk

BACKGROUND AND RELEVANT INFORMATION

The Role of the Executive

The Cabinet and individual Cabinet Members make executive decisions relating to services provided by the Council, except for those matters which are reserved for decision by the full Council and planning and licensing matters which are dealt with by specialist regulatory panels.

The Forward Plan

The Forward Plan is published on a monthly basis and provides details of all the key executive decisions to be made in the four month period following its publication. The Forward Plan is available on request or on the Southampton City Council website, www.southampton.gov.uk

Implementation of Decisions

Any Executive Decision may be “called-in” as part of the Council’s Overview and Scrutiny function for review and scrutiny. The relevant Overview and Scrutiny Panel may ask the Executive to reconsider a decision, but does not have the power to change the decision themselves.

Mobile Telephones – Please switch your mobile telephones to silent whilst in the meeting.

Use of Social Media

The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair’s opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council’s Standing Orders the person can be ordered to stop their activity, or to leave the meeting.

By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council’s Guidance on the recording of meetings is available on the Council’s website.

The Southampton City Council Strategy (2016-2020) is a key document and sets out the four key outcomes that make up our vision.

- Southampton has strong and sustainable economic growth
- Children and young people get a good start in life

Executive Functions

The specific functions for which the Cabinet and individual Cabinet Members are responsible are contained in Part 3 of the Council’s Constitution. Copies of the Constitution are available on request or from the City Council website, www.southampton.gov.uk

Key Decisions

A Key Decision is an Executive Decision that is likely to have a significant:

- financial impact (£500,000 or more)
- impact on two or more wards
- impact on an identifiable community

Procedure / Public Representations

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

Fire Procedure – In the event of a fire or other emergency, a continuous alarm will sound and you will be advised, by officers of the Council, of what action to take.

Smoking policy – The Council operates a no-smoking policy in all civic buildings.

Access – Access is available for disabled people. Please contact the Cabinet Administrator who will help to make any necessary arrangements.

Municipal Year Dates (Tuesdays)

2018	2019
19 June	15 January
17 July	12 February (Budget)
21 August	19 February
18 September	19 March
16 October	16 April
20 November	
18 December	

- People in Southampton live safe, healthy, independent lives
- Southampton is an attractive modern City, where people are proud to live and work

CONDUCT OF MEETING

TERMS OF REFERENCE

The terms of reference of the Cabinet, and its Executive Members, are set out in Part 3 of the Council's Constitution.

RULES OF PROCEDURE

The meeting is governed by the Executive Procedure Rules as set out in Part 4 of the Council's Constitution.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

- a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
- b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

1 APOLOGIES

To receive any apologies.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

EXECUTIVE BUSINESS

3 STATEMENT FROM THE LEADER

4 RECORD OF THE PREVIOUS DECISION MAKING (Pages 1 - 2)

Record of the decision making held on 16th October, 2018 attached.

5 MATTERS REFERRED BY THE COUNCIL OR BY THE OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE FOR RECONSIDERATION (IF ANY)

There are no matters referred for reconsideration.

6 REPORTS FROM OVERVIEW AND SCRUTINY COMMITTEES (IF ANY)

There are no items for consideration

7 EXECUTIVE APPOINTMENTS

To deal with any executive appointments, as required.

MONITORING REPORTS

8 CORPORATE REVENUE FINANCIAL MONITORING FOR THE PERIOD TO THE END OF SEPTEMBER 2018 (Pages 3 - 28)

Report of the Cabinet Member for Finance and Customer Experience summarising the General Fund and Housing Revenue Account (HRA) revenue financial position for the Authority for the six months to the end of September 2018, and highlighting any key issues by Portfolio which need to be brought to the attention of Cabinet.

9 CAPITAL FINANCIAL MONITORING FOR THE PERIOD TO THE END OF SEPTEMBER 2018 (Pages 29 - 42)

Report of the Cabinet Member for Finance and Customer Experience informing Cabinet of any major changes in the overall General Fund and Housing Revenue Account (HRA) capital programme for the period 2018/19 to 2022/23, highlighting the changes in the programme since the last reported position to Cabinet in September 2018. The report also notes the major forecast variances against the approved estimates.

ITEMS FOR DECISION BY CABINET

10 COURT LEET PRESENTMENTS 2018 (Pages 43 - 56)

To consider the report of the Director of Legal and Governance detailing the presentments accepted at Court Leet, actions taken to date and Cabinet Members or officers identified to lead on the response and any further action.

11 HANTS AND IOW SYSTEM REFORM PROPOSAL (Pages 57 - 108)

To consider the report of the Chief Executive detailing the System Reform Proposal as developed by Hampshire and Isle of Wight Sustainability and Transformation Partnership's (STP) Executive Delivery Group (EDG) and informed by broader health and care system leadership.

12 DISPOSAL OF LAND AT REDBRIDGE WHARF PARK (Pages 109 - 116)

To consider the report of the Leader, Clean Growth and Development seeking approval to advertise the intention to dispose of land at Redbridge Wharf Park to Network Rail. Network Rail has obtained planning permission for change of use of the Council's land from open space and landscaping into operational railway use and construction of new railway sidings and associated works.

13 HOMELESSNESS PREVENTION STRATEGY 2018 - 2023 (Pages 117 - 130)

To consider the report of the Cabinet Member for Homes and Culture seeking approval of the Homelessness Prevention Strategy 2018-2023.

14 TOWNHILL PARK INFRASTRUCTURE FUND AND FUTURE PROGRAMME □
(Pages 131 - 136)

To consider the report of the Cabinet Member for Homes and Culture detailing the Housing Infrastructure Fund Offer and commitment to future delivery of the regeneration scheme.

Monday, 12 November 2018

Director of Legal and Governance

SOUTHAMPTON CITY COUNCIL
EXECUTIVE DECISION MAKING

RECORD OF THE DECISION MAKING HELD ON 16 OCTOBER 2018

Present:

Councillor Hammond	Leader, Clean Growth and Development
Councillor Rayment	Transport and Public Realm
Councillor Shields	Community Wellbeing
Councillor Dr Paffey	Aspiration, Schools and Lifelong Learning
Councillor Fielker	Adult Care
Councillor Leggett	Green City

Apologies: Councillors Chaloner, Jordan and Kaur

20. CONSULTATION ON THE PROPOSED CREATION OF A NEW COMBINED FIRE AUTHORITY FOR HAMPSHIRE, ISLE OF WIGHT, PORTSMOUTH AND SOUTHAMPTON

DECISION MADE: (CAB 18/19 21583)

On consideration of the report of the Leader, Clean Growth and Development and having received representations from Neil Odin, Chief Officer, Hampshire Fire and Rescue Authority for Hampshire, Isle of Wight, Portsmouth and Southampton, Cabinet agreed the following:-

- (i) To consider the Consultation Information Pack included in Appendix 1.
- (ii) To delegate power to the Interim Chief Executive of the Council, following consultation with the Leader of the Council, Clean Growth and Development to respond to the Hampshire Fire and Rescue Authority Consultation on the proposed creation of a new Combined Fire Authority for Hampshire, Isle of Wight, Portsmouth and Southampton.

21. ACCEPTANCE OF EUROPEAN SOCIAL FUNDING FOR THE DELIVERY OF A SOLENT APPRENTICESHIP HUB

DECISION MADE: (CAB 18/19 21424)

On consideration of the report of the Cabinet Member for Aspiration, Schools and Lifelong Learning, Cabinet agreed the following:-

- (i) To accept a grant of £0.96M from the European Social Fund via the Department for Work and Pensions (DWP) for the Solent Apprenticeship Hub and approve, in accordance with Financial Procedure Rules, revenue expenditure for the delivery of the programme until December 2021;
- (ii) To approve the contribution of £0.29M from Southampton City Council, as part of a total match funding of £0.96M, towards the project from existing staff time. Individual organisations contributions are detailed in paragraph 10 of the report;

- (iii) To approve the Council to act as Lead Accountable Body for the administration of the grant funding for the Solent Apprenticeship Hub which totals £1.91M across the Solent Local Enterprise Partnership (LEP) area; and
- (iv) To delegate authority to the Director of Growth, following consultation with the Cabinet Member for Aspiration, Schools and Life Long Learning, to undertake such actions necessary to enable the successful delivery of the Solent Apprenticeship programme, including procurement of services.

22. MEDIUM TERM FINANCIAL STRATEGY UPDATE 2018/19 TO 2022/23
 DECISION MADE: (CAB 18/19 21537)

On consideration of the report of the Cabinet Member for Finance and Customer Experience, having received representations from Unison and Unite and a Member of the Council and having complied with paragraph 15 of the Council's Access to Information Procedure Rules, Cabinet agreed the following:-

- i) To note the high level forecast for the General Fund for 2018/19 onwards contained in paragraph 9.
- ii) To note and ratify that a Solent Business Rates Retention Pilot bid was submitted to the MHCLG as detailed in paragraph 19.
- iii) To note the pressures which have been included in the forecast which are set out in paragraphs 24 to 42.
- iv) To note the Executive's initial savings proposals put forward for consultation in Appendices 2 to 6 which amount to £10.45M by 2021/22.
- v) To note that the Executive's budget proposals for consultation are based on the assumption that they will recommend a Council Tax increase of 2.99% to Full Council as per paragraph 77.
- vi) To note the implications of the savings proposals on the Capital Programme and to approve the additions to the capital programme as detailed in paragraph 88 and give approval to spend.
- vii) To note that the Executive's initial savings set out in Appendices 2 to 6 propose the deletion of 123.04 Full Time Equivalent (FTE) posts, of which 18.33 FTE are vacant, leaving 104.71 FTE at risk of redundancy or TUPE transfer.
- viii) To note the consultation on the Executive's draft budget proposals will commence on 24th October 2018 and note the consultation proposals and methodology set out in paragraph 108.
- ix) To note the additional specific consultations on: revising the Adult Social Care Charging policy, closure of two council owned residential care homes, and revising service charges for tenants (Housing Revenue account). These will be carried out under their respective statutory consultation and representation regimes and will commence on 24th October 2018 and run in parallel with the main budget consultation.
- x) To delegate authority to the Chief Financial Officer (CFO), following consultation with the Cabinet Member for Finance and Customer Experience, to do anything necessary to give effect to the proposals contained in this report.

Agenda Item 8

DECISION-MAKER:	CABINET		
SUBJECT:	CORPORATE REVENUE FINANCIAL MONITORING FOR THE PERIOD TO THE END OF SETPEMBER 2018		
DATE OF DECISION:	20 NOVEMBER 2018		
REPORT OF:	CABINET MEMBER FOR FINANCE & CUSTOMER EXPERIENCE		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Sue Cuerden Jo Knight	Tel: 023 8083 4153 023 8083 2585
	E-mail:	Sue.Cuerden@southampton.gov.uk Jo.Knight@southampton.gov.uk	
Director:	Name:	Mel Creighton Service Director Finance and Commercialisation	Tel: 023 8083 4897
	E-mail:	Mel.Creighton@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY
N/A
BRIEF SUMMARY
This report summarises the General Revenue Fund and Housing Revenue Account (HRA) financial position for the Authority as at the end of September 2018, and highlights any key issues by portfolio which need to be brought to the attention of Cabinet.

RECOMMENDATIONS:

<u>General Revenue Fund</u>	
It is recommended that Cabinet:	
i)	Note the forecast outturn position is an overspend of £2.91M, as outlined in paragraph 3.
ii)	Note that the forecast overspend for portfolios is £6.91M as outlined in paragraph 4 to 14.
iii)	Note the delivery to date of the agreed savings proposals approved for 2018/19 as detailed in paragraphs 15 to 18.
iv)	Note the Key Financial Risk Register as detailed in paragraph 25 and appendix 1.
v)	Note the performance against the financial health indicators detailed in paragraphs 29 and 30 and appendix 2.
vi)	Note the performance of treasury management, and financial outlook in paragraphs 31 to 38 and appendix 3.
vii)	Note the performance outlined in the Quarterly Collection Fund Statement attached at appendix 4 and detailed in paragraphs 42 to 43.

Housing Revenue Account

It is recommended that Cabinet:

- viii Note the forecast outturn position is an overspend of £0.95M as outlined in paragraphs 39 to 41.

REASONS FOR REPORT RECOMMENDATIONS

1. To ensure that Cabinet fulfils its responsibilities for the overall financial management of the Council's resources.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not Applicable.

DETAIL (including consultation carried out)

FINANCIAL POSITION

3. Table 1 below sets out the financial position of the General Revenue Fund.

Table 1 – General Revenue Fund Forecast Outturn Position for 2018/19

	Budget £M	Forecast £M	Variance £M
Adults	67.05	69.92	2.87 A
Aspiration, Schools & Lifelong Learning	3.76	5.20	1.44 A
Children's & Families	36.15	38.79	2.64 A
Community Wellbeing	(4.76)	(4.86)	0.10 F
Finance & Customer Experience	20.36	20.26	0.10 F
Green City	0.44	0.43	0.01 F
Homes & Culture	7.06	6.81	0.24 F
Leader and Clean Growth & Development	13.39	12.34	1.05 F
Transformation	0.00	1.68	1.68 A
Transport & Public Realm	23.74	23.52	0.22 F
Total Portfolios	167.20	174.11	6.91 A
Levies & Contributions	0.63	0.63	0.00
Capital Asset Management	10.95	10.95	0.00
Other Expenditure & Income	5.32	1.32	4.00 F
Net Revenue Expenditure	184.10	187.01	2.91 A
Council Tax	(95.94)	(95.94)	0.00
Business Rates	(99.21)	(99.21)	0.00
(Top Up)/Tariff	28.29	28.29	0.00
Non-Specific Government Grants	(17.26)	(17.26)	0.00
Total Financing	(184.10)	(184.10)	0.00
(SURPLUS)/DEFICIT	0.00	2.91	2.91 A

This financial summary details the budget against forecast expenditure and the subsequent variance. The current net revenue expenditure budget is £184.10M, no

	change from the previous quarter. The current forecast net expenditure against this budget is £187.01M giving a forecast overspend of £2.91M, a reduction of £3.41M compared to the previous quarter. An explanation of these variances is found in paragraphs 4 to 14.
	<u>Explanation of Variances</u>
4.	There is a forecast overspend on portfolios of £6.91M. The significant issues regarding each portfolio are detailed the following paragraphs.
5.	<p><u>Adults £2.87M Adverse Variance</u></p> <p><u>Long Term £2.42M adverse variance</u></p> <p>The adverse variance is due to £1.13M of currently unachieved savings targets and client costs per package continuing to increase. Since quarter one, there has also been an increasing number of new higher cost clients which has exacerbated this position. The unachieved savings targets are mainly based on reducing the numbers of client care packages within the Older Persons and Physical Disabilities areas. Savings plans are still being developed in this area to finalise the mechanisms for implementing this reduction. Currently numbers of client packages remain stable, with no significant overall increases or decreases since initial decreases at the start of the financial year. However, there has continued to be an increase in the number of referrals to the service.</p> <p>The adverse position is split over the following:</p> <ul style="list-style-type: none"> • £0.04M on Learning Disability packages, and • £2.38M on Older Persons & Physical Disability packages. <p>This overspend is net of £0.80M Integrated Better Care Funding.</p> <p><u>Safeguarding Adult Mental Health & Out of Hours £0.49M adverse variance</u></p> <p>There has been an increased number of high cost residential Adult Mental Health clients transferring from Health to Adult Social Care during the last 6 months which has increased costs by £0.49M accordingly. The net number of clients has not increased, however the average cost per client has increased due to the increased number of clients with more complex needs. This has increased significantly in months' 5 and 6. This has also led to the un-achievement of the £0.13M savings target in this area.</p> <p><u>Provider Services £0.51M adverse variance</u></p> <p>There has been a significant increase in the use of temporary staffing at the Glen Lee and Holcroft residential care homes. This is due to Care Quality Commission recommendations being implemented following the recent inspection of Glen Lee and long term sickness and vacancies at Holcroft care home.</p> <p><u>Reablement & Hospital Discharge £0.38M favourable variance</u></p> <p>There is a £0.18M underspend relating to staffing, the main reason for this is due to staffing vacancies which are in the process of being filled following the phase 3 staffing review. There is additional income of £0.20m forecast to be received from the NHS Southampton City Clinical Commissioning Group and Hampshire County Council to reduce hospital discharge wait times and respite costs.</p> <p><u>Adult Services Management £0.04M adverse variance</u></p> <p>There is currently an overspend of £0.04M forecast in this area due to temporary staffing costs arising from the phase 3 restructure, which are expected to be resolved by the end of the financial year, amounting to £0.27M. These costs have offset the quarter one favourable forecast for Care Act implementation which will not</p>

	<p>be required.</p> <p><u>ICU Provider Relationships £0.16M favourable variance</u></p> <p>Housing related support contract savings of £0.10M have been achieved. This saving is recurring and has been put forward as part of budget savings for 2019/20 onwards.</p> <p>Further in year contract savings have been identified of £0.05M for transition and decommissioning plus additional supplies and services savings of £0.01M.</p>
6.	<p><u>Aspiration, Schools & Lifelong Learning £1.44M Adverse Variance</u></p> <p><u>Education – Early Years & Asset Management £1.21M adverse</u></p> <p>Legislative change in the Home to School Transport (HTST) provision requiring local authorities to extend this service to early years and post 16 pupils has caused a pressure in this area. This has been added to by an increase in the number of children with high needs requiring transport to school. The HTST pressure is forecast to be £1.3M. Extensive reviews of the provision to find efficiencies have been undertaken which have included parent consultations and reviewing the provision provided by neighbouring Authorities have failed to find savings. The service is working on a number of new proposals to mitigate the pressure including; providing training for independent travel for post 16 age group; introducing charging for Post 16 HTST to generate income and the withdrawal of some parts of the Early Learning Group HTST provision. Savings will need to be found from within the wider portfolio.</p> <p><u>Education – High Needs & Schools £0.17M adverse</u></p> <p>The Jigsaw service is forecasting an overspend of £0.35M. This consists of:</p> <ul style="list-style-type: none"> • An overspend of £0.26M due to an increase in the number of children with High Needs being placed in residential placements, and • £0.09M for an increase in payments to new Direct Payment clients. <p>There is a review being carried out to ensure the provision is appropriate to meet need.</p>
7.	<p><u>Children & Families £2.64M Adverse Variance</u></p> <p><u>Quality Assurance Business Unit £0.36M adverse</u></p> <p>To meet the needs of the service, there has been an additional staffing requirement during this year. An income target of £0.28M was set for the Workforce Development team's traded services for this year. This is not expected to be achieved leading to a forecast adverse variance is £0.20M.</p> <p><u>MASH & CIN (£0.21M adverse, £0.21M adverse movement</u></p> <p>Four social worker posts in the Assessment Teams were due to be removed in 2018/19 as part of the Phase 3 restructure. However, due to the requirement of the service, these posts have been retained at a forecast additional cost of £0.20M.</p> <p><u>Specialist Core Services £0.66M favourable</u></p> <p>There is a favourable forecast due to a countywide shortage in Social Workers and difficulty in recruitment. An ongoing recruitment drive to fill the remaining posts continues and the forecast takes into account agency staff used to cover vacant posts.</p> <p><u>Looked After Children £2.65M adverse</u></p> <p>The forecast for residential, IFA, SCC fostering, adoption allowances and special guardianship orders reflect the current numbers of children in care adjusted for any children that are forecast to leave care or move into the pathways team at staying put rates of care costs. This reflects a forecast adverse variance of £2.59M. The forecast for Residential IFA's and in-house fostering have a favourable movement of</p>

	£0.19M from quarter 1. This is due to a review of cases which have stepped down to less costly options and Supported Housing and staffing savings.
	The budgets for LAC have been amended to reflect the savings required in these areas. Additional LAC budget reductions have been put through of £0.22M to fund the new step down team. The edge of care team, step down team and the new placements team will be reviewed to assess their effectiveness and be amended if necessary to maximise the savings to be made this year.
8.	<u>Community Wellbeing £0.10M Favourable Variance</u>
	<u>Prevention & Inclusion Service £0.10M favourable variance</u> The Youth Offending Service is making savings on supplies and services, together with an underspend due to vacant posts which will be recruited to later in the year. The previously reported overspend on Public Health is being offset by savings from vacant posts.
9.	<u>Finance & Customer Experience £0.10M Favourable Variance</u>
	<u>Business Operations & Digital £0.10M favourable variance</u> Due to significant staff turnover and staff being paid at a lower spinal column point than budgeted, there is forecast to be a favourable variance in this area.
10.	<u>Green City £0.01M Favourable Variance</u>
	There are no significant variances to report.
11.	<u>Homes & Culture £0.24M Favourable Variance</u>
	<u>Cultural Services £0.20M favourable variance</u> The majority of the spend relating to the Southampton Treasures project to move the Council's heritage collections out of the Collection Management Centre and into the Pavilion space at SeaCity is expected to take place in 2019/20. The £0.20M additional budget allocated in 2018/19 is being reported as a favourable variance and a budget carry forward will be requested at year-end. The previously reported adverse variance due to works at SeaCity and Tudor House will now be met from underspends within the service
12.	<u>Leader and Clean Growth & Development £1.05M Favourable Variance</u>
	<u>Capital Assets £0.58M favourable</u> An unachieved saving of £1.70M related to property rationalisation is creating a pressure in the in-year budget. This is being managed from underspends within the service on staffing, the repairs and maintenance budget, along with increased investment property income following rent reviews and new investments. These elements are now forecast to outweigh the pressure creating a favourable variance in year. The forecast underspend on the planned maintenance budget of £0.93M from a reduced work programme in year in relation to work on civic buildings has been assessed to provide adequate maintenance of the civic building portfolio. <u>Chief Executive £0.29M favourable</u> Savings have been identified following a line by line review of income and expenditure across the service with majority of the savings due to reductions in agency costs and lower than budgeted costs for interim staff.
13.	<u>Transformation £1.68M Adverse Variance</u>
	Reflection has been given on the ability of the procurement team to be able to

impact on the overall redesign of Adult Social Care and by default the associated addressable spend linked to the Procurement Guarantee. It is expected that a reduction in the Procurement Guarantee (£1.83M) will be considered to remove Adult Social Care Spend in 2018/19.

Additionally, when setting the 2018/19 budget in February 2017, an assumption was made that additional digital savings of £1.40M could be achieved. These savings are now not expected.

£1.55M of reserves has been released to help meet this pressure.

14. **Transport & public Realm £0.22M Favourable Variance**

City Services – Waste Management £0.37M adverse variance

Damage and repair costs are forecast to be overspent by £0.22m in 2018/19, as a result of an ageing fleet. Approval has been sought to commence procurement of replacement refuse freighters. An adverse variance in Waste of £0.08M arises from the continued security guard presence at the City Depot due to CCTV not providing enough coverage.

The budget for 2018/19 included a target relating to alternative service delivery models, of £0.45m. City Services, along with car parks, went through a Business Academy process late in 2017/18. Following the Council decision to pause the LATCo in July, the forecast has been amended to reflect the proposals put forward as part of this process, generating an adverse variance in 2018/19 of £0.33m. The adverse variances are being partially offset by savings on waste disposal costs arising from the implementation of AWC.

City Services – Open Spaces £0.13M adverse

The tree team have experienced significant staff turnover and a backlog of work on SCC tree stock, generating an adverse variance of £0.16m; this will be offset by additional income through Schools contracts. Fuel, Damage and repair costs relating to plant, fleet and equipment are forecast to be £0.10M over budget, as a result of ageing equipment and the increase in fuel prices since April.

Regulatory Services £0.49M adverse variance

During 2017/18, the adverse impact of the new privately operated Crematorium in Romsey in August 2017 on income was reported. The continuing impact on income within Cemeteries in 2018/19 is estimated to be £0.40M. A marketing plan is being developed and a fee increase was implemented in 2018/19 to mitigate this impact.

A variance on Registration services arises from the introduction by government of an online service for Nationality Checks. The introduction of this service means that applicants are no longer obliged to take this service from the registration office, resulting in a reduction in income forecast to be £0.08M.

Parking Services £0.11M favourable

The forecast for car parking income is showing a favourable variance of £0.11M. This is largely down to increased take-up for season tickets and parking permits, and is partially offset by corresponding adverse variance on metered income.

Transportation £0.66M favourable

The Council has a profit sharing arrangement with Clear Channel for advertising space on SCC transport network. Income of £0.75M is forecast for 2018/19, which includes back dated payments for 2016/17 and 2017/18. The income is higher than in previous years following the introduction of digital advertising, which gives scope for significantly more advertising to be displayed. This favourable variance has been partially offset by staffing pressures of £0.10M within the service.

Supplier Management £0.10M favourable

There are savings in the contract management fee and higher income share from our contract with Balfour Beatty leaving to a favourable variance.

Implementation of Savings Proposals

15. Savings proposals of £24.31M were approved by Council in February 2018. Table 2 is a summary of the progress on achieving these savings.

Table 2 Analysis of Achievement of Savings

	%
Actual reduction in expenditure (GREEN)	64
Forecast reduction in expenditure (AMBER)	22
No forecast reduction in expenditure but plans being put in place to achieve (RED)	7
Saving will not be achieved (PURPLE)	7

16. 22% of savings are amber and forecast to be achieved, whilst 14% (red and purple) are not forecast to be achieved. These represent a risk to the financial position of the council until all management actions required to deliver the savings are complete and the reduction in spend can be evidenced.

17. The chart below shows the achievement of total savings required by portfolio.



18. The overall financial shortfall in the delivery of the 2018/19 savings proposals is currently forecast as £3.29M.

Other Income & Expenditure

19. Following a review of central inflation requirements, £2.0M has been released to help meet the forecast shortfall in both procurement and digital savings.

20. Additionally, £0.3M of contingencies have been released to meet additional incinerator outage costs. A further £1.7M of contingencies have been released to meet demand pressures.

Reserves & Balances

21. At the 31st March 2018, earmarked reserves totalled £82.03M, plus Schools

	Balances totalling £4.01M.																		
22.	The estimated forecast position as at the 31 st March 2019 is £70.90M, with Schools Balances totalling £4.01M subject to the overall Dedicated School Grant deficit.																		
23.	<p>During the period to 30th September 2018 there has been a release of £3.92M from reserves as follows:</p> <ul style="list-style-type: none"> • £0.52M Allocation of 2017/18 portfolio carry forwards; • £0.97M Allocation of 2017/18 grant carry forwards; • £0.75M Released to support the Sage Project; • £0.14M to support the Housing Improvement Board; and • £1.55M to offset the pressure detailed in the transformation section of the report. 																		
24.	The General Fund Balance is currently £11.3M and there are no planned draws on this balance in 2018/19. However if the forecast position remains the same the council will need to either allocate monies from earmarked reserves or utilise the General Fund Balance.																		
	<u>Key Financial Risks</u>																		
25.	The council maintains a financial risk register which details the key financial risks that face the council at a given point in time. It is from this register that the level of balances and reserves is determined when the budget is set at the February Council. The register has been reviewed and is attached as Appendix 1.																		
	<u>Schools</u>																		
26.	<p>At 30th September 2018 there were 13 schools reporting a deficit balance as shown in the table below, an additional 3 schools compared to the previous quarter.</p> <p>Table 3 Schools in Deficit</p> <table border="1"> <thead> <tr> <th></th> <th>Deficit £M</th> <th>No. of Schools</th> </tr> </thead> <tbody> <tr> <td>Nursery</td> <td>0.26</td> <td>1</td> </tr> <tr> <td>Primary</td> <td>1.34</td> <td>6</td> </tr> <tr> <td>Secondary</td> <td>2.04</td> <td>4</td> </tr> <tr> <td>Special</td> <td>0.58</td> <td>2</td> </tr> <tr> <td>Total</td> <td>4.22</td> <td>13</td> </tr> </tbody> </table> <p>These schools are working with Children's & Families to agree Deficit Recovery Plans (DRP).</p>		Deficit £M	No. of Schools	Nursery	0.26	1	Primary	1.34	6	Secondary	2.04	4	Special	0.58	2	Total	4.22	13
	Deficit £M	No. of Schools																	
Nursery	0.26	1																	
Primary	1.34	6																	
Secondary	2.04	4																	
Special	0.58	2																	
Total	4.22	13																	
27.	<p>It should also be noted that the previously reported significant pressure within the high needs budget is continuing to impact in 2018/19. The forecast DSG pressure remains at £1.3M, this is after allowing for additional funding received from central reserves.</p> <p>This pressure is being driven by the increased demand from a higher number of children receiving an Education Health and Care Plan (EHCP) many of these are becoming increasingly complex requiring a greater number of support hours to be funded.</p> <p>The service is working with the Schools Forum and with the Special Schools to develop an action plan to address the ongoing pressure.</p>																		

28.	<p><u>Education PFI Contract</u></p> <p>There is a forecast increase in the total cost of the PFI contract equating to £0.25M per year from 2018/19 to the end of the contract in 2031/32 to be met from the Dedicated Schools Grant. This has been reduced from the £0.27M annual increase reported at Quarter 1 through implementation of the reintroduction of a Revenue Contribution chargeable to the schools as detailed in their signed Revenue Agreements.</p> <p>There remains a potential pressure due to one of the three PFI schools having not yet signed the Deed of Variation to the Revenue Agreement that was agreed in principle in 2014.</p> <p>Discussions continue towards agreeing how this pressure can be mitigated. These include the adjustment of contract provisions, including life-cycle elements of renewal and maintenance. Handback condition of buildings at the end of the contract are being reviewed with the Contractor, Interserve, as well as refinancing alternatives.</p>
<p><u>Financial Health Indicators</u></p>	
29.	<p>In order to make an overall assessment of the financial performance of the authority it is necessary to look beyond pure financial monitoring and take account of the progress against defined indicators of financial health. Appendix 2 outlines the performance to date, and in some cases the forecast, against a range of financial indicators which will help to highlight any potential areas of concern where further action may be required.</p>
30.	<p>At present all indicators are green with the exception of the payment of undisputed invoices within 30 days with a target of 98% and an actual of 96.44%.</p>
<p><u>Treasury Management</u></p>	
31.	<p>The Council approved a number of indicators at its meeting in February 2018. Appendix 3 includes current performance against these indicators along with an update on the financial outlook. The council has operated within the agreed prudential indicators for the second quarter and is forecast to do so for the remainder of the year.</p>
32.	<p>Table 4 shows the years opening balance of borrowing and investments, current levels and those predicted for year-end.</p>

33.	Table 4 Borrowings and Investments	01.04.2018 Balance £M	30.09.2018 Balance £M	Average Yield/Rate %	31.03.2019 Estimated Balance £M
	External Borrowing				
	Public Works Loan Board (PWLB)	208.81	203.08	3.34	197.34
	Market Loans	9.00	9.00	4.86	9.00
	Total Long Term Borrowing	217.81	212.08	3.44	206.34
	Temporary Borrowing	33.35	32.36	0.68	77.94
	Total External Borrowing	251.16	244.44	3.33	284.28
	Investments				
	Cash (Instant access)	(23.48)	(34.04)	(0.68)	(10.00)
	Cash (Notice Account)	(3.00)	(2.00)	(0.70)	(0.00)
	Fixed Term Deposits	(10.00)			
	Short Term Bonds	(3.14)	(1.60)	(1.21)	(1.60)
	Long Term Bonds	(6.80)	(6.02)	(3.20)	(6.02)
	Property Fund	(27.00)	(27.00)	(4.52)	(27.00)
	Total Investments	(73.42)	(70.66)	(3.56)	(44.62)
	Net Borrowing	177.74	173.58		239.66
34.	After taking into account maturing and new debt requirements in year, there is an estimated increase in net borrowing of £61.9M. This is mainly as a result of approved new capital borrowing during 2018/19 of £50.4M and an expected reduction in cash flow to support previous capital spend for which borrowing has not been externalised.				
35.	The interest cost of financing the council's long term and short term loan debt is charged to the general fund revenue account and is detailed below together with a summary of performance to date.				
	<u>Borrowing</u>				
36.	The forecast cost of financing the council's loan debt is £14M of which £5.5M relates to the HRA however this will be subject to movement as the need for further borrowing becomes more certain. As short term interest rates have remained low and are likely to do so for the remainder of the year, we do not anticipate taking any long term debt and will finance the 2018/19 capital programme via short term debt. This is the most cost effective way of managing treasury and also reduces risk as investments also fall. We currently have £32M in short term debt and this is expected to increase to £78M to replace maturing long term debt and to fund the current capital programme.				
	<u>Investment</u>				
37.	Balances initially increased at the beginning of the year rising from £73M to £99M in mid- April, but have since fallen back to £71M and are expected to fall further throughout the year, to an estimated £45M by the end of the year.				

External Managed investments

38. The council has invested £27M in property funds as an alternative to buying property directly. As previously reported these funds offer the potential for enhanced returns over the longer term, but may be more volatile in the shorter term and are managed by professional fund managers which allows the Authority to diversify into asset classes other than cash without the need to own and manage the underlying investments. As at the 30th September 2018 the sell price of our total investments were valued at £27.18M a notional “gain” of £0.18M against an initial investments of £27M. The estimated yield for the year is £1.14M if yields remain around current levels.

Housing Revenue Account

39. The expenditure budget for the HRA was set at £72.58M and the income budget at £72.58M, with no draw on balances envisaged. This is detailed in the table below.

Table 5 – HRA Summary

	2018/19 Budget	Quarter 2 Forecast	Variance
	£M	£M	£M
Net rent income	(69.63)	(68.73)	0.90 A
Service charges & other income	(2.82)	(2.87)	0.05 F
Misc. Adjustments	0.00	0.00	0.00
RTB admin	(0.13)	(0.13)	0.00
Total income	(72.58)	(71.73)	0.85 A
Management	21.57	22.45	0.88 A
Depreciation	19.53	19.53	0.00
Responsive & Cyclical repairs	14.79	15.66	0.88 A
Other revenue spend	0.10	0.10	0.00
HRA cost of rent rebates	0.00	0.00	0.00
Total service expenses	55.98	57.74	1.76 A
Capital charges	6.17	6.17	0.00
Repayment of loans	5.96	5.50	0.46 F
Revenue contribution to capital	4.47	3.27	1.20 F
Total expenditure	72.58	72.68	0.10 A
(Surplus) / Deficit for the year	0.00	0.95	0.95 A

40. The forecast position for the year end on income and expenditure items shows an overspend of £0.95M. The service are currently reviewing how this adverse position can be mitigated.

41. Supervision & Management £0.90M adverse variance

There has been an increase in rent arrears due to the implementation of Universal credit. This has made it necessary to increase the provision for doubtful debts, resulting in an adverse variance in this area of £1.29M. A review of centrally held budgets which historically have been allocated to specific expenditure items has resulted in a reduction of £0.26M in forecast expenditure. Recruitment delays within

Supported Housing, and increased income from Housing Related Support have contributed to a favourable variance of £0.21M

Responsive repairs £0.94M adverse variance

Repairs expenditure continues to be at the same rate as the previous financial year, leading to an increased risk of overspend in this area. There is a forecast overspend to reflect this risk, with ongoing discussions taking place via the Housing Improvement Board as to actions to mitigate this risk.

Interest & Principal re-payments £0.46M favourable variance

Principal repayments as calculated in the HRA Business Plan assumptions at budget setting have overstated the re-payments profile timing in year due to assumptions relating to repayment timing. The forecast has been amended to reflect current Treasury Management figure.

Dwelling Rents £0.23M favourable variance

Right-to-buy sales have been less than forecast since the Business Plan assumptions were set in the previous financial year. This has led to a higher rental income figure forecast than budgeted due to the higher number of properties in the Housing Revenue Account.

Tenants Service Charges £0.02M favourable variance

Right-to-buy sales have been less than forecast since the Business Plan assumptions were set in the previous financial year. This has led to a service charge income figure forecast than budgeted due to the higher number of properties in the Housing Revenue Account.

Leaseholder Service Charges £0.18M favourable variance

Further work has been carried out to increase applicable charges for works allowable under section 20 of the Commonhold and Leasehold Reform Act 2002.

Collection Fund

42. Appendix 4 shows the forecast outturn position for the Collection Fund, with the position being a surplus on both council tax and business rates. Table 6 shows the forecast change in position for the Collection Fund.

Table 6 – Collection Fund Forecast 2018/19

	Council Tax £M	NDR £M	Total £M
Change in 2018/19 (Deficit) Surplus	0.77	1.53	2.30
(Reduction)/Increase in year-end Surplus brought forward from 2017/18	2.39	2.11	4.50
Overall 2018/19 Surplus	3.16	3.64	6.80
SCC Share of Surplus	2.72	1.83	4.55

43. The Council's share of the surplus for council tax is £2.72M and its share of the business rates surplus is £1.83M, giving a net surplus of £4.55M. These will be taken into account in setting the 2019/20 Council Tax and General Revenue Fund Budget.

RESOURCE IMPLICATIONS

Capital/Revenue

44.	The revenue implications are contained in the report. There are no capital implications.
<u>Property/Other</u>	
45.	None.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
46.	Financial reporting is consistent with the Section 151 Officer's duty to ensure good financial administration within the Council.
<u>Other Legal Implications:</u>	
47.	None.
RISK MANAGEMENT IMPLICATIONS	
48.	See comments within report.
POLICY FRAMEWORK IMPLICATIONS	
49.	None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
------------------------------------	-----

SUPPORTING DOCUMENTATION

Appendices

1.	Key Financial Risk Register
2.	Health Indicators
3.	Treasury Management Quarterly Benchmarking and Financial Outlook Qtr. 2
4.	Collection Fund Qtr. 2

Documents In Members' Rooms

1.	None
2.	

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out?	No
--	----

Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out?	No
--	----

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
------------------------------	--

1.	General Fund Revenue Budget Report 2018/19 to 2021/22 (Approved by Council February 2018)	

KEY FINANCIAL RISKS

The following table identifies the key financial risks to the council's financial position over the short to medium term together with a summary of the mitigating actions in place and planned. These financial risks are reflected in the assessment of the adequacy of estimates and reserves. The assessment of risk is based on the following risk scoring criteria:

LIKELIHOOD (Probability)	
A - Almost Certain > 95%	Highly likely to occur
B - Likely	Will probably occur
C - Possible 50%	Might occur
D - Unlikely	Could occur but unlikely
E - Very Unlikely < 5%	May only occur in exceptional circumstances

IMPACT (Consequence)	
1 - Extreme	Loss or loss of income > £20m
2 - Major	Loss or loss of income £10m < £20m
3 - Significant	Loss or loss of income £5m < £10m
4 - Moderate	Loss or loss of income £500k < £5m
5 - Minor	Loss or loss of income £10k < £500k

- Robustness of estimates

Key Financial Risk	INHERENT RISK		Comments/Mitigating Actions in place	RESIDUAL RISK	
	Likelihood	Impact		Likelihood	Impact
FE1. Pay Inflation - underestimated in the original estimates.	Possible	Moderate	<ul style="list-style-type: none"> The MTFS model approved in February 2018 is based on a pay award of 2% over the medium term. It should be noted that the agreed pay award is 2% per annum for 2018/19 and 2019/20. 	Unlikely	Minor
FE2. Interest rates are underestimated.	Possible	Moderate	<ul style="list-style-type: none"> Reliance placed on market intelligence provided by Treasury Management advisors. Treasury Management Strategy is aligned with CIPFA Code and MHCLG Guidance re investing funds prudently and having regard to the security and liquidity of its investments before seeking the highest rate of return. 	Unlikely	Minor
FE3. Existing fees and charges: Projected levels of income within the period are not achieved and/or maintained.	Possible	Moderate	<ul style="list-style-type: none"> Fees and charges have been reviewed as part of the business planning process. If there are 'in year' shortfalls these form part of the budget monitoring processes. Lower risk as existing income streams are known and are therefore more predictable 	Possible	Moderate
FE4. New income streams: Projected levels of income within the period are not achieved.	Possible	Moderate	<ul style="list-style-type: none"> Income generating activity has been identified as part of current approved savings proposals. There is a risk that in light of the economic backdrop and Brexit that these levels of income will not be achieved. Higher risk as it is based on new sources of income. 	Possible	Moderate
FE5. Volatility of Business Rates funding given the uncertainty around impact of successful appeals .	Likely	Significant	<ul style="list-style-type: none"> The Valuations Office has undertaken a reset of rateable values from 2017/18. The provision has been reviewed in light of the revaluation and known current appeals and will be reviewed on a regular basis, at present this is deemed to be adequate. Appeals can be backdated and as a consequence of this the Council has set aside a provision to deal with this element of the financial impact. In December 2014 the Government announced it was closing the appeals window and that appeals received on or after 1 April 2015 will only be backdated until this date. 	Unlikely	Minor

- **Robustness of estimates**

Key Financial Risk		INHERENT RISK		Comments/Mitigating Actions in place	RESIDUAL RISK	
		Likelihood	Impact		Likelihood	Impact
FE6.	Increase in demand led spending pressures (including impact of Welfare Reform, social care, safeguarding) over and above the current budget provision.	Possible	Significant	<ul style="list-style-type: none"> • Annual budget setting process developed in consultation with service managers • Monitoring of capital (quarterly) and revenue (monthly) budgets, reported to CMT and Cabinet (Quarterly). • Action plans to address any significant in year budget variances are agreed with CMT with the status of the agreed actions reported to CMT on a monthly basis • Action plans in place that are intended to manage/reduce the number of Looked After Children • Additional funding for Adult Social Care winter pressures has been announced by Government 	Possible	Moderate
FE7a.	Third party provider costs will increase as a result of the introduction of the National Living Wage	Almost certain	Moderate	<ul style="list-style-type: none"> • As each contract is procured any impact of this will need to be assessed and addressed to ensure services are procured within budget. 	Possible	Moderate
FE7b.	Third party provider costs increase as result of SCC having to 'step in' in the event of potential provider failure (social care providers)	Possible	Moderate	<ul style="list-style-type: none"> • ICU contract monitoring arrangements and general market oversight and intelligence 	Unlikely	Minor
FE8.	Legal challenge to savings proposals that could result in the proposal being either discontinued or revised.	Possible	Moderate	<ul style="list-style-type: none"> • Robust budget consultation process in place. 	Unlikely	Minor
FE9.	Pressure on returns from investment properties in both the short and longer term.	Possible	Significant	<ul style="list-style-type: none"> • There is a full and robust process around the financial and legal analysis of the individual investments. • Investments are not confined to the Southampton area. • No further property investment fund activity is planned. 	Possible	Moderate
FE10.	Voluntary sector is either unwilling or unable to support the delivery of certain services or activities	Possible	Significant	<ul style="list-style-type: none"> • Review the overall expectation and co-ordination of the services required of the voluntary sector. • Consideration is given to this risk in deciding whether to design services around the voluntary sector 	Possible	Moderate
FE11.	The council's service delivery partners seek to exit an agreement or are no longer able to deliver the required service or the council seeks to reach an exit agreement.	Likely	Significant	<ul style="list-style-type: none"> • Central Contracts Team monitors and work closely with the council significant service delivery partners. • Contractual obligations on both parties that set out the respective roles and responsibilities. 	Possible	Moderate

• **Adequacy of proposed financial reserves**

Key Financial Risk		INHERENT RISK		Comments/Mitigating Actions	RESIDUAL RISK	
		Impact	Likelihood		Impact	Likelihood
FR1.	Business Rate Retention & Council Tax Growth - the council fails to collect, retain and grow business rate income	Possible	Significant	<ul style="list-style-type: none"> The assumption built into the MTFS is based on an annualised CPI Rate reflecting the uplift set by government. The current MTFS includes assumptions on growth which have been developed in conjunction with the Growth service area and recognise pipeline developments and their assumed operation dates. These will be monitored on a monthly basis as part of the standard monitoring. 	Possible	Moderate
FR2.	Delivery of all of the agreed savings is not achieved.	Possible	Major	<ul style="list-style-type: none"> Progress and delivery of the overall Programme and individual projects is monitored at Service Director level, by CMT, with any non achievement forming part of the normal budget monitoring action plan process. CMT review the validity and achievability of projects and provide approval (or not) to projects 	Unlikely	Significant
FR3.	The Government could impose a lower Council Tax referendum threshold (currently 2.99%) and/or reduce or remove the Adult Social Care Levy (3%)	Possible	Moderate	<ul style="list-style-type: none"> Assumption is that Council Tax rises were set at just below the 3% referendum limit in 2018/19 at 2.99% and future years at 1.99% (excluding the Adult Social Care Levy). The Adult Social Care Levy was only introduced as part of the Autumn 2015 Spending Review and allows local authorities with social care responsibilities to increase Council Tax by a further 3% (17-18 & 18-19). No further assumptions have been made beyond 2019-20 for any increase in this income over and above the 6%. The MTFS assumes this levy will be taken in all years as the calculated increase in funding for adult social care far outweighs the income gained from this levy. 	Unlikely	Moderate
FR4.	Slippage in capital receipts (not accompanied by a slippage in spend).	Possible	Moderate	<ul style="list-style-type: none"> Non-receipt of any planned income will require a permanent draw from balances, additional borrowing or for savings to be found in the capital programme. Impact reflects the cost of borrowing in short term (the interest payments). 	Possible	Minor
FR5.	If building inflation was to exceed general inflation over a prolonged period, this would have a significant adverse impact on HRA balances and, in turn, the business model in respect of the redevelopment and refurbishment of the SCC Housing stock.	Possible	Significant	<ul style="list-style-type: none"> Surpluses are liable to change annually, either favourably or not, and this will be reflected the annual review of stock investment needs and estimated unit rates. Monitoring and assessment of potential impact with business model sufficiently flexible to allow for reassessment of priority outcomes against available budget 	Possible	Moderate
FR6.	Further reduction in the Education Services Grant (ESG) through central government funding reviews as well as reductions resulting from Academy Transfers.	Almost certain	Moderate	<ul style="list-style-type: none"> Costs need to be reduced in line with reductions in funding. Development of a strategy in terms of whether / what services SCC may choose to still offer to Academy Schools 	Possible	Minor
FR7.	The level of funds within the internal insurance provisions is inadequate to meet current or future demand	Possible	Moderate	<ul style="list-style-type: none"> The adequacy of the provision is informed by the output from periodical (at least triennial) external actuarial reviews of the funds. The level of funding required is reviewed as part of annual budget setting process and the position, in respect of potential liabilities is reviewed on a monthly basis. 	Unlikely	Moderate

• Adequacy of proposed financial reserves

Key Financial Risk		INHERENT RISK		Comments/Mitigating Actions	RESIDUAL RISK	
		Impact	Likelihood		Impact	Likelihood
FR8.	Ad hoc or unforeseen events / emergencies.	Possible	Significant	<ul style="list-style-type: none"> The Council's Reserves may be utilised in respect of the financial impact of such an event. Subject to the nature of the event alternative sources of funding might be available e.g. Bellwin Scheme. 	Possible	Significant
FR9.	The cost of implementing the Care Act 2014 is greater than anticipated.	Unlikely	Moderate	<ul style="list-style-type: none"> Current assumption is for the cost of this new burden to be met by the funding allocation provided within the Better Care Fund and the new Carers and Care Act Implementation grant This funding has now been included within the Revenue Support Grant and the main implications of the Care Act have been deferred until 2019-20. 	Unlikely	Moderate
FR10.	CCG could seek to reduce its level of contribution to the 'pooled budgeting' arrangement with SCC	Possible	Significant	<ul style="list-style-type: none"> Ongoing relationship and dialogue with CCG re shared objectives and outcomes. 	Unlikely	Moderate
FR11.	The council is unable to quantify the financial impact on both vulnerable individuals and key council services arising from implementation of welfare reforms	Possible	Moderate	The impact of Welfare Reform on all service areas will be difficult to monitor or to mitigate against.	Possible	Moderate
FR12.	Inflation increases at a higher rate than anticipated	Possible	Moderate	<ul style="list-style-type: none"> Assumptions have been made in the forecast about the likely level of general inflation that will apply in 2018/19. Current indications are that an increase is likely. CPI is likely to increase to 2.4% in 2018/19 reducing to 2.0% over the medium term. This has been assumed in the MTFS model. Market intelligence provided by Arlingclose - independent treasury advisors An amount is included in the MTFS to cover key elements of inflation, for example in relation to fuel and energy costs, which can be volatile. Beyond this provision, it would be managed as an 'in year' issue and services would be expected to absorb the difference. 	Unlikely	Minor
FR13.	Brexit - Uncertainty and economic forces, at least in the short term, within both the local business and wider business sector may have an adverse impact on investment decisions and local employment which, in turn, would impact on business rate income.	Likely	Moderate	<ul style="list-style-type: none"> National and local modelling in respect of the future approach to business rate retention will need to reflect changes in the financial environment. There may be either pressure or incentives for non UK owned business to move operations back to within an EU country. Treasury Management advisors are regularly updating the Council on the economic impact of Brexit, the strength of the pound, inflation and interest rates. 	Likely	Moderate
FR14.	There are unplanned and unforeseen consequences (and costs) arising from the implementation of new, or changed, systems and processes across service areas within the organisation	Possible	Moderate	<ul style="list-style-type: none"> A Programme Management Office has been established. A full programme management process is in place including planning and risk assessment, with significant support to major projects. 	Unlikely	Moderate
FR15.	New accounting rules for financial investments may result in adverse valuation movements being charged to the General Fund in the year that they occur.	Possible	Moderate	<ul style="list-style-type: none"> New accounting rules require gains/losses from valuation movements for certain types of financial investments to be recognised in the year they occur, rather than when the investments are sold. The Risk Reserve will be used to manage the volatility that the timing difference may cause. 	Possible	Moderate

This page is intentionally left blank

FINANCIAL HEALTH INDICATORS – QTR 2

Prudential Indicators Relating to Treasury

	<u>Maximum</u>	<u>Forecast</u>	<u>Status</u>
Maximum Level of External Debt £M	£860M	£360M	Green
As % of Authorised Limit	100%	41.86%	Green
	<u>Maximum</u>	<u>Highest YTD</u>	<u>Status</u>
Authorised Limit for external debt £M	£860M	£328M	Green
Operational Limit for external debt £M	£780M	£328M	Green
Maximum external borrowing year to date		£251M	Green
Limit of fixed interest debt %	100%	82%	Green
Limit of variable interest debt %	50%	18%	Green
Limit for Non-specified investments £M	£55M	£35M	Green
	<u>Target</u>	<u>Actual YTD</u>	<u>Status</u>
Other Treasury Performance Indicators			
Average % Rate Long Term New Borrowing	0.00%	0.00%	Green
Average % Rate Existing Long Term Borrowing	3.50%	3.33%	Green
Average Short Term Investment Rate - Cash	0.40%	0.68%	Green
Average Short Term Investment Rate - Bonds	0.50%	1.24%	Green
Average Long Term Investment Rate - Bonds	2.00%	3.20%	Green
Average Return on Property Fund	4.00%	4.23%	Green

Minimum Level of General Fund Balances

		<u>Status</u>
Minimum General Fund Balance	£11.3M	
Forecast Year End General Fund balance	£11.3M	Green

Income Collection

	<u>2018/19 Target</u>	<u>Qtr2 YTD</u>	<u>Status</u>
Outstanding Debt:			
More Than 12 Months Old (Agresso only)	<20%	14.36%	Green

Creditor Payments

	<u>2018/19 Target</u>	<u>Qtr2 YTD</u>	<u>Status</u>
Payment Days	20	19	Green
Undisputed invoices paid within 30 days	98.0%	96.44%	Amber

Tax Collection rate

	<u>2017/18 Actual Rate</u>	<u>Target Collection Rate</u>	<u>QTR 2 Collection Rate</u>		<u>Status</u>
			<u>Last Year</u>	<u>This Year</u>	
Council Tax	95.7%	94.9%	54.6%	54.0%	Green
National Non Domestic Rates	99.1%	98.7%	58.1%	60.7%	Green

Financial Review and Outlook for 2018/19

The UK economy still faces a challenging outlook as the government continues to negotiate the country's exit from the European Union.

In August the MPC voted 9-0 to increase the Bank Rate by 0.25% to 0.75% and maintain the asset purchase programme at £435bn and the corporate bond purchase programme at £10bn. The Bank of England cited very limited slack in the UK economy and a tightening in the labour market as reason for increase. The Bank sees CPI at 2% by Q4 2020 and holding steady there throughout 2021.

Our treasury advisor Arlingclose, latest interest forecast is for a further increase in March 2019 to 1% and again in September to 1.25% with it remaining so until 2021. The interest forecast are set against the following background:

- The MPC has maintained expectations of a slow rise in interest rates in the medium term.
- Gilt yields have been volatile, but remain historically low. We expect some upward movement from current levels based on our interest rate projections and the strength of the US economy, but volatility arising from both economic and political events will continue to offer borrowing opportunities.

Credit background:

There were a few credit rating changes during the quarter, none of which have impacted on our investment strategy.

The ringfencing of the big four UK banks (Barclays, Bank of Scotland/Lloyds, HSBC and RBS/Natwest Bank plc) is complete and the transfer of their business lines into retail (ringfenced) and investment banking (non-ringfenced) is progressing and will need to be completed by the end of 2018. Following this our treasury advisor will provide ratings which are specific to wholesale deposits including certificates of deposit, rather than provide general issuer credit ratings. Non-preferred senior unsecured debt and senior bonds are at higher risk of bail-in than deposit products, either through contractual terms, national law, or resolution authorities' flexibility during bail-in, their creditworthiness advice will continue to include unsecured bank deposits and CDs but not senior unsecured bonds issued by commercial banks.

Investment Performance

The council's advisors undertake quarterly investment benchmarking across its client base. As reported previously our portfolio was more diversified and at higher interest rates than the average as a result of moving into the bond programme earlier than most clients, but there is now more competition for bonds from both government bodies and other local authorities, so opportunities to replace maturing bonds are limited and we will see a fall in suitable instruments. With this in mind, and following discussions with our advisors, it was decided to move more into property funds, which are a longer term investment, and to restrict temporary borrowing and therefore run our short term investments down.

During the last quarter our investments in bonds has reduced to £7.62M due to maturities and we have maintained the property funds at £27M, with all other cash being placed in either Money Market Funds (MMF), instant access bank accounts and £2M in a 180 notice account. As a result we had 43% (£31M) of our overall investment in Money Market which is in line with other Unitary Authorities for this time of year but this is expected to fall during the year.

Due to earlier investment decisions our income return on investments managed internally is 1.05% which is higher than the average of 0.76% whilst still maintaining a higher than unitary average credit rating of AA-. Total income return at 2.38% is also higher than the average for both unitary (1.31%) and LA's (1.17%). Our total investment return at 3.56% is again higher than both the both unitary (1.49%) and LA's (1.25%) across Arlingclose's client base and is mainly due to the investments made in property funds but as previously reported the value of the funds are more volatile and can go down as well as up but are less risky than buying individual properties and do not constitute capital spend and it is the income return at 4.23% that is the driver to invest.

**COLLECTION FUND REVENUE ACCOUNT
FOR YEAR ENDED 31ST MARCH 2019**

	Current Budget 2018/19 £M	Forecast 2018/19 £M	Variance Adverse / (Favourable) 2018/19 £M
Council Tax			
Income			
Income from Council Tax Payers	(114.13)	(113.95)	0.18
Transfers (to)/from the General Fund:			
Hardship Relief	(0.20)	(0.20)	0.00
Local Council Tax Discount	0.00	0.00	0.00
	(114.33)	(114.15)	0.18
<u>Contributions towards Previous Years C.Tax (Surplus)/Deficit:</u>			
Southampton City Council	0.00	0.00	0.00
Hampshire Police	0.00	0.00	0.00
Hampshire Fire & Rescue	0.00	0.00	0.00
	0.00	0.00	0.00
Total Council Tax Income	(114.33)	(114.15)	0.18
Expenditure			
Precepts:			
Southampton City Council	95.93	95.93	0.00
Hampshire Police	11.42	11.42	0.00
Hampshire Fire & Rescue	4.23	4.23	0.00
	111.58	111.58	0.00
Bad and Doubtful Debts:			
Write-offs	2.75	1.01	(1.74)
Provisions	0.00	0.79	0.79
	2.75	1.80	(0.95)
Total Council Tax Expenditure	114.33	113.38	(0.95)
Council Tax Deficit/(Surplus) for the Year	0.00	(0.77)	(0.77)
Council Tax Deficit/(Surplus) Brought Forward	0.00	(2.39)	(2.39)
Council Tax Deficit/(Surplus) Carried Forward	0.00	(3.16)	(3.16)
Business Rates			
Income			
Income from Collectable Business Rates	(115.45)	(112.40)	3.05
<u>Contributions towards Previous Years NDR (Surplus)/Deficit:</u>			
Southampton City Council	0.70	0.70	0.00
DCLG	0.72	0.72	0.00
Hampshire Fire & Rescue	0.01	0.01	0.00
	1.44	1.44	0.00
Total Business Rates Income	(114.01)	(110.96)	3.05
Expenditure			
Payment to MHCLG - Transitional Arrangements	2.02	1.97	(0.05)
Payment to MHCLG - Business Rates Retention	0.00	0.00	0.00
SCC Business Rates Retention	104.32	104.32	0.00
Hampshire Fire & Rescue Precept	1.05	1.05	0.00
Interest on Overpayments	0.00	0.00	0.00
Cost of Collection	0.31	0.31	0.00
	107.71	107.66	(0.05)
Bad and Doubtful Debts:			
Write Offs	2.31	0.76	(1.55)
Provisions	0.00	1.14	1.14
Appeals Provisions	5.43	1.31	(4.12)
	7.74	3.21	(4.53)
Total Business Rates Expenditure	115.45	110.86	(4.58)
Business Rates Deficit/(Surplus) for the Year	1.44	(0.10)	(1.53)
Business Rates Deficit/(Surplus) Brought Forward	(1.44)	(3.54)	(2.11)
Business Rates Deficit/(Surplus) Carried Forward	0.00	(3.64)	(3.64)
Total Collection Fund (Surplus)/Deficit	0.00	(6.80)	(6.80)
Council Tax (Surplus)/Deficit			
Contribution (to)/ from SCC		(2.72)	
Contribution (to)/ from HPA		(0.32)	
Contribution (to)/ from F&RS		(0.12)	
Council Tax Collection Fund Balance c/f		(3.16)	
NDR (Surplus)/Deficit			
Contribution (to)/ from SCC		(1.83)	
Contribution (to)/ from DCLG		(1.77)	
Contribution (to)/ from HF&R		(0.04)	
NDR Collection Fund Balance c/f		(3.64)	
Additional SCC Surplus		(4.55)	

This page is intentionally left blank

Agenda Item 9

DECISION-MAKER:	CABINET		
	CAPITAL FINANCIAL MONITORING FOR THE PERIOD TO THE END OF SEPTEMBER 2018.		
DATE OF DECISION:	20 NOVEMBER 2018		
REPORT OF:	CABINET MEMBER FOR FINANCE & CUSTOMER EXPERIENCE		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Sue Cuerden	Tel: 023 8083 4153
	E-mail:	sue.cuerden@southampton.gov.uk	
Director	Name:	Mel Creighton Service Director Finance and Commercialisation	Tel: 023 8083 4897
	E-mail:	mel.creighton@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY

NOT APPLICABLE

BRIEF SUMMARY

The purpose of this report is to inform Cabinet of any major changes in the overall General Fund and Housing Revenue Account (HRA) capital programme for the period 2018/19 to 2022/23, highlighting the changes in the programme since the last reported monitoring position to Cabinet in September 2018. The report also notes the major forecast variances against the approved estimates.

RECOMMENDATIONS:

It is recommended that Cabinet:

(i)	Notes the revised General Fund Capital Programme, which totals £167.42M as detailed in paragraph 44 and table 6 and the associated use of resources in table 7.
(ii)	Notes the revised HRA Capital Programme, which totals £184.90M as detailed in paragraph 44 and table 6 and the associated use of resources in table 7.
(iii)	Notes that the overall forecast position at Quarter 2 is £133.45M, resulting in a potential underspend of £7.22M, as detailed in paragraph 12, table 3, and Appendix 1.
(iv)	Notes that the capital programme remains fully funded up to 2022/23 based on the latest forecast of available resources although the forecast can be subject to change; most notably with regard to the value and timing of anticipated capital receipts and the use of prudent assumptions of future government grants to be received.
(v)	Notes that £0.67M has been added to the programme with approval to spend, under delegated powers. These additions are detailed in tables 1 and 2 and paragraphs 6-11.

REASONS FOR REPORT RECOMMENDATIONS

1.	The capital programme is reviewed on a quarterly basis in accordance with the Council's Capital Strategy. The forecast position is reported to the Council Capital Board with any required programme update reported to Cabinet and Council for approval. This is required to enable schemes in the programme to proceed and to approve additions and changes to the programme.																												
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED																													
2.	The update of the capital programme is undertaken within the resource constraints imposed on it. No new schemes can be added unless specific additional resources are identified. Alternative options for new capital spending are considered as part of the budget setting process in the light of the funding available and the overall financial position.																												
DETAIL (Including consultation carried out)																													
CONSULTATION																													
3.	Service Directors, Service Leads and Project Managers have been consulted in preparing the reasons for variations contained in this report. The General Fund and HRA capital programme monitoring report summarises additions to the capital programme and slippage and rephasing since the last approved programme reported in September 2018. Each addition has been subject to the relevant consultation process which reflects the role played by Council Capital Board. The content of this report has been subject to consultation with Finance Officers for each service.																												
THE 5 YEAR CAPITAL PROGRAMME																													
4.	Table 1 shows a comparison of the latest capital expenditure for the period 2018/19 to 2022/23 compared to the previously reported programme, and shows an increase of £0.67M.																												
<p><u>Table 1 – Programme Comparison</u></p> <table border="1"> <thead> <tr> <th></th> <th>2018/19 £M</th> <th>2019/20 £M</th> <th>2020/21 £M</th> <th>2021/22 £M</th> <th>2022/23 £M</th> <th>Total £M</th> </tr> </thead> <tbody> <tr> <td>Latest Programme</td> <td>140.09</td> <td>71.27</td> <td>74.92</td> <td>47.41</td> <td>18.63</td> <td>352.32</td> </tr> <tr> <td>Previous Programme</td> <td>141.91</td> <td>77.02</td> <td>67.75</td> <td>64.93</td> <td>0.04</td> <td>351.65</td> </tr> <tr> <td>Variance</td> <td>(1.82)</td> <td>(5.75)</td> <td>7.17</td> <td>(17.52)</td> <td>18.59</td> <td>0.67</td> </tr> </tbody> </table>			2018/19 £M	2019/20 £M	2020/21 £M	2021/22 £M	2022/23 £M	Total £M	Latest Programme	140.09	71.27	74.92	47.41	18.63	352.32	Previous Programme	141.91	77.02	67.75	64.93	0.04	351.65	Variance	(1.82)	(5.75)	7.17	(17.52)	18.59	0.67
	2018/19 £M	2019/20 £M	2020/21 £M	2021/22 £M	2022/23 £M	Total £M																							
Latest Programme	140.09	71.27	74.92	47.41	18.63	352.32																							
Previous Programme	141.91	77.02	67.75	64.93	0.04	351.65																							
Variance	(1.82)	(5.75)	7.17	(17.52)	18.59	0.67																							
CHANGES TO THE OVERALL PROGRAMME																													
5.	Table 2 shows the changes to the individual portfolio programmes followed by details of these changes.																												

<u>Table 2 – Changes to Portfolio Programmes</u>				
	Latest Programme £M	Previous Programme £M	Total Change £M	
Adults	1.86	1.86	0.00	
Aspiration, Schools and Lifelong Learning	92.78	92.78	0.00	
Clean Growth & Development	11.87	11.87	0.00	
Community Wellbeing	3.74	3.74	0.00	
Finance and Customer Experience	7.72	7.42	0.30	
Homes and Culture	2.42	2.42	0.00	
Transport and Public Realm	47.03	46.66	0.37	
Total GF Capital Programme	167.42	166.75	0.67	
Total HRA Capital Programme	184.90	184.90	0.00	
Total Capital Programme	352.32	351.65	0.67	
<u>Clean Growth & Development</u>				
<u>Finance and Customer Experience</u>				
6.	<u>Customer Relationship Management (Addition of £0.30M in 2018-19)</u> Addition, under delegated powers, funded by capital receipts to implement a new Customer Relationship Management system to enable the Council to deliver a modern customer service function with a single customer sign-on.			
<u>Transport and Public Realm</u>				
7.	<u>Highways (Addition of £0.03M in 2018/19)</u> Addition, under delegated powers, funded by strategic S106 contributions to invest in smarter traffic signals at the Regents Park Road junctions to improve queueing conditions and journey time reliability at this location.			
8.	<u>Cycling (Decrease of £0.08M in 2018/19)</u> A small element of the Clean Air Zone Early Measures grant from the Joint Air Quality Unit was specifically for promotion, engagement and awareness raising activities to encourage use of alternative modes of transport. The Council will use this funding to help promote cycling in the city. This revenue element of the grant has been removed from the capital programme to ensure the expenditure is accounted for in line with the Council's financial procedure rules.			
9.	<u>Integrated Transport (Addition of £0.09M in 2018/19)</u> Addition to programme, under delegated powers, funded by additional government grant funding from the Department of Transport for Smart Asset Management Sensors. The council is part of a pilot scheme to connect vehicles to collect and relay real time data on the condition of the transport network to enable intelligence led decision making.			
10.	<u>Members Minor Works (Addition £0.25M in 2018/19)</u> Addition, under delegated powers funded by Community Infrastructure Levy contributions to the Members Minor Works budget to be allocated by members for works on highways and integrated transport improvements in their wards.			

11.	<p><u>Play Area Improvements (Addition of £0.08M in 2018/19)</u></p> <p>Addition, under delegated powers, funded by site specific S106 contributions for works at Somerset Avenue play area to install new play equipment for use by local young families in the area.</p>																																																																																																									
2018/19 MONITORING POSITION																																																																																																										
12.	<p>The forecast performance of individual capital programmes in 2018/19 is summarised in table 3 below.</p>																																																																																																									
<p><u>Table 3 – Summary of the General Fund & HRA Capital Forecast 2018/19</u></p> <table border="1"> <thead> <tr> <th></th> <th>Approved Programme £M</th> <th>Forecast £M</th> <th>Forecast Variance £M</th> <th>Forecast Variance %</th> </tr> </thead> <tbody> <tr> <td>Adult Care</td> <td>0.86</td> <td>0.56</td> <td>(0.30)</td> <td>(34.88)</td> </tr> <tr> <td>Aspiration, Schools and Lifelong Learning</td> <td>21.59</td> <td>21.54</td> <td>(0.05)</td> <td>(0.23)</td> </tr> <tr> <td>Clean Growth & Development</td> <td>11.22</td> <td>13.16</td> <td>1.94</td> <td>17.29</td> </tr> <tr> <td>Community Wellbeing</td> <td>2.62</td> <td>2.54</td> <td>(0.08)</td> <td>(3.05)</td> </tr> <tr> <td>Finance and Customer Experience</td> <td>7.15</td> <td>5.74</td> <td>(1.41)</td> <td>(19.72)</td> </tr> <tr> <td>Homes and Culture</td> <td>1.92</td> <td>1.92</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>Transport and Public Realm</td> <td>37.66</td> <td>37.39</td> <td>(0.27)</td> <td>(0.72)</td> </tr> <tr> <td>General Fund Programme</td> <td>83.02</td> <td>82.85</td> <td>(0.17)</td> <td>(0.20)</td> </tr> <tr> <td>HRA Programme</td> <td>57.65</td> <td>50.60</td> <td>(7.05)</td> <td>(12.23)</td> </tr> <tr> <td>Total Capital Programme</td> <td>140.67</td> <td>133.45</td> <td>(7.22)</td> <td>(5.13)</td> </tr> <tr> <td colspan="5"><u>Financed by</u></td> </tr> <tr> <td>*CR - GF Borrowing</td> <td>33.98</td> <td>34.68</td> <td>0.70</td> <td>2.06</td> </tr> <tr> <td>*CR - HRA Borrowing</td> <td>18.25</td> <td>14.68</td> <td>(3.57)</td> <td>(19.56)</td> </tr> <tr> <td>Capital Receipts</td> <td>19.08</td> <td>18.49</td> <td>(0.59)</td> <td>(3.09)</td> </tr> <tr> <td>Direct Revenue Financing</td> <td>13.24</td> <td>12.70</td> <td>(0.54)</td> <td>(4.08)</td> </tr> <tr> <td>Capital Grants</td> <td>27.16</td> <td>27.10</td> <td>(0.06)</td> <td>(0.22)</td> </tr> <tr> <td>Contributions</td> <td>9.81</td> <td>9.53</td> <td>(0.28)</td> <td>(2.85)</td> </tr> <tr> <td>HRA – MRA</td> <td>19.15</td> <td>16.27</td> <td>(2.88)</td> <td>(15.04)</td> </tr> <tr> <td>Total Funding</td> <td>140.67</td> <td>133.45</td> <td>(7.22)</td> <td>(5.13)</td> </tr> <tr> <td colspan="5">*CR – Council Resources</td> </tr> </tbody> </table>			Approved Programme £M	Forecast £M	Forecast Variance £M	Forecast Variance %	Adult Care	0.86	0.56	(0.30)	(34.88)	Aspiration, Schools and Lifelong Learning	21.59	21.54	(0.05)	(0.23)	Clean Growth & Development	11.22	13.16	1.94	17.29	Community Wellbeing	2.62	2.54	(0.08)	(3.05)	Finance and Customer Experience	7.15	5.74	(1.41)	(19.72)	Homes and Culture	1.92	1.92	0.00	0.00	Transport and Public Realm	37.66	37.39	(0.27)	(0.72)	General Fund Programme	83.02	82.85	(0.17)	(0.20)	HRA Programme	57.65	50.60	(7.05)	(12.23)	Total Capital Programme	140.67	133.45	(7.22)	(5.13)	<u>Financed by</u>					*CR - GF Borrowing	33.98	34.68	0.70	2.06	*CR - HRA Borrowing	18.25	14.68	(3.57)	(19.56)	Capital Receipts	19.08	18.49	(0.59)	(3.09)	Direct Revenue Financing	13.24	12.70	(0.54)	(4.08)	Capital Grants	27.16	27.10	(0.06)	(0.22)	Contributions	9.81	9.53	(0.28)	(2.85)	HRA – MRA	19.15	16.27	(2.88)	(15.04)	Total Funding	140.67	133.45	(7.22)	(5.13)	*CR – Council Resources				
	Approved Programme £M	Forecast £M	Forecast Variance £M	Forecast Variance %																																																																																																						
Adult Care	0.86	0.56	(0.30)	(34.88)																																																																																																						
Aspiration, Schools and Lifelong Learning	21.59	21.54	(0.05)	(0.23)																																																																																																						
Clean Growth & Development	11.22	13.16	1.94	17.29																																																																																																						
Community Wellbeing	2.62	2.54	(0.08)	(3.05)																																																																																																						
Finance and Customer Experience	7.15	5.74	(1.41)	(19.72)																																																																																																						
Homes and Culture	1.92	1.92	0.00	0.00																																																																																																						
Transport and Public Realm	37.66	37.39	(0.27)	(0.72)																																																																																																						
General Fund Programme	83.02	82.85	(0.17)	(0.20)																																																																																																						
HRA Programme	57.65	50.60	(7.05)	(12.23)																																																																																																						
Total Capital Programme	140.67	133.45	(7.22)	(5.13)																																																																																																						
<u>Financed by</u>																																																																																																										
*CR - GF Borrowing	33.98	34.68	0.70	2.06																																																																																																						
*CR - HRA Borrowing	18.25	14.68	(3.57)	(19.56)																																																																																																						
Capital Receipts	19.08	18.49	(0.59)	(3.09)																																																																																																						
Direct Revenue Financing	13.24	12.70	(0.54)	(4.08)																																																																																																						
Capital Grants	27.16	27.10	(0.06)	(0.22)																																																																																																						
Contributions	9.81	9.53	(0.28)	(2.85)																																																																																																						
HRA – MRA	19.15	16.27	(2.88)	(15.04)																																																																																																						
Total Funding	140.67	133.45	(7.22)	(5.13)																																																																																																						
*CR – Council Resources																																																																																																										
13.	<p>The programme is currently forecast to be underspent by £6.64M plus net slippage of £0.58M in 2018/19. The reasons for the major forecast variances are detailed below and summarised in Appendix 1.</p>																																																																																																									

	<u>Adults Care</u>
14.	<p><u>Telecare Equipment (Forecast underspend of £0.30M)</u></p> <p>Implementation of telecare equipment is still proceeding but at a slower rate than anticipated due to reduced referrals. Referrals expected to increase in second half of the year but costs are unlikely require all of the remaining budget.</p>
	<u>Aspiration, Schools and Lifelong Learning</u>
15.	<p><u>Primary Review P2 - Sholing Junior School (Forecast overspend of £0.08M)</u></p> <p>There was a section 106 payment made to Transport relating to land at Sholing School (£0.05M). No accrual was made for the final 2017/18 payment to contractor relating (£0.03M). The over spend is to be offset by underspends in 2018/19.</p>
16.	<p><u>Portswood Primary School Expansion (Forecast underspend of £0.12M)</u></p> <p>Project completed at lower cost as a result of value engineering of the scheme. Initially carried out to bring the contract sum in line with budget greater efficiencies were produced.</p>
17.	<p><u>St Patricks School Expansion (Forecast underspend of £0.01M)</u></p> <p>The capital support grant of £0.21M, that was made available to the Diocese, was not spent in full because they were able to achieve the project outcomes at a lower cost due to lower cost negotiations.</p>
	<u>Clean Growth & Development</u>
18.	<p><u>Southampton New Arts Centre (Studio 144) (Forecast overspend of £3.03M)</u></p> <p>The overspend to the scheme is as a result of an award by the Contract Administrator to the fit-out contractor in regard to extension of time claims submitted. The award for the south building is due to repairs required following substantial flooding and the consequences of the building contractor remaining on site at the same time as the fit-out contractor. The award for the north building is due to issues with the design of the Primary Containment and the subsequent impacts to the fit-out contractor. Further claims have been raised regarding the installation of lifts during the project and the Council is awaiting the particulars to be issued by the Contract Administrator for assessment.</p> <p>This overspend will be offset in part by the addition of £1.60M of grant funding which will be added to the programme at the next update.</p>
19.	<p><u>Hampshire Community Bank (Forecast underspend of £1.00M in 2018/19)</u></p> <p>A £1.00M investment in Hampshire Community Bank (HCB) was approved, subject to the bank securing a banking licence. A banking licence has not been obtained, so investment will not be made. The budget will be removed from the programme at the next programme update.</p>
20.	<p><u>Water fountains (Forecast underspend of £0.09M)</u></p> <p>The original assumption of installing water fountains in the city parks is not feasible due to issues with connecting and ongoing testing of a water supply. Alternative options are being considered including water coolers will be installed as an alternative in Council buildings that can be accessed by the public and/or water bottle filling stations including opportunities for sponsored water bottle filling stations. Whilst any ongoing revenue costs will be met from existing budgets it is expected that the budget will be removed from the programme at the next programme update.</p>

	<u>Community Wellbeing</u>
21.	<u>Estate Parking Improvements (Slippage of £0.08M in 2018/19 to 2019/20)</u> Basic scheme designs were completed earlier this year but detailed designs and planning application only commenced in September 2018 due to an extended consultation to ensure agreement and sign up from residents. Works will commence in 2019/20.
	<u>Finance and Customer Experience</u>
22.	<u>Smart Ways of Working (Slippage of £1.70M from 2018/19 to 2019/20)</u> Project works are now scheduled to take place between late January and August 2019 based on the detailed project plan.
23.	<u>Desktop Refresh Programme (Rephasing of £0.27M from 2019/20 to 2018/19 and £0.02M from 2020/21 to 2019/20)</u> Project works brought forward to commence in October 2018 to be completed by 2019/20 following the restart of the programme which had been on hold. A large part of the expenditure will coincide with progress of the Smarter Ways of Working project.
	<u>Transport and Public Realm</u>
24.	<u>Mansel Park Play Area (Slippage of £0.20M from 2018/19 to 2019/20)</u> The works to improve the play area at Mansel park are expected to be carried out between March 2019 and August 2019.
25.	<u>Parks and Play Areas (Forecast underspend of £0.07M)</u> Riverside Park Pitch & Putt irrigation system upgrade is forecast as underspent by £0.05M, as the Pitch and Putt has now been licenced to be run by an external company, who will complete the irrigation system project under the licence. Mobile working for parks & street cleansing frontline staff project is completed with minor underspend £0.01M. Puffin Close play area is completed with a minor underspend of £0.01M. Actual costs were negotiated at a lower rate than assumed in setting the budget.
	<u>HRA</u>
26.	<u>ECO - Thornhill Heating (Forecast underspend of £1.87M and rephase £5.57M from 2019/20)</u> Due to pressure to complete fire safety works on high rise properties and increased costs of this, as a result of additional works required by Hampshire Fire & Rescue in the communal areas of these building, budget originally estimated for heating works in Thornhill in 2019/20 has been rephased to 2018/19 and realigned to the fire safety project to meet this priority. Of the remaining budget only £1.60M is required in 2018/19 to fulfil the project outcome to upgrade heating to Dimplex energy efficient controllable storage heaters that link to tenants' meters. A review of future year requirements in this area will take place and will be met within the constraints for the future year's budgets for this scheme.

27.	<p><u>External Windows and Doors (Forecast underspend of £0.80M)</u></p> <p>Reduced need for replacement doors and windows as the current condition of external windows and doors has been assessed as acceptable. Spend in 2018/19 is anticipated to be minimal and will be for final completion works to ensure windows and doors are remain at an acceptable condition. Works are due to recommence in 2019/20 when a programme will be established within the constraints of the existing future year's budgets for the scheme.</p>
28.	<p><u>Renew Warden Alarm (Forecast underspend of £0.45M)</u></p> <p>The tender process has yet to start for this scheme due to difficulties in agreeing technical brief requirements with Housing Services. As these requirements have not been established and the scheme is not demand led, the scheme has been re-scoped within the constraints of the future year's budget resulting in a forecast underspend from 2018/19 budget.</p>
29.	<p><u>Roofing Works (Forecast underspend of £3.40M)</u></p> <p>The tender process is still underway for the next phases of the existing programme of works within this scheme. The cost of the contract as a result of this is anticipated to be met from within the future year's budgets for this scheme. With minimal spend in 2018/19 for the completion of the existing contract an underspend has been forecast.</p>
30.	<p><u>Household Refurbishment Project - Kitchens and Bathrooms (Forecast underspend of £0.80M)</u></p> <p>A programme of works has not been identified for kitchens and bathrooms within HRA properties for 2018/19, and the likelihood of there being any significant demand for kitchens and bathrooms in the remainder of the financial year is considered to be minimal based on the current assessed conditions within these properties. A forecast underspend is anticipated from the 2018/19 budget with future years budgets expected to meet future demands.</p>
31.	<p><u>External Wall Insulation – Kingsland (Forecast underspend of £0.13M)</u></p> <p>Wall insulations works are near completion at Kingsland, the scheme is forecast to be underspent as existing insulation in some areas was found to be of an acceptable condition and did not require replacement.</p>
32.	<p><u>External Wall Insulation – Low Rise - (Forecast underspend of £1.00M)</u></p> <p>A minimal programme of works has been identified for external wall insulation within these buildings as the condition of the existing insulations has been deemed adequate for the near future. A further review is due to take place in 2019/20 to assess future requirements, these will be met within the constraints of the future year's budgets for this scheme.</p>
33.	<p><u>Removal of Gas from Tower Blocks (Forecast underspend of £0.19M)</u></p> <p>Works which the Council were to carry to remove gas from tower blocks within the city to replace gas cookers with electric cookers as they are more cost effective, have been carried out by Southern Gas Network at their expense, therefore this budget is not required.</p>
34.	<p><u>Energy Company Obligations (ECO): City Energy Scheme (Forecast overspend of £0.48M)</u></p> <p>A claim for additional fees from the project contractor has been received for additional time on the contract. However a counter claim has been made against this in relation to incomplete and sub-standard work and the project over run.</p>

	The current forecast overspend is based on the worst case scenario of a maximum payment to the contractor and could reduce if the counter claims are successful.																														
35.	<u>Energy Company Obligations (ECO): - Canberra Towers (Slippage of £3.40M from 2018/19 to 2019/20)</u> The contract documents for external wall insulation and replacement windows to meet energy company obligations have not been completed, as a consultation required by Housing Policy and the Section 20 processes has caused an extension to this process. As a result the design, development and tender document preparations stages have been delayed to 2019/20.																														
36.	<u>Lift Refurbishment – Shirley Towers (Slippage of £1.06M from 2018/19 to 2019/20)</u> The tender process is underway for lift refurbishment at Shirley Towers and is not expected to be completed until later in the financial year. Due to the lengthy delay in the tender process, this has not allowed critical project activities such as planning and safety checks to be carried out, these works will therefore be carried out in 2019/20.																														
CAPITAL RESOURCES																															
37.	The resources which can be used to fund the capital programme are as follows: <ul style="list-style-type: none"> • Central Government Grants and from other bodies • Contributions from third parties • Council Resources - Capital Receipts from the sale of HRA assets • Council Resources - Capital Receipts from the sale of General Fund assets • Revenue Financing • Council Resources - Borrowing 																														
38.	Capital Receipts from the sale of Right to Buy (RTB) properties are passed to the General Fund capital programme to support the Private Sector Housing schemes within the Sustainability Portfolio.																														
39.	It should be noted that the revised General Fund Capital Programme is based on prudent assumptions of future Government grants to be received. The majority of these grants relate to funding for schools and transport and are unringfenced. However in 2018/19 these grants have been passported to these areas.																														
40.	Table 4 shows the current level of available resources.																														
<p><u>Table 4 – Available Capital Funding</u></p> <table border="1"> <thead> <tr> <th>Resource</th> <th>Balance Fwd £M</th> <th>Received to Date 2018/19 £M</th> <th>Allocated To Current Programme £M</th> <th>Available Funding £M</th> <th>Anticipated Receipts 2018/19 £M</th> </tr> </thead> <tbody> <tr> <td>Capital Receipts</td> <td>(11.28)</td> <td>(0.77)</td> <td>10.44</td> <td>(1.61)</td> <td>(4.58)</td> </tr> <tr> <td>CIL</td> <td>(9.43)</td> <td>(2.35)</td> <td>2.32</td> <td>(9.46)</td> <td>(1.00)</td> </tr> <tr> <td>S106</td> <td>(10.63)</td> <td>(0.41)</td> <td>5.56</td> <td>(5.48)</td> <td>(0.74)</td> </tr> <tr> <td></td> <td>(31.34)</td> <td>(3.53)</td> <td>18.32</td> <td>(16.55)</td> <td>(6.32)</td> </tr> </tbody> </table>		Resource	Balance Fwd £M	Received to Date 2018/19 £M	Allocated To Current Programme £M	Available Funding £M	Anticipated Receipts 2018/19 £M	Capital Receipts	(11.28)	(0.77)	10.44	(1.61)	(4.58)	CIL	(9.43)	(2.35)	2.32	(9.46)	(1.00)	S106	(10.63)	(0.41)	5.56	(5.48)	(0.74)		(31.34)	(3.53)	18.32	(16.55)	(6.32)
Resource	Balance Fwd £M	Received to Date 2018/19 £M	Allocated To Current Programme £M	Available Funding £M	Anticipated Receipts 2018/19 £M																										
Capital Receipts	(11.28)	(0.77)	10.44	(1.61)	(4.58)																										
CIL	(9.43)	(2.35)	2.32	(9.46)	(1.00)																										
S106	(10.63)	(0.41)	5.56	(5.48)	(0.74)																										
	(31.34)	(3.53)	18.32	(16.55)	(6.32)																										

41.	The table shows that the largest resource currently available is Community Infrastructure Levy (CIL) funding. A review has been undertaken of all S106 and CIL monies to ensure that programmes of work are matched to the appropriate funding and to identify areas where business cases are required for new projects. This work will be ongoing as part of the monitoring process																																																								
42.	Funding for the capital programme has previously been heavily reliant on capital receipts from the sale of Council properties. These receipts have always had a degree of uncertainty regarding their amount and timing, but the economic climate has increased the Council's risk in this area.																																																								
43.	Table 5 below shows the previous and current capital receipt assumptions, together with the actual receipts received in year for the General Fund. There has been an increase of £0.16M since the last reported position due to updated valuations based on the current market conditions. It should be noted that both the previous and latest forecast positions have been adjusted to remove receipts for properties not yet on the market.																																																								
<p><u>Table 5 – General Fund Capital Receipts Estimates</u></p> <table border="1"> <thead> <tr> <th></th> <th>B/Fwd £M</th> <th>2018/ 2019 £M</th> <th>2019/ 2020 £M</th> <th>2020/ 2021 £M</th> <th>2021/ 2022 £M</th> <th>2022/ 2023 £M</th> <th>Total £M</th> </tr> </thead> <tbody> <tr> <td>Latest Forecast</td> <td>11.28</td> <td>5.35</td> <td>0.67</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>17.30</td> </tr> <tr> <td>Previous Forecast</td> <td>11.28</td> <td>5.86</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>17.14</td> </tr> <tr> <td>Variance</td> <td>0.00</td> <td>(0.51)</td> <td>0.67</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.16</td> </tr> </tbody> </table>			B/Fwd £M	2018/ 2019 £M	2019/ 2020 £M	2020/ 2021 £M	2021/ 2022 £M	2022/ 2023 £M	Total £M	Latest Forecast	11.28	5.35	0.67	0.00	0.00	0.00	17.30	Previous Forecast	11.28	5.86	0.00	0.00	0.00	0.00	17.14	Variance	0.00	(0.51)	0.67	0.00	0.00	0.00	0.16																								
	B/Fwd £M	2018/ 2019 £M	2019/ 2020 £M	2020/ 2021 £M	2021/ 2022 £M	2022/ 2023 £M	Total £M																																																		
Latest Forecast	11.28	5.35	0.67	0.00	0.00	0.00	17.30																																																		
Previous Forecast	11.28	5.86	0.00	0.00	0.00	0.00	17.14																																																		
Variance	0.00	(0.51)	0.67	0.00	0.00	0.00	0.16																																																		
OVERALL CAPITAL PROGRAMME																																																									
44.	Table 6 and 7 show capital expenditure by portfolio and the use of resources to finance the programme up to and including 2022/23, including amendments that will be requested as part of the budget update.																																																								
<p><u>Table 6 – Capital Expenditure by Programme</u></p> <table border="1"> <thead> <tr> <th></th> <th>2018/19 £M</th> <th>2019/20 £M</th> <th>2020/21 £M</th> <th>2021/22 £M</th> <th>2022/23 £M</th> <th>Total £M</th> </tr> </thead> <tbody> <tr> <td>Adult Care</td> <td>0.86</td> <td>0.50</td> <td>0.50</td> <td>0.00</td> <td>0.00</td> <td>1.86</td> </tr> <tr> <td>Aspiration, Schools and Lifelong Learning</td> <td>21.59</td> <td>12.39</td> <td>28.21</td> <td>11.96</td> <td>18.63</td> <td>92.78</td> </tr> <tr> <td>Clean Growth & Development</td> <td>11.22</td> <td>0.65</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>11.87</td> </tr> <tr> <td>Community Wellbeing</td> <td>2.54</td> <td>1.15</td> <td>0.05</td> <td>0.00</td> <td>0.00</td> <td>3.74</td> </tr> <tr> <td>Finance and Customer Experience</td> <td>5.74</td> <td>1.98</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>7.72</td> </tr> <tr> <td>Homes and Culture</td> <td>1.92</td> <td>0.50</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>2.42</td> </tr> <tr> <td>Transport and Public</td> <td>37.46</td> <td>7.36</td> <td>2.21</td> <td>0.00</td> <td>0.00</td> <td>47.03</td> </tr> </tbody> </table>			2018/19 £M	2019/20 £M	2020/21 £M	2021/22 £M	2022/23 £M	Total £M	Adult Care	0.86	0.50	0.50	0.00	0.00	1.86	Aspiration, Schools and Lifelong Learning	21.59	12.39	28.21	11.96	18.63	92.78	Clean Growth & Development	11.22	0.65	0.00	0.00	0.00	11.87	Community Wellbeing	2.54	1.15	0.05	0.00	0.00	3.74	Finance and Customer Experience	5.74	1.98	0.00	0.00	0.00	7.72	Homes and Culture	1.92	0.50	0.00	0.00	0.00	2.42	Transport and Public	37.46	7.36	2.21	0.00	0.00	47.03
	2018/19 £M	2019/20 £M	2020/21 £M	2021/22 £M	2022/23 £M	Total £M																																																			
Adult Care	0.86	0.50	0.50	0.00	0.00	1.86																																																			
Aspiration, Schools and Lifelong Learning	21.59	12.39	28.21	11.96	18.63	92.78																																																			
Clean Growth & Development	11.22	0.65	0.00	0.00	0.00	11.87																																																			
Community Wellbeing	2.54	1.15	0.05	0.00	0.00	3.74																																																			
Finance and Customer Experience	5.74	1.98	0.00	0.00	0.00	7.72																																																			
Homes and Culture	1.92	0.50	0.00	0.00	0.00	2.42																																																			
Transport and Public	37.46	7.36	2.21	0.00	0.00	47.03																																																			

Realm							
General Fund Programme	81.33	24.53	30.97	11.96	18.63	167.42	
HRA Programme	58.76	46.74	43.95	35.45	0.00	184.90	
Total Capital Programme	140.09	71.27	74.92	47.41	18.63	352.32	

Table 7 – Use of Resources

	2018/19 £M	2019/20 £M	2020/21 £M	2021/22 £M	2022/23 £M	Total £M
*CR - GF Borrowing	32.97	9.48	11.63	11.96	18.59	84.63
*CR - HRA Borrowing	18.75	20.67	10.09	0.00	0.00	49.51
Capital Receipts	19.08	1.14	1.22	2.84	0.00	24.28
Direct Revenue Financing	12.70	2.98	10.22	11.25	0.00	37.15
Capital Grants	27.16	13.38	19.29	0.00	0.04	59.87
Contributions	9.67	0.14	0.00	0.26	0.00	10.07
HRA - MRA	19.76	23.48	22.47	21.10	0.00	86.81
Total Financing	140.09	71.27	74.92	47.41	18.63	352.32
*CR – Council Resources						

45. Table 7 demonstrates that the most significant amount for funding for the General Fund programme is provided by Council Resources, which at present, will be mainly through borrowing. Borrowing costs are in the main met within a central provision. The HRA programme is primarily funded by Major Repairs Allowance (direct revenue contribution).

RESOURCE IMPLICATIONS

Capital/Revenue

46. This report principally deals with capital and the implications are set out in the main body of the report. However, the revenue implications arising from borrowing to support the capital programme are considered as part of the General Fund revenue budget. In addition any revenue consequences arising from new capital schemes are considered as part of the approval process for each individual scheme.

Property/Other

47. There are no specific property implications arising from this report other than the schemes already referred to within the main body of the report.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

48. Financial reporting is consistent with the Chief Financial Officer's duty to ensure good financial administration within the Council. The Capital Programme update is prepared in accordance with the Local Government Acts 1972 – 2003.

Other Legal Implications:	
49.	None directly, but in preparing this report, the Council has had regard to the Human Rights Act 1998, the Equality Act 2010, the duty to achieve best value and statutory guidance issued associated with that, and other associated legislation.
RISK MANAGEMENT IMPLICATIONS	
50.	None.
POLICY FRAMEWORK IMPLICATIONS	
51.	The update of the Capital Programme forms part of the overall Budget Strategy of the Council.
KEY DECISION?	Yes/No
WARDS/COMMUNITIES AFFECTED:	NONE
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	GF & HRA Forecast Variances as at September 2018.
Documents In Members' Rooms	
1.	
2.	
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	Yes/No
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	Yes/No
Other Background Documents	
Equality Impact Assessment and Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

This page is intentionally left blank

Agenda Item 9

Appendix 1

2018/19 FORECAST VARIANCES as at SEPTEMBER 2018

Portfolio	Scheme/Project	Forecast (Under)/ Overspend £M	Report Paragraph Ref.
Adults Care	Telecare Equipment	(0.30)	14
	Adults, Housing & Communities	(0.30)	
Aspiration, Schools and Lifelong Learning	Primary Review P2 - Sholing Junior School	0.08	15
	Portwood Primary School Expansion	(0.12)	16
	St Patricks School Expansion	(0.01)	17
	Aspiration, Schools and Lifelong Learning Total	(0.05)	
Clean Growth & Development	Cultural Quarter	3.03	18
	Hampshire Community Bank	(1.00)	19
	Water Fountains	(0.09)	20
	Clean Growth & Development Total	1.94	
Community Wellbeing	Estate Parking Improvements	(0.08)	21
	Community Wellbeing Total	(0.08)	
Finance & Customer Experience	Smarter Ways of Working	(1.70)	22
	Desktop Refresh Programme	0.29	23
	Finance & Customer Experience Total	(1.41)	
Transport and Public Realm	Mansel Park Play Area	(0.20)	24
	Riverside Park Pitch & Putt	(0.05)	25
	Puffin Close Play Area Project	(0.01)	25
	Mobile Working for Parks & Street Cleansing	(0.01)	25
	Transport and Public Realm Total	(0.27)	
	Genral Fund Total	(0.17)	
HRA	Energy Company Obligations - Thornhill Heating	3.70	26
	External Windows and Doors	(0.80)	27
	Renew Warden Alarm	(0.45)	28
	Roofing Works	(3.40)	29
	Household Refurbishment Project - Kitchens and Bathrooms	(0.80)	30
	External Wall Insulation – Kingsland	(0.13)	31
	External Wall Insulation – Low Rise	(1.00)	32
	Removal of Gas from Tower Blocks	(0.19)	33
	Energy Company Obligations - City Energy Scheme	0.48	34
	Energy Company Obligations - Canberra Towers	(3.40)	35
	Lift Refurbishment – Shirley Towers	(1.06)	36
	HRA Total	(7.05)	
		Total	(7.22)

This page is intentionally left blank

DECISION-MAKER:	CABINET		
SUBJECT:	COURT LEET PRESENTMENTS 2018		
DATE OF DECISION:	20 NOVEMBER 2018		
REPORT OF:	Ed Grimshaw		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Ed Grimshaw	Tel: 023 8083 2390
	E-mail:	ed.grimshaw@southampton.gov.uk	
Director	Name:	Richard Ivory	Tel: 023 8083 2794
	E-mail:	richard.ivory@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
The purpose of this report is to bring to the Executive's attention the Presentments accepted by Court Leet, the action taken to date and to identify Lead Officers and Members for future actions.	
RECOMMENDATIONS:	
	(i) that the initial officer responses to the Presentments approved by the Court Leet Jury, as set out in Appendix 1, be noted; and
	(ii) that individual Cabinet Members ensure responses are made to Presenters regarding presentments within their portfolios as appropriate and as soon as practically possible.
REASONS FOR REPORT RECOMMENDATIONS	
1.	The Executive has agreed that Court Leet Presentments will be reported to the Executive for consideration and ultimately determination.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	The decision was previously made by the Executive to proceed in this manner; therefore this is the only approach considered appropriate.
DETAIL (Including consultation carried out)	
3.	Appendix 1 lays out in brief the Presentments received by Court Leet on 2 nd October 2018 with details of Lead Officers and Cabinet Members responsible, together with an initial response to each of the Presentments.
4.	The Presentments, once received, have been shared with Lead Officers and Lead Members; responses (and any action required) will be subject to the Council's normal decision-making processes and therefore, consultation at this time.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
5.	None

<u>Property/Other</u>	
6.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
7.	Court Leet is maintained as a valid Court Leet, but only for purpose of taking Presentments on matters of local concern under the Administration of Justice Act 1977. Any proposals to implement any Presentments will be considered in due course by the appropriate decision-maker, and at that point legal issues will be taken into account.
<u>Other Legal Implications:</u>	
8.	None
RISK MANAGEMENT IMPLICATIONS	
9.	None
POLICY FRAMEWORK IMPLICATIONS	
10.	None at this stage, but as stated above, any proposals that are considered for implementation will be considered in the context of, inter alia, Policy Framework implications.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	None
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Summary of Presentments and details of Lead Officers and Members Responsibility and Initial Response of Presentments.

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

COURT LEET PRESENTMENTS 2018

No.	LEAD OFFICER	LEAD MEMBER	PRESENTMENT
1.	Arthur Jeffery - On behalf of the City of Southampton Society		
	The Chapel of Our Lady of Grace		
	Leader of the Council – Cllr Hammond		<p>On behalf of the City of Southampton Society, I present the City Council for failing to acknowledge Our Lady of Grace Chapel as a site of Heritage status.</p> <p>Throughout Inland Homes' negotiations to build apartment blocks on the site, they only made verbal comments to honour the Chapel, and now they merely plan some Public Art items, items over which City Council officers have no control. This situation has been confirmed by Mr Darren Shorter, the City's Urban Design Manager.</p> <p>CoSS has, on several occasions, asked Inland Homes to acknowledge the Chapel's 12th century origins and its' status as a place of pilgrimage. Henry VIII himself came as a pilgrim in 1510. Wessex Archaeology have exhumed over 100 skeletons at the Chapel.</p> <p>The Chapel is a heritage site of substance and the City Council should act to record and publicise this important site.</p>
<p>RESPONSE: There are planning conditions and legal obligations placed on the planning permission for Chapel Riverside relating to the archaeology of the site. The developer is required to investigate, record and publish findings of their investigation and the remains of the Chapel will also be celebrated through public art on the site. To date, the developer has engaged with these requirements and the necessary work is ongoing.</p>			

COURT LEET PRESENTMENTS 2018

No.	LEAD OFFICER	LEAD MEMBER	PRESENTMENT
2.	Arthur Jeffery		
	Mayflower Park		
	Cabinet Member for Transport and Public Realm – Councillor Rayment		<p>Mayflower Park is the City Centre’s only park on the waterfront. For a maritime city, there are remarkably few places in Southampton where the public can access and enjoy the waterfront.</p> <p>Mayflower Park is largely closed to the public for more than two months a year, when it is covered with temporary exhibition halls for the Boat Show and Seawork. It is used for other events like the circus. Repeated covering of the grass and impact from the heavy vehicles used to erect and dismantle temporary structures has damaged the ground and natural drainage. The Park looks neglected and far less attractive and inviting than it should.</p> <p>The City Council had no doubt been cautious about spending on improvements when the Royal Pier Waterfront development project looked as though it would provide a new park. However, that project seems now to have collapsed.</p> <p>As the present Mayflower Park will be with us for the foreseeable future, I ask the City Council for a firm commitment to spend money on its restoration and to improve ground resilience to cope with impact of events.</p>
<p>RESPONSE: The parks development team have been working on potential designs for Mayflower Park which would embrace it’s status as an events venue and also improve it as an amenity waterfront park. It is our intention to engage with stakeholders over the coming months to discuss the issues and explore the solutions. Once we have some firm options we can look at how any improvements could be funded.</p>			

COURT LEET PRESENTMENTS 2018

No.	LEAD OFFICER	LEAD MEMBER	PRESENTMENT
3.	Graham Linecar (on behalf of - Southampton Commons and Parks Protection Society)		
Former Civil Service Sports Ground, Shirley			
	Leader of the Council – Cllr Hammond		<p>A map of Southampton shows how little open space there is in Shirley. Ideally, people should have access to a local park five minutes walk from home. City Council policy documents acknowledge that is not achieved in Shirley.</p> <p>The City Council compulsorily purchased the former Civil Service Sports Ground in 2010 for school playing fields. A Community Use Agreement gives restricted public access. That open space, and arrangements for public access and use, is now under threat; the City Council wants to use it as the site for a new secondary school. If open space is built on, City Council planning policy requires provision of an equal area of new green open-space.</p> <p>It is regrettable that public use of the only decent-sized green space in this densely built-up part of the City is under threat. My presentment asks that if the City Council does decide the Field should be the site for a new school, the design specification includes the requirement to provide a conveniently and safely located local park and children’s play area, open and accessible to the local community at all times.</p>
<p>RESPONSE: The former Civil Service Sports Ground in Shirley is, as suggested, defined as protected open space in the Council’s Development Plan. In particular, saved Policy CS21 of the Local Development Framework Core Strategy (amended 2015) states that ‘the Council will retain the quantity and improve the quality and accessibility of the city’s diverse and multi-functional open spaces...’. At the planning application stage this policy will be afforded significant weight in the decision making process, following further public consultation, and will be applied alongside others within the Plan, including those that seek to ensure that the City develops high quality education and related facilities which encourage community use (LDF Policy CS11 refers). The request for appropriate mitigation for any open space loss is noted.</p>			

COURT LEET PRESENTMENTS 2018

No.	LEAD OFFICER	LEAD MEMBER	PRESENTMENT
4.	Graham Linecar		
	Improving Highway Safety on the Avenue (A33)		
	Cabinet Member for Transport and Public Realm – Councillor Rayment		<p>I and many others, including University of Southampton students and staff from Avenue Campus, use the northbound and southbound bus-stops on The Avenue called 'Oakmount Avenue'. To get to or from the northbound stop means crossing The Avenue. There are often vehicles travelling faster than the 40mph limit, with overtaking in both directions.</p> <p>My presentment asks for it to be made easier and safer for pedestrians to cross close to the bus-stops. Central islands, and pedestrian refuge, were installed a few years ago to improve highway safety near the Westwood Road and Winn Road junctions. Similar installation near the Oakmount Avenue bus-stops and Highfield Road junction would restrict risky overtaking, improve highway safety and make it easier for pedestrians to cross The Avenue close to the bus-stops.</p>
<p>RESPONSE: The Avenue has been identified in the Southampton Cycle Strategy as one of the key active travel corridors, and is being looked at to improve facilities for people cycling and walking on this route between the city centre, University and Chandlers Ford. Where practical we can investigate new or improved pedestrian crossing facilities to aid pedestrians to safely cross the Avenue and Highfield Road to access the bus stops and the Common itself.</p>			

COURT LEET PRESENTMENTS 2018

No.	LEAD OFFICER	LEAD MEMBER	PRESENTMENT
5.	Kerry Sullivan - (on behalf of the Friends Of Field community group in Freemantle.)		
Former Civil Service Ground			
	Leader of the Council – Cllr Hammond		<p>Friends Of The Field Community Association (FOTF)</p> <p>FOTF is a local community association primarily made up of local residents together with local businesses, sports groups, community groups, councillors and St Marks School. Our purpose is to retain community access to the field for recreational and sporting purposes and to assist in maintaining it in a safe and secure condition.</p> <p>The ‘Field’ is an 8 acre green space behind St Mark’s School which is bordered by Malmesbury Road, Charlton Road and Suffolk Avenue.</p> <p>It originally formed part of the Atherley Estate and was established as a sports ground in the 1880’s, long before the surrounding houses were built.</p> <p>The Atherley family sold it to the Civil Service in 1927 with a covenant that it be used solely for sporting and recreational purposes, which it was for the next 70 years.</p> <p>In the late nineties, the Civil Service could no longer support the ground and sold it to Bovis Homes and there then followed years of the field being derelict and locked with issues such as arson, travellers and anti-social behaviour. FOTF campaigned to get the field back in use and it was eventually compulsory purchased from Bovis Homes by the council in 2012/2013.</p> <p>In the 5 years since the CPO, the council, school and community have worked together to achieve the safe open space that we have now.</p> <p>This green space is extremely important to the local area. The changing landscape of Shirley has meant a steady reduction of family homes with gardens and a sharp increase in HMO’s bedsits and flats meaning more and more people with little or no outdoor space.</p> <p>We feel it is important that local people have access to green space within walking distance, which is safe and secure away from roads and traffic.</p>

COURT LEET PRESENTMENTS 2018

No.	LEAD OFFICER	LEAD MEMBER	PRESENTMENT
			<p>We know that there is a proposal to build a new secondary school on this site and await the consultation details. We are concerned about what the future plans are for this site and worried that the local community may be squeezed out from this historic site.</p> <p>We therefore ask that the council fully engage with us and the community on future plans for development of the site and ensure there is community access for local people and sports groups ongoing.</p> <p>We also ask that there be a nominated officer contact during this time to ensure efficient and effective continuity.</p>
<p>RESPONSE: Southampton City Council agrees to engage with the community, as requested, on the future for development of the site and ensure</p>			
6.	<p>Jack Wilson (on behalf of See Southampton)</p>		
<p>Award for Southampton Council Member of Staff</p>			
	<p>Cabinet Member for Homes and Culture – Councillor Kaur</p>		<p>You have probably seen Jan, though you probably won't recognise his name. He's the street cleaner who does such a good job around the Bargate – We Tourist Guides are regular and reliable witnesses, to the dedication he brings to his work.</p> <p>A couple of weeks ago, Jan went one step further, rescuing the tail that had fallen off one of the Bargate Lions, and taking it to safety. We would ask that Jan be given some form of Civic recognition, for his care in rescuing this vital part of Southampton's icons, and his devotion to his job. It will show all those who care about the City are important.</p>
<p>RESPONSE: We have many dedicated members of staff both public and non-public facing. This being the case we established an employee award scheme whereby individuals and teams can be nominated annually. This is run each year through our communications team and promoted on our web pages. This would be the route for any recognition. It would not be appropriate to have a separate recognition scheme. Positive feedback is always appreciated and this will be conveyed to Jan in the usual way by his line manager.</p>			

COURT LEET PRESENTMENTS 2018

No.	LEAD OFFICER	LEAD MEMBER	PRESENTMENT
7.	Jack Wilson (on behalf of See Southampton)		
	D-Day, or American, Wall		
	Cabinet Member for Homes and Culture – Councillor Kaur		<p>I am sure many people here are aware of the D-Day Wall, sometimes called the American Wall, a short stretch of brick wall between the west walls of the old town and the Grand Harbour Hotel.</p> <p>This wall essential part of Southampton’s heritage as the graffiti on it was made by American Servicemen, before they left for the Normandy Invasions, many never to return. The wall is crumbling, and the names are disappearing rapidly; we only have a few years at most to rescue it.</p> <p>Many people have tried to find a way to preserve it in the past without success, but there is now a new initiative, led by an ex-serviceman Richard Myers, which has a real chance of success.</p> <p>We fully understand that no direct funding is available from the Council, we ask however for the Council’s support in applications for grant funding, and also in the proposal to re-issue the Council publication, Southampton and D-Day, to assist in fund raising.</p>
RESPONSE: Southampton City Council commits to supporting applications and fundraising.			
8.	Helen Wallbridge		
	The Hollybrook Memorial		
	Cabinet Member for Homes and Culture – Councillor Kaur		<p>Hidden away, inside the entrance to Hollybrook Cemetery is a largely unknown national First World War memorial. Yet, it is as significant as its famous counterparts, such as the Menin Gate at Ypres or Thiepval on the Somme.</p> <p>The Hollybrook Memorial, built and maintained by the Commonwealth War Graves Commission, commemorates 1,930 personnel of the Commonwealth land and air forces who were lost or buried at sea during the First World War. The War Grave Commissions policy to commemorate the dead in the locality in which they fell was not possible for those lost at sea, so Southampton, operating as Number One Embarkation Point, was</p>

COURT LEET PRESENTMENTS 2018

No.	LEAD OFFICER	LEAD MEMBER	PRESENTMENT
			<p>chosen as the most appropriate location. For many, it was the last part of England they stood upon before embarking on troop ships. It was also the returning point for many of the wounded.</p> <p>Over the last four years the Maritime Archaeology Trust has researched the memorial and those named as part of the Heritage Lottery funded 'Forgotten Wrecks of the First World War' project. The research is presented in a booklet which is freely available in print and to view on our website, together with a video and 3D virtual tour of the memorial site: http://forgottenwrecks.maritimearchaeologytrust.org/overview/topics/hollybrook-war-memorial</p> <p>The research required many visits to the site over the four years and culminated in an open day. I was struck by how few local people even knew the memorial existed. I am here today to request signage be installed at the entrance to the cemetery to guide people to the memorial, and for anything else the council may be able to do to help spread knowledge of this memorial, particularly in the final months of the centenary commemorations. Many people are drawn to France to pay their respects, but as a City we should be proud of our role and be honoured to have a national First World War memorial here in the heart of the city. Lest we forget.</p>
<p>RESPONSE: Bereavement Services would be pleased to work with the Maritime Archaeology Trust to spread awareness of this memorial and will request that the Hollybrook Cemetery webpage is updated to provide information regarding the memorial and its location within the Cemetery along with a link to the booklet, video and 3D virtual tour as above. Signage guiding people to the memorial can be displayed in the Noticeboard situated at the entrance to the cemetery.</p>			
9.	Ricky Yardley		

COURT LEET PRESENTMENTS 2018

No.	LEAD OFFICER	LEAD MEMBER	PRESENTMENT
	Water frontage		
	Leader of the Council – Cllr Hammond		<p>It is my understanding that the City does not own one metre of deep water quayside. Yes we have several slipways and intertidal beach access.</p> <p>Now that Mayflower Park is in the melting pot again, may I suggest that any developer include public water frontage. This would become a berthing point for pleasure boats giving harbour cruises, drop off and pick up point for yachts and maybe crabbing opportunities for Children. The Shieldhall and other historic ships could lay alongside, creating a maritime atmosphere.</p> <p>Weymouth, Poole, Yarmouth and Cowes all have public quays where citizens can watch and enjoy coming and going. Crucially if a developer reclaims land from the seabed; can we be assured that ownership will pass from Crown Estates, who own the mud, to the City of Southampton. If the developer owns the quayside the City will lose control as at Ocean Village and Centenary Quay. This maybe our last opportunity to ensure that Mayflower Park remains a venue for the people to enjoy the views and watch the shipping.</p>
RESPONSE: Southampton City Council commits to providing public access to the waterfront, and to enter into conversation with Crown Estates regarding ownership of any reclaimed land			
10.	Marian Hubble		
	Status of our first citizen		
	Leader of the Council – Cllr Hammond		<p>Southampton is a great City. It has an illustrious past, rich in history, commerce and learning. It has associations with all parts of the globe: starting with the Romans settling here and now with cruise ships and research ships, its links are world wide.</p> <p>The container port is the second largest in the UK. Its Cruise traffic is greater than any other British port. Its massive contributions to the two world war efforts will never be forgotten.</p>

COURT LEET PRESENTMENTS 2018

No.	LEAD OFFICER	LEAD MEMBER	PRESENTMENT
			<p>Monarchs have been to Southampton; Refugees have been given solace and sanctuary here; We have the worlds oldest bowling green; Tim Berners Lee the developer of the internet is an alumnus of our university: and the list is endless.</p> <p>The City is worthy of National recognition.</p> <p>2022 marks 800 years of the mayoralty. I would like to put it to the jurors that we look to the future by raising the status of our principal citizen to that of Lord Mayor.</p>
<p>RESPONSE: It is not within the gift of the city to elevate the Mayor’s status to that of Lord Mayor. The award of conferring such status vests in the Queen under Royal Prerogative and is undertaken solely at the discretionary timing of the Queen. Historically awards have coincided with important dates or national events.</p> <p>The City has been invited to make submissions twice before, in 1991 and 2001, but was unsuccessful. If a further invitation is extended any potential submission will be initially considered by the Leader of the Council and the Mayor</p>			
11.	Marian Hubble		
	New Transport Interchange		
	Leader of the Council – Cllr Hammond		<p>Last year, on behalf of the City of Southampton Society, I made a Court Leet Presentment regarding the Toys-R-us site to be used as a transport interchange.</p> <p>The Southampton City Council response in November 2017 was that although the store had not then ceased trading “an affordable and sustainable transport hub would be a welcome addition to the city”.</p> <p>This Year, now that Toys-R-Us have ceased trading, the City of Southampton Society urges Southampton City Council to develop this plot as a transport interchange. The land is perfectly situated between the train station and the National Express bus station. It would also enable the programming of travel services to be properly integrated.</p>
<p>RESPONSE: We are awaiting proposals from developers.</p>			
12.	Lindsy Bluemel		

COURT LEET PRESENTMENTS 2018

No.	LEAD OFFICER	LEAD MEMBER	PRESENTMENT
	Tree Preservation Order		
	Cabinet Member for Transport and Public Realm – Councillor Rayment		<p>This presentment concerns the line of trees on the north side of Bitterne Railway Bridge: if traveling East out of the City on Bitterne Road Wes, the trees are just beyond the Northam Bridge, between the garage on the left and the Bullar Road / Athelstan Road crossroads.</p> <p>These trees are valuable to the local environment and include some beautiful ancient oaks They lie on the route of the Highways England A3024 scheme, which may involve works between Bursledon Roundabout and Six Dials. Myself and others are concerned that the scheme will involve the felling of these trees and we would like to see them protected by means of tree preservation orders.</p> <p>The Tree Officer has been approached. His first response was that the trees were not under threat and therefore he did not think preservation orders necessary. When the treat from the Highways England Scheme was pointed out, his response was that, in this case, he couldn't put preservation orders ion the trees because that would appear to be "obstructive" of the Highways England scheme!</p> <p>I and other local residents believe that preservation orders, while they might not prevent the Highways England scheme, might encourage this organisation to seriously consider alternatives to the current plan for Bitterne Railway Bridge which would not involve felling of the trees.</p> <p>As well as being of aesthetic importance, these trees are of incalculable value to the local environment and they form a vital role in absorbing the toxins in a location which is one of the most polluted in the whole City. Thy form a barrier between residents of Chafen Road and the traffic on Bitterne Road West, without which the residents would be exposed to greatly increased noise and air pollution.</p> <p>I hope the members of the Court Leet will support my request for preservation of these trees by means of tree preservation orders.</p>

COURT LEET PRESENTMENTS 2018

No.	LEAD OFFICER	LEAD MEMBER	PRESENTMENT
<p>RESPONSE: The Tree Officer was correct in his summation that the trees bordering this stretch of highway are not immediately under threat as no detailed scheme for this area has yet been provided. An early indication of the works here shows a cantilevered build out over the actual bridge (so no trees) and other than that it is proposed to stay within the existing highway boundary (all the trees are beyond the existing highways boundary). Also the Tree Officer was correct that any works carried out for the purposes of “road transport” under “Highways Operations” would be exempt under the Tree Preservation Order regulations 2012 and therefore would make any protection obsolete. Both Southampton City Council’s Transport Team and Highways England will be aware that trees are a material consideration in any developments and therefore it is not considered appropriate at this time to use public funded resource to place a Tree Preservation Order on these trees.</p>			

DECISION-MAKER:	CABINET		
SUBJECT:	HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP'S SYSTEM REFORM PLAN		
DATE OF DECISION:	20 NOVEMBER 2018		
REPORT OF:	RICHARD CROUCH, CHIEF EXECUTIVE		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Stephanie Ramsey	Tel: 02380296941
	E-mail:	Stephanie.Ramsey@southampton.gov.uk	
Director	Name:	Richard Crouch John Richards	Tel: 02380833360 02380725637
	E-mail:	Richard.Crouch@southampton.gov.uk John.Richards1@nhs.net	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
System reform proposal as developed by Hampshire and Isle of Wight Sustainability and Transformation Partnership's (STP) Executive Delivery Group (EDG) and informed by broader health and care system leadership. This is response to national ambition to improve integration of health and care for benefit of local people.	
RECOMMENDATIONS:	
CABINET	
	(i) To consider and endorse the recommendations relating to further development of elements of a Hampshire and Isle of Wight Sustainability and Transformation Partnership's System Reform Plan as outlined in sections 11 to 14 below,
REASONS FOR REPORT RECOMMENDATIONS	
1.	Sustainability and transformation plans (STPs) were announced in NHS planning guidance published in December 2015 and restated in Next Steps on the Five Year Forward View (2017). NHS organisations and local authorities across England have come together to develop 'place-based plans' for the future of health and care services in their area. All the statutory organisations for Hampshire and the Isle of Wight have been asked to support and endorse the System Reform Proposal so it can be developed further.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	There is an expectation that organisations participate in the development of the Sustainability and Transformation Partnership. The Council could decide not to engage but there would be a reputational risk with this and there could be a significant impact on progress made with integrated working with health.
DETAIL (Including consultation carried out)	

3.	In 2016 the NHS and local councils came together in 44 areas covering all of England to develop proposals to improve health and care. They formed new partnerships – known as sustainability and transformation partnerships (STP) – to run services in a more coordinated way, to agree system-wide priorities, and to plan collectively how to improve residents’ day-to-day health.
4.	STPs represent a shift in the way that the NHS in England plans its services. While the Health and Social Care Act 2012 sought to strengthen the role of competition within the health system, NHS organisations are now being told to collaborate rather than compete to respond to the challenges facing their local services and move towards ‘place-based planning’. This shift reflects a growing consensus within the NHS that more integrated models of care are required to meet the changing needs of the population. In practice, this means different parts of the NHS and social care system working together to provide more co-ordinated services to patients – for example, by GPs working more closely with hospital specialists, district nurses and social workers to improve care for people with long-term conditions. In Southampton we have already made significant progress towards this type of approach as part of Better Care Southampton.
5.	The Hampshire and Isle of Wight (HIOW) STP comprises 21 NHS and local authority statutory partners as signatories and 3 non statutory organisations which have focus on workforce, innovation and research.
6.	<p>The System Reform proposal attached in Appendix 1 outlines the case for change which includes:</p> <ul style="list-style-type: none"> • Feedback from the public and staff about the need for further integration • Recognition of the need for strengthening the approach to prevention, early intervention and supported self management • Examples of the challenges that complexity and fragmentation of the current system are causing across health and care; mental and physical health; and acute, community and primary care • Identification of the need to further improve patient/client discharge and flow • Outlines progress made with New Models of Care (e.g. Better Care Southampton) and the real impact made on performance, outcomes and financial benefits.
7.	It also recognises that growing financial problems in different parts of the NHS and local authorities can’t be addressed in isolation. Instead, providers and commissioners are being asked to come together to manage the collective resources available for services for their local population.
8.	The System reform proposal is based on the fact that the current financial position is unsustainable and this is outlined in the proposal. The health organisations across the HIOW STP area have a forecast “do nothing” gap of £577million by 2020 and pressures on social care and local government are unprecedented. Collaboration is needed to improve best value and effectiveness, for example with back office services, reduced variation in practice and employment and retention of workforce. The suggestion within the proposal is to remove obstacles to greater collaboration.
	The recommendation is to develop across HIOW an integrated planning and delivery approach. Commissioners and NHS providers working closely with

	local authorities, GP networks and other partners agreeing to take shared responsibility (in ways that are consistent with their legal obligations) for how they operate their collective resources for the benefit of the local population
9.	<p>The HIOW integrated care system is described as functioning on four levels:</p> <ul style="list-style-type: none"> • Cluster level – such as the 6 clusters already under development in Southampton. There would be 36 over all of HIOW, aligned to natural communities and delivering integrated health and care services • Place based planning – which would be around the existing Health and Wellbeing board footprints. Integrated local authority and NHS planning with aligned commissioning. This is already well established in Southampton with increasing levels of effective operational integration, such as 0-19 services and Urgent response service and integrated commissioning with the Clinical Commissioning Group. • 4 integrated care partnerships to support vertical alignment of care to enable optimisation of acute physical and mental health. For Southampton this is the Southampton and South West Hampshire system where there already is in place a joint approach to manage the interface with the acute services. This is not an Integrated Care partnership as defined in the proposal however. • HIOW integrated care system functions at scale of 2 million population allowing alignment of strategic health and LA commissioning. <p>The characteristics of each level are outlined from Slide 19 in Appendix 1.</p>
10.	All Statutory bodies are being asked to endorse a number of recommendations developed by each of the Task and Finish groups that have been developing different elements of the proposal:
11.	<p>Clusters</p> <ul style="list-style-type: none"> • Endorse the developing role of clusters as outlined • Endorse the recommendation that partners across Health and wellbeing Board footprints footprints and integrated care partnerships work together to define the resources required for cluster operation - a critical first step is establishing professional and operational leadership to drive cluster development • Endorse the proposed next steps for the cluster task and finish group, which are summarized as follows: <ul style="list-style-type: none"> - Quantify the impact/expected outcomes of cluster teams (already in progress in most areas): defining outcome metrics for individual clusters and a small set of common metrics across whole - Describe the support requirements and responsibilities to accelerate full cluster implementation - Describe the proposed interplay between clusters and other components of the Integrated Care system (ICS), including governance and participation arrangements for clusters as part of HWB footprints and integrated care partnership structures - Strengthen primary and social care involvement in this work at a Hampshire and Isle of Wight level (membership of the task

	and finish has already been extended to reflect this).
12.	<p>Health and Wellbeing Board Footprints/Care Systems</p> <ul style="list-style-type: none"> • Endorse the emerging restatement of the function of partnership working on a HWB footprint as described earlier in the document • Endorse the proposed next steps for the task and finish group by the end of September, which are to: <ul style="list-style-type: none"> - define the common functions of the role of HWB footprints in an integrated care system - clarify the relationship between this and the other component parts of the proposed Hampshire and Isle of Wight Integrated care system - set out a mechanism for achieving “active and effective democratic engagement at all levels” across the Hampshire and Isle of Wight integrated care system (including the role of HWB)
13.	<p>Integrated care partnerships (ICP)</p> <p>Work with geographically aligned partners within the identified four ICP footprints to:</p> <ul style="list-style-type: none"> • Discuss and agree the remit and focus of the ICP • By October 2018 prepare a Memorandum of Understanding [MoU] that sets out the remit, focus and the leadership / governance / decision making arrangements of the ICP and how the local Health and Wellbeing Boards (Care systems) and the ICP interface with one another - the balance and focus of each; • Set out the key milestones for the ICP for April 2019 and April 2020.
14.	<p>Strategic Commissioning</p> <ul style="list-style-type: none"> • The strategic commissioning task and finish group further develop the proposal with an aim to establish a strategic commissioning function by October 2018, initially through a joint committee which will have delegated authority to make binding decisions in relation to its in-scope functions and responsibilities. • That a new task and finish group is convened including providers, commissioners, local authorities, and NHS England and NHS Improvement, to work together and take responsibility for the development of the next phase of the work to build the strategic planning, transformation, resource allocation and assurance function for HIOW, constructing ICS governance that supports our approach.
15.	<p>Next steps will be that the recommendations from the Task and Finish groups will continue to be implemented and a number Programme Deliverables are outlined including the development of:</p> <ul style="list-style-type: none"> • System reform implementation programme • Structure and leadership • Communications and engagement • Indicative budgets and three year financial planning

RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
16.	Any financial implications of the proposals will need to be assessed as the redesign is developed. KRP
<u>Property/Other</u>	
17.	No direct implications from the proposal currently
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
18.	Health and Social Care Act 2012. Currently Sustainability Transformation Plan has no statutory powers.
<u>Other Legal Implications:</u>	
19	None.
RISK MANAGEMENT IMPLICATIONS	
20.	Financial: Implications of financial risk sharing are yet to be developed. This would be part of the next phase. Initial focus has been on NHS funding.
21.	Service Delivery: locally we have a very well established Better Care Southampton approach, which has a clear plan that has been led by the City Council and Southampton City Clinical Commissioning Group in partnership but developed collaboratively with providers and community interest groups as well, and a robust governance structure that is again inclusive. There is a risk that this effective focus on city residents may become lost in potential confusion between roles and accountability of Health and Wellbeing board footprints and Integrated Care systems. The current lack of clarity around this is causing confusion for staff and stakeholders
22.	Reputation: There has been limited engagement with staff, the public and stakeholders throughout the process so far and so a coherent and well managed process of engagement and transparent communication is required. There is lack of clarity about political oversight of the process.
POLICY FRAMEWORK IMPLICATIONS	
23.	None.
KEY DECISION?	NO
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Hampshire and Isle of Wight Sustainability and Transformation Partnership's System Reform Plan
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and	No

Safety Impact Assessment (ESIA) to be carried out.		
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.		No
Other Background Documents		
Other Background documents available for inspection at:		
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.	None	

Hampshire and Isle of Wight System reform proposal

Statutory body pack

Appendix 1
August 2018

Agenda Item 11

Contents

1.	Introduction and context	3
2.	Our case for change	4
3.	The proposed Hampshire and Isle of Wight integrated care system	9
4.	Components of the HIOW Integrated Care system	16
	○ Clusters - integrated primary and community care teams	17
	○ Integrated planning for a place: Health and Wellbeing Board footprints	26
	○ Integrated care partnerships	28
	○ Functions at the scale of HIOW including strategic commissioning	34
5.	Summary of recommendations	40
6.	Next steps	43
7.	Glossary	45

Purpose of this document

This document summarises the system reform proposal as developed to date through the work of the Hampshire and Isle of Wight Sustainability and Transformation Partnership's (STP) Executive Delivery Group (EDG) and informed by the broader health and care system leadership.

It forms the basis for NHS provider board, CCG governing body and local government cabinet consideration at their respective meetings in autumn 2018.

Context

The health and care system across Hampshire and the Isle of Wight has been working together to develop a response to the national ambition to improve the integration of health and care for the benefit of local people.

As the Care Quality Commission put it in its 2016/17 State of Care report:

“People should be able to expect good, safe care when they need it, regardless of how this care is delivered... It’s clear that where care providers, professionals and local stakeholders have been able to do this – where they have stopped thinking in terms of ‘health care’ and ‘social care’ (or specialties within these) and instead focused their combined efforts around the needs of people – there is improvement in the quality of care that people receive. To deliver good, safe care that is sustainable into the future, providers will have to think beyond their traditional boundaries to reflect the experience of the people they support.”

National context

The most recent mandate given by the Government to NHS England includes increasing integration with social care so that care is more joined up to meet physical health, mental health and social care needs. More recently, the House of Commons Health and Social Care Committee has expressed its support for improving integration of care, highlighting its potential to improve patient experience.

NHS England’s policy goals in relation to this area have been clear for some time. NHS England’s ambition to transform the delivery of care in this spirit was first described in 2014’s Five Year Forward View (FYFV):

“The traditional divide between primary care, community services, and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need. And just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services even though people increasingly need all three”



Case for change

Our citizens have been consistent in telling us that...

- they want **better and more convenient access** to support to help them to live well for longer. We have diverse communities across Hampshire and the Isle of Wight and people want support better suited to their needs;
- **they value and have confidence in General Practice and the wider primary and community team**, but there is a bewildering array of teams who do not appear to communicate with each other. **People often have to repeat their story** multiple times, making accessing care a frustrating experience. So they want all of the clinicians and care workers involved in their care to know their care plan, to work together and to communicate with one another. Many people also want greater control of their care, from better access to their records through to personalised budgets;
- when they have an urgent care need, **rapid access to the right clinical advice and support** is the most important factor to them. They want the health and care system to make sure they know how to rapidly access a complicated and sometimes confusing system;
- when they are managing a long term physical and/or mental health condition they typically want continuity of relationship with a trusted clinician to support them; they want better support to understand and manage their condition; and they want to ensure that when they travel for specialist advice and support, then the journey is worthwhile. Currently **40% of people** whom have a long term condition tell us they **don't feel supported** to manage their condition.
- they are more **willing to travel a little further for specialist care** if the services they access will give them better outcomes. People also add however, that there is nowhere like home and that they would rather be there, than a hospital bed. Unfortunately a quarter of people in hospital still do not feel involved in decisions about getting them home.

Our workforce are telling us that:

- they are **under more pressure than ever** before. They often feel that there is not enough time in the day, with too many targets to reach and administrative tasks to perform, both of which take time away from patients;
- services are running on such **low staff numbers** that any unplanned sick leave or annual leave has a significant effect. Despite significant efforts of some providers, we continue to exceed our planned expenditure on agency and locum spend;
- care professionals want a means by which to **share information** with other professionals within the system. There is often a poor interface between primary, secondary and community care with time wasted trying to contact other care services;
- whilst it doesn't feel this way in general practice, and in the community and hospital services, our workforce has actually increased over the last few years. However so too has the number of people leaving within two years;
- many frontline staff have spent large parts of their professional careers **trying to integrate care for patients**, often working around policies that construct rather than remove barriers to integrated care at local level;
- they want **better career options** along with opportunities to improve their skills and expertise.



We need to strengthen our approach to prevention, early intervention and supported self-management...

- We have a national reputation for developing innovative models of prevention, case finding and early intervention and supported self-management. However, we have not systematically implemented these innovative models. For example, within three years, 330 heart attacks and 490 strokes could be averted with improved detection and treatment of hypertension and atrial fibrillation. This represents a cost saving of up to £2.5m for heart attacks and £6.7m for strokes through optimal anti-hypertensive treatment of diagnosed hypertensives.
- For cancer services, for example, we have made real progress in improving the early diagnosis of cancers over the past 4 years, and are now one of the best performing systems in the country. But we still only **diagnose just over half of cancers at stage 1 and 2.**
- The **life expectancy of people with serious mental illness is 15-20 years less** than the average life expectancy in Hampshire and the Isle of Wight, with two thirds of these deaths due to avoidable causes. And yet the number of health checks for people with severe mental illness in HIOW is below the national average.
- We are making improvements, but we are **not yet closing the inequalities gap** - the life expectancy gap (and disability-free years gap) across HIOW is not closing.

The complexity and fragmentation of our current system (including siloed budgets and payment systems) is currently holding back a system focus on this agenda.

We have a significant opportunity to improve discharge and flow across Hampshire and the Isle of Wight...

- Our citizens continue to **stay in hospital for a long time** even though many are medically fit to leave. As we know the longer people stay in hospital, the more likely they are to develop complications and reduced independence; and it is also expensive to keep someone in hospital unnecessarily.
- Our flow and discharge is noted as being in the **lowest performance quartile in the country**
- We continue to be the **second poorest performing system in the country** with regards to **delayed transfers of care.**
- **We are the second poorest performer** nationally with regards to **CHC assessments in the community.**
- Recent data positions us as having one of the greatest opportunities nationally to reduce **excess bed days** and super-stranded patients.
- There has been a relentless focus on improving discharge and flow across all of our systems and yet despite this the number of delayed transfers of care per 100,000 population remains at the same rate it did two years ago*

This data would indicate that continuing to operate as we have done in the past will not yield a different outcome. We need to reform the system in a way that best allows us to tackle the challenges we face.

* with the exception of the Isle of Wight which now operates with three times fewer delays as other HIOW systems.



The past four years have seen significant progress in developing ‘new care models’ which are founded on integration between partners and a systematic focus on the whole population’s needs. Nationally we have seen both Multispecialty Community Provider and the Integrated Primary and Acute Care Systems develop. More recently the Next Steps on the Five Year Forward View further articulated the ambition ‘**to make the biggest national move to integrated care of any major western country**’.

Within our patch we are reporting very tangible benefits for our citizens as a result of health and care partners working together / integrating more effectively than we have seen before. In the most developed systems we are seeing:

- **1% reduced emergency admissions** compared to an average of 3.5% growth nationally;
- New models of care are successfully managing and treating people more effectively in the community **reducing potentially “avoidable” emergency admissions by 10%** on last year;
- **4% reduction in GP referrals** on last year;
- **Reduction in the number of people experiencing mental health crisis** / emergency admission to acute mental health beds as a result of enhanced support in the community
- **A&E attendances are holding at the same level** as last year compared to demographically similar systems which have increased activity on last year;
- Citizens engaging with integrated care teams are reporting **significant improvements in health status, personal wellbeing, experience and health confidence**;
- **Staff satisfaction rates significantly improving** where they are operating in integrated care teams.

These achievements are both important for citizens, staff and for the financial health of the system. We know that new models of care work, however, our integrated primary and community teams are at different stages of development and so too are their interfaces with local health and wellbeing footprints and the acute physical and mental health system.



Increasing value for money

The current funding and budget systems make it hard to reallocate resources to where they are needed most. This can also be prohibitive to collaborative working between partner organisations. Frustratingly for all, the current payment systems can be unhelpful – rewarding activity rather than outcomes.

Our financial position is unsustainable. Hampshire and Isle of Wight NHS has forecast a ‘do nothing’ gap of £577million gap by 2020/21 (23% of our £2.5bn allocation) and in addition to this, the pressures in social care and local government more broadly are unprecedented. Whilst the required level of efficiency has been delivered to date we require a step change in productivity and cost reduction to ensure we meet our financial targets.

In many organisations too much resource and energy is focused on seeking to suppress expenditure in providers or generate additional income from commissioners, rather than work in partnership to focus on cost reduction, quality improvement and living within the system’s finite resources. **We will require different approaches**, including **collaboration**, e.g. pathology, pharmacy distribution centres; scale, eg: collective procurement; **back-office optimisation**, eg: HR, finance; **greater partnerships**, eg: increasing retention of our workforce, reducing bank and agency costs; and **reduced unwarranted variation** in practice.

If we are to make the transformational changes required to improve outcomes, experience, satisfaction, quality, performance, financial sustainability and address our workforce challenges **we must radically enhance our functionality, removing obstacles to enable far greater collaboration and integration.** These radical changes will become a reality only if there is a collective commitment from all partners to transform and implement a new way of working.

Reducing complexity

- We have **21 NHS and local authority statutory partners** as signatories to our transformation partnership **and three non-statutory partners** (with leadership responsibilities around workforce, innovation and research).
- We have **grown our workforce by 4.5%** over the past three years. Too much of this growth has, however, been in non-clinical roles. One of the key drivers for this is the continuing burden of reporting, assurance and inter-organisational contract management.
- **We are a complex system.** Whilst there has been collaboration between provider, commissioner and regulatory partners, our system reform work over the past six months has demonstrated significantly greater opportunity to reduce system complexity; reduce the burden of assurance and reporting and ensure all partners collaborate towards clearer strategic goals;
- NHS England and NHS Improvement are currently undergoing a national and regional integration programme. The expectation is that locally the Hampshire and Isle of Wight system will develop **simpler but more effective self-regulation and assurance models** that will allow NHSE/I to work more strategically with the system.

The system reform programme is a means by which we can reduce this complexity and develop strong self-regulation and assurance models.

The proposed system

“Our vision is to support citizens to lead healthier lives, by promoting wellbeing in addition to treating illness, and supporting people to take responsibility for their own health and care. We will ensure that our citizens have access to high quality consistent care 24/7, as close to home as possible.



Supporting people to stay well

We are taking action to prevent ill-health and promote self care...

- Empowering citizens, patients, service users and communities
- Harnessing technology more effectively to support wellbeing

Page 73
Joining up care locally

We are strengthening local primary and community care...

- Developing integrated health and social care teams designed to support the needs of the local communities they serve
- Providing care in the right place at the right time by reducing over-reliance on hospitals and care homes
- Ensuring a strong and appropriately resourced primary care workforce
- Using technology to revolutionise people’s experiences and outcomes;

Specialised care when needed

We are improving services for people who need specialist care...

- Identifying, understanding and reducing unwarranted variation in outcomes, clinical quality, efficiency;
- Through consolidating more specialised care on fewer sites;

We will make intelligent use of data and information to empower citizens, patients, service users and support our workforce to be more efficient and effective in delivering high-quality care

The HIOW Executive Delivery Group (EDG) – representing the HIOW health and care system – recommend that to deliver our vision for health and care, we need to reform our system to ensure ‘form follows function’, signalling a shift from the separation of provision and commissioning to integrated planning and delivery. Nationally there is a similar realisation, which has led to the national guidance on Integrated Care Systems.

What is an integrated care system (ICS)?

NHS England defines ICS as those systems in which:

“Commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations”.

What will an integrated care system do?

National guidance sets a number of expectations for ICS:

- ICS are expected to produce together a credible plan that delivers a single system control total, resolving any disputes themselves.
- ICS will assure and track progress against organisation-level plans within their system, ensuring that they underpin delivery of agreed system objectives.
- [ICS] will be given the flexibility, on a net neutral basis, and in agreement with NHS regulators, to vary individual control totals during the planning process and agree in-year offsets in one organisation against financial under-performance in another.

- NHS England (NHSE) and NHS Improvement (NHSI) will focus on the assurance of system plans for ICS rather than organisation-level plans.

There is an expectation that, over time, ICSs will replace STPs.

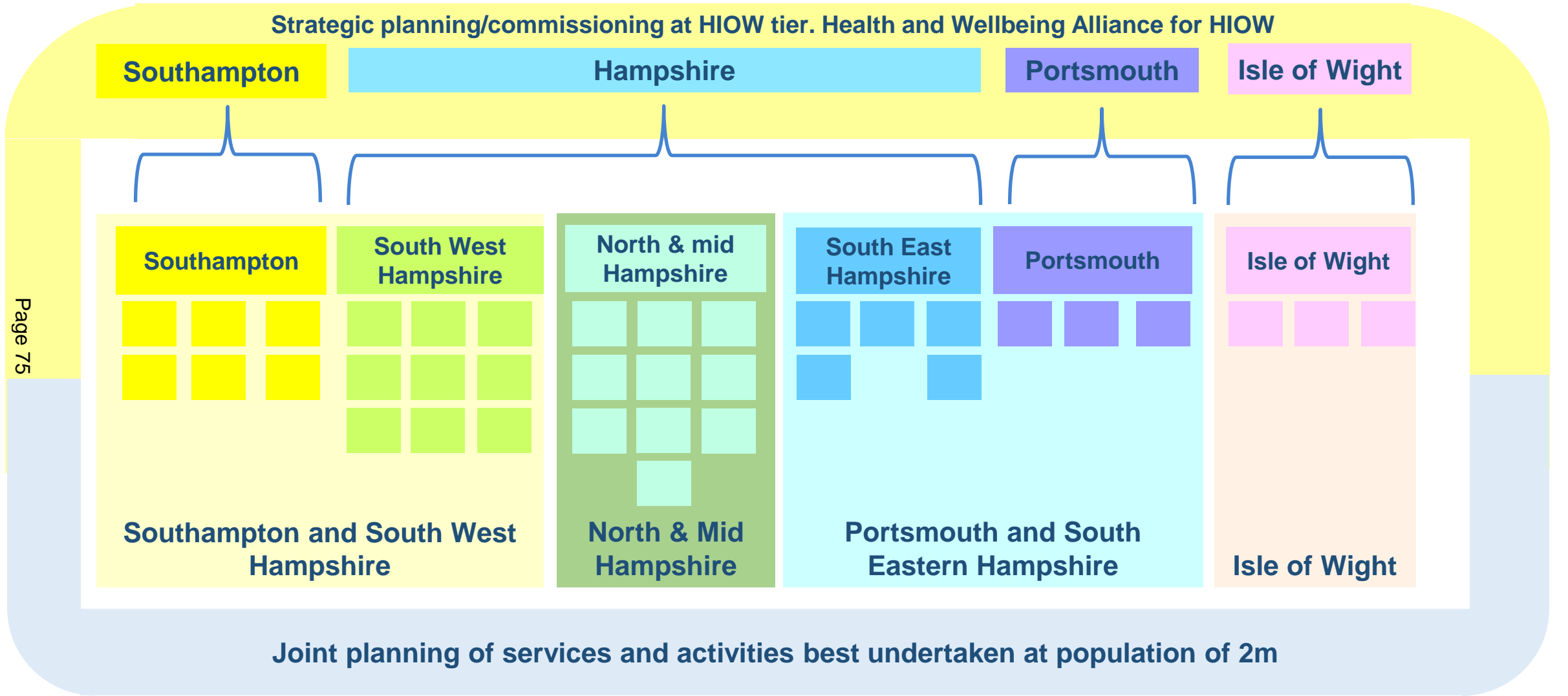
Benefits of ICS – the national view

- Creating more robust cross-organisational arrangements to tackle the systemic challenges facing the health and care;
- Supporting population health management approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
- Delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and
- Allowing systems to take collective responsibility for financial and operational performance and health outcomes.

Local alignment

The EDG tasked a sub-set of its members, supported by others, to form a series of task and finish groups to develop the key elements of a proposal for moving the HIOW system towards ICS (“the system reform programme”).

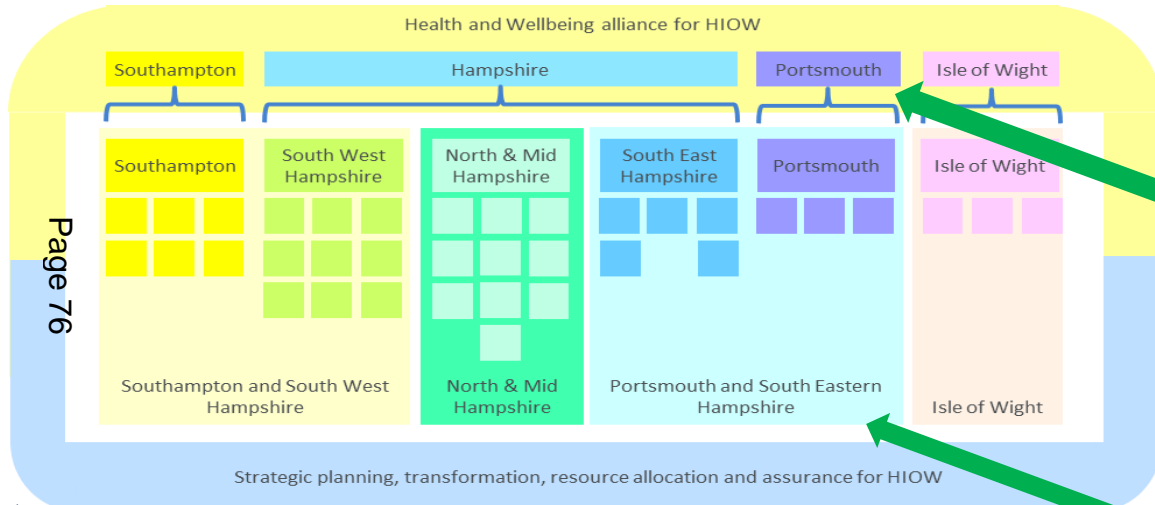
How could HIOW look in the future?



Page 75

The proposed HIOW integrated care system: A whole system planning, delivering and transforming in collaboration

The proposed reformed system envisages providers, commissioners and local authorities working in ever closer collaboration with each other and with citizens and voluntary sector organisations to address the case for change, empowering and supporting citizens to best manage their own health and wellbeing and frontline teams to provide and sustain the best possible services and care.



Page 76

Notes:

1. The term 'cluster' is used for consistency to describe the foundation of the system where general practices with statutory and voluntary community health and care services work together in 20-100k populations to meet the needs of local residents. A variety of terms are currently used to describe this including localities, extended primary care teams, natural communities of care, neighbourhood teams.
2. Where HWB and integrated care partnerships are coterminous, activities are undertaken together. In areas where integrated care partnerships span more than one HWB footprint, the partners will work together to determine the most appropriate allocation of responsibilities between HWB area and the integrated care partnership to achieve the shared objectives.
3. The Hampshire HWB area also includes North East Hampshire, which is also part of the Frimley Integrated Care System and therefore omitted from the figure above

Component

Purpose and description

Accelerated implementation of 36 clusters

Natural communities of 20-100,000 people

- The foundations of the reformed system
- Strengthening primary care
- Delivering integrated mental and physical health, care and wider services to cluster population
- 36 clusters, aligned to 'natural communities'.
- Proactively managing the population health needs

Ongoing development of place based planning

Existing Health & Wellbeing Board footprints

- Integrated local authority & NHS planning
- Aligned to HWB (local authority) footprints
- Health & LA aligned commissioning resource & agreed leadership/management models
- Basis of the JSNA, means through which HWB exert tangible influence on the direction of health and care services for the population through health and care commissioning and wider determinants of health

Simplified structure of 4 integrated care partnerships

populations of c600k served by acute partners

- Support the vertical alignment of care enabling the optimisation of acute physical & mental health services
- Design and implement optimal care pathways
- Support improved operational, quality and financial delivery

HIOW integrated care system

Drawing together the above component parts, delivering some functions at a scale of 2 million population

- System strategy and planning
- Implementing strategic change across multiple integrated care partnership footprints/places
- Alignment of strategic health and LA commissioning
- Provider alliances (acute physical & mental health)
- Oversight of performance and single system interface with regulators

The development of an ICS for Hampshire and Isle of Wight has been based upon a variety of national guidance and evidence from around the country about best practice approaches. We have studied the work ongoing in Surrey Heartlands Dorset, Manchester and South Yorkshire and Bassetlaw and learnt from their experiences.

The work of the Kings Fund on integration is also helpful in setting out conditions which support greater integration. Their assessment is that current and future ICS must address the following development needs if they are to succeed in transforming health and care, building on new care models and related initiatives:

Page 77

- Developing trust and relationships among and between leadership teams
- Establishing governance arrangement to support system working
- Committing to a shared vision and plans for implementing the vision
- Identifying people with the right skills and experience to do the work
- Communicating and engaging with partner organisations, staff and the public
- Aligning commissioning behind the plans of the system
- Working towards single regulatory oversight
- Planning for a system control total and financial risk sharing.

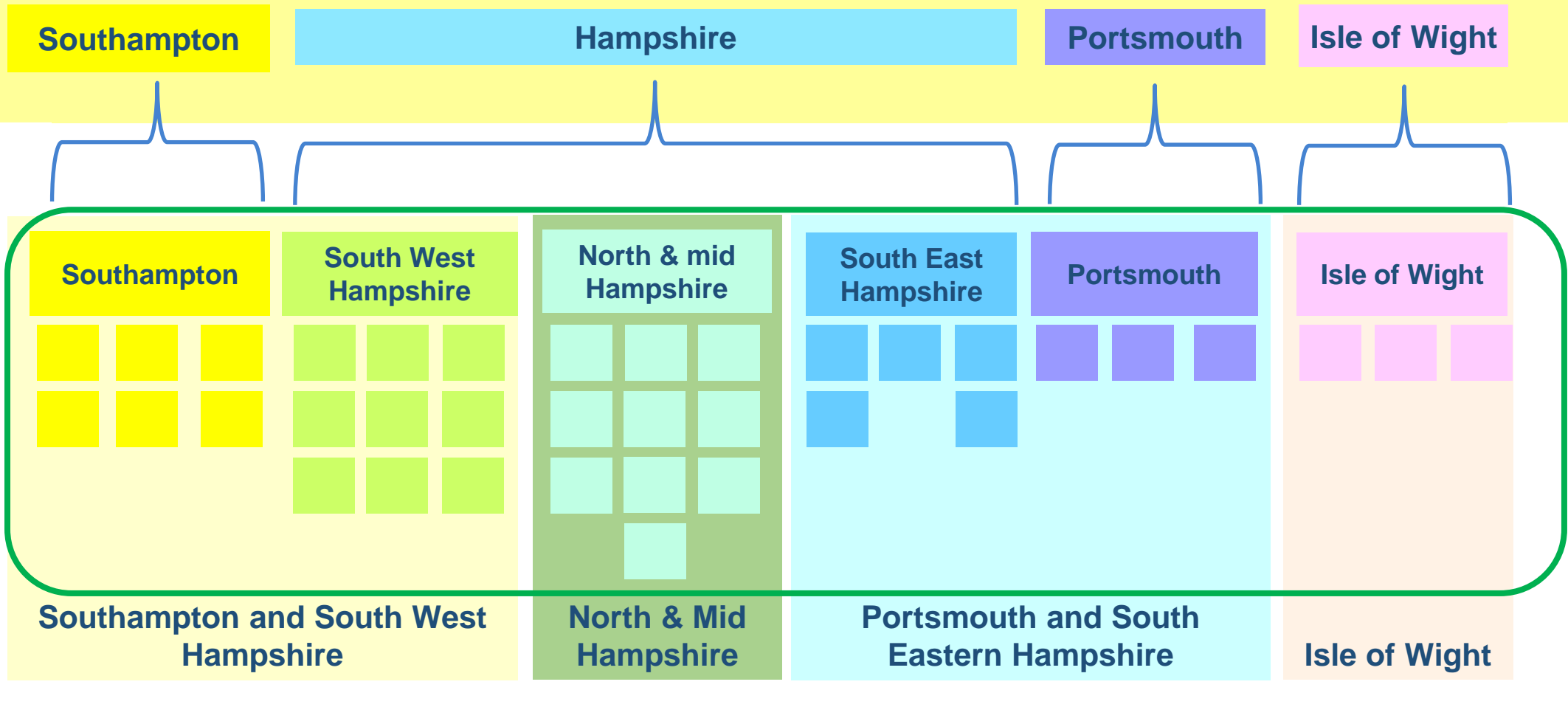
The work involved in addressing these needs is time consuming and cannot be rushed: ‘progress occurs at the speed of trust’, **collaborative rather than heroic leadership holds the key to progress.**



Components of the system

Clusters - integrated primary and community care teams

Strategic Commissioning at HIOW tier. Health and Wellbeing Alliance for HIOW



Joint planning of services and activities best undertaken at population of 2m

Clusters - integrated primary and community care teams 18

Clusters will be the bedrock of the reformed delivery system. The key purpose of our wider system reform arrangements is to support empowered clusters.

Role and benefits of clusters:

- Clusters will see health and care professionals, GPs, the voluntary sector and the community working as one team to support the health and care needs of their local community. They will focus on helping people to manage long term conditions and improve access to information about healthier lifestyles and improving/maintaining wellbeing.
- Evidence shows that the most successful work of this type will reduce the overall number of people who need to be cared for in hospital and improve the health and wellbeing of communities. Clusters will shift the pattern of care and services to be more preventative, proactive and local for people of all ages

Impact of clusters for people

- ✓ People are supported to stay well and take greater responsibility for their own health and wellbeing
- ✓ People can easily access support and advice that is timely, delivered close to home and with the right professional to meet their needs
- ✓ People with chronic or complex illness receive care that is consistent, joined up and centred around their needs and wishes, with fewer hand-offs and reduced duplication
- ✓ People are only in hospital for the acute phase of their illness and injury and are supported to regain/retain independence in their usual place of residence
- ✓ People have greater choice and control over decisions that affect their own health and wellbeing

Impact of clusters for HIOW system

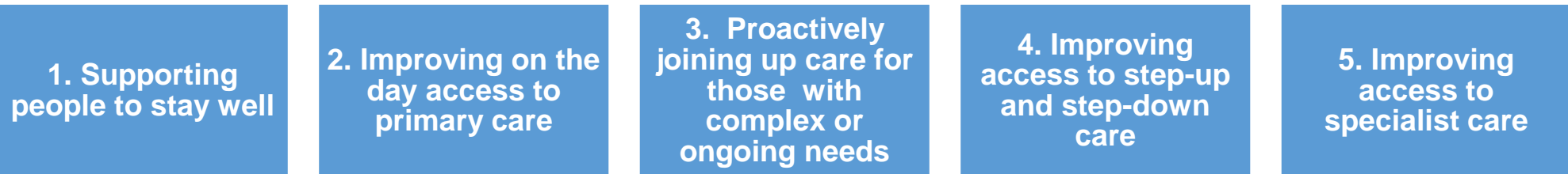
- ✓ Increased capacity in primary and community care to manage local health and care needs
- ✓ Reduction in rate of acute mental and physical acute non-elective activity growth and demand for urgent care services
- ✓ Optimised resource utilisation as a result of better managed chronic conditions and reduction in preventable conditions
- ✓ Reduction in variation in access and outcomes
- ✓ Fewer permanent admissions to residential and nursing care
- ✓ Primary care is sustainable and supported leading to improving GP recruitment and retention rates
- ✓ Attract and retain right workforce in all sectors with particular emphasis on those sectors in greater need such as mental health
- ✓ More efficient bed use and fewer delayed transfers of care

Clusters will vary based on the needs of the communities they serve, but will be built on a common foundation and share common characteristics:

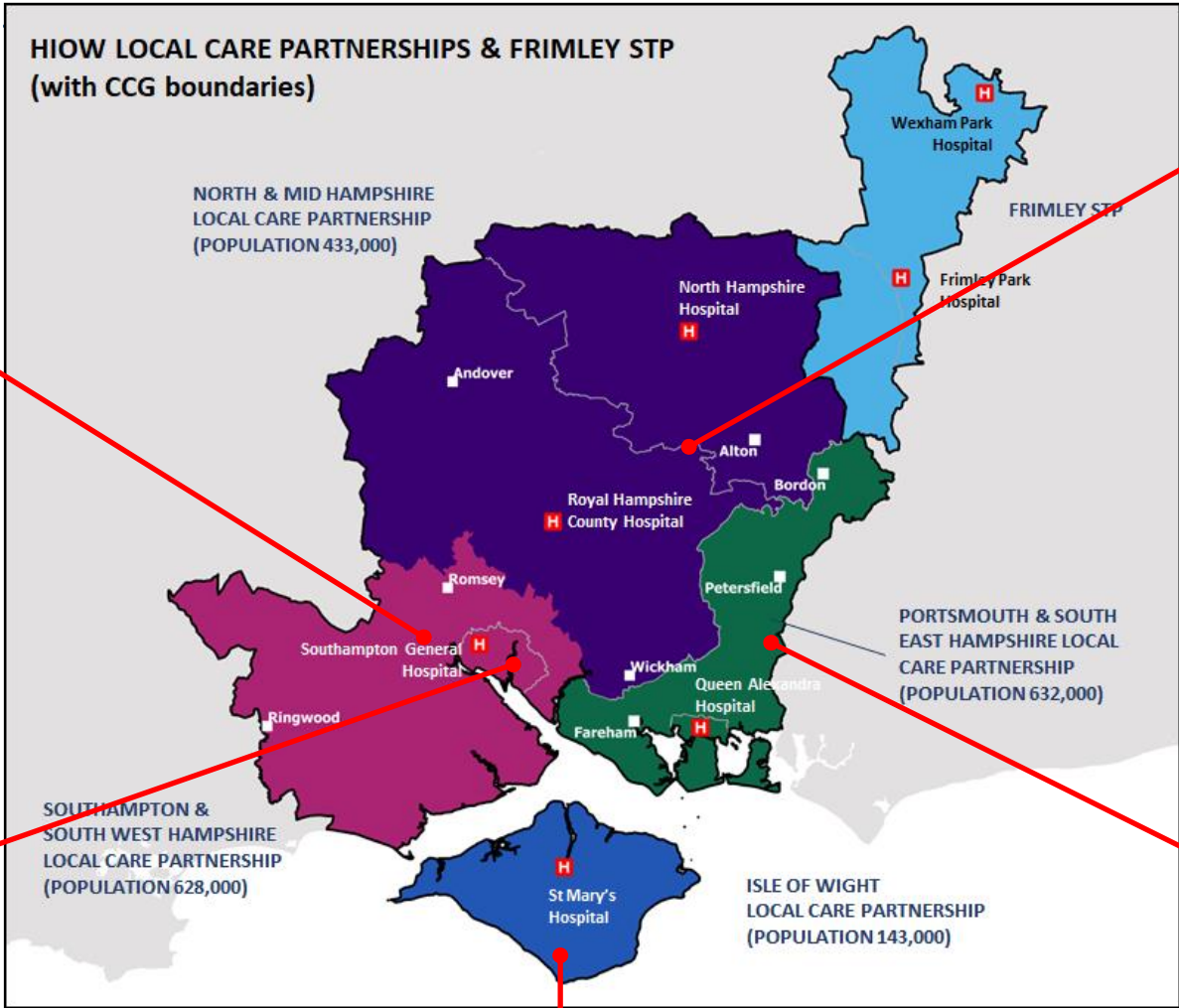
- Clusters will be empowered to innovate in order to best serve their populations. In order to facilitate this, they will work to a specification which is outcome-based, but which is common across H10W. Developing this specification will be an early priority.
- Cluster footprints align to ‘natural communities of care.’ Areas must be meaningful to those they serve, as they provide the basis for community-focussed services. Clusters’ population range provides flexibility in cluster boundaries to ensure they align with both natural communities and GP registered lists.
- Clusters will include a range of mental and physical health, care and wider services in one place. Multi-professional working will be supported by multi-agency information sharing and, wherever possible, physical co-location.
- Co-ordinate services and teams from across organisations through alignment arrangements (MOU, alliance contract or joint venture) – allowing professionals to maintain their current employment status.

- Multi-professional (including clinical) leadership. Each cluster will have a named lead, and will be supported by a professional managerial team, who will be responsible and accountable for the performance of cluster services and the management of an indicative cluster budget. Clusters will manage their performance based on agreed datasets.
- GP federations will be vital in facilitating clinical leadership in clusters, as well as in leading the transformation of primary care, which will be vital to clusters’ capability.
- Clusters will identify, understand and reduce unwarranted variation between their practices. Colleagues and systems across the footprint of H10W and integrated care partnerships will support clusters in this, as well as identifying unwarranted variation between clusters (see below).
- Clusters and acute physical and mental health providers will work together in integrated care partnerships, to ensure alignment of pathways and integrate services to optimise the health and care support they provide, responsive to the populations they serve.

The 5 core functions of a cluster:



36 clusters across HIOW (as at August 2018)



- South West Hampshire**
1. Eastleigh
 2. Eastleigh Southern Parishes
 3. Chandler's Ford
 4. North Baddesley
 5. Avon Valley
 6. New Milton
 7. Lymington
 8. Totton
 9. Waterside
- Southampton**
1. Cluster 1
 2. Cluster 2
 3. Cluster 3
 4. Cluster 4
 5. Cluster 5
 6. Cluster 6

- North and Mid Hampshire** 20
1. Mosaic
 2. Whitewater Loddon
 3. Acorn
 4. A31
 5. Rural West
 6. Andover
 7. Winchester City
 8. Winchester Rural North
 9. Winchester Rural East
 10. Winchester Rural South

- Portsmouth and South East Hampshire**
1. East Hampshire
 2. Waterlooville
 3. Havant
 4. Fareham
 5. Gosport
-
1. Portsmouth North
 2. Portsmouth Central
 3. Portsmouth South

- Isle of Wight**
1. North and East
 2. West and Central
 3. South Wight

A key test of this proposal overall is that cluster governance must accelerate and facilitate, rather than impede, local change and improvement. Therefore clusters will be encouraged to innovate and improve services for their citizens.

This innovation will be facilitated by both their contract /incentive structure and support from HWB and integrated care partnerships (see next slides).

HWB and partnerships will support clusters in identifying and reducing unwarranted variation, including striking the right balance between standardisation / consistency and local flexibility (ie. standardising only where this adds value).

Standardisation may apply across a HWB or partnership footprint, or more widely, as appropriate. We would expect some pathways, services, systems and processes to be standardised across HWB or partnership footprints, some to be standardised across the whole of HIOW. Elements not standardised will allow each cluster to take the approach which works best for them, but with encouragement and support to consider what other clusters are doing and the potential to spread best practice where it adds value (or reduces duplication of effort) to do so.

As part of this freedom to innovate, we recognise that clusters will continue to evolve. The current structure of clusters across HIOW (see next slide) may therefore change as clusters become established and take on an increasing role in service delivery.

Operationalising clusters is a key priority. This will include developing an outcomes-based cluster specification and providing management and development resources to clusters from CCGs



Every part of the HLOW system has confirmed the development of integrated cluster teams as a key priority for 2018/19, and every area has a change programme in place to deliver this.

- The 36 cluster teams across HLOW are at variable stages of development and maturity.
- The most established teams, formed under Better Care and Vanguard programmes, offer a wealth of evidence and learning about what works; however we are yet to effectively capitalise on this across HLOW.
- There are currently different names for cluster teams in each care system, reflective of evolutionary local plans.
- However, there are high levels of congruence in the overall description of the function and form of these teams across the system.

Therefore, the ambition for cluster development for 2018/19 is to:

- Accelerate and embed the infrastructure for all 36 cluster teams by March 2019
- Evidence impact on patient outcomes, primary care capacity, hospital admissions and system flow

Current thinking about the development of the clusters by March 2019 and March 2020 is described on the following page.



The developing role of clusters

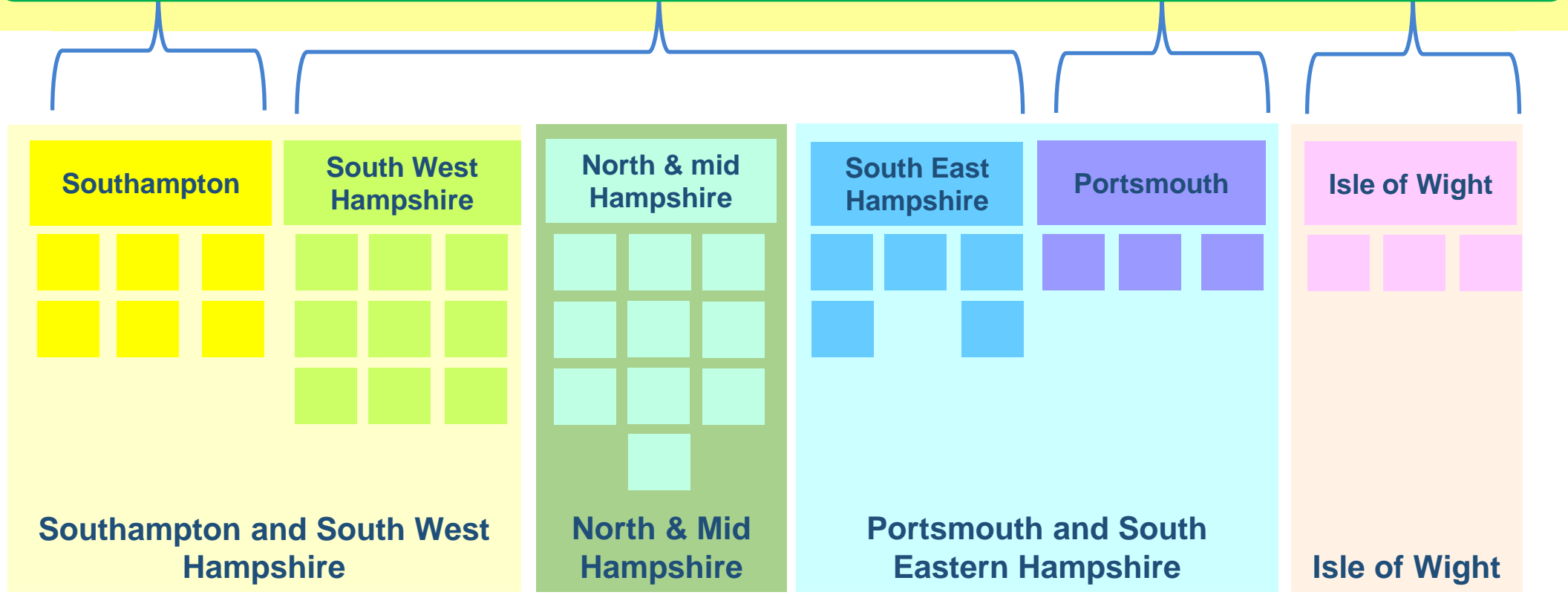
	October 2018 – March 2019	By April 2020
Strategy and Planning	<ul style="list-style-type: none"> • Cluster priorities identified and delivery plan in place • Cluster level population data available and used to support priority setting and planning 	<ul style="list-style-type: none"> • Longer-term cluster objectives being shaped, informed by data • Mechanism in place for co-production of plans and services with local people
Care Redesign	<ul style="list-style-type: none"> • Practices working together to improve access and resilience • Core cluster team membership defined • Integrated primary and community care teams in place with joint assessment and planning processes • Prototypes in place for highest risk groups • Gap analysis undertaken, end state defined for key functions 	<ul style="list-style-type: none"> • Components of delivery model in place for each of key functions (minimum 50% completion) • Active signposting to community assets in place • Shift of specialist resources into cluster teams • Integrated teams fully functioning and include social care
Workforce Development	<ul style="list-style-type: none"> • Cluster workforce plan defined with targeted action to support recruitment/retention of key roles • Cluster level OD/team development plan in place 	<ul style="list-style-type: none"> • Development of new/extended roles in cluster teams to meet local need • Beginning to share workforce and skills within clusters
Accountability & performance management	<ul style="list-style-type: none"> • Information sharing agreements in place between all partners • Plan for shared care record confirmed • Cluster responsibilities documented via MOU/alliance agreement 	<ul style="list-style-type: none"> • Data used to drive improvement and reduction in variation within and between clusters • Shared care record (health) in place • Cluster monitoring impact on key outcomes
Managing collective resources	<ul style="list-style-type: none"> • Cluster assets mapped to inform future planning (estate, back office, people, funding) • Resources identified to enable/support cluster plan delivery (eg change management) • Cluster level dashboard including outcomes in place 	<ul style="list-style-type: none"> • Shift of specialist resources into cluster teams • Clusters have sight of resource use and can pilot new incentive schemes • Cluster level plan to optimise use of assets and early components in place
Leadership & governance	<ul style="list-style-type: none"> • Dedicated professional and operational leadership in place in each cluster • Governance arrangements in place in each cluster, eg cluster board • Cluster partners identified and engaged in the development and delivery of the cluster plan • Cluster engaged in integrated care partnership decision making 	<ul style="list-style-type: none"> • Cluster leadership embedded with defined responsibilities for co-ordination of cluster responsibilities • Mechanism in place to share learning between clusters • Practices have defined how they wish to work together going forward • Cluster is full decision making member of integrated care partnership

Statutory bodies are asked to:

Endorse:

1. The developing role of clusters as outlined on the previous slide
2. The recommendation that partners across HWB footprints and integrated care partnerships work together to define the resources required for cluster operation – a critical first step is establishing professional and operational leadership to drive cluster development
3. the proposed next steps for the cluster task and finish group which are summarised as follows:
 - a. Quantify the impact/expected outcomes of cluster teams (already in progress in most areas): defining outcome metrics for individual clusters and a small set of common metrics across whole HIOW
 - b. Describe the support requirements and responsibilities to accelerate full cluster implementation
 - c. Describe the proposed interplay between clusters and other components of the ICS, including governance and participation arrangements for clusters as part of HWB footprints and integrated care partnership structures
 - d. Strengthen primary and social care involvement in this work at a Hampshire and Isle of Wight level (membership of the task and finish has already been extended to reflect this)

Strategic Commissioning at HIOW tier. Health and Wellbeing Alliance for HIOW



Southampton and South West Hampshire

North & Mid Hampshire

Portsmouth and South Eastern Hampshire

Isle of Wight

Joint planning of services and activities best undertaken at population of 2m

Restating the function of Health and Wellbeing Board footprints within an integrated care system

Local government partners have convened to start work on restating the critical function of integrated health and care planning and delivery on a Health & Wellbeing Board (HWB) footprint.

An early draft definition of the function is summarised below:

HWB footprints will continue to be **the focus for place-based planning** (undertaking population needs assessment) and for aligning health, care and other sector resources to focus on delivering the improved outcomes for local people, building on the long-established integrated working arrangements, e.g. Better Care Fund, Section 75 arrangements, etc. Working in collaboration, partners will maximise the potential to further improve wellbeing, independence and social connectivity through the wider determinants of health including public health, housing, employment, leisure and environment.

The statutory role of the HWB with their political and clinical leadership, means that they should be central to the governance of health and care planning for a 'place'. The sustainability of the health and care system depends on public and political acceptability and support – as well as the right systems of design and delivery. So the active and effective democratic engagement at all levels (cluster through to whole HIOW) is vital. Strong and equitable relationships between NHS and local government will provide the necessary collective energy and focus required for system change. Furthermore, cross sectoral partnerships of public, private and voluntary and community organisations have important roles in all components of the system.

Much of our prevention and health improvement activities will continue to be designed and delivered in HWB footprints. We will use our ability to align / pool monies between NHS and local government partners to ensure that a clear focus for each HWB footprint is the resourcing of our 36 clusters (integrated primary and community care teams).

Our HWBs are based on local authority footprints. We will continue to integrate our CCG and LA teams focused on place-based health and care planning on these HWB footprints, reducing complexity and duplication. We will also be deploying some of our health (CCG) and care staff directly to support the operationalisation of our 36 clusters.

All four LAs have committed to meet with health provider and commissioner colleagues during August/September as a task and finish group to further develop the above definition and proposed next steps (see more detailed recommendation on the next page).



Statutory bodies are asked to:

Endorse the following recommendations from the EDG, informed by the task and finish group work to date:

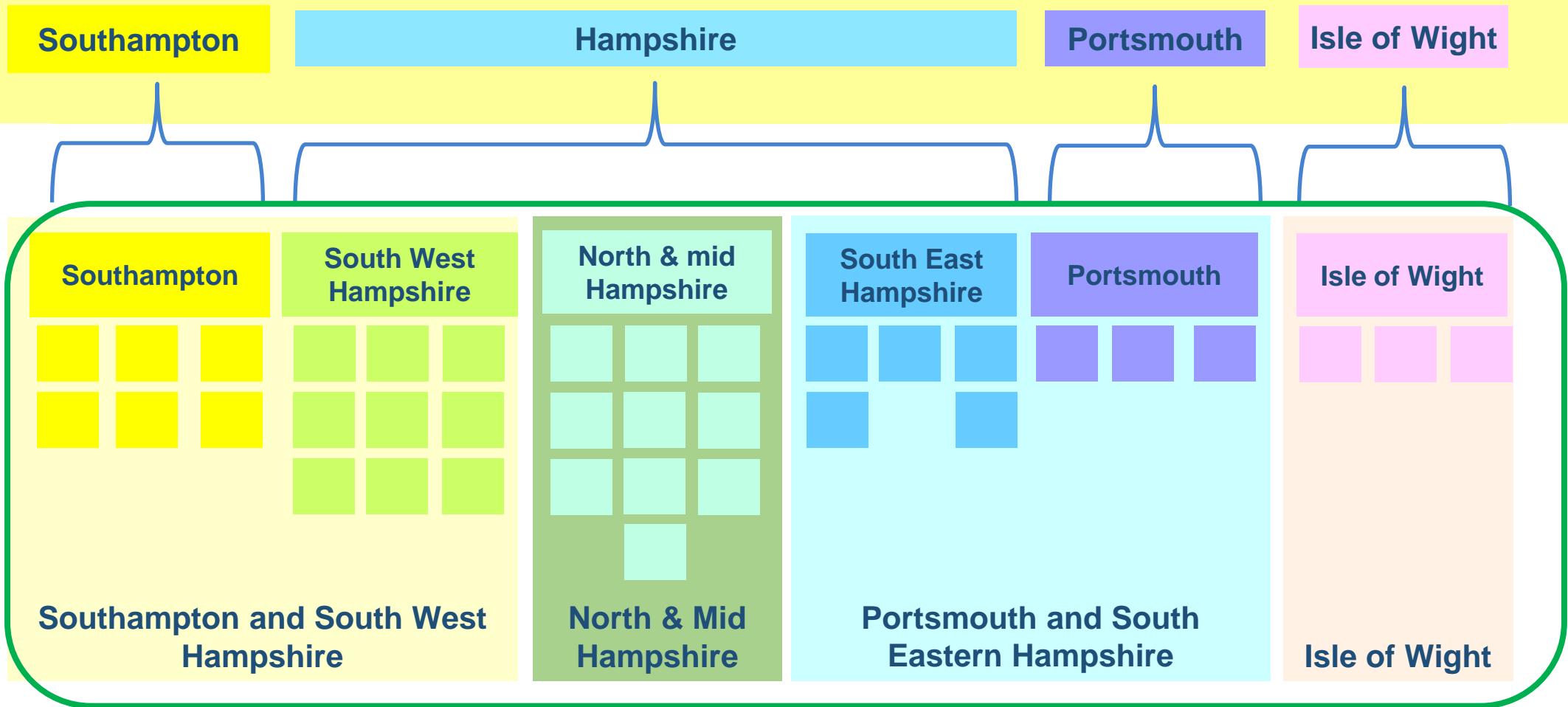
1. The emerging 'restatement' of the function of partnership working on a HWB footprint as described on the previous slide
2. The proposed next steps for a task and finish group by the end of September, which are to:
 - a. define the common functions of the role of HWB footprints in an integrated care system
 - b. clarify the relationship between this and the other component parts of the proposed Hampshire and Isle of Wight Integrated care system
 - c. set out a mechanism for achieving 'active and effective democratic engagement at all levels' across the Hampshire and Isle of Wight integrated care system (including the role of HWB)

Leads from the other Hampshire and Isle of Wight task and finish groups on integrated care partnerships, strategic commissioning and clusters will be involved in developing this thinking.



Integrated care partnerships

Strategic Commissioning at HIOW tier. Health and Wellbeing Alliance for HIOW



Joint planning of services and activities best undertaken at population of 2m

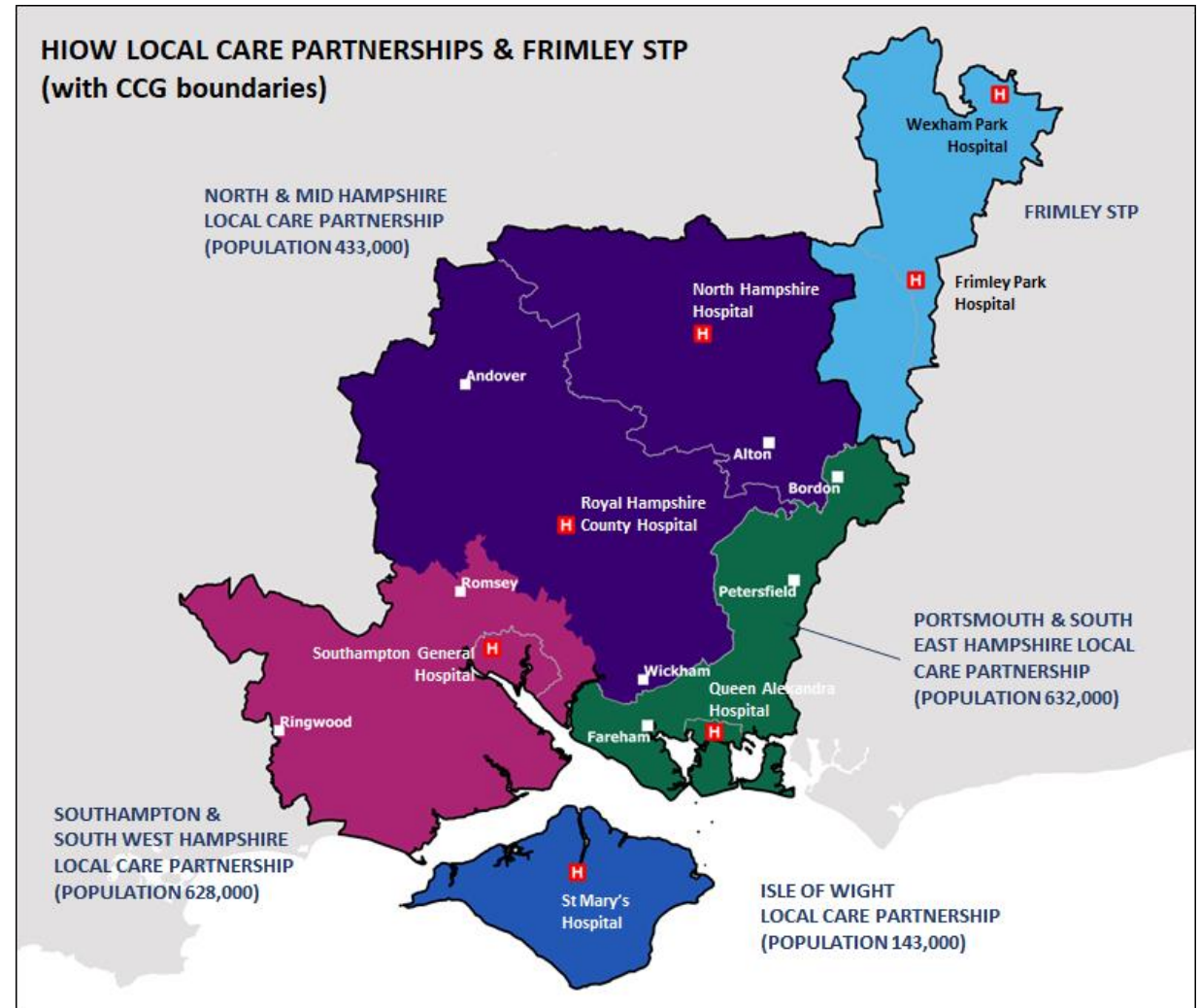
Integrated care partnerships are where we align the work of the local clusters, community services, acute and specialised physical and mental health services, for the benefit of the local population.

Providers of mental and physical health and care services including general practice, NHS commissioners, local authorities and voluntary sector organisations come together in geographies based on the local catchments of acute hospitals to benefit their local population.

The term 'integrated care partnership' [ICP] is being used to describe the collaboration of partners on these geographies.

The ICPs across HIOW will reflect local needs and will differ in the extent of their focus and work programme. For some, the focus may be predominately on improving operational ED performance. In others there is already an intent to work together on a more comprehensive basis with established governance structures to deliver agreed improvement programmes.

The balance and focus of the planning and delivery that takes place in HWB footprints and integrated care partnerships will vary in each part of HIOW.



What could integrated care partnerships look like? 30

The nature of Integrated Care Partnerships [ICPs] will vary according to local circumstances, challenges and opportunities. For some the arrangements will mirror current state. For others their development is such that by **April 2020, integrated care partnerships could be working together to:**

- implement an integrated care partnership delivery plan which sets out the collective priorities of the integrated care partnership, over the medium term (3-5 years) and in the short term (1-2 years) [noting that as previously alluded to, the balance and focus of planning and delivery that takes place in integrated care partnerships is likely to vary in each part of H10W]
- design and implement optimal care pathways, and to identify, understand and reduce unwarranted clinical, operational and service variation
- make the best use of the collective resources of the integrated care partnership, including workforce, financial resources and estate, maximising system wide efficiencies and encouraging resources to flow to address the key risks facing the partnership
- support the ongoing development of the integrated care partnership:
 - progressively building the capabilities to manage the health of the population, to keep people well and to reduce avoidable demand
 - supporting the ongoing development of clusters, as the bedrock of the local health and care system
 - in some areas, potentially managing the transition to evolved organisational form arrangements that enable members of the integrated care partnership to sustainably meet the population needs

Page 92

An integrated care partnership board could lead the partnership, providing strong system leadership, actively breaking down barriers that hinder progress in the delivery of integrated care, building trust and acting together to deliver improvements for citizens, for the system as a whole and through which partners hold each other to account for delivery of the shared priorities.

In integrated care partnerships, NHS providers including primary care, commissioners and local authorities work to overcome the barriers to collaboration associated with the separation of provision and commissioning. Whilst recognising the important individual statutory responsibilities of each partner, it is envisaged that:

- CCGs will deploy their people and resources to work collaboratively with other CCGs in the integrated care partnership, focussed on implementation of the integrated care partnership delivery plan – improving services, improving operational performance and delivering cost reduction.
- NHS providers will work together to make strategic and operational decisions that are in the best interest of the integrated care partnership.
- Where possible, in order to reduce duplication and bureaucracy, CCGs, NHS providers and if relevant local authorities, will seek opportunities to optimise corporate support services and infrastructure such as finance, quality, communications and governance teams.

Current thinking about the development of integrated care partnerships by March 2019 and March 2020 is described on a subsequent slide.



MOVING FORWARD TOGETHER

We anticipate seeing:

- CCGs deploying their people and resources to work collaboratively with other CCGs in the local care system and with providers
- Providers making decisions and delivering care together – provider alliances
- CCGs, NHS providers and potentially local authorities sharing corporate support services and infrastructure?
- Over the next 18 months, working through together the impact on financial flows, contractual models and organisational forms (drawing national models such as the ICP contract consultation)

Page 93

Enabling us to have:

- Better grip on improving the money, performance and quality
- Integrated care partnerships supporting clusters to develop and thrive
- Whole system implementation of improved care pathways, and reduction in unwarranted clinical, operational and service variation
- Collective support for all services in the integrated care partnership to meet operational performance and quality standards
- Reduced transaction costs

The ICP Task and Finish Group has been developing a vision of how the future might look. Each ICP will develop proposals that reflect their local context, challenges and opportunities



A potential timeline for the development of ICPs

	October 2018 – March 2019	By April 2020
Strategy and Planning	<ul style="list-style-type: none"> • Develop and agree plan to make optimal use of acute and specialised physical and mental health services • Aligning the work of clusters at HWB footprint with community and acute physical and mental health services 	<ul style="list-style-type: none"> • Agreed single strategy and operational plan for the integrated care partnership describing collective priorities and how those priorities will be delivered • Planning undertaken jointly by CCGs, providers and LAs
Care Redesign	<ul style="list-style-type: none"> • Implementing Urgent & Emergency Care priorities for the integrated care partnership • Developing optimal care pathways across the integrated care partnership • Agreed plan to support the development of clusters • Engaging staff and local communities in redesign 	<ul style="list-style-type: none"> • 100% of clusters thriving, with lower mental and physical acute care demand as integrated teams support people to stay well at home • Managing a comprehensive programme of service improvement to address the integrated care partnership priorities • Population groups with high service utilisation or unmet need identified and action agreed
Workforce development	<ul style="list-style-type: none"> • Understanding the workforce issues for the integrated care partnership 	<ul style="list-style-type: none"> • Securing the right workforce, in the right place with the right skills in the integrated care partnership, and ensuring the wellbeing of staff
Accountability & performance management	<ul style="list-style-type: none"> • Working together to monitor and improve delivery of constitutional standards 	<ul style="list-style-type: none"> • Instigating clinically led quality improvement • Extensive use of data to drive improvement • Oversight of delivery in clusters • Leading recovery of standards without outside intervention
Managing collective resources	<ul style="list-style-type: none"> • Understand current resource use in the integrated care partnership • Working together to make the best use of the collective resources (workforce, estate, financial) in the integrated care partnership • Test new approaches to manage funding flows (e.g. DTOC) • Maximising system wide efficiencies 	<ul style="list-style-type: none"> • Managing the collective resources of the integrated care partnership • Capable of taking on a delegated budget • Directing resources to address the key integrated care partnership risks • Shared corporate support services • Shared medium term financial plan including efficiencies
Leadership & governance	<ul style="list-style-type: none"> • Understanding the context, ambitions and challenges of each member of the integrated care partnership, building trust, acting together • Governance structure in place to enable collaboration • Cluster leaders engaged in integrated care partnership planning and decision making • Members of the integrated care partnership working together to agree any changes required to organisational structures 	<ul style="list-style-type: none"> • Joint provider, CCG and LA leadership to enable planning and delivery in the integrated care partnership • Care professionals leading service integration • Governance mechanisms in place to enable decisions to be made in the best interests of the system and residents • Implementing agreed changes to organisational structures to better enable delivery in the integrated care partnership

Statutory bodies are asked to:

33

Work with geographically aligned partners within the identified four ICP footprints to:

1. Discuss and agree the remit and focus of the ICP;
2. By October 2018 prepare a Memorandum of Understanding [MoU] that sets out the remit, focus and the leadership / governance / decision making arrangements of the ICP and how the local Health and Wellbeing Boards (Care systems) and the ICP interface with one another - the balance and focus of each;
3. Set out the key milestones for the ICP for April 2019 and April 2020.

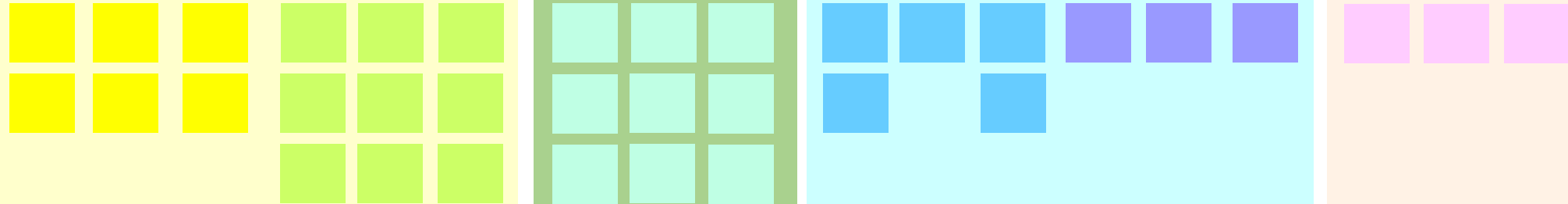
Strategic planning, transformation, resource allocation and assurance at the scale of Hampshire & Isle of Wight

Strategic planning/commissioning at HIOW tier. Health and Wellbeing Alliance for HIOW

Southampton Hampshire Portsmouth Isle of Wight



Southampton South West Hampshire North & mid Hampshire South East Hampshire Portsmouth Isle of Wight



Southampton and South West Hampshire North & Mid Hampshire Portsmouth and South Eastern Hampshire Isle of Wight

Joint planning of services and activities best undertaken at population of 2m

Strategic planning, transformation, resource allocation and assurance at the scale of Hampshire & Isle of Wight

In order to support and add value to the work of clusters, HWB footprints and integrated care partnerships, it is envisaged that providers, commissioners and local authorities will work together to undertake strategic planning, transformation, resource allocation and oversight activities at HIOW level.

This could be achieved, by April 2020, through a single entity for HIOW which, in its mature form, would develop strategy, set priorities and provide strategic leadership and direction to the HIOW integrated care system.

The strategic planning and transformation function in the HIOW integrated care system would:

- include the input and expertise of providers, CCGs and local authorities
- programme manage the implementation of HIOW level transformational change (change that spans more than one integrated care partnership or which is most appropriately managed at HIOW system level)
- proactively support the development of integrated care partnerships
- manage the specialised commissioning budget for HIOW
- align the resources coming into HIOW from a wide variety of sources around the delivery of the agreed strategic priorities, in order to increase the impact for populations
- act as the assurance body for HIOW, providing oversight of operational, quality and financial performance, and enabling the HIOW integrated care system to take action to improve performance without the need for outside intervention.

Whilst recognising the important role of external regulation, it is anticipated that the integrated care system will increasingly develop the capacity and capability to role-model 'self-regulation' – where robust processes are in place to ensure that action is taken to identify issues and improve performance without the need for outside intervention.

Creating this strategic planning and transformation function for the HIOW, which involves providers, CCGs and local authorities, is an opportunity to bring together in one place a number of functions including: those CCG functions best undertaken at HIOW level, STP functions, functions currently undertaken by the Director of Commissioning Operations, NHS England/NHS Improvement regulatory functions, specialised services commissioning and potentially other NHS England direct commissioning activities; HIOW clinical networks.

Current thinking about the transition towards this new way of working, by March 2019 and March 2020, is described on a subsequent page.

It is proposed that, based upon national ICS, national guidance and evidence of best practice, an entity operating at the scale of HIOW could display the following characteristics:

Subsidiarity: only undertaking functions that for reasons of cost or complexity need to be undertaken at the scale of 2m+ population. Unnecessary complexity and bureaucracy are stripped out with 80% of the transformation process led by local place-based teams;

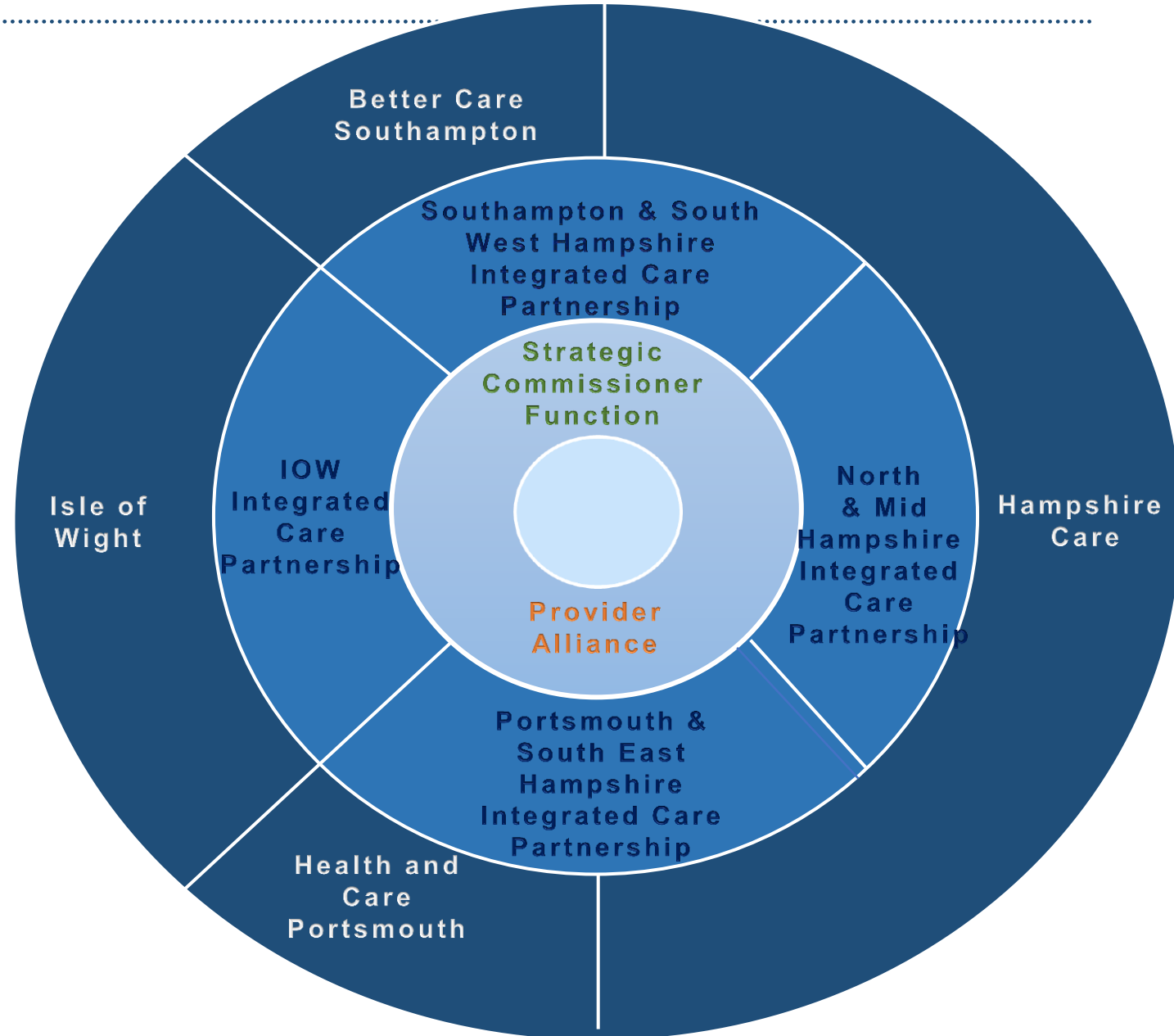
Inclusive: national models / guidance show that prospective ICS are founded on partnership; for HIOW this would draw together:

Page 98

- A newly established strategic commissioning function
- the four HWB footprints
- the four integrated care partnerships
- provider alliance

Founded on self-regulation: all components of reformed systems have effective self-regulation and enable a model of collective assurance at the scale of the ICS. This allows NHS England and NHS Improvement to deploy resource into the ICS and have a single touch point on delivery to the newly reformed regional and national infrastructure;

Politically-led: prospective ICS all demonstrate strong political leadership and close connection with Health and Wellbeing Strategies and Boards.



Strategic planning/commissioning at the scale of HIOW 37

As an immediate next step in the transition to this future system model, it is proposed that HIOW CCGs and local authorities establish a strategic planning/commissioning function during Q3 2018/19.

By working together at HIOW level, CCGs and local authorities expect to be able to reduce fragmentation and bring the following immediate benefits:

- stronger alignment of health and local authority commissioning
- the development & agreement of consistent whole system strategic priorities for HIOW
- improved and simplified commissioning decision-making for HIOW wide issues.

The functions of the strategic planning/commissioning function in its initial form would include:

- Setting consistent commissioning strategy and strategic priorities for HIOW
- Managing whole system resilience at HIOW level
- Management and deployment of supra-allocation resources (including capital)
- Demand and capacity planning and commissioning decisions about the future configuration of acute physical and mental health services for the 2 million population of HIOW
- Oversight of NHS constitutional standards, financial performance and quality improvement – with work to be done to ensure this activity isn't duplicated elsewhere
- Work with specialised commissioners, understanding current activity flows and costs, inputting to and aligning decision making
- It is also proposed that the strategic planning/commissioning function incorporates the transformation programme function of the HIOW Sustainability and Transformation Partnership.

Proposed governance:

- Established through a joint committee, in the first instance, during Q3 2018/19
- Members include CCGs, NHS England (specialist commissioning and Regional Director of Commissioning) and local authorities
- Joint committee will have delegated authority to make binding decisions in relation to the in-scope functions and responsibilities
- Expect by April 2019 the governance and organisational arrangements evolve further

The strategic planning/commissioning function is a mechanism through which commissioners can pool skills, expertise, resources and accountability to deliver transformation at HIOW level. There is a strong desire to create a new way of working, rather than add layers to existing ways of working.

The developing functions at a scale of HIOW

	October 2018 – March 2019	By April 2020
Strategy and Planning	<ul style="list-style-type: none"> • Clear commissioning priorities agreed for HIOW • HIOW system strategy and priorities being refreshed/updated • Demand and capacity planning for HIOW acute services • Agree aligned planning process for 2019/20-2020/21 	<ul style="list-style-type: none"> • CCGs, providers & LAs setting shared strategy & priorities for HIOW with aligned health & LA planning processes • Fully own a single HIOW system operating plan that brings together plans of constituent parts of the system
Care Redesign	<ul style="list-style-type: none"> • Decisions being made about future configuration of acute physical health and mental health crisis and acute care • Leadership of plans to improve urgent care for HIOW, including oversight of delivery of the Integrated Urgent Care Plan • Decisions about community services provision for Hampshire 	<ul style="list-style-type: none"> • Well developed plans being enacted to support the development of integrated care partnerships • Programme managing the implementation of HIOW level strategic change programme • Leading on implementation of acute service and estate reconfiguration
Workforce development	<ul style="list-style-type: none"> • Understanding the workforce issues for the system • Influencing the addressing of key workforce issues 	<ul style="list-style-type: none"> • Strategic workforce plan in place and being implemented • Influencing future workforce supply and training requirements
Accountability & performance management	<ul style="list-style-type: none"> • Oversight of HIOW winter resilience and preparedness • Oversight of delivery of integrated urgent care plan • Acting as interface with assurance bodies for HIOW 	<ul style="list-style-type: none"> • Collective oversight of quality, operational performance and money • Acting as the assurance body for HIOW – supporting the system to take action to improve performance and address challenges without the need for outside intervention
Managing collective resources	<ul style="list-style-type: none"> • Agree system wide capital and estate priorities and sign off wave 4 capital allocations • Develop understanding of whole system financial plans and financial risks • Plan for aligned management of specialised commissioning 	<ul style="list-style-type: none"> • Take accountability for a HIOW system control total • Managing collective finances & risk openly and as a system • Aligning resources flowing into HIOW to achieve priorities • Support integrated care partnerships to take delegated budget • Managing the specialised commissioning budget
Leadership & governance	<ul style="list-style-type: none"> • CCGs operating with a single decision making committee for HIOW level commissioning business • All STP partners involved in the design of the future HIOW level system strategic planning, implementation and assurance function • STP partners providing leadership to strategic change programmes 	<ul style="list-style-type: none"> • A single coherent entity in place that brings together HIOW level CCG functions, STP and NHSE/I functions • Strategic alignment of providers, commissioners and local authorities around the system strategy and priorities • Clear clinical leadership for the system and input from HWB footprints and integrated care partnerships in decision making

Statutory bodies are asked to:

Endorse the recommendations of the EDG, informed by the work of the strategic commissioning task and finish group, that:

1. The strategic commissioning task and finish group further develop the proposal with an aim to establish a strategic commissioning function by October 2018, initially through a joint committee which will have delegated authority to make binding decisions in relation to its in-scope functions and responsibilities.
2. That a new task and finish group is convened including providers, commissioners, local authorities, and NHS England and NHS Improvement, to work together and take responsibility for the development of the next phase of the work to build the strategic planning, transformation, resource allocation and assurance function for HIOW, constructing ICS governance that supports our approach.

Page 101



Summary of recommendations

In summary, the governing bodies and boards of statutory organisations are asked to endorse the following recommendations from the EDG, informed by task and finish group work to date:

Clusters

1. The developing role of clusters as outlined earlier
2. The recommendation that partners across HWB footprints and integrated care partnerships work together to define the resources required for cluster operation – a critical first step is establishing professional and operational leadership to drive cluster development

3. The proposed next steps for the cluster task and finish group

which are summarised as follows:

- a. Quantify the impact/expected outcomes of cluster teams (already in progress in most areas): defining outcome metrics for individual clusters and a small set of common metrics across whole HIOW
- b. Describe the support requirements and responsibilities to accelerate full cluster implementation
- c. Describe the proposed interplay between clusters and other components of the ICS, including governance and participation arrangements for clusters as part of HWB footprints and integrated care partnership structures
- d. Strengthen primary and social care involvement in this work at a Hampshire and Isle of Wight level (membership of the task and finish has already been extended to reflect this)

Health and Wellbeing Board Footprints

1. The emerging ‘restatement’ of the function of partnership working on a HWB footprint as described earlier in the document
2. The proposed next steps for the task and finish group by the end of September, which are to:
 - a. define the common functions of the role of HWB footprints in an integrated care system
 - b. clarify the relationship between this and the other component parts of the proposed Hampshire and Isle of Wight Integrated care system
 - c. set out a mechanism for achieving ‘active and effective democratic engagement at all levels’ across the Hampshire and Isle of Wight integrated care system (including the role of HWB)

Integrated care partnerships

Work with geographically aligned partners within the identified four ICP footprints to:

1. Discuss and agree the remit and focus of the ICP;
2. By October 2018 prepare a Memorandum of Understanding [MoU] that sets out the remit, focus and the leadership / governance / decision making arrangements of the ICP and how the local Health and Wellbeing Boards (Care systems) and the ICP interface with one another - the balance and focus of each;
3. Set out the key milestones for the ICP for April 2019 and April 2020.

Page 104

Strategic commissioning

1. The strategic commissioning task and finish group further develop the proposal with an aim to establish a strategic commissioning function by October 2018, initially through a joint committee which will have delegated authority to make binding decisions in relation to its in-scope functions and responsibilities.
2. That a new task and finish group is convened including providers, commissioners, local authorities, and NHS England and NHS Improvement, to work together and take responsibility for the development of the next phase of the work to build the strategic planning, transformation, resource allocation and assurance function for HIOW, constructing ICS governance that supports our approach.



Next steps

A number of recommendations have been set out linked to each component of the proposed ICS. In addition to those associated with the specific components of the proposal, there are a number of overarching 'implementation programme deliverables', some of which will result as a coming together of the outputs from the various task and finish groups. These include:

- System reform implementation programme plan
 - Structure and leadership plan – transitional and end state
 - Development and implementation of a communications and engagement plan
 - Request for support (endorsement, agreement in principle, technical and financial) from NHS England, NHS Improvement and other arms length bodies such as the Local Government Association, NHS Leadership Academy, Health Education England
 - Proposals to replace STP infrastructure (inc. Chair & SRO) to align with future form
 - Organisational change plan and talent management plan
- HIOW ICS Chair and relevant leadership appointments
 - Indicative budgets and financial framework for all components of the ICS
 - Three year financial plans

It is recommended that a working group is formed, reporting to the EDG, to support the development of the above. Members of EDG are asked to nominate a representative to represent the interests of their part of the system.

Glossary

Clusters - also referred to locally and nationally as neighbourhoods, localities, primary care networks. Multi-disciplinary teams delivering integrated health, care and wider services to cluster populations based on natural communities of 20-100,000 people.

Health and Wellbeing Board (HWB) footprints – also known as care systems and are based on local authority footprints. The basis of the joint strategic needs assessment (JSNA), means through which HWB exert tangible influence on the direction of health and care services for the population through health and care commissioning and wider determinants of health. Locally the HWB footprints come under the guise of Better Care Southampton, Health and Care Portsmouth, Hampshire Care and the Isle of Wight Care Board.

Integrated care partnerships – also know as local care partnerships and are based on acute (physical) hospital footprints. Integrating care delivered in clusters with broader community and acute physical and mental health services; optimising the utilisation of acute services; designing and implementing optimal care pathways.

Integrated care system - the Hampshire and Isle of Wight health and care system, serving a population of 2 million citizens.

NHS England defines ICS as those systems in which:

“Commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations”.



DECISION-MAKER:	CABINET		
SUBJECT:	DISPOSAL OF LAND AT REDBRIDGE WHARF PARK		
DATE OF DECISION:	20 NOVEMBER 2018		
REPORT OF:	LEADER OF THE COUNCIL, CLEAN GROWTH AND DEVELOPMENT		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Neville Payne	Tel: 023 8083 2594
	E-mail:	Neville.payne@southampton.gov.uk	
Director	Name:	Denise Edghill	Tel: 023 8083 4095
	E-mail:	Denise.edghill@southampton.gov.uk	

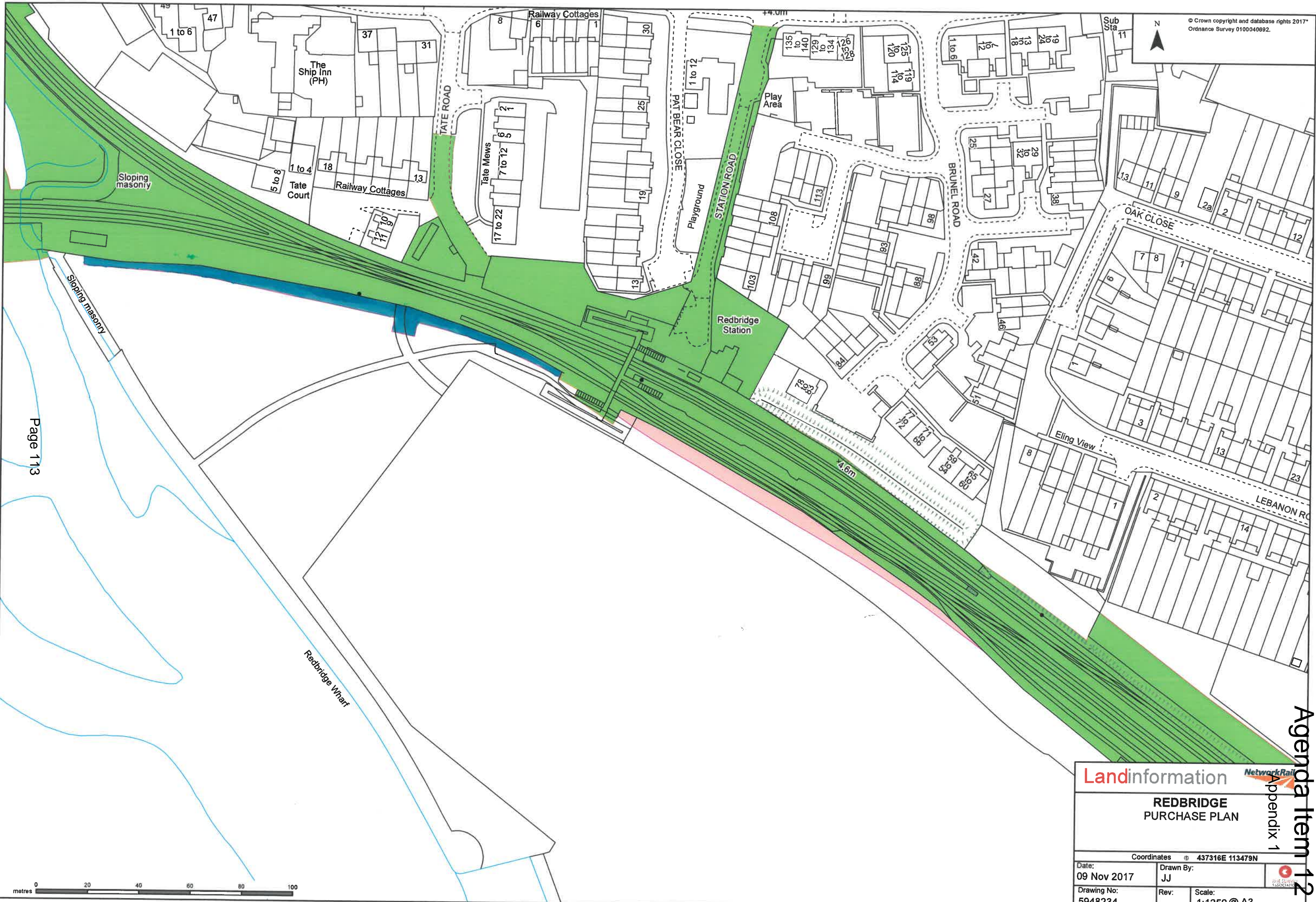
STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
<p>This report seeks approval to advertise the intention to dispose of land at Redbridge Wharf Park to Network Rail. Network Rail has obtained planning permission for change of use of the Council's land to operational railway use and construction of new sidings and associated works. The advertising of the intention to dispose has to be advertised in accordance with statutory requirements.</p>	
RECOMMENDATIONS:	
(i)	To approve the advertising of the intention to dispose of land at Redbridge Wharf Park in accordance with statutory requirements.
(ii)	To report any objections received back to Cabinet for a final decision.
(iii)	In the event of no objections being received to delegate authority to Service Lead Capital Assets, following consultation with the Director of Finance & Commercialisation and Director of Legal and Governance, to agree detailed terms and conditions and to take any other actions required to give effect to this decision.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To facilitate Network Rail's Southampton Freight Train Lengthening (SFTL) Project.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2	Do nothing. Network Rail would be unable to extend the sidings at Redbridge needed to accommodate 775m long trains without having to do so through the arrival and departure line.
DETAIL (Including consultation carried out)	
3	Network Rail are to undertake an expansion of the freight capacity of the Southampton rail network which is currently a bottleneck for the movement of freight. Network Rail's 'Freight Utilisation Strategy' (March 2007) identified

	the Port of Southampton to various destinations in the West Midlands and West Coast Main Line as a capacity gap requiring further investment.
4	Part of this investment includes the extension of the two sidings at Redbridge to accommodate 775m long trains, an increase of one third at present. As well as benefits to the local economy, implementation of Network Rail's scheme could have a significant bearing on delivering much needed air quality improvements to the Air Quality Management Area 5, Millbrook Road and Redbridge Road. According to Network Rail, rail freight, compared to road, reduces CO2 emissions by up to 76%, produces up to 10 times less small particulate matter and up to 15 times less nitrogen oxide for the equivalent mass hauled. For every forty-foot container carried by an HGV, a 775m long freight train can carry up to 53. The council has been mandated to assess the need for a Clean Air Zone. This work is in progress but does recognise that this scheme can deliver benefits by reducing HGV generated emissions and, in the event that a charging scheme were introduced, by mitigating against any subsequent reduction in road freight capacity that might arise.
5	Network Rail's existing operational land in the vicinity of Redbridge Station, however, is not wide enough to accommodate this extension. In order to deliver the proposed extension the scheme therefore needs to incorporate additional strips of land adjacent to the railway on its southern side. This land is owned by the Council and is shown coloured blue and pink on the attached plan at Appendix 1. Existing vegetation will have to be cleared on the land including significant tree loss. The total area of Council land is 1,592 sq m. The land coloured blue falls within Redbridge Wharf Park and comprises 847 sq m.
6	In June 2018 Planning and Rights of Way Panel resolved to grant planning permission for change of use of the Council's land from open space and landscaping into operational railway use and construction of new railway sidings and associated works. The grant of planning permission is subject to the completion of a Section 106 Agreement to secure, inter alia: <ul style="list-style-type: none"> • the transfer to the Council of vacant Network Rail land comprising 1,043 sq m to the north of the railway line shown edged red on the attached plan at Appendix 2 as replacement open space together with financial contributions to enable the delivery of a fully designed pocket park. (The contributions are subject to final agreement.) • at least 2:1 tree loss commitment (minimum 190 trees) including a replacement tree belt to Wharf Park's northern boundary, • improved signage to the park(s) and the re-provision of the cycle track.
7	The conclusion of the officer's report to the Planning and Rights of Way Panel was that: <ul style="list-style-type: none"> • While there would be a loss of 1,592 sq m of open space, there would be a net increase of 196 sq m of useable open space and the loss of existing open space will serve a wider economic and environmental benefit. • The proposed tree loss, while significant, does not affect existing residential outlook across the railway line and is mitigated by their replacement with 332 trees including the reinstatement of a tree belt along the northern boundary of the reconfigured Wharf Park. • There will be no change to the waterside access enjoyed by the park.

8	Network Rail also require an easement over the park in order to allow vehicular access to their substation to the north west of the park. Currently the substation is accessible along the side of the track but this will not be possible with the proposed scheme as there will no longer be sufficient width without acquiring additional Council land. The easement will be restricted to light vehicles and in emergencies only.
9	The intention to dispose of the open space land within the park is to be advertised for two consecutive weeks in a local newspaper and any objections will be reported back to Cabinet for a final decision.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
10	The sale will realise a capital receipt. The amount will be determined based on best consideration criteria linked to the Strategic positioning of the site and the ongoing benefits to the city from the proposed development of the site.
11	There are no revenue implications as Network Rail will meet the council's costs in connection with the disposal. There will not be any operational savings as the replacement open space will also require future maintenance.
<u>Property/Other</u>	
12	The sale of the open space land will not result in a net loss of open space.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
13	The relevant power for the disposal of the land is Section 123 of the Local Government Act 1972. The Act provides that open space land (as defined by Section 336 of the Town and Country Planning Act 1990) may not be disposed unless the intention to do so is advertised for two consecutive weeks in a local newspaper and any objections are considered.
<u>Other Legal Implications:</u>	
14	None
RISK MANAGEMENT IMPLICATIONS	
15	Advertising of the intention to dispose is a statutory requirement.
POLICY FRAMEWORK IMPLICATIONS	
16	Sale of the land to facilitate the sidings extension supports the outcomes set out in the Council's Strategy (2016-2020) by reducing the cost and increasing the efficiency of freight transport, and contributing to air quality improvements.
17	Support businesses in reducing their emissions is a stated priority in Southampton City Council's Clean Air Strategy (2016-2025).


KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	Redbridge
<u>SUPPORTING DOCUMENTATION</u>	
Page 111	

Appendices	
1.	Sale Land Plan
2.	Replacement Open Space Plan
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None




Page 113



Landinformation 

REDBRIDGE PURCHASE PLAN

Coordinates \pm 437316E 113479N

Date: 09 Nov 2017	Drawn By: JJ	
Drawing No: 5948234	Rev: Scale: 1:1250 @ A3	


Appendix 1

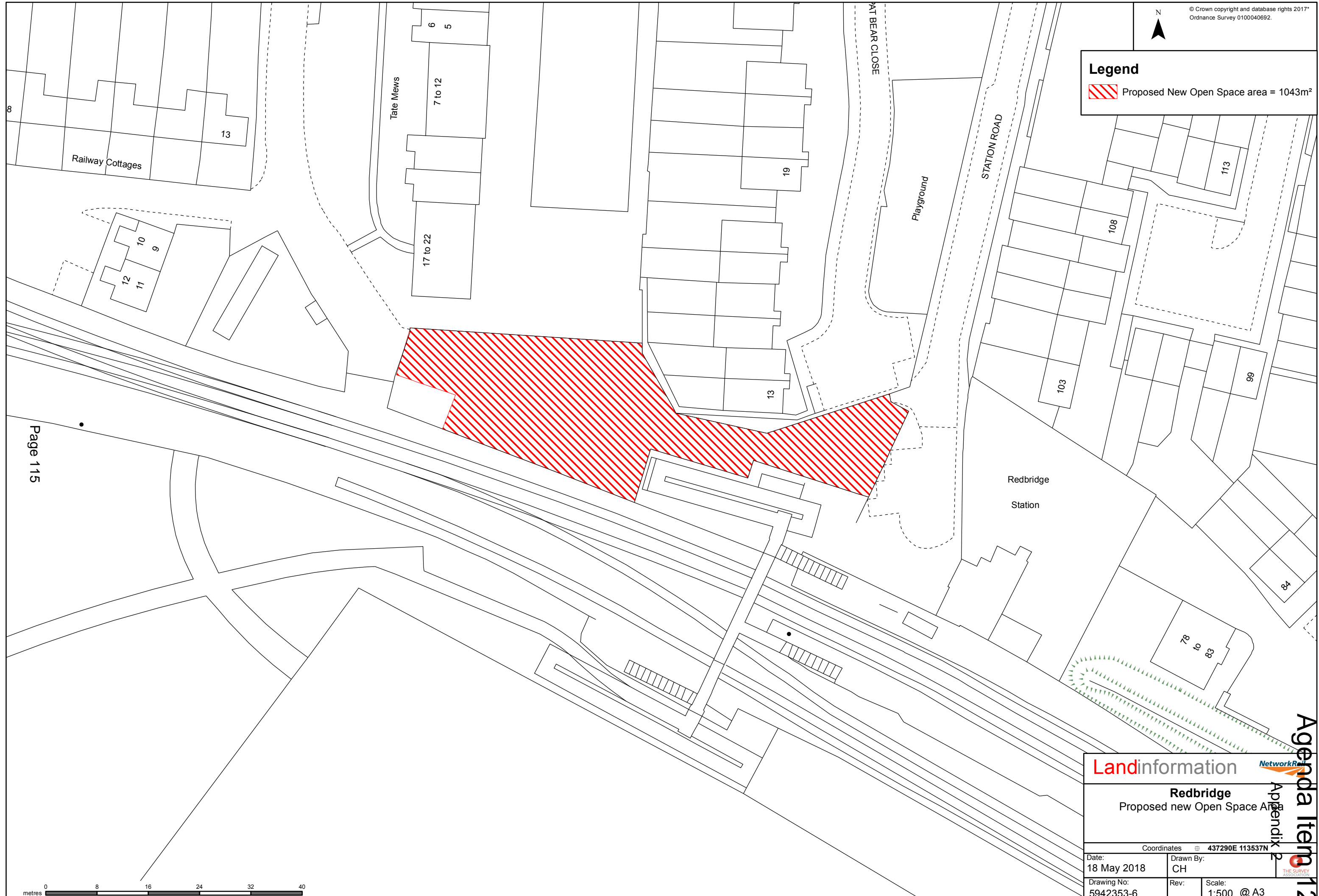
Agenda Item 12

This page is intentionally left blank




Legend

 Proposed New Open Space area = 1043m²



Page 115



Landinformation 

Redbridge
Proposed new Open Space Area

Coordinates \square 437290E 113537N

Date: 18 May 2018	Drawn By: CH
Drawing No: 5942353-6	Rev: 1:500 @ A3

Agenda Item 12
Appendix 2
THE SURVEY ASSOCIATION

This page is intentionally left blank

DECISION-MAKER:	CABINET		
SUBJECT:	HOMELESSNESS PREVENTION STRATEGY 2018 - 2023		
DATE OF DECISION:	20 NOVEMBER 2018		
REPORT OF:	Cabinet Member for Homes and Culture		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Liz Slater - Service Lead, Assessment, Planning and Options Housing, Adults and Communities	Tel: 023 8083 2582
	E-mail:	liz.slater@southampton.gov.uk	
Director	Name:	Paul Juan – Service Director, Adults, Housing and Communities	Tel: 023 8083 2530
	E-mail:	Paul.juan@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
NOT APPLICABLE			

BRIEF SUMMARY

The Homelessness Act 2002 requires the Local Authority to review all forms of homelessness in the city and produce a new Homelessness Strategy, based on the review findings, every five years.

This is the fourth Homelessness Prevention Strategy the city of Southampton has produced since the Homelessness Act 2002. The strategy builds on the successes of the previous strategy (2013-2018) and has been developed in the context of the new provisions and duties of the Homelessness Reduction Act 2017 which came into force in April 2018.

A Homelessness Prevention Review for Southampton was completed and published in June 2018. This determined the extent to which Southampton's population is homeless or at risk of becoming homeless, whether this is likely to change in the future, what is currently being done and by whom, and what resources are available to prevent and tackle homelessness.

The draft strategy has been developed in partnership with key stakeholders involved in homelessness prevention across the city. Evidence from the review, as well as a number of surveys and stakeholder engagements have been used to inform and develop the Homelessness Prevention Strategy 2018 – 2023. The new objectives reflect our findings, focusing on 4 key themes:

1. Early Intervention to stop people becoming homeless or having to sleep rough;
2. Providing support to people who are homeless to address their needs and avoid repeat homelessness;
3. Provide adequate temporary accommodation for short periods only; and
4. Maximise access to affordable and appropriate homes in the city.

The Homelessness Prevention Strategy 2018 – 2023 is included at appendix 1.

The strategy takes account of evidence from the Joint Strategic Needs Assessment (JSNA) and the new and emerging challenges and opportunities created by the

Homelessness Reduction Act 2017. This Act strengthens the duty to prevent homelessness and intervene earlier by developing a homeless prevention and relief plan for those where homelessness is threatened, as well as introducing a new requirement for public authorities to refer service users who they think are threatened with losing their home for housing advice.	
RECOMMENDATIONS:	
(i)	To approve the Homelessness Prevention Strategy 2018 - 2023
REASONS FOR REPORT RECOMMENDATIONS	
1.	It is a statutory requirement for Local Authorities to review homelessness within its district every 5 years and produce a strategy which focuses on: <ul style="list-style-type: none"> • preventing homelessness in their district; • securing that sufficient accommodation is and will be available for people in their district who are or may become homeless; • securing the satisfactory provision of support for people in their district.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None
DETAIL (Including consultation carried out)	
Background	
3.	There is a legislative requirement under the Homelessness Act 2002 for Local Authorities to develop a Homelessness Prevention Strategy every 5 years. It must detail how the council intends to prevent homelessness within its district and secure sufficient accommodation and support for those who are homeless or at risk of becoming homeless. Local Authorities must inform the strategy by conducting a review of local homeless needs in its area. It should set out the levels, and likely future levels of homelessness in the district and include any activities which the local authority are contributing to, to prevent homelessness.
4.	The Southampton Homelessness Prevention Review 2018 was completed and published on the Southampton Public Health Intelligence website in June. A link to the report is shown here: http://www.publichealth.southampton.gov.uk/healthintelligence/jsna/homelessness-prevention.aspx The review highlights a number of successes Southampton has achieved through the last strategy, such as: <ul style="list-style-type: none"> • Southampton City Council currently manage roughly 148 family units of temporary accommodation across the city; • Southampton City Council further commission an additional 153 bed spaces for single adults, Young People and young parents who are homeless, with support; • Southampton has a higher rate of cases where positive action, such as mediation and intervention, was taken to prevent households becoming homeless, compared to the England average; • There was a 24% decrease in homelessness acceptances in Southampton between 2012/13 - 2015/16, from 196 acceptances to 149. This is better than the national average, which saw a 38% increase in the same period. However, latest figures indicate that this has risen again in Southampton to

	<p>258 homelessness acceptances for 2016/17;</p> <ul style="list-style-type: none"> • The number of young people referred for Housing Related Support (HRS) has decreased from 140 in 2012/13 to 97 in 2016/17; • The average length of stay in bed and breakfasts in 2016/17 was 11.6 days, which is much shorter than the statutory limit of 6 weeks; • 146 people were offered a bed and support to secure other accommodation through our Severe Weather Emergency Provision between November 2017 and March 2018; • A cross sector homelessness group comprising individuals from faith groups, voluntary sectors, businesses and statutory agencies have recently launched the Southampton Homelessness Charter and a Street Support website designed to work to combat street sleeping and begging.
5.	<p>The review, however, also identified a number of challenges for Southampton going forward:</p> <ul style="list-style-type: none"> • National evidence shows that rough sleeping is often associated with alcohol, substance misuse and complex mental health needs. In Southampton, hospital admissions for both alcohol and poisoning by illicit drugs are higher than the national average. In total, 683.4 hospital admissions for alcohol related conditions per 100,000 population compared to the national average of 610 per 100,000 population and 45.9 illicit drug related admissions per 100,000 compared to the England average of 25.4. • The numbers of people sleeping rough in Southampton is higher than the national average (0.20 per 1,000 household compared with Southampton 0.28 per 1,000 household) but better than other South East cities such as Portsmouth at 0.46 per 1000 households, according to The Department for Communities and Local Government 2017 • The most common reasons for homelessness in Southampton is the end of a private rented Assured Shorthold Tenancy (AST – rising from 43 acceptances in 2015/16 to 103 in 2017/18) a situation that is common across many other areas. • Increasing housing costs across the county contributes to increasing levels of homelessness. According to the affordability ratio (Public Health England) Southampton has less housing which is considered ‘affordable’ to local residents than England as a whole, but is more affordable than the wider Hampshire area. • Nationally, advice services indicate that some landlords may be increasingly reluctant to rent to benefit claimants due to the changes introduced with welfare reforms, which could put more pressure on housing • Local Housing Allowance (LHA) does not cover the average cost of rent in Southampton, for example LHA for a one bedroom property is £506 but the average rental amongst the lower priced properties is £550 (Valuation Office Agency). • People with dependent children make up the largest ‘priority need’ group of people who are homeless in Southampton. • Southampton has a higher proportion of children living in poverty (30.3%) than the England average (27.3%) according to The Centre for Research in Social Policy 2017 (CRSP).
	<p>Strategy Development</p>
6.	<p>In reviewing the strategy, an initial survey was developed and circulated to key stakeholders across the city, who have first-hand experience in addressing issues</p>

	around homelessness in Southampton. The survey was live from 30 th January 2018 until 1 st March 2018.
7.	<p>A total of 33 stakeholders completed the survey, including representatives from Southampton City Council, No Limits, Go Southampton, Solent NHS Trust, The Salvation Army, Society of St James and many other organisations. The engagement included a face-to-face meeting with the National Probation Service and Community Rehabilitation Company to ascertain their views. The feedback from this survey identified a number of considerations for developing the new strategy. They said:</p> <ul style="list-style-type: none"> • “We need to maximise the number of available homes in the city to all sectors of the community including homeless people, including more temporary accommodation.” • “Housing needs to be affordable and of a suitable standard that promotes health and wellbeing, with a view to sustaining a tenancy.” • “We need services that can offer early interventions and support to individuals and families starting to experience problems that could lead to them becoming homeless.” • “There should be more cooperation with private landlords to encourage confidence and balance the demands of accommodation for homeless.” • “We should support those with complex needs to engage with services and improve outcomes for all vulnerable people, including those people who find themselves sleeping rough.” • “We should adopt a citywide, multi-agency approach to homelessness prevention.”
8.	<p>As a result of the feedback gathered from both the homelessness review, a number of stakeholder workshops and the survey, a list of objectives for the draft strategy was developed. The draft Homelessness Prevention Strategy 2018-23 focuses on four key objectives. They are:</p> <ol style="list-style-type: none"> 1. Early Intervention to stop people becoming homeless or having to sleep rough; 2. Providing support to people who are homeless to address their needs and avoid repeat homelessness; 3. Provide adequate temporary accommodation for short periods only; and 4. Maximise access to affordable and appropriate homes in the city.
9.	<p>A further survey went live to the public and stakeholders from 31st August to 17th September 2018 to gather feedback on the objectives and commitments which are proposed for the Homelessness Prevention Strategy 2018-2023. A total of 229 people responded to the survey, including residents and visitors of Southampton, employees or volunteers working with people who are homeless and people who are currently homeless or who have been homeless. The results of the survey were very positive, with the overall majority of respondents in favour of the proposed objectives, and the commitments behind them. A summary of the results of the public and stakeholder survey can be found at appendix 2.</p>
10.	<p>Findings from the survey were then taken to a stakeholder engagement workshop which was held on 5th October 2018. Representatives from organisations across the city attend this meeting, including delegates from Southampton City Council, Solent NHS Trust, Department for Work and Pensions, The Salvation Army, Society of Saint James, Street Pastors, Citizens Advice, Two Saints, Avenue Church Deposit Scheme, No Limits and more. At the workshop, delegates were given an</p>

	opportunity to review and give feedback on the draft strategy through a round table discussion, as well as exploring how partners can work together to deliver the strategic objectives.
--	--

11.	The Homelessness Prevention Strategy 2018-2023 will be monitored over the course of its 5 year implementation by the Southampton Homelessness Steering group, where the action plan will be regularly monitored and annually reviewed.
-----	--

RESOURCE IMPLICATIONS

Capital/Revenue

12.	There are no direct financial implications arising from the adoption of the Homelessness Prevention Strategy 2018-2023. Any indirect financial implications will need to be contained within existing budgets.
-----	--

Property/Other

13.	None
-----	------

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

14.	The duty to undertake a homelessness review is set out in section 2(1) of the Homelessness Act 2002.
-----	--

15.	The duty for Local Authorities to develop and implement a Homelessness Prevention Strategy is set out in section 3(1) of the Homelessness Act 2002.
-----	---

Other Legal Implications:

16.	Section 17 of the Crime and Disorder Act 1998 (as amended), requires responsible authorities to consider crime and disorder in the exercise of all of their duties, activities and decision making. Such authorities must exercise their functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can, to prevent crime and disorder in its area. The Strategy will be delivered in accordance with this section 17 duty, as well as the Council's duties under the Human Rights Act 1998 and the Equality Act 2010.
-----	--

RISK MANAGEMENT IMPLICATIONS

17.	No implications at this stage.
-----	--------------------------------

POLICY FRAMEWORK IMPLICATIONS

18.	The Strategy is consistent with and not contrary to the Council's policy framework. The Homelessness Prevention Strategy will support the delivery the following strategic outcomes, as set out in the Council Strategy 2016-2020: <ul style="list-style-type: none"> • Children and young people get a good start in life • People in Southampton live safe, healthy, independent lives • Southampton is a modern, attractive city where people are proud to live and work.
-----	--

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All wards

SUPPORTING DOCUMENTATION

Appendices

1.	Homelessness Prevention Strategy 2018 - 2023
2.	Southampton Public and Stakeholder Engagement summary

Documents In Members' Rooms

1.	None
----	------

Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	Yes
--	------------

Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
---	-----------

Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	<p>Southampton Homelessness Prevention Review</p> <p>http://www.publichealth.southampton.gov.uk/images/homelessness-prevention-review-june-2018.pdf</p>

Southampton Homelessness Prevention Strategy 2018-2023 - “Preventing Homelessness together”

Homelessness is not having a legal right to occupy a home that you call your own, or your home is unsuitable to live in. People become homeless for lots of different reasons, and can be at risk of homelessness at different stages in their lives. Homelessness is about more than just rough sleeping, people can be homeless for a variety of reasons including if they are staying with friends or family, ‘sofa-surfing’, in a hostel or B&B, squatting, living in unsuitable conditions or at risk of losing their home due to end of a private tenancy, domestic abuse, financial circumstances, or other challenges. Homelessness is closely linked to poverty, and has a negative impact on a range of outcomes including health and education.

Homelessness is a growing national issue, and Southampton City Council is committed to continuing to prevent homelessness across the city. This strategy is about more than rough sleepers, it’s about preventing all forms of homelessness, with a priority for families, to ensure children and young people get a good start in life.

Key facts and figures:

- **4,750 people sleeping rough across England, an increase of 169% since 2010.**
- **More than 78,000 households, including over 120,000 children, are housed by Local Authorities in temporary accommodation.**
- **2.5 people per 1,000 households in Southampton are homeless, compared to 2.4 nationally.***
- **55% of people who are homeless in Southampton are aged 25-44.**
- **29 people slept rough in Southampton on a single night in November 2017.**
- **9,800 applicants in housing need requiring social housing are currently on the Southampton Housing Register.**

This is the city’s fourth Homelessness Prevention Strategy, and it sets out the city’s priorities for supporting some of our most disadvantaged residents, building on the successes of our past joint working with partners across the private, public and voluntary sectors. This strategy sets out our vision and how we will work together to achieve our priorities.

This strategy is supported by the Southampton Strategic Assessment: [Homelessness Prevention Review](#).

*Homelessness ‘acceptance rate’ – numbers of applicants presenting themselves as homeless to the local authority who are accepted as falling under the definition of statutory homeless.

Our Priorities	Why this is important?
Early Intervention to stop people becoming homeless or having to sleep rough	Not having a decent home has a negative impact on all areas of people lives, from health, to achievement at school and ability to work. We want to help people who are at risk of becoming homeless, and help prevent them becoming homeless. We know that preventing homelessness through early intervention is essential to improving outcomes for people, and is more cost effective overall compared to intervening at the point of crisis.
Providing support to people who are homeless to address their needs and avoid repeat homelessness	It is important that people who are homeless have the right support to access and sustain accommodation. We want to make sure that people have the support they need to move on from homelessness and avoid becoming homeless again in future. This means assisting people as soon as possible if they do become homeless, and helping them to address the personal or structural causes of their homelessness.
Provide adequate temporary accommodation for short periods only	We want to make sure that the quality of temporary accommodation for people experiencing homelessness is good, and that it is used only for short periods. This means making minimum use of bed and breakfast and providing temporary accommodation in the city which reflects the diverse needs of homeless people, with support packages in place which encourage a return to a settled home.
Maximise access to affordable and appropriate homes in the city	The risk of homelessness can be increased by a lack of affordable, suitable and settled accommodation. We want to make sure that there is a mix of housing options to meet the needs of vulnerable people in the city. This means making sure that new affordable properties are being built, and working with private sector landlords and housing associations to provide a wide range of affordable, accessible and appropriate options for our residents to buy and rent.

Our successes:

- Southampton City Council currently manage roughly 148 family units of temporary accommodation across the city
- Southampton City Council commission an additional 153 bed spaces for single adults, young people and young parents who are homeless, with support.
- Southampton has a higher rate of cases where positive action, such as mediation and intervention, was taken to prevent households becoming homeless, compared to the England average.
- There was a 24% decrease in homelessness acceptances in Southampton between 2012/13 - 2015/16. This is better than the national average, which saw a 38% increase in the same period. However, latest figures indicate that this has risen again in Southampton, with latest figures close to the national average.
- The number of young people referred for Housing Related Support (HRS) has decreased from 140 in 2012/13 to 97 in 2016/17.
- The average length of stay in bed and breakfasts in 2016/17 was 11.6 days, which is much shorter than the statutory limit of 6 weeks.
- 146 people were offered a bed and support to secure other accommodation through our Severe Weather Emergency Provision between November 2017 and March 2018.

In 2018 the city launched the Southampton Homelessness Charter and Street Support website, setting out a commitment from partners across the city to make Southampton a city where no-one needs to sleep rough or beg: <https://streetsupport.net/southampton/>

Our challenges:

- National evidence shows that rough sleeping is often associated with alcohol, substance misuse and complex mental health needs. In Southampton, hospital admissions for both alcohol and poisoning by illicit drugs are higher than the national average.
- The numbers of people sleeping rough in Southampton is higher than the national average (0.20 per 1,000 household compared with Southampton 0.28 per 1,000 household) but similar to other South East cities.
- The most common reasons for homelessness in Southampton is the end of a private rented Assured Shorthold Tenancy (AST), rising 140% from 43 acceptances in 2015/16 to 103 in 2017/18 – a situation that is common across many other areas.
- Increasing housing costs across the county contributes to increasing levels of homelessness. Southampton has less housing which is considered ‘affordable’ to local residents than England as a whole, but is more affordable than the wider Hampshire area.
- Nationally, advice services indicate that some landlords may be increasingly reluctant to rent to benefit claimants due to the changes introduced with welfare reforms, which could put more pressure on housing supply.
- Local Housing Allowance (LHA) does not cover the average cost of rent in Southampton, for example LHA for a one bedroom property is £506 but the average rental amongst the lower priced properties is £550.
- People with dependent children make up the largest ‘priority need’ group of people who are homeless in Southampton.
- Southampton has a higher proportion of children living in poverty (30.3%) than the England average (27.3%).

Priorities	What are we going to do?
Early Intervention to stop people becoming homeless or having to sleep rough	Continue to focus resources on preventing homelessness and develop plans that provide relevant solutions, using evidence and good practice guidance where informed.
	Continue to provide people affected by welfare reforms with access to advice services.
	Continue implementing Southampton's Floating Support Service which aims to help manage and develop skills, such as dealing with problems with your housing, completing forms, managing debt and improving budgeting skills.
	Strengthen early planning for those young people leaving care or institutions to ensure they don't become homeless.
	Develop a citywide approach that reflects the needs of both people who are homeless as well as the expectations of residents, businesses and visitors for a welcoming city centre.
Providing support to people who are homeless to address their needs and avoid repeat homelessness	Deliver day time support, so that people who sleep rough have access to health and support services, as well as other basic needs to help them back into settled accommodation.
	Continue to deliver an intensive support approach for vulnerable people with complex needs who are sleeping rough.
	Promote information and guidance to help more people access health care, manage budgets, benefit and financial advice and support people dealing with domestic abuse.
	Return homeless young people to the family home where it is appropriate and safe to do so, including after the provision of temporary or respite accommodation.
	Reduce the number of people sleeping rough, in line with government targets, through the provision of an outreach service that encourages people who are sleeping rough into services.
	Support the Beds, Begging and Business partnership, through the Homelessness Charter, to ensure a citywide response to rough sleeping, and make Southampton a city where no-one needs to sleep rough or beg.
Provide adequate temporary accommodation for short periods only	Ensure that temporary family accommodation is of good quality, located within the city and used for time limited periods to reduce uncertainty.
	Provide a range of temporary accommodation that reflects the diverse needs of people who are homeless, and that is responsive to those in need.
	Ensure bed and breakfasts are used as a last resort only.
	Avoid placing young people under 21 in adult accommodation.
Maximise access to affordable and appropriate homes in the city	Increase the supply of social or other affordable housing, including building more council owned properties, informed by research and evidence on the affordability of housing for our residents.
	Actively seek innovative opportunities to maximise homes in the city with a range of accommodation options to meet the diverse needs of our residents, such as modular homes on development sites.
	Ensure that homelessness priority for social housing is balanced against other housing needs so that incentives to homelessness are not created.

Homelessness Reduction Act 2017

- The Homelessness Reduction Act 2017 placed new legal duties on councils to ensure that everyone who is homeless or at risk of homelessness has access to meaningful help, irrespective of their priority need status, as long as they are eligible for assistance.
- If an applicant is threatened with homelessness, the council must take reasonable steps to help them avoid becoming homeless. This is known as 'The Prevention Duty' and once triggered will continue for 56 days.
- If an applicant is homeless, the council must take reasonable steps to help all homeless eligible applicants to secure accommodation for at least six months. This is known as 'The Relief Duty' and once triggered will also continue for 56 days.
- This is the first homelessness strategy to be informed by the new ways of working outlined in the Homelessness Reduction Act 2017 and measured by the new method of collecting Statutory Homelessness statistics (H-CLIC).

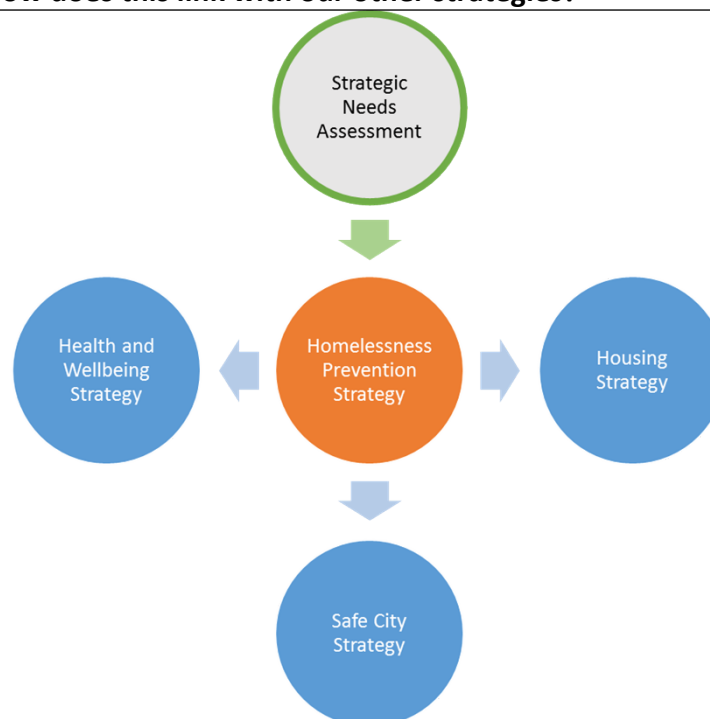
<http://www.legislation.gov.uk/ukpga/2017/13/contents/enacted>

How will we measure success?

- Timeliness of notifications from public authorities and other partners of households threatened with homelessness.
- Average length of stay in bed and breakfast accommodation.
- Number of households where homelessness is prevented or relieved.
- Number of people accepted as intentionally homeless.
- Number of people who are sleeping rough as measured by the national count.
- Number of homeless people accessing support and advice.
- Number of affordable and appropriate homes available in Southampton.

Measures will be monitored and benchmarked against comparator areas to track performance and trends.

How does this link with our other strategies?



Appendix 2

Results from the Homelessness Prevention Strategy Public and Stakeholder Survey

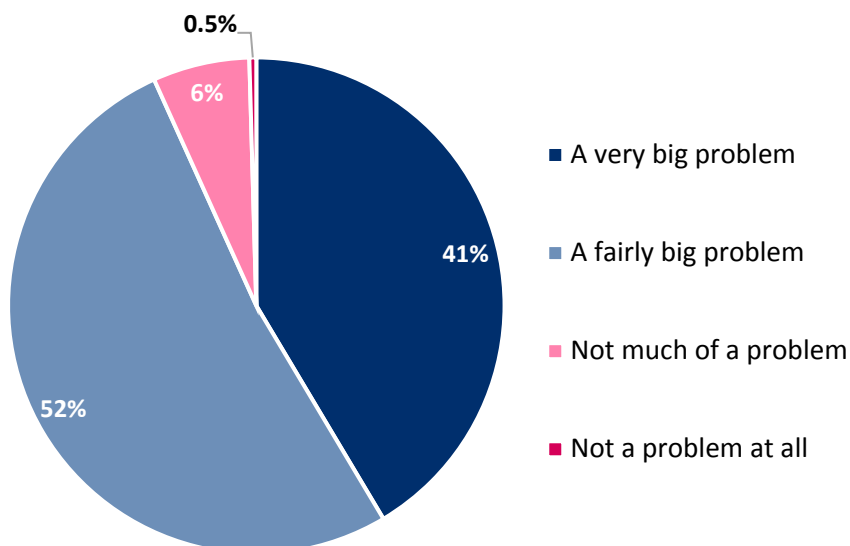
From 31 August 2018 to 17 September 2018 a survey, developed by Southampton City Council, went live to the public and the council's stakeholders asking for views on the emerging themes of the Homelessness Prevention Strategy update.

A total of 229 respondents took the survey and the results are detailed below. The majority of respondents to the survey (87%) were residents of the city, with 13% of respondents saying that they work with people who are homeless or at risk of homelessness. 3% had experience of having a family member who is or has been homeless. 2% of respondents were visitors to the city. (Respondents had the option to identify with more than one characteristic so totals do not add to 100%).

Among the 13% of respondents who identified as an employee or volunteer working with people who are homeless or at risk of becoming homeless, 77% worked for service and organisation which represent Young People, 60% worked closer with single adults or people who sleep rough and 43% worked in family related groups.

What extent do you think Homelessness is a problem?

To what extent do you think homelessness is a problem in Southampton?

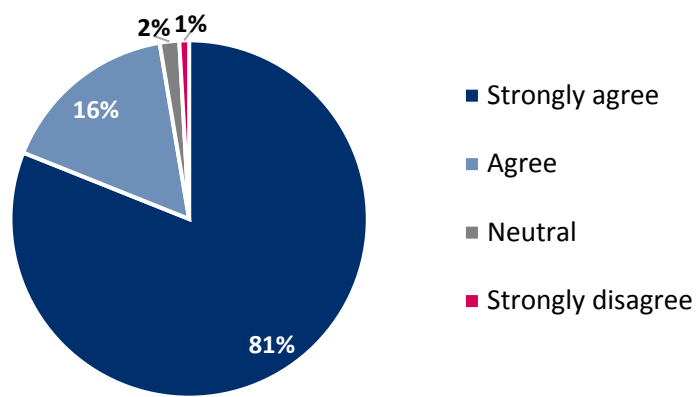


The first question of the survey asked respondents whether they thought homelessness was a significant problem in Southampton. The results show that 93% of respondents thought that it is either a very big or fairly big problem.

The next group of questions asked respondents to consider four draft objectives for the new strategy. These objectives were informed by the Homelessness Review which was published in June 2018.

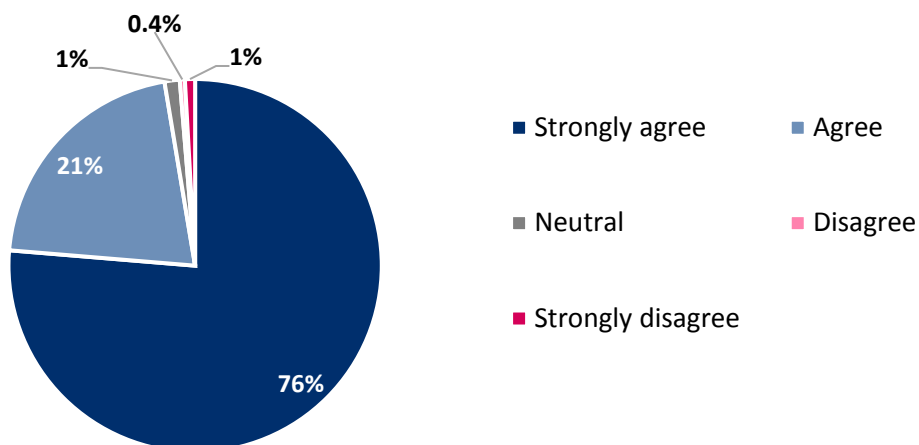
To what extent do you agree or disagree with the following objectives for the new strategy?

1. Early Intervention to stop people becoming homeless or having to sleep rough



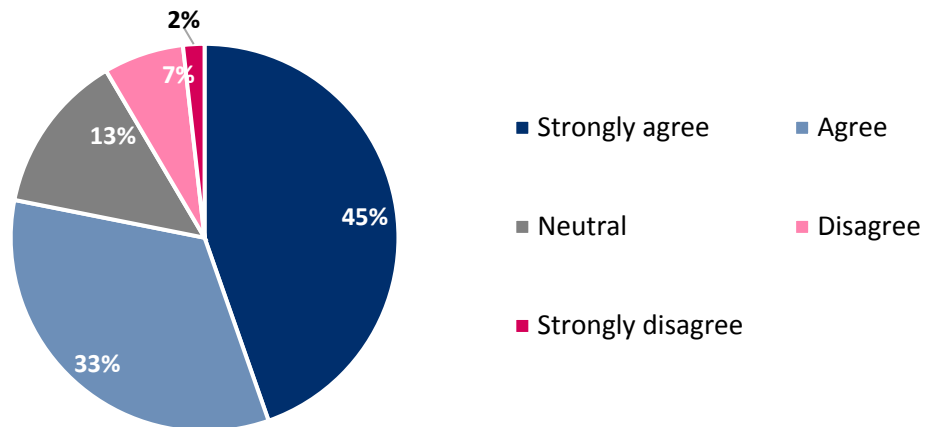
A total of 97% of respondents agreed that early intervention to stop people becoming homeless or having to sleep rough was the right objective for the new strategy going forward, with only 1% strongly disagreeing and 2% stating they were neutral.

2. Providing support to people who are homeless to address their needs and avoid repeat homelessness



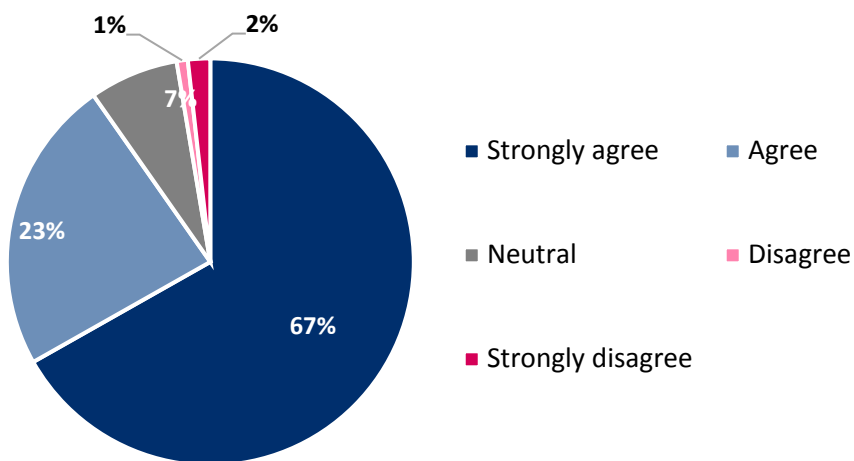
A total of 97% of respondents agreed with the objective “Providing support to people who are homeless to address their needs and avoid repeat homelessness”. Only 1% of respondents strongly disagreed with the proposal.

3. Provide adequate temporary accommodation for short periods only



The results show that 78% of respondents agree with the objective “Provide adequate temporary accommodation for short periods only”, with 8% overall disagreeing. Overall, 13% of people stated they were neutral and did not agree nor disagree.

4. Maximise access to affordable and appropriate homes in the city

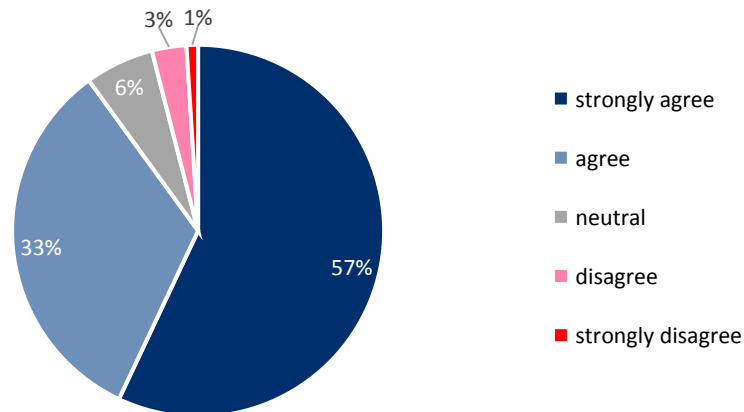


A total of 90% of respondents agreed with the proposal “Maximise access to affordable and appropriate homes in the city”. Only 3% disagreed and 7% were neutral.

To what extent do you agree or disagree with the commitments we have planned for each objective?

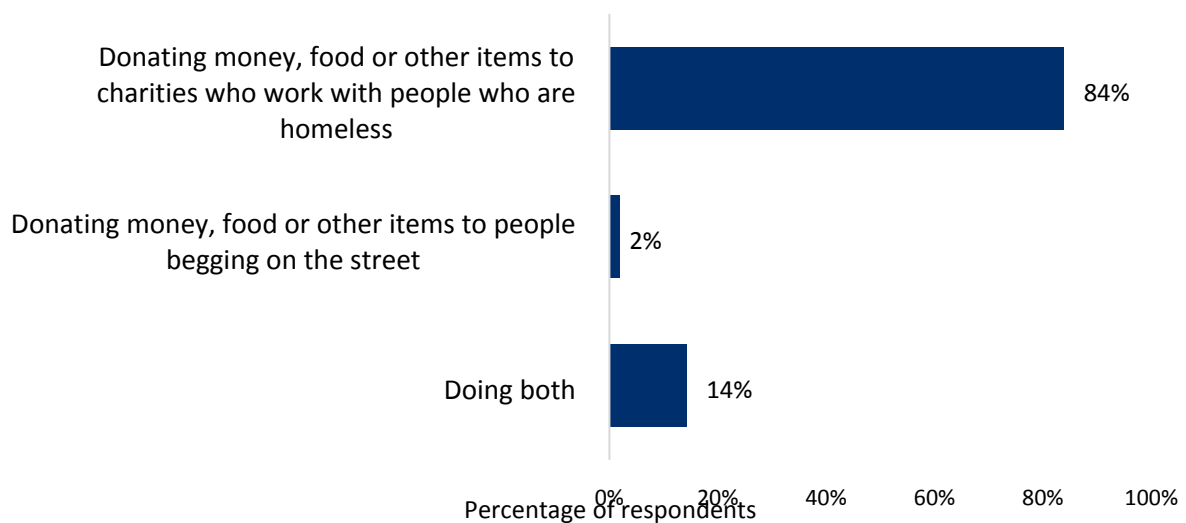
The survey then focused on the commitments for each objective. Respondents were asked if they agreed or disagreed with the draft commitments and, if they did, were offered an opportunity to say why.

To what extent do you agree or disagree with the commitments we have planned for each objective?



In total, 57% strongly agreed with all of the commitments for each objective in the homelessness strategy and 33% agreed with them. However, 4% of respondent disagreed with the commitments and a further 6% of people felt neutral towards the commitments for the new strategy.

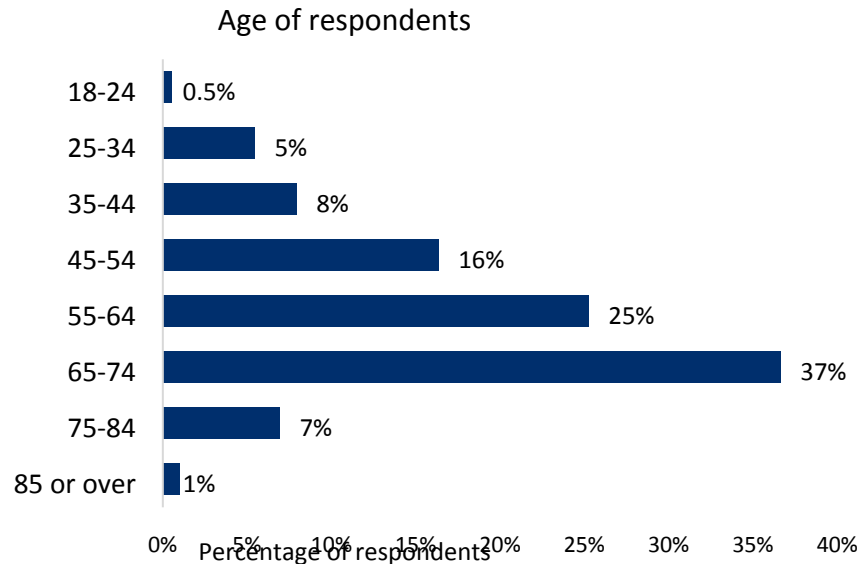
If you were going to donate to homelessness, which of the following would you say has the most impact?



Respondents were also asked, if they were going to donate to homelessness, which of the options would have the most impact. Of the 229 respondents, 84% of people said that donating money, food

and other items to charities would have the biggest impact. Only 2% of individuals stated that donating directly to people who are homeless would have the most impact and 14% said doing both has the biggest impact.

Demographics



The highest percentage of those who responded to the survey were between the ages of 65 – 74, with 37% of everyone who answered the survey being between that age group. Next, 25% of people who responded were between the ages 55 – 64 and a total of 16% were between the ages of 45 – 54. All in all, only 5% of respondents were between 25 – 34 and 0.5% were 18 – 24. This shows us that of those who took the survey, the majority were older individuals.

Stakeholder workshop on 5th October 2018

A Homelessness Prevention Strategy Stakeholder Workshop was held on 5th October 2018 at The Central Baptist Church. Representatives from organisations across the city attended this meeting, including delegates from Southampton City Council, Solent NHS Trust, Department for Work and Pensions, The Salvation Army, Society of Saint James, Street Pastors, Citizens Advice, Two Saints, Avenue Church Deposit Scheme, No Limits and more.

At the workshop, delegates were offered an opportunity to hear from key speakers about the national and local picture of homelessness across the country and across Southampton over the last 10 years. Delegates were given the opportunity to review the draft strategy and provide feedback through a round table discussion.

The feedback was generally positive, with some recommendations on improving the clarity and specifics of some commitments in the strategy. This feedback has been reflected in the draft strategy being presented to Southampton City Council Cabinet on 20th November 2018.

This page is intentionally left blank

DECISION-MAKER:	CABINET COUNCIL		
SUBJECT:	TOWNHILL PARK INFRASTRUCTURE FUND AND FUTURE PROGRAMME		
DATE OF DECISION:	20 NOVEMBER 2018 21 NOVEMBER 2018		
REPORT OF:	CABINET MEMBER FOR HOMES AND CULTURE		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Tina Dyer-Slade	Tel: 023 80
	E-mail:	Tina.dyer-slade@southampton.gov.uk	
Director	Name:	Denise Edghill	Tel: 023 8083 4095
	E-mail:	Denise.edghill@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
Not applicable	
BRIEF SUMMARY	
<p>This report seeks approval to accept a Home's England (HE) Housing Infrastructure Fund (HIF) grant offer of £3.75M towards the future delivery of the Townhill Park regeneration scheme. HE has offered HIF grant for the implementation of the new open space and traffic calming infrastructure in Townhill Park. The grant must be spent on completing these infrastructure works by end of March 2021.</p>	
RECOMMENDATIONS:	
CABINET IS RECOMMENDED TO:	
i.	Delegate authority to the Director – Finance & Commercialisation following consultation with the Cabinet Member for Homes & Culture, Director of Growth, Service Director Legal & Governance and Lead Capital Assets to finalise and agree the conditions and monitoring framework of the Homes England Housing Infrastructure Bid.
ii.	Subject to approval by Council and subject to (i) above, to enter into a Grant Determination Agreement with Homes England for the Housing Infrastructure Fund grant of £3.75M.
iii.	Delegate authority to the Director of Growth to carry out the necessary procurement in order to deliver obligations contained within the Homes England Housing Infrastructure Fund funding agreement and bid.
iv.	Delegate authority to the Director of Growth, following consultation with the Director of Finance and Commercialisation and the Director of Legal & Governance, to take all necessary actions to implement and facilitate the delivery of the project funded by the Housing Infrastructure bid.

COUNCIL IS RECOMMENDED TO:	
i.	Approve the acceptance of the £3.75M offer of grant from Homes England Housing Infrastructure Fund subject to the satisfactory agreement of conditions with Homes England in recommendation to Cabinet (i)
ii.	Note, subject to match funding being confirmed, approval will be sought as part of the Capital Programme update to Council in February 2019, to add (and spend) £3.75M to the Transport & Public Realm Capital Programme. This would be phased 2018-19 £70,000, 2019-20 £2,210,000 and 2020-21 £1,470,000, to be funded from the Homes England Grant.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To enable the council to enter into a grant agreement with HE to receive the offer of £3.75M HIF towards delivering the infrastructure works, which involve the creation of the new open space and traffic calming on Meggeson Avenue, at Townhill Park.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	The council could decide not to accept the grant offer. However, it is unlikely that other external sources of funding would be found which could deliver the infrastructure improvements described above and required by planning.
DETAIL (Including consultation carried out)	
3.	In September 2017 a bid was submitted to the HE HIF requesting funding towards infrastructure work required at Townhill Park which are a requirement of the 2016 planning consent. These infrastructure works include a new open space in the centre of Townhill Park which the planning approval states must be available once 276 of the residential units are occupied.
4.	HE has advised the council that it has been successful in securing the £3.75M towards the Townhill Park programme and a grant offer with the summary of conditions, outputs and monitoring framework was received by the council on 20 th September 2018. The Grant Determination Agreement itself with the final details of the terms has still to be received from HE.
5.	The terms of the grant require the provision of 605 new homes as part of the Townhill regeneration project and partnership funding from the council towards the scheme (this is further detailed in paragraph 7 below).
6.	This offer of funding is subject to legal exchange of the Grant Determination Agreement by 31st December 2018 (a copy of which is to be received) after which point the HE reserves the right to retract the offer of funding.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
7.	This report seeks approval to accept the grant. There will be an update to the capital programme in February 2019 to reflect the council's obligations to secure the HE HIF grant. The grant offer from HE identifies a requirement for £10.30M of match funding from the council. There will be further details in the February 2019 report which will outline how the council will meet these match funding conditions.

8.	The current Homes & Culture capital programme has approved £9.45M, identified to support the ongoing Townhill Park scheme broken down as follows: £7.20M in 2018/19, £0.55M in 2019/20, £1.70M in 2020/21 the majority of which is already committed. This is in addition to the £10.60M already incurred in previous financial years for this project. Further discussions are being held with HE to understand whether this can be counted towards the match funding requirements.
9.	This report seeks approval to accept the additional £3.750M offer of grant from HE HIF subject to the satisfactory agreement of the conditions and monitoring framework of the Homes England Housing Infrastructure Bid.
<u>Property/Other</u>	
10.	Council land and properties will be used to improve the economic, social and health well-being of the residents within the estate regeneration area
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
11.	The council has powers under the Housing Acts and the Local Government Act 1972 section 20 to undertake estate regeneration.
<u>Other Legal Implications:</u>	
12.	Other legal implications relating to the provision of new public open space will be addressed during the implementation phase of the project but will include securing compliance with open space / village green legislation and application processes, update of Equality Impact assessments required under the Equality Act 2010 and design principles undertaken to secure compliance with s.17 Crime & Disorder Act 1998.
RISK MANAGEMENT IMPLICATIONS	
13.	There is a risk that if the grant agreement is not signed by 31 st December 2018 then the HIF money may no longer be available. Every effort will be made to conclude agreement within this time.
14.	There is also a risk that the council is unable to deliver the required works in time to spend the grant by March 2021. Robust project management procedures will be put in place in order to achieve this target.
POLICY FRAMEWORK IMPLICATIONS	
15.	The recommendations in this paper support the delivery of the following outcomes within the Southampton City Council Strategy: <ul style="list-style-type: none"> • Southampton is a city with strong and sustainable economic growth • People in Southampton live safe, healthy, independent lives • Southampton is a modern, attractive city where people are proud to live and work.
16.	These proposals will assist the council to achieve its corporate targets as set out in its Housing Strategy 2016-2025 in the following ways: <ul style="list-style-type: none"> • Providing sustainable homes which in turn help to improve the health and wellbeing of local people: • Developing on a brownfield site (estate regeneration): • Providing well-designed and safe sustainable housing where people want to live now and in the future; and

	<ul style="list-style-type: none"> • Providing affordable housing.
17.	The regeneration plans for Townhill Park conform to the council's policy framework. It is recognised that the decommissioning of stock is a challenging event for residents who have to move. However, the redevelopment of Townhill Park will create new quality, energy efficient housing in an improved environment, which will benefit residents' health and well-being and improve the quality of the city, increasing its attractiveness as a place to live and work.
18.	<p>The recommendations in this paper specifically support and are in line with the following Policy Framework documents:</p> <ul style="list-style-type: none"> • Local Development Framework and Local Area Action Plans (S.1Planning and Compulsory Purchase Act 2004) – the regeneration of Townhill Park will be undertaken in line with Local Plan Policies; and • Health and Well Being Strategy (S.116A Local Government and Public Involvement in Health Act 2007) – the regeneration of Townhill Park will deliver improved health and wellbeing through the creation of new quality, energy efficient housing in an improved environment.

KEY DECISION?	Yes/No
WARDS/COMMUNITIES AFFECTED:	Harefield, Bitterne Park
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	None
2.	

Documents In Members' Rooms

1.	
2.	

Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
---	-----------

Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
--	-----------

Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules /
-------------------------------------	--

		Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.		
2.		

This page is intentionally left blank