

# Public Document Pack

## Cabinet

Tuesday, 19th September, 2023  
at 4.30 pm

**PLEASE NOTE TIME OF MEETING**

**Council Chamber, Civic Centre**

### Members

Leader – Councillor Kaur

Deputy Leader and Cabinet Member for Adults, Health  
and Housing – Councillor Fielker

Cabinet Member for Finance and Change – Councillor  
Letts

Cabinet Member for Economic Development – Councillor  
Bogle

Cabinet Member for Environment and Transport -  
Councillor Keogh

Cabinet Member for Children and Learning – Councillor  
Winning

Cabinet Member for Communities and Leisure–  
Councillor Kataria

Cabinet Member for Safer City – Councillor Renyard

(QUORUM – 3)

### Contacts

Cabinet Administrator

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Director of Legal, Governance & HR

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## **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](http://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 or other IT 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.

### **Municipal Year Dates (Tuesdays)**

<b>2023</b>	<b>2024</b>
13 June	16 January
18 July	6 February
15 August	20 Feb (budget)
19 September	19 March
17 October	16 April
14 November	
19 December	

### **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](http://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.

Southampton: Corporate Plan 2022-2030 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time

## **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.

### **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.

## **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.

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 - 4)

Record of the decision making held on 15<sup>th</sup> August, 2023, 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.

## ITEMS FOR DECISION BY CABINET

### 8 FINANCIAL POSITION UPDATE □ (Pages 5 - 24)

To note the report of the Director of Corporate Services. At its meeting in July 2023 Cabinet requested that a short monthly monitoring statement be brought forward to compliment the more detailed quarterly monitoring reports. This is the first of those reports. providing a summary of the financial position of the Council as at the end of August 2023.

### 9 EXCLUSION OF THE PRESS AND PUBLIC - EXEMPT PAPERS INCLUDED IN THE FOLLOWING ITEM

To move that in accordance with the Council's Constitution, specifically the Access to

Information Procedure Rules contained within the Constitution, the press and public be excluded from the meeting in respect of any consideration of the exempt appendix to the following Item

Appendix 5 is not for publication by virtue of category 1 paragraph 10.4 of the Access to Information Procedure Rules as set out in the Council's Constitution. The information is exempt from publication because it relates to employee related matters which are not in the public interest to disclose.

**10 HOLCROFT HOUSE OPTIONS □ (Pages 25 - 134)**

To consider the report of the Cabinet Member for Adults, Health and Housing outlining options on Holcroft House.

**11 EXCLUSION OF THE PRESS AND PUBLIC - EXEMPT PAPERS INCLUDED IN THE FOLLOWING ITEM**

To move that in accordance with the Council's Constitution, specifically the Access to Information Procedure Rules contained within the Constitution, the press and public be excluded from the meeting in respect of any consideration of the exempt appendix to the following Item.

Appendix 1 is not for publication by virtue of categories 1, 2, 3, 4 and 5 paragraph 10.4 of the Access to Information Procedure Rules as set out in the Council's Constitution. The information is exempt from publication because it relates to the financial and business affairs of both the Council and specified third parties and is commercially sensitive. It is not in the public interest to disclose this financial information as it directly relates to a current contract. Additionally, it refers to legal advice and employee related matters.

**12 REFOCUSING MENTAL HEALTH SOCIAL WORK\* (Pages 135 - 202)**

To consider the report of the Cabinet Member for Adults, Health and Housing seeking approval to disaggregate the S75 Mental Health service from Southern Health Foundation Trust.

Monday, 11 September 2023

Director – Legal, Governance and HR

SOUTHAMPTON CITY COUNCIL  
EXECUTIVE DECISION MAKING

RECORD OF THE DECISION MAKING HELD ON 15 AUGUST 2023

Present:

Councillor Kaur	-	Leader
Councillor Fielker	-	Deputy Leader and Cabinet Member for Adults, Health and Housing
Councillor Bogle	-	Cabinet Member for Economic Development
Councillor Kataria	-	Cabinet Member for Communities and Leisure
Councillor Keogh	-	Cabinet Member for Environment and Transport
Councillor Winning	-	Cabinet Member for Children and Learning

Apologies: Councillors Letts and Renyard

6. EXECUTIVE APPOINTMENTS

Cabinet approved the following appointments:

Southern Port Welfare Committee – Councillor Rayment  
Southampton Solent University Board of Governors - Councillor Winning  
Joint Pension Fund Panel – Councillor Letts to replace Councillor Leggett  
Safe City Partnership Board - Councillor Renyard to replace Councillor Kataria  
Port Health Consultative Board – Councillor Renyard to replace Councillor Leggett  
Project Integra Strategic Board – Councillor Keogh to replace Councillor Leggett

7. CAPITAL FINANCIAL MONITORING REPORT FOR THE PERIOD TO THE END OF JUNE 2023

DECISION MADE: (CAB 23/24 37867)

On consideration of the report of the Cabinet Member for Finance and Change, Cabinet agreed the following, to:

- (i) Note the revised General Fund Capital Programme, which totals £308.84M as detailed in paragraph 3.
- (ii) Note the HRA Capital Programme is £255.70M as detailed in paragraph 3.
- (iii) Approve the addition and spend of £0.68M to the Children & Learning programme in 2024/25, as detailed in paragraph 7 and Appendix 1.
- (iv) Approve the addition and spend of £1.58M to the Place programme in 2023/24, as detailed in paragraphs 8 to 10 and Appendix 1.
- (v) Accept the Local Authority Housing Fund grant of £1.713m from DLUHC, receivable in two tranches in March and September, as detailed in paragraph 11.

- (vi) Approve the addition and spend of £1.71M to the HRA programme in 2023/24, as detailed in paragraph 11 and Appendix 1.
- (vii) Approve slippage of £4.51M within the General Fund programme, as detailed in paragraphs 12 to 14 and Appendix 3.
- (viii) Note that the overall forecast position for 2023/24 at quarter 1 is £176.52M, resulting in a potential underspend of £1.18M, as detailed in paragraphs 15 to 17 and Appendix 2.
- (ix) Note that the capital programme remains fully funded up to 2027/28 based on the latest forecast of available resources although the forecast can be subject to change; most notably regarding the value and timing of anticipated capital receipts and the use of prudent assumptions of future government grants to be received. It is also important to note that in times of rising interest rates, inflationary pressures and future budget shortfalls the capital programme needs to be kept under review.

8. REVENUE FINANCIAL MONITORING REPORT FOR THE PERIOD TO THE END OF JUNE 2023

DECISION MADE: (CAB 23/24 37865)

On consideration of the report of the Cabinet Member for Finance and Change, Cabinet agreed the following, to:

General Revenue Fund

- (i) Note the forecast outturn position is a £20.91M deficit, after taking account of £9.08M agreed in-year cost control measures, as outlined in paragraphs 3 to 8.
- (ii) Note the performance in delivering agreed savings plans and in-year cost control measures for 2023/24 as detailed in paragraph 9.
- (iii) Note the performance of treasury management, and financial outlook in paragraphs 10 to 14.
- (iv) Note the performance against prudential indicators in paragraph 15.
- (v) Note the forecast year end position for reserves and balances as detailed in paragraphs 16 to 18.
- (vi) Note the Key Financial Risk Register as detailed in paragraph 19.
- (vii) Note the performance indicators detailed in paragraphs 25 and 26.
- (viii) Note the forecast outturn position outlined in the Collection Fund Statement detailed in paragraphs 30 to 36.
- (ix) Agree the draft action plan attached at Appendix 9.

Housing Revenue Account

- (x) Note the forecast outturn position is a surplus of £0.58M as outlined in paragraphs 27 and 28.

9. VEHICLE REMOVALS POLICY

DECISION MADE: (CAB 23/24 37709)

On consideration of the report of the Cabinet Member for Environment and Transport, Cabinet agreed the following:

1. FIELD TITLE

FIELD\_SUMMARY

- (i) To adopt the Vehicle Removals Policy 2023.
- (ii) To delegate authority to the Executive Director Growth following consultation with the Director Legal, Governance and HR to do anything necessary to implement the contents of the Vehicle Removals Policy 2023 including but not limited to entering into contracts for the removal of vehicles and amending Traffic and other Orders as required.

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# Agenda Item 8

<b>DECISION-MAKER:</b>	CABINET		
<b>SUBJECT:</b>	FINANCIAL POSITION UPDATE FOR THE PERIOD TO THE END OF AUGUST 2023		
<b>DATE OF DECISION:</b>	19 SEPTEMBER 2023		
<b>REPORT OF:</b>	CABINET MEMBER FOR FINANCE & CHANGE		
<b><u>CONTACT DETAILS</u></b>			
<b>Executive Director</b>	<b>Title:</b>	Executive Director Corporate Services	
	<b>Name:</b>	Mel Creighton	<b>Tel:</b> 023 8083 3528
	<b>E-mail:</b>	<a href="mailto:Mel.Creighton@southampton.gov.uk">Mel.Creighton@southampton.gov.uk</a>	
<b>Author:</b>	<b>Title:</b>	Head of Financial Planning & Management	
	<b>Name:</b>	Steve Harrison	<b>Tel:</b> 023 8083 4153
	<b>E-mail:</b>	<a href="mailto:Steve.Harrison@southampton.gov.uk">Steve.Harrison@southampton.gov.uk</a>	

<b>STATEMENT OF CONFIDENTIALITY</b>
Not Applicable
<b>BRIEF SUMMARY</b>
At its meeting in July 2023 Cabinet requested that a short monthly monitoring statement be brought forward to compliment the more detailed quarterly monitoring reports. This is the first of those reports. providing a summary of the financial position of the council as at the end of August 2023.

## RECOMMENDATIONS:

	Cabinet is recommended to:
i)	Note the latest forecast financial position as set out in Appendix 1.
ii)	Accept the award of £1.084M Brownfield Land Release Fund capital grant as set out in paragraph 4.

## REASONS FOR REPORT RECOMMENDATIONS

1.	To ensure that Cabinet fulfils its responsibilities for the overall financial management of the council's resources.
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## ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	Not to provide a monthly update on the council's financial position. This is not considered an appropriate course of action.
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## DETAIL (including consultation carried out)

3.	At its meeting in July 2023 Cabinet requested that a short monthly monitoring statement be brought forward to compliment the more detailed quarterly monitoring reports. This is the first of those reports providing a summary of the financial position of the council as at the end of August 2023. The detailed financial update report is provided at Appendix 1.
4.	In February 2023 the council (in consultation with the New Homes Board) applied for funding from the Brownfield Land Release Fund towards the cost of demolition works

	at plots 5 and 9, Townhill Park. During August 2023 the council was notified that it had been successful in its application, securing a total of £1.084M capital grant; of which £0.439M is allocated to plot 5, and £0.645M to plot 9. The demolition costs were already budgeted for in the HRA capital programme, and previously to be funded by borrowing. It is recommended that the Cabinet accept the funding into the HRA capital programme.
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
5.	The revenue and capital implications are contained in the report.
<b><u>Property/Other</u></b>	
6.	None.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
7.	Financial reporting is consistent with the Section 151 Officer's duty to ensure good financial administration within the Council.
<b><u>Other Legal Implications:</u></b>	
8.	None.
<b>RISK MANAGEMENT IMPLICATIONS</b>	
9.	Risk management implications are contained in the report.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
10.	None.

**KEY DECISION?** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	All
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### **SUPPORTING DOCUMENTATION**

#### **Appendices**

1.	Financial position update report
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
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<b>Privacy Impact Assessment</b>	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out?	No
<b>Other Background Documents</b>	
<b>Equality Impact Assessment and Other Background documents available for inspection at:</b>	
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.	The Revenue Budget 2023/24, Medium Term Financial Strategy and Capital Programme (Council 23 February 2022)	
2.		

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Forecast Variance by Executive Director



General Fund Key Messages

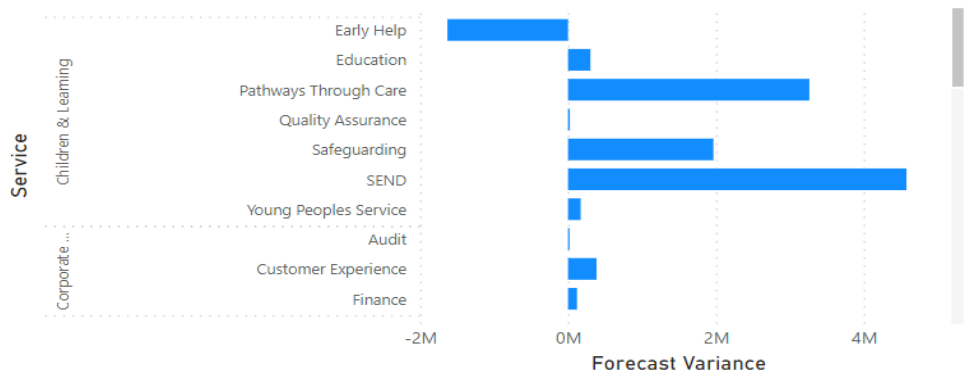
- > **Current Position £16M overspent, a favourable movement of £1.9M from the variance reported to EMB at month 4 (£17.9M overspent).**
- > **Children & learning £8.7M overspent**, an adverse movement of £0.06M: £4.4M is because of Home to school transport pressures, £0.5M non achievement of current savings, £3.0M children placement costs, £0.4M additional employee costs due to the anticipated pay offer and £0.1M year of the child costs. There is a further pressure of historic saving targets of £0.2M in Education.
- > **Corporate Services £2.5M overspent**, a favourable movement of £0.08M: £1.4M is due to non-achievement of savings, loss of income of £0.10M, salary cost pressures of £0.2M and £1.7M IT adverse forecast due to £1.3M service costs which cannot be recharged and income loss, a shortfall in salary budget of £0.6M, non-achievement of savings £0.2M, reduced by £0.5M in cost control measures. The adverse position is reduced by cost control measures within the pension account of £0.2M, Corporate Finance bad debt provision reduction of £0.2M, risk management savings of £0.10M and £0.5M salary reductions.
- > **Wellbeing and Housing £4.3M overspent**, a favourable movement of £0.3M: £5.5M is due to increased number and cost of client packages, £0.4M of non-achievement of savings and £0.3M increased homelessness costs, offset by employee savings including agency of £0.1M. The adverse position is further offset by new government funding of £1.7M for care costs.
- > **Place £0.6M overspent**, a favourable movement of £1.7M: £0.08M is due to the anticipated pay award and other increased employee costs, £0.2M Mayflower Park funding, £0.3M historic agency saving target which cannot be achieved, £0.3M relating to Culture Quarter master planning, virtual retail for the Art Gallery and Southampton branding. There is a pressure of £0.15M due to non-achievement of the solar bins saving and other minor savings and £0.2M pressure relating to the cost of reactive repairs, increased Coroner costs of £0.1M and £0.2M City Development growth proposal. This is offset by a rates reduction in cultural services of £0.2M and Transportation cost control measures of £0.3M and reduction in the anticipated cost of energy of £0.3M and increased income of £0.01M

**HRA POSITION - £0.59M Favourable.** £0.59M Favourable forecast on depreciation charge is proposed to be added to the overall working balance. Pressures of £2.42M across the HRA relating to rent void loss £0.5M, £0.8M Disrepair claims, waste disposal cost, management restructure and termination costs and £1m interest rate cost are being offset by a reduction in planned direct revenue financing contribution.

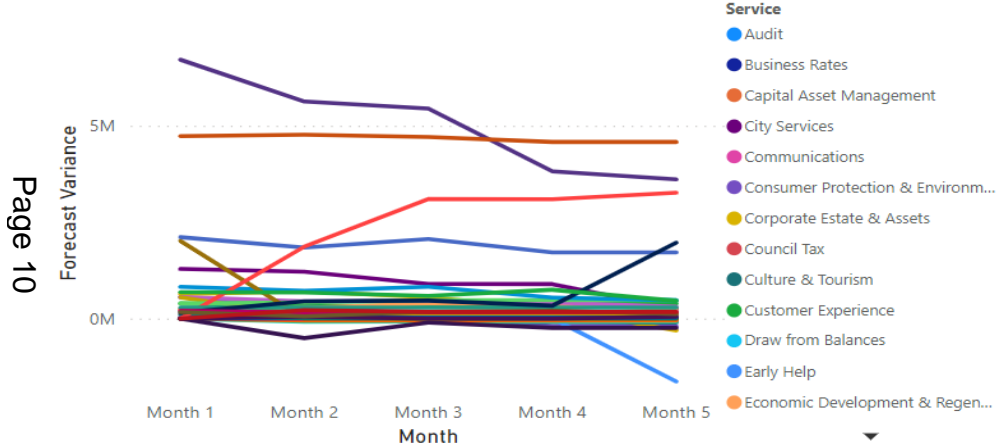
All
Children & Learning
Corporate Services
Place

Strategy & Performance
Wellbeing & Housing
Central Expenditure Items
General Funding

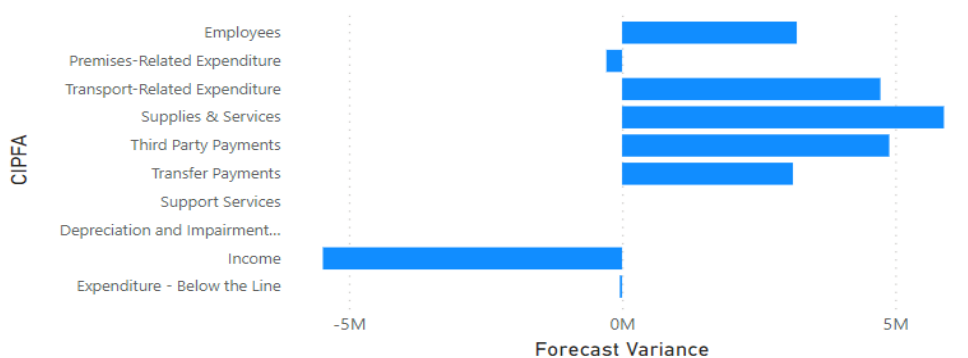
Variance to Budget -



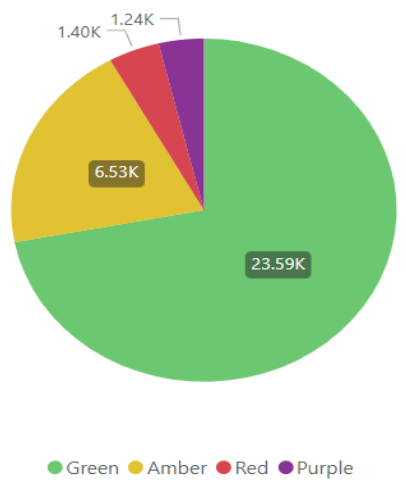
Variance Trends -



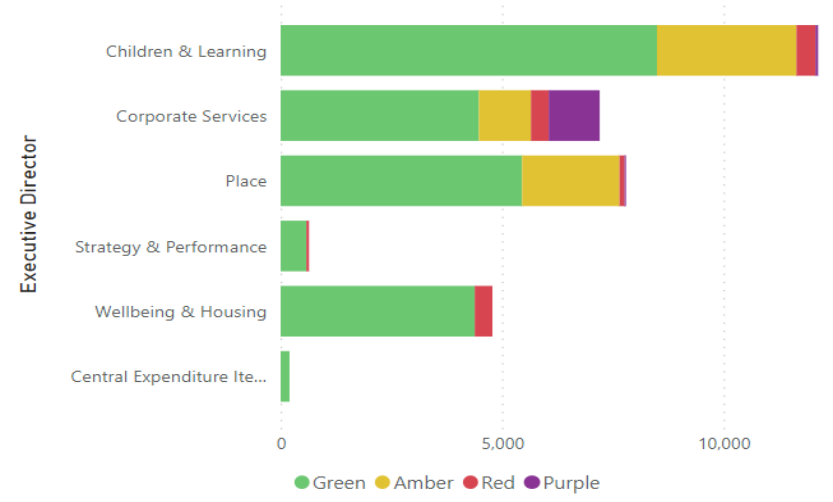
Variance by Subjective Analysis -



Savings Targets 2023/24 RAG Rated £0



Savings Targets per Directorate £'000s

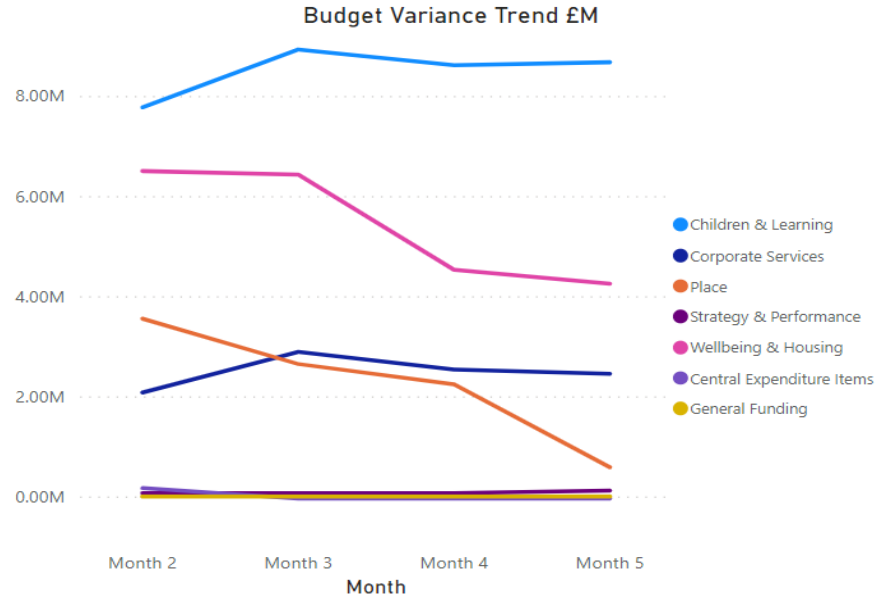


**Key Issues**

The current rate of non-achievement of savings is 8% or £2.6M forecast not to be achieved (Red & Purple).

**BUDGET MONITORING MONTH 5 (August)**

CURRENT POSITION	Forecast Annual Variance at Period 5	Variance Movement Compared to P4	Significant Forecast Variance Indicator	Improving ↑ / Deteriorating ↓ Movement
Directorate	£M	£M		
Children & Learning	8.67 A	0.06 A	Red	↓
Corporate Services	2.45 A	0.08 F	Red	↑
Place	0.58 A	1.66 F	Red	↑
Strategy & Performance	0.12 A	0.05 A	Red	↓
Wellbeing & Housing	4.25 A	0.28 F	Red	↑
<b>Total Directorates</b>	<b>16.07 A</b>	<b>1.91 F</b>	<b>Red</b>	<b>↑</b>
Centrally Held Budgets	0.04 F	0.00 A	Green	↓
General Funding	0.00	0.00	Green	-
<b>Net Deficit/Surplus</b>	<b>16.03 A</b>	<b>1.91 F</b>	<b>Red</b>	<b>↑</b>



The overall movement since month 4 is £1.9M favourable. The main area of movement is Place (favourable £1.7M)



## Variations to Budget per Directorate



Summary of variances to budget

Directorate	Energy	Fuel	Non Achievement of savings	Client Packages and Placement costs	Coroner costs	Additional employee and agency costs	Income loss	Property Investment	Service Review of ICU	Rates Reduction	Legal costs	Home to school transport	Concessional Fares	Non essential spend saving	Transfer from reserves	Other	Total
	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M
Children & Learning	0.00	0.00	0.49	3.00	0.00	0.44	0.00	0.00	0.00		0.00	4.37				0.39	8.68
Corporate Services	0.00	0.00	1.55	0.00	0.00	0.45	1.45	0.00	0.00		0.00	0.00				-1.00	2.45
Place	-0.25	0.00	0.15	0.00	0.10	0.08	-0.09	0.00	0.00	-0.23	0.00	0.00	0.00			0.82	0.58
Strategy & Performance	0.00	0.00	0.06	0.00	0.00	0.04	0.00	0.00	0.00		0.00	0.00	0.00	0.02			0.12
Wellbeing & Housing	0.00	0.00	0.40	5.45	0.00	-0.08	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	-1.52	4.25
<b>Total Directorates</b>	<b>-0.25</b>	<b>0.00</b>	<b>2.65</b>	<b>8.45</b>	<b>0.10</b>	<b>0.93</b>	<b>1.36</b>	<b>0.00</b>	<b>0.00</b>	<b>-0.23</b>	<b>0.00</b>	<b>4.37</b>	<b>0.00</b>	<b>0.02</b>	<b>0.00</b>	<b>-1.31</b>	<b>16.09</b>

The main adverse variances are non achievement of savings £2.6M, client packages and placements £8.5M, Employee and agency cost £1M, loss of income £1.4M, Home to School transport £4.4M. These are the key areas where work should be targeted to reduce the adverse position.



Children & Learning BUDGET MONITORING MONTH 5 (August)							
CURRENT POSITION	Current Budget 2023/24	Forecast 2023/24	Forecast Annual Variance at Period 5	Variance P4	Variance Movement Compared to P4	Significant Forecast Variance Indicator	Improving ↑ / Deteriorating ↓
	£M	£M	£M	£M	£M		
Children & Learning	64.18	72.86	8.67 A	8.62 A	0.06 A	Red	↓
<b>Service Area</b>							
Divisional Management	2.05	2.05	0.00	0.00	0.00	Green	-
Legal (Children's)	0.60	0.60	0.00	0.00	0.00	Green	-
Quality Assurance Business Unit	2.40	2.43	0.02 A	0.02 A	0.00		-
Safeguarding	9.70	9.91	0.21 A	0.21 A	0.00	Red	-
Children Looked After	29.43	32.15	2.72 A	2.44 A	0.28 A	Red	↓
Pathways	0.71	1.26	0.54 A	0.65 A	0.11 F	Red	↑
ICU - Children's Services	0.37	0.37	0.00	0.00	0.00	Green	-
Children & Families First	2.59	2.66	0.07 A	0.07 A	0.00		-
Young Peoples Service	2.77	2.85	0.08 A	0.08 A	0.00	Red	-
Youth Offending	0.63	0.64	0.01 A	0.01 A	0.00		-
	<b>51.26</b>	<b>54.91</b>	<b>3.65 A</b>	<b>3.48 A</b>	<b>0.17 A</b>	<b>Red</b>	<b>↓</b>
Stronger Communities	0.02	0.16	0.14 A	0.14 A	0.00	Red	-
Education - Home to school transport and property mgt	7.09	11.80	4.71 A	4.80 A	0.09 F	Red	↑
Education - Services for schools, High Needs	5.83	6.00	0.17 A	0.19 A	0.02 F	Red	↑
	<b>12.91</b>	<b>17.79</b>	<b>4.88 A</b>	<b>4.99 A</b>	<b>0.11 F</b>	<b>Red</b>	<b>↑</b>
DSG Central School Services Block	3.45	3.45	0.00	0.00	0.00	Green	-
DSG Early Years Block	13.83	13.83	0.00	0.00	0.00	Green	-
DSG High Needs Block	21.76	21.76	0.00	0.00	0.00	Green	-
DSG Schools Block	(39.04)	(39.04)	0.00	0.00	0.00	Green	-
	<b>(0.01)</b>	<b>(0.01)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>Green</b>	<b>-</b>
<b>Total Childrens &amp; Learning</b>	<b>64.18</b>	<b>72.86</b>	<b>8.67 A</b>	<b>8.62 A</b>	<b>0.06 A</b>	<b>Red</b>	<b>↓</b>

**Children & learning £8.7M overspent**, an adverse movement of £0.06M: £4.4M is because of Home to school transport pressures, £0.5M non achievement of current savings, £3.0M children placement costs, £0.4M additional employee costs due to the anticipated pay offer and £0.1M year of the child costs. There is a further pressure of historic saving targets of £0.2M in Education.





CURRENT POSITION	Corporate Services BUDGET MONITORING MONTH 5 (August)						
	Current Budget 2023/24	Forecast 2023/24	Forecast Annual Variance at Period 5	Variance P4	Variance Movement Compared to P4	Significant Forecast Variance Indicator	Improving ↑ / Deteriorating ↓ Movement
	£M	£M	£M	£M	£M		
Corporate Services	38.94	41.39	2.45 A	2.53 A	0.08 F	Red	↑
<b>Service Area</b>							
Accounts Payable	0.27	0.53	0.26 A	0.26 A	0.00 F	Red	↑
Accounts Receivable	2.16	2.34	0.18 A	0.18 A	0.00 F	Red	↑
Business Development Management	0.00	0.00	0.00	0.00	0.00	Green	-
Business Support	1.82	1.99	0.17 A	0.17 A	0.00	Red	-
Centrally Apportionable Overheads	(7.67)	(7.67)	0.00	0.00	0.00	Green	-
Commercialisation	(0.29)	0.02	0.31 A	0.31 A	0.00	Red	-
Corporate Finance	2.91	3.06	0.15 A	0.15 A	0.00	Red	-
Corporate Management	0.24	0.29	0.05 A	0.05 A	0.00	Red	-
Customer Services	2.17	2.18	0.01 A	0.01 A	0.00 F	Red	↑
Democratic Representation & Management	2.64	2.59	0.05 F	0.03 A	0.08 F	Green	↑
Facilities Management	0.73	0.78	0.05 A	0.05 A	0.00	Red	-
Highways Contracts	7.92	7.89	0.03 F	0.03 F	0.00	Green	-
HR Services	3.21	3.13	0.08 F	0.08 F	0.00 A	Green	↓
Internal Audit	0.34	0.34	0.00 A	0.00 A	0.00 A	Green	↓
IT Services	9.35	11.06	1.71 A	1.71 A	0.00	Red	-
Land Charges	(0.17)	(0.17)	0.00	0.00	0.00	Green	-
Legal Services & Customer Relations	1.95	1.90	0.05 F	0.05 F	0.00 A	Green	↓
Leisure Contracts	2.54	2.47	0.08 F	0.08 F	0.00	Green	-
Local Taxation & Benefits Services	2.10	2.30	0.20 A	0.20 A	0.00 F	Red	↑
Net Housing Benefit Payments	0.30	0.30	0.00	0.00	0.00	Green	-
Pension & Redundancy Costs	2.56	2.33	0.23 F	0.23 F	0.00 F	Green	↑
Registration of Electors and Elections Costs	0.57	0.58	0.00 A	0.00 A	0.00 F	Green	↑
Risk Management	1.68	1.69	0.01 A	0.01 A	0.00 F	Green	↑
Supplier Management Services	1.61	1.47	0.14 F	0.14 F	0.00	Green	-
<b>Total Corporate Services</b>	<b>38.94</b>	<b>41.39</b>	<b>2.45 A</b>	<b>2.53 A</b>	<b>0.08 F</b>	<b>Red</b>	<b>↑</b>

**Corporate Services £2.5M overspent**, a favourable movement of £0.08M: £1.4M is due to non-achievement of savings, loss of income of £0.10M, salary cost pressures of £0.2M and £1.7M IT adverse forecast due to £1.3M service costs which cannot be recharged and income loss, a shortfall in salary budget of £0.6M, non-achievement of savings £0.2M, reduced by £0.5M in cost control measures. The adverse position is reduced by cost control measures within the pension account of £0.2M, Corporate Finance bad debt provision reduction of £0.2M, risk management savings of £0.10M and £0.5M salary reductions.



CURRENT POSITION	Place BUDGET MONITORING MONTH 5 (August)						
	Current Budget 2023/24	Forecast 2023/24	Forecast Annual Variance at Period 5	Variance P4	Variance Movement Compared to P4	Significant Forecast Variance Indicator	Improving ↑ / Deteriorating ↓
	£M	£M	£M	£M	£M		
Place	28.69	29.27	0.58 A	2.24 A	1.66 F	Red	↑
<b>Service Area</b>							
Air Quality Monitoring	0.22	0.22	0.00	0.00	0.00	Green	↑
Central Repairs & Maintenance	2.09	2.29	0.20 A	0.20 A	0.00	Red	-
City Development	0.31	0.48	0.18 A	0.25 A	0.08 F	Red	↑
City Services - Commercial Services	0.19	0.24	0.05 A	0.02 A	0.03 A	Green	↓
City Services - District Operating Areas	4.21	4.53	0.32 A	0.23 A	0.09 A	Red	↓
City Services - Trees & Ecology	0.88	0.97	0.09 A	0.09 A	0.00	Red	-
City Services - Waste Operations	16.80	16.08	0.72 F	0.04 A	0.76 F	Green	↑
City Services - Management & Compliance	0.50	0.53	0.03 A	0.03 A	0.00	Green	-
City Services - Fleet & Landscapes Trading	(1.72)	(1.24)	0.48 A	0.48 A	0.00	Red	-
CPRES - Bereavement Services	0.05	0.13	0.08 A	0.08 A	0.00	Red	↓
CPRES - Environmental Health & Trading Standards	1.59	1.52	0.07 F	0.08 F	0.00	Green	↓
CPRES - Licensing	(0.09)	(0.08)	0.01 A	0.01 A	0.00	Green	↓
CPRES - Parking & Itschen Bridge	(8.14)	(8.57)	0.43 F	0.37 F	0.06 F	Green	↓
CPRES - Port Health	(0.61)	(0.41)	0.19 A	0.14 A	0.05 A	Red	↑
CPRES - Private Sector Housing	0.34	0.35	0.00	0.00	0.00 F	Green	↑
CPRES - Registration Services	(0.20)	(0.19)	0.01 A	0.01 A	0.00	Green	↓
Cultural Services	2.17	1.99	0.18 F	0.16 F	0.01 F	Green	↑
Libraries	1.83	1.90	0.08 A	0.08 A	0.00 A	Red	↓
Economic Development	0.07	0.16	0.08 A	0.14 A	0.05 F	Red	↑
Emergency Planning	0.13	0.10	0.02 F	0.01 F	0.01 F	Green	↑
Energy Team	0.05	0.05	0.00	0.00	0.00	Green	-
Flood Risk Management	0.21	0.15	0.06 F	0.06 F	0.00	Green	↓
Health & Safety	0.27	0.30	0.03 A	0.03 A	0.00	Green	↑
Place Management	(0.10)	0.19	0.28 A	0.28 A	0.00	Red	-
Planning	0.35	0.94	0.59 A	0.80 A	0.21 F	Red	↑
Property Portfolio Management	(6.92)	(6.96)	0.04 F	0.04 F	0.00	Green	-
Property Services	8.89	8.42	0.47 F	0.10 A	0.57 F	Green	↑
Skills	0.07	0.07	0.00	0.00	0.00	Green	-
Skills, Regeneration & Partnership	0.44	0.43	0.02 F	0.02 F	0.00	Green	-
Transportation	4.82	4.68	0.14 F	0.06 F	0.08 F	Green	↑
<b>Total Place</b>	<b>28.69</b>	<b>29.27</b>	<b>0.58 A</b>	<b>2.24 A</b>	<b>1.66 F</b>	<b>Red</b>	<b>↑</b>

**Place £0.6M overspent**, a favourable movement of £1.7M: £0.08M is due to the anticipated pay award and other increased employee costs, £0.2M Mayflower Park funding, £0.3M historic agency saving target which cannot be achieved, £0.3M relating to Culture Quarter master planning, virtual retail for the Art Gallery and Southampton branding. There is a pressure of £0.15M due to non-achievement of the solar bins saving and other minor savings and £0.2M pressure relating to the cost of reactive repairs, increased Coroner costs of £0.1M and £0.2M City Development growth proposal. This is offset by a rates reduction in cultural services of £0.2M and Transportation cost control measures of £0.3M and reduction in the anticipated cost of energy of £0.3M and increased income of £0.01M



Strategy & Performance BUDGET MONITORING MONTH 5 (August)							
CURRENT POSITION	Current Budget 2023/24	Forecast 2023/24	Forecast Annual Variance at Period 5	Variance P4	Variance Movement Compared to P4	Significant Forecast Variance Indicator	Improving ↑ / Deteriorating ↓ Movement
	£M	£M	£M	£M	£M		
Strategy & Performance	3.72	3.84	0.12 A	0.07 A	0.05 A	Red	↓
<b>Service Area</b>							
Business Development Management Team	0.20	0.20	0.00	0.00	0.00	Green	-
Corporate Communications	0.93	1.00	0.07 A	0.07 A	0.00	Green	-
Data & Intelligence	0.18	0.19	0.01 A	0.01 A	0.00	Green	-
Projects, Policy & Performance	1.59	1.69	0.10 A	0.05 A	0.05 A	Red	↓
Strategic Management of the Council	0.81	0.76	0.05 F	0.05 F	0.00	Green	-
<b>Total Strategy &amp; Performance</b>	<b>3.72</b>	<b>3.84</b>	<b>0.12 A</b>	<b>0.07 A</b>	<b>0.05 A</b>		<b>↓</b>



## Wellbeing & Housing



Wellbeing & Housing BUDGET MONITORING MONTH 5 (August)							
CURRENT POSITION	Current Budget 2023/24	Forecast 2023/24	Forecast Annual Variance at Period 5	Variance P4	Variance Movement Compared to P4	Significant Forecast Variance Indicator	Improving ↑ / Deteriorating ↓ Movement
	£M	£M	£M	£M	£M		
Wellbeing & Housing	95.19	99.43	4.25 A	4.53 A	0.28 F	Red	↑
<b>Service Area</b>							
Adults - Adult Services Management	1.16	1.22	0.06 A	0.06 A	0.00		-
Adults - Long Term	45.14	48.39	3.25 A	3.42 A	0.17 F	Red	↑
Adults - Provider Services	4.46	4.60	0.14 A	0.18 A	0.05 F	Red	↑
Adults - Reablement & Hospital Discharge	8.80	8.65	0.15 F	0.11 F	0.04 F	Green	↑
Adults - Safeguarding AMH & OOH	14.02	14.33	0.31 A	0.27 A	0.05 A	Red	↓
Community Safety, Alcohol Related Crime, CCTV	0.30	0.27	0.02 F	0.00	0.02 F	Green	↑
Domestic Violence	0.56	0.58	0.02 A	0.00	0.02 A		↓
Grants to Voluntary Organisations	0.54	0.54	0.00	0.00	0.00	Green	-
Housing Needs	2.66	2.92	0.26 A	0.26 A	0.00	Red	-
ICU - Provider Relationships	14.98	15.35	0.37 A	0.44 A	0.07 F	Red	↑
ICU - System Redesign	1.63	1.73	0.10 A	0.10 A	0.00	Red	-
Leisure Strategy	0.10	0.10	0.00	0.00	0.00	Green	-
Public Health - Health Improvement	1.70	1.70	0.00	0.00	0.00	Green	-
Public Health - Health Protection and Surveillance	9.80	9.80	0.00	0.00	0.00	Green	-
Public Health - Management & Overheads	(15.28)	(15.28)	0.00	0.00	0.00	Green	-
Public Health - Non-ringfenced	0.19	0.19	0.00	0.00	0.00	Green	-
Public Health - Population Healthcare	3.77	3.77	0.00	0.00	0.00	Green	-
Social Fund & Property	0.18	0.18	0.00	0.00	0.00	Green	-
Stronger Communities	0.52	0.43	0.09 F	0.09 F	0.00	Green	-
Travellers Sites	(0.04)	(0.04)	0.00	0.00	0.00	Green	-
<b>Total Wellbeing &amp; Housing</b>	<b>95.19</b>	<b>99.43</b>	<b>4.25 A</b>	<b>4.53 A</b>	<b>0.28 F</b>	<b>Red</b>	<b>↑</b>
<b>Breakdown by overall area:</b>							
Adult Social Care	73.58	77.18	3.61 A	3.82 A	0.21 F	Red	↑
ICU	16.61	17.08	0.47 A	0.54 A	0.07 F	Red	↑
Public Health	0.19	0.19	0.00	0.00	0.00	Green	-
Housing	2.66	2.92	0.26 A	0.26 A	0.00	Red	-
Leisure	0.10	0.10	0.00	0.00	0.00	Green	-
Stronger Communities	2.05	1.96	0.09 F	0.09 F	0.00 A	Green	↓

**Wellbeing and Housing £4.3M overspent**, a favourable movement of £0.3M: £5.5M is due to increased number and cost of client packages, £0.4M of non-achievement of savings and £0.3M increased homelessness costs, offset by employee savings including agency of £0.1M. The adverse position is further offset by new government funding of £1.7M for care costs.



<u>Directorate</u>	<b>Budget</b>	<b>Forecast</b>	<b>Variance</b>
	<b>£M</b>	<b>£M</b>	<b>£M</b>
Children & Learning	12.04	12.04	0.00
Corporate Services	2.58	2.58	0.00
Place	85.77	86.07	0.30 A
Strategy & Performance	1.78	1.78	0.00
Wellbeing & Housing	5.35	5.12	0.22 F
<b>Total General Fund</b>	<b>107.52</b>	<b>107.60</b>	<b>0.08 A</b>
<b>HRA</b>	<b>55.05</b>	<b>52.22</b>	<b>2.82 F</b>
<b>Net Council Expenditure</b>	<b>162.57</b>	<b>159.82</b>	<b>2.75 F</b>
<b>Financed By:</b>			
Council Resources - Borrowing (GF)	26.13	26.20	0.07 A
Council Resources - Borrowing (HRA)	20.86	20.48	0.38 F
Council Resources - Capital Receipts	6.50	3.73	2.77 F
Contributions	13.31	13.32	0.01 A
Grants	66.59	66.59	0.00
Council Resources - DRF	3.30	2.90	0.40 F
MRA	25.89	26.62	0.72 A
<b>Total Financing</b>	<b>162.57</b>	<b>159.82</b>	<b>2.75 F</b>

<u>Forecast Variance Analysis</u>	<b>GF</b>	<b>HRA</b>	<b>Total</b>
	<b>£M</b>	<b>£M</b>	<b>£M</b>
Deficit Budget	0.30	1.00	1.00
Surplus Budget	(0.22)	(1.06)	(1.28)
Slippage of Works	0.00	(2.77)	(2.77)
Slippage for Retention Payments	0.00	0.00	0.00
Rephasing of Works	0.00	0.00	0.00
Funding No Longer Available	0.00	0.00	0.00
	<b>0.08</b>	<b>(2.82)</b>	<b>(3.05)</b>

General Fund is reporting a £0.08M forecast adverse variance. Major variances include:

- Vehicle Purchase £0.30M overspend
- 1,000 Parking Spaces £0.22M underspend

HRA is reporting £2.82M Favourable variance. Major variances include:

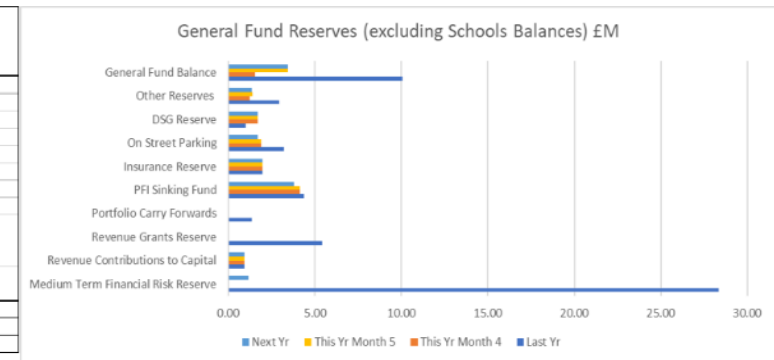
- Townhill Park Regeneration £2.76M slippage
- Container Homes £400K surplus
- 1,000+ Parking Spaces (HRA Element) £662K surplus
- Major Works – reactive £700K deficit
- Holyrood Estate Heating Upgrade £281K deficit



## General Fund Earmarked Reserves (excluding Schools Balances)



	Balance As At 31/03/2023	Month 4 Forecast Balance As At 31/03/2024	Changes this month	Month 5 Forecast Balance As At 31/03/2024	Month 5 Forecast Balance As At 31/03/2025	Comments
	£M	£M	£M	£M	£M	
Medium Term Financial Risk Reserve	28.35	0.00	0.00	0.00	1.15	
Revenue Contributions to Capital	0.93	0.93	0.00	0.93	0.93	
Revenue Grants Reserve	5.43	0.00	0.00	0.00	0.00	
Portfolio Carry Forwards	1.34	0.00	0.00	0.00	0.00	
PFI Sinking Fund	4.38	4.16	0.00	4.16	3.78	
Insurance Reserve	2.00	2.00	0.00	2.00	2.00	
On Street Parking	3.21	1.89	0.00	1.89	1.70	
DSG Reserve	0.99	1.69	0.00	1.69	1.69	Note £11.1M cumulative deficit to 31/03/2022 is held in the DSG Adjustment Account in accordance with regulations.
Other Reserves	2.96	1.23	0.18	1.41	1.37	Forecast £0.18M drawdown of Building Competition Account Reserve removed.
<b>Total Earmarked Reserves</b>	<b>49.99</b>	<b>11.90</b>	<b>0.18</b>	<b>12.08</b>	<b>12.62</b>	
General Fund Balance	10.07	1.55	1.91	3.46	3.46	£1.9M reduction in forecast in-year overspend
<b>Total GF Reserves (excl. Schools)</b>	<b>59.66</b>	<b>13.44</b>	<b>2.09</b>	<b>15.53</b>	<b>16.08</b>	



The balance on the Medium Term Financial Risk (MTR) Reserve is forecast to be used up in 2023/24 in meeting the in-year overspend. £6.6M of the General Fund Balance would also be required to cover the forecast £16.0M deficit as at month 5, however this would reduce the General Fund Balance to £3.5M, compared with a minimum of £11M recommended by CIPFA (5% of net revenue expenditure).



	<b>Council Tax</b>	<b>Business Rates</b>	<b>Total</b>
	<b>£M</b>	<b>£M</b>	<b>£M</b>
Distribution of previous years' estimated surplus/(contribution towards estimated deficit)	(0.31)	3.45	3.14
Net income and expenditure for 2023/24	0.38	2.58	2.95
<b>(Surplus)/Deficit for the year</b>	<b>0.07</b>	<b>6.02</b>	<b>6.09</b>
(Surplus)/Deficit brought forward from 2023/24	0.90	(13.20)	(12.30)
<b>Overall (Surplus)/Deficit Carried Forward</b>	<b>0.97</b>	<b>(7.18)</b>	<b>(6.21)</b>
<b>SCC Share of (Surplus)/Deficit</b>	<b>0.81</b>	<b>(3.52)</b>	<b>(2.70)</b>
Add: Variance in SCC Government grant income for business rates reliefs for 2023/24		0.14	0.14
<b>SCC Net Share of (Surplus)/Deficit including Government Grant adjustments to be taken into account in budget setting</b>	<b>0.81</b>	<b>(3.38)</b>	<b>(2.56)</b>

➤ For the Collection Fund as a whole there is a forecast surplus of £6.2M to be carried forward into 2024/25, mostly from an improvement in the 2022/23 outturn position due to a reduction in the amount set aside for business rates appeals.

➤ SCC's share of the surplus is £2.7M, of which £4.3M relates to the improvement in the 2022/23 outturn position and £1.6M to an in-year deficit. This will need to be taken into account in setting the 2024/25 budget and is not available to use in 2023/24.

➤ In addition, there is a forecast reduction of £0.1M in government grant income for business rates reliefs in 2023/24.



# Housing Revenue Account



HOUSING REVENUE ACCOUNT BUDGET MONITORING MONTH 5 (August)							
CURRENT POSITION	Current Budget 2023/24	Forecast 2023/24	Forecast Annual Variance at Period 5	Variance P4	Variance Movement Compared to P4	Significant Forecast Variance Indicator	Improving ↑ / Deteriorating ↓ Movement
	£M	£M	£M	£M	£M	£M	£M
<b>Expenditure</b>							
Responsive & Repairs	15.10	15.09	0.01 F	0.01 F	0.00	Green	-
Cyclical Maintenance	6.44	6.51	0.07 A	0.07 A	0.00	Green	-
Rents Payable	0.20	0.30	0.10 A	0.10 A	0.00	Red	-
Debt Management	0.09	0.09	0.00	0.00	0.00	Green	-
Supervision & Management	26.16	26.97	0.81 A	0.81 A	0.00	Red	-
Interest & Principal Repayments	5.71	6.71	1.00 A	1.00 A	0.00	Red	-
Depreciation	22.07	21.50	0.57 F	0.57 F	0.00	Green	-
Direct Revenue Financing of Capital	4.00	1.58	2.42 F	2.42 F	0.00	Green	-
<b>Gross Expenditure</b>	<b>79.77</b>	<b>78.75</b>	<b>1.03 F</b>	<b>1.03 F</b>	<b>0.00</b>	<b>Green</b>	<b>-</b>
<b>Income</b>							
Dwelling Rents	(75.14)	(74.64)	0.50 A	0.50 A	0.00	Red	-
Other Rents	(1.24)	(1.24)	0.00	0.00	0.00	Green	-
Service Charge Income	(2.34)	(2.34)	0.00	0.00	0.00	Green	-
Leaseholder Service Charges	(1.05)	(1.05)	0.00	0.00	0.00	Green	-
Interest Received	0.00	(0.06)	0.06 F	0.06 F	0.00	Green	-
<b>Total Income</b>	<b>(79.77)</b>	<b>(79.33)</b>	<b>0.44 A</b>	<b>0.44 A</b>	<b>0.00</b>	<b>Red</b>	<b>-</b>
<b>Balances</b>							
Working Balance B/Fwd	(2.00)	(2.00)					
(Surplus)/deficit for year	0.00	(0.59)	0.59 F	0.59 F	0.00	Green	-
Working Balance C/Fwd	(2.00)	(2.59)					

**HRA POSITION - £0.59M Favourable.** £0.59M Favourable forecast on depreciation charge is proposed to be added to the overall working balance. Pressures of £2.42M across the HRA relating to rent void loss £0.5M, £0.8M Disrepair claims, waste disposal cost, management restructure and termination costs and £1m interest rate cost are being offset by a reduction in planned direct revenue financing contribution.

## Landlord Heating Account

	YTD	Forecast
	£M	£M
<b>Balance B/fwd</b>	<b>3.58</b>	<b>3.58</b>
Costs incurred Jan-Mar 23	2.02	2.02
Less accruals 22/23	-2.81	-2.81
Rent collected ytd	-3.00	-7.47
Leaseholder contribution		-0.80
Costs incurred YTD	1.71	9.08
<b>Balance C/fwd</b>	<b>1.50</b>	<b>3.61</b>

As a result of significantly increased energy costs, and no subsequent adjustment to charges applied during 2022/23, the landlord controlled heating account ended in a deficit position as at 31<sup>st</sup> March 2023. The revised charges for 2023/24 are sufficient to cover costs in 2023/24 only, but will not contribute to deficit recovery unless a significant reduction in cost occurs. Cabinet agreed to the principle of a phased deficit recovery plan in July 2023.





## Dedicated Schools Grant

CURRENT POSITION	Current Budget 2023/24	Forecast 2023/24	Forecast Annual Variance at Period 5	Variance P4	Variance Movement Compared to P4	Significant Forecast Variance Indicator	Improving ↑ / Deteriorating ↓ Movement
	£M	£M	£M	£M	£M		
Schools	0.00	0.00	0.00	0.00	0.00	Green	-
High Needs	0.00	(0.70)	0.70 F	0.70 F	0.00	Green	-
Early Years	0.00	0.00	0.00	0.00	0.00	Green	-
Central Services	0.00	0.00	0.00	0.00	0.00	Green	-
In Year Balance	0.00	(0.70)	0.70 F	0.70 F	0.00	Green	-
Balance B/Fwd held in DSG adjustment reserve	0.00	11.09	11.09 A				
Balance B/Fwd held in DSG usable reserve		(0.99)	0.99 F				
Net DSG deficit B/Fwd		10.10	10.10 A				
<b>Total non General Fund Services</b>	<b>0.00</b>	<b>9.40</b>	<b>9.40 A</b>			Red	

School Balances Table	Forecast 2023/24		
	Deficit	Surplus	Balance
<b>Primary</b>	3.04	(2.36)	0.68
Nos.	11	20	31
%	35%	65%	100%
<b>Secondary</b>	0.00	(3.62)	(3.62)
Nos.	0	6	6
%	0%	100%	100%
<b>Special</b>	0.71	(0.08)	0.62
Nos.	2	3	5
%	40%	60%	100%
<b>Total</b>	3.75	(6.06)	(2.31)
Nos.	13	29	42
%	31%	69%	100%

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<b>DECISION-MAKER:</b>	CABINET
<b>SUBJECT:</b>	HOLCROFT HOUSE OPTIONS
<b>DATE OF DECISION:</b>	19 SEPTEMBER 2023
<b>REPORT OF:</b>	<b>COUNCILLOR FIELKER CABINET MEMBER FOR ADULTS HEALTH AND HOUSING</b>

<b><u>CONTACT DETAILS</u></b>			
<b>Executive Director</b>	<b>Title</b>	Executive Director Wellbeing and Housing	
	<b>Name:</b>	<b>Claire Edgar</b>	Tel: 023 80832028
	<b>E-mail</b>	<a href="mailto:Claire.edgar@southampton.gov.uk">Claire.edgar@southampton.gov.uk</a>	
<b>Author:</b>	<b>Title</b>	Service Director ASC Operations	
	<b>Name:</b>	<b>Vernon Nosal</b>	Tel: 023 82545 600
	<b>E-mail</b>	<a href="mailto:Vernon.nosal@southampton.gov.uk">Vernon.nosal@southampton.gov.uk</a>	

<b>STATEMENT OF CONFIDENTIALITY</b>
Appendix 5 is not for publication by virtue of category 1 paragraph 10.4 of the Access to Information Procedure Rules as set out in the Council's Constitution. The information is exempt from publication because it relates to employee related matters which are not in the public interest to disclose.
<b>BRIEF SUMMARY</b>
Holcroft House is the Council's only residential care home providing services for older people and older people with dementia.
A statutory Fire Risk Assessment (FRA) undertaken in December 2021 identified a number of fire safety issues with the building. Further assessment has identified additional fire safety issues requiring significant works. A phased approach to completion of the works was originally proposed in order for residents to stay in place. However, due to the impact of the disruption on residents of the associated works, it is recommended that it is in the best interests of the residents to be relocated to alternative accommodation and the property closed as a care home. This will be a carefully managed, permanent move due to the health risks associated with moving people with dementia.
Our aim is to minimise the disruption for our residents as much as possible by relocating them once into a fit for purpose and safe home. Ongoing building management and a decision on the future of the site will then be considered by the Council in due course.
The Hampshire Fire and Rescue (HFRS) is aware there is a pending decision on the future of the building and have confirmed the building shows adequate safety at this current time but only with the reduced number of residents. Notwithstanding this, officers have also reviewed the further suggested improvements put forward by HFRS and implemented where possible. The fire safety work will need to be undertaken if

the building is to stay open longer term.

Additionally, the physical environment at Holcroft House falls below the current standards required by Care Standards Act 2000 of modern care homes and this impacts on the dignity of residents.

**RECOMMENDATIONS:**

	(i)	To relocate residents to alternative permanent accommodation that is compliant with fire safety requirements and to close Holcroft House as a care home.
	(ii)	Subject to the approval of (i) above, to delegate authority to the Executive Director Wellbeing & Housing, following consultation with the Cabinet Member for Adults, Health and Housing, to take all further and consequential actions to implement the recommendation.
	(iii)	To note that a further report on the future of the property will be brought to Cabinet in due course.

**REASONS FOR REPORT RECOMMENDATIONS**

1.	Holcroft House requires significant building works to make it compliant in respect of the Fire Safety requirements, as well works to remove and replace the asbestos containing ceilings.
2.	The fire safety work was initially planned to take place over a 78-week period with residents moving rooms as sections of the building were worked on.
3.	The vulnerable nature of the residents presents a risk of delays to the work, and therefore significant disruption to residents, if the residents remain in the building. For example, if a resident's health deteriorates and they require end of life care work would need to be paused.
4	The Council has a duty of care for the residents. There are known risks with moving people with dementia whether that is within their living environment or outside of it. Moving residents once, under carefully managed circumstances, is the least impactful to them (Appendix 1). Residing through 78+ weeks of building works, relocating within the building to allow the phased work, the coming and going of strangers and noise will carry the greatest impact and is not a viable or practical option. There is also the risk that additional issues could be discovered, once the work commences, that could impact on the phased approach.
5.	Holcroft House is a dated building that falls below the Care Standards Act 2000 recommended standards which include facilities such as en-suites and a minimum of 10m <sup>2</sup> floor space to be provided. The costs would be in excess of £4.5m and would require residents to relocate to alternative premises during the period of works.

**ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

6	Residents to remain in the building and relocate in phases during building works to suit the programming of the work.
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	<p>This is not recommended as residents cannot reasonably be exposed to this level of risk based on the extensive duration of the building works, the risk associated with the removal of asbestos (even though undertaken under controlled conditions in compliance with the safe working practice for asbestos removal), the risk associated with living in a building undergoing extensive building work; the risk of an extending timeline due to the vulnerability of our residents and the increased risks to people with dementia in being moved to accommodate the phasing of the works (even within the same building).</p> <p>The asbestos is not a risk within current stable conditions. However, the proposed work would require full removal.</p>
7	<p>A wider project to implement improvements to Holcroft House that bring it to the Care Standards Act 2000, this would include expanded living space, installation of en-suites, improvements to the infrastructure/IT in addition to the fire safety work.</p> <p>The cost for this would be prohibitively high and would also require residents to be relocated out of the building long term. To develop the existing building to current standards required, was estimated to cost £4.50M to £5.25M in 2022, with inflation there is an estimated 15% increase.. to £5.17M to £6M. To demolish the existing building and construct a new build dual registered home is estimated to be within the range of £16.0M to £16.75M.</p>
8	<p>Complete fire safety works and move residents back into Holcroft House.</p> <p>There are additional risks in a secondary move for people with dementia and this is what we are trying to negate. There could be potential delays with completion of works which would delay relocation back to Holcroft House. Residents will settle into new accommodation and then have to move again. The property would still not meet the standards.</p>
<b>DETAIL (Including consultation carried out)</b>	
9	<p>There were 18 residents at the start of the public consultation period in June 2023. Holcroft House has a capacity of 34 and generally is only 60% occupied at any one time. There are 3 temporary residents in the process of being relocated and a number of residents who have been identified as having a change of need so will also need to move.</p>
10	<p>This report does not dispute the quality of care at Holcroft House which is high. The residents and families have been happy with the care provided. However, the quality of the building and its safety, is the primary issue. The fire safety and other issues will need to be addressed if the building is to remain open.</p>
11	<p>Following a HFRS inspection that identified a number of issues with the building, a plan was agreed in January 2022 to address the works over an 18-week period whereby the residents would remain on site. The budget was agreed for £0.61M.</p>

12	<p>Once the budget was agreed, a number of factors impacted the start date for the works:</p> <ul style="list-style-type: none"> <li>• Further assessment of the fire safety works identified that work was required in the roof space which was found to contain asbestos. This also required an asbestos surveyor’s investigation before any work could be undertaken.</li> <li>• There were works being undertaken at Holcroft House in relation to the ‘Contain Outbreak Management Fund’ (COMF). The scope of this work could have been impacted by the fire safety work so a review was undertaken to understand this further.</li> <li>• There was a 12-week lead time for the fire doors.</li> <li>• Finalising detailed specification for work on site</li> </ul> <p>Discussions around the works in consideration of resident’s wellbeing and safety led to the need to understand whether all of the work schedule needed to be completed. Therefore, options regarding how much could be undertaken to minimise the impact of moving and time taken to complete whilst ensuring residents would be safe. This resulted in a request for a further FRA</p>
13	<p>Asbestos is present in various forms in a number of older buildings and poses no health and safety risk unless it is disturbed. Towards the end of 2022 additional works were identified, including the recommendation to remove the asbestos containing ceilings due to the number of penetrations that would need to be made through the ceiling and the requirement for this work to be undertaken under controlled conditions. A fire safety assessment advised that a revised plan would need to be put in place. In order to address the issues whilst keeping residents on site, a 78-week phased plan was proposed whereby the residents would relocate within the building as necessary. The additional cost of the revised estimate was impacted by higher labour costs for removing and replacing the ceilings and increased costs of materials and additional supervision costs due to the extended timeline and was estimated to bring the total cost above £1M. This was above the budget approved and increased the impact on residents.</p>
14	<p>In January 2023, it was agreed that the work would pause, and no additional funding would be approved in lieu of a revised work assessment and impact on residents. Further consideration was given as to when and how the works should take place, if at all. Any plans to improve the fire safety of the building and its facilities should include the wider improvements necessary as it would not be cost efficient to only deal with the fire safety improvements then cause further impact by any necessary building improvement works.</p>
15	<p><b>PUBLIC CONSULTATION</b></p>

	<p>Public consultation has taken place to determine whether residents are placed in alternative, safe placements, for Holcroft House to close, and for further consideration be given to its future by our Property Team and Council decision makers, as appropriate.</p> <p>Consultation took place between 1<sup>st</sup> June and 23<sup>rd</sup> August 2023. The aim was to:</p> <ul style="list-style-type: none"> <li>- Communicate to all residents, families and stakeholders impacted.</li> <li>- Ensure residents, families or stakeholder had the opportunity to comment on the proposals and raise any concerns.</li> <li>- Allow participants to propose alternative options.</li> <li>- Identify impacts on residents the Council had not previously identified and consider what mitigation might be offered to offset such impact where appropriate.</li> <li>- Information shared with families from the Executive Director meetings regarding independent advice available eg, Age UK</li> <li>- Advocacy support available for residents as needed</li> </ul>
16	<p>The Executive Director met with the families impacted by the proposals 3 times and offered further meetings if required. This provided an opportunity to explain more about the fire safety works and to ensure families had direct access to the most senior officer.</p>
17	<p>In total, the consultation on the Holcroft House proposals had 218 responses, and we heard from residents of Holcroft House, family members or representatives of residents at Holcroft House, employees of the Council as well as wider city residents and businesses. The consultation aims were to communicate clearly the options and preferred proposals for Holcroft House, and that anyone who wished to comment on the proposals had the opportunity to do so and raise any impacts the proposals may have. They were also able to propose alternative suggestions for consideration.</p> <p>Future proposal for Holcroft House:</p> <p>Over a fifth of respondents (22%) agreed with the future proposal for Holcroft House. Just over 3 quarters of respondents disagreed with the future proposal for Holcroft House (76%).</p> <p>12% of respondents selected that the future proposal for Holcroft House may have a positive impact on them. 80% of respondents selected that the future proposal for Holcroft House may have a negative impact on them.</p> <p>The most commented upon themes within the consultation were “Concern around no SCC owned care homes aside from Holcroft / replace SCC owned homes” (59 comments) and “Holcroft should remain open [generally] / general positive comments about Holcroft” (54 comments).”</p>

	<p><b>RESPONSE:</b></p> <p>The majority of the responses were in relation to Holcroft House being available as a council owned home longer term. The issue regarding the effect and impact on moving residents was highlighted by 21% of respondents.</p> <p>The Council recognises there is a lot of support for Holcroft House and the committed staff on site. However, there are significant fire safety issues that need to be addressed. The Council has and will continue to support the staff through existing HR policies during this time.</p> <p>The consultation focused on the impact of moving residents. The choices available meant moving residents out and back once works were completed or moving them permanently and not undertaking the fire safety works.</p> <p>There was concern around negatively impacting resident’s wellbeing by moving them and temporarily moving around on site. However, the Council’s Fire Safety lead officer has identified that the risk of keeping people on site, is too great. Moving once, has been determined as requiring extremely careful management which would still have an impact on residents (Best practice article – appendix 1). This significantly increases, by moving them twice (eg. moving them out and then back).</p> <p>There were concerns raised about lack of knowledge on the alternative placement options. However, there is sufficient capacity within Southampton and social work staff will support the residents and families to explore those options should the recommendation be approved.</p> <p>There was reference to the need of an ESIA which has indeed been completed and should things proceed, it will continuously be under review (Appendix 3).</p> <p>In relation to the comments regarding the future use of the building, subject to this recommendation being approved, this will be covered off in a future report brought to decision makers in due course (see commendation iii).</p> <p>Regarding the concerns for more information being needed, the residents and families directly impacted met with the Lead Councillor twice and Executive Director for Adult Social Care 3 times to provide a forum where concerns could be discussed. Further sessions were offered if required by the families.</p> <p>Full details of the consultation exercise and its results can be found in appendix 4.</p>
18	<p>The consultation was promoted through the following channels:</p> <ul style="list-style-type: none"> <li>• It has been in Your City, Your Say (7.5k subscribers) e-bulletin three times over two months and was also in the City News e-bulletin (50k subscribers)</li> <li>• It was part of a wider consultations social media post that went out w/c 7th August 2023 on Facebook</li> <li>• It has been shared on Next Door with a ‘last chance to comment’ notification aimed at all Southampton neighbourhoods.</li> </ul>



	<ul style="list-style-type: none"> <li>• Additionally, the consultation featured in ITV Meridian news coverage and in the Daily Echo coverage.</li> </ul>
19	<p><b>Best Interest</b></p> <p>A “best interest” decision is a decision made by applying the Best Interest principle, as set out in the Mental Capacity Act 2005. A Best Interests decision is a decision made for and on behalf of a person who lacks capacity to make their own decision. Best interest decisions should be impartial. The original best interest decision was undertaken by the team at Holcroft House and was based on the original plan and set of circumstances. The rationale for this was to keep the residents within a familiar environment. However, although the residents would have remained at Holcroft House, they would have experienced significant disruption through relocation within the building to accommodate the phasing, the noise from the building works and building contractors being on site along with the intrusive asbestos removal required from the ceilings.</p> <p>In January 2023, the recommendation received from the independent expert Fire Safety lead stated that residents should be moved out whilst the works were undertaken as the disruption presented to residents was significantly high to warrant this following the revised schedule of works. Given the implications regarding safety and impact, a request was made for a further fire safety assessment and evaluation of whether the impact on residents could be reduced by considering alternative work.</p> <p>Whilst, by phasing the works, the residents would not be subjected to building work being undertaken in their own accommodation the work would cause a level of disruption and concern due to the following points:</p> <ul style="list-style-type: none"> <li>• The phasing would lead to “no go” areas within the building for both staff and residents and re-routing access routes which could cause confusion for the residents as these would change as each phase was completed and the next phase started.</li> <li>• Although working areas would be fully screened off, as with any building work undertaken in a residential environment, it is impossible to fully stop the spread of dust and noise arising from the work.</li> <li>• The replacement of the asbestos containing ceiling would necessitate the installation of new lighting which in turn could lead to temporary disruption to the supply while connections were made. The same will apply to the plumbing works which could disrupt the water supply while connections were made.</li> <li>• Birmingham University and the National Library of Medicine have conducted research regarding best practice and considerations for moving people and this is available in Appendix 1. In most studies, the health effects of the relocation of older adults suffering from dementia showed a decline in physical, mental, behavioural, and functional well-being was reported. This would increase significantly should more relocations take place. This recommendation minimises the impact. As already stated, residents could not stay in the home for the works to take place.</li> </ul>

20	<p><b>CQC Report</b></p> <p>Holcroft House falls below the recommended Care Standards Act 2000 which include facilities such as ensembles and a minimum of 10m<sup>2</sup> floor space to be provided. Holcroft House was in place prior to 2010 so SCC do not have a legal obligation to meet these statutory requirements.</p> <p>A dignity report was commissioned in July 2022, and this refers to the good standard of care provided but raises concerns over the lack of toilet and bathroom facilities (Appendix 2). In order to achieve this, the building would require significant investment to improve it (estimated £4.5m in 2021) to bring it to the current recommended standards.</p>
21	<p><b>Alternative placements:</b></p> <p>There are currently 22 residential homes that are CQC registered to provide dementia care in or near the boundary of the city. As of August 2023, there are 69 vacancies available for residential care placements across 14 residential homes that can cater for the needs of those currently in Holcroft House.</p> <p>Assurances have been made to provide an improved or at least equivalent level of care through existing commissioning arrangements with other providers for our impacted residents. We will also ensure friendship groups are maintained as far as possible.</p> <p>Should relocation to a new placement be required, Adult Social Care teams will, in collaboration with families and as far as possible, individual residents, conduct an assessment that will identify the needs of that individual in order to provide the best alternative placement. Placement Services will also be involved in supporting in this work, as this team has specialist knowledge of the providers in Southampton.</p> <p>Advocacy has been provided and will continue to be provided throughout the process to support families and individuals through the process.</p> <p>Referring to the research articles (Appendix 1), a key factor in reducing the impact on residents and families is the support from social workers and the team at Holcroft. SCC will ensure a smooth transition for residents should the recommendation be approved.</p>
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
22	<p><b>CAPITAL</b></p> <p>£573K is remaining from the original £610k approved for the original fire safety related works.</p>

Below are forecasted costs as of February 2023 for Holcroft House remedial works.

**Table 1: Overview of Fire Risk Assessment (FRA) remedial costs:**

ITEM	£M
Original estimate	0.610
Estimated cost increase for extended contract period and phasing	0.080
Additional asbestos works in removing and replacing the ceilings including new lighting	0.450
<b>Total</b>	<b>1.140</b>
<b>ADD: CQC 2010 standards upgrade</b>	<b>4.500</b>
<b>Revised Total</b>	<b>5.640</b>

NOTE: Due to the estimated increase in costs, additional savings in the capital programme will need to be made to keep the building open.

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**REVENUE**

The annual revenue budget for Holcroft House is £2.2m with an average overspend of £136k. Due to the need to maintain staffing levels.

**Table 2: Overview of Holcroft House annual costs as of May 2023:**

ITEM	£M
Holcroft House Budget 2023/24	2.200
Average annual overspend	0.136
<b>Sub total – annual revenue cost</b>	<b>2.336</b>
<b>LESS: Private Residential Home equivalent</b>	<b>0.940</b>
<b>Estimated Saving:</b>	
<b>Holcroft budget less residential home equivalent</b>	<b>1.396*</b>

\*Budget saving is £1.26M and cost avoidance is £0.136M

NOTE: How redundancies are funded across the council is under review.

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**Table 3: Comparative costs based on original 18 residents:**

Care	Per week	Per year	18 residents / year (current occupancy)

<b>Alternative cost for Residential Home caring for people with dementia.</b>	£ 1000	£ 52,143	<b>£ 938,575</b>
<b>Holcroft House</b>	£ 2361	£ 123,118	<b>£ 2,216,139</b>

**Table 4: Costs based on 95% occupancy (32 residents):**

Care	Per week	Per year	32 residents / year (95% occupancy)
<b>Alternative Residential Home</b>	£ 1000	£ 52,143	<b>£1,668,576</b>
<b>Holcroft House</b>	£ 1328	£ 69,254	<b>£ 2,216,139</b>

Even at 95% occupancy level, Holcroft House is more expensive in its annual revenue budget (excluding the additional capital costs required as above) than alternative residential provision (by £0.548M). The costs at Holcroft House tend to be fixed, rather than vary, with occupancy.

If the capital investment identified in table 1 above were to be made in full (£5.64M), this would also add additional costs of £451,000 in a full year for Holcroft House in annual capital financing costs.

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**EMPLOYEES**

The Council's staff who currently work at Holcroft House will inevitably be affected should the proposal to close the home be approved. Accordingly, a staff consultation ran from 11 July to 8 September 2023. In accordance with adopted HR policy the council consulted with recognised unions. Collective meetings and individual meetings were held to enable the potentially affected staff to engage in the consultation process. Representation was afforded to all potentially affected. Further details are contained in the exempt appendix.

**Property/Other**

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Further consideration for the long-term future of Holcroft House will be taken to the Corporate Property Management Board and ultimately decided by members.

	<p>If there is a significant delay in site disposal, there is likely to be costs in the medium term for security and general upkeep to ensure the premises is adequately maintained.</p>
<p><b>LEGAL IMPLICATIONS</b></p>	
<p><b><u>Statutory power to undertake proposals in the report:</u></b></p>	
<p>27</p>	<p>Local Authorities who have Adult Social Care functions have a statutory duty under the Care Act 2014 to meet unmet eligible needs for care and support. This includes making provision to accommodate people in residential placements where their assessed need requires a residential option.</p> <p>The Care Act 2014 statutory guidance confirms that, where possible, people should have a choice of accommodation and the LA should take into account the persons wishes and feelings when determining the type of accommodation, it offers. The Act also places various duties and responsibilities on Local Authorities to commission appropriate, efficient and effective services and encourage a wide range of service provision to ensure that people have a choice of appropriate services.</p> <p>Any residential care home should comply with the Care Quality Commission (CQC regulations including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15 which states that premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located, and that the equipment that is used to deliver care and treatment is clean, suitable for the intended purpose, maintained, stored securely and used properly.</p> <p>Premises must be fit for purpose in line with statutory requirements and should take account of national best practice, including The Fire safety Order and Regulatory Reform (Fire safety) Order 2005 (as amended). The responsible person for SCC must carry out a fire risk assessment for this building, which identifies the fire hazards, action to reduce those hazards and determine what physical fire precautions and management arrangements are necessary to ensure the safety of people in the building.</p> <p>The Equality Act 2010 imposes various duties on Local Authorities and in particular the duty to have due regard to its public sector equality duty when carrying out any function. Local Authorities also have a duty under the Human Rights Act 1998, when carrying out any function, not to act incompatibly with rights under the European Convention for the Protection of Fundamental Rights and Freedoms.</p> <p>Local Authorities when carrying out any function must adhere to the United Nations Convention of the Rights of Person with Disabilities and in particular respect for dignity, autonomy, freedom to make own choices, equality and elimination of discrimination.</p>

	<p>The Council must also keep all its buildings in a safe condition for residents, staff and visitors alike. Whilst the HFRS assessment permits the short term usage the Council as landowner must decide in the very near future whether to close the property or carry out all necessary remedial works in order to keep the building safe either for the current or a different use.</p>
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**Other Legal Implications:**

28	<p><b>Public Sector Equality Duty</b></p> <p>In taking this decision to implement the recommendation, Members must be aware of their obligations under section 149 Equality Act 2010. This section contains the Public Sector Equality Duty (PSED). It obliges public authorities, when exercising their functions to have 'due regard' to the need to :</p> <ul style="list-style-type: none"> <li>- Eliminate discrimination, harassment and victimisation and other conduct which the Acts prohibits;</li> <li>- Advance equality of opportunity; and</li> <li>- Foster good relations between people who share relevant protected characteristics and those who do not.</li> </ul> <p>The relevant protected characteristics under the Equality Act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Members are advised to read the ESIA (at appendix 3) in full and familiarise themselves with their legal obligations under s149.</p>
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**RISK MANAGEMENT IMPLICATIONS**

29	<p>Subject to a decision to close:</p> <ul style="list-style-type: none"> <li>• The key risks are as detailed in the body of the report and, in particular, the potential risk to residents who have dementia to stay in the building whilst fire safety works are carried out</li> <li>• Further engagement with HFRS and our Fire Safety team would be required if continued use beyond this interim period.</li> <li>• A separate project risk log has been managed as part of the project.</li> </ul> <p>If the building does close;</p> <ul style="list-style-type: none"> <li>• We will ensure accurate assessments of individual needs and identifying the best placement for our residents.</li> <li>• There will be continued support and communication with families of residents through the process and to support with alternative placements.</li> <li>• We will ensure a well-managed transition and understanding the impact of moving people with dementia.</li> </ul>
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	<ul style="list-style-type: none"> <li>Care will be needed to ensure costs remain broadly neutral during the transition phase of relocating residents into new homes. Careful management will be needed to control the extra costs of moving residents into new accommodation whilst reducing the remaining costs at Holcroft House, to avoid a 'dual' running costs situation.</li> </ul>
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
30	The recommendation is in line with the Corporate Plan (2022-2030) and the Health and Wellbeing strategy (2017-2025).

<b>KEY DECISION?</b>	<b>Yes</b>	
<b>WARDS/COMMUNITIES AFFECTED:</b>	none	
<u>SUPPORTING DOCUMENTATION</u>		
<b>Appendices</b>		
1.	Moving people with dementia, Supporting evidence, Link to articles – August 2023	
2.	Dignity report, Debbie Nicholson, July 2022	
3.	ESIA	
4.	Public Consultation Report, August 2023	
5.	HR matters – exempt	
6.	Fire Risk Assessment, Dec 2021	
7.	HFRS Letter, Mar 2023	
<b>Documents In Members' Rooms</b>		
1.	None	
<b>Equality Impact Assessment</b>		
<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>		<b>Yes</b>
<b>Data Protection Impact Assessment</b>		
<b>Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.</b>		<b>No</b>
<b>Other Background Documents</b>		
<b>Other Background documents available for inspection at:</b>		
<b>Title of Background Paper(s)</b>	<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>	
1.	HR matters	1

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## MOVING PEOPLE WITH DEMENTIA

There is substantial evidence to suggest that moving people with dementia is detrimental to their health. The move can be from one living environment to another or temporary environments.

The original plan was to move residents within the building, potentially, multiple times whilst the building works were underway. This decision was made as it was felt that would be least impactful for the residents. However, evidence suggests that even moves within the same living environment, can cause issues. Below is further information regarding the risks of moving people with dementia;

### **Health Effects of the Relocation of Patients With Dementia: A Scoping Review to Inform Medical and Policy Decision-Making – Nov 2019**

[Health Effects of the Relocation of Patients With Dementia: A Scoping Review to Inform Medical and Policy Decision-Making - PubMed \(nih.gov\)](#)

In most studies, the health effects of the relocation of older adults suffering from dementia showed a decline in physical, mental, behavioural, and functional well-being was reported. The most recurring effect was a higher level of stress, which is more problematic for patients with dementia. In general, unless it is carefully planned, it is best to avoid changing lives of people with dementia and it is recommended to actively work to reduce their exposure to stress.

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### **Prevent Elder Transfer Trauma: Tips to Ease Relocation Stress** By Kate Jackson

[Prevent Elder Transfer Trauma: Tips to Ease Relocation Stress \(socialworktoday.com\)](#)

### **Relocation Stress Syndrome and Transfer Trauma**

Tracy Greene Mintz, LCSW, is a nationally recognised expert in relocation stress syndrome whose company, Senior Care Training, equips social workers and the entire range of professionals involved in eldercare to prevent relocation stress syndrome, also known as transfer trauma. She characterizes the syndrome as a cluster of symptoms that can occur in anyone who moves from one environment to another, whether a child who has to change schools or an adult who transfers to a new job in a new city.

"Transfer refers to the fact that someone has moved from one living environment to another or is temporarily staying in a new environment," says Kim Warchol, OTR/L, founder and president of Dementia Care Specialists, a company that helps improve quality of life for those with dementia and their families by providing professional training and memory care consultation services. "Trauma refers to the severe emotional response to the move."

### **A Cluster of Symptoms**

Symptoms of transfer trauma may occur before, during, and for several months after a move and may be mild or severe depending on the individual and the circumstances. Greene Mintz categorizes the cluster of reactions into mood, behavior, and physiological symptoms. Mood symptoms include feeling sad, angry, irritable, depressed, anxious, or tearful. "That's very common, because they don't know what is happening to them," she says. Behavior-related symptoms include combativeness, screaming, complaining, and generally challenging behaviors.

**Achieving Closure** – Good practice in supporting older people during residential care closures:

[Achieving closure \(birmingham.ac.uk\)](http://birmingham.ac.uk)

### Holcroft House Dignity Review

Guy Van Dichele, Executive Director, invited me to complete a short assignment looking at dignity in care at Holcroft House, to gain a better understanding of any potential dignity issues, given the known physical limitations of the building.

Holcroft House is the only remaining council owned residential dementia care home in Southampton, it is situated in Thornhill and many of the residents had lived locally prior to moving there. Holcroft House is a ground level building that can accommodate up to 34 people but given the pending improvement works, capacity is being held to 23/24 residents. There are three units, one with the main kitchen, lounge and conservatory area and another with a smaller kitchen and lounge. In the centre of this is a sizeable accessible garden.

Current CQC require all new purpose-built care homes to include ensuite facilities, obviously this does not apply to Holcroft House as it is an older building. Given the age of the building there are no ensuite bathrooms.

At the last CQC inspection in February 2021 and review in June 2022 the care home was rated as Good with outstanding leadership, "A well led service, great vision with people at the heart of the service."

In 2019 it was proposed that Holcroft House should close, this was met with an intense local campaign and a reversal of the decision and reprieve.

### Scope of the Review

Dean Samber, Vernon Nosal and I agreed the scope of the review on April 27<sup>th</sup> 2022;

- Ensure statutory annual reviews have been completed on all 23 permanent residents, so that we are clear about the current/future needs, using strength based and Dignity in Care principles.
- Establish what we can learn from the review process in terms of dignity issues and how to maximise use of the facility.

The Care Act 2014 defines the primary responsibility of Local Authorities as the promotion of individual "wellbeing". Wellbeing is a broad concept relating to a number of factors including, personal dignity, treating a person with respect. SCIE emphasis that "the small things matter".

During this review, I have sought to consider those "smaller things" that preserve the resident's self-esteem and dignity.

### **Methodology**

I met with Louise Ryan, Locality Service Manager, Anna Ridolfo, Review and Flexible Response Team Manager and Kate Jenkins, senior practitioner to identify the outstanding annual statutory reviews. I have continued to work closely with Kate Jenkins throughout the life of this assignment.

I read the background information on Care Director of the 23 residents and identified with the Review and Response Team that there were 6 outstanding statutory annual reviews, which I have complete. Several other cases required longer term input from either the Hospital Discharge or locality teams and they were duly allocated.

I agreed with Emma Berry, Team Manager DoLS Service that I would undertake the required best interest conversations with residents and relatives about the pending improvement works, which will require residents to temporarily move from their existing bedrooms while their rooms are redecorated. Those conversations have been recorded on the personal files at Holcroft House. This also gave me an opportunity to speak with residents and relatives about broader dignity issues.

Relative engagement was very positive, and I have included some of their comments in this report.

I visited Holcroft House 5 times and at various times of day. I have spoken at length with Michelle Fellowes (Registered Manager) and Teresa Banks (Assistant Manager). I was introduced to the staff, and they were invited to talk with me, several of those staff members have been involved in the statutory reviews and best interest conversations alongside me.

Throughout this review I have had regular meetings with Dean and Michelle.

### **Complaints and Comments**

There have been no recent formal complaints around dignity issues and relatives told me that if concerns do arise, they always seek a quick resolution in direct discussion with the care team.

### **The Staff Team**

Michelle Fellowes is the registered manager. Staff levels are generally good and there are a core group of staff who have transferred over to work in Holcroft House following the closure of other council owned care homes. Many of the residents were well known to them prior to moving into Holcroft House on a permanent basis.

When fully staffed there are 59 posts, there are currently 4 vacancies. Recent recruitment has proved to be problematic, some staff do not stay long, generally for personal reason or promotion opportunities and it appears it is often easier to recruit part time staff who are also able to receive benefits.

There are generally, two team leaders, one senior carer and six care staff on duty during the day and one team leader and three care staff during the night alongside ancillary staff and the deputy or manager.

Michelle and Dean think the staff group function well together and there was certainly evidence of sensitive, respectful teamworking during my visits.

During this review, staff were making preparations for the Jubilee Platinum celebrations. I observed their attention to detail and a sense of involvement and excitement in doing this. With a very pro-active activities co-ordinator, they worked alongside those residents who chose to get involved and volunteering family members. The garden was tidied up and transformed into a really pleasant sitting area, food menus were developed that would encourage reminiscence, pictures, posters and memorabilia were clearly visible.

#### **Wellbeing and moral of staff**

When thinking about the wellbeing of residents it was important to have oversight of the moral amongst the care givers.

I think it is fair to say that staff were concerned by my involvement and wondered if it is a precursor to conversations about closure. Some staff members believe Holcroft House was only given a reprieve for 4 years (although there has never been an official statement) and that a review and political decision is due, that clearly impacts upon their moral and sense of job security.

The staff group clearly recognise in an older building that is not entirely fit for purpose that ongoing questions will arise about its suitability to remain open. While this is a committed staff group there is a continued speculation and nagging doubt about the future.

#### **Findings with regards to Dignity in Care Principles**

There is an identified dignity champion in the staff group.

#### **Choice and Control**

Examples of this were demonstrated in the care plans, where information (usually gathered by Holcroft House staff) provided an insight into each resident's life story, family, interests/hobbies acknowledging religious, cultural traditions and topics to support ongoing conversation, their likes and dislikes. Internal care plans are more person centred than the majority of statutory reviews I read, most of which have been completed without goal setting. The care plans reflect a knowledge base of information that has been built up over time.

This knowledge clearly transfers into the support given by the care staff, allowing opportunities for residents to make their own decisions about how they spend their time, whether it's in the communal areas or in the privacy of their own rooms, how they are dressed and the activities they may wish to be involved in.

All bedrooms have personal items in them, pieces of furniture, lamps, ornaments, photographs and residents are encouraged to have familiar belongings around them which inevitably triggers a conversation when you enter the room.

Residents and relatives alike are excited at the prospect of the bedrooms being decorated and some have been involved in choosing colours schemes.

I observed some residents nursing dolls. There are a couple of budgies in a communal area, one of the residents has a keen interest in two finches he keeps in his room. I also observed visiting family dogs, some of whom residents had to give up when they moved into residential care, contact with trusted family pets is actively encouraged.

### **Communication**

The staff I spoke with felt the one thing they don't have adequate time for is to sit and talk /reminisce with residents.

The care plans contain information about how the resident communicates and likes to be communicated with. Michelle confirmed that this is influenced by the dependency levels of residents on each shift.

Many of the residents choose not to be actively involved in any activities, some like to people watch in communal areas, others enjoy conversations with staff rather than other residents. I observed staff being kind and considerate in their exchanges with residents and during the statutory review meetings staff members were certainly familiar with the resident we were discussing.

Wherever possible residents are supported to communicate with families who are unable to visit and relatives spoke highly of the commitment of staff to ensure they were able to stay in touch during the pandemic.

The lack of WiFi in the building will be resolved during the improvements work and may encourage some residents to use digital technology.

There are bi-monthly residents meetings which generally 50% of residents attend, main topic of conversation tends to be around the food menus. These meetings have minutes, recommendations are actioned and copies of the minutes sit on the notice board outside of the reception office for any relative/visitor to read.

There is a lot of information on the main notice board and others around the building promoting activities and events.

Relatives consistently told me that the communication with staff is good, they are confident any issues they raise will be dealt with quickly and effectively.

### **Nutrition and Hydration**

Care plans contain specific information about each individual and SLT risk assessments are appropriately in place.

There is a central kitchen and chef and another lounge with a smaller kitchen on the opposite side of the building. Everyone is encouraged to choose from a varied menu and residents have the choice whether to eat communally or in their bedrooms.

Appropriate crockery and utensils are in place for each resident to encourage as much independence for as long as possible, staff also support to feed residents as needed.

Fluid intake is monitored for each resident and there are juice bars in the building.

Residents are weighed on a monthly basis.

Relatives and friends are encouraged to come in and eat with their loved one, special events and gatherings can be catered for in the conservatory.

An issue arose on one of the statutory annual reviews regarding a family's concern about the resident's significant weight gain during the Covid restrictions and why this had happened. This is now being addressed.

### **Pain Management**

Residents care plans reflect the identification of pain and pain management and the residents pain threshold.

Staff are vigilant and closely monitor resident's habits, gestures and postures which help them identify if a resident is not able to verbalise either their physical or emotional pain.

Some residents enjoy the benefits of massage and moisturising, and others are encouraged to follow an exercise programme (often developed by a physiotherapist).

Medication plans are constantly under review and staff receive a daily telephone call from one of the local GP practices where they are able to discuss medication and pain management issues for those residents who are registered at that practice. Staff find this really beneficial.

There is a close working relationship with district nurses who operate a hub from Holcroft House and the Living Well GP Partnership, so any concerns can be addressed with them in the first instance.

### **Personal Care**

It is widely researched and documented that personal hygiene, toilet and continence needs can pose complex issues when working with adults with dementia.

Personal hygiene needs and personal preferences are clearly documented on the resident's care plans.

Each room has a wash hand basin where residents are encouraged to have a strip wash. Access to a shower or bath is limited because of the lack of these facilities. Wherever possible residents are encouraged to have a bath or shower (whichever is their preference) at least once a week. In conversations with some residents and relatives they said that they would like to have access to a bath or shower more frequently. Staff do their best to accommodate these wishes.

Overall, the residents are well presented. There is a hair dressing salon on site and regular chiropody visits. Many of the women chose to wear nail varnish which looked good and well-tended. A couple of the male residents told me they are supported to shave in the way they prefer.

Residents are actively encouraged to choose what they wear. There are very few instances of their personal clothing going missing or misplaced in another resident's room.

Some residents resist personal care and at times staff step aside when there are signs of aggression, care plans clearly document how to manage and encourage those residents to tend to their personal hygiene needs. At one of the statutory reviews a relative commented that his parents personal care has been "transformed" after years of self - neglect.

### **Access to the toilet and continence.**

The majority of residents are deemed to be incontinent of either urine or faeces or both. Wherever possible they are encouraged to access the toilet during the day and the commode in their room during the night. Michelle confirmed that the majority of residents are too sleepy at night to want to walk to the toilet.

It is evident that some residents are anxious about accessing a toilet on a regular basis, others are noted at being embarrassed about their continence issues and some are clearly uncomfortable with and regularly attempt to remove their pads. On occasion male residents will urinate in the bath thinking it is a urinal.



The toilet facilities are inadequate at Holcroft. There two toilets that have limited access and require the resident to toilet independently. In previous years plans have been considered to increase more accessible toilet facilities but practicalities of space seem to have thwarted this.

Continence assessments are only accepted by the NHS continence service once a resident becomes permanent. The assessments are completed by staff, sent to the continence service and reviewed by a continence nurse. Staff can access the service for more specific advice if they have concerns. Continence pads are then issued accordingly, and each resident is provided with three pads a day, if more than three pads are required these have to be privately funded. If a resident has a preference for pull up pants they have to be privately funded.

I have discussed the impact of the lack of facilities with Dean and Michelle and queried if staff are confident that residents are wearing the most appropriate and comfortable options. Both commented that staff are trying to preserve the resident's dignity in not ideal circumstances and potentially some residents may be able to have more control and independence with their toileting needs if they had easier, more convenient access to bathroom facilities.

There are currently 16 residents who have pads prescribed by the continence service and two residents whose relatives fund pull up pants.

Supplies are ordered on a three -monthly basis and the continence service undertakes an annual review.

Michelle confirmed that there has never been a situation where a damp pad has been reused on a resident and that they have been able to ensure there is a limited surplus supply.

During the night there are armchair style commodes in every bedroom that residents can use, which some staff commented is not the most "dignified" piece of equipment.

In most instances when a resident has a toileting "accident/mishap" they will be supported to have an immediate strip wash rather than a shower or bath.

In conversation with some relatives, they said they think the use of commodes is "archaic" but there is no alternative option at Holcroft House. Relatives believe the quality of care overrides the lack of ensuite facilities, in at least two examples relatives had moved their loved ones from other care homes where they did have ensuites to Holcroft House because of the quality of care it can offer.

There is no question that the lack of accessible toilet facilities is a dignity issue.

### **Practical Assistance**

Wherever possible residents are encouraged to retain as much independence for themselves, whether that is combing their hair, choosing what they wear, tidying up their bedroom, walking down the corridor alongside them

The housekeeping staff ensure Holcroft House is kept clean, and many relatives commented on the fact that there is no odour when you walk into the building.

### **Privacy**

Residents are able to access their own bedrooms as they wish and close the door, some relatives expressed concern that other residents wander into their loved one's rooms from time to time and appreciate this can be difficult to prevent.

Dignity screens are used appropriately.

There is a married couple who have share a bedroom and another room has been made into a sitting room which offers them some additional space and privacy.

Some residents choose to eat alone in their room, this is totally acceptable.

I witnessed staff knocking on resident's doors before entering.

If residents have visitors they often choose to sit in their bedroom, conservatory, garden or the small sitting areas around the home with their guests.

Wherever possible residents are encouraged to open their personal mail, staff are mindful that receiving a bill may be unsettling for residents so there is close liaison with relatives and representatives.

### **Social Inclusion**

There is a popular activities co-ordinator who has recently returned to work after a period of sickness, in his absence his assistance has been very proactive at keeping an activities programme going, especially the organisation and preparation of the Platinum Jubilee.

There are a range of group activities timetabled by popular demand and there is the flexibility to support individual interests as requested e.g. there is a regular pub night with music and dancing, wheelie library, numerous art and craft activities, movie watching. Residents are encouraged but not pressurised to join activities, some like to watch

from the side-lines and others not to engage at all. Some have individual preferences like puzzles etc that they do in the privacy of their own room.

Some of the residents I spoke to have really enjoyed the Mobii projector, but it seems some staff are not confident in using it and they have been waiting for the return of the activities co-ordinator. Michelle commented that one of the carers has been able to demonstrate its use to other members of staff.

There are a number of relatives who volunteer, and they are really engaged in interacting with residents.

Bringing in external entertainers was not feasible during Covid restrictions, but these will be reinstated by popular demand.

Some residents have lost confidence in venturing out and although transport has been available it was not used for outings during the pandemic. This will now be rectified as staff will have access to a council vehicle in the evenings and at weekends, Michelle wants to encourage more spontaneous trips out into the local community. The activities co-ordinator is the only member of staff with a minibus licence, so this will need to be addressed.

I have spoken with relatives who are increasingly taking their loved ones out, to their homes, into the community and re-establishing the activities they regularly used to do.

Family and friends are actively encouraged to come and visit residents, where this is not possible every means is made to ensure people remain in touch by phone, video calls.

In terms of friendship bonds there are three residents who have a strong attachment to each other.

### **Conclusion**

Any immediate issues that arose around individual residents during my review have been discussed and addressed with the staff group.

Many of the residents were placed at Holcroft House with a lack of strength based information in their assessments, without excusing it, this may be the result of a speedy transfer from the community or hospital. I have also evidenced delays in reviews following the discharge to assess pathway, which may impede on the person's dignity and ability to return to their home in a timely way. This also impacts on the quality of care the staff group feel they can offer as they are not a rehabilitation facility and it affects their moral to watch a temporary resident deteriorate and then move into a permanent placement.

At times, 1-1 funding is sought for residents who have been inappropriately placed and felt to be injurious to the longer terms needs of the resident.

Some of the statutory reviews I read clearly offer a strength- based assessment of the resident but the majority did not and there was no evidence of goal setting, although it is evident that staff at Holcroft House encourage the residents to retain as many independence skills for as long as possible.

In terms of resident's dignity, my main concern is the lack of toilet and bathroom facilities and the potential impact this has on both physical and mental health.

With regards to maximising the use of the building, as mentioned earlier, there are natural limitations because of its age and the lack of modern amenities. I am also advised that it is a costly building to maintain. The briefing paper to Cllr Fielker in September 2020 ,offered some potential models for consideration.

Michelle would ideally like to be offered a building totally fit for purpose so that she and her team can fully demonstrate how to provide an outstanding service to the residents.

### **Recommendations**

- 1) Ensure there are sufficient staff holding a licence to drive the minibus, so that residents are able to have both planned and impromptu visits into the community.
- 2) Ensure staff are confident to use the Mobii projector so that it has maximum usage.
- 3) A means of improving the communication and the referral process between Holcroft House staff and the locality /Hospital Discharge Team, would it be possible to consider a named link person in the locality, so that identified concerns around delays in assessments can be flagged.
- 4) Discussion on the proposals and plans for the future use of Holcroft House with Dean, Michelle and the staff group

Debbie Nicholson,

Independent Reviewer, July 5<sup>TH</sup> 2022.



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### Equality and Safety Impact Assessment

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

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

<b>Name or Brief Description of Proposal</b>	Consideration for the future of Holcroft House
<b>Brief Service Profile (including number of customers)</b>	
<p>Holcroft House is a 34 bedroom residential home providing short and long term care for adults living with dementia. There are currently 14 long term residents and 4 temporary residents. There are 52 members of staff currently working at Holcroft House (This is not FTE equivalent).</p> <p>A Fire Safety Assessment (FSA) has identified a number of issues that will need addressing at Holcroft House whereby residents will need to relocate during the works over a period of 18 months. Funds were initially identified for the initial work but costs have since increased exponentially and additional work identified in relation to asbestos bringing the current estimations to over £1m, with potential for that to increase.</p> <p>The Fire Service are aware there is a pending decision on the future of the building and have agreed the building is safe in the short term but will need addressing if the building is to stay open.</p> <p>There are currently a number of homes that are CQC registered with dementia care within the city which have a number of vacancies as of May 2023.</p>	

Planning for the proposed home closure will take into account the assessed needs of every individual resident of the home and how these can best be met in the future. The assessments will be conducted in partnership with other professionals and agencies to minimise impact, particularly with regards to their health and well-being. The review process will identify suitable placements to meet the needs of the resident, and this will be equal to the standard of Holcroft House.

The proposed closure will be carefully managed and will include an individual transition plan for all residents. Care staff will be supported throughout to ensure a safe and excellent quality of care is provided throughout the closure process.

### **Summary of Impact and Issues**

Due to the fire safety and subsequent asbestos works that would be required at Holcroft House (over 18 months) there would be a need to relocate residents multiple times. By relocating the residents once, this will reduce the impact of additional moves which can be detrimental to their health.

The proposal is therefore, to close Holcroft House and support residents in relocating to alternative accommodation.

Each resident's care and support needs and financial assessment will be reviewed on an individual basis.

The proposed closure of the current provision has the potential to affect services provided to adults with care and support needs including:

- Adults with dementia
- Adults with physical disabilities
- Adults with sensory support needs
- Short term provision
- Families and representatives

Potential impacts identified so far include:

- Some residents that are currently in Holcroft House may find it upsetting to move as they may have been living in the area and home for a while. A full assessment will be carried out for each resident before they move. These assessments will be based on good practice guidelines on closing residential homes and settling people into new accommodation. Residents, families and representatives will also have access to independent advocacy support.



- The proposed closure, will require the council to support existing residents to move to alternative placements. Whilst we will work sensitively to minimise the impact their vulnerability may mean they find it a challenging experience. It will mean a change of environment and staff team and it will take time to manage the transition.
- Residents' concerns and levels of anxiety could impact their emotional and physical wellbeing particularly just before a move or immediately afterwards. Relatives of residents may also have concerns relating to finding suitable alternate care and support which could impact their health and wellbeing.

Residents, families and representatives will be involved in on-going discussions, assessment processes and planning for the future.

Although there is a presumption that all individuals have mental capacity, until there is evidence to the contrary it is likely that some of the residents may lack the capacity to make decisions or complex decisions about their residence and their care and support. If after the mental capacity assessment there is evidence that the individual lacks capacity to make decisions relating to their care and support needs, the council will need to arrange a best interest decision meeting. In some cases an application to the Court of Protection may be required.

Each individuals' rights under relevant legislation including the Care Act 2014, and Mental Capacity Act 2005, would be ensured and best practice and Care Quality Commission Managing Care Home Closures Guidance (2016) will be followed.

#### **Potential Positive Impacts**

Residents will be relocated once to an alternative provision rather than multiple time during building works.

By relocating the residents once, this will reduce the impact of additional moves which can be detrimental to their health.

Assurances will be made to provide an improved or at least equivalent level of care through existing commissioning arrangements with other providers for our impacted residents. The process will ensure full consultation with families, residents and advocates where necessary. The review process will identify suitable placements to meet the needs of the resident. We will also ensure friendship groups are maintained as far as possible. Planning for the home closure will take into account the assessed needs of every individual resident of the home and how these can best be met in the future.

Each individuals' rights under the Care Act and Mental Capacity Act would be ensured.	
<b>Responsible Service Manager</b>	
<b>Date</b>	
<b>Approved by Senior Manager</b>	
<b>Date</b>	

**Potential Impact**

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>Age</b>	<p>The greatest impact is likely to be on those older service users who have been using Holcroft for many years and for whom any change in provision will be difficult.</p> <p>All of the residents are over 65 years.</p> <p>Families/residents will be supported to review alternative placements and to under their particular needs, circumstances and preferences.</p> <p>There is potential for decline in residents' emotional and physical health during and immediately after any move following closure of a care home.</p>	<p>Needs assessments and reviews will take place for all residents prior to any changes. Through this process information on alternatives will be made available. Where changes need to be made, a gradual approach will be taken to support those who will be most affected. Advocacy services are in place to help support the individual and ensure that the move is in their best interest.</p> <p>Individual transition plans will be produced and updated. Where necessary other professionals and agencies will be called upon to support the individual to minimise any impact.</p> <p>There is adequate residential and non-residential provision in or</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		near the boundary of the city.
<b>Disability</b>	<p>All residents have a cognitive impairment and a number also have a physical impairment.</p> <p>The proposal may have either a positive or negative impact depending on the individual and the extent to which they prefer current models of service.</p> <p>Those with physical disabilities may experience a larger impact due to some of the alternative options not having the equipment to be able to support appropriately and being able to accommodate in private sector, however, this will be no different to our internal homes.</p>	<p>As above, any proposed move will be considered carefully taking into account the persons best interest's and their and their and families' wishes and feelings. Any move will ensure that the individual's assessed eligible needs for care and support are met, including ensuring they have appropriate equipment.</p> <p>A project management team will be set up who will prepare a Closure Plan which will be reviewed regularly and will be followed.</p> <p>There is adequate residential provision in or near the boundary of the city.</p> <p>Residents and their carers will be supported to identify the most appropriate alternative option which meets their physical needs.</p>
<b>Gender Reassignment</b>	No identified impact.	Any potential risks can be mitigated by support to access alternative, appropriate services such as peer support and by working with other agencies to ensure all purchased and community services are accessible to all communities.

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>Marriage and Civil Partnership</b>	No identified impact.	No married or civil partnership couples within our home currently, however, if this changed then they would be accommodated together.
<b>Pregnancy and Maternity</b>	No identified impact.	
<b>Race</b>	<p>Residents and families will be able to choose, to some extent, from a range of alternative provision and arrange services that are culturally appropriate.</p> <p>Currently there are no residents at Holcroft requiring additional support or consideration in relation to culture or race.</p>	All residents will have an assessment prior to any change which will include cultural issues.
<b>Religion or Belief</b>	<p>Residents and families will be able to choose, to some extent, from a range of alternative provision and arrange services that are appropriate to their individual need including religion and belief.</p> <p>Currently there are no residents at Holcroft who have identified support or consideration in relation to religion or beliefs, however services are held in-house on a regular basis and residents are encouraged to attend should they wish to.</p>	All residents will have an assessment prior to any service change which will address matters of religion and belief and where appropriate, plans put in place to support within identified alternative accommodation
<b>Sex</b>	<p>Residents and families will be able to choose, to some extent, from a range of alternative provision and arrange services that are tailored to their needs including single gender services.</p> <p>Currently there are a higher percentage of women living at Holcroft than men. There are no issues or concerns identified</p>	All residents will have an assessment prior to any service change which will address matters relating to sex, should this be required.

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
	that may impact upon residents in this area.	
<b>Sexual Orientation</b>	No identified impact	
<b>Community Safety</b>	No identified impact	
<b>Poverty</b>	Risk of additional costs to families or residents through decision to close Holcroft and move to alternative accomodation	<p>Through the assessment process, we will consider the transport costs and any other costs as part of the care and support plan to move.</p> <p>If families are unable to assist or it cannot assist because of the person's needs, the council would look to meet the costs for transitioning across to new provision.</p> <p>Where an individual is self-funding their current placement at Holcroft House, the council will meet statutory duties.</p>
<b>Health &amp; Wellbeing</b>	Residents' concerns and levels of anxiety could impact their emotional and physical wellbeing particularly just before and move or immediately afterwards. Relatives of residents may also have concerns relating to finding suitable alternate care and support which could impact their health and wellbeing.	<p>Needs assessments and reviews will take place for all residents prior to any changes taking place. Through this process information on alternatives will be made available.</p> <p>Individual transition plans will be produced and updated. This plan will include analysing the impact and where necessary other professionals and agencies will be called upon to support the</p>

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
		<p>individual to minimise any impact. Families/residents will be supported to review alternative placements and to under their particular needs, circumstances and preferences.</p>
<b>Other Significant Impacts</b>	<p>Risk of reduced capacity within City for external Southampton residents requiring residential accommodation.</p>	<p>Within Southampton city residential care market, there is sufficient capacity to accommodate the residents.</p> <p>We are not expecting this to negatively impact on the availability for other service groups.</p>



# Holcroft House Consultation

## Full results summary

Data, Intelligence & Insight Team – August 2023



# Introduction and Methodology





Southampton City Council undertook public consultation on the Holcroft House Consultation.

- The consultation took place between **01/06/2023 – 23/08/2023**.
- The aim of this consultation was to:
  - Communicate clearly to residents and stakeholders the proposals for Holcroft House.
  - Ensure any resident, business or stakeholder who wished to comment on the proposals had the opportunity to do so, enabling them to raise any impacts the proposals may have.
  - Allow participants to propose alternative suggestions for consideration which they feel could achieve the objective in a different way.
- This report summarises the aims, principles, methodology and results of the public consultation. It provides a summary of the consultation responses both for the consideration of decision makers and any interested individuals and stakeholders.
- It is important to be mindful that a consultation is not a vote, it is an opportunity for stakeholders to express their views, concerns and alternatives to a proposal. This report outlines in detail the representations made during the consultation period so that decision makers can consider what has been said alongside other information.



Southampton City Council is committed to consultations of the highest standard, which are meaningful and comply with *The Gunning Principles (considered to be the legal standard for consultations)*:

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1. Proposals are still at a formative stage (a final decision has not yet been made)
2. There is sufficient information put forward in the proposals to allow ‘intelligent consideration’
3. There is adequate time for consideration and response
4. Conscientious consideration must be given to the consultation responses before a decision is made



New Conversations 2.0  
LGA guide to engagement



## Rules: The Gunning Principles

They were coined by Stephen Sedley QC in a court case in 1985 relating to a school closure consultation (R v London Borough of Brent ex parte Gunning). Prior to this, very little consideration had been given to the laws of consultation. Sedley defined that a consultation is only legitimate when these four principles are met:

- 1. proposals are still at a formative stage**  
A final decision has not yet been made, or predetermined, by the decision makers
- 2. there is sufficient information to give ‘intelligent consideration’**  
The information provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response
- 3. there is adequate time for consideration and response**  
There must be sufficient opportunity for consultees to participate in the consultation. There is no set timeframe for consultation,<sup>1</sup> despite the widely accepted twelve-week consultation period, as the length of time given for consultee to respond can vary depending on the subject and extent of impact of the consultation
- 4. ‘conscientious consideration’ must be given to the consultation responses before a decision is made**  
Decision-makers should be able to provide evidence that they took consultation responses into account

These principles were reinforced in 2001 in the ‘Coughlan Case (R v North and East Devon Health Authority ex parte Coughlan<sup>2</sup>)’, which involved a health authority closure and confirmed that they applied to all consultations, and then in a Supreme Court case in 2014 (R ex parte Moseley v LB Haringey<sup>3</sup>), which endorsed the legal standing of the four principles. Since then, the Gunning Principles have formed a strong legal foundation from which the legitimacy of public consultations is assessed, and are frequently referred to as a legal basis for judicial review decisions.<sup>4</sup>

<sup>1</sup> In some local authorities, their local voluntary Compact agreement with the third sector may specify the length of time they are required to consult for. However, in many cases, the Compact is either inactive or has been cancelled so the consultation timeframe is open to debate

<sup>2</sup> BAILII, [England and Wales Court of Appeal \(Civil Decision\) Decisions](#), Accessed: 13 December 2016.

<sup>3</sup> BAILII, [United Kingdom Supreme Court](#), Accessed: 13 December 2016

<sup>4</sup> The information used to produce this document has been taken from the Law of Consultation training course provided by The Consultation Institute



- The agreed approach for this consultation was to use an online questionnaire as the main route for feedback. Questionnaires enable an appropriate amount of explanatory and supporting information to be included in a structured questionnaire, helping to ensure respondents are aware of the background and detail of the proposals.
- Respondents could also write letters or emails to provide feedback on the proposals. Emails or letters from stakeholders that contained consultation feedback were collated and analysed as a part of the overall consultation.
- The consultation was promoted in the following ways by:
  - Meetings with residents, guardians and staff of Holcroft House
  - Southampton City Council website
  - Social media posts
  - Southampton City Council e-bulletins (including City News and Your City Your Say)
  - The consultation also got coverage on news sources including the Daily Echo and ITV Meridian
- All questionnaire results have been analysed and presented in graphs within this report. Respondents were given opportunities throughout the questionnaire to provide written feedback on the proposals. In addition anyone could provide feedback in letters and emails. All written responses and questionnaire comments have been read and then assigned to categories based upon similar sentiment or theme.

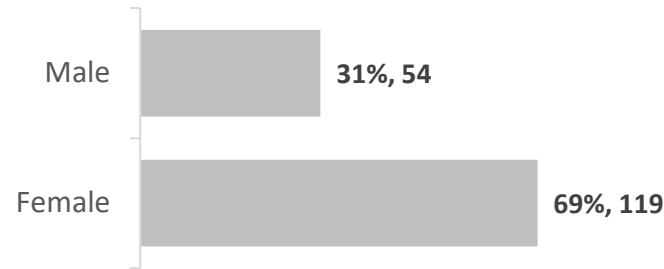


# Who were the respondents?

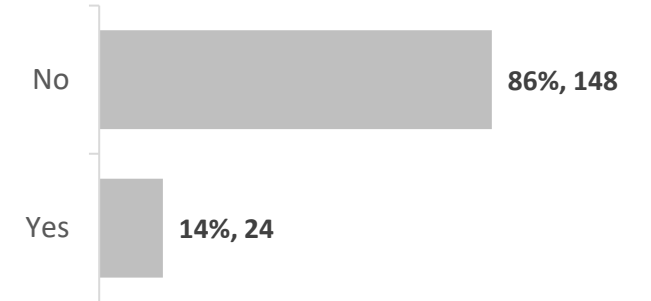
Total respondents: **218**

	Total number of responses
Questionnaire	215
Emails / letters	3
<b>Total</b>	<b>218</b>

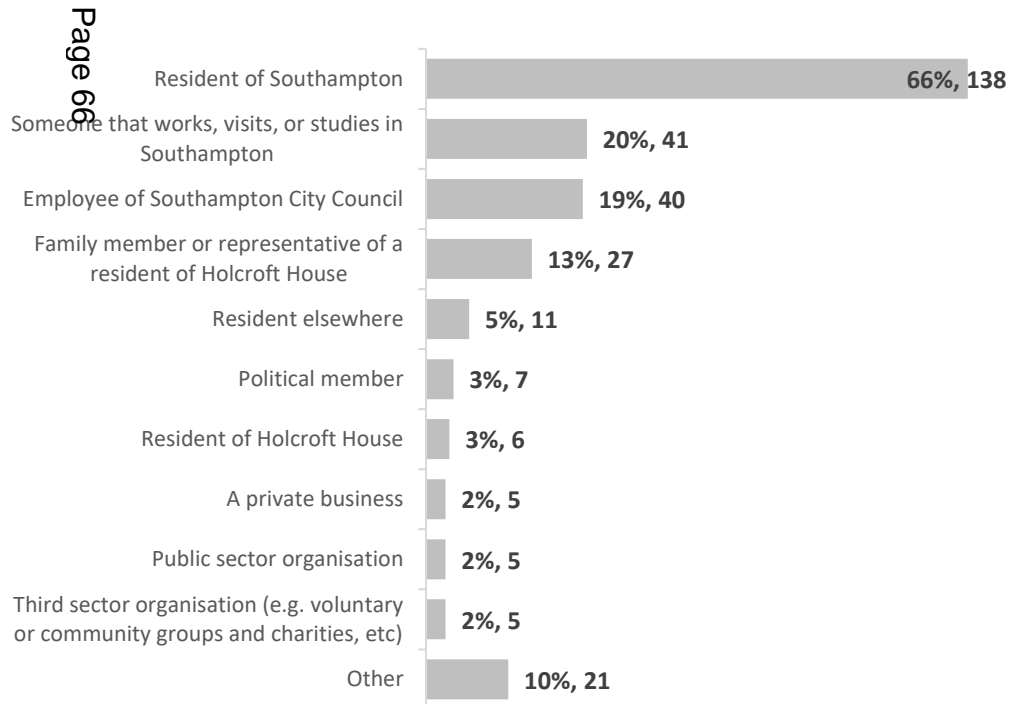
## Sex:



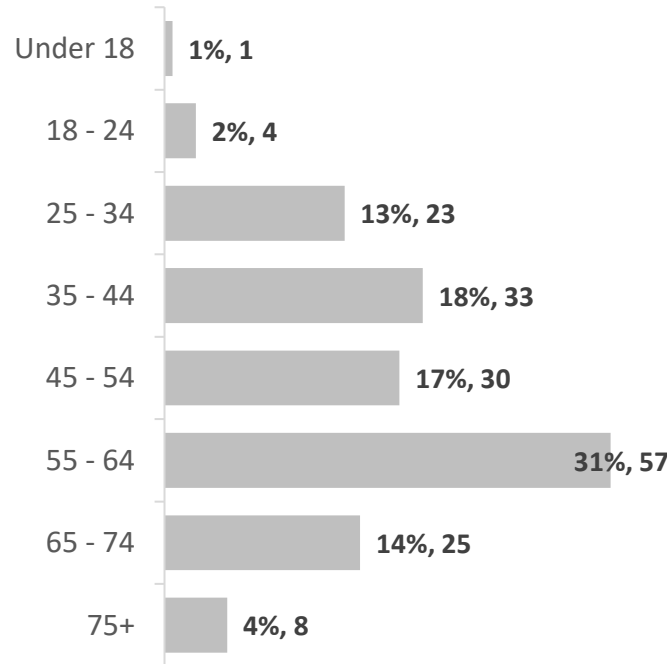
## Disability:



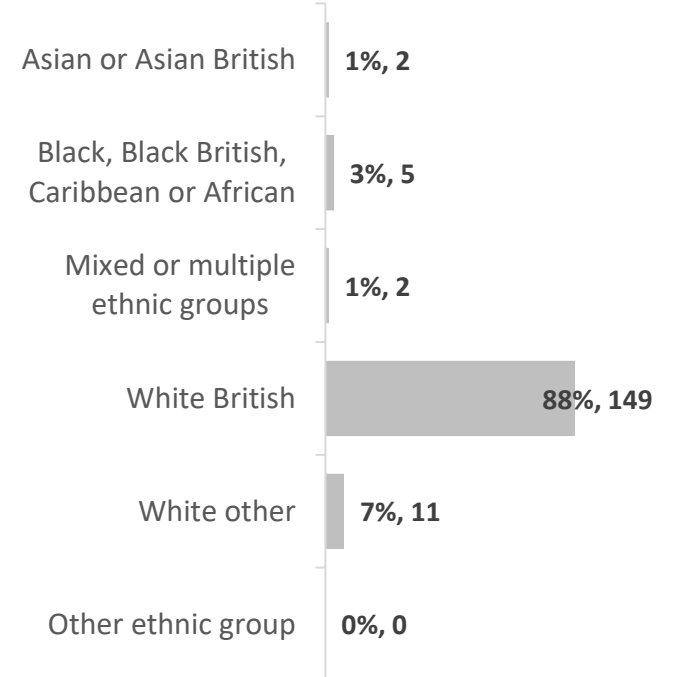
## Interest in the consultation:



## Age:



## Ethnicity:





## Key findings



In total, the consultation on the Holcroft House proposals had 218 responses, and we heard from residents of Holcroft House, family members or representatives of residents at Holcroft House, employees of Southampton City Council as well as wider city residents and businesses. The consultation aims were to communicate clearly the proposals for Holcroft House, and that any one who wished to comment on the proposals had the opportunity to do so and raise any impacts the proposals may have. They were also able to propose alternative suggestions for consideration.

## **Future proposal for Holcroft House:**

Over a fifth of respondents (22%) agreed with the future proposal for Holcroft House. Just over 3 quarters of respondents disagreed with the future proposal for Holcroft House (76%).

12% of respondents selected that the future proposal for Holcroft House may have a positive impact on them. 80% of respondents selected that the future proposal for Holcroft House may have a negative impact on them.

The most commented upon themes within the consultation were *“Concern around no SCC owned care homes aside from Holcroft / replace SCC owned homes”* (59 comments) and *“Holcroft should remain open [generally] / general positive comments about Holcroft”* (54 comments).



# Proposed changes



## The questionnaire outlined the following background information:

### Background:

Holcroft House is a 34-bedroom residential home providing short and long term care for adults living with dementia. There are currently 14 long stay residents and four that have been placed there temporarily.

A Fire Safety Assessment (FSA) has identified a number of issues that will need addressing at Holcroft House whereby residents will need to relocate for the duration of works (18 months).

The Fire Service have agreed the building is safe in the short term but these works are required in order for the building to remain open long term.

There are currently a number of homes that are CQC registered with dementia care within the city. There are several alternatives available to support individuals across the city.

### Proposals:

Due to the level of work required to rectify issues highlighted within the fire safety assessment we would need to relocate residents from Holcroft House to ensure their safety and well-being throughout the proposed works. This may mean that some individuals would be moved multiple times throughout the proposed 18 months of works. This in turn may present as a significant challenge for many residents due to their dementia and associated needs.

The proposal is therefore, to close Holcroft House and support residents in relocating to long term alternative accommodation.

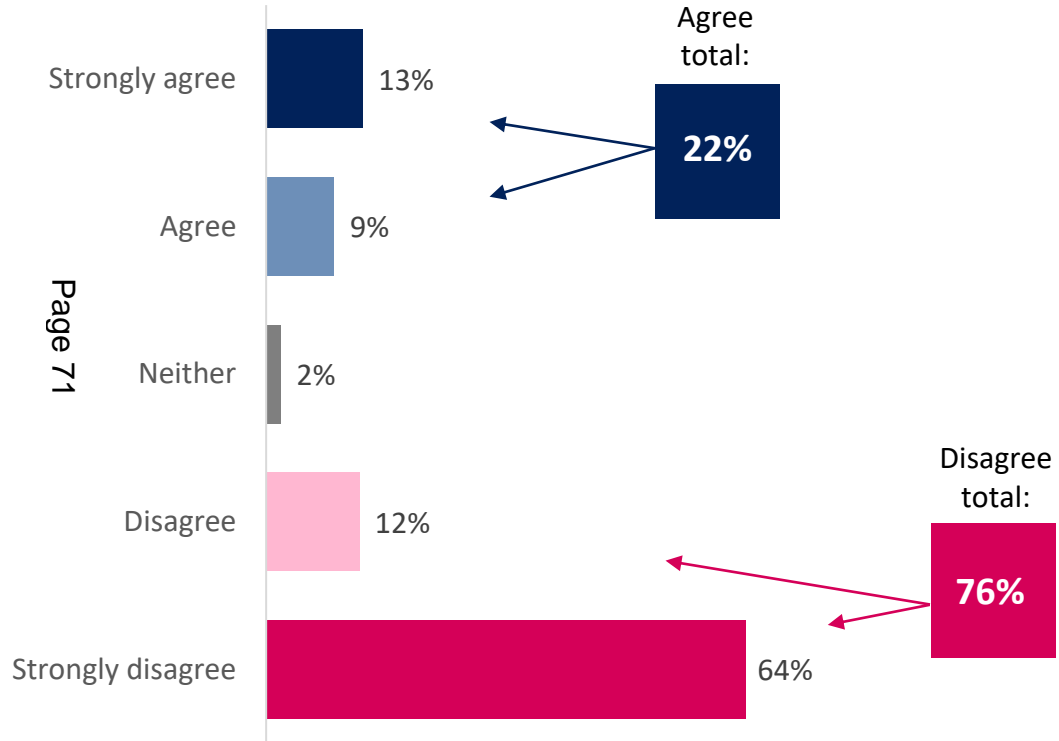
The process would ensure consultation with families, residents, advocates and stakeholders where necessary. The review process would identify suitable placements to meet the needs of the resident. We would also ensure friendship groups are maintained as far as possible. Planning for the home closure would take into account the assessed needs of every individual resident of the home and how these can best be met in the future. Each individuals' rights under relevant legislation would be ensured.



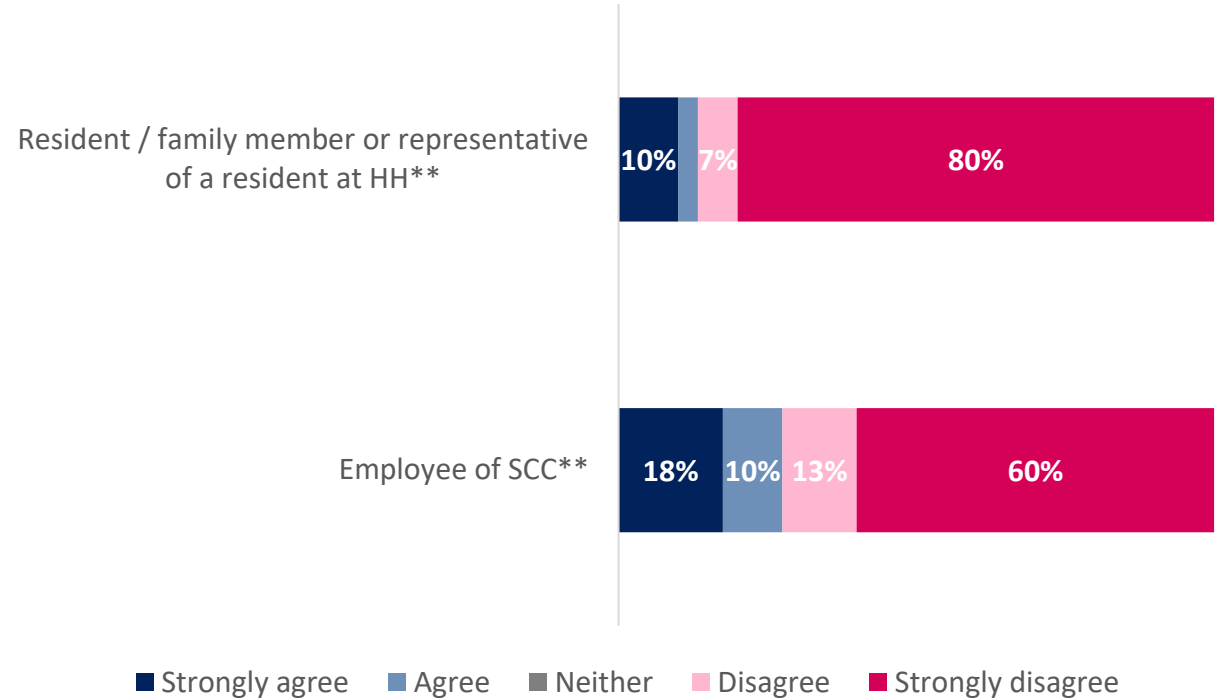


## Agreement levels:

### Overall:



### Key breakdowns:

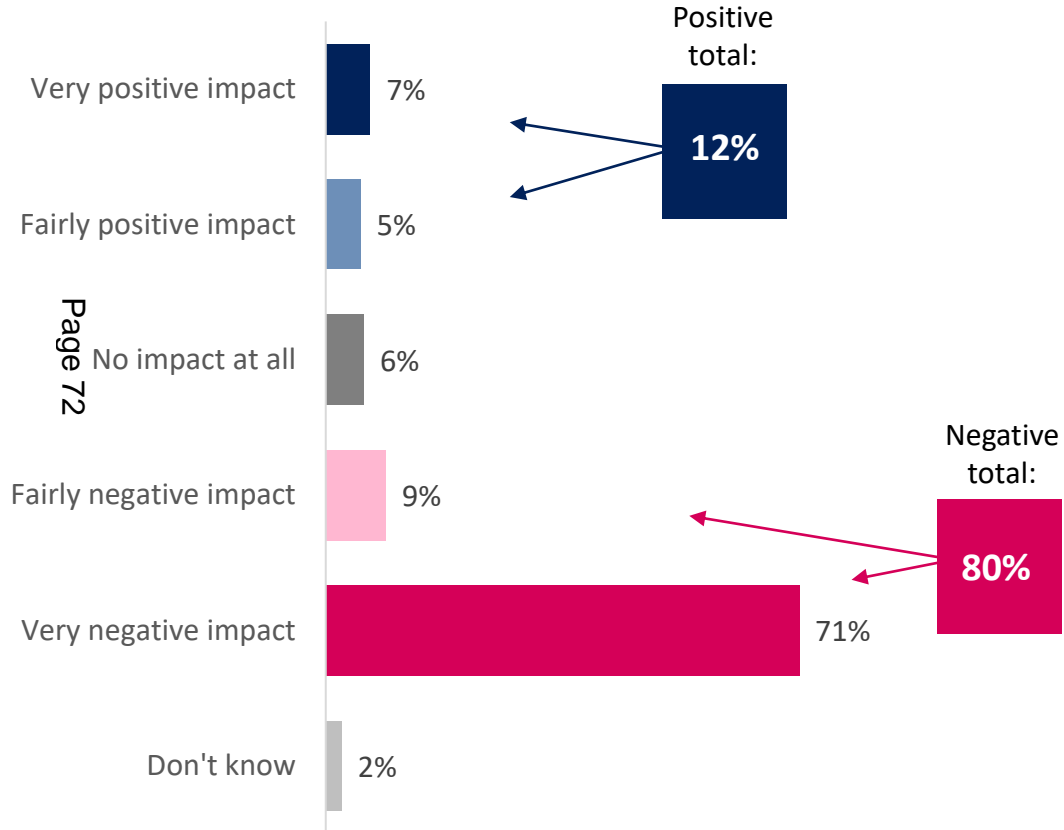


\*\*Small sample size – less than 50



## Impact levels that this may have:

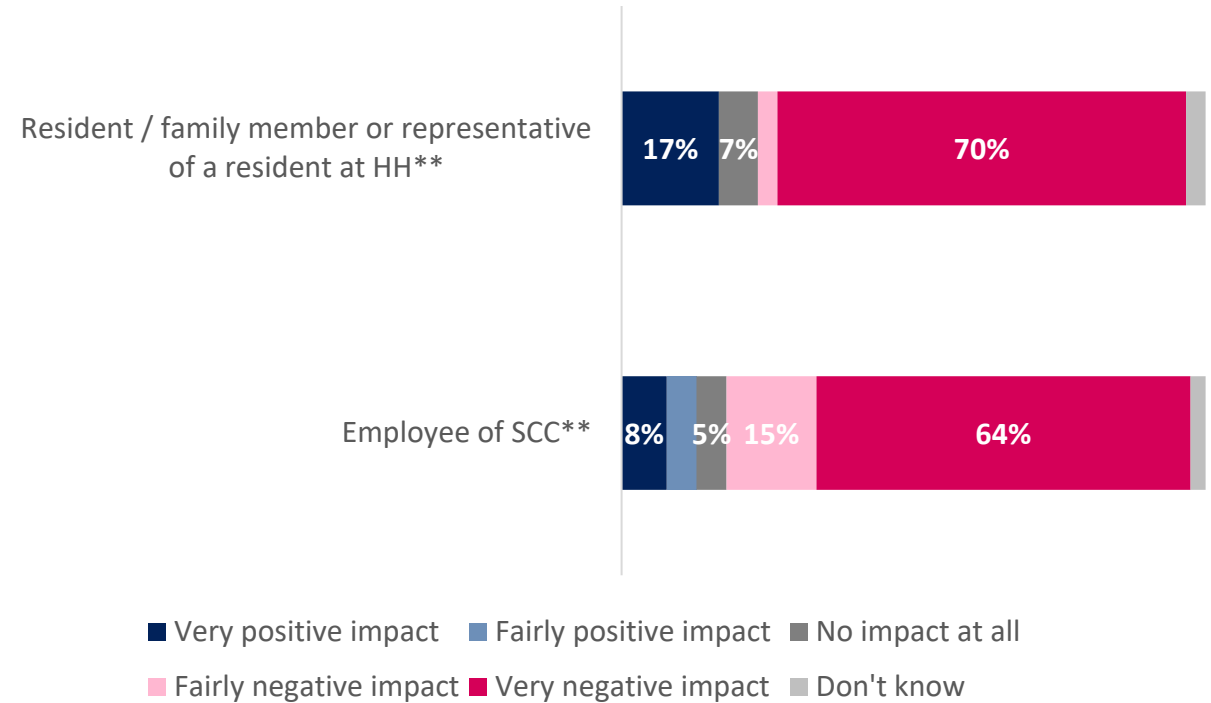
### Overall:



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Base respondents: 210

### Key breakdowns:



\*\*Small sample size – less than 50



Within the questionnaire, respondents were given the opportunity to provide their own free text comments.

A total of **143** respondents provided a comment or email. This includes any comments, impacts, suggestions or alternatives. The following graphs show the total number of respondents by each theme of comment.

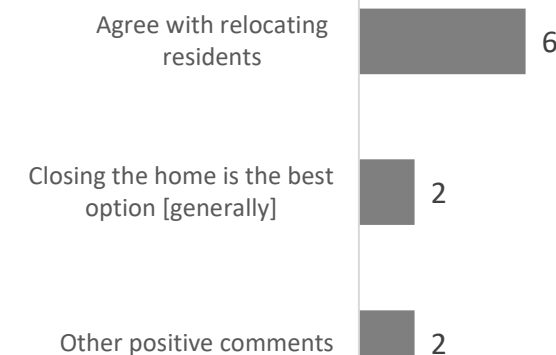
*These graphs are in respondent count, rather than percentage.*

### Suggestions / concerns



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### Positive comments



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Document is Confidential

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**FIRE RISK ASSESSMENT REPORT  
on behalf of Southampton City Council**

**for**

**Holcroft House  
Thornhill  
Southampton  
SO19 6HA**



**Assessed by: Ian J Guy MIFPO MIFSM**

**Checked by: Darren Blackburn**

**Date assessed: 22<sup>nd</sup> December 2021**

**Date checked: 11<sup>th</sup> January 2022**

**Review date: 22<sup>nd</sup> December 2022**

**Project Number: 82657**

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- 2. Risk Assessment Conclusion**
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- 5. Fire Hazards and Their Elimination or Control**
- 6. Fire Protection Measures**
- 7. Management of Fire Safety**
- 8. Appendices**
  - Appendix A – Drawing(s)**
  - Appendix B – BAFE Certificate**
  - Appendix C – Notes**

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**PREFACE/CONTACTS****CLIENT****Client:** Southampton City Council**Client Contact:** Clara Burton**Telephone:** 0238 083 2185**Responsible Person:** Southampton City Council**SITE:****Site:** Holcroft House, Thornhill, Southampton, SO19 6HA**Site Contact & Role:** Michelle Fellowes - Manager**Site Telephone:** 0238 040 2689**FIRE RISK ASSESSOR****Eurosafe UK Address:** Eurosafe House, Centurion Park, York, YO30 4RY**Telephone:** 01904 691 515**E-mail:** enquiries@tersusgroup.co.uk**Risk Assessment Consultant:** Ian J Guy**Reviewed by:** Darren Blackburn

<b>SECTION 1 - INTRODUCTION</b>	
<p>The purpose of this report is to provide an assessment of the risk to life from fire in these premises and, where appropriate, to make recommendations to ensure compliance with fire safety legislation. The report does not address the risk to property or business continuity.</p> <p>This report relates to the Fire Risk Assessment carried out at Holcroft House Residential Care Home. The survey was conducted by Ian J Guy of Tersus Consultancy Ltd on 22<sup>nd</sup> December 2021 on behalf of Southampton City Council.</p>	
<b>Risk Assessment Type:</b>	
<b>Type 1 - common parts only (non-intrusive)</b>	
<b>Restriction and Exclusions:</b>	
This Type 1 Fire Risk Assessment was carried out on the common parts of the building, parts of the loft, where access was possible and representative bedrooms as directed by the Client.	
<b>Nature of Occupancy:</b>	
This building is a Residential Care Home. This building operates around the clock.	
<b>Layout and Construction:</b>	
The Home is of Ground and Lower Ground floors only, with a single level for clients.(except for a two-step change, which is provided with an electrical stair lift). It is of traditional construction, with a pitched roof and undercroft, one containing a generator and fuel tank and the other, the gas boilers. Emergency lighting is installed throughout.	
The number of Residents present on site: Only 20 at the time of inspection. There are 4 staff on duty at night.	Up to 34
The maximum number of employees present at any one time is approximately: It is possible that contractors and cleaners could be present within the block, increasing this number.	10
The maximum number of sleeping occupants at any one time is approximately: At the time of inspection.	20+
The number of people with impaired mobility: This is a purpose built unit, housing Residents with varying degrees of physical and mental disability (Dementia), which is constantly assessed. No lift is provided.	20+
The number of lone workers at any one time is approximately:	Unknown
The maximum number of young person's employed present at any one time is approximately:	0
The number of people typically present on site is:	30+
<b>Fire Loss:</b>	
Detail of previous fire loss or events where the fire brigade have attended: none reported.	
<b>Occupancy Limits:</b> Up to 40.	
<b>Number and width of exits:</b> Five exits around the premises, including the front entrance.	

**Basis of Assessment and Limitations/Caveats**

The purpose of this report is to provide an assessment of the risk to life from fire in these premises based on site conditions and fire safety management.

The Fire Risk Assessment is subjective and for guidance only. All hazards and deficiencies identified in this report should be addressed by implementing all recommendations contained in the following action plan.

The Report is based on information obtained from the assessed areas during the inspection and verbal or documented information supplied by the Client or their representative. The report does not reflect any areas, activities or processes that the assessor was not made aware of, it should be noted that random assessment/sampling might have been used to obtain information to make informal judgements pertinent to the risk assessment, in order to establish a comprehensive overview of existing conditions.

Unless information is provided to the assessor no assessment can be made of the combustibility or fire protection performance of any façade materials including, but not limited to, external cladding and associated core, filler and insulation plus any signage and associated insulation. As such the assessor accepts no liability for any loss, damage or other liability directly or indirectly arising as a result of the combustibility or fire protection performance of any façade materials. It should be noted that the assessment does not include a full survey of all fire doors in the premises, but representative visual assessment only of fire doors.

Whilst every effort has been made to ensure the accuracy of the content of this document, Eurosafe UK will accept no responsibility for any omissions as a result of limitations on access or information not supplied by the Client or occupier.

In accordance with Regulatory Reform (Fire Safety) Order 2005; this risk assessment must be reviewed regularly and/or whenever there is reason to believe this assessment may no longer be valid.

## SECTION 2 – ASSESSMENT CONCLUSION

In accordance with Regulatory Reform (Fire Safety) Order 2005 a risk assessment must be carried out (recorded when there are five or more persons employed). It is advised that this risk assessment is reviewed regularly or whenever there is reason to believe that this assessment is no longer valid. We strongly recommend that regular review meetings are arranged to ensure the necessary remedial actions are completed and that changes to workplace activities are reviewed.

**Observations:**

This 'Home' is very well run, but physical building issues present a risk of fire that must be addressed in a timely manner.

Fire doors and general compartmentation are problematic, together with an obsolete fire alarm system.

**Risk Level:**


Risk Level	Action and Timescale
Trivial	No action is required, and no detailed records need be kept.
Tolerable	No major additional fire precautions required. However, there might be a need for reasonably practicable improvements that involve minor or limited cost.
Moderate	It is essential that efforts are made to reduce the risk. Risk reduction measures, which should take cost into account, should be implemented within a define time period. Where moderate risk is associated with consequences that constitute extreme harm, further assessment might be required to establish more precisely the likelihood of harm as a basis for determining the priority for improved control measures.
Substantial	Considerable resources might have to be allocated to reduce the risk. If the premises are unoccupied, it should not be occupied until the risk has been reduced. If the premises are occupied, urgent action should be taken.
Intolerable	Premises (or relevant area) should not be occupied until the risk is reduced.


Risk Area	Intolerable	Substantial	Moderate	Tolerable	Trivial
Identifying People at Risk				✓	
Fire Hazards			✓		
Fire Protection Measures		✓			
Management of Fire Safety				✓	
Overall	<b>Moderate</b>				


## SECTION 3 – SIGNIFICANT FINDINGS/ACTION PLAN


It is considered that the following action points should be implemented in order to reduce risk from fire. The timescales for the completion of the action points is determined by the priority rating. The timescales below are for guidance only, it is recommended that action points are completed according to their risk rating, as follows: The above timescales are given only as a guide to assist implementation, although it is recommended that the work be carried out as soon as reasonably practicable.

- Advisory:** A recommendation offered as a guide to meet best practice.
- Low:** Poor practices or features that, whilst not presenting an immediate increased risk to life safety, would increase overall fire safety when implemented. Also includes provision of practices and features that are favourable but may exceed the minimum adequate standards as defined by the Regulatory Reform (Fire Safety) Order 2005. Improvements should be made within the next 12 months.
- Medium:** A breach of the fire safety legislation or inadequate control measures as identified by the Fire Risk Assessment. It is essential that action is taken to reduce the level of risk within the next 6 months.
- High:** A serious breach of the fire legislation which may result in serious injury or death of the occupants of the building and could result in legal action being taken by the enforcing authority against the responsible person. Urgent remedial action is necessary to significantly reduce the level of risk within 3 months.



<b>Hazard: Means of Escape</b>		<b>Priority: High</b>
<b>Issue Ref:</b> ES/82657/001		
<p><b>Significant Findings:</b> The 'Protection' to the escape route(s) is compromised by various issues with Fire Doors. The straight cut 'Stable' door does not comply with BS or EN standards.</p>		
<p><b>Action Required:</b> Reportedly, all Fire Doors are to be replaced imminently, with individual measurements having already been taken.</p> <p>In the meantime, temporary improvements can be made;</p> <ul style="list-style-type: none"> <li>Cross corridor 'leaf and a half' doors – currently many half leaves are secured by single, flimsy bolts at the top of the door, (photo top left) including some made of brass. These should be replaced by strong, steel types, at both top and bottom of the door, as a temporary measure, to secure the leaf adequately.</li> <li>The 'Stable' Door, as found, is not a Compliant Fire Door. The need for this solution is understood, however, an 'Engineered Solution' may be possible to allow this configuration to remain when the new Fire Doors are fitted.</li> </ul>		
<b>Actioned by:</b>	<b>Date of Action:</b>	
<b>Comments Following Action:</b>		


Hazard: Measures to Limit Fire Spread and Development		Priority: Medium
<p><b>Issue Ref:</b> ES/82657/002</p>		
<p><b>Significant Findings:</b> Works to sub divide the loft area remains unfinished. No information as to the completion date was available. Various instances of breaches filled with 'Pink Foam' were found.</p> <p><b>Action Required:</b> This work should be completed in a timely manner. Upon completion, the works should be inspected by a person qualified to do so. Compliance paperwork should be held on site. The type and suitability of this foam could not be established – it should be replaced with compliant material.</p>		
<p><b>Actioned by:</b></p>	<p><b>Date of Action:</b></p>	
<p><b>Comments Following Action:</b></p>		

<b>Hazard: Measures to Limit Fire Spread and Development</b>		<b>Priority: Medium</b>
<i>Issue Ref:</i> ES/82657/003		
<b>Significant Findings:</b> No fire automatic fire fighting equipment provided to the catering kitchen.		
<b>Action Required:</b> Current guidance requires an automatic fire fighting system to be provided for catering kitchens.  An Ansul type fire suppression system should be installed over the kitchen range.		
<b>Actioned by:</b>	<b>Date of Action:</b>	
<b>Comments Following Action:</b>		

<b>Hazard: Means of Giving Warning in Case of Fire</b>		<b>Priority: High</b>
<b>Issue Ref:</b> ES/82657/004		
<p><b>Significant Findings:</b> The Fire Alarm system is clearly not L1 as described, as insufficient detectors are provided to attain this category.</p> <p>The system panels are obsolete, with spare parts not easily available if the system suffers a breakdown to any of the 3 panels. If the current system did suffer a breakdown, the Home could be without a Fire Alarm &amp; Detection system for some time whilst temporary measures are put into place. This would cause an unacceptable risk to Residents and staff.</p> <p>Audibility levels must be carefully addressed – the 85db sounders currently in use are considered to be much too loud for a Residence of this type and may cause upset and confusion when operated.</p>		
<p><b>Action Required:</b> The system should be replaced by a contemporary analogue addressable system to L1 standard, preferably 'Two Stage'</p> <p>Compartmentation and Sub Compartmentation lines must be established, any necessary upgrade works to them completed and the system designed and installed to that layout.</p> <p>A 'Fire Strategy' should be completed for the premises, based on those lines.</p> <p>The new system 'Cause and Effect' must be designed to enable this Strategy to work effectively.</p> <p>HTM 05-03 paragraphs 4.18 – 4.26 should be followed for specification and audibility.</p> <p>Connection to a Monitored 'Collector' station should be considered.</p>		
<b>Actioned by:</b>	<b>Date of Action:</b>	
<b>Comments Following Action:</b>		



<b>Hazard: Dangerous Substances</b>		<b>Priority: Medium</b>
<i>Issue Ref:</i> ES/82657/005		
<p><b>Significant Findings:</b> The 800 Litre diesel tank in the undercroft generator room had no bund installed and no warning sign for the attending Fire Brigade Crews.</p>		
<p><b>Action Required:</b> A bund wall enclosure must be provided, which will accommodate the full contents plus 10% in the event of a leak from the tank.                  A DSEAR assessment should be considered.                  A Hazchem sign should be displayed on the outside wall to inform attending Fire Crews.                  Consideration should be given to Fire Protecting the office window above the door.</p>		
<b>Actioned by:</b>	<b>Date of Action:</b>	
<b>Comments Following Action:</b>		
<b>Hazard: Electrical Sources of Ignition</b>		<b>Priority: Medium</b>
<i>Issue Ref:</i> ES/82657/006		
<p><b>Significant Findings:</b> Many cases of improper cable fixings were found, mainly within the loft.                  At least one mains cable was plastic clipped.                  One mains cable was found to be taped into place.</p>		
<p><b>Action Required:</b> Cables must be secured by suitable metal clips every 300mm. Plastic cable ties can be fitted, but only if the foregoing is implemented.</p>		
<b>Actioned by:</b>	<b>Date of Action:</b>	
<b>Comments Following Action:</b>		

<b>Hazard: Means of Escape</b>		<b>Priority: Low</b>
<i>Issue Ref:</i> ES/82657/007		
<b>Significant Findings:</b> Lockers reduce the width of the 'Dead End' corridor from the lower ground floor Staff room to below 1 Metre.		
<b>Action Required:</b> The lockers should be re-sited to allow full width of the single escape route corridor.		
<b>Actioned by:</b>	<b>Date of Action:</b>	
<b>Comments Following Action:</b>		
<b>Hazard: Lightning</b>		<b>Priority: Low</b>
<i>Issue Ref:</i> ES/82657/008		No Photo
<b>Significant Findings:</b> No lightning protection evident within the premises.		
<b>Action Required:</b> The responsible person should determine whether lightning protection is required to the premises via a lightning protection survey.		
<b>Actioned by:</b>	<b>Date of Action:</b>	
<b>Comments Following Action:</b>		
<b>Hazard: Electrical Sources of Ignition</b>		<b>Priority: Medium</b>
<i>Issue Ref:</i> ES/82657/009		No Photo
<b>Significant Findings:</b> There are several 415 Volt electrical boxes sited across the building, at least one within the 'Common Parts'		
<b>Action Required:</b> All 415 Volt units should be enclosed within an enclosure affording 30 minutes fire protection.		
<b>Actioned by:</b>	<b>Date of Action:</b>	
<b>Comments Following Action:</b>		

## SECTION 4 – IDENTIFYING PEOPLE AT RISK

**General – Supporting Information:**

As part of your Fire Risk Assessment, it is important to identify those at risk if there is a fire. To do this you need to identify where you have people present, either at permanent locations or at occasional locations around the premises, and to consider who else may be at risk, such as residents, customers, visiting contractors etc, and where these people are likely to be found. You must consider all the people who use the premises, but you should pay particular attention to people who may be especially at risk who work alone and/or in isolated areas, e.g. cleaners, security staff; people who are unfamiliar with the premises, e.g. contractors, visitors and customers; people with disabilities\* or those who may have some other reason for not being able to leave the premises quickly, e.g. elderly residents, customers or parents with children.

**Observations:**

All Residents (20 at the time of the visit) are dementia sufferers and need constant support from staff, both physical and mental. They are assisted throughout their day, so that in an emergency, residents are accustomed to being helped along – they each have a PEEP, which is regularly checked for suitability.

The home can reportedly accommodate up to 34 residents, but it is strongly recommended that the fire door work and other compartmentation issues are dealt with, and signed off, before any such increase. The Fire Risk Assessment should also be reviewed and updated on completion of the works.

A Evacu Plus chair is provided.

It was advised that there are no members of staff with mobility issues, all staff speak fluent English and there was no lone working being undertaken.

Identifying people at risk	Yes / No / N/A	Further action required ✓
1. Is there a lone working policy?	N/A	
2. Are people who are unfamiliar with the premises e.g. contractors, visitors and customers covered by the lone working policy?	N/A	
3. Is sufficient information given to visitors/contractors in relation to fire evacuation procedures?	Yes	
4. Are there arrangements in place for people with disabilities * or people who may have some reason for not being able to leave the premises quickly e.g. elderly residents/customers or parents with children?	Yes	
5. Are there arrangements in place for people with language difficulties?	Yes	

**SECTION 5 – FIRE HAZARDS AND THEIR ELIMINATION OR CONTROL**



**ELECTRICAL SOURCES OF IGNITION**

**General – Supporting Information:**

All electrical equipment should be installed and maintained in a safe manner by a competent person. If portable electrical equipment is used, including items brought into a workplace by staff, then you should ensure that it visually inspected and undergoes portable appliance testing ('PAT') at intervals suitable for the type of equipment and its frequency of use (refer to HSG 107 Maintaining portable equipment). If you have any doubt about the safety of your electrical installation, then you should consult a competent electrician.

**Observations and Photographic Evidence:**

Portable appliances are subject to portable appliance testing.  
 The fixed electrical installation inspection is believed to be overdue/non compliant according to client records (a copy of the report has not been seen).  
 Many cables were taped or plastic clipped. Cables should be metal clipped every 300mm.  
 Plastic ties and taped cables shown.

<p>Cables plastic clipped together</p>	
<p>Cables taped to beams</p>	

Electrical sources of ignition	Yes / No / N/A	Further action required ✓
1. Is the use of trailing leads and multiple adapters kept to a minimum?	Yes	
2. Are flexes run in safe places where they will not be damaged?	No	✓
3. Electrical junction boxes or fuse/circuit breaker boxes with covers/panels not left ajar?	Yes	

Electrical sources of ignition	Yes / No / N/A	Further action required ✓
4. Is there a suitable policy regarding the use of personal electrical appliances?	N/A	
5. Is there a robust portable appliance testing regime?	Yes	✓
6. Are fixed installations inspected and tested (annually / bi-annually / five-yearly)?	N/A	

<b>SMOKING</b>
<b>General – Supporting Information:</b>
Carelessly discarded cigarettes and other smoking materials are a major cause of fire. A cigarette can smoulder for several hours, especially when surrounded by combustible material. Many fires are started several hours after the smoking materials have been emptied into waste bags and left for future disposal. In those areas where smoking is permitted, provide non-combustible deep and substantial ashtrays to help prevent unsuitable containers being used. Empty all ashtrays daily into a metal waste bin and take outside. It is dangerous to empty ashtrays into plastic waste sacks which are then left inside for disposal later.
<b>Observations and Photographic Evidence:</b>
No evidence was observed of staff smoking externally to the building during the visit. As the entrances open onto the public footpath the premises have no control of this area but no evidence of widespread smoking in those areas or smoking provision is present other than local public bins.  The no smoking policy appeared to be observed, there was no evidence of illicit smoking having taken place.

Smoking	Yes / No / N/A	Further action required ✓
1. Is there a suitable policy to prevent fires as a result of smoking?	Yes	
2. Is smoking prohibited in all areas of the building?	Yes	
3. Is smoking prohibited in appropriate areas?	Yes	
4. Are there suitable arrangements for those who wish to smoke?	Yes	
5. Did the policy appear to be observed at the time of inspection?	Yes	

<b>ARSON</b>
<b>General – Supporting Information:</b>
Fires started deliberately can be particularly dangerous because they generally develop much faster and may be intentionally started in escape routes. Of all the risk-reduction measures, the most benefit may come from efforts to reduce the threat from arson.
<b>Observations and Photographic Evidence:</b>
No significant arson risks were noticed to the front or rear of both units during the visit.

<b>Arson</b>	<b>Yes / No / N/A</b>	<b>Further action required ✓</b>
1. Does basic security against arson by outsiders appear reasonable?	Yes	
2. Are fire loads which could be at risk of ignition by outsiders kept away from the premises?	Yes	
3. No arson attacks or threats of arson occurred in the last twelve months?	Yes	

<b>PORTABLE HEATERS AND HEATING INSTALLATIONS</b>
<b>General – Supporting Information:</b>
Individual heating appliances require particular care if they are to be used safely, particularly those which are kept for emergency use during a power cut or as supplementary heating during severe weather. The greatest risks arise from lack of maintenance and staff unfamiliarity with them. Heaters should preferably be secured in position when in use and fitted with a fire guard if appropriate. As a general rule, convector or fan heaters should be preferred to radiant heaters because they present a lower risk of fire and injury.
<b>Observations and Photographic Evidence:</b>
None found.

Portable heaters and heating installations	Yes / No / N/A	Further action required ✓
1. Is the use of portable heaters avoided as far as practicable?	Yes	
2. Is the use of the more hazardous type (e.g. radiant bar fires or LPG appliances) avoided?	Yes	
3. Are there suitable measures taken to minimise the hazard of ignition of combustible materials?	Yes	
4. Are fixed heating installations subjected to regular maintenance?	Yes	



<b>COOKING</b>
<b>General – Supporting Information:</b>
Typical installations used in cooking processes include deep fat fryers, ovens, grills, surface cookers, ductwork, flues, filters, hoods, extract and ventilation ducts and dampers. These cooking processes can operate with high temperatures, involving large quantities of oil and combustible food stuffs. Heat sources used for cooking processes include gas, electric and microwave. The main cause of fire is ignition of cooking oil, combustion of crumbs and sediment deposits, and ductwork fires from a build-up of fats and grease.
<b>Observations and Photographic Evidence:</b>
A catering kitchen is provided, the Servery of which opens into the lounge area. A Fire Retardant Roller Shutter is operated via the Fire Alarm system. The Government Guide requires that such catering facilities should be fitted with an Automatic Fire Fighting system, such as an 'Ansul' installation. Such a system should be installed by specialist contractors and suitably maintained.

<b>Cooking</b>	<b>Yes / No / N/A</b>	<b>Further action required ✓</b>
1. Are reasonable measures taken to prevent fires as a result of cooking?	Yes	
2. Are grease filters changed and cleaned regularly?	Yes	
3. All extraction flues and ductwork for fat and fume extraction, are regularly inspected and deep cleaned (continued cleaning to be in accordance with TR19/installers recommendations)?	Yes	
4. Are there suitable extinguishing appliances available?	Yes	
5. Do fryers have suitable temperature control?	Yes	
6. Main business kitchen, emergency shutdown provided for gas and electrical cooking?	Yes	

<b>LIGHTNING</b>
<b>General – Supporting Information:</b>
<p>The provision of a lightning conductor system will not prevent the occurrence of a lightning strike. The purpose of the installation is to direct the current discharged from the strike to earth safely, protecting the structure and its occupants from the effects of the strike.</p> <p>Consideration should be given to BS/IEC 62305 ‘Protection Against Lightning’, to the occupancy of the building, the height compared to other buildings in the area, the use of explosive chemicals and products on the site.</p>
<b>Observations and Photographic Evidence:</b>
<p>No lightning protection system was observed on the premises. It should be confirmed whether such a system is installed and if so, proper records of maintenance kept.</p>

<b>Lightning</b>	<b>Yes / No / N/A</b>	<b>Further action required ✓</b>
1. Does the building have a lightning protection system?	TBC	
2. Has the system been regularly tested and inspected?	N/A	

<b>HOUSEKEEPING</b>
<b>General – Supporting Information:</b>
Good housekeeping will lower the chances of a fire starting, so the accumulation of combustible materials in all premises should be monitored carefully. Good housekeeping is essential to reduce the chances of escape routes and fire doors being blocked or obstructed. Keep waste material in suitable containers before it is removed from the premises. If bins, particularly wheeled bins, are used outside, secure them in a compound to prevent them being moved to a position next to the building and set on fire. Never place skips against a building they should normally be a minimum of 6m away from any part of the premises.
<b>Observations and Photographic Evidence:</b>
General housekeeping was in excellent order throughout the premises.

Housekeeping	Yes / No / N/A	Further action required ✓
1. Are combustible materials separated from ignition sources?	Yes	
2. Is the accumulation of rubbish and waste avoided?	Yes	
3. Is the storage of combustible materials appropriate?	Yes	

<b>HAZARDS INTRODUCED BY CONTRACTORS AND BUILDING WORKS</b>
<b>General – Supporting Information:</b>
Fires are more frequent when buildings are undergoing refurbishment or alteration. You should ensure that, before any building work starts, you have reviewed the Fire Risk Assessment and considered what additional dangers are likely to be introduced. You will need to evaluate the additional risks to people, particularly in those buildings that continue to be occupied. Lack of pre-planning can lead to haphazard co-ordination of fire safety measures. Additional risks can include “hot work” such as flame cutting, welding, soldering, or paint stripping; blocking of escape routes, including external escape routes; introduction of combustibles.
<b>Observations:</b>
Southampton City Council is clear about fire safety standards when organisations are carrying out work within properties and communal areas. Contractors are required to follow corporate procedures and a suitable level of competence is required of all staff and operatives alongside sufficient measures such as RAMS and other safe systems of work. At the time of this assessment no contractors were present on site.

<b>Hazards introduced by outside contractors and building works</b>	<b>Yes / No / N/A</b>	<b>Further action required ✓</b>
1. Are safety conditions imposed on outside contractors?	Yes	
2. Is there satisfactory control over works carried out in the building by outside contractors (including “hot works” permits)?	Yes	
3. If there are in-house maintenance personnel, are suitable precautions taken during “hot work”, including use of hot works permits?	Yes	

<b>DANGEROUS SUBSTANCES</b>
<b>General – Supporting Information:</b>
Specific precautions are required when handling and storing dangerous substances to minimise the possibility of an incident. Your supplier should be able to provide detailed advice on safe storage and handling; however, the following principles will help you reduce the risk from fire HSE publishes guidance 8 about specific substances where appropriate information may need to be provided. If any of these, or any other substance that is not included but nevertheless presents more than a slight risk, is present in your premises, then you must provide such information to staff and others.
<b>Observations and Photographic Evidence:</b>
The 800 Litre diesel tank in the undercroft generator room had no bund wall installed and no warning sign on the outside wall to warn attending Fire Brigade Crews. A bund wall enclosure must be provided, which will accommodate the full contents plus 10% in the event of a leak from the tank. A DSEAR assessment should be considered. A Hazchem sign should be displayed on the outside wall. Consideration should be given to Fire Protecting the office window above the door.

Dangerous substances	Yes / No / N/A	Further action required ✓
1. If dangerous substances are, or could be used, has a risk assessment been carried out, as required by the Dangerous Substance and Explosive Atmosphere Regulations 2002?	No	✓
2. Are acetylene, propane, and butane cylinders etc, stored appropriately outside of the workplace?	N/A	
3. Are chemical stores sufficiently banded in case of a leak or spillage?	N/A	
4. Are flammable liquids/substances stored within an appropriate fire-resistant cabinet?	N/A	
5. Is there a system in place to inform emergency services on arrival, of any dangerous substances on site?	N/A	

## SECTION 6 – FIRE PROTECTION MEASURES

<b>MEANS OF ESCAPE</b>
<b>General – Supporting Information:</b>
You should ensure that your escape routes are suitable; easily, safely and immediately usable at all relevant times; adequate for the number of people likely to use them; free from any obstructions, slip or trip hazards; and available for access at all times.
<b>Observations and Photographic Evidence:</b>
<p>Travel distances have been assessed and meet recommended guidelines.</p> <p>The provision of final exits is as per original construction and considered to be adequate for the number of people expected to be present in the building at any one time, subject to the recommendations made.</p> <p>Residents are all accommodated on the ground floor, facilitating escape in an emergency.</p> <p>On completion of the Compartmentation works, including new Fire Doors, these routes should be satisfactory.</p> <p>External doors were found to be in good working condition.</p>

Means of escape	Yes / No / N/A	Further action required ✓
1. Is the building provided with reasonable means of escape in case of fire?	Yes	
2. Are the escape routes designed of an acceptable standard?	Yes	
3. Is there adequate provision of escape routes?	Yes	
4. Are fire exits easily and immediately operable where necessary?	Yes	
5. Do the fire exits open in the direction of escape where necessary?	Yes	
6. Do sliding or revolving doors have overrides installed?	N/A	
7. Is the means of securing exits suitable?	Yes	
8. Where there is a single direction of travel is the travel distances reasonable?	Yes	
9. Where there is an alternative means of escape is the travel distances reasonable?	Yes	
10. Is there suitable protection of escape routes?	No	✓
11. Are there suitable fire precautions for all inner rooms?	N/A	
12. There are no inner-inner rooms present?	Yes	
13. Are the escape routes unobstructed?	Yes	
14. Are escape routes kept free from displays or inappropriate storage involving combustible materials?	Yes	
15. Are there reasonable arrangements for means of escape for disabled people?	Yes	

<b>MEASURES TO LIMIT FIRE SPREAD AND DEVELOPMENT</b>
<b>General – Supporting Information:</b>
Many buildings are divided into different areas by fire doors and fire-resisting walls and floors. These are partly designed to keep a fire within one area, giving people more time to escape. You will need to identify which doors, walls and floors in your building are fire-resisting. There may be information available from when the building was built, if alterations have been made, or from a previously held fire certificate. High-risk areas should be separated from the rest of the premises.
<b>Observations and Photographic Evidence:</b>
A full Compartmentation Survey was carried out by 'Independent Fire Inspections Ltd' on the 12 <sup>th</sup> March 2021. This report should be fully considered, including compartment breaches, fire door issues and loft compliance problems. A fully considered, staged, implementation of recommended works should be commenced and overseen by a competent 'Clerk of Works' to ensure a compliant standard. Building Regulation 38 should be fully complied with on completion.

Means to limit fire spread and development	Yes / No / N/A	Further action required ✓
1. Is the compartmentation within the building of a reasonable standard? <sup>3</sup>	No	✓
2. Are the linings that might promote fire spread of a reasonable standard?	Yes	
3. As far as reasonably be ascertained, are fire dampers provided as necessary to protect critical means of escape against passage of fire, smoke and combustion products in the early stages of fire? <sup>3 4</sup>	N/A	
4. Are kitchens with extensive cooking facilities adequately compartmented from other areas of the premises or is a fire suppression system installed?	Yes	✓
5. Are holes in the walls/risers suitably fire stopped? <sup>3</sup>	No	✓
6. Is the practice of holding open fire doors with manual devices avoided?	Yes	
7. Do fire doors have 3 no. hinges and suitable intumescent/cold smoke seals?	Yes	
8. Do fire doors self-close effectively into the door frame or are kept locked?	Yes	
9. Glazing on doors, walls and windows is suitably fire rated e.g. with kitemark displayed or wired glass?	Yes	
<sup>3)</sup> Based on visual inspection of readily accessible areas, with a degree of sampling where appropriate. <sup>4)</sup> A full investigation of the design of HVAC systems is outside the scope of this Fire Risk Assessment.		

<b>EMERGENCY ESCAPE LIGHTING</b>
<b>General – Supporting Information:</b>
The primary purpose of emergency escape lighting is to illuminate escape routes, but it also illuminates other safety equipment. The size and type of your premises and the risk to the occupants will determine the complexity of the emergency escape lighting required. Borrowed lighting may be suitable in small premises where the light is from a dependable source, e.g. streetlamps, and it will adequately illuminate escape routes. Where borrowed lighting is not suitable, then a number of torches, in strategic positions, can be considered.
<b>Observations and Photographic Evidence:</b>
Emergency lighting is installed within the communal area of the block, which must be installed to BS 5266. The Assessor cannot confirm that the LUX levels within the premises would meet the required levels. LUX level readings should be recorded on the Emergency Lighting commissioning certificate.  The building has an Automatic Generator in the undercroft, which replaces all power, including that to the lighting system. Standby Emergency Luminaires are also provided.

<b>Emergency escape lighting</b>	<b>Yes / No / N/A</b>	<b>Further action required ✓</b>
1. Is the provision of emergency escape lighting suitable? <sup>5</sup>	Yes	
2. Are fittings in suitable condition and functioning?	Yes	
3. Are escape routes adequately lit?	Yes	
4. Suitable test facilities in place?	Yes	
5. Maintained illuminated signage provided where applicable?	Yes	
<sup>5</sup> ) Based on visual inspection, but no test of luminance levels or verification of full compliance with relevant British Standards carried out.		



<b>FIRE SAFETY SIGNS AND NOTICES</b>
<b>General – Supporting Information:</b>
<p>In simple premises, a few signs indicating the alternative exit(s) might be all that is needed. In larger and more complex premises, a series of signs directing people along the escape routes towards the final exit might be needed.</p> <p>Escape routes that do not constitute a normal means of leaving a building should be properly signed with signs that conform to the requirements of the Health and Safety (Safety Signs and Signals) Regulations 1996. These make use of pictogram s employing the running man, an open door, and directional arrows.</p>
<b>Observations and Photographic Evidence:</b>
<p>A Hazchem sign should be displayed on the wall outside the generator room, giving information to attending Brigade crews about the diesel tank within.</p> <p>Fire Procedure signs are of yellow and black – non-standard – but this colour way complies to Dementia guidelines.</p>

<b>Fire safety signs and notices</b>	<b>Yes / No / N/A</b>	<b>Further action required ✓</b>
1. Do the signs comply with Health & Safety (Safety Signs and Signals) Regulations 1996 or BS ISO 3864?	Yes	
2. Are fire action notices displayed prominently throughout the workplace?	Yes	
3. Are final exit doors indicated on the outside with a mandatory sign?	Yes	
4. Are internal fire doors labelled?	Yes	
5. Are escape routes clearly signed?	Yes	

<b>MEANS OF GIVING WARNING IN CASE OF FIRE</b>
<b>General – Supporting Information:</b>
Where an electrical fire-warning system is necessary then a straightforward arrangement typically includes the following: manual call points (break-glass call points) next to exits with at least one call point on each floor; electronic sirens or bells; and control and indicator panel. An alternative system of interconnected combined manual call points and sounders may be acceptable. If your building has areas where a fire could develop undetected or where people work alone and might not see a fire, then it may be necessary to upgrade your fire-warning system to incorporate automatic fire detection or install an automatic fire-detection and warning system.
<b>Observations and Photographic Evidence:</b>
The Fire Alarm system here is now obsolete (1997 Regulations) and should be replaced with a modern Analogue Addressable, two stage system.  Sub Compartmentation lines must be established, and a 'Fire Strategy' completed for the premises. The new system 'Cause and Effect' must be designed to enable this Strategy to work effectively. Connection to a Monitored 'Collector' station should be considered.

Means of giving warning in case of fire	Yes / No / N/A	Further action required ✓
1. Is a manual or electrical fire alarm system provided?	Yes	
2. Is suitable automatic fire detection provided within the building?	Yes	✓
3. Is there a back-up power supply for the fire detection/warning system?	Yes	
4. Is the fire alarm system connected to a collector station?	No	✓
5. Are the fire alarm call points clearly visible and unobstructed?	Yes	
6. Visual warning units/indicating devices can be clearly seen in relevant areas when fire alarm is activated?	Yes	
6) Based on visual inspection, but no audible test or verification of full compliance with relevant British Standards carried out.		

<b>MANUAL FIRE EXTINGUISHING APPLIANCES</b>
<b>General – Supporting Information:</b>
The occupier/owner has a responsibility for the provision of appropriate firefighting equipment. It is also their responsibility to check that all firefighting equipment is in the correct position and in satisfactory order before the premises is used. Appropriate staff should be trained in the use of all such equipment. Fires are classed according to what is burning. Fire extinguishers provided should be appropriate to the classes of fire found in your premises.
<b>Observations and Photographic Evidence:</b>
Staff are reportedly not trained to use extinguishers. This policy should be reviewed, as prompt action with an extinguisher in the initial stages of a fire can be extremely effective. Staff spoken to were more than willing to attend such training.

Manual fire extinguishing appliances	Yes / No / N/A	Further action required ✓
1. Are there an adequate number of suitable fire extinguishers provided? (1 per 200 m <sup>2</sup> ) (1 per special risk)	Yes	
2. Are fire extinguishers and fire blankets located suitably placed and ready for use?	Yes	
3. Are extinguishers suitably charged and within service date?	Yes	

<b>AUTOMATIC FIRE EXTINGUISHING SYSTEMS</b>
<b>General – Supporting Information:</b>
Fire suppression systems can include sprinklers and other types of fixed installations designed to automatically operate and suppress a fire. Such systems should be maintained by a competent person.
<b>Observations:</b>
None present.

Relevant <sup>7</sup> automatic fire extinguishing systems	Yes / No / N/A	Further action required ✓
1. Are fixed firefighting installation in working order?	N/A	
2. Discharge head unobstructed?	N/A	
3. Sprinkler flow switch test facility available?	N/A	
<sup>7</sup> ) Relevant to life safety and this risk assessment (as opposed to property protection).		

<b>FIXED SYSTEMS AND EQUIPMENT</b>
<b>General – Supporting Information:</b>
Building Regulations and other Acts, including local Acts, may have required firefighting equipment and other facilities to be provided for the safety of people in the building and to help fire fighters. Fire safety law places a duty on you to maintain such facilities in good working order and at all times. These may include access for fire engines and fire fighters; firefighting shafts and lifts; smoke-control systems; dry or wet rising mains and freighting inlets; information and communication arrangements e.g. fire telephones and wireless systems and information to brief the Fire and Rescue Service when they arrive; and firelighter’s switches.
<b>Observations:</b>
None present; however Guidance requires an automatic Fire Fighting system to be provided for Catering Kitchens. An ‘Ansul’ type of installation should be provided over the kitchen range.

Other relevant <sup>7</sup> fixed systems and equipment	Yes / No / N/A	Further action required ✓
1. Is there suitable provision for fire-fighters switches for high voltage luminous tube signs, etc?	N/A	
2. Hydrants clearly marked, adequately located, unobstructed and in good state of repair (when within the Client demise)?	N/A	
3. Dry riser outlet boxes accessible, in good condition/locked if appropriate, locking straps in place, no rubbish/storage present?	N/A	
4. Manual or automatic opening vents and/or smoke extract systems where present, are in working order?	N/A	
<sup>7</sup> ) Relevant to life safety and this risk assessment (as opposed to property protection).		

## SECTION 7 – FIRE SAFETY MANAGEMENT

<b>PROCEDURES AND ARRANGEMENTS</b>
<b>General – Supporting Information:</b>
Your emergency plan should be appropriate to your premises and could include: how people will be warned if there is a fire; what staff should do if they discover a fire; how the evacuation of the premises should be carried out; where people should assemble after they have left the premises and procedures for checking whether the premises have been evacuated; identification of key escape routes, how people can gain access to them and escape from them to a place of total safety; arrangements for fighting the fire etc.
<b>Observations:</b>
The Fire logbook and other Fire Records were found to be in good order. The Manager, Mrs. Fellowes, was very diligent regarding Fire Safety measures. This level of Management makes a substantial difference in the Fire Safety standard within the premises and should be commended.

Procedures and arrangements	Yes / No / N/A	Further action required ✓
1. Is a suitable evacuation policy in place for these premises?	Yes	
2. Is a policy in place to ensure visitors to the building are accompanied at all times by a member of staff and, where not, are given sufficient instruction on arrival on fire safety arrangements?	Yes	
3. Are fire procedures appropriate and properly documented, with names and locations of fire wardens displayed or made available throughout the building?	Yes	
4. If the layout and escape routes are not familiar to the people present, are members of staff present to give instructions and advice, a voice alarm or public address system?	N/A	
5. Are sufficient procedures in place to ensure that in the event of a fire, the Fire and Rescue Service is notified and receive on their arrival, sufficient information on missing persons, origin of fire, plans and layout of the building and refuge areas?	Yes	
6. Are competent person(s) appointed to assist in undertaking the relevant general fire safety precautions?	Yes	
7. Is there a fire safety logbook, giving sufficient details of fire detection and alarm systems testing, fire evacuation drills with information such as evacuation times, fire safety audits, and other significant information?	Yes	
8. Are monthly fire safety audits undertaken by fire wardens to cover the area of the building they are responsible for?	No	
9. Are there suitable arrangements for ensuring that the premises have been evacuated?	Yes	
10. Is there a suitable assembly point, including trained persons and personal evacuation plans?	Yes	

11. Are there adequate procedures for the evacuation of any disabled people who are likely to be present including personal emergency evacuation plans?	Yes	
12. Have persons been nominated and trained to assist in the evacuation, including the evacuation of disabled people	TBC	
13. Is there appropriate liaison with Fire and Rescue Service (e.g. by fire and rescue service crews visiting for familiarisation visits)?	No	
14. Has a procedure been established to review the Fire Risk Assessment periodically or when significant changes to the building or working practices are introduced?	Yes	
15. If you do not have direct control over the workplace, have you notified the owner or landlord of any fire safety related issues?	N/A	
16. If you share the workplace with others, do they know about the risks that you have identified?	N/A	
17. Are all company policies relating to fire safety reviewed regularly?	N/A	

<b>TRAINING AND DRILLS</b>
<b>General – Supporting Information:</b>
The actions of staff if there is a fire are likely to be crucial to their safety and that of other people in the premises. All staff should receive basic fire safety induction training and attend refresher sessions at pre-determined intervals. You should ensure that all staff and contractors are told about the emergency plan and are shown the escape routes. The training should take account of the findings of the Fire Risk Assessment and be easily understood by all those attending. It should include the role that those members of staff will be expected to carry out if a fire occurs. This may vary in large premises, with some staff being appointed as Fire Marshals or being given some other particular role for which additional training will be required.
<b>Observations:</b>
The Council's policy is not to fight fires, so no-one is trained to use extinguishers. This policy should be reviewed, as prompt action with an extinguisher in the initial stages of a fire can be extremely effective. This can make a crucial difference in a building such as this.

<b>Training and drills</b>	<b>Yes / No / N/A</b>	<b>Further action required ✓</b>
1. Are all staff given suitable fire safety instruction and training on induction?	Yes	
2. Are all staff given adequate “refresher training” at suitable intervals?	Yes	
3. Are fire drills carried out at appropriate intervals?	Yes	
4. Are staff with special responsibilities given additional training (e.g. fire wardens?)	Yes	



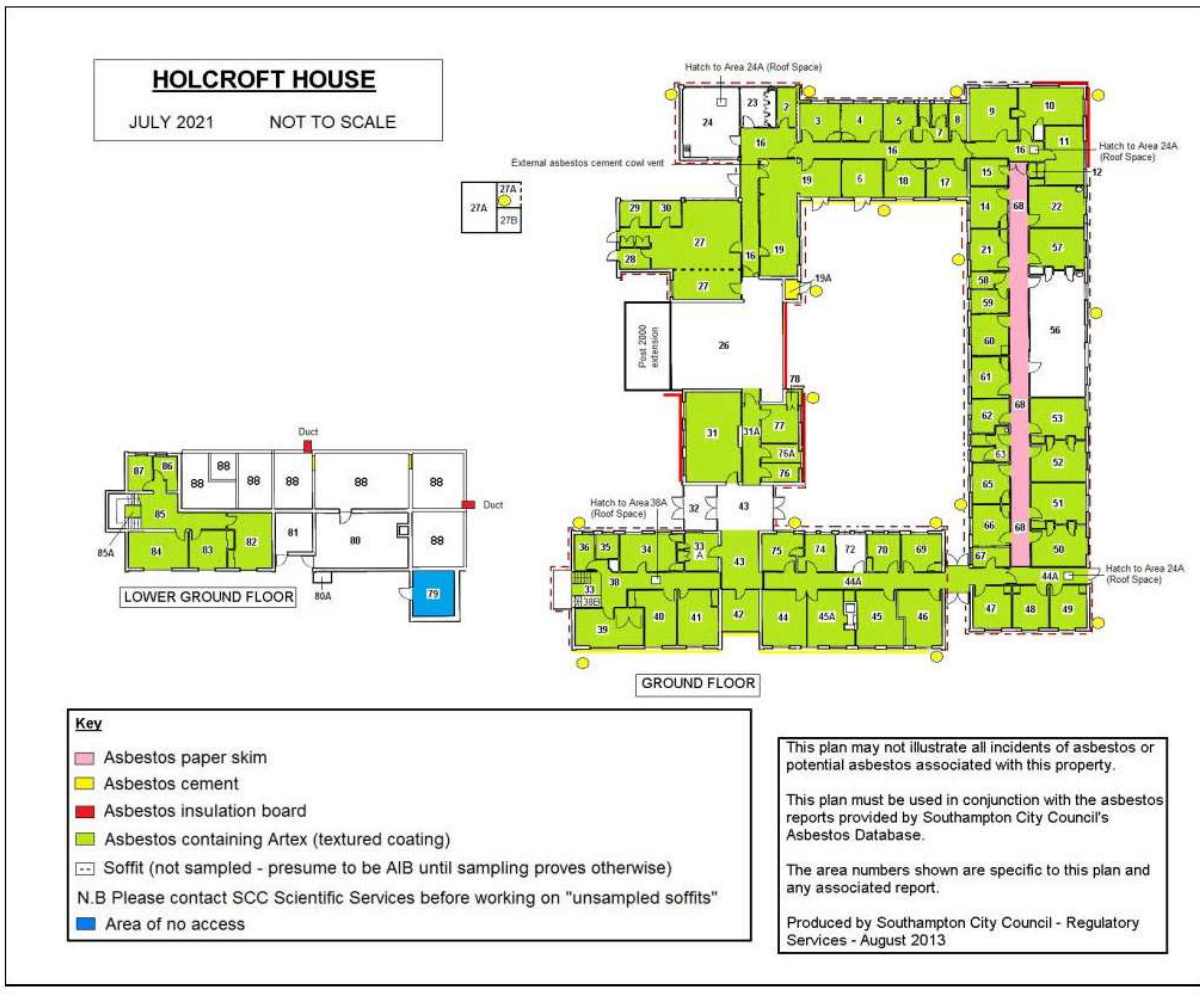
<b>TESTING AND MAINTENANCE</b>
<b>General – Supporting Information:</b>
<p>You have responsibility for the provision of appropriate firefighting equipment. It is also your responsibility to check that all firefighting equipment is in the correct position and in satisfactory order before the premises are used. Appropriate staff should be trained in the use of all such equipment. All machinery, apparatus and office equipment should be properly maintained by a competent person.</p> <p>All emergency escape lighting systems should be regularly tested and properly maintained to an appropriate standard. Most existing systems will need to be manually tested. However, some modern systems have self-testing facilities that reduce routine checks to a minimum.</p>
<b>Observations:</b>
<p>No records of statutory inspections available for perusal however records indicated the following are overdue or non compliant at present.</p> <p>Elec - EICR Testing (Non Dom)                  Duct Work Inspection                  Fire Alarm Servicing-Detection                  Access Control System                  Generators</p> <p>The Fire logbook was found to be in good order.</p>

Testing and maintenance	Yes / No / N/A	Further action required ✓
1. Is the weekly testing and periodic servicing (6 monthly or quarterly, if required) of fire detection and alarm system in place?	Yes	
2. Is there routine testing (monthly and annually) for emergency escape lighting?	Yes	
3. Have all emergency generators been tested (as per manufacturer’s instructions, normally run for one hour)?	N/A	
4. Are extinguishing appliances tested and inspected annually?	Yes	
5. Are external staircases and gangways inspected on a regular basis?	N/A	
6. Six-monthly inspection and annual testing of rising mains?	N/A	
7. Weekly, monthly testing, six-monthly inspection and annual testing of fire-fighting lifts?	N/A	
8. Weekly testing and periodic inspection of sprinkler installations?	N/A	
9. Routine inspection of fire doors, final exit doors and or security fastenings?	Yes	
10. Other relevant inspections and tests Automatic door release mechanisms? Green - override points on doors linked to alarm system carried out? Smoke extract systems? Fire suppression systems in plant rooms etc? Kitchen canopy fire suppression systems?	N/A	



**SECTION 8 – APPENDIX**

**APPENDIX A - DRAWINGS**



**APPENDIX B – BAFE CERTIFICATE**

# CERTIFICATE OF CONFORMITY



LIFE SAFETY FIRE RISK ASSESSMENT CERTIFICATE OF CONFORMITY

SSAIB Registered Provider: **NYOR061**

**CERTIFICATE No. 9119815**

This certificate is issued by the organisation named in Part 1 of the schedule in respect of the fire risk assessment provided for the person(s) or organisation named in Part 2 of the schedule at the premises and / or part of the premises identified in Part 3 of the schedule.

## PART 1 - ISSUER DETAILS

Issuing Organisation Name	Tersus Consultancy Limited
Bafe Registration no.	103052

## PART 2 - CLIENT DETAILS

Customer's Name	Southampton City Council
Address	Holcroft House Thornhill Southampton Hampshire SO19 6HA

## PART 3 - CERTIFICATION DETAILS

Locations on premises to which this assessment applies	This building is a Residential Care Home.		
Scope and purpose of fire risk assessment	Type 1 - Common Parts Only (Non-Intrusive)		
Effective date of assessment	22/12/2021	Review Date	22/12/2022
Unique reference no.	9119815		

We, being currently a 'Certificated Organisation' in respect of fire risk assessment identified in the above schedule, certify that the fire risk assessment referred to in the above schedule complies with the Specification identified in the above schedule and with all other requirements as currently laid down within the BAFE SP205 Scheme in respect of such fire risk assessment.

### Signed for and on behalf of the issuing Certified Organisation

Name: Darren Blackburn	Job Title: Director
Date of Issue: 05/01/2022	Signature:

SSAIB (certification body) can be contacted at: 7 - 11 Earsdon Road, West Monkseaton, Whitley Bay, Tyne and Wear, NE25 9SX. Tel: +44 (0) 191 296 3242 E-mail: certificate@ssaib.org Web: www.ssaib.org / www.ssaib.ie

BAFE, The Fire Service College, London Road, Moreton-in-Marsh, Gloucestershire, GL56 0RH www.bafe.org.uk :: +44 (0) 844 335 0897

THIS IS AN IMPORTANT DOCUMENT, PLEASE RETAIN FOR YOUR RECORDS.

THIS IS AN IMPORTANT DOCUMENT, PLEASE RETAIN FOR YOUR RECORDS.

**APPENDIX C - NOTES ON THE RR(FS)O 2005**

**Previous General Fire Safety Legislation**

The Regulatory Reform (Fire Safety) Order 2005 (the Order) replaces previous fire safety legislation. Any fire certificate issued under the Fire Precautions Act 1971 will cease to have any effect. If a fire certificate has been issued in respect of the premises or the premises were built to recent building regulations, if no material alterations have been made and all physical fire precautions have been properly maintained, it is unlikely the need to make any significant improvements to your existing physical fire protection arrangements to comply with the Order. However, a Fire Risk Assessment must be carried out and all maintenance and records kept up to date to ensure that all the fire precautions in the premises remain current and adequate.

If a Fire Risk Assessment was previously carried out under the Fire Precautions (Workplace) Regulations 1999, as amended 1999, and the assessment has been regularly reviewed then you will need to revise that assessment taking account of the wider scope of the Order. Your premises may also be subject to the provisions of a licence or registration (e.g. under the Licensing Act 2003/78), and the fire authority may wish to review your risk assessment as part of the licensing approval process. Fire safety conditions within your licence should not be set by a licensing authority where the Order applies.

**Background**

The Order applies in England and Wales. It covers general fire precautions and other fire safety duties which are needed to protect 'relevant persons' in case of fire in and around most premises. The Order requires fire precautions to be put in place 'where necessary' and to the extent that it is reasonable and practicable in the circumstances of the case.

Responsibility for complying with the Order rests with the 'responsible person'. In a workplace, this is the employer and any other person who may have control of any part of the premises, e.g. the occupier or owner. In all other premises the person or people in control of the premises will be responsible. If there is more than one responsible person in any type of premises (e.g. a multi-occupied complex), all must take all reasonable steps to co-operate and co-ordinate with each other.

If you are the responsible person you must have a Fire Risk Assessment carried out which must focus on the safety in case of fire of all 'relevant persons'. It should pay particular attention to those at special risk, such as disabled people, those who you know have special needs and young persons and must include consideration of any dangerous substance liable to be on the premises. The Fire Risk Assessment will help you identify risks that can be removed or reduced and to decide the nature and extent of the general fire precautions you need to take.

If your organisation employs five or more people, your premises are licensed or an alterations notice is in force, you must record the significant findings in the assessment. It is good practice to record your significant findings in any case.

**Who enforces the Fire Safety Order?**

The local Fire and Rescue authority (the Fire and Rescue Service) will enforce the Order in most premises. The exceptions are: Crown-occupied/owned premises where Crown fire inspectors will enforce; premises within armed forces establishments where the defence fire and rescue service will enforce; certain specialist premises including construction sites, ships (under repair or construction) and nuclear installations, where the HSE will enforce; and sports grounds and stands designated as needing a safety certificate by the local authority, where the local authority will enforce.

The enforcing authority will have the power to inspect your premises to check that you are complying with your duties under the Order. They will look for evidence that you have carried out a suitable Fire Risk Assessment and acted upon the significant findings of that assessment. If you are required to record the outcome of the assessment, they will expect to see a copy. If the enforcing authority is dissatisfied with the outcome of your Fire Risk Assessment or the action you have taken, they may issue an enforcement notice that requires you to make certain improvements or, in extreme cases, a prohibition notice that restricts the use of all or part of your premises until improvements are made.

If your premises are considered by the enforcing authority to be or have potential to be high risk, they may issue an alterations' notice that requires you to inform them before you make any changes to your premises or the way they are used. Failure to comply with any duty imposed by the Order or any notice issued by the enforcing authority is an offence. You have a right of appeal to a magistrate's court against any notice issued. Where you agree that there is a need for improvements to your fire precautions but disagree with the enforcing authority on the technical solution to be used (e.g. what type of fire alarm system is needed) you may agree to refer this for independent determination.



t. 023 8064 4000  
e. [csprotection.admin@hantsfire.gov.uk](mailto:csprotection.admin@hantsfire.gov.uk)  
w. [hantsfire.gov.uk](http://hantsfire.gov.uk)

**For the attention of** [REDACTED]

Southampton City Council  
Civic Centre  
Southampton  
SO14 7LY

Date: 02 March 2023

Enquiries To: [REDACTED]

My Reference: F6/RO/9651/00763546

To whom it may concern

### Letter of Fire Safety Matters

**Premises: Holcroft House, Holcroft Road, Southampton, SO19 6HA**

I visited your premises on 28 February 2023 and evaluated the fire safety provided. I am pleased to advise you that you showed adequate safety. However, I am of the opinion that you can improve that safety. The attached schedule sets out my suggested improvements. There is no time limit associated with this letter. I do not intend to return in connection with this visit.

### Have Your Say

You can clarify or challenge what you need to do by contacting us on the above details.

We would also appreciate feedback on our visit, please feel free to complete our post engagement form, it should take a couple of minutes and all responses are anonymous (unless you provide us with your details). [HIWFRS Fire Safety Post Engagement Feedback Form](#).

### Alternative Solutions

You might want to use a different solution to meet the outcome(s) stated in the schedule. An alternative approach might enable you to make improvements that better meet your needs. I will be happy to discuss your ideas and suggestions.

Yours Faithfully

[REDACTED]

Authorised Fire Safety Inspecting Officer  
On behalf of, and duly appointed by the Hampshire & IOW Fire & Rescue Authority

CC: [REDACTED]@Southampton.gov.uk

CC: [REDACTED]@southampton.gov.uk



## Schedule of Fire Safety Improvements

Notes to this schedule:

The government guidance most suitable to your premises is: Residential Care, which can be found at: <http://www.cfoa.org.uk/19512>

Before you make certain changes to the premises, you may have to apply for approval from statutory bodies and/or others having interest in them. If you have doubt about the need for approval, you should ask the relevant body. For example, you may have to apply for approval from a Building Control Body to make material alterations, website:

<http://www.legislation.gov.uk/ukxi/2010/2214/regulation/3/made> tells you how.

You might also need to apply for the property owners' permission or for listed building consent, website: <https://www.historicengland.org.uk/advice/planning/consents/lbc/> among others tells you how.

Item Number 1	
<b>Outcome</b>	This work is necessary to help people understand what to do if fire breaks out.
<b>Suggested Action</b>	Carry out fire drills to simulate a night time evacuation to practice the procedures you have in place for people to follow in case of fire.
<b>Reason</b>	The number of resident beds which you allow in each sub-compartment should depend on the minimum number of your staff who are awake and available on the premises (normally the night-time staffing level).  Your risk assessment should identify the number of staff you need to carry out your emergency plan.  This is contrary to Article 11 & 15(1)(a)

Item Number 2	
<b>Outcome</b>	This work is necessary to enable nominated employees to safely fight outbreaks of fire.
<b>Suggested Action</b>	Ensure that nominated members of staff are given adequate training in the use of fire-fighting equipment.
<b>Reason</b>	The employees nominated to implement fire-fighting measures have not received adequate training. This means that they might be harmed while tackling a fire.



<b>Item Number 3</b>	
<b>Outcome</b>	This work is necessary to detect fire and raise an alarm.
<b>Suggested Action</b>	Carry out the recommendations of the fire alarm engineer and upgrade the current fire detection and alarm panel. The changes should be carried out and commissioned by a competent person.
<b>Reason</b>	Staff within the premises may not be able to identify the location of the fire delaying their escape.

<b>Item Number 4</b>	
<b>Outcome</b>	This work is necessary to make sure that escape routes (corridors, stairs and doors) can be safely used whenever they are needed.
<b>Suggested Action</b>	Ensure that all fire doors are properly tested and maintained.
<b>Reason</b>	The Fire risk assessment identified defects of various fire doors that had not been properly tested and maintained. This means that they could fail without warning or at the moment they are needed most and that people would be at risk in case of fire.

<b>Item Number 5</b>	
<b>Outcome</b>	This work is necessary to reduce the risk of the spread of fire.
<b>Suggested Action</b>	Ensure that 30 minute fire resistance is provided in the following locations so that fire and smoke cannot pass: Sub-compartment walls that should extend into the roof space.
<b>Reason</b>	The fire resistance of sub-compartment walls into the roof space may not be providing sufficient protection in case of fire and would affect people before they could escape.

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<b>DECISION-MAKER:</b>	Cabinet
<b>SUBJECT:</b>	<b>REFOCUSING MENTAL HEALTH SOCIAL WORK</b>
<b>DATE OF DECISION:</b>	<b>19<sup>TH</sup> SEPTEMBER 2023</b>
<b>REPORT OF:</b>	<b>COUNCILLOR FIELKER CABINET MEMBER FOR ADULTS, HEALTH AND LEISURE</b>

## CONTACT DETAILS

<b>Author</b>	<b>Title</b>	<b>Service Lead for Mental Health/AMHPs</b>		
	<b>Name</b>	Gary Spencer-Humphrey	<b>Tel:</b>	023 8083 3609
	<b>E-mail</b>	<a href="mailto:Gary.spencer-humphrey@southampton.gov.uk">Gary.spencer-humphrey@southampton.gov.uk</a>		
<b>Author</b>	<b>Title</b>	<b>Project Manager</b>		
	<b>Name</b>	Charlotte Webster		
<b>Executive Director</b>	<b>Title</b>	<b>Executive Director of Wellbeing and Housing</b>		
	<b>Name</b>	Claire Edgar	<b>Tel:</b>	023 8083 3045
	<b>E-mail</b>	<a href="mailto:Claire.edgar@southampton.gov.uk">Claire.edgar@southampton.gov.uk</a>		

## STATEMENT OF CONFIDENTIALITY

Appendix 1 is not for publication by virtue of categories 1, 2, 3, 4 and 5 paragraph 10.4 of the Access to Information Procedure Rules as set out in the Council's Constitution. The information is exempt from publication because it relates to the financial and business affairs of both the Council and specified third parties and is commercially sensitive. It is not in the public interest to disclose this financial information as it directly relates to a current contract. Additionally, it refers to legal advice and employee related matters.

## BRIEF SUMMARY

To consider the disaggregation of the current section 75 NHS Act 2006 agreement in place between Southampton City Council (SCC) and Southern Health NHS Foundation Trust (SHFT) in respect of the health and care integrated model of care provided in the city for our residents and transfer all social work functions to the Local Authority.

## RECOMMENDATIONS:

	(i)	To end the current section 75 arrangement between the Council and Southern Health Foundation Trust (SHFT) on 31/03/2024
	(ii)	Authorise the Director of Governance, Legal and HR and Executive Director of Wellbeing and Housing to take all actions needed, including any employment matters, to give effect to this resolution.

## REASONS FOR REPORT RECOMMENDATIONS

1.	The current section 75 NHS Act 2006 arrangement no longer provides the best value for the residents of Southampton in terms of maximising the social care and social work offer across young adults (aged 14+) adults (aged 18+) and families living with mental health needs in the city. If agreed this would bring an end to the integrated secondment arrangements in place with the Council and SHFT adult mental health. Council employees will return to adult
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	social care in a newly formed Mental Health and Wellbeing Hub to focus our duties on our core statutory responsibilities, whilst working in collaboration with SHFT, but not in an integrated service.
2.	A subsequent underuse of early intervention, preventative and community-based resources that has resulted in overreliance on high-cost placements, commissioned care package, supported living or 1:1 care.
3.	All mental health teams are presently in the bottom of the low performing teams across all adult social care services.
4.	An imbalance of workload division between health and social care and limited uptake of SHFT staff performing social care functions within the s75 arrangements are causing delays in the delivery of social care.
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
5.	Support the continuation of the section 75 model of integrated care, acknowledging the service is not performing to the requirements of the Council, with SHFT seeking an investment of £603,650 to increase the capacity and full-time equivalents (FTEs) of: social workers, case workers, senior leadership staff and administration staff as detailed in the exempt attached business case. This proposal has been rejected on the basis it does not represent a value for money return, and would bring further risk to the Council without additional senior management leadership oversight. Exempt Appendix 1 contains further detail.
<b>DETAIL (Including consultation carried out)</b>	
6.	In the autumn-winter of 2022, a scoping exercise was completed with 80% of Council staff working in the section 75 agreement and other non-section 75 mental health staff. Of those staff in the section 75, 70% expressed either a preference to work, or desire to be outside an integrated model of care mental health care (either specialist social work social care, or generic adult social care). 20% expressed neutral feelings towards both integrated model and non-integrated models, and 10% preferred the integrated approach which prompted their ability to undertake clinical and psychotherapies work. Of the non-section 75 mental health staff scoped, 100% advised the current section 75 prevented social workers from undertaking their core statutory duties.
7.	The Council has limited data with regards to all social care performance under the current section 75 agreement, and little evidence of equality across health and social care. However, we have conducted internal audits of work on CareDirector (the Council's case management system) and confirm that all mental health teams (total of 4) are in the lowest 4 performing teams across the Council, averaging collectively 0.9 assessments per practitioner a month. To compare this with a non-integrated mental health social work service, in a comparable Local Authority, social workers complete between 12 to 15 assessments per month per practitioner (source: Local Authority A, 2019) and between 14 and 16 per month for another Local Authority (source: Local Authority B, 2020). Both local authorities are of a similar size, demographic and within the south coast of England.

8.	We need to ensure equity of access to adult social care services for people living with a mental health and/or substance misuse need, regardless if they meet the condition for secondary care. We must have in place robust protocols and processes for being able to access all those with a presenting need, not just those who are at the severe and enduring elements of an illness or condition. We also need to have clear social care recording, information governance and information sharing systems in place. We need to ensure the Council has access to quality data and assurance that all responsibilities are being fulfilled for this group of people with protected characteristics around disability (mental health, substance misuse) and their families.
9.	Research by Lilo (2016) entitled 'Mental Health Integration Past, Present and Future' led by the ADASS National Mental Health Leads Network, sampled a range of English local authorities and their relationship with their health partners in having section 75 agreements. Data returned by 108 of the 148 councils in England owed that 55% had section 75 agreements, which involve some degree of integration of their social workers in NHS mental health teams, while 45% did not. 12 local authorities terminated or agreements or allowed their section 75 agreements to lapse (ending), citing that the arrangement did not prioritise the social care statutory duties, which led to poor outcomes under the Care Act 2014 for people in mental health services.
10.	Across the South Coast corridor, since 2016 there have been several significant dissolution of section 75 agreements, including Hampshire County Council who ended their section 75 agreement with SHFT in 2016, followed by the Isle of Wight Council ending their s75 the same year. Surrey County Council ended its section 75 relationship with Surrey and Borders in 2019 and West Sussex County Council ended its long-term arrangement with Sussex Partnership NHS Foundation Trust in 2020. Issues across these four local authorities match the same concerns outlined within this report and within the Full Business Case
11.	If Cabinet resolves to terminate the arrangement, we would formally notify SHFT in October 2023 that the Council will not renew the section 75 agreement, which expires naturally on 31 <sup>st</sup> March 2024 (unless extended by agreement from SHFT and SCC), thus allowing for a 6-month period of transition. The ending of the section 75 agreement will enable the Council's social work staff and team leaders to (re)focus practice towards our core statutory duties and responsibilities, resulting in support more people with mental health needs and their families, promoting better equitable access to social care support networks both in the city and those outside the city whom we own a duty to (under section 117 of the Mental Health Act 1983 (as amended 2007)). It also means we would benefit from higher quality personalised assessments and detailed support plans that promote independence, wellbeing and address early intervention and prevention. We can also work more closely with primary care networks and build closer links with non-statutory support services, none of which can be done in the current section 75 agreement.

**RESOURCE IMPLICATIONS**

**Capital/Revenue**

12.	There will be cost avoidance of premises charge at three work bases: Cannon House (West CMHT), Bittern Park (East CMHT) and College Keep (Central
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	CMHT). It is considered with our workforce working from home anywhere between 20-30% of their working week, this is no longer best value for money and SHFT are not able to negotiate costs. No additional cost is anticipated when social work staff return to the Civic Centre, as they shall be located at 1 <sup>st</sup> floor, North Block where the remaining 8 social work teams are located (Social Wellbeing Service, Learning Disabilities, Hospital Discharge Team, Substance Misuse, Adult Social Care Connect/Community Independent Service, Deprivation of Liberty Safeguard's and Approved Mental Health Professionals).
<b><u>Property/Other</u></b>	
14.	None
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
15.	Care Act 2014 Human Rights Act 1998 Disabled Persons (Services Consultations and Representation) Act 1986 Community Care (Delayed Discharges) Act 2003 Chronically Sick and Disabled Persons Act 1970 National Health Services Act 2006 Local Government Act 1972 Mental Health Act 1983 Mental Capacity Act 2005
<b><u>Other Legal Implications:</u></b>	
16.	By ending the section 75 agreement, some staff may change employers and be subject to Transfer of Undertakings (Protection of Employment) Regulations (TUPE). Required formal consultation and other Human Resources processes will be followed. There may be some additional costs in case workers following the Council's job evaluation process, but this will not require any additional budgetary commitment.  The Council has statutory duties under the Care Act 2014, the statutory guidance, and Regulations. This includes the duty to promote people's wellbeing and prevent needs escalating. Where it appears to a Local Authority that an adult may have needs for care and support the authority must assess whether the person has needs for care and support and if they do determine what those needs are. All assessments must be appropriate and proportionate and be completed in a timely fashion.
<b>RISK MANAGEMENT IMPLICATIONS</b>	
17.	There is a risk that the relationship between the Council and SHFT could be affected in a negative way. To minimise this, the Council will ensure open regular conversations of how the service moves forward and how we best collaborate moving forward as working cohesively is still key to delivering the service.
18.	There could be some instability in the service both for the Council and SHFT whilst the transition took place. Both sides would need to prepare thoroughly

	and ensure clear communications for staff and service users. Working collaboratively with SHFT on timings and processes will be key.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
19.	One of the four goals that form the SCC Corporate Plan 2022/30 is “Strong Foundations for Life”. Within this explicit mention is made to the importance of protecting and promoting “the physical and mental health and wellbeing of everyone who lives, works and learns in Southampton”.
20.	The Health and Wellbeing Strategy 2017-2025 identifies “Increas[ing] access to appropriate mental health services as early as possible and when they are needed”.

<b>KEY DECISION?</b>	<b>No</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	None
<u>SUPPORTING DOCUMENTATION</u>	
<b>Appendices</b>	
1.	Full Business Case - exempt
2.	Equality and Safety Impact Assessment
3.	Data Protection Impact Assessment

**Documents In Members’ Rooms**

1.	
2.	
<b>Equality Impact Assessment</b>	
<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>	<b>Yes</b>
<b>Data Protection Impact Assessment</b>	
<b>Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.</b>	<b>No</b>
<b>Other Background Documents</b>	
<b>Other Background documents available for inspection at:</b>	
<b>Title of Background Paper(s)</b>	<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>
1.	Mental Health Integration Past, Present and Future
2.	

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Document is Confidential

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## Data Protection Impact Assessment

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### Project Details

<b>Name of Project</b>
Refocusing Mental Health Social Work
<b>Brief Summary of Project</b>
This project aims to set out how we move forward for the Section 75 (s75) agreement between Southampton City Council (SCC) and Southern Health NHS Foundation Trust (SHFT) covering adult mental health (AMH) services in Southampton. It is duly submitted that to continue the s75 partnership in its current form is no longer financially viable for the Council, and as the paper highlights, is a costly service that has produced limited outcomes for both the Council and the residents of Southampton. Therefore, the recommendation to disaggregate is put forward.
<b>Estimated Completion Date</b>
15 <sup>th</sup> May 2024
<b>Name of Project Lead</b>
Charlotte Webster

### Details of Person Conducting DPIA

<b>Name</b>
Charlotte Webster
<b>Position</b>
Project Manager
<b>Contact Email Address</b>
Charlotte.webster@southampton.gov.uk

## Step 1: Identifying the need for a DPIA

### Does your project involve the processing of personal data by or on behalf of Southampton City Council?

“Personal Data” means information that relates to an individual, who can be identified (either by the information alone, or when combined with other information).

“Processing” means collecting, recording, organising, structuring, storing, adapting, altering, retrieving, consulting, using, disclosing, combining, restricting, erasing or destroying.

It should be integral to the project, and not just incidental to it.

Yes

No

If your project does **not** involve the processing of personal data by or on behalf of Southampton City Council, tick the declaration at the end of this section.

If your project **does** involve the processing of personal data by or on behalf of Southampton City Council, proceed to the next set of screening questions below.

### Does your project involve any of the following? (Not all may apply, tick those that do)

- The collection of new information about individuals
- Compelling individuals to provide information about themselves
- The disclosure of information about individuals to organisations or people who have not previously had routine access to the information
- The use of existing information about individuals for a purpose it is not currently used for, or in a way it is not currently used
- Contacting individuals in ways which they may find intrusive
- Making changes to the way personal information is obtained, recorded, transmitted, deleted, or held

**Are you planning to carry out any of the following? (Not all may apply, tick those that do)**

- Evaluation or scoring
- Processing of sensitive data or data of a highly personal nature
- Processing on a large scale<sup>1</sup>
- Processing of data concerning vulnerable data subjects
- Processing that involves preventing data subjects from exercising a right or using a service or contract

**Do you plan to...? (Not all may apply, tick those that do)**

- Use systematic and extensive profiling or automated decision-making to make significant decisions about people
- Process special-category data<sup>2</sup> or criminal-offence data on a large scale
- Systematically monitor a publicly accessible place on a large scale
- Use innovative technological or organisational solutions
- Use profiling, automated decision-making or special category data to help make decisions on someone's access to a service, opportunity or benefit
- Carry out profiling on a large scale
- Process biometric or genetic data
- Combine, compare or match data from multiple sources
- Process personal data without providing a privacy notice directly to the individual
- Process personal data in a way that involves tracking individuals' online or offline location or behaviour
- Process children's personal data for profiling or automated decision-making or for marketing purposes, or offer online services directly to them
- Process personal data that could result in a risk of physical harm in the event of a security breach

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<sup>1</sup> "Large scale" can mean the number of individuals involved, the volume of data, the variety of data, the duration of processing, or geographical area.

<sup>2</sup> Special category data is personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, genetic data, biometric data, data concerning health or data concerning a natural person's sex life or sexual orientation.

**If you have ticked any of these, please proceed to Step 2.**

If **none** of these apply, please tick the below box, and return the form to the Information Lawyer (Data Protection Officer) at [dataprotection@southampton.gov.uk](mailto:dataprotection@southampton.gov.uk)

None of the screening statements in Step 1 of this document apply to the project, and I have determined that it is not necessary to conduct a Data Protection Impact Assessment

## Step 2: Describe the processing

### Details of the Personal Data

#### What type of personal data is being processed? Tick all that apply

- Education and training details
- Employment details
- Family, lifestyle and social circumstances
- Financial details
- Goods or services provided and related information
- Personal details issued as an identifier (e.g. NHS Number)
- Personal details, including any information that identifies the data subject and their personal characteristics

#### What is the nature of the data?

**INFO:** Detail the type of personal data being processed. List any fields that will be processed (e.g. name, address, data of birth, NHS number, video images)

#### What special category / sensitive data is being processed? Tick all that apply

- Physical or mental health
- Religious or philosophical beliefs
- Trade union membership
- Sexual orientation
- Criminal record
- Criminal proceedings
- Racial or ethnic origin
- Political opinions
- Biometric or Genetic data
- No special category / sensitive data

#### What is the nature of the special category / sensitive data? Please provide further information

**Does the project involve the use of social care data?**

Yes

No

**Does the project utilise existing and established IT systems, or require the use / procurement of a new system?**

Existing / established system

New system

### **The nature of the processing**

**Briefly describe the flow of personal data**

**INFO:** Describe “the journey” of the data, from the point of collection from the data subject, through the various parties and departments involved.

**How will the data be collected?** E.g. via form, system transfer, face to face etc.

**How will the data be used?**

**How will the data be stored?**

**How will the data be deleted?** E.g. Manually, via automated process etc.

**What is the source of the data?** i.e. What is the flow of data into the Council?

**Will you be sharing data with anyone?**

**INFO:** If yes, please provide details

**If so, how will the data be transferred?**



**If the data is being shared, will this be governed by an agreement? e.g. contract, data sharing agreement, data processing agreement**

**Describe the scope of the processing**

**How often will the data be collected and used?**

**How long will you keep the data, and how is this length of time justified?**

**Is the time period reflected in the Council's Retention Schedule?**

<https://staffinfo.southampton.gov.uk/information-governance/records-management/retention.aspx>

**INFO:** Please specify the corresponding entry on the Council's Retention Schedule. If unsure, contact the Information Officer (Data Management): [records.management@southampton.gov.uk](mailto:records.management@southampton.gov.uk)

**How many individuals are affected?**

**What geographical area does it cover?**

**Describe the context of the processing**

**What is the nature of your relationship with the individuals?**

**INFO:** Detail who the data subjects will be (e.g. residents, carers, pupils, staff, professionals)

**How much control will they have over their data? Will they be able to change it, access it, delete it etc.?**

**Would they reasonably expect the Council to use their data in this way?**

**INFO:** Please provide details to support your answer

**Do they include children or other vulnerable groups?**

**INFO:** If yes, please provide details

**Are you aware of any prior concerns over this type of processing or security flaws?**

**INFO:** If yes, please provide details

**Is the processing novel in any way?** E.g. do other local authorities have a similar process in place?

**INFO:** If yes, please provide details

**Are there any current issues of public concern that should be considered?**

**INFO:** If yes, please provide details

**Describe the purposes of the processing**

**What do you want to achieve?**

**What is the intended effect on individuals?**

**What are the benefits of the processing – for the Council, and more broadly?**

**INFO:** Please confirm which of the Council's key outcomes this will support, and how

**Outcome:**

- Southampton has strong and sustainable economic growth
- Children and young people get a good start in life
- People in Southampton live safe, healthy, independent lives
- Southampton is an attractive modern city, where people are proud to live and work

**Please explain how the outcome is met**

## Step 3: Consultation

### Consider how to consult with relevant stakeholders

**Do you think it's necessary to consult with the public about the processing?**  
If not, why?

**INFO:** Please provide details to support your answer

**Who else do you need to involve, or have you already involved within the Council?**

**INFO:** e.g. IT services, records management

**Do you plan to consult IT, external information security experts, or any other experts?** If not, why?

**INFO:** Please provide details to support your answer

## Step 4: Assess necessity and proportionality

### Describe compliance and proportionality measures

**What do you consider your lawful basis for processing to be?** Please choose one of the following...

**INFO:** There should generally only be one legal basis for processing.

- The data subject has given consent
- The processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract
- The processing is necessary for compliance with a legal obligation to which the Council is subject
- The processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the Council
- The processing is necessary for the purposes of the legitimate interests pursued by the Council or by a third party

**Please provide further information to support this**

**INFO:** For example, if the processing is necessary in order for the Council to perform a statutory function, detail the relevant legislation.

**Why is the processing deemed necessary?**

**INFO:** e.g. Is the Council under an obligation to provide a service, or is there a particular problem that the project is trying to address?

**Does the processing actually achieve your purpose?**

**INFO:** Please provide details to support your answer

**Is there another way to achieve the same outcome?**

**INFO:** Please details to support your answer

**How will you prevent function creep?**

**INFO:** Function creep is where data collected for one purpose is used for another purpose over time.

**How will you ensure data quality and data minimisation?**

**INFO:** We should only use the minimum amount of personal data possible to achieve the purpose of the processing.

**What information will you give individuals about the processing?**

**Aside from existing corporate processes, will there be any additional measures in place to support individuals exercising their privacy rights?**

**INFO:** Data subject's rights include the right to access, rectify, erase, port, and restrict their data.

Additional measures could include self-service options to enable individuals to change / update their personal data, or download copies of their data

**If a third party is carrying out the processing on our behalf, what measures will be in place to ensure they comply with the UK GDPR, and assist the Council in supporting individuals in exercising their rights?**

**INFO:** E.g. will there be a contract in place with the third party that contains data protection obligations?

**How do you safeguard any international transfers of personal data?**

**INFO:** If there are no international transfers involved, please state this

## Step 5: Send DPIA Form to the Data Protection Officer

After completing this part of the form, please send the document to the Information Lawyer (Data Protection Officer) at [dataprotection@southampton.gov.uk](mailto:dataprotection@southampton.gov.uk)  
The DPO will review the information provided, and identify and assess the privacy risks.

## Step 6: Identify and assess risks (DPO to complete)

Describe source of risk and nature of potential impact on individuals. Include associated compliance and corporate risks as necessary.	Likelihood of harm	Severity of harm	Overall risk
1.	Remote Possible Probable	Minimal Significant Severe	Low Medium High
2.	Remote Possible Probable	Minimal Significant Severe	Low Medium High
3.	Remote Possible Probable	Minimal Significant Severe	Low Medium High
4.	Remote Possible Probable	Minimal Significant Severe	Low Medium High
5.	Remote Possible Probable	Minimal Significant Severe	Low Medium High
6.	Remote Possible Probable	Minimal Significant Severe	Low Medium High

## Step 7: Identify legal basis and measures to reduce risk (DPO to complete)

Condition(s) for Processing
<b>Personal Data</b>
<input type="checkbox"/> The data subject has given consent <input type="checkbox"/> The processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract <input type="checkbox"/> The processing is necessary for compliance with a legal obligation to which the Council is subject <input type="checkbox"/> The processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the Council <input type="checkbox"/> The processing is necessary for the purposes of the legitimate interests pursued by the Council or by a third party
<b>Further Information</b>
<b>Special Categories of Personal Data</b>
<input type="checkbox"/> The data subject has given explicit consent <input type="checkbox"/> The processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the controller or of the data subject in the field of employment and social security and social protection law <input type="checkbox"/> The processing is necessary for reasons of substantial public interest <input type="checkbox"/> The processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems <input type="checkbox"/> The processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes <input type="checkbox"/> No special category data being processed
<b>Further Information</b>

**Data Protection Act 2018 Schedule 1 Condition****Further Information****Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in step 5**

<b>Risk</b>	<b>Options to reduce or eliminate risk</b>	<b>Effect on risk</b>	<b>Residual risk</b>
1.		Eliminated Reduced Accepted	Low Medium High
2.		Eliminated Reduced Accepted	Low Medium High
3.		Eliminated Reduced Accepted	Low Medium High
4.		Eliminated Reduced Accepted	Low Medium High
5.		Eliminated Reduced Accepted	Low Medium High
6.		Eliminated Reduced Accepted	Low Medium High

**Comments from the Data Protection Officer**



**Comments from the Information Officer (Data Management)**

**Comments from the Head of IT**

## Step 8: Sign off

Item	Date	Notes
DPO reviewed DPIA and provided advice on:		DPO should advise on compliance, step 7 measures and whether processing can proceed
Information Officer (Data Management) reviewed DPIA on:		SRO should advise on records management matters
Head of IT reviewed DPIA on:		Head of IT should advise on IT security matters
Measures approved by Project Lead on:		Integrate actions back into project plan, with date and responsibility for completion
Comments from Project Lead:		
Residual risks approved by Information Asset Owner / Administrator on:		The relevant IAO or IAA is required to accept any residual risks associated with the processing.
Comments from IAO / IAA:		
Project approved by Caldicott Guardian (CG) on:		The relevant Caldicott Guardian is required to approve any project involving the processing of social care data.
Comments from CG:		
Residual high risks approved by the Senior Information Risk Owner (SIRO) on:		If accepting any residual high risk, consult the ICO before going ahead
Comments from SIRO:		

## Step 9: Review

Item	Date	Comments
DPO reviewed DPIA on:		
Date of next review:		

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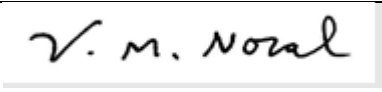
## Equality and Safety Impact Assessment

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

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

<p><b>Name or Brief Description of Proposal</b></p>	<p>Refocusing Mental Health Social Work</p>
<p><b>Brief Service Profile (including number of customers)</b></p>	<p>The section 75 NHS Act 2006 allows Local Authorities to work in co-operation with health authorities to deliver conjoined services. In Southampton, we provide our core adult mental health social work service in an integrated care approach with social work staff in Community Mental Health Teams (CMHTs), an Assertive Outreach Team (called SOT) and a Crisis and Home Treatment Team (CRHTT). We currently support in 323 clients (according to PowerBI under the primary support reason of mental health – both active and legacy service receiving a service from SCC) with the majority receiving a mixture of a health and social care service from social work and non-social work healthcare professionals.</p>
<p><b>Summary of Impact and Issues</b></p>	<p>Change of working practice will require some embedding and reorientation of space and time. Relationship/partnership challenges with SHFT around the decision to disaggregate. Short term impact on relationship with clients / residents around change/new Care Coordinator and handover phase which requires careful and compassionate planning with SHFT staff and SCC staff. Short-term impact on staff around relocation and reordination to social work practice.</p>
<p><b>Potential Positive Impacts</b></p>	<p>Enhanced compliance of all our core statutory duties, including safeguarding, early intervention and prevention and a re-focus on the Corporate Plan 2022/30, as we shall have control of our own SCC staff. Increase productivity: early intervention and prevention agenda, no ‘<i>severe and enduring</i>’ health-based criteria shall apply to accessing</p>

	<p>services and transformation movement towards the 'Social Work for Better Mental Health' statement (DOH).</p> <p>Social work professionals will be line managed, supported, and supervised by other social work managers.</p> <p>Improving our ability to respond to proposed changes, such as safeguarding the future of LPS, White Paper (Mental Health Act) and increasing our ability to train AMHPs, BIAs/AMCPs and revisit community-based models of practice (Asset-Based Community Development)</p> <p>Be able to offer mental health expertise to our social work teams across the Council.</p> <p>In year and ongoing savings.</p>
<b>Responsible Service Manager</b>	<b>Gary Spencer-Humphrey</b>
<b>Date</b>	<u>03/07/2023</u>

<b>Approved by Senior Manager</b>	<u>Vernon Nosal</u>
<b>Signature</b>	
<b>Date</b>	<u>03/07/23</u>

### Potential Impact

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>Age</b>	None identified	
<b>Disability</b>	Whilst developing a new model of social care mental health structure, there may be in the short-term misunderstanding of the new role of a Mental Health Social Worker.	We shall ensure that patients are made aware in advanced if they are going to have a transition to a new worker. We shall transition the worker before the s75 disaggregates and NHS Health shall monitor the person's welfare and wellbeing in accordance with their NHS duties under the NHS Act 2006. The Senior Manager for Mental Health (or a deputy) shall chair a bi-weekly Transfer of Care meeting towards the end period

		of disaggregation (which will last for 6 weeks).
<b>Gender Reassignment</b>	None identified	
<b>Marriage and Civil Partnership</b>	None identified	
<b>Pregnancy and Maternity</b>	None identified	
<b>Race</b>	None identified	
<b>Religion or Belief</b>	None identified	
<b>Sex</b>	None identified	
<b>Sexual Orientation</b>	None identified	
<b>Community Safety</b>	None identified	
<b>Poverty</b>	None identified	
<b>Other Significant Impacts</b>	None identified	

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