

Co-operative Executive

Wednesday 16 March 2022 at 1.30 pm

To be held at the Town Hall,
Pinstone Street, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillor Terry Fox	(Leader of the Council)
Councillor Julie Grocutt	(Deputy Leader and Executive Member for Community Engagement and Governance)
Councillor Mazher Iqbal	(Executive Member for City Futures: Development, Culture and Regeneration)
Councillor Jayne Dunn	(Executive Member for Education, Children and Families)
Councillor Cate McDonald	(Executive Member for Finance and Resources)
Councillor George Lindars- Hammond	(Executive Member for Health and Social Care)
Councillor Paul Wood	(Executive Member for Housing, Roads and Waste Management)
Councillor Douglas Johnson	(Executive Member for Climate Change, Environment and Transport)
Councillor Paul Turpin	(Executive Member for Inclusive Economy, Jobs and Skills)
Councillor Alison Teal	(Executive Member for Sustainable Neighbourhoods, Wellbeing, Parks and Leisure)

PUBLIC ACCESS TO THE MEETING

The Co-operative Executive discusses and takes decisions on the most significant issues facing the City Council. These include issues about the direction of the Council, its policies and strategies, as well as city-wide decisions and those which affect more than one Council service. Meetings are chaired by the Leader of the Council, Councillor Terry Fox.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda. Members of the public have the right to ask questions or submit petitions to Co-operative Executive meetings and recording is allowed under the direction of the Chair. Please see the [website](#) or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Co-operative Executive meetings are normally open to the public but sometimes the Co-operative Executive may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. Please see the Council's website for details of how to access the remote meeting.

Co-operative Executive decisions are effective six working days after the meeting has taken place, unless called-in for scrutiny by the relevant Scrutiny Committee or referred to the City Council meeting, in which case the matter is normally resolved within the monthly cycle of meetings.

PLEASE NOTE: Meetings of the Co-operative Executive have to be held as physical meetings. If you would like to attend the meeting, you must register to attend by emailing committee@sheffield.gov.uk at least 2 clear days in advance of the date of the meeting. This is necessary to facilitate the management of attendance at the meeting to maintain social distancing. In order to ensure safe access and to protect all attendees, you will be required to wear a face covering (unless you have an exemption) at all times when moving about within the venue.

It is also recommended that you undertake a Covid-19 Rapid Lateral Flow Test within two days of the meeting. You can order tests online to be delivered to your home address, or you can collect tests from a local pharmacy. Further details of these tests and how to obtain them can be accessed here - Order coronavirus (COVID-19) rapid lateral flow tests - GOV.UK (www.gov.uk). We are unable to guarantee entrance to observers, as priority will be given to registered speakers. Alternatively, you can observe the meeting remotely by clicking on the 'view the webcast' link provided on the meeting page of the website.

If you require any further information please contact Abby Hodgetts on 0114 273 5033 or email abby.hodgetts@sheffield.gov.uk.

**CO-OPERATIVE EXECUTIVE AGENDA
16 MARCH 2022**

Order of Business

- 1. Welcome and Housekeeping Arrangements**
- 2. Apologies for Absence**
- 3. Exclusion of Public and Press**
To identify items where resolutions may be moved to exclude the press and public
- 4. Declarations of Interest** (Pages 7 - 10)
Members to declare any interests they have in the business to be considered at the meeting
- 5. Minutes of Previous Meeting** (Pages 11 - 30)
To approve the minutes of the meeting of the Cabinet held on
- 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public
- 7. Items Called-In For Scrutiny**
The Director of Legal and Governance will inform the Cabinet of any items called in for scrutiny since the last meeting of the Cabinet
- 8. Retirement of Staff** (Pages 31 - 34)
Report of the Executive Director, Resources.
- 9. Procurement of Support for Children and Young People Affected by Domestic Abuse** (Pages 35 - 44)
Report of the Executive Director, People Services
- 10. Proposed Use of Domestic Abuse Funding from Central Government for Specialist Support for Domestic Abuse Survivors/Victims in Safe Accommodation** (Pages 45 - 58)
Report of the Executive Director, People Services.
- 11. Procurement of Safe Supported Accommodation for Domestic Abuse** (Pages 59 - 74)
Report of the Executive Director of People Services.
- 12. Maintaining a Stable Adult Social Care Market** (Pages 75 - 330)
Report of the Executive Director, People Services

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| 13. | The Future of Buckwood View Nursing Care Home
Report of the Executive Director, People Services. | (Pages 331 -
350) |
| 14. | Working together with the NHS in Sheffield: Future Vision and Governance'
Report of the Executive Director, People Services | (Pages 351 -
362) |
| 15. | Advocacy Hub contract extension
Report of the Executive Director, People Services | |
| 16. | Living the life you want to live - Adult Health and Social Care Strategy 2022-2030
Report of the Executive Director, People Services | (Pages 363 -
450) |
| 17. | Secondary Mainstream School Expansions Update
Report of the Executive Director, People Services. | (Pages 451 -
474) |
| 18. | South Yorkshire Local Heritage List
Report of the Executive Director, Place | (Pages 475 -
494) |
| 19. | Community Infrastructure Levy (CIL) in the context of Neighbourhood Plans.
Report of the Executive Director, People Services. | (Pages 495 -
502) |
| 20. | City Centre Strategic Vision
Report of the Executive Director, Place | (Pages 503 -
654) |
| 21. | 10 Point Plan for Addressing Climate Change
Report of the Executive Director, Place | (Pages 655 -
716) |
| 22. | Stocksbridge Town's Fund Programme Update
Report of the Executive Director, Resources | (Pages 717 -
728) |
| 23. | Month 10 Capital Approvals 2021/22
Report of the Executive Director, Resources. | (Pages 729 -
774) |
| 24. | Disposal of Land at Prince of Wales Road, Manor Top
Report of the Executive Director, Place. | (Pages 775 -
784) |
| 25. | Procurement of existing Housing software solution and document management IT systems
Report of the Executive Director, Place. | (Pages 785 -
806) |

26. Future Delivery of Mental Health Social Care

(Pages 807 -
818)

Report of the Executive Director, People Services.

NOTE: The next meeting of Co-operative Executive will be held on Thursday 24 March 2022 at 11.00 am, this will be a special meeting.

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest (DPI)** relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses 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.

*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
 - under which goods or services are to be provided or works are to be executed; and
 - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
 - the landlord is your council or authority; and
 - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
 - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
 - (b) either -
 - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
 - 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, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Audit and Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

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SHEFFIELD CITY COUNCIL

Co-operative Executive

Meeting held 16 February 2022

PRESENT: Councillors Julie Grocutt (Deputy Chair), Mazher Iqbal, Jayne Dunn, Cate McDonald, George Lindars-Hammond, Paul Wood, Douglas Johnson, Paul Turpin and Alison Teal

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Terry Fox. Apologies were also received from Kate Josephs, John Macilwraith and Mick Crofts.

2. EXCLUSION OF PUBLIC AND PRESS

2.1 It was reported that the appendix to the following report was not available to the public and press because it contained exempt information described in Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 (as amended), relating to the financial or business affairs of any particular person. Accordingly, if the content of the appendix was to be discussed, the public and press would be excluded from the meeting:-

<u>Item No.</u>	<u>Title</u>	<u>Excluded Appendix</u>
15	Procurement of Business Rates and Document Management IT Systems	Appendix 1 and 2

3. DECLARATIONS OF INTEREST

3.1 No declarations of interest were made.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of meetings of the Co-Operative Executive held on 19th January 2022 were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Christine Rose was in attendance and asked the following question: “I am representing the Women’s Equality Party. This year we are mainly focussing on doing everything we can to end male violence against women and girls. I don’t need to list the reasons why this is so important, but they range from the number of women killed by men, the low levels of prosecution in rape cases, the appalling misogynistic behaviour recently uncovered in the Met police, to everyday

examples of street sexual harassment.

We are angry that it is always women who are told to change their behaviour and mostly women who campaign against VAWG. It is men who carry out the violence and harassment and it is men who need to change their behaviour.

Therefore, we support the White Ribbon campaign which is the leading charity working to end male violence against women. They encourage everyone, especially men and boys, to make the White Ribbon Promise to never commit, excuse or remain silent about MALE violence against women and girls.

We are asking that Sheffield City Council to commit to gaining White Ribbon This would mean, amongst other things, appointing male ambassadors, both Councillors and Senior Officers to work on this.

We NEED a timetable for gaining accreditation and the development of a 3-year White Ribbon action plan to implement this.

This has the potential to reach a wide range of people and improve the lives of women and girls in Sheffield significantly. Everyone should have the right to not live in fear and to feel safe wherever they are in our City. So, will you commit to bring a joint motion to full council, within 6 months, setting out your intention to achieve White Ribbon accreditation by April 2023?"

Councillor Alison Teal responded. She stated that the White Ribbon cause was close to her heart. She said that as she had COVID-19, she had been unable to attend Council when the issue was last discussed. Councillor Teal stated that it was her understanding that White Ribbon status would involve the Council agreeing to phase out or remove sexual entertainment venues. She said that in order to do this the decision needed to go through the Licensing Committee. Councillor Teal said she had spoken with Clare Bower, the Legal Officer who assisted the Licensing Committee, and stated that Ms Bower was working on a draft of the Sex Establishment Policy which would be presented in April 2022. Councillor Teal stated she hoped there would be support for this report. She added that she felt this industry breached the Public Sector Equality duty due to the different employment circumstances of male employees and female employees. Councillor Teal said that Councillor Douglas Johnson had raised this issue previously. She said that she was fully supportive of White Ribbon accreditation and added that she would do all she could to support the initiative.

- 5.2 Russell Johnson was in attendance to ask a number of public questions. Mr Johnson asked: "Firstly, may I ask the Deputy Leader for an apology for the mishandling of my Public Questions at this month's Full Council?"

Councillor Julie Grocutt, Deputy Leader, apologised to Mr Johnson and explained that an administrative error had taken place. She said she was aware that an apology had also been emailed to Mr Johnson.

Mr Johnson thanked Councillor Grocutt for the apology.

Mr Johnson asked: 'I have been concerned about several matters that have called into question the quality of political leadership of the Council. Three matters, though themselves separate, are connected in highlighting a number of cultural shortcomings that characterise the organisation.

The Councillor Iqbal Affair

After a year of 'investigation' of serious allegations regarding a senior Elected Member, the Leader is quoted as saying:

"The independent recommendations completely exonerate Councillor Iqbal - drawing a firm line under this matter"

Yet the Committee looking at this found that

'The sub-committee ... were deeply concerned about the seeming acceptability of the day-to-day behaviours of senior officers and members illustrated by the complaint.

In the sub-committee's view, the subject member did not always model the behaviours expected of a senior member of the council and this type of behaviour should not have gone unchecked.'

This appears contradictory.

Moreover, the Sub-Committee did not consider all the allegations made by Mr Ogden.

Does the Deputy Leader understand why the public might be sceptical about the legitimacy of the 'exoneration'? Will she express on the record unreserved confidence in the integrity of the Councillor concerned whose role involves interacting with Officers and commercial developers? Will the Deputy Leader reassure the public that the recommendations of the Consideration Sub-committee regarding Member-Officer Protocols, development training for senior officers and Members to improve behaviours, including engaging the whips to encourage participation are being vigorously pursued? And provide a progress report?

The Interim Chief Executive Scandal

SCC three times refused to be open about the costs of employing Charlie Adan after the departure of John Mothersole. The first time in response to a PQ of mine, then twice in connection with an FOIR. Eventually, the truth was forced from a less than transparent Council: eye-watering amounts paid to create an unnecessary short-term post.

Does the Labour Group now regret the enormous expenditure at a time of severe pressure on Council resources? Could the monies have been deployed for the citizens' greater benefit?

Assault Allegations Concerning a Senior Councillor

At December Full Council at the Octagon building, it has been reported that a senior Labour Councillor behaved in an aggressive and unacceptable manner towards a member of the public, pulling down his mask against his wishes. Furthermore, a video is freely circulating that appears to show the Leader himself adopting an aggressive manner and shouting at a person outside the hall.

Does the Deputy Leader agree with me that this kind of behaviour does not tend to enhance the Council's or the Labour Party's reputations? Does Councillor Grocutt believe that it is the responsibility of the Leader of a major Council to model civil and courteous behaviour to set an appropriate example?

Will she express regret on behalf of the Leader and explain the nature and timing of the 'training' that Cllr Damms has been asked to attend as part of the disciplinary process?"

Councillor Grocutt apologised for Councillor Iqbal leaving the meeting. She stated that she had unreserved confidence in his integrity. She said that the position was shared by the Leader. She said she had acknowledged that the report findings noted areas within the organisation, both cultural and structural, which required improvement and she stated the Council was committed to working with officers and others on those.

With regards to the second question, Councillor Grocutt stated that there was a Member Development programme which had been put together and she said that the Council was committed to ensuring all members had training and the support that they needed to support the city.

In relation to the question about December Full Council, Councillor Grocutt stated that Councillors and members of the leadership team abided, to the best of their ability, to the Nolan Principles of Public Life. She added that she felt it was not appropriate for her to comment on matters relating to individual Councillors.

In relation to the employment of Charlie Adan, she said she would respond to Mr Johnson outside of the meeting.

Councillor Cate McDonald added a response and stated: "The Council acted transparently throughout the appointment of an interim Chief Executive following the departure of John Mothersole. This included Full Council agreement to the proposed arrangement of the appointment of an interim Chief Exec with knowledge of the potential costs, the procurement process to identify potential candidates, the appointment decision being made by a senior officer appointment committee and responding to six separate FOI requests and two ICO investigations. The only information withheld was that which was clearly personal data and the contractual costs of the arrangement which was deemed to be commercially sensitive.

Invoices covering the costs of the interim Chief Executive were published monthly as part of our transparency reporting. The Information Commissioner partly upheld an appeal and requested that the council release the contractual costs for

the supply of the interim Chief Executive, and we have complied with this.

Let me be absolutely clear. This matter was dealt with throughout by the Council; not a single political group.”

Mr Johnson stated he did not refer to the Labour Group in relation to Charlie Adan, but instead in relation to Councillor behaviours.

Mr Johnson asked the following questions:

“The public are still experiencing lengthy delays in FOIRs, SARs and Formal Complaints. One recent much delayed SAR was only provided after a threat of legal action. Then delivered with excessive redaction. This situation persists despite assurances to the contrary since the current Chief Executive has been in post.

Does the Leader understand that it is particularly important to address this as the Independent Inquiry into the Street Tree Scandal is getting under way, and the serious implications of continuing poor performance for the image of the Council?

Please would the appropriate Co-Operative Exec member provide an update on the independent investigation into the Council’s misuse of LPP?

Now that our esteemed Prime Minister has effectively signalled the end of Covid restrictions, has SCC decided when we will return to Full Council in the Chamber, with Public Questions notifiable on the day?”

In relation to Freedom of Information requests, Councillor Grocutt stated the Council had a professional team of officers who worked diligently to deal with the volume of requests received. She added that the Council was committed to clearing the backlog created when staff were being deployed during the COVID-19 pandemic. Councillor Grocutt stated that redaction was an appropriate part of disclosure and applied in accordance with regulations.

She said that the Street Tree Enquiry would determine the documentation required as it progressed and added that the Council would support this progress.

In relation to Legal Professional Privilege, Councillor Grocutt stated that the process undertaken involved the input of external lawyers in order to provide an independent point of view. She stated that obtaining this advice, along with the amount of evidence gathered, had resulted in the matter taking longer to conclude than hoped by the Council. She stated that the matter would be concluded shortly. Councillor Grocutt said that the complainant and those affected by the process had been updated throughout, and she added that she felt it would not be appropriate to provide a further update publicly until those involved had been contacted.

In relation to Public Questions, Councillor Grocutt stated that the Council intended to return to the Town Hall for March’s Extraordinary meeting. She said that the Council would continue to ask for Public Questions to be submitted in advance in

order to allow the Council to monitor the number of attendees and to keep those attending as safe as possible.

- 5.3 Abby Hodgetts read out the following Public Questions, submitted by Ruth Hubbard:

“Can you confirm – in line with the expectations of citizens - that the situation with our council’s CEO is being treated as a ‘disciplinary’ matter?”

I would appreciate a very clear yes or no answer on this as I know many others would.

Public statements from the council have emphasised the need to follow procedures. Given this is so clearly a disciplinary matter (with multiple elements and implications), can you explain why the procedures outlined in the Senior Officer Employment Regulations do not appear to be being followed? This might well be an extraordinary situation but what is the laid down procedure being followed? Or are you making it up as you go along?

Can you clarify who is advising Members on this and is this advice internal or external?

Who is the ‘investigator’ and how long do you expect an investigation to take place? Is the completion of SCC’s investigation partly dependent upon the outcome of the Metropolitan Police investigation and, if so, why? (Does the council believe there is only a problem if a penalty fine notice is, or is not, issued?)

Can the Cabinet affirm this council’s commitment (in principle and practice) to the Nolan Principles, or does it intend to pursue the utterly disgraceful example of Number 10 in seeing what can be got away with, ignored, or lied about?”

Councillor Grocutt stated that a written response would be submitted to Ms Hubbard in her absence.

6. ITEMS CALLED-IN FOR SCRUTINY

- 6.1 It was noted that there had been no items called-in for scrutiny since the last meeting of the Co-Operative Executive.

7. RETIREMENT OF STAFF

The Executive Director, Resources submitted a report on Council staff retirements.

RESOLVED: That this Co-operative Executive :-

(a) places on record its appreciation of the valuable services rendered to the City Council by the following staff in the Portfolios below:-

<u>Name</u>	<u>Post</u>	<u>Years' Service</u>
<u>Place</u>		
Carol Archer	Passenger Assistant, Transport Services	21
Beverley Birch	Neighbourhood Officer	37
Jan Warwick	Market Operations Officer	31
<u>People Services</u>		
Debbie Marshall	Senior Portage Home Visitor	43
Debra Walker	Safeguarding Liaison Officer, Mossbrook School	38

(b) extends to them its best wishes for the future and a long and happy retirement; and

(c) directs that an appropriate extract of this resolution under the Common Seal of the Council be forwarded to them.

8. SHEFFIELD (LOCAL) PLAN SPATIAL OPTIONS

8.1 The report set out the overall spatial options for meeting future development needs in Sheffield in the period to 2039. The overall aim of that process is for the Council to reach a decision on a preferred approach in advance of producing the Publication Draft Sheffield Plan (to be published for public consultation in October 2022).

8.2 **RESOLVED:** That Co-operative Executive:-

notes the advice provided by both the Climate Change, Economy and Development Transitional Committee and full Council and agrees that Option 3 (as set out in paragraph 1.7.12 of the Appendix to this report) is the preferred spatial option that should be taken forward in the Publication (Pre-Submission) Draft Sheffield Plan.

8.3 Reasons for Decision

8.3.1 Officers require a clear steer on the preferred approach before the details can be worked in the full Publication Draft Plan and before further public consultation takes place in autumn 2022.

8.3.2 The options set out in this report mean there are difficult choices to be made between social, economic and environmental objectives and a thorough cross-

party engagement process is desired to mitigate the risk of the draft plan being rejected by full Council at a later stage.

8.4 Alternatives Considered and Rejected

8.4.1 The main spatial options relating to the scale and location of future development are already set out in sections 1.6 and 1.7 of the report.

8.4.2 Officers could have worked on producing the Publication Draft Local Plan without seeking a specific Member steer on the overall spatial approach. However, to date, it has proved difficult to build a consensus on what is the correct approach for the city; in particular, there has been considerable concern on whether land should be removed from the Green Belt in order to provide more land for development. Without a thorough cross-party engagement process on the overall spatial approach, there would be a very significant risk of the Publication Draft Plan being rejected by full Council.

8.5 Any Interest Declared or Dispensation Granted

None

8.6 Reason for Exemption if Public/Press Excluded During Consideration

None

8.7 Respective Director Responsible for Implementation

Executive Director, Place

8.8 Relevant Scrutiny and Policy Development Committee If Decision Called In

Overview and Scrutiny Management Committee

9. PLANNING SERVICE INCOME ACTIVITIES

9.1 Fees and charges related to several activities carried out by the Planning Service and Place Hub have not been reviewed for some time and this results in a service which costs more to deliver than is received in fees.

Previously agreed mechanisms for funding Neighbourhood Planning work have not allowed for a dedicated resource to be put in place. An alternative approach is needed to bring greater continuity to the role.

This report reviews the following matters:

- The charges for pre-application advice in relation to Town Planning matters;
- The need to introduce an administrative fee for the receipt of applications not lodged via the Planning Portal to reflect the additional administrative burden that this results in;
- The charges levied for the Planning Searches function undertaken by the Place Hub; and

- The funding regime for Neighbourhood Planning work.

The proposed changes will better reflect the actual cost of the delivery of these services and are in places fundamental to help deliver the proposals set out in the Planning Service Restructure (MER 476).

It is proposed to update fees and charges to more closely reflect the actual cost of the service provided (balanced against a benchmarking exercise to ensure that the charges are not at odds with the charges levied in other Core Cities) and to build in a mechanism to update the fees on an annual basis in line with inflation.

In relation to Neighbourhood Planning, it is proposed to update the funding arrangements in order to support a full-time post dedicated to the development of Neighbourhood Plans by seeking approval to use Community Infrastructure Levy (CIL) income to provide dedicated neighbourhood planning support to local communities to develop their neighbourhood plans. This represents the implementation of the Cabinet decision 8.2(a) taken on 17 October 2018.

9.2 **RESOLVED:** That Co-operative Executive:-

1. Approve the Head of Planning's recommendation to use the 10% of CIL neighbourhood portion funding that has/will be retained to support the development of neighbourhood plans (in accordance with the Cabinet decision of 17 October 2018) to fund one full-time post in the Planning Service dedicated to supporting local communities in developing their neighbourhood plans;
2. Approve that the schedule of pre-application fees set out in Appendix 1 be introduced on 01 April 2022;
3. Approve that the Director of City Growth (or future equivalent role) has authority to make future changes to pre-application charges in line with the time recording data analysed on an annual basis;
4. Approve the administrative fee for receiving planning and building control applications which are not submitted on the national Planning Portal and the increased expedited Planning Search Fees, as set out in the report, be introduced on 1 April 2022; and
5. Approve that all of these fees can be increased on an annual basis in line with inflation.

9.3 **Reasons for Decision**

- 9.3.1 The proposal in relation to CIL being used to support Neighbourhood Planning will implement the Cabinet decision of October 2018. It will help to support the production of new neighbourhood plans, a function that is a statutory requirement for the Council. It will support the Council's approach to ensuring people can get involved in making a difference to their local communities. This is in line with the implementation of the new One Year Plan and Local Area Committees (LACs) that

will put decision making at the heart of local areas and bring decision making closer to local people. The proposals that were previously consulted upon received broad support during public consultation.

- 9.3.2 The proposal to increase fees in relation to discretionary areas of service will help support a properly resourced Planning Service which is better equipped to deliver on the Council's objectives of promoting sustainable development; delivering economic, social and environmental improvements; helping to build a strong economy; supporting strong, vibrant and healthy communities; at the same time as trying to mitigate and adapt to climate change whilst also protecting and enhancing Sheffield's natural, built and historic environment.

9.4 Alternatives Considered and Rejected

- 9.4.1 As the CIL funding is already ring-fenced to neighbourhood planning, the only other options are to use it to support neighbourhood planning in an alternative way. However, as the Council is the statutory body responsible for supporting neighbourhood plans and approving them, the best option is for the Council to use the CIL resources to help carry out its statutory function by creating an additional post within the Planning Service.

- 9.4.2 The only other option in relation to the proposals to increase discretionary fees across the board would be to reduce the level of service currently provided or to stop some discretionary services altogether. This would result in the loss of revenue, a consequent need to reduce staff numbers and a major reduction in the quality of service to members of the public and business customers at a time when demands are already exceeding expectations.

9.5 Any Interest Declared or Dispensation Granted

None

9.6 Reason for Exemption if Public/Press Excluded During Consideration

None

9.7 Respective Director Responsible for Implementation

Executive Director, Place

9.8 Relevant Scrutiny and Policy Development Committee If Decision Called In

Overview and Scrutiny Management Committee

10. RETENDER OF TENANTS CONTENTS INSURANCE SCHEME FOR COUNCIL TENANTS

- 10.1 The report sought authority to tender for a broker to arrange (through an insurance provider), contents insurance policies for Sheffield City Council tenants for the period 1st April 2023 to 31 March 2026, and contract with that broker on terms that

allows Sheffield City Council to administer the Tenants Contents Insurance Scheme (the 'Scheme').

10.2 RESOLVED: That Co-operative Executive:-

1. Notes the contents of the report;
2. Approves the council undertaking a full tender for a broker to arrange (through an insurance provider), contents insurance policies for Sheffield City Council tenants for the period 1st April 2023 to 31 March 2026, and contract with that broker on terms that allows Sheffield City Council to administer the Tenants Contents Insurance Scheme (the 'Scheme'); and
3. To the extent not already delegated to them by the Leader's Scheme of Delegation, delegate authority to the Executive Director of Place, in consultation with the Director of Legal and Governance and Director of Finance and Commercial Services to prepare and execute all required documentation and take steps to implement these recommendations.

10.3 Reasons for Decision

10.3.1 To ensure that the Council tests the full Tenants Contents Insurance market. To ensure involving tenants' representatives in the evaluation and decision making process to ensure the tenants voice is heard, and commercial services, financial services and legal services to ensure we are commercially, financially and legally compliant. It is believed that this is the only way to ensure the Council has in place the best product for our tenants, to enable them to be financial resilient in future.

10.4 Alternatives Considered and Rejected

- 10.4.1 The other options considered and discounted are –
- To end the tenants contents insurance offer via SCC on 31 March 2022 when the contract with AON and Aviva ends. As at 1 February 2022 this would leave 3989 SCC tenants without a Tenants Contents Insurance offer and they would have to source an alternative product
 - To recontract with the incumbent AON and Aviva. This would mean no market testing and we would not be sure we are offering the best product for SCC tenants. We would also not be offering a commercial opportunity to all providers on the market. This would contravene SCC regulations
 - To use a framework provider to secure a product. However the only framework providers at the moment are sole product frameworks and would not allow our incumbent or other providers to be involved in the tender process

10.5 Any Interest Declared or Dispensation Granted

None

10.6 **Reason for Exemption if Public/Press Excluded During Consideration**

None

10.7 **Respective Director Responsible for Implementation**

Executive Director, Place

10.8 **Relevant Scrutiny and Policy Development Committee If Decision Called In**

Overview and Scrutiny Management Committee

11. **HOLIDAY ACTIVITIES AND FOOD 2022-24 (HAF - 2022)**

11.1 The government's recent announcement that the Department for Education Holiday Activities and Food (HAF) programme had been extended for 3 years up to 2024. The programme is for children eligible for benefits related free school meals and will deliver healthy food and enriching activities during the school holidays at Easter (1 week), Summer (4 weeks), and Christmas (1 week).

Sheffield City Council has been awarded £2,708,510.00 grant funding to coordinate free holiday provision, including healthy food and enriching activities. It will be optional for eligible children to attend this provision. We expect to receive a similar grant for the years 2023 and 2024.

The report sought approval for the Holiday Activities and Food partnership approach and model and the allocation of grant funding to delivery partners including schools, VCF partners, and organisations that will provide a vast range of cultural and sporting activities across Sheffield and the procurement of a booking system/MI system.

11.2 The Chair drew Members attention to the resolution and noted that the wording '*Individual Executive Member*' should be amended to read '*Co-operative Executive*'.

11.3 **RESOLVED:** That Co-operative Executive:-

1. Approves that Sheffield City Council will act as the Accountable Body and lead agent for the Department for Education (DfE) funded Holiday Activities and Food programme in Sheffield for 2022-2024;
2. Approves the Council accepting £2,708,510.00 from the DfE for the Holiday Activities and Food programme;
3. Approves the Holiday Activities and Food approach and model; and
4. Approve that the Holiday Activities and Food grant for the future years 2023 and 2024 is added to the Annually Recurrent Grants process whereby approval is gained via a collective Co-operative Executive report.

11.4 Reasons for Decision

11.4.1 The Local Authority has been allocated this money by a national extension of Dfe funded HAF programme. Sheffield has approximately 26,000 children eligible for free school meals, we would not be able to provide an offer of holiday activities without this funding.

11.4.2 Acceptance of the grant would allow the continuation of the HAF programme in Sheffield which supports a range of council priorities. The Council does not deliver holiday activities plus food currently for children and young people and therefore we need external delivery partners. A partnership approach will allow a flexible and personalised approach and will build community infrastructure and capacity.

11.5 Alternatives Considered and Rejected

11.5.1 Deliver in house by the Council

The Council does not deliver holiday or food activities currently for children and young people and therefore would be unable to reach and deliver holiday activities to eligible children and young people.

11.5.2 Do not accept the Dfe HAF grant

As described, we have approx. 26,000 families eligible for free school meals, without this funding we would be unable to provide good quality activities and food at Easter, Summer, and Christmas holidays

11.6 Any Interest Declared or Dispensation Granted

None

11.7 Reason for Exemption if Public/Press Excluded During Consideration

None

11.8 Respective Director Responsible for Implementation

Executive Director, People Services

11.9 Relevant Scrutiny and Policy Development Committee If Decision Called In

Children, Young People, and Family Support Scrutiny and Policy Development Committee

12. MONTH 9 CAPITAL APPROVALS 2021/22

12.1 The report provided details of proposed changes to the Capital Programme as brought forward in Month 9 2021/22.

12.2 **RESOLVED:** That Co-operative Executive:-

1. Approve the proposed additions and variations to the Capital Programme listed in Appendix 1, including the procurement strategies and delegate authority to the Director of Finance and Commercial Services or nominated Officer, as appropriate, to award the necessary contracts; and
2. Approve the acceptance of grants as detailed at Appendix 2 of the report.

12.3 Reasons for Decision

- 12.3.1 The proposed changes to the Capital programme will improve the services to the people of Sheffield
- 12.3.2 To formally record changes to the Capital Programme and gain Member approval for changes in line with Financial Regulations and to reset the capital programme in line with latest information.
- 12.3.3 Obtain the relevant delegations to allow projects to proceed.

12.4 Alternatives Considered and Rejected

- 12.4.1 A number of alternative courses of action are considered as part of the process undertaken by Officers before decisions are recommended to Members. The recommendations made to Members represent what Officers believe to be the best options available to the Council, in line with Council priorities, given the constraints on funding and the use to which funding is put within the Revenue Budget and the Capital Programme.

12.5 Any Interest Declared or Dispensation Granted

None

12.6 Reason for Exemption if Public/Press Excluded During Consideration

None

12.7 Respective Director Responsible for Implementation

Executive Director, Resources

12.8 Relevant Scrutiny and Policy Development Committee If Decision Called In

Overview and Scrutiny Management Committee

13. REVENUE BUDGET AND CAPITAL PROGRAMME MONITORING 2021-22 - AS AT 30TH NOVEMBER 2021

- 13.1 The report provides the outturn monitoring statement on the City Council's Revenue and Capital Budget Outturn as at the end of Month 8, 2021/22

13.2 **RESOLVED:** That Co-operative Executive:-

1. Note the updated information and management actions provided by this report on the 2021/22 Revenue Budget Outturn;
2. Note the Collection Fund Account Monitoring Report as at 30th November 2021, attached as **Appendix 1** of the report;
3. Approve the write off of £1.04m of uncollected debt in respect of the People portfolio activities as reported in **Appendix 2** of the report; and
4. In relation to the Capital Programme, note the forecast Outturn position described in **Appendix 3** of the report.

13.3 **Reasons for Decision**

13.3.1 To record formally changes to the Revenue Budget and the Capital Programme.

13.4 **Alternatives Considered and Rejected**

13.4.1 A number of alternative courses of action are considered as part of the process undertaken by Officers before decisions are recommended to Members. The recommendations made to Members represent what Officers believe to be the best options available to the Council, in line with Council priorities, given the constraints on funding and the use to which funding is put within the Revenue Budget and the Capital Programme.

13.5 **Any Interest Declared or Dispensation Granted**

None

13.6 **Reason for Exemption if Public/Press Excluded During Consideration**

None

13.7 **Respective Director Responsible for Implementation**

Executive Director, Resources

13.8 **Relevant Scrutiny and Policy Development Committee If Decision Called In**

Overview and Scrutiny Management Committee

14. **REVENUE BUDGET AND CAPITAL PROGRAMME FOR 2022/23**

14.1 The purpose of this Revenue report is to:

- approve the City Council's revenue budget for 2022/23, including the position on reserves and balances;
- approve a 2022/23 Council Tax for the City Council; and
- note the levies and precepts made on the City Council by other authorities.

The purpose of the Capital Strategy is to:

- Set out the Council's key priority areas for capital investment from 2022 to 2052;
- Provide an overview of specific projects included in the years 2022 to 2027;
- Set out the overall shape of the current Capital Programme for the 5 years to 2027 (at **Appendix C2** of the report). Block allocations are included within the programme for noting at this stage and detailed proposals will be brought back for separate approval as part of the monthly approval cycle;
- Set out our principles for how we invest in non-cash assets; and
- Provide background to our Corporate Investment Fund Policy at **Appendix C1** of the report.

A document was circulated which informed the Co-operative Executive that the budget had been discussed at Overview and Scrutiny Management Committee. Councillor Cate McDonald (Executive Member for Finance and Resources) informed her colleagues that she had attended the meeting of Overview and Scrutiny Committee and they had made no amendments for the Co-operative Executive to consider.

14.2 **RESOLVED:** That Co-operative Executive:-

1. As regards the Revenue Budget, Co-operative Executive is recommended to pass to Full Council:

- a) To approve a net Revenue Budget for 2022/23 amounting to £411.800m;
- b) To approve a Band D equivalent Council Tax of £1,753.21 for City Council services, i.e. an increase of 2.99% (1.99% City Council increase and 1% national arrangement for the social care precept);
- c) To note that the section 151 officer has reviewed the robustness of the estimates and the adequacy of the proposed financial reserves, in accordance with Section 25 of the Local Government Act 2003. Further details can be found in **Appendix 4** of the report and within the Section 25 Statutory Statement on Sustainability of Budget and Level of Reserves from paragraph 2 of the report;
- d) To note that, if overspends against the agreed budgets emerge, then Executive Directors and Directors will be required to develop and implement plans to mitigate fully any overspend, within 2022/23, in consultation with elected Members;
- e) To note the Council will undertake a series of Strategic Reviews into key services, to identify changing methods of provision that support services to the public at lower cost, thus bringing the Council's budgets back into recurrent balance during 2022/23;
- f) To approve the savings as set out in **Appendix 2** of the report;

- g) To approve the revenue budget allocations for each of the services, as set out in **Appendices 3a to 3d** of the report;
- h) To note that, based on the estimated expenditure level set out in **Appendix 3** to this report, the amounts shown in part B of **Appendix 5** of the report would be calculated by the City Council for the year 2022/23, in accordance with sections 30 to 36 of the Local Government Finance Act 1992;
- i) To note the information on the precepts issued by the South Yorkshire Police & Crime Commissioner and of South Yorkshire Fire & Rescue Authority, together with the impact of these on the overall amount of Council Tax to be charged in the City Council's area;
- j) notes the precepts issued by local parish councils which add £654,794 to the calculation of the budget requirement in accordance with Sections 31 to 36 of the Local Government Finance Act 1992;
- k) To approve the Treasury Management and Annual Investment Strategies set out in **Appendix 6** of the report and the recommendations contained therein;
- l) To approve the Minimum Revenue Provision (MRP) Policy set out in **Appendix 6** of the report which takes into account the revisions proposed for 2022/23 onwards;
- m) To agree that authority be delegated to the Executive Director of Resources to undertake Treasury Management activity, to create and amend appropriate Treasury Management Practice Statements and to report on the operation of Treasury Management activity on the terms set out in these documents;
- n) To approve a Pay Policy for 2022/23 as set out in **Appendix 7** of the report; and
- o) To agree that
 - (a) the Member's allowances scheme for 2017/18 and onwards, approved on 3 March 2017, and implemented for 2018/19, 2019/20, 2020/21 and 2021/21 and as amended in 2021/22 be also implemented for 2022/23 until the date of the annual meeting; and
 - (b) to note that, following a review by the Independent Remuneration Panel, a new Scheme will be agreed by Council to reflect the requirements of the new committee system to be implemented from the Annual Meeting on 18 May 2022.

Co-operative Executive is asked to:

- p) delegate authority for the administration and payment of the Energy Support Payments announced by Government on the 3rd Feb 2022 to the Director of Finance and Commercial Services.

As regards the Capital Strategy, Co-operative Executive is recommended to pass to Full Council:

1. to approve the contents of the Capital Strategy and the specific projects included in the years 2022/23 to 2026/27; that block allocations are included within the programme for noting at this stage and detailed proposals will be brought back for separate Member approval as part of the monthly monitoring procedures; and
2. to approve the proposed Capital Programme for the 5 years to 2026/27 as per **Appendix C2** of the capital report.

14.3 Reasons for Decision

- 14.3.1 The City Council on 2 March 2022 meets to consider the Revenue Budget for 2022/23 and to determine the Council Tax for that year. The report provides information to enable the Council to set a budget and determine the Council Tax. The proposals set out in this report provide for a balanced budget to be recommended to Council.

14.4 Alternatives Considered and Rejected

- 14.4.1 A number of alternative courses of action are considered as part of the process undertaken by Officers before decisions are recommended to Members. The recommendations made to Members represent what Officers believe to be the best options available to the Council, in line with Council priorities, given the constraints on funding and the use to which funding is put within the Revenue Budget and the Capital Programme.

14.5 Any Interest Declared or Dispensation Granted

None

14.6 Reason for Exemption if Public/Press Excluded During Consideration

None

14.7 Respective Director Responsible for Implementation

Executive Director, Resources

14.8 Relevant Scrutiny and Policy Development Committee If Decision Called In

Overview and Scrutiny Management Committee

NOTE: This is subject to approval at Full Council at its meeting to be held on 3rd March 2022 and is not subject to call-in.

15. PROCUREMENT OF BUSINESS RATES AND DOCUMENT MANAGEMENT IT SYSTEMS

15.1 The report sought approval for the procurement of Business Rates and Document Management IT systems for the Council's Revenues and Benefits service via the Crown Commercial Services procurement framework for a period of 5 years with an option to extend for up to 2 years.

15.2 **RESOLVED:** That Co-operative Executive:-

- 1) Approve the procurement of the Business Rates and Document Management Systems via the Crown Commercial Services (CCS) framework as outlined in the report;
- 2) Approve the direct award of the new contracts to NEC Software Solutions Ltd outlined in the report; and
- 3) Delegates authority to the Executive Director of Resources, in consultation with the Director of Finance and Commercial Services and the Director of Legal and Governance to:
 - a) agree the terms of the new Call Off contract under the CCS Data and Applications Solutions (DAS) framework RM3821
 - b) take all other decisions necessary in order to meet the aims, objectives and outcomes of this report which are not already covered by existing delegations in the Leaders Scheme of Delegation.

15.3 Reasons for Decision

15.3.1 The contract with NEC for the R&B service's Business Rates and Document Management systems is due to expire in March 2022. The R&B service has a requirement to retain use of the systems to enable a period of stability and undertake the planned review of the service following the insource which has been delayed due to the pandemic. A compliant commercial vehicle has been sourced.

15.3.2 Failure to secure a contract for the supply of these systems will leave the Council unable to deliver its Council Tax, Business Rates and Housing Benefits services leading to serious financial hardship for the citizens of Sheffield.

15.4 Alternatives Considered and Rejected

15.4.1 Do Nothing

Due to the anticipated expenditure for both software applications over the proposed term the council is required to comply with Public Contract Regulations 2015 and therefore to continue use of the software beyond the current contract

period would not conform.

15.4.2 Reduced Contract period

A shorter contract period was not taken forward as it would coincide with the expiry of R&B's Council Tax and Benefits software system. The business risk of managing multiple procurements and potentially implementations was deemed to be too great a risk and would impact on the ability to provide stability within the service and also to the citizens of Sheffield.

15.4.3 Open Market Procurement

The business rates marketplace is very limited due to the bespoke nature of the service requirements. The key players in the market are appointed to the CCS DAS framework and have already undertaken a competitive and compliant procurement process in line with Public Contract Regulations 2015.

15.4.4 Use of a Public Sector Framework

The CCS DAS framework has been identified as a suitable framework in which to make a Call Off contract. It has already been competitively tendered and is compliant with PCR 2015 regulations. It enables a direct award via CCS e-marketplace.

15.5 Any Interest Declared or Dispensation Granted

None

15.6 Reason for Exemption if Public/Press Excluded During Consideration

None

15.7 Respective Director Responsible for Implementation

Executive Director, Resources

15.8 Relevant Scrutiny and Policy Development Committee If Decision Called In

Overview and Scrutiny Committee



Author/Lead Officer of Report:
Abby Brownsword/Principal Committee Secretary

Tel: 27 35033

Report of: *Executive Director, Resources*

Report to: *Co-operative Executive*

Date of Decision: *16 March 2022*

Subject: *Staff Retirements*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
- Expenditure and/or savings over £500,000	<input type="checkbox"/>	
- Affects 2 or more Wards	<input type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? <i>N/A</i>		
Which Scrutiny and Policy Development Committee does this relate to? <i>N/A</i>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, what EIA reference number has it been given? <i>(Insert reference number)</i>		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		

Purpose of Report:

To report the retirement of the following staff from the Council's Service and to convey the Council's thanks for their work.

Recommendations:

To recommend that Cabinet:-

- (a) place on record its appreciation of the valuable services rendered to the City Council by the members of staff in the Portfolios stated;
- (b) extend to them its best wishes for the future and a long and happy retirement; and
- (c) direct that an appropriate extract of the resolution now made, under the Common Seal of the Council, be forwarded to those staff with over 20 years' service.

Background Papers: None

(Insert details of any background papers used in the compilation of the report.)

1. PROPOSAL

- 1.1 To report the retirement of the following staff from the Council's Service and to convey the Council's thanks for their work:-

<u>Name</u>	<u>Post</u>	<u>Years' Service</u>
<u>People Portfolio</u>		
Beverley Benson	Support Worker	42
Joan Brown	Occupational Therapy Assistant	35
Ruth Clutterbuck	Social Worker	40
Margaret Davis	Senior Business Support Officer	29
Karen Shannon	Caretaker, Lydgate Junior School	26
Denise Williams	Team Manager, Adult Services	39
<u>Place Portfolio</u>		
Michael Ashton	Senior Building Surveyor	38
David Coggan	Water Feature and Street Scene Maintenance Operative	39
Brigitt Cowen	Neighbourhood Manager	34
Adrian Roberts	Estate Officer	37
<u>Resources Portfolio</u>		
Alan Clow	HR Service Manager	39

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Author/Lead Officer of Report: (Alison Higgins, Strategic Commissioning Manager, Domestic and Sexual Abuse)

Tel: (07792 336148)

Report of: Carly Speechley, Director of Children and Families

Report to: Cllr Jayne Dunn, Executive Member for Education, Children and Families

Date of Decision: 31st March 2022

Subject: Procurement of Specialist Support Service for Children affected by Domestic Abuse

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Executive Member Portfolio does this relate to? Health and Social Care, & Education, Children and Families		
Which Scrutiny and Policy Development Committee does this relate to? (Children, Young People and Family Support Scrutiny Committee)		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? (People/DACT/LP/BK 080122)		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		
<p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>		

Purpose of Report:

This report is seeking approval to recommission a specialist therapeutic support service for children who have experienced domestic abuse at home which will form part of the Council's response to the new duty to provide support in safe accommodation under Part 4 of the Domestic Abuse Act 2021. This will be achieved by pooling existing funding streams from the Domestic Abuse budget and Children and Families with funds allocated as part of the Domestic Abuse Act 2021 new burdens funding resulting in one contract for £162,190 per year for 3 years plus one year plus one year starting in October 2022.

Recommendations:

It is recommended that the Executive Member for Children and Families:

1. Approves the procurement strategy for a provider to deliver support services for children and young people affected by domestic violence, as detailed and set out in this report.
2. Delegates authority to the Director of Children and Families, in consultation with the Director of Finance and Commercial Services and the Director of Legal and Governance to agree the terms of the contract and award the contract to the successful tenderer.
3. Where no current authority exists, delegates authority to the Director of Children and Families, in consultation with the Director of Finance and Commercial Services and the Director of Legal and Governance, in consultation with the Elected Member for Children and Families to take such steps to meet the aims and objectives as detailed and set out in this report.

Background Papers:

[Sheffield Safe Accommodation Needs Assessment 2021](#)

[Sheffield Domestic Abuse Safe Accommodation Strategy 2021-2023](#)

[Sheffield Domestic and Sexual Abuse Strategy 2018-22](#)

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Anna Beeby, Gerard Higgins
		Legal: Henry Watmough-Cownie / Gemma Day
		Equalities: Bashir Khan
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	<i>John Macilwraith</i>
3	Executive Member consulted:	<i>Cllr Jayne Dunn Cllr George Lindars Hammond</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Alison Higgins</i>	Job Title: <i>Strategic Commissioning Manager, Domestic and Sexual Abuse</i>
	Date: <i>07 March 2022</i>	

1. PROPOSAL

1.1 We are proposing to recommission a specialist therapeutic support service for children affected by domestic abuse. There is a clear need for this service as was evidenced both in:

- the most recent domestic abuse safe accommodation needs assessment which estimates that there could have been between 25,973 and 28,834 children affected by domestic abuse in the last year.¹
- a very high demand for the current commissioned service. The provider of the existing service has waiting lists and has worked over capacity for the duration of their current contract.

1.2 The service will be inclusive, non-discriminatory and use a trauma informed approach to support children and young people to improve their wellbeing, confidence and safety and will provide them with an opportunity to share their feelings in a safe environment. Thereby, enabling children and families to recover from their experience and increase their chances of achieving good outcomes.

1.3 The successful provider will provide a range of programmes, interventions and activities that will be delivered by appropriately qualified professionals and practitioners and will offer flexible, therapeutic work to children aged 3-19 years old including,

- Structured group work offer for all children and young people referred into the service with a groupwork programme for primary school aged children and a separate group for older children/young people.
- Direct work with children and young people to undertake age-appropriate safety planning, along with therapeutic support, where they are living with ongoing domestic abuse. A joint safety planning session/sessions will be offered to children aged 5 to 10 with their parent or other safe adult (if appropriate). Children aged over 10 will be offered an individual safety planning session/sessions along with therapeutic support.
- Recovery work will be offered following assessment where the perpetrator is no longer within the family home. This will cover

¹ [Sheffield-Safe-Accommodation-Needs-Assessment-2021-FINAL.pdf \(sheffielddact.org.uk\)](#)

issues such as understanding emotions, self-regulation, how to seek help in the future, the building of self-esteem and healthy relationships. This can be provided either by group work, or where the needs identified are more complex, on a one-to-one basis.

- The provider will be expected to deliver workforce development sessions/workshops to partner agencies on how to best support children and young people experiencing domestic abuse.
- The provider will also be expected to offer regular consultation session for both social care and multi-agency support teams (MAST).

1.4

The specialist domestic abuse therapeutic service for children will work with a minimum of 210 children per year: 50 children per year referred via Children's Social Care, 25 children from MAST and 135 children per year who are living in 'safe accommodation' will be supported by the provider. The intended outcomes for this proposed service are as follows

- All users will be supported to develop a safety plan.
- The majority of children who engage with the service will report an increase in feelings of safety.
- The majority of children who engage with the service will report an improvement in their relationship with their non-abusing parent.
- There will be a decrease in the number of school exclusions and an improvement in school attendance for children affected by domestic abuse.
- The provider will also deliver workforce development sessions/workshops to partner agencies on how to best support children and young people affected by domestic abuse in recognition of the fact that the provider alone, is not able to meet the needs of all children in Sheffield experiencing domestic abuse.

1.5 The procurement will be via an open competitive tender which will be openly advertised on YORtender and Find a Tender Service.

1.6 A single stage open tender in accordance with the Public Contracts Regulations 2015 is considered the most suitable tender route, ensuring compliance with both domestic procurement legislation and

- the Council's own Contract Standing Orders under the Constitution.
- 1.7 The open route seems most appropriate given the relatively niche market that exists for provision of this type. This would suggest that in using this procurement route the Council would be successful in appointing a provider to deliver the contract. In addition, the procurement seeks to ensure that the Council will obtain the most advantageous solution – a balance of quality and value for money.
- 1.8 A restricted approach whereby the Council would select providers to move forward to a second stage with a more detailed consideration of bids would seem unnecessary given the relatively modest response anticipated given the niche nature of the market. The competitive dialogue and negotiated tender methods which are usually reserved for more technically complex procurements and would not be appropriate in this case.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 This proposal contributes to the ambitions laid out in the 'Communities and Neighbourhoods' of the One Year Plan by ensuring that children supported by the service are able to develop and flourish, live without fear and have an expectation of health, wellbeing and happiness.
- 2.2 There are also links to the 'Education, health and care' section of the plan by enabling those children affected by domestic abuse a much better chance to fulfil their potential and achieve better outcomes. By tackling the root cause, the service will reduce the number of exclusions from school caused by children's experience of domestic abuse and trauma.
- 2.3 The proposed service will also support families to repair difficult relationships caused by domestic abuse to enable children to remain living safely at home with their families by intervening at an earlier stage to prevent issues escalating.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 As a result of the new duties for local authorities under Part 4 of the Domestic Abuse Act (2021) there were a series of consultation activities undertaken in the city. This included consulting with families affected by domestic abuse living in safe accommodation, a stakeholder event and an online survey. All the consultation activities indicated that survivors of domestic abuse and their children felt that specialist support was essential to help them to understand their experience of domestic abuse and talk about the impact on them and start recovery.
- 3.2 Respondents told us that their children were affected in multiple domains of their lives and that they often had low self-esteem and low

confidence.

3.3 Alongside this, 58% of respondents to our survey told us that they did not think that support for children in Sheffield was good enough, the reasons for this were numerous and included those who had not been able to access a service at all and those who had not had a positive experience with a service regarding their children's support needs.

3.4 We know from the current provider that specialist domestic abuse support has had a positive impact on children affected by domestic abuse, whether they live in safe accommodation or not, with 62.2% of children using the service stating that they knew more about respectful relationships and 73% of children supported stating that the specialist help meant that they know more about how to stay safe in the future.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 Decisions need to take into account the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010. This is the duty to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

4.1.2 The Equality Act 2010 identifies the following groups as a protected characteristic: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

4.1.3 An Equality Impact Assessment has been carried out and highlights that re-commissioning the specialist therapeutic support service for children affected by domestic abuse will aim to ensure that children affected by domestic abuse are supported to fulfil their potential by mitigating any inequality caused to children as a result of their experience both in terms of current and future impact.

4.2 Financial and Commercial Implications

4.2.1 The service will be commissioned for three years (with built in break clauses should funding become unavailable) with the option for extensions for one year plus one year, at a cost of £162,190 per calendar year. £25,000 will come from Children and Families budgets,

£50,000 from the Domestic Abuse budget and £87,190 from the Department for Levelling Up, Housing and Communities (DLUHC) funding under Part 4 of the Domestic Abuse Act.

- 4.2.2 The DLUHC New Burdens Funding amount for 2022/23 is confirmed as being £1,329,538, however annual break clauses will be included in the contract in order for the contract amount to be reduced as needed.
 - 4.2.3 An MOU has not yet been received for 2022/23 for the DLUHC funding, however the Council was content to agree the MoU for 2021/22 and it is anticipated that the MoU will be materially the same for 2022/23. The overall DLUHC funding for 2022/23 and the MoU will be detailed in a report to the Co-operative Executive.
 - 4.2.4 The service will be procured by an open tender in accordance with the requirements of the Public Contract Regulations 2015 and Contract Standing Orders.
 - 4.2.5 Any contracts which are entered into as a result of the procurement will be actively managed by the Service to ensure that all contracted outputs and outcomes are delivered by the provider successful at tender and that any key performance indicators are satisfied. In addition, delivery will be monitored to ensure that the service is delivered in compliance with contractual expectations and stated quality standards.
- 4.3 Legal Implications
- 4.3.1 The Domestic Abuse Act 2021 became law on 29 April 2021. Within the Domestic Abuse Act 2021 there is a duty on local authorities to provide accommodation-based support in its area to victims of domestic abuse or their children who reside in safe accommodation.
 - 4.3.2 This procurement and any contracts that are awarded will assist the Council in meeting this statutory duty.
 - 4.3.3 Due to the estimated value of the new contract, the procurement and contract award processes to be followed will be subject to and must comply with the Public Contracts Regulations 2015.
 - 4.3.4 The procurement process and any contract awards must also be undertaken in accordance with all relevant provisions of the Council's Constitution including its Contracts Standing Orders.
 - 4.3.5 Successful suppliers chosen by the Council following a compliant procurement process will be required to enter into formal written legal contracts with the Council.
 - 4.3.6 The Council must comply with all applicable legislation and regulations

including but not limited to the Public Contracts Regulations 2015, UK GDPR, the Data Protection Act 2018 and Subsidy Control.

4.4 Other Implications

4.4.1 None

5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 *The following options have been considered*

- Bringing the service in-house to the Early Help (MAST) service. It is thought that this would not be viable due to the lack of specialist workers and the existing pressures on this service. This would also be a more expensive option due to higher staffing costs in the local authority.
- Asking fieldwork social workers to offer the support to the children rather than a specialist service. It was felt that the support was best offered by a specialist worker without the statutory responsibilities and existing caseloads of social workers. This would also be a more expensive option due to higher staffing costs in the local authority.
- Not commissioning a service at all. This is not an acceptable option given that this would mean that the local authority would not be supporting victims of domestic abuse when we have recently published a strategy committing to providing support to children in safe accommodation in line with Part 4 of the Domestic Abuse Act 2021

6. **REASONS FOR RECOMMENDATIONS**

6.1 In the Domestic Abuse Act 2021, children who see, hear or experience domestic abuse are recognised as victims in their own right and therefore, this service will go some way to ensuring that those most harmed by their experience are supported in a way that helps them to recover. Sheffield City Council recognises that children living with domestic abuse are experiencing Adverse Childhood Experiences as a result and this may impact on their development and future life chances. The re-commissioning of the service and the provision of support to such children serves to help mitigate such impacts. The service will also contribute to meeting one of the strategic aims of the city's Domestic and Sexual Abuse Strategy 2018-22: *we will...Offer therapeutic support to children and young people identified as being traumatised by domestic and / or sexual abuse.*

- 6.2 The Domestic Abuse Act 2021 introduced a new duty on local authorities to provide support for survivors of domestic abuse and their children living in safe accommodation, including therapeutic support. Sheffield City Council was allocated New Burdens Funding to carry this out. Over half of the children referred into this proposed service will be living in 'safe' accommodation (e.g. refuges, domestic abuse dispersed accommodation, and properties where Sanctuary Scheme measures have been installed) and therefore this service will help ensure that the Council is able to meet this duty. However, the service will also work with children who are living in other forms of accommodation and that have been identified as needing intensive support by Children's Services.
- 6.3 This proposal is the preferred option as it will ensure that the Council is able to meet its statutory duty to support children affected by domestic abuse living in safe accommodation and also ensures that those children most severely affected by domestic abuse, whether they live in domestic abuse safe accommodation or not, will have access to specialist support at the time they need it most.



Author/Lead Officer of Report: Alison Higgins,
Strategic Commissioning Manager, Domestic and
Sexual Abuse
Tel: 07792336148

Report of: *John Macilwraith, Executive Director, People*

Report to: *Co-operative Executive*

Date of Decision: *16th March 2022*

Subject: **Domestic Abuse funding from central government for specialist support for domestic abuse survivors / victims in safe accommodation**

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Executive Member Portfolio does this relate to? <i>Health and Social Care</i>		
Which Scrutiny and Policy Development Committee does this relate to? <i>Overview and Scrutiny Management</i>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given?	975	
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		
<p><i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i></p>		

Purpose of Report:

Part 4 of the Domestic Abuse Act 2021 places a statutory duty on local authorities to provide specialist support to domestic abuse victims / survivors in safe accommodation. A government grant of £1,329,538 has been awarded to assist the Council meeting its new statutory duty.

Approval is sought to agree proposed spending plans with any funds unallocated at this point to be approved via a delegated authority to the Director of Integrated Commissioning (in consultation with the Director of Health and Social Care, the Director of Finance and Commercial Services and the Executive Member for Health and Social Care) to meet such statutory obligations.

Recommendations:

The Co-operative Executive is recommended to:

1. Note the Council being awarded a grant of £1,329,538 for 2022/2023 from the Department for Levelling Up, Housing and Communities to meet its new statutory duties under Domestic Abuse Act 2021 as outlined in this report.
2. Approve such spending plans as outlined in this report, in respect of the grant funding being awarded to the Council. Variations to be entered into once the funding has been received.
3. To the extent not covered by existing delegations, delegates authority to the Director of Integrated Commissioning in consultation with the Director of Finance and Commercial Services, the Director of Health and Social Care and the Executive Member for Health and Social Care to carry out such procurements regarding any funds as yet unallocated and award such contracts following a successful procurement process in order to provide specialist support services to domestic abuse victims / survivors in safe accommodation, in line with this report.
4. Where no such authority exists under the Leaders Scheme of Delegation, delegates authority to the Director of Integrated Commissioning in consultation with the Director of Finance and Commercial Services, the Director of Health and Social Care and the Director of Legal and Governance to take such other steps as may be necessary to meet the outcomes and objectives of this report.

Background Papers:

(Insert details of any background papers used in the compilation of the report.)

[DA Coop exec report safe accommodation contract extensions 21 22.docx](#)

[Revised proc strat Therapeutic services 24.12.21.docx](#)

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Anna Beeby/Sonya Oates/Andrew Turpin
		Legal: Patrick Chisholm
		Equalities: Ed Sexton
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	<i>John Macilwraith</i>
3	Executive Member consulted:	<i>George Lindars Hammond</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Alison Higgins	Job Title: <i>Strategic Commissioning Manager for Domestic and Sexual Abuse</i>
	Date: 16 th March 2022	

1. PROPOSAL

- 1.1 This funding relates to the statutory duty which is included in the Domestic Abuse Act 2021 that had cross party support and received Royal Assent on the 29 April 2021.
Part 4 of the Domestic Abuse Act 2021 introduced a statutory duty for Local Authorities to ensure all victims of domestic abuse have access to the right support within safe accommodation when they need it.
- 1.2 Tier one Local Authorities (such as Sheffield) have a duty to assess the need for support and prepare strategies to provide specialist support for victims who need to reside in the relevant safe accommodation.
- 1.3 The Council is required to meet the needs of all domestic abuse victims, including those who present from outside of the locality and to provide such support as therapy, advocacy and counselling in safe accommodation, including refuges, to victims of domestic abuse and their children.

1.4 The Government provided £125 million to cover the costs of the new duty in 2021/2022 to ensure there was sufficient provision of support within domestic abuse safe accommodation. They have also committed £125 million for 2022/2023 to councils across England to make sure safe accommodation spaces, such as refuges and shelters, can provide victims with vital support services.

1.5 From the above overall allocation, the Department for Levelling Up, Housing and Communities (DLUHC) has allocated £1,329,538 million for the year 2022-2023 to support the Council with regard to the additional costs to ensure sufficient provision of specialist support within domestic abuse safe accommodation (see Appendix 2 for definitions) and support the Council to meet their statutory duty.

1.6 It is proposed that this funding is drawn down into the Domestic Abuse budget in Strategy and Commissioning and that the spending plans for 2022-2023 as outlined in this report at 1.11 are approved. The overall spending plans for the funding can be found at Appendix 1, some of these already have approval or are seeking separate approval.

1.7 As the funding is related to Domestic Abuse it is proposed that the funding is managed in the Domestic Abuse / Drug and Alcohol Coordination Team (under Head of Commissioning Sam Martin) who will work closely with Housing Independence Service and colleagues in Housing on implementing the proposals.

1.8 Some of the expected allocation is already committed in procurement strategies in relation to:

- 6 months funding of the city’s women’s refuges and dispersed safe accommodation scheme at the current 6 months cost of £317,465
- The recommissioning of the city’s women’s refuges and dispersed safe accommodation scheme, at £675,000 per annum for five years, (therefore a part year cost of £337,500)
- The recommissioning of support for children affected by domestic abuse (£87,190 per annum for up to 5 years combined with other funds from the Domestic Abuse budget and the Children Young People and Families Directorate (CYPF))

1.9 Both of these projects are going to Cooperative Executive or the appropriate Individual Executive Member in March 2022 for approval. The incumbent providers contracts have already been extended via previous Co-operative Executive decisions and Director decisions in the autumn to ensure continuity of service.

1.10 The proposed spending with the rest of the anticipated allocation breaks down as follows:

Service	Organisation	Proposed route/next steps	Dates	2022/2023 Amount
Contract				

Variations				
Support for victims / survivors with complex needs. Drug and alcohol worker	Start Service – Sheffield Health and Social Care Trust	Contract variation already in place	March 2022 – end March 2023 (13 months)	£33,000
Survivor liaison and engagement worker	South Yorkshire Housing Association	Contract for co-production with Changing Futures programme awarded February 2022. Variation to be put in place – agreed by Commercial Services in December. Less than 10% of contract value.	February 2022 – end March 2023	£22,000
Prevention, advice and casework - Housing advice and resettlement	Shelter	Contract variation needed	April 2022 – end March 2023	£64,000
Counselling for refuge clients	Paradigm	Contract variation needed	April 2022 – end March 2023	£12,500
Domestic Abuse community contract - support in dispersed temporary accommodation (Council properties) and for Sanctuary Scheme clients	Independent Domestic Abuse Service	Contract variation needed to in order to provide support to people in properties with Sanctuary Scheme measures	April 2022 – end March 2023	£215,498
Support for young women in safe accommodation -additional units	Young Women’s Housing Project	Contract award includes additional units – funding to be reviewed annually	April 2022 – March 2027	£60,186
Contracts				
Adult counselling	Mind	Remaining 8 months of existing contract This was tendered via the sourcing desk in the	November 2021 – end October	£35,000

		autumn 2021	2022	
Children and Young Person counselling in safe accommodation	Sheffield Futures	Remaining 8 months of existing contract variation – the main contract is the CCG’s	November 2021 – end October 2022	£46,667
Grant Variations				
Counselling for sexual violence in Domestic Abuse context	Sheffield Rape and Sexual Abuse Centre	Grant variation needed		£15,000
			April 2022 – end March 2023	
Benefits and debt advice	Citizens Advice Bureau	Grant variation needed	April 2022 – end March 2023	£71,000

1.11 No variations will be issued until the grant funding has been received by the Council.

2. HOW DOES THIS DECISION CONTRIBUTE?

The funding is for specialist support to be provided to victims of domestic abuse residing in safe accommodation. This will contribute to reducing victimisation and keeping people safe in Sheffield.

3. HAS THERE BEEN ANY CONSULTATION?

There was extensive consultation last year with providers, stakeholders and service users including a public citizenspace consultation. These informed the needs assessment and strategy required by the DLUHC (formerly the Ministry of Housing, Communities and Local Government) which was published at the end of last year.¹ The proposals this year are continuations of the projects that were commissioned then with some reductions due to the whole of the refuge / dispersed safe accommodation commission budget coming from the Domestic Abuse Act funding rather than a contribution as was the case last year.

¹ <https://sheffielddact.org.uk/domestic-abuse/wp-content/uploads/sites/3/2022/02/Sheffield-Domestic-Abuse-and-Safe-Accommodation-Strategy-2021-2024.pdf>

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 Domestic Abuse is a gendered issue and some of the funding will be used to enhance support offered in our young women's provision, and the majority of the recipients of the other adult provision are anticipated to be female. However the funding will enable increased support to male victims, including GBT+ victims being supported in dispersed accommodation and via our Sanctuary Scheme provision (target hardening for domestic abuse victims to enable them to stay safe in their own homes). The needs assessment and strategy produced last year considers all people with protected characteristics in relation to domestic abuse and is designed to help us ensure that services are accessible to all sections of local communities.
- 4.1.2 The proposal supports the Council's general duties to promote equality as set out in the Equality Act 2010 (Sections 149 and 158). Specifically the proposal contributes to obligations under the Public Sector Equality Duty, which in summary, requires having due regard to the need to:
- eliminate discrimination, harassment, victimisation;
 - advance equality of opportunity; and
 - foster good relations.

4.2 Financial and Commercial Implications

- 4.2.1 The Department for Levelling Up, Housing and Communities has allocated £1,329,538 for 2022-23. This is as a result of 'new burdens' for local authorities under Part 4 of the Domestic Abuse Act. New burdens 'will arise where new powers/duties/expectations could lead to authorities having to increase spending.'² It is anticipated that new burdens funding relating to the Domestic Abuse Act will be received for 3 years, 2022/23 being the second year. After this point new burdens funding will no longer be received separately but will form part of the main central government allocation to the Council.
- 4.2.2 External Funding review:
- The grant offer letter and terms and conditions for grant funding in 2022-23 has not yet been issued and so cannot be reviewed. Last year's Memorandum of Understanding was subject to the conditions as highlighted below and it is expected that 2022-23's funding offer will be similar. The new offer will be subject to review by External Funding, and if the terms and conditions differ significantly from 2021-22 then further approvals may be required.

21-22 MoU Financial implications:

² <https://www.gov.uk/government/publications/new-burdens-doctrine-guidance-for-government-departments>

The MoU has been issued by the Ministry of Housing, Communities and Local Government and is determined by Section 31 of the Local Government Act 2003. The MoU is not a legally binding document; however, there is an expectation that the obligations within it will be honoured. Key points and obligations to note are highlighted below.

The MoU has already been approved and accepted; approval to spend the grant funding is now being sought.

The grant of £1,325,868 is to enable the provision of support to victims of domestic abuse and their children who are residing in safe accommodation as per the new statutory duty within the Domestic Abuse Bill.

Grant funding only covers revenue expenditure related to the functions of the new statutory duty.

The grant funding period is 01/04/2021 – 31/03/2022. Further funding may be received for 2022-23; however, this has not been confirmed and as such will be subject to a separate approval.

A multi-agency Local Partnership Board is required to be put in place by Tier 1 Local Authorities to carry out functions as specified in the MoU.

A first strategy, based on robust needs assessment, must be finalised by 21st August 2021.

All procurement in Sheffield City Council must comply with its own Procurement Policy, and internal regulations known as 'Contracts Standing Orders' (CSOs).

Contracts Standing Orders requirements will apply in full to the procurement of services, goods or works utilising grants. All grant monies must be treated in the same way as any other Council monies and any requirement to purchase/acquire services, goods or works must go via a competitive process.

The Project Manager will need to read, understand and comply with all of the grant obligations and the [Code of Conduct for Grant Recipients](#).

4.3 **Legal Implications**

- 4.3.1 As set out in the main body of the report the Domestic Abuse Act 2021 created a new statutory duty on local authorities to ensure the needs of victims of domestic abuse in safe accommodation are met in a consistent way. A local authority is required to meet the needs of all domestic abuse victims including those who present from outside of the locality and to provide such support as therapy, advocacy and counselling in safe accommodation, including refuges, to victims of domestic abuse and their children; local authorities are also required to report back to central government.

The grant funding has been accepted by the Council under the terms of a Memorandum

of Understanding (MOU), a non-binding legal agreement. This report seeks to secure authority to utilise that grant funding to best meet the new statutory obligation. Acceptance of the grant funding will help facilitate compliance with the duties imposed by Domestic Abuse Act 2021. It will not have any direct legal implications beyond that, but the implementation of any of the actions set out in the report will be subject to further decision making in accordance with the constitution, and the legal implications will be considered fully at that time

4.4 Other Implications

4.4.1 None

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 The Council could decide to not accept the funding however this would mean that it would be unlikely to be able to meet the statutory duties in the Domestic Abuse Act 2021.

6. REASONS FOR RECOMMENDATIONS

6.1 Sheffield has been allocated £1,329,538 in funding for the year 2022-2023 to meet the new statutory duties introduced by the Domestic Abuse Act 2021 and outlined within this report. Accepting the funding and allocating as outlined within this report will support the Council to meet those statutory duties.

Appendix 1

Overall Spending Proposal

Service	Organisation	Proposed route/next steps	Dates	2022/2023 Amount
Contract Variations				

Women's refuges		Contract extension to incumbent already approved by Co-operative Executive in autumn last year.	Extension from October 2021- end Sept 2022	£262,500
Safe zones		Contract extension to incumbent already approved by Co-operative Executive in last year.	Extension from April 2022 – end Sept 2022	£54,965
Support for victims / survivors with complex needs. Drug and alcohol worker	Start Service – Sheffield Health and Social Care Trust	Contract variation already in place	March 2022 – end March 2023	£33,000
Survivor liaison and engagement worker	South Yorkshire Housing Association	Contract for co-production with Changing Futures programme awarded February 2022. Variation to be put in place – agreed by Commercial Services in December. Less than 10% of contract value.	February 2022 - end March 2023 (13 months)	£22,000
Prevention, advice and casework - Housing advice and resettlement	Shelter	Contract variation needed	April 2022 – end March 2023	£64,000

Counselling for refuge clients	Paradigm	Contract variation needed	April 2022 – end March 2023	£12,500
Domestic Abuse community contract - support in dispersed temporary accommodation (Council properties) and for Sanctuary Scheme clients	Independent Domestic Abuse Service	Contract variation needed to in order to provide support to people in properties with Sanctuary Scheme measures	April 2022 – end March 2023	£215,498
Support for young women in safe accommodation -additional units	Young Women’s Housing Project	Contract award includes additional units – funding to be reviewed annually	April 2022 – March 2027	£60,186
New Contracts				
Safe Accommodation		New contract being commissioned, on agenda for March 16th Co- operative Executive via separate report. Because the re- commission is starting half way through the year the whole year costs are slightly less for 22/23.	October 2022- March 2027	£337,500

Children's support contract		Approved contract extension with existing provider and recommissioning of new contract on forward plan for approval by Individual Executive Member in March 2023.	October 2022 – March 2027	£87,190
Adult counselling	Mind	Remaining 8 months of existing contract This was tendered via the sourcing desk in the autumn 2021	November 2021 – end October 2022	£35,000
Children and Young Person counselling in safe accommodation	Sheffield Futures	Remaining 8 months of existing contract variation – the main contract is the CCG's	November 2021 – end October 2022	£46,667
Grant Variations				
Counselling for sexual violence in Domestic Abuse context	Sheffield Rape and Sexual Abuse Centre	Grant variation needed	April 2022 – end March 2023	£15,000
Benefits and debt advice	Citizens Advice Bureau	Grant variation needed	April 2022 – end March 2023	£71,000
TOTAL				£1,317,006

Appendix 2

Draft Statutory Guidance for Part 4 of Domestic Abuse Bill definitions:

1. Definition of 'Safe accommodation'

- **Refuge accommodation** – accommodation & intensive support tied to the accommodation – to victims and their children.
- **Specialist safe accommodation** – safe accommodation providing specialist support to victims with protected characteristics and / or complex needs e.g., specialist refuges for BAME, LGBTQ, disabled victims
- **Dispersed accommodation 1** Safe (secure and dedicated to supporting victims of DA in self-contained accommodation with the same level of DA support as provided in a refuge or
- **Dispersed accommodation 2.** Safe (as above) but living in semi-independent accommodation who may not require as intense support as the refuge or dispersed 1.
- **Sanctuary schemes** – property with LA or similar scheme providing enhanced physical security measures in the home
- **Move on and/or second stage accommodation** – projects who temporarily accommodate victims and their families who no longer need refuge but would benefit from lower-level DA support before moving to living independently.
- **Other forms of domestic abuse emergency accommodation** – e.g. a safe place with support. Includes access to wrap around and specialist support for victims with complex needs including Mental Health and Substance Misuse – 'whole housing approach'
- **Excludes** – generic homeless hostels and Bed and Breakfast provision– as they are not solely dedicated to providing a safe place for DA victims
 - 'Commissioning authorities will need to ensure that accommodation covered under other Acts, such as temporary accommodation provided under Part 7 of the Housing Act 1996, are not utilised in fulfilling the requirements of this duty.'

2. Eligible Support to those in safe accommodation is:

- **Overall management of services within relevant accommodation** – including, the management of staff, payroll, financial and day to day management of services and maintaining relationships with the local authority (such functions will often be undertaken by a service manager);
- **Support with the day-to-day running of the service**, for example scheduling times for counselling sessions, group activities (such functions may often be undertaken by administrative or office staff);
- **Advocacy support** – development of personal safety plans, liaison with other services (for example, GPs and social workers, welfare benefit providers);
- **Specialist support for victims - Designed specifically for victims with relevant protected characteristics** (e.g. faith services, translators and interpreters within BAME-led refuges, immigration advice, interpreters for victims identifying as deaf and / or hard of hearing, and dedicated support for LGBTQ+ victims);
- **Specialist support for victims - Designed specifically for victims with unique and / or complex needs** such as, mental health advice and support, drug and alcohol advice and support, including signposting accordingly;
- **Domestic abuse prevention advice** – support to assist victims to recognise the signs of abusive relationships, to help them remain safe (including online), and to prevent re-victimisation;
- **Children's support** – including play therapy and child advocacy;
- **Housing-related support** – providing housing-related advice and support, for example, securing a permanent home, rights to existing accommodation and

- advice on how to live safely and independently;
- **Advice service** – financial and legal support, including accessing benefits, support into work and establishing independent financial arrangements; and,
 - **Counselling and therapy** (including group support) for both adults and children, including emotional support.



Author/Lead Officer of Report: Sam Martin / Ann Ellis

Tel: 07970951551

Report of: *Executive Director of People Portfolio*

Report to: *Cooperative Executive Committee*

Date of Decision: *16th March 2022*

Subject: *Procurement of Safe Supported Accommodation for Domestic Abuse*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? Health and Social Care		
Which Scrutiny and Policy Development Committee does this relate to? Healthier communities and adult social care scrutiny and policy development committee.		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? 975		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		
<p><i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i></p>		

Purpose of Report:

(Outline the decision being sought or proposal being recommended for approval.)

To seek approval for the recommissioning, through a procurement process, of safe, secure, supported accommodation for victims of domestic abuse.

Recommendations:

1. To note the Council's commitment to supporting victims of domestic and sexual abuse and tackling violence against women and girls.
2. To approve the procurement of safe, secure, supported accommodation for victims of domestic abuse and their children, as set out in this report.
2. Following such procurement, delegate authority where no authority exists, to the Director of Integrated Commissioning, People Service Portfolio, in consultation with the Director of Adult Health and Social Care, Director of Children Services, Director of Finance and Commercial Services and the Cabinet Member for Health and Social Care to award and enter into the contract(s) to the successful bidder(s).
3. Where no existing authority exists, delegate authority to the Executive Director of People Services, in consultation with the Director of Finance and Commercial Services to take such steps to meet the aims and objectives of this report.

Background Papers:

(Insert details of any background papers used in the compilation of the report.)

Domestic Abuse Safe Accommodation Strategy published on 26th October 2021

[Executive-Summary-Domestic-Abuse-Safe-Accommodation-Strategy-2021-2024.pdf \(sheffielddact.org.uk\)](#)

[Domestic-Abuse-Safe-Accommodation-Strategy-2021-2024-FINAL_.pdf \(sheffielddact.org.uk\)](#)

[Sheffield-Safe-Accommodation-Needs-Assessment-2021-v5.pdf \(sheffielddact.org.uk\)](#)

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Anna Beeby
		Legal: Henry Watmough-Cownie
		Equalities: Ed Sexton
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	<i>John Macilwraith</i>
3	Cabinet Member consulted:	<i>Cllr George Lindars-Hammond</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Sam Martin</i>	Job Title: <i>Head of Service ; Vulnerable People Commissioning</i>
	Date: 22.12.2021	

1. PROPOSAL

- 1.1 Sheffield City Council has a strong and broad commitment to victims of domestic abuse and tackling violence against women and girls. In October 2021 the Council approved a local domestic abuse safe accommodation strategy.
- 1.2 The Council currently commissions support in a minimum of 62 units of safe secure accommodation for domestic abuse victims in Sheffield. It is proposed that services are recommissioned to allow for this to be increased to a minimum of 70 units within the first two years of the five-year contract.
- 1.3 That commissioning will be in a single lot. This lot will include the utilisation of the core refuge building which consists of 21 units that was developed in partnership with Sanctuary Housing Association as a key strategic objective of the Council.
- 1.4 In addition to the core refuge the tender will allow for innovation and a mixture of provision to accommodate people including men and, in particular, those with protected characteristics under the Equality Act. This will include a mixture of additional 24 hour supported refuge provision with 24-hour concierge and other dispersed provision. All units will be self-contained, and the additional units must consist of at least one wheelchair accessible unit provided by the successful bidder. All units will have safety features such as CCTV, safe entry systems but need not be in one building. Specialist domestic abuse support will be provided to adults and children in all units of accommodation.
- 1.5 Bidders can be either a single organisation or a consortium of organisations under a lead bidder.
- 1.5.1 The contract value will be £675,000 per annum, subject to competitive tender.
- 1.5.2 **Background and context**
- 1.5.3 Refuge accommodation has been provided in the city for women and children since the 1970s. In 2014 the Council worked strategically with Sanctuary Housing to design and build a high quality modern refuge which met all the communal needs of a refuge service, and was designed to offer safety and support to, and develop the resilience of, women from all backgrounds and their children, and provided private space through the use of self-contained accommodation. Victims of domestic abuse were involved in the design of the building.
- 1.5.4 The refuge has strong security measures, 24 hour staffing on site, secure garden space for small children as well as space for older children and adults, shared large lounge, play room for young children, homework/leisure room for older children, training rooms, offices and communal laundry. All living spaces are self-contained flats with two flats being fully wheelchair accessible.
The refuge consists of 20 flats and a self-contained emergency bedsit which is also supported by the service, providing a total of 21 units. The emergency flat is mainly for out of hour referrals but can also be used for an additional unit of supported accommodation if required.

A separate building in an alternative part of the City, including many of the same facilities as the main refuge is also currently provided by the incumbent provider. This building consists of 16 flats, plus communal facilities and office space.

1.5.5 In 2020 the Council also commissioned a new dispersed refuge service called Safe Zones. The initial intention of this service was to provide 8 units to meet gaps in refuge provision for people with or without children who are males, members of the LGBT+ community and women whose needs may be too complex for the refuge service. Thanks to the Domestic Abuse Act safe accommodation funding Safe Zones grew from its original intended 8 units to 25 units for anyone at risk of domestic abuse. The properties are self-contained, furnished properties with safety measures on site and support provided by a specialist domestic abuse visiting support service. This project provides safe and supported option for people escaping domestic abuse in the city for whom a refuge may not be desirable or appropriate and increases capacity in a more flexible and cost effective way.

1.6 **Domestic Abuse Act 2021.**

1.6.1 On the 29th April 2021, the Domestic Abuse Act was enacted and new duties were placed on Sheffield City Council with the council now required to

- *‘Assess or make arrangements for the assessment of, the need for, accommodation-based support in its area,*
- *Prepare and publish a strategy for the provision of such support in its area, and*
- *Monitor and evaluate the effectiveness of the strategy’*

Domestic Abuse Act 2021 (England). Section 57

1.6.2 The Domestic abuse Act has a broad definition of safe accommodation in recognition of the diversity of housing in which victims/survivors and their children may live. The Department for Levelling Up, Housing and Communities (DLUHC), formerly the Ministry of Housing, Communities and Local Government (MHCLG) has, in the Domestic Abuse Act and Statutory Guidance¹, defined supported accommodation to include:

- refuge accommodation;
- specialist safe accommodation;
- dispersed accommodation;
- sanctuary schemes (target hardening equipment to enable people to stay safe in their own homes)
- and move-on or second stage accommodation.

1.6.3 This proposal relates to the commissioning of specialist supported refuge and dispersed refuge accommodation.

1.7 **Sheffield Domestic Abuse and Support in Safe Accommodation Needs Assessment findings and Strategy**

¹ <https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services>

1.7.1 On 26th October 2021 Sheffield City Council approved the local strategy for Support in Safe Accommodation in Sheffield². This was informed by a needs assessment³ which found that there are an estimated 20,000 people aged 16 or over who experience domestic abuse each year in Sheffield:

- 15,784 women and 3,914 men
- up to 28,000 children
- around 6000 victims / survivors contact or are referred to services for support
- around 90% of those seeking support are female

1.7.2 **Homelessness presentations for domestic abuse**

In 2020/21 there were 692⁴ homeless presentations in Sheffield because of domestic abuse, 83% of presentations were female. The number of presentations represented an increase of 21% overall on the 2019/20 year, a 20% increase amongst females and a 36% increase amongst males. Out of all accepted domestic abuse applications in 2020/21 18% were for males.

Regarding suitable accommodation for homeless applications because of domestic abuse, around 51% of female applicants had dependent children with them, in contrast to this around 7% of male applicants had children with them.

Of the 692 homeless presentations, data from the Housing Support Pathway (HSP) shows that 47 were allocated supported accommodation, a further 27 went to a Sheffield refuge and 188 were placed in other temporary accommodation locations across Sheffield without specialist domestic abuse support. An additional 22 people received other types of support following their application, such as visiting support.

Although the estimated prevalence of domestic abuse has been relatively static over the last few years at around 5.5% of the population being a victim in the last year, prior to the pandemic we saw homeless presentations because of domestic abuse increase in Sheffield by around 8% between 2018/19 and 2019/20. Unfortunately, it is not possible to determine if this is an expected annual increase, as an average percentage increase year on year or trend over time cannot be calculated because the current collection method was implemented at the start of the 2018/19 year.

Using the ONS population estimates for the relevant years we can see that, in 2018/19 homeless presentations because of domestic abuse were 0.091% of the Sheffield population, in 2019/20 this increased (taking into account population growth between the two years) to 0.098% of the population, an increase of 0.007 percentage points. If this percentage point increase remains the same year on year, we can estimate that by 2030 0.175% of the Sheffield population may present as homeless because of domestic abuse equating to 1082 people (population estimate for 2030 is 618,261). If we suggest that the proportion presenting will remain somewhere around 0.1% this would equate to 618 presentations in 2030. The mid-point between the estimate of 1082 presentations and 618 presentations would be 850 presentations per year.

If presentations did continue to increase by 8.1% per year from 2019/20 onwards, when there were 573 presentations, this would mean that there would be around 1,350 presentations in 2030.

² <https://sheffielddact.org.uk/domestic-abuse/resources/local-strategies/>

³ <https://sheffielddact.org.uk/domestic-abuse/wp-content/uploads/sites/3/2021/10/Sheffield-Safe-Accommodation-Needs-Assessment-2021-v5.pdf>

⁴ Data from the Housing Support Pathway (HSP)

As previously stated, we know that prevalence of domestic abuse in the last year has been relatively static at around 5.5% for the last few years. This would support the static estimate that 0.1% of the population will present as homeless because of domestic abuse. However, it does not consider the increase in activity we have seen locally for homeless presentations between 2018/19 and 2019/20. The estimated number of presentations per year by 2030 could therefore be somewhere between 618 and 1,350, with a mid-point of 984 presentations. It is likely that presentations under the Homeless Reduction Act will increase, and it is likely that the need and demand for safe secure supported accommodation amongst those presenting will also go up.

1.7.3 Referrals to domestic abuse safe accommodation

In 2019/20 66 new referrals were accepted and entered the women’s refuges⁵. This is in comparison to an average of 107 referrals being accepted per year between 2016/17 and 2018/19. In 2020 just 36 referrals to refuge were accepted, however these reductions are linked to the Covid-19 pandemic and the challenges faced in housing people and moving them on to other appropriate accommodation during the national and regional lockdowns. Conversely, as we estimate that the amount of homelessness presentations will be in a range somewhere between 618 and 1,350 by 2030, this indicates that in fact more rather than less units are required however due to the unusual recent situation an exact estimate is hard to make.

1.7.5 Applications for safe supported accommodation via the Council’s Homeless service has risen in Sheffield.

The table below shows the number of applications as a result of Domestic abuse, as a proportion of the Homeless Reduction Act (HRA) assessments

1.7.6

	2019/20	2020/21	Q1 21/22
Total number of HRA assessments	3511	2897	852
Total number of HRA assessments due to domestic abuse	573	694	194
Proportion of domestic abuse cases	16%	24%	23%

The next table shows the breakdown of these applicants by household type

1.7.7

Applicants fleeing domestic abuse by household type

	2019/20	2020/21	Q1 21/22
One Person (Female) w/ dependent children	242	306	84
One Person - Female Applicant	229	278	86
One Person - Male Applicant	71	76	13

⁵ HSP Data

All other Households	21	23	6
Couple with dependent children	7	5	4
One Person (Male) w/ dependent children	3	6	1
	573	694	194

The most numerous household type applying to the Council's Homeless Service is single women with children, followed by single women without children.

1.7.8

Applicants to Housing Solutions fleeing domestic abuse by gender (% of total domestic abuse cases)

	2019/20	2020/21	Q1 21/22
Female	471 (82%)	584 (84%)	170 (88%)
Male	74 (13%)	82 (12%)	14 (7%)
Couple/all other household types	28 (5%)	28 (4%)	10 (5%)

1.7.9

Safe Accommodation units in Sheffield

Sheffield currently has 62 units of safe accommodation commissioned for survivors of domestic abuse. 37 of these (including the emergency room) is in refuge accommodation for women and children. 25 are in dispersed safe accommodation – the Safe Zones project. Safe Zones has increased from 11 units in May 2020 to 18 by December 2020 and to 25 during 2021.

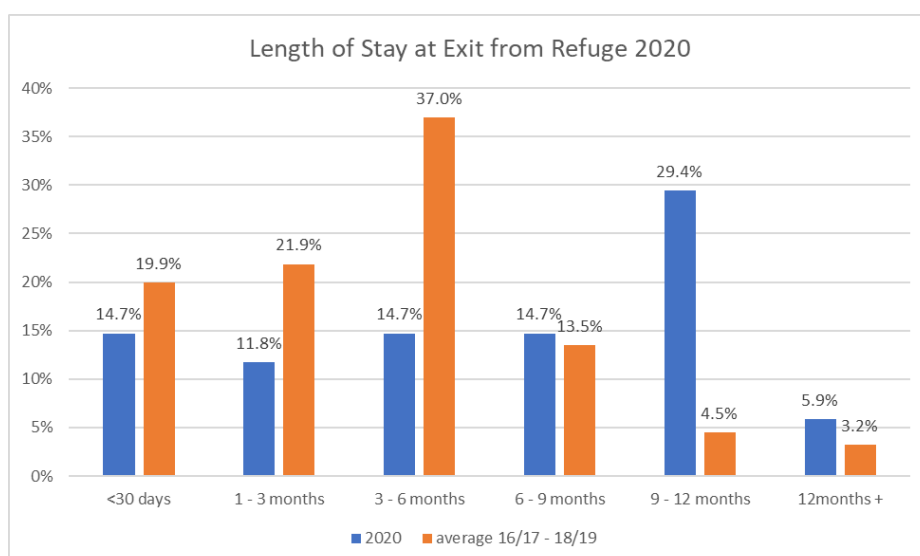
Numbers placed in safe accommodation

Service	2019-20	2020-21	Q1 2021-22
Sheffield Women's Aid	62	36	6
Safe Zones	N/A	34*	12
Total	62	70	18

*service began 6/5/20

1.7.10

The average length of stay for people leaving the service during 2020 ranges from fewer than 30 days to 21 months. However, 85% of these were for people who had been at the refuge for 12 months or less, 44% stayed for between 6 and 12 months. However, prior to the pandemic 78.8% of people leaving had stayed at the refuge up to 6 months, in 2020 only 41% were for people who had resided at the refuge for 6 months or under. It is reasonable to expect that average length of stay will reduce again post-pandemic, but this current situation also needs to be considered for the immediate future.



1.7.11 Staying in a refuge leads to move on to safer accommodation in the vast majority of cases. The proportion of exit outcomes that were positive was higher in 2020 than in 2019/20 and 2018/19 and consequently the proportion of outcomes that were negative was lower in 2020 than in the two previous financial years. It should be noted however, that in 2019/20 there were 61 leavers and in 2018/19 there were 120.

- 31 households or 91% of all leavers had a positive move on outcome in 2020.
- Of the positive move on outcomes 13 or 42% became a local authority tenant with visiting support, 16% returned home, 13% became a housing association tenant with visiting support, 10% became a housing association tenant (without visiting support), and 10% moved on to another refuge.
- Of the remainder of positive exits these were spread across the following exit reasons; Living with friends, moved to supported accommodation, and now an owner/occupier.
- Negative exit reasons in 2020 were returning home to the abuser and being evicted from the refuge.

We know that 80% of refuge leavers want to locate in the same local authority as the one they came from when exiting the refuge, 20% move to a different local authority. 70% of those leaving the refuge relocated to somewhere in Sheffield. 79% move on to a permanent home but 21% leaving the refuge in 2020/21 moved on to either another women’s refuge, temporary accommodation, supported housing or a bed and breakfast. We also know that 11% of refuge leavers reconciled with their partner.

As well as outcomes related to move-on accommodation, refuge providers are supporting people to achieve a number of other outcomes. Out of the list of 70 potential needs and outcomes which are monitored, of the people who left the refuge during 20/21:

- 93% of those with economic problems were supported to maximise their incomes
- 90% of those who needed help needed help with budgeting/money management benefitted from this and improved their budget management skills
- 95% Of the people who wished to participate in activities were supported to do so

- 83% of residents had a mental health issue and 92% of them said that they had been supported to better manage their mental health
- Avoiding risk from others was another key need in the refuge. 86% of women said that they had been supported to successfully avoid risk and harm from others,

1.7.12 Safe Zones

In 2020, 26 referrals were made to Safe Zones and 22 people were supported⁶- 18 females and 4 males. 16 of the 22 had children, with a total of 36 children accommodated. 50% of the males accommodated had children, 78% of the women accommodated had children.

In relation to both the refuges and the Safe Zones the majority of residents were in the 25-34 age group (two thirds).

- 67% of those who needed help with budgeting or money management, benefitted from this and improved their budget management skills
- All of those with a mental health issue said that they had been supported to better manage their mental health
- 66.67% of those leaving Safe Zones felt that their situation had improved.
- 77% said that they felt that their support networks had improved
- 50% believed that their sense of safety had improved.
- 66% of service users felt more confident about asking for help when they needed it.

1.7.13 Equality and Diversity information

The safe accommodation services in Sheffield work with a diverse group of people⁷:

- Both Safe Zones and the women's refuges generally have a high level of people who are Black, Asian, minority ethnic and refugees (BAMER) – around 40% in each service. 19% of people in the refuge needed an interpreter.
- 20% had an insecure immigration status including being on a spousal visa, no status, and being on a visitor's visa. 13% had no recourse to public funds
- 70-80% of people in the services state they have mental health issues – this high level is not surprising given the impact of domestic abuse on wellbeing. 4% had accessibility requirements. 16% had a physical disability and 43% had physical health needs.
- 18% had drug or alcohol support needs
- 8% were pregnant
- With regards to faith: 31% of victims at the refuges during 2020 stated they had no religion, 36% said they were Muslim, 18% were Christian.
- People from Lesbian, Gay, Bi-sexual and Trans communities (LGBT+) are under-represented in Sheffield data, however we hope this will improve as awareness about services increases and all staff referring to and those managing services improve their data collection
- 4% were at risk of trafficking
- 5% at risk of forced marriage
- 28% at risk of Honour Based Violence (HBV)
- 9% involved in sex work

⁶ Data taken from the Oasis Case Management System

⁷ ibid

1.7.14 **Need for safe accommodation**

Whilst many victims of domestic abuse do not require to be accommodated in safe, secure supported accommodation, and have access to alternative services, in summary, the data discussed above tells us that:

- Demand for domestic abuse safe accommodation is likely to increase over the next five years
- Outcomes for people who have been supported in domestic abuse safe accommodation are good in the majority of cases
- People using safe accommodation are likely to be under 35 and have children with them.
- People are from diverse backgrounds with a wide range of needs and vulnerabilities including the need for units that are accessible to people with physical disabilities.
- However more needs to be done to continue to promote services to older people and LGBT+ people

1.7.15 **Governance, contract and procurement management and safeguarding children and adults.**

A new specification has been developed to ensure the quality of the service which makes it clear that compliance to legislation and procedures will be required, not just in relation to the Domestic Abuse Act but in relation to the safeguarding of children and adults, for example The Children Act 2004, Children and Families Act 2017 and the Care Act 2014. Whole family working and partnership work are also requirements in the contract specification.

The contract management of the service is undertaken by commissioning staff who are integrated within the City's governance structure for domestic abuse. Serious incidents and safeguarding issues are managed through the Council's policies and procedures including MARAC, Domestic Homicide Review and Serious Incident Review processes, VARRM and Safeguarding adults and children procedures. Performance is reported into the Domestic and Sexual Abuse Strategic Board which acts as the statutory Domestic Abuse Local Partnership Board

1.7.16

A new specification has been developed to ensure the quality of the service and makes it clear that there will be compliance not just to the Domestic Abuse Act but to the safeguarding of children and adults, for example The Children Act 2004, Children and Families Act 2017 and the Care Act 2014. Whole family working and partnership work are requirements in the contract specification.

The contract management of the service is undertaken by commissioning staff who are integrated within the City's governance structure for domestic abuse. Serious incidents and safeguarding issues are managed within the Council's policies and procedures including MARAC, Domestic Homicide Review process, VARRM and Safeguarding adults and children policies. Performance is reported into the Domestic Abuse Strategic Board.

1.7.17 Procurement Process

The procurement process and any contract awards will be undertaken in accordance with all relevant provisions of the Council's Constitution including its Contracts Standing Orders. Officers will work with legal and commercial services to agree the right approach through the Commercial Process.

Commercial Services have recommended that a competitive tender process governed by the light touch regime (LTR) be undertaken and to award one contract to a single provider or consortium. Tenderers will be evaluated on a split of quality, price and social value ensuring value for money.

It is proposed that a two stage procurement process is used to include an optional negotiated procedure enabling the Council to harness the expertise and innovation from experienced providers and leaves significant flexibility in the lifespan of the contract to vary as needs change.

The Council will mandate the real living wage in all contracts. The new contract will be evaluated on price and social value as well as quality to ensure that we are not suppressing market rates. Through the procurement process providers will be encouraged to offer added value to supplement the service, for example through specialist expertise not available to the Council or through additional resources which can be brought in to support the service delivery.

The Procurement Strategy has been developed in line with the ambitions set out in this report. An essential component of the commercial approach will be one which allows maximum flexibility, so that services can flex and respond to the changing needs of the client group, and as our understanding and evidence base develops. Our understanding of the post-Covid world is developing all the time and we need an arrangement that is responsive to this, and will seek delivery partners who are willing to take a flexible approach and can work collaboratively with us over the duration of the contract as needs change or emerge.

2. HOW DOES THIS DECISION CONTRIBUTE ?

The decision will contribute to the Council's One year plan primarily in relation to Communities and Neighbourhoods, ensuring safe accommodation for survivors of domestic abuse and supporting the Education, Health and Care objective by enabling survivors of domestic abuse and their children to live the life they want to live.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 The proposal is informed by the lived experience of survivors of domestic abuse in Sheffield and there have been a wide range of consultation activities undertaken as follows:

- Stakeholder engagement event to gather both stakeholder and provider views on the development of the safe accommodation strategy and inform the Needs Assessment
- Citizenspace public consultation held with the aim of informing the strategy and Needs Assessment
- Consultation on the draft strategy with members of the Domestic Abuse Service User Reference Group
- Individual and group consultation sessions with survivors of domestic abuse who have used safe accommodation in the city to understand their experiences and their views on the support they received. Focus groups have also taken place with all the current residents in the two refuges.
- Draft strategies were presented to the Domestic and Sexual Abuse Provider Consultation Group, Joint Commissioning Group and Domestic and Sexual Abuse Strategic Board (which carries out the functions of the statutory domestic abuse Local Partnership Board)
- Draft strategy presented to the Equality Partnership Hub meeting for feedback
- A presentation was given to the Domestic Abuse Strategic Board
- The report has been considered at People Portfolio Leadership Team

Feedback from consultation tells us that survivors of domestic abuse value the commissioned safe accommodation in the city and feel that they are currently offered good levels of support and safety from service staff, however they feel that increased wrap around support for themselves and their children would help them to recover more quickly from their experiences of abuse. The need for wrap around support for children and adults will be built into the service specifications.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 In exercising discretion, the local authority must always be mindful of their duty contained in section 149 of the equality Act 2010, that is the duty to have due regard to the need to
- (a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited or under the Act:
 - (b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
 - (c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

This includes having due regard to the need to:-

- (a) Remove or minimise disadvantages suffered by relevant protected characteristic that are connected characteristics from the needs of the persons who do not share it.
- (b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.

Section 158 of the Equality Act 2010 permits the taking of positive action where this is a proportionate means of meeting the needs of persons who share a protected

characteristic which are different from the needs of persons who do not share that protected characteristic.

An Equalities Impact Assessment was undertaken and the findings of these suggested that the impact on all protected groups would be positive.

The decision will ensure that our safe accommodation and corresponding support is accessible to all of those who need it, irrespective of their individual circumstances and/or any protected characteristics they may have. This includes, but is not limited to, addressing the needs of victims of all sexes, all genders, all ages, all sexualities, people with physical and learning disabilities, people with mental health issues, substance misusers and people of all ethnicities and migrants.

4.2 Financial and Commercial Implications

4.2.1 It is proposed that the contract will be awarded up to the value of £675,000 per year for five years with break clauses at 2 years and each year thereafter. This will be funded from the new burdens funding from the Department of Levelling Up Housing and Communities.

There are some budgetary implications with this.

The Government has announced that there will be a 3-year funding settlement for the New Burdens Grant for Domestic Abuse. However, only the year one funding has been announced, it has not yet confirmed what individual Local Authorities' Settlement for year's 2 and 3 will be. Indications are that we will get the same settlement as we have had this year, but there is a possibility that it could be a lower value. If it is reduced, we would review commissioning priorities with the lead member, Directors and other council services rather than simply cut the refuge contract, because victims of domestic abuse are a priority group the council has committed to.

Whilst the settlement is expected for the next 2 years it is important for the stability of the market to award a five-year contract. Current indications are that the funding would form part of the Revenue Support Grant rather than a distinct grant after the two years. Mitigation for any potential change in resources will be the break clause each year from year 2 onwards which will enable the Council to reappraise its financial position and services procured.

4.3 Legal Implications

4.3.1

Under the Part 4 of the Domestic Abuse Act 2021, the Council is required to produce a Domestic Abuse Safe Accommodation Strategy. This formed part of an addendum to the Sheffield Domestic and Sexual Abuse Strategy 2018-2022 (both strategies will be aligned in 2023).

4.3.2

The Domestic Abuse Act 2021 places a statutory duty on the Council to provide support to victims of abuse and their children living in refuges, specialist safe accommodation, dispersed accommodation, sanctuary schemes and second stage

accommodation. Under the duty the Council must provide support for children, counselling and therapy, housing related advice and support, communication with other health and social care providers, specialist support for victims with complex needs and/or protected characteristics, and help for victims to recognise the signs of abusive relationships to prevent victimisation.

- 4.3.3 The proposals in this Report will assist the Council in meeting its statutory duties under Section 2 of The Care Act 2014 to provide or arrange for the provision of services, facilities or resources or take other steps, which it considers will contribute towards preventing or delaying the development by adults in its area of needs for care and support and reduce the needs for care and support of adults in its area.
- 4.3.4 The proposals meet obligations in both the Care Act. The Children Act and The Children and Families Act to protect and safeguard vulnerable and adults and children
- 4.3.5 The proposal will also support our duties under the Homelessness Reduction Act.
- 4.3.6 Procurement is governed by the Public Contract regulations, therefore the procurement and the contract award process will be followed subject to the Public Contract Regulations

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Consideration was given to commissioning the safe supported accommodation in two Lots as it currently stands. However, it was felt that one larger lot would have a number of advantages including: administration costs of contract management, the increased ability for partnership working and innovation to support all victims of domestic abuse, access to a wider variety of accommodation and more flexible use of the funding to be dynamic and meet changing needs during the 5-year contract period.

5.2 Consideration has been given to not providing refuge accommodation at all and only providing dispersed accommodation. However, this goes against the Council's previous commitment to strategically commission Sanctuary Housing, at great capital cost to build a modern state of the art refuge in 2014, with the associated borrowing assumptions being on a 30-year basis. We also know that victims have differing needs and require choice of safe accommodation. Refuge blocks provide 24hour on-site support with additional facilities for children, and they engender peer support for women who have lost resilience due to their experiences. A refuge bloc provides a period of recovery, stability, safety and support for those most in need of support. The current refuge provision is always full, with a waiting list of women who want to be accommodated in this type of provision.

During recent consultation with victims in safe supported accommodation more than 50% of victims stated that they had waited for a space in a refuge to become available as they wanted this level of security.

90% of refuge residents reported that they felt safe or very safe in refuge accommodation as opposed to 50% in dispersed supported accommodation.

85% of refuge residents said they had received the right amount of support compared to 50% in dispersed accommodation.

5.3

Consideration has been given to provide the service in house. It would be very unusual for Local Authorities to run refuges internally. Specialist voluntary sector providers have developed and ran provision for over 40 years and have become experts in working with victims of domestic abuse and running safe accommodation provision. Many of them are affiliated to National Women's Aid who have developed national good practice policies and guidance. Sheffield has a strong specialist domestic abuse sector with specialist knowledge and experience. The sector is also adept at bidding for additional charitable funding to enhance services and provide innovation that the Council might not otherwise have access to.

6. REASONS FOR RECOMMENDATIONS

This decision will build on Sheffield's proud track record in responding to the need for safe supported accommodation for people affected by domestic abuse. It will ensure that we are able to meet the requirements of Part 4 of the Domestic Abuse Act 2021. It will ensure that high quality safe supported accommodation is offered that can meet need in line with recognised quality standards but in a cost effective way and the model allows for innovation and change within the contract period.



Author/Lead Officer of Report: Joe Horobin –
Head of Commissioning

Tel: 0114 2735060

Report of: *John Macilwraith, Executive Director of People Services*
Report to: *Co-operative Executive*
Date of Decision: *16th March 2022*
Subject: *Maintaining a stable adult social care market in Sheffield*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? <i>Health and Social Care and Children, Young People and Families</i>		
Which Scrutiny and Policy Development Committee does this relate to? <i>Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee</i>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? Reference: 1162		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:- N/A		

Purpose of Report:

The purpose of this report is to seek approval for the recommended increases in fee rates for Council contracted and framework independent sector care homes, home care, extra care, supported living and day activity providers in Sheffield for the financial year 2022-23. The report also seeks approval for the recommended increase in Direct Payments for people who choose this means of arranging their own care and support. This report sets out the process that the Council has followed and the analysis that informs the proposed fee rates to ensure a sustainable, quality and diverse social care market. The report also outlines the ambitions of the Council to deliver long term transformation in the city's care

markets that improves outcomes for people and underpins the sustainability of the market.

Recommendations:

It is recommended that the Co-operative Executive:

1. Approves an increase to the fee rate for day activities and standard rate care homes of 3.13%.
2. Approves an increase to the fee rates for home care, extra care (care element only), and supported living on the Council's standard contracted and framework rate and to direct payment providers of 3.14%.
3. Approves an increase for non-standard residential care rates that are individually negotiated and for council arranged respite care of 3.13% subject to contractual compliance.
4. Approves an increase to the personal assistant rates used by people in receipt of a direct payment of 3.15% plus the cost of the Employer Pension Contribution (individually applied and total budget pressure not exceeding budget).
5. Delegates authority to the Executive Director of People in consultation with the Director of Adult Health and Social Care and the Director of Integrated Commissioning and the Executive member for Health and Social Care to agree any appropriate and proportionate fee increases requested by care homes outside Sheffield because cost pressures will vary from place to place.
6. Delegates authority to the Executive Director of People in consultation with the Director of Adult Health and Social Care, the Director of Integrated Commissioning and the Executive Member for Health and Social Care to take all other necessary steps not covered by existing delegations to achieve the outcomes outlined in this report.

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Liz Gough</i>
		Legal: <i>Steve Eccleston</i>
		Equalities: <i>Ed Sexton</i>
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	EMT member who approved submission:	<i>John Macilwraith</i>
3	Cabinet Member consulted:	<i>Cllr George Lindars-Hammond Cllr Jayne Dunn</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for	

submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
Lead Officer Name: Joe Horobin	Job Title: Director of Commissioning
Date: 21/02/2022	

1.	PROPOSAL
1.1.	It is proposed that the Council will: Provide a 3.13% increase in the fee rate for all standard rate placements in residential and nursing homes that reflects the difference between the wage levels calculated in the fee rate for 21/22 (£9.21) and the new National Living Wage for 22/23 (£9.50) for the staffing element of the fee rate increase and the Consumer Price Index (as at September's CPI – the month used by DWP for calculating pension contributions) for non-staffing costs.
1.2.	Provide a 3.14% increase in the fee rate for home care, supported living, direct payment activity spend and extra care (care hours element) that reflects the National Living Wage increase and the Consumer Price Index for non-staffing costs as at 1.1.
1.3.	Provide a 3.15% increase in the rate for Personal Assistants paid for by a direct payment that reflects the National Living Wage increase (as at 1.1) plus the increase in employers National Insurance Contribution.
1.4.	Provide a 3.13% increase to non-standard residential care, council-arranged respite care and day activities that reflects National Living Wage and Consumer Price Index (as at 1.1). This increase is to be applied to individually negotiated fee rates with providers of non-standard residential care and respite care subject to contractual compliance.
1.5.	It is proposed that these rates take effect from 10th April 2022
1.6.	The following report ensures that the proposals:
1.6.1.	Are informed by consultation with local social care providers.
1.6.2.	Balance significantly increasing costs for care providers with increasing costs for the Council's other essential services in the context of a budget balanced through use of reserves and ambitious savings in 2022/23.
1.6.3.	Are informed by analysis of local, regional and national evidence.
1.6.4.	Meet the Council's legal responsibilities by being sufficient to support assessed care needs and to provide residents with the level of care services that they could reasonably expect to receive if the possibility of resident and third-party contributions did not exist.

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2.	HOW DOES THIS DECISION CONTRIBUTE?
2.1.	<p><i>This decision seeks to ensure that funding arrangements for framework, and individually contracted rate fees and direct payments are aligned with inflationary cost increases to mitigate the risk of market failure and to maintain and improve the care and support experience of care home residents and people receiving extra care, day activities, home care, supported living, respite care and Direct Payments in Sheffield. The Council expects that ensuring the fee rates meet the cost of delivering care in Sheffield will enable providers to work with us to develop innovative and efficient ways to support people in the city.</i></p> <p><i>The Council is committed to engaging and working with care providers to drive our shared ambition to raise pay and conditions. The Council will work with the care market to bring forward further support and changes to our commissioning and contracting that deliver on our strategic direction for adult social care and ensure a sustainable and quality market that delivers our ambitions for improved pay, terms and conditions for the care workforce in Sheffield.</i></p>
2.2.	<p><i>The proposals have been developed in consultation with social care providers and analysis of the local care market by the Council's Adults Commissioning and Contracts team. The recommendations seek to balance the need to support providers in maintaining good quality care for people and acceptable working conditions for staff, alongside affordability for the Council in the context of other significant pressures in Adult Social Care. Chief among these is the increased demand the Council has experienced in relation to the COVID-19 pandemic and ongoing pressures across the health and care system.</i></p>

3.	HAS THERE BEEN ANY CONSULTATION?
3.1.	<p>The Council has consulted with care homes, day activities providers, and with framework home care and supported living providers on the standard rate for these sectors.</p> <p>The Council's Direct Payments Improvement Programme has continued to drive a range of improvements to the Council's approach to direct payments and supporting people who wish to use this flexible approach to managing their own care and support. This programme is coproduced, and all improvements are developed through project groups</p>

	<p>that include direct payment recipients to ensure the best outcomes for people.</p> <p>Home Care and Supported Living Care providers have also been consulted with formally during winter 2021/22 and their views, along with those of other providers, are provided in full (anonymised) in the Market Analysis and Consultation Report at Appendix 1.</p>
3.2.	<p>Provider consultation on Key Costs and Pressures: The Council wrote to care home, supported living and home care providers with an initial proposed fee rate increase. The letter was sent to providers in January for them to consider and provide feedback on. Providers were able to provide feedback by several channels including by return email or letter, via a short form provided by email or directly with commissioning or contract officers.</p> <p>The summarised consultation feedback and market analysis can be seen below and the more detailed consultation report and analysis is attached at Appendix 1.</p>
3.3.	<p>Evidence of Care Costs: Providers were encouraged to provide any supporting information regarding costs and pressures during formal consultation phase as well as during the course of the last year. This is also described more fully below and in the consultation report attached at Appendix 1. This consultation is a precursor to the further work to be undertaken by the Council to establish a fair cost of care in line with new requirements by the Department of Health and Social Care over the next six months.</p> <p>https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023/market-sustainability-and-fair-cost-of-care-fund-purpose-and-conditions-2022-to-2023</p>
3.4.	<p>Strategic Review of Older People’s Care Homes: The Council reported (Cabinet 17th March 2021) on the Strategic Review of Older People’s Care Homes which had been commissioned from external consultants, Cordisbright in partnership with LangBuisson. This included consultation with a wide range of care home providers in the city. This review has since concluded, and the key findings of the report were shared with care home providers in the summer of 2021. The report is attached at Appendix 2.</p>
3.5.	<p>Market Position Statement: A Market Position Statement for Learning Disabilities and Autism Accommodation with Support has been produced in collaboration with the Clinical Commissioning Group and the South Yorkshire and Bassetlaw Integrated Care Partnership. This is provided at Appendix 3.</p> <p>A Market Shaping Strategy has recently been commissioned and it is expected that this will report in Spring 2022 and will provide a high-level</p>

	indication of the Council’s plans for shaping the adult social care market to ensure it is fit for the future.
3.6.	Overall summary of provider consultation feedback
	<p>The key issues raised by providers across all types of care provision were the impacts and pressures caused by the ongoing effects of the pandemic including staff burn out, difficulty recruiting and retaining a stable workforce due to competition from other sectors, increased demand in home support and decreased demand in some care homes and overall increased acuity of people needing care and support.</p> <p>The pandemic has continued to place significant pressure on providers in terms of additional costs relating to infection control measures, staff sickness and changes in demand for care. These impacts vary for each type of care and are set out in more detail in the appendix.</p> <p>Providers also told us about other challenges and pressures which impact on their costs, and which aligned with the feedback received in previous consultations with the sectors</p> <ul style="list-style-type: none"> • Challenges they face of recruiting and retaining good quality care staff – exacerbated by higher pay in logistics, retail and hospitality. • Their ambition to move towards paying the real foundation living wage • Non-staffing costs increasing by more than the CPI rate used to model the fee rate with the rate of inflation set to continue into the next 12 months. Many providers cited a disproportionate impact of inflation on specific aspects of their cost base e.g., utilities, fuel, insurance and food. • Concerns about the long-term costs of increased PPE and Infection Prevention and Control measures and the expected cessation of various short-term Government and NHS grants currently underpinning the viability of providers across a range of sectors.
3.7.	Older Adult and Standard Rate Care Homes Consultation Feedback Summary
3.7.1.	A consultation questionnaire was issued to care home providers and received 18 responses from providers representing a total of 35 homes. In addition, a further 5 providers submitted evidence towards the consultation but not on the questionnaire provided. Of these 35 homes, 6 homes classed themselves as non-standard, 3 of which specialise in adults’ mental health. One home classed themselves as a home targeting self-funders with few council funded placements. The remaining 28 homes classed themselves as a standard rate care home mainly accepting the council’s current standard rate of £530 per week.

<p>3.7.2.</p>	<p>The Sheffield Care Association (SCA). The SCA was formed by a group of care homes in 2018 to represent the older adults care home sector in the city. The Council welcomes the opportunity to engage with a representative body and work in partnership with all providers in the city with regards to development of the sector and the Council’s relationship with care homes. The Council has continued to meet with representatives from the SCA over the last year to discuss key challenges facing the sector including staffing retention and recruitment, the impact of mandatory vaccination, training and sector routeways for the workforce, issues attracting and retaining nursing staff and the physical environment of care homes in the city and investment needed to bring these up to date.</p> <p>A focus group was held with SCA and officers from the Council and Sheffield Clinical Commissioning Group in January to look in detail at the specific cost drivers and pressures for care homes. The minutes of this meeting are included in the Market Analysis and Consultation report at Appendix 1. In addition the letter received from them in response to the consultation is attached in full.</p> <p>The key points by the SCA on behalf of their membership are as follows:</p> <ul style="list-style-type: none"> • <i>The base fee model used by the Council does not address financial sustainability issues of providers in the current market. See response below.</i> • <i>Fee model used by the Council is based on 90% occupancy for providers. This is not happening in effect. Instead, providers are having to spread fixed costs across lower occupancy levels.</i> • <i>The current fee model does not allow for sufficient return on investment.</i> • <i>Longer term effects of Covid are likely to continue in the longer term. Any relief support should be based on an indemnity basis and occupancy levels should be considered.</i> • <i>That Covid related support has been insufficient to meet care homes’ needs.</i> • <i>Non-completion of the strategic review of older peoples care home market. The lack of a third-party consultant to review costings and market stability.</i> • <i>Nursing care homes may be particularly disadvantaged as a result of the pandemic.</i> • <i>There is reducing access to income from self-funders and third party top up fees.</i> • <i>Residential clients are getting older and frailer at the point they are admitted to residential/nursing care and this increases their costs.</i> • <i>Sheffield does not offer a ‘dementia supplement’. Some providers have raised this as an issue.</i>
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<p>3.7.3.</p>	<p>Staffing related costs: <i>Providers fed back their view that the fee rate should be increased to enable providers to appropriately reward staff and pay above National Living Wage. While the Council increased the fee rate above the minimum inflationary related increase for 21/22, homes have not been able to passport this to increasing staff wages above the minimum wage. Providers cite competing priorities/costs which have absorbed the additional increase in the fee rate including those below:</i></p> <p><i>There are challenges for providers in recruiting and retaining staff, particularly nurses, which mean that many seek to offer staff slightly above the minimum wage in order to remain competitive employers. Providers are also paying high agency costs including ‘finders fees’ for nurses but also for senior staff. Providers also told us that maintaining wage differentials between front line and management staff is key to retaining good managers and sustaining care quality through strong leadership.</i></p> <p><i>Some providers raised concerns about the need for higher staffing ratios as the acuity of residents has increased in recent years. They also described increased training and recruitment costs as well as the impact of employer pension contributions which have increased by 1% year on year for several years.</i></p> <p><i>From April, all employers will also face an increase in their Employers’ National Insurance contribution, ironically the Health and Social Care levy, which will increase employment costs in addition to a much higher than anticipated increase in the national living wage (minimum wage). This will also slightly increase the pay on which pension contributions are based although pension contributions are not being increased this year per se.</i></p> <p>The Council recognises and values the role that social care staff play in supporting some of the most vulnerable people in our city and understands the impact of the minimum wage and National Insurance increase for providers. The recommended fee is based on applying the difference between the above minimum wage increase last year (which enabled providers to increase wages up to £9.21 per hour) and the 2022/23 minimum wage increase (£9.50) on all staffing related costs (3.15%). The balance between staffing and non-staffing used to weight the increase reflects nationally recognised ratios and the information submitted by providers during consultation, while suggesting that some providers are seeing above 75% staffing costs, does not evidence this in costings provided. Other authorities tend to use a lower weighting staffing element of the fee rate.</p> <p>Sheffield City Council have reflected upon feedback from consultation and are proposing to increase the fee rate by 3.13% for care homes and day activities, and 3.14% for home support and 3.15% plus the individual employers National Insurance contribution for Personal Assistants.</p>
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	<p>Council Commissioning and Contracts teams will work closely in collaboration with all providers through the procurement changes in each of these sectors over the next 18 months to ensure progress by the sector towards Foundation Living Wage at the point of reprocurement. The Council is committed to working with providers in each sector to enshrine improved terms and conditions for the care workforce in future contracting arrangements.</p> <p>The financial and operating context for all types of care provision remains volatile and requires dynamic and ongoing risk assessment to ensure a sustainable, quality market. The impact of this fee increase will therefore be closely monitored, and the cost of care further examined for each type of provision over the next six months in response to Department of Health and Social Care requirements to pay a fair cost of care, to ensure effective planning for the implications of the new care cap and to ensure that procurement plans optimise value for money through improving funding security and embedding enablement and quality outcome-based contracts.</p> <p>The final proposed increase in the fee rates reflects the Council's commitment to taking on board the feedback of providers and ensuring a sustainable, quality and diverse adult social care market in the city in the context of significant budget constraints as a result of long-term underfunding of local authorities and particularly social care by Government over the last decade.</p>
3.7.4.	<p>Original Cost Model and Rate: <i>Providers have questioned whether the costing model used by the Council accurately reflects the cost model of care within care homes.</i></p> <p>Sheffield City Council continues to support the methodology it uses to set the base rate for the cost of care.</p> <p>The consultation with providers asked them to confirm the split in their costs between staffing and non-staffing costs. In previous years we have used a figure of 71% to calculate increases in staffing costs in standard rate care homes in line with open book evidence from local providers and aligned to the nationally cited split of costs in this sector. Consultation questionnaire responses suggest an increased proportion of 75% of costs are now due to staffing and within this average, a significant level of variation. This is currently being triangulated with the evidence submitted via the cost proforma exercise which has seen 3 returns from providers. The same exercise completed by care homes last year showed significant variation and this is expected to be the same this year. There are challenges with assessing the true cost of care from the proforma unless there is transparency of income and the mixed care and residency model (e.g., nursing care, self-funders, health funded etc.) which may increase cost but also increase income.</p> <p>The increased ratio of staffing to non-staffing suggests that these providers are using third party contributions, have more complex income</p>

	<p>streams (e.g., health funded or enhanced support packages for some residents), a mixed economy, are sustaining ongoing losses or subsidising from homes elsewhere. The homes with the lowest costs are those that have low or no mortgage or rental costs and lowest corporate overheads.</p> <p>While some providers have questioned why Sheffield has a single flat rate, the cost of care exercise and subsequent open book exercises have not indicated differentiated costs. Feedback from providers also indicates that standard residential care faces levels of acuity now, including dementia and extreme frailty that has eroded the difference in costings between residential and nursing and dementia that used to be much more distinct.</p> <p>The question of the appropriateness of a single rate was raised by providers with the independent consultants who undertook the strategic review of older people's care homes.</p> <p>The fee rates and specification for care will be within the scope of the implementation of the Strategic Review and there are ambitious plans to establish a new procurement framework for care homes that will reflect the required levels, type and quality of care needed in the city and seek to embed the Council's commitment to ensuring that providers pay real living wage with improved terms and conditions.</p> <p>The external consultants pointed out that in authorities that do differentiate the fees, the proprietors often complain that the differentiation of £20 or £30 per week does not reflect the actual differential costs of providing care to people with complex needs.</p> <p>Providers indicated that they need to see an improved return on investment within the fee rate and for some, capital investment will be important to ensure that the physical infrastructure of their care homes remains fit for purpose longer term.</p> <p>As part of the consultation exercise providers were asked to submit costings via a proforma to reflect spend with four providers representing ten homes sending their costings back in a range of formats.</p>
3.7.5.	<p><i>Non-Staffing Costs:</i> <i>Some providers described non-staffing costs rising by more than the CPI rate used to calculate inflation on these costs.</i></p> <p>The Council believes that the Consumer Price Index remains a reasonable index for adjusting non-staffing costs associated with running a care home as it covers (food, utilities etc.). However, the Council also takes on board the concerns of some providers that not all their non-staffing costs are appropriately weighted within the CPI calculation.</p> <p>The Council also acknowledges the feedback from the independent consultants that some authorities use a basket of measures alongside the CPI in order to establish a more bespoke cost of inflation on non-</p>

	<p>staffing costs. The Council has used a figure of 3.1% to model the increase in the non-staffing element of the fee rate (the September CPI rate also used by the DWP to set pensions).</p> <p>The Council also acknowledges that the CPI rate is currently above 3.1% at the point of publishing this report. The Council is committed to monitoring the impact of inflation on the care sector over the next 12 months and to reviewing the overall cost of care delivery over the next 12 months in line with the Government's requirements on Council's and funding to support 'Market Sustainability & Fair Cost of Care'. This work will maximise any opportunity to secure any additional funding into the sector from Government and directly inform ambitious and transformational changes in procurement and contracting with the sector underpin the long-term sustainability of a diverse, quality care home market fit for the future as well as increased cost transparency and market oversight.</p>
3.7.6.	<p><i>Return on Investment:</i> <i>Some providers raised issues with the rate of return on investment.</i></p> <p>The Council acknowledges the importance of return on investment and capital as a component of the fee rate and these were modelled within the cost model in 2017 which has been subsequently increased each year. The return on investment was based on 2% above base rate. This has been increased annually by the September CPI in subsequent years.</p> <p>The Council acknowledges that the return on investment that is built into the rate for care homes in the city is relatively low however this depends on the financial structuring of the home, exposure to debt etc and remains more stable than the base rate. Providers are still entering the market in the city with significant interest in acquisition demonstrated by recent changes in ownership locally. The Council acknowledges however that the return on investment will need to be considered in the implementation of the Strategic Review of Care Homes in order to ensure the development of a sector fit for the future needs of the city.</p>
3.7.7.	<p><i>Impact of Covid19:</i> <i>Most providers had concerns about the ongoing impact of Covid19 in terms of higher costs and lower income resulting from lower occupancy.</i></p> <p>The increase in costs and reduction in income relating to the pandemic have been partly offset by a complex combination of government grants and support but there is understandable anxiety about what support will continue beyond the current Government grants.</p> <p>The Council continues to lobby government regarding funding for social care as a critical area for increased funding and in relation to the need for ongoing pandemic specific support and, as stated above, is committed to working with the care market to ensure that the conditions</p>

	<p>for accessing ‘Market Sustainability & Fair Cost of Care’ Funding are met.</p> <p>The Council also continues to provide additional support to care homes to help with the effects of the pandemic. More information about the support provided can be found below (4).</p> <p>The Council will continue to monitor the impact of the pandemic and the fee increase over the next year and assess risks to continuity of care and compliance with the Care Act’s duty regarding the care market. Where appropriate the Council will take proportionate action to mitigate risks and minimise the impact of market adjustment for residents.</p>
3.7.8.	<p>Support with lower occupancy – linking occupancy to the fee rate: <i>Some providers have said that the fee rate should be adjusted based on Covid19 related lower occupancy. The pre-pandemic market was stable over many years with an occupancy of 92-95% occupancy. Current average occupancy is around 80% with significant variation between homes. The lowest occupancy tends to be in more traditional residential care homes with some nursing provision now at higher occupancy than pre-pandemic.</i></p> <p>The Council acknowledges the impact that such low occupancy has on care homes affected. This is also highlighted by the independent consultants who state that most care homes require occupancy of 90+% to ‘break even’. However, the Council, and most providers, do not expect the Council to subsidise empty beds indefinitely and acknowledge the need for a degree of market contraction.</p> <p>The average occupancy is in line with the impact on occupancy elsewhere both regionally and nationally and, as elsewhere, hides a huge variation in occupancy with some homes operating at less than 40% and others above 90%. Occupancy is however only one indicator of viability with other factors such as scale, reserves, group structures and debt exposure also being key determinants of viability and business decisions.</p> <p>The impact of Covid19 on occupancy has been felt across council funded and self-funded providers in roughly equal measure. Adjusting the fee rate against occupancy would benefit providers with above average occupancy and remain insufficient for those operating with lower occupancy. The Council will continue with a targeted approach to support providers where necessary to support a managed contraction of the market over the next two years through the implementation of recommendations from the Strategic Review of Care Homes.</p> <p>The Strategic Review of Care Homes undertaken by independent consultants Cordisbright and LaingBuisson in late spring 2021 provided recommendations for the reshaping of the market for older people’s residential care both in the short to medium term as some providers consider exiting the market due to the sharp dip in demand, and others</p>

	<p>consider longer term plans and potentially new models of providing care for those who need it.</p> <p>Support is available to care homes in financial distress who have provision that is in line with likely future demand and where they have a robust business case for short term support within the constraints of subsidy control. Support is also available for care homes who wish to exit the market to ensure that they are able to do this in a safe and planned way that enables the safe transfer of care for residents.</p> <p>Some providers have suggested nursing homes have been disproportionately affected. Where a particular type of provision is disproportionately affected and this threatens to impact on the continuity of care for residents needing this type of care, this will be considered in the allocation of support to providers in financial distress.</p> <p>Recent home closures have been smaller, local homes while recent sales have been part of larger groups. This suggests that larger groups can subsidise homes to the point of sale while smaller providers cannot.</p>
3.7.9.	<p>Comparison with other Authorities: <i>Providers have told us that they feel that Sheffield rates do not favourably compare when benchmarked with other Authorities in core cities or locally.</i></p> <p>The concern from providers regarding Sheffield fee rates is mainly from the care home sector. Sheffield is the only authority in the region that uses a single base rate for all older people’s residential care.</p> <p>Sheffield differs from most other local authorities in that we pay a single rate of £530 per week for standard care in a care home regardless of whether that care is residential or nursing or with/without dementia. This ranks quite low amongst the rates currently paid by other local authorities. For Residential Care Sheffield ranks 10th out of 15 when compared to the minimum rate paid and 12th out of 15 when compared to the maximum rate. For Nursing Care Sheffield ranks 11th out of 15 when compared to the minimum rate paid and 13th out of 15 when compared to the maximum.</p> <p>The review by independent consultants in March last year compared Sheffield rates with other core cities based on average price paid rather than the base rate. Out of the 8 core cities Sheffield ranked 8th for Nursing Care and 7th for Residential care and 7th overall.</p> <p>It is noted that the fee rate paid by Sheffield does not compare favourably to that paid by other regional authorities and core cities. This can be explained in part by comparatively low rent, mortgage and land costs in the city and the historically higher and consistent levels of occupancy experienced in the city compared to other areas.</p>

	<p>The Council remains committed to supporting all types of contracted provision to move towards foundation living wage over the next few years and will be working with the care sector in the city to respond to the conditions and access funding via the Government's 'Market Sustainability & Fair Cost of Care'. This, along with the changes in procurement linked to level and quality of care over the next 12-18mths are likely to enable Sheffield to compare more favourably in future years.</p>
3.7.10.	<p>Cost of Equipment: <i>Providers told us that frailer residents require more specialist, expensive equipment that the provider needs to purchase and then store when not needed.</i></p> <p>The Care Home Equipment Loan Service Guidance has been in existence since August 2018 and was widely consulted on and agreed with Care Home managers. The guidance was recirculated to care home managers again in 2019 and 2020 and will be recirculated in response to this feedback.</p> <p>The guidance outlines the responsibilities of the Care Homes with regards to the provision of equipment and the circumstances in which the Integrated Community Equipment Loan Service (ICELS) will loan standard and special equipment as well as how to return it to the equipment provider. All equipment (including profiling beds for end of life care) loaned to Care Homes has to be prescribed by a health care professional and the ICELS considers all requests on an individual basis. The ICELS was retendered in 2019/20 and the Council has worked closely with the new provider to ensure that the loan service is working for providers and that equipment is tracked and returned when no longer required. This will reduce costs for homes, ensure appropriate use of prescribed equipment and avoid homes storing equipment that is no longer required.</p>
3.8.	Extra Care Consultation Feedback Summary
3.8.1.	<p>There is now one provider of Council funded extra care who also delivers homecare in the city. The service element of the contract was extended this year due to constraints on provider and officer time resulting from prioritisation of resources to responding to the pandemic. The service contract will be reprocured this year however and is outside the scope of this fees consultation however the contract will be reviewed in preparation for re-procurement this year.</p> <p>The consultation feedback is included in the home care feedback below as the provider delivers both extra care and home care.</p>
3.9.	Home Care Consultation Feedback Summary
3.10.	Consultation Process & Response

	<p>All 35 contracted providers were invited to provide information via the following methods to support the process of determining provisional fee rates:</p> <ol style="list-style-type: none"> 1. Completing a questionnaire regarding their split of operating costs; forecasted overall increase in costs; any distinct element with a new or changed financial impact on operating costs; any additional information they wish to be considered. 2. Submission of 'open book' details of operating costs and accounts. 3. Submission of any correspondence (emails or letters) to the Council within the past 6 months containing content relevant to the consultation. <p>The consultation process was open for three weeks, from 21st January to 11th February 2022.</p> <p>The response rate for each element was as follows:</p> <table border="1" data-bbox="652 943 1182 1095"> <thead> <tr> <th></th> <th>Responses</th> </tr> </thead> <tbody> <tr> <td>Questionnaire</td> <td>12</td> </tr> <tr> <td>Open book accounts</td> <td>0¹</td> </tr> <tr> <td>Prior correspondence</td> <td>1</td> </tr> </tbody> </table> <p>The responding providers represent 36% of the commissioned market.</p>		Responses	Questionnaire	12	Open book accounts	0 ¹	Prior correspondence	1
	Responses								
Questionnaire	12								
Open book accounts	0 ¹								
Prior correspondence	1								
3.11.	Supported Living Consultation Feedback Summary								
3.11.1.	<p>Supported Living services are 'called off' from 2 Framework contracts presently – The Framework Agreement for the Provision of Home Care and Supported Living Services and the Regional Enhanced Supported Living Framework. Details of these are provided in the Market and Consultation Analysis at Appendix 1.</p> <p>Supported living is now the single largest service area for local people with a learning disability in Sheffield. Approximately 748 people have support from supported living providers – either in their own tenancies or in their family homes, with contracted or non-contracted providers. The majority of support is arranged by the Council, with a smaller number of people funding their support through Direct Payments.</p> <p>The current Supported Living Framework was varied last year to revise the Expiry Date from 03/10/2021 to 09/04/2023.</p> <p>In addition to providers who deliver services under the Council's framework contract, there are 9 non-contracted providers supporting approximately 21% of the people in Supported Living. One of the</p>								

¹ One provider did not submit accounts as part of this exercise but offered to do so separately.

	<p>strengths of the framework is the diversity of providers, a mix of large and small companies - local, regional and national, with the majority being 'not for profit' organisations. The hourly rates are aligned with the geographical rates for home care services. There is also a discounted rate for supported living services that provide over 56 hours in any one property location, and an hourly rate for night time support.</p> <p>We are confident that our sleep-in rate is an hourly rate that is sufficient for providers to ensure that minimum wage is covered for sleep ins we commission. We are planning however to consult with providers over the next year to establish how much of the hourly rate we pay is paid directly to workers. The local framework prices provide a 'guide price' for non-framework providers, helping ensure financial transparency and value for money for people accessing them through their Direct Payments.</p> <p>A number of the Framework providers work across the region. Since 2019, there has also been an Enhanced Regional Framework in place to support the provision of services for people moving out of long stay hospitals as part of the Transforming Care agenda. There are 5 Sheffield Supported Living Framework providers who are also on the Enhanced Regional Framework. There have been three call offs from this Framework for three new supported living sites. It has been helpful to use the enhanced hourly rates (between £18-£23) to reflect the additional and specialist support to meet the tenants' assessed needs. However, the Enhanced Regional Framework expires on March 31st 2022 and the Council intend to procure a local enhanced Framework as a replacement.</p> <p>The feedback from supported living providers reflected that of other sectors as described above. Providers told us that the main cost pressure for providers is around maintaining staff wage levels to meet the statutory minimum wage requirements, remain competitive and commensurate with the ongoing commitment shown by workers during the pandemic. There is also a continued need to maintain a differential in pay between support workers, senior workers and managers.</p> <p>During the consultation, providers also raised concerns in relation to cost of living increases which impact on their non-staffing costs and the rising cost of living for their workforce.</p> <p>All providers raised the additional pressure of the rise in national insurance.</p> <p>In terms of recruitment and retention, providers are reporting an increase in recruitment costs as they compete with a number of other sectors e.g. retail (Amazon, Aldi). As well as investing in recruitment processes, they are offering a number of financial incentives e.g. refer a friend or long service bonuses</p>
3.14	Mental Health Care and Support consultation feedback summary:

Mental Health provision has previously been managed on a slightly different basis and fees reflect progress in the delivery of specified outcomes for residents. This year however, Mental Health provision has been included in the overall market and fees review and consultation in recognition of the shared impact of changes to costs and the pressures on this market and to ensure parity of approach to fees with other sectors.

Mental health providers for adults aged 18-65 can be broadly split into two categories, and more detail will be provided later in this section of the report:

- Those who provide **residential/nursing care** – this can include psychological input and/or support in growing towards independence and recovery.
- Those who provide **support in the community**, helping people maintain their day to day lives and, sometimes, move towards independence and recovery.

2021/22 has been a challenging year for all kinds of mental health providers as the pressures of Covid-19 have continued across the whole of the mental health pathway, as in other sectors. All providers have had to experience staff shortages due to Covid-19 (either through sickness, isolation or the compulsory vaccination for staff requirement). Some care homes have experienced outbreaks. All providers have had to adapt to changing government requirements and have had to change the service they offer to meet the service users' particular needs and preferences. This has undoubtedly been a stressful and uncertain time. In addition, aside from Covid-19, providers continue to face the financial challenge of providing a specialised service to Sheffield people within straitened resources.

The Council has a variety of financial and contractual arrangements with mental health providers, and specific details will not be provided in this report as the rates are individually negotiated. In addition, some (but not all) fees are paid on a 50:50 arrangement with Sheffield Clinical Commissioning Group if the person is eligible for Section 117 aftercare as set out in the Mental Health Act 1983.

In the past, mental health provision has not been included in the automatic fee uplifts process (apart from for direct payments in 21/22) because the provision available is so varied and providers differ so much in the recovery outcomes they are able to offer. However, for the financial year 2022-23 the approach will change: it is proposed that mental health providers do receive an automatic fee uplift in line with other non-standard provision. This change in approach is because commissioners recognise the unique challenges of the current time for

	<p>all the care sectors and want to ensure parity for mental health with other types of need across the city.</p> <p>Some providers offered feedback outside of the formal process, requesting uplifts ranging from 3.6% to 4.4%. These requests stated the need to increase staff salaries in line with the Living Wage Foundation and also recognised the increase in costs, with inflation set at 5.1%. Underpinning these requests was a desire to maintain service quality.</p>
3.12.	Non-standard rate residential care for people with complex needs consultation feedback summary:
3.12.1.	<p>Over the last 24 months the Council’s commissioning officers, with support from finance and commercial services, have worked with a number of non-standard rate residential providers through a Value for Money and Quality project to review the individually negotiated fees in this sector. Where a provider believes that such a review is appropriate for placements with them, we will undertake this via this project over the next year and make adjustments as appropriate.</p> <p>Council and Sheffield Clinical Commissioning Group commissioners and contract managers work closely together on quality monitoring and on developing a robust approach to developing and ensuring value for money from the non-standard complex residential market. This includes jointly undertaking Value for Money and Quality reviews of providers supporting people with jointly funded packages of care and working together to try and ensure aligned fee increases each year.</p> <p>Respite provision for people with learning disabilities was included in the annual market analysis and fees review for the first time last year. The current market remains unchanged, with 6 providers, 3 of whom provide a service within a residential setting, the other 3 using a Supported Living model. The arrangements for payments are also varied with 2 providers as Council Arranged Services and 4 paid via a Direct Payment. All 6 providers are registered as non-standard short-term residential services.</p> <p>A review of respite services and consultation is being undertaken to gain a greater understanding of this very varied provision, with the intention of going out to tender later in the year.</p> <p>Providers can request a joint Value for Money and Quality Review of their provision and fee rates by the Council and the Sheffield Clinical Commissioning Group.</p>
3.15	Day Activities:
3.15.1	Day activities provision was included in the annual market analysis and fees review for the first time last year. The proactive commissioning approach has continued to develop with this sector despite the huge

impact of the pandemic on providers and the people who access these services.

The local market for community and day opportunities for adults with dementia and learning disabilities in Sheffield is diverse, ranging from mainstream community organisations to high-cost provision for people with specific or complex support needs.

The size and offer from providers vary widely from large services with turnover exceeding £1m per year to small organisations employing only one part time member of staff. Most organisations provide building-based activities as well as some delivering support in the community and outreach.

In total, there are currently approximately 850 individuals accessing independent sector day activities from around 45 local providers.

Three (3) new Dementia Day Activities contracts have been procured from 1st Feb 2022, delivered by 4 independent providers on a block contract basis. More details are provided at Appendix 1.

Ten (10) day service providers are currently on the Recognised Provider List (RPL) and are monitored via an annual self-assessment and risk assessed to determine whether a quality visit is undertaken.

There are 5 separate routes into 'day services' – spot purchase, self-funders/self-referrals, block contracts, and direct payments.

There is also currently a wide variation in the daily rates for day service providers, ranging from £40 to £400 per day.

The consultation on fees was sent to a total of 39 organisations, both framework and non-framework providers. 8 responses were returned representing 20.5% of the market. All the responses received were from framework providers and raised the same issues as their counterparts in other social care sectors i.e. the pressure of the minimum wage increase, competing in the labour market, increased non-staffing costs including additional expenses incurred during the pandemic. More details are provided at Appendix 1.

The last year has seen huge progress in commissioning in establishing the scope and ambitions of the sector as well and the continued development of strong working relationships with providers. Plans are in place to build on these foundations, working with people who use services and with the market, to develop a procurement approach that supports the market, encourages diversity, and enables commissioners to continue development through co-production and engagement with the sector, individuals, and the wider community for people with council arranged services and those using a direct payment to purchase their own care.

This year it is proposed that the increase for this sector is based on the same increase calculated for home care.

3.16	Direct Payments: Provider Costs and PA Rates:
3.16.1	<p>Last year, Direct Payments were included within the scope of the annual market analysis and fees review. The development of a coproduced improvement project to improve the Council's approach to direct payments and supporting people who wish to use this flexible approach to managing their own care and support has given us valuable market intelligence.</p> <p>It is therefore recommended that an increase to the direct payment rate be proposed based on the work of this project, which has fully involved people who use Direct Payments, specific research based on market analysis of the Personal Assistants workforce and the feedback from providers. The proposal is that the Direct Payment rate is considered in two separately costed elements: activity costs (based on the model used for assessing home support framework rates) and Personal Assistant rates which must provide cover for the total of all employment-related costs.</p> <p>The rate for Personal Assistants (part of someone's direct payment) must be sufficient to meet all their employment costs and is proposed 3.15% plus the cost of individually calculated Employers National Insurance contributions. This is the difference between the level of funding invested last year to increase wages of PAs by more than the minimum wage (up to £9.21) and the new National Living Wage of £9.50 per hour. This means that the proposed uplift for Personal Assistants will proportionately align with the national living wage increase.</p> <p>To ensure consistency in decision making around appropriate rates of pay, the PA Rates Decision Making Tool will be used. This tool has been coproduced through the programme and introduces bandings of pay based on the increasing levels of skill and knowledge required by the Personal Assistants to support the individual. It focuses on skill, risk and working conditions with the factors and pay bands scoped through extensive research and modelling on comparative job roles. It has been piloted across Health & Social Care. The percentage increase will be applied to the banding levels to ensure differentials in levels are kept in place.</p> <p>The rate for other areas of direct payment spend is based on the same increase as home care and supported living this is consistent with the approach taken by a number of other local authorities in the region where they apply an annual uplift.</p> <p>The Direct Payments improvement programme will continue to work with people who use direct payments to support them to utilise the proposed rates to increase pay of their Personal Assistants and their support providers.</p>
4.	Support to care providers during the pandemic:

The Council acknowledges the significant and varying impact of the pandemic upon providers over the last 12 months. The Council has provided a wide range of support for contracted and non-contracted providers summarised below and detailed further in the appendix by sector type (*denotes support offered to framework providers only):

- Administration of DHSC and NHS grants to support the care sector including Infection Control Fund, Lateral Flow Device Testing, Workforce Recruitment and Retention and Early Adoption of National Living Wage support for care providers
- Support for recruitment and retention via a raft of support measures funded largely through DHSC and NHS funding including:
 - Provision of funding to support recruitment and retention activity.
 - Working with home care providers on a locality basis to identify options for maximising efficiency and therefore increasing capacity and reducing carbon footprint, for example by enabling the use of 'walking rounds'.
 - Investment in a web-based application that enables rewards for 'positive activity' by staff, such as recommending friends for employment, taking on additional work and receiving positive feedback from clients.
 - Provided funding for prioritising pick up by home care providers of care packages waiting over 5 days.
 - Collaborating with Opportunity Sheffield, to support the long-term unemployed into a career in home care through the Care Sector Routeways initiative and provide access for providers to a series of jobs fairs in local communities.
 - Investment in several initiatives to support the wellbeing and mental health of care workers and provide access to a high street reward scheme.
- Support through regular virtual forums and telephony-based support from our commissioning and contract managers*
- A dedicated 'providercovid19 inbox' and regular updates via email to all providers or specific sectors as appropriate
- A dedicated Web Page 'Coronavirus - Support for Adult Social Care providers' sharing information and sign posting to support services for providers.
- Demand focused financial support and incentives for homecare* which remain ongoing
- Support to access the national PPE supply chain introduced by the Department of Health and Social Care as well as the option to draw on Council funded PPE to top up their supplies if required.

5.	Final proposals based on market analysis and consultation feedback:
5.1.	Increase the original proposed fee rate for care homes, home care, extra care, day activities and supported living. The proposed increase in fee uplift is based on increasing the staffing element of the fee rate by 3.15%. This builds on the investment made by the Council last year of £4.2m in addition to the minimum wage uplift which was assessed as sufficient to increase the wages of the lowest paid workers to £9.21. The figure of 3.15% is the difference between £9.21 and the new National Living Wage that comes in from April of £9.50. The non-staffing element of the fee rate will be based on the CPI rate in September 2021 which was 3.1%. When these are weighted according to the ratios of staffing and non-staffing to care homes and home support respectively, this results in an increase to care homes and day activities of 3.13% and an increase to framework home care and supported living of 3.14%
5.2.	Increase PA rates for people in receipt of direct payments who use this to pay for a PA 3.15% plus the individually calculated increase to cover National Insurance contributions. The activity element of the direct payment will be increased by 3.14% in line with home support.
5.3.	The Council is committed to working in partnership with providers who are able to respond to changing demographics and customer expectations to deliver better outcomes and improved terms and conditions for the care workforce.
5.4.	<p>The Council and the Sheffield Clinical Commissioning Group continue to work closely with Care Homes in the city to respond to and take forward the findings of the Strategic Review of Care Homes in the context of the wider review of Adult Social Care. The focus of this work is the resilience of the sector in the wake of the pandemic and impact of mandatory vaccinations in the sector, workforce challenges and the proactive reshaping and contraction necessary to ensure a sustainable market in the medium to longer term.</p> <p>Ensuring a sustainable care home sector will require the proactive reshaping of the market and development of models of care that are fit for the future needs and aspirations of older people in the city. Key areas for collaborative development are sufficiency, quality and outcomes focused care, workforce development, capital investment and longer-term funding strategy.</p>
5.5.	The Council moves into the procurement and mobilisation phase of the transformation of home care programme with engagement from people who use services, providers and other stakeholders, and drive improvements to the procurement and payment processes.
5.6.	The Council continue to drive the Direct Payment improvement programme working with people who use or would like to use a direct payment to have more choice and control over their support and how it is delivered.
5.7.	The Council continue to develop the approach to commissioning day activities for people to support a diverse and accessible range of quality, person-centred activities that meet people's needs and aspirations.

5.8.	Commissioning to lead on a workforce development workstream within the context of the wider Adult Social Care Strategy and Transformation Programme with providers, representatives of the workforce, trade unions, and partners in the learning and skills sector to drive the shared ambition to enshrine the foundation living wage across the care workforce and supply chain.
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6.	RISK ANALYSIS AND IMPLICATIONS OF THE DECISION
6.1.	<u>Equality of Opportunity Implications</u>
6.1.1.	An Equality Impact Assessment has been completed for the proposed fee increase. A full list of the equality considerations, impacts and actions can be found in Equality Impact Assessment.
6.1.2.	<p>As noted in the Legal Implications section below, the Council has obligations under the Public Sector Equality Duty (PSED), in the exercise of its functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate discrimination, harassment, victimisation and any other conduct that is connected to protected characteristics and prohibited by or under this Act • Advance equality of opportunity between those who share a relevant protected characteristic and those who do not • Foster good relations between those who share a relevant protected characteristic and those who do not. <p>Protected characteristics cover a broad range of attributes and identities, including the characteristics of Age and Disability which have a direct relevance to people accessing Adult Health & Social Care support. However, all protected characteristics have been considered.</p> <p>At the same time, the remit of the Council's equality analysis includes interests that do not come under legally prescribed protected characteristics. As examples, potential impacts on unpaid carers and on the voluntary & community sector have been considered within the EIA.</p> <p>In broad terms, the proposal is supportive of the PSED in so far as increases in fees help providers of care and support to meet costs, including in relation to staff recruitment, retention, training and development, and associated impacts on maintaining or enhancing quality of care.</p>
6.1.3.	The EIA notes that the proposal draws on and balances evidence from a range of sources to inform the rates of fee increases as set out above. This includes consultation feedback, which, as set out in

	<p>this report, highlights several areas that relate to equality impacts on people and the provider sectors themselves. This includes the effect of low occupancy and increased costs which potentially:</p> <ul style="list-style-type: none"> • Limit opportunities for financial reward to support frontline workers • Could affect quality improvements, consistency and viability of some care providers • Impacts more specifically on people with high support needs (e.g. dementia) <p>Mitigations reflected in the EIA include</p> <ul style="list-style-type: none"> • Close monitoring of the impact of the fee increases, including not-for-profit providers at risk • Financial assessments that process takes account of cost of living and disability related expenses • Plans to work across all sectors on make progress towards Foundation Living Wage and a shift to outcome-based contracts that meet changing demand • Future work to manage safe exits from the market with support for people affected • Availability of support to reduce costs for people with higher support needs • Additional support to mitigate the effects of the pandemic on a targeted basis as required
6.2.	<u>Financial and Commercial Implications</u>
6.2.1.	<p>The fee rate is based on:</p> <ul style="list-style-type: none"> • Increasing staffing element of each rate by the difference between £9.21 and £9.50 = 3.15% • Increasing non staffing element by September CPI which is 3.1% <p>The impact of the recommended fee increases is as follows:</p>

		Final Recommended % Increase	The fee increase will be paid for from the Adult Social Care core budget at an estimated additional pressure of £6.2m in 2022/23.
	Type of Provision		
	Standard Care Homes	3.13%	
	Homecare Framework	3.14%	
	Supported Living Framework	3.14%	
	Non-Standard Residential & Respite	3.13%	
	Day Activities	3.13%	
	Direct Payments PA Rates	3.15% plus NI contribution	
	Direct Payments Activity Rates	3.14%	
6.2.2.	<p>The financial risks will be mitigated as follows:</p> <p>Based on current activity the financial implications of this uplift will be £6.2m to the Adult Social Care core budget, this is slightly higher than the pressure identified in the 2022/23 budget planning, £6.0m and the final impact on the Council's budgets will be dependent on the numbers of people supported and the size of the package of care provided.</p> <p>The financial risks will be mitigated as follows:</p> <ul style="list-style-type: none"> • Demand for care will be well-managed, building on the focused assessment and care management work to review people's needs on a regular and timely basis to further embed our commitment to preventing, delaying and reducing the need for ongoing care and ensuring that ongoing care, where required, maximises people's quality of life and independence. As set out below, the vision for adult social care is to continue to move towards more preventative and enabling care which will mean proportionately fewer people need care and those who do, need less. • The plans for the procurement and re-procurement of all types of care over the next 18mths will stimulate market transformation and embed improved terms and conditions whilst underpinning a more stable supply of care. This will in turn deliver significant benefits for individuals and the wider health and social care system. Just as inconsistent adult social care creates the risk that more Sheffield people will wait longer in hospital beds before they can leave, so 		

	<p>consistent, quality care will mean fewer hospital beds are likely to be needed and delays in hospital discharges will be reduced.</p> <ul style="list-style-type: none"> • This shift into prevention that will be delivered in Sheffield will continue to take pressure off the usage of hospital beds and enable a shift of resources from acute care to community care to ensure future affordability. • The cost will be contained within the core budget allocated to adult social care in the 2022/23 budget.
6.2.3.	<p>Effective and efficient use of resources across the whole of health and social care is key to a sustainable financial plan in future years. The transition of the Sheffield Clinical Commissioning Group to the Integrated Care Body and Partnership (ICS) for South Yorkshire and Bassetlaw will support a system-wide move from bed-based and institutional care towards sustainable preventative support for people living in Sheffield's communities. The strong Sheffield 'place-based' approach to integrated commissioning will be underpinned by proposed strengthening to existing governance under Section 75 and the shared commitment at a system level in the city to place-based integration.</p>
6.3.	<u>Legal Implications</u>
6.3.1.	<p>The Care Act 2014 places a duty on the Council to promote the efficient and effective operation of a market in services for meeting care and support needs, and in performing that duty, the Council must have regard to the importance of ensuring the sustainability of the market, as well as to the requirement to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support. There is an expectation on the Council to ensure that the fees for all types of care should take account of both the actual cost of good quality care and the need to ensure a diverse provider market.</p> <p>In meeting these requirements, the Council has conducted a comprehensive consultation process as set out in section 3 of this report.</p> <p>The Council must also comply with the requirements of the Equality Act 2010 and in particular section 149 (the Public Sector Equality Duty), which provides that a public authority must, in the exercise of its functions, have due regard to the need to; Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by the Act. The due regard given to the PSED is evidenced in this report and the attached EIA reference number 883.</p> <p>With regards to any contract variations and procurements that will be carried out, the Council must ensure that any variations to existing</p>

	contracts and new procurement processes comply with the Public Contracts Regulations 2015 as well as being in accordance with all relevant provisions of the Council's Constitution including its Contracts Standing Orders.
6.3.2.	Other implications – None
7.	ALTERNATIVE OPTIONS CONSIDERED
7.1.	<p>The Council has reflected on the feedback and the challenges facing the care market and acknowledges the wide range of pressures and variable factors that impact on the cost of delivering care in the wake of the pandemic, changing grant context and the impact of inflation.</p> <p>The Council is also facing similar challenges compounded by long term and ongoing erosion of funding from Government. The Social Care levy on National Insurance will not provide additional investment in social care in the next few years as the initial funding generated will be deployed by Department of Health and Social Care to fund the NHS response to tackling waiting lists and health impacts resulting from the pandemic.</p> <p>These challenges mean that a higher fee increase would significantly negatively impact on the Council's ability to deliver other social care services at a rate of more than £1m per additional percentage point increase in the fee rate.</p> <p>The Council has necessarily had to consider a lower fee rate increase in the context of proposing a Council budget for 22/23 that is balanced by use of the Council's reserves, cuts to other services, ambitious savings plans across all areas of the Council and the Council's difficult decision to increase council tax, including the Adult Social Care precept. The Council has had to balance the extra costs to Sheffield taxpayers from the increase, with the need to protect its social care services to its most vulnerable residents. Further information on the Council's budget position can be found in the February report to Cooperative Exec published online at: Budget Report to Cooperative Executive February 2022</p> <p>The feedback from providers and the analysis of the cost of care and the current care market has highlighted that a lower fee rate than the one recommended for approval in this report would present too great a risk to the sustainability of the care market.</p>
7.2.	The Council has considered whether to adjust the care home fee to reflect lower occupancy levels. This option has been discounted however on the basis that there has been a gradual improvement in occupancy levels for a significant proportion of the care home market and some market contraction will be required.

	<p>A more targeted intervention will ensure that market reshaping is safely managed and protects the balance and continuity of care for those who need it in the city. Adjusting care home fees to reflect average occupancy levels would have very different implications for homes depending on their occupancy with some gaining and others still struggling to achieve viability. A targeted approach enables the Council to intervene to ensure that the inevitable risks associated with the contraction needed to achieve a balanced and sustainable, diverse and quality market can be best mitigated during a period of unprecedented market volatility.</p>
8.	<p>REASONS FOR RECOMMENDATIONS</p>
8.1.	<p>In order to develop and maintain a stable adult social care market in Sheffield the Council need to ensure that the fees paid by the Council to providers for adult social care in the city of Sheffield are increased in line with the cost of delivering care in the city including inflationary pressures in 2022/23.</p> <p>The impact of the pandemic and the wider economic climate on the adult social care sector is ongoing and the Council will continue to monitor the costs and pressures facing each type of care provision to support a sustainable, quality and diverse market during a very challenging and volatile time for providers, for people who use services and for the Council and wider health and social care system as commissioners. The challenges facing the Council and the Care Market will require ongoing and dynamic risk assessment over the next 12 months.</p>

Appendix 1: Market and Provider Consultation Analysis Informing the Fee Proposal for 2022–2023

	Market and Provider Consultation Analysis Informing the Fee Proposal for 2022–2023
1.	<p>INTRODUCTION:</p> <p>The Council’s commissioning service has consulted with affected providers of older adults' care homes, supported living and homecare providers as well as learning disabilities complex needs residential care homes and day activities providers about the Council’s fee rates for next financial year (2022-23). The following report sets out the approach to consultation with each sector, the feedback received, and the Council’s consideration of the key themes and issues raised. This is summarised at Section 3 of the main Cabinet Report and informs the recommended increase in the fee rates. Each sector is analysed and considered against the following headings to inform a final proposal for fee rate increase for each sector as summarised in the Cabinet Report.</p> <ul style="list-style-type: none"> • Background • Market Analysis • Consultation Process • Consultation Response • Consultation Feedback • Analysis of Feedback • Fee Rate Model • Additional Support • Fee Rate Proposal
1.2	<p>Index of Sections:</p> <ol style="list-style-type: none"> 2. Older Adult Nursing and Residential and Care Homes 3. Home Care 4. Extra Care 5. Supported Living 6. Complex Needs Residential 7. Direct Payments 8. Day Activities 9. Mental Health 10. Respite Care (Learning Disabilities)
2.	Older Adult Nursing and Residential Care Homes
2.1	Background:

	<p>2021/2022 has been another challenging year for the Care Home Market in Sheffield and nationwide due to the Covid19 pandemic and associated measures including mandatory vaccination for staff from November 2021 and closures due to outbreaks, especially during the Omicron wave over winter. Many homes have had outbreaks but with most residents fully vaccinated, homes have seen far fewer deaths than in the first year of the pandemic.</p> <p>All homes have had to continue to adapt to new ways of working including changing guidance around visiting, testing for staff, new grant regimes and mandatory vaccinations. Staff have been exposed to extremely stressful working conditions with many staff having to work additional shifts to cover staff sickness and isolation and avoid the use of agency staff. Providers report ongoing sickness and the impact of burn out on staff resilience and morale as well as recruitment and retention.</p> <p>It is clear that Covid19 and the aftereffects will continue to have a significant impact on the care home market in 2022/23.</p> <p>Sheffield currently pays for Standard Residential and Nursing Care at a flat rate of £530 per week, in addition Nursing placements receive a standard Funded Nursing Care (FNC) payment of £287.60 per week from the NHS. This method differs from many other local authorities who have different fee rates for different types of care such as High Dependency or Elderly Mentally Infirm (EMI).</p>
<p>2.2</p>	<p>Market Overview:</p> <p>Care home providers in Sheffield range from small, long-established operators with a single care home in a converted property, to large national organisations that run many purpose-built care homes – typically focused on areas of the city where land costs are lower. Approximately 36% of the current care homes in Sheffield are operated by large national or regional organisations; however, there are also more local organisations who have multiple care home ownership. Such a diverse range of ownership brings with it different business models and cost structures: some providers operate with significant debts whereas others may have very little. National providers can cross-subsidise their homes to manage local variations in demand and profitability and are able to take advantage of economies of scale. A quarter of the homes across the city are not part of a group of companies so would be more exposed to market failure without inter-group financial support, and more than a half of companies (58%) are not Sheffield based companies.</p> <p>Most care home places in the city are with medium and larger providers and approximately 38% of these were funded by Sheffield City Council in January 2020 (prior to the pandemic), this reduced to 34% in January 2021. Vacancies were around 7% across the market in January 2020, this has increased significantly to 19% in January 2021 as a result of the pandemic. The majority of this increase is attributed to non-Sheffield CC funded clients, representing a higher risk to the providers.</p> <p>A recent analysis of care home financial performance was undertaken by the Council's finance teams using information from published financial accounts. The overall market picture showed 21% of care home companies in the city were ranked</p>

at moderate to high risk of business failure. This was determined through the independent credit risk reporting tool provided by Dun & Bradstreet. Detailed financial assessments looked at financial solvency, liquidity, profitability and overall stability coupled with market resilience and risk ratings. The analysis indicated that 29% of care homes in Sheffield may struggle to fulfil existing liabilities through their most liquid assets; in short are at risk from short term cash flow failure.

There is increased competition for self-funders in recent years through new developments aimed specifically at this market. This has impacted, anecdotally, on providers who historically managed a 'mixed economy' of residents. The variation in business models, costs, and business practices as well as the increased variation in occupancy levels experienced in the past year was highlighted in the wide variety of costings that were submitted by providers during the consultation exercise – this is described elsewhere in the report. Given that one size does not fit all in this provider market, the Council seeks, through ongoing market management, quality monitoring and engagement with business owners, to support the sector to respond to changing demand and ensure diversity of provision and stability across the market whilst acknowledging that there is wide variation of costs and practices encompassed within the 'standard rate' market. This has been a particular challenge in the context of the pandemic which has impacted on occupancy of some homes significantly thereby increasing the risk of instability in the market.

Trends in care home opening and closures

In the past year no new care homes have opened but 4 homes have been acquired by new owners. In addition, one Older People’s Residential Care Home has closed with the loss of 25 beds and another provider has purchased a vacant care home building with the intention of condensing two of their existing care homes into this one building which will result in a further reduction of 28 beds. This continues an ongoing trend of reducing numbers of older people’s care home beds in the city. In the past 5 years 13 older people’s Care homes have closed and 4 have opened. This has resulted in a net loss of 296 older people’s care home beds over this period. The type of bed that has been lost can be further broken down as per the below table.

	General Residential	Residential EMI	General Nursing	Nursing EMI
	-145	+80	-212	-19

The greatest bed losses have been amongst the general residential and general nursing categories, with far fewer Nursing EMI beds lost and the number of Residential EMI beds has actually increased during this period. We believe this shows a trend that is likely to continue with a greater population of the elderly care home population living with Dementia and older people living without dementia increasingly able to have their needs met in alternative accommodation such as extra care housing.

Given that one size does not fit all in this provider market, the Council seeks, through ongoing market management, quality monitoring and engagement with business owners, to support the sector to respond to changing demand and ensure

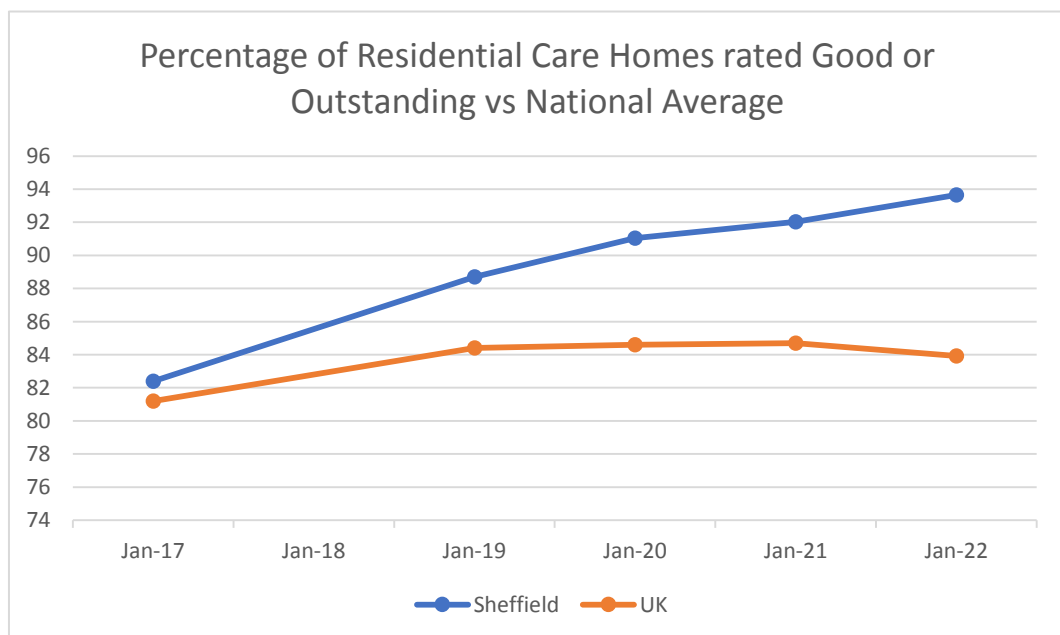
diversity of provision and stability across the market whilst acknowledging that there is wide variation of costs and practices encompassed within the 'standard rate' market. This has been a particular challenge in the context of the pandemic which has impacted on occupancy of some homes significantly thereby increasing the risk of instability in the market.

In the past year one older people's Nursing Home (60 beds), one older people's Residential Home (25 Beds) and one Residential Home specialising in Mental Health (11 beds) have both closed and a small unit providing respite care for Adults with Learning Disabilities has relocated (loss of 1 bed). We are also aware of a number of other providers who are considering their longer term options in the context of such uncertain market conditions. Home closures over the past 3 years have been a mixture of local, regional and national providers with nursing beds the most heavily affected by closures.

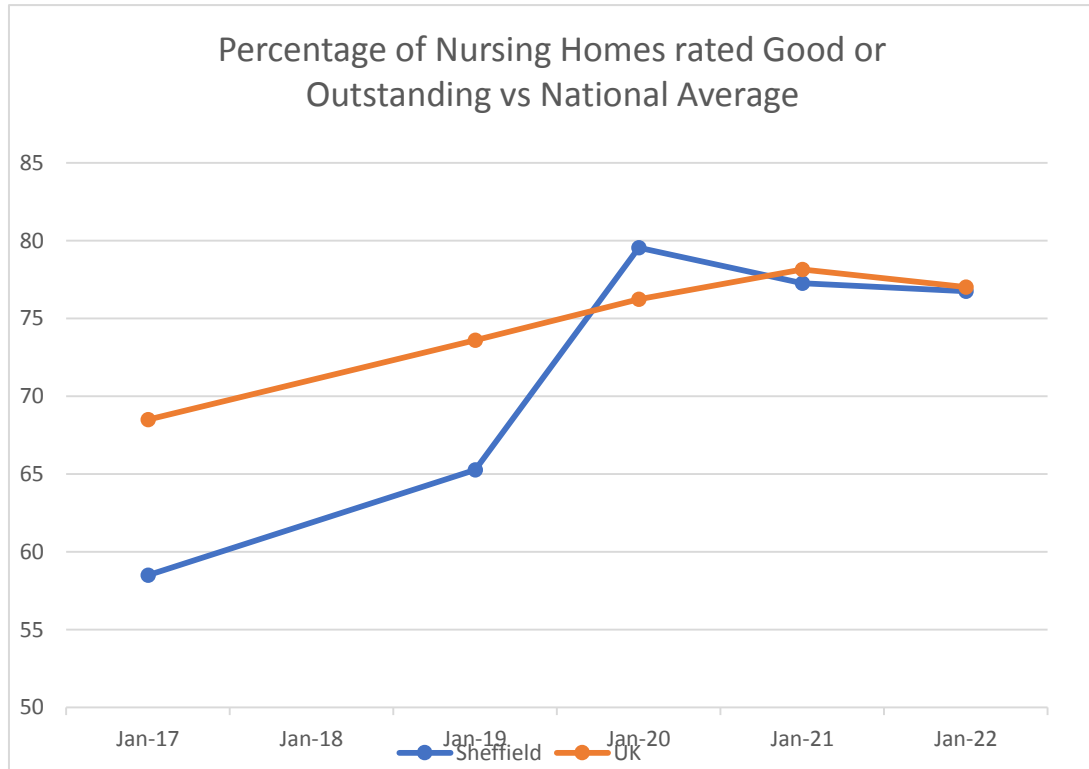
There does not appear to be much interest from providers in opening new care homes or investing in their existing stock in Sheffield at present but there does appear to be interest from providers in acquiring homes that are struggling. We are aware of one such takeover that is imminent and another provider has contacted the Commissioning Service requesting that their details be shared with any homes considering closure.

2.3 Quality:

In the past year CQC have continued to conduct fewer Care Home Inspections than pre-pandemic and have focussed on homes that are not yet inspected, rated inadequate or where serious concerns have been raised. Residential Care Homes in the city have continued to perform well with a further increase in homes rated either good or outstanding compared to a slight fall in the national average.



By Comparison there has been a slight fall in the proportion of Nursing Homes rated good or outstanding in both Sheffield and the National Average. With Sheffield Nursing homes broadly in line with the national average in this measure (0.28% below). Unfortunately, two of the Nursing Homes that are not rated good or outstanding are now rated inadequate compared to none last year.



The Council's own Quality and Performance team began visiting care homes again in person during 2021 with a plan to visit each home at least once between September 2021 and March 2022. Under the Council's RAG rating scheme, no homes are rated red, 4 homes are rated amber (including the 2 inadequate homes) with all other homes currently rated green.

2.4 Market Analysis

2.5 Vacancies and Occupancy

Occupancy has increased for both Residential and Nursing care compared to last year with Nursing Care showing the greatest recovery, however neither have returned to pre-pandemic levels. It is thought that Nursing Care has shown the greatest recovery due to the fact this level of need cannot as easily be replicated by other means for example in home care or extra care housing. Whilst the occupancy data appears to show spare capacity within the system this has not always proven to be the case in practice. At the height of the Omicron wave over the new year period over 40% of care homes had closed due to outbreaks, in addition some homes who did not have outbreaks have reported difficulties in accepting new residents due to concerns over staff shortages. These issues led to far fewer available spaces and difficulties in finding suitable vacancies over the winter period.

Percentage occupancy in Residential and Nursing Care

	Nursing	Residential
1/2/22	87.43	83.43
Jan-21	78.01	77.02
Apr-20	92.46	94.75
Nov-19	90	92
2018/2019	83.5	91
2017/2018	93.6	90.6
2016/2017	92.5	93
2015/2016	92.5	92
2014/2015	87.53	88.57

In terms of how the distribution of occupancy rates has changed there has been a substantial increase in both residential and nursing homes that are over 90% occupied over the past year but this is still not back to pre-pandemic levels. However, there are still some homes particularly in the residential sector still experiencing very low occupancy levels. These levels may be unsustainable in the long run increasing the risk of further home closures as the market adapts to the changes in demand.

Range of occupancy levels	% Of Nursing Homes in this range of Occupancy			% Of Residential Homes In this Range of Occupancy		
	20/04/2020	15/01/2021	01/02/2022	20/04/2020	15/01/2021	01/02/2022
90.01-100%	64.1	28.95	50.00	76.32	26.32	50.77
80.01-90%	23.08	21.05	25.00	18.42	23.68	18.46
70.01-80%	10.26	18.42	15.91	2.63	18.42	12.31
60.01-70%	2.56	10.53	9.09	2.63	10.53	9.23
50.01-60%	0	18.42	0.00	0	13.16	4.62
50% and below	0	2.63	0.00	0	7.89	4.62

2.6

Benchmarking

Sheffield differs from most other local authorities in that we pay a single rate of £530 per week for standard care in a care home regardless of whether that care is residential or nursing or with/without dementia. This ranks quite low amongst the rates currently paid by other local authorities. For Residential Care Sheffield ranks 10th out of 15 when compared to the minimum rate paid and 12th out of 15 when compared to the maximum rate. For Nursing Care Sheffield ranks 11th out of 15

when compared to the minimum rate paid and 13th out of 15 when compared to the maximum.

Residential

Local Authority		2021/22 rate	
		Minimum	Maximum
1	Barnsley	590.40	641.64
2	Bradford	561.47	561.47
3	Calderdale	512.74	538.67
	Calderdale EMI	591.83	618.15
4	Doncaster	544.16	544.16
5	East Ridings of Yorkshire	545.16	605.78
6	Hull	487.40	523.30
7	Kirklees -residential	553.35	582.09
	Kirklees - residential with dementia	573.35	602.09
8	Leeds	567.00	632.00
9	North East Lincolnshire	527.87	527.87
10	North Lincolnshire	506.59	537.01
11	North Yorkshire	599.34	599.34
12	Rotherham	504.00	526.00
13	Sheffield	530.00	530.00
14	Wakefield	568.00	664.00
15	York - res	558.94	601.37

Nursing

Local Authority		2021/22 rate	
		Minimum	Maximum
1	Barnsley	590.40	641.64
2	Bradford	597.52	597.52
3	Calderdale	588.96	617.57
	Calderdale EMI	617.57	643.87
4	Doncaster	597.61	597.61
5	East Ridings of Yorkshire	545.16	605.78
6	Hull	487.40	523.30
7	Kirklees	565.86	594.6
	Kirklees - with dementia	585.86	614.6

8	Leeds	599.00	649.00
9	North East Lincolnshire	527.87	527.87
10	North Lincolnshire	506.59	537.01
11	North Yorks	592.41	592.41
12	Rotherham	518.00	575.00
13	Sheffield	530.00	530.00
14	Wakefield	568.00	664.00
15	York	604.86	641.60

Comparisons can also be made against other core cities in the UK although Sheffield is the second least deprived of the core cities. Comparison with other authorities conducted in early 2021 highlighted Sheffield as an outlier (based on average price paid): Out of the 8 core cities Sheffield ranks 8th for Nursing Care and 7th for Residential care and 7th overall.

	Nursing	Residential	Combined
Bristol, City Of	£871	£893	£881
Newcastle upon Tyne	£772	£694	£771
Leeds	£643	£693	£674
Nottingham	£685	£660	£666
Birmingham	£640	£681	£664
Manchester	£639	£587	£604
Sheffield	£630	£560	£586
Liverpool	£680	£470	£518

The fee increases being considered by other local authorities in the region are anticipated to be in the region of 6-7% for most

types of provision, making it likely that the gap between Sheffield rates and others in the region will increase as Sheffield is inflating from a lower starting point and is also looking at a lower inflation based on an above inflation increase in 2021/22.

2.7 Factors which affect viability of market:

From the consultation and other engagement with the sector it is clear there are other factors that affect the viability of the market other than fee rate and occupancy – these are set out below:

2.7.1 Staffing:

Care Home providers have reported greater challenges than ever in recruiting and retaining staff. Factors such as mandatory vaccination, increased staff burnout, trauma caused by the pandemic, and increase in jobs in other higher paying sectors as well as it being harder to recruit overseas workers following Brexit have posed new challenges to an already struggling sector. Data collected by Skills for Care

shows staff turnover has been increasing in Sheffield particularly within Nursing Care:

Staff Turnover in residential/nursing care in Sheffield (from Skills for Care)

	19/20	20/21
Residential	26.10%	26.40%
Nursing	31.10%	34.80%

Within these figures some occupations had a particularly high turnover rate for example in Nursing homes Turnover of Nurses was 38.7% and Managers 52.2% during the 20/21 financial year. Some providers have reported substantial increases in the salaries for Nurses and Managers to enable them to better recruit and retain these staff.

There is a more of a mixed picture regarding staff vacancy rates, with vacancy rates in nursing care increasing whilst vacancy rates in residential care decreased.

Staff vacancy rates in residential/nursing care in Sheffield (from Skills for Care)

	19/20	20/21
Residential	3.30%	1.40%
Nursing	1.90%	3.50%

It should be noted that this data does not cover the 21/22 financial year and therefore would not cover the impacts of Mandatory Vaccination on the Care Home sector, which resulted in some workers leaving the sector and has reduced the pool of available workers now that double vaccination is a requirement. Whilst we do not have the data to quantify this, many providers have been reporting that this is the most difficult they have ever known recruitment.

Whilst money has been made available to providers by the government to aid recruitment and retention initiatives via the Workforce Recruitment and Retention Grant, this has not been sufficient to cover providers' needs and is short term only. This has been illustrated in that this grant was only able to cover 25% of eligible claims in the most recent round of discretionary payments processed by the Council's commissioning team.

A further grant is being funded by the NHS to bring forward the increase in the National Living Wage for care workers, but it is not yet clear what impact this will have in boosting recruitment and retention and this is likely to be only short term.

2.7.2

Insurance:

Some providers have reported difficulty in obtaining insurance since the start of the pandemic, particularly insurance that offers indemnity against Covid19 related claims, others have stated that they are still able to obtain this but their renewal premium has significantly increased by upwards of 20% with the median insurance increase running at 42%.

<p>2.7.3</p>	<p>Self-Funder Fees and Third-Party Contributions AKA Third Party Top Ups</p> <p>Standard rate care homes supplement their incomes by charging higher fees for care to private fee payers or to council funded residents by means of Third Party Contributions. Third Party Contributions are charged on top of the resident's usual contribution by a third party, usually a friend, partner, or family member.</p> <p>From Office of National Statistics information, it is estimated that 46.22% of older people in care in Yorkshire and Humberside homes are self-funding and whilst most homes in the city have some form of mixed economy of self-funding and funded residents these are not evenly distributed throughout the city. 15 care homes have less than 20% of their residents funded by SCC/NHS whilst others may have 95% funded by the Council or NHS. Self-funded residents are heavily concentrated in the wealthier areas of the city with 7 of the 15 homes with less than 20% funded residents situated in the wealthy S10 postcode area for example.</p> <p>Sheffield City Council now collects Third Party Contributions on behalf of care homes. The number of these has fallen between April 2021 and January 2022. In April 2021, 169 top ups were collected totalling £12,382 per week, by January 2022 this had fallen to 130 totalling £8,059 per week. This coincides with anecdotal evidence from some homes which usually charged top up fees that they were beginning to waive these to attract more funded customers due to low occupancy rates. However, some homes who have continued to charge top up fees have increased these.</p> <p>Conversely there has been large increases in the fees charged to private fee payers. All but 2 (out of 26) standard rate care homes who responded to the consultation increased their private rate by more than the £25 per week extra given to Council funded Residents. These increases ranged from £10 per week to £105 per week, with an average increase of £44.54. In one case there is now a £409 difference (77% higher) in the fee charged to private residents compared to council funded residents in the same home. By contrast the only self-funder home to respond to the consultation only needed to increase its rates by £25, this is the same increase as the council in monetary terms but less than half the increase in percentage terms (2.27% compared to 4.89%).</p> <p>This suggests the gap between private fee rates and council rates is widening with private fee payers increasingly subsidising council funded residents where the home has a mixed economy of residents.</p>
<p>2.7.4</p>	<p>Covid19 costs:</p> <p>Some providers have expressed concern that some of the costs associated with Covid19 may continue past the 'end of the pandemic' and the additional government grants that contribute to meeting these costs. Many providers have indicated that the government grants such as Infection Control Fund grant are insufficient to cover the increased costs facing providers and are short term. While vaccination will reduce incidences of infection, it is not expected to result in reduced infection control measures with testing, PPE and isolation for positive cases remaining in place</p>

	beyond the public measures. All of this will have an ongoing financial impact on providers.
2.8	<p>Future changes and the Fair Cost of Care</p> <p>Proposed new funding to enable Council's to move towards paying the fair cost of care is discussed in the home care section below entitled: "Market Sustainability & Fair Cost of Care' Funding & Conditions".</p> <p>These changes will have further implications for the care home market, as from October 2023 more self-funders will be entitled to request that the Council contract with care homes to access fees at our rates. This change was initially envisioned as part of the Care Act 2014 but never enacted but has been re-proposed as part of the Health and Social Care Levy and the People at the Heart of Care White Paper.</p> <p>As standard rate care homes typically charge self-funding residents more than council funded residents, they will receive an average fee rate per resident that is higher than the council rate. From the consultation responses it is possible to estimate an average fee rate for 24 of the standard rate care homes who responded to the survey. The average fee rate received by these homes ranges from £558.20 per week to £723.69 per week with a median average fee rate of £572.58 per week (2021/2022 rates). If the Council's rate does not at least match a care home's average fee rate by October 2023 when the new legislation comes into effect this will lead to a reduction in the home's income and likely lead to an increased risk of failure.</p> <p>Increasing the Council's fee rate to match the homes average fee rate by October 2023 will only allow for the maintenance of the status quo at best and will not lead to increased revenues for homes to invest further in their property or staff, nor improve their financial viability. Care Homes will still be able to charge top up fees if they feel rates are insufficient and from October 2023 residents themselves will be able to pay these rather than relying on a third party. Early analysis suggests that the care homes currently receiving an average fee rate of significantly more than the median average fee rate of £572.58 are already charging top up fees.</p> <p>People at the Heart of Care: adult social care reform - GOV.UK (www.gov.uk)</p>
2.9	<p>Older Adult Care Homes Consultation Response Rate and Background:</p> <p>A consultation questionnaire was issued to care home providers and received 18 responses from providers representing a total of 35 homes. In addition, a further 5 providers submitted evidence towards the consultation but not on the questionnaire provided. Of these 35 homes, 6 homes classed themselves as non-standard, 3 of which specialise in adults' mental health. One home classed themselves as a home targeting self-funders with few Council funded placements. The remaining 28 homes classed themselves as a standard rate care home mainly accepting the council's standard rate of £530 per week.</p> <p>The consultation process with older adult care homes has generated a lower level of responses than in previous years. We anticipate that this may be partly due to the</p>

continuing effects of the pandemic and the other pressures that this puts on care home administration and management time.

This report sets out the responses, anonymised, in full detail and where possible (with regard to commercial sensitivity) verbatim as they were received from providers or recorded during workshops and forum meetings. The themes and issues are summarised in the body of the main cabinet report and have informed the recommended fee rate increase.

The themes are explored further in this section and the original and/or verbatim submissions and comments at the end of this section. During the consultation period and throughout the course of the last 12 months, care home providers have told us about the factors/pressures that impact on their ability to remain in the market and continue to provide good quality services.

Consultation responses

A consultation questionnaire was issued to care home providers and received 18 responses from providers representing a total of 35 homes. In addition, a further 5 providers submitted evidence towards the consultation but not on the questionnaire provided. Of these 35 homes, 6 homes classed themselves as non-standard, 3 of which specialise in adults' mental health. One home classed themselves as a home targeting self-funders with few Council funded placements. The remaining 28 homes classed themselves as a standard rate care home mainly accepting the Council's standard rate of £530 per week.

Operating cost splits

Providers were asked to detail how their operating costs were split between staffing and non-staffing costs. This can help predict increases in their costs using measures such as CPI or increases in the national minimum wage. In previous years we have used a figure of 71% to calculate increases in staffing costs in standard rate care homes, current information being provided suggests an increased proportion of 75% of costs are now due to staffing. The costings returned by the three providers who sent more detailed costs in during the consultation demonstrated the range of operating models in the sector. Without a full open book analysis of these costs against income and transparency regarding provision mix (e.g. which places attract the additional Funded Nursing Care money or private fee payers or other health related funding) it is difficult to extrapolate from these returns the extent to which they demonstrate consistency in the market of staffing to non staffing costs.

	Overall Range	Overall Median	Standard Range	Standard Median	Non-standard Range	Non-standard Median	Self-Funder
Staffing	60-85%	75%	65-85%	75%	60-65%	60%	84%

Non-Staffing	15-40%	25%	15-35%	25%	35-40%	40%	16%
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Increase in costs by type

Providers have reported a wide range of different cost increases, with some reporting that their staffing costs were expected to increase by as little as 4% but some reporting as high as 15%, a similar picture was observed with non-staffing costs with a range of 4-20% increases reported.

Standard rate and self-funder care homes are expecting to see the greatest cost pressures in their non staffing costs, whilst non-standard care homes are expecting to see the greatest cost pressures in their staffing costs.

When weighted as per the reported split of staffing and non-staffing costs the median overall increase was 6.53%. Standard care homes reported the highest increases 6.9%, but non-standard (5.24%) and self-funder care homes (6.32%) reported lower increases.

4 non-standard providers have submitted evidence and requests for uplifts without the standard questionnaire, 3 of these have been out of city providers. All of which requested uplifts greater than the increases reported by providers who had completed a questionnaire. These requests for uplifts ranged from 6.9% - 9.5% with a median of 7.5%.

	Overall Range	Overall Median	Standard Range	Standard Median	Non-standard Range	Non-standard Median	Self-Funder
Staffing	4-15%	6.7%	4-15%	6%	5-13%	7.45%	6%
Non-Staffing	4-20%	10.7%	4-15%	10.7%	4-20%	5.6%	8%
Aggregate	4.76%-14.25%	6.53%	4.8%-14.25	6.9	4.76%-15.45%	5.24%	6.32%

Specific cost pressures

Care homes were asked on the consultation questionnaire to report individual cost pressures they are concerned about, which have increased or are expected to increase at a rate exceeding inflation. There was consensus that utility bills, insurance, food, and maintenance costs were increasing at rates exceeding inflation and that these were placing pressure on their business. Despite the consensus that these costs were increasing there was less consensus of by how much. For example, reported increases in utilities costs ranged from just 1.9% to 97%. Several providers also reported increased insurance, utilities, and food prices well in excess of the median increase. For utilities and food bills the highest increases were often reported as due to enforced changes in supplier due to the previous supplier going out of business or issues with supply shortages. The wide range of increases in insurance premiums could be due to the sector being perceived as riskier, recent increases in claims due to the pandemic or providers seeking increased cover to protect from future liability.

Cost Pressure	Number of homes reporting	Range of cost increases%	Median Increase%
Insurance	27	10%-94%	42.01%
Utilities	32	1.9%-97%	11%
General Food/catering	24	5%-38.6%	13.34%
Food (meat)	1	82%	82%
Recruitment	2	200%-200%	200%
Waste collection	4	10%-21%	11.50%
Maintenance/Repairs	15	8%-23.37%	23.37%
Water	2	28%-28%	28%
Medical/household supplies	2	10%-10%	10%
IT	10	70.92%-70.92%	70.92%

The feedback below has been taken into account in putting forward the recommended fee rate to the Council's Cabinet.

2.10 Older Adult Care Homes Fee Rate Consultation Feedback Summary:

Providers described a range of challenges over the course of the consultation that are summarised and analysed in the following section:

- Original Cost Model and Rate
- Inflation above CPI
- Occupancy Levels
- Staffing Costs (wage inflation to recruit and retain, nursing agency costs, increased staffing levels to support increased acuity)
- Differentials between staffing rates
- Impacts of Covid19 including mandatory vaccinations
- Benchmark with other authorities
- Return on Investment
- Capital investment
- Costs of specialist equipment
- Lack of enhanced rate for dementia or high dependency
- Reliance on self-funders and third-party contributions for some homes.
- New residents are being admitted older and frailer than previously.
- Nursing homes and local providers felt to be most at risk

2.11 Analysis of Financial and Costings Information from Older Adult Care Home Providers:

The Council did not undertake a full-scale formal cost of care exercise as part of this year's fees review, however in common with previous years, providers were invited to submit financial information in support of their feedback and to help evidence the costs and pressure experienced by the sector.

	<p>The financial information was reviewed by finance, commercial services and commissioning officers and considered against the current cost model (that was developed during the 2017 cost of care exercise) described in the main report in order to challenge the model's assumptions about cost profile and increases.</p> <p>Information was received from 4 providers representing 10 homes in the city. The information received demonstrated the variation in operating and business models in the sector. With relatively few returns and incomplete financial information about income against the described expenditure it was difficult to extrapolate definitive conclusions.</p>
2.12	<p>Commissioning analysis of consultation feedback, market analysis and consultancy:</p> <p>Original Cost Model and Rate, Inflation above CPI Sheffield City Council continues to support the methodology it used in 2017 to set the base rate for the cost of care in 2018 and to uplift it in the subsequent years. The costings provided by three care home providers in response to the consultation this year identified costs that amounted to a significantly higher unit cost per bed than the Council's standard fee rate. It is however difficult to ascertain the true position without much more detailed information from providers about their income and mix of acuity and economy.</p> <p>A much more detailed cost of care exercise will be undertaken in the next six months in order to more fully understand the cost of provision in this market and respond to the Department of Health and Social Care's Fair Cost of Care requirements and prepare for the impact of national policy changes.</p> <p>Occupancy Levels, Impacts of Covid19, Keeping COVID relief funding separate from fee uplift</p> <p>It is acknowledged that reduced occupancy levels continue to have a significant impact on some providers and increase their average cost of care and that some providers wanted an adjustment in the base rate as a result of this. However, it is felt by providers that in many ways it is not a fall in the average occupancy rate but the increased variation in occupancy rates across the city that is the greatest challenge.</p> <p>There is currently continued oversupply of care homes in the city and it is the view of commissioners that a degree of contraction and remodelling of the traditional market will be required. An increase in the fee rate that effectively subsidises empty beds that are not required does not incentivise the market to adapt to changing demand and is not a sustainable option for the Council and tax payer.</p> <p>It is also expected that some providers may leave the market or remodel their offer which will lead to a reduction in the current oversupply. As such these reduced occupancy levels are not thought to be long term. As there was a broad consensus to keep Covid relief funding separate from the fee uplift we propose we continue to engage with care homes with reduced occupancy to establish the best way we can support them to recover or repurpose some or all of their business and, in some cases, support them to manage a safe and planned exit from the market.</p>

Staffing costs, Differentials between staffing rates

The Council acknowledges the hard work and dedication of the care home sector not just during the pandemic but in preceding years too. We also acknowledge that the workforce is often poorly paid in comparison to other sectors and we have an ambition to support providers we commission to move towards the foundation living wage within the constraints of the Council's extremely stretched budget in 2022/23. We are recommending an increase to the staffing element of the fee uplift of 3.15% which, on top of the additional increase above minimum wage last year, should enable care providers to ensure that they are able to meet the increase in the national living wage from April. The increase is being applied to the whole staffing element in order to support maintenance of differentials for more experienced or senior staff.

This is in addition to a range of support that the Council and health partners have developed to support the social care workforce including recruitment and retention web based applications that also enable providers to reward care workers, investment in other applications to support staff wellbeing and improve accessibility to online and 'real time' training. The Council and Clinical Commissioning Group continue to work with providers to identify other areas of support such as sector routeways and support with overseas recruitment in order to work towards building a resilient sector and workforce over the next few years.

Furthermore, the Council is exploring alternative and more stable procurement and contracting mechanisms that will contractually embed foundation living wage for all front-line staff and enable longer term business development and investment by providers in their staff and the physical and IT infrastructure of their provision to ensure it is fit for the future and meets the changing needs of the city.

Comparison with other Authorities:

It is noted that the fee rate paid by Sheffield does not compare favourably to that paid by other regional authorities and core cities. This can be explained in part by comparatively low rent, mortgage, and land costs in the city and to the fact that the city has seen historically high occupancy levels compared to levels in other areas in the regional. Sheffield has also moved to gross payment of fees including third party contributions which significantly reduces the burden of administration and potential for accrual bad debt for care homes in the city – a risk that is now transferred to the local authority. In addition, the positive interventions made by Sheffield Council and the Sheffield CCG in allocating funding to the care home sector, support to staff via training and best practice forums and the investment in a range of recruitment, retention and wellbeing resources are significant in supporting providers 'in kind' rather than via the fee rate.

The programme of market shaping and new approach to developing and contracting with the sector over the next year is expected to improve the relative position regarding the fee rate in Sheffield along with a wide range of other forms of support to the sector being developed between health and social care such as training, sector routeways, recruitment and retention support and positive campaigns.

Return on investment, capital investment:

The 2017 cost of care exercise allowed for a return on investment of 2% above base rate. We appreciate that many providers feel this is insufficient and is lower than what can be achieved in other sectors. The Council acknowledges that operating at break-even is not sufficient for the sector over the longer term and is committed to working with providers to develop a transparent and collaborative commissioning model that provides for reasonable return on capital and economic profit in return for high quality care and improved outcomes for people in the city. We wish to work with providers to establish how we can work with them to promote and secure capital and digital infrastructure investment and the best way to improve return on investment in the future.

Costs of specialist equipment:

In 2020 Sheffield City Council jointly reprocured the Integrated Community Equipment Loans service. The new provider, Medequip, is committed to working in partnership with health and social care stakeholders to improve the service offered to the city and promote equipment as a key part of preventing, reducing and delaying increased care needs.

Quality of Care Homes in Sheffield:

Residential Care Homes in the city have continued to perform well with a further increase in homes rated either good or outstanding compared to a slight fall in the national average.

By Comparison there has been a slight fall in the proportion of Nursing Homes rated good or outstanding in both Sheffield and the National Average. With Sheffield Nursing homes broadly in line with the national average in this measure (0.28% below). Unfortunately, two of the Nursing Homes that are not rated good or outstanding are now rated inadequate compared to none last year.

New residents are being admitted older and frailer than previously and no enhanced rate for dementia or high dependency: There is now evidence both locally and nationally that the level of acuity of new residents on entering a care home is higher than it has traditionally been. This is reflected by the reduced demand for more traditional standard residential care homes and the exit of two providers from this market. It is unusual for a local authority not to pay a higher rate for dementia or high dependency care, the 2017 cost of care exercise suggested the overall increase in acuity amongst care home admissions reduced the cost differentials for these types of care, in addition Cordisbright/LaingBuisson identified that providers often felt the extra £20-30 per week paid by other local authorities was not sufficient. We anticipate that the programme of work in response to the national cost of care exercise and the planned market shaping and procurement changes in the city will potentially inform banded rates within a new contractual structure.

Reliance on self-funders and third party top up fees:

Nursing homes and local providers most at risk: In recent years there has been a greater shrinkage in the number of Nursing home beds compared to Residential home beds. Recent closures have been local providers whereas sales/acquisitions have been national providers. This suggests that larger national providers may be

	<p>able to sustain provision while they secure a buyer where local smaller homes are not able to. We believe there should be a targeted approach in support given to homes to restructure and in the implementation of the strategic review with a focus on getting the right balance of care including nursing.</p>
<p>2.13</p>	<p>Older Adult Care Homes Fee Rate Model:</p> <p>The standard, older adult care home fee rate is based on the cost of care exercise undertaken in 2017 and used to set the rates for 2018 onwards. This exercise illustrated the wide range of costs, business models, financial structuring, and operational models in the care home sector. The outcome of the exercise was the creation of a single rate because the costings submitted suggested that this was appropriate. The details of the model are set out in the March 2018 Cabinet Report and Appendices.</p> <p>The exercise showed a split between staffing and non-staffing costs of 71% and 29% and this has been reaffirmed over subsequent years by open book exercises during fee consultations. Costings submitted this year from four providers demonstrated the huge variation between different operating models but without detailed information about provision mix (nursing and resi, health funded and FNC) or income against expenditure, the existing split of 71/29 does not feel unreasonable.</p>
<p>2.14</p>	<p>Additional Support to Providers</p> <p>The Council acknowledges the significant and varying impact of the pandemic upon care homes over the last 24 months. The Council has provided a wide range of support for contracted and non-contracted providers summarised below (*denotes support offered to framework providers only):</p> <ul style="list-style-type: none"> • Administration of DHSC and NHS grants to support the care sector including Infection Control Fund, Lateral Flow Device Testing, Workforce Recruitment and Retention and Early Adoption of National Living Wage support for care providers • Support for recruitment and retention via a raft of support measures funded largely through DHSC and NHS funding including: <ul style="list-style-type: none"> ○ Provision of funding to support recruitment and retention activity. ○ Investment in a web-based application that enables rewards for 'positive activity' by staff, such as recommending friends for employment, taking on additional work and receiving positive feedback from clients. ○ Collaborating with Opportunity Sheffield, to support the long-term unemployed into a career in home care through the Care Sector Routeways initiative and provide access for providers to a series of jobs fairs in local communities.

	<ul style="list-style-type: none"> ○ Investment in several initiatives to support the wellbeing and mental health of care workers and provide access to a high street reward scheme. • Support through regular virtual forums and telephony-based support from our commissioning and contract managers* • A dedicated 'providercovid19 inbox' and regular updates via email to all providers or specific sectors as appropriate • A dedicated Web Page 'Coronavirus - Support for Adult Social Care providers' sharing information and sign posting to support services for providers. • Support to access the national PPE supply chain introduced by the Department of Health and Social Care as well as the option to draw on Council funded PPE to top up their supplies if required.
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<p>2.15</p>	<p>Summary of market and consultation analysis and final fee increase proposal:</p> <p>The market and consultation analysis suggests that there are continuing pressures on the older adult care home market, in particular relating to staffing costs and investment in the workforce but also non-staffing costs and the maintenance and investment in the physical accommodation. The Council has a duty to ensure that the fee rate is sufficient to maintain a market that is sufficient to support assessed care needs and to provide residents with the level of care services that they could reasonably expect to receive if the possibility of resident and third-party contributions did not exist.</p> <p>The Council recognises and values the role that social care staff play in supporting some of the most vulnerable people in our city and understands the impact of the minimum wage and National Insurance increase for providers. The recommended fee is based on applying the difference between the above minimum wage increase last year (which enabled providers to increase wages up to £9.21 per hour) and the 2022/23 minimum wage increase (£9.50) on all staffing related costs (3.15%). The balance between staffing and non-staffing used to weight the increase reflects nationally recognised ratios and the information submitted by providers during consultation, while suggesting that some providers are seeing above 75% staffing costs, does not evidence this in costings provided. Other authorities tend to use a lower weighting staffing element of the fee rate.</p> <p>Sheffield City Council have reflected upon feedback from consultation and are proposing to increase the fee rate by 3.13% for care homes and day activities and 3.14% for home support and 3.15% plus the individual employers National Insurance contribution for Personal Assistants.</p> <p>Council Commissioning and Contracts teams will work closely in collaboration with all providers through the procurement changes in each of these sectors over the next 18 months to ensure progress by the sector towards Foundation Living Wage at the point of reprocurement. The Council is committed to working with providers in</p>
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each sector to enshrine improved terms and conditions for the care workforce in future contracting arrangements.

The financial and operating context for all types of care provision remains volatile and requires dynamic and ongoing risk assessment to ensure a sustainable, quality market. The impact of this fee increase will therefore be closely monitored, and the cost of care further examined for each type of provision over the next six months in response to Department of Health and Social Care requirements to pay a fair cost of care, to ensure effective planning for the implications of the new care cap and to ensure that procurement plans optimise value for money through improving funding security and embedding enablement and quality outcome-based contracts.

The final proposed increase in the fee rates reflects the Council's commitment to taking on board the feedback of providers and ensuring a sustainable, quality and diverse adult social care market in the city in the context of significant budget constraints as a result of long-term underfunding of local authorities and particularly social care by Government over the last decade.

Category	2020-21 Rate	2022-23 Rate (rounded to nearest £)	% Increase
Residential - standard	£530	£547	3.13
Residential – high dependency	£530	£547	3.13
Residential – EMI	£530	£547	3.13
Nursing - standard excluding FNC	£530	£547	3.13
Nursing enhanced excluding FNC	£530	£547	3.13

2.16

Feedback from Care Home Providers

Care Home Provider Feedback – Verbatim anonymised responses

Occupancy

- *The additional support from central government throughout Covid has without doubt prevented the collapse of the sector in Sheffield - We have tracked the additional grant funding from central government throughout the pandemic and this raised the average income per bed in the initial period in 2020 to around £616.00 per week– this average dropped to around £587.00 per week throughout 2021 - occupancies were as low as 70 % in 2020 but these improved to between 80-90% in 2021 - this had a massive effect on*

the stability of the business and we entered into negotiations with SCC to receive subsidy funding without success!

- *we, like the rest of the sector are seeing significantly lower admissions levels; occupancy rates in our homes have reduced and are currently if anything getting worse. At our current levels of occupancy, given current fee rates, absent of Government support we are cash flow negative. As you already know, many cost of care models are based on pre-Covid occupancy levels of close to 90% and these are fundamentally intertwined with the base costs associated with provision of care. Our occupancy rates are currently at 80%, which is well below a sustainable level and not manageable in the longer term. It is important that the current position is recognised as part of the annual fee review.*
- *Occupancy has been adversely impacted by COVID related deaths and embargo restrictions. The fee model needs to be adjusted to reflect current occupancy in the city to take account of the adverse impact of the pandemic on occupancy. It is irrational to continue to set occupancy at a level which would have been the historical norm pre-pandemic. This bears no reflection to market conditions. The Council ignored this issue in 2021-22 and must not do so again*
- *Occupancies – These are getting better than last year however the Cordis Bright Report raises serious concerns about the oversupply figures!*

Wages

- *We've got National Insurance Increase, Living Wage Increases – ever increasing repairs and maintenance costs – CQC driven improvements – increased acuity of residents etc. bed fees need to be more than £650.00 per week if we are to provide quality care, safe and well-maintained environments and fair wages and working conditions for staff.*
- *In 2020 we began our recruitment campaign due to our requirement for additional resources within the home. Our wage grading structure now begins at £9.20 for a trainee rising to £11.50 for a Senior Support Worker. We are passionate to increase these rates further to enable us to attract and recruit good quality staff, train and retain them.*
- *Despite the enormous challenges presented Covid-19 and the required response to it, we are also subject to more normal cost inflation including uplifts in the National Living Wage (the hourly rate paid to those over 23) which is due to be increased in April 2022 from the current £8.91 to £9.50, a 6.6% increase. Furthermore, in September 2021 the Government announced the introduction of a new Health and Social care levy which comes into effect from April 2022 with an increase to Employers National Insurance of 1.25% costing the Group a further c£2.5m p.a.*
- *The NLW increase and the increase in NI levy is going to have a significant impact on us, we are guaranteeing that we will meet this and maintain pay differentials, but this significant increase in wage costs directly impacts the amount that we can spend on our homes, as it is reducing the amounts that we can spend on enhancing the lives of our residents.*

- *The existing fee rates do not adequately cover the real need to properly pay the social care workforce and as such we have taken steps to increase pay for our own workforce, such that all staff are now paid in excess of the new April 2022 NLW. However, without having taken this action we, as with other providers, are at real risk of being unable to sustainably staff our homes as attraction, recruitment and retention remain a significant challenge in the sector. In the absence of adequate funding the impact of this on current and future service users is significant and we risk irretrievably losing skills from the sector. This will have an adverse impact on residents, and also on the Council.*

- *we want to reward our Colleagues for the amazing job they do; and we want our Colleagues to have the opportunity to grow professionally through training and coaching. As such, **** have launched a new pay and reward programme that will mean all care Colleagues earn above the increased National Living Wage rate, irrespective of age. We also offer higher rates to Colleagues based on experience and qualifications, whether those have been gained at ***** or elsewhere. The new framework is providing clear career progression and incentives to stay and progress with *****, supported with a sector-leading learning and development offer. Overall, this represents an investment of £17m over and above the costs associated with the Governments living wage increases and National Insurance.*

- *Wages are exceeding 75% of income on a regular basis; Throughout the pandemic the wages increased to over 80% due to drop in occupancies! – We can't catch this up!! Agency Costs – regularly exceeding £1,000.00 per week
Agency Nurses – up to £50.00 per hour from Agency
Agency Carers – up to £18.00 per hour*

- *In recognition of the hard work and dedication of our colleagues from the 1st December 2021, whatever their age, all ***** colleagues are now paid at or above the Living Wage Foundation's rate (£9.90 or £11.05 in London). This has been a necessary and important step to ensure the continual safe running of the services and to recognise the value of the work our colleagues do.*

Debt and finance

- *We had to make alternative arrangements to sustain the business and increased our borrowings with a £50,000 BIBL & £250,000 CIBL Loan, repayments for the BIBL have already started at £900.00 per month and repayments for the CIBL £5,100 will commence in April 2022, that's an additional £6,000 per month = £72,000 per year – existing borrowings are at approximately 50% of loan to value ratio and the combined Interest & capital repayments are £10,295.00 per month – that's £123,540.00 per year! - these are due to increase in line with the new bank base rates – circa £375.00 per month per .005% increase!*

- Banks will only lend 70% loan to value ratios, Valuations in Sheffield have plummeted due to the EBITDA being so low. Many provider are constantly re-financing to overcome losses. Valuation Fees – Bank Covenants - £5,000.00 each valuation

Food, Insurance, Utilities and other large Price Increases

- With the Covid-19 pandemic and Brexit all of our outgoings and overheads are worryingly increasing. We have budgeted a £2,500 increase in food and expect that utilities to increase by at least £10,000 in the next year. After consultation with our insurance broker we are expecting our insurance to increase to £29,000 this is more than double our 2020 cost.
- The waste disposal costs are the only two costs that I can put specific information against because the impact of covid on medical waste was so noticeable and our general waste contractor issued notice of a 13% price increase due to drivers wages.
- Insurances – 20% - average policy for a 40 bed home is £20,000.00 (Insurances increased by 50%-100% in 2021), Energy – Gas & Electricity – Some providers have seen supplies doubled – 100% increase, Food – Fresh Food has increased by over 10%, Waste Collections – 10% Increases, Medical & Household Supplies – 10% Increase. Just these few increases will equate to over £15.00 per week per resident!!
- Obviously there have been noticeable rises in the cost of food recently.
- We are on fixed rate contracts for gas and electricity at present – just hoping they stay in business so the current contracts can be honoured.
- We are also experiencing significant additional increases in some of our other major cost lines, particularly in food, with food inflation currently running significantly higher than underlying inflation, and with energy costs, which next year will rise by c60% as a result of the dramatic spike in wholesale gas prices, which has been well reported. The increase in energy costs alone will add a further £2m to the Group’s cost base.
- Historically, the formula used by the Council to calculate the increase in AWF has failed to include the real cost increases by being limited to CPI and NLW. As the selection of costs highlighted above shows, providers are bearing a significant year on year increase in operating costs, even before the impact of NLW on staff costs, and this has historically been materially excluded from AWF increase calculations performed by the Council.

Recruitment and retention

- Staffing issue are one of our biggest challenges at the moment, we’ve engaged with every initiative around – kickstart, DWP, Job Centre, Indeed Online Recruitment etc - we’ve burnt through approx. £8,000 on recruitment since July 2021 – We’ve calculated our cost per hire at around £800.00! We’ve spent approx. £35,000 on agency staff – that’s £43,000 combined on staffing & recruitment!

- To support our employees with their wellbeing we have subscribed to an employee assistance program and introduced a bonus scheme to recognize and reward the commitment and hard work of our staff.
- Agency Finders Fees – can be 20% of annual salary!! Recruitment – Ongoing costs – including management & admin time 4 months £6,500.00. Training costs – exceeding £5,000.00 per year!

Private fees and cross subsidisation

- If the SCC Bed Fees are set at a realistic figure this would help to maintain the private fee and stop the cross subsidisation which has been occurring in Sheffield and acknowledged in recent reports for far too long!
- 71% of our residents are local authority funded which means that we are subsidised much less by the private funders than other providers. We are trying to maintain lower than average private fees in order to support the residents of Sheffield.
- We realise that we are highlighting both a large gap between the current fee and our view of the real cost of care, and also at 9.2%, a large increase just to cover costs. We have also increased our private fees, which are already notably higher than public fees, to support covering the increased costs.
- Most providers are heavily dependent on SCC contracts – 75%/25% split.
- Private residents are subsidising care – average private fee - £650.00 per week

Acuity and differentials between types of care

- A major factor at present is the acuity of residents when they arrive at the homes, their physical & mental health needs are much higher than in previous years – residents need much more direct care and we're at the point of current staffing levels being inadequate! Not only do we need better pay for staff we also need additional staff to deliver the care required – 1 care worker on days & nights (168 Hours per week) would increase staffing costs by £100,000.00 per year!! That's equates to £32.05 per resident per week at 90% occupancy!
- Paying the same rate for nursing and residential care remains non-sensical and must be addressed for 2022-23. It is irrational to continue to believe that the cost of providing nursing care is the same as the cost of providing residential care. The Council needs to urgently instruct an independent cost of care exercise so as to properly quantify the costs of providing nursing and residential care in order to set a fee which is commensurate with those costs. ***** has recorded a cumulative trading loss for the last 27 months

Building stock and investment

- Our buildings were built in the 1990's and are ready for major upgrades and refurbishments, most care home constructed during this period have antiquated Nurse Call, Fire Alarm Systems, over the past 18 months we have upgraded these systems and spent over £40,000!
- Homes of this era also have very inefficient heating systems that run on economy 7-night storage heaters – providers could cut their energy

consumption and reduce their carbon footprint by upgrading these systems to modern direct heating systems that can be individually controlled – better all round!

- As part of the restructure agreement in 2020 we have committed to invest in improvements and modernization of the building over the next 3 to 4 years. This work is well under way.
- We have spent quite a lot over the past 4 years (since we purchased *****) on refurbishments etc so we hope to save on this in the coming couple of years as we have done so much recently.
- We are currently only able to cover essential costs with our current levels of income and the homes are in much need of capital investment.
- Care home's need constant investment, the day-to-day repairs & maintenance of a 20 Year + home – between £20,000 - £50,000 per year. Important upgrades – Fire Alarms & Nurse Calls - £50,000.00 per home. Heating – Night Storage Heaters - £50,000.00 per home – (saving £10,000 per year if replaced). Glazing – New Windows - £50,000.00 per home. Refurbishments – Budgetary costs for new Flooring, Bedroom Furniture & Soft Furnishings are £1,500.00 per bed. New Flooring – Communal areas & corridors, staircases etc – average 40 bed home - £60,000.00. Lift Service Agreements - £1,200.00 per home + ongoing repairs – approx. £2,000.00. Kitchen & Laundry Equipment – Hire/Repairs & Replacements - £10,000.00 per year

Grants and Tax

- The Government Grants have enabled us to survive over the past 20 months however these are subject to corporation tax which means that the HMRC take back 20% of the funds if the business is in profit – has anyone considered this?
- VAT – Care homes cannot reclaim VAT – ***** have lost over £60,000.00 in the past two years on nonrecoverable VAT that we cannot claim back!!
- Our figures are based on the home having 100% occupancy and although we strive for this, this is often beyond our control. We have carried voids over the past year though these have been offset with IPC grants. One room being designated an isolation room during the first lockdown.
- Whilst we have received welcome short term financial support from the Government's infection control grants, we continue to incur costs significantly in excess of what we normally expect and beyond the level of support that we have received.
- Disappointingly, the majority of the funds raised from the new tax (Health and Social Care Levy) have been committed to fund the National Health Service rather than Social Care for at least the next three years.
- ***** paid over £50,00.00 in VAT between 2020 & 2021. We try to employ contractors that are not VAT registered for the smaller works however the big stuff like lifts, kitchens, laundry, flooring, heating etc – are always VAT applicable!

Information Technology

We have already and continue to invest in IT provision within the home. This investment was accelerated due to the new ways of working that occurred during the pandemic. Staff working from home and investment in the homes Wi-Fi in order to keep service users safe and connected to loved ones.

Covid-19

- *Covid has exhausted everyone, all staff are approaching burnt out, the amount of additional work for everyone from Care to Admin has trebled, leaving very little time to complete normal day to day duties – deputy managers are fast becoming desk bound with governance and admin work, constantly writing/rewriting staff rotas and arranging agency cover for Covid Sickness, this eats into precious time that should be focused on delivering care!*
- *Covid 19 has put pressures on us that we have never faced before, significant reduction in occupancy and a slower than expected return to pre-pandemic levels, this has directly impacted on the amount that we are able to invest in our homes, in order to ensure that they are futureproofed.*

Return on Investment

Cordis Bright report suggested 8% - this would be welcome!

I think SCC currently allocate 2% return on Investment

Profit??? There's absolutely no resilience the market – business shock such as Covid without the Grants would have seen scores of closures!

3.	Home Care in Sheffield																			
3.1	<p data-bbox="300 421 1506 566">Background to Home Care in Sheffield</p> <p data-bbox="300 421 1506 566">There are two contracts in place for home care services delivered on behalf of the Council: a framework agreement and a separate contract for people requiring visits during the night. The following table summarises the current position of the respective contracts:</p> <table border="1" data-bbox="352 600 1458 2024"> <thead> <tr> <th data-bbox="352 600 619 640"></th> <th data-bbox="627 600 1102 640">Framework Agreement</th> <th data-bbox="1110 600 1458 640">Care at Night</th> </tr> </thead> <tbody> <tr> <td data-bbox="352 640 619 712">Provider(s)</td> <td data-bbox="627 640 1102 712">35 active providers</td> <td data-bbox="1110 640 1458 712">2 providers</td> </tr> <tr> <td data-bbox="352 712 619 864">Duration</td> <td data-bbox="627 712 1102 864">October 2017 - October 2021; additional extension to April 2023</td> <td data-bbox="1110 712 1458 864">May 2019 – May 2022; option for extension of up to 2 years.</td> </tr> <tr> <td data-bbox="352 864 619 1597">Contract Type</td> <td data-bbox="627 864 1102 1597"> <p data-bbox="627 864 1102 976">The city is divided into 21 contract areas, with one or two primary providers in each area.</p> <p data-bbox="627 1010 1102 1301">There is no formal guarantee of business, however work is allocated to primary providers (where available) in the first instance. Areas without a primary are brokered among the non-primary framework providers.</p> <p data-bbox="627 1335 1102 1559">Primary providers have an ‘upper limit’ of weekly hours that they are contractually obliged to deliver; if they are at or above the limit, they may refuse to take new work.</p> </td> <td data-bbox="1110 864 1458 1597">Block contract for 6 ‘rounds’ i.e., pairs of care workers who cover all required visits each night, citywide.</td> </tr> <tr> <td data-bbox="352 1597 619 1668">Operating Hours</td> <td data-bbox="627 1597 1102 1668">07.00 – 23.00</td> <td data-bbox="1110 1597 1458 1668">23.00 – 06.00</td> </tr> <tr> <td data-bbox="352 1668 619 2024">Service Description</td> <td data-bbox="627 1668 1102 2024"> <p data-bbox="627 1668 1102 1850">Support with ‘activities of daily living’: personal care, mobility, medication, eating and drinking, food shopping and household tasks.</p> <p data-bbox="627 1883 1102 2024">Services are predominately provided to older people, although available to meet the assessed needs of people over</p> </td> <td data-bbox="1110 1668 1458 2024"> <p data-bbox="1110 1668 1458 1895">Support at end of life (known as ‘fast-track’ referrals, which commence within 24 hours), and on a long-term basis.</p> <p data-bbox="1110 1928 1458 2024">Visits are typically short for specific tasks such as personal care</p> </td> </tr> </tbody> </table>			Framework Agreement	Care at Night	Provider(s)	35 active providers	2 providers	Duration	October 2017 - October 2021; additional extension to April 2023	May 2019 – May 2022; option for extension of up to 2 years.	Contract Type	<p data-bbox="627 864 1102 976">The city is divided into 21 contract areas, with one or two primary providers in each area.</p> <p data-bbox="627 1010 1102 1301">There is no formal guarantee of business, however work is allocated to primary providers (where available) in the first instance. Areas without a primary are brokered among the non-primary framework providers.</p> <p data-bbox="627 1335 1102 1559">Primary providers have an ‘upper limit’ of weekly hours that they are contractually obliged to deliver; if they are at or above the limit, they may refuse to take new work.</p>	Block contract for 6 ‘rounds’ i.e., pairs of care workers who cover all required visits each night, citywide.	Operating Hours	07.00 – 23.00	23.00 – 06.00	Service Description	<p data-bbox="627 1668 1102 1850">Support with ‘activities of daily living’: personal care, mobility, medication, eating and drinking, food shopping and household tasks.</p> <p data-bbox="627 1883 1102 2024">Services are predominately provided to older people, although available to meet the assessed needs of people over</p>	<p data-bbox="1110 1668 1458 1895">Support at end of life (known as ‘fast-track’ referrals, which commence within 24 hours), and on a long-term basis.</p> <p data-bbox="1110 1928 1458 2024">Visits are typically short for specific tasks such as personal care</p>
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		the age of 18, in need of support due to physical or sensory impairment, ill health, frailty, learning disability or mental health condition, including dementia or other cognitive impairment.	and turning to reduce risk of pressure damage. People in receipt of Care of Night will usually also have a large care package during the day and tend to have high levels of needs.
	Jointly Commissioned	No, however jointly commissioned packages (JPOC) are commissioned through the framework.	Yes (pooled budget; SCC lead for brokerage and contract management).
	Service Users	Around 2,500 – 3,000 people in receipt of care per week.	Approximately 150.
	Staffing	Around 1,900 people providing direct care (with additional managerial and office staff)	Approximately 40 care workers, supported by ancillary colleagues.
	Volume	Around 40,000 hours per week.	Due to nature of service / block contract, hours are not measured in the same way. There are typically around 15-2- service users per round.
	Hourly Rate	Average £18.48; range £17.74 - £19.62	£18.48 (linked to citywide average).
	Annual Spend	£42.8m (2021/22 forecast)	£404k, (£179k at SCCG and £225k at SCC).

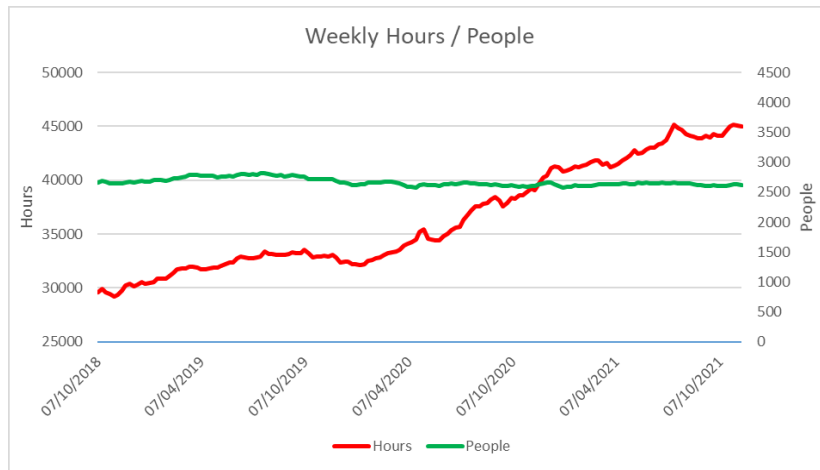
3.2 Home Care Market Analysis

Market Size & Volume

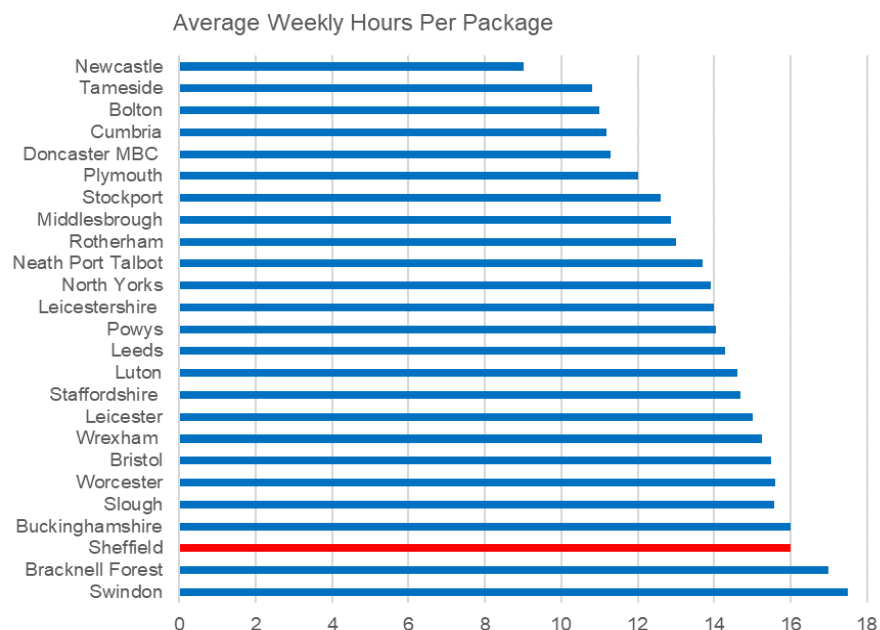
There are currently 90 home care providers registered with the Care Quality Commission in Sheffield, although there are also some providers registered in neighbouring authorities that provide services to Sheffield residents. There are 35 providers on the Council's framework.

The size of the commissioned home care market has increased significantly in recent years, with around 40,000 hours of care commissioned per week in 2022, in comparison to around 30,000 in 2019. This trend escalated since the start of the Covid19 pandemic, in part due to some people remaining in their own homes supported with very large (in some instances 24/7) care packages, when they may previously have moved into a care home.

Despite the increase in the overall amount of care commissioned, the number of people in receipt care has remain static, at around 2,500 per week.



The cumulative impact is a significant increase in the size of the average home care package, from 12 hours per week in 2021, to 16 by 2022. Although recent data suggests this increase has now levelled off, benchmarking undertaken in Autumn 2021 also indicates Sheffield to be above the national average by around 2 hours per person, per week:



Challenges in the Home Care Market

One contracted provider has exited the home care market in 2021/22, citing a variety of pressures, particularly linked to recruitment and retention of staff, with stress and burnout key contributory factors. The most recently available data from Skills for Care¹ confirms annual staff turnover of 50% in the Sheffield independent sector, compared to 35% across Yorkshire & Humber and 2.7% for home care workers employed by the Council.

While no other contracted provider has exited the market, there has been consistent feedback from providers that the current position, exacerbated by the pandemic but relating to longstanding structural issues, particularly staff pay and terms and conditions, is unsustainable.

The situation has become particularly acute since Summer 2021 as other parts of the economy reopened, resulting in providers being unable to recruit enough new staff, while losing existing workers to other sectors, often with better pay, conditions and/or less responsibility and day-to-day challenges. This situation was compounded as demand for home care remained very high and the Omicron variant rapidly escalated at the same time as seasonally anticipated winter pressures on the health and care system.

Crisis Response

The Council, in conjunction with NHS partners and using funding from central government where available, have implemented a multifaceted range of mitigation and improvement measures to support the home care market and care workers during this challenging period and beyond, including:

- Provision of funding to support recruitment and retention activity.
- Working with providers on a locality basis to identify options for maximising efficiency and therefore increasing capacity and reducing carbon footprint, for example by enabling the use of 'walking rounds'.
- Investment in a web-based application that enables rewards for 'positive activity' by staff, such as recommending friends for employment, taking on additional work and receiving positive feedback from clients.
- Provided funding for prioritising care packages waiting over 5 days.
- Funding enhanced rates for care workers to support stability and maintain capacity over the winter holiday period.
- Collaborating with Opportunity Sheffield, to support the long-term unemployed into a career in home care through the Care Sector Routeways initiative and provide access for providers to a series of jobs fairs in local communities.
- Invested in several initiatives to support the wellbeing and mental health of care workers and provide access to a high street reward scheme.

The following table illustrates the position from the start of October 2021 to end of January 2022, in relation to the size of waiting lists for independent sector home care, and the volume of new work started each week:

¹ [Home - Workforce intelligence \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

Date of snapshot	Hours waiting	Packages waiting all	Packages waiting >5 days	Hours started	Packages started
31/01/2022	2282	242	194	868	62
24/01/2022	2042	265	207	1091	69
17/01/2022	2038	263	216	1500	91
10/01/2022	1940	283	231	1286	68
03/01/2022	1967	318	278	503	38
20/12/2021	2147			474	45
13/12/2021	2211	254	204	1102	79
06/12/2021	2241	279	228	1108	80
29/11/2021	2272	277	239	979	80
22/11/2021	2364	304	252	849	49
15/11/2021	2304	299	247	509	32
08/11/2021	2379	231	233	844	52
01/11/2021	2196	285	244	818	47
25/10/2021	2538	285	237	1235	61
18/10/2021	2283	279	237	947	58
11/10/2021	2184	268	209	926	59
04/10/2021	2412	251	198	540	37
Average	2224	274	228	916	59

While there is fluctuation, providers are typically providing sufficient capacity to match new demand, as the overall hours waiting remained relatively static. However, it has not been feasible to develop sufficient capacity to meet all outstanding demand, hence there remains a significant number of people waiting for independent sector home care, either with the Council's in-house Short-Term Intervention Team (STIT), in hospital or in the community.

Direct Award Process & Impact

A further element of the response to the crisis has been a significant increase in the use of the 'Direct Award' process, a mechanism to enable the Council to contract directly with a non-contracted provider in specifically defined circumstances. In operation since early 2021, the process is intended to provide a robust and monitored option to access appropriate support in limited circumstances where unavailable through the framework agreement.

While use of direct awards is a legitimate response during a crisis to ensure people have the required support to meet their needs, these arrangements are typically more expensive; the average direct award home care package is £438pw, 39% higher than the total home care average of £315pw². This may be an indication of the impact of market forces, or a closer reflection of the overall cost of care in Sheffield.

² Adult Social Core Purchasing Summary Month end January 2022 (Month 10)

	Average Hourly Rate
Commissioned	£18.48
Direct Award	£25.68
Overall*	£20.58

** Overall is a calculation of the average paid by the Council for all home care services, taking into account both care packages arranged via the framework agreement and Direct Awards. If no packages were procured via Direct Award, paying this rate for commissioned care would therefore be cost-neutral.*

While a necessary intervention in the short-term, in addition to a number of other risks, there are also indications that widespread use may have a further negative impact upon commissioned providers, for example through losing staff to non-contracted organisations able to offer higher wages and better terms and conditions. The use of Direct Awards therefore requires dynamic and ongoing risk assessment by commissioners.

With annual spend on home care Direct Awards having reached £4.7m (around 11% of the overall spend on home care), the process is under review to ensure the risks are fully understood and to establish the appropriate way forward. In the context of setting fees, a rate that insufficiently reflects the true cost of care may contribute to further diminishing capacity in the contracted market, and ultimately prove significantly more expensive if increasingly non-contracted provision is needed to ensure peoples' needs are met.

3.3 Transformation & Market Development

As described above, the home care sector, both locally and nationally, is experiencing significant challenges, particularly in relation to recruitment and retention of care workers. This can negatively impact upon people in receipt of care and their families and carers.

Commissioners have developed, and are enacting, plans for transforming how home care is organised and delivered across Sheffield. There are multiple strands to this work.

One of the first elements is a 'controlled implementation' of the new Care & Wellbeing Service. The term 'controlled implementation' refers to the process of implementing the foundations for the service model as part of the test of change, in several adjacent areas in the city, creating the opportunity for learning and building an evidence-base over the following two years.

The 'development partner' (responsible for care delivery) will collaborate with the Council's commissioner-led project team, local stakeholders, and SchARR³ (evaluation partner, Sheffield University) to collectively develop and evaluate the new model.

³ [Research | SchARR | The University of Sheffield](#)

The procurement process for the development partner commenced on 1st February 2022 and the contract is scheduled to start at the end of May.

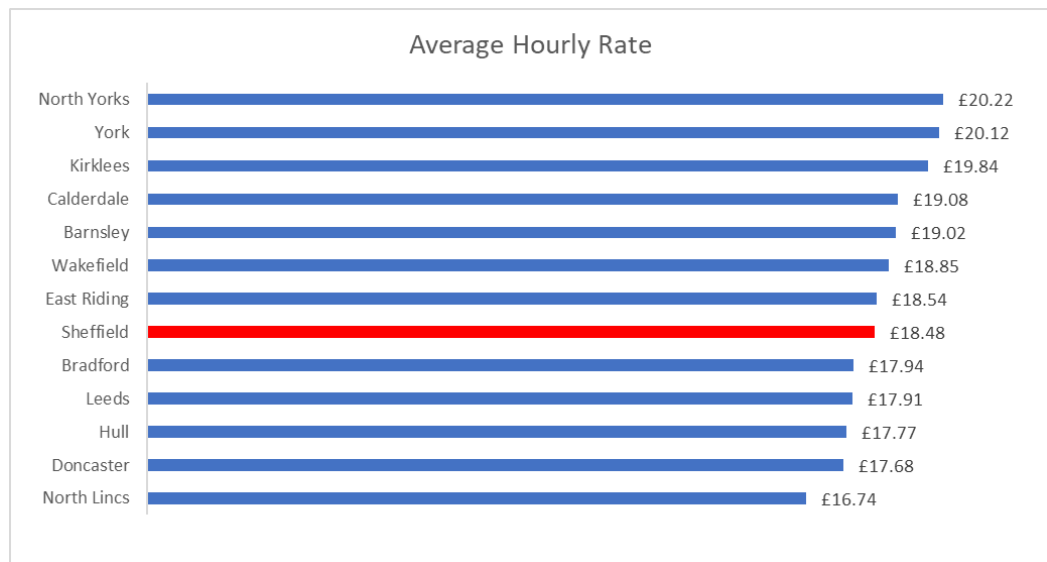
There will be a strong focus on listening to people in receipt of care, their carers and families, and their care workers, to develop and refine the model. The new service will seek to embed the necessary foundations for excellent care that meets people’s individual outcomes, with a clear and consistent focus on *what matters to them*. Care provided through the new model will also foster opportunities to increase independence. Collective resources will be used in the most effective ways possible.

Another significant element of the transformation is the re-procurement of contracts for the new Care and Wellbeing Services, which will replace home care for all areas of Sheffield in early 2023. It is not possible to share details of the new transformational contract at present because this is under development and commercially sensitive, however it will be informed by the learning from, and principles of, the controlled implementation.

3.4 Benchmarking

The Homecare Association (formerly UKHCA) calculates the ‘Minimum Price for Homecare’⁴ to remain legally compliant and financially sustainable as £23.20 per hour, and £24.08 to pay the real Living Wage⁵.

At an average of £18.48, Sheffield pays slightly below both the average for the Yorkshire & Humber region: £18.64; and local authorities in England: £18.54.



It is likely this relatively marginal disparity is exacerbated by higher staff turnover in Sheffield than elsewhere (see ‘Market Analysis’), which in turn increases provider’s costs and is likely to impact on the quality of care. It is estimated by Skills for Care

⁴ [Homecare-Association-Minimum-Price-for-Homecare-2022-2023 \(1\).pdf](#)

⁵ [What is the real Living Wage? | Living Wage Foundation](#)

	<p>the total cost of recruiting each care worker is over £3.5k⁶. Replacing half the frontline workforce each year, around 950 care workers, therefore costs commissioned providers around £3.5m per annum. A staff turnover rate comparable with local government⁷ or the NHS⁸, would reduce spending on recruitment by around £1.3m per year.</p> <p>The average basic rate of pay for a care worker employed by a contracted provider is £9.96⁹, although it should be noted this typically applies to contact time (time spent on care visits only). The average rate of pay in March 2021 was £9.17, demonstrating the additional investment in pay by providers (+8.6%) exceeded the above inflation uplift awarded by the Council in April 2021 (see below 'Fee Rate Model'). For comparison, care workers employed by the Council are paid a starting rate of £10.44, for shifts as opposed to contact time, typically with superior terms and conditions relating to sick pay, leave, mileage and pensions.</p> <p>The Council has aspired for several years for all social care workers to be paid the real living wage; as the 2020/21 One Year Plan states: <i>We will deliver a long-term workforce plan which empowers and values our social care workforce and sets out how we will implement the Foundation Living Wage for all social care workers in the City</i>¹⁰.</p> <p>As the above figures demonstrate, the area of focus for this aspiration to be achieved requires shifting to a model whereby staff are paid for the entirety of their shifts, as opposed to contact time, not just increasing the basic rate of pay. It should also be noted that achieving the real living wage, while a necessary and positive step, is only part of the transformation needed to ensure both sufficient capacity and skills and resolve the crises in recruitment and retention of the Sheffield home care workforce.</p>
<p>3.5</p>	<p>Fee Rate Model</p> <p>During 2016 an extensive consultation exercise was undertaken, with commissioners meeting all contracted providers individually to discuss their pricing structure and cost pressures. Following the consultation exercise, a standardised 'cost of care' model was developed. Analysis of travel time between visits in different parts of the city enabled distance between service users and typical traffic conditions to be incorporated into a range of hourly rates, with higher rates paid for suburban and rural parts of the city.</p> <p>In each year until 2020 the hourly rates were uplifted in line with a weighted combination of the increase to the minimum wage and the Consumer Price Index. In 2020 & 2021 the minimum wage increase was applied to all staffing costs (85% of</p>

⁶ <https://www.skillsforcare.org.uk/Documents/Standards-legislation/CQC/Safe-staffing/Calculating-the-cost-of-recruitment.pdf>

⁷ [Local government workforce summary data - November 2021 | Local Government Association](#)

⁸ [Workforce Analytics - NHS SBS](#)

⁹ Evidence from sample of 18 providers (51%).

¹⁰ [The One Year Plan \(sheffield.gov.uk\)](#)

costs), as opposed to solely front-line workers (75% of costs) to ensure that wage differentials could be maintained and quality senior leadership maintained.

Additionally in 2021, following feedback from providers and reflecting the Council's commitment to improving wages for front line care workers, additional investment of £4.2m was committed across all sectors. When applied proportionately this resulted in a final fee rate increase of 4.99% from April 2021.

The hourly rates paid per area, and related uplifts, for the past four years are as follows:

Uplift	3.95%	4.24%	5.54%	4.99%
	2018/19	2019/20	2020/21	2021/22
A1	£15.61	£16.27	£17.17	£18.03
A2	£15.91	£16.58	£17.50	£18.37
A3	£16.16	£16.85	£17.78	£18.67
B1	£15.74	£16.41	£17.32	£18.18
B2	£15.80	£16.47	£17.38	£18.25
C1	£16.10	£16.78	£17.71	£18.59
C2	£15.80	£16.47	£17.38	£18.25
C3	£15.68	£16.34	£17.25	£18.11
D1	£15.36	£16.01	£16.90	£17.74
D2	£16.04	£16.72	£17.65	£18.53
D3	£15.36	£16.01	£16.90	£17.74
E1	£15.68	£16.34	£17.25	£18.11
E2	£15.74	£16.41	£17.32	£18.18
E3	£15.49	£16.15	£17.04	£17.89
F1	£16.48	£17.18	£18.13	£19.03
F2	£16.99	£17.71	£18.69	£19.62
F3	£17.05	£17.77	£18.75	£19.69
F4	£16.60	£17.30	£18.26	£19.17
G1	£16.66	£17.37	£18.33	£19.24
G2	£15.80	£16.47	£17.38	£18.25
G3	£15.74	£16.41	£17.32	£18.18
C@N	£14.69	£16.68	£17.60	£18.48
Average	£15.99	£16.68	£17.60	£18.48

3.6 'Market Sustainability & Fair Cost of Care' Funding & Conditions

In September 2021 the Government announced funding to support local authorities' move towards paying providers a fair rate for care, with further details published in December.¹¹

¹¹ [Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/market-sustainability-and-fair-cost-of-care-fund-purpose-and-conditions-2022-to-2023)

	<p>The Government acknowledged that ‘a significant number of local authorities are paying residential and domiciliary care providers less than it costs to deliver the care received. This is undermining their markets, creating unfairness, affecting sustainability and, at times, leading to poorer quality outcomes’.</p> <p>To access funding, local authorities will be expected to meet the following conditions:</p> <ol style="list-style-type: none"> 1. Conduct a cost of care exercise to determine the sustainable rates and identify how close they are to it. 2. Engage with local providers to improve data on operational costs and number of self-funders to better understand the impact of reform on the local market (particularly the 65+ residential care market, but also additional pressures to domiciliary care). 3. Strengthen capacity to plan for, and execute, greater market oversight and improved market management to ensure markets are well positioned to deliver on our reform ambitions. 4. Use this additional funding to genuinely increase fee rates, as appropriate to local circumstances. <p>In a timely development, the Care and Health Improvement Programme¹² has developed a Cost of Care Toolkit¹³ for home care, with the intended purpose of:</p> <ul style="list-style-type: none"> • Supporting commissioners and providers to obtain a shared understanding of actual costs of delivering home care in the local area. • Supporting commissioners understanding of the complexities inherent in the home care market in relation to the way care providers operate, their structure and the costs associated with providing care. This is expected to inform and support fee-setting exercises, market viability and market shaping. • Creating a Toolkit that commissioners and providers can access free of charge and that accurately deals with all factors that influence providers costs, including volume. • Recognising existing and potential future legislative requirements.
<p>3.7</p>	<p>Consultation Process & Response</p> <p>All 35 contracted providers were invited to provide information via the following methods to support the process of determining provisional fee rates:</p> <ol style="list-style-type: none"> 1. Completing a questionnaire regarding their split of operating costs; forecasted overall increase in costs; any distinct element with a new or changed financial impact on operating costs; any additional information they wish to be considered. 2. Submission of ‘open book’ details of operating costs and accounts.

¹² Jointly delivered through [ADASS](#) and the [LGA](#).

¹³ [Home care Cost of Care Toolkit Guidance - FINAL 31.1.22.pdf](#)

3. Submission of any correspondence (emails or letters) to the Council within the past 6 months containing content relevant to the consultation.

The consultation process was open for three weeks, from 21st January to 11th February 2022.

The response rate for each element was as follows:

	Responses
Questionnaire	12
Open book accounts	0 ¹⁴
Prior correspondence	1

The responding providers represent 36% of the commissioned market.

3.8 Consultation Feedback

Providers provided their split in 'staffing' and 'non-staffing' operating costs¹⁵:

	Average ¹⁶	Range	
		Highest	Lowest
Staffing	84.9%	95%	75%
Non-staffing	13.5%	25%	5%

Providers also forecast the increase in 2022/23 in their costs for these overarching elements:

	Average	Range	
		Highest	Lowest
Staffing	11.3%	28%	5%
Non-staffing	7.2%	15%	4%

Providers also gave information regarding the impact of any distinct element on the operating costs, in percentage terms. Information was provided for 13 distinct elements:

	Response	Average Change	Range	
			Highest	Lowest
Utilities	6	39.3%	50%	6%
Wages (non-care)	4	10%	17.9%	5%
Wages all	3	14.5%	22%	7.6%

¹⁴ One provider did not submit accounts as part of this exercise but offered to do so separately.

¹⁵ Staffing costs include care workers pay (contact and travel time), pension and National Insurance contributions and other wage-related on-costs, while non-staffing costs relate to the other costs of operating your business, including rent, insurance, equipment, and recruitment costs.

¹⁶ The cumulative proportion submitted by 3 providers was less than 100%, reducing the averages.

Rent	3	20.4%	50%	5.2%
Fuel	3	46.7%	60%	30%
IT systems	3	137%	400%	5%
Recruitment	2	49%	92%	6%
International Recruitment	2	10%	10%	10%
National Insurance	2	1.25%	1.25%	1.25%
Training	2	14.5%	25%	4%
Uniform	1	6.2%	n/a	n/a
HR	1	10%	n/a	n/a

What Providers Told Us

In addition to providing quantitative information, some organisations provided additional narrative and context regarding changes to their operating costs. This has been grouped into themes, as follows:

Overarching

The magnitude of the actual challenges has increased beyond expectations. An example of that is inflation now expected to exceed 7% compared to 5% estimate before Christmas. This will generate pressures in domiciliary care, e.g., fuel costs, but also exacerbate the recruitment challenges as workers may leave our profession for higher paying sectors.

We also firmly believe that if and when COVID is classified as endemic, the pressures on social care and in particular domiciliary care will remain. For example, as of mid-February care workers are required to test daily, the grants are in place to support until the end of March, but this requirement will persist beyond this point.

In summary we strongly believe 2022 will continue to present substantial challenges for domiciliary care and urge the local authorities to ensure fees increases enable providers to be competitive in the marketplace.

Recruitment & Retention

Recruitment in the sector is the hardest it has ever been and therefore more money is required to be spent per head recruited to attract candidates to the roles on offer. As retention also worsened in the period due to chronically underfunded services and the impact on care worker terms and conditions, the staff turnover increased and more recruitment volume was required.

The acute recruitment crisis is pushing staff costs even higher in social care, plus the added costs in general operating costs, Given the inflation impact we expect these % to increase even higher through 2022 and into 2023.

As you will appreciate recruitment as with all providers is our biggest challenge. According to the ONS “The ratio of vacancies to every 100 employee jobs reached a record high of 4.1 in October to December 2021” [Vacancies and jobs in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk) We need to be able to attract people into the industry by offering competitive rates of pay and incentives, this all comes at a substantial cost.

We must work together to look to invest in recruiting and training new people into the sector which will give much needed relief to the real problems faced day on day by each care business and service. This does not mean ill-thought-out initiatives that superficially plaster over what is sorely needed – it entails proper meaningful investment and also necessary change in front line working conditions (block hours, enhanced pay, differing pay grades etc).

The loss of many skilled professionals from the sector during the COVID-19 pandemic has led to less candidates and the additional requirements due to COVID-19, including but not limited to increased staff absence management, increased workloads to simply service current hours levels and grant funding management, have led to a higher market rate for this position.

To recruit the best managers and retain the best staff, there has to be acceptable financial incentives that attracts the best to our local market here in Sheffield. We believe these changes will inevitably impact care delivery positively in our localities as it is all about the people we support. These changes also mean having a workforce that understands collaborative working that ensures continuity of care within the sector.

Staffing Costs

(7.5% increase) to cover inflationary increase and uplift in NIC costs from April. However, this will leave care workers exactly where they are now, at the bottom of the wages scale. Cost of living increases and wage rises across all sectors will mean that the sector is no better off.

Increased costs of branch staff to remain competitive and ensure branch remains stable with stable team. Within the industry non direct pay is increasing at higher than inflation levels causing disruption in the workforce

Increase to NMW, bump effect on other rates to retain pay differentials and remain competitive, National Insurance Levy, increased Apprenticeship Levy, increased mileage costs.

Non-Staffing Costs

	<p><i>Any increased figures for non-staff costs are fairly insignificant in the great scheme of things and are offset by the saving in PPE costs.</i></p> <p>Fuel</p> <p><i>The cost of fuel, car maintenance and time spent travelling are all contributing to the increased care worker attrition in the sector, with many experienced domiciliary care workers choosing to move into residential caring instead. The current mileage rate of 20p per mile needs to be increased to not only cover the costs of travel, but also to incentivise care workers in domiciliary care over residential care.</i></p> <p>IT</p> <p><i>As the sector moves more towards digitisation, investment in technology is required. Whilst the average cost of maintaining current IT systems has only marginally increased, a move towards electronic records is a considerable cost and one which on the current fee rates can't be accommodated. Consideration of the wider costs within services and the ambition to improve current practices should be considered in relation to fee increases, not just inflationary increases on the direct service delivery costs.</i></p>	
3.9	<p>Fee Rate Proposal</p> <p>The proposed increase in fee uplift is based on increasing the staffing element of the fee rate by 3.15%. This builds on the investment made by the Council last year of £4.2m in addition to the minimum wage uplift which was assessed as sufficient to increase the wages of the lowest paid workers to £9.21. The figure of 3.15% is the difference between £9.21 and the new National Living Wage that comes in from April of £9.50. The non-staffing element of the fee rate will be based on the CPI rate in September 2021 which was 3.1%. When these are weighted according to the ratios of staffing and non-staffing to care homes and home support respectively, this results in an increase to framework home care rates of 3.13%</p>	

4.	Extra Care in Sheffield							
4.1	<p>Background</p> <p>There are 4 Extra Care contracts in place for services delivered on behalf of the Council. The following table summarises the current position of the contracts:</p> <table border="1" data-bbox="300 1960 1385 2029"> <thead> <tr> <th data-bbox="300 1960 549 2029"></th> <th data-bbox="549 1960 1353 2029">Extra Care</th> <th data-bbox="1353 1960 1385 2029"></th> </tr> </thead> <tbody> <tr> <td data-bbox="300 1960 549 2029"></td> <td data-bbox="549 1960 1353 2029"></td> <td data-bbox="1353 1960 1385 2029"></td> </tr> </tbody> </table>			Extra Care				
	Extra Care							

Provider(s)	1 provider operates all 4 contracts	
Contract Duration	3 + 2 2015 – 2020 October 2020 using all extension agreements. Further extended by Waiver until October 2022	
Contract Type	Four individual contracts with identical terms and conditions and service specification. Packages of care are allocated to meet the identified unmet needs of individuals living the 4 extra care schemes. The extra care contracts do not cover care packages for people who live outside these schemes. The volume of business is primarily dependant on the assessed needs of individuals who live in the schemes with a minimum guarantee based on the size of the scheme. Providers are expected to ensure staffing structures allow them to provide the contracted service to all individuals who are assessed as having an unmet eligible need.	
Operating Hours	24 hours, commonly defined as: 07.00 – 22.00 – the ‘waking day, actively delivering planned care 22.00 – 07.00 – overnight support. unplanned care as if and when required.	
Service Description	Support with ‘activities of daily living’: personal care, mobility, medication, eating and drinking, food shopping and household tasks. Extra Care in Sheffield is a designated housing option for adults over 55 years of age. Contract services are predominately provided to older adults. However a smaller number of younger adults, in need of support due to physical or sensory impairment, ill health, frailty, learning disability or mental health condition, including dementia or other cognitive impairment, also successfully live in extra care.	
Jointly Commissioned	No, however jointly commissioned packages (JPOC) are commissioned through the contracts	
Service Users	Around 115 people in receipt of care.	

	Staffing	Around 60 people providing direct care (in addition to managerial and office staff)	
	Volume	1308 hours per week, based on guaranteed minimums.	
4.2	Market Analysis		
	<p>There is currently one CQC-registered provider delivering extra care in Sheffield.</p> <p>Other local, regional and national CQC registered home care providers are capable and interested in delivering against the extra care contracts and this is demonstrated in the level of interest on YOR tender when extra care contracts are re-procured.</p> <p>Demand for extra care remains stable in Sheffield. Extra care is designed to meet housing as well as social care needs however and contracted extra care services are provided solely to people who live in the schemes. There is a waiting list of people who would like to move into extra care and a clear nomination process used across all four extra care schemes. No other waiting lists are kept as individuals who live in extra care have a clear pathway to receipt of care and support according to the assessed eligible needs.</p> <p>The increasing size of care packages is an indicator of the higher levels of needs, with a key requirement to balance the care complexity to support community cohesion. This continues the trend of recent years with more people able to be supported in their own home in extra care, rather than moving to care homes.</p> <p>Some similar cost pressures to those experienced in home care apply however with systemic costs, e.g. recruitment, training, retention, impacting on the viability of extra care as sustainable business. Extra care workers are usually paid at, or only slightly more than, the legal minimum wage. This is often mitigated however due to the way they are paid, which is on a full shift basis and not an hourly rate, paid only for the time they spend with the individual service user.</p> <p>A robust care sector locally and nationally, staff turnover in extra care is low, especially in comparison to other employment in the care industry. Whilst there are no local or national statistics for extra care, anecdotally extra care providers report that it is easier to recruit into posts in extra care and that staff stay in employment longer. This is due to the nature of the work, in a contained environment, without the pressure of travelling time and inclement weather, and with the additional benefit of a stable client group and a regular team of workmates to contribute to job-satisfaction.</p>		
4.3	Benchmarking		
	<p>As with other elements of social care, extra care does not receive generous funding, either locally or nationally. Payment to care providers by SCC, and usually in turn to care staff, is linked to actual minutes of care delivered with banding applied, as opposed to outcomes achieved for people or commissioned hours.</p> <p>While the average rate paid by the Council is nearly £3 per hour below the minimum home care rate advocated by the UKHCA to enable providers to pay staff a living</p>		

wage, information supplied by neighbouring authorities does indicate that Sheffield's extra care hourly rates are competitive:

Authority	Average	Maximum	Minimum	Comment
Rotherham	£14.70	£15.26	£14.14	
Sheffield	£16.58	£16.58	£16.58	Payment on actuals
Wakefield	£14.22	£15.62	£12.82	

As stated above, staff working for contracted providers are typically paid at or slightly above the minimum wage. The current extra care provider is not an accredited Living Wage employer.

Retail is often cited as a comparable competitor with social care in the employment market. Ikea are also an accredited Living Wage employer, while Aldi and most recently Morrison's have committed to paying staff above the Living Wage.

4.4 Consultation Process & Response

The consultation process for home care and extra care comprised of two elements: 'in person' meetings with providers (conducted via Zoom) and an online survey.

19 providers were present at the meetings (one from extra care) and 8 submitted online feedback (including the representative from extra care), representing 63% of the total market share in terms of weekly hours delivered.

4.5 Consultation Feedback & Analysis

As part of the consultation providers told us about the same issues as described above under the homecare consultation feedback and analysis section. The current extra care provider is also a home care provider. Please see above for the feedback and analysis.

4.6 Fee Rate Model

The assumptions underpinning the ratios between staff and other costs are the same as those used for home care and came out of the cost of care exercise undertaken in conjunction with providers in 2016. There are two elements to the extra care model - the 'service contract' and the hourly rate. The service contract is not within the scope of this process and the current contract was extended with procurement planned for the forthcoming year.

4.7 Fee Rate Proposal

The proposed increase in fee uplift is based on increasing the staffing element of the fee rate by 3.15%. This builds on the investment made by the Council last year of

	<p>£4.2m in addition to the minimum wage uplift which was assessed as sufficient to increase the wages of the lowest paid workers to £9.21. The figure of 3.15% is the difference between £9.21 and the new National Living Wage that comes in from April of £9.50. The non-staffing element of the fee rate will be based on the CPI rate in September 2021 which was 3.1%. When these are weighted according to the ratios of staffing and non-staffing to care homes and home support respectively, this results in an increase to extra care rates of 3.13%</p>																
<p>5.</p>	<p>Supported Living in Sheffield</p>																
<p>5.1</p>	<p>Background and Market Overview</p> <p>Supported Living services are called off 2 Framework contracts presently – The Framework Agreement for the Provision of Home Care and Supported Living Services and the Regional Enhanced Supported Living Framework. The following table summarises the current position of the respective contracts:</p> <table border="1" data-bbox="300 853 1385 1960"> <thead> <tr> <th data-bbox="300 853 550 931"></th> <th data-bbox="550 853 1045 931">Framework Agreement</th> <th data-bbox="1045 853 1385 931">Regional Framework</th> </tr> </thead> <tbody> <tr> <td data-bbox="300 931 550 1039">Provider(s)</td> <td data-bbox="550 931 1045 1039">22 active providers</td> <td data-bbox="1045 931 1385 1039">1 provider has been called off</td> </tr> <tr> <td data-bbox="300 1039 550 1146">Duration</td> <td data-bbox="550 1039 1045 1146">Expires 9/4/2023</td> <td data-bbox="1045 1039 1385 1146">Expires 31/3/2022</td> </tr> <tr> <td data-bbox="300 1146 550 1375">Contract Type</td> <td data-bbox="550 1146 1045 1375">Providers are city-wide, support packages are determined following a social work assessment then all providers are invited to express an interest.</td> <td data-bbox="1045 1146 1385 1375">Providers are invited to go through a mini-tendering process for bespoke support packages</td> </tr> <tr> <td data-bbox="300 1375 550 1960">Service Description</td> <td data-bbox="550 1375 1045 1960">Supported Living services can be delivered to Individuals living in a variety of accommodation settings and cover a wide range of activities to enable the person to live in their own home, encourage social inclusion and the development of independent living skills. Support can include personal care and deliver 24 hour support.</td> <td data-bbox="1045 1375 1385 1960">This service is for adults with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. People supported by Providers on this Framework may have complex histories (including 'forensic' and/or offending histories) Support can include personal care</td> </tr> </tbody> </table>			Framework Agreement	Regional Framework	Provider(s)	22 active providers	1 provider has been called off	Duration	Expires 9/4/2023	Expires 31/3/2022	Contract Type	Providers are city-wide, support packages are determined following a social work assessment then all providers are invited to express an interest.	Providers are invited to go through a mini-tendering process for bespoke support packages	Service Description	Supported Living services can be delivered to Individuals living in a variety of accommodation settings and cover a wide range of activities to enable the person to live in their own home, encourage social inclusion and the development of independent living skills. Support can include personal care and deliver 24 hour support.	This service is for adults with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. People supported by Providers on this Framework may have complex histories (including 'forensic' and/or offending histories) Support can include personal care
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		and deliver 24-hour support.
Jointly Commissioned	No, however jointly commissioned packages (JPOC) are commissioned through the framework.	No, however jointly commissioned packages (JPOC) are commissioned through the framework.
Service Users	618	6
Staffing	Around 1675 people providing direct care (in addition to managerial and office staff)	TBC
Volume	Around 38,000 hours per week.	Approx. 1,000 hours p/w
Hourly Rate	range £16.90 - £18.75 (geographical) Discounted rate £17.41 Sleep in night £11.60	£22.23

Supported living is now the single largest service area for local people with a learning disability in Sheffield. Approximately 748 people have support from supported living providers – either in their own tenancies or in their family homes, with contracted or non-contracted providers. The majority of support is arranged by the Council, with a smaller number of people funding their support through Direct Payments.

The current Supported Living Framework was varied last year to revise the expiry date from 03/10/2021 to 09/04/2023.

In addition to providers who deliver services under the Framework contract, there are 9 non-contracted providers supporting approximately 21% of the people in Supported Living. One of the strengths of the framework is the diversity of providers, a mix of large and small companies – local, regional and national, with the majority being ‘not for profit’ organisations. The hourly rates are aligned with the geographical rates for home care services. There is also a discounted rate for supported living services that provide over 56 hours in any one property location, and an hourly rate for night time support. We are confident that our sleep-in rate is an hourly rate that is sufficient for providers to ensure that minimum wage is covered for sleep ins we commission. We are planning however to consult with providers over the next year to establish how much of the hourly rate we pay is paid directly to workers. The local framework prices provide a ‘guide price’ for non-framework providers, helping ensure financial transparency and value for money for people accessing them through their Direct Payments.

A number of the Framework providers work across the region. Since 2019, there has also been an Enhanced Regional Framework in place to support the provision of services for people moving out of long stay hospitals as part of the Transforming Care agenda. There are 5 Sheffield Supported Living Framework providers who are

	<p>also on the Enhanced Regional Framework. There have been three call offs from this Framework for new Supported Living at Dover Street, Wordsworth View and Villiers Drive. It has been helpful to use the enhanced hourly rates (between £18-£23) to reflect the additional and specialist support to meet the tenants' assessed needs. However, the Enhanced Regional Framework expires on March 31st 2022. We intend to procure a local enhanced Framework as a replacement.</p>																							
5.2	<p>Market Analysis</p> <p>There are 32 providers on the Supported Living Framework, 22 are actively engaged with Commissioners. The total number of people in Supported Living is 618 with contracted providers under the Supported Living Framework plus approximately 130 people supported by non-contracted providers.</p> <p>No providers have exited the market in 2021/2022. However, 1 provider has had to hand back some of their support packages due to problems with recruitment and retention, and the unsustainability of delivering small support packages in different locations.</p>																							
5.3	<p>Sheffield Comparator Rates</p> <p>The table below summarises the rates across the neighbouring local authorities:</p> <table border="1"> <thead> <tr> <th>LA</th> <th>Day time hourly rate</th> <th>Night time rate (sleeping night)</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Sheffield</td> <td>£17.41</td> <td>£11.60</td> <td>Geographical rates £16.90 - £18.75</td> </tr> <tr> <td>Rotherham</td> <td>£ (average)</td> <td>£11.39</td> <td>Range from £11.53-£19.16</td> </tr> <tr> <td>Barnsley</td> <td>£ (average)</td> <td></td> <td>Range from £16.60- £18.10</td> </tr> <tr> <td>Doncaster</td> <td>£ (average)</td> <td>£11.14 - £13.77</td> <td>Range from £15.18- £18.44</td> </tr> </tbody> </table>				LA	Day time hourly rate	Night time rate (sleeping night)	Other	Sheffield	£17.41	£11.60	Geographical rates £16.90 - £18.75	Rotherham	£ (average)	£11.39	Range from £11.53-£19.16	Barnsley	£ (average)		Range from £16.60- £18.10	Doncaster	£ (average)	£11.14 - £13.77	Range from £15.18- £18.44
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5.4	<p>Quality monitoring</p> <p>The Quality and Performance team schedule 2 visits to Supported Living providers in a 12-month period with contracted providers and once a year for non-contracted providers. The team also monitor intelligence from colleagues in Assessment & Care Management and Health. From March 2020 to July 2021 due to Covid19 restrictions, quality monitoring was completed 'virtually' via zoom calls with the registered manager, telephone calls and paper-based assessments. In July 2021 we resumed on site visits and are continuing to undertake these where possible, as Covid outbreaks are ongoing. On the visits we undertake observations of practice and delivery of support and care, as well as checking documentation such as training for staff, accidents and incidents, complaints, support plans. We speak to individuals</p>																							

	<p>using the service to gain their views and input. Where issues are identified, we work with providers on an improvement plan to encourage sustained good practice in line with CQC regulations.</p>
5.5	<p>Costs and Pressures</p> <p>The main cost pressure for providers is around maintaining staff wage levels to meet the statutory minimum wage requirements, remain competitive and commensurate with the ongoing commitment shown by workers during the pandemic. There is also a continued need to maintain a differential in pay between support workers, senior workers and managers.</p> <p>During the consultation, providers also raised concerns in relation to cost of living increases which impact on their non-staffing costs and the rising cost of living for their workforce.</p> <p>All providers raised the additional pressure of the rise in national insurance.</p> <p>In terms of recruitment and retention, providers are reporting an increase in recruitment costs as they compete with a number of other sectors e.g. retail (Amazon, Aldi). As well as investing in recruitment processes, they are offering a number of financial incentives e.g. refer a friend or long service bonuses</p>
5.6	<p>Cost Model</p> <p>There is an increasing focus on reducing the complexity of the costing model, both from Commissioners and Providers. Providers continue to feed back that the elimination of the geographical rate would 'reduce administration and confusion' (for Commissioners, social workers, Direct Payment recipients and providers), but that 'any potential loss would need to outweigh administrative gains and that the average rate would have to be investigated properly'.</p> <p>We will consult providers on the options for change and analyse the potential financial impacts of each option. This work will form part of our market engagement exercise for the new Supported Living Framework 2023.</p>
5.7	<p>Supported Living Consultation Process and Response</p> <p>The consultation process for Supported Living was via an online survey and feedback from the Chair of the registered managers' network.</p> <p>8 providers submitted online feedback.</p>
5.8	<p>Supported Living Consultation Feedback</p> <p>8 of the 39 supported living providers (framework and non-framework providers) responded to the survey (January 2022). The providers who responded represent 20.5% of the market share.</p> <p>All the providers that responded advised that the vast majority of expenditure is on staffing, with a much higher overall proportion of costs. This is likely to be reflective of the current issues with recruitment in the social care sector, increase in NI due in</p>

April 2022, and increased salaries to attract new recruits to the sector and retain current staff.
Providers also responded that the non-staff relating costs have increased substantially in comparison to previous years, attributed to increases in rent, utilities and insurance.
The overall increase request from providers ranges between 5% - 11% with an average of 7.32%.

Providers continue to raise the need to maintain a differential in pay between support workers, senior workers and managers, and the additional pressure of competing with NHS pay rates and the private sector.

Providers have said that they are paying staff above national minimum wage, therefore uplifts in line with National Minimum Wage will not cover all costs of staffing.

What did we ask?

We asked all providers to give us the percentage change overall that they predict for both staffing and other costs, and also asked them to provide details of any distinct element which has either a new or changed financial impact on the operating costs of their business that has happened over the last year or is predicted to happen before April 2022. We asked for both positive and negative impacts, and if possible, a specific monetary value.

We also asked whether their organisation would like to submit an 'open book' account for consideration alongside this consultation.

We also invited providers to send any supporting evidence or previous conversation relating to fee increases to be considered alongside these returns. 3 of the 8 providers did send some other evidence, quotes from which are included towards the end of this document.

Response Rate

. The consultation was sent to a total of 39 organisations, both framework and non-framework providers. 8 responses were returned representing 20.5% of the market. All the responses received were from framework providers.

None of the providers agreed to share information on our open book exercise, one provider commented; - *As a national provider it is somewhat difficult for us to send anything that meaningful in terms of open book information and would be concerned that providing information not in a consistent form compared to other providers that this could easily be misconstrued. If there is any particular information that you require, or standard templates that we could complete, then we would be happy to do this.*

Themes

The main recurring themes throughout all the submissions were:

- Increase in staffing costs due to rise in NI and introduction of the national living wage
- Increased recruitment costs as a result of the current issues in the sector
- Increase in utilities costs as per the recent government announcement.

Summary

All the providers that responded advised that the vast majority of expenditure is on staffing, with a range of increases for providers between 6% - 11% and an average predicted increase of 7.56% for the coming year. Compared to previous years, this is a much higher overall proportion of costs, and this is likely to be reflective of the current issues with recruitment in the social care sector, increase in NI due in April 2022, increased salaries to attract new recruits to the sector and retain current staff. Providers also responded that the non-staff related costs have increased substantially in comparison to previous years, with a range of increases of 4% - 8.5% and an average predicted increase of 5.32% for the coming year. This increase is attributed to increases in rent, utilities and insurance. This figure sits slightly below the national predicted increase in the cost of living. The overall increase request from providers ranges between 5% - 11% with an average of 7.32%.

Cost Breakdown

Staffing related costs

Table 1 shows the current percentage of all overheads for the providers that are accounted for by staffing costs, and the percentage by which they expect this to increase for the coming year.

Table 1

	Percentage of total expenditure on Staffing costs	Forecast increase for 2022/23
Provider 1	74%	7.04%
Provider 2	88%	8.3%
Provider 3	95%	7.2%
Provider 4	80%	7.62%
Provider 5	75%	6.0%
Provider 6	85%	11.0%
Provider 7	82%	6.6%
Provider 8	86%	6.72%
Average	83.1%	7.56%

Breakdown of staff expenditure

Table 2 shows the staffing related elements that the providers have provided us with (please note, this was free text, enabling them to only comment on the elements that were of most concern to their organisation).

Table 2

Provider 1	Salary Increase	7.04%	£13,100
To retain staff and to remain competitive, an increase was applied firstly to direct Support workers and will later be applied to all other staff. The increase will also help with keeping the service staffed and thereby curbing agency costs.			
Provider 2	Increase in agency costs	10%	£20,000

We are keen to flag the additional cost of the employers NI increase and to request that is included in the uplift. As the majority of our costs relate to staff costs - the only other increase apart from statutory pay increases is the increase in non-support worker costs in order to maintain the differential. On average we have sought to increase pay for other staff by 2% annually.

Provider 3	Salary Increase for NLW	6.6%	
	Increase in NI contributions	1.5%	
	Increase in management salary	5%	
	Increase in recruitment	10-15%	

No further comment given

Provider 4	Increase in NI contributions	1.2%	Around £32,000 for Sheffield
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We are keen to flag the additional cost of the employers NI increase and to request that is included in the uplift. As the majority of our costs relate to staff costs - the only other increase apart from statutory pay increases is the increase in non support worker costs in order to maintain the differential. On average we have sought to increase pay for other staff by 2% annually.

Provider 5 – No staffing related elements listed

Provider 6	Support worker costs going from £8.91 to £9.90 per hour and National insurance rates going up	11% staff costs alone	8.5% overall bottom line
	Recruitment and retention	6%	£2000 - £5000

We are about to increase to try to increase our services. We are currently working out how to get new-to-the-industry candidates into work without too much cost and time. Amounts given above are indicative, based on projected costs for the next year

Provider 7 – No staffing related elements listed

Provider 8	NLW increase	5.4%	59p per hour
	Increase in NI	1.25%	Varies dependent on role

Non staffing-related costs

Table 3 shows the current percentage of all overheads for the providers that do not form staffing costs, and the percentage increase expected.

Table 3

	Percentage of total	Forecast increase for 2022/23
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<p>Table 4 shows staffing related the providers us with (please free text, to only the elements most concern organisation). All of the are increases, exception of provider 2's, which shows a decrease, as a result of moving to a hybrid working model.</p> <p><i>Table 4</i></p>		expenditure on Other costs		<p>the non-elements that have provided note, this was enabling them comment on that were of to their</p> <p>figures below with the</p>
	Provider 1	26%	4%	
	Provider 2	12%	5.4%	
	Provider 3	5%	4.1%	
	Provider 4	20%	4.2%	
	Provider 5	25%	6%	
	Provider 6	15%	8.5%	
	Provider 7	18%	5%	
	Provider 8	14%	5.4%	
	Average	16.87%	5.325%	
Provider 1	Travel, mileage and subsistence	4%	£800	
To reflect the rising cost of living				
Provider 2	Decrease in rent costs	66% DECREASE	Saving of £24,000	
Downsized office to reduce costs. Office colleagues are working from home more though still utilise office space and meeting room when necessary.				
Provider 3	Increase in telephony/IT costs	4-5%		
	Increase in rent	4%		
	Increase in property maintenance costs	10-15%		
	Increase in utilities costs	30%		
	Increase in insurance costs	25%		
	'other'	4-5%		
Provider 4 – No non-staffing elements listed				
Provider 5	Increase in rent costs	6%	Increase of £720	
	Increase in utility costs	6%	£1000 minimum	
	Computer/datab ase and telephone charges	6%	£2000 minimum	
These are immediate and ongoing in the current economic climate				
Provider 6 – No non-staffing elements listed				
Provider 7	Increase in utility costs	62%	Unable to quantify against just S/L in Sheffield	

	<p>Provider 8 – No non-staffing elements listed</p> <p><u>Additional comments from providers</u></p> <p><i>‘The above are obviously all estimates, but I believe they are realistic in the current economic climate. I have not added all our costs, and have combined closely related expenditures together, but in general I think we must look to a 5% increase in all business costs at a minimum.’ – Provider 5</i></p> <p><i>‘Our calculations show that the following fee increases will be required from you for our services from</i></p> <p><i>1 April 2022: Supported Living Services 6.10%’ - Provider 7 (from supporting information)</i></p> <p><i>‘(Provider 3) fully supports policies which increase income for our front-line colleagues. Taking these factors together, the cost of services we provide will increase by a minimum of 7.1%. The fees you pay us will need to rise, as a minimum, by this amount.’ – Provider 3 (from supporting information)</i></p> <p><i>‘The most pressing issue for (Provider 4) is the long term stability of our business which is predicated on a stable and committed workforce. We currently have significant recruitment and retention issues, and on that issue alone, it would be irresponsible of us to be asking you for any less than an increase this year to the real living wage of £9.90 (London £11.05) per hour for our support worker colleagues, a percentage increase of 11.1%. In addition to the pressures we are facing with regard to recruitment and retention, we face additional cost pressures which we are looking to cover in this year’s uplift as follows:</i></p> <p><i>Maximum uplift to Real Living Wage - 11.1%</i></p> <p><i>Increase in employers’ national insurance - 1.25%</i></p> <p><i>PPE costs should PPE not continue to be distributed from portals - 1.8%</i></p> <p><i>Cost inflation - 4.2%</i></p> <p><i>Sleep-in hours averaged to NLW - 6.6%’ – Provider 4 (From supporting information)</i></p>
<p>5.9</p>	<p>Fee Rate Model:</p> <p>During 2016 an extensive consultation exercise was undertaken with home care providers to understand their pricing structure and cost pressures. Following the consultation exercise, a standardised ‘cost of care’ model was developed. Analysis of travel time between visits in different parts of the city enabled distance between service users and typical traffic conditions to be incorporated into a range of hourly rates, with higher rates paid for suburban and rural parts of the city. This standardised ‘cost of care’ model was used for home support and supported living.</p> <p>In April 2018, 2019 and 2020 the hourly rates were uplifted in line with a weighted combination of the increase to the minimum wage and the Consumer Price Index.</p>
<p>5.10</p>	<p>Additional Support</p> <p>During the past year, all social care providers have continued to cope with ongoing challenges due to Covid19. Supported Living providers have had to contend with the additional anxieties relating to the disproportionate death rate amongst the learning</p>

	<p>disability population, changes to government guidance on shielding, supporting family carers in decision making and providing additional support when day services have been closed or people have chosen not to attend.</p> <p>The Commissioning team have maintained regular communications with all providers via the dedicated learning disability in box as well as being available by telephone or Teams for individual queries and support. We now have additional resource in the Learning Disability Commissioning team and this has enabled us to offer a named Officer to be the link person for providers, and improved invoice verification processes to ensure more efficient and timely payments.</p> <p>We have an active provider network that meets quarterly. These meetings are preceded by a Registered Managers meeting which is hosted by <i>Skills for Care</i> and feeds back to the main meeting. The providers suggest agenda items and use the meetings as an opportunity to share best practice. We also send information to local supported living providers who are not on our framework but are funded through Direct Payments. Over the past year, there has been improved partnership working with the Sheffield CCG who are regular attendees at the quarterly meetings; this has led to an improved training offer for providers.</p>
5.11	<p>Final Fee Proposal</p> <p>The proposed increase in fee uplift is based on increasing the staffing element of the fee rate by 3.15%. This builds on the investment made by the Council last year of £4.2m in addition to the minimum wage uplift which was assessed as sufficient to increase the wages of the lowest paid workers to £9.21. The figure of 3.15% is the difference between £9.21 and the new National Living Wage that comes in from April of £9.50. The non-staffing element of the fee rate will be based on the CPI rate in September 2021 which was 3.1%. When these are weighted according to the ratios of staffing and non-staffing to care homes and home support respectively, this results in an increase to framework supported living rates of 3.13%.</p>
6.	<p>Complex Needs, Learning Disabilities and Non-Standard Residential Care Homes</p>
6.1	<p>The local care home market includes a number of residential and nursing care services where placement costs exceed Sheffield's standard rates – 'non-standard' fees. The majority of care homes at 'non-standard' fee rates support working age adults with learning disabilities, physical disabilities or mental health problems. Some support adults from two or more of these customer groups.</p>
6.2	<p>There are 33 care homes for adults with learning disabilities, physical disabilities or mental health problems in Sheffield. Most provide continuing care with a small number specialising in residential respite/short breaks services.</p> <p>There are a number of high cost residential placements for people with a Learning Disability. A high cost placement is deemed as being costed in excess of £950 per week and includes residential placements within Sheffield and out of the city.</p>

	<p>The market in ‘non-standard’ fee care homes has been relatively stable this year. There have been no exits from this market in Sheffield in the last year.</p> <p>In addition to funding the above placements in residential and nursing care homes with non- standard fees in Sheffield, the also Council funds placements in a range of out of city care homes. The approach set out below covers our proposals for 2020/21 fees for both in city and out of city care homes.</p> <p>In 2019, we set up a Value for Money and Quality (VFMQ) project team and have begun working with non-standard providers. The aim of the project is for us to better understand the complexity of factors that contribute to the variation in costs and establish a fair cost of care that will underpin our approach to uplifts and to new placements in the future. Our objectives are:</p> <ul style="list-style-type: none"> • to understand costs in the context of the type of care and support that is delivered • to consider the outcomes for residents that are achieved, and • to evaluate the experience of residents and their families <p>Unfortunately, Covid19 has impacted on the capacity of the commissioning and contracts team to progress this project as far as we hoped. However, the work is ongoing and increasingly jointly undertaken with commissioners and contracts colleagues at Sheffield Clinical Commissioning Group given that many of the people living in these care homes may have health needs as well as social care needs.</p>
<p>6.3</p>	<p>Learning Disability Non Standard Rate Care Homes Consultation Process</p> <p>The fee review process for non-standard fees is different from the arrangements for standard fees. This is because these placements are contractually different in a number of ways:</p> <ul style="list-style-type: none"> • Fees were set individually by the provider or negotiated on an individual basis, and not on the basis of a standard fee level fixed by the Council. • The range of fees charged varies significantly from less than £500 per week to over £2,000 per week. • Different care homes have different cost structures and specific budget pressures can impact on them in ways specific to their business.
<p>6.4</p>	<p>Analysis of Feedback</p> <p>The Council has reviewed the response from providers in this market and the findings from the Value for Money and Quality project. Each fee is individually negotiated at the point of placement and adjusted where there is a change in need or via the Value for Money and Quality project. The bespoke nature of fees in this sector makes it challenging to apply a blanket increase. Consultation responses suggest that non-standard care homes are likely to experience greater increases in their staffing costs with a 7.45% median increase compared to 6% in standard rate</p>

	<p>care homes, however they are also likely to experience lower increases in non-standard costs with a 5.6% median increase compared to 10.7%. Overall costs in non-standard care homes are expected to rise slower than their standard rate counterparts at 5.24% compared to 6.9%.</p> <p>Where providers request a more in depth review of their fees, the Value for Money and Quality team will work with them in collaboration with the CCG and Assessment and Care Management to review their individually negotiated rates.</p> <p>The Council reserves the discretion, with commissioners in Health, to withhold this uplift and negotiate with individual providers where contractual requirements are outstanding or poor health and social care outcomes are evident.</p>
<p>6.5</p>	<p>Fee Rate Model</p> <p>The cost model of care in this sector is highly variable and often bespoke to the needs of the individual resident or the specialism of the residential care provider. The fee rates are individually negotiated at the point of placement and have not historically been subject to % uplifts via this review and consultation process. However Council commissioners are increasingly working in partnership with the Sheffield CCG to develop a stronger market management approach and fee review process.</p>
<p>6.6</p>	<p>Complex Needs, Learning Disability and Non-Standard Residential Care Home Fee Rate Proposal</p> <p>The VFMQ project uncovered fee rate discrepancies that have arisen over time and need to be addressed systematically. Historically placements have been made at the market rate (or even higher at times to secure the placements at a point of crisis and particularly high presentation of need) but then don't receive sufficient uplifts meaning that, over time, this leads to settled placements being underpaid. It is therefore recommended that the same increase given to standard rate care homes is also given to non-standard rate provider fees for 2023-23 while we continue with more detailed analysis via the Value For Money and Quality project, working in partnership with the Sheffield Clinical Commissioning Group.</p> <p>We feel that the new approach will increase our capacity to embed the Value for Money principles and result in a more consistent outcome that focuses on the quality of provision as well as ensuring that fees are sufficient to meet residents' needs and lead to a sustainable market in circumstances where an individual cannot be supported in standard residential or nursing care.</p>
<p>7.</p>	<p>Direct Payments</p>
<p>7.1</p>	<p>Background:</p>

Last year, Direct Payments were included within the scope of the annual market analysis and fees review. The development of a coproduced improvement project to improve the Council's approach to direct payments and supporting people who wish to use this flexible approach to managing their own care and support has given us valuable market and individual employer intelligence.

It is therefore recommended that an increase to the direct payment rate be proposed based on the work of this project, which has fully involved people who use Direct Payments, specific research based on market analysis of the Personal Assistants workforce and the feedback from providers.

Fee Rate Proposal:

The proposal is that the Direct Payment rate is considered in two separately costed elements: activity costs (based on the model used for assessing home support framework rates) and Personal Assistant rates which must provide cover for the total of all employment-related costs.

The rate for Personal Assistants (part of someone's direct payment) must be sufficient to meet all their employment costs and is proposed 3.15% plus the cost of individually calculated Employers National Insurance contributions. This is the difference between the level of funding invested last year to increase wages of PAs by more than the minimum wage (up to £9.21) and the new National Living Wage of £9.50 per hour. This means that the proposed uplift for Personal Assistants will proportionately align with the national living wage increase.

Ensuring Consistency in PA Rates:

To ensure consistency in decision making around appropriate rates of pay, the PA Rates Decision Making Tool will be used. This tool has been coproduced through the programme and introduces bandings of pay based on the increasing levels of skill and knowledge required by the Personal Assistants to support the individual. It focuses on skill, risk and working conditions with the factors and pay bands scoped through extensive research and modelling on comparative job roles. It has been piloted across Health & Social Care. The percentage increase will be applied to the banding levels to ensure differentials in levels are kept in place.

Fee Proposal for Activity and Home Support Element of Direct Payments:

The rate for other areas of direct payment spend is based on the same increase as home care and supported living this is consistent with the approach taken by a number of other local authorities in the region where they apply an annual uplift.

This will mean an increase of £3.14% on all the non PA activity.

The Direct Payments improvement programme will continue to work with people who use direct payments to support them to utilise the proposed rates to increase pay of their Personal Assistants and their support providers.

8. Day Activities

<p>8.1</p>	<p>Background</p> <p>The local market for community and day opportunities for adults with dementia and learning disabilities in Sheffield is diverse, ranging from mainstream community organisations to high-cost provision for people with specific or complex support needs.</p> <p>The size and offer from providers vary widely from large services with turnover exceeding £1m per year to small organisations employing only one part time member of staff. Most organisations provide building-based activities as well as some delivering support in the community and outreach.</p> <p>In total, there are currently approximately 850 individuals accessing independent sector day activities from around 45 local providers.</p>
<p>8.2</p>	<p>Additional Support</p> <p>The Commissioning team have worked closely with all the providers and with Public Health locally and nationally throughout the pandemic, and offered the following:</p> <ul style="list-style-type: none"> • regular communications with all providers via the dedicated Covid & LD in boxes as well as being available by telephone or Teams for individual queries and support. • Regular provider meetings and Q&A sessions with Public Health and Assessment and Care Management as well as outside organisations providing information on training and support available. • Support to meet additional costs e.g. PPE • Infection control training • Support for providers to top up under delivery related to covid • Administration of grants including support with additional and exceptional costs relating to covid, Infection Control, and Workforce Retention and Recruitment funds. • Support for providers in planning for re-opening or keeping open of building based services in line with emerging new guidance
<p>8.3</p>	<p>Quality monitoring</p> <p>Three (3) new Dementia Day Activities contracts have been procured from 1st Feb 2022, delivered by 4 independent providers on a block contract basis.</p> <ol style="list-style-type: none"> 1. Individuals aged 65 and over – referred by SCC Adult Social Care – this is a Brokered service through the Commissioning Brokerage Team 2. Individuals aged under 65 (Young Onset) referred by SCC Adult Social Care (also via Brokerage) and referrals from the NHS Neurology Service. 3. Individuals aged 65 and over with low level & moderate dementia needs, who have not been assessed as having an eligible need by ASC. This is a self-referral service. <p>Quality monitoring of the above services will include:</p>

	<ul style="list-style-type: none"> • Weekly / Monthly attendance notifications • Quarterly desk top self-assessments • Annual onsite quality visit <p>Ten (10) day service providers are currently on the Recognised Provider List (RPL) and are monitored via an annual self-assessment and risk assessed to determine whether a quality visit is undertaken.</p> <p>In the absence of a Framework and dedicated quality monitoring resource, the Commissioning team will investigate and act upon any intelligence where quality issues are raised and support individual providers on a case-by-case basis to improve their quality and performance.</p> <p>The Commissioning Team have also introduced Introductory “get to know you” visits. These Introductory visits have been carried out to several day services by Performance Officers, which, have all been well received by the providers. The visit included officers talking to staff and individuals and involved observing the atmosphere and settings. These visits have highlighted that good quality services are been delivered.</p>
<p>8.4</p>	<p>Pressures</p> <p>Day service providers raise the same issues as their counterparts in other social care sectors i.e. the pressure of the minimum wage increase, competing in the labour market, increased non-staffing costs including additional expenses incurred during the pandemic.</p>
<p>8.5</p>	<p>Cost Model</p> <p>There are 5 separate routes into ‘day services’ – spot purchase, self-funders/self-referrals, block contracts, and direct payments.</p> <p>There is also currently a wide variation in the daily rates for day service providers, ranging from £40 to £400 per day.</p> <p>The last year has seen huge progress in commissioning in establishing the scope and ambitions of the sector as well and the continued development of strong working relationships with providers. Plans are in place to build on these foundations, working with people who use services and with the market, to develop a procurement approach that supports the market, encourages diversity, and enables commissioners to continue development through co-production and engagement with the sector, individuals, and the wider community for people with council arranged services and those using a direct payment to purchase their own care.</p>
<p>8.6</p>	<p>Consultation and Provider Feedback</p> <p>What did we ask?</p> <p>We asked all providers to give us the percentage change overall that they predict for both staffing and other costs, and also asked them to provide details of any distinct element which has either a new or changed financial impact on the operating costs</p>

of their business that has happened over the last year or is predicted to happen before April 2022. We asked for both positive and negative impacts, and if possible, a specific monetary value.

We also asked whether their organisation would like to submit an 'open book' account for consideration alongside this consultation.

We also invited providers to send any supporting evidence or previous conversation relating to fee increases to be considered alongside these returns. 3 of the 8 providers did send some other evidence, quotes from which are included towards the end of this document.

Response Rate

17 responses were received from Day Service providers. The consultation was sent to council arranged (CAS) and non-contracted providers, to a total of 48 providers representing 35.4% of the market. 64.71% of the received responses were from the CAS providers and 35.29% responses were from non-contracted providers.

None of the providers agreed to share information on our open book exercise, one provider commented, "*We have not been involved in open book accounting before. I did email to ask for more information. We could reconsider this once we understand what is involved. It has been difficult to complete this questionnaire owing to the impacts that Covid has had on our costs and budgets*".

Themes

The main recurring themes throughout all the submissions were:

- Increase in staffing costs due to rise in NI and introduction of the national living wage
- Increase in renting costs due to Covid impact on the sector
- Increase in utilities costs as per the recent government announcement.

Summary

Most of the providers that responded advised that the vast majority of expenditure is on staffing, with a range of increases for providers between 3% - 10% and an average predicted increase of 6.32% for the coming year. Compared to previous years, this is a much higher overall proportion of costs, and this is likely to be reflective of the current issues with recruitment in the social care sector, increase in NI due in April 2022, increased salaries to attract new recruits to the sector and retain current staff.

Providers also responded that the non-staff relating costs have increased substantially in comparison to previous years, with a range of increases of 3% - 45.9% and an average predicted increase of 10.52% for the coming year. This increase is attributed to increases in rent, utilities, IT support (hardware and software) costs, operational costs and insurance.

The overall increase request from providers ranges between 5% - 15.3% with an average of 8.51%.

Cost Breakdown

Staffing related costs

Table 1 shows the current percentage of all overheads for the providers that are accounted for by staffing costs, and the percentage by which they expect this to increase for the coming year.

Table 5

	Percentage of total expenditure on Staffing costs	Forecast increase for 2022/23
Provider 1	70%	5%
Provider 2	60%	5%
Provider 3	76%	10.9%
Provider 4	73%	3%
Provider 5	50%	10%
Provider 6	68%	4%
Provider 7	68%	10%
Provider 8	80%	10%
Provider 9	81.5%	6.77%
Provider 10	68.36%	7.1%
Provider 11	80%	10%
Provider 12	75%	3.75%
Provider 13	71%	3%
Provider 14	65%	3%
Provider 15	72%	0.9%
Provider 16	85%	10%
Provider 17	70%	5%
Average	71.34%	6.32%

Breakdown of staff expenditure

Table 2 shows the staffing related elements that the providers have provided us with (please note, this was free text, enabling them to only comment on the elements that were of most concern to their organisation).

Table 6

Provider 1	Pay increases	4.82%	£1000 per employee
	In September 21 we made the decision to increase our lower paid staff salaries by 4.82%. In 2022 we believe that a further increase of around 5% will be needed to help our staff with the forever increasing costs of day to day living. (70% of our expenses are staffing costs).		
Provider 2 – Nothing listed			
Provider 3	Increase to Payroll costs	10.9%	£66729
	Increases to Living Wage and the increase to National Insurance Tax. Due to these large increases, we also have to adjust the salaries of Team Leader and Service Manager to maintain the pay scale difference.		

Provider 4 – Nothing listed			
Provider 5	Costs of everything have risen. Petrol, gas, electricity, rent and wages have all risen.	10%	£3000
No further comment given			
Provider 6	Communications and IT Support and Resources	2%	£6000
Cabling, phone system and IT all needed an overall following a review and new equipment/providers required			
Provider 7	Minimum wage increase	6.6%	£450 per month
Provider 8 – Nothing listed			
Provider 9	Large increase to National Living Wage, plus increase to pension contributions as a result of higher wage rates.	6.77%	£120,507.07
<p>The Government has announced an increase to the National Minimum wage of 6.62%. We have always tried to maintain our minimum rate at around 4% above the National Living Wage and have been trying to get closer to being able to pay the Real Living wage to all of our staff. Last year's above inflationary increase was very welcomed, but with further large increases to the National Living wage from 1st April 2022 we are at risk of our rates falling behind. We strongly believe that we need to pass on at least a 6.62% increase to all of our staff, not just those on the base minimum rate, as we need to be able to recruit quality candidates for what is a responsible and skilled role supporting vulnerable service users. This is becoming very difficult as staff know that they can get higher pay for less skilled work in the retail or hospitality sectors. Additionally, it is vital that we maintain suitable rates for those in supervisory and management roles, who have seen the differentials between roles eroded over the past few years. We are already experiencing much greater staff turnover than ever before and most people state pay as the main reason for leaving. In our recent staff survey (copy attached) you can see how strongly our staff feel about the lack of value they feel due to the low wage rates and we need to be able to do something about this or we will continue to see more staff walk out of their support worker, team leader and manager roles. As well as Support</p>			

	<p>Workers becoming more vocal about their rates of pay, Managers and Team Leaders are stating that they don't feel that they are paid fairly for the responsibility they hold. Most of our Team Leaders and Managers are promoted from within as we get very few external candidates due to the low rates of pay, but once trained and experienced often move on to higher paid roles with Sheffield City Council or NHS, or leave the industry completely. This de-stabilises our workforce with constant changes of key personnel.</p>		
	Increase to National Insurance Employer Contributions	1.25%	£7,634.44
	Statutory duty to pay an increased National Insurance contribution.		
	Increased cost of constant recruitment and wellbeing measures to support staff retention	40.2%	£35,816.00
	<p>Additional information: We have been constantly recruiting throughout the whole of 2021, and still have vacant positions to fill. We have had to add additional resource into our HR staff. We have experienced much higher staff turnover than in previous years as staff are all very dissatisfied at the rate of pay for the pressures of work and responsibility that they hold. We have invested in Mental Health first aiders, Wellbeing initiatives, Staff SAGE benefits and access to online GP's and Counselling services and have had to increase the staff hours working in HR and training due to the massive increase in workload (Advertising, recruitment, interview and selection, induction, training, exit interviews). During the last year we conducted 87 interviews for Support workers. In 2021 we had 31 leavers (4 in 2022 year to date), we have recruited 45 new support workers in 2021 (6 in 2022 to date). We still have 4 vacant positions and will need to recruit more staff to enable new referrals to start their services. Up until 2020 pay was rarely cited as a reason for leaving on exit interviews but now is the most common reason, with staff often quoting higher rates of pay in supermarkets and fast-food restaurants.</p>		
	Provider 10 – Nothing listed		
	Provider 11	Increase in minimum wage	7% £2000

	Increase in transport costs	10%	£200
Provider 12	Staffing cost increase	3.75% (2.5% is the average wage increase 2022 in the UK + 1.25% employers NI contribution)	£8,500
	2.5% would be passed directly onto staff as a pay increase. 1.25% covers increase in employers NI contribution.		
Provider 13	Staff next year 22-23	3%	£573
Provider 14	HR service Bhayani Law previously done by Finance worker in house but not accounted for as main job was finance		£3204 per anum
Provider 15	Staff Costs	1.4%	£1221
	Our Day Centre Manager left at the end of 2021. We have a new manager starting on 21/2/2022. We have reviewed our operating model and agreed that the Manager will work fewer days than the previous manager. To compensate for this, we need more staff to work in the day care centre.		
Provider 16	None listed		
	We expect most costs to go up over the next year but each individual cost will have little impact, combined they are a challenge.		
Provider 17	Staff Salaries & Associated Wages Costs	+6%	+£16,968
	A long overdue staff pay rise of 5% is planned for 2022/23 in recognition of their efforts and ongoing support for Learners during covid restrictions. After adjusting for the impending increases in national insurance costs, this returns an increase of 5.82% on 2021/22 staff costs.		

Annual Insurance Premiums	+11%	+ £950
During the year 2021/22, general insurances increased to £8,646 from £7,778 (+11.1%) and a similar increase is expected in the coming year. This is estimated to add £950 per annum to the annual insurance costs.		

Non-staffing related costs

Table 3 shows the current percentage of all overheads for the providers that do not form staffing costs, and the percentage increase expected.

Table 7

	Percentage of total expenditure on other costs	Forecast increase for 2022/23
Provider 1	30%	7%
Provider 2	40%	3%
Provider 3	24%	4.4%
Provider 4	27%	5%
Provider 5	50%	10%
Provider 6	32%	23%
Provider 7	32%	7%
Provider 8	0%	0%
Provider 9	18.5%	21.21%
Provider 10	31.64%	8.3%
Provider 11	20%	10%
Provider 12	25%	7.5%
Provider 13	29%	5%
Provider 14	35%	5%
Provider 15	28%	45.9%
Provider 16	15%	10%
Provider 17	30%	6.5%
Average	27.48%	10.52%

Table 4 shows staffing related the providers us with (please free text, to only the elements most concern organisation).

Table 8

the non-elements that have provided note, this was enabling them comment on that were of to their

Provider 1	Rent costs	100%	£9207 per quarter
	We moved to new premises in December where we had a rent-free period of 6 months. This amount will double to £18,414 in July 2022.		
	Increase in energy costs	40%	£350
	Our building runs solely on electricity. We have no opening windows and so the air-conditioning and AHU is running constantly. Our electricity bill has increased significantly and prices are expected to increase by 50% to 60% in 2022. This is an essential cost to our Charity.		

	Moving to new building	100%	£150,000
	We moved into a new building in 2021. We have incurred significant costs in renovating the building which has reflected on reduced reserves.		
Provider 2 – Nothing listed			
Provider 3	Increases to Operational Costs	4.4%	£26544
	Council Tax increases, rental increases, high increases to utility costs (gas, electric, water, internet and phone). There are also increases to insurance costs which we are mandated to have in place.		
Provider 4	Additional Room Hire	5%	£5788
	We are still hiring additional rooms to socially distance our learners.		
Provider 5	Costs of everything have risen. Petrol, gas, electricity, rent and wages have all risen.	10%	£3000
	No further comment given		
Provider 6	Predicted rise in energy costs	22%	£1000
Provider 7	Increase in Lease cost	10%	£120 per month
Provider 8	Increase in rent	2%	Not provided
Provider 9	Increase to energy costs	54% from 1 April 2022, estimated additional 20% from 1st October 2022 - Combined average 84.8%	43,761.89
	Additional information: The government has just announced that energy prices are set to rise from 1st April by 54% when the current price cap ends, with further increases likely throughout 2022 and 2023, for this exercise we have estimated a further rise of 20% from 1st October 2022, but in reality it could be much higher than this. To try to manage the increasing energy costs we have replaced 2 boilers in one building in 2021 to improve operating efficiencies.		

		<p>We have just raised the funds from Veolia Environmental to replace our other 2 main boilers to more efficient models in 2022. These are proactive measures that we have worked on to try to manage energy usage on site, initiated prior to the recent energy crisis. We are also looking into how we might prevent heat-loss to buildings by creating a new entrance lobby into our busiest building, all others have these already. We will need to try to get external funding to complete this work, most probably with an application to The Lottery Reaching Communities Fund. Additionally, we are investigating whether solar panels could be installed on part of our roof to generate cheaper electricity for the future, but this is only in initial feasibility stages.</p>	
<p>Increase in cleaning frequency and cost of cleaning materials</p>	<p>34.4%</p>	<p>£18,113.00</p>	
<p>We have seen these costs throughout 2021 and they will be ongoing through 2022/23. To maintain a safe environment and lower the risk of infection we had to implement a second clean of all toilets and communal areas each day. This coupled with the increased cost of and usage of cleaning materials and anti-bac wipes has led to a large increase in cost. At present we do not believe it is wise to change our cleaning regime back to a single daily clean as we are maintaining all other infection control measures to keep infection levels as low as we possibly can. Current infection rates are still high at 1,000 per 100,000 as I write.</p>	<p>Reduced income from room rental due to necessity of working in smaller bubbles with clients to keep them socially distanced for infection control measures.</p>	<p>23%</p>	<p>£11,700.00</p>
<p>We have had lower revenues throughout 2021 and expect this to continue for the first 3 months of the 2022/23 budget year based on 50% occupancy. Due to the necessity of keeping clients in smaller groups/ bubbles, we have had to use much more space on site for our Learning disability activities. This means that those rooms cannot generate income through room rental for external groups. We now have 3 rooms that we cannot rent out to external groups: 2 in Bamforth Building and 1 in Burton Building.</p>			

	Increase in external rental costs for session space to increase capacity.	5.1%	£800.80
	We have been advised of a 5% increase (+ vat) to the room rental cost that we pay at Beighton Lifestyle Centre which we use 2 days each week and although not yet confirmed in writing, we expect that Zest and Easy Street will soon also confirm increases at the same level from 1st April 2022.		
Provider 10	Increase in rent	41%	£18331.20 per year to £22905.60
	We have had a price freeze for the past 2 years but are set for a large price increase in rent at our main premises, this has been estimated at an increase of 41%.		
	Cost of fuel	23%	
	Reflective on the cost of fuel price increases over the past year.		
	Art supplies	6%	
	We have seen an increase in our materials purchase to run the majority of our activities as an average of 6%. We envisage this to continue to go up but not sure by how much.		
	Maintaining buildings	22%	
	Over the past year we've seen a varied rise in building maintenance costs of 3% - 22% which has had an impact on our costs.		
	Gas and electric	54%	
	We're not sure what the percentage increases will be but from reading about the predicted rises in gas and electric. We expect a large increase in costs from April onwards. We are also expecting our phone and broadband to go up by 9.3%, water 1.7%.		
Provider 11	Increase in rent	20%	£600
Provider 12	Rent Increase (cover increase in energy costs)	10%	£3.700
	The rent increase is to cover the increase in energy costs - we have had to have the windows open and the heating on due to		

		Covid 19 and ensuring good ventilation. Energy costs have increased significantly over the last year and so the cost of renting the space we use will increase on 1st April 2022.	
	Increase Costs: activity / equipment / insurances	2.5%	£750
	Increase cost of some of the other activities we support people to access. Increase cost of general equipment we purchase. Increase cost of insurances.		
Provider 13	Running costs	5%	£393
	We estimate the average increase in running cost i.e. animal feed, materials, electric, heating etc to be at least 5%.		
Provider 14	Affinity remote support (IT service)		£498 per month £5976
	New service		
	Water	4.2%	£642.50 per month to £702.25
	Break down service ETA	5%	£215.75 to £226.54
Provider 15	Non staff expenditure	45.9%	£12,038
	Covid has impacted our operating model significantly, which means that the expenditure in the financial years 2020/21 and 2021/22 does not reflect the expenditure that we will have when we are back at full capacity (we have only had 5 or 6 attendees rather than 10 per day and we were only running 2 days a week rather than 3 when we reopened). The estimated non-staff costs at the end of the current financial year are £26,423 vs a budget of £38,460 for 2022/23 The main contributors to this are increased costs for rent, transport, meals, refreshments and volunteer expenses		
	Computers and Software	186%	£1300

	We have a new manager starting on the 21 st Feb. They need new computer equipment, which was not in our original budget.		
Provider 16	Nothing listed		
Provider 17	Energy Price Increases - Electricity	+ 20%	+£1,100 per annum - estimated
	A new 2-year contract was agreed prior to recent price hikes and has mitigated increases, although agreed rates still have a 19.59% increase from 1st Jan 2022 with an expected increase in cost from £4,400 pa to £5,500 pa for the year 2022/23		
	Energy Price Increases - Gas	+ 24%	+£600 per annum - estimated
	A new 2-year contract was agreed prior to recent price hikes and has mitigated increases, although agreed rates still have a 24% increase from 7th February 2022 with an expected increase in cost from £2,500 pa to £3,100 pa for the year 2022/23		
	Regulatory & Compliance Costs	+50%	+£1200
	During 2019/20 and 2020/21 it was not possible for external auditors to carry out a full onsite audit due to covid restrictions. The financial year ended 2021/22 onwards will see a return to full regulatory audit and the quoted cost has increased accordingly from £2,400 to £3,600 per annum (50%)		

Additional comments from providers

(Provider 1) would like to suggest an uplift in fees of around 7% to 8%. This increase is vital to maintain the standard of quality currently provided to our disabled adults.

Every effort is made to control costs internally but outside influences such as increases in "The National Living Wage" mean that salaries and on costs have increased significantly. This year we increased the salaries of our lower paid staff by 4.82%.

The current rate of inflation has also meant that the day to day running cost is continuing to increase.

We are facing a steep increase in our energy prices and these are set to increase by an estimated 50% to 60% in 2022. This is a major cost for us but is essential in keeping our clients and staff warm during the winter months.

We understand that in this Pandemic time there is of course considerable difficulties for all Local Authorities in funding the full range of services that they purchase. However, we continue to face cost pressures in delivering our services and hope

you will appreciate that we need to cover our ever-increasing costs too. As you are aware, the Adults placed with us are arguably amongst the most vulnerable in the region as they have very specialised and complex needs. We hope that we have the shared aim with the Local Authority of avoiding further stress to the families affected by our need to impose an increase.’ – Provider 1

‘We have not received any fee increases for over 10 years. We received the fee uplift last year @ 4.89%, however this did little to cover all the additional costs we have incurred over the last 10 years. Statutory increases over this period to the Minimum Wage, Pension Auto Enrolment introduction and subsequent increases. Sheffield Council also directed us to pay front line care staff the Real Living Wage – 4.89% does not cover this. We require a sustainable fee increase going forward into 2022/23 to cover the significant inflationary costs increases we are facing, which as outlined above would be 15.3%. It is also worth noting that a fee increase of 15.3% for 2022/23 will not cover our historic costs and losses incurred in prior years due to the serious under-funding of our care.’ – Provider 3

‘Many of our ongoing costs are unknown as expenditure is often dependent on the money that we are able to raise or receive through donations and some of the increases described areas yet not confirmed. Increased costs in rates of pay (4%), energy prices, materials and transport fuel prices will have a significant impact and will mean that we use up reserves over a very short period of time unless additional income is found. We've got through the past 30 years and I'm sure will continue for another 30 but the recent price rises are certainly taking their toll.’ – Provider 6

‘We are still waiting to hear whether Infection Control (ICF) funds will be available to Day Service Providers and have not received anything from these funds since September 2021. Therefore, we are also picking up the costs for measures necessary to prevent the spread of COVID-19. The main one of these being for Supernumary staff. We have not included the costs for Supernumary staff going forward as these positions will cease after 1st April as this is unaffordable for Burton Street. It would be good to know when and if these funds will be made available to us as we have been waiting for more information on this since October 2021 whilst we have been incurring the additional cost. The 6 month cost of employing 2 Supernumary staff will total £39,780.00 for the period 1st October 2021 to 31st March 2022.

I will send by separate email copies of a couple of emails sent in recent months about funding and staffing costs, and a few pages of our staff survey conducted in December 2021, where staff answer the question - Are you paid fairly for the work that you do?’ – Provider 9

‘A flat percentage increase in line with increasing wages and inflation of around 5%-10% will be greatly appreciated, though an additional avenue to negotiate additional fee increases should unforeseen additional expenses come up.’ – Provider 16

‘In addition to the expenditure noted above, it is expected that general operational and administrative costs will increase in line with inflation at around 5%, and we are subject to supplier and partner charges in this regard. Overall operational expenditure inclusive of staffing costs is expected to rise by 6-6.5% in 2021/22’ – Provider 17

8.7	<p>Proposal</p> <p>It is recommended that:</p> <p>A fee increase of 3.13% is applied to current day activity rates for 2022/23 based on the cost of care homes. Whilst the Council recognises the pressures facing the sector, this increase, which builds on the above minimum wage increase to the sector last year, seeks to balance the need for provider sustainability with the overall sustainability of social care services in the city in the context of extreme budget constraints.</p>
9.	<p>Mental Health Provision</p>
9.1	<p>Background</p> <p>Mental health providers for adults aged 18-65 can be broadly split into two categories, and more detail will be provided later in this section of the report:</p> <ul style="list-style-type: none"> • Those who provide residential/nursing care – this can include psychological input and/or support in growing towards independence and recovery. • Those who provide support in the community, helping people maintain their day to day lives and, sometimes, move towards independence and recovery. <p>2021/22 has been a challenging year for all kinds of mental health providers as the pressures of Covid-19 have continued across the whole of the mental health pathway, as in other sectors. All providers have had to experience staff shortages due to Covid-19 (either through sickness, isolation or the compulsory vaccination for staff requirement). Some care homes have experienced outbreaks. All providers have had to adapt to changing government requirements and have had to change the service they offer to meet the service users' particular needs and preferences. This has undoubtedly been a stressful and uncertain time. In addition, aside from Covid-19, providers continue to face the financial challenge of providing a specialised service to Sheffield people within straitened resources.</p> <p>The Council has a variety of financial and contractual arrangements with mental health providers, and specific details will not be provided in this report as the rates are individually negotiated. In addition, some (but not all) fees are paid on a 50:50 arrangement with Sheffield Clinical Commissioning Group if the person is eligible for Section 117 aftercare as set out in the Mental Health Act 1983.</p> <p>In the past, mental health provision has not been included in the automatic fee uplifts process (apart from for direct payments in 21/22) because the provision available is so varied and providers differ so much in the recovery outcomes they are able to offer. However, for the financial year 2022-23 the approach will change: it is proposed that mental health providers do receive an automatic fee uplift in line with other non-standard provision. This change in approach is because commissioners recognise the unique challenges of the current time and want to ensure parity for mental health with other types of need across the city.</p>

The Council has a regular programme of visits and contract monitoring to ensure that all council arranged mental health services are providing a high-quality service. Where commissioners have concerns, this is discussed with providers and an improvement plan is agreed upon.

Commissioners seek to have an ongoing relationship with providers through regular provider forums. The intention of both approaches is to support the sector to:

- Discuss the demand for the service and how any gaps could potentially be met.
- Provide the best quality care possible.
- Share best practice – including how best to support service users towards recovery and independence.
- Respond as a group to challenges experienced by the sector, such as workforce shortages because of Covid-19 issues.

9.2 Market Overview:

Residential and nursing care

Sheffield has several residential and nursing care homes that have a focus on mental health for adults aged 18-65 specifically, or have mental health as an area of specialism alongside other specialisms. Most of these are locally based organisations (some with multiple homes), but some are owned by national organisations. In addition, sometimes service users’ needs are so significant and/or specific that they need to be placed out of city.

The Council spent almost £8m in 21/22 on this type of provision (the CCG will also invest in this area on top of the £8m).

Fee rates for residential/nursing homes vary depending on the type and complexity of support required by the service user and the level of support towards recovery that the home offers. Unsurprisingly, this variety in provision does mean providers have different business models and cost structures, which has been demonstrated in the costings that some providers have made available to commissioners. Over the coming years, commissioners intend to address some of the discrepancies inherent in this kind of fee arrangement to achieve transparency in costs and provision where possible, best value for the Council and the best service possible for service users.

There are relatively few fully self-funders in the mental health residential and nursing market.

There are 9 residential homes in Sheffield with whom commissioners have regular contact:

	Mental health residential and nursing care 18-65
Jointly Commissioned	Are jointly commissioned with the CCG and often joint-funded where a section 117 agreement is in place.
Service Users	There are 155 clients with these 9 homes currently.
Weekly Rate	£595-£1029 across the 9 homes. Mental health provision is more expensive than the standard provision for older people

	and is potentially more expensive for Sheffield homes compared to other areas.
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In addition to the above nine homes, there is one organisation out of city which currently houses four Sheffield young people in various places in the North West of England, and there are some homes which are used on a case-by-case basis with one or two individuals at any one time funded by Sheffield City Council.

The Council also directly commissions on a block contract three accommodation options that are often the next step for service users after living in a care home. In addition, some supported living is available but is not directly commissioned. These options are not subject to the fee increase referred to in this paper but are an important part of the service user's journey.

As of January 2022, all mental health care homes were rated 'Green' by the Council's quality and performance team.

Of strategic significance is the 'Promoting Independence Project' which seeks to support service users who are currently in a mental health care home towards independent living. This is funded by a Social Impact Bond, the Life Chances Fund, and the Council, and is a partnership between the project team – hosted by South Yorkshire Housing Association – and some of the care homes themselves. The project has worked with a not insignificant number of people who are all at varying stages of the process towards independent living. While all would agree that this is the right thing to do, the approach does have an impact on the homes themselves, who may experience more flux in service user numbers as people move out of their provision onto more independent options. This can mean a home experiences some financial difficulty.

As of January 2022, mental health care homes had an occupancy rate of 92%. As well as the reason given above, a further reason for why some homes are carrying vacancies may be that some homes are offered referrals but do not accept them. This may be that the new referral could cause disruption for current residents, the potential resident has not been vaccinated, or the individual is too severely unwell to be managed by the home. In other cases, homes are experiencing financial difficulties due to the age, layout and condition of the buildings they operate in, which causes both a cost pressure to deliver improvements, and may also make the home a less attractive environment for service users.

Often, people are discharged from hospital with a more acute set of needs due to pressures within the NHS, and social workers can struggle to find appropriate accommodation for the individual. This, alongside the shift favoured by the Promoting Independence Project, means that the profile of people who live in mental health care homes is changing. People often need more intense care at the start of their journey – but may not remain in the same place for many years. This changing environment for Sheffield's homes is a key thing for homes to be aware of in the coming years; some adaptation to the market will probably be required.

There does not appear to be much interest from providers in opening new care homes – and this would not be something commissioners would encourage.

However, we know that there are gaps in the market which we will explore in the coming years. An accommodation group, led by commissioners and attended by several different professionals, seeks to understand some of the accommodation needs for this service user group going forward.

Support in the community

Many people are supported in the community, either living in their own homes or with their own tenancies. Support is provided either via a framework (Individual Service Funds) or by Direct Payment (see Direct Payments section of this report). This kind of support is often referred to as ‘home support’ – but it is very different from the kind of support received by the old and/or frail in their homes. Rather, the daytime support offered to people experiencing serious mental illness is focussed on living day to day life and growing in confidence and independence. Workers therefore require a different skill set and have to manage a more complex set of risks – particularly during a pandemic.

The Council spent almost £5.7m in 21/22 on this type of provision (the CCG will also invest in this area on top of the £5.7m).

Fee rates for those who provide support in the community depend on the contractual arrangement that the provider has entered into with the Council.

For information about those supported by Direct Payment, see the Direct Payment section of this report.

Individual Service Funds (ISFs) provide the opportunity for the service user to have some flexibility over how and where their personal budget is spent. Providers complete a recovery star with the service user to try to capture a sense of the service user’s journey to recovery.

	Mental health support in the community 18-65
Provider(s)	4 providers of community support on the ISF.
Jointly Commissioned	Yes with the CCG for those who have section 117 provision.
Service Users	380 (those who receive an ISF; for information on Direct Payments, see that section of the report)
Hourly Rate	£17.95-£30.08 across the four ISF providers, depending on the type of support provided.
Annual Spend	£1.3m (for those who receive an ISF)

This is a sector that has struggled over the past year, with demand for support exceeding the provision available. In 2021, one provider stated their intention to exit the market. Therefore, the Council will be recommissioning this provision in 22/23 with a focus on the achievement of outcomes alongside delivery value for money, alongside recognising that a ‘one size fits all’ recovery approach is not always the most appropriate model for all service users. The Council will be actively encouraging providers who currently operate mostly with Direct Payments to shift towards the new framework that will be commissioned.

9.3**Factors which affect viability of the market**

There are several factors which affect the viability of this market:

Staffing. Providers do struggle with recruitment, partly because the role is emotionally demanding, and partly because the NHS pays more for similar work (all providers pay a maximum of the living wage which is £9.50 per hour. The NHS Band 2 support worker receives about the same but can expect more salary and career progression). As a result, workers are often relatively young and not always as skilled as a longer-term, older worker might be. This can have implications for staff turnover, provider costs (recruitment is expensive), and the provider's ability to deliver the work efficiently. Some providers have been hit by the requirement for all workers to be vaccinated against Covid-19.

Acuity. There is an increasing demand for support for service users with acute needs following discharge, such as young people, those with a personality disorder, those with a dual diagnosis e.g. mental health/autism or mental health/substance misuse, and those who struggle to engage with public services. Providers who are able to adapt to support people with greater acuity of need will be more viable than those which are not.

Infrastructure and overheads. Different providers have different infrastructure behind them and therefore have more/less ability to provide the services required by commissioners at a competitive price and to weather any ups and downs in demand. Voluntary sector providers which are part of a national organisation or brand can vary in the amount of support they get from the national organisation. As a result it can be difficult to compare the different costings of each provider.

Buildings. The Promoting Independence Project is a positive move for service users, but it means an increasing number of people may wish to live in independent accommodation, not in a care home setting. This is a challenge for traditional care homes which have single rooms and shared bathrooms. In addition, some care homes do not have lifts and therefore are not very accessible for disabled service users. The shift in the kind of provision required is a challenge for some providers. At the same time, there are a few other providers interested in providing mental health supported living.

Economies of scale. Although there are hundreds of mental health service users, this is not a huge number compared with the number of older people requiring care. As a result, it can be a challenge for providers to make economies of scale in their service delivery. For example, service users may live some distance away from each other, and not all members of staff will have a car; but there are not enough service users to commission a service based on geography.

Shift towards independence. Providers who are actively involved with the Promoting Independence Project experience a strange reality: they are working with the service user and the project to support the service user towards independence; but at the same time, as a provider they experience the negative financial impact if the person is ready to move on, and no one is ready to move in.

9.4	<p>Consultation feedback</p> <p>Some providers offered feedback outside of the formal process, requesting uplifts ranging from 3.6% to 4.4%. These requests stated the need to increase staff salaries in line with the Living Wage Foundation and also recognised the increase in costs, with inflation set at 5.1%. Underpinning these requests was a desire to maintain service quality.</p>
9.5	<p>Fee Proposal</p> <p>Following analysis of the market for each of the key delivery mechanisms for Mental Health care and support, the Council is proposing to increase:</p> <ul style="list-style-type: none"> • Mental Health Care Home Fees in line with the increase for other non-standard care homes (3.13%) • ISF and Direct Payments to be increased in line with Direct Payments as described above e.g. 3.15% plus national insurance increase <p>Whilst the Council recognises the pressures facing the sector, this increase, which builds on the above minimum wage increase to the sector last year, seeks to balance the need for provider sustainability with the overall sustainability of social care services in the city in the context of extreme budget constraints.</p>
10.	<p>Respite Care – Learning Disabilities</p>
10.1	<p>Respite provision for people with learning disabilities was included in the annual market analysis and fees review for the first time last year. The current market remains unchanged, with 6 providers, 3 of whom provide a service within a residential setting, the other 3 using a Supported Living model. The arrangements for payments are also varied with 2 providers as Council Arranged Services and 4 paid via a Direct Payment. All 6 providers are registered as non-standard short-term residential services.</p> <p>A review of respite services and consultation is being undertaken to gain a greater understanding of this very varied provision, with the intention of going out to tender later in the year.</p>
10.2	<p>Consultation and Feedback</p> <p>What did we ask?</p> <p>We asked all providers to give us the percentage change overall that they predict for both staffing and other costs, and also asked them to provide details of any distinct element which has either a new or changed financial impact on the operating costs of their business that has happened over the last year, or is predicted to happen before April 2022.</p> <p>We asked for both positive and negative impacts, and if possible, a specific monetary value. We also asked whether their organisation would like to submit an ‘open book’ account for consideration alongside this consultation.</p>

We also invited providers to send any supporting evidence or previous conversation relating to fee increases to be considered alongside these returns, but there was no evidence provided by the respondents.

Response rate

The consultation was sent to a total of 7 providers, and 2 responses were received, representing 28.6% of the current market. Neither provider agreed to share information on the open book exercise.

Themes

The main recurring themes through both submissions were:

- Increase in staffing costs due to rise in NI and introduction of the national living wage
- Increased recruitment costs as a result of the current issues in the sector
- Increase in utilities costs as per the recent government announcement.

Summary

Both providers advised that the vast majority of expenditure by all providers is on staffing, with an average predicted increase of 7.5% for the coming year. Compared to previous years, this is a much higher overall proportion of costs, and this is likely to be reflective of the current issues with recruitment in the social care sector, increase in NI due in April 2022, and also increasing salaries to recruit/retain staff. Providers are also advising that non staff related costs have increased substantially in comparison to previous years, with an average of 4% increase predicted. This is attributed to the increases in rent and utilities.

There were no figures provided by the two providers as to what they would like to see as an increase for the coming year.

Cost Breakdown

Staffing related costs

Table 1 shows the current percentage of all overheads for the providers that are accounted for by staffing costs, and the percentage by which they expect this to increase for the coming year.

Table 9

	Percentage of total expenditure on Staffing costs	Forecast increase for 2022/23
Provider 1	68%	5%
Provider 2	79%	10%
Average	73.5%	7.5%

Breakdown of staff expenditure

Table 2 shows the staffing related elements that the providers have provided us with (please note, this was free text, enabling them to only comment on the elements that were of most concern to their organisation).

Table 10

Provider 1	Extra increase in wages in August 2021 to ensure we attracted new staff	1.2%	£4650 per year
Provider 2	Increases in national minimum wage and other salaries	7%	£58800 per year

Using approximate figures from previous tax year, forecasted change in national living wages, raising the wage in support worker and administrative staff by the same percentage to meet the rises in the cost of living, inflation, bills, etc.

Non staffing-related costs

Table 3 shows the current percentage of all overheads for the providers that do not form staffing costs, and the percentage increase expected.

Table 11

	Percentage of total expenditure on Other costs	Forecast increase for 2022/23
Provider 1	32%	3%
Provider 2	21%	5%
Average	26.5%	4%

Table 4 shows staffing related the providers

the non-elements that have provided

us with (please note, this was free text, enabling them to only comment on the elements that were of most concern to their organisation).

All of the figures below are increases.

Table 12

Provider 1	Increase in rent for premises	1.2%	£9588 per year
Increase in rent for 2021/2022 this is worked out using the RPI index			
Provider 2	Inflationary costs, general costs of goods and services related to the cost of living and inflation	5%	
	Rises in bills and other recurring costs, using gas and electric prices	28%	

	<p>Both forecasted rises and what has occurred during this tax year. Using ONS Government and Parliamentary figures. Inflation rate over previous 12 months – 4.8% Estimated inflation rate in April 2022 – 7% Change in food prices over 12 months – 4.2% Sources: https://www.ons.gov.uk/economy/inflationandpriceindices https://commonslibrary.parliament.uk/research-briefings/cbp-9428/ https://www.kingsfund.org.uk/publications/social-care-360/expenditure</p> <p>“A particularly important driver of inflation is energy prices, with household energy tariffs increasing and petrol costs going up. Between January and November 2021 domestic gas prices increased by 28% and domestic electricity prices by 19%. On 3 February the regulator Ofgem announced that the cap would increase from its current equivalent annual level of £1,277 per year to £1,971; a 54% increase.” https://commonslibrary.parliament.uk/research-briefings/cbp-9428/</p>
10.3	<p>Fee Proposal</p> <p>The fee for respite will be increased in line with the increase for other residential care described in previous sections: 3.13%</p>

Authors: Council Commissioning Team

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Sheffield City Council

Report on the Care Home Market Strategic Analysis

March 2021 – Final Version



CordisBright

Table of contents

1	Care Home Market Development and Sustainability Delivery Plan	6
1.1	High level summary “plan on a page”	6
2	Detailed 1, 3, 5 and 10-year view of the care home market in Kirklees and Rotherham.	8
2.1	Demand Forecasts.....	9
3	Detailed benefit and outcome delivery milestones split by beneficiary against priority matrix.	13
4	Care Home Market Management Options	14
4.1	Option 1 – Minimal Intervention (as-is)	14
4.2	Option 2 – Medium Level Intervention	16
4.3	Option 3 – High Level Intervention.....	18
5	Key enablers required to deliver	22
6	Supporting analysis evidencing the opportunities (A set of detailed summaries of data with analysis which sets out the rationale for all recommendations)	24
7	Background – Market View	25
7.1	Demographics	25
7.2	Population and Demand Summary	44
7.3	Funding and Finance	46
7.4	Key interview findings from commissioners.....	50
7.5	Summary and conclusions	52
8	Operating and Finance Models	54
8.1	Funding Models.....	54
8.2	Diversification	54
8.3	Self-Funding.....	55
8.4	Alternatives to Care Home Provision	58
8.5	Future Options.....	63
8.6	New Developments / Care Homes.....	65
8.7	New Developments / Retirement Housing.....	65
8.8	Alternative Models for Local Authorities	66
9	Opportunity Lists	68
9.1	Market Management Strategies.....	68

9.2	Short Term Opportunities.....	71
9.3	Medium Term Opportunities.....	74
9.4	Long Term.....	79
9.5	Investment Opportunities and Sources.....	79
9.6	Digital – Business Systems & Care Technology.....	79
9.7	User and Carer Expectations	83
9.8	Workforce.....	85
10	Appendices	87
	Appendix 1 – Care Needs Estimates by MSOA	87
10.1	Care Needs by MSOA.....	87
	Appendix 2 – Adult Social Care Benchmarking Data – Yorkshire and Humberside Region	91
11	Introduction	91
12	Data – Older Adults (65+)	93
12.1	Expenditure on Adult Social Care for Older Adults.....	93
12.2	Care Home Commissioning Activity (65+).....	95
12.3	Unit Cost Data – Older Adult (65+) care homes	100
12.4	Care Home Bed Supply	101
12.5	Population	106
13	Data – People with Learning Disabilities	108
13.1	Expenditure on Adult Social Care for people with learning disabilities.....	108
13.2	Care Home Commissioning Activity.....	111
13.3	Unit Cost Data – Learning Disabilities care homes 18-64.....	115
13.4	Accommodation Type – Settled and Unsettled Accommodation.....	116
13.5	Care Home Bed Supply	117
13.6	Population	121
14	Data – People with Mental Health Support Needs	123
14.1	Expenditure on Adult Social Care for people with mental health support needs	123
14.2	Care Home Commissioning Activity Mental Health 18-64.....	126
14.3	Unit Cost Data – Mental Health 18-64 care homes.....	130
14.4	Care Home Bed Supply	131
14.5	Population	135
15	Core Cities Group (Older Adults 65+)	137

15.1	Expenditure on Adult Social Care for Older Adults	137
15.2	Care Home Commissioning Activity (65+).....	139
15.3	Unit Cost Data – Older Adult (65+) care homes	141
15.4	Care Home Bed Supply	142
15.5	Population	146

Table of Figures

Figure 1 - Market Interventions Matrix	7
Figure 2 - Demand Model for Care Home Beds	9
Figure 3 - Short, Medium and Long Term Market View	12
Figure 1 – Older Adult Care Home Beds and Care Home Beds per 100 of the 75+ population (Source: CQC, October 2020+	26
Figure 2 – Older Adult Care Home Beds per 100 of the 75+ Population - Comparative data (Source: CQC, October 2020).....	27
Figure 3 - Care Home Beds and England Care Home Occupancy 2012-20 (Source, Department of Health and Social Care, 2020).....	27
Figure 4 - 2019 Care Home Occupancy by provider type and region. (Source, LaingBuisson).....	28
Figure 5 - Influencing factors in the demand for care home beds	29
Figure 6 - Number of requests for social care support for people aged 65+ 2015-20. (Source, SALT Data, NHS Digital).....	30
Figure 7 - Population aged 85+ as a percentage of the total population, 2019 to 2043 (Source, ONS Population Forecast, 2019 Mid-Year Estimates).....	30
Figure 8 - Estimated older adults care demand and the location of older adult care homes in (Source: CQC October 2020, ONS mid-year population estimates 2019).....	32
Figure 11 - Estimated care demand and the size of care homes in Sheffield (Source: CQC October 2020, ONS mid-year population estimates 2019).....	33
Figure 9 - Age Standardised Demand estimates Source: ONS 2019 mid-year population estimates, 2011 Census Data).....	34
Figure 10 - Care Home Bed demand based on Age-Standardised Demand (Source: ONS 2019 mid-year population estimates, 2011 Census Data)	34
Figure 12 - Care Home beds per the 85+ population by MSOA (Source: ONS 2019 Mid-Year Estimates, CQC Data February 2021).....	35
Figure 13 - Care Demand in Yorkshire and Humberside by MSOA, ranked by Quartile of demand.....	36
Figure 14 - Care demand in the western authorities in Yorkshire and Humberside	37
Figure 15 - Yorkshire and Humberside local authorities ranked by the number of MSOAs falling into the top quartiles (4 & 5) for estimated care demand	38
Figure 16 - Estimated percentage change in care demand by MSOA 2022 (Source: ONS mid-year population forecasts 2019)	39
Figure 17 - Estimated percentage change in care demand by MSOA 2025 (Source: ONS mid-year population forecasts 2019)	40
Figure 18 - Estimated percentage change in care demand by MSOA 2030 (Source: ONS mid-year population forecasts 2019)	41
Figure 19 - Projected annual change in number of older people with a care need, 2019-2043 (Source, ONS Population estimates, Life Expectancy data from ONS 2015).....	42

Figure 20 - Map of retirement housing locations and disability free live expectancy by MSOA in Sheffield (Source: Housing data from EAC, DFLE data from ONS, 2015).....	43
Figure 21 - Dementia Prevalence by GP Practice (Source: QOF 2020, NHS Fingertips)...	44
Figure 22 - Location of Older Person's Retirement Housing in Sheffield (Source, EAC, 2018-19).....	59
Figure 23 - Housing and support options for older adults	61
Figure 24 - Retirement housing locations and tenure type by LSOA (Source, EAC, National Statistics)	62
Figure 25 - Intervention opportunities by year	69
Figure 25 - Location and size of care homes and estimated care demand by area (Source: CQC, National Statistics mid-year population estimates 2019).....	70
Figure 27 - Location and type of older persons' retirement housing.....	74
Figure 28 - Dormer Bungalow Development for older adults in Birmingham	77
Figure 29 - medium size older adults retirement housing development in the Midlands.....	78
Figure 30 - IT Resources in Care Homes (Source: Survey with Rotherham Care Homes, November 2020).....	80
Figure 31 - Examples of technology-enabled services (Source: Tunstall - https://www.tunstall.co.uk/resources/case-studies/)	82
Figure 32 - Falls pathway for prevention.....	83
Figure 33 - Older people's preferences should they need care (Wanless 2006).....	84

1 Care Home Market Development and Sustainability Delivery Plan

1.1 High level summary “plan on a page”

In common with local authorities across England, care homes in Sheffield are facing high vacancy levels. Whilst Covid-19 has worsened the situation, demand for care home beds has been falling across England for many years, as a response to the improving health of older people, changed commissioning priorities away from care homes, and changing customer attitudes.

Demand forecasting suggests that there is currently an over-supply of care home beds in Sheffield that will persist until at least 2025/26. If occupancy levels are to return to 90%, then this means that the number of care home beds available in Sheffield needs to reduce. Furthermore, demand for future care home places is likely to be from people with complex needs, requiring specialist support in environments suitable for people with reduced mobility or with advanced dementia.

The diagram below illustrates the options available to the Council overing the next 10 years:

Market Intervention Options and Timescales Matrix				
Timescales	Long Term (5-10 years)	Development of quality standards for self-funding residents with Care Home Association Accredited Care Home scheme	Work with the Care Home Association to develop market quality and development of joint training and recruitment programmes for staff and managers	Long term contracts linked to long term commissioning needs, linked to fees or development plans. Options for establishment of direct services (accommodation or care)
	Medium Term (2-5 years)	Work with Care Home Association to develop quality and advertising for self-funding residents Training programme for care home staff and managers	Co-production of specification for future care home commissioning with Proprietors. Development of care home fee bands based on quality or care complexity	Capital development funds or land available to support the development of new care home provision or diversified services
	Short Term (1 year)	Publication of Market Position Statement & commissioning guidance Briefings for care home operators General Covid-19 financial support	Detailed longer term market forecasts and commissioning plans. Engagement with individual proprietors on the future of the market and where homes fit in.	Active work with proprietors on diversification or closure of homes unviable homes linking to relevant Council departments for additional support and information
		Low Intervention	Medium Intervention	High Intervention
Level of Market Intervention				

Figure 1 - Market Interventions Matrix

2 Detailed 1, 3, 5 and 10-year view of the care home market in Kirklees and Rotherham.

This document is based in the care home market strategic review undertaken by Cordis Bright and LaingBuisson. The review included interviews with care home proprietors, commissioners and other stakeholders, as well as analysis of demographic and care market data to develop a long-term view of the development of the care home market. The interviews and market data all suggest that the care home market has reached a pivotal moment, with reduced care home occupancy impacting on the viability of care home businesses and long-term changes in the commissioning of care home services, exacerbated by Covid-19, reducing demand for places.

Much of this document focuses on the older adult care home market (people aged 65+). Although there is a similar trend in reducing demand for care homes for working age adults with care and support needs, care homes have not generally faced the same impacts from Covid-19 as the older adult care home market. The options for the future are the same for both older adults and working age adult care home provision, but the pressures on the working age adult services are not as acute.

Current reduced occupancy levels in most local authority areas suggests excess capacity in the care home market and an ability for the market to withstand the loss of care home provision without impacting on the ability of local authorities or NHS commissioners to commission care home places to meet needs, notwithstanding the impact that home closures have on the residents, staff and owners of those homes. Current social care and demographic trends suggest, however, that increasing capacity will be required in the longer term and that current occupancy levels are a low point of demand. Discussions with care home proprietors as well as local authority and NHS commissioners suggest that the commissioned care home market is heading to a future of more complex placements for shorter periods of time. This commissioning will be made up of two elements:

- short term placements as part of a program of rehabilitation for individuals being discharge from hospital, or individuals diverted from hospital admission following an increase in care needs due to illness or accident.
- End of life care for people who can no longer be supported to live, or wish to live, in their own homes or some form of supported housing in the community such as extra care or sheltered housing.

This future demand for shorter term, more complex care home provision has impacts not only on the size of the care home market, but also on the type of care home provision in terms of the type of building and the staff resources available to meet that demand.

The forecasts and options in this document are based on the following timescales:

- **Short term (1 year)** - These options are based on maintaining market stability during the period of low occupancy as a result of the reduction in arising from Covid-19 which for homes with a higher turnover of residents is causing significant levels of vacancies. Interventions in this period are focused on maintaining the operation of key care home

provision and ensuring that any care home closures are managed to reduce the impact on residents, staff and proprietors.

- **Medium Term (2 to 5 years)** – these options are based on longer term strategic development of the care home market alongside wider developments in alternative housing provision such as retirement housing or extra care. These take place in the context of a care home market which will be recovering from Covid-19 and structural changes to ensure that care homes can meet longer term needs.
- **Long Term (5 to 10 years)** – these options are based on maintaining a range of suitable care options to meet long term needs and the expectations of the next generation of older people. This period will see an increased focus on people with complex needs who will need a range of flexible health and social care settings to support.

2.1 Demand Forecasts

Although the demographic pressures are for a greater number of older people, this is in the context of increasing health leading to fewer people with care and support needs. This, combined with changed patterns of commissioning of services for older people with support needs and changing lifestyles of older people, reduce overall demand for care home beds. This is illustrated in the diagram below:

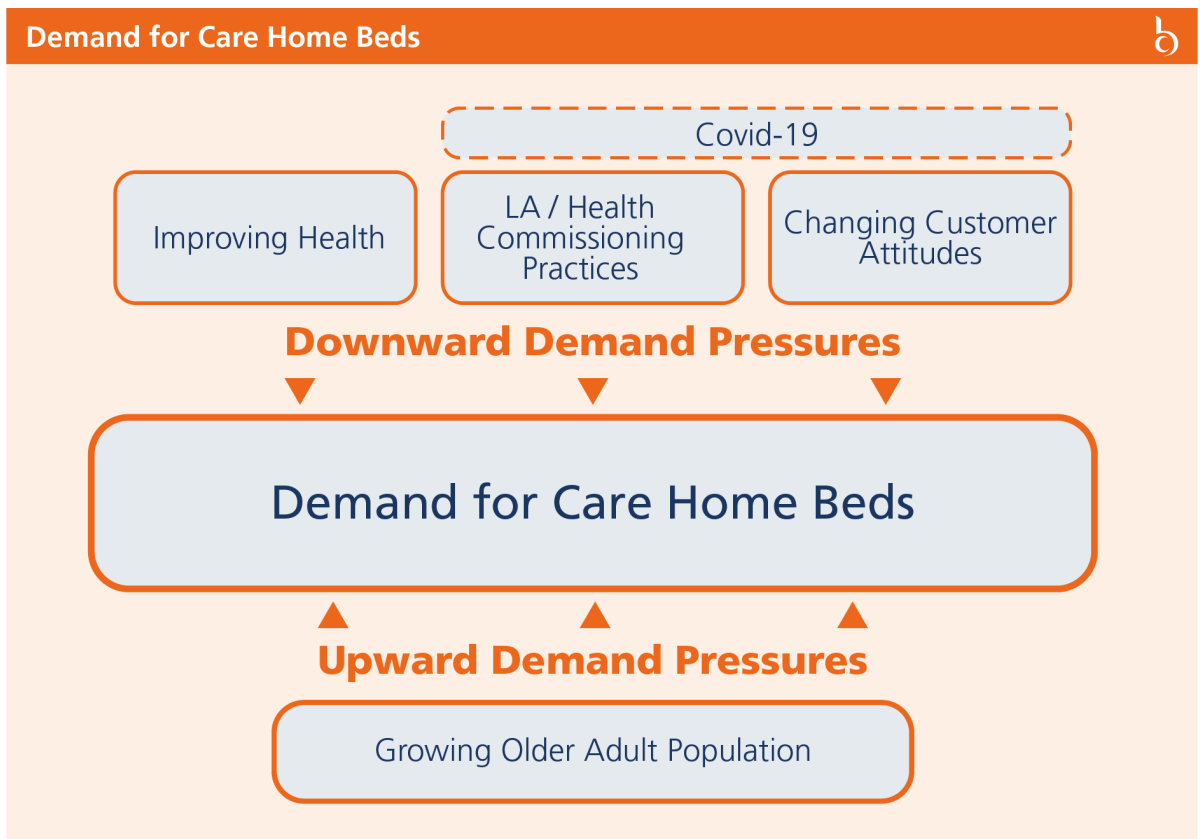


Figure 2 - Demand Model for Care Home Beds

Demand for care home beds has been falling since 2000, with CFAS (Cognitive Function and Ageing Study) suggesting that demand has been falling by 1% a year since 2000 as a result of improved health of older adults¹.

Figures from LaingBuisson² suggest that “for-profit” care homes in Yorkshire and Humberside in 2019 had an average occupancy of 81%, although with significant local variances.

In terms of the timescales for this report, the demand forecasts in terms of care home beds are as follows:

Time Period	Demand Forecast	Implications
Short Term (1 year)	Short term demand has been significantly impacted by Covid-19, both in terms of local authority referrals to care home places and self-funders. For care homes that have a high turnover of residents, or homes which have lost residents because of a Covid-19 outbreak, this has resulted in long term vacancies. It is not clear what baseline demand will be following Covid-19, but it seems unlikely that demand will return to pre-Covid levels.	<p>High levels of vacancies threaten the viability of most care homes, with many homes requiring occupancy of 90%+ to be profitable and occupancy of less than 80% threatening viability.</p> <p>It is particularly difficult to forecast new baseline demand levels, particularly for the self-funder market, which is key to many homes' viability. Some of the large private home operators don't expect the self-funder market to return to pre-Covid-19 levels until 2023.</p> <p>There is likely to be an increase in demand during the summer of 2021 as the immediate crisis of Covid-19 passes and people who have delayed admission to a care home seek places. These individuals may have more complex needs than</p>

¹ A two-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: results of the Cognitive Function and Ageing Study I and II – Fiona E Matthews, Antony Arthur, Linda E Barnes, John Bond, Carol Jagger, Louise Robinson, Carol Brayne, on behalf of the Medical Research Council Cognitive Function and Ageing Collaboration. [Lancet, 2013, Matthews FE](#)

² Care Homes for Older People – Market Report, 31st Edition, January 2021, LaingBuisson

Time Period	Demand Forecast	Implications
		<p>admissions prior to Covid-19</p> <p>The summer of 2021 is also likely to see a number of market exits from existing care homes or proprietors. The Council may need to consider direct interventions to keep key services operating or available for future care use.</p>
<p>Medium Term (2-5 years)</p>	<p>The immediate demand impacts of Covid-19 are likely to have passed by 2023 and the new baseline demand will be clearer. This will reflect the different population of older people with care as a result of Covid-19 as well as longer term changes in commissioning of care for older people and the level of the recovered self-funder market.</p> <p>During this period, additional housing-based support for older people is likely to become available (such as extra care housing), for those older people whose care and support needs cannot be met in their own homes. This is likely to have a direct impact on the demand for council-commissioned care home places and will compensate for the growth in the older persons' population over the same period.</p>	<p>Demand for care home places is likely to change significantly over this period, with an increasing focus on two main groups in terms of commissioned care:</p> <ul style="list-style-type: none"> • Short term placements linked to rehabilitation either from people diverted from hospital care or those being discharged from hospital for rehabilitation before moving back home. • Support for people with complex needs who cannot be safely supported either in their own homes or in some form of supported housing for older people. <p>There will also be a continued demand from people who are self-funding care home beds. It is probable that demand for non-specialist care in older care homes will reduce significantly unless the home is able to attract self-funding residents.</p>

Time Period	Demand Forecast	Implications
Long Term (5 to 10 years)	<p>The early part of this period is likely to see the completion of the consolidation of the care home market, and there are likely to be fewer, specialist care homes, with higher levels of occupancy.</p> <p>Towards the end of this period, there is likely to be an increase in demand as a result of population increases. Increases in health that had led a reduction in demand are likely to stop or decline, particularly affecting less affluent areas of the borough where life-expectancy is lower.</p>	<p>Changes in the way that care home places are commissioned should increase the level of communication between commissioners and care home proprietors about long term needs, so providers should increasingly be ready to meet the needs of people with complex needs being admitted.</p>

Figure 3 - Short, Medium and Long Term Market View

3 Detailed benefit and outcome delivery milestones split by beneficiary against priority matrix.

This document sets out a set of three options for how Sheffield City Council can respond to the pressures on the care market outlined in the above section.

1. **Option 1** is based on minimal intervention similar to how many care home markets have been managed by Councils in the past. The Council would set out broad commissioning intentions through the Market Position Statement and continue to apply some pricing controls through standard fee rates for commissioned care home places. The Council would continue to work with providers to meet specific needs (such as step-down and S2A beds) and would intervene where necessary to ensure the safety of care home residents and to improve quality of provision overall.
2. **Option 2** is based on a medium level of intervention, providing much more detailed information to care home providers about the future of the market and the Council's (and NHS's) commissioning intentions in terms of the quantity and type of future commissioning in addition to Option 1. The Council would have options within this to directly influence the future shape of the market through the publication of specifications for future care home bed commissioning, or through more active price controls through tiered fee rates that recognise the quality of the care provided, the complexity of the support being provided, or some combination of the two. The Council would work more closely with the Care Association to increase the quality of the care home market for both commissioned places and for self-funding residents by, for example, jointly running staff training programmes.
3. **Option 3** is based on the highest level of intervention. In addition to the actions in Option 1 and 2, the Council would actively develop the care home market to meet longer term needs through direct partnership with key providers through long term contracts linked to the development of care home provision to meet identified future needs. This could involve some direct provision, either through the direct development of care home facilities or the provision of direct care and support particularly in relation to the provision of complex care services.

The sections below set out in more detail each of these options, looking at:

- What each option would consist of.
- Examples of where this is happening in other parts of the Country.
- Advantages and disadvantages of each of the option to both the Council, to care home proprietors and to the users of care home services.

Although these are set out as three distinct options, the reality is that any strategic planning of the care home market will include elements of all three because the "care home market" is made up of a number of smaller markets, each of which may require different interventions. This includes services for working age adults (learning disabilities, mental health and physical disabilities), services for self-funders or specialist care home services for older people. The choice is more about the balance of the three options that is applied over time.

4 Care Home Market Management Options

4.1 Option 1 – Minimal Intervention (as-is)

4.1.1 Interventions

This option is based on a continuation of the Council's current approach to care market management, which is common to most local authorities and most of which are already in place in Sheffield. This consists of:

- Publication of broad commissioning intentions via Market Position Statements outlining longer term needs and likely number of beds.
- Pricing controls through the use of standard fee levels for care home beds commissioned by the Council (or jointly with the CCG).
- Work to maintain and develop quality in the care market through contract teams and quality checking.
- Support of the Care Home Association and regular briefing sessions for care home proprietors and managers.
- Intervention in care homes maintain quality to ensure the safety of residents in response to concerns raised by commissioners or CQC, including placement embargos.
- Direct financial support to Care Homes through the Covid-19 pandemic.
- No direct control over care home development.

Recent intervention in the care market in the form of financial support for providers with high levels of vacancies represent a higher level of support than Local Authorities would usually provide, and one that is not universal across authorities.

4.1.2 Examples

This level of market intervention is common across the local authorities in England. It is made possible by lower occupancy levels (the average occupancy level in “for-profit” homes in Yorkshire and Humberside in 2019 was 81% according to LaingBuisson) which means that there is sufficient capacity in the market to withstand the loss of care home provision.

Where there is less supply in certain care home specialities, such as services for specific working age adults, local authorities will generally take a more active role in market management to ensure the ability to commission beds locally.

4.1.3 Advantages and Disadvantages

Sheffield City Council

For the local authority this option is attractive because intervention is generally difficult and costly (in terms of staff resources if not through the cost of care home provision). An excess supply of beds means that there is choice in the market and that Care Act responsibilities for management and sustainability can be met with minimal intervention.

The big disadvantage of this option is that there is little strategic planning of the care market to meet future needs. All local authorities have care homes which are not suitable to meet longer term commissioning needs but whilst these cover their operating costs (often through self-funded residents paying higher fees and through lower running costs) there is little incentive for providers to change. Standard fee levels are often not sufficient to allow for home proprietor investment in modernising care homes or developing new services unless they can attract self-funders, high top-ups or higher fees for specialist placements from out of area. This risk then is that over time the supply of beds available to the Council to commission reduces, particularly for residents with limited financial resources, although the total number of beds remains the same, leading to more costly out of area placements.

The other risk of this option is unplanned home closures. These can have a serious impact on the residents and staff of the home if a home closes with little notice. Although it is widely thought that it will be poorer quality homes (either in terms of the quality of the building or the quality of the support) it is often these homes that last the longest, whilst lower levels of occupancy due to an oversupply of care home beds can also affect the viability of the better-quality homes that the Council needs to retain to meet future needs.

Care Home Proprietors

Most providers express dissatisfaction with the amount of information Councils provide about their long-term commissioning intentions and about how many beds will be required in the future. However, though providers may recognise the impact of oversupply of care home beds on vacancy levels and profitability they find it hard to reflect this in the business plans for their own homes. This can result in sudden home closures if homes become insolvent, for example through a breach of loan covenants relating to occupancy, which no provider wants. This means that this option is often ultimately frustrating to providers who can see the issues in the market but have no ability to control this themselves. A number of proprietors would wish to see a greater level of intervention by the Council, particularly in relation to fee levels.

Overall

Although this option has been viable for both Councils and proprietors prior to Covid-19, the care home market has now reached a tipping point where more intervention is needed to reduce the risk of unplanned home closures, reduce the risk of the loss of high-quality providers and services, and to ensure that future care and support needs can be met in high quality services.

4.2 Option 2 – Medium Level Intervention

4.2.1 Interventions

In addition to the interventions in Option 1, this option includes more direct control of the development of the care market by the local authority, including the following:

- Publication of detailed plans for the future of the care market, including more detailed commissioning plans covering the types of supported required and expected numbers of people.
- The development (possibly co-produced with care home proprietors and managers) of specifications for the future commissioning of care homes covering expectations about the physical environment of the home and the way in which the home is staffed and the skills of staff to meet expected care needs.
- More active price controls, included fee banding based on quality or the complexity of care, including linking to the specification above.
- Closer work with the care association to develop quality in the care market, including joint work to develop the care home specification and the running of joint training programmes to develop the skills of existing staff and managers and to attract new staff. This would cover the commissioned care market as well as self-funders.
- Direct work with individual providers on the future trends in the care market and where their services fit, including advice and information for providers considering exiting the market.

4.2.2 Examples

The banding of care fees based on quality or dependence is used in many authorities. Bands are often uplifts from the base fee for specific quality measures or based on specific needs. For example, several local authorities in Yorkshire and Humberside pay additional fees for additional activities support. In the North East, many authorities use fee bands based on quality – Sunderland rates homes as Bronze, Silver or Gold based on a combination of CQC and LA quality assessments, with linked uplifts to fees.

Stoke on Trent have a framework and commission beds based on bids to meet the needs and outcomes of individual residents, to reflect differing fee levels, although there are mixed messages from providers about the effectiveness of this and the Council is currently introducing a new Framework agreement with care homes.

Longer term fee increase agreements are popular, particularly when combined with a phased cost of care exercise implementation. Wirral Council (among others) has explored linking fee increases for residential and nursing placements to a commitment by local providers to move staff from minimum wage to National Living Wage and Real Living Wage. Wirral Council offered a 10% increase to a national provider in 2020 to make this shift for relevant staff. (We note that in 2020 the Unison union made claims against The Old Garden care home at Hoylake, the Wirral, concerning loss of earnings of care home staff taken ill, as well as the low level of pay.) Barnsley have taken a similar approach to offer a 13% increase in fees.

Sheffield City Council's work with the Care Association to look at longer term demand, recently jointly commissioning a piece of work to look at longer-term demographic trends (funded by the local authority) is an example of higher levels of intervention. Other Councils have been working with Care Associations on training and development programme.

4.2.3 Advantages and Disadvantages

Sheffield City Council

For Sheffield City Council, a greater level of intervention helps to ensure that the care home market develops in a way that sustains the market and meets longer term needs.

Linking fees to quality and dependency levels helps to encourage providers to invest in improvements to the way in which they operate their homes and to plan longer term investments in buildings.

Dialogue with individual providers helps to ensure that the Council is aware of specific issues facing providers and helps providers understand their position in the changing market and their options. This dialogue helps to avoid unplanned closures.

Initiatives involving closer work with the Care Association are relatively low cost for significant benefits in terms of a cooperative partnership. Messages from the Care Association may be trusted more than those from the Council.

There is a disadvantage that these interventions are costly with little direct benefit. Stepped fee levels in particular can end up being very costly unless combined with strategies to reduce overall commissioning of care home beds. In the authorities looked at, additional fees were an addition to the current base. One way round this is to phase this by offering phased fee increases so that the costs increase more gradually over time.

The big challenge is that without specific work with individual providers to develop services, there is no guarantee that the incentives will result in the services that the Council wishes to commission.

Care Home Proprietors

All care home proprietors across the three authorities undertaking a market review have said that they want more information about the development of the market and where they fit in terms of future needs. A direct dialogue with the Council would allow proprietors understand the future options for their homes and identify other possibilities, such as supporting other client groups or offering different types of support.

Stepped fee levels address some of the concerns of providers about fee levels not reflecting either the cost of providing better quality care or supporting people with complex needs. There is a risk of increased bureaucracy in how such a scheme is developed and some providers have reported that in other areas Councils favour lower-cost homes when making placements. There remains a risk that providers will under-price for care to win the individual care package but then go back to ask for more money later.

The major disadvantage to this approach is that it might not create the conditions in which proprietors can invest in their services to meet future needs. This might require more

certainty about longer term income than is possible on a commissioning approach based on spot contracts, even if fee levels are higher.

4.2.4 Overall

This approach is based largely on more explicitly signalling to providers what the future of the market looks like and encouraging them to make the right decisions about their business. Fee levels also form a signal about what the Council is prepared to pay for in the hope that providers will do more of it.

The main disadvantage is that this approach is unlikely to result in large scale transformation of the care home market, which will require substantial investment (and disinvestment). This requires more direct intervention, as outlined below.

4.3 Option 3 – High Level Intervention

4.3.1 Interventions

This approach is based largely on developing longer term relationships with proprietors to develop the care home provision required to meet future needs. Such development requires investment in both buildings and support services which the higher level of intervention aims to achieve through partnership with providers.

- Capital development funds to help the Council invest in new care home provision, either independently or in partnership with a provider. This could take the form of a land transfer to a provider to enable a care home development, or the local authority could develop its own specialist care home provision which is then operated by an independent sector partner.
- Longer term contracts for care home provision either linked to long term agreements on fees or linked to specific care home redevelopment plans.
- Some authorities have set up (or are considering setting up) arms-length care companies to provide specialist care services, particularly where there are gaps in the market.
- Active work with providers on diversification initiatives where there is over-supply in a particular geographical area or needs group – conversion of services to different client groups, of converting care homes to supported living. This could include grants to aid the transition.

4.3.2 Examples

- **Sheffield City Council** has worked with a care home to configure and specify a 10-bed residential care setting for clients with dementia and challenging behaviour. The unit, which opened in August 2020 and has three residents currently (one self-funder; two referred by a CCG), was repurposed from an existing wing of the 50-bed care home. The bed rate is c £1,250 per week and is expected to rise to £1,700-£1,900 to bring it into line with similar specialist providers.

- **Somerset County Council** is working with a large local care provider on two diversification initiatives, the first being to develop homecare (and day care) outreach with existing management and care teams at residential care homes, acknowledging their installed base of expertise and the potential benefits to care homes of developing relationships with service users who may well need to enter a care home in time; the second, being the repurposing of a residential care home to offer solely intermediate care for patients being discharged from local hospitals and where a problem of 'lost' patients can be addressed as they move from an in-patient setting to a community setting. We note 'step-up' as well as 'step-down' initiatives under consideration at some local authorities including Sheffield City Council.
- **Lancashire County Council** has noted that *'Providers should be aware that we will continue to achieve significant savings through changing the way we support people to ensure they receive the right levels of support. We will also explore service remodelling, negotiation with existing service providers (where necessary) and some decommissioning, and where appropriate, reinvestment in more efficient services to better fit future needs'*. But it has given a clear indication of how it will work with providers going forward: *'We are also aware that it is often difficult for providers to develop long term business plans due to the short length of contracts we currently offer. We want to change, in future contracts, the way annual fees are negotiated, agreed, and uplifted to support providers to invest in their business. Messages for the market: We will be developing a new approach to the way we commission, purchase and pay for services, including: - options for offering contracts for longer periods of time, for example, up to 10 years; - clear approach for pricing, fees, and uplifts; - working with providers to understand more about how the way we commission services impacts on the market.'*
- One of the principal **Lincolnshire** commissioning bodies has opened discussions (January 2021) with a local not-for-profit provider of care for people with learning disabilities on a land and capital basis. The authority has an active capital programme and will bid for NHS capital. Part of its rationale is to mitigate the high ongoing costs of learning disability fee packages with upfront capital and other contributions, to the extent permissible. The intention is to align interests, maintain a focus on care outcomes but ensure a sustainable business proposition for the provider.
- **Sheffield City Council** had flagged a capital partnership programme to local providers, which has been delayed due to the COVID-19 pandemic. It was however welcomed by several providers who expressed interest in land and building partnerships for new-build care homes.
- **Suffolk County Council** entered into a three-way agreement between the council, care home freeholders and an operator. In this case, SCC entered into block contracts with the operator for an initial term of 30 years from 2012. The arrangements first arose from the consolidation of older and inefficient council owned care homes. This saw the redevelopment of 12 existing homes (essentially the land on which they stood) into 10 new, purpose-built care homes spread across Suffolk from February 2013 onwards. The resulting care home portfolio was bought by two parties (five assets each), who were financial investors and who in turn entered into multi-decade FRI leases with the operator. Suffolk County Council agreed to contribute the land towards the development of the new homes in return for an operator agreeing to a block contract. This meant that

SCC could continue to service its waiting list filling beds in new homes at local authority prices whilst also enabling the operator to benefit from a share of private pay occupants across several of the homes. Each of the homes have had and continue to have a very strong relationship with Suffolk County Council with vacant contract allocated beds filled promptly from their extensive waiting list.

- **Bristol City Council** tendered for a programme of extra care housing development with the linked development of care and nursing home provision, with providers bidding for both capital, land and long-term fee levels as part of a 25-year contract for the buildings and support.
- **Cambridgeshire County Council** developed a programme of in-house care home developments in partnership with care providers using a mixed model of Council-funded and self-funded beds to generate long term commissioned beds at fee levels less than the open market.

4.3.3 Advantages and Disadvantages

Sheffield City Council

These options allow the Council to commission exactly the types of support that it required to meet long term needs. Closer relationships with key providers make market management simpler. There will remain a self-funder market which would enable care homes not part of these arrangements to continue to operate and offer care beds for local authority commissioning.

This approach also has a significant advantage of being able to commission beyond just care homes – for example, it would allow for core and cluster schemes for people with learning disabilities with a registered care home at the core supporting a range of community-based clustered supported living services, or in rural areas small “care centre” developments which combine small scale supported housing and care home provision, including community outreach.

The main disadvantage is risk, as the Council will be more closely tied to providers through funding agreements, so would have to cover the cost of vacant block-booked beds, for example. It requires detailed long term commissioning plans to ensure that there is not a costly over-supply and to ensure that there is not a shortage of care home beds which could also push up costs. Capital or land agreements or long-term block contracts need to be set up carefully to ensure that they don't contravene regulations on state aid / subsidy control.

Care Home Proprietors

Care proprietors who want to develop their services and have an interest in closer work with the local authority, this provides a route to capital investment and longer-term contractual arrangements. A managed decommissioning of unsuitable care home provision could allow an exit route for providers with options for new service provision where appropriate. A reduction in overall bed capacity would increase occupancy in care homes overall.

There is a risk that smaller providers that are not willing or able to engage with long term contracts or capital investment could be left behind. Small providers constitute the majority of current provision and contractual arrangements would need to reflect the ability of smaller proprietors to engage.

5 Key enablers required to deliver

These enablers have been developed through conversations with care home proprietors, commissioners and other stakeholders of the care home market in Sheffield.

1. The Council should consider an exercise to identify strategic care home assets (care homes or providers) in the market that are essential for maintaining commissioned care home bed supply or ensuring sufficient choice in the market to meet Care Act responsibilities. This would aid decision-making on support requests by care home proprietors.
2. All people spoken to noted that the care home market was undergoing a period of significant change and that a response to this change requires a level of intervention by the local authority that has not been required previously. The main purpose of this intervention is to ensure that the care home market continues to meet demand now and in response to demographic and commissioning change.
3. Care home proprietors individually, and via the Care Home Association, have highlighted the need for the Council to provide them with information on the care home market going forward on which they can base business decisions. Specifically, proprietors need to know what future commissioning intentions are regarding the quantity and type of care home beds.
4. Smaller proprietors need additional support to make business decisions because they may not have access to the advice and information networks that larger providers can either purchase or employ.
5. All proprietors noted a need to address long term issues about staff recruitment, in particular social care workers, nurses and skilled and experienced care home managers.
6. Most proprietors operating nursing homes noted concerns about the recruitment of nurses, and a number felt that the current model is not sustainable. Several options were mentioned, including better pay, closer links to NHS services for training and development and more flexible staffing models. Some of these options would require regulatory change that is out of the control of the local authority or CCG, although some areas of the country are developing more flexible clinical support arrangements for care homes that may make staffing within care homes easier.
7. Although the focus of the project was on care homes, care homes sit within the wider context of social care services for older people and a wider set of linkages across the Council. For example, several providers of supported living services for people with learning disabilities noted issues with planning in terms of identifying potential sites for services. Discussions about diversifying care homes for older people need to include discussions with the planning department as well as housing. Discussion of the use of Council-owned land or property requires liaison with the Economy, Regeneration & Culture department.
8. Several providers noted an ambition to develop their services but noted difficulties in obtaining capital, particularly at the moment when banks are unwilling to lend. Other Councils have made available capital grants to support the development of new services.
9. Sheffield is a diverse borough, with a range of urban and rural communities that have specific needs, including, in some cases, dedicated care and support services. The development of long-term strategies for service development needs to include dialogue with those communities about how their needs may best be met. Plans also need to

include arrangements for protecting services in the South of the borough where the population is less dense, and it may be challenging to operate viable services.

6 Supporting analysis evidencing the opportunities (A set of detailed summaries of data with analysis which sets out the rationale for all recommendations)

This report is based on a strategic review of the Care Home market in Sheffield undertaken between December 2020 and February 2021. The review included the following key tasks:

- Engage with care home owners and operators.
- Engage with the local authority, CCG, regulators and other professional bodies.
- Identify the best and most innovative operating and funding models for different care home markets and how these could be applied in Sheffield.
- Identify urgent, short, medium and longer-term lists of priority evidence-based opportunities.
- Produce a Care Home Market Development and Sustainability Delivery Plan.

This project was undertaken by Cordis Bright with support from Laing Buisson. Cordis Bright is a health and social care consultancy and provides consultancy, advice and research aimed at improving public services. LaingBuisson is a business intelligence provider across healthcare, social care and education.

7 Background – Market View

This section of the report provides an overview of the current care home market in Sheffield, including:

- Demographics
- finance and finding
- highlight findings from engagement with care home providers, Council and CCG staff and other stakeholders
- Summary and conclusions.

The aim of the report is to provide a view of development of the care home market at 1, 3, 5 and 10 years and the report sets details demographic and market trends based on these intervals.

The overall trends in social care over the period is a continuing growth in demand for social care as a result of a growing and ageing population. Alongside these changes runs a transformation in the way in which care and support is delivered, with a move away from care homes (residential care and nursing care) and to a model based on housing-based support, be that in the individual's ordinary housing in the form of home care, or in specialist supported accommodation such as sheltered housing or supported living schemes.

Between 2012 and 2020 there was an overall reduction in the number of residential care and nursing care beds per 100 of the population aged 75+ in Sheffield of 11.7 in 2012 to 9.7 in 2020 (at the Yorkshire and Humberside average and above the 9.6 England average), highlighting the long-term trend away from care home provision to meet the needs of the older adult population.

7.1 Demographics

Demographic information looks at both the supply of care home beds and the growth in the population in needs of care and support in historical terms and estimated future demand.

7.1.1 Covid-19

Covid-19 has made estimates of future demand harder to calculate because current care home occupancy and demand for care home places has been reduced by Covid-19. Historical data is useful to enable the changes brought about by Covid-19 to be placed in a historical context and might also help predict post-Covid-19 trends. Notwithstanding this, however, there is considerable uncertainty about the impact of Covid-19 on long term demand for care; in particular:

Are demand levels for care home places likely to return to pre-Covid-19 levels, particularly for people who self-fund care home places?

Will there be an increased demand or an increased complexity of need as a result of people delaying treatment or access to care homes?

It is likely to be several years before the impact of Covid-19 on care needs at an authority level is fully understood.

7.1.2 Care Home Supply and Demand

Historical Trends

The number of care home beds for older adults has reduced since 2012 both in absolute terms and as ratio of the number of beds per 100 of the population aged over 75:

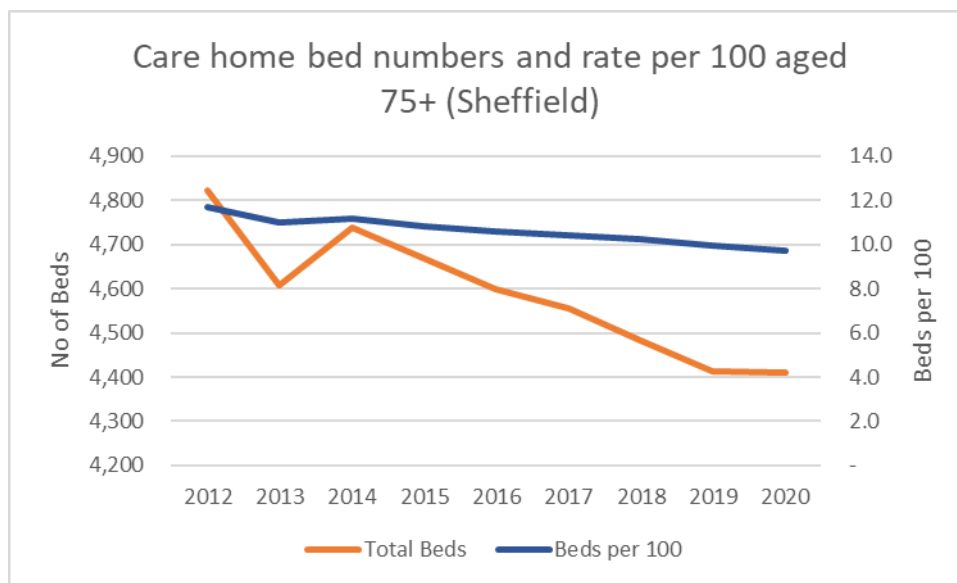


Figure 4 – Older Adult Care Home Beds and Care Home Beds per 100 of the 75+ population (Source: CQC, October 2020+)

The fall in the number of beds per 100 of the 75+ population is in line with the Yorkshire and Humberside and the England rate.

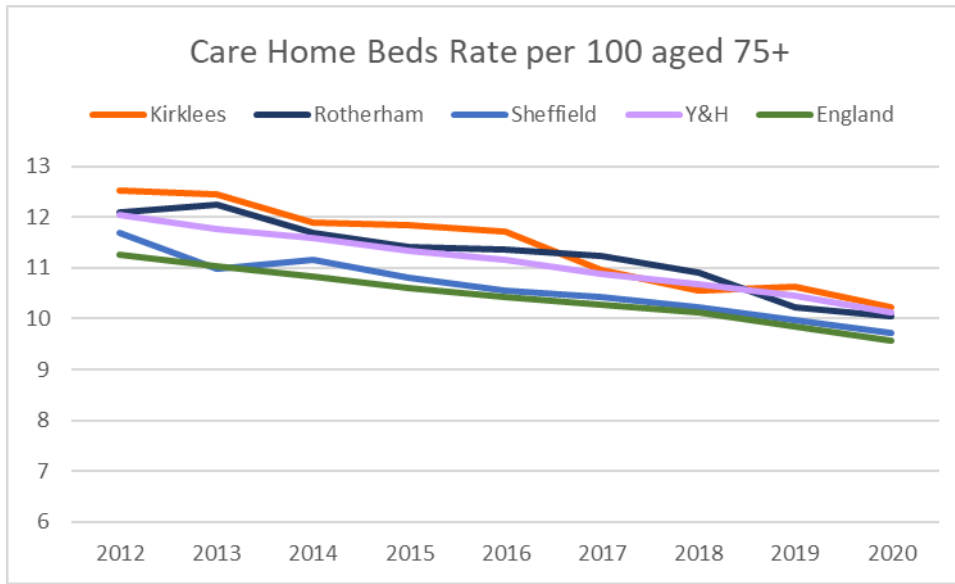


Figure 5 – Older Adult Care Home Beds per 100 of the 75+ Population - Comparative data (Source: CQC, October 2020)

Finally, absolute care home bed numbers have dropped over the period and there has been a corresponding increase in average occupancy across England until 2020 when occupancy was reduced by Covid-19.

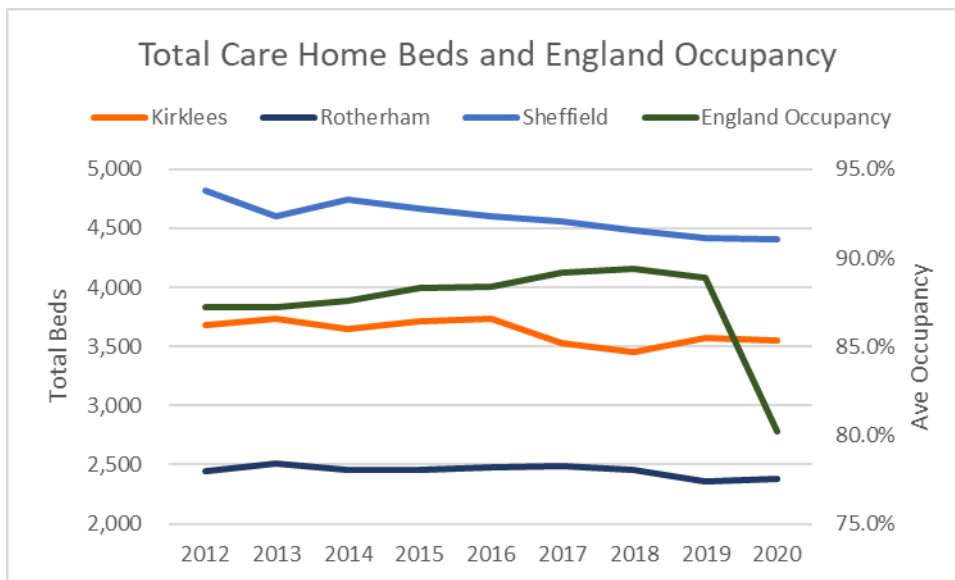


Figure 6 - Care Home Beds and England Care Home Occupancy 2012-20 (Source, Department of Health and Social Care, 2020)

Figures for 2019 from LaingBuisson show that overall occupancy for older adults in Yorkshire and Humberside was amongst the lowest in England:

Table 1.12

Average occupancy rates (occupied beds divided by registered beds) by region in for-profit and not-for-profit care homes for older people and dementia (65+), England 2019

	For-profit	Not-for-profit
North East	85%	86%
North West	86%	90%
Yorkshire & the Humber	81%	87%
East Midlands	82%	91%
West Midlands	86%	92%
East of England	84%	88%
Greater London	88%	91%
South East	83%	91%
South West	83%	85%
England	84%	89%

Figure 7 - 2019 Care Home Occupancy by provider type and region. (Source, LaingBuisson)

7.1.3 Future Trends

Future demand for care homes is affected by a number of factors, including:

- The growth in the population of older people which drives up demand for all care and support services including care home places. There is also an ongoing demand for self-funded care home places which would not be eligible for local authority support, although this part of the care home market has been significantly impacted by Covid-19
- The increasing supply of alternative provision of care and support, including home-based support (home care) and housing and support such as sheltered housing
- Changes in the desirability of different care options, particularly during Covid-19 but also a long-term trend.

These pressures are illustrated in the diagram below:

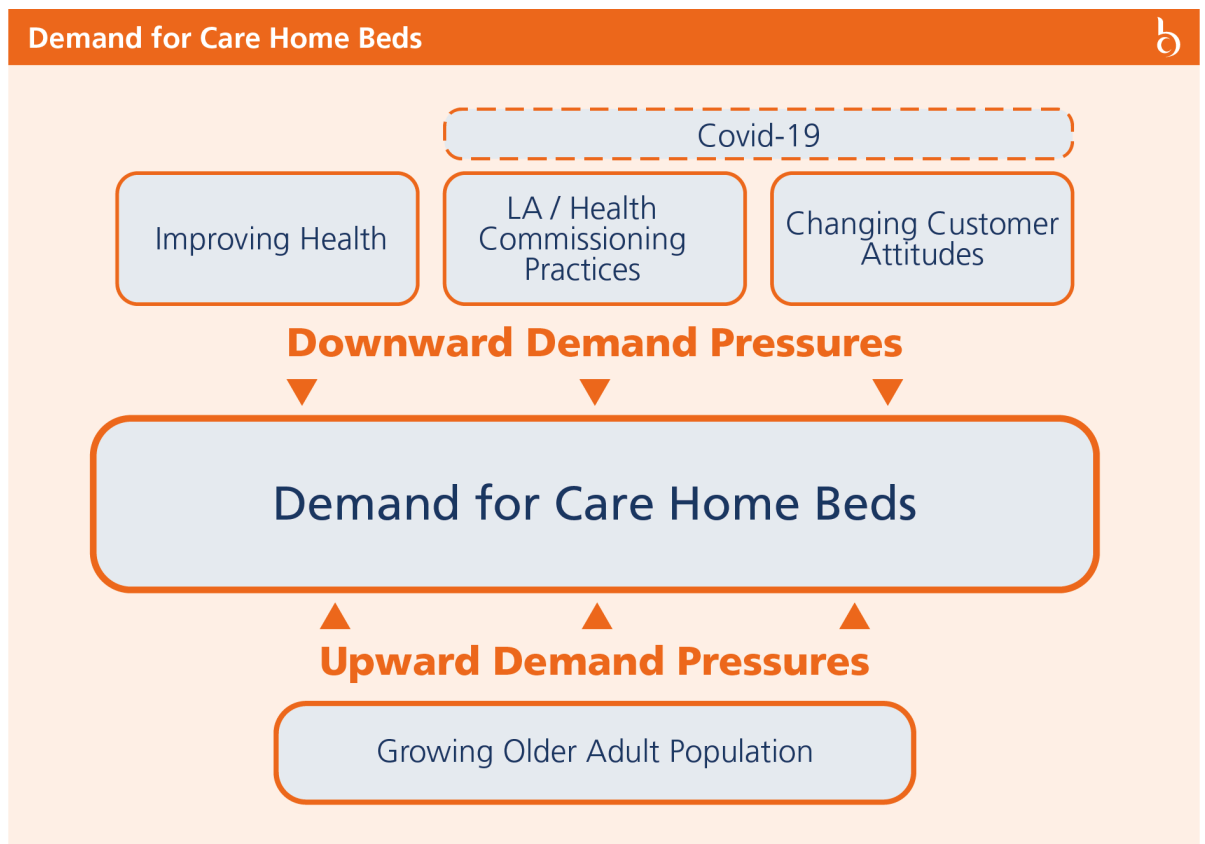


Figure 8 - Influencing factors in the demand for care home beds

For England, the number of new requests to social services for support has increased year on year since 2015-16. For Kirklees, Rotherham and Sheffield, the number of requests for support have varied year by year.

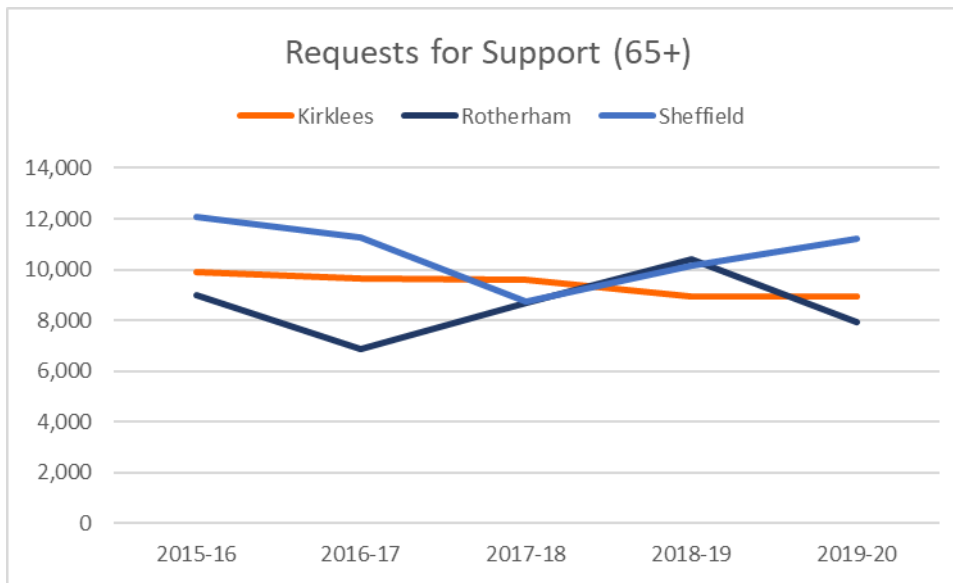


Figure 9 - Number of requests for social care support for people aged 65+ 2015-20. (Source, SALT Data, NHS Digital)

Looking specifically at the population aged 85 and over, who are most likely to have care needs and be admitted to a care home, the population is due to rise year on year through to 2043:

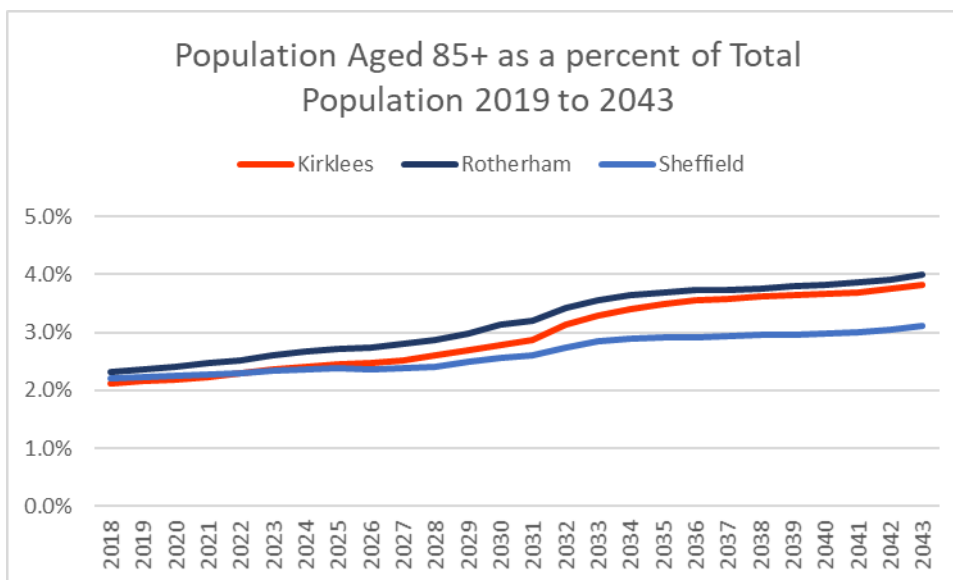


Figure 10 - Population aged 85+ as a percentage of the total population, 2019 to 2043 (Source, ONS Population Forecast, 2019 Mid-Year Estimates)

In number terms, this means, for Sheffield, an increase in the 85+ population of 368 from 2020 to 2022, 1770 from 2020 to 2025, and 1,836 from 2020 to 2030.

In 2018 it was estimated that just under 15% of over people aged 85 and older were in a care home, compared to 25% in 1996.

These downward trends have driven the reduction in overall care home beds over recent years. The impact of Covid-19 has had a significant impact on care home vacancies, particularly in Nursing Homes, where turnover of residents is higher and the impact of significantly reduced referrals from both Council-funded and self-funded residents has been felt most acutely.

Assessing Future Care Needs

Traditional care needs forecasting has been based on the age of the population because the care needs of people increase as their health and mobility of people decreases with age. However, as the Brookings Institute found, looking purely at the age of the population is not a good indicator of care needs, and two areas with similar numbers of older people aged over 85 may have very different patterns of care demand. The Brookings Institute found that proximity to end of life is a far better predictor of care needs, and that most care needs arise in the last year of people's lives.

An approach to measuring likely care needs based on proximity to end of life means that other factors, such as deprivation and poor health, are taken into account. We have therefore based predictions of care needs on people aged within one year of average life expectancy for the locality and above. In general, basing care needs projections on proximity to end of life will increase the number of people expected to have care needs in more deprived localities where life expectancy is lower. For example, in Sheffield, where average life expectancy is 80.6, the population within 1 year of average life expectancy and above (79.6 and greater) and expected to have the highest care needs is much higher than that predicted by looking at the 85+ population. In Sheffield, in 2020, the 85+ population is estimated at 13,295 people, compared to 27,176 who are over 79.6 (Average Life Expectancy less one year).

The maps below show the estimated older adult population with a care need from 2020. The care demand is estimated at 12% of those with the highest needs. It is based on the 76 Middle Layer Super Output Areas in Sheffield. A table of these, with the population figures for each year, is in Appendix 1. The location of care homes is shown with a dot – orange for care homes and cyan for care homes with nursing.

The maps below are based on Middle Layer Super Output Areas (MSOAs). Each MSOA covers on average 7,500 people 3,000 households, and there are 70 of these areas in Sheffield.

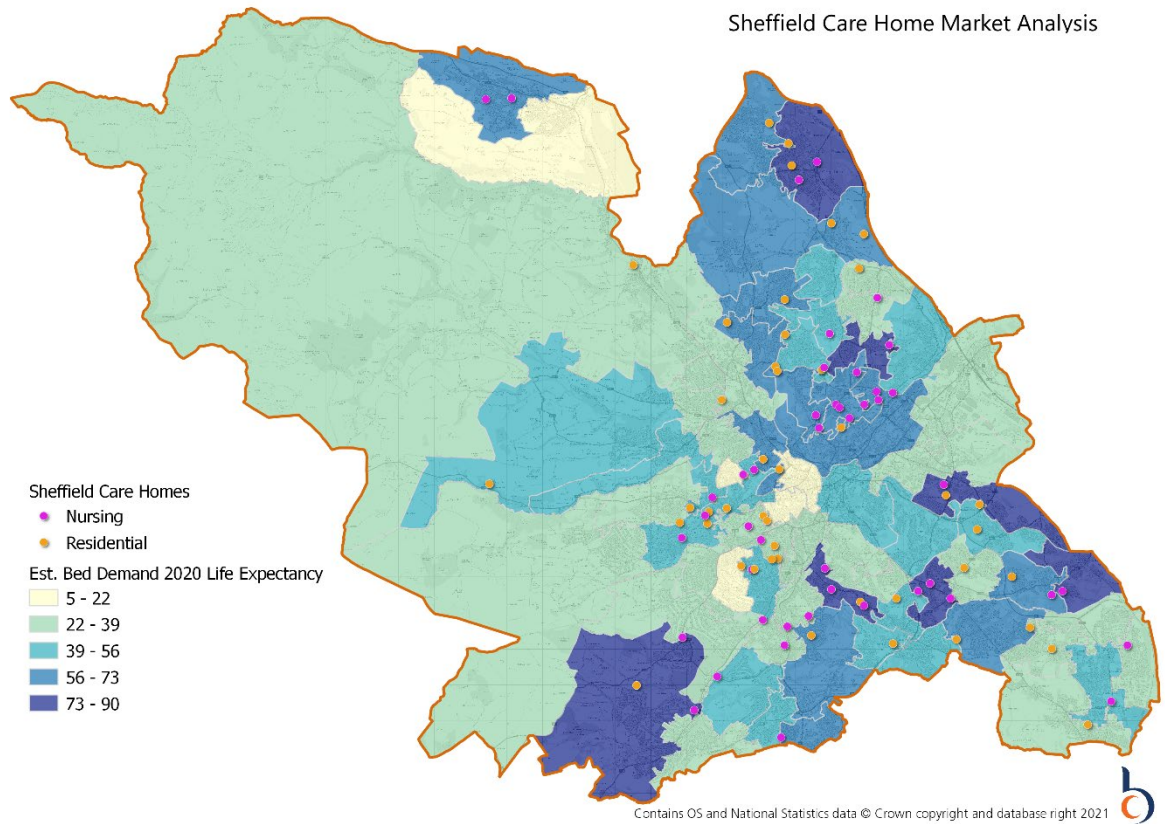


Figure 11 - Estimated older adults care demand and the location of older adult care homes in (Source: CQC October 2020, ONS mid-year population estimates 2019)

The following map shows the same data but shows the relative size of individual care homes through the size of the circle.

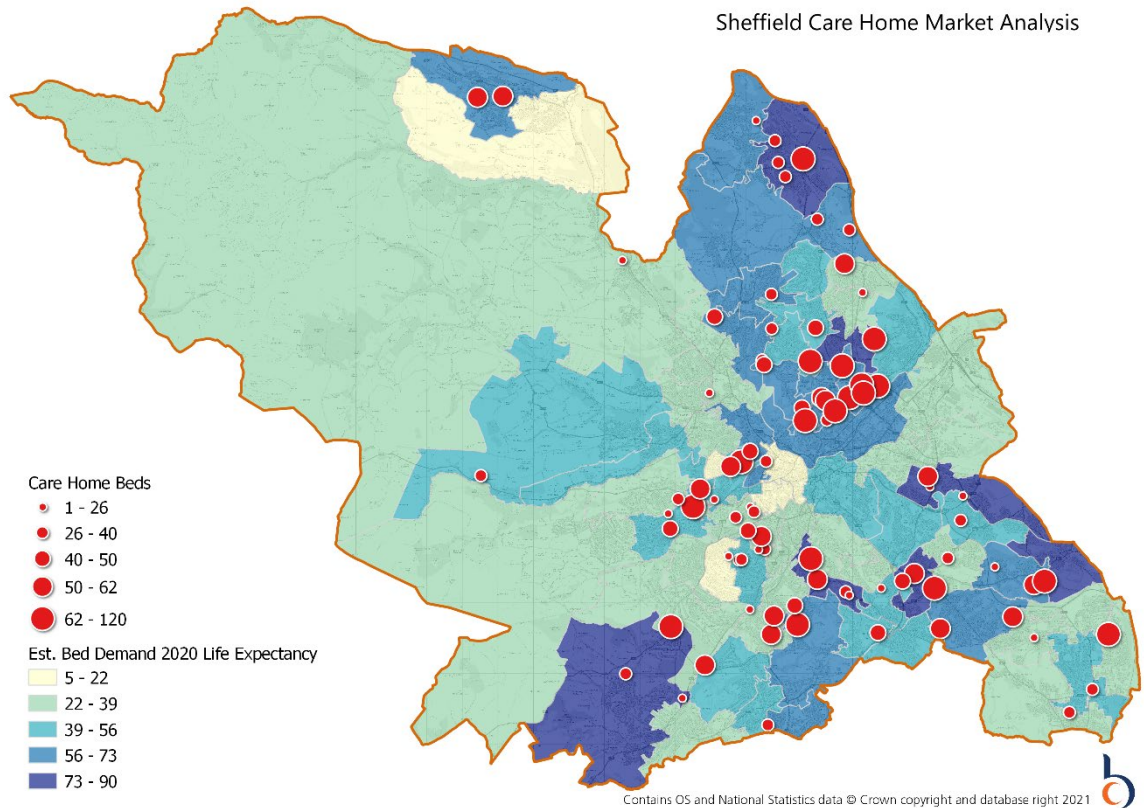


Figure 12 - Estimated care demand and the size of care homes in Sheffield (Source: CQC October 2020, ONS mid-year population estimates 2019)

Comparison of Approaches – Kingsbury Hill Fox and LaingBuisson

The approach to calculating care home bed demand used by Kingsbury Hill Fox is based on the percentage of older people going into care home based on age band. The most recent data on the percentage of care home admissions by age appears to be based on the 2011 Census, since when there has been a continuing drop in demand for care home places, as a result of changes in care needs in the population and changing commissioning patterns. The main criticism of this approach is that it does not take account of differing life expectancy across areas, commonly associated with the level of deprivation in area.

The table below uses care home population percentages to estimate demand for care home beds based on 2019 mid-year population estimates. The first figure looks at the overall 65+ admission rate at 3.2% before breaking it down into age groups:

	Percentage Care Home Rate	Total Beds
ASD 65+	3.2%	3,022
ASD 65-74	0.6%	294
ASD 75-84	2.8%	903

ASD 85+	13.7%	1,798
ASD Total by group		2,995.45

Figure 13 - Age Standardised Demand estimates Source: ONS 2019 mid-year population estimates, 2011 Census Data)

Broken down by area, this results in the following map, which is very different to the one based on proximity to end of life above:

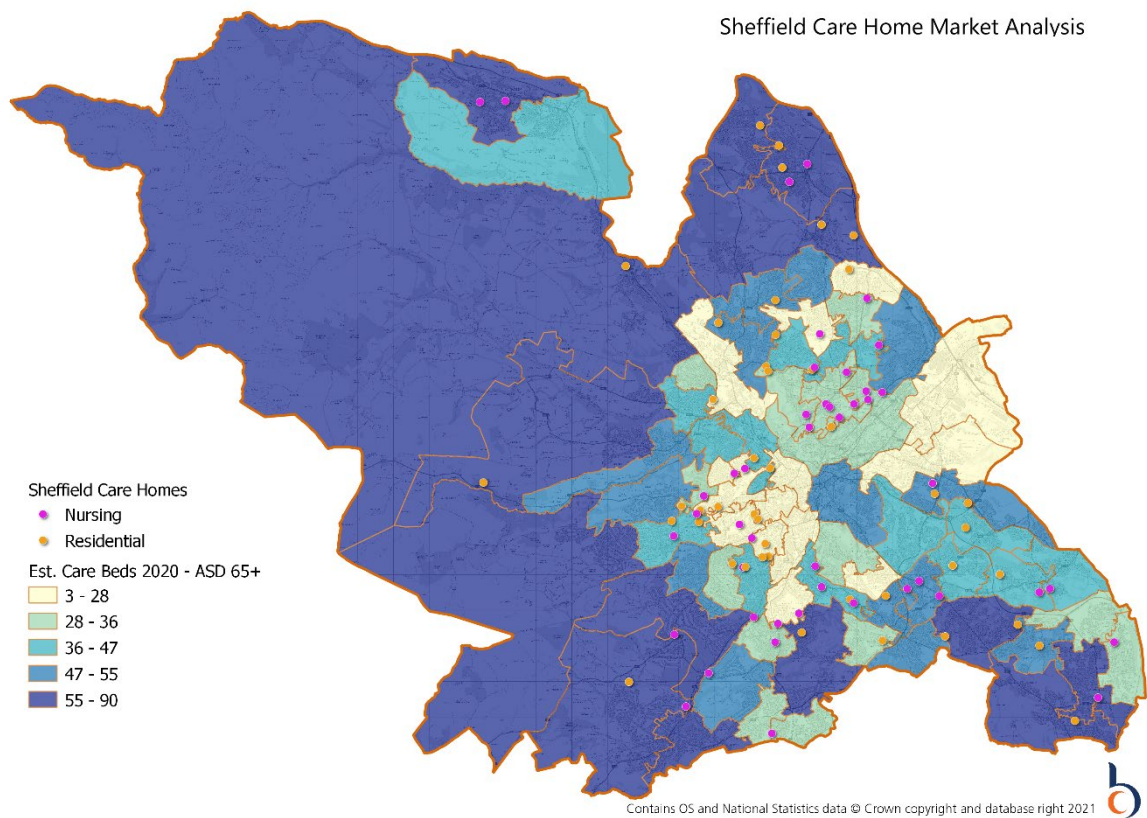


Figure 14 - Care Home Bed demand based on Age-Standardised Demand (Source: ONS 2019 mid-year population estimates, 2011 Census Data)

A comparison of the two methods of calculating care home demand is below:

Year	Kingsburyt Hill Fox ASD	LaingBuisson Proximity to EoL
2020	3,056	3,261
2022	3,155	3,332
2025	3,308	3,465
2030	--	3,716

As noted above, demographic pressures are only one of the demand drivers for care home placements, and possibly the least significant one, with changing commissioning practices by local authorities and CCGs driving the largest change in demand levels.

There are a number of ways to explore the number of care home beds in the Borough. The map below shows the number of beds per the 85+ population based on 2019 mid-year estimates:

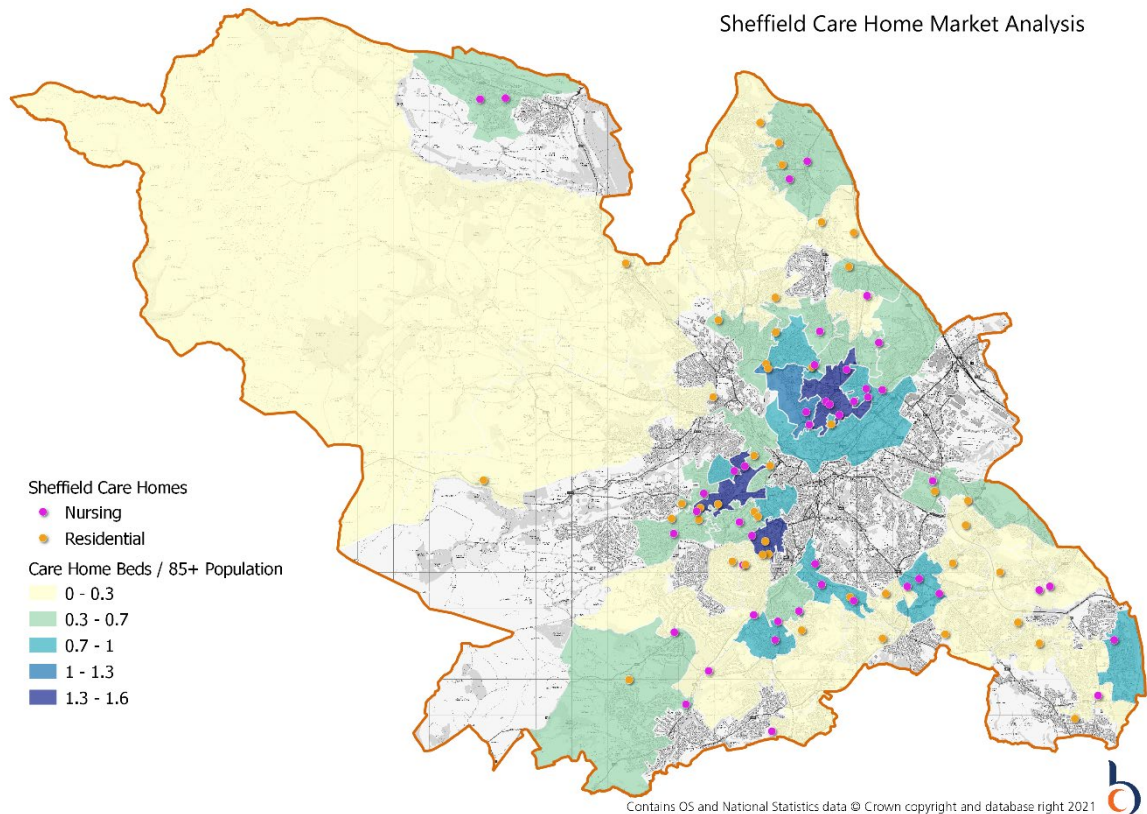


Figure 15 - Care Home beds per the 85+ population by MSOA (Source: ONS 2019 Mid-Year Estimates, CQC Data February 2021)

Comparing these figures with authorities in the Yorkshire and Humberside Region and the Core Cities Group, Sheffield is below the average for beds per 85+ of the population. However, it is important to note that these figures are pre-Covid and the care home market is changing rapidly.

Looking at commissioning activity in the Core Cities and within Yorkshire and Humberside, Sheffield is just above the Yorkshire and Humberside average of 6,265 bed weeks commissioned per 1000 of the 85+ population with 6,359 bed weeks commissioned (equivalent to 24 beds per year). The Core Cities average is 7,678 bed weeks commissioned, so Sheffield's rate is one of the lowest.

The maps below show care need levels across the Yorkshire and Humberside, ranking the number of people with care and support needs in quartiles. The first map shows the

Yorkshire and Humberside region, and the second focuses on the authorities in the west of the region:

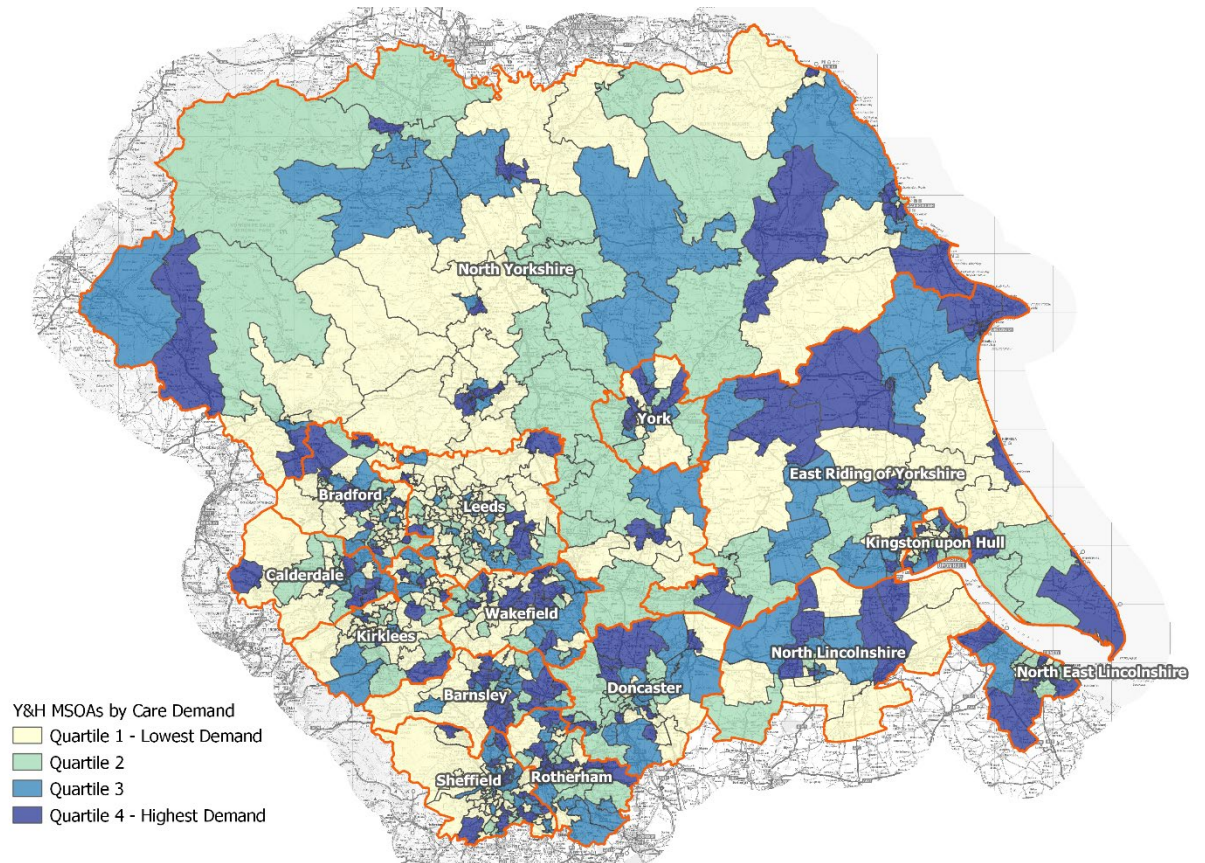


Figure 16 - Care Demand in Yorkshire and Humberside by MSOA, ranked by Quartile of demand.

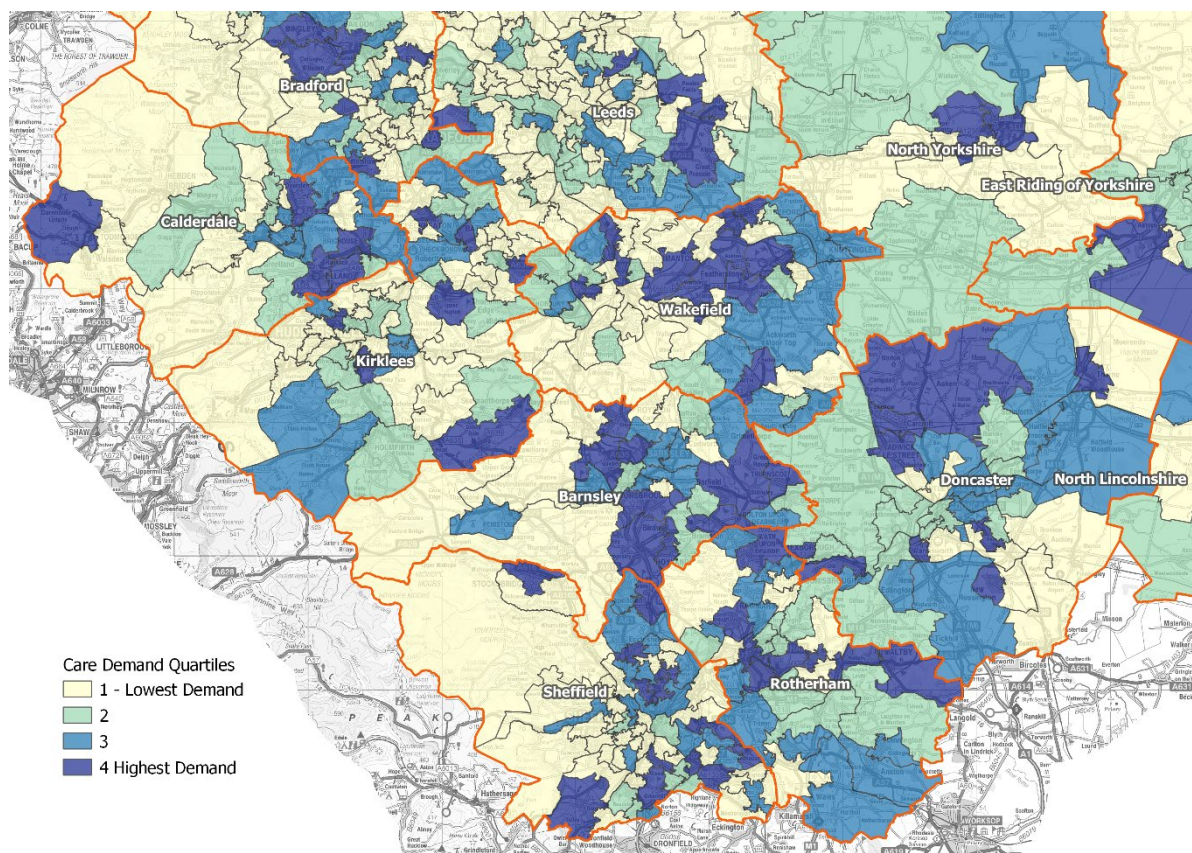


Figure 17 - Care demand in the western authorities in Yorkshire and Humberside

Sheffield is in the middle group of authorities in terms of the number of MSOAs in the top quartiles (Quartiles 4 and 5), with 40% of MSOAs falling into these quartiles.

Authority	Top Quartiles %
East Riding of Yorkshire	65%
Scarborough	64%
Bamsley	60%
Rotherham	58%
Doncaster	51%
Craven	50%
Richmondshire	50%
Ryedale	50%
York	50%

Harrogate	48%
Calderdale	44%
Wakefield	44%
North Lincolnshire	43%
Sheffield	40%
North East Lincolnshire	39%
Hambleton	36%
Bradford	33%
Kingston upon Hull, City of	31%
Selby	30%
Kirklees	27%
Leeds	18%
Yorkshire and Humberside	40%

Figure 18 - Yorkshire and Humberside local authorities ranked by the number of MSOAs falling into the top quartiles (4 & 5) for estimated care demand

The following three maps show the change in the population in percentage terms in 2022, 2025 and 2030, all relative to 2020 figures. The change in population with a care need reflects the average life expectancy of individual areas:

Percentage Care Demand Change 2022

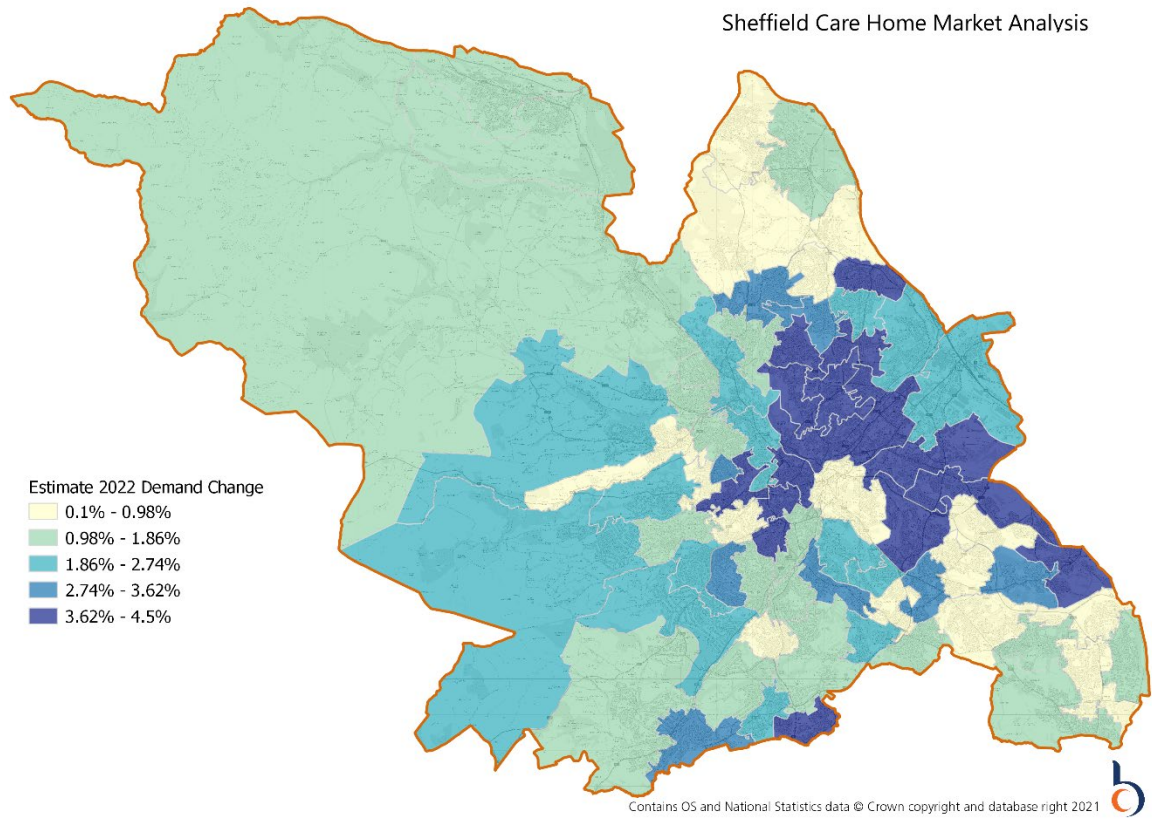


Figure 19 - Estimated percentage change in care demand by MSOA 2022 (Source: ONS mid-year population forecasts 2019)

Percentage Care Demand Change 2025

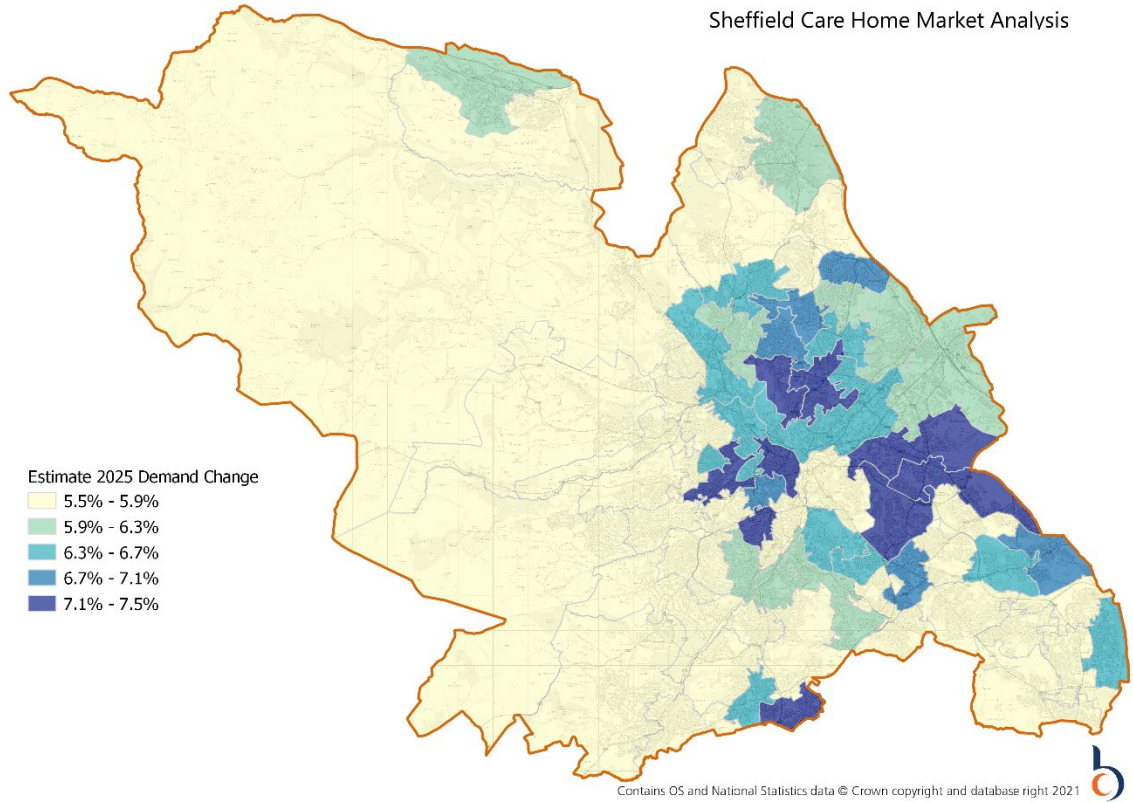


Figure 20 - Estimated percentage change in care demand by MSOA 2025 (Source: ONS mid-year population forecasts 2019)

Percentage Care Demand Change 2030

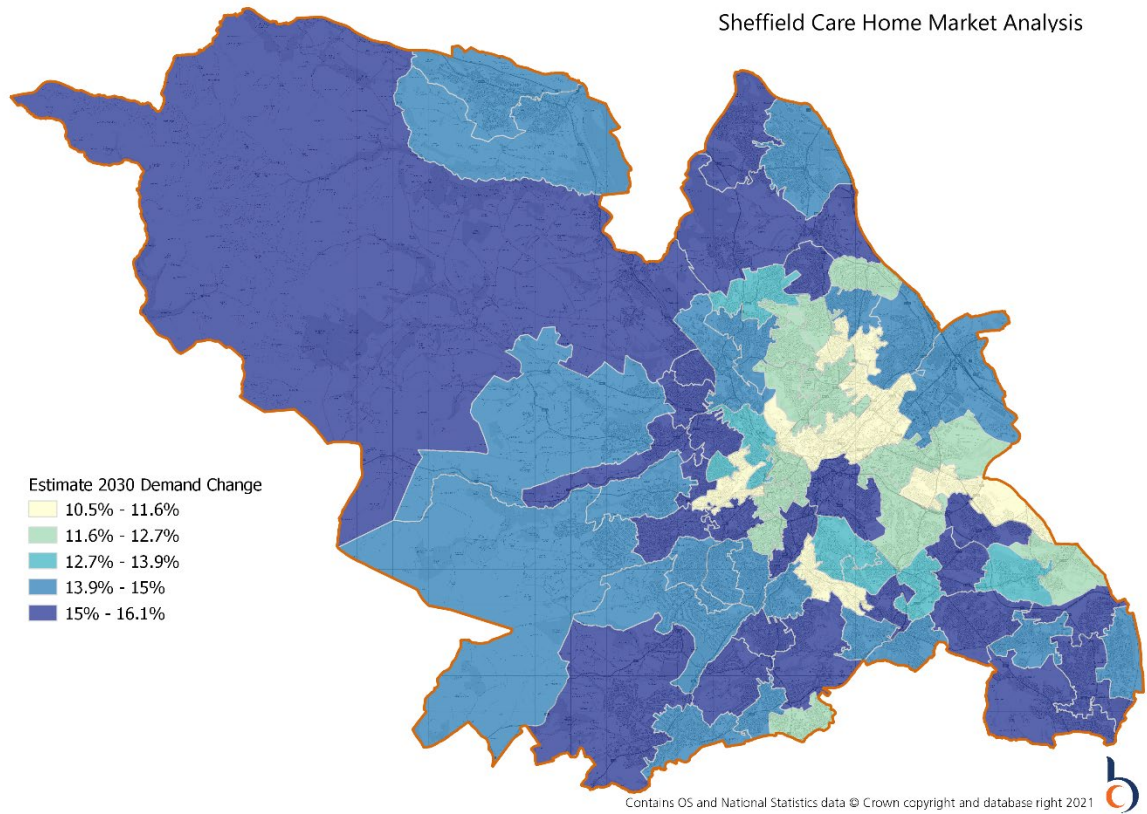


Figure 21 - Estimated percentage change in care demand by MSOA 2030 (Source: ONS mid-year population forecasts 2019)

Finally, the chart below looks at the change in the care and support needs of the population per year between 2019 and 2043, based on ONS Mid-Year Estimates for 2018. The DFLE line is the people who are aged above the average Disability Free Life Expectancy for Sheffield, which is 62 years for the whole authority. Above this age, demand for support may be expected to increase. The care population is as above.

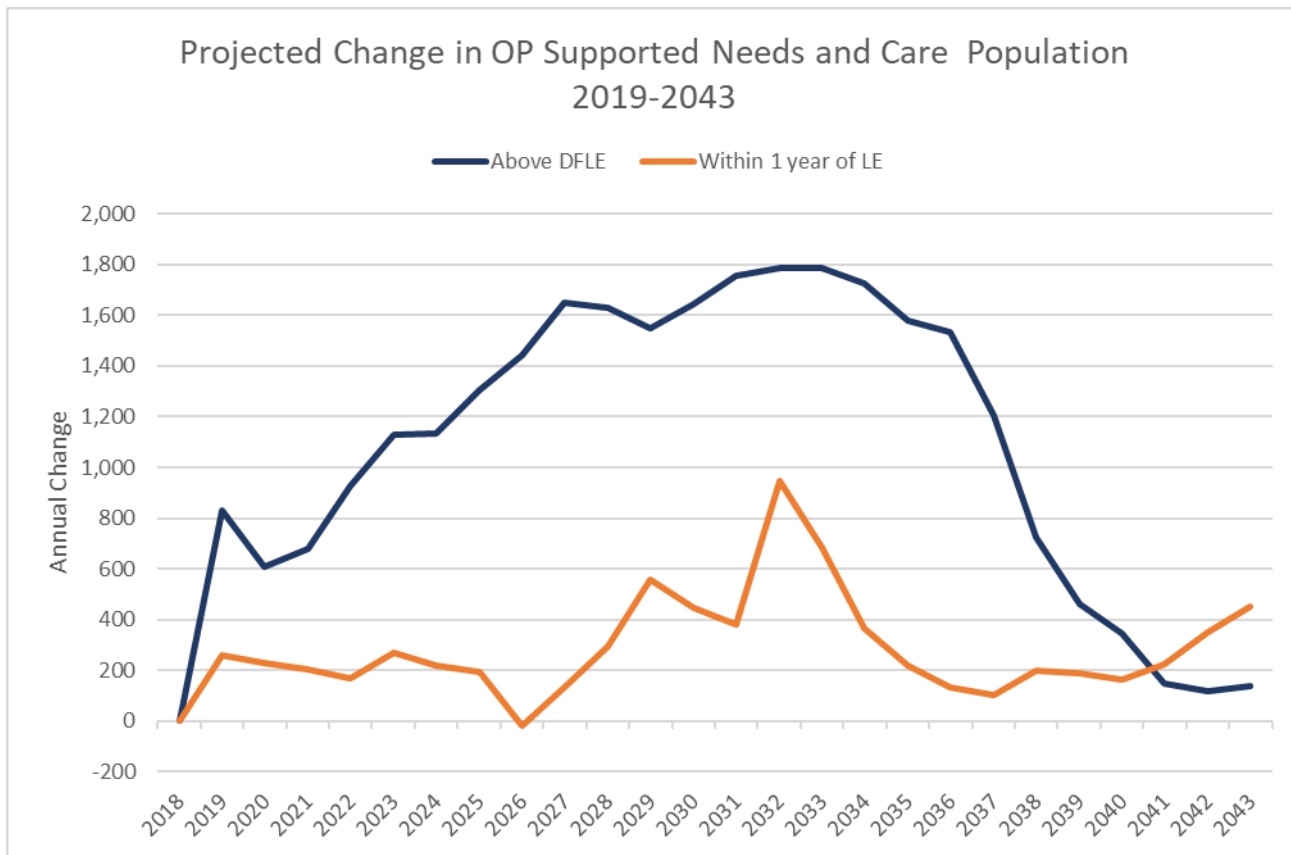


Figure 22 - Projected annual change in number of older people with a care need, 2019-2043 (Source, ONS Population estimates, Life Expectancy data from ONS 2015)

The spike in the population within 1 year of average life expectancy and over is due to a large population that is currently in their early-70s reaching 79 and falling into the care needs group.

There is a large variance in disability free life expectancy across the borough, which may have an impact on the targeting of preventative measures or the location of supported housing services for people who cannot manage in their own homes due to disability. This range is illustrated on the map below:

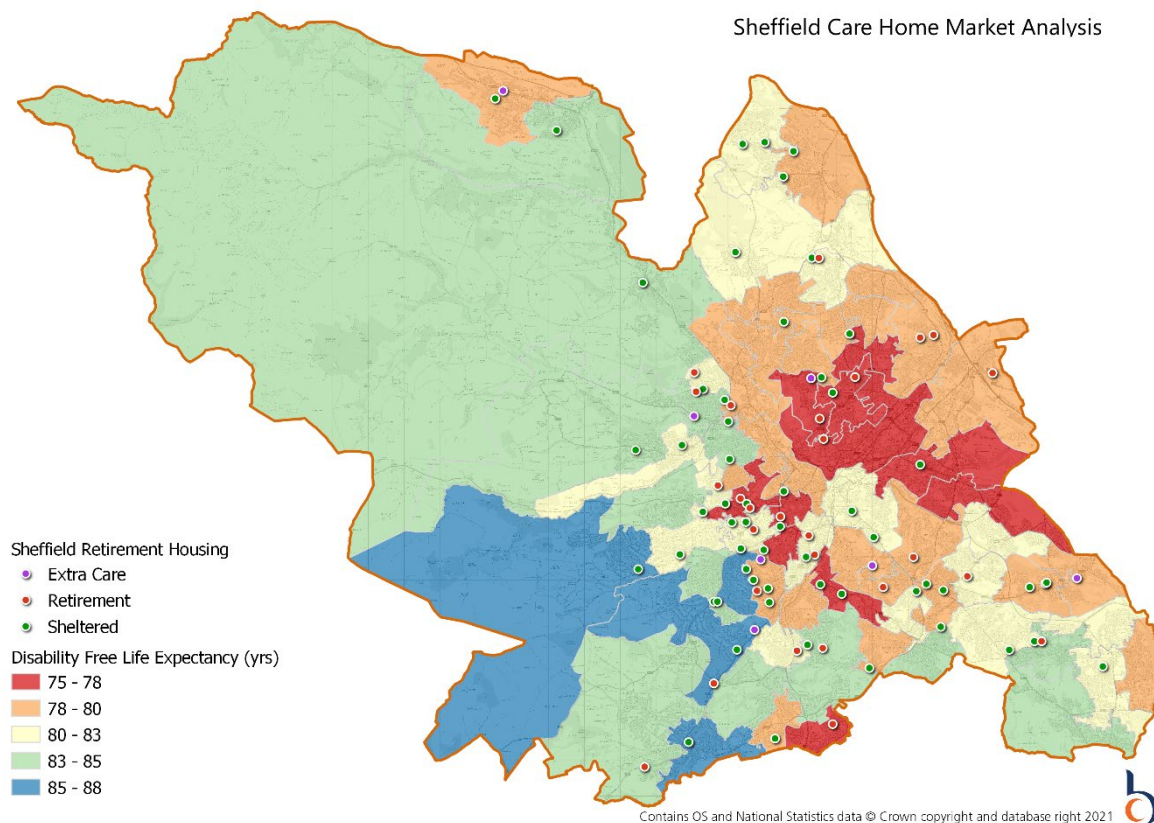


Figure 23 - Map of retirement housing locations and disability free live expectancy by MSOA in Sheffield (Source: Housing data from EAC, DFLE data from ONS, 2015)

7.1.4 Dementia Care

The map below shows the reported Dementia Prevalence rate (as a percentage of the patient list for each surgery) for 2019/20 for reporting GP practices in Sheffield, taken from QOF data. This data collection is optional, so not all GP practices participate.

This dementia prevalence percentage of individual GP practices is reflected in the size of the marker (in red). The map also shows the location of care and nursing homes. Note that some of this prevalence will be a reflection of the presence of care home residents on the individual GP practices' lists, so where there is a reporting GP practice close to the location of a care home it would be expected to see a higher prevalence.

The map does suggest that dementia prevalence reflects the age-related demand of the general population and that in most areas there is care home provision in proximity areas where there is greater dementia prevalence.

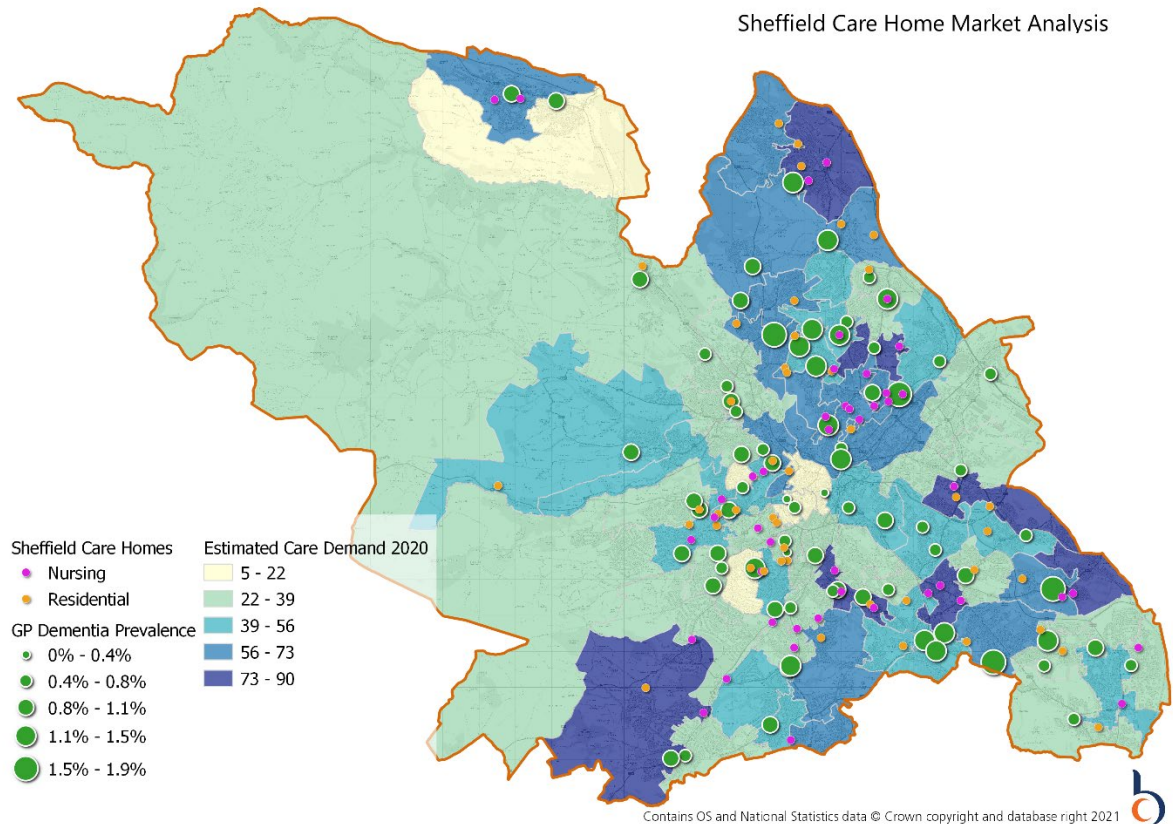


Figure 24 - Dementia Prevalence by GP Practice (Source: QOF 2020, NHS Fingertips)

Work undertaken by the Cognitive Function and Ageing Study (CFAS) undertook a two decade incidence comparison for older people aged 65+ with dementia and found a 20% drop in the incidence of dementia over the period, driven largely by improvement in the health of people aged 65+, particularly men. Notwithstanding this, CFAS estimate that there will be 209,600 new cases of dementia each year in the UK.

There is also evidence from a range of studies of increasing “compression of morbidity”, which is a reduced amount of time spent in worse health³. This has implications for care home admissions which have already been identified by providers, in people being admitted later with more complex needs. This means that although the number of people eventually being admitted to a care home may remain stable, the length of stay reduces, which results in less overall occupancy.

7.2 Population and Demand Summary

Care needs will increase across the authority each year between 2020 and 2030, in line with the region and England as a whole. Although Covid-19 will have reduced demand in

³ See for example “Health, functioning, and disability in older adults—present status and future implications”, Chatterji, Byles, Cutler, Seeman and Verdes, The Lancet, Volme 385, issue 9967, February 2015 - [https://doi.org/10.1016/S0140-6736\(14\)61462-8](https://doi.org/10.1016/S0140-6736(14)61462-8)

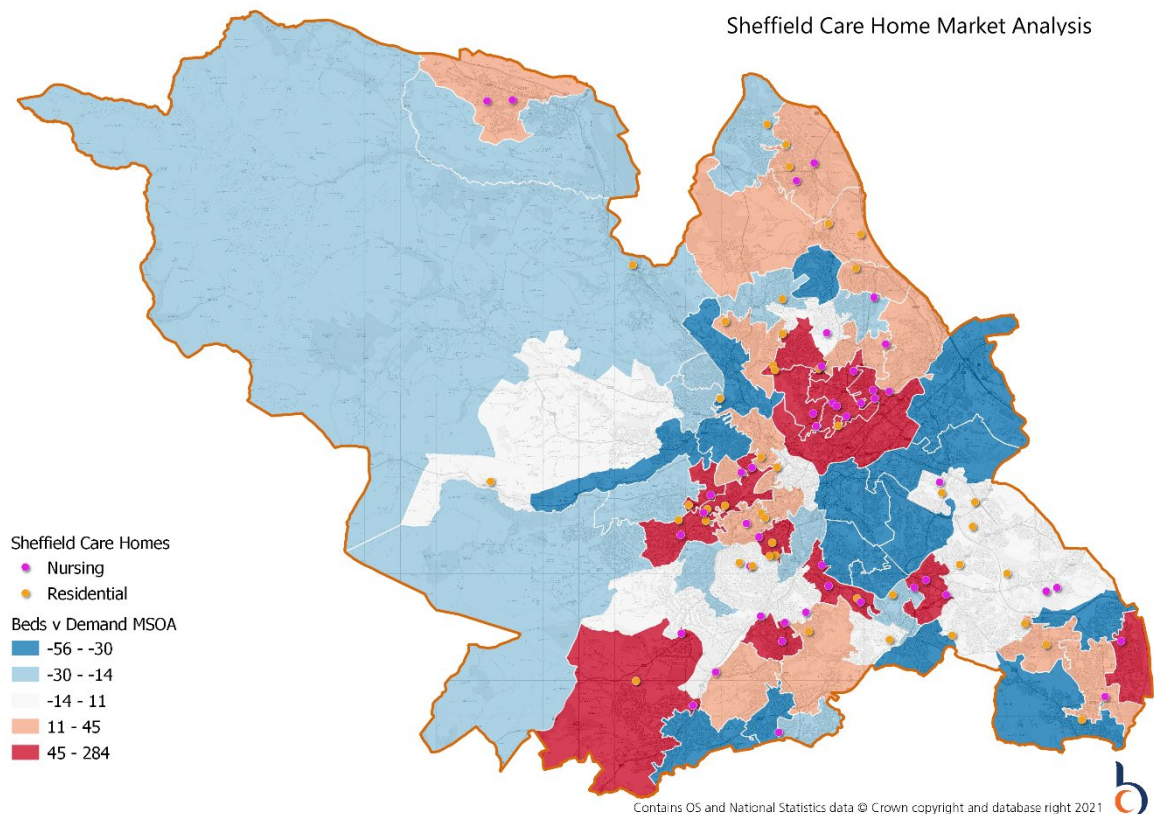
2020/21 overall, it is likely that has delayed demands for care, rather than removed them, so the figures for 2021 are likely to be higher.

In terms of demand for care home beds, it should be noted that these increases in population have been increasing demand for care year on year for the last 10 years, during which time demand for care home beds has been falling. There is nothing to suggest that this trend will change and there will be a continued reduction in demand for care home beds over the next 10 years, driven by a combination of a focus on a “home-first” approach to care for older people, and a change in customer demand for care home placements driven mainly by the improved availability and reliability of home care services. Covid-19 has accelerated this shift away from care homes by people with care needs and demand is likely to increase again as the risks of Covid-19 are diminished over the next 12 months, but demand is not likely to return to pre-Covid-19 levels.

7.2.1 Care Home Bed Requirements

Older Adults (65+)

The map below shows the current supply of care home beds relative to estimated demand for beds by MSOA. Areas in shades of blue have an overall undersupply of care home beds (the darker the shading the greater the undersupply). Areas shaded in pink or red have an over-supply of care home beds. Overall, the over-supply of beds is greater than the undersupply. Areas with current undersupply of care home beds are also those areas which will have longer term increases in potential demand.



There are currently 4,105 care home beds in Sheffield (CQC Data February 2021). Based on the current (December 2020) occupancy of 75%, 3,079 of these are occupied, with 864 vacancies.

Were this to become the new baseline care home bed demand, then based on 90% average occupancy, which is the assumption most providers work on, there would need to be 3,241 care home beds in Sheffield. Based on the number of beds per 100 of the 75+ population, this would be 7.14 beds per 100. This compares to the current rate of 7.67 beds per 100 for England based on the 80.2% occupancy.

This is the worst-case scenario, and it would be reasonable to assume that demand returns to some extent in 2021. Assuming that occupancy rises to 83% in Sheffield, there would be 3,407 occupied beds and 698 vacancies. Based on budgeted occupancy of 90%, there would need to be 3,786 beds, with an overall reduction based on the current 4,105 beds of 319. This would represent a rate of 8.34 beds per 100 of the 75+ population. The pre-Covid-19 2020 rate for England was 9.6.

The likely increase in the population with the highest care needs in Sheffield is 72 by 2022, 154 by 2025 and 324 by 2030. This means that unless there is a reduction in beds now, occupancy is likely to be significantly below 95% for the next 6+ years, assuming that the proportion of people admitted to a care home remains at pre-Covid-19 levels.

In the short to medium term, health improvements are likely to reduce the number of older people with care needs likely to require a care home admission, before taking into account changes in commissioning practices arising from the “home-first” approach to meeting care and support needs. The impact of Covid-19 is likely to further reduce demand for care home support, both as a result of people choosing not to move to a care home for fear of infection, but also because of the deaths from Covid-19 within care homes and amongst older people living in the community.

Demand for care home places who pay for their care themselves is particularly hard to estimate and given the likelihood of impacts of Covid on care homes continuing through the remainder of 2020, it is probably that future demand will not be understood until 2022.

7.3 Funding and Finance

7.3.1 Overview

From a funding and finance perspective, 2020 has clearly been a very challenging year for care home operators in Sheffield, and across the country. There were challenging trading conditions at the beginning of the year, even before the first wave of the COVID 19 pandemic. Since then, the cumulative effects of the first and second wave have been widely summarised by many operators as ‘occupancy down, costs up’. This, coupled with limited, temporary support from most local authority payors, has affected operators at a home level and at a corporate level.

7.3.2 Macro/Corporate Financing Landscape

Care homes operated by private companies invariably rely on (1) cashflow from operations, (2) banking facilities, and (3) the ongoing support of equity shareholders, with the latter typically private or family investors or private equity sponsors. The three core funding pillars are interrelated and weakness in one affects the others.

In 2020, the elderly residential care market has seen general weakness in cash generation, as occupancy has fallen and therefore profitability; this in turn has led to a reduction in banking covenant headroom and the need for many operators to revisit their banking facilities. Some operators managed to obtain either revised covenants, or waivers to covenants; some also obtained loan facility payment holidays during Q2 and Q3 of 2020, but these are very likely to have ended by Q4.

The environment for new loans to care home operators, which range from development financing, term loans, refinancing facilities and revolving credit facilities very quickly turned negative at the start of the pandemic in Q2 2020. Since then, several 'high street' lenders have effectively closed their loan books to new business; others have kept dialogue going with prospective borrowers, but in most cases solely for standard and well-supported lending propositions. Development finance constraints will mean fewer new care home beds being brought to the market. The general appetite has been weak, despite the a favourable macroeconomic low-interest rate landscape. The lending environment is unlikely to improve until mid-/late-2021, with the added complexities of Brexit returning to overshadow the market.

There has also been a subdued equity picture including weak mergers and acquisitions activity, which was in part an overhang from 2018-2019 when the largest care home transactions, including the putative sales of Care UK, Barchester and Four Seasons Healthcare failed to materialise. The current year has seen selective divestments of small care home groups but at reduced multiples of EBITDA, the normal valuation metric for the sector. Examples of this trend are Four Seasons' divestment of homes in the North West and Greater Manchester, and similar disposals by Barchester Healthcare in the North West.

The exception to the overall subdued market transactions picture in 2020 has been a flurry of transactions in the learning disabilities arena, which we address separately.

7.3.3 Major Operators

The major, systemically important care home operators, also referred to by the Care Quality Commission as 'difficult-to-replace' by virtue of their size (typically 50-plus homes), include the likes of Four Seasons Health Care, HC-One, Barchester Healthcare, Anchor Hanover and Care UK. They have provided regulatory filings and anecdotal updates throughout 2020 which give a broad indication of market sentiment, which are likely to be similar to the larger regional operators that operate in Sheffield. One major operator told us:

'Occupancy has been painfully low, but we haven't had the spike in deaths in Wave 2. In Wave 1 there was a high spike in death rates, a very high number of discharges and a decline in admissions. In Wave 2, there has been a very small death rate and admissions have dried up again in November and December.... Occupancy is sliding again now and somewhat undoing the hard work done over the summer' [He added he expected a better picture in the New Year and the impact of the vaccine rollout].

In September 2020, Care UK, which operates 112 care homes with circa 7,200 beds, reported: 'During March to June, occupancy rates were significantly impacted, with death rates materially above historic levels. Subsequently during July to September occupancy levels have improved, although still remain below pre-COVID levels. In addition, operating costs have been impacted by increased cost of procuring PPE and sanitisation.'

The impact of the virus has had a significant impact on Care UK's profitability and cashflow.' It went on: 'the Directors cannot readily predict the longer-term impact of the crisis upon the Group, including: What the NHS / Local Authority and self-pay medium to long term demand for vacant beds will be; What the further impact of the crisis, including a second wave, will be on the death rate and occupancy levels within the Group's care homes; What the further impact of self-isolation, care home isolation and other social distancing measures, including PPE and sanitisation, will have on operating costs, particularly in light of a second wave.'

Care UK's directors also noted that they 'consider the downside risks of COVID-19 on the group's occupancy levels and cashflows and the impact this might have on the group's ability to meet its bank covenants to represent a material uncertainty that may cast doubt on the Group and the Company's ability to continue as a going concern...' It is noteworthy that Care UK's time horizon is as follows: 'These forecasts assume that occupancy returns to pre-Covid-19 levels by August 2021, including through the opening of new homes, with tight management of labour costs to accommodate increased running costs due to PPE and sanitisation.'

Four Seasons Health Care issued a trading update in mid-November 2020, which painted a broadly similar picture. The company said: 'Whilst we began to see a move towards normality during the back end of the summer, the onset of a second wave of [COVID-19] has meant a return to more difficult operating conditions.' Four Seasons' care homes business 'has been significantly affected by the impact of COVID-19' in three areas: occupancy decline, increase in care costs and payroll costs. Regarding occupancy: 'Reduced occupancy levels, with Q2 2020 closing spot occupancy of 79.8% representing a c8.5% decrease from the opening occupancy of 88.3%. Occupancy only partly recovered during Q3 2020, with a closing spot occupancy of 80.8%. The decline is consistent with that seen by other operators... Admissions, which dropped to c70% below pre Covid-19 levels, had recovered to levels which were only slightly lower than historical levels by September. However, recent KPIs show a decline in admissions, with admissions during October and November having decreased to c70% of what would normally be expected at this time of year.' Care costs increased significantly, with expenditure on PPE three times the c£1.5m spend in a 'normal year'. Regarding payroll costs, Four Seasons said: 'Shielding and self-isolation pushed staff absenteeism up to just under 11%, although this has now fallen back.'

Some large UK care home groups and Real Estate Investment Trusts (REITs) have reported more resilient market dynamics. Target Healthcare REIT, which is landlord to over 100 care homes across the UK, including homes in Doncaster and Sheffield, reported on 3 November: 'Rent collection continues to be resilient, with around 90% of the rent due and payable to date in respect of the current quarter... demonstrating the stable and secure nature of the portfolio's cashflows... The investment market for high-quality, modern, fit-for-purpose assets which meet the Group's investment criteria remains very competitive. We are witnessing strong appetite from market participants, inclusive of some new entrants to the UK alternatives asset class. The best properties and sites continue to transact at the pricing levels seen prior to the COVID-19 pandemic.'

Target's market commentary added: 'The pandemic and the measures taken to tackle COVID-19 continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date some property markets have started to function again, with transaction volumes and other relevant evidence returning to levels where an adequate quantum of market evidence exists upon which to base opinions of value.' The REIT's CEO Kenneth Mackenzie also noted: 'We have received positive feedback from care home managers that the standard of our real estate has made a real difference in their ability to successfully care for residents and manage their homes through the pandemic, in particular the full provision of private en suite wet-rooms.'

Overall, 35 providers in Sheffield were interviewed, giving a wide range of views on the care home market in the borough as well as providing information about other local authorities where they operate. As a number of the proprietors operate several care home in the borough, the interviews covered around 70%% of the care home beds in the borough.

In terms of urgency for providers and the number of times the issues came up, the list below represents the key findings from providers of older adult services:

10. A number of proprietors are very negative on low fees and low increases from medium-sized local / regional operators familiar to the council, (covering 7 homes in the city). Negative on SCC methodology, 'base rate' and engagement / communications. A number of these providers say that they have significant viability issues within 3 to 6 months
11. The views are less negative from not-for-profit operators with a larger national base (three homes). The current £505 is manageable but they seek minimum £60 top ups, which is now proving very difficult. No immediate viability issue, although one provider closed a home in Rotherham for viability issues. One complaint was having to fund specialist equipment, such as profile beds, which used to be lent by SCC. This same issue has been identified by other proprietors too, particularly those providing specialist services.
12. The views are neutral to negative from operators with longstanding council relationships (10+ homes) but warn that loss-per-bed has increased from £12 pp/bed/week at 90% occupancy to £130 pp/bed/week at current 75% occupancy. Also cited fact that 'real inflation' -- such as food, insurance and IT -- is greater than 1.9% and therefore CPI element of 1.9% does not reflect reality. This point was again picked up by a range of other providers who felt that using the basic CPI rate did not reflect the true increases in non-staff costs faced by care homes. Other councils use a basket of care home related costs to calculate annual inflation. Looking at reported operating costs of Care Homes (LaingBuisson Care of Older People Market Report) shows that after staffing costs the biggest expenditure areas for care homes are:
 - Repairs, maintenance and equipment servicing.
 - Food.
 - Utilities (fuel, water, telephone)
13. Providers who mainly have self-funders are neutral on the fee levels and increases, as expected (3 providers, 4 homes). One provider is achieving £800 pw and has a waiting list and another has a similar level of fees and has a higher level of vacancies and a drop in referrals / enquiries.

14. A majority of proprietors have questioned the rationale for having a flat £505 rate, when many other LA's differentiate between residential, residential EMI, nursing and nursing EMI. On the other hand, in authorities that do differentiate the fees, the proprietors often complain that the differentiation of £20 or £30 per week does not reflect the actual differential costs of providing care to people with complex needs.
15. Short/medium term viability issues also often attributable to financing structures / leverage / breaching bank covenants. This is obviously partly bound up with fees, but also driven by fact that the homes break-even only at 90%+ which means that they are unsustainable except in good times (3 homes in Sheffield, one in administration). A slow return of self-funders to the market could have a significant impact on these providers.
 - For smaller services, sustainability of businesses due pressures on owners and low returns. As noted above, the operating margins of smaller homes and providers mean that small reductions in occupancy have a significant impact. A small numbers of proprietors are at or over retirement age and will be looking at the care home market next year to assess the options for sale of the business or alternatively closure and sale of buildings. This was a particular issue for a number of learning disability services.
 - For larger services, long term financial viability of operations is a significant factor. These providers often have more of a financial buffer, and some have the ability to close parts of their homes to reduce costs. Most would be taking stock in summer 2021 to see whether demand is returning to pre-Covid-19 levels.
- A number of providers expressed a desire to modernise and improve their services, and a number noted that their current buildings were not suitable to meet changing needs. Fee levels were identified as a significant barrier to raising capital for redevelopment.

7.4 Key interview findings from commissioners

There are significant contrasts in the views of commissioners compared with providers, particularly in relation to future demand for care home places.

- Most commissioners felt that future demand would focus on nursing care provision. From the Local Authority's perspective, nursing care provided the greatest flexibility, as well as attracting additional NHS funding through the Free Nursing Care element. This is in marketed contrast to providers in the borough, who would avoid developing nursing care beds due to staffing issues, as noted above. Across the region there has been an overall loss of nursing care beds, whilst residential care bed provision has increased.
- The table below shows the changes in the number of CQC registered care and nursing home beds for older adults between June 2018 and October 2020

Local Authority	Type	2018	2020	Change	Change %	Net Change
Bamsley	Residential	1,294	1,482	188	15%	
	Nursing	836	669	-167	-20%	21

Bradford	Residential	2,092	2,025	-67	-3%	
	Nursing	1,905	1,877	-28	-1%	-95
Calderdale	Residential	672	687	15	2%	
	Nursing	748	675	-73	-10%	-58
Kirklees	Residential	1,542	1,690	148	10%	
	Nursing	1,413	1,385	-28	-2%	120
Leeds	Residential	2,624	2,669	45	2%	
	Nursing	2,503	2,586	83	3%	128
Rotherham	Residential	971	1,022	51	5%	
	Nursing	1,107	1,000	-107	-10%	-56
Sheffield	Residential	1,555	1,593	38	2%	
	Nursing	2,725	2,552	-173	-6%	-135
Wakefield	Residential	1,094	1,100	6	1%	
	Nursing	1,348	1,336	-12	-1%	-6
Residential	Residential	11,844	12,268	424	4%	
Nursing	Nursing	12,585	12,080	-505	-4%	-81

- There is a clear emphasis on a home-first approach, either back to the individual's own home, or to specialist supported housing such as extra care. Most commissioners felt that only a small proportion of people should be referred for long term care to a nursing or care home. There would continue to be a self-funded market although there was no clear view on how big this might be.
- Nursing care provision should be based on short-term rehabilitation with the individual returning to their own home or specialist housing afterwards.
- The need for more specialist nursing care was identified by most commissioners. In particular, there was a need for services for "younger" older people with dementia (55+) who were inappropriate for placement in EMI nursing homes where the average age and frailty of residents is considerably higher. This applied particularly to people with learning disabilities and people with mental health problems, although this was also an issue for drug and alcohol services.

- There was also an identified need for smaller scale services for people with complex needs transitioning from children's services. Although there is a projected small growth in the demand for care and support services for people with learning disabilities linked to the ageing population, there was a particular need in relation to transition, with children with particularly complex needs reaching adulthood and requiring specialist support services.
- There was a need to develop a broader range of smaller supported living services to support the needs of both people with learning disabilities and people with mental health problems. Access to suitable accommodation was identified as a major barrier to the development of new services, and the Council was exploring options for procuring suitable housing via specialist housing providers.
- A number of commissioners noted that the quality of some care home buildings meant that they would find it difficult to meet the needs of people with more complex needs and could prevent future placements. There were a number of cases where good providers operated from poor quality buildings and vice versa.
- For NHS commissioners there is a focus on hospital discharge, including discharge to assess and intermediate care services. The provision of nursing care services is a particular emphasis, although there were concerns about the capacity of existing nursing homes to provide the services required. It was also noted the take-up of intermediate care provision was not as high as expected, something providers also commented on. There were also some concerns about quality. The need to develop services specifically to address hospital discharge and diversion come up several times in the context of community hospitals and convalescent services. Most people felt that these types of services needed to be staffed separately from long term care for older people, requiring separate provision, which could be a dedicated unit within a larger home. There was also a strong emphasis on home-first approaches, and NHS commissioners in all the authorities noted that a home first approach was having a direct impact on nursing home placements.
- It was noted that the policy direction in NHS services for people with learning disabilities and people with mental health problems is community support services and this provides potential for joint working and joint commissioning opportunities for local authorities and CCGs, particularly within the ICS framework.
- All the people spoken to felt that the joint working between the CCG and the Council was effective and allowed for high level strategic planning of health and social care services, particularly in response to Covid-19..
- Most commissioners felt a need for the Council to be more "interventionalist" in the care market, specifying more clearly what is required to meet future needs and working more closely with providers to improve services.

7.5 Summary and conclusions

Evidence from demographic trends, the business outlook of proprietors and commission plans suggest that the care home market has reached a point of major change. A number

of providers are likely to exit the care home market in the summer of 2021, if they keep operating until then.

There is an overprovision of care home beds in the market in Sheffield that is likely to continue for at least 6 years. Left as it is, the market will adjust to new demand levels which will see homes closing and occupancy rising for the remaining homes.

The risk to the Council is from unplanned closure and its Care Act obligations in relation to provider failure. There is a risk that the homes that close or the providers that cease operating are the ones that the Council may need to meet future needs, even if there remains overall capacity within the care home market to accommodate everyone who is currently living in a care home or who needs a place.

The message from engagement with care home proprietors and commissioners is clear that there is an expectation that the Council will take a more active role in the management and shaping of the care home market going forward.

There are examples from across the country of operating and financial models that Councils are using to more actively manage their care home markets and these are set out in the section below before those options with the best fit for Sheffield are considered and action plans developed.

8 Operating and Finance Models

8.1 Funding Models

There are limited choices in terms of funding models for care homes. The market is dominated by private providers (some 95%, with the balance owned and operated by local authorities themselves), meaning that they operate within the same parameters as any other private business, are liable to the same tax regime, including corporation tax and tax on shareholder dividends, and the same statutory reporting requirements.

Generally, however, care home businesses are arguably systemically important in a way that a retail, hospitality or leisure businesses – even student accommodation or retirement living businesses – are not. They are also subject to a strict regulatory regime overseen by CQC which effectively means they have a high compliance-led cost base.

Care homes derive revenues from two principal funding sources, namely care commissioning authorities (local authorities and clinical commissioning groups) and self-funders. A weakening in appetite or demand from either of these sources will directly and rapidly affect care homes ability to operate commercially, even if there is a balance of both types of resident in a care home. An unforeseen 'shock' such as the COVID-19 pandemic will have a disproportionate negative effect very quickly.

It should also be noted that neither funding sources pays except on a just-in-time basis – that is, there is no system for bulk advance payment and drawdown which might smooth long-term cashflow or act as a buffer against a shock. Many local authorities do enter into bulk contracts but these are not as prevalent as they once were. Even on a micro basis, it is not uncommon for care homes to have very limited visibility of their residents' own finances and how long, if they are a self-funder, such finances will last until they reach the threshold below which they will depend upon local authority funding.

The care home model is essentially a rental one, in that residents are renting a bed / room on a weekly basis, rather than buying or leasing longer-term (as they do in a retirement living setting, for example), with payment typically on a monthly standing order. Care home resident contracts are often relatively informal and limited.

8.2 Diversification

There is limited diversification of product in the care home market, beyond 'type of home' and 'type of bed' – such types typically being residential, nursing and dementia (or a combination of the last two). This contributes to the effect of a negative shock such as COVID 19. The lack of diversification is partly because of relatively narrow CQC registration criteria and partly because of issues such as the complexities of VAT as it is applied to construction and extension of care home sites, particularly for 'non-core' purposes.

Even within the range of residential, nursing and dementia services there are strong barriers to diversification. A provider of residential care must have a dual registration to provide nursing; likewise, they must recruit and retain qualified nursing staff and dementia specialists (or provide training thereto). The trend in deregistration of nursing beds – essentially reversing diversification – is testament to these inherent difficulties.

Diversification of revenue streams is particularly rare at home level – in other words, there are very rarely additional revenue streams from homecare services, for example. In some care settings, there is diversification into, for example, day-care provision on-site or nearby. These facilities are often run on a breakeven or less basis and used, often very effectively, as feeders for the care home itself. Typically, they offer daily socialisation and activities for elderly people who are still living in their own homes. A nominal attendance fee is charged. Transport costs (minibus or taxi) are either paid for by the attendee or by a local authority.

Diversification is more common at operator level, with the provision of learning disability care services being an example of an additional competency which leverages an operator's commissioning authority relationships. However, this diversification only occurs at scale and in largely the preserve of the large or medium-sized operators. Smaller operators, with one, two or three homes, will be unlikely to diversify from their core offer, which is most commonly residential care, nursing care and/or dementia care.

8.3 Self-Funding

Self-funders are the mainstay of profitability for care home operators, many of whom will make only small or in some cases nil profits from local authority-funded beds. Proportions of self-funders in care homes are not published, but a combination of interviews with proprietors and figures on local authority commissioning from SALT and ASC-FR data (see section 12.4.1 below) suggest that the local authority commissions around 40% the total care home market. Self-funders are not evenly distributed across homes in the borough – some homes have a high proportion of self-funder beds, whilst most have a small number. This homes with small numbers of self-funding beds report long term viability challenges related to fees, although those with higher proportions of self-funders are facing challenges where they have vacancies due to the low level of new self-funders entering the market due to Covid-19. A long-term reduction in demand from self-funders in Sheffield will have a significant impact on the market in Sheffield where a number of proprietors have noted that their long-term viability is based on self-funders because the fee levels in the Borough do not cover basic costs of providing care.

In recent years, price-points in the self-funder market have risen as the construction and development markets have become more concentrated, so that new-build supply has effectively stopped for lower-paying resident cohorts. Broadly speaking, in residential care provision, there is a large band of pricing in the range £600-800 per week, a narrow intermediate band of £800-1,000 per week and a narrower premium band up to £1,200 per week; nursing or specialist care fees add 20-30% to these illustrations. Increasingly noticeable, however, is that the £800-1,000 per week intermediate band is regarded as an entry-level for new operators and for new-build homes and as 'mid-market' rather than premium or 'luxury'.

There are currently very few beds built to service the lower range, with the bulk now focused on the 'mid-market'. The exemplar for this is LNT Developments, headquartered in Garforth, Leeds, which builds highly-specified, templated 66-bed homes for its own operator (Ideal Carehomes) or for onward purchase to a large client base of other operators on a 'turnkey' basis; the substantial volume of these homes – LNT Developments has delivered over 50 care facilities in the past 10 years, currently aims to build 16 care homes per annum and has a current pipeline of 34 sites – has given it a dominant position in mid-market, purpose built care home development.

Self-funding is driven by the economic circumstances of an elderly population typically within a 3-mile (sometimes 5-mile) radius of a care home. Clearly, operators who wish to attract self-funders will wish to be located in reasonably affluent areas.

New care homes have to build presence and reputation to attract residents; there are well-established marketing plans which aid the initial process. Typically fill-rates for newly-opened care homes will be 2-3 residents per month, implying at least an 18-month period to fill a medium-sized care home from inception. Anecdotal evidence – for example, a brand-new care home in Cheshire which opened during 2020 – suggests this fill rate is not currently achievable. The proprietor of a home recently taken over in Rotherham said that they were working on a 2 year period to get occupancy to 100%, although starting with a partially occupied home. They felt that opening a new home in the current climate would be a significant gamble.

For existing and well-established care homes, the challenge is clearly not so much to fill, as to stay full. In the self-funder market, this means a constant marketing effort, which encompasses word-of-mouth referrals, GP, social worker, church group and charity referrals, media activity and community engagement. In addition, there are specialist brokerage services who will refer residents on a commercial basis. Some care home operators are adept at this highly commercial aspect of care home management and may employ a 'family liaison' manager specifically for resident recruitment, a role distinct from that of the Home Manager. But this is a rarity and many operators, particularly those with smaller portfolios and older stock – are not equipped for this and the Home Manager will have an overtly commercial role as well as a managerial one. While it is certainly not always the case that larger operators attract all the self-funders in any given area, clearly they have advantages in terms of marketing spend and skills which the smaller ones do not.

The self-funding fee model has remained both simple and static, with the sole variables being weekly fee levels and annual fee increases (now usually accompanied by a breakdown of cost variables, providing transparency for residents and their families). Fees are negotiated on entry to a home, mostly between a prospective resident's family and the home manager. There is considerable deviation from 'ratecard' fees and bespoke arrangements are reasonably common.

Weekly fee levels vary widely across the UK. The most recent research (Carterwood, October 2020) suggests that the average residential care self-funded fee rate is £860 per week, while the average GB nursing self-funded fee rate is £1,142 per week. Care homes in the South East charge the highest average self-funded nursing care fee rates at £1,339 p/w. All countries and regions, except North East England and Wales, achieve average self-funded fees of over £1,000 p/w for nursing care. Providers in Sheffield were charging self-funders between £600 and £1,000 per week, depending on the room and facilities. Most aimed to charge a top-up of at least £25 a week and some between £50 and £100 a week. A number of proprietors in Sheffield, who are dependent on top-ups above the local authority fee rate, said that they had been finding it harder to get people to agree to the top-ups.

There are three other principal influences on average weekly fees, countrywide: first, that care homes with an 'Outstanding' CQC rating have on average 20.6% higher self-funded fee rates compared to homes rated Good. (There is little difference further down the scale, between homes rated Requires Improvement and Inadequate, although the latter will invariably have negative commercial consequences); second, that there is a 'strong

correlation' between the age of home and self-funded fee rates. Carterwood found that homes registered since 2010 charge on average 12.8% and 11.2% more than homes registered between 2000–2009 for nursing and residential care, respectively; and third, that 22% and 23% of nursing and personal care self-funded fee rates, respectively, show a premium for dementia care over general elderly frail rates where homes are registered for both care categories.

Self-funder fee differentials diminish substantially when dementia care is offered. Carterwood found that fees for nursing care dementia are on average only 1.1% higher than standard older people's nursing care, and residential care dementia fees are only 1.9% higher than those for standard residential care. Where homes have specialist dementia units in larger mixed registration homes and differentiate fee rates, the premiums are higher at 4.5% and 7.6%, for nursing and residential care, respectively. In our view, the dementia 'market' is still catching up with nursing care and nursing care fees. Dementia beds are likely to increase in price point in the coming years as demand outstrips supply significantly.

Self-funders will typically utilise savings and/or housing equity to pay for care. The figures above indicate that care fees can easily approach £50,000 per annum and are only modestly offset by family contributions (including top-ups). Many care home operators consult with their residents and families to ascertain when or if it is likely they will need local authority support with fees, as they approach the £23,250 capital (including the value of property) threshold, as set out in the Care Act 2014. There are several alternatives, including deferred payment agreements – essentially loans – from the local authority to help people to meet the costs of their care in a care home (or other setting such as supported living accommodation) without the need to sell their property. Since April 2015 local authorities must offer a deferred payment agreement to those that are eligible and have discretion to offer them to those that do not meet the criteria. Local authorities can also charge interest on the loan and include any reasonable administration costs. Where local authorities decide to charge interest this must not exceed the maximum specified in the regulations.

In terms of payor balance, the waning of local authority appetite for residential care placement poses a significant medium- and long-term threat to the future of care homes, particularly in the North of England and particularly in boroughs where there is a 'home first' strategy. Care home operators may be said to fall into a number of categories with attendant risk weightings:

16. Bias to Local Authority-funded residents; balance of self-funders. High Risk
17. Bias to Self-funders; balance of Local Authority-funded residents. Medium Risk
18. Full Self-funders with little or nil engagement with Local Authorities. Medium Risk

Clearly, operators of care homes in Category 1 face the largest fall in income if Local Authorities are withdrawing support in the form of residential placements at the same time as occupancy is falling because of COVID-19-related discharges, potentially becoming unviable very quickly. This is evident in the Sheffield and proximate areas in Q4 2020.

Care homes in Category 2 will mostly not regard their Local Authority-funded beds as profit centres but run them at break-even or just above. They will often, however, require top-ups and additional income (for example Funded Nursing Care) which make the beds viable. However, voids and unfilled voids will have a negative impact on both the operating

business and on 'group' considerations such as banking covenants (which will often include occupancy ratios as well as debt/EBITDA). Putting this in context, the average property value in Sheffield in 2020 was £210,951, which would fund around 5 years of care at £800 per week.

While care homes in Category 3 may not immediately be regarded as a concern for the Local Authority, they may become so, if the self-funding market weakens. At occupancy levels of <80%, self-funder biased care homes may quickly become unviable; closures remove overall capacity and have significant knock-on effects, most notably in local employment.

Engaging operators on Payor Balance in local markets is crucial to maintaining overall bed capacity and availability. It should be a key leading indicator for local authorities seeking to implement five- and ten-year strategic plans.

Current pricing pressures have their roots in a long-term decline. Operator B characterised the situation as follows:

'When we look back to say 1995, we were getting £269 per week and paying £2.10 per hour [to carers]. The wage rate has risen by four times, but the rate we are now receiving has barely risen twofold... We find ourselves paying up to 85% of income [revenue] on staff... What needs to be recognised is that it is not just about the fee level, but the type of care being delivered. For nursing providers in particular, fees are just not uplifting in line with costs... fees have eroded for at least the last five years.'

Operator B maintained that the minimum level for rates should be around £700 per week.

'The cost of care model at our homes shows £679 per week, which in itself is £200 more than the current residential care rate.'

While comparisons with other local authorities' rates are subject to caveats around local budgets and commissioning patterns, it is clear that Sheffield rates are low end of the range in the Yorkshire and Humberside region, as detailed in section 12.3 below, based on ASC-FR data.

8.4 Alternatives to Care Home Provision

Sheffield has identified the shortage of alternative housing provision for older adults and has been discussing the development of extra care units and also has a well-established policy to promote the building of bungalows suitable for elderly physically and mentally frail. These two housing types do not obviate the need for care homes, however, and there is an acknowledgement that a baseload of care home beds will always be required.

There has been an identifiable cultural shift away from long-stay multi-year residential care in care home settings to shorter stays at end-of-life. And increasingly, it is often possible to have advanced care to end-of-life at home.

The overall vision in Sheffield is focused on care in people's own homes, rather than in a care setting wherever possible, a view reinforced in discussions with commissioners and stakeholders.

The map below identifies the location of current older person's retirement housing, including Retirement Housing, Sheltered Housing and Extra Care Housing.

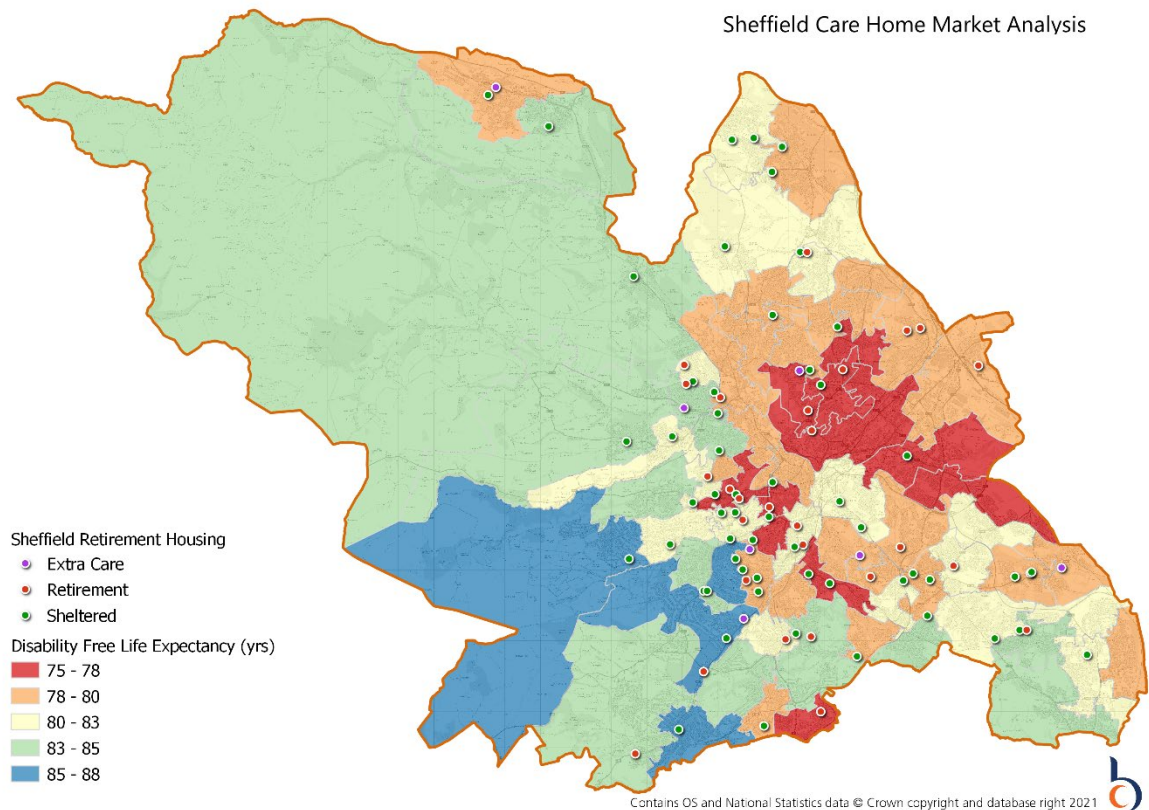


Figure 25 - Location of Older Person's Retirement Housing in Sheffield (Source, EAC, 2018-19)

Repeated surveys of older and frail people have been clear that people's priority is to be supported in their own homes, and this continues to be where the majority older people live (90% nationally⁴). The aim of the housing strategy should be to ensure that there is a sufficient supply of appropriate housing to ensure that people can maintain the independence for as long as possible, and such care and support that needs to be provided can be done so in the most cost-effective manner. The authority may choose to attempt to influence people's choice of housing into old age to respond to specific local pressures. For example, if there is a shortage of family housing in specific areas where there is also under-occupation of housing by older adults, development of high-quality age-specific accommodation coupled with the provision of good information services that ensure that people understand their housing options, could be an appropriate strategy.

The table below sets out the housing and support options available for older and frail people and the commissioning and social care implications of these:

⁴ See "The role of home adaptations in improving later life" published by the Centre for Ageing Better, November 2017 - www.ageing-better.org.uk

Housing Type	Tenure Arrangements	Support
Own home	People supported to remain in their own home.	Access to Wellbeing Lifeline Service. Universal services for support, or domiciliary care services. Access to home adaptations to help people manage the effects of frailty or disability.
Age-exclusive housing	Housing aimed specifically at older people (55 years or more). Includes leasehold and rented accommodation. Accommodation usually designed to be accessible, may include blocks of apartments or bungalow accommodation.	Flats usually have access to community alarm systems, but in contrast to Sheltered Housing schemes do not provide regular on-site support to residents. Access to local authority domiciliary care services.
Sheltered Housing	Purpose built housing for older people, usually in blocks of apartments, although may include bungalows. Rent or leasehold	Sheltered housing has regular on-site access to a visiting support worker or, rarely, a resident warden providing housing related support and activities. Access to local authority domiciliary care services.
Extra care housing	Purpose built housing for older people, sometimes including sheltered and age-exclusive housing on the same site in the form of a “retirement village”. Available as rental or leasehold accommodation.	Support provision is often similar to sheltered accommodation, but Extra Care housing includes a dedicated social care service providing care to some or all of the people living in the scheme. Personal care delivery is regulated by CQC.
Residential care	Accommodation developed for the provision of housing and personal care, registered with CQC. Accommodation is occupied on a license. Residents may pay the weekly fees privately or	Care and support provided for all residents living in a care home.

	the service may be commissioned by the local authority and residents' contributions means-tested	
Nursing Care	As residential care, but registered to provide nursing care as well as personal care. CQC registered. Nursing care may be funded or part-funded by the NHS under continuing healthcare or free nursing care provisions.	Care and support provided for all residents living in a care home. Nursing may be provided to all or some residents.
Hospital	In-patient care provided at hospital either due to ill health or injury. Care is funded by the NHS	Provided by and funded by the NHS. NHS funded step-down or intermediate care services may be available to help people move out from hospital back into community-based services.

Figure 26 - Housing and support options for older adults

It is noted that there has been a substantial shift in the type of support available in sheltered housing schemes over the last 10-15 years, with the loss of residential wardens to be replaced with other support roles, including non-residential scheme managers, or visiting support workers, relying on an off-site community alarm monitoring service for out of hours support.

Housing options depend in part of the predominant tenure type on each area, and Sheffield shows a considerable variance in the proportion of home ownership. The map below shows the level of home ownership in each area, with darker shaded areas having higher levels of home ownership:

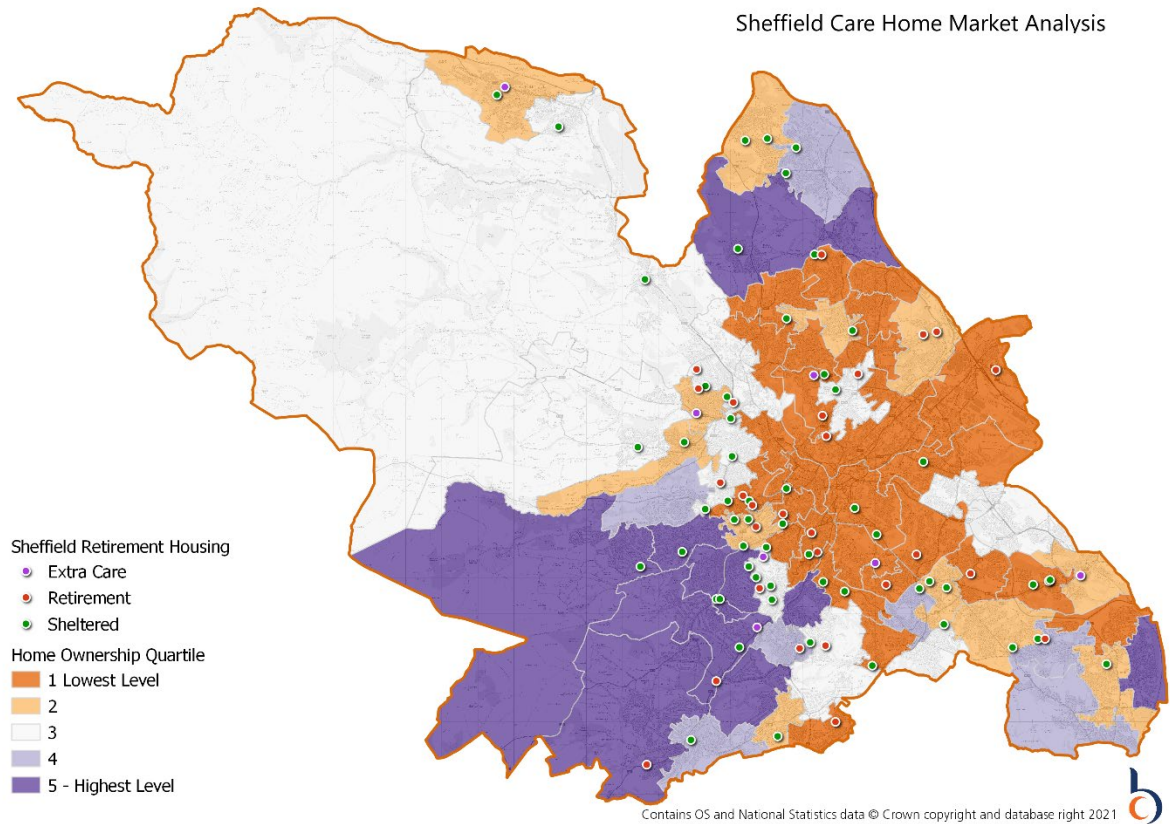


Figure 27 - Retirement housing locations and tenure type by LSOA (Source, EAC, National Statistics)

The areas with the lowest levels of owner occupation also correlate with areas with lower average life expectancy, suggesting areas where rental retirement housing would be a priority.

8.4.1 The Geographic Divide

A number of commissioners identified the need for smaller-scale services to meet the needs of the less densely populated areas of the borough, although the same considerations apply to some of the BAME communities where the populations are not high enough to make dedicate housing schemes viable.

One approach to this is the provision of a range of services from rural service locations, such as a small bungalow development which should include some flexible communal space that should also serve as a based for a community home care team supporting people living in the bungalows and in their own homes nearby. “Core and Cluster” services for people with learning disabilities or people with mental health problems have attempted to tackle the same issue by having a smaller base service to meet the needs of people with more complex needs whilst supporting a larger population of people living in independent accommodation or small supported living schemes with a few other people.

8.5 Future Options

The balance to be struck between care home provision and 'home first' is the challenge facing many local authorities. It is exacerbated by the disconnect between the priorities of private sector operators and state-funded commissioning authorities who may be able to make short-term interventions but will be highly unlikely to be able to make long-term subsidies into privately held companies.

The 'home first' philosophy has been adopted elsewhere in recent years and has caused care home operators to re-examine their offer, including to move into dementia and other specialist care as the appetite for residential care placement wanes rapidly. An example below from the North West of England:

Wirral Health & Care Commissioning Market Position Statement 2019-2024 (extract):

'Wirral Council is aiming in the long term to continue to reduce the number of long-term placements in residential and nursing settings as it continue to both improve and grow its domiciliary care offer and increase the number of Extra Care housing units.'

'The Council will continue to support and place people with only the most complex needs such as dementia. We will continue to provide respite care for people where all options of supporting in the community have been considered.'

'We will de-commission and reduce the number of placements for long term care in a care home setting and look at alternative accommodation models and we will increase care and support at home offer so that more people can be supported in their own homes.'

As this extract from the Wirral Health & Care Commissioning (WHaCC) MPS makes clear, the outlook for residential and nursing care placement by the Local Authority and CCG is not favourable. We note that the prioritisation of complex needs placements, including dementia, will not favour care homes which currently offer no dementia care. WHaCC is actively seeking to increase its extra care provision, which will add further pressure on demand for elderly residential care. The same MPS states: *'Wirral already have 200 units of Extra Care accommodation in operation. This accommodation has been developed as an alternative to residential care and is a valued resource in the Borough. Extra Care will be increasingly used as an alternative to residential care...Recently we have been working with developers to increase the number of Extra Care units for older people...[by a further 300 units].'*

The decline in residential care placement has to some extent been anticipated by operators, particularly those of scale, with a widespread recognition that higher-acuity, higher-value beds represent a more certain and lucrative future. The caveats to this, however, is that average length of stay (ALoS), which is typically up to two years for residential care across the sector, is generally significantly lower for nursing, dementia and other specialist residents than that of residential care residents. Added to this, there are significantly higher costs for nursing staff and the specialist equipment or adaptations to the built environment which may be required.

8.5.1 Market Position

We have reviewed Sheffield Council's Market Position Statement (MPS) (version 1, dated August 2014), which could not account for the impact of COVID-19 by its publication date, but which makes clear that there will be growth in demand for care in most areas: (1) older people, (2) people living with dementia, (3) those living in, or requiring, specialist accommodation, and (4) people with learning disabilities, (5) people living with mental health issues, (6) with autism and / or (7) with physical disabilities.

Issues in the care market as it affects (1) older people and (2) people living with dementia are clearly strongly associated, particularly as one of the principal trends identified by Sheffield Council is the gradual decline in both need and funding appetite for residential care placements and the concomitant rise in the same for nursing and dementia care.

A major consequence of this shift in focus is that the market will have to adapt to shorter stays (at least for nursing beds), more intensive and palliative care. This shift is becoming widespread across the UK. It means that care providers are having to assess their bed numbers, configuration and staffing and repurpose care homes with a residential care bias into at least part-nursing care and/or part-dementia care. There are clearly opportunities to provide care for early-onset dementia, where there is very little specialist provision nationally.

As the process of reconfiguration and repurposing takes place, providers will also need to re-examine their own fee tariffs. It is still commonplace for care homes, particularly smaller, owner-operated homes, to offer a single, flat rate for varying types of care, rather than differential pricing.

The MPS noted the need for additional extra care housing capacity and other models of supported housing for older adults, and development of additional supported housing for older people is currently underway.

8.5.2 The Role of Carers

Key to addressing the increasing demands identified in the Market Position Statement and by Sheffield commissioners will be the role of carers.

While local care providers report strong workforce supply, with the exception of trained nursing staff, the focus going forward will be on the recruitment and retention of carers who feel valued and are supported. Developing care as a profession, rather than as a casual labour segment, is a long-term priority for most local authorities and Sheffield is no exception.

8.5.3 COVID Challenges & Outlook

The challenges pre-2020 are summarised as 'demand versus resource', particularly *vis a vis* pressures on adult social care teams. Complexity of care requirements was also a major factor; complexities included court of protection cases and Deprivation of Liberty Safeguards and issues caused by a high prevalence of drug and alcohol dependency and associated homelessness. These were in large part a consequence of the local demographic picture: older people living longer; an increasing population; poor lifestyles inducing conditions such as stroke; and issue connected with deprivation.

There has been a varied impact of COVID-19. Some care homes have been hit hard and there have been large-scale escalations (LSEs), which have affected the entire home. The second wave of the virus has highlighted that the care home sector will need to be retained and supported into 2021, notwithstanding the initial tranche of support measures introduced in the spring of 2020.

COVID-19 will drive long-term change, which will have to be acknowledged at a national level and involve external agencies such as insurers. The long-term isolation caused by COVID-19 and the two lockdowns is another concern voiced by commissioners and other stakeholders.

The Sheffield vision encompasses support for the voluntary and community sectors, keeping them vibrant so that people are supported to help themselves wherever possible and so that they do not fall back on state support until absolutely necessary.

Keeping people independent is, therefore, key; but the general health picture is mixed but trending negative, with a high incidence of Type 2 Diabetes and health conditions related to deprivation. Mental health remains a significant concern, particularly following COVID-19-related isolation. People's needs are likely to have intensified as a result of the pandemic.

It is not clear yet what the full impact of 'long COVID' will be for local authorities such as Sheffield Council. It is likely to be part of a mixed picture of increasing reliance upon carers, whether local authority-sponsored or provided by family groups.

8.6 New Developments / Care Homes

We refer above to the emergence of the 'mid-market' new-build care homes which are biased towards self-funders and target price points of £800-950 per week for residential care. We see very little evidence of new-build development activity below these levels.

The bulk of new-build care home activity is slated for Cheshire, northern Manchester and North Yorkshire. Major Operator A, which has a pipeline of four or five new build care home developments per annum for the foreseeable future, told us:

'[Our strategy] is towards private pay, where the money can be made. Public pay is not paying a fair fee. No way we would build a home premised on Local Authority funding. We would only build a new home on a 80-90% self-pay basis.'

The same operator, which has an extensive existing portfolio, in the north of England, cited staffing availability and land prices as key subsidiary factors in siting new-build homes. Housing equity is the key indicator of affordability for prospective residents: Operator A described its target residents as those able to afford c£900 per week for up to two years, with such sums mostly being drawn from release of such equity or from savings.

8.7 New Developments / Retirement Housing

An example of non-care home development which signals a growing trend, is the Anchor Hanover development at Heather Court retirement housing scheme in Bramley. This offers 30 one-bedroom apartments, 8 one-bedroom bungalows and 6 two-bedroom bungalows, all purpose-built properties for rent for people over the age of 55. This is essentially a

sheltered housing scheme with a monthly fee from £512.71 and normally includes rent, service charge, heating, hot water and water rates. The service charge covers all the cost of shared amenities. Residents are directed to the council for 'help paying your rent and service charge through housing benefit'.

Purely private-pay retirement housing, the majority of which is developed on a for-sale basis, is a nascent sub-sector of the overall housing-with-care market, which does not rely on local authority or other state entity intervention. It is, however, highly dependent on local residential housing values (almost all purchasers will need to sell their property to buy a unit on a scheme) and, from the developer's perspective, on sales rates, which have been slow in the last few years. The larger developers have focused on the south and south east of England, with the exception of Extra Care Charitable Trust (ECCT) and Anchor Hanover (which has a highly diversified portfolio of housing and housing with care, including retirement villages).

ECCT, a charity, operates one of its 21 retirement villages at Brunswick Gardens Village, near Sheffield, which houses circa 300 residents on a mixed tenure model of for-rent, for-purchase or shared ownership. ECCT's for-sale model include a so-called Event Fee or Assignment Fee, payable when the ownership of a retirement unit passes, usually upon death, and based upon an escalating percentage of the unit value over the length of residency. (This is a model imported from New Zealand and Australia, where it is well-established. It effectively boosts long-term returns for developer-operators). From a care perspective, ECCT states: Approximately a third of residents receive some help with their care. Dependent on individual circumstances, we can support residents with significant assessed care needs, including dementia. In contrast, St Monica Trust in Bristol guarantees to purchase back leasehold properties on the death of the resident for the original purchase value, which is an attractive option for families.

There has been no take up by local authorities in the UK of the for-sale retirement living model, to our knowledge, in their home-grown development of housing with care, but this may change. What may merit further investigation, however, is the for-rent or shared ownerships models, as deployed by ECCT. Other independent operators focused on the private rental sector include Birchgrove and Avery Healthcare (under its Hawthorns brand), as well as a handful of smaller developers such as the investor group behind Chantry Court, in Wiltshire. This sub-sector may lend itself to the sort of collaborations between Local Authorities and developer-operators which exist in the care home sector, the key common element being the rental of a unit by a resident, with care on site and mostly charged on a 15-minute or hourly basis.

8.8 Alternative Models for Local Authorities

One example is Suffolk County Council's (SCC) well-documented three-way agreement between the council, care home freeholders and an operator. In this case, SCC entered into block contracts with the operator for an initial term of 30 years from 2012. The arrangements first arose from the consolidation of older and inefficient council owned care homes. This saw the redevelopment of 12 existing homes (essentially the land on which they stood) into 10 new, purpose-built care homes spread across Suffolk from February 2013 onwards. The resulting care home portfolio was bought by two parties (five assets each), who were financial investors and who in turn entered into multi-decade FRI leases with the operator. Suffolk County Council agreed to contribute the land towards the

development of the new homes in return for an operator agreeing to a block contract. This meant that SCC could continue to service its waiting list filling beds in new homes at local authority prices whilst also enabling the operator to benefit from a share of private pay occupants across several of the homes. Each of the homes have had and continue to have a very strong relationship with Suffolk County Council with vacant contract allocated beds filled promptly from their extensive waiting list. (It is worth noting that in the event the Council was unable to fill these allocated bed spaces as part of the contract, they would still be required to cover the cost of that bed regardless).

The allocation by payor mix, and take-up by the council under the terms of the block contract, are noteworthy: of 340 registered beds in one of the five-care-home groups, there are 250 block contract beds at the prescribed rate subject to annual increases (see below). The remaining 90 beds are for the operator to let on an open market basis. The average take-up over recent years has been over 95% and in many cases 100%.

In terms of pricing, a review of block contracts of this type typically occurs annually. Various mechanisms are employed but we note that the most successful rely on a blended rate, which is, for example, 70% of the annual percentage increase in a basket of wages indicators and 30% of the annual percentage increase in the Retail Price Index, as published by ONS. The contract price (for both residential and nursing) has therefore, been hedged against wage growth (which has a greater weighting) and RPI to ensure this tracks any increases or decreases in costs. This protects the care homes' operator profitability and ensures it remains fair for both parties: the mechanism is effectively designed to ensure that the revenue keeps pace with staff and non-staff cost inflation. It is worth noting that the blended price for the contract beds will very much depend on the split between residential/residential dementia/nursing/nursing dementia at each of the homes which continues to change depending on needs of occupiers on the Council's waiting list.

9 Opportunity Lists

As noted in the previous sections of the report, there are notable challenges facing both care home proprietors operating care homes and the commissioners of care and support services for older people.

Care markets at a significant transition point in terms of their future direction, a point which has been reached more rapidly due to Covid-19. Covid-19 also has the potential to impact on future needs and it is too early for these impacts to be fully understood and planned for. There are an number of broad questions which impact on the recommendations from this report for which answers are likely to be forthcoming over the next 12 months. These include:

- The impact of delayed medical treatment or care home admission on older people care needs
- The impact of “long Covid” on the health needs both of older people who have care needs now and those who would have been requiring care and support over the next 10 years.
- The impact of the excess mortality linked to directly to Covid-19 or indirectly through delays to medical treatment to patterns of long term care.

Each of these could have a significant impact on the planning for care needs over the next 10 years, but it is likely to be some time before the impacts are fully understood.

The other impact from Covid-19 is that the market sustainability challenges facing local authorities are new and fast approaching. Although the longer term opportunities set out in the sections above will remain valid, in the short term markets are likely to face a unique set of challenges in relation to care home closures.

9.1 Market Management Strategies

The broad approach to care market management is an increasingly active management of the market by the Council. This ensures that the Council has the resources require to meet future care and support needs whilst ensuring that people with care needs have a choice about where, and how, their care needs should be met.

This strategy develops in three broad phases:

Phase	Opportunities / Interventions
Urgent	Covid-19 brings a set of short term challenges that will need to be addressed within the longer term strategy. In particular, the Council may be required to provide direct support to individual providers to maintain market viability until alternative housing models become available in 2023 and beyond as detailed below)

Short Term (1 to 3 years)	Alongside the existing focus on “home first”, the creation of a housing development strategy to ensure that people with housing and care or support needs can have their needs met either in their homes through aids and adaptations or through access to specialist supported housing services such as retirement housing, sheltered housing or extra care with options for ownership or rent. During this period, the Council will signal to the market longer term commissioning intentions to help providers decide what role they wish to play in the future market. This will take place over years 1 to 3 of the market development strategy. There are opportunities for coproduction of specifications for care home services with current providers, as well as direct support of providers considering exiting the market
Medium Term (3-5 years)	From year 3, new housing will be coming on stream, and a more active market management strategy can be implemented. One option is the linking of care home fees to the care home specification agreed with proprietors in the previous phase, together with active support of providers who wish to invest in the develop their existing services to meet the specification
Long Term (5 to 10 years)	From year 5 to 10, the care home market is likely to consist of providers who largely meet the care home specification, but there is likely to be an ongoing need for redevelopment of much of the existing supply to meet future needs. Here there are opportunities for the Council to actively support selected providers to modernise and redevelop services, with options for deals on land, higher fee levels or long term contracts to enable the necessary capital investment.

Figure 28 - Intervention opportunities by year

These phases are detailed in more detail below.

9.1.1 Urgent

The current care market, at 82% occupancy, is not sustainable. As noted above, to return the care home market to 95% occupancy would require the loss of between 500 and 640 beds. The challenge is that vacancies are spread across a wide range of homes, so any closures are likely to cause considerable disruption to residents, whilst some of the care homes most at risk may be in buildings that the Council wishes to retain to meet future needs or the proprietor is an important one to the authority. It is also likely that some homes will be key to meeting care needs in their locality and that their closure would have a significant impact on the meeting of needs in that area. This is particularly true of rural areas or areas with a high BAME population. The map below shows the distribution of homes across the authority and highlight how limited the supply is in some localities.

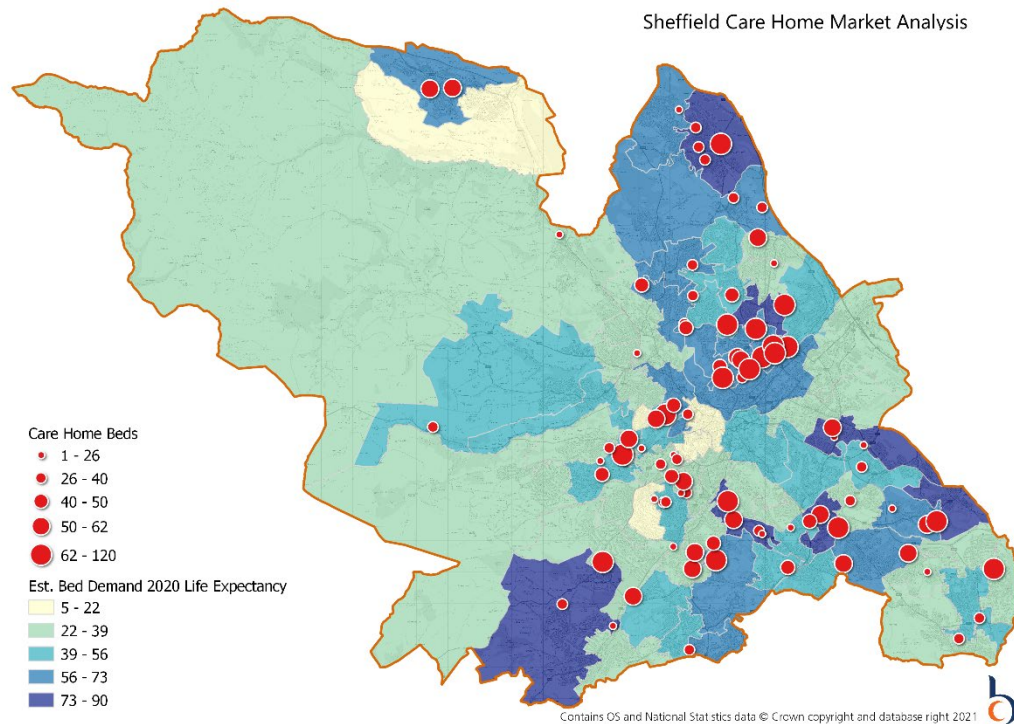


Figure 29 - Location and size of care homes and estimated care demand by area (Source: CQC, National Statistics mid-year population estimates 2019)

Most providers have indicated that they won't be making a decision about the future of their businesses until later in 2021 when the worst of Covid-19 is passed and they have had an opportunity to take stock and assess the market, occupancy and their options. This allows the Council some time to determine the priority services and providers.

In the event of one of these priority providers or homes signalling an intention to exit the market, the authority has a number of options, from no intervention to high intervention:

- Allowing the home to close
- Short term additional financial support, either through voids funding or a fees uplift to either delay closure or allow more time for alternative actions below.
- Supporting the provider to identify another provider to take over the operation of the service, possibly via the Care Association.
- Supporting another provider to take over the operation of the care home, with or without additional funding support.
- Purchase of the buildings to keep the home in the care market whilst identifying another provider to operate the home.
- Purchase of the building and business and taking them in-house as part of Council provision (on a short- or long-term basis).

The consideration of capital investment may be particularly important over the next 18 months because it is likely that private investment funds will be limited. Capital investment to purchase properties could either be short term until an alternative provider is able to raise capital) or long term as part of a strategy for maintaining control of key care assets, either as care homes or for alternative use such as retirement housing. Any capital investment decisions need to fit with State Aid / Subsidy Control regulations, which probably means some form of competitive process in the awarding of capital subsidy or long-term block contracts unless this fits within the definition of *de minimis* aid⁵.

The impact of a sustained drop in demand for self-funded places also needs to be considered in this period. It is currently not known whether the current reduction in demand permanent or what level demand might return to. As noted earlier in the feedback from Providers, loss of self-funders has a disproportionate impact on care homes, and it could be the loss of self-funders rather than a loss of Council referrals that forces closures.

9.2 Short Term Opportunities

Short term strategies cover the 1-to-3-year period during which home-first approaches to care and support can continue to be developed but alternative housing options will not yet be available.

Other councils have identified ways in which a home-first commissioning approach can be supported without the development of alternative housing options:

9.2.1 Aids and adaptations

The barrier that most older people identify in remaining in their own homes is the lack of suitable aids and adaptations and long delays in arranging these. The Centre for Ageing Better (Room to Improve - The role of home adaptations in improving later life, November 2017) identified a range of ways in which local authorities can improve aids and adaptations and the benefits that this has for both individuals and authorities wishing to avoid admission to care homes, including more flexible use of Disabled Facilities Grants to fund small-scale adaptations.

The Centre for Ageing Better⁶ identified a range of good practice interventions:

- Raising awareness of what is possible amongst older people and professionals, including the availability and benefits of home adaptations.
- Helping older people navigate the system to access adaptations advice, funding, practical help and related services.
- Speedy delivery of home adaptations

⁵ See BEIS consultation documents on Subsidy Control at <https://www.gov.uk/government/consultations/subsidy-control-designing-a-new-approach-for-the-uk>

⁶ Sue Adams and Martin Hodges, "Adapting for ageing: Good practice and innovation in home adaptations", Centre for Ageing Better, 2018

- Involving older people in home adaptation service design
- Including home adaptations in strategic planning
- Integration of home adaptations with health and care
- Linking adaptations with home repairs
- Working with handyman services
- Involving social housing providers in adaptation provision
- Taking a preventative approach

Support for people requiring aids and adaptations across all tenures is particularly important with easy access to services that can provide paid-for adaptation services where the individual does not qualify for a DFG.

9.2.2 Community Support

Work by Cordis Bright for Luton Borough Council on the older person's housing strategy found through engagement with older people that community-based support was particularly important in maintaining people in their homes. Luton had a network of Wellbeing Clubs which provided meals, activities and advice several days a week, which were very popular with people who used them and addresses issues with social isolation.

In Luton, Wellbeing Groups were operated by local support groups with grant support from the Council, providing a cost-effective intervention which older people viewed as a "lifeline", not only providing support to the people attending the groups, but also members unable to attend due to illness.

9.2.3 Social Work Services

The final major short term intervention option is investment in social work support for people being supported at home, including ongoing care management and assessment where people are receiving homecare services. Although a number of authorities have used Dynamic Purchasing Systems to give providers more scope to adapt the support provided to meet agreed outcomes, including Rotherham, there is still an ongoing need for local authority oversight both to assure the quality of individual support packages but also to provide a strategic-level oversight of developing needs to ensure that services are available to meet growing needs.

One of the reasons that families identifying wanting an older person to move into a care home is concern about social isolation.

9.2.4 Care Home Market Development

This period provides an opportunity for the Council to signal long term commissioning intention to providers to help providers decide whether they should remain in the market.

The development of a service specification for care home buildings and staffing is a good way to signal to the market what the Council will be commissioning in the future and help providers decide whether they want to remain in the market. There are opportunities for the co-production of such a specification alongside the Care Association, which would increase the credibility of the proposals.

A number of authorities already have a model for working closely with Care Home Associations to develop their market. For example, Sheffield has provided funding for the Care Association to commission a review of demand for care homes in the area.

The development of a strategy for older person's housing can help care home providers decide whether to convert older care home buildings into retirement housing. There are opportunities for the Council to support providers directly or via the Care Association by providing advice and information and supporting planning applications for change of use.

Towards the end of this period, the first of the housing-based alternatives should be becoming available, and the Council will need a development plan for Care Home commissioning to ensure that it will have the right homes in the right place to meet expected future demand. There are again opportunities to co-develop this alongside the Care Association, particularly in considering the self-funding market alongside commissioned beds.

9.2.5 NHS and Integrated Services

Running alongside the short- and medium-term plans for social care services will be moves to integrate health and social care. Integrated Care Systems will become an increasingly important part of the health and social care landscape during this period, and this is both an opportunity and a threat to local authority social care commissioning.

Closer integration of nursing care services into acute care could help to address some of the current challenges of nursing home staffing. A number of commissioners raised the possibility of NHS nursing teams providing specialist support to both nursing homes and care homes to meet the medical needs of residents as well as support to people living in their own homes. Such models are already in place in some areas in England, with CCGs commissioning nursing homes with close links to hospitals to provide a clear discharge route. Such approaches could help to address the difficulty in recruiting nursing staff which is currently stifling the development of nursing care beds, but also provide a more flexible discharge and reablement services.

The risk of the development of the ICS and the focus on nursing care and hospital discharge is that this is where the focus of health and social care integration will be, and the care market will split into Continuing Health Care funded nursing care provision commissioned through ICSs, and social care services mainly commissioned by social services. This could leave care homes as "second class citizens" compared to nursing care services, which could get better funding and better terms and conditions for staff.

Joint working on care home specifications alongside CCG colleagues will go some way towards avoiding a divergence of the nursing and residential markets. Peripatetic nursing care teams providing nursing care support into a range of community settings, including residential care homes, supported housing services and people's own homes would be one

way ensuring that nursing provision remains central to community support services across all client groups.

9.3 Medium Term Opportunities

The medium-term opportunities largely provide housing-based alternatives to people who would previously have entered a care home because they cannot continue in their own homes. The options include a wide range of retirement housing options, from retirement apartments (such as McCarthy and Stone), bungalow accommodation, sheltered housing or extra care. Kirklees already has a development program for extra care housing, and the map below shows the location of all housing for older people (based in 2018 data).

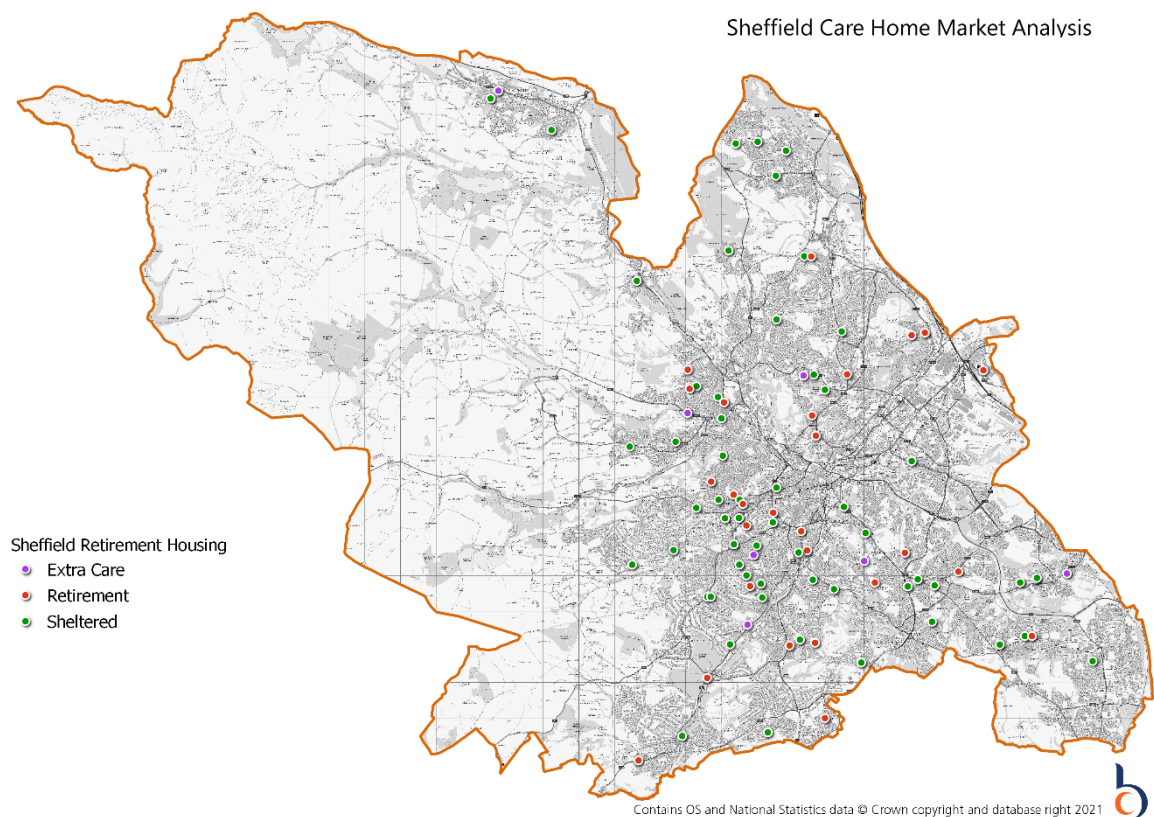


Figure 30 - Location and type of older persons' retirement housing

- **Extra Care housing** provides facilities for care and support alongside self-contained flats. Extra Care schemes frequently had additional facilities, such as a catering service, a range of communal spaces, and larger developments may include shops, hairdressing facilities and gyms. They can also serve as a hub for a range of other services – either to other retirement housing such as bungalows developed at the same time, or to the wider community. Schemes have a dedicated care staff team based on site, with an option of a dedicated night staff team or access to a mobile care team overnight.
- **Sheltered Housing** schemes are larger blocks containing flats or apartments but with generally limited communal space. They were not originally developed to meet

care needs, although many schemes have visiting home care workers. Some schemes have added a care base by converting an existing flat, to create smaller-scale extra care schemes⁷. Sheltered housing schemes usually have a warden, although the warden may be mobile and cover several schemes.

- **Retirement Housing** (Age exclusive housing) is housing aimed at older adults, both private developed, RSL and Council stock, including flats and bungalows. Most schemes include some form of community alarm but not usually a warden. Example private developers include McCarthy and Stone.

9.3.1 Older Person's Housing Development Opportunities

Development Types

There are three broad development options, depending on the area:

- **Rural areas** – small-scale developments of 4 to 10 units based on dormer bungalows (North western areas of Sheffield)
- **Semi-rural areas** – smaller scale retirement apartment developments of 10-30 units (towns and larger villages)
- **Urban areas** – larger scale modern sheltered housing developments of 30 to 60 units (Sheffield central and south western areas)

The general assumption is that developments should be smaller scale, maximising units and minimising communal space to reduce the number of units required for viability. This is an approach that Sheffield is taking in future older person's housing with care developments.

Maximising flexibility of use by avoiding the development of specialist housing, but ensuring Lifetime Homes standards (or HAPPI)

Extra Care

Extra Care Housing remains a popular option with local authorities, particularly where it can be used to reduce demand for care home places. There are a number of challenges to the provision of extra care housing which means that it is not always a suitable option:

- The expectations of what facilities should be included in extra care schemes, such as gyms, cinemas, shops, flexible use communal areas, etc, means that schemes have to be considerably larger to achieve viability. The minimum viable scheme size is now 75 units or more. Developments of 150 or more units are not uncommon. There may be opportunities for additional such developments in Sheffield if the right site could be found, as large scale schemes will generally attract residents from across the region.

⁷ North Hertfordshire Council's Flexicare model is based in part on converted sheltered housing provision - <https://housingcare.org/service/ser-info-2532-north-hertfordshire-homes-lim>

- The main development opportunities in Sheffield are for smaller-scale developments (10-60 units), below the level of viable extra care developments.
- Management of care and support needs within extra care is increasingly complex as the needs of individuals referred to extra care housing increases alongside the increasing needs of residents due to the ageing process.
- There are growing concerns about the affordability of extra care for social housing tenants, particularly those who are just over benefit thresholds.

There are still opportunities for extra care development, which include:

- Schemes led by one of the large national extra care developers who can develop for-sale property within the development to subsidise the development costs of the rental units to keep rents affordable (Extra Care Charitable Trust will sometimes do this, particularly where land is included as part of the deal).
- Extra Care developments included as part of a larger housing development where land or build costs can be substantially reduced as part of the wider development.
- Smaller scale developments where the care and support features can be provided without affecting viability (such as adding a care staff base within a larger modern sheltered housing development). Clinical Commissioning Groups have provided capital for additional care facilities in some areas, as part of a step up / step down care scheme)

Small Scale Developments

Rural areas are not suitable for larger developments, but lend themselves to smaller developments of flats or bungalows, particularly targeting people under-occupying larger houses, developing mobility problems or to address the needs of specific groups, such as supported living for people with learning disabilities with mobility problems.

Dormer bungalows maximise mobility whilst adding a second bedroom on the first floor to ensure flexible use without a large footprint and can be particularly useful where staff may be required to be present 24 hours a day to support someone with physical disabilities.

- Options for redeveloping existing bungalow developments.
- Suitable for smaller infill sites or as a part of a larger development – 30-40 dwellings per hectare (DPH)

The Retirement Housing Group (HAPPI 4⁸) note that a 10-person bungalow development requires a population 880 households (a single village) to support it, compared to a population of 2,775 households (3 villages) to support a 50 bed scheme. Developing a communal space can serve as a community hub for outreach services.

⁸ Rural Housing for an Ageing Population: Preserving Independence (HAPPI 4), Housing LIN, April 2018 (<https://www.housinglin.org.uk/Topics/type/Rural-Housing-for-an-Ageing-Population-Preserving-Independence-HAPPI-4/>)



Figure 31 - Dormer Bungalow Development for older adults in Birmingham

Semi-Urban Developments

Semi-urban areas can support larger developments, but land availability may limit the size of plots available, suggesting apartment developments over 2 or 3 storeys at 110 Dwellings per Hectare. These are suitable for larger urban areas such as large villages or towns. They are also suitable for meeting needs of specific BAME communities. An example of this is the Gharana Nivas retirement housing scheme for Asian elders in Wellingborough (Accord Housing Association), which has 26 flats.

- Floor areas larger than general needs units to allow for mobility needs. Communal lounge / kitchenette to allow for communal events
- Development costs of £100,000 per unit (depending on specification, and scale of development)
- Suitable for sale or rent



Figure 32 - medium size older adults retirement housing development in the Midlands

Large Scale Developments

Urban areas (Sheffield central, eastern and south west areas, etc) will support larger scale developments, assuming that suitable land is available.

- The larger scale of the units (30-60 units) will support a larger amount of communal space, making them similar to current sheltered units, with a lounge, office space and options for additional space for community facilities.
- Development costs of £115,000 with a larger footprint (90 dwellings per hectare to allow for greater communal facilities)

9.3.2 Care Home Market Development

During this period, the Council should be working with care home proprietors to reduce capacity in the market. The specification developed in the previous phase can be used to actively manage commissioning, with an option to link this directly to the pricing of services.

There are also opportunities to more directly link fees to the needs of individual residents particularly if this can be done through closer relationships with homes similar to the dynamic purchasing systems currently used by some Councils for the commissioning of home care. Such an approach should allow for a more flexible approach to short term rehabilitation and encourage providers to support residents to prepare for a safe discharge home.

9.4 Long Term

In the longer-term phase, from years 5 to 10, new housing-based alternatives to care home provision will continue to become available, but demographic data also suggests that there will be a growing demand for more complex care that may require care home or nursing home support. The previous 5 years should have helped the Council develop a good picture of future care needs and the capacity of the market to meet these.

One opportunity during this period is to redevelop and modernise the existing care home provision to meet more complex needs. Longer term relationships with trusted providers means that providers have opportunities to make larger capital investments in care home developments to meet the needs of people with complex needs. The example of Suffolk above illustrates how a long-term contract with key partner providers can allow for capital investment. The council has a choice about the extent to which it participates in the development of the market. A light-touch approach could be based on longer term contracts to enable providers to access capital for developments. A more active role could be through working with providers to identify suitable Council land to help reduce long term care costs. At the higher end of intervention would be the direct purchase or development of care homes and let contracts to providers to provide the care service or operate the services through an arms-length provider as Norsecare does in Norfolk and the East of England.

9.5 Investment Opportunities and Sources

Evidence from other local authorities (detailed in the options section) and comments from existing care home proprietors identify a number of opportunities for investment.

In terms of older adult services, a number of local authorities have looked at utilising existing land ownership to subsidise or stimulate the development of services for older people, both care home provision and retirement housing. In some cases, long term, low cost leases have been used to encourage the development of new services, particularly in areas where land values are higher and would affect the overall viability of new services if purchased at open market values. Some authorities have asked providers to include the value of low cost land as part of a long term development and care contract with an aim to reduce the long term costs of care home provision. Other Councils have made available capital development funds to support the development of new care home or supported housing provision, again reflecting the value of the capital element in a long term reduction in contract costs.

A common cause for concern for local authorities is the linking of provision of housing and the provision of care and support through the same provider, as this can reduce choice for the people using services. This can either be resolved contractually by separating the provision of housing and support, or by the Council commissioning the provision separately from the support. The capital support options identified above may also be available to reduce the revenue impact of capital developments.

9.6 Digital – Business Systems & Care Technology

There are two main impacts of digital technologies in care homes and community support of older adults:

- Electronic planning and rostering systems in care homes
- Telecare and telehealth systems for people living in care homes and to support people living in their own homes or in supported housing.

9.6.1 Digital Systems in Care Homes

A survey undertaken with care home managers are part of the Care Home Market Review in Kirklees and Rotherham asked a series of questions about the implementation of digital systems within care homes in Rotherham, which are broadly representative of the care home market more generally, including Sheffield.

The chart below shows a summary of the responses to these questions:

11. Please select which of the following you have in your home.				
		Response Percent	Response Total	
High speed internet access		71.43%	20	
Facilities for video calls for the manager / staff		96.43%	27	
Facilities for video calls for residents		100.00%	28	
Wifi access throughout the home for staff		85.71%	24	
Wifi access throughout the home for residents		89.29%	25	
Mobile devices (phones or tablets) for staff to access or record care data		75.00%	21	
Electronic care planning systems		35.71%	10	
Electronic staff rostering systems		14.29%	4	
Facilities for secure email (such as a nhs.net email address)		92.86%	26	
Other (please specify):		0.00%	0	

Figure 33 - IT Resources in Care Homes (Source: Survey with Rotherham Care Homes, November 2020)

It is notable that the vast majority of homes have facilities for video calls for staff and residents and these facilities have been very important in enabling residents and families to remain in touch during the Covid-19 pandemic. Video calling has also been used

extensively by commissioners and others to keep in touch with care home managers and staff. Coupled to this, most homes have good WiFi access through the accommodation, so residents with their own devices can use them in their rooms.

High speed internet access was reported by 71% of homes surveyed, which would limit the homes opportunities for video calling and for telehealth and telecare systems for nearly 1/3 of homes.

Only 35% of homes have electronic care planning systems, and 14% of homes have electronic staff rostering systems. The use of electronic care planning systems is a good proxy for the home's readiness for other digital business systems and care technologies and suggests a need for more development. The cost of the implementation of these systems is often a significant barrier for proprietors, particularly the smaller ones that may struggle with the support of these systems. 92% of homes report having access to secure email (nhs.net email, for example) which is vital for the secure exchange of care and medical data on residents.

There are clear benefits for care homes and commissioners of the implementation of digital business systems within care homes, both in terms of management efficiency, but also because these systems are often a prerequisite of telecare and telehealth systems. Some work has already been undertaken by the Council with care homes on these issues and a system of support for the development of systems and staff training, particularly for smaller providers, would be a significant benefit for the care home market as a whole.

9.6.2 Telehealth and Telecare Systems

There has been an increased interest in telecare and telehealth systems to enable remote monitoring and support of people with health and care needs during the Covid-19 pandemic, although these systems have been developing for a number of years. Tunstall, a provider of assistive technology, has identified evidence of the benefit of the implementation of such systems both in people's own homes in combination with home care services and in care homes:

- **Telecare and home care** - In London Borough of Havering, robust, longitudinal analysis showed overall hospital admissions reduced by 50% and hospital admissions due to falls were reduced by 44%, with an estimated annual saving of £2.24m as a result of telecare⁹.
- **Telecare and reablement** - In Blackburn with Darwen Council, residential care admissions have been reduced by 18%, with total net savings achieved for telecare and reablement of £2.2m in 2011-12 and further reduction of £1.2m 2013/14 (direct budget costs)¹⁰.

⁹ London Borough of Havering, Health and Wellbeing Board, Assistive Technology Report, January 2014
<http://democracy.havering.gov.uk/documents/s9914/HWB%20-%20paper%20on%20AT%20v5.pdf>

¹⁰ <http://www.tunstall.co.uk/Uploads/Documents/Blackburn%20with%20Darwen%20-%20Improving%20efficiency%20and%20outcomes%20through%20telehealthcare.pdf>

- **Telecare and telehealth in care homes** - In Calderdale care homes, between April 2014 and April 2015 the number of hospital stays following emergency admissions to hospital for care home residents supported by telecare and telehealth, was 25% lower than the same period in 2013/14. This represents healthcare savings of over £450,000. Plus GP home visits were down by 60%¹¹.

The use of remote blood/oxygen level monitoring of people suffering with Covid-19 through “virtual wards” has got particular attention during the pandemic, but there are a wide range of systems already in use across the UK and the world, as identified by this graphic by Tunstall:

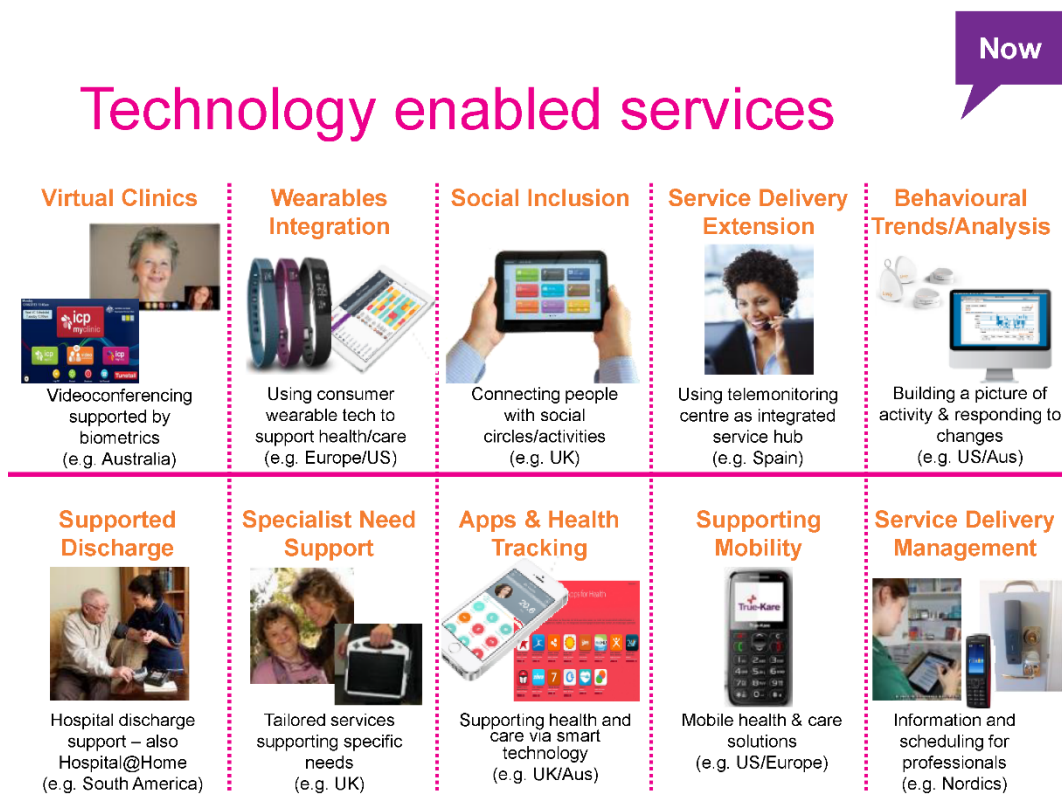


Figure 34 - Examples of technology-enabled services (Source: Tunstall - <https://www.tunstall.co.uk/resources/case-studies/>)

The graphic below illustrates the use of technology in falls prevention, with electronic monitoring using a variety of systems, used to both identify risk of falls and support early intervention and to quickly identify and respond to falls to minimise the impact.

¹¹ <http://www.tunstall.co.uk/news/468/calderdale-care-home-initiative-in-the-running-for-a-health-service-journal-value-in-healthcare-award>

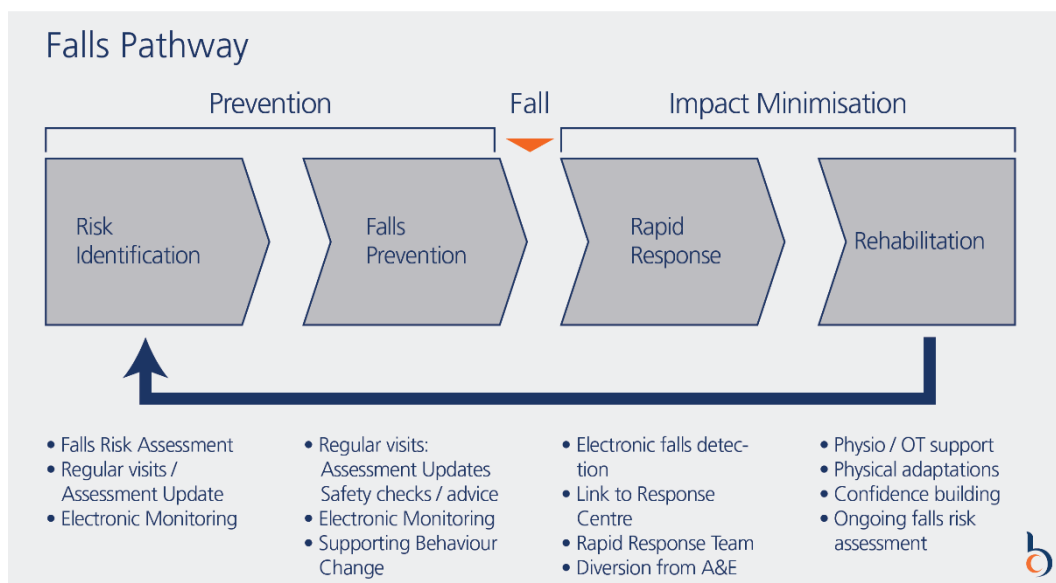


Figure 35 - Falls pathway for prevention

9.7 User and Carer Expectations

This project did not directly seek the views of users and carers in terms of the care home market, although there is clear evidence that most people wish to be (and indeed are) supported to live in their own home, which could include retirement housing such as sheltered housing or extra care housing.

Derek Wanless¹² identified what older people's preferences are should they require care and support, and more recent surveys suggest that these percentages had not shifted significantly prior to Covid-19.

Older people's preferences should they need care	%
Stay in my own home with care and support from friends and family	62
Stay in my own home but with care and support from trained workers	56
Move to a smaller home of my own	35
Move to sheltered housing with a warden	27
Move to sheltered housing with a warden and other social care services	25
Move in with son or daughter	14
Move to a private residential home	11

¹² Wanless D. Securing our future health: taking a long-term view. Final report. London: HM Treasury, 2002.

Move to a local council residential home	7
Move to a residential home provided by a charitable organisation	3
None	1
Don't know	2

Figure 36 - Older people's preferences should they need care (Wanless 2006)

Surveys have suggested that a third of people would not like to move under any circumstances and approximately three quarters of older people would prefer to stay in their home and receive services if they became disabled, or have their home adapted¹³. Focus groups conducted by the CRESR¹⁴ supported this, finding that participants “expressed a clear preference for independence [and] there was a tendency to equate independent living with general needs housing” (2015 p.46).

However, other reports have suggested there is potentially a greater appetite among older people to move than suggested in figure 44 above. For example, a study conducted by Demos (2014), based on the English Longitudinal Study of Ageing (ELSA), found that approximately one in four over 60 would be interested in buying a retirement property (encapsulating all variations of sheltered or extra care housing but not residential/ nursing homes), which is equivalent to approximately 3.5m people nationally¹⁵.

It also found an even greater proportion of people over 60 were interested in moving in general (58%), including 33% of over 60s who would like to downsize – equating to approximately 4.6m people nationally.

Within discussions of older people as a whole, several reports highlighted the differing experiences of a range of minority groups:

- **BAME older people.** Reports found that older people in the BAME community often lacked knowledge about the housing options that were available to them, including how to access home care support, or what sheltered housing or extra care entailed. This is similar to the wider older population.
- **LGBT older people.** While all older people generally expressed a preference to remain in their own existing home, older LGBT people particularly identified that they had some concerns relating to the views of staff and residents in sheltered housing options.
- **Older people with disabilities.** Older people with disabilities reported that, despite aspirations to remain living at home with care where possible, some felt vulnerable to

¹³ See National Care Forum (2013) 'Personnel statistics report', Coventry: National Care Forum and Rankin, J. and Regan, S. (2004) 'Meeting complex needs: The future of social care', London: Institute for Public Policy.

¹⁴ Green, S., Robinson, D. and Wilson, I (2015) The Housing Options of Older People in Doncaster. Sheffield: Centre for Regional Economic and Social Research, Sheffield Hallam.

¹⁵ Wood, Claudia (2014) The top of the ladder. London: Demos

poor service – especially those who did not have family to help support them accessing services.

Work undertaken by Cordis Bright with Luton Borough Council in 2018 involved asking a wide range of older people about their views of what their housing needs were. The main finding was that older people want easily accessible information to support their decision-making about their housing and support needs. However, it is also clear that passive information services are not adequate, and that older and frail people need active support to consider their options, through a number of routes:

- Provision of information to “gatekeepers” who older and frail people may approach for advice and information, or who may identify people with housing and support needs.
- Provision of proactive advice and information services that are available to gatekeepers and people who make direct contact with older and frail people, such as the “Community Navigator” model used in some areas. The proactive element should come from active case-finding - attending existing older persons’ groups, as well as identifying older and frail people who may have housing and support needs from other services (such as Telelink [Luton’s community alarm monitoring service), the One Stop Shop, health and social care services).
- Specific support to help older and frail people assess, plan and organise aids and adaptations. This should include a prioritisation process to ensure that those most at risk due to mobility issues in their own homes should receive prompt support.
- Information services should be co-produced with older and frail people to ensure that they met their needs. It was clear from older people that internet-based services are not an effective way of reaching older people – the majority of the older people spoken to did not have regular internet access and did not like it as a way of gathering information.

It was also noted by that the views of the next generation of older people (currently in their 50s and early 60s) are likely to be very different in their expectations of how and where care and support should be provided and that there is little research evidence currently to identify these views.

9.8 Workforce

Most care home proprietors interviewed said that they did not have difficulty in recruiting social care support staff, although most reported difficulties in recruiting nursing staff.

Whilst recruitment was not identified as a major issue for care homes, the training and development of staff was, with most providers noting the difficulties in recruiting skilled staff and the challenge of finding appropriate training courses for staff, particularly outside of the core statutory training requirements. This was particularly true in services providing specialist services for people with complex needs, including services for people with learning disabilities, people with mental health problems and older people with dementia.

The lack of appropriately skilled and experienced staff is most evident in nursing care services, where the difficulty in recruiting nursing staff has led to some providers ceasing to provide nursing care, despite the need for these services. However, lack of skilled staff

also hampers the ability of home to support the needs of people with complex needs. A number of providers noted that in the past the Council had provided some training, which meant that providers knew that training was of a good quality and was consistent.

There is also a longer term issue specifically relating to the managers of care homes. The future lack of skilled and experienced managers has been highlighted in the past few years by organisations such as Skills for Care. The impact of Covid-19 on managers is likely to lead to the loss of a number of managers of care homes over the next 6 to 12 months, which could result in a recruitment crisis for suitable replacements. Given the fundamental role of the manager in ensuring the quality of services and ensuring a good flow of referrals, a shortage of managers is likely to cause additional difficulties for care home proprietors.

A number of providers suggested that the Council could play a role in providing training for the next generation of care home managers, and indeed the Council has already done some work in this area. It is also an opportunity for the Care Home Association and the Council to work together to develop the specification for an appropriate training programme and identify trainers.

10 Appendices

Appendix 1 – Care Needs Estimates by MSOA

10.1 Care Needs by MSOA

MSOA Name	Estimated Population with highest support needs	Estimated Care Bed Demand
Stocksbridge	610	73
Deepcar & Bolsterstone	165	20
High Green & Burncross	505	61
Chapelton	761	91
Grenoside & Ecclesfield North	518	62
Ecclesfield South	456	55
Shiregreen North	297	36
Oughtibridge & Bradfield	327	39
Parson Cross	565	68
Shiregreen South	297	36
Sheffield Lane Top & Longley Park	341	41
Southey Green West	538	65
Firth Park	645	77
Brightside & Wincobank	448	54
Southey Green East	443	53
Wadsley & Marlcliffe	246	29
Hillsborough, Owlerton & Wadsley Bridge	271	32
Tinsley & Carbrook	306	37
Shirecliffe & Parkwood Springs	569	68

MSOA Name	Estimated Population with highest support needs	Estimated Care Bed Demand
Crabtree & Fir Vale	565	68
Malin Bridge & Wisewood	283	34
Burngreave & Grimesthorpe	542	65
Upper Stannington & Loxley	357	43
Walkley	307	37
Lower Stannington	471	57
Upperthorpe, Netherthorpe & Langsett	511	61
Darnall	334	40
Springvale & Steel Bank	155	19
Crookes	342	41
Broomhill & Lower Crookesmoor	400	48
Littledale & Handsworth North	756	91
Sandygate & Crosspool	238	29
Broomhall	242	29
Handsworth South	445	53
Endcliffe & Ranmoor	340	41
Woodthorpe	453	54
Sharrow	272	33
Fulwood & Lodge Moor	196	24
Highfield & Lowfield	224	27
Norfolk Park	325	39
Woodhouse Mill	704	84
Richmond & Stradbroke	328	39
Brincliffe & Sharrow Vale	154	19

MSOA Name	Estimated Population with highest support needs	Estimated Care Bed Demand
Ecclesall & Greystones	229	28
Arbourthorne	254	30
Woodhouse West	508	61
Nether Edge	444	53
Heeley & Newfield Green	754	90
Intake	766	92
Meersbrook	264	32
Gleadless	386	46
Bents Green & Millhouses	315	38
Beighton	249	30
Woodseats	321	39
Herdings & Gleadless Valley	396	48
Hackenthorpe	261	31
Charnock & Basegreen	395	47
Sothall	284	34
Norton & Norton Lees	570	68
Westfield & Waterthorpe	452	54
Beauchief	365	44
Dore & Whirlow	691	83
Greenhill & Lowedges	422	51
Batemoor & Jordanthorpe	510	61
Totley & Bradway	283	34
Mosborough & Halfway	265	32
Cathedral & Kelham	41	5

MSOA Name	Estimated Population with highest support needs	Estimated Care Bed Demand
Devonshire Quarter	112	13
Park Hill & Wybourn	405	49
Birley	575	69

Appendix 2 – Adult Social Care Benchmarking Data – Yorkshire and Humberside Region

11 Introduction

This document summarises the data from the 2019/20 **Adult Social Care Financial Return** (ASC-FR) and **Short and Long Term Support** data (SALT) published by NHS Digital in December 2020. It looks at support for working age adults, 18-64, specifically people with learning disabilities and people with mental health support needs:

- Total expenditure on adult social care for older adults (65+) and expenditure per 100 of the relevant 18-64 population
- Total bed/weeks of care home provision purchased and bed/weeks per 100 of the relevant older adults and 18-64 population
- Unit costs of residential and nursing care purchasing (based on ASC-FR expenditure and activity data)
- The split between settled accommodation, residential care and residential care (for people with learning disabilities)
- Commissioned care home bed/weeks as a percentage of the total available bed/weeks in CQC registered care homes.

The Yorkshire and Humberside region covers the following local authorities:

- Bamsley
- Bradford
- Calderdale
- Doncaster
- East Riding of Yorkshire
- Kingston upon Hull, City of
- Kirklees
- Leeds
- North East Lincolnshire
- North Lincolnshire
- North Yorkshire
- Rotherham
- Sheffield
- Wakefield
- York

11.1.1 Population Estimates

For older adults, population data are taken from the latest mid-year estimates (currently 2019, published in July 2020) and ONS population projections based on 2018 mid-year estimates.

For the working age population data are taken from PANSI¹⁶ estimates for the relevant client group for 2020:

- **Learning Disabilities:** The LD population is based on the 18-64 population with moderate or severe learning disabilities based on the PANSI classifications.
- **Mental Health:** The MH population is based on the 18-64 population with two or more psychiatric disorders based on the increased likelihood of these individuals requiring social care support to live in the community.

Data on services for people with learning disabilities comes first, followed by people with mental health support needs.

¹⁶ Projecting Adult Needs and Service Information, Institute for Public Care - www.pansi.org.uk

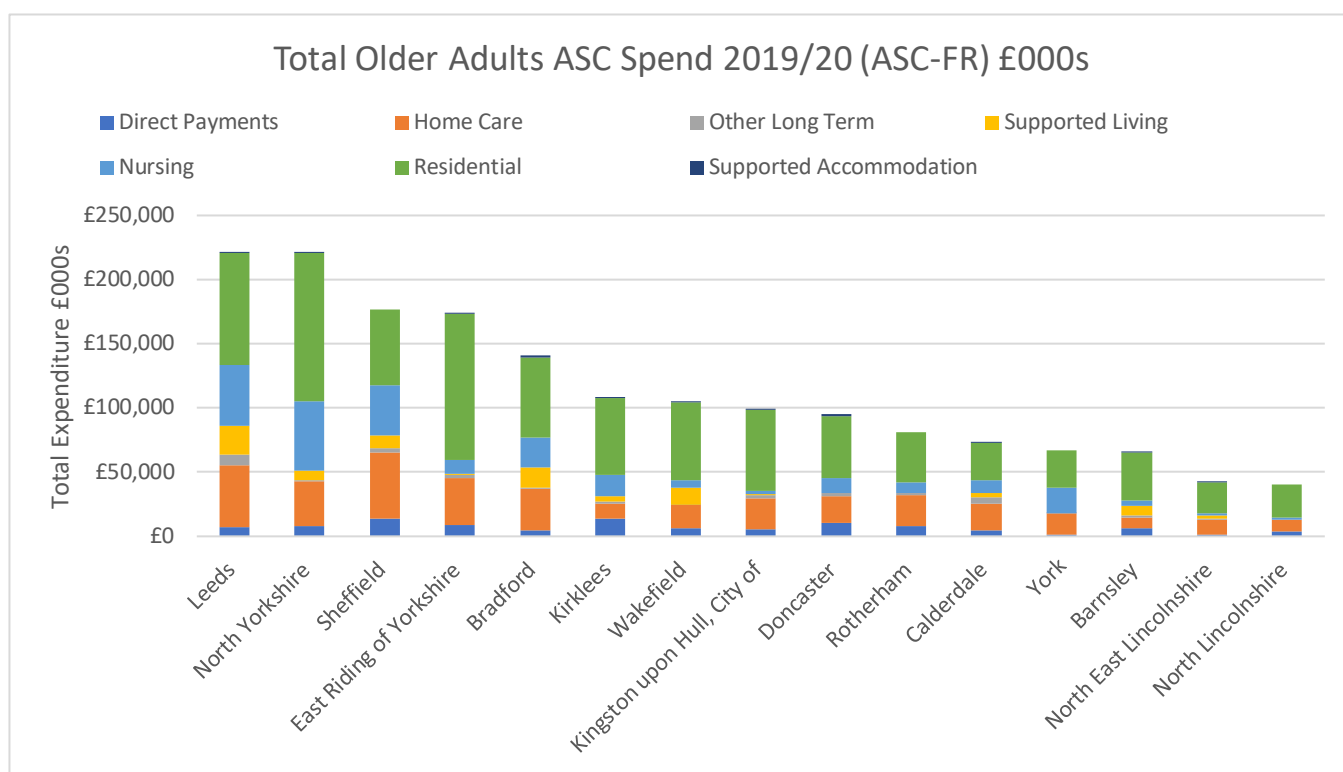
12 Data – Older Adults (65+)

12.1 Expenditure on Adult Social Care for Older Adults

The following expenditure figures are in £000s covering all adult social care expenditure (gross costs).

Table 1 - Gross older adult social care costs (ASC-FR 2019/20)

	Direct Payments	Home Care	Other Long Term	Supported Living	Nursing	Residential	Supported Accommodation	Total
Leeds	£7,460	£47,834	£8,572	£21,844	£47,906	£87,470	£250	£221,336
North Yorkshire	£8,040	£34,566	£1,442	£7,268	£54,188	£115,160	£24	£220,688
Sheffield	£13,647	£51,816	£3,088	£10,160	£38,797	£58,989	£0	£176,498
East Riding of Yorkshire	£8,434	£37,300	£2,426	£274	£11,270	£113,666	£58	£173,428
Bradford	£4,370	£32,873	£327	£16,330	£22,883	£62,532	£1,613	£140,928
Kirklees	£13,615	£12,091	£1,197	£4,345	£16,784	£59,609	£329	£107,971
Wakefield	£6,552	£17,762	£618	£12,927	£6,000	£60,262	£875	£104,996
Kingston upon Hull, City of	£5,674	£23,692	£2,344	£1,460	£2,638	£63,132	£570	£99,510
Doncaster	£10,554	£20,666	£2,872	£0	£11,140	£48,304	£1,602	£95,138
Rotherham	£7,844	£24,494	£1,462	£0	£8,346	£38,870	£0	£81,016
Calderdale	£4,804	£20,350	£5,273	£3,640	£9,584	£29,425	£289	£73,365
York	£1,160	£16,674	£28	£0	£19,862	£29,042	£0	£66,766
Barnsley	£6,452	£8,396	£1,126	£7,430	£4,628	£37,192	£30	£65,254
North East Lincolnshire	£954	£11,746	£1,504	£2,158	£1,398	£24,584	£40	£42,384
North Lincolnshire	£3,504	£9,589	£0	£0	£1,643	£25,302	£0	£40,038

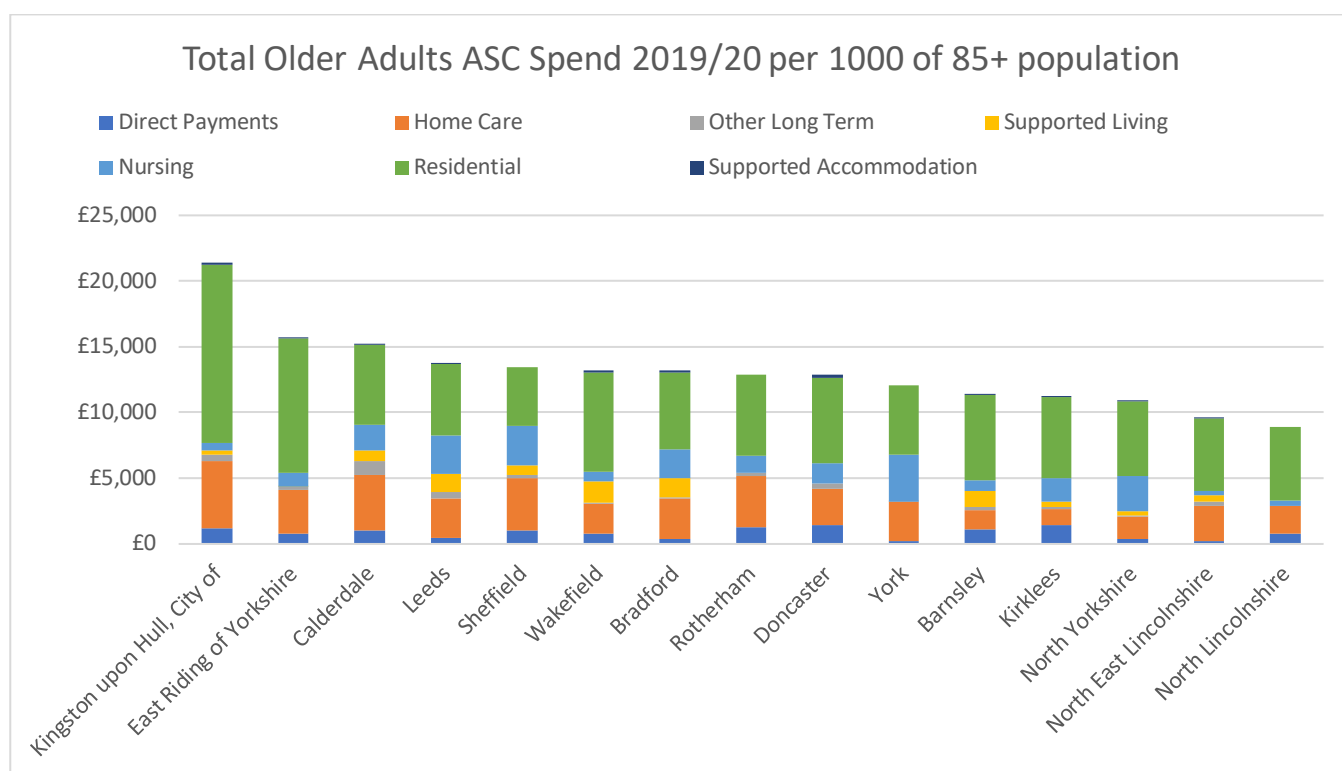


The following table and chart show the same expenditure in terms of the cost per 1000 of the population aged 85+, to balance out the population size differences between the authorities.

Table 2 - 65+ Adult Social Care Costs per 1000 of the 85+ population

	Direct Payments	Home Care	Other Long Term	Supported Living	Nursing	Residential	Supported Accommodation	Total
Kingston upon Hull, City of	£1,220	£5,095	£504	£314	£567	£13,577	£123	£21,400
East Riding of Yorkshire	£762	£3,372	£219	£25	£1,019	£10,275	£5	£15,678
Calderdale	£999	£4,230	£1,096	£757	£1,992	£6,116	£60	£15,249
Leeds	£463	£2,966	£532	£1,355	£2,971	£5,424	£16	£13,726
Sheffield	£1,040	£3,949	£235	£774	£2,956	£4,495	£0	£13,449
Wakefield	£823	£2,231	£78	£1,624	£754	£7,571	£110	£13,190

Bradford	£409	£3,075	£31	£1,527	£2,140	£5,848	£151	£13,181
Rotherham	£1,247	£3,895	£233	£0	£1,327	£6,182	£0	£12,884
Doncaster	£1,426	£2,792	£388	£0	£1,505	£6,526	£216	£12,853
York	£210	£3,019	£5	£0	£3,596	£5,258	£0	£12,089
Barnsley	£1,122	£1,460	£196	£1,292	£805	£6,467	£5	£11,347
Kirklees	£1,418	£1,259	£125	£453	£1,748	£6,209	£34	£11,246
North Yorkshire	£395	£1,698	£71	£357	£2,663	£5,659	£1	£10,844
North East Lincolnshire	£215	£2,652	£340	£487	£316	£5,551	£9	£9,570
North Lincolnshire	£778	£2,130	£0	£0	£365	£5,620	£0	£8,893

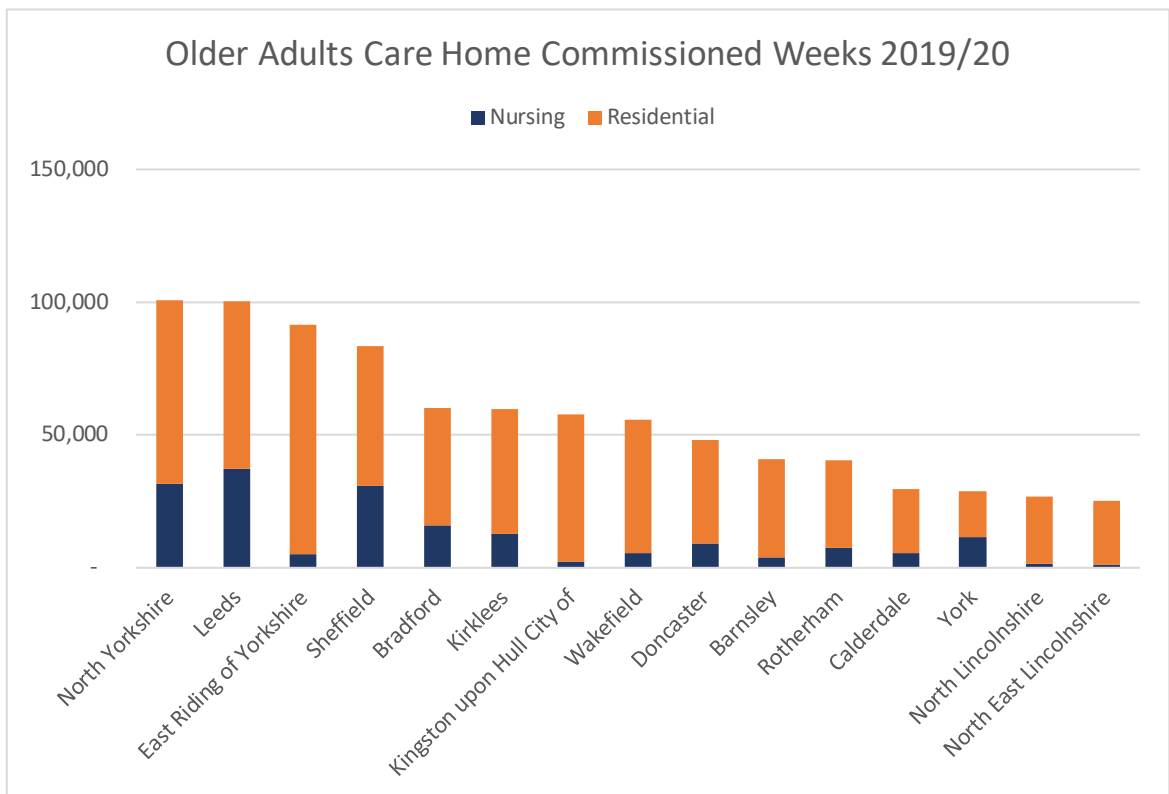


12.2 Care Home Commissioning Activity (65+)

ASC-FR activity data for 2019/20 provide information on the purchasing of care home bed weeks over the year. Again, this data is provided in terms of raw activity and then adjusted for the 85+ population to take account of different population sizes across the authorities.

Table 3 - Total commissioned care home bed weeks (ASC-FR 2019/20)

	Nursing	Residential	Total
North Yorkshire	31,830	68,782	100,612
Leeds	37,259	63,107	100,366
East Riding of Yorkshire	4,945	86,460	91,405
Sheffield	30,810	52,642	83,452
Bradford	16,140	43,945	60,085
Kirklees	12,562	47,115	59,677
Kingston upon Hull City of	2,143	55,540	57,684
Wakefield	5,678	50,234	55,913
Doncaster	9,087	39,227	48,314
Barnsley	3,887	37,033	40,920
Rotherham	7,467	32,883	40,350
Calderdale	5,669	24,007	29,676
York	11,408	17,324	28,732
North Lincolnshire	1,630	25,100	26,731
North East Lincolnshire	1,069	24,125	25,194

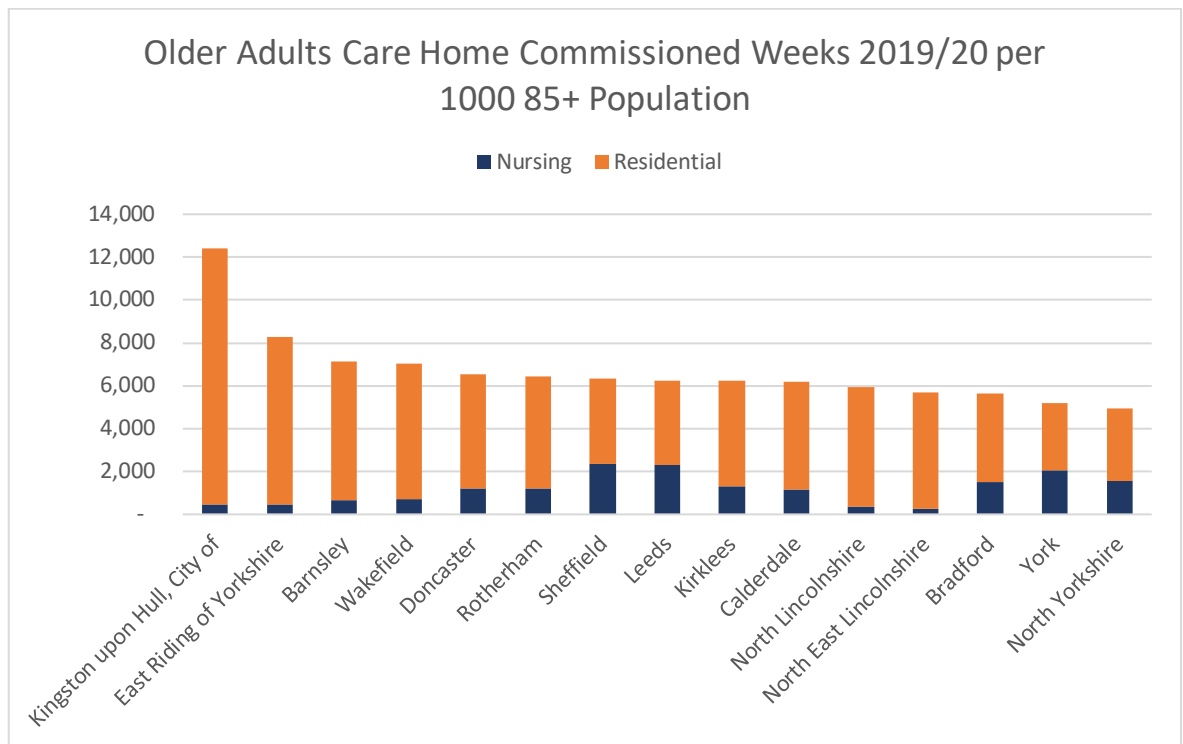


There is a notable split between the top three authorities in terms of commissioned care home weeks and the rest of the authorities. The other areas of large variance is the split between residential and nursing care commissioned weeks, with some authorities (East Riding, Hull, North Lincolnshire and NE Lincolnshire in particular) commissioning very little nursing care compared to the others. This might be due to variances in the way in which nursing care is commissioned in these authorities.

Table 4 - Commissioned Care Home Bed/Weeks per 1000 of the 85+ population

	Nursing	Residential	Total
Kingston upon Hull, City of	461	11,944	12,405
East Riding of Yorkshire	447	7,816	8,263
Barnsley	676	6,439	7,115
Wakefield	713	6,311	7,024
Doncaster	1,228	5,299	6,527
Rotherham	1,188	5,229	6,417
Sheffield	2,348	4,011	6,359

Leeds	2,311	3,914	6,224
Kirklees	1,308	4,907	6,216
Calderdale	1,178	4,990	6,168
North Lincolnshire	362	5,575	5,938
North East Lincolnshire	241	5,447	5,688
Bradford	1,510	4,110	5,620
York	2,066	3,137	5,202
North Yorkshire	1,564	3,380	4,944

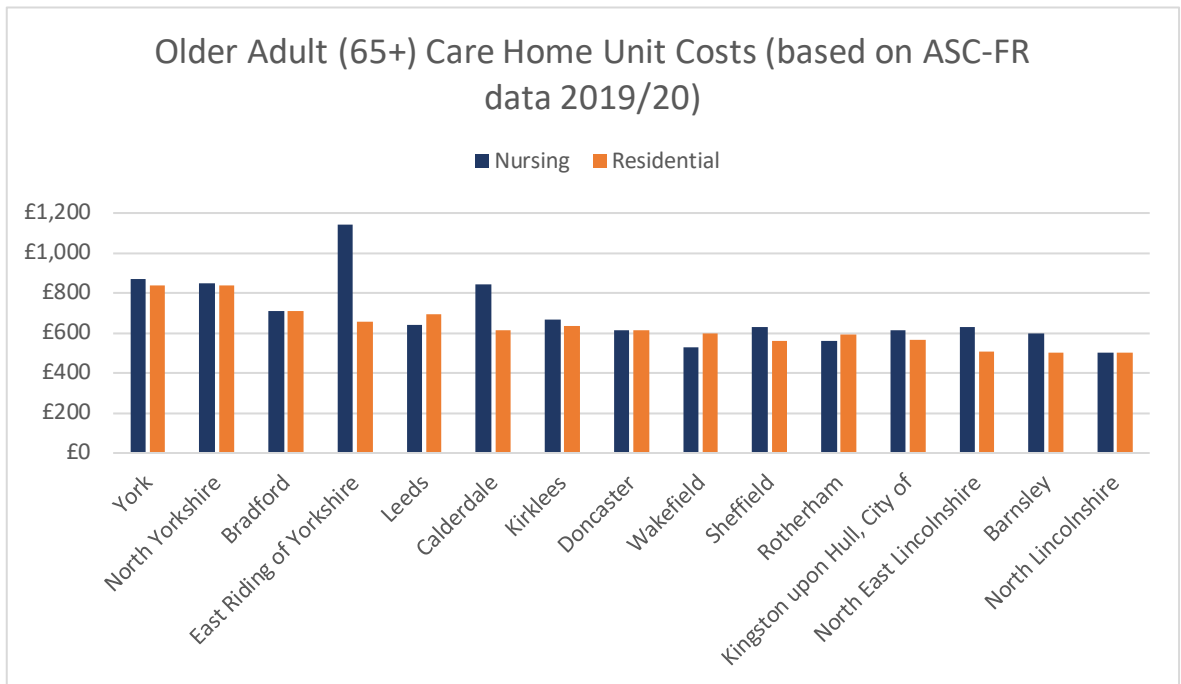


12.3 Unit Cost Data – Older Adult (65+) care homes

The ASC-FR provides data on the unit cost of residential and nursing care beds commissioned. This is based on a calculation (costs / activity) and **not on the actual fee rates of the authorities.**

Table 5 - Unit Cost data for care homes from the ASC-FR 2019/20

	Nursing	Residential	Combined
York	£871	£838	£851
North Yorkshire	£851	£837	£842
Bradford	£709	£711	£711
East Riding of Yorkshire	£1,139	£657	£683
Leeds	£643	£693	£674
Calderdale	£845	£613	£657
Kirklees	£668	£633	£640
Doncaster	£613	£616	£615
Wakefield	£528	£600	£593
Sheffield	£630	£560	£586
Rotherham	£559	£591	£585
Kingston upon Hull, City of	£615	£568	£570
North East Lincolnshire	£631	£507	£513
Barnsley	£595	£502	£511
North Lincolnshire	£504	£504	£504



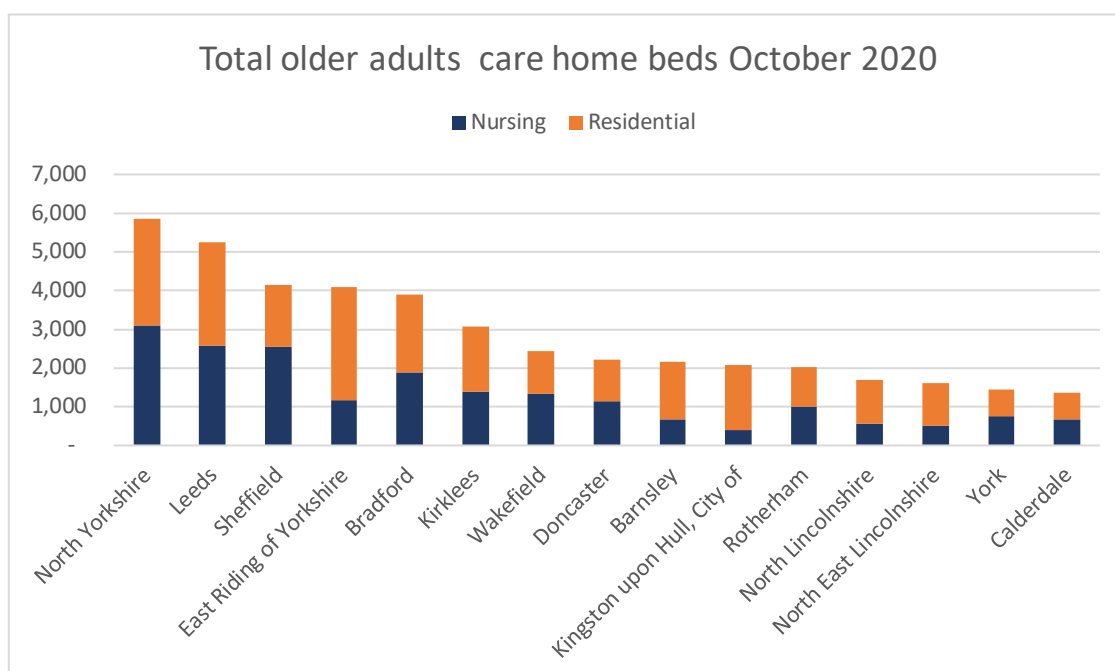
12.4 Care Home Bed Supply

CQC data from October 2020 are used to look at the overall supply of residential and nursing care beds in each of the core cities.

In terms of raw numbers, there is a considerable variance, reflecting the different population sizes:

Table 6 - Total CQC registered care home beds, October 2020

Local Authority	Nursing	Residential	Total
North Yorkshire	3,102	2,741	5,843
Leeds	2,586	2,669	5,255
Sheffield	2,552	1,593	4,145
East Riding of Yorkshire	1,162	2,932	4,094
Bradford	1,877	2,025	3,902
Kirklees	1,385	1,690	3,075
Wakefield	1,336	1,100	2,436
Doncaster	1,137	1,093	2,230
Barnsley	669	1,482	2,151
Kingston upon Hull, City of	403	1,685	2,088
Rotherham	1,000	1,022	2,022
North Lincolnshire	553	1,153	1,706
North East Lincolnshire	516	1,101	1,617
York	758	698	1,456
Calderdale	675	687	1,362

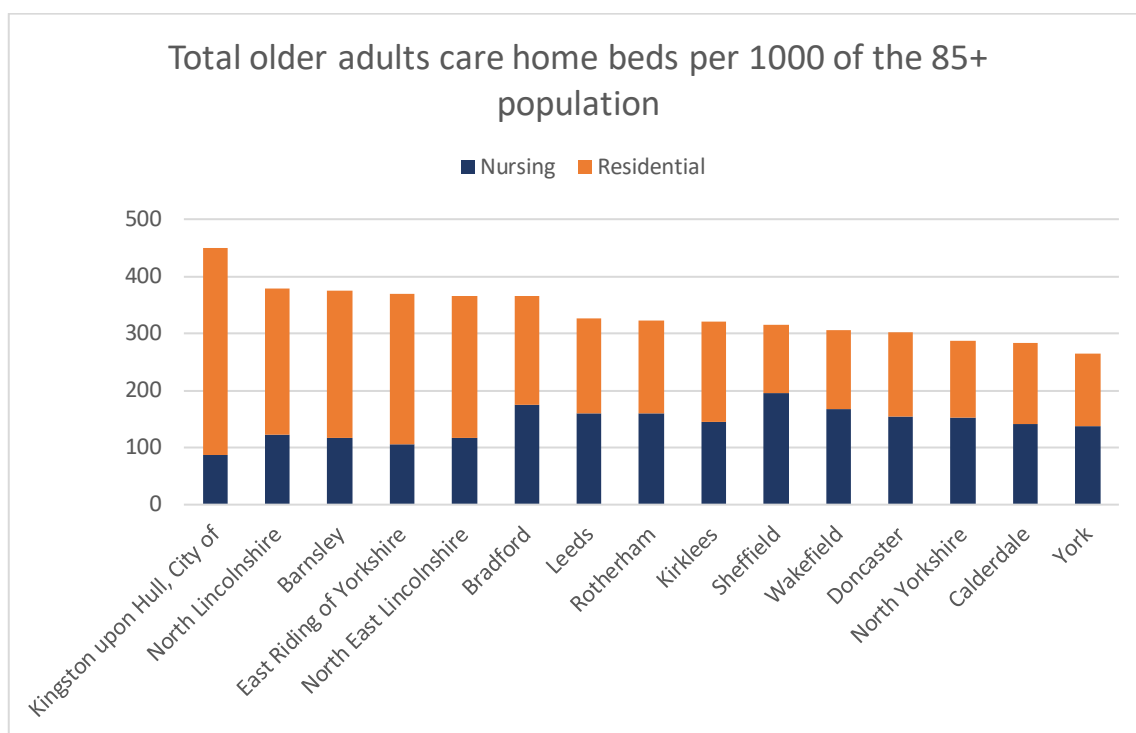


In terms of population adjusted care home bed supply (beds per 1000 of the 85+ population), the overall supply figures are fairly similar across the authorities. There is a more even split in the supply of nursing care beds, with the exception of Hull.

Table 7 - Care Home Beds per 1000 of the 85+ population (CQC, October 2020)

	Nursing	Residential	Total
Kingston upon Hull, City of	87	362	449
North Lincolnshire	123	256	379
Barnsley	116	258	374
East Riding of Yorkshire	105	265	370
North East Lincolnshire	117	249	365
Bradford	176	189	365
Leeds	160	166	326
Rotherham	159	163	322
Kirklees	144	176	320
Sheffield	194	121	316
Wakefield	168	138	306

Doncaster	154	148	301
North Yorkshire	152	135	287
Calderdale	140	143	283
York	137	126	264



Comparing CQC registered beds between June 2018 and October 2020 suggests that there has been a net loss of nursing care beds of about 4% (505 beds) and a gain of about 4% in residential care beds (424 beds)..

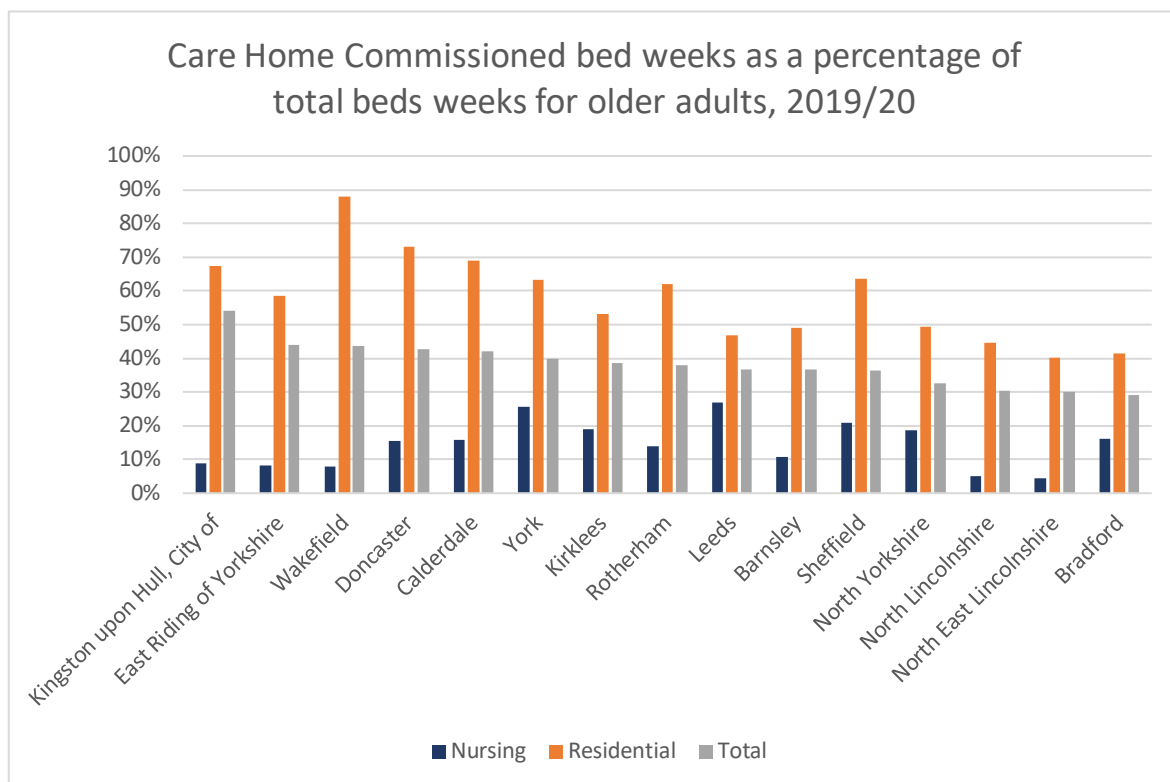
12.4.1 Commissioned Care Home Beds

Finally, the registered care home bed data from CQC can be compared with the activity data from the ASC-FR return to get an indication of the proportion of the total care home bed supply that is commissioned by the local authority (although the data do not distinguish between care home beds purchased locally and those purchased out of area). CQC registered bed data from July 2019 have been used for this calculation because the ASC-FR data relate to 2019/20.

CQC data classify homes as either residential or nursing and cannot reflect split use.

Table 8 - Commissioned bed/weeks as a percentage of total available (CQC, July 2019)

	Nursing	Residential	Total
Kingston upon Hull, City of	9%	67%	54%
East Riding of Yorkshire	8%	58%	44%
Wakefield	8%	88%	44%
Doncaster	15%	73%	43%
Calderdale	16%	69%	42%
York	26%	63%	40%
Kirklees	19%	53%	39%
Rotherham	14%	62%	38%
Leeds	27%	47%	37%
Barnsley	11%	49%	37%
Sheffield	21%	64%	36%
North Yorkshire	19%	49%	33%
North Lincolnshire	5%	45%	30%
North East Lincolnshire	4%	40%	30%
Bradford	16%	41%	29%



The average percentage of beds commissioned by local authorities of the total supply in England is about 40%, so these figures are broadly in line with that. The remaining beds are made up of NHS purchased beds, beds purchased by other local authorities, self-funded beds and vacancies. Data for 2019 (LaingBuisson, Market Report) suggest that bed occupancy rate in that year was 84% for “for-profit” care homes in England, and 81% in Yorkshire and Humberside.

12.5 Population

Population figures are based on 2019 Mid-Year Estimates, published in 2020. The table below shows the population figures for the 65+ population, 75+ population and the 85+ population. The 85+ population has been used to calculate population-level comparisons because that is the age at which the majority of older people are admitted into care homes, and therefore reflects the relative size of the highest need age group.

The final column is the 85+ population as a percentage of the 65+ population.

Table 9 - Mid Year Population estimates 2019

	65+	75+	85+	85+ as a percent of 65+ pop
Barnsley	48,162	21,257	5,751	12%
Bradford	80,899	36,201	10,692	13%
Calderdale	39,755	17,293	4,811	12%
Doncaster	59,745	26,783	7,402	12%
East Riding of Yorkshire	89,346	40,304	11,062	12%
Kingston upon Hull, City of	39,323	16,983	4,650	12%
Kirklees	78,097	34,682	9,601	12%
Leeds	123,516	56,887	16,125	13%
North East Lincolnshire	32,871	15,288	4,429	13%
North Lincolnshire	36,656	16,222	4,502	12%
North Yorkshire	152,657	70,346	20,351	13%
Rotherham	52,299	23,704	6,288	12%
Sheffield	94,440	45,382	13,123	14%
Wakefield	66,276	29,496	7,960	12%
York	38,735	18,477	5,523	14%
Barnsley	48,162	21,257	5,751	12%

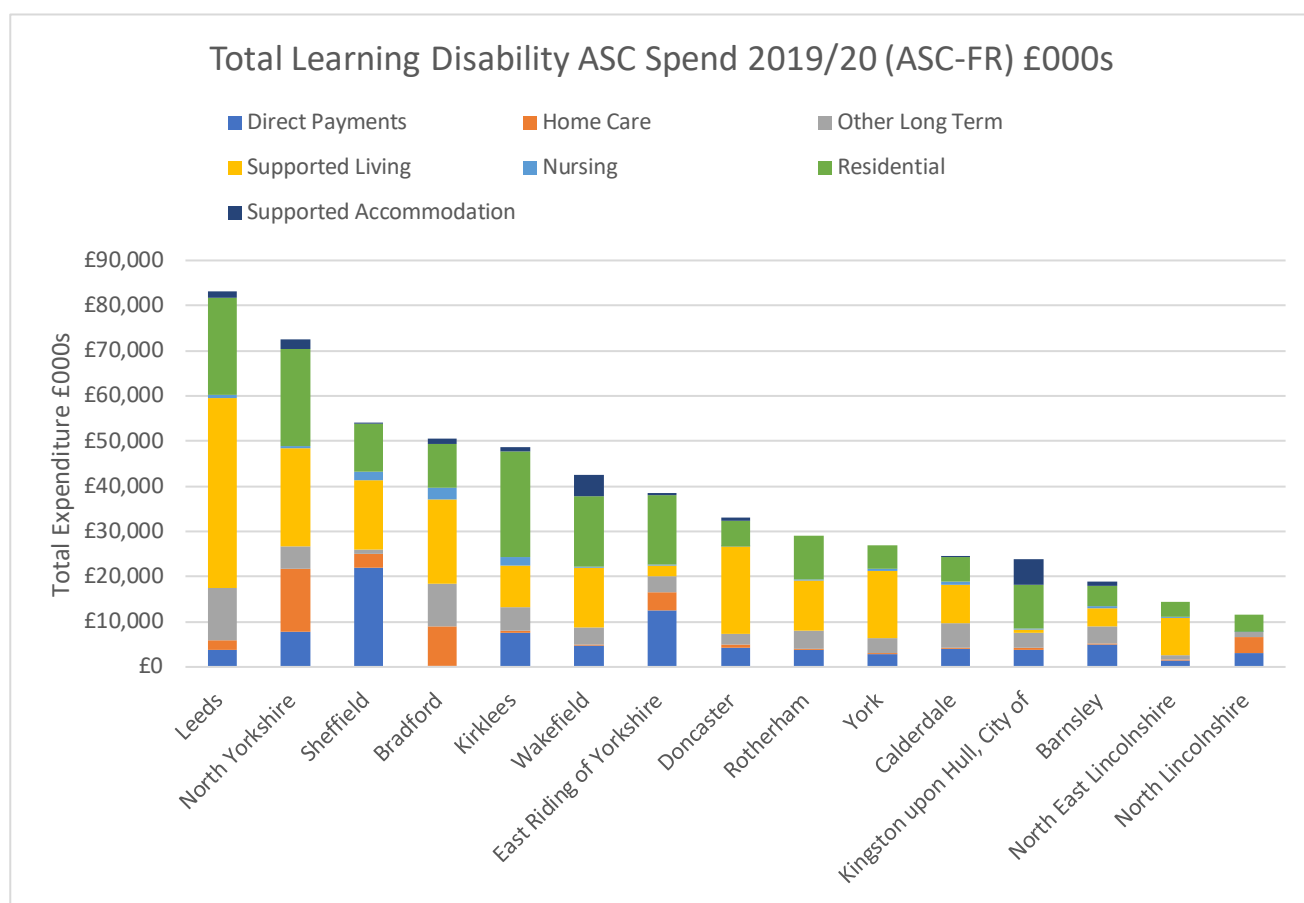
13 Data – People with Learning Disabilities

13.1 Expenditure on Adult Social Care for people with learning disabilities

The following expenditure figures are in £000s covering all adult social care expenditure (gross costs).

Table 10 - Gross learning disabilities social care costs 18-64 (ASC-FR 2019/20)

	Direct Payments	Home Care	Other Long Term	Supported Living	Nursing	Residential	Supported Accommodation	Total
Leeds	£3,766	£2,074	£11,719	£41,981	£585	£21,630	£1,294	£83,049
North Yorkshire	£7,701	£14,074	£4,962	£21,632	£525	£21,496	£2,130	£72,520
Sheffield	£21,981	£3,084	£924	£15,361	£1,814	£10,680	£312	£54,156
Bradford	£258	£8,805	£9,244	£18,864	£2,516	£9,680	£1,130	£50,497
Kirklees	£7,450	£507	£5,204	£9,319	£1,787	£23,451	£1,021	£48,739
Wakefield	£4,758	£135	£3,766	£13,402	£27	£15,766	£4,558	£42,411
East Riding of Yorkshire	£12,574	£3,881	£3,611	£2,334	£300	£15,421	£412	£38,533
Doncaster	£4,200	£696	£2,315	£19,395	£82	£5,681	£592	£32,961
Rotherham	£3,665	£228	£4,240	£10,912	£333	£9,660	£0	£29,038
York	£2,748	£226	£3,406	£14,874	£409	£5,210	£0	£26,873
Calderdale	£4,072	£191	£5,517	£8,430	£593	£5,445	£321	£24,569
Kingston upon Hull, City of	£3,738	£458	£3,273	£770	£184	£9,779	£5,740	£23,942
Barnsley	£5,013	£268	£3,709	£3,953	£517	£4,389	£1,152	£19,001
North East Lincolnshire	£1,341	£347	£935	£8,272	£102	£3,316	£0	£14,313
North Lincolnshire	£2,983	£3,727	£992	£0	£187	£3,622	£0	£11,511



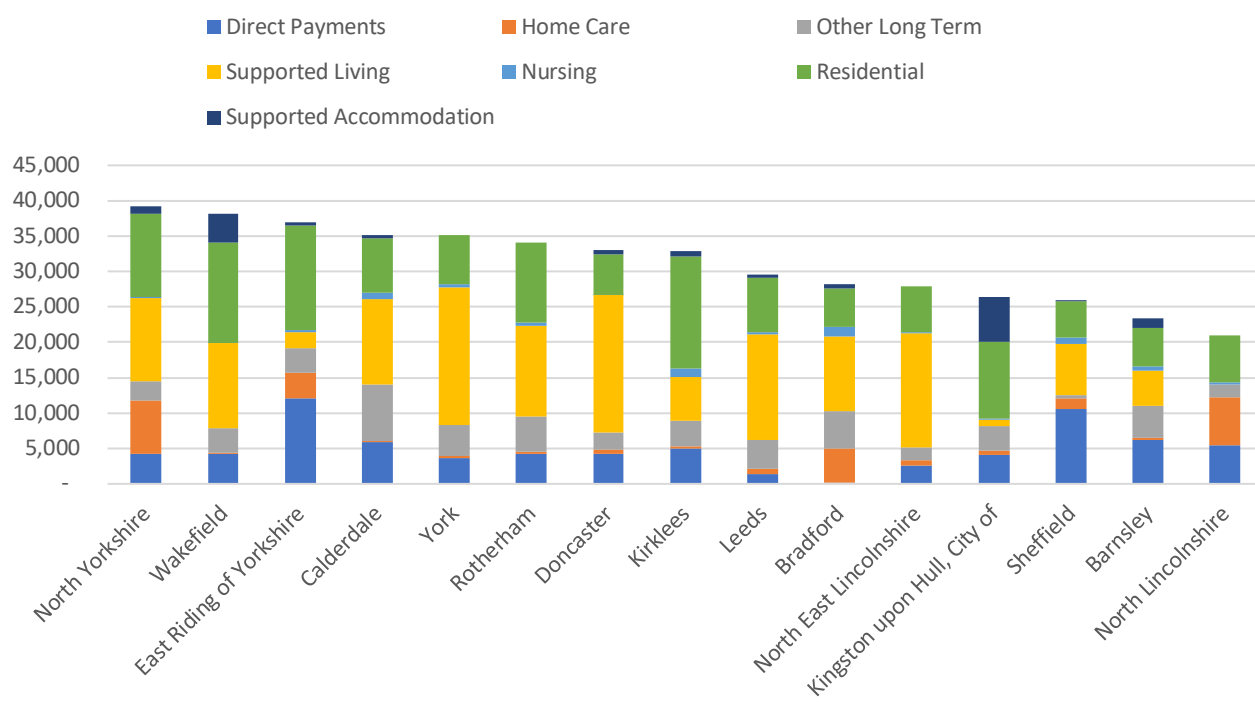
The following table and chart show the same expenditure in terms of the cost per 100 of the learning disabilities population aged 18-64, to balance out the population size differences between the authorities.

Table 11 – Learning Disabilities social care costs per 100 of the LD population 18-64

	Direct Payments	Home Care	Other Long Term	Supported Living	Nursing	Residential	Supported Accommodation	Total
North Yorkshire	4,169	7,620	2,687	11,712	284	11,638	1,153	39,264
Wakefield	4,286	121	3,393	12,074	24	14,204	4,106	38,209
East Riding of Yorkshire	12,044	3,717	3,459	2,236	287	14,771	395	36,909
Calderdale	5,833	273	7,904	12,077	850	7,801	461	35,199

York	3,587	295	4,446	19,418	534	6,802	-	35,082
Rotherham	4,312	268	4,988	12,838	392	11,365	-	34,162
Doncaster	4,213	698	2,322	19,453	82	5,698	594	33,060
Kirklees	5,020	341	3,507	6,280	1,204	15,802	688	32,843
Leeds	1,338	737	4,165	14,919	208	7,687	460	29,513
Bradford	144	4,924	5,170	10,550	1,407	5,414	632	28,242
North East Lincolnshire	2,619	678	1,826	16,156	199	6,477	-	27,955
Kingston upon Hull, City of	4,121	505	3,609	849	203	10,782	6,329	26,397
Sheffield	10,547	1,480	443	7,371	871	5,125	150	25,987
Barnsley	6,189	331	4,579	4,880	638	5,419	1,422	23,458
North Lincolnshire	5,443	6,802	1,810	-	340	6,610	-	21,006

Total Learning Disabilities ASC Spend 2019/20 per 18-64 LD Population

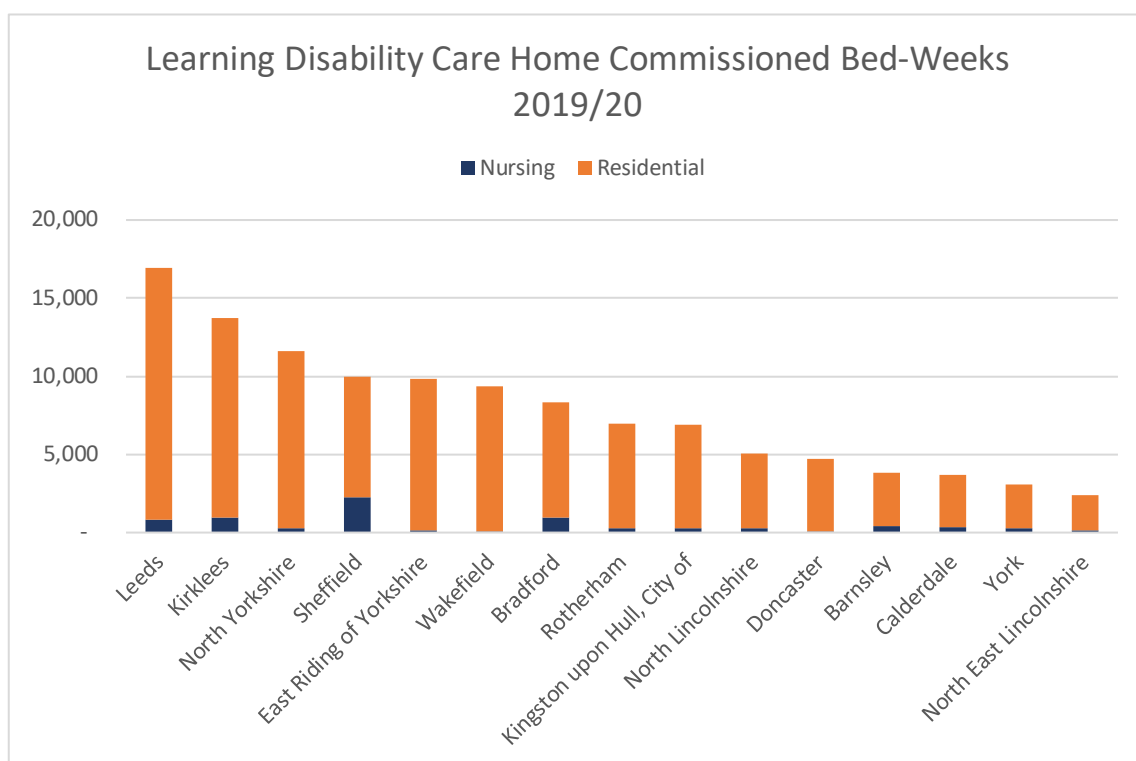


13.2 Care Home Commissioning Activity

ASC-FR activity data for 2019/20 provide information on the purchasing of care home bed weeks over the year. Again, this data is provided in terms of raw activity and then adjusted for the size of the learning disabilities 18-64 population to take account of different population sizes across the authorities.

Table 12 - Total commissioned LD care home bed-weeks (ASC-FR 2019/20)

	Nursing	Residential	Total
Leeds	792	16,117	16,909
Kirklees	950	12,805	13,755
North Yorkshire	290	11,300	11,590
Sheffield	2,275	7,718	9,993
East Riding of Yorkshire	170	9,660	9,830
Wakefield	51	9,338	9,389
Bradford	952	7,376	8,328
Rotherham	281	6,682	6,963
Kingston upon Hull	245	6,644	6,889
North Lincolnshire	249	4,839	5,088
Doncaster	67	4,642	4,709
Barnsley	385	3,433	3,818
Calderdale	338	3,324	3,662
York	261	2,815	3,076
North East Lincolnshire	157	2,250	2,407

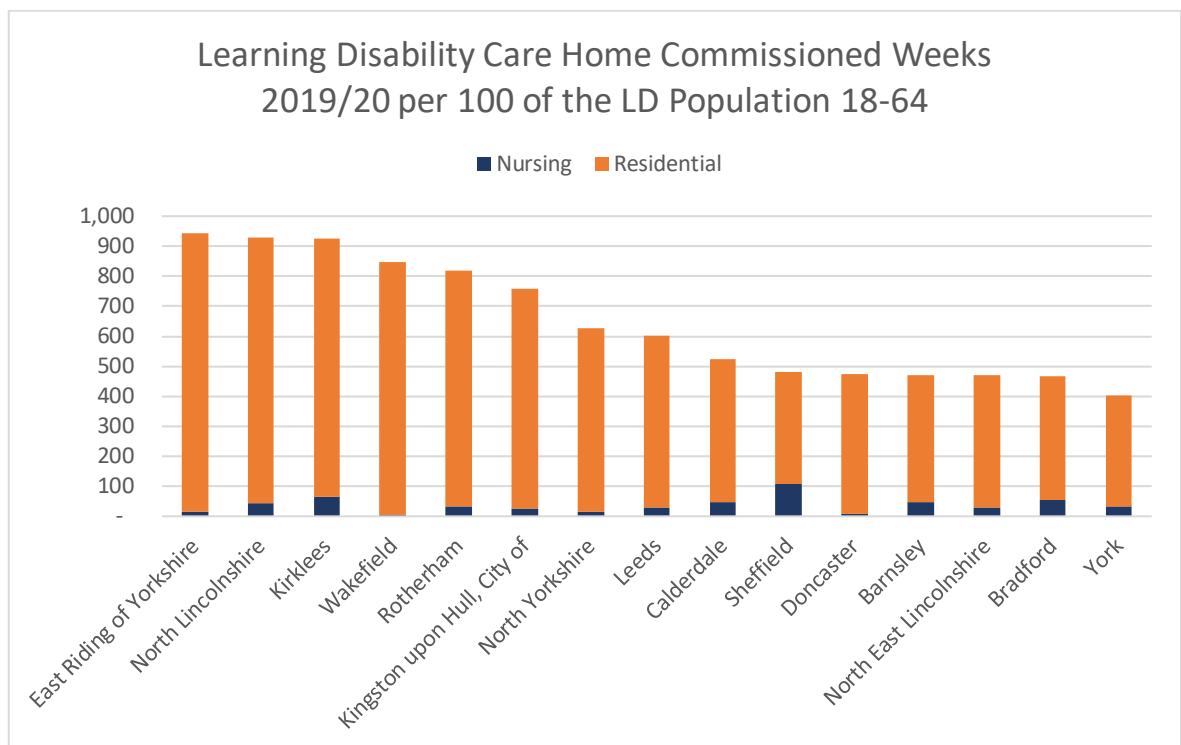


The table and chart below shows commissioned bed-weeks per 100 of the learning disabilities population aged 18-64, to adjust for population size variances.

Table 13 - Commissioned Care Home Bed/Weeks per 100 of the LD population aged 18-64

	Nursing	Residential	Total
East Riding of Yorkshire	16	925	942
North Lincolnshire	45	883	928
Kirklees	64	863	927
Wakefield	5	841	846
Rotherham	33	786	819
Kingston upon Hull, City of	27	733	760
North Yorkshire	16	612	628
Leeds	28	573	601
Calderdale	48	476	525
Sheffield	109	370	480

Doncaster	7	466	472
Barnsley	48	424	471
North East Lincolnshire	31	439	470
Bradford	53	413	466
York	34	367	402

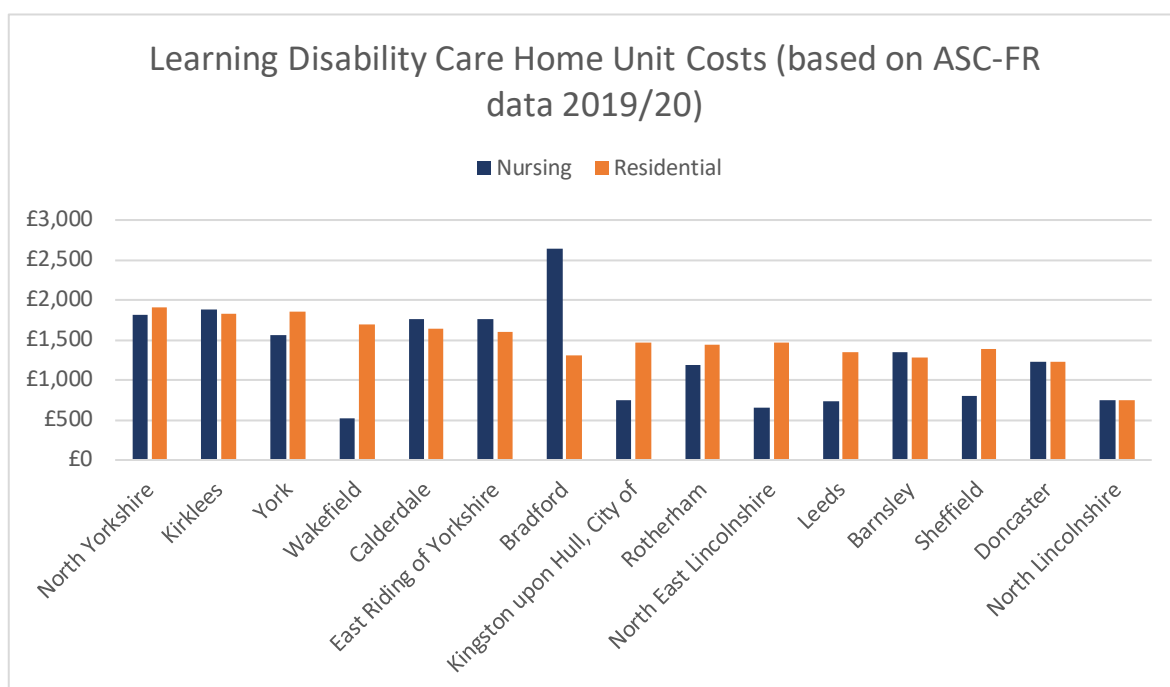


13.3 Unit Cost Data – Learning Disabilities care homes 18-64

The ASC-FR provides data on the unit cost of residential and nursing care beds commissioned. This is based on a calculation (costs / activity) and **not on the actual fee rates of the authorities**. Unit costs include placements outside of the local authority area, which are generally of higher cost and therefore increase the overall average cost reported below.

Table 14 - Unit Cost data for care homes from the ASC-FR 2019/20

	Nursing	Residential	Combined
North Yorkshire	£1,810	£1,902	£1,900
Kirklees	£1,881	£1,831	£1,835
York	£1,567	£1,851	£1,827
Wakefield	£525	£1,688	£1,682
Calderdale	£1,755	£1,638	£1,649
East Riding of Yorkshire	£1,765	£1,596	£1,599
Bradford	£2,643	£1,312	£1,464
Kingston upon Hull, City of	£751	£1,472	£1,446
Rotherham	£1,185	£1,446	£1,435
North East Lincolnshire	£650	£1,474	£1,420
Leeds	£739	£1,342	£1,314
Barnsley	£1,343	£1,278	£1,285
Sheffield	£798	£1,384	£1,250
Doncaster	£1,224	£1,224	£1,224
North Lincolnshire	£749	£749	£749



13.4 Accommodation Type – Settled and Unsettled Accommodation

For people with learning disabilities, Short and Long Term (SALT) Care data provides information on the type of accommodation that people living in. This is split between Settled accommodation (long term housing in the community) and unsettled (shorter term accommodation out of community settings or in care homes). This table below shows the split between care homes, nursing homes and settled accommodation for people with learning disabilities aged 18-64:

Local Authority	Residential	Nursing	Settled
North East Lincolnshire	5%	0%	93%
Calderdale	8%	0%	92%
Doncaster	11%	0%	89%
Barnsley	10%	2%	88%
Bradford	10%	1%	88%
York	16%	0%	84%
Wakefield	16%	1%	83%
Rotherham	17%	1%	81%
North Yorkshire	11%	0%	80%

North Lincolnshire	20%	0%	80%
Sheffield	8%	2%	79%
Kirklees	20%	2%	79%
Kingston upon Hull, City of	21%	1%	77%
East Riding of Yorkshire	24%	0%	76%
Leeds	6%	0%	75%

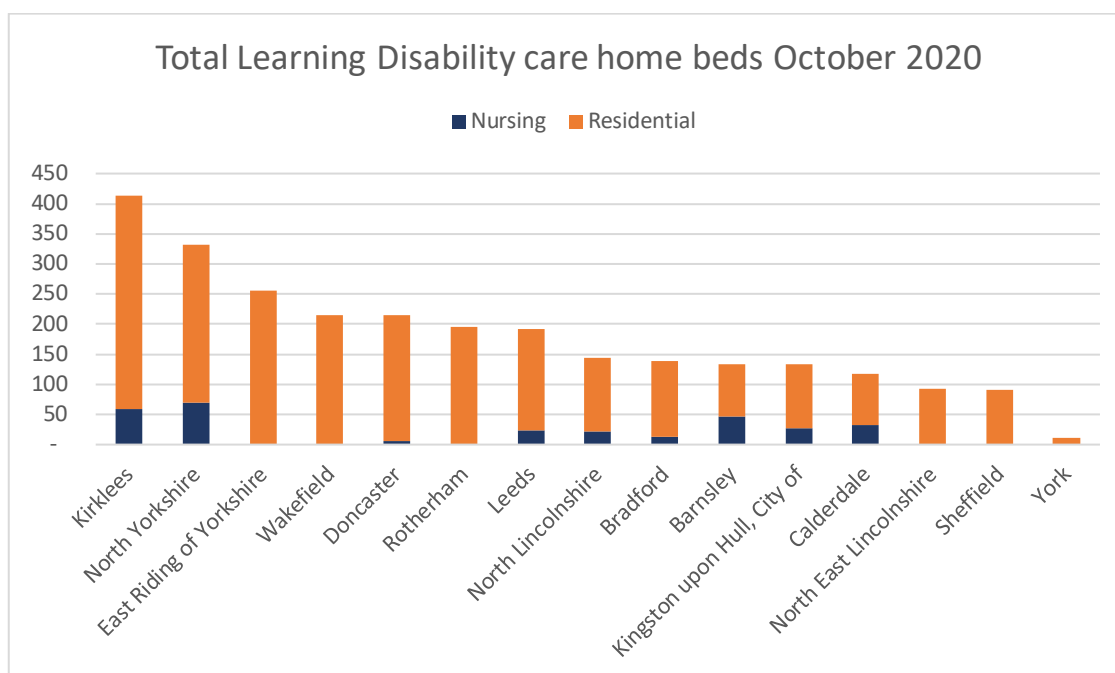
13.5 Care Home Bed Supply

CQC registration data are used to calculate the number of care home beds available as of October 2020. There is a notable variation in the supply of nursing care beds across the region.

Table 15 - Total CQC registered care home beds, October 2020

Local Authority	Nursing	Residential	Total
Kirklees	59	355	414
North Yorkshire	70	262	332
East Riding of Yorkshire		256	256
Wakefield		215	215
Doncaster	5	209	214
Rotherham		195	195
Leeds	23	169	192
North Lincolnshire	21	123	144
Bradford	13	125	138
Barnsley	46	87	133
Kingston upon Hull, City of	27	106	133
Calderdale	32	85	117
North East Lincolnshire		92	92

Sheffield		91	91
York		12	12

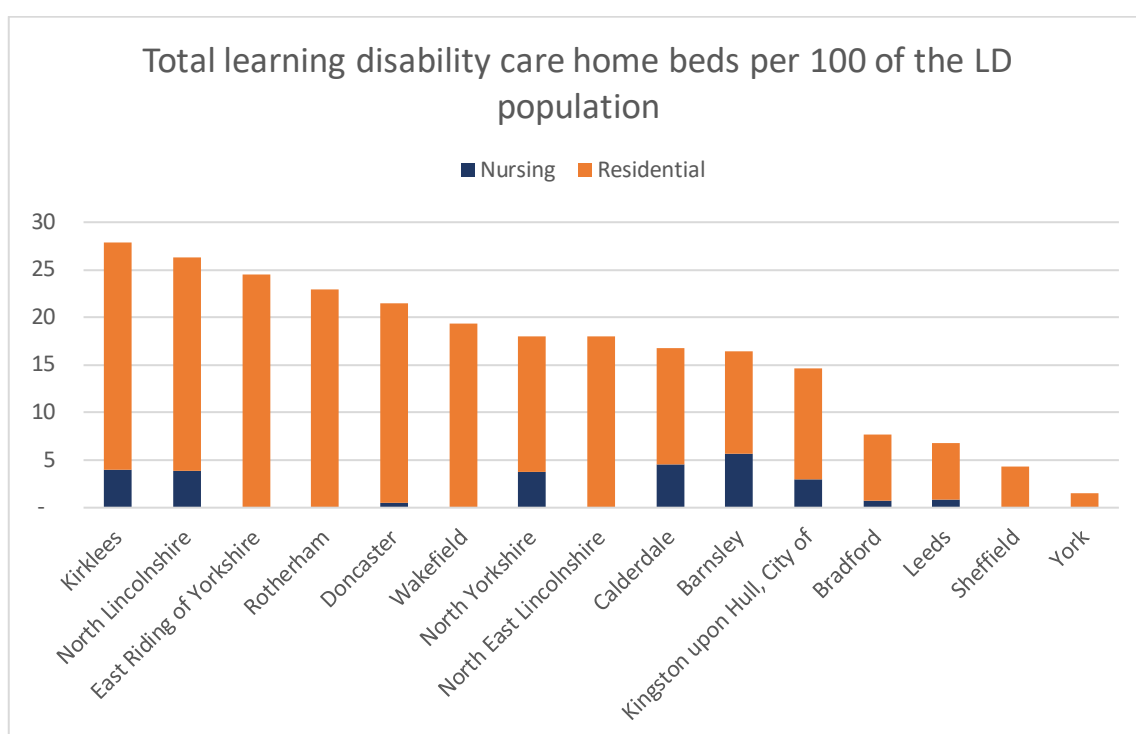


The table and chart below shows the population adjusted care home bed supply (beds per 100 of the LD 18-64 population),

Table 16 - Care Home Beds per 1000 of the LD 18-64 population (CQC, October 2020)

	Nursing	Residential	Total
Kirklees	4	24	28
North Lincolnshire	4	22	26
East Riding of Yorkshire	-	25	25
Rotherham	-	23	23
Doncaster	1	21	21
Wakefield	-	19	19
North Yorkshire	4	14	18
North East Lincolnshire	-	18	18
Calderdale	5	12	17

Barnsley	6	11	16
Kingston upon Hull, City of	3	12	15
Bradford	1	7	8
Leeds	1	6	7
Sheffield	-	4	4
York	-	2	2



Comparing CQC registered beds between July 2019 and October 2020 suggests that there has been an increase of 19 nursing home beds across the region and a loss of 300 residential care beds, with a net reduction of 281 beds for people with learning disabilities.

13.5.1 Commissioned Care Home Beds

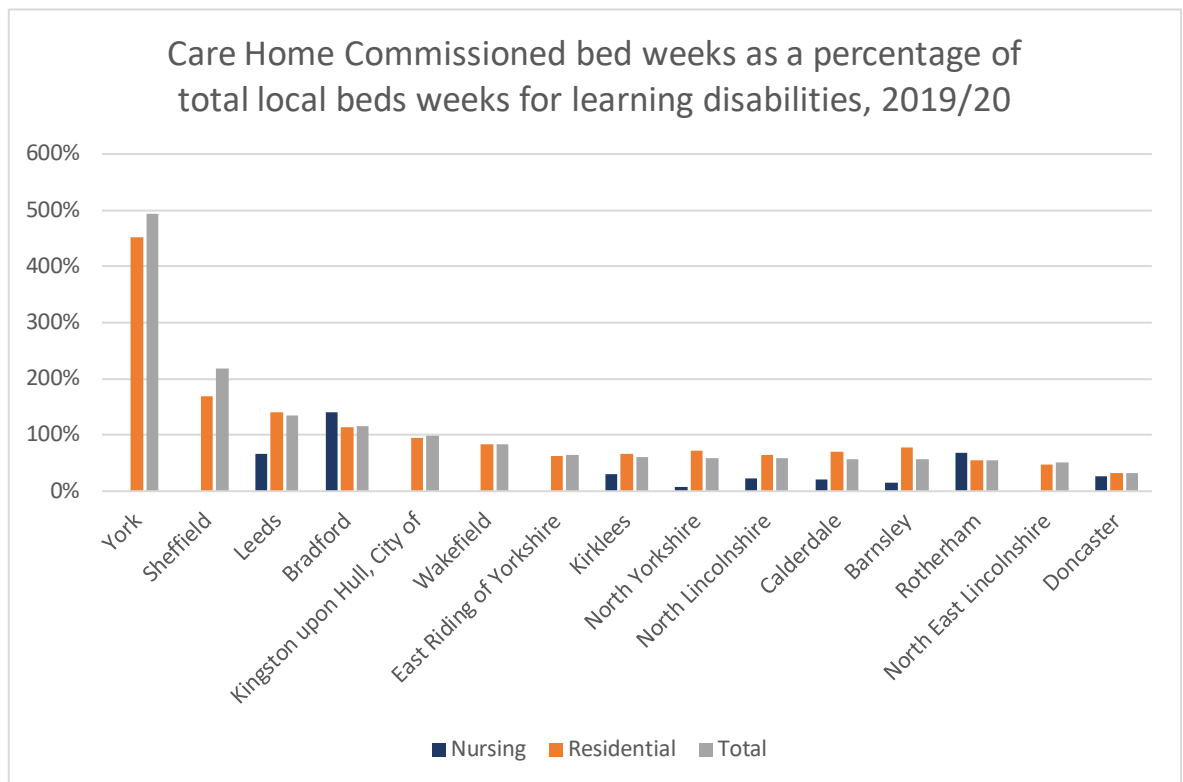
Finally, the registered care home bed data from CQC can be compared with the activity data from the ASC-FR return to get an indication of the proportion of the total care home bed supply that is commissioned by the local authority (although the data do not distinguish between care home beds purchased locally and those purchased out of area). CQC registered bed data from July 2019 have been used for this calculation because the ASC-FR data relate to 2019/20.

CQC data classify homes as either residential or nursing and cannot reflect split use.

Table 17 - Commissioned bed/weeks as a percentage of total available (CQC, July 2019)

	Nursing	Residential	Total
York	0%	451%	493%
Sheffield	0%	169%	218%
Leeds	66%	141%	134%
Bradford	141%	113%	116%
Kingston upon Hull, City of	0%	95%	99%
Wakefield	0%	84%	84%
East Riding of Yorkshire	0%	63%	64%
Kirklees	31%	66%	62%
North Yorkshire	8%	71%	59%
North Lincolnshire	23%	65%	59%
Calderdale	20%	70%	57%
Barnsley	16%	79%	56%
Rotherham	68%	55%	55%
North East Lincolnshire	0%	48%	51%
Doncaster	26%	33%	33%

Figures over 100% suggest that some commissioning takes place outside of the local authority area to meet care home bed requirements. Commissioning figures of less than 100% suggest that the authority has additional care home capacity which is probably purchased by other local authorities (or the NHS). Where the percentage shows as 0% this means that the authority does not have any of this type of this provision, so any commissioning takes place outside of the authority area.



13.6 Population

Population figures are based on PANSI data for 2020. The table below shows the estimated number of people with moderate or severe learning disabilities, so those most likely to rely on social care or nursing services to support them in the community.

Table 18 – Population with moderate to severe learning disabilities based on PANSI estimates for 2020

	65+
Barnsley	810
Bradford	1,788
Calderdale	698
Doncaster	997
East Riding of Yorkshire	1,044
Kingston upon Hull, City of	907
Kirklees	1,484
Leeds	2,814
North East Lincolnshire	512
North Lincolnshire	548
North Yorkshire	1,847
Rotherham	850
Sheffield	2,084
Wakefield	1,110
York	766
Barnsley	810

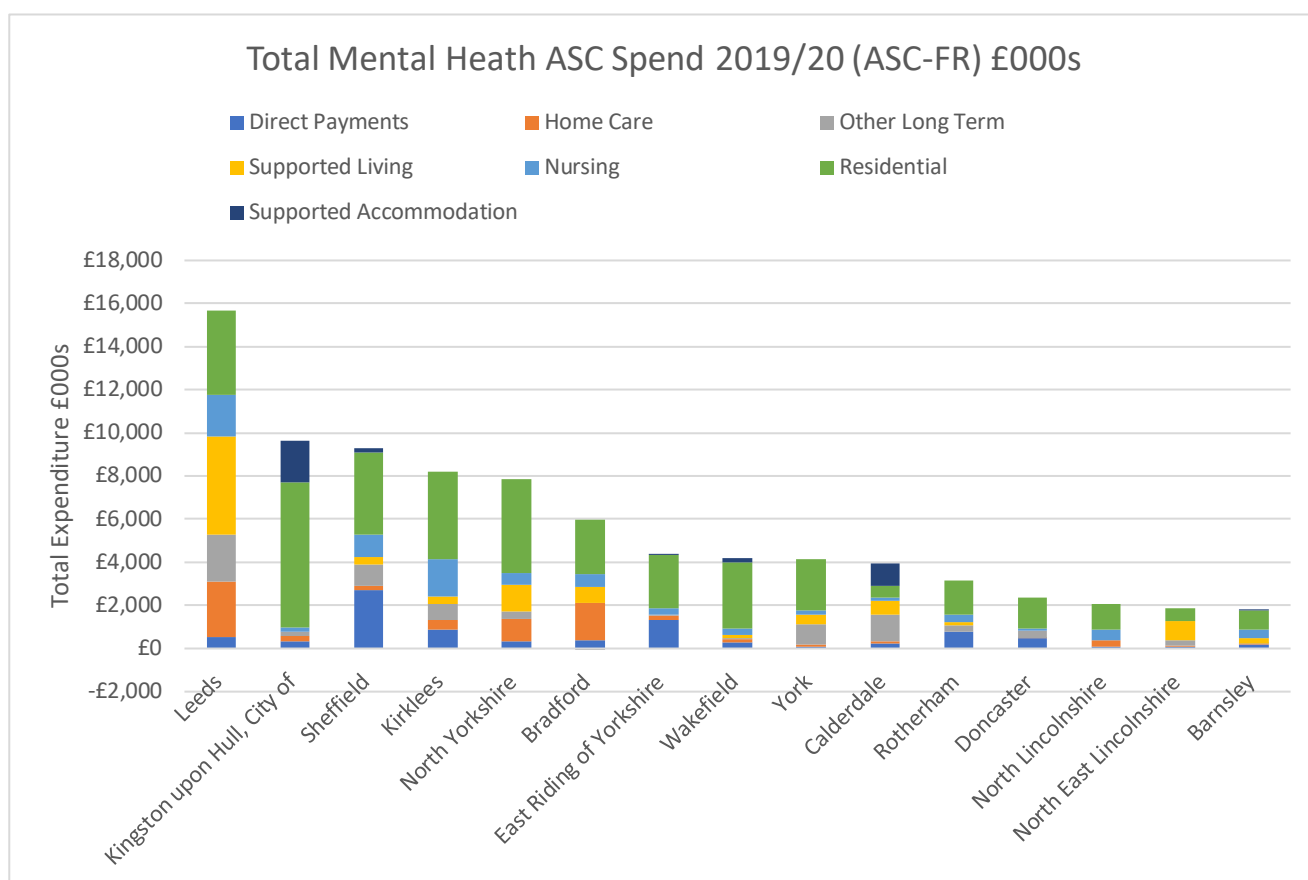
14 Data – People with Mental Health Support Needs

14.1 Expenditure on Adult Social Care for people with mental health support needs

The following expenditure figures are in £000s covering all adult social care expenditure (gross costs).

Table 19 - Gross Mental Health 18-64 social care costs (ASC-FR 2019/20)

	Direct Payments	Home Care	Other Long Term	Supported Living	Nursing	Residential	Supported Accommodation	Total
Leeds	£513	£2,602	£2,143	£4,598	£1,913	£3,896	£0	£15,665
Kingston upon Hull, City of	£329	£276	£169	£0	£194	£6,720	£1,936	£9,624
Sheffield	£2,701	£208	£1,006	£321	£1,048	£3,814	£191	£9,287
Kirklees	£864	£440	£755	£345	£1,759	£4,036	£0	£8,198
North Yorkshire	£335	£1,046	£328	£1,247	£523	£4,355	£0	£7,834
Bradford	£367	£1,757	£43	£709	£625	£2,502	£0	£5,917
East Riding of Yorkshire	£1,300	£220	£47	£0	£289	£2,496	£14	£4,366
Wakefield	£271	£164	£32	£162	£284	£3,074	£219	£4,206
York	£66	£114	£965	£436	£195	£2,354	£0	£4,130
Calderdale	£218	£126	£1,229	£650	£116	£566	£1,059	£3,964
Rotherham	£803	£0	£286	£148	£349	£1,560	£0	£3,146
Doncaster	£488	£11	£333	£0	£95	£1,445	£0	£2,372
North Lincolnshire	£91	£296	£0	£0	£475	£1,195	£0	£2,057
North East Lincolnshire	£98	£24	£279	£864	£0	£588	£0	£1,853
Barnsley	£208	£14	£10	£272	£393	£891	£7	£1,795



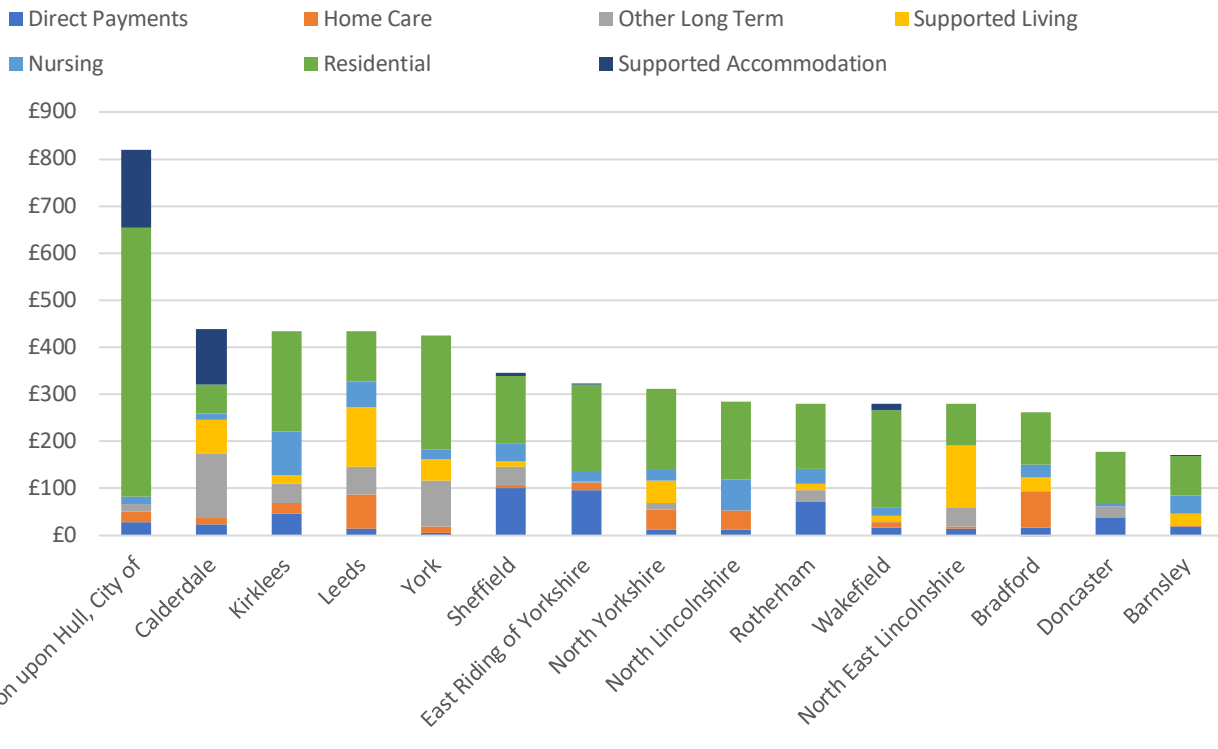
The following table and chart show the same expenditure in terms of the cost per 100 of the mental health population aged 18-64, to balance out the population size differences between the authorities.

Table 20 – Mental Health 18-64 Social Care Costs per 100 of the MH population

	Direct Payments	Home Care	Other Long Term	Supported Living	Nursing	Residential	Supported Accommodation	Total
Kingston upon Hull, City of	£28	£24	£14	£0	£17	£572	£165	£820
Calderdale	£24	£14	£136	£72	£13	£63	£117	£438
Kirklees	£46	£23	£40	£18	£93	£214	£0	£435
Leeds	£14	£72	£60	£128	£53	£108	£0	£435

York	£7	£12	£99	£45	£20	£242	£0	£424
Sheffield	£101	£8	£37	£12	£39	£142	£7	£346
East Riding of Yorkshire	£96	£16	£3	£0	£21	£184	£1	£321
North Yorkshire	£13	£42	£13	£50	£21	£174	£0	£313
North Lincolnshire	£13	£41	£0	£0	£66	£166	£0	£286
Rotherham	£72	£0	£26	£13	£31	£139	£0	£281
Wakefield	£18	£11	£2	£11	£19	£205	£15	£281
North East Lincolnshire	£15	£4	£42	£130	£0	£89	£0	£279
Bradford	£16	£77	-£2	£31	£27	£110	£0	£260
Doncaster	£37	£1	£25	£0	£7	£108	£0	£178
Barnsley	£20	£1	£1	£26	£37	£84	£1	£169

Total Mental Health ASC Spend 2019/20 per 100 of the MH Population



14.2 Care Home Commissioning Activity Mental Health 18-64

ASC-FR activity data for 2019/20 provide information on the purchasing of care home bed weeks over the year. Again, this data is provided in terms of raw activity and then adjusted for the mental health 18-64 population to take account of different population sizes across the authorities.

Table 21 - Total commissioned care home bed weeks (ASC-FR 2019/20)

	Nursing	Residential	Total
Sheffield	771	6,576	7,347
Leeds	2,955	3,664	6,619
Kingston upon Hull, City of	259	5,494	5,753
Bradford	928	3,786	4,714
Kirklees	1,081	2,890	3,971
North Yorkshire	543	3,109	3,652
Wakefield	168	3,376	3,545
North Lincolnshire	874	2,197	3,071
East Riding of Yorkshire	130	2,713	2,843
Doncaster	154	2,386	2,540
York	139	2,294	2,433
Rotherham	430	1,624	2,054
Barnsley	123	1,301	1,424
Calderdale	152	728	880
North East Lincolnshire	-	810	810

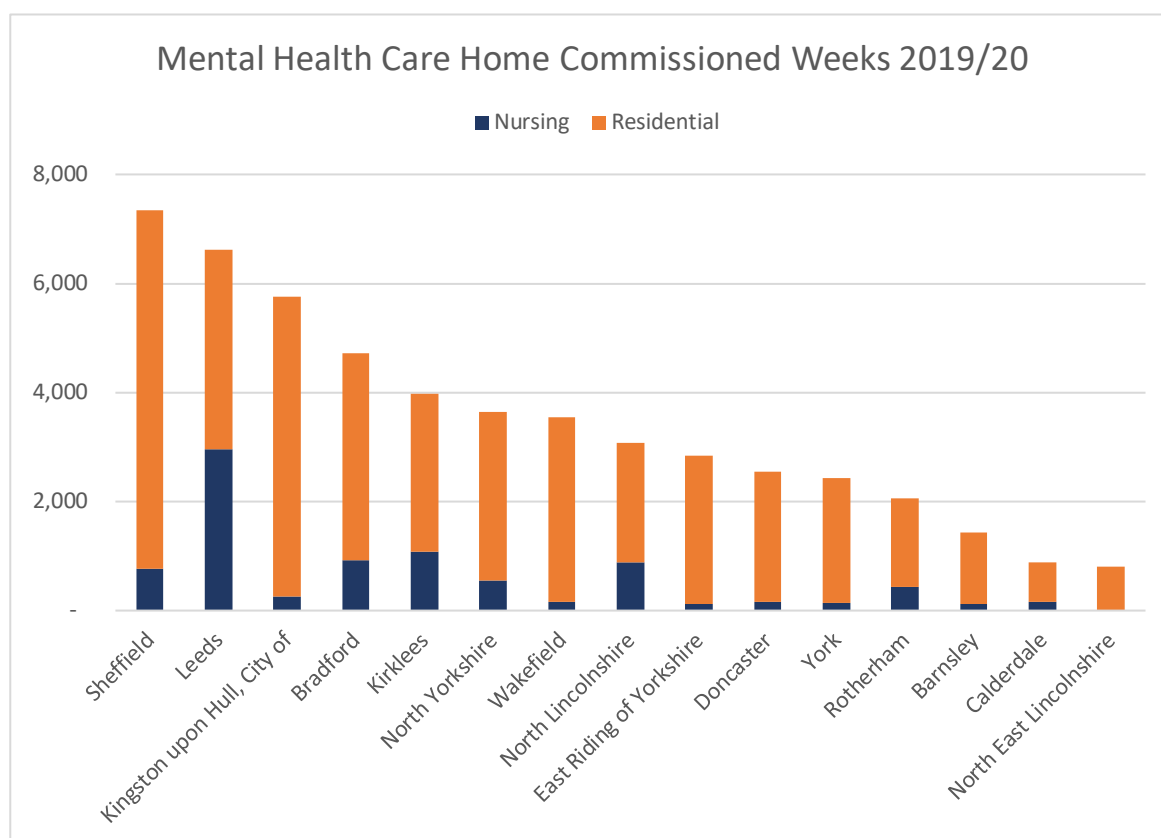
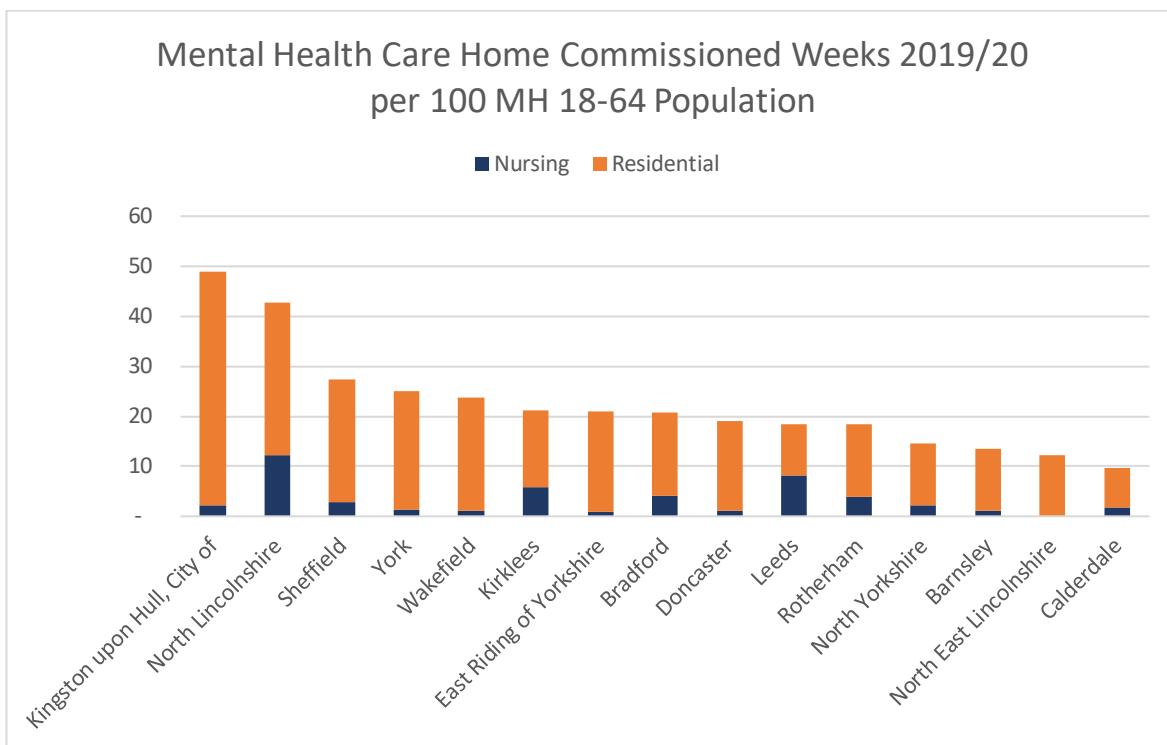


Table 22 - Commissioned Care Home Bed/Weeks per 100 of the mental health 18-64 population

	Nursing	Residential	Total
Kingston upon Hull, City of	2	47	49
North Lincolnshire	12	31	43
Sheffield	3	25	27
York	1	24	25
Wakefield	1	23	24
Kirklees	6	15	21
East Riding of Yorkshire	1	20	21
Bradford	4	17	21
Doncaster	1	18	19
Leeds	8	10	18

Rotherham	4	14	18
North Yorkshire	2	12	15
Barnsley	1	12	13
North East Lincolnshire	-	12	12
Calderdale	2	8	10

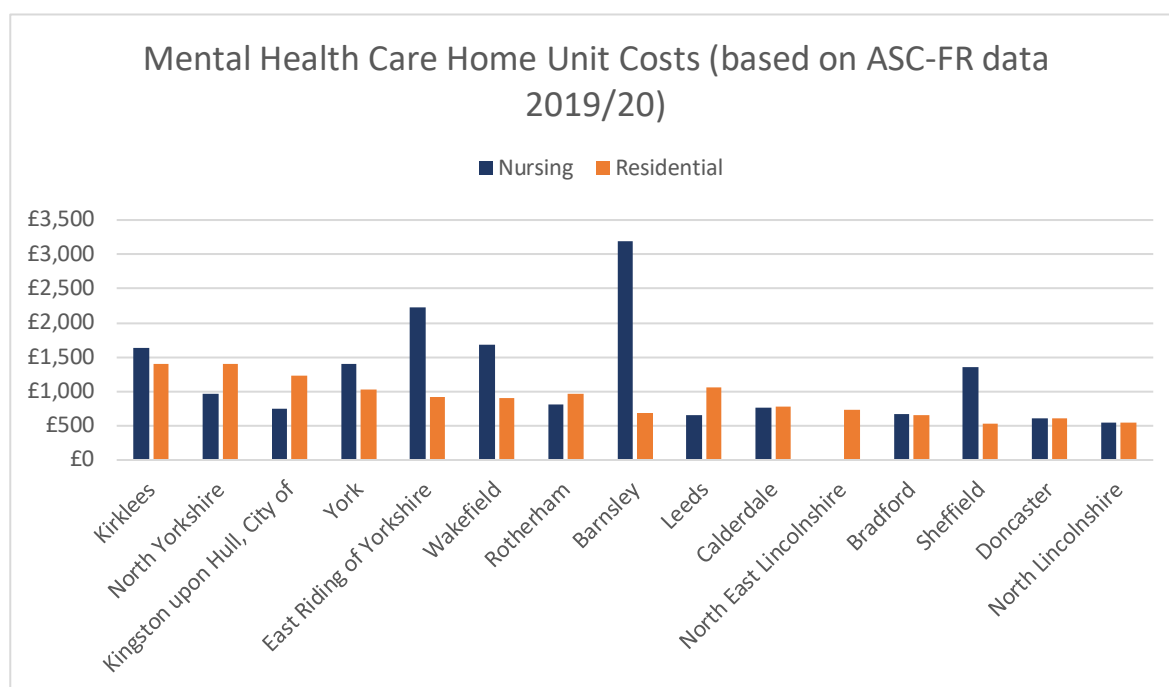


14.3 Unit Cost Data – Mental Health 18-64 care homes

The ASC-FR provides data on the unit cost of residential and nursing care beds commissioned. This is based on a calculation (costs / activity) and **not on the actual fee rates of the authorities**. Unit costs include placements outside of the local authority area, which are generally of higher cost and therefore increase the overall average cost reported below.

Table 23 - Unit Cost data for care homes from the ASC-FR 2019/20

	Nursing	Residential	Combined
Kirklees	£1,627	£1,397	£1,459
North Yorkshire	£963	£1,401	£1,336
Kingston upon Hull, City of	£749	£1,223	£1,202
York	£1,403	£1,026	£1,048
East Riding of Yorkshire	£2,223	£920	£980
Wakefield	£1,688	£910	£947
Rotherham	£812	£961	£929
Barnsley	£3,195	£685	£902
Leeds	£647	£1,063	£878
Calderdale	£765	£777	£775
North East Lincolnshire	£0	£726	£726
Bradford	£674	£661	£663
Sheffield	£1,359	£535	£621
Doncaster	£615	£606	£606
North Lincolnshire	£544	£544	£544



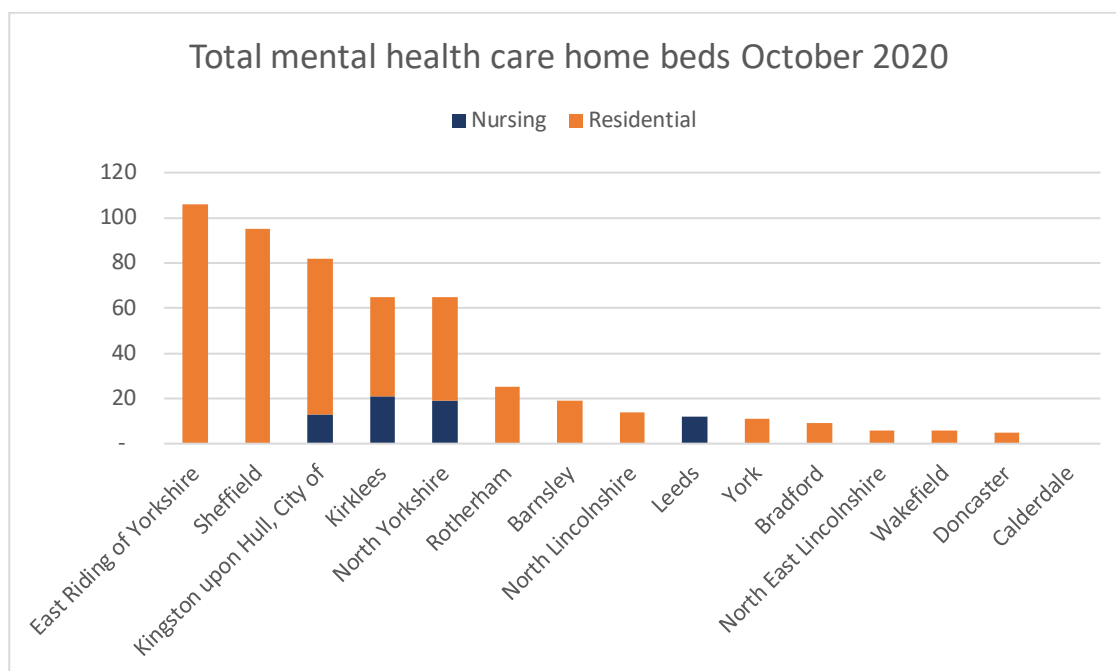
14.4 Care Home Bed Supply

The tables and charts below looks at the care homes registered with CQC to provide support to people with learning disabilities and not other client groups.

Table 24 - Total CQC registered care home beds, October 2020

Local Authority	Nursing	Residential	Total
East Riding of Yorkshire		106	106
Sheffield		95	95
Kingston upon Hull, City of	13	69	82
Kirklees	21	44	65
North Yorkshire	19	46	65
Rotherham		25	25
Barnsley		19	19
North Lincolnshire		14	14
Leeds	12		12
York		11	11

Bradford		9	9
North East Lincolnshire		6	6
Wakefield		6	6
Doncaster		5	5
Calderdale			-

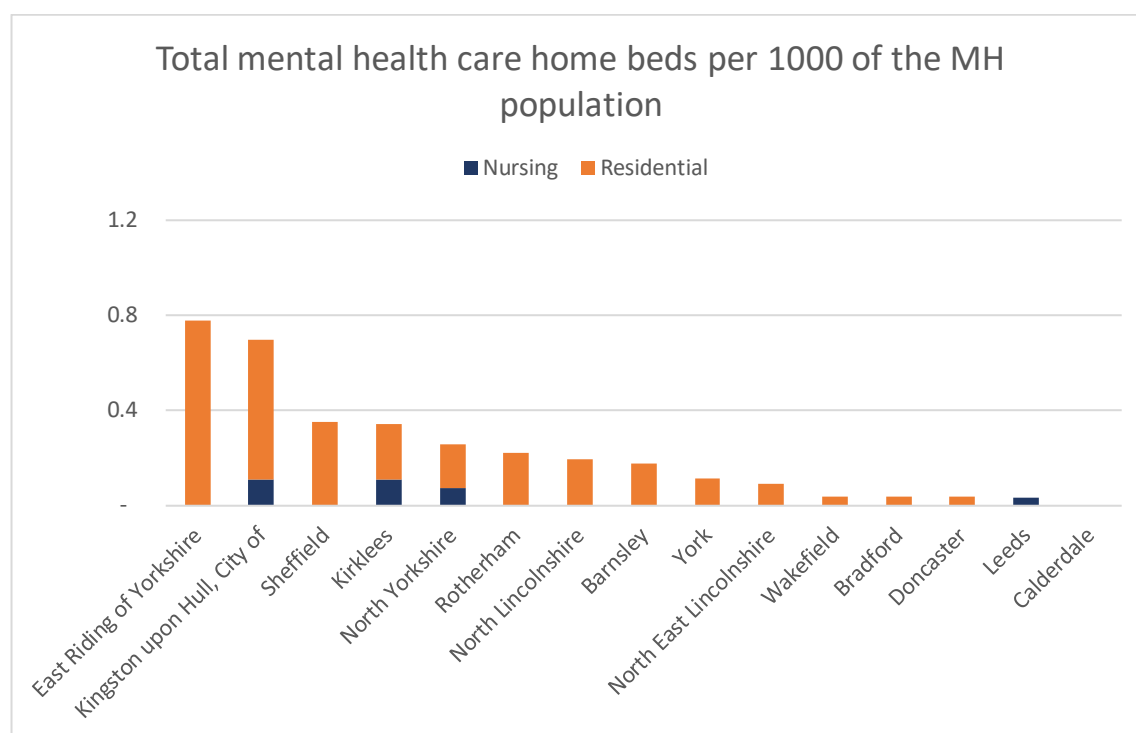


In terms of population adjusted care home bed supply (beds per 100 of the MH 18-64 population).

Table 25 - Care Home Beds per 100 of the MH 18-64 population (CQC, October 2020)

	Nursing	Residential	Total
East Riding of Yorkshire	-	0.8	0.8
Kingston upon Hull, City of	0.1	0.6	0.7
Sheffield	-	0.4	0.4
Kirklees	0.1	0.2	0.3
North Yorkshire	0.1	0.2	0.3
Rotherham	-	0.2	0.2

North Lincolnshire	-	0.2	0.2
Barnsley	-	0.2	0.2
York	-	0.1	0.1
North East Lincolnshire	-	0.1	0.1
Wakefield	-	0.0	0.0
Bradford	-	0.0	0.0
Doncaster	-	0.0	0.0
Leeds	0.0	-	0.0
Calderdale	-	-	-



Comparing CQC registered beds between July 2019 and October 2020 suggests that there has been increase of 19 nursing home beds across the region, and a gain of 3 residential beds, with a net increase in registered beds of 22.

14.4.1 Commissioned Care Home Beds

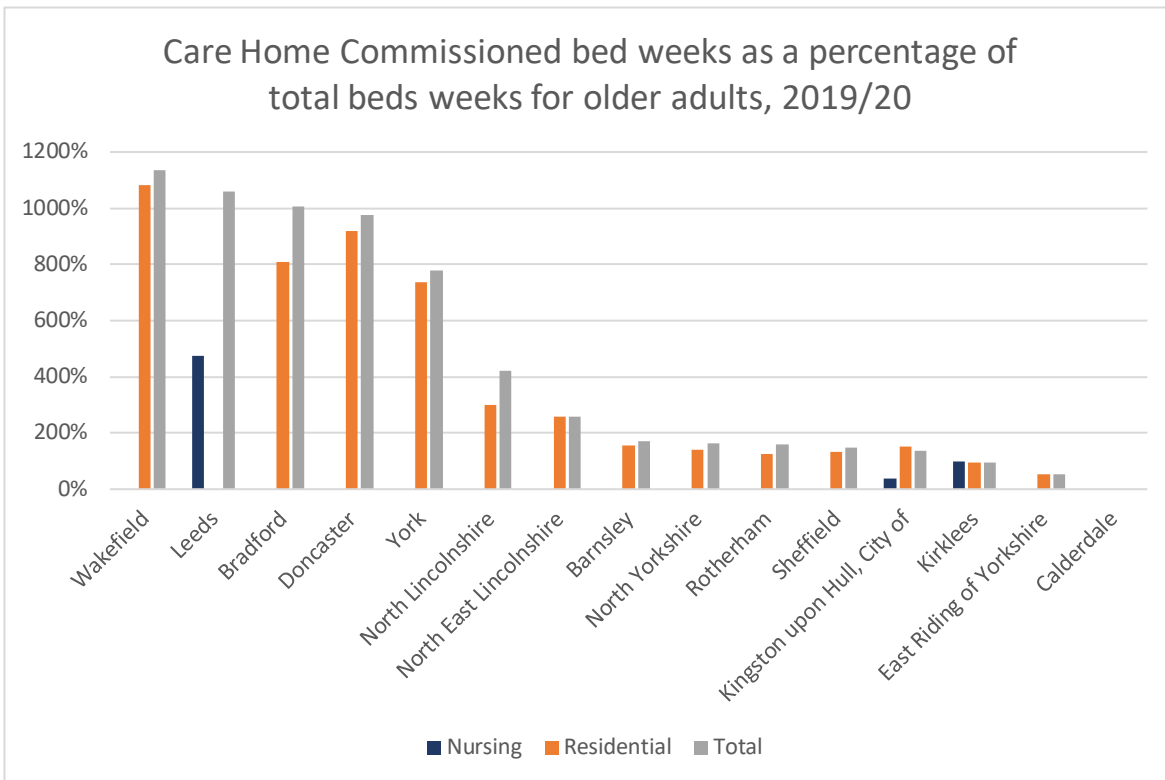
Finally, the registered care home bed data from CQC can be compared with the activity data from the ASC-FR return to get an indication of the proportion of the total care home bed supply that is commissioned by the local authority (although the data do not distinguish

between care home beds purchased locally and those purchased out of area). CQC registered bed data from July 2019 have been used for this calculation because the ASC-FR data relate to 2019/20.

CQC data classify homes as either residential or nursing and cannot reflect split use.

Table 26 - Commissioned bed/weeks as a percentage of total available (CQC, July 2019)

	Nursing	Residential	Total
Wakefield	0%	1082%	1136%
Leeds	474%	0%	1061%
Bradford	0%	809%	1007%
Doncaster	0%	918%	977%
York	0%	735%	780%
North Lincolnshire	0%	302%	422%
North East Lincolnshire	0%	260%	260%
Barnsley	0%	156%	171%
North Yorkshire	0%	139%	163%
Rotherham	0%	125%	158%
Sheffield	0%	133%	149%
Kingston upon Hull, City of	38%	153%	135%
Kirklees	99%	96%	97%
East Riding of Yorkshire	0%	52%	55%
Calderdale	0%	0%	0%



Figures over 100% suggest that some commissioning takes place outside of the local authority area to meet care home bed requirements. Commissioning figures of less than 100% suggest that the authority has additional care home capacity which is probably purchased by other local authorities (or the NHS). Where the percentage shows as 0% this means that the authority does not have any of this type of this provision, so any commissioning takes place outside of the authority area.

14.5 Population

Population figures are based on PANSI data for 2020. The table below shows the estimated number of people with moderate or severe learning disabilities, so those most likely to rely on social care or nursing services to support them in the community.

Table 27 – Estimated population with two or more psychiatric disorders based on PANSI estimates for 2020

	18-64
Barnsley	10,629
Bradford	22,773
Calderdale	9,042
Doncaster	13,336
East Riding of Yorkshire	13,592
Kingston upon Hull, City of	11,742
Kirklees	18,835
Leeds	36,014
North East Lincolnshire	6,637
North Lincolnshire	7,200
North Yorkshire	25,054
Rotherham	11,202
Sheffield	26,833
Wakefield	14,990
York	9,739
Barnsley	10,629

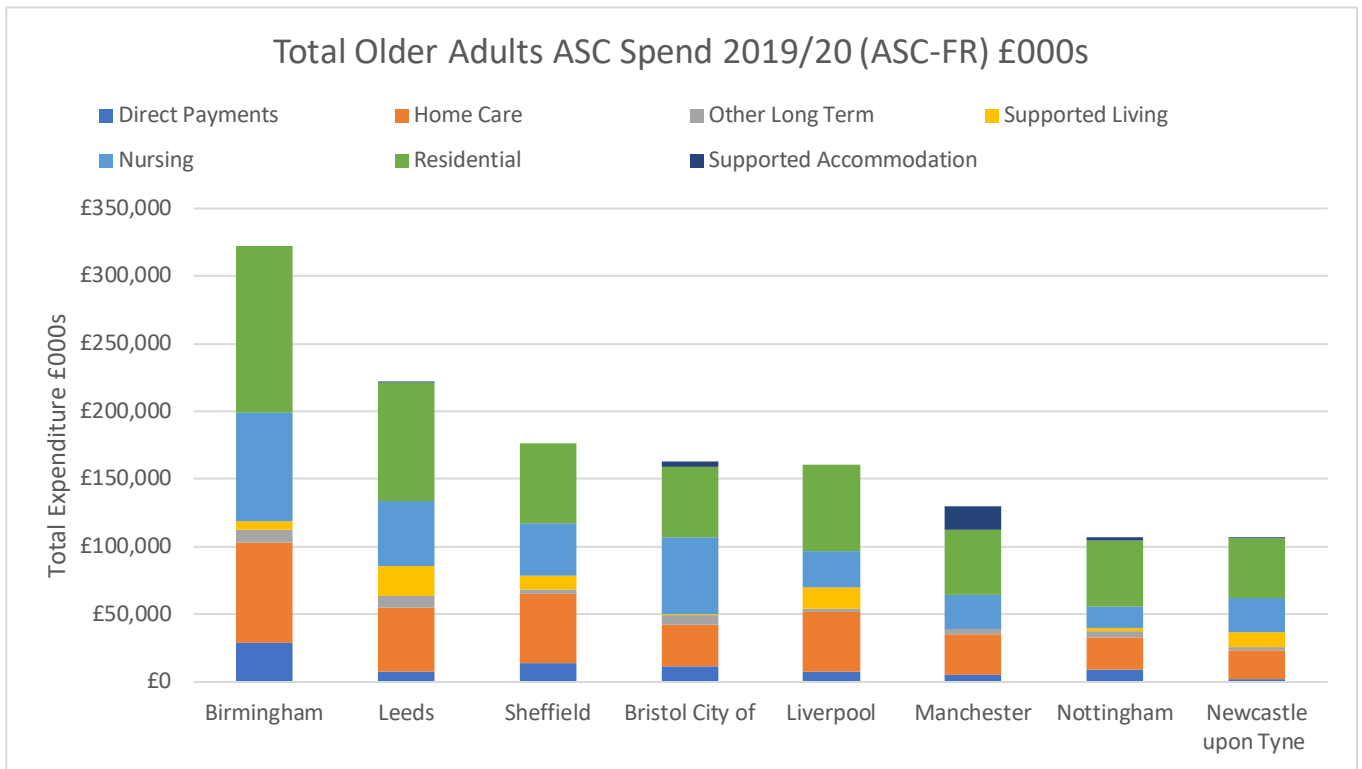
15 Core Cities Group (Older Adults 65+)

15.1 Expenditure on Adult Social Care for Older Adults

The following expenditure figures are in £000s. Sheffield is in the middle of the group in terms of overall expenditure.

Table 28 - Gross older adult social care costs (ASC-FR 2019/20)

	Direct Payments	Home Care	Other Long Term	Supported Living	Nursing	Residential	Supported Accommodation	Total
Birmingham	£28,712	£74,038	£9,642	£6,636	£80,554	£122,320	£0	£321,902
Leeds	£7,460	£47,834	£8,572	£21,844	£47,906	£87,470	£250	£221,336
Sheffield	£13,647	£51,816	£3,088	£10,160	£38,797	£58,989	£0	£176,498
Bristol City of	£11,340	£31,318	£6,500	£1,304	£56,418	£52,304	£3,848	£163,032
Liverpool	£7,269	£44,703	£2,347	£15,500	£27,224	£63,211	£0	£160,254
Manchester	£5,244	£29,740	£4,208	£284	£24,572	£48,768	£16,824	£129,640
Nottingham	£9,322	£23,788	£4,728	£2,260	£15,598	£49,222	£1,846	£106,764
Newcastle upon Tyne	£2,205	£21,328	£2,447	£10,734	£25,675	£43,706	£47	£106,141

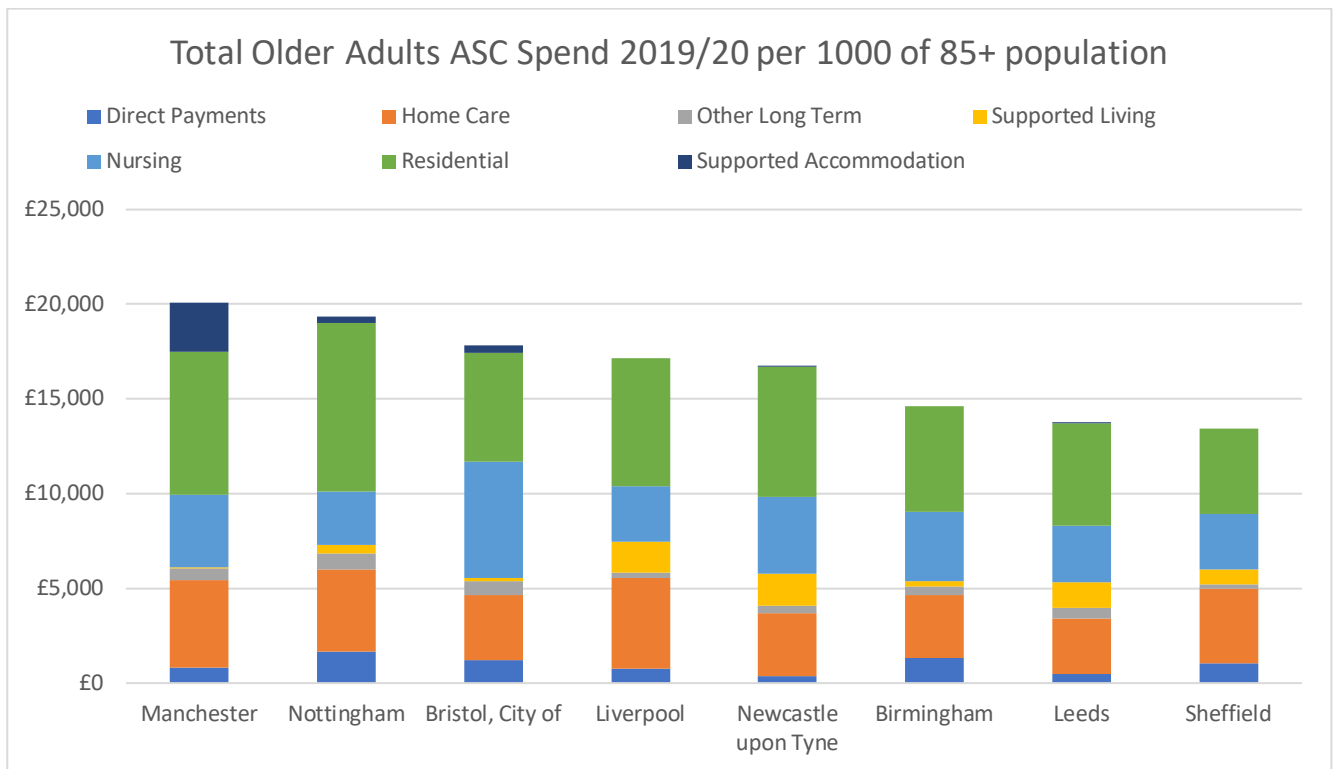


The following table and chart show the same expenditure in terms of the cost per 1000 of the population aged 85+, to balance out the population size differences between the cities. This shows that Sheffield's overall expenditure per head is at the bottom of the group.

Table 29 - 65+ Adult Social Care Costs per 1000 of the 85+ population

	Direct Payments	Home Care	Other Long Term	Supported Living	Nursing	Residential	Supported Accommodation	Total
Manchester	£813	£4,609	£652	£44	£3,808	£7,557	£2,607	£20,090
Nottingham	£1,692	£4,317	£858	£410	£2,831	£8,933	£335	£19,376
Bristol, City of	£1,241	£3,428	£711	£143	£6,175	£5,725	£421	£17,845
Liverpool	£778	£4,784	£251	£1,659	£2,914	£6,765	£0	£17,151
Newcastle upon Tyne	£347	£3,357	£385	£1,689	£4,041	£6,878	£7	£16,705
Birmingham	£1,303	£3,360	£438	£301	£3,655	£5,551	£0	£14,607

Leeds	£463	£2,966	£532	£1,355	£2,971	£5,424	£16	£13,726
Sheffield	£1,040	£3,949	£235	£774	£2,956	£4,495	£0	£13,449



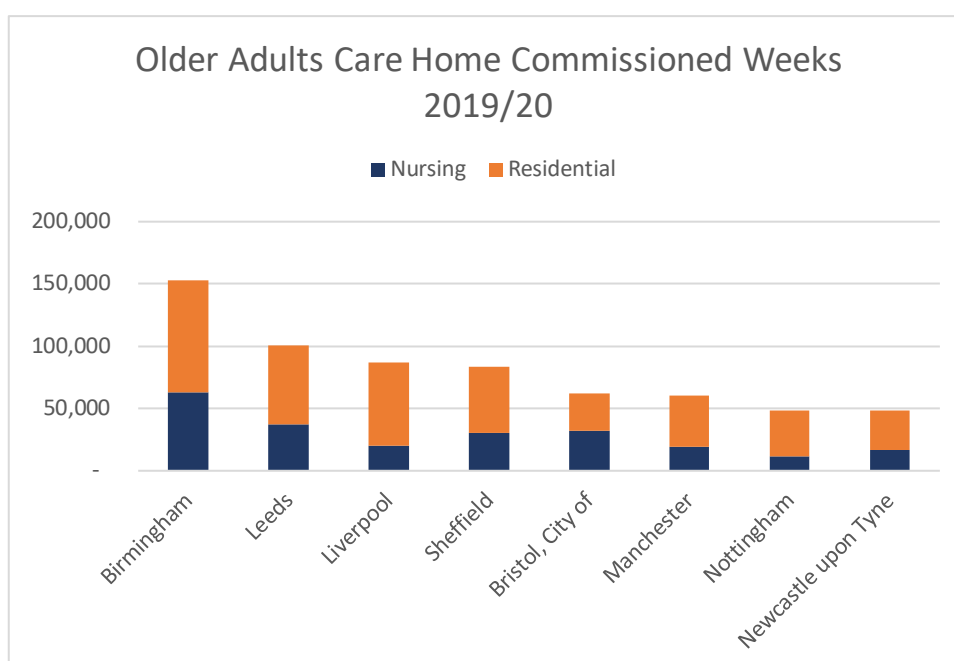
15.2 Care Home Commissioning Activity (65+)

ASC-FR activity data for 2019/20 provide information on the purchasing of care home bed weeks over the year. Again, this data is provided in terms of raw activity and then adjusted for the 85+ population to take account of different population sizes across the cities.

In terms of the overall bed/weeks commissioned Sheffield is in the middle of the group:

Table 30 - Total commissioned care home bed weeks (ASC-FR 2019/20)

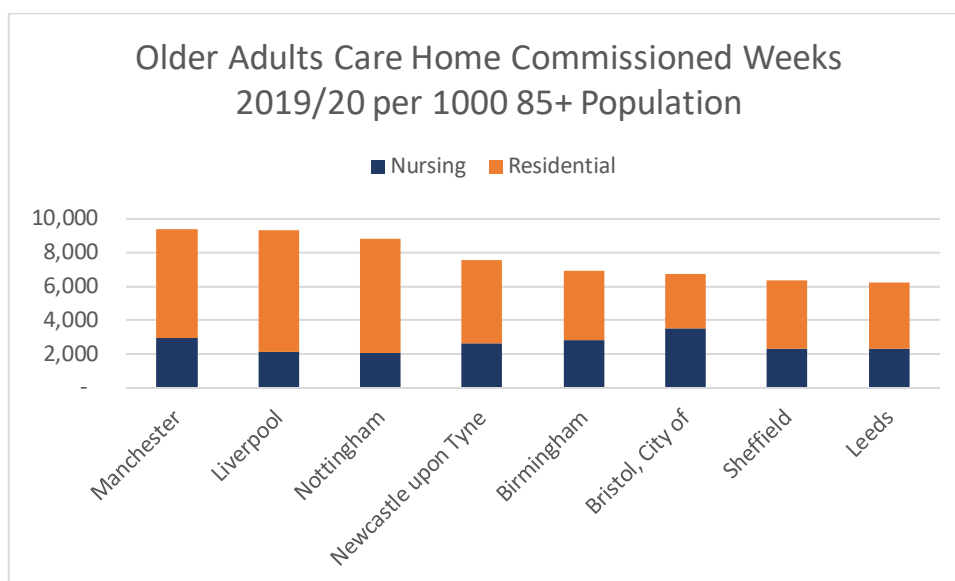
	Nursing	Residential	Total
Birmingham	62,955	89,823	152,778
Leeds	37,259	63,107	100,366
Liverpool	20,016	67,222	87,238
Sheffield	30,810	52,642	83,452
Bristol, City of	32,383	29,288	61,671
Manchester	19,193	41,517	60,710
Nottingham	11,394	37,287	48,681
Newcastle upon Tyne	16,624	31,505	48,129



Adjusted for the 85+ population, Sheffield is towards the bottom of the group, with an overall level of bed/week commissioning just above Leeds, although commissioning of nursing beds is in the middle of the group. There is considerably more variance in the per capita rate of residential care commissioning compared to nursing care, with Manchester, Liverpool and Nottingham purchasing more residential care than the other authorities.

Table 31 - Commissioned Care Home Bed/Weeks per 1000 of the 85+ population

	Nursing	Residential	Total
Manchester	2,974	6,434	9,408
Liverpool	2,142	7,194	9,336
Nottingham	2,068	6,767	8,835
Newcastle upon Tyne	2,616	4,958	7,575
Birmingham	2,857	4,076	6,933
Bristol, City of	3,545	3,206	6,750
Sheffield	2,348	4,011	6,359
Leeds	2,311	3,914	6,224



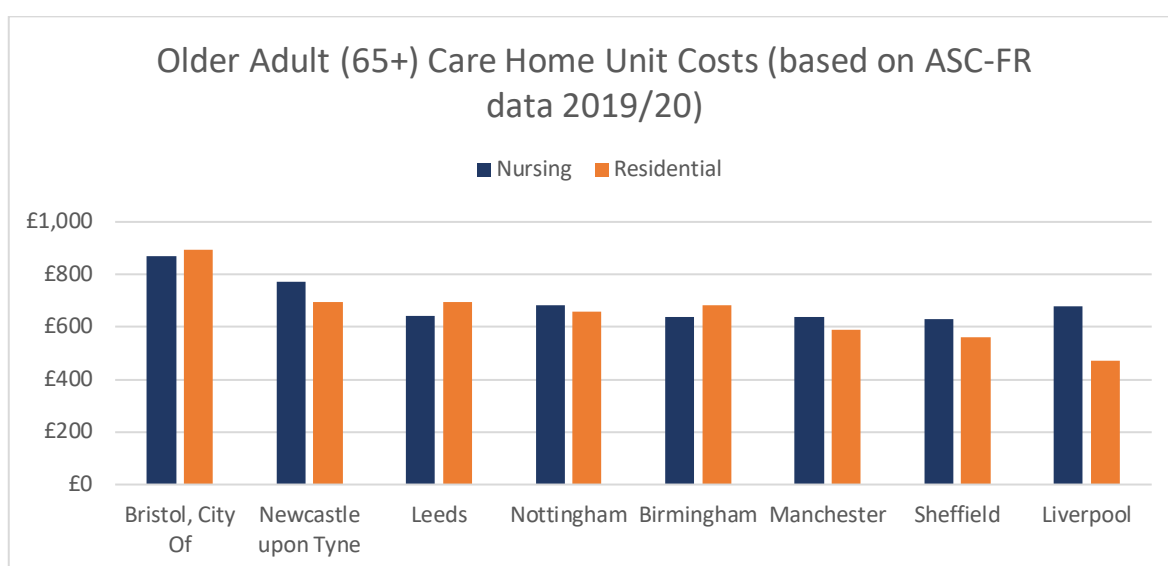
15.3 Unit Cost Data – Older Adult (65+) care homes

The ASC-FR provides data on the unit cost of residential and nursing care beds commissioned. This is based on a calculation (costs / activity) and **not on the actual fee rates of the authorities.**

Sheffield has the lowest nursing care unit cost, and the second lowest residential care unit cost and combined cost (which is the total paid for residential and nursing care divided by the number of residential and nursing care bed/weeks purchased and not the average. Liverpool is the lowest unit cost by some margin.

Table 32 - Unit Cost data for care homes from the ASC-FR 2019/20

	Nursing	Residential	Combined
Bristol, City Of	£871	£893	£881
Newcastle upon Tyne	£772	£694	£771
Leeds	£643	£693	£674
Nottingham	£685	£660	£666
Birmingham	£640	£681	£664
Manchester	£639	£587	£604
Sheffield	£630	£560	£586
Liverpool	£680	£470	£518



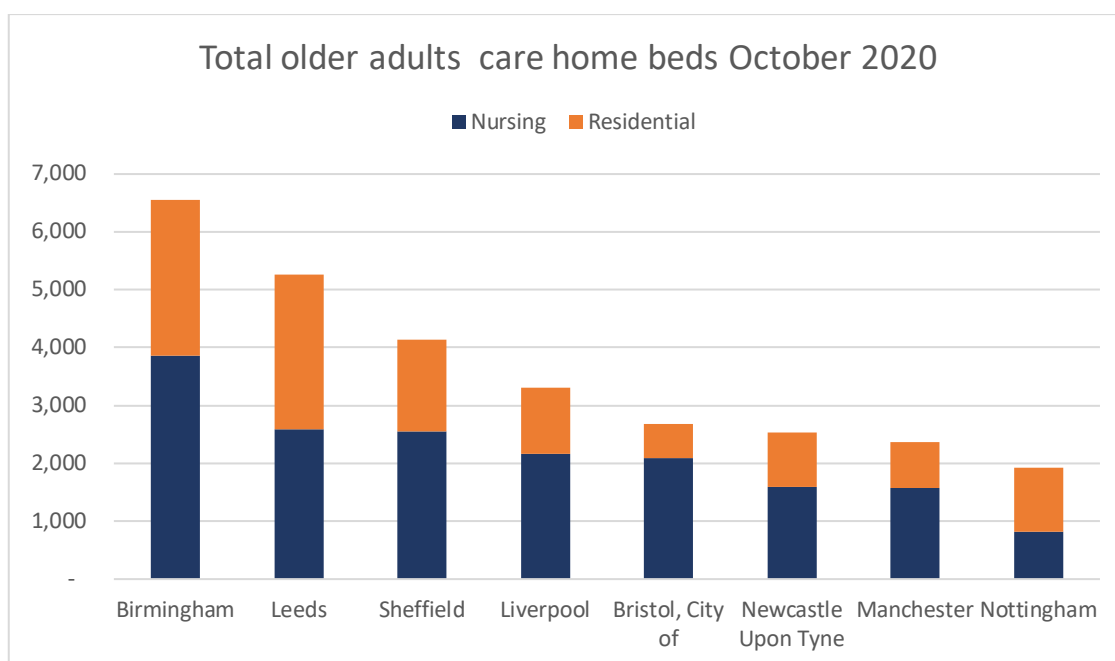
15.4 Care Home Bed Supply

CQC data from October 2020 are used to look at the overall supply of residential and nursing care beds in each of the core cities.

In terms of raw numbers, there is a considerable variance, reflecting the different population sizes:

Table 33 - Total CQC registered care home beds, October 2020

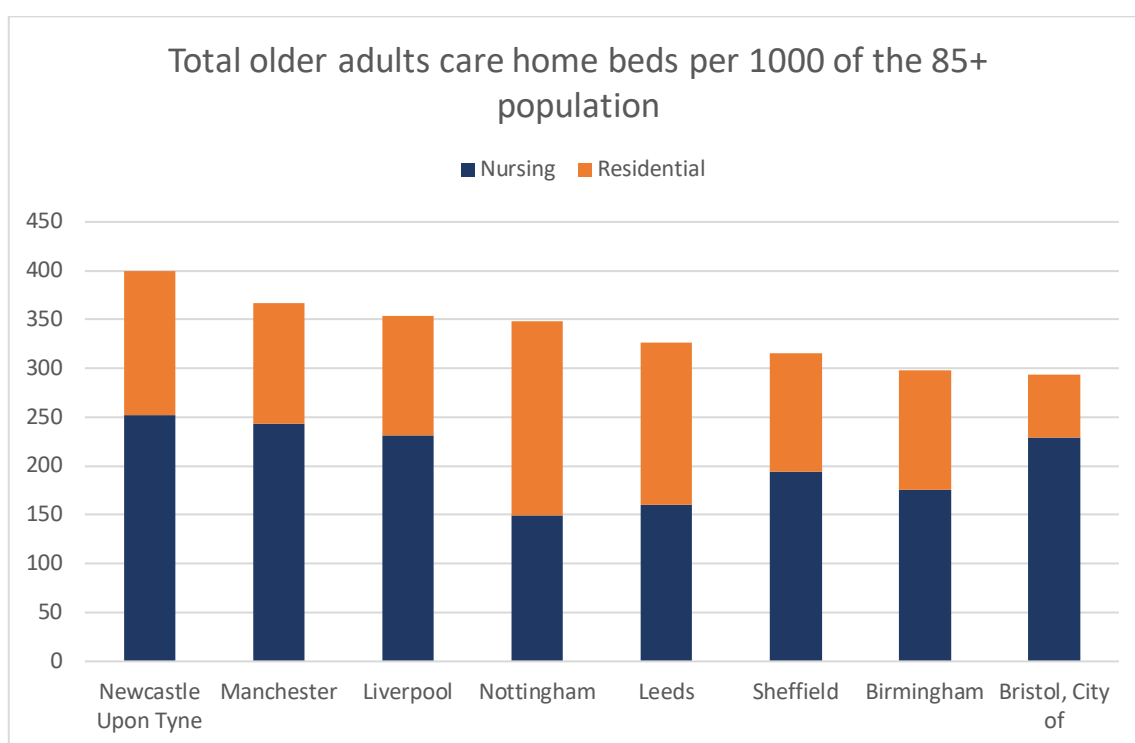
Local Authority	Nursing	Residential	Total
Birmingham	3,862	2,696	6,558
Leeds	2,586	2,669	5,255
Sheffield	2,552	1,593	4,145
Liverpool	2,166	1,136	3,302
Bristol, City of	2,094	586	2,680
Newcastle Upon Tyne	1,600	941	2,541
Manchester	1,569	796	2,365
Nottingham	825	1,092	1,917



In terms of population adjusted care home bed supply (beds per 1000 of the 85+ population), the overall supply figures are fairly similar across the authorities. There is more variance in the supply of nursing home beds, with Nottingham and Leeds having fewer nursing care beds per 1000 of the 85+ population than the other core cities.

Table 34 - Care Home Beds per 1000 of the 85+ population (CQC, October 2020)

	Nursing	Residential	Total
Newcastle Upon Tyne	252	148	400
Manchester	243	123	366
Liverpool	232	122	353
Nottingham	150	198	348
Leeds	160	166	326
Sheffield	194	121	316
Birmingham	175	122	298
Bristol, City of	229	64	293



Sheffield is in the middle in terms of nursing care beds per capita and the lowest in terms of residential beds (although only just behind Birmingham, Liverpool and Manchester).

Comparing CQC registered beds between June 2018 and October 2020 suggests that there has been a net loss of nursing care beds of about 4% (505 beds) and a gain of about 4% in residential care beds (424 beds). In Sheffield over that period, there was a reduction

of 6% in nursing care beds (173 beds) and a gain of 2% in residential care beds (38 beds). Leeds, in contrast, added 3% nursing care beds (83) and 2% residential beds (45).

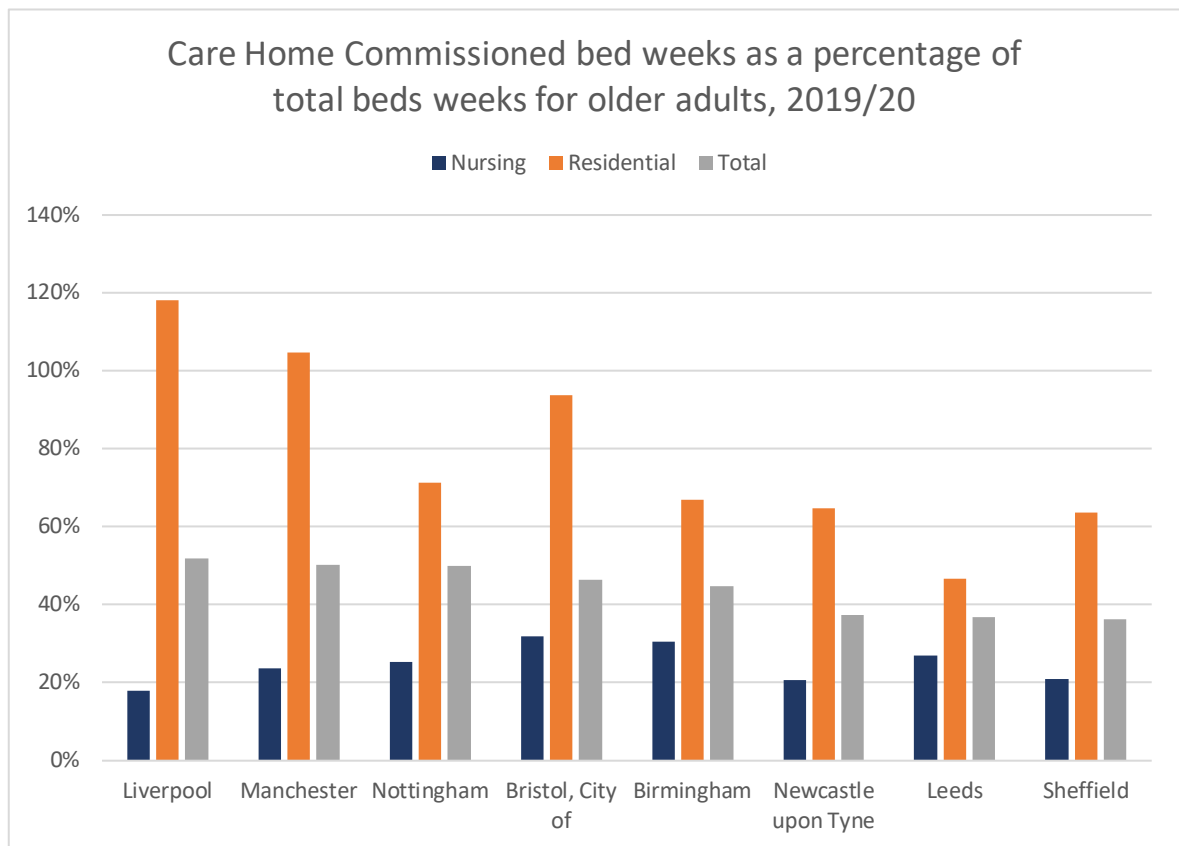
15.4.1 Commissioned Care Home Beds

Finally, the registered care home bed data from CQC can be compared with the activity data from the ASC-FR return to get an indication of the proportion of the total care home bed supply that is commissioned by the local authority (although the data do not distinguish between care home beds purchased locally and those purchased out of area). CQC registered bed data from July 2019 have been used for this calculation because the ASC-FR data relate to 2019/20.

Sheffield has the lowest level of bed/week commissioning compared to the overall available bed weeks. Note that were the commissioning percentage is greater than 100% for residential care, it suggests that residential beds are being commissioned in nursing homes. CQC data classify homes as either residential or nursing and cannot reflect split use.

Table 35 - Commissioned bed/weeks as a percentage of total available (CQC, July 2019)

	Nursing	Residential	Total
Liverpool	18%	118%	52%
Manchester	24%	105%	50%
Nottingham	25%	71%	50%
Bristol, City of	32%	94%	46%
Birmingham	30%	67%	45%
Newcastle upon Tyne	21%	65%	37%
Leeds	27%	47%	37%
Sheffield	21%	64%	36%



The average percentage of beds commissioned by local authorities of the total supply in England is about 40%, so these figures are broadly in line with that. The remaining beds are made up of NHS purchased beds, beds purchased by other local authorities, self-funded beds and vacancies. Data for 2019 (LaingBuisson, Market Report) suggest that bed occupancy rate in that year was 84% for “for-profit” care homes in England, and 81% in Yorkshire and Humberside.

15.5 Population

Population figures are based on 2019 Mid-Year Estimates, published in 2020. The table below shows the population figures for the 65+ population, 75+ population and the 85+ population. The 85+ population has been used to calculate population-level comparisons because that is the age at which the majority of older people are admitted into care homes, and therefore reflects the relative size of the highest need age group.

The final column is the 85+ population as a percentage of the 65+ population. This is broadly similar across the Core Cities group and Sheffield is in the middle of the range.

Table 36 - Mid Year Population estimates 2019

	65+	75+	85+	85+ as a percent of 65+ pop
Birmingham	149,418	71,797	22,037	15%
Leeds	123,516	56,887	16,125	13%
Liverpool	73,514	32,925	9,344	13%
Manchester	51,441	22,496	6,453	13%
Nottingham	38,779	17,625	5,510	14%
Sheffield	94,440	45,382	13,123	14%
Bristol, City of	60,345	28,426	9,136	15%
Newcastle upon Tyne	43,840	20,250	6,354	14%



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Author/Lead Officer of Report: Caroline Stiff/Alexis Chappell

Tel: 07824 361294

Report of: *Executive Director of People Services Portfolio*

Report to: *Co-operative Executive*

Date of Decision: *16 March 2022*

Subject: *Proposal to consult for the future of Buckwood View Nursing Home*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>
- Affects 2 or more Wards	<input type="checkbox"/>
Which Cabinet Member Portfolio does this relate to? <i>Health and Social Care</i>	
Which Scrutiny and Policy Development Committee does this relate to? (Healthier Communities and Adult Social Care Scrutiny Committee)	
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If YES, what EIA reference number has it been given? 1158	
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-	
<p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>	

Purpose of Report:

This report sets out a proposal for the council to consult then use results from that process and a simultaneous due diligence exercise to develop options then prepare a detailed options appraisal for the future Buckwood View Nursing Home that can be brought to the Executive Cooperative for a decision.

Recommendations:

It is recommended that the Co-operative Executive:

Approves the proposal to Continue the due diligence process with Guinness Partnerships and carry out consultation with current residents and staff in the nursing home and any other identified affected groups

Delegate authority to the Director for Adult Social Care to design develop and implement the consultation

Background Papers:

(Insert details of any background papers used in the compilation of the report.)

Lead Officer to complete:-	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: Liz Gough
	Legal: Marcia McFarlane
	Equalities: Ed Sexton
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	EMT member who approved submission: John Macilwraith
3	Cabinet Member consulted: Cllr Lindars-Hammond
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.
	Lead Officer Name: Caroline Stiff
	Job Title: Commissioning Officer, Adult Services
Date: 16/2/22	

1. PROPOSALS

- 1.1 Buckwood View Nursing Home (BVNH) is an 18-bed care home located in Gleadless in the city.
- 1.2 BVNH does not have the 'traditional' layout typical for a care home of this nature. Instead, it consists of a 'main' building that has 2 x four bedroomed flats and 2 x two bedroomed flats. Also on that site is a four - bedroomed bungalow and a two-bedroomed flat. Both are currently unoccupied. The set up may be described as like a 'campus-type' arrangement.
- 1.3 In addition to the buildings that are used as accommodation, there is an onsite office space and another building that has in the past been used as a day service.
- 1.4 BVNH is adjacent to 'general needs' bungalows and these buildings are shown in Appendix 1 which illustrates the site, showing clearly marked care home buildings.

Lease arrangements

- 1.5 The land was owned by Sheffield City Council (SCC) then transferred on a long leasehold basis to Northern Counties Housing Association (which became part of Guinness Partnerships), who paid market value for the land then subsequently constructed the development.
- 1.6 The lease between Guinness Partnerships and SCC is a 99-year lease, signed on 26/10/76. It is restricted to residential use, which means no permission would be required to change it for other uses.
- 1.7 SCC is under no obligation to accept the surrender of the lease. This is subject to a negotiation process.
- 1.8 The Council will have to undertake diligence process, to clarify with Guinness Partnerships information about parts of the site shown at Appendix 1 that they propose surrendering to the council.
- 1.9 There are areas of the care home which are current vacant. These are:
 - 4 bedroomed bungalow
 - 2 bedroomed flat
- 1.10 We need to carefully consider the future use of these areas of the care home. There is potential to use them for other kinds of services, for example, short-term respite provision. For shared properties, it can be difficult to find the right combination of occupants to share, so the future of these buildings needs to be carefully considered.
- 1.11 In addition to the accommodation, there is the day service building. We need to carefully consider how this could be used to maximum benefit for the residents and the wider community.

Care arrangements

- 1.12 The care home was developed as part of the closure programme for Sandleigh hostel. It was opened in 2003. The funding and Commissioning responsibility was transferred from the (then) Primary Care Trust (PCT) to SCC in 2011, as part of the National Learning Disability funding transfer.
- 1.13 Guinness Partnerships are the provider for the care home and are registered with the Care Quality Commission (CQC). Guinness Partnerships subcontract the care and the management of the care to Sheffield Health and Social Care Trust (SHSCT).
- 1.14 There is a contract between Guinness Partnerships and Sheffield City Council (SCC) for the provision of the service in the care home which was signed in 2003, it allows termination in limited circumstances including service of 12 months' notice and provisions on fee determination for each financial year.
- 1.15 The Council proposes working with Guinness Partnerships to determine the fee payable for 2022/23, while undertaking options appraisal and consultation process to allow proper consideration of the future for the premises and the service.

Current considerations

- 1.16 Guinness Partnerships has indicated that it wishes to surrender the lease to SCC.
- 1.17 There are currently 11 residents in the care home. Many of these residents have lived at BVNH for many years and at least two of the residents have lived in the accommodation since the care home opened in 2003.
- 1.18 All residents live in the 'main' building, which has 12 of the bed spaces. The other buildings, which are the four bedroomed bungalow and two bedroomed flat, are currently empty.
- 1.19 There are currently 7 bed spaces which are vacant, and due to the contractual obligations, SCC are paying a 'block' contract fee which includes the cost of the vacant bed spaces.
- 1.20 The average age of the residents is 67, the oldest is 82 and the youngest is 59. At least three of the residents has a severe Learning Disability, and many have physical disabilities. At least four residents can't communicate verbally. The residents in this care home are extremely vulnerable.
- 1.21 In terms of funding for their care, Sheffield Clinical Commissioning Group (CCG) and SCC jointly fund the care for one of these residents. Sheffield CCG funds the care for one of these residents. The remaining nine residents receive Funded Nursing Care (FNC) payments towards their nursing needs.

Care Quality Commission (CQC) Registering the Right support

- 1.22 The NHS/LGA/ADASS published 'Building the right support' and 'Building the right home' in 2015 & 2016 respectively. To support the delivery of these strategies, CQC have published 'Registering the Right Support', which aims to embed the principles in new services.
- 1.23 According to that published guidance, providers considering providing care for people with Learning Disability and/or Autism or who display behaviour that challenges, the service should be small, ideally for 6 people or less.
- 1.24 A new provider, seeking to register any care service (either supported living or a Registered Care home) at BVNH, will need to consider this and other guidance from CQC. The CQC will need to be involved and consulted as part of the registration process.
- 1.25 It appears that CQC would like to move away from the 'campus' style of accommodation models which are prevalent in existing care services for people with a Learning Disability. BVNH could be viewed as a 'campus' style of accommodation.
- 1.26 The Council has used provisions within its contract with Guinness Partnership to request limited information about the building.
- 1.27 The Council needs to now undertake a thorough options appraisal, that takes into consideration outcomes from consulting with the CCG, SHSCT, the residents and the other key stakeholders.
- 1.28 In addition, the Council will need to undertake a due diligence exercise that examines information supplied by Guinness Partnerships, so that the council can give regard to the full implications of each option with regard to legal, commercial, financial and reputational implications.
- 1.29 Consequently, much work must be undertaken to gather this information and understand how the care home is currently managed and operated.

Vision for the Service

- 1.30 For the current, and any future residents, we want to continue with the high quality of care which the residents are currently receiving.
- 1.31 For any future care service (either supported living or Registered Care), we want to develop a model of care which can deliver good quality outcomes for the existing residents. This model should be person centred and enable the individual resident to be able to fulfil their needs and wishes.
- 1.32 We want the residents of this care service to maximise their independence and be able to develop independent living skills, and activities in the community.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 SCC adopted its One Year Plan in July 2021.
- 2.2 The Plan contains 4 key areas, and the areas which this proposal will contribute towards is Education, Health and Care. The development of these options for BVNH will ensure that the existing residents have a chance to be involved in the consultation for the future. During this period, the residents will continue to receive good quality care.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 In terms of consulting with the current residents, due to the sensitivity of the proposals for any potential change at BVNH, it hasn't been possible to begin this work.
- 3.2 In order that consultation can be effective, consideration will be given to the needs and vulnerabilities of those who will be consulted. These include, but are not limited to:
 - Communications will be carefully synchronised with information reaching the residents, families and SHSCT staff at the appropriate time
 - Detailed conversations with each resident and relative individually
 - We will offer a range of communication options, including home visits, meetings at a location of people's choice, one to one telephone conversations
 - We will involve the Advocacy Hub, to offer support to residents
 - Families will have a named contact who they can contact at any time if they have questions, concerns, or ideas
 - We will use Plain English in all documents
 - We will invite written contributions from family members
- 3.3 We will also be engaging with other stakeholders, such as the CCG and SHSCT. We will be working closely with Guinness Partnerships throughout. We will also be keeping the Local Area Committee up to date with progress.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

Equality of Opportunity Implications

- 4.1 Some of the current residents have lived in the care home for many years. All have a Learning Disability and a range of other health conditions and tend to be over 50s.
- 4.2 An Equality Impact Assessment has been completed. This is Appendix 2 to the report.

Financial and Commercial Implications

- 4.3 At this stage the financial and commercial implications of each proposal will be dependent on the undertaking of the due diligence process and consultation. This will include impacts on staffing, building and management costs. This will include impacts on staffing, building and

management costs and, if the service is to close, the reprovision of services for current residents.

- 4.4 As set out in the Background section 1.15, there is a requirement to resolve the fee payable for 2022/23, whilst the options appraisal is undertaken.
- 4.5 For 2021/22, the budget for the service is £1,805,942. Of this, £130,942 is contributed by the CCG, for the FNC and jointly funded packages of care. Service where SCC are paying voids is subject to a review as part of the 2022/23 budget.

Legal Implications

- 4.6 This report proposes consultation and due diligence. The Council's constitution anticipates consultation with affected groups and proper consideration of risks for the council that could arise from each option under consideration.
- 4.7 After the council receives the outcome of consultation and due diligence there will have to be further consideration of legal implications for any recommended course of action.

Other Implications: HR

- 4.8 This will be informed by the due diligence process. We have no further details on the number of permanent and bank staff at BVNH.
- 4.9 Care staff are employed by the SHSCT. There are approximately 46 care staff working in the service. The staffing model is based on 1 member of staff to 2 residents, with some variation due to moving and handling needs.
- 4.10 The staffing implications for Guinness Partnership and others will be considered following the proposed due diligence process

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 Once provided with findings from the due diligence, and consultation, the options appraisal will be developed.

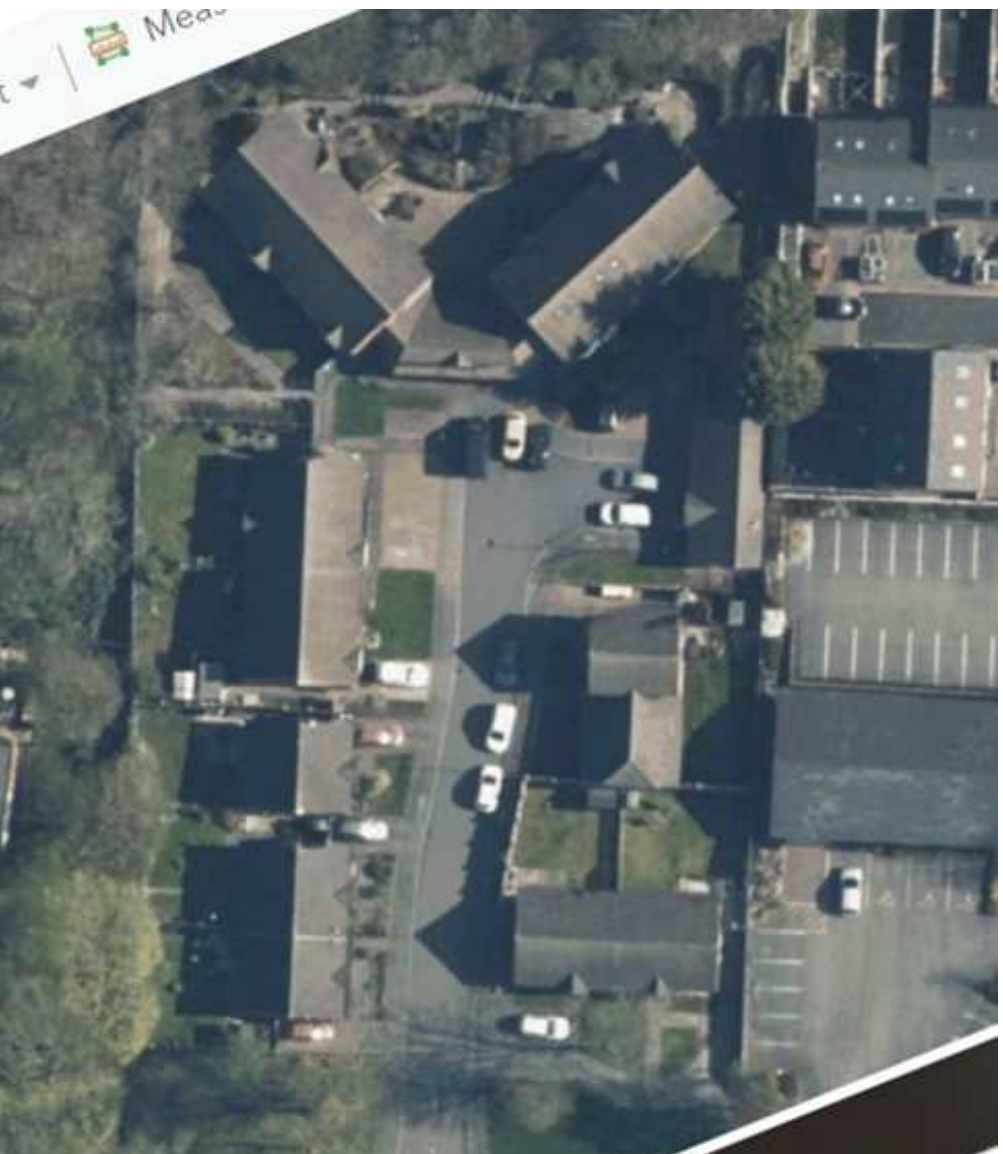
6. REASONS FOR THE RECOMMENDATIONS

- 6.1 The recommendations contained in the report will enable Adult Care, and other teams, to carry out a thorough options appraisal process and consider the future of this care home.

Buckwood View



Appendix 1



Equality Impact Assessment Number

PART A

Introductory Information

Proposal name

Proposal to develop an options appraisal for Buckwood View

Brief aim(s) of the proposal and the outcome(s) you want to achieve

Buckwood View nursing home is an 18-bedded nursing care home for people with a Learning Disability.

The current provider has signalled their intention to surrender the lease to the City Council. This has considerable implications for the City Council.

A report is being presented to Co-operative Executive, to present a proposal for the next steps.

The proposal is to develop an options appraisal for the future of the care home.

Proposal type

- Budget Non Budget

If Budget, is it Entered on Q Tier?

- Yes No

If yes what is the Q Tier reference

Year of proposal (s)

- 21/22 22/23 23/24 24/25 other

Decision Type

- Coop Exec
 Committee (e.g., Health Committee) which committee
 Leader
 Individual Coop Exec Member
 Executive Director/Director
 Officer Decisions (Non-Key)
 Council (e.g., Budget and Housing Revenue Account)
 Regulatory Committees (e.g., Licensing Committee)

Lead Committee Member

CLlr Lindars-Hammond

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Caroline Stiff

EIA start date

16/02/2021

Equality Lead Officer

- Adele Robinson
- Annemarie Johnston
- Bashir Khan
- Beverley Law
- Ed Sexton
- Louise Nunn
-
-

Lead Equality Objective ([see for detail](#))

- | | | | |
|---|---|---|---|
| <input type="radio"/> Understanding Communities | <input type="radio"/> Workforce Diversity | <input type="radio"/> Leading the city in celebrating & promoting inclusion | <input checked="" type="radio"/> Break the cycle and improve life chances |
|---|---|---|---|

Portfolio, Service and Team

Is this Cross-Portfolio

- Yes
- No

Portfolio

People

Is the EIA joint with another organisation (eg NHS)?

- Yes
 - No
- Please specify

Consultation

Is consultation required (Read the guidance in relation to this area)

- Yes
- No

If consultation is not required please state why

Are Staff who may be affected by these proposals aware of them

- Yes
- No

Are Customers who may be affected by these proposals aware of them

- Yes
- No

If you have said no to either please say why

The current provider of the service has indicated that they wish to surrender the lease to the City Council.

The current proposal is to carry out a consultation and a due diligence exercise and develop an options appraisal to determine the future of the service.

There are 11 residents who live in the care home, some of whom for many years. There are also staff who deliver the care and manage the building. All of these are affected by any proposals. Due to the sensitivity, it has not been possible to start consulting with people who are directly affected.

The average age of the residents is 67, the oldest is 82 and the youngest is 59. At least 3 of the residents has a severe Learning Disability, and many have physical disabilities. At least 4 of the residents can't communicate verbally. All of them are dependent on staff for their everyday needs, many of the residents require 2 members of staff to move them safely, along with the necessary specialist equipment. These residents have complex health needs. A number of them have lived in the care home for many years.

In terms of the consultation, the main scope of this would be to gather information- what do the residents and relatives feel about the care home. Depending on the outcome of the options appraisal, there would be a further period of information gathering/consultation.

Initial Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

For a range of people who share protected characteristics, more information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Identify Impacts

Identify which characteristic the proposal has an impact on tick all that apply

<input checked="" type="radio"/> Health	<input type="radio"/> Transgender
<input checked="" type="radio"/> Age	<input checked="" type="radio"/> Carers
<input checked="" type="radio"/> Disability	<input type="radio"/> Voluntary/Community & Faith Sectors
<input type="radio"/> Pregnancy/Maternity	<input type="radio"/> Cohesion
<input type="radio"/> Race	<input type="radio"/> Partners
<input type="radio"/> Religion/Belief	<input type="radio"/> Poverty & Financial Inclusion
<input type="radio"/> Sex	<input type="radio"/> Armed Forces
<input type="radio"/> Sexual Orientation	<input type="radio"/> Other
<input checked="" type="radio"/> Cumulative	

Cumulative Impact

Does the Proposal have a cumulative impact

- Yes No

<input checked="" type="radio"/> Year on Year	<input type="radio"/> Across a Community of Identity/Interest
<input type="radio"/> Geographical Area	<input type="radio"/> Other

If yes, details of impact

This initial proposal is the first stage of a complex project. Once this project of consultation, due diligence and considering the options has been carried out, a further work will be required to deliver the option and the way forward for the service. This process is likely to be carried out over at least 2 years.

Proposal has geographical impact across Sheffield

- Yes No

If Yes, details of geographical impact across Sheffield

Local Area Committee Area(s) impacted

- All Specific

If Specific, name of Local Committee Area(s) impacted

South Area LAC

Initial Impact Overview

Based on the information about the proposal what will the overall equality impact?

This proposal will involve consulting with residents and staff. In order to ensure that residents can participate in this process, it may be necessary to have support from advocacy, or other professionals.

We will also be engaging with staff, informing them of the potential options.

We will be identifying other stakeholders who will be involved in this process.

Is a Full impact Assessment required at this stage? Yes No

If the impact is more than minor, in that it will impact on a particular protected characteristic you must complete a full impact assessment below.

Initial Impact Sign Off

EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?

Yes No

Date agreed Name of EIA lead officer

Part B

Full Impact Assessment

Health

Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?

Yes No *if Yes, complete section below*

Staff

Yes No

Customers

Yes No

Details of impact

There are 11 residents in the care home. Buckwood View is a nursing care home, and the nursing staff will be delivering care to some or all of the residents. We will ensure that this is considered in any future plans.

In addition to the nurse on site, the District Nurse team is also involved. The Community Learning Disability team are involved, in particular the Speech and Language Therapists.

The proposal is to carry out consultation and due diligence. This process will inform an options appraisal. The options appraisal will determine the next steps for the Council to consider.

The residents are extremely vulnerable, with complex health needs.

In terms of the potential impacts of the options, please see the 'Disability' section.

Comprehensive Health Impact Assessment being completed

Yes No

Please attach health impact assessment as a supporting document below.

Public Health Leads has signed off the health impact(s) of this EIA

Yes N

Name of Health Lead Officer

Age

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The average of the residents is 67. The oldest resident is 82 and the youngest is 59. There are 11 residents in the care home.

The proposal is to carry out consultation and due diligence. This process will inform an options appraisal. The options appraisal will determine the next steps for the Council to consider.

The residents are extremely vulnerable, with complex health needs.

In terms of the potential impacts of the options, please see the 'Disability' section.

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

There are 11 residents in the care home. They all have a diagnosed Learning Disability, some of whom have a severe disability. Some of the residents are extremely frail and vulnerable.

We will providing the appropriate support to these residents through any change process.

The proposal is to carry out consultation and due diligence. This process will Inform an options appraisal. The options appraisal will determine the next steps the Council to consider.

The residents are extremely vulnerable, with complex health needs.

In terms of the impact of the options on the residents, these are some of the pot impacts. The decision for the future of the service, will be communicated appropriately to the residents and staff.

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

There is no impact.

Race

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

There is no impact.

Religion/Belief

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

There is no impact

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

There is no impact.

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

There is no impact.

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

We recognise that any change could involve some anxiety on the part of family members. We will offer the opportunity to be involved, and will communicate appropriately.

The level of family involvement with their relatives is different, and we will work with them as appropriate.

The proposal is to carry out consultation and due diligence. This process will inform an options appraisal. The options appraisal will determine the next steps for the Council to consider.

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

There is no impact.

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

There is no impact.

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

There is a contract between the Council and Guinness Partnerships for the care home. Guinness Partnerships sub-contract the care to the Sheffield Health and Social Care Trust.

We will be undertaking a due diligence process, and these arrangements will be part of that.

The staff that are involved will be supported in accordance with the appropriate legislation.

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

There is no impact.

Other

Please specify

[Empty text box]

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

There is no impact.

Action Plan and Supporting Evidence

What actions will you take, please include an Action Plan including timescales

We will be consulting with the current residents of the care home. We will plan the consultation taking in to consideration the communication needs of the individuals.

We are aiming to complete the consultation and due diligence process by the Summer. A further report will be presented for approval.

Supporting Evidence (Please detail all your evidence used to support the EIA)

The evidence about the needs of the individuals has been sourced from the Council's Adult Care database.

Detail any changes made as a result of the EIA

Following mitigation is there still significant risk of impact on a protected characteristic. Yes No

If yes, the EIA will need corporate escalation? Please explain below

Sign Off

EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?

Yes No

Date agreed Name of EIA lead officer

Review Date



Author/Lead Officer of Report: Alexis Chappell

Tel: 0114 4742035

Report of: *Alexis Chappell, Director of Adult Health and Adult Social Care*

Report to: *Co-operative Executive*

Date of Decision: *16th March 2022*

Subject: *Working together with the NHS in Sheffield: Future Vision and Governance'*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Executive Member Portfolio does this relate to? <i>Health and Social Care</i>		
Which Scrutiny and Policy Development Committee does this relate to? <i>Healthier Communities and Adult Social Care</i>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? Reference Number: 990		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Purpose of Report:

The purpose of this report is to provide an overview of the proposals in the Health and Care Bill for the creation of statutory Integrated Care Systems, to propose future arrangements for the governance of joint health and social care commissioning in light of, those proposed changes and to seek approval to amend the existing S75 agreement from 1st April 2022.

Recommendations:

It is recommended that the Co-operative Executive:

- 1) Note the proposals for statutory Integrating Care Systems (ICS) and the abolition of Clinical Commissioning Groups outlined in the Health and Social Care Bill.
- 2) Agree the proposals for future arrangements for joint commissioning of health and social care and the governance of those arrangements as set out in paragraphs 1.13 to 1.14 of this report.
- 3) Approve the revised scope and budget of the existing S75 agreement as outlined in Appendix A, with the changes to take effect from 1st April 2022.
- 4) To the extent not covered by existing delegations, delegate authority to the Director of Adult Health and Social Care in consultation with the Director of Legal and Governance, Director of Finance and Commercial Services and the Executive Member for Health and Social Care to take such steps as are necessary to implement or facilitate the implementation of those proposals and the objectives set out in this report.
- 5) Agree to receive regular updates on progress with the implementation of those future arrangements and on the Health and Social Care Bill.

Background Papers:

None

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Eugene Walker</i>
		Legal: <i>Sarah Bennett</i>
		Equalities: Ed Sexton
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	<i>Alexis Chappell, Director of Adult Health and Social Care</i>
3	Executive Member consulted:	<i>Cllr George Lindars-Hammond</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Alexis Chappell</i>	Job Title: Director of Adult Health and Social Care
	Date: 7th January 2022	

1. PROPOSAL

Joint Health and Care Commissioning in Sheffield

- 1.1 In 2015, Sheffield CCG and Sheffield City Council established a pooled fund and related Section 75 agreement that enabled and supported the integration of health and social care services and governance in relation to the National Better Care Fund.
- 1.2 Sheffield was one of the leading cities in this National Programme, agreeing to a pooled budget of over £272m in 2016/17 and over £400m in 2021/22. This has led to shared commissioning arrangements and positive joint working and collaboration within Sheffield.
- 1.3 In March 2019 the Clinical Commissioning Group (CCG) Governing Body and Sheffield City Council (SCC) Cabinet subsequently approved the creation of a Joint Commissioning Committee (the JCC) to oversee the Section 75 Agreement and thereby lead on, and give shared local accountability to, shaping the development of joint health and care commissioning.
- 1.4 It was agreed that the JCC would support the work of the Health and Wellbeing Board by maintaining a focus on prevention and activity that aims to keep people living independent, healthy, active lives through:
 - Having a single commissioning voice
 - Owning a single commissioning plan for Sheffield
 - Ensuring the new models of care delivered the outcomes required for the Sheffield population
 - Build on the Better Care Fund and Section 75 agreement to drive forward change
- 1.5 It was agreed the Executive Management group, that oversees the Better Care Fund and Section 75 arrangements from an operational point of view, would be the engine room of the Joint Commissioning Committee; supporting the development of a Joint Commissioning Plan and assuring delivery.
- 1.6 The existence of the JCC means that Cabinet Members and NHS Sheffield Governing body members are brought together to oversee our joint approach to Health and Social Care. It is acknowledged in the governance arrangements that both Sheffield CCG and Sheffield City Council have statutory obligations and internal governance processes to meet these obligations and that, ultimately, decisions do have to be taken separately. However, the current approach ensures that consistent recommendations are made on commissioning decisions to both Sheffield City Council and the Sheffield CCG.

The Health and Care Bill and what it means for Joint Commissioning in Sheffield

- 1.7 In July this year the Government published the Health and Care Bill setting out key legislative proposals to reform the delivery and organisation of health services in England. The stated aim of the proposed legislation is to promote more joined-up services and to ensure more of a focus on improving health rather than simply providing health care services.
- 1.8 Under the arrangements set out in the Bill, amongst other things, Clinical Commissioning Groups will be abolished, and new integrated care systems (ICSs) will be created. Each ICS will be comprised of an integrated care board (ICB), responsible for NHS strategic planning and allocation decisions, and an integrated care partnership (ICP), responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population.
- 1.9 The ICSs are intended to cover larger geographical areas than the existing CCGs. However, the Bill and associated guidance from NHS England anticipate that much of the actual activity to integrate care and improve population health will be driven by both commissioners and providers collaborating over smaller geographies within ICSs, often referred to as 'places'.
- 1.10 Information was provided to Healthier Communities and Adult Social Care Scrutiny Committee on 1st September 2021 regards development of South Yorkshire and Bassetlaw Integrated Care System. It is understood that an ICS Scrutiny Working Group is to be formed to review ICS developments.
- 1.11 In line with this approach, the NHS England Thriving Places Guidance sets out a number of options for financial decision making to be delegated to at "place" when the CCG is dissolved.

These options are:

- Option 1 - Consultative Forum: A collaborative forum to inform and align decisions by relevant statutory bodies, such as the ICB or local authorities, in an advisory role. In this arrangement, the decisions of statutory bodies should be informed by the consultative forum.
- Option 2 - Individual Executives or Staff: Statutory bodies may agree to delegate functions to individual members of staff to exercise delegated functions, and they may convene a committee to support them, with membership that includes representatives from other organisations.
- Option 3 - Committee of a Statutory Body: A committee provided with delegated authority to make decisions about the use of resources. The terms of references and scope are set by the statutory body and agreed to by the committee members. A delegated budget can be set to describe the level of resources available to cover the remit of the committee.

- Option 4 - Joint Committee: A committee established between partner organisations, such as the ICB, local authorities, statutory NHS providers or NHS England and NHS Improvement. The relevant statutory bodies can agree to delegate defined decision-making functions to the joint committee in accordance with their respective schemes of delegation. A budget may be defined by the bodies delegating statutory functions to the joint committee, to provide visibility of the resources available to deliver the committee's remit.
- Option 5 - Lead Provider: A lead provider manages resources and delivery at place-level, as part of a provider partnership, under a contract with the ICB and/or local government, having lead responsibility for delivering the agreed outcomes for the place (including national standards and priorities) for the defined set of services.

1.12 It is expected that, if passed into law, the Health and Care Act will take effect from 1st July 2022. Should the Bill be passed in its current form, it is anticipated that agreements and arrangements currently in place will transfer directly from Clinical Commissioning Groups to the newly constituted Integrated Care Board's.

1.13 The local NHS arrangements are yet to be agreed but there is a joint commitment to continue with the existing arrangements as far as possible. To that end, it is proposed that:

- a) We support financial decision making on behalf of the SY Integrated Care Board being delegated to the NHS Integrated Care System Executive Director for Sheffield. It is envisaged that the incumbent in this role will be a voting member on the Integrated Care Board of the SY ICS (still to be confirmed) as well as a member on the Sheffield Health and Care Partnership Board, which will act as a collaborative forum of the kind envisaged by option 1 in the Thriving Places guidance.
- b) The Section 75 agreement and pooled budget are continued, amended as set out below at paragraph 1.15, and the Joint Commissioning Committee remains in place (with revised terms of reference and membership such as may be required to reflect the new ICB and any delegations they may have in place e.g. as envisaged by (a) above) and continues to provide strategic and financial oversight of the Better Care Fund requirements, the wider Section 75 agreement, the pooled budget and place-based arrangements aligned to Sheffield Health and Wellbeing Outcomes and Strategic Frameworks.
- c) Professional advice will be provided from the Director of Public Health, Director of Finance and Commercial Services, Director of Adult Services (DASS), Director of Children Services (DCS), Director of Communities and Director of Commissioning from Sheffield City Council to support collaboration and effective communication to Council Committees and processes

- d) The Joint Commissioning Committee is directly supported by all age disability boards (Autism Partnership Board, Changing Futures, Learning Disability Partnership Board, Carers Partnership Board, Mental Health Collaborative Board) to reflect and support an all age approach and an operational group that will consist of commissioners, health and social care providers and representatives of people with lived experience and their carers ensuring effective collaboration, alignment to Sheffield Health and Wellbeing Outcomes and our place based priorities.
- e) The Joint Commissioning Committee provides regular reports to the Health and Wellbeing Board, Sheffield City Council Local Area Committees, Integrated Care Board and any other relevant Sheffield City Council Committees on progress of delivery against outcomes achieved to ensure transparency and accountability of its functions.
- f) The Joint Commissioning Office continues its function in its current structure and remit, working across Sheffield CCG (SY ICS, Sheffield Team post July 2022) and Sheffield City Council to support management of the Committee, programme management and progress reporting.

1.14 These proposals aim to ensure that:

- the Joint Commissioning Committee will continue as the mechanism for assurance of joint commissioning and delivery
- the successful current governance processes whereby decisions are ratified separately in accordance with each organisation’s statutory and governance requirements but are informed by a collaborative approach and a clear joint recommendation, will be retained.
- financial decisions will continue to be made in accordance with the section 75 arrangements, and collaborative discussions will also continue, ensuring alignment of the priorities across Sheffield.

Amendments to the Existing S75 Agreement

1.15 While preparing for the changes outlined above, work has been undertaken to review the scope of the S75 agreement and the budgets that support the joint commissioning priorities, from both a SCC and health perspective. Having done so it is recommended that the S75 agreement be amended to incorporate all of the priority areas and budgets set out at Appendix A.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 The overarching principles of the ambitions detailed in this report are consistent with the One Year Plan, the Health and Wellbeing Board Strategy, the emerging Adult Social Care Strategy, and the Adult Social Care Transformation Programme.

Sheffield City Council One Year Plan details that *“we will secure a future working relationship with the new NHS structures, founded in our vision to*

deliver excellent health and care services in communities across Sheffield, end health inequalities, integrate care and have public delivery at the heart of health and care.”

The proposals contained within this report deliver upon this one year plan ambition and action.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 Formal consultation with citizens isn't required as part of this process but there is an overarching commitment to the principle of co-production as part of the development process and involvement of representatives of citizens in the update of the Joint Commissioning Committee
- 3.2 Close discussion has taken place with all stakeholders involved.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 As a Public Authority, we have legal requirements under the Equality Act 2010, collectively referred to as the 'general duties to promote equality'. To help us meet the general equality duties, we also have specific duties.
- 4.1.2 The Public Sector Equality Duty, set out in section 149(1), requires a Public Authority, in the exercise of its functions, to have due regard to the need to:
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under [the] Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 4.1.3 The proposal to develop Integrating Care Systems (ICS) is consistent with this Duty. As set out in this report, measures to address health inequalities, and health and wellbeing, between people who share different protected characteristics are a fundamental element of the ICS. The primacy of this issue is reflected in the first of Sheffield City Council's principles for the approach, namely *Ending Inequalities and Improving Wellbeing Outcomes*.
- 4.1.4 The report also highlights broader considerations of equality, including through the Foundation Living Wage (addressing poverty and financial exclusion, as well as quality and continuity of care and workforce development); and a potential support role for the voluntary sector within the Public Delivery principle.

4.2 Financial and Commercial Implications

- 4.2.1 The proposals seek to maintain a pooled budget across health and social care for both adult and children services. This will in turn support and enable implementation of joint commissioning as well as formal governance of joint decision making through the revision to the joint commissioning committee.
- 4.2.2 Work has been undertaken to review the budgets that support the joint commissioning priorities, from both a SCC and health perspective. The revised financial arrangements, if approved, would see the total funding aligned within the section 75 agreement from £418m to £754m, as set out in Appendix A (the SCC budgets within scope would increase from £142m to £235m, mainly due to the inclusion of children's services).
- 4.2.3 The Council's financial position requires all budgets to be tightly monitored and these developments will be subject to robust financial governance.

4.3 Legal Implications

- 4.3.1 S75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) set out the basis on which NHS bodies and local authorities can work together. Regulation 10(2) specifically provides that this may include establishment of a joint committee to take responsibility for the management of partnership arrangements including monitoring the arrangements and receiving reports and information on the operation of the arrangements.
- 4.3.2 The Health and Care Bill is currently being debated in parliament and is anticipated to be passed in time for its provisions to come into force in July 2022.
- 4.3.3 The proposals in this Report are consistent with the provisions of the legislation as they currently stand.

4.4 Other Implications

- 4.4.1 No other implications are relevant

5. **Alternative Options Considered**

- 5.1 No other potential options are relevant

6. **REASONS FOR RECOMMENDATIONS**

- 6.1 Our aim is to secure a healthier Sheffield, improved outcomes for people and form a stronger relationship with the NHS.
- 6.2 The Health and Social Care Bill sets out a framework for integrating health and social care starting with the development of Integrated Care Systems

(ICS) to tackle inequalities, improve population health and wellbeing, deliver excellent care, and maximise use of resources. It is likely that the Bill will be implemented in July 2022.

- 6.3 The recommendations in this report note the proposals in the Bill and enable the Council to prepare for its implementation; building on our current, successful, arrangements so that we can continue to collectively deliver excellent quality, personalised services which enable people to experience seamless services and live well and independently in communities across Sheffield.

Proposed Revised Budgets for inclusion within the s75 Agreement

	Current s75		
	CCG	SCC	Total
<u>JCC Priority Area</u>	£'m	£'m	£'m
Children and Young People			
Ageing Well	49.7	14.4	64.1
All Age Mental Health	106.3	10.7	117.0
All Age Learning Difficulties	15.4	44.9	60.3
On-Going Care	35.5	65.9	101.4
Collaborative Working	0.0	0.0	0.0
Urgent and Emergency Care	69.9	0.0	69.9
Disability Facilities Grant		5.7	5.7
Total	276.8	141.6	418.3

	Proposed s75 21/22		
	CCG	SCC	Total
<u>JCC Priority Area</u>	£'m	£'m	£'m
Children and Young People	62.9	73.6	136.5
Ageing Well	77.5	18.4	95.9
All Age Mental Health	137.9	19.2	157.2
All Age Learning Difficulties	21.4	44.9	66.4
On-Going Care	38.1	71.0	109.0
Collaborative Working	1.0	2.1	3.1
Urgent and Emergency Care	180.2	0.1	180.3
Disability Facilities Grant		5.7	5.7
Total	519.1	234.9	754.0

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Author/Lead Officer of Report: Alexis Chappell

Contact: alexis.chappell@sheffield.gov.uk

Report of: *John Macilwraith, Executive Director People Portfolio*

Report to: *Cooperative Executive*

Date of Decision: *16/03/2022*

Subject: *Living the life you want to live – Adult Social Care Strategy 2022-2030*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? Health and Social Care		
Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? <i>(Insert reference number)</i>		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		

Purpose of Report:

Adult social care is made up of a complex system of organisations that provide care and support to a significant proportion of Sheffield’s population. We have been without a clear strategy that unifies this whole system in Sheffield for many years. Adult social care across the city faces substantial challenges, including the ongoing effects of the coronavirus pandemic, and we must develop a long term and ambitious response that commits to improving the lives of people who draw on care and support.

The new strategy meets our obligations under the Care Act to have a strategy for adult social care. It has been developed with citizens, providers, and partners. It

sets our vision for how the whole of adult health and social care will work together to deliver better outcomes for the people of Sheffield and tackle the challenges we are currently facing.

The report recommends the local authority adopts the new strategy – ‘Living the life you want to live – 2022-2030’.

Recommendations:

Cooperative Executive approves the new Adult Social Care strategy, setting a ten-year vision for the change we want to see in the way people are supported by the adult social care system in Sheffield.

Background Papers:

(Insert details of any background papers used in the compilation of the report.)

- Institute of Faculty and Actuaries, COVID-19 Report - Impact on Social Care
- Care Quality Commission, The state of health and adult social care in England 2020-21
- Carer's Trust, A few hours a week to call my own
- Carers UK, Caring behind closed doors
- ONS, Health state life expectancies, UK: 2017 to 2019
- Department for Health and Social Care, Integrating care: Next steps to building strong and effective integrated care systems across England
- Department for Health and Social Care, People at the Heart of Care
- Sheffield's Joint Health and Wellbeing Strategy 2019-2024
- Shaping Sheffield 2019-2024

Lead Officer to complete:-			
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.		
	Finance: Ann Hardy & Liz Gough		
	Legal: Steve Eccleston & Nadine Wynter		
	Equalities: Ed Sexton		
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>			
2	EMT member who approved submission: <i>John Macilwraith</i>		
3	Cabinet Member consulted: <i>Councillor George Lindars-Hammond</i>		
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.		
	<table border="0"> <tr> <td>Lead Officer Name: <i>Alexis Chappell</i> <i>Charlotte Murrie</i></td> <td>Job Title: <i>Director of Adult Social Care</i> <i>Commissioning Officer</i></td> </tr> </table>	Lead Officer Name: <i>Alexis Chappell</i> <i>Charlotte Murrie</i>	Job Title: <i>Director of Adult Social Care</i> <i>Commissioning Officer</i>
Lead Officer Name: <i>Alexis Chappell</i> <i>Charlotte Murrie</i>	Job Title: <i>Director of Adult Social Care</i> <i>Commissioning Officer</i>		

Date: 7 March 2022

1. PROPOSAL

1.1 It is proposed that the accompanying adult social care strategy – ‘Living the life you want to live – 2022-2030’ – be approved and implemented.

1.2 **Current position**

The health and social care system in Sheffield is facing urgent and long-term pressures. The local authority is currently without a strategy that sets out our ambitions to improve the experiences and outcomes of our citizens.

1.3 **The impact of COVID**

1.3.1 The virus has had a significant impact on older people and people with pre-existing conditions. This means that people we support are more likely to have been impacted by the virus. The Institute of Faculty and Actuaries found in June 2020 that more people have died from the virus in care homes as well as people who receive home care. We don't yet fully understand the impact of the virus (also known as ‘long COVID’), or the longer term social and mental health impacts of the pandemic.

1.3.2 The pandemic has made inequalities worse. The Care Quality Commission concluded in their state of health and social care 2020/21 report that there have been higher cases of coronavirus in more deprived areas than less deprived ones. Overall, there were higher rates of death from coronavirus in Black and Asian ethnic groups. This was similar for people with a learning disability. People with dementia, Alzheimer's disease, and mental health issues reported poorer experiences of care in hospital in the pandemic. Inequalities were rife before the pandemic, but we need to commit to tackling inequalities as a priority to truly develop better health and social care.

1.3.3 Carer's UK, Carer's Trust and our own research indicates that more people are receiving the care and support they need from unpaid care — from family, friends, or neighbours. Care and support workers have been more likely to face the virus, and it's been harder to recruit and train new staff in lockdowns.

1.3.4 Social distancing has often closed or limited day activities and reduced opportunities to engage in preventative wellbeing activities, like going to the gym, attending a class, or meeting face-to-face for a chat.

1.3.5 Sheffield's care market has been significantly impacted by the pandemic. Care homes, for example, have had fewer residents and it will likely take a while before these homes could have the same number of residents they had before the pandemic. Many care services have had higher running costs, despite short term funding from Government for personal protective equipment.

1.4 **Longer-term demographic changes**

- 1.4.1 According to POPPI data, in 2020, there are approximately 95,000 people aged over 65 in Sheffield. The 2030 estimate indicates a rise to 108,200. This increase in the number of older adults in the city could mean an increase in the need for services or support. An ageing population means more people with long term health conditions, and a higher risk of having 2 or more at the same time. This makes care and support more challenging in old age.
- 1.4.2 At the same time, PANSI data indicates that more and more people aged under 65 in the city have or will develop long term conditions or disabilities by 2030, increasing the number of individuals needing help and often for longer as health innovation increases life expectancy.
- 1.4.3 Life expectancy has levelled off over recent years but has been rising steadily for many. There is, however, a significant discrepancy in life expectancy between our communities, with those in more economically deprived areas and minority ethnic communities having a lower life expectancy. Significantly, the disability-free life expectancy is decreasing, particularly for women (based on Office for National Statistics, Health state life expectancies UK: 2017 to 2019 report), and a higher number of people face years of poor health and increased difficulty in older age.

1.5 **Legislative and national changes**

- 1.5.1 The Department of Health and Social Care published a White Paper 'Integrating care: Next steps to building strong and effective integrated care systems across England' in February 2021. This sets out how the law will change to improve how health and social care work together, including better partnerships through Integrated Care Systems (ICS).
- 1.5.2 A further White Paper, 'Joining up care for people, places and populations' from the Department of Health and Social Care in February 2022:
- Sets out the approach to designing shared outcomes between councils and local NHS organisations, putting person centred care back at the heart of plans for reform, while helping to tackle elective care backlogs
 - Introduces the expectation for a single person accountable for the delivery of shared outcomes and plans at local level across both health and social care services
 - Seeks to break down the barriers that separate our health and care workforces, with the sharing of digital tools and data and the extension of financial pooling to provide better care to more people than ever before.
- 1.5.3 In September 2021, the government announced the Health and Care Levy, which identified a £5.4 billion investment in adult social care over the next three years and an increasing share of the funding beyond

that, though this is still to be defined. Some of the expected reform funded by the Levy was published in the Department for Health and Social Care's White Paper, People at the Heart of Care in December 2021. The document sets out the government's 10-year vision for adult social care, building on The Care Act 2014. It sets out a range of policies for the next three years, including:

- Integrating housing into local health and care strategies to give further choice of housing and support
- Further funding to increase technology and digital developments
- Training the social care workforce and supporting their wellbeing
- Support services around minor repairs and adaptations to homes
- Funding to work with the sector to support unpaid carers
- Innovation funding to give care and support in new and different ways
- Support to help people understand and access the care and support available, including a new national website
- More support to local authorities to strengthen local delivery of adult social care.

1.5.4 Many of the details of these plans are still in development. The government has committed to working with the sector and people who draw on care and support to define these further. It's encouraging that the government is beginning the journey to truly valuing and supporting adult social care.

1.5.5 The government has committed to 'levelling up every part of the UK' and building back better from the pandemic across all parts of the country. This involves providing funding to help tackle regional differences in the UK. We know that the North has been affected by the coronavirus pandemic more than other areas. We need to understand more about how the levelling up agenda will affect adult social care and Sheffield.

1.6 The development of 'Living the life you want to live' as a strategy for adult social care 2022-2030 is a recognition of the significant challenges facing the system and the opportunity for a long term, system wide vision to make the changes necessary to improve the experiences and outcomes of Sheffield citizens.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 Living the life you want to live – the Adult Social Care Strategy 2022-2030 will drive the implementation of our ambitious plans for social care in Sheffield over the next decade.

2.1.1 The strategy meets the obligation in **Our Sheffield One Year Plan 2021/22** to 'Produce a long-term strategic direction and plan for Adult Social Care which sets out how we will improve lives, outcomes and

experiences and adults in Sheffield’. This helps set the context for other commitments under ‘Enabling adults to live the life that they want to live’:

- We will deliver a long-term workforce plan which empowers and values our social care workforce and sets out how we will implement the Foundation Living Wage for all social care workers in the City
- Develop a framework for measuring our performance and quality so that people can hold us to account for the care services we provide
- Invest in Occupational Therapists, Social Workers and Enablement Support, and Commissioning Support to enable people to live more actively and independently
- Review our homecare services that we are delivering support that enables people to live independently at home in Sheffield
- Improve our approach to transition of young people from children services to adult services
- Secure a future working relationship with the new NHS structures, founded in our vision to deliver excellent health and care services in communities across Sheffield, end health inequalities, integrate care and have public deliver at the heart of health and care.

2.2 The Care Act 2014 (Part 1) sets out the local authority’s general responsibilities in relation to care and support:

- promoting wellbeing
- preventing the need for care and support
- protecting adults from abuse and neglect (safeguarding)
- promoting health and care integration
- providing information and advice
- promoting diversity and quality.

2.2.1 The Care Act guidance (para 4.52) requires that each local authority should develop a plan that matches their circumstances and meets the needs of its population that are evidence-based and local. These should be aligned with wider corporate planning and commissioning approaches. ‘Local authorities should have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), through engagement with people, carers and families, market and supply analysis, market structuring and interventions, resources and allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps.’

2.2.2 Whilst the Care Quality Commission Adult Social Care framework is still awaiting publication, the ‘Well Led’ domain indicates local authority should have a shared clear vision and credible strategy to deliver high quality care and support. The strategy must be fully cascaded,

embedded and understood by all staff at all levels, ensuring everyone understands the part they play in delivering against the strategy and commitments within it.

- 2.3 Adult social care as a system has a significant impact on many people in the city. Our focus in this strategy is about helping people to live a fulfilling life, realise their potential, and contribute to their communities. It's about improving people's experience of social care, providing them with help and support in a way that is based on what matters to them, focussed on their outcomes, rather than their issues.
- 2.4 Economically, adult social care represents a significant proportion of the city's public spending, not solely in the council. Crisis and high intensity support tends to cost more. Our focus in the strategy is on moving towards earlier, more preventative support that prioritises independence, choice, and recovery.
- 2.4.1 The intended outcome is that increasing numbers of people can be supported at an earlier stage, using less formal support. Some people will always need high-level formal support and this will form part of a flexible system that includes alternative approaches and more inclusive universal services.
- 2.4.2 Typically, higher intensity support costs the public purse more than a preventative, community led option. If we are able to keep more people independent, safe and well with less formal support then people will achieve better outcomes at lower cost.
- 2.5 The strategy depends on connections to other strategies to be delivered. These strategies may be in other departments of the council or perhaps in other organisations. Some also develop themes of the strategy further, with more detail provided on specific services or communities.
- 2.5.1 This proposal supports the **Sheffield City Council People Portfolio Strategic Objectives 2021-22**:
- Increase equality, resilience and inclusion
 - Thriving communities where people like to live
 - People are and feel safe
 - People are independent and can achieve their potential
 - People are healthier and happier
- 2.5.2 In particular this proposal has a strong link to the new **Local Area Committees** and their **Empowering Communities** work, in line with the commitments to:
- Empower communities
 - Harness community assets to strengthen cohesion and connectedness
 - Improve health and wellbeing.

It will contribute to the Local Area Committees' aims of:

- Engaging, empowering, enabling and seeking the active participation of all residents and community organisations on a topic of local interest
- Actively utilising all available communication methods, including social media, improved local websites and blogs and where possible the use of virtual meeting technology
- Providing a geographical framework that prioritises and directs the local delivery of services
- Demonstrating work with local partners and stakeholders to ensure services are joined up and operating effectively in line with the needs of local communities
- Involving key partnerships with local Voluntary, Community and Faith Sector organisations to ensure greater efficiency of resources, improved services, and a stronger local voice.

2.5.3 The **Joint Health & Wellbeing Strategy (2019-2024)** sets out the following outcomes, which the adult social care strategy supports:

- Everyone has access to a home that supports their health
- Everyone has a fulfilling occupation and the resources to support their needs
- Everyone can safely walk or cycle in their local area regardless of age or ability
- Everyone equitable access to care and support shaped around them
- Everyone has the level of meaningful social contact that they want
- Everyone lives the end of their life with dignity in the place of their choice

2.5.4 **Shaping Sheffield 2019-2024** sets out four clear priorities which align with the adult social care strategy:

- Promoting Prevention
- Ageing Well
- All Age Mental Health
- Thriving Communities

3. HAS THERE BEEN ANY CONSULTATION?

3.1 The strategy has been in development since November 2020 through consultation and codesign with a significant number of stakeholders across the city. Care has been taken to develop the strategy based on the experiences and issues of communities directly impacted by it.

3.2 The engagement, consultation and codesign work has taken place over 4 defined phases:

1. Strategic Review Consultation – September-November 2020
2. Engagement Groups – February 2020 onwards
3. Engagement and Codesign – August-October 2020
4. Formal Consultation – January 2022

Full details of the consultation and engagement work can be found in Appendix 1 of the strategy – Strategy Consultation and Codesign Report

3.2.1 Strategic Review Consultation – September-November 2020

Consultation took place from 28 September 2020 and 29 November 2020. The aims of the consultation were to seek views on key elements of the draft strategy and how to measure its success, and to invite involvement in coproduction to turn the strategy into actions and outcomes. We received 110 responses to this initial consultation.

3.2.2 Engagement Groups – February 2021 onwards

The engagement groups focused on the 3 models of care: Universal Service & Resilient Communities, Targeted Help, and Ongoing Care. These link closely to the first 3 draft commitments of the strategy:

1. Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
2. Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.
3. Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.

Based on identified pressures within social care at the time, the groups focussed on the council's commissioning remit in relation to older adults.

Recruitment to the engagement groups began during consultation and continued on an ongoing basis.

3.2.3 Engagement and Codesign – August-October 2021

This approach was split into three main types of engagement based on the ladder of participation.

- Informing
 - E-bulletins/ newsletters (council social care, external - interested parties, Chief Executive/manager bulletin - wider SCC)
 - Webpage/Intranet page
 - Social Media/Media engagement – expected around when the strategy goes to Cooperative Executive
- Consulting
 - Citizenspace consultations
 - Targeted meetings (internal & external)
 - Strategic Board
 - Teams Live Q&A (internal & external)
 - ASC Staff events
- Codesigning
 - Partner planning group (events & engagement, document checking, developing the delivery plan)

- Commitments workshops

3.2.4 Formal Consultation – January-February 2022

The consultation launched on 17 January and ran until 13 February. We received 24 responses. Key feedback included:

1. We need to listen to social care users and workers – specifically respondents highlighted that carers need support to be listened to.
2. Communication needs to be better, including for those without digital access
3. Integration between health and social care needs to improve
4. People want to see change – the strategy needs to be accompanied by specific actions and a timeline for change and implementation needs to happen quickly
5. We need a mechanism for reporting back progress to people
6. Respondents picked out specific enablers that should be included in the delivery plan:
 - a. A clear needs analysis and a market position statement
 - b. Supporting the community
 - c. Housing connections
 - d. Staff are a vital resource – they need to be supported and well trained
 - e. More money in the system

3.7 The engagement has focused on those who are directly affected by the strategy, namely the individuals, their families and carers who use social care services. This has included directly through our engagement groups and meeting with citizen partnership groups, such as the Improving Accountable Care Forum and the Autism Partnership Board.

3.7.1 Stakeholders consulted included: Healthwatch, Burton Street, Sheffield and District African-Caribbean Community Association (SADACCA), Aspiring Communities Together, Faithstar, Citizens Advice, Sheffield Carers Centre, Voluntary Action Sheffield, Sheffield Health and Care Partnership, Disability Sheffield, Sheffield Mencap, MCDT, Project 6, Heeley City Farm, SACMHA, Sheffield Young Carers, Sheffield CCG, Sheffield Health and Social Care NHS Foundation Trust (SHSC), Sheffield Teaching Hospitals, Primary Care Sheffield, Care Home providers, Home Care providers, Supported Living providers, South Yorkshire Housing Association alongside internal Council staff and partners, such as Communities and Housing.

3.8 The strategy recognises that ongoing citizen consultation and engagement is integral to the implementation of the strategy. We have committed in our accompanying plan to work with citizens and communities to design and deliver a partnership of care in Sheffield. We will also embed open and transparent decision making alongside plans and priorities for adult social care, designed and developed with the people of Sheffield.

- 3.9 The delivery of the strategy through the AHSC Transformation Programme puts in place a formal partnership governance structure that will enable monitoring of impact for citizens and the system. All the boards in this structure will have different roles to play in leading transformation and oversight.

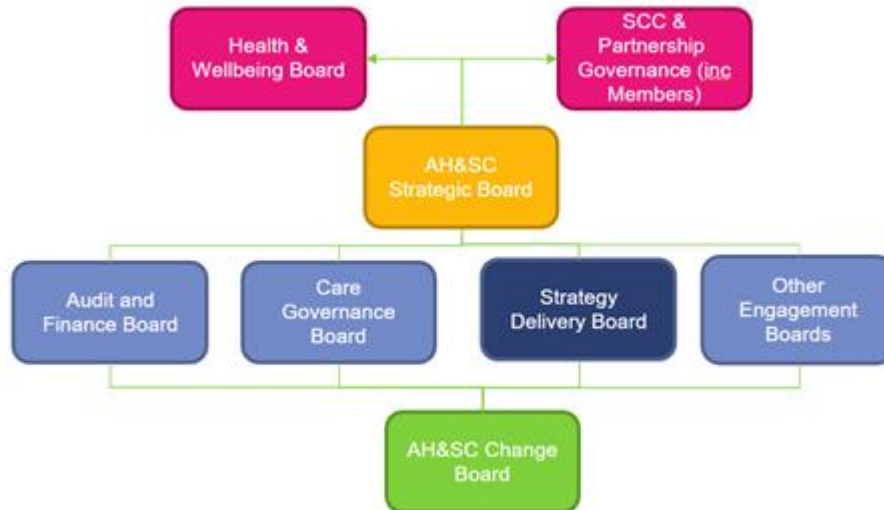


Figure 1: formal partnership governance structure

- 3.9.1 The Strategy Delivery Board, reporting to the Strategic Board, will:
1. Provide assurance that plans are complete and sufficient to achieve the aims of the Adult Social Care Strategy
 2. Provide assurance that the outcomes of the Adult Social Care Strategy are being delivered
- 3.9.2 Three Engagement Boards will sit alongside this structure – Workforce, Citizen Social Care Panel and Providers – to shape and influence ongoing delivery. This will help ensure we are accountable for the impact on citizens and progress against our delivery plans and achievement of outcomes. The strategy’s high-level plan sets out actions that shape our intentions over the years: how will we know we’ve made a difference is a key question that sits alongside them. This ensures there is a focus on experience and outcomes over output-based metrics.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 There are no adverse equality implications because of this strategy. The aim is to improve equality of opportunity for Sheffield citizens who access social care services and prevent, reduce, and delay the onset of needs that would otherwise adversely affect opportunity.
- 4.1.2 The strategy is fully consistent with the Public Sector Duty ensuring equality of opportunity for people and communities who draw on care and support. By working in the way outlined in the strategy, we aim to

remove the barriers people face to being able to engage and connect to what matters to them and tackle inequalities that affect people's lives and the care they receive.

- 4.1.3 The high-level plan that accompanies the strategy commits to an action to 'embed open and transparent decision making alongside plans and priorities for adult social care, designed and developed with the people of Sheffield.' This is likely to take the form of annually co-designed and published delivery plans. We will review our Equality Impact Assessment annually in line with this delivery plan.
- 4.1.4 Implementation of the strategy may result in specific projects which would be accompanied by appropriate equality impact assessments and considerations and will be subject to the usual processes and are therefore not considered in this report.
- 4.1.5 Additional actions arising from the Equality Impact Assessment:
- Improve system understanding of cultural factors that affect uptake of social care by ethnic minority groups
 - Improve the identification of carers
 - Gain a better understanding of the whole of the social care workforce in Sheffield, for example those with a disability or who are informal carers
 - Utilise updated Census data to explore previously limited demographic data, such as sexual orientation, in our social care cohort

4.2 Financial and Commercial Implications

4.2.1 **Financial strategy appendix**

Successful implementation of the AHSC strategy will have cost benefits: people will live independently for longer; improved communication will mean the right support is identified more promptly; and a more fulfilled workforce and stable market will be able to focus on enabling people to live more independently if they do need support.

Implementation of the strategy will also require investment at the same time as we continue to meet the needs of Sheffield residents who rely on formal care.

The financial implications of this strategy are magnified by the current context of a restrictive budget and covid-driven costs. However, aligning Business Planning with the AHSC Strategy will drive investment in more preventative approaches as financial benefits are realised.

Our long-term financial strategy to support the implementation of the AHSC Strategy consists of three elements:

1. Supporting people to be independent
2. Secure income and funding streams

3. Good governance

The strategy detail outlined above is all subject to the strategy being affordable for the City Council and will be kept under review through normal monitoring processes.

Further detail can be found in Appendix 3 – Financial strategy.

4.2.2 **Commercial implications**

The Care Act requires local authorities to help develop a market that delivers a wide range of sustainable high-quality care and support services, that will be available to their communities.

There are no commercial implications for this report. Implementation of the strategy may result in specific commissioning projects: all commercial considerations for the commissioning plans will be subject to the required processes and are therefore not considered in this report.

4.3 Legal Implications

4.3.1 The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality.

4.3.2 The Care Act Statutory Guidance requires at para 4.52 that "... Local authorities should have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps". This report evidences the high-level strategy to ensure these obligations are met.

4.4 Other Implications

4.4.1 There are no specific other implications for this report. Any recommendations or activity from the detailed workplans of the strategy will consider potential implications as part of the usual organisational processes as required.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 There is no clear alternative to an adult social care strategy. The strategy is needed – we have an obligation to deliver one under the Care Act. The Adult Social Care Change programme, whilst moving forward, needs clear direction in order to be able to deliver against a long-term ambition.
- 5.2 In developing the strategy, two options were considered and rejected:
- 5.2.1 The strategy could have been a shorter-term vision.

This was rejected because:

- there are significant challenges facing the social care system that are more long term in nature (such as training and recruitment of a quality workforce) so require longer term thinking
- a shorter-term strategy would likely only be able to focus on the current challenges
- market shaping needs a longer term vision to allow local providers to develop the mix of services we're looking to deliver whilst remaining stable
- national drivers, such as new legislation, are in development but we cannot continue to wait for them to be finalised – we have a clear enough picture to be able to drive local transformation

- 5.2.2 The strategy could have been smaller in scale, looking only to affect internal council services.

This was rejected because:

- The scale of the challenges faced by adult social care need a system approach to be tackled effectively.
- Section 6 of the Care Act sets out the Council's duty to make arrangements for ensuring co-operation on the functions of relevant bodies in the local authority area relating to adults with needs for care and support and their carers. This includes those we have defined in the strategy as the adult social care system: the people and organisations that are involved in providing adult social care. Our strategy should reflect this approach.

6. REASONS FOR RECOMMENDATIONS

- 6.1 Through significant local consultation and engagement, 'Living the life you want to live' sets out a vision and ambition for Sheffield's adult social care system that will better meet the needs of our citizens.

- 6.2 The intended outcomes are that people who need help and support in Sheffield will be:
- Safe and well
 - Active and independent
 - Connected and engaged
 - Able to Aspire and achieve
 - Supported by an Efficient and effective system

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Living the life you want to live

Sheffield's vision for adult social care

2022 to 2030

Living the life you want to live.



Foreword

At the writing of this strategy, adult social care, the wider public sector, and the nation have faced one of the biggest health care challenges in a century. The coronavirus (COVID-19) pandemic has led to significant loss of life, tested how we all work together, and pushed our services to their limits. There will be long-lasting implications for citizens and services. The pandemic has made already existing inequalities worse. The pandemic has added further strain to an already stretched adult social care system, with high levels of demand on an already tight budget.

Yet, in these times of uncertainty, intense difficulty and grief, our communities have come together. They have shown how resilient and supportive they can be, responding to calls for help and reaching out to thousands of people in the pandemic. Our care workers have shown their dedication and strength, working throughout the pandemic as the frontline of support to our residents. Our voluntary and independent sector have shown their ingenuity, ensuring people were offered the care and support they needed.

Our citizens and their carers have often had to face their day-to-day challenges in a way that shows incredible steel spirit but that can be tiring, challenging, and lonely. We need a way of working together in adult social care that shows we understand these challenges. A way of working that prevents, reduces, and delays the need for support and makes sure people can stay active and independent regardless of their condition, disability, or age.

Sheffield is a city of diversity and one with strong and vibrant communities. We want to use the wealth of knowledge and expertise in our communities to help deliver our strategy for adult social care. We know that people stay healthier for longer when they are connected to, and supported by, communities. By helping to strengthen our communities, we will reduce health inequalities and improve the quality of life for all our residents.

It's difficult, when times are so challenging, to look to the future and find the energy to try something new. But it is now, more than ever, that we need a vision and a plan — and to work together to achieve it. Together we can make sure that everyone is able to live and age well in Sheffield.

Introduction

As in a lot of places in the country, Sheffield's population is changing. Overall, the population is growing and more of us can expect to live long and healthy lives.



If population estimates are right, there will be 13,000 more people in Sheffield over the age of 65 in 2030¹.



There are more people with long term conditions. More people have a higher risk of 2 or more at the same time, and many people are living longer with those conditions. This can make care and support more challenging in old age.



At the same time, more and more people aged under 65s have long term conditions or disabilities², increasing the number of individuals needing help.



Adult social care has had much less funding from Government over recent years. Short term funding and delayed long term Government vision on adult social care has created uncertainty and instability.



1 in 20 jobs in the whole of the adult social care workforce in the city are vacant, with 36% of people working in the sector leaving and needing to be replaced in 2019–20³.



Throughout the coronavirus (COVID-19) pandemic, more family and friends were caring for loved ones for more time and with less support⁴.

Despite all these challenges, the day-to-day work of care and support is full of examples of selflessness and dedication, that improves the experience of people who use social care services in Sheffield. There are many excellent examples of how we have improved the way we do things, worked well together, and innovated. The challenges we're facing need us all to work as one to make best use of what we have. This strategy is about making sure the way we work works for everybody.

Creating a long-term vision

We need a long-term vision for adult social care in Sheffield because we want to make big changes, and these take time. This work should give us the opportunity to make sure we make the right changes at the right time. It does make it a little more difficult to understand what might affect our strategy — a lot can change over 10 years.

We know that we'll be dealing with the ongoing effects of the coronavirus pandemic for many years to come. The virus has had a significant impact on older people and people with pre-existing conditions. This means that people we support are more likely to have been impacted by the virus. Nationally, more people have died from the virus in care homes as well as people who receive home care⁵. We don't yet fully understand the longer-term impact of the virus (also known as 'long COVID'), or the social and mental health impacts of the pandemic.

The pandemic has made inequalities worse⁶. National research has found that there have been higher cases of coronavirus in more deprived areas than less deprived ones. Overall, there were higher rates of death from coronavirus in Black and Asian ethnic groups. This was similar for people with a learning disability. People with dementia, and specifically Alzheimer's disease, and mental health issues reported poorer experiences of care in hospital in the pandemic. Inequalities were rife before the pandemic, but we need to commit to tackling inequalities as a priority to truly develop better health and social care.

More people are receiving the care and support they need from unpaid care — from family, friends, or neighbours. Care and support workers have been more likely to face the virus, and it's been harder to recruit and train new staff in lockdowns.

Social distancing has often closed or limited day activities and reduced opportunities to engage in preventative **wellbeing**⁷ activities, like going to the gym, attending a class, or meeting face-to-face for a chat. Care homes have had fewer residents and it will likely take a while before these homes could have the same number of residents they had before the pandemic. Many care services have had higher running costs, despite short term funding from Government for personal protective equipment. We've all had to work differently in the pandemic — some of these practices will continue and some will end.

Wellbeing

This could be the feeling of being in good physical or mental health, and being able to do the activities that help you to feel well.

This new adult social care strategy builds on citywide commitments in the Joint Health & Wellbeing Strategy 2019-2024 and Shaping Sheffield 2019-2024. Shaping Sheffield 2019-2024 sets out four clear priorities which align with the adult social care strategy: Promoting Prevention, Ageing Well, All Age Mental Health, Thriving Communities. The Joint Health & Wellbeing Strategy sets out the following outcomes, which the adult social care strategy supports:

- Everyone has access to a home that supports their health.
- Everyone has a fulfilling occupation and the resources to support their needs.
- Everyone can safely walk or cycle in their local area regardless of age or ability.
- Everyone has equitable access to care and support shaped around them.
- Everyone has the level of meaningful social contact that they want.
- Everyone lives the end of their life with dignity in the place of their choice.

Climate change threatens the health and wellbeing of people in our city. More frequent and severe heat waves will increase heat-related deaths. Increased flooding affects housing but also risks a rise in injuries and infectious diseases. Flooding also increases the risk of depression. The Climate Change Act commits us to a 2050 net zero target as a nation. Sheffield has set the ambition to be a net zero city by 2030. We must make sure that the people who use adult social care are included in the opportunities that come from climate action — they will definitely feel the effects.

There are also some national changes we can expect. The Department of Health and Social Care published a White Paper ‘Integrating care: Next steps to building strong and effective integrated care systems across England’⁸ in February 2021. This sets out how the law will change to improve how health and social care work together, including better partnerships through Integrated Care Systems (ICS).

In September 2021, the government announced the Health and Care Levy⁹, which identified a £5.4 billion investment in adult social care over the next three years and an increasing share of the funding beyond that, though this is still to be defined. Some of the expected reform funded by the Levy was published in the Department for Health and Social Care’s White Paper, People at the Heart of Care¹⁰ in December 2021. The document sets out the government’s 10-year vision for adult social care, building on the Care Act 2014. It sets out a range of policies for the next three years, including:

- Integrating housing into local health and care strategies to give further choice of housing and support.
- Further funding to increase technology and digital developments.

- Training the social care workforce and supporting their wellbeing.
- Support services around minor repairs and adaptations to homes.
- Funding to work with the sector to support unpaid carers.
- Innovation funding to give care and support in new and different ways.
- Help for people to understand and access the care and support available, including a new national website.
- More support to local authorities to strengthen local delivery of adult social care.

Many of the details of these plans are still in development. The government has committed to working with the sector and people who draw on care and support to define these further. It's encouraging that the government is beginning the journey to truly valuing and supporting adult social care.

The government has committed to 'levelling up every part of the UK' and building back better from the pandemic across all parts of the country. This involves providing funding to help tackle regional differences in the UK. We know that the North has been affected by the coronavirus pandemic more than other areas¹¹. We need to understand more about how the levelling up agenda will affect adult social care and Sheffield.

The role of Adult Social Care

Adult social care is the support provided to help adults of all ages with physical or learning disabilities or autism, mental illness, substance misuse or frailty. The Council is responsible for understanding people's needs under the Care Act and for meeting those needs, either through Council services or services we buy (for example from social care providers like home care services or the voluntary and community sector) or helping family and friends who are providing informal care.

These responsibilities are found in three important pieces of legislation: the Care Act 2014, the Mental Health Act 1983, and the Mental Capacity Act 2005. The Care Act 2014 built on earlier legislation, added new responsibilities, and extended others, including:

- promoting wellbeing.
- preventing the need for care and support.
- protecting adults from abuse and neglect (safeguarding).
- promoting health and care integration.
- providing information and advice.
- promoting diversity and quality.

Adult social care also supports young people with complex needs who have previously accessed children's social care support. Adult social care is responsible for making sure services are coordinated, effective, and suitable to meet the needs of individuals. It includes making sure people can choose how their support is provided and making sure the support available can meet the needs of the local population.

The Children Act 1989/2004 and Children and Families Act 2014 are also important to adult social care. Young people with additional support needs who are preparing for adulthood and their families need nuanced support during the period of change and as they move to a different kind of support.

Unlike NHS health services, most adult care and support is not free. Many of us will have to pay for some or all our support, depending on our circumstances.

Prevention is a key responsibility under the Care Act. Prevention is about actively promoting **independence** and wellbeing¹². To get this right, we must work with community organisations and with Public Health, so that health improves for everyone, preventing needs arising in the first place. It also means working with people early when they do need support, reducing needs and delaying things getting worse wherever possible.

This could include:

- supporting people to live as healthily as possible, both mentally and physically.
- reducing the use of health services, including primary care, emergency services, and hospitals.
- preventing or reducing the escalation of health issues.
- combating isolation and loneliness.
- supporting people to stay as independent as possible.

Adult social care helps people to live a fulfilling life, realise their potential, and contribute to their **communities**.

Independence

Independence will look different for everyone. It's about being able to make your own choices and being supported to do as much as possible for yourself.

Communities

This could be people who live in the same place, people who have common characteristics or consider themselves a community.

A system of support

This strategy is for the whole social care ‘system’. We use this term to refer to all the people and organisations that are involved in providing adult social care, and the way all those parts work together.

The strategy is about strengthening the relationship between the services providing support and the people supported, together with their **carers** — all as equal members of this system.

How the system works in Sheffield is important for everyone who works to support our residents, including the Council (particularly our colleagues in Public Health, housing, communities, education and skills, and children’s social care), Sheffield Clinical Commissioning Group (CCG), Sheffield Children’s NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust (SHSC), Sheffield Teaching Hospitals NHS Foundation Trust, our independent sector and our voluntary, community and faith sector partners.

Carers

A carer is someone of any age, who looks after a person (a family member, partner, or friend) who needs help because of their illness, frailty, disability, a mental health condition or an addiction, and cannot cope without their support. The care they give is unpaid.

Carer is used in this document to mean adult, parent and young carers unless specified.



Figure 1: a representation of the type of support that can exist around the person — the closer to the person, the more supportive, long term and influential they are likely to be. It should not be seen as complete.

The coronavirus (COVID-19) pandemic has highlighted how important and fragile the adult social care system can be. As active members of the adult social care community, we need to be its advocates. This includes understanding the wider impacts on adult social care and shaping and influencing them wherever possible. It doesn't mean doing everything ourselves: it means working together with our wider communities to make the right things happen in the right way.

Our mission statement explains how, together, we will meet these challenges. It's not about activity, budget, or problems, it's about focusing everything we do on what matters:

Enabling the people of Sheffield to live long, healthy, and fulfilled lives.

Our strategy for the next 10 years is about making sure this is the reality in Sheffield. Everyone, regardless of the support they need, is entitled to “live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us”¹³. Not enough people in Sheffield who need support in their daily lives are able to live the life they want to live. We need to act now to deliver a better future for everyone in Sheffield.

Our values

Working together as the whole of the adult social care system means we must share a set of values for how we work. This means that everyone knows what to expect. These values are key to delivering the vision for adult social care in Sheffield. They reflect what people have told us is important about how we should all work.

Person-centred, strengths based

- We view everyone as unique individuals who have strengths, **assets**, skills, and talents.
- We avoid trying to fit people into a range of inflexible services. Instead, we focus on their strengths, assets, and the **outcomes** they want to achieve.
- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- We tackle inequality, working to make sure that everyone has the same access to and experience of excellent care and support.

Assets

Things you have that are helpful or useful – this could be relationships or knowledge, or like a house or a car.

Outcomes

An aim or objective you would like to achieve or need to happen. These should be what are the most important to you.

Collaborative and empowering

- We communicate openly — sharing information and listening to others.
- We make sure everyone can make informed decisions about their support and maintain an active role in their community.
- We collaborate with people and communities to make sure we're working together effectively, and we are committed to developing more ways to share power.
- We continue to support effective integration, particularly across health and social care, but also across the system.
- We support everyone who works to deliver adult social care to be knowledgeable, informed, innovative, and creative in their work.

Compliance and best value

- Everything we provide and choose to fund is based on a standard of safe, effective, and quality services for all.
- We focus on people's experiences, continuing what works and fixing what doesn't.
- Our decision making is clear, **transparent** and **inclusive** (meaning everyone is involved). Decisions are made with the people they affect and as locally as possible.
Important
- Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.
- We fully promote creativity about how people are supported — and use our funds to innovate and provide support that works.
- We take impacts on the environment into account and contribute to the city's sustainability goals.
- We promote best practice, commit to improving and meeting standards, and encourage evidence-based innovation across all parts of adult social care.

Transparent

How we make sure decisions can be understood.

Inclusive

Everyone feels comfortable and respected, and able to get involved. It means treating people as equals and we remove barriers that might stop people participating.

Our vision

The adult social care system is linked to many different aspects of the life of our city — from the employment of thousands of people and success of hundreds of businesses to the quality of life of residents. The city depends on health services and adult social care working together to make sure residents are supported to be as healthy, independent, safe, and well as possible. We also recognise our adult social care systems are connected to many other aspects of the city — like housing, planning, business development, and to amenities like parks and leisure centres.

Our vision for the next 10 years is not just a vision for Council adult social care services, it's a vision for social care across the city. It can only be achieved if we all work together. It means working in partnership as professionals but also in true partnership with our citizens, designing solutions, and working on what matters. We need to work together to achieve the ambitions we've set out. This is how we will continue to improve care and support in Sheffield. Our vision builds on our history of collaboration and the ways we have worked in partnership to deliver better outcomes for our citizens.

Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are — and when they need it, they receive care and support that prioritises independence, choice, and recovery.

In Sheffield in 2030, everyone in the city will be able to live their lives well, in a safe and comfortable home, or in a homely setting, in their local community. The right home, in the right place, with the right connections is crucial. People are connected to communities that care, looking after one another, recognised and valued for who they are, so that they can focus on what matters to them. Family and friends, hobbies and interests, new experiences, work, volunteering, or learning — these are the connections that matter, that make people feel valued and keep them well.

When people do need help, that help builds on these connections and focusses on helping people to achieve their outcomes through personalised, person-led, accessible, and excellent quality support. People take an active role in designing their support and listen to each other. When crisis happens, people are supported quickly and intensively to regain stability and control in their lives.

Young people with complex needs and their families are supported in the move from children's to adult's social care. People have a good choice of excellent quality provision at every stage, tailored to their needs, that helps maintain and build their independence and recovery. Organisations that fund, plan, and oversee social care work together to make sure this happens, committed to developing a strong, quality partnership of support with communities that meets Sheffield's needs.

Those that care for people are supported and valued, including unpaid carers — who are recognised for the invaluable role they play. Unpaid carers are recognised for their expertise and supported to make the right choices for them and their family. In 2030, Sheffield is a great place to have a career in social care. Our workforce is empowered to make decisions with the people they support. They are supported through excellent quality, ongoing professional development, innovative and creative practice, and competitive salary and advancement opportunities.

Everyone can live their lives well and live the end of their lives with dignity where they wish.

We want to encourage our citizens to:

- keep healthy, active, and safe — including managing emerging and existing conditions.
- give — volunteer if they can, share their knowledge and experience.
- get connected — reach out to friends, talk to a neighbour, engage with their community.
- keep learning — learn, relearn, and grow skills.
- take notice — pause and reflect, focus on the here and now, look out for one another, our environment and community.
- talk to us about what they need and tell us if we get it wrong — take an active role in defining and influencing care and support.

Our vision for Sheffield recognises what is important, not only what the system needs to 'manage'. It requires a strong partnership to deliver the best outcomes for the people of the city. We need to work together to support people's health, care, and support needs. By working in this way, people will be to take control of their lives, manage their conditions, and live with a sense of independence.

Our outcomes

Our outcomes help to make our vision real — they're about what we want to focus on getting right. They're about building on the foundations of wellbeing: building and maintaining connections, experiencing new things, taking time to explore our hobbies and interests, learning, or working. By working closely in partnership, including with colleagues across the whole of health and care services, we can deliver the best outcomes for people.



Safe and well

Everyone has the right to feel safe in a place they can call home (at home or in a homely setting) and protected from harm. We want everyone in Sheffield to be physically and mentally well for as long as possible, able to manage their conditions and to be able to return to their normal life as much as possible after a change in their circumstances.

Active and independent

Everyone in Sheffield should be able to live independently and have control and choice over decisions that affect their care and support. All our work should support people to increase their independence regardless of condition, disability, or frailty. Independence will look different for everyone. We'll work to simplify the adult social care system, but we know that some people will still need support to access it: we will **advocate** for people who may need it.

Advocate

This is about representing your interests and helping you to express your needs and wishes. This can involve an independent person working with you.

Connected and engaged

Everyone can connect with communities that care and support them. We listen to their voices and take feedback on board. People are engaged in that community, sharing their experience, and contributing to the wellbeing and prosperity of their members. Unpaid carers are plugged into a network that enables them to get support for their own mental health, wellbeing, and needs.

Aspire and achieve

Everyone can develop their sense of purpose and find meaning in their lives. We support them to develop their personal outcomes and aspirations to achieve their ambitions, which can include cultivating hobbies and interests, helping others, education, employment, or lifelong learning.

Efficient and effective

Everyone is supported by a system that works smartly together, delivering effective and quality outcome-focused services that promote independence and recovery. People have a choice of good services that meet their needs and give them a positive experience regardless of their background, ethnicity, disability, sex, sexual orientation, religion, or belief. This is enabled by an engaged, supported, and well-trained workforce that works together through innovation and creativity that is trusted to make the right decisions with the people they support. Our transparent decision-making system delivers best value. We will consider climate impacts in our decisions.

Our commitments

Our commitments are the guiding principles we will follow and how we deliver this strategy. They show how we'll achieve our outcomes and highlight what we want to do better. By working in this way, we want to achieve fundamental changes to how social care works in the city.

1. Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.

2. Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.

3. Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.

4. Make sure support is led by 'what matters to you', with helpful information and easier to understand steps.

5. Recognise and value unpaid carers and the social care workforce, and the contribution they make to our city.

6. Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.

Our next steps

We've developed a high-level plan in this strategy that identifies our priority activity.

The strategy depends on connections to other strategies to be delivered. These strategies may be in other departments of the Council or perhaps in other organisations. Some also develop themes of the strategy further, with more detail provided on specific services or communities.

We'll make sure we're delivering on our plans through our **governance** structure.

Governance

Governance is the way organisations make decisions and how those decisions are made. It's also about making sure these decisions can be explained and understood.

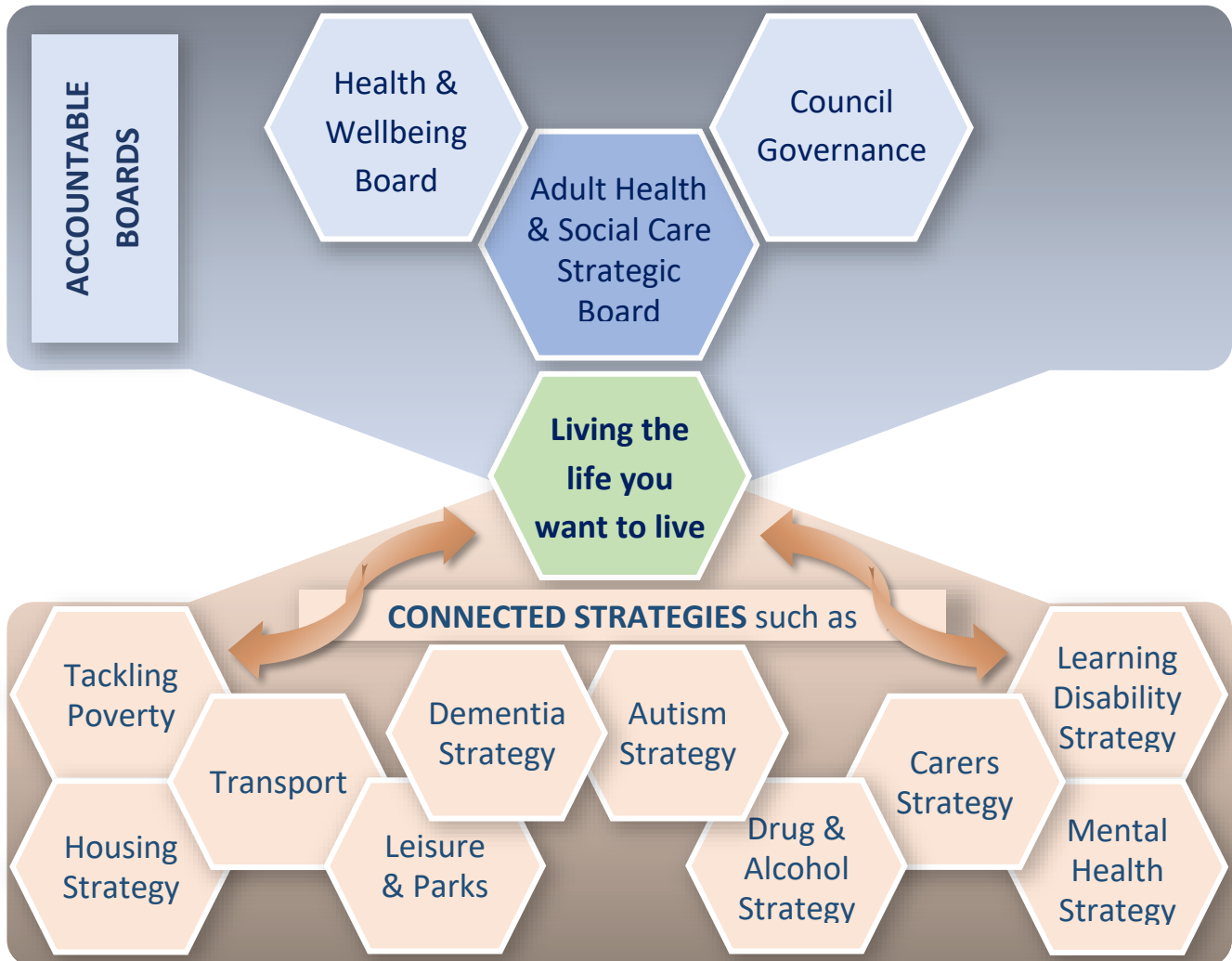


Figure 2: Our governance structure, showing how progress on the strategy will be monitored, and how other work and strategies are connected. It should not be taken as complete.

Through this, we have developed our priority actions and the change we want to see across our model of care and support. This plan was developed with Sheffield citizens, partners, and providers. Using Think Local, Act Personal's 'Making it Real'¹⁴ as a framework, our plan is focussed on change that we know will make a difference for people.

We want to continue to bring people, communities, and organisations together to share resources and expertise and develop more detailed plans for how we can achieve this strategy.

Commitment 1. Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.

What would make a difference?	What will people say is different?
We will provide a partnership of care and support, designed, and delivered with communities.	<ul style="list-style-type: none"> • I know what services and opportunities are available in my area. • I am confident to engage with friends/support services. • I have a conversation with someone who understands me. • I know where to go and get help.
We will develop an accessible team model where social work staff can really work in partnership with and get to know their community.	<ul style="list-style-type: none"> • I know where to go and get help. • I have a conversation with someone who understands me.

Commitment 2. Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.

What would make a difference?	What will people say is different?
We will deliver a strong, reactive offer of services that provide flexible and intensive crisis support.	<ul style="list-style-type: none"> • I know that I have control over my life, which includes planning ahead. • When I need support, it looks at my whole situation, not just the one that might be an issue at the time.
We will shift our resources and focus to develop and deliver more proactive, preventative approaches.	<ul style="list-style-type: none"> • When I need support, it looks at my whole situation, not just the one that might be an issue at the time. • We start with a positive conversation, whatever my age.

Commitment 3. Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.

What would make a difference?	What will people say is different?
We will develop vibrant options for care that offer more choice, that help the person to retain or regain control of their life and build on the strengths of the person and their networks.	<ul style="list-style-type: none"> • I know what services are available and can make informed decisions. • I can make a choice on whether I move into a care home, and where and with whom I live.
We will transform care at home in Sheffield, focussing on improving experience and outcomes.	<ul style="list-style-type: none"> • I know what services are available and can make informed decisions. • I deal with people I know and trust that are well-trained and love their job, respect my expertise, and can make decisions with me.

Commitment 4. Make sure support is led by ‘what matters to you’, with helpful information and easier to understand steps.

What would make a difference?	What will people say is different?
<p>We will improve how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps.</p>	<ul style="list-style-type: none"> • I know what services are available and can make informed decisions. • I know where to go and get help.
<p>We will invest in a system-wide approach that means everyone receives the same standard and continuity of preventative person-centred care.</p>	<ul style="list-style-type: none"> • I know that I have some control over my life and that I will be treated with respect. • I am listened to and heard and treated as an individual. • I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself. • I feel that I have a purpose. • I can have fun, be active, and be healthy.
<p>We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system.</p>	<ul style="list-style-type: none"> • I am listened to and heard and treated as an individual. • I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.
<p>We will deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support.</p>	<ul style="list-style-type: none"> • I can manage money easily and use it flexibly.

Commitment 5. Recognise and value unpaid carers and the social care workforce and the contribution they make to our city.

What would make a difference?	What will people say is different?
We will develop and deliver a Sheffield workforce strategy for the whole system, focussing on equality, diversity, and inclusion.	<ul style="list-style-type: none"> • I deal with people I know and trust that are well-trained and love their job, respect my expertise, and can make decisions with me.
We will embed a clear support offer and structure for all carers.	<ul style="list-style-type: none"> • I am resilient and have good mental health and wellbeing. • I have balance in my life, between being a parent, friend, partner, carer, employee.

Commitment 6. Make sure there is a good choice of affordable care and support available, with a focus on people’s experiences and improving quality.

What would make a difference?	What will people say is different?
We will ensure people can move easily between care and support including health, social care, and the voluntary, community, and social enterprise sector.	<ul style="list-style-type: none"> • I only tell my story once unless that there are changes to ‘what matters to me’. • The system is easy to navigate.
We will embed open and transparent decision-making alongside our plans and priorities for adult social care, created with the people of Sheffield.	<ul style="list-style-type: none"> • I am listened to and heard.

This strategy and the high-level plan are a starting point. They set our vision, values, and direction, but we need to work with our communities to figure out what comes next together.

The strategy will be accompanied by annual delivery plans that set out the detail we'll need. The strategy is a long-term vision, and we know how quickly situations change and priorities shift. Our delivery plans will need to be mindful of this shifting landscape.

We'll make sure our citizens can be more involved in helping set these plans and priorities through our governance structure. Our delivery plans will be published and shared. We will set up ways for people to hear our progress and challenge us where things aren't working.

We'll know the strategy is a success when:

- People can make the best possible choices about their health and care.
- People tell us they feel supported as an individual.
- People tell us they are working to achieve their goals.
- People feel a sense of independence and connection to their communities.
- Our system is sustainable.

'Living the life you want to live' is a call to everyone who experiences, or may experience, adult social care in Sheffield. We owe it to ourselves, our families, and future generations to deliver the vision set out in this document. Please work with us to make it a reality.

About this document

Living the life you want to live

Sheffield's 10-year vision for Adult Social Care, 2022-2030.

This version was published in March 2022.

Available in different formats and languages. Contact us about this.

Sheffield City Council Strategy and Commissioning Service.

Telephone (0114) 273 4119. Email information@sheffield.gov.uk.

For more information about Adult Social Care, visit our website www.sheffield.gov.uk.

Please use the links below to find out more about some of the information we have given in the strategy.

¹ Based on POPPI figures (www.poppi.org.uk) — in 2020, there are approximately 95,000 people aged over 65. The 2030 estimate is 108,200.

² Based on PANSI figures (www.pansi.org.uk).

³ Skills for care www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-information/My-local-authority-area.aspx

⁴ Carer's Trust, A few hours a week to call my own, November 2020
<https://carers.org/downloads/resources-pdfs/a-few-hours-a-week-to-call-my-own.pdf>

Carers UK research (Caring behind closed doors: six months on www.carersuk.org/news-and-campaigns/campaigns/caring-behind-closed-doors)
Research estimated that there was a 49.5% increase in the number of carers (approximately 29,700 more in Sheffield) since the start of lockdown. In the same research, 81% of carers reported that they are doing more caring since the start of lockdown. A local Sheffield questionnaire in April 2021 indicated 58% of carers felt they were doing more caring. Both figures show a significant additional ask of carers.

⁵ Institute of Faculty and Actuaries, COVID-19 Report - Impact on Social Care, www.actuaries.org.uk/system/files/field/document/Impact%20of%20COVID-19%20on%20social%20care%20-%20Final%20Paper.pdf

⁶ Care Quality Commission, The state of health care and social care 2020/21, www.cqc.org.uk/sites/default/files/20211021_stateofcare2021_print.pdf

⁷ We've aimed to make this document as clear and simple to understand as possible, but there may be some social care terms you are not familiar with, like outcomes or co-production. We've explained many of these terms and used Think Local, Act Personal's online Jargon Buster to help us define these.

www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster.

⁸ <https://www.england.nhs.uk/publication/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems-across-england/>

⁹ Health and Social Care Levy, 9 September 2021, <https://www.gov.uk/government/publications/health-and-social-care-levy/health-and-social-care-levy>

¹⁰ People at the Heart of Care: Adult Social Care Reform White Paper, December 2021 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1037594/people-at-the-heart-of-care_asc-form-accessible.pdf

¹¹ The Northern Health Science Alliance, COVID-19 and the Northern Powerhouse www.thenhsa.co.uk/2020/11/covid-19-report-reveals-massive-hit-to-the-norths-health-and-economy/

¹² as defined in the Care Act Statutory Guidance (2016) www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

¹³ Social Care Future's vision for adult social care; Social Care Future is a group of people with lived experience of social care who developed a vision as part of an inquiry into social care, exploring how this vision can be a reality for everyone. <https://socialcarefuture.blog/>

¹⁴ Think Local, Act Personal, Making it Real <https://www.thinklocalactpersonal.org.uk/makingitreal/about/six-themes-of-making-it-real/>

Appendix 1 - Strategy Consultation and Codesign Report

The following report details the process of developing the adult social care strategy – Living the life you want to live 2021-2030. The report is split into key phases of activity:

1. Strategic Review Consultation – September-November 2020
2. Engagement Groups – February 2021 onwards
3. Engagement and Codesign – August-October 2021
4. Formal Consultation – January-February 2022

Strategic Review Consultation phase

Consultation took place from 28 September 2020 and 29 November 2020. The aims of the consultation were to seek views on key elements of the draft strategy and how to measure its success, and to invite involvement in coproduction to turn the strategy into actions and outcomes. We received 110 responses to this initial consultation.

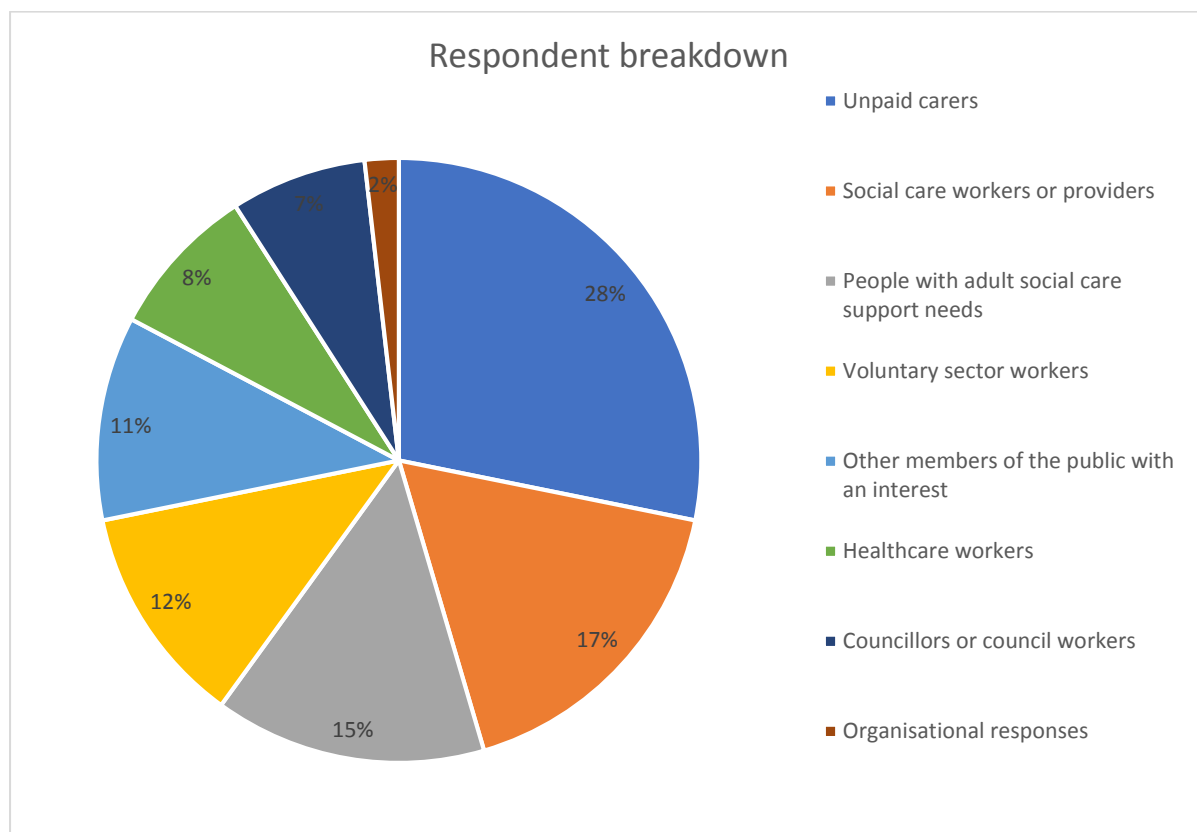


Figure 1: pie chart showing respondent breakdown from the first consultation in 2020

We heard:

- General agreement on the vision but some key questions remained
- Having both principles and commitments was confusing and duplicated each other so were integrated
- There were too many commitments, which were reduced from ten to six
- Respondents were keen we measure success looking at satisfaction, voice/influence & respect, wellbeing/safety, choice of where and how to live, quality of support, and reviewing outcomes and the effect of support on people's lives.

Respondents were asked if they wished to remain involved with further engagement and co-design groups. There was strong interest, resulting in the development of specific engagement groups.

Engagement Groups Consultation phase

The engagement groups focused on the 3 models of care: Universal Service & Resilient Communities, Targeted Help, and Ongoing Care. These link closely to the first 3 draft commitments of the strategy:

1. Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
2. Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.
3. Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.

Based on identified pressures within social care at the time, the groups focussed on the council's commissioning remit in relation to older adults.

Recruitment to the engagement groups began during consultation and continued on an ongoing basis.

Resilient Communities & Universal Services

This model of care links to the consultation commitment:

- Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.

To illustrate and personalise the coproduction activity, the engagement group introduced a fictionalised citizen 'Kate'. As of July 2021, participants had identified and explored the desirability of people being exposed to positive and supportive social contacts and networks – for example, healthy living and self-care messages, opportunities to connect with others, the importance of communication with people close.

Community buildings, schools, supermarkets, pharmacies, hairdressers, and other places where people go have a potential key role as information-givers. Thinking about how the city could support and promote 'resilience, activation, and motivation' is particularly important when, for some people, seeking formal support from health and social care services may be premature or even carry a 'stigma.'

Emerging 'I' statements:

- I want balance in my life – e.g. between being a parent, friend, partner, employee
- I want to have fun, be active and be healthy
- I want to be resilient and have good mental health and well being
- I want to be confident to engage with friends/support services
- I want to know where to go and get help

Targeted help

This model of care links to the consultation commitment:

- Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.

To bring meaning and empathy into the coproduction phase, the Targeted Help engagement group adopted and developed the moniker 'Meet Chris.' Introduced as a 67 year old, neither Chris nor their partner were originally known to Adult Social Care. Coproduction participants were then able to track Chris over the next 9 years, suggesting appropriate support and intervention, and anticipating and resolving issues Chris might face.

By July 2021, key issues identified included the need for a closer, mutual relationship between social care, primary and secondary healthcare and the community.

A series of 'I' statements has been identified around:

- Easy access to information
- Meaningful advice based on personal interaction
- Maintaining independence and choice
- Recognising the whole person (with knowledge, feelings and history)
- Positive associations with family (not feeling a 'burden')

Ongoing care

This model of care links to the consultation commitments:

- Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.

As of July 2021, this engagement group had come together across 4 'stages', during which time, 4 key themed requirements had emerged:

- Trust
- Transparency
- Flexibility
- Control

These were being explored further to understand the practical issues needed to make them meaningful.

Access to support – key issues identified:	<ul style="list-style-type: none"> • Better information and communication about services and support available • More support to plan for contingencies
Assessment and review process – key issues identified:	<ul style="list-style-type: none"> • Transparent and joined-up reviews • Full involvement of people in decisions • Creative and able to respond to changes
Direct Payments – key issues identified:	<ul style="list-style-type: none"> • Support to manage DPs • More flexibility in use of DPs
Quality of care – key issues identified:	<ul style="list-style-type: none"> • Isolation and loneliness need to be addressed

Table 1: themes from the Ongoing Care engagement group and the key issues identified

Engagement and Codesign phase

The engagement groups supported the development of the first draft of the strategy. We developed an engagement plan that:

- Updated and fed back to people on the last consultation
- Shared the strategy and asked about what we had developed at that stage
- Developed a high-level plan focussed on our intentions for the next ten years
- Supported the development of buy in & ownership of the strategy across the system
- Informed and developed our next steps and ways of engaging going forwards

This approach was split into three main types of engagement based on the ladder of participation.

Informing	Consulting	Codesigning
<ul style="list-style-type: none"> • E-bulletins/ newsletters (council social care, external - interested parties, Chief Executive/manager bulletin - wider SCC) • Webpage/Intranet page 	<ul style="list-style-type: none"> • Citizenspace • Targeted meetings (internal & external) • Strategic Board • Teams Live Q&A (internal & external) • ASC Staff events 	<ul style="list-style-type: none"> • Partner planning group & VCF leaders (events & engagement and strategy development) • Commitments workshops • Engagement groups/Focus groups

Table 2: highlights of engagement plan split into three approaches - Informing, Consulting, and Codesigning

Informing

Informing activity focused on raising awareness of the development of the strategy and sharing opportunities to get involved.

We developed a distribution list and shared updates with over 150 contacts, including further distribution/newsletter contacts at key points across the development of the strategy.

Our webpage and intranet page also hosted the draft strategy so that people were able to access it. This included an easy read version and access to a Soundcloud page, which provided an audio version. We shared a contact email and telephone number to enable people to ask any questions or share any thoughts outside of our planned events.

This activity can be categorised as predominantly one way dialogue.

Consulting

This strand of our engagement plan involved more two-way dialogue and more conversations with people about what had been developed in the strategy so far. This began with the strategic review consultation in Citizenspace.

We met with and attended groups and meetings both proactively and in response to specific requests to attend existing meetings:

Name of meeting	Audience	Date
Improving Accountable Care Forum	People with lived experience, carers, ACP, Healthwatch	14/09/2021, 14/12/2021
AHSC - catch up	Unions	15/09/2021
Introduction to ASC Strategy	Community group leaders	22/09/2021, 01/12/2021
Housing, Health and Care Reference Group	Managers across SCC, Housing	23/09/2021, 24/11/2021
OPIL Housing Strategy Delivery Group	Housing, University of Sheffield, AHSC managers	13/10/2021
VCF Health and Social Care Leaders	VCF Health and Social Care Leaders, facilitated by VAS	21/10/2021
Disability Sheffield Team Meeting	Disability Sheffield wider team	21/10/2021
North Sheffield Ops Meeting - Health Workers/SOAR	social prescribing, wellbeing coaches, welfare coaches plus projects such as dementia support, and social cafes covering North Sheffield	01/11/2021
Autism Partnership Board	People with autism, carers, autism supporting organisations, statutory partners	24/11/2021
Sheffield Carer's Centre AGM	Carers, volunteers, trustees, employees	14/12/2021
Members Briefing Session	Councillors	17/02/22

Table 3: targeted meetings as part of the engagement plan - name of meeting, audience attending, and the dates of meetings

We met with community organisations ('Introduction to ASC Strategy' in Table 3 above), including those supporting communities we need to hear more from. Across both sessions, attendees were from:

- Burton Street
- Sheffield and District African-Caribbean Community Association (SADACCA)
- Aspiring Communities Together
- Faithstar
- Citizens Advice
- Sheffield Carers Centre

- Voluntary Action Sheffield (Autism Partnership)
- Sheffield Health and Care Partnership
- Disability Sheffield
- Sheffield Mencap
- MCDT
- Project 6
- Heeley City Farm
- SACMHA
- Sheffield Young Carers

At our first session in September, we heard:

- The whole of the adult care system is difficult and complicated
- Need to simplify the whole system and language
- Need to include and be relevant to all communities and be simplified (language)
- Strategy doesn't focus enough on BAME population (20% of Sheffield) – strategies generally don't
- Strategy must mirror all communities (including communities of interest)
- Specific challenges for our communities (e.g., elderly steel workers from Yemeni community)
- Poverty (e.g., Universal Credit) needs to be clear in and underpin the strategy
- Need to separate out workforce from unpaid carers
- Easy read format would be very useful
- Good/reassuring that previous feedback about independence is being included

We met the group again in December and were pleased that they felt overall that they had been heard and the updates to the draft strategy reflected the points they had previously made.

Additional feedback included:

- How can we use data to understand and mitigate poverty?
- Connections between different services and parts of the system need to improve
- The local authority has a real opportunity to work on health creation, shift power to communities and help health colleagues to do this as well
- The delivery plans were critical
- We need a glossary throughout the document to help people understand exactly what we mean
- Health at home and preventative enablement should be a key principle of the strategy
- We need to simplify processes and streamline and improve information for everyone – people who draw on support and providers

We utilised ASC staff events and the Strategic Board as key opportunities to share progress and encourage engagement and ownership of the strategy.

Our Teams Live Q&A events in late September were designed to share some of the key detail of the strategy and give people an opportunity to ask questions. They were attended by approximately 40 people, internal and external to the council. We received a wide variety of questions, relating to the financial challenges that will affect the strategy, to specific questions around Direct Payments and support to Sheffield's transgender community.

Codesigning

This activity continued to be two-way dialogue but attempted to be more open with the subject matter and more collaborative in developing solutions together.

An internal and external partnership group worked together to ratify our engagement plan and develop our commitments events. The group is made up of partners from other departments in the local authority with key connections to the strategy (such as Communities and Housing) alongside partners and providers from Healthwatch, Voluntary Action Sheffield, CCG, Care Home providers, Home Care providers, Supported Living providers, South Yorkshire Housing Association and GPs. Several the group facilitated discussion at our commitments workshops and provided invaluable support in the successful running of these sessions.

We ran two commitments workshops in October, attended by around 60 citizens, carers, partners, providers, and internal staff. The 'Have your say' workshops involved facilitated conversations around draft commitments which aimed to develop the high-level plan that accompanies the strategy. The events asked:

- What do we need to do to make a difference?
- How will we know we've been successful?

We utilised 'jamboard', an interactive whiteboard tool, to capture the feedback from the sessions. This formed much of the basis of the development of the high-level plan, alongside everything we heard from our targeted meetings, engagement groups, and direct conversations with citizens, carers, and staff.

Formal Consultation phase

The formal consultation ran from 17 January to 13 February. The aim of the consultation was to seek final views on the draft strategy. The consultation highlighted the work done so far to develop the strategy including the phases described above and included the draft version of the strategy, the plan on a page, the easy read version and a link to the audio version. We received 24 responses.

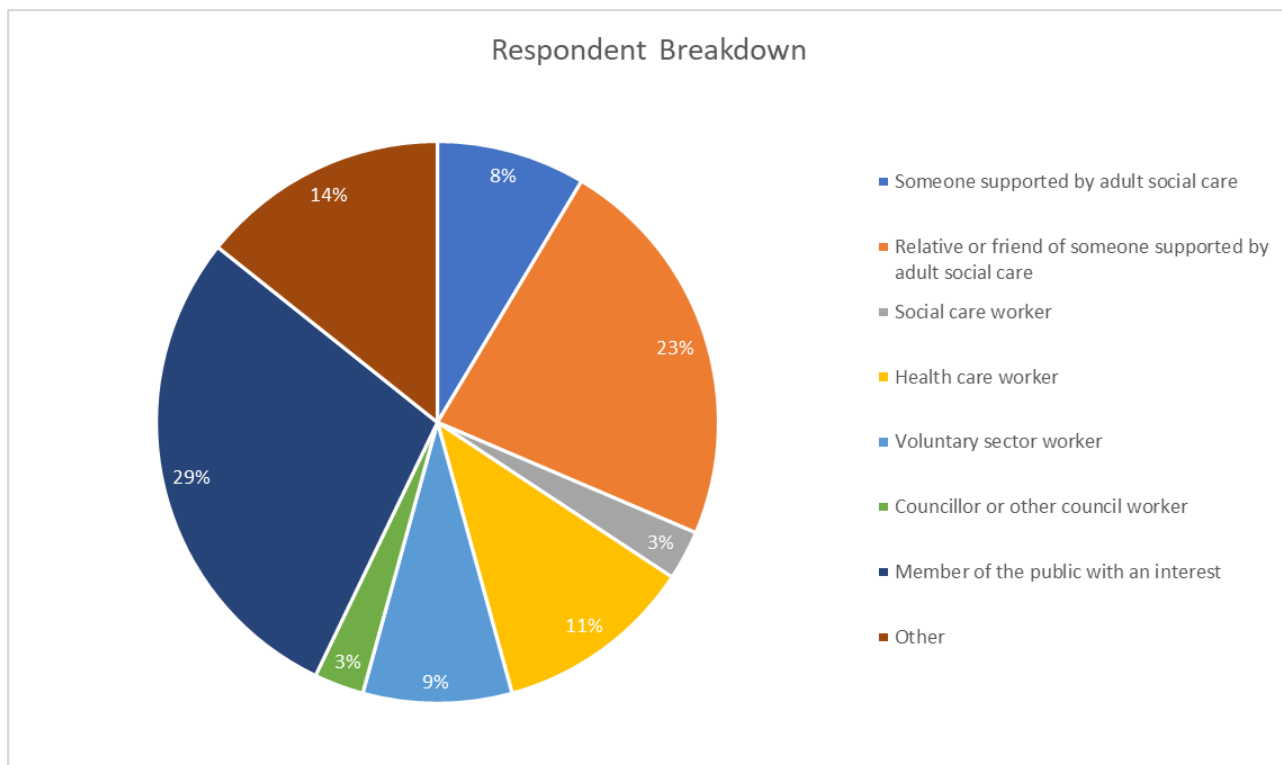


Figure 2: pie chart showing respondent breakdown from the final consultation in 2022

The responses to the consultation were varied, and respondents shared their experiences, frustrations, and hopes for the future.

The feedback can be broadly categorised as follows:

We need to listen to social care users and workers

‘Get more radical thinkers doing more radical things with the people including social care users and workers - they know what’s wrong, so please start listening to them.’

‘Good to see voice of lived experience has been listened to and I hope the Council will see this as a valuable part of their work going forward’

‘Need more involvement from BAME and LGBT communities though’

‘All the involved public want this to work and want to work with you; ensure that all staff know this.’

‘The draft states that we will be listened to. I really hope so.’

Specifically, respondents highlighted that carers need support and to be listened to

‘In my role I often hear from people that they "don't know what's out there" or they feel they are in free-fall once their child leaves school or that a service closes. With regard to unpaid carers (often elderly parents) I believe that there needs to be support in place for them. They often tell me that they don't feel listened to by professionals i.e. the decision makers when in fact they are the "expert" on the person they care for and may well have their own "strategies" in place when dealing with change etc.’

‘Personalisation must mean giving weight to the voices of clients and family/friends’

'I would like Sheffield to be a city where each unpaid family carer is valued and appreciated and supported in their caring role. Where Sheffield City Council recognise and appreciate the differing roles and experiences those carers have and provide specific and relevant individual support for each carer, not just commission a generic "one size fits all" Carers Service. I am particularly keen that SCC ensure family carers of adults with a learning disability and/or autism caring at home receive the level of support they want and need, recognising the lifelong commitment they have to their loved one.'

Communication – including those without digital access

'As a large number of older, disabled and most vulnerable in society, won't even have access to this document or even know of its existence. They don't have digital access and are not likely too considering they will be spending more on heating rather than eating.'

'How are you contacting people without digital access. How are they supposed to know about this consultation? Do you know how many older people, disabled and other vulnerable groups have access to digital information?'

Integration between health and social care needs to improve

'Unfortunately, the integration of Health, Social Care, and Housing services does not appear to have moved on much, despite the obvious and growing need.'

'I wonder whether more needs to be said about integration strategies between health and social care or whether these are being developed elsewhere as these are lacking in Sheffield.'

People want to see change – the strategy needs to be accompanied by specific actions and a timeline for change and implementation needs to happen quickly

'It would also be helpful to have a timeline for when some of the actions will be taken for example better information, when can I expect clear access to information and what will it look like is there a digital roadmap so support the strategy / customer service strategy.'

'We want to know exactly what is going to be done to ensure that the care and support is safe and supportive. Please detail specific actions otherwise this has no meaning.'

'The proof is not the words but the delivery.'

'no matter how good this new strategy appears to be we just cannot wait for it to develop over so many years.'

We need a mechanism for reporting back progress to people

'I'm assuming there will be further information, and maybe another consultation / survey, in due course about the detailed action plan, funding, the arrangements in place to implement, monitor and report back, progress made, main problems experienced and how they are being dealt with, achievements, and how the Council will know to what extent the strategy and plans have been successful.'

Respondents picked out specific enablers that should be included in the delivery plan

1. A clear needs analysis and a market position statement

'Will the strategy be supported by a market position statement for providers, reading this as a provider it is unclear what opportunities there are for me to develop services in Sheffield. It

states a growth of 13.000 older people, but doesn't give any breakdown, physical disability, LD, older people, care home, home care demand etc'

2. Supporting the community

'appears to put full responsibility on 'the community" Does this mean 'the community will receive funding?'

'Managing increased demand with stalling funding; maximum staff efficiency, co-operation between agencies and harnessing the community are clearly vital.'

'Community links does this include developing the voluntary sector, does this have a timeline and some commitments of level of investment, minimum expectation as a citizen of what I can access in my area?'

3. Housing connections

'I am disappointed that there is little real emphasis in the strategy on the multiple benefits of the right type of housing for older people. The draft includes 'Integrating housing into local health and care strategies to give further choice'. Very laudable if the home is suitable, but many properties in Sheffield are not suitable for the kind of adaptations that make independent living possible.

'The draft mentions 'promoting wellbeing', having to use a commode because the only bathroom is upstairs, isn't great for wellbeing. Living in the right property, with support on hand if needed, is. Living in the right type of property can delay the need for expensive, residential care. It can free beds in hospital, as bed blocking tends to happen when a patient's home is unsuitable.'

4. Staff are a vital resource – they need to be supported and well trained

'Welcome the roll out of "What matters to you" approach, will there be more training made available for staff'

'Better pay for staff and training to ensure people with complex needs are properly understood and supported'

'Appointing good permanent staff who commit to Sheffield and stay for some time.'

5. More money in the system

'More money is needed to make it better.'

'Personally, I don't mind paying more through my Council Tax to help fund local adult social care, provided the funding and local services are actually well managed.'

'As you say, a major issue is funding and staffing. No surprise because it's been evident across the UK and in the news for the last 10 years (and longer) while, in contrast, there always seems to be substantial extra funding for the NHS and other politically popular national public services and projects.'

The comments received have been taken account of in the final version of the strategy but as many were about the implementation of it, they will be considered further as part of the ongoing and developing delivery plan.

On 1 March 2022, we ran a focus group, inviting representatives from the Autism Partnership Board and the Learning Disabilities Partnership Board. 27 individuals from across the groups attended, including council and CCG staff, experts by experience, parents and carers, and representatives from support organisations, such as Disability Sheffield, Sheffield MENCAP, Sheffield Young Carers, Sheffield Carers Centre, and SACHMA.

Key feedback from this focus group, which was incorporated into the strategy included:

- Incorporating celebration of difference and identity into our vision
- More detail on transitions and the connections with children's social care
- Hearing the voice of all people in the community, including those who can't speak for themselves and require carers and providers to interpret their needs and wishes
- Ensuring that the strategy reflects feedback – including the complaints procedure (which needs to improve)
- Changes to our I statement to reflect we should respect expertise
- Reviewing the strategy and governance structure's approach to sharing power – through empowerment and delegation.

Additional feedback will inform the delivery plan. The group were also keen to be involved in the ongoing development of the plan.

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Equality Impact Assessment

Introductory Information

Budget/Project name

Living the life you want to live – AH&SC Strategy

Proposal type

- Budget
 Project

Reference number **1148**

Decision Type

- Cooperative Executive
 Leader
 Individual Cooperative Committee Member
 Executive Director/Director
 Officer Decision (Non-Key)
 Council (e.g. Budget and Housing Revenue Account)
 Regulatory Committee (e.g. Licensing Committee)
 Local Area Committee

Lead Cooperative Executive Member

Cllr George Lindars-Hammond

Entered on Q Tier

- Yes No

Year(s)

18/19 19/20 20/21 21/22 22/23 23/24 24/25 25/26

EIA date

21/12/2021

EIA Lead

- | | |
|--|--|
| <input type="radio"/> Adele Robinson | <input checked="" type="radio"/> Ed Sexton |
| <input type="radio"/> Annemarie Johnston | <input type="radio"/> Louise Nunn |
| <input type="radio"/> Bashir Khan | <input type="radio"/> Richard Bartlett |
| <input type="radio"/> Bev Law | <input type="radio"/> Rosie May |

Person filling in this EIA form

Charlotte Murrie

Lead officer

Alexis Chappell

Lead Corporate Plan priority

- | | | | | |
|--|--------------------------------------|---|--|---|
| <input type="radio"/> An In-Touch Organisation | <input type="radio"/> Strong Economy | <input type="radio"/> Thriving Neighbourhoods and Communities | <input checked="" type="radio"/> Better Health and Wellbeing | <input type="radio"/> Tackling Inequalities |
|--|--------------------------------------|---|--|---|

Portfolio, Service and Team

Cross-Portfolio

- Yes No

Portfolio

People

Is the EIA joint with another organisation (eg NHS)?

- Yes No

Brief aim(s) of the proposal and the outcome(s) you want to achieve

Adult social care is made up of a complex system of organisations that provide care and support to a significant proportion of Sheffield's population. We have been without a clear strategy that unifies this whole system in Sheffield for many years. Adult social care across the city faces substantial challenges, including the ongoing effects of the coronavirus pandemic, and we must develop a response that commits to improving the lives of people who draw on care and support.

The new strategy meets our obligations under the Care Act to have a strategy for adult social care. It has been developed with citizens, providers, and partners. It sets our vision for how the whole of adult health and social care will work together to deliver better outcomes for the people of Sheffield and tackle the challenges we are currently facing.

Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these – positives will be part of any mitigation. The action plan should detail any mitigation.

Overview

Briefly describe how the proposal helps to meet the Public Sector Duty outlined above

The strategy is fully consistent with the Duty and is particularly focused on ensuring equality of opportunity for people and communities who draw on care and support. Not enough people in Sheffield who need support in their daily lives are able to live the life they want to live.

The vision of our strategy - *Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, and when they need it, they receive care and support that prioritises independence, choice, and recovery* – is a statement of intent that everyone in Sheffield should be able to live the life they want to live. The strategy outlines that it is our role as advocates of the adult social care system to make sure this is the reality for the people of our city who draw on care and support.

The strategy sets out key values of how we as an adult health and social system should work – these are person-centred and strengths based, collaborative and empowering, and compliance and best value. These values highlight how we should

recognise strengths, assets, skills, and talents who should be supported by flexible services that focus on the outcomes they want to achieve. By working in this way, we aim to remove the barriers people face to being able to engage and connect to what matters to them and tackle inequalities that affect people's lives and the care they receive.

We set out high-level actions that indicate how we'll focus our work over the next ten years to achieve the vision of the strategy. These include:

- Working with communities to develop and deliver the care and support people are looking for – moving away from fitting people into inflexible services that don't meet their specific needs or outcomes
- Developing an accessible team model where social work staff can work in partnership with and get to know their community – whatever and wherever this may be
- Providing more options for care with accommodation – that helps people retain or regain control over their life, connected to their strengths and networks
- Transforming care at home – so that people can continue to live in their homes, as they choose, in a way that meets their needs and doesn't limit their opportunities
- Improve how we share information and how people access our services – so it's straightforward and recognises people have different access needs
- Ensure everyone, no matter how they access social care and support, receives the same standard of person-centred care
- Make sure everyone has an equal voice in designing the support and services they receive
- Deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support – around what they want to achieve

These actions are a commitment to working with our communities and understanding what they need to live the life they want to live and ensuring equal opportunity of access. Through this we deliver on the Public Sector Equality Duty.

Impacts

Proposal has an impact on

<input checked="" type="radio"/> Health	<input checked="" type="radio"/> Transgender
<input checked="" type="radio"/> Age	<input checked="" type="radio"/> Carers
<input checked="" type="radio"/> Disability	<input checked="" type="radio"/> Voluntary/Community & Faith Sectors
<input checked="" type="radio"/> Pregnancy/Maternity	<input checked="" type="radio"/> Cohesion
<input checked="" type="radio"/> Race	<input checked="" type="radio"/> Partners
<input checked="" type="radio"/> Religion/Belief	<input checked="" type="radio"/> Poverty & Financial Inclusion
<input checked="" type="radio"/> Sex	<input checked="" type="radio"/> Armed Forces
<input checked="" type="radio"/> Sexual Orientation	<input type="radio"/> Other

Give details in sections below.

Health

Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?

Yes No *if Yes, complete section below*

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The strategy sets a clear commitment to recognising the value of staff right across adult health and social care. In this context we have taken staff to refer to anyone who works in the sector, not just for the Local Authority. It outlines the role of all parts of the system in ensuring people who draw on care and support can live the life they want to live. It sets a commitment to deliver a workforce strategy that is cross-sector and Sheffield-focussed.

Adult social care has faced significant challenges over the last decade, and this has impacted on staff. The sector has not been sufficiently funded over recent years through austerity measures and improvements have been slow to be embedded due to the ongoing, day-to-day challenge of keeping delivering care. Population changes, the ongoing stress of the day-to-day job, zero-hours contracts, increasing vacancy rates, a perception that social care is an unskilled profession – all contribute to challenging staff wellbeing.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The strategy recognises the importance of wellbeing as a determinant of health and that health creation takes place in communities. We have embedded the 5 ways to wellbeing throughout the strategy.

We want to encourage our citizens to:

- keep healthy, active, and safe – including managing emerging and existing conditions
- give – volunteer if they can, share their knowledge and experience
- get connected – reach out to friends, talk to a neighbour, engage with their community
- keep learning – learn, relearn, and grow skills
- take notice – pause and reflect, focus on the here and now, look out for one another

We identified Integrated Care Systems as an enabling factor in the continued join up between health and social care, recognising that many people need social care support due to a health issue – whether that's in recovery from a crisis or as an ongoing issue.

The strategy is expected to go to Health & Care Partnership, CCG commissioning directors group, Health & Wellbeing Strategy for endorsement, recognising that in

order to succeed in our vision for adult social care, we all have to work as a partnership and we need cross-sector buy in to ensure everyone has a good experience of health and social care.

Comprehensive Health Impact Assessment being completed

Yes No

Please attach health impact assessment as a supporting document below.

Public Health Leads has signed off the health impact(s) of this EIA

Yes No

Health Lead

Age**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

26% of the adult social care workforce is aged 55 and over. This proportion of the workforce represents years of experience and skill and it's important this is value and recognised in the workforce strategy that comes out of the adult health and social care strategy. As a social care system, we must ensure that all the organisations in our system are age-friendly, with opportunities for flexible working, access to training and technology and investment in staff wellbeing. Age UK estimates that there are likely to be more over 50s in work than those under 30 in the next decade – this aligns with our strategy period and should be an important part of our approach.

In 2020/21, we also have a 7.3% vacancy rate in the adult social care workforce across the city – an increase on the previous year. We're exploring opportunities to reengage recently retired staff members in short term work where this suits them. We must also make social care an attractive career. This means breaking the perception that it is an unskilled profession and in the shadow of the NHS and means working attract younger workers.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

According to POPPI data, in 2020, there are approximately 95,000 people aged over 65 in Sheffield. The 2030 estimate indicates a rise to 108,200. This increase in the number of older adults in the city could mean an increase in the need for services or support. An ageing population means more people with long term health conditions, and a higher risk of having 2 or more at the same time. This makes care and support more challenging in old age.

Carer's UK, Carer's Trust and our own research indicates that more people are receiving the care and support they need from unpaid care – from family, friends, or neighbours. For older people, family care can come from spouses and partners, who are themselves elderly with their own changing needs.

Older people are significantly the highest proportion of users of adult health and social care services. Much of the initial engagement and strategy development work focused on understanding people's experiences of ageing and how the strategy can suitably change the system to ensure this is a more positive experience in Sheffield.

The strategy details Commitments which should improve people's experience of ageing:

- Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed – supporting people to live at home where this is the right choice for them and connecting them to their community, reducing loneliness and isolation
- Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis – perhaps following a fall or a diagnosis

- Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home – including care homes but expanding our options to ensure people have a choice of accommodation that best meets their needs, rather than defaulting to care homes.

The strategy recognises that transition between services is a key issue in how people experience adult social care in Sheffield. This has often been defined by services, rather than people's experience. We have particularly noted that the transition between children and young peoples' services to adult services needs improvement. The strategy sets the context for improving this transition and will further be explored in our subsequent and more detailed annual delivery plans in line with the commitment in Sheffield's One Year Plan 2021-22.

Disability

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Skills for Care provides information on the social care workforces in local authority areas, enabling comparison across the country. The information provided allows us to understand the number of roles and demographics of the workforce. Unfortunately it does not indicate the proportion of the workforce that class themselves as having a disability.

Recent figures (SCC, 2021) indicate that 11.3% of the Council's entire workforce is disabled, compared to 15% in the internal adult social care workforce. In the wider adult social care workforce, if this followed in line with the wider figure of 19% of working-age adults with a disability, approximately 2660 of that workforce may have a disability. We need to do further work to understand these demographics of our workforce.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The prevalence of disability among working-age adults is 19%, up from 15% in 2010/11. For those of State Pension age, the percentage reporting a disability has been between 44% and 46% in every year of the past decade.

The Family Resources Survey 2019-2020 gives us an overarching understanding of the prevalence of different impairments. Mental health impairment is the only

category of impairment to have increased in the latest report – a 4% rise since 2017-18.

Impairment type*	2019/20	18-64	Over 65
Mobility	49%	41%	68%
Stamina/breathing/fatigue	36%	32%	44%
Dexterity	25%	21%	32%
Mental health	29%	42%	10%
Memory	16%	16%	17%
Hearing	13%	8%	23%
Vision	12%	9%	18%
Learning	14%	15%	8%
Social/behavioural	9%	9%	2%
Other	17%	18%	16%

* figures add to over 100% as individuals can report multiple impairments

This helps us have a picture of our communities and changing needs: the system needs to ensure it supports and responds to these.

The CQC State of Care 2020 report identified that there were higher rates of death from coronavirus during the pandemic for people with a learning disability. People with dementia, Alzheimer's disease, and mental health issues reported poorer experiences of care in hospital in the pandemic.

The strategy sets high level actions that recognise the differing needs of individuals to ensure the system can best support people with a disability in Sheffield:

- We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system.
- We will deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support.
- We will overhaul how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps.
- We will ensure people can move between care and support more easily, including health, social care, providers and the voluntary, community, and social enterprise sector.
- We will develop an accessible team model where social work staff can really work in partnership with and get to know their community.

Pregnancy/Maternity

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

As a strategy for the whole of the adult social care workforce, we must ensure our workforce strategy enables whole social care workforce, across the city to have the same rights and equality of access. This includes pregnancy and maternity.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The strategy focuses on people living the life they want to lead. This includes enabling people to make informed choices around pregnancy. We need to ensure the need to ensure the system doesn't discriminate and that people are supported in positive risk-taking. Pregnancy and maternity are an opportunity for the adult social care system to advocate for people, where required, ensuring they receive the same quality of service and access to pregnancy and maternity services and support. This is part of our values under compliance and best value – 'Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.'

Race**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

15% of the adult social care workforce in Sheffield is from an ethnic minority according to Skills for Care data. Sheffield is an ethnically diverse city, with around 19% of its population from black or minority ethnic groups. The largest of those groups is the Pakistani community, but Sheffield also has large Caribbean, Indian, Bangladeshi, Somali, Yemeni and Chinese communities. The workforce does not fully represent this diversity of our population.

We know that management positions in the local authority are not representative of the diversity of the community. We don't yet understand this picture for the rest of the adult social care system.

There are some concerns that the government's migration policies following the EU exit will negatively impact workforce retention.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do. We identified that we need to ensure the workforce strategy doesn't lose focus on equality, diversity and inclusion and have identified this in the high-level plan.

- We will develop and deliver a Sheffield workforce strategy for the whole system, focussing on equality, diversity, and inclusion.

Customers

Yes No

Impact

Positive Neutral Negative

Level None Low Medium High**Details of impact**

Sheffield is an ethnically diverse city, with around 19% of its population from black or minority ethnic groups. The largest of those groups is the Pakistani community, but Sheffield also has large Caribbean, Indian, Bangladeshi, Somali, Yemeni and Chinese communities.

We know that the coronavirus pandemic has made inequalities worse. National research (CQC State of Care Report 2020) found that there were higher rates of death from coronavirus in Black and Asian ethnic groups.

As part of our engagement work when developing the strategy, community group leaders told us that strategies often don't focus enough on the ethnic minority population, fully engage them in understanding their specific needs or design services that meet those needs. They told us that the whole adult care system is difficult and complicated and that we need to simplify the whole system and language. We need to include and be relevant to all communities and simplify our language and processes. We heard about specific challenges of some of our communities, who forgo their own care in favour of supporting families in their home countries.

The strategy has been developed from a recognition of the strength of our communities and especially during the coronavirus pandemic. Health and wellbeing happens in communities that care – our strategy aims to support and strengthen this wherever we can, alongside a commitment to equality and diversity, and adopts this as part of our person-centred value:

- We view everyone as unique individuals who have strengths, assets, skills, and talents.
- We avoid trying to fit people into a range of inflexible services. Instead, we focus on their strengths, assets, and the outcomes they want to achieve.
- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- We tackle inequality, working to make sure that everyone has the same access to and experience of excellent care and support.

We've additionally set specific actions in our high-level plan that recognise what our community leaders have told us:

- We will provide a partnership of care and support, designed, and delivered with communities – we need to continue to trust our communities: they know themselves and their needs.
- We will develop an accessible team model where social work staff can really work in partnership with and get to know their community – this doesn't need to be geographic: many of our ethnic minority communities are spread out across the city, though there may be community hubs communities come together in.
- We will overhaul how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps – everyone should be able to understand how to access services and what they can expect.
- We will invest in a system-wide approach that means everyone receives the same standard and continuity of preventative person-centred care – our system should tackle inequality and ensure we deliver culturally sensitive support.

Religion/Belief

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy must ensure the whole social care workforce, across the city has the same rights and equality of access. This includes religion and belief.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Sheffield's 2011 census gives us a good understanding of the mix of religions in the city, though this is likely to have changed over the last ten years. The updated census should give us more details.

Religion	2011
Christian	52.5%
Buddhist	0.4%
Hindu	0.6%
Jewish	0.1%
Muslim	7.7%
Sikh	0.2%
Other	0.4%
None	31.2%

Our values highlight the way in which we will focus on recognising where religion and belief are important to the people who use adult social care:

- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.

Sex**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

According to Skills for Care, 81% of Sheffield's care workforce are female. National figures look similar: about 80 per cent of all jobs in adult social care are done by women. The proportion in direct care and support-providing jobs is higher, at 85-95%. Considering that overall the proportion of women in the workforce in all fields nationally is 46%, these figures represent a significant difference for this workforce though the reasons this is a highly female dominated workforce are likely to be the same as in other areas.

The Women's Budget Group identified in their paper 'A Care-Led Recovery from Coronavirus' that investing in care would create 2.7 times as many jobs as the same investment in construction: 6.3 as many for women and 10% more for men. Increasing the numbers working in care to 10% of the employed population, as in Sweden and Denmark, and giving all care workers a pay rise to the real living wage would create 2 million jobs, increasing overall employment rates by 5% points and decreasing the gender employment gap by 4% points.

The workforce strategy that we commit to in the high-level plan must take sex into account.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Disability-free life expectancy is decreasing, particularly for women (based on Office for National Statistics, Health state life expectancies UK: 2017 to 2019 report), and a higher number of people face years of poor health and increased difficulty in older age.

The Family Resources survey (2019-2020) indicates that women were more likely to be informal care providers, with 2.7 million versus 1.8 million men. In all age groups, up to the age of 74 years, the proportion of women providing informal care was greater than men. This trend reversed for all age groups over 75 years, where men were more likely to be informal carers.

Our person-centred values in particular - we listen to what matters to each person we work with, making sure they have an equal voice in their care and support - should help us ensure our system gives everyone a voice.

Sexual Orientation**Staff****Impact**

Yes No Positive Neutral Negative

Level

None Low Medium High

Details of impact

As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy has to ensure the whole social care workforce, across the city has the same rights and equality of access. This includes sexual orientation.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Managing disability and ageing is challenging for everyone, however being LGBT alongside this can present extra difficulties. The LGBT community is more likely to have experienced prejudice, discrimination, or harassment. People should feel safe to share and explore their sexual orientation.

Our values highlight the way in which we will focus on ensuring everyone is comfortable with their care regardless of their sexual orientation:

- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.

We would expect providers of services to recognise the additional issues/concerns of people from LGBT groups and respond to this.

Transgender**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy has to ensure the whole social care workforce, across the city has the same rights and equality of access. This includes transgender individuals.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Managing disability and ageing is challenging for everyone, however being transgender alongside this can present extra difficulties. The LGBT community is more likely to have experienced prejudice, discrimination, or harassment. People should feel safe to share and explore their gender identity and confident that their care provision will respect this.

Our values highlight the way in which we will focus on ensuring everyone is comfortable with their care regardless of their sexual orientation:

- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.

We would expect providers of services to recognise the additional issues/concerns of transgender individuals and respond to this.

Carers**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

In Sheffield, 1 in 10 people are carers (2011 Census) and 12% of carers are estimated to be of working age. Around 1 in 10 people working for the Council declare themselves as carers – but the figure could be higher. This compares to 18.5% of the council internal workforce who say they are a carer.

Caring for someone can be an all-consuming job. If you're caring and working, not having access to help and advice may impact on your health. You may also feel like you're not able to cope. Managers can make a big difference by:

- creating a workplace where carers can identify themselves and feel comfortable about accessing support

- supporting carers to balance their responsibilities at work and to the people they care for (whether the carer is working from a worksite, in the community or from home)

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do. As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy must ensure the whole social care workforce, across the city improves the support provided to carers who also work in adult social care.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Carers have been particularly affected by the coronavirus pandemic. The Carers UK 2020 survey 'Caring behind closed doors: six months on' allows us to estimate that there are approximately 89,700 carers in Sheffield, and that figure increased by 49.5% since before the coronavirus pandemic. 81% of carers reported that they are doing more caring since the start of lockdown. The survey showed that carers are providing more care with fewer breaks. Physical and mental health has worsened and nearly half of carers asked said they were reaching breaking point.

The national Family Resources survey (2019-2020) indicates that women were more likely to be informal care providers, with 2.7 million versus 1.8 million men. In all age groups, up to the age of 74 years, the proportion of women providing informal care was greater than men. This trend reversed for all age groups over 75 years, where men were more likely to be informal carers.

Caring can play a significant toll on individuals. Sheffield's Carer's survey explored the impact of the coronavirus pandemic on our carers.

- 28% of carers reported their health as either bad (18.4%) or very bad (9.2%).
- 51% of carers indicated that their physical health has got worse since the start of the pandemic.
- 33% of carers described their mental wellbeing as bad (25.7%) or very bad (7.6%).
- 68% of carers feel that their mental wellbeing has got worse since the start of the pandemic.
- 22% of carers reported that they found it difficult to find the information they need.
- 56% of carers would like more help in order to manage their caring role.
- 11% of carers said they didn't feel they could provide care safely.
- 67% of carers don't have an emergency plan in place.
- 11% of carers indicated they don't have enough money for essentials.

If the caring situation breaks down this has big implications for the health and social care systems in Sheffield.

The strategy makes a clear commitment to Carers: Commitment 5 states that we will 'recognise and value unpaid carers and the social care workforce and the contribution they make to our city'. Within this we set a high-level action - We will embed a clear support offer and structure for all carers.

Voluntary/Community & Faith Sectors

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The adult social care strategy is a whole system approach to providing care and support Sheffield. This includes the voluntary, community and faith sectors which should be seen as a vital part of that system, supporting many people in their communities often preventing need arising in the first place. Sheffield has a well-established, vibrant voluntary, community and faith sector. It is these often smaller organisations, rooted in the community, that keep people well, understand their needs and advocate for their communities.

We identified 'collaborative and empowering' as a key value in our strategy because of this recognised need for partnership and system working:

- We communicate openly — sharing information and listening to others.
- We collaborate with people and communities to make sure we're working together effectively, and we are committed to developing more ways to share power.
- We continue to support effective integration, particularly across health and social care, but also across the system.
- We support everyone who works to deliver adult social care to be knowledgeable, informed, innovative, and creative in their work.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent. As a strategy for the whole of the adult social care workforce, our workforce strategy must ensure the whole social care workforce, including those in the voluntary, community and faith sectors, are supported by a system that recognises their value and contribution.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Being supported by communities that care is one part of wellbeing. We know that volunteering and contributing our skills and experience to our communities has a massive impact on our well-being and overall health.

We have made a clear commitment the strategy to work in better partnership with our voluntary, community, and faith sector partners to ensure our adult social care system is better aligned with what matters to people. This means recognising the power this sector has in helping people to maintain independence and health wherever they are.

Commitment 1 in our strategy highlights this: Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.

Within this, we've set a clear action in our high-level plan to better work with communities and those who represent them:

We will provide a partnership of care and support, designed, and delivered with communities.

This means ensuring these sectors are well-represented within strategy and delivery development alongside ongoing governance, accountability, and performance management. We have been well supported in developing this new strategy by our partners across the sector and encouraged by their ongoing commitment to help us embed this new approach.

Our commissioning plan will aim to have a positive impact on the voluntary, community and faith sector.

Cohesion

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The strategy is an attempt to improve the cohesion of the adult social care system in Sheffield. By working in a partnership, there needs to be recognition that different organisations within that partnership have different, but appropriate, organisational practices, inspection and legal requirements, cultural backgrounds and starting points. In creating a community of care with our partners, we develop better links that give us a greater opportunity to understand these differing practices and see ourselves as a cohesive community, rather than defined by our organisational boundaries.

In this way, staff in the social care workforce across the system and over the next ten years, will feel more included, more rewarded, more listened to and more respected.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The strategy has a clear focus on community as a key source of health and wellbeing. The community of people who use adult social care are at risk of exclusion from the wider community because of their differing needs, clearly impacting on the feeling of community cohesion. It's important that the strategy fosters communities of interest as well as place that everyone can feel included in.

Care with accommodation has the potential to be restrictive and exclusive environments and care homes certainly have this reputation. The high-level plan commits to 'develop vibrant options for care that offer more choice, that help the person to retain or regain control of their life and build on the strengths of the person and their networks.' This is a recognition of the connection between care and the community.

The strategy refers regularly to supporting people to live a fulfilling life at home. Everyone should be able to live in a place they can call home – this may not always be their own home and in some cases should not be. Home is a reflection of a space that is one's own, where we can feel safe and connected to the people and things that matter to us, connected to a community.

Partners

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The strategy is a system wide approach to adult social care, as it recognises that the people of this city and their needs, are best supported by a cohesive whole and not by organisations operating in silos.

The strategy is about strengthening the relationship between the services providing support and the people supported, together with their carers — all as equal members of this system. How the system works in Sheffield is important for everyone who works to support our residents, including the council, NHS partners who fund, plan, and oversee health care, Sheffield Health and Social Care NHS Foundation Trust (SHSC), Sheffield Teaching Hospitals, Primary Care Sheffield, our independent sector care, and support and our voluntary, community and faith sector partners

We have worked hard to develop this new strategy in conjunction with our partners, ensuring that they have been able to be involved in our engagement work and contribute to the development of the strategy and high-level plan.

The strategy, and subsequent delivery plan, will not be successful without the support and contribution of our partners across the city.

The Department of Health and Social Care published a White Paper 'Integrating care: Next steps to building strong and effective integrated care systems across England' in February 2021. This sets out how the law will change to improve how health and social care work together, including better partnerships through Integrated Care Systems (ICS).

We identified 'collaborative and empowering' as a key value in our strategy because of this recognised need for partnership and system working:

- We communicate openly — sharing information and listening to others.
- We collaborate with people and communities to make sure we're working together effectively, and we are committed to developing more ways to share power.
- We continue to support effective integration, particularly across health and social care, but also across the system.
- We support everyone who works to deliver adult social care to be knowledgeable, informed, innovative, and creative in their work.

We already have existing strong partnerships across the city in adult health and social care. Many of these have been tested and strengthened through the recent coronavirus pandemic. The strategy sets the overarching intention to build on these connections and improve on them wherever possible.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Improved collaboration across the system with our partners should pay dividends for the people who use our services. People's support needs and the outcomes they want to achieve but not defined by the organisations that support them or their boundaries. Taking a system approach with our partners should ensure a better focus on individuals and the outcomes they want to achieve alongside really considering what matters to them.

Some of this is embedded in our commitments: for example commitment 4 we should make sure support is what matters to you with helpful information and easier to understand steps.

Actions in our high-level plan that clearly support this aim include:

- we will invest in a system wide approach that means everyone receives the same standard and continuity of preventative person-centred care
- We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system
- We will ensure people can move between care and support more easily, including health, social care, providers, and the voluntary, community, and social enterprise sector

Poverty & Financial Inclusion**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Policy in Practice identified that in 2020, the median hourly pay for adult social care workers was £9.01, only slightly higher than the National Living Wage of £8.91. Although pay for care workers has increased significantly over the last decade, it has not kept up with increases in other sectors. In 2012, the average pay for adult social care workers was higher than the average pay for retail assistants and cleaners; by 2020 this was no longer the case. This means that pay for care workers is now one of the lowest in the economy.

Although some adult social care workers are employed directly by the NHS and local authorities, the majority are employed by private agencies or direct payment recipients. These private-sector employees are much more likely to be on zero-hours contracts and have lower pay than people employed by local authorities: in

2019, 10% of local authority employees were on zero-hours contracts compared to 36% of private-sector employees.

The strategy meets the obligation in Our Sheffield One Year Plan 2021/22 to 'Produce a long-term strategic direction and plan for Adult Social Care which sets out how we will improve lives, outcomes and experiences and adults in Sheffield'. Within the One Year Plan, we have committed to 'deliver a long-term workforce plan which empowers and values our social care workforce and sets out how we will implement the Foundation Living Wage for all social care workers in the City'.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Adult social care is responsible for making sure services are coordinated, effective, and suitable to meet the needs of individuals. It includes making sure people can choose how their support is provided and making sure the support available can meet the needs of the local population.

Unlike NHS health services, most adult care and support is not free. Many of us will have to pay for some or all our support, depending on our circumstances.

In September 2021, the government announced the Health and Care Levy, which identified a £5.4 billion investment in adult social care over the next three years and an increasing share of the funding beyond that, though this is still to be defined. Some of the expected reform funded by the Levy was published in the Department for Health and Social Care's White Paper, People at the Heart of Care in December 2021. The paper sets out the new cap on fee contributions people make towards their care.

We know that paying for care can put considerable stress on individuals and affect whether they approach services for support, considering that they worry they will be financially worse off or must sell their homes. The number of pensioners in poverty has now passed the two million mark, according to Age UK, with Black and Asian older people most at risk of struggling financially in later life. Since 2013/14, the number of pensioners in poverty has risen by almost a third (31 per cent) from 1.6 million. Official figures show that a third of Asian older people (33 per cent) and just under a third of Black older people (30 per cent) in the UK live below the poverty line, compared to 16 per cent of White older people. The over-85s, renters, and single, female pensioners, are also at greater risk of poverty than the older population as a whole.

Benefits changes affect the whole population, and some people on long-term benefits worry about working affecting their income. The system can be incredibly difficult to navigate, and issues can take a significant amount of time to resolve when they arise. We heard from carers of autistic people that they felt pressured into finding work by a system that didn't want them on benefits rather than that a good job was the right for them.

Carers receive a limited Allowance, and some feel this is a limited recompense for the support they provide that effectively saves the adult social care system overall.

The strategy sets out Commitment 6 to 'make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.' We've further outlined a high-level actions that are relevant to ensuring people are better able to understand our financial processes and take more control over them:

- We will overhaul how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps.
- We will deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support.

Armed Forces

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do. Issues identified for customers will also affect staff across the workforce.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

40% of UK veterans are aged 16-64 and 60% are over 65. Experience of service and the transition to civilian life may have a negative effect on veterans' wellbeing (The health and wellbeing needs of veterans: a rapid review, 2017). Veterans can face disability and injury, alongside trauma and mental health issues, on discharge.

There is also a concept called the 'healthy soldier effect' that means some veterans have been observed to have a lower mortality risk relative to the general population – this can be partly attributed to high physical health standards for entry into the Armed Forces. Recent conflicts may be changing this 'healthy soldier effects' – some research indicates that 'prolonged and repeated deployments [and] survival from injuries that would have resulted in death in previous conflicts' could be changing this.

Overall there are no differences between veterans' and non-veterans' self-reported general health (Annual Population Survey 2017).

The King's Centre for Military Health Research 'estimates the overall rate of probable PTSD among a sample of current and ex-serving regular military personnel was 6% in the 2014/16 cohort... this compares to a rate of 4.4% within the civilian population'. There are dedicated services available to support veterans' and armed forces personnel's mental health.

In 2014 it was estimated that the proportion of those sleeping rough who had services in the Armed Forces ranged from 3% to 6%.

The whole system has a role to play in supporting the Armed Forces community in line with the Armed Forces Covenant – for example in employment, healthcare, housing, education, and financial advice.

Other

Staff

- Yes No

Please specify

Impact

- Positive Neutral Negative

Level

- None Low Medium High

Details of impact

Customers

- Yes No

Please specify

Impact

- Positive Neutral Negative

Level

- None Low Medium High

Details of impact

Cumulative Impact

Proposal has a cumulative impact

- Yes No

<input checked="" type="radio"/> Year on Year	<input checked="" type="radio"/> Across a Community of Identity/Interest
<input checked="" type="radio"/> Geographical Area	<input type="radio"/> Other

If yes, details of impact

The strategy is a cross-city approach for the whole of the city for the next 10 years. We expect it to particularly interest and effect:

- People aged over 65
- People with a disability
- People who care for someone who needs social care support

Proposal has geographical impact across Sheffield

- Yes No

If Yes, details of geographical impact across Sheffield

The strategy is a cross-city approach for the whole of the city for the next 10 years. It sets the strategic intention for changing how services are delivered and provided across the city and to tackle inequality and disparity faced by different areas. For example, it could see the development of new provision in a different area or the changing of provision in a specific locality. This would be dependent on need and in conjunction and consultation with individuals and communities.

Local Partnership Area(s) impacted

- All Specific

If Specific, name of Local Partnership Area(s) impacted

Action Plan and Supporting Evidence

Action Plan

The delivery of the strategy through the AHSC Transformation Programme puts in place a formal partnership governance structure that will enable monitoring of impact for citizens and the system. The Strategy Delivery Board, reporting to the Strategic Board, will:

1. Provide assurance that plans are complete and sufficient to achieve the aims of the Adult Health & Social Care Strategy
2. Provide assurance that the outcomes of the Adult Health & Social Care Strategy are being delivered

Three Engagement Boards will sit alongside this structure – Workforce, Citizen Social Care Panel and Providers – to shape and influence ongoing delivery. This will help ensure we are accountable for the impact on citizens and progress against our delivery plans and achievement of outcomes.

The strategy's high-level plan sets out actions that shape our intentions over the years: how will we know we've made a difference is a key question that sits alongside them. This ensures there is a focus on experience and outcomes over output based metrics.

The high-level plan also commits to an action to 'embed open and transparent decision making alongside plans and priorities for adult social care, designed and developed with the people of Sheffield.' This is likely to take the form of annually co-designed and published delivery plans. We will review this EIA annually in line with this delivery plan.

Additional actions arising from the EIA:

- Improve system understanding of cultural factors that affect uptake of social care by ethnic minority groups
- Improve the identification of carers
- Gain a better understanding of the whole of the social care workforce in Sheffield, for example those with a disability or who are informal carers
- Utilise updated Census data to explore previously limited demographic data, such as sexual orientation, in our social care cohort

Supporting Evidence (Please detail all your evidence used to support the EIA)

- Living the life you want to live - 2022-2030 - adult social care strategy
- Skills for Care - local authority workforce figures - My local area (skillsforcare.org.uk)
- Age UK - What does it mean to be an age-friendly workplace? | Age UK
- Projecting Older People Population Information (POPPI)
- Carer's Trust, A few hours a week to call my own, November 2020
- Carers UK, Caring behind closed doors
- Sheffield's One Year Plan 2021-22
- Sheffield City Council Intranet, Disability Confident in the workplace (sheffield.gov.uk)
- Family Resources Survey: financial year 2019 to 2020 - GOV.UK
- Care Quality Commission, The state of health and adult social care in England 2020-21
- Census 2011
- Adult social care workforce survey: December 2021 report - GOV.UK
- Women's Budget Group, A care-led recovery to coronavirus
- Office for National Statistics, Health state life expectancies UK: 2017 to 2019
- Sheffield City Council Carer's consultation - April 2021
- Sheffield City Council intranet, Support for carers
- DHSC, Integrating care: Next steps to building strong and effective integrated care systems across England
- King's Fund, Overview of the health and social care workforce,
- Policy in Practice, Wages and Welfare for the social care workforce
- DHSC, People at the Heart of Care
- Age UK, Number of pensioners living in poverty 2021
- Office for Veteran's Affairs, Veteran's factsheet 2020
- BMC Psychiatry, the health and wellbeing needs of veterans: a rapid review

Consultation

Consultation required

- Yes No

If consultation is not required please state why

Are Staff who may be affected by these proposals aware of them

- Yes No

Are Customers who may be affected by these proposals aware of them

- Yes No

If you have said no to either please say why

Summary of overall impact

Summary of overall impact

Overall positive impact from setting the intention around developing a more flexible system of support that is driven by 'what matters' to the people who use the system. This includes reducing organisational silos and increased partnership working and making our information and processes easier to understand.

Summary of evidence

The strategy is informed by national research and local consultation feedback

Changes made as a result of the EIA

Feedback will inform the delivery plan and subsequent projects

Escalation plan

Is there a high impact in any area?

Yes No

Overall risk rating after any mitigations have been put in place

High Medium Low None

Review Date

31/03/2023

Purpose

The purpose of this paper is to align the long-term strategy for adult health and social care with budget planning and a longer-term financial strategy.

Financial Strategy

Successful implementation of the adult health and social care strategy will have cost benefits:

- people will live independently for longer requiring less support
- improved communication, joined up working and clearer person-centred processes will improve efficiency and ensure that people get the right support more promptly
- a more fulfilled workforce and sustainable market will offer a wide range of personalised, high-quality value for money support.

Implementation of the strategy will also require investment at the same time as we continue to meet the needs of Sheffield residents who rely on formal care.

The financial implications of this strategy are magnified by the current context of a restrictive budget and covid-driven costs. However, aligning business planning with the adult health and social care strategy will drive investment in more preventative approaches as financial benefits are realised.

Our long-term financial strategy to support the implementation of the adult health and social care strategy consists of three elements:

1. Supporting people to be independent
2. Secure income and funding streams
3. Good governance

The strategy detail outlined above is all subject to the strategy being affordable for the City Council and will be kept under review through normal monitoring processes.

Supporting people to be independent

Our strategy prioritises **independence, choice, and recovery**. The intended outcome is that increasing numbers of people can be supported at an earlier stage, using less formal support.

This focus on independence and recovery is consistent with the Care Act (2014) which places a duty on local authorities to **prevent, reduce, and delay** the need for formal social care services. This is achieved by supporting people to remain independent throughout their life, from living well at home, to universal services, enabling support, and long-term care. Some people will always need high-level formal support, and this will form part of a flexible system that adapts to people's changing needs, including alternative approaches and more inclusive universal services.

The key elements of our strategy which will drive the financial sustainability of adult social care are:

- a. Strengths-based practice - Flexible, creative and personalised support planning avoids a traditional one size fits all approach. This ensures we do not over provide or create unintentional barriers to people meeting their goals and remaining independent.
- b. Timely empowering interventions - Providing the right support at the right time can prevent the trauma of crisis, and timely reviews can reduce dependence on services. These can have lasting impacts on people's independence, financial and social inclusion and the long-term cost of providing support.

- c. High quality, value for money support - Quality joined up services and simple, transparent, and understandable access routes and communication improves efficiency, reduces unnecessary demand (and cost) from complaints, queries, and escalation of need.

Income and Funding

Maintaining income into Adult Health and Social Care is a key element of our financial strategy.

Adult Social Care is means tested and the national funding model is reliant on the continued contributions of the people who access services to pay what they can towards the cost of their care. In Sheffield we support people to make their contributions by focusing on financial inclusion and preventative support. Our approach for supporting people with financial inclusion centres on three areas:

- a. Strength based support through financial conversations and financial assessments which optimise the financial resources of the person including specialist advice and supporting access to benefit income
- b. Timely interventions - access to good information and early advice on the financial cost of social care and early help to support regular payments. This ensures that people understand the cost of care and what that might mean for them
- c. Accurate, timely and reliable invoices with a range of easily accessible ways to pay contributions that meets the needs of the person and supports people to avoid debt.

Preventative community-based support and less reliance on formal social care also moves us away from a funding model based on means tested contributions. This will be important in the context of potential legislative reforms.

As prevention has benefits across the system, we will continue to explore options with our partners for joint funding, new funding streams and investment in improved health and well-being outcomes across the city. We will maintain our good working relationships with health colleagues as they transition from Clinical Commissioning Group arrangement to the Integrated Care System.

Prevention is also delivered beyond the scope of social care, requiring city-wide sponsorship and a system-wide approach to reducing isolation and increasing citizen engagement (e.g. Health, transport, housing, libraries etc.).

Governance

Good governance enables us to test how well we are delivering the vision of the adult health and social care strategy and how well we are keeping to the principles it sets out.

Governance does this by establishing how we will measure our performance on the things that matter to people. It will identify who is responsible for reporting on and improving our performance, and who we will work with to design and deliver those improvements.

The Council will evaluate the success of its financial strategy against a “**Provision Mix**”. Typically, higher intensity support costs the public purse more than a preventative, community led option. If we can keep more people independent, safe and well, with less formal support, then people will achieve better outcomes at lower cost.

Financial success aligned to this strategy will also be measured by the management overhead, or **unit cost**, of adult social care. By driving quality and improving the experience of the person

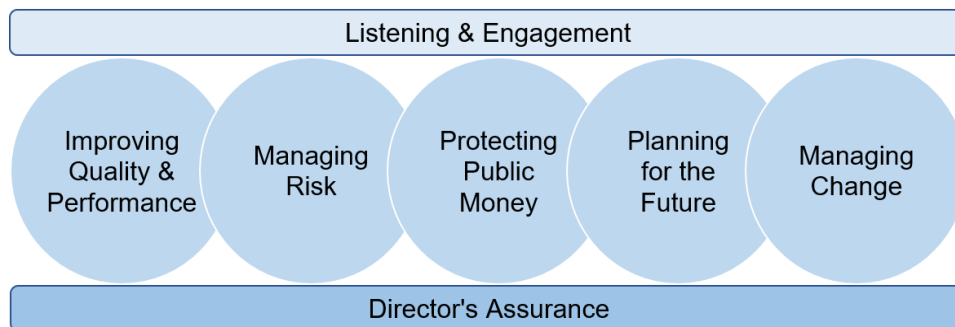
and by reducing reliance on council contact we will remove avoidable demand and associated costs, including debt, to enable reinvestment in front line services.

Ultimately the financial success of the adult health and social care strategy will be in a **sustainable system** that operates within budget. This means a framework of accountability across the system, from front-line staff, first-line managers, and budget holders, to manage resources and deliver best value for money in the context of people’s needs.

Financial governance will be aligned with the adult health and social care strategy to ensure that opportunities are recognised and developed by accountable owners. An emphasis on enablement and less formal support will be embedded through processes that identify a strengths-based practice at the point of assessment and review.

Improved efficiency will form part of our Performance Management Framework. This in turn will reduce costs related to failure driven demand, created by delays, miscommunication, poor information, over-provision, and avoidable barriers to support.

A Care Governance Framework for adult health and social care is currently under development which will set out the processes for driving service improvement and ensuring accountability across five domains, with a sixth domain for listening and engagement linked to each area.



Two of the domains will have a key role in regulating future spend and driving value for money: the Quality and Performance domain and the Protecting Public Money domain.

These domains will include the following elements which will help ensure that the strategy is delivered:

Domain	Key Elements	Financial implications
Quality and Performance	Practice Quality Framework	Include practice standards and development to improve practice, prevention and decision making
	Care Quality Framework	Includes contract management arrangements in relation to quality and value for money
	Performance Management Framework	Drive performance and monitor delivery of the strategy including efficiency, financial performance and accountability
Protecting Public Money	Operational processes	Includes package approval processes, establishment control, contract register, CHC and other income processes

Monthly processes	Financial monitoring , reporting, accountability, and decision making
Annual processes	Use of resources, medium term planning, budget setting and fee rates
Governance Processes	Including the implementation of an Audit and Finance Board for Adult Health and Social Care chaired by Director of Finance

Governance structures bringing together budget management with performance, practice and commissioning will break the cycle of emphasising formal support, creating dependency, and escalating need.

Appendix 4 – Climate Impact Principles

Sheffield City Council is committed to acting on climate change and our ambition is to be a Net Zero city by 2030. The Council's One Year Plan 2021-2022 sets priorities around climate change, economy, and development. The draft 10 Point Plan for climate action sets the 10 key commitments for action for the short term, outlining the context for our climate action over the next few years.

'Living the life you want to live', the new strategy for adult health and social care, runs parallel to the Council's climate commitments and provides a clear opportunity to influence our climate ambitions on a broader scale. The strategy is a system wide vision for adult social care, thus providing a chance to influence the city beyond the Council through partnerships and commissioning, alongside direct guidance with people who use social care services.

The Social Care Institute of Excellence highlights that 'the health implications of climate change are already in evidence and impact more greatly on vulnerable groups.' As highlighted in our strategy:

- Sheffield can expect to see an increase in the population aged over 65
- We expect more people will be living with disabilities in the working age population
- Health inequalities are significant and have been exacerbated by the coronavirus pandemic
- There are approximately 14000 adult social care roles in Sheffield – a significant proportion of the working population
- Approximately 10% of our population are carers, many of whom have been caring more due to the coronavirus pandemic.

Climate change threatens the health and wellbeing of people in our city and particularly people who use adult social care services. The Social Care Institute of Excellence outlines a series of negative impacts of climate change:

- 'an increase in heat-related deaths – predicted to reach 20,000 a year in the UK by 2050 due to more frequent and severe heat waves
- increased cases of skin cancer and cataracts
- injuries and infectious diseases as a result of increased flooding – a Foresight report predicted that by 2080 over three million people in the UK could be at risk from flooding
- anxiety and depression linked to physical and economic insecurity – flooding increases the risk of depression fourfold
- respiratory disease, insect-borne disease, and food poisoning are also expected to increase.'

Climate action in adult social care

In line with our adult social care strategy's commitments to reduce inequality and improve the lives of people in Sheffield, we must recognise and act on the impact our adult social care system has on our climate. We aim to do more to identify these impacts, measure, monitor and reduce where possible, incorporating the use of tools such as the Climate Impact Assessment tool in future decision making on projects that will flow from the strategy.

Actions that we take to tackle climate change in adult social care ultimately will work alongside our aims outlined in the strategy focused on improving outcomes for our citizens. We have outlined several areas below that indicate what we intend to explore in tackling the adult social care impact on Sheffield's climate ambitions:

- The adult social care strategy requires partnership with organisations across the city in order to be successful – we'll build on this to work with partners on projects to tackle our net zero ambitions
- We will commit to using procurement to support low carbon investment by working with partners who support the need for climate consideration
- Where building, refurbishment or infrastructure projects are needed, we will follow principles of sustainable design and construction aiming to minimise environmental impacts and maximise the future sustainable use of any building
- We will think creatively about how we can incorporate demand reduction, decarbonisation of vehicles and active travel into the provision of services
- We will encourage access to green spaces for our citizens, including more active travel, improving health benefits, such as reduced cardiovascular disease, depression, diabetes and dementia
- We will influence the conversation on climate change action, thinking about how our daily interactions can increase positive climate action in the city, for example through supporting people to think about household energy efficiency, which could also improve health, through improved indoor temperatures and air quality, alongside addressing fuel poverty
- Wherever possible, we will aim to minimise our use of materials and resources and the production of waste, searching for new technologies and products that may assist with this
- Ensure that those most at risk from the impacts of climate change are supported to increase their resilience.

Sheffield's vision for adult social care

Plan on a page



What are we trying to achieve?

Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, and when they need it, they receive care and support that prioritises independence, choice, and recovery.

<p>How will we achieve it? What are our commitments?</p>	<ul style="list-style-type: none"> Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed. 	<ul style="list-style-type: none"> Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis. 	<ul style="list-style-type: none"> Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home. 	<ul style="list-style-type: none"> Make sure support is led by 'what matters to you', with helpful information and easier to understand steps. 	<ul style="list-style-type: none"> Recognise and value unpaid carers and the social care workforce and the contribution they make to our city. 	<ul style="list-style-type: none"> Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.
<p>Page 4/19 What will we do?</p>	<ul style="list-style-type: none"> We will provide a partnership of care and support, designed and delivered with communities. We will develop an accessible team model where social work staff can really work in partnership with and get to know their community. 	<ul style="list-style-type: none"> We will deliver a strong, reactive offer of services that provide flexible and intensive crisis support. We will shift our resources and focus to develop and deliver more proactive, preventative approaches. 	<ul style="list-style-type: none"> We will develop vibrant options for care that offer more choice, that help the person to retain or regain control of their life and build on the strengths of the person and their networks. We will transform care at home in Sheffield, focussing on improving experience and outcomes. 	<ul style="list-style-type: none"> We will improve how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps. We will invest in a system-wide approach that means everyone receives the same standard and continuity of preventative person-centred care. We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system. We will deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support. 	<ul style="list-style-type: none"> We will develop and deliver a Sheffield workforce strategy for the whole system, focussing on equality, diversity, and inclusion. We will embed a clear support offer and structure for all carers. 	<ul style="list-style-type: none"> We will ensure people can move easily between care and support including health, social care, and the voluntary, community, and social enterprise sector. We will embed open and transparent decision-making alongside our plans and priorities for adult social care, created with the people of Sheffield.
<p>What will people say?</p>	<ul style="list-style-type: none"> I know what services and opportunities are available in my area. I am confident to engage with friends/support services. I have a conversation with someone who understands me. I know where to go and get help. I can have fun, be active, and be healthy. 	<ul style="list-style-type: none"> I know I have control over my life, which includes planning ahead. When I need support, it looks at my whole situation, not just the one that might be an issue at the time. We start with a positive conversation, whatever my age. 	<ul style="list-style-type: none"> I know what services are available and can make informed decisions. I can make a choice on whether I move into a care home, and where I live and with whom. I deal with people I know and trust that are well-trained and love their job, respect my expertise, and can make decisions with me. 	<ul style="list-style-type: none"> I know what services are available and can make informed decisions. I know that I have some control over my life and that I will be treated with respect. I know where to go and get help. I am listened to and heard and treated as an individual. I feel that I have a purpose. I can have fun, be active and be healthy. I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself. I can manage money easily and use it flexibly. 	<ul style="list-style-type: none"> I deal with people I know and trust that are well-trained and love their job, respect my expertise, and can make decisions with me. I am resilient and have good mental health and wellbeing. I have balance in my life, between being a parent, friend, partner, carer, employee. 	<ul style="list-style-type: none"> I only tell my story once unless there are changes to 'what matters to me'. The system is easy to navigate. I am listened to and heard.

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Author/Lead Officer of Report: Nicola Shearstone
Tel: 07917 077541

Report of: *Executive Director, People Services*
Report to: *Co-Operative Executive Board*
Date of Decision: *16th of March 2022*
Subject: *Secondary Mainstream School Expansions Update*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? <i>Education Children and Families</i>		
Which Scrutiny and Policy Development Committee does this relate to? <i>Children, Young People and Family Support Scrutiny and Policy Development Committee</i>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? <i>People/HA/BK/050521.</i>		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		

Purpose of Report:

The report outlines the position relating to mainstream secondary school & Special Educational Needs and Disabilities (SEND) places in Sheffield over the coming years. This paper also highlights the capital funding pressures relating to the delivery of statutory duties in relation to the provision of mainstream and SEND places.

The purpose of the report is to seek Co-operative Executive approval for the use of Basic Need funding, alongside corporate financial support, to address the pressures on school places to deliver permanent and temporary secondary provision. This would include the potential expansion of two secondary schools in the southwest (SW) of the city and temporary expansions in specific parts of the city. This would also include the development of five integrated resources (IRs) to

support an increase in SEND places.

Recommendations:

That the Co-operative Executive:

- I. In relation to the proposed expansion projects at Silverdale and King Ecgbert Schools:
 - a. note the recommendations on the Capital Approvals report (elsewhere on the agenda) to proceed with the projects at an anticipated total cost of £12.8 million, and
 - b. approve that any shortfall from government funding allocations be met from the Corporate Investment Fund;
- II. Approve the use of Basic Needs funding to develop options to meet the pressure on secondary school places in specific parts of the city in 2023/24, with any shortfall from government funding allocations to be met from the Corporate Investment Fund;
- III. Approve £1 million Corporate Investment Fund cash flow funding for the development of five integrated resources (IRs) to support an increase in SEND places.

Background Papers:

Form 2 Cooperative Executive report which was submitted and approved on the 17th of November 2021.

Appendix 1 – breakdown of capital costs for the schemes discussed in this paper.

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Damian Watkinson</i>
		Legal: <i>Nadine Wynter / Tim Hoskin</i>
		Equalities: <i>Bashir Khan</i>
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	<i>John Macilwraith</i>
3	Cabinet Member consulted:	<i>Cllr Jayne Dunn</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any	

additional forms have been completed and signed off as required at 1.	
Lead Officer Name: <i>Nicola Shearstone</i>	Job Title: <i>Head of Commissioning for Prevention and Early Intervention – All age</i>
Date: <i>14th of February 2022</i>	

1. PROPOSAL

- 1.1 The Authority has statutory duties under the Education Act to ensure sufficient school places, and to promote parental choice, diversity and fair access. This means providing a school place for every child when pupil populations are high and managing excess surplus places when they fall. The Authority also has a statutory duty to secure the special educational provision specified in an Education, Health and Care Plan (EHCP) pursuant to section 42 of the Children and Families Act 2014. Where an EHCP specifies a special school placement or a mainstream school placement with an Integrated Resource Unit this must be provided.
- 1.2 The report submitted and approved to the Cooperative Executive Board on the 17th of November 2021 outlined the pressures on secondary school places in the city, particularly in the SW of the city, between now and the turn of the decade.
- 1.3 Following the national picture, births in Sheffield rose by 25% between 2002 and 2012. This increase in population is now coming through into the secondary sector, and school places have been at or near full capacity since 2018/19. Mainstream demand is not evenly distributed across the city & pressure is greatest in the SW of the city. There is a pressure on secondary school places by local children who live within this catchment area and this is forecast to continue until the end of the decade.

Mainstream Places

- 1.4 In October 2020, the DFE provided £14.67m of future Basic Need capital funding to address mainstream school places sufficiency concerns. However, due to the utilisation of SCCs own resources to cash flow the previous major round of school places expansion £6.1m of this funding was already committed.
- 1.5 Permanent mainstream expansion plans are under consideration at Silverdale and King Ecgbert Schools as part of the allocation and feasibility studies have been developed for both sites. The proposals would support the development of 535 Year 7 to 11 places in the SW of the city, contributing to meeting the local demand. Recognising the demand moving through the school into post 16, each scheme would deliver a number of post 16 places. The two Trusts have agreed to have some SEND provision as part of these developments. The offer of additional Integrated Resource places and Post 16 SEND places helps meet a significant pressure on SEND sufficiency, and this will help the Local Authority fulfil its statutory duties in this area.

- 1.6 Furthermore, approximately £1.5m of the Basic Need allocation is required for potential temporary expansions required to deliver mainstream secondary places in specific parts of the city in 2023/24 onwards.
- 1.7 The development of these places should be seen in the context of addressing a city-wide deficit in secondary school places in the 23/24 academic year onwards.

Special Educational Needs and Disabilities (SEND)

- 1.8 SEND is an area of the system which is also under significant pressure. In the last two years, over 200 additional places have been created, an increase of over 20%, yet provision of places remains a significant challenge.
- 1.9 This challenge is reflected nationally – the number of children in specialist settings has risen by 27% since 2014 and continues to increase. It is currently forecast that demand for special school places will rise by 30% over the next five years, and this could rise to 50% in a worst-case scenario. This means at least 300 additional places are needed based on the potential rise in demand of 30%.
- 1.10 As part of the sufficiency response a number of interventions have already been put in place or are in delivery such as the provision of an additional 50 places at the Talbot site. This has already required the utilisation of £1m of High Needs revenue funding and £2.8m corporate cash flow over and above the current central government funding.
- 1.11 In addition, growth of IRs has been identified as a key approach for provision of places. IRs are dedicated spaces in mainstream schools for complex SEND learners – they split their time between mainstream classes and receiving support in the IR. Consequently, an IR needs physical space and adaptations to cater for needs such as sensory to be successful.
- 1.12 An expression of interest process has been undertaken with schools, consequently five IRs are currently under development; these will provide 56 places. However, feasibilities have identified capital costs which are outside the current SEND capital budget envelope, this is outlined in the financial section and in **Appendix 1**.
- 1.13 These IR places would support the LA in meeting the growing demand for specialist provision and in particular the pressure on places in 22/23 academic year.
- 1.14 The next SEND capital funding allocation from central government is anticipated to be confirmed in March 2022.

Proposals

- 1.15 Mainstream: officers are overseeing the mainstream proposals and working collaboratively with the two Trusts to ensure the expansions meet the necessary requirements and ensure value for money is achieved. To allow sufficient time for delivery of schemes within timescales for September 2023, capital approval is required to kickstart lengthy processes such as: planning permission, tendering, PFI negotiations, construction etc.

1.16 SEND: Support is also required for specialist provision, in particular for the 22/23 academic year, as five IRs are currently under development.

1.17 The financial impact of these proposals to the council's respective budgets are highlighted in the Financial and Commercial Implications section below.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 As part of laying the foundations for our future, we want pupils in Sheffield to have access to a wide range of educational opportunities to achieve their full potential as set out in the 'Our Sheffield: One Year Plan'. Working alongside city partners such as schools and Trusts, with ambition, openness and purpose, towards a bright future for our city and its pupils.

2.2 The proposals will ensure that the LA meets its statutory duties under the Education Act to provide sufficient school places, promote parental choice, diversity and fair access & also its statutory duties to secure the special educational provision specified in an EHCP pursuant to section 42 of the Children and Families Act 2014.

2.3 Ensuring that there are enough school places for every school-age child is a fundamental responsibility of local government and is essential to the Sheffield City Council's focus on enabling children to have a great start in life, achieve their full potential, and contribute to the success of the city. At the heart of the vision for increasing school places in Sheffield is the Council's role in guaranteeing excellent education outcomes and equitable access for all.

2.4 The vision is for all Sheffield families to have access to great, inclusive schools in every area of the city. This means schools ensuring each child reaches their potential, equal access for the most vulnerable children, schools at the heart of their communities, and getting the best value from all funding opportunities. The expansions will contribute to:

- Demand for places: without additional places in the area, families will be significantly impacted as they will not be able to access a local place and this will also impact neighbouring schools.
- Children's outcomes: the standard of education that are provided at the two schools is of a high quality – both schools are rated by Ofsted as "Outstanding".
- Equality: the inner-city school catchment areas are characterised by deprivation and a higher proportion of BME population. By increasing places at these two schools the needs of all children are met, in particular the needs of more vulnerable children and families located in the inner-city areas.

2.5 By expanding the two mainstream schools, the plan proposed would provide sufficient secondary places for the SW of Sheffield into the next decade without creating over capacity within the school system.

2.6

Furthermore, the development of the five IRs would support us to meet the growing demand for specialist provision and in particular the pressure on places in 22/23 academic year.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 Officers have been working with the Secondary Heads Partnership group to identify appropriate interventions both in the short and longer term to address the increasing demand in school places. The group acknowledge that permanent expansions of schools in the SW are required to address the high demand in the area.
- 3.2 The development of additional school places has a consultation process that will be followed. All proposals outlined would be subject to consultation and would follow the relevant statutory process. This will mean the publication of statutory proposals relating to the changes as part of this process.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 The SW neighbourhoods closer to the city centre are characterised by deprivation and a higher proportion of BME population. Typically, the SW schools are located in the more advantaged suburban areas and have catchment areas that slice in towards the city centre meaning each secondary school has an element of mixed socio-economic intake. If additional places were created to address the rising demand by commissioning permanent expansions in the SW, inner-city catchment children would be more able to obtain a place at these schools maintaining diversity in these schools. The inner-city areas are furthest away from the SW schools' locations, therefore insufficient places at SW schools would mean inner-city children would be the first to miss out. The intakes of SW schools are skewed towards the more advantaged, suburban areas as the key admissions tie-breaker is distance and the inner-city areas are further away from the SW schools. The lack of places in this area would drive further inequality socio-economic divide in the city.
- 4.1.2 Pupils with special needs can and do fit in a mainstream school and the importance of this experience is invaluable. Mainstream school introduces SEN pupils to a range of different people with varying abilities and needs, which most closely replicates the people and environments they will encounter throughout their lives. The development of proposals which include SEND elements will support the wider SEND sufficiency plan which is aiming to ensure sufficient provision city wide and support the development of SEND pupils.

4.2 Financial and Commercial Implications

- 4.2.1 As reported previously to the Co-operative Executive in November 2021, initial budget estimates for the expansions of mainstream school places at Silverdale and King Ecgbert Schools (alongside an estimated £1.5m required for other temporary

expansions) indicated an overall shortfall of Basic Need Funding from central government of £1.5m. Therefore, Corporate Investment Fund (CIF) support to this was agreed. However, the sale of surplus caretaker properties was also proposed to offset this, reducing the ask to a potential £0.74m.

- 4.2.2 In addition, further corporate cashflow of £2.9m was also agreed to support the development of SEND places on the Talbot site, to meet a shortfall in central government funding for the provision of these places.
- 4.2.3 However, following further detailed feasibilities the estimated costs of the SW schools schemes has increased by £3.08m to £12.85m. The original indicative budget was based purely on a likely build area taken from a desktop assessment. This was before a location for the build was identified, site conditions were assessed and before a design had been produced. We now know that the King Ecgbert site suffers from abnormal ground conditions (sloping site, made ground, building on footprint of previous school) and Silverdale requires some internal remodelling works which was not factored in previously. COVID-19 and Brexit has also had significant impact on the market in terms of supply of labour and material cost.
- 4.2.4 In addition, there has been identified a further immediate requirement to develop increased SEND IR places to meet pressures at an estimated cost of approx. £1m.
- 4.2.5 The impact of these changes on the funding requirement of school places expansion overall is shown in tables below:

	Initial Estimates November 21 (£m)	Revised Costs February 22 (£m)	Change
SCHOOLS BASIC NEED FUNDING (Mainstream School Places)			
Brought Forward Balance 21/22	(7.90)	(7.90)	-
Basic Allocation 21/22	(4.62)	(4.62)	-
TOTAL AVAILABLE 21/22	(12.51)	(12.51)	-
Committed Spend on existing schemes	2.73	2.73	-
Estimated costs Silverdale	6.30	7.35	1.05
Estimated costs King Ecgbert	3.47	5.50	2.03
Allowance for City Wide Temporary Expansions	1.50	1.50	-
TOTAL FUNDING REQUIRED	14.00	17.08	3.08
Anticipated Income from sale of surplus caretaker properties	(0.75)	(0.75)	-
Balance Required from CIF	0.74	3.81	3.08

**SEND CAPITAL FUNDING
(Special Educational Needs Places)**

Current DFE funding available	(2.82)	(2.82)	-
Service Revenue Contribution	(1.00)	(1.00)	-
TOTAL REMAINING	(3.82)	(3.82)	-
Committed Spend on existing schemes	3.35	3.35	-
Immediate Requirement to deliver Talbot Scheme	3.38	3.38	-
Immediate Requirement for new Integrated Resources	-	1.00	1.00
TOTAL FUNDING REQUIRED	6.73	7.73	1.00
Balance Required from CIF	2.91	3.91	1.00
TOTAL CIF REQUIREMENT	3.64	7.72	4.08

4.2.6 It is likely that confirmation of a 2022/23 SEND capital allocation will reduce the requirement for CIF support for the immediate demand. However, it is unlikely that any future central government allocations will be sufficient to meet the estimated £30m cost of addressing increasing pressures in the sector of the next 5 years.

4.2.7 It has already been confirmed that there will be no further Basic Need Funding allocation to Sheffield in 22/23 and the likelihood of future allocations is highly uncertain due to the methodology used when DfE advanced funding towards the expansion of the Southwest schools.

4.2.8 To be able to progress with the delivery of the expanded school places at King Ecgbert and Silverdale Schools and the development of additional SEND IR placements to meet September 2022 pressures, there is a requirement to underwrite the overall School's Capital Programme from the Corporate Investment Fund by up to £7.7m.

4.3 Legal Implications

4.3.1 To meet its statutory duty under section 14 of the Education Act 1996, as amended, the Local Authority has a key role in securing funding to provide sufficient education provision in schools. The Secretary of State for Education assists local authorities with this duty by making grant determinations under section 31 of the Local Government Act 2003. All proposals outlined in this report would be subject to consultation and would follow the relevant statutory process and approval route. This will include the publication of statutory proposals relating to the changes as part of the consultation process. Any legal implications will be considered at that time.

4.4 Other Implications

4.4.1 No further implications have been identified.

5. ALTERNATIVE OPTIONS CONSIDERED

Do nothing

- 5.1 This option has been ruled out as the LA would be in breach of its statutory duties under the Education Act to ensure sufficient school places, promote parental choice, diversity and fair access & also its statutory duties to secure the special educational provision specified in an EHCP pursuant to section 42 of the Children and Families Act 2014.

5.2 SW schools offer places above current admission numbers

This will involve negotiating with SW schools to accommodate the shortfall of places. Schools may be provided with Growth Funding as they have agreed to offer above current admission numbers on a temporary basis to provide a flexible solution that meets the Year 7 demand in the short term. This may reduce the threat of overcapacity in later years towards end of the decade also. However, SW schools will not be able to absorb the increasing demand over the next decade within existing accommodation as they are already near full capacity due to compounding effect of offering places above Pupil Admission Number the past few years. Health & Safety concerns around overall building capacity – corridor space etc - have also been highlighted to the Authority. There is a high risk that the Authority will be unable to fulfil its statutory duties if the required places are not offered by the SW schools.

City wide allocation

- 5.3 This would involve allocating pupils who are unable to obtain a place at a local school to travel outside of their local area/catchment to access a place in other parts of the city where places are available. This would keep a tight system as city moves into a surplus in future years and reduces need to invest substantial capital funding.
- 5.4 However, this could have a disproportionate impact on families. SW schools will have a less balanced socio-economic intake as children from deprived inner-city areas in the SW may miss out on admission to SW schools. This risks significant appeals from parents and puts pressure on schools outside of SW. If parents are successful on appeal, SW schools risk unplanned numbers through this process and have a further compounding effect on the overall capacity of the school. This would also have a greater level of impact on transport, impact on environment, cost for LA to transport these pupils out of area and cost to parents.

Independent school placement

- 5.5 Alternative options for SEND would involve placing children and young people in special school instead. This would likely result in increased high-cost independent placements, as some children and young people would not be able to be accommodated, due to limited capacity in the special school sector.

6. REASONS FOR RECOMMENDATIONS

6.1 The preferred option is to:

- I. In relation to the proposed expansion projects at Silverdale and King Ecgbert Schools:
 - a. note the recommendations on the Capital Approvals report (elsewhere on the agenda) to proceed with the projects at an anticipated total cost of £12.8 million, and
 - b. approve that any shortfall from government funding allocations be met from the Corporate Investment Fund;
- II. Approve the use of Basic Needs funding to develop options to meet the pressure on secondary school places in specific parts of the city in 2023/24, with any shortfall from government funding allocations to be met from the Corporate Investment Fund;
- III. Approve £1 million Corporate Investment Fund cash flow funding for the development of five integrated resources (IRs) to support an increase in SEND places.

6.2 The above has been chosen because it helps ensure that the Authority's statutory duties relating to mainstream and SEND place are met, improves outcomes for pupils in the southwest of the city and also offers the potential to recoup funds through the sale of caretaker properties across the city.

6.3 The intended outcomes are:

- Development of permanent and temporary secondary provision in the city by utilising future Basic Need funding to meet statutory duties
- Development of IR provision to support the SEND strategy across the city
- Reimburse the corporate investment through the sale of caretaker properties

2023 | Provision of additional Secondary School Places in the Southwest

Scheme	Priority Order	Places	Timeframe	Estimated Capital Costs	Risks	Latest Position
Silverdale Expansion		300: Y7-11 96: Post16 (includes 30 IR)	September 2023	£7.4m (18,687 per place)	Planning (Green Belt), Ground Conditions, Market Conditions, Inflation, PFI	Feasibility – OBC due in March
King Ecgberts Expansion		235: Y7-11 10: IR Y7-11 76: Post16	September 2023	£5.5m (£17,685 per place)	Planning (Highways), Ground Conditions, Market Conditions, Inflation, PFI	Feasibility – OBC due in March
Summary		707 Places		£13m	Cost for budgeting purposing at this stage.	

2022-23 | Provision of 56 additional mainstream places over the period: Schemes at risk due to insufficient capital funding

Scheme	Priority Order	Places	Timeframe	Estimated Capital Costs	Risks	Latest Position
Primary Integrated Resource: Acres Hill	1	10	September 2022	£100,000	<i>Scheme designed to complement new IR at Manor Lodge, not delivering will impact on sufficiency & flow of pupils.</i>	<i>Due for approval by Regional School Commissioner Jan 22</i>
Primary Integrated Resource: Stannington Infant	5	8	January 2023	£250,000	<i>Not delivering will undermine plan for locality G to have ideal set up of IR provision as a model for city.</i>	<i>Feasibility concluded, on hold due to capital.</i>
Primary Integrated Resource: Malin Bridge	3	16	January 2023	£240,000		

Page 461

Primary Integrated Resource: Greenhill	4	12	January 2023	£189,000	<i>School completed initial feasibility, some concerns with missing information. Currently liaising with school – risk of increased cost & longer timeframes.</i>	<i>Feasibility undergoing sense check by CDS – concerns flagged on missing information.</i>
Secondary Integrated Resource: Outwood	2	20	September 2023	£137,000 (Benchmarked previous scheme)	<i>Not delivering scheme will leave CLC building un-utilised and reduce mainstream secondary school sufficiency. Current estimate prior to feasibility – costs may be higher or lower.</i>	<i>Capital cost estimated based on first phase of the Bridge – full feasibility needed.</i>
Summary		56 places		£916,000	<p>Overall risk on special school & independent: Increase in placement cost from circa £784,000. Increase in region of £224,000 (all accommodated in special) to £2m (all placed in independent). Equivalent capital scheme for special to create 56 places estimated at £5.6m: an increase of £4.6m.</p>	



Author/Lead Officer of Report: Nicola Shearstone
Tel: 07917 077541

Report of: John Macilwraith
Report to: Co-Operative Executive Board
Date of Decision: 17th of November 2021
Subject: Secondary Mainstream School Expansions

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? <i>Education Children and Families</i>		
Which Scrutiny and Policy Development Committee does this relate to? <i>Children's Scrutiny and Policy Development Committee</i>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? <i>People/HA/BK/050521</i>		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		

Purpose of Report:

The report outlines the pressures on secondary school places in the city, particularly in the southwest of the city, between now and the turn of the decade. The report also explains the capital funding available whilst recognising the LAs current financial position in relation to this.

The purpose of the report is to seek Co-operative Executive approval for the use of Basic Need funding alongside corporate financial support to address the pressures on school places to deliver permanent and temporary secondary provision. This would include the potential expansion of two secondary schools in southwest of the city and temporary expansions in specific parts of the city.

Recommendations:

That the Co-operative Executive:

- I. Approve the use of up to £1.5 million corporate resource to support the development of secondary school places
- II. Delegate authority to the Chief Property Officer in consultation with the Director of Legal and Governance to proceed in the sale of caretaker properties to reimburse the corporate investment and the preparation of all necessary legal documentation.
- III. Notes that allocation of future Basic Need funding, to support the development of permanent and temporary secondary provision in the city, will be approved via the Capital Approvals Process.

Background Papers:

N/A

Lead Officer to complete:-	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: <i>Damian Watkinson</i>
	Legal: <i>Nadine Wynters</i>
	Equalities: <i>Bashir Khan</i>
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	EMT member who approved submission: <i>John Macilwraith</i>
3	Cabinet Member consulted: <i>Cllr Jayne Dunn</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.
	Lead Officer Name: <i>Nicola Shearstone</i>
	Job Title: <i>Head of Commissioning for Prevention and Early Intervention – All age</i>
Date: <i>21st of October 2021</i>	

1. PROPOSAL

- 1.1 The LA has statutory duties under the Education Act to ensure sufficient school places, promote parental choice, diversity and fair access. This means providing a school place for every child when pupil populations are high and managing excess surplus places when they fall.
- 1.2 Following the national picture, births in Sheffield rose by 25% between 2002 and 2012. This larger birth cohort has moved its way through the early years & primary sector and is coming through into the secondary sector. Throughout this period of growth, places have been added through the primary and secondary sector to manage the larger birth cohort.
- 1.3 The current city-wide picture for secondary school places forecasts a potential deficit of places across the city from 2020-2024, reaching a high point in 2023/24 after which a surplus is forecast to develop.
- 1.4 However, the demand is not evenly distributed across the city and within the southwest (SW) of the city, there is a pressure on secondary school places by local children who live within this catchment area and this is forecast to continue until the end of the decade.
- 1.5 The secondary sector has generally supported a tight system over the past 5-6 years to ensure sufficient places each year in the SW were available. Since 2015/16 the initial larger Year 7 year groups have moved through the schools in each year, this has caused a compounding effect causing the SW schools to reach their maximum overall capacities due to the additional pupils taken each year and those moving through the year groups from previous years.
- 1.6 In 2016, the LA commissioned a new 11-18 school on the former Bannerdale site to help address the future demand on places in the SW. Mercia School opened in 2018 with a Year 7 PAN of 180 places, thus allowing all pupils in the SW area to apply for a school place at Mercia School. Mercia School therefore in essence allows greater parental preference and supports schools in the area who are reaching their overall capacities. However, the demand in the area is still increasing and the additional places created by Mercia School have not been enough.

Current Picture

- 1.7 The SW schools are already operating at, or above their capacities and forecast suggest that some SW schools are unable to meet the demand from their school's catchment. Even with Mercia School in the SW, pressure in the SW is forecast to continue beyond the point at which the citywide numbers are expected to reduce again. In addition, there are also other parts of the city that are forecast to see an increase in demand, with spikes in demand for specific years, impacting the ability of schools to accommodate this localised increase.
- 1.8 Although, forecasts suggest that city wide there will not be enough places to meet

our statutory duty in 2023/24, surplus begins to appear in the system following the 2023/24 peak. However, the deficit of places in the SW of Sheffield is maintained indicating that it is not a short-term issue. The challenge therefore is to meet to conflicting needs across the city:

1. Sufficiency: demand for school places from local/catchment families in the SW is expected to remain above capacity until the end of the decade
2. Sustainability: managing the increasing surplus in the school system to ensure the sustainability of schools moving forward

1.9 Through the LA's work with the school sector, a subgroup of the Secondary Heads Partnership was set up to create a Working Group to explore options moving forward. There was an agreement that a hybrid option is required to address the citywide peak & SW demand – a combination of permanent and temporary expansions.

1.10 All parties acknowledge the need for additional permanent capacity in the SW with the aim of not creating any over-capacity which would negatively impact the sustainability of other schools across the city when a surplus of places will present itself towards the end of the decade. There is also a consensus of preventing any further inequality and socio-economic divide in the city by maintaining diversity in the SW schools to ensure access of good quality education for students in the inner-city areas who are less socio-economically advantaged and most vulnerable.

Planning to Meet Demand

1.11 It is important to note that current forecasts predict SW school places would be needed for local, southwest children throughout the decade. Officers recognise that permanent capacity in the form of permanent expansions is required to address the long-term pressure on secondary school places within the SW.

1.12 Currently the forecast deficit in the SW (Planning Areas 1 & 7) is an average of 3.5-4 Forms of Entry (FE) over the coming years. 1 FE is equal to 30 places. As this demand in the SW is sustained until the end of the decade, the LA is proposing small localised permanent expansions between 3-4FE to target this localised SW demand, coupled with temporary solutions where required in other parts of the city. This combination of permanent and temporary expansions should prevent any issues of sustainability in future years.

1.13 The LA approached the Department for Education (DfE) regarding the pressure on citywide and SW places with the intention of securing any additional funding outside of existing Basic Need Funding & Condition Improvement Fund (CIF - funding Academy Trusts can apply directly to the DfE for).

1.14 Simultaneously, two local Multi Academy Trusts, Mercia Trust and Chorus Trust, approached the Regional Schools Commissioner (RSC) directly to try and secure additional funding for permanent expansion of their respective SW school - King Ecgbert School and Silverdale School.

DfE & Capital Funding

- 1.15 In October 2020 the DFE approved the LA's request and provided £14.67m of future Basic Need capital funding, to address sufficiency risk for the coming academic year and over subsequent years through the expansions.
- 1.16 It has been confirmed that for the purpose of future Basic Need funding calculations, it will be treated as an adjustment to our 2020-21 shortfall to fund. This means that the department's funding allocation model will reflect an additional 913 secondary places funded in 2020-21 and these places will be abated from calculations of future Basic Need funding.
- 1.17 As the allocation is future Basic Need capital funding, the LA must consider the financial implication of utilising the allocation solely on two projects within the SW of the city to add 535 places as this funding is not in fact additional money, but money brought forward from future years.
- 1.18 The LA has to consider retaining some of the allocation monies for future years as the funding provided is not additional funding. As mentioned earlier, the pressure in the SW and other parts of the city, where a further spike is forecast needs to be factored into decisions regarding allocations. Additionally, the funding will also need to cover the pressure on places in other parts of the city. This includes the requirement for any temporary provision that may be required.
- 1.19 As the demand moves into Post 16 over the next decade there will be a future pressure on Post 16 provision across the city. Basic Need funding is allocated for primary and secondary places, therefore with such pressure on the requirement to expand at secondary level and meet our statutory duty, Post 16 places need to be considered within these proposals. However, the LA are mindful of the challenge that this creates as some pupils will not have the opportunity to transition through the year groups to continue their education and will have to look for alternative provision at that stage.
- 1.20 In addition to the sufficiency concerns in mainstream secondary schools, SEND is an area of the system which is also under significant pressure. In the last two years, over 200 additional places have been created, an increase of over 20%, yet provision of places is a significant challenge. This challenge is reflected nationally – the number of children in specialist settings has risen by 27% since 2014 and continues to increase. It is currently forecast that demand for special school places will rise by 30% over the next five years, this could rise to 50% in a worst-case scenario. This means at least 300 additional places are needed.
- 1.21 In terms of need, autism and mental health are the needs underpinning the rising demand for SEND places. Sheffield's rate of autism is three times higher than the national average. This is reflected in where places have been developed in the last two years – focusing on provision for children with these needs in schools such as Mossbrook and Bents Green.

Proposals

- 1.22 LA officers are currently participating in ongoing negotiations with Silverdale and King Ecgbert schools and are developing feasibilities. The proposals would support the development of 535 year 7 to 11 places in the SW of the city, contributing to

meeting the local demand. Recognising the demand moving through the school into post 16, each scheme would deliver a number of post 16 places.

- 1.23 Discussions are also taking place with each Trust to develop some SEND provision as part of these developments. The potential offer of additional Integrated Resource and Post 16 SEND students supports a significant pressure on SEND sufficiency, this will help the Local Authority fulfil its statutory duties in this area.
- 1.24 The LA will provide oversight of the proposals to ensure they meet with the requirements for the expansion and ensure value for money is achieved. To allow sufficient time for delivery of schemes within timescales for September 2023, capital approval is required to kickstart lengthy processes such as: feasibility studies, planning permission, tendering, PFI negotiations, construction etc.

2. HOW DOES THIS DECISION CONTRIBUTE ?

- 2.1 As part of laying the foundations for our future, we want pupils in Sheffield to have access to a wide range of educational opportunities to achieve their full potential as set out in the 'Our Sheffield: One Year Plan'. Working alongside city partners such as schools and Trusts, with ambition, openness and purpose, towards a bright future for our city and its pupils.
- 2.2 The proposals will ensure that the LA meets its statutory duties under the Education Act to provide sufficient school places, promote parental choice, diversity and fair access.
- 2.3 Ensuring that there are enough school places for every school-age child is a fundamental responsibility of local government and is essential to the Sheffield City Council's focus on enabling children to have a great start in life, achieve their full potential, and contribute to the success of the city. At the heart of the vision for increasing school places in Sheffield is the Council's role in guaranteeing excellent education outcomes and equitable access for all.
- 2.4 The vision is for all Sheffield families to have access to great, inclusive schools in every area of the city. This means schools ensuring each child reaches their potential, equal access for the most vulnerable children, schools at the heart of their communities, and getting the best value from all funding opportunities. The expansions will contribute to:
 - Need for places: without additional places in the area, the impact on families of not getting a local place will be significant as well as the impact on neighbouring schools.
 - Children's outcomes: the standard of education that are provided at the two schools is of a high quality – both schools are rated by Ofsted as "Outstanding".
 - Equality: the inner-city school catchment areas are characterised by deprivation and a higher proportion of BME population. By increasing places at these two schools the needs of all children are met, in particular the needs of more vulnerable children and families located in the inner-city areas.

- 2.5 By expanding the two schools, the plan proposed would provide sufficient secondary places for the SW of Sheffield into the next decade without creating over capacity within the school system.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 LA officers have been working with the Secondary Heads Partnership group to identify appropriate interventions both in the short and longer term to address the increasing demand in school places. The group acknowledge that permanent expansions of schools in the SW are required to address the high demand in the area.
- 3.2 The development of additional school places has a consultation process that will be followed. All proposals outlined would be subject to consultation and would follow the relevant statutory process. This will mean the publication of statutory proposals relating to the changes as part of this process.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 The SW neighbourhoods closer to the city centre are characterised by deprivation and a higher proportion of BME population. Typically, the SW schools are located in the more advantaged suburban areas and have catchment areas that slice in towards the city centre meaning each secondary school has an element of mixed socio-economic intake. If additional places were created to address the rising demand by commissioning permanent expansions in the SW, inner-city catchment children would be more able to obtain a place at these schools maintaining diversity in these schools. The inner-city areas are furthest away from the SW schools location, therefore insufficient places at SW schools would mean inner-city children would be the first to miss out. The intakes of SW schools are skewed towards the more advantaged, suburban areas as the key admissions tie-breaker is distance and the inner-city areas are further away from the SW schools. The lack of places in this area would drive further inequality socio-economic divide in the city.
- 4.1.2 Pupils with special needs can and do fit in a mainstream school and the importance of this experience is invaluable. Mainstream school introduces SEN pupils to a range of different people with varying abilities and needs, which most closely replicates the people and environments they will encounter throughout their lives. The development of any proposals which include SEND elements will support the wider SEND sufficiency plan which is aiming to ensure sufficient provision city wide and support the development of SEND pupils.

4.2 Financial and Commercial Implications

- 4.2.1 Capital: The Council receives an annual capital allocation from central government

to provide school places known as 'Basic Need'. Due to a large growth in pupil numbers in previous years, in February 2016 Sheffield City Council endorsed a major schools expansion programme including the creation of 2 new schools, The Mercia Academy on the former Bannerdale site and Astrea Academy at the former Pye Bank site.

- 4.2.2 This major investment required SCC to cashflow the costs of delivery of these projects from its own limited resources, in advance of the annual allocations received from government. The intention being this would eventually be recovered from future Basic Need allocations by 2021/22.
- 4.2.3 However, central government allocations have not kept pace with the costs of providing school places so that the Basic Allocation announced for 2021/22 left approx. £4m cash flow outstanding and the overall funding position £10m worse than originally anticipated.
- 4.2.4 Further pressures were identified requiring the provision of an additional 535 years 7-11 places in the South West of the city and a further temporary provision may be required city wide (east of the city).
- 4.2.5 In January 2021 the DfE granted SCC an advance on future years Basic Need allocations of £14.67m toward the new pressures identified in the South West. However, in the context of the existing cashflow deficit this amount is not sufficient to meet the costs of the proposed schemes and existing commitments as demonstrated below.

SCHOOLS BASIC NEED FUNDING

Basic Allocation 20/21	(1.7)
Additional Allocation for SW Schools	(14.7)
TOTAL AVAILABLE 20/21	(16.4)
Project Spend 20/21	2.4
Repaid previous cash flow funding	6.1
TOTAL UTILISED 20/21	8.5
Brought Forward Balance 21/22 (following repayment of o/s cashflow)	(7.9)
Basic Allocation 21/22	(4.6)
TOTAL AVAILABLE 21/22	(12.5)
Committed Spend on existing schemes	2.7
Estimated costs of South West schools expansions	9.8
Allowance for City Wide Temporary Expansions	1.5
TOTAL FUNDING REQUIRED	14.0
Balance Required from Council Resources	1.5

- 4.2.6 In order to deliver sufficient school places for September 2023 a commitment of up to £1.5m will need to be made from the council's own resources, funded through the corporate Investment fund. Due to the way that DfE have calculated it is

unlikely this will be able to be recovered from any future allocations of Basic Need funding.

4.2.7 However, a commitment to sell vacant surplus caretaker properties on school sites could generate up to £0.75m to offset this commitment. Wisewood, Gleadless and Netherthorpe have been identified as possible sites however a number of sites are under consideration at present.

4.2.8 Reducing this commitment from SCC's own resources is vital in the context of further increasing pressure on school places in the SEND sector which is also requires a similar cash flow arrangement while a long-term funding strategy is established.

4.3 Legal Implications

4.3.1 To meet its statutory duty under section 14 of the Education Act 1996, as amended, the Local Authority has a key role in securing funding to provide sufficient education provision in schools. The Secretary of State for Education assists local authorities with this duty by making grant determinations under section 31 of the Local Government Act 2003. All proposals outlined in this report would be subject to consultation and would follow the relevant statutory process and approval route. This will include the publication of statutory proposals relating to the changes as part of the consultation process. Any legal implications will be considered at that time.

4.4 Other Implications

4.4.1 No further implications have been identified.

5. **ALTERNATIVE OPTIONS CONSIDERED**

Do nothing

5.1 This option has been ruled out as the LA would be in breach of its statutory duties under the Education Act to ensure sufficient school places, promote parental choice, diversity and fair access.

SW schools offer places above current admission numbers

5.2 This will involve negotiating with SW schools to accommodate the shortfall of places. Schools may be provided with Growth Funding as they have agreed to offer above current admission numbers on a temporary basis to provide a flexible solution that meets the Year 7 demand in the short term. This may reduce the threat of overcapacity in later years towards end of the decade also. However, SW schools will not be able to absorb the increasing demand over the next decade within existing accommodation as they are already near full capacity due to compounding effect of offering places above PAN the past few years. Health & Safety concerns around overall building capacity – corridor space etc have also been highlighted to the LA. There is a high risk that the LA will be unable to fulfil its statutory duties if the required places are not offered by the SW schools.

City wide allocation

- 5.3 This would involve allocating pupils who are unable to obtain a place at a local school to travel outside of their local area/catchment to access a place in other parts of the city where places are available. This would keep a tight system as city moves into a surplus in future years and reduces need to invest substantial capital funding.
- 5.4 However, this could have a disproportionate impact on families. SW schools will have a less balanced socio-economic intake as children from deprived inner-city areas in the SW may miss out on admission to SW schools. This risks significant appeals from parents and puts pressure on schools outside of SW. If parents are successful on appeal, SW schools risk unplanned numbers through this process and have a further compounding effect on the overall capacity of the school. This would also have a greater level of impact on transport, impact on environment, cost for LA to transport these pupils out of area and cost to parents.

6. REASONS FOR RECOMMENDATIONS

6.1 The preferred option is to:

- I. Approve the use of up to £1.5 million corporate resource to support the development of secondary school places
- II. Delegate authority to the Chief Property Officer in consultation with the Director of Legal and Governance to proceed in the sale of caretaker properties to reimburse the corporate investment and the preparation of all necessary legal documentation.
- III. Notes that allocation of future Basic Need funding, to support the development of permanent and temporary secondary provision in the city, will be approved via the Capital Approvals Process.

6.2 This option has been chosen because it helps ensure that the LAs statutory duties relating to mainstream and SEND place are met, improve outcomes for pupils in the southwest of the city and also the potential to recoup funds through the sale of caretaker properties across the city.

6.3 The intended outcomes are:

- Development of permanent and temporary secondary provision in the city by utilising future Basic Need funding to meet statutory duties
- Supporting the SEND strategy across the city
- Reimburse the corporate investment through the sale of caretaker properties

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Author/Lead Officer of Report: Dinah Saich,
Principal Archaeologist

Tel: 07711154002

Report of: *Mick Crofts, Executive Director of Place*

Report to: *Co-operative Executive*

Date of Decision: *16/03/2022*

Subject: *South Yorkshire Local Heritage List - Process*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
- Expenditure and/or savings over £500,000	<input type="checkbox"/>	
- Affects 2 or more Wards	<input type="checkbox"/>	
Which Executive Member Portfolio does this relate to? <i>City Futures, Development, Culture and Regeneration</i>		
Which Scrutiny and Policy Development Committee does this relate to? <i>Overview and Scrutiny Management Committee</i>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? <i>1161</i>		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		

Purpose of Report:

Sheffield City Council does not currently have a process in place for establishing and maintaining a Local Heritage List - a list of locally valued heritage assets, nominated mainly by members of the public and local interest groups. Such a list flags up heritage assets that are not designated (for example, not a listed building or a scheduled monument) but that have value. As such, Local Heritage Listing is recommended to help identify heritage assets that would warrant consideration in the planning process.

South Yorkshire Archaeology Service, as a joint service, has been awarded funding by the Department for Levelling Up, Housing & Communities to lead on the establishment of a Local Heritage List for Barnsley, Doncaster, Rotherham and Sheffield. In discussion with officers from the four authorities and using guidance

on Local Heritage Listing produced by Historic England, we are proposing a Local Heritage Listing process that it is hoped can be followed for each authority. The process will ensure that nominations received are appropriately assessed prior to inclusion onto the Local Heritage List. The outcome will be allowing greater weight to the protection of locally valued heritage assets when planning decisions are made.

This report sets out the process proposed for Local Heritage Listing, for formal adoption, including delegating the approval of heritage assets for inclusion to the Head of Planning.

Recommendations:

The report recommends approval of the proposed process for Local Heritage Listing, including:

- setting 7 selection criteria, as established by Historic England, weighted to reflect South Yorkshire's distinctive local historic character;
- using a panel of officers and members of key local heritage groups and/or other relevant experts, to make recommendations based on these criteria;
- delegating powers for the Head of Planning to approve the recommended inclusions, amendments or deletions from the Local Heritage List.

Background Papers:

1. Assessment Criteria – outlines the criteria that nominated heritage assets should meet to be included on the Local Heritage List.
2. Assessment Panel – outlines the terms of reference for the Local Heritage List assessment panel.

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Sarah Uttley/Thomas Haines</i>
		Legal: <i>Patricia Evans</i>
		Equalities: <i>Adele Robinson/Louise Nunn</i>
2	EMT member who approved submission:	<i>Mick Crofts, Executive Director of Place</i>
3	Executive Member consulted:	<i>Cllr Mazher Iqbal</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Dinah Saich</i>	Job Title: <i>Principal Archaeologist</i>
	Date: <i>31-01-22</i>	

1. PROPOSAL

- 1.1 Local Authorities are encouraged to maintain Local Heritage Lists that identify heritage assets (such as buildings, parks & gardens, archaeological sites, etc.) that are valued by the local community. Such assets can then be better taken into account in the planning process, when new development is proposed. Local listing provides no additional planning controls but conservation of heritage assets is a material consideration when deciding planning applications - as set out in the National Planning Policy Framework (NPPF) – see [National Planning Policy Framework - GOV.UK \(www.gov.uk\)](http://www.gov.uk).
- 1.2 Currently Sheffield does not have a Local Heritage List – although a number of historic parks & gardens of local interest were identified by the Unitary Development Plan and are considered locally listed. An attempt to put together a Local List of buildings for Sheffield stalled in 2011, when officer time became unavailable to progress the work needed.
- 1.3 The Department of Levelling Up, Housing & Communities, supported by Historic England, is running a campaign to encourage Local Heritage Listing - by providing funding to 22 areas to develop new or update existing lists ([Local heritage list campaign: announcement of successful areas - GOV.UK \(www.gov.uk\)](http://www.gov.uk)). South Yorkshire was one of the areas selected and South Yorkshire Archaeology Service, as a joint service, is leading on the project for Barnsley, Doncaster, Rotherham and Sheffield.
- 1.4 To allow Local Heritage Listing to go ahead in Sheffield, a process needs to be established and adopted by the City Council that should be sustainable in the long-term. Following discussions with all four local authorities, a process that will ensure consistency in local listing across South Yorkshire is proposed and similar steps towards adoption are being taken by the other authorities. Adopting the proposed process will allow nominated heritage assets to be assessed collectively and then included onto the South Yorkshire Local Heritage List.
- 1.5 The Historic England advice note on Local Heritage Listing ([Local Heritage Listing: Identifying and Conserving Local Heritage | Historic England](http://www.gov.uk)) recommends a process, which will be followed:
- i) Using 7 standard selection criteria to select suitable heritage assets, weighted to reflect the distinct historic character of South Yorkshire – see Appendix 1.
 - ii) Seeking public nominations for heritage assets that could be suitable for inclusion (via the dedicated website <https://local-heritage-list.org.uk/south-yorkshire>).
 - iii) Carrying out a public consultation (over a minimum of 4 weeks), once sufficient nominations have been received, seeking additional information on the nominated heritage assets. This consultation phase will also allow anyone with any objection to a possible local listing to respond. The

public consultation phase will include notification of the Local Area Committees, in Sheffield.

iv) Holding an assessment panel meeting, to consider public nominations received against the selection criteria. NB To ensure the process continues to include the community, as well as officers from the 4 South Yorkshire authorities (Conservation Officers and South Yorkshire Archaeology Service Officers) the panel will include members of relevant groups/societies - for Sheffield this would include:

- Sheffield Conservation Advisory Group,
- Hunter Archaeological Society, and
- South Yorkshire Industrial History Society.

The panel will make recommendations on inclusion (or exclusion), taking all information received into consideration - see Appendix 2.

v) Taking the recommendations of the panel to the relevant Head of Planning, for approval.

- 1.6 In addition, it should be noted that the Local Heritage List project website is designed to support information flow from the local listing process to the South Yorkshire Historic Environment Record (formerly known as the Sites & Monuments Record), which is maintained by South Yorkshire Archaeology Service. Integration with this record is a key component of the project, helping ensure that information gathered through the local listing process can be used to enhance existing records and support the work of the service.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The decision to adopt the process outlined will mean that, for the first time, Sheffield will have a process that allows a Local Heritage List to be maintained - a process that it is anticipated will ensure consistency of approach across South Yorkshire.

- 2.2 As Local Heritage Listing is essentially community-led, adopting the process outlined will mean that everyone will be able to get involved with the heritage of their area, including the Local Area Committees. Identifying local heritage assets ahead of development proposals will help identify concerns that will need to be considered through the planning process. This, in turn, will ensure the council is more aware of potential concerns at an early stage, helping guide development management.

- 2.3 The One Year Plan aims for all communities to love and be proud of where they live and for the City Council to put the communities and people of Sheffield at the heart of everything we do. The proposed Local Heritage Listing process will help the City Council with its ambition that people play a full part in life in their local area and with finding new ways of listening to more views and connecting with communities.

- 2.4 Local heritage contributes to local distinctiveness and local character. These can be important contributors to a sense of place and belonging for residents - as the One Year Plan states "Sheffield is a place rooted in its history".

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 For Local Heritage Listing to be successful, it relies on the involvement of local people. Communal value is a key consideration in the assessment of nominations. As such, engagement and consultation has been undertaken from the outset. At the Expression of Interest stage, potential local stakeholders, such as local heritage/archaeology societies, were contacted to assess the level of support for the project. Once we had confirmation that the project was going ahead, we have involved such community groups to help us with our approach and methodology.
- 3.2 Draft assessment criteria were circulated widely, and comments received were then used to fine-tune the weighting of the criteria to be used. Information has also been disseminated publicly through the Local Heritage List website, news stories, social media, online workshops, etc. to make residents aware of the initiative and call for and encourage input.
- 3.3 Consultation will continue through these channels at key points, particularly to call for comments and additional information on potential candidates, once sufficient nominations have been received. This public consultation phase is helpful as it will allow for errors or mistakes in supporting information to be identified.
- 3.4 Community input is also sought for the assessment process, with members of relevant local societies being invited to participate in the assessment panel.
- 3.5 Local people will, therefore, be key to both nominations and good decision-making with regard to the Local Heritage List.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 The Social & Communal Value is included as a criterion for assessment of heritage assets nominated for Local Heritage Listing, and this can include whether a place has a value to a specific community of interest, as well as to a geographic community.
- 4.1.2 Participation in heritage activities often is not very diverse and this may be partly to do with financial privilege. This may affect the nomination of heritage assets for Local Heritage Listing.
- 4.1.3 Equality monitoring of those participating with the Local Heritage Listing

project will take place, as representation is important. We will undertake to convene a group and ensure that we undertake relevant equality monitoring during the project.

4.2 Financial and Commercial Implications

4.2.1 Sheffield City Council has been awarded a grant of £68,752 from the Department of Levelling Up, Housing & Communities to fund this programme of work. The funding allows us to employ a full-time project officer for 12 months, providing much needed capacity to bring local partners together, to build on the recent Local List work undertaken by Barnsley MBC, Rotherham MBC and Doncaster MBC. The funding also allows for some IT development for the website that will host the Local Heritage List and for publicity / events.

4.2.2 Other than a small amount of officer time there are no direct revenue implications as a result of approving and bringing into effect a process for establishing and maintaining a Local Heritage List. This project is funded by a grant; the lead officer will be seeking funding from other sources should it be proposed to extend the project beyond the original period.

4.3 Legal Implications

4.3.1 Section 9D of the Local Government Act 2000 states that any function of the local authority that is not specified in regulations under subsection (3) is to be the responsibility of an executive of the authority under executive arrangements. The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 does not specify that the functions proposed here are by law the responsibility of the Council, and therefore they are an executive function.

Section 6 of the Human Rights Act 1998 prohibits authorities from acting in a way which is incompatible with the European Convention on Human Rights. "Convention" here means the European Convention on Human Rights, certain parts of which were incorporated into English law under the Human Rights Act 1998. Various Convention rights are likely to be relevant including:

- Article 8: Respect for your private and family life, home and correspondence
- Protocol 1, Article 1: Right to peaceful enjoyment of your property

Both public and private interests are to be taken into account in the exercise of the council's powers and duties. Any interference with a Convention right must be necessary and proportionate. The executive must, therefore, carefully consider the balance to be struck between individual rights and the wider public interest of protecting heritage assets that have local special interest, which contribute to the character and local distinctiveness of the area.

- 4.3.2 Under the provisions of the NPPF a building, structure or place that is on a 'Local List' is considered to be a non-designated heritage asset. Non-designated heritage assets are defined as buildings, monuments, sites, places, areas or landscapes identified by local planning authorities as having a degree of significance meriting consideration in planning decisions, but which are not formally designated. Whilst local listing provides no additional planning controls, the fact that a building or site is on a Local List means that its conservation as a heritage asset is a material consideration when determining a planning application.

The level of protection afforded to a property on the Local List is influenced by the manner in which the list is prepared. The sounder the basis for the addition of an asset to the list – particularly the use of selection criteria and consultation - the greater the weight that can be given to preserving the significance of the asset.

- 4.3.3 However, it should be noted that the absence of any particular heritage asset from the local list does not necessarily mean that it has no heritage value, simply that it does not currently meet the selection criteria or that it has yet to be identified or nominated.

4.4 Other Implications

- 4.4.1 N/A

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 The recommendation made is considered by Officers to be the most sustainable approach to Local Heritage Listing, by sharing the assessment process with the other South Yorkshire authorities, as well as seeking to ensure consistency with local listing by those authorities. The Council could do nothing but this would increase the risk that non-designated heritage assets of local significance are picked up late in the planning process, increasing the risk of issues arising and of local communities feeling their concerns are not listened to.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The proposed assessment process will allow the City Council to have a method for Local Heritage Listing for the first time, improving services to local residents.
- 6.2 Adoption of the recommended process will help ensure consistency with the proposed approach to Local Heritage Listing by the other South Yorkshire authorities.
- 6.3 Obtaining the relevant delegation would allow Local Heritage Listing to proceed, in a sustainable manner.

- 6.4 The outcome we are seeking is to allow greater weight to the protection of a heritage asset on the Local Heritage List, when planning decisions are made.



South Yorkshire Local Heritage List- Assessment Criteria

Historic England Criteria - see:

[Local Heritage Listing: Identifying and Conserving Local Heritage | Historic England](#)

Age	Rarity	Architectural & Artistic Interest	Archaeological Interest	Historic Interest incl. Social & Communal Value	Landmark Status	Group Value
<i>The age of an asset may be an important criterion; the age range can be adjusted to take into account distinctive local characteristics or building traditions.</i>	<i>Appropriate for all assets, as judged against local characteristics.</i>	<i>The intrinsic design and aesthetic value of an asset relating to local and/or national styles, materials, construction and craft techniques, or any other distinctive characteristics.</i>	<i>An asset may provide evidence about past human activity in the locality, which may be in the form of buried remains, but may also be revealed in the structure of buildings or in a designed landscape, for instance.</i>	<i>An asset may have significant historical association of local or national note, including links to important local figures. Social and communal interest is a subset of historic interest with special value in local listing, e.g. adding to the 'collective memory' of a place.</i>	<i>An asset with strong communal or historical associations, or because it has especially striking aesthetic value, may be singled out as a landmark within the local scene.</i>	<i>Groupings of assets with a clear visual design or historic relationship.</i>

South Yorkshire Local Heritage List Criteria:

Buildings/Structures (non-commemorative)

Age	Rarity	Architectural & Artistic Interest	Archaeological Interest	Historic Interest incl. Social & Communal Value	Landmark Status	Group Value
<p>Does the asset date from before the 1850s, e.g. is it shown on the 1st edition OS map (and is not nationally listed), or is it a more recent building of merit, e.g. relating to key local industries, businesses or infrastructure, or to emerging municipal identity and provision?</p>	<p>Is the asset rare for the local area, or rare in the sense that it is a good surviving example of a particular type of structure?</p>	<p>Does the asset have a distinctive design, or some architectural/ artistic elements, that give it merit? Candidate buildings may have been designed by a known architect or be the work of a known engineer or may be distinctive because they use characteristic local materials or design elements.</p>	<p>Does the asset contain significant original building fabric and/or authentic features that would help us to understand its past development and use? Does other such evidence survive, e.g. artefacts from use of the building, or contemporary or historic written, drawn or photographic records?</p>	<p>Does the asset have an association with a historic person, group or culture, or with historic events, or is it a place that helps to tell the story of social change, or help create a sense of belonging?</p>	<p>Is the asset a place that is a well-known landmark to the community, contributing to the landscape or townscape, or local identity in a positive way?</p>	<p>Does the asset have additional value from being part of a planned or designed group or having a historic relationship with other heritage assets?</p>

Parks & gardens & designed landscapes

Age	Rarity	Architectural & Artistic Interest	Archaeological Interest	Historic Interest incl. Social & Communal Value	Landmark Status	Group Value
<p>Was the park/garden formed before about 1750 with at least a proportion of the original layout still evident; or was it laid out between about 1750 and the 1850s, e.g. is it shown on the 1st edition OS map, with enough of the layout surviving to reflect the original design; or is it more recent but relatively intact and with a special quality or historic interest, e.g. designed landscapes associated with emerging municipal identity and provision?</p>	<p>Is the asset rare for the local area, or rare in the sense that it is a good surviving example of a particular type of designed landscape?</p>	<p>Was the asset designed by a known landscape architect, designer, gardener, or plants expert, or does it have a design relating to local styles or have other distinctive local characteristics, including use of local materials?</p>	<p>Does the asset have potential for archaeological evidence to survive for earlier phases of design or associated structures, that would help us understand its historic development? Does other such evidence survive, e.g. contemporary or historic written, drawn or photographic records?</p>	<p>Does the asset have an association with a historic person or group or culture, or with historic events, or is it a place that helps to tell the story of social change or help create a sense of belonging?</p>	<p>Is the asset a place that is a well-known landmark to the community, contributing to the landscape or townscape, or local identity in a positive way?</p>	<p>Does the asset have additional value from being part of a planned or designed group or having a historic relationship with other heritage assets?</p>

Archaeological sites

Age	Rarity	Architectural & Artistic Interest	Archaeological Interest	Historic Interest incl. Social & Communal Value	Landmark Status	Group Value
Is the site definable in extent and in terms of period of origin or use/occupation?	Is the site likely to be well preserved, such as containing visible earthworks or structures, or with clear cropmark or geophysical evidence, or from recorded excavation evidence or associated finds.	Does the asset have potential to contain remains of architectural or artistic interest? <i>(May not be relevant to this asset type)</i>	Could the asset hold evidence to help us understand the lives or culture of people in a particular period of the past, or help us understand a particular former activity, e.g. does it relate to a significant theme identified in the South Yorkshire Historic Environment Research Framework (see https://researchframeworks.org/syrf/)?	Does the asset have any association with historic events, or is it of other historic interest, e.g. appearing in historic accounts? Does it have a social or communal interest, e.g. contributing to understanding of a community's origins?	Is the asset a place that is a well-known landmark to the community, contributing to the landscape or townscape, or local identity in a positive way?	Does the asset have additional value from forming part of a known archaeological landscape? Does it have a relationship with other heritage assets?

Commemorative Monuments/ Memorials/ Statues

Age	Rarity	Architectural & Artistic Interest	Archaeological Interest	Historic Interest incl. Social & Communal Value	Landmark Status	Group Value
Does the asset commemorate events of national or more local significance and is it more than 30 years old?	Is the asset rare for the local area, or rare in the sense that it is a good surviving example of a particular type of structure?	Does the asset have architectural or artistic merit? Was it designed by a known architect or designer?	Could the asset provide insight into past human activity? <i>(May not be relevant to this asset type)</i>	Does the asset have an association with a historic person or group or culture, or with historic events? Does it commemorate something or someone of especial significance to the local community, , helping to create a sense of belonging?	Is the asset a well-known landmark to the community, contributing to the landscape or townscape, or local identity in a positive way?	Does the asset have additional value from being part of a planned or designed group or have a historic relationship with other heritage assets?

Places/Areas

Age	Rarity	Architectural & Artistic Interest	Archaeological Interest	Historic Interest incl. Social & Communal Value	Landmark Status	Group Value
Is the place definable in extent and having a particular historic character whose origin is more than 30 years old?	Is the place rare, or unique, in terms of the period or event it represents, or survival of component elements?	Does the place have architectural, design or artistic merit?	Does the place have the potential to contain evidence that would contribute to our understanding of, and appreciation of, the historic development of an area?	Does the place have an association with a historic person or group or culture, or with historic events, or is it a place that helps to create a sense of belonging?	Is the place a well-known landmark to the community, contributing to the landscape or townscape or local identity in a positive way?	Does the place have additional value from component elements forming a planned or designed group or having a historic relationship with other heritage assets?

South Yorkshire Local Heritage Listing Project – Assessment Process Terms of Reference.

The assessment of heritage assets nominated for inclusion on the South Yorkshire Local Heritage List will be decided based on 7 set criteria (based on those in Historic England’s Advice Note 7, HEAN7: <https://historicengland.org.uk/images-books/publications/local-heritage-listing-advice-note-7/>). Each nominated asset will be assessed by a local panel before submission to the relevant Local Planning Authority for approval. The local panel will consist of Conservation and Archaeology Officers, from the local authorities, and representatives of relevant heritage groups or other local experts. This document sets out how this assessment process will work.

Asset Assessment

Prior to the commencement of the assessment process, a list of nominated heritage assets will be made publicly available and the local community will be invited to offer further comments and additional information on the assets included.

Heritage Assets will then be assessed against relevant criteria relating to Age, Rarity, Architectural & Artistic Interest, Archaeological Interest, Historical Interest - including Social & Communal Value, Landmark Status and Group Value. The extent to which an asset meets each criterion will be judged on whether it clearly meets the criteria, may meet the criteria or does not meet the criteria. The panel will also be mindful of the assets ability to be conserved for future public use or enjoyment. Locally listed status may not be appropriate for assets scheduled for demolition or removal.

Example of assessment against a criterion: if a historic building has a distinctive design, some architectural/ artistic elements that give it merit, it was designed by a known architect, is the work of a known engineer or is distinctive because it uses characteristic local materials or design elements, it would clearly meet the Architectural & Artistic Interest criterion and be marked ‘Yes’. If it has only one of the above characteristics or limited information is supplied, but the asset is thought to meet this criterion through the expertise of the panel members, the asset would be marked as ‘Maybe’. If there is no information supplied or the information does not give evidence for any of the above, it would not meet the Architectural & Artistic Interest criterion and be marked ‘No’.

It is anticipated that all the criteria may not apply to some assets, meaning they could only meet 5 or 6 of the 7 criteria. In order to avoid some assets being disadvantaged, each nominated heritage asset will require a ‘Yes’ or ‘Maybe’ in any 5 of the 7 criteria before it is considered suitable for Local Heritage Listing.

The assessment score will be based on the information submitted as part of the nomination process and from the public consultation, supported by the expertise of members of the assessment panel.

Assessment Panel

The assessment of assets and decisions on candidate status will be carried out by a panel of local heritage specialists and professionals. The panel will include Conservation and Archaeology Officers, representing the four Local Planning Authorities, and relevant local heritage experts for the South Yorkshire area.

Depending on the assets submitted for assessment, local experts will be drawn from a pool of individuals with expertise in local history, industrial history, historic parks & gardens, historic buildings, archaeology and historic landscapes.

It is expected that the panel will usually consist of 7-8 members but will be considered quorate with 5 members. In the rare event that one of the Local Planning Authorities is not represented by a Conservation Officer, an officer from the South Yorkshire Archaeology Service will represent that Authority - having consulted with the absent Conservation Officer before the panel meeting. In the even rarer event of there not being a representative from one of the four Local Planning Authorities, then decisions on candidates for that area will be rolled over to a subsequent panel meeting.

Following discussion by the panel, each asset will be scored to determine its suitability to become a candidate for inclusion on the Local Heritage List. If no clear decision can be reached, the relevant officer from the Local Authority in which the asset is located will have the casting vote on scoring.

The panel will meet to run a pilot process (online or in-person) in January 2022, to assess the initial nominations and will meet at regular intervals thereafter, as necessary.

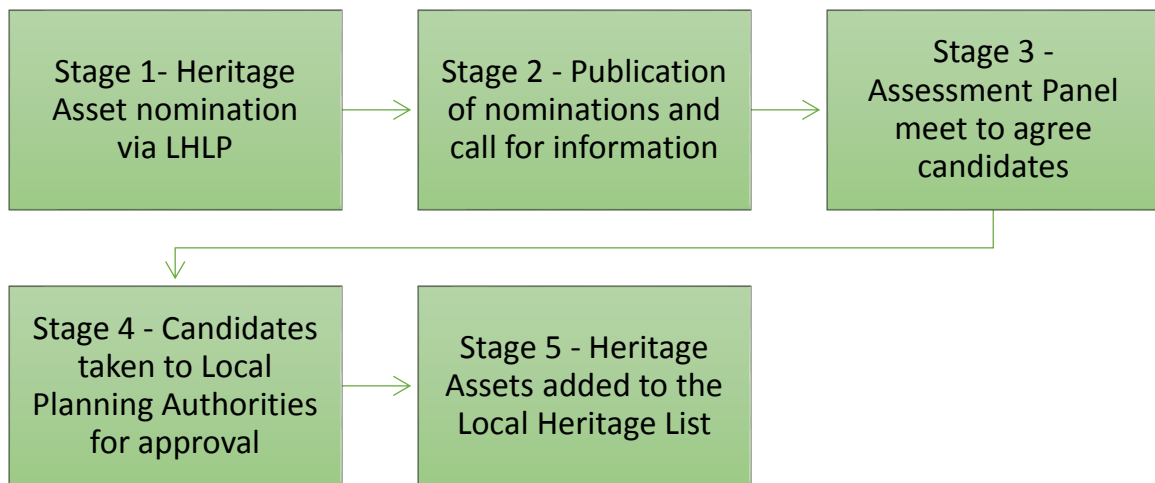
Following approval of the decision-making process, candidates will then be taken to the relevant Local Planning Authority for a final decision before being officially added to the Local Heritage List. It is hoped that the initial candidates can be brought for approval in March 2022, with the first Heritage Assets added to the South Yorkshire Local Heritage List after this.

Access to Nomination Submissions

Nominations for Local Heritage Listing will be made online through the Local Heritage List Platform: <https://local-heritage-list.org.uk/south-yorkshire>. This will allow each nomination to use the same format for supporting information, research results and images. Other methods of nomination will not be possible.

In order to view nominations, panel members will be asked to register to use the platform, which will require providing contact details and a brief note on relevant expertise. They will then be assigned Editor status, allowing them to view submitted asset nominations. They will not, however, be able to add or remove any heritage assets from the Local Heritage List. This will be done by the LHL Project Officer, or equivalent staff member with Publisher status.

Assessment Process Stages



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Author/Lead Officer of Report:
Nik Hamilton, Head of Communities, Communities

Tel: 0114 223 2406

Report of: Executive Director of People Services

Report to: Co-Operative Executive

Date of Decision: 16 March 2022

Subject: Community Infrastructure Levy Neighbourhood Portion (Local CIL) in the context of Neighbourhood Plans.

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Executive Member Portfolio does this relate to? (a) Community Engagement and Governance; (b) City Futures: Development, Culture and Regeneration		
Which Scrutiny and Policy Development Committee does this relate to? Overview and Scrutiny Management Committee		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? 1147		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>		

Purpose of Report:

Sheffield City Council's approach to allocating Neighbourhood CIL is detailed in a Cabinet Report dated 17 October 2018. This did not set out an approach to allocating CIL in Neighbourhood Plan areas.

Sheffield now has two approved Neighbourhood Plans – BBEST (covering Broomhill, Broomfield, Endcliffe, Summerfield and Tapton) and Dore.

The Council now needs an approach towards the allocation of CIL within Neighbourhood Plan areas.

This report sets out these proposals for how Neighbourhood CIL funding is allocated and spent in areas where a Neighbourhood Plan has been approved.

Recommendations:

It is recommended that the Co-Operative Executive:

a) agrees that from the date that a Neighbourhood Plan is adopted by the Council, the CIL Neighbourhood Portion arising from a chargeable development in the Neighbourhood Plan area is ringfenced for use in that area and is not collected into the single Local CIL pot;

b) authorises the Director of Communities, in consultation with the Executive Member for Community Engagement and Governance, to determine (i) how the CIL Neighbourhood Portion is spent in a Neighbourhood Plan area, following engagement with the Neighbourhood Forum (or other formally constituted body responsible for developing the individual Neighbourhood Plan), local communities and Ward Councillors, subject to the proviso that monies are spent in accordance with the priorities identified in the Neighbourhood Plan and agreed Ward Priorities and (ii) to determine the terms on which such expenditure is incurred including authorising the completion of any related funding agreement or other legal documentation.

c) notes that the collection and distribution arrangements for the Neighbourhood Portion agreed by Cabinet in October 2018 will continue to apply proportionately to any parts of a ward in which there is a Neighbourhood Plan that are not within the Neighbourhood Plan area.

Background Papers:

Cabinet report ‘Community Infrastructure Levy Neighbourhood Portion (Local CIL)’ – October 2018

Community Infrastructure Levy Guidance:

www.gov.uk/guidance/community-infrastructure-levy

Lead Officer to complete:-	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: Liz Gough
	Legal: Andrea Simpson
	Equalities: Ed Sexton

	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	EMT member who approved submission:	John Macilwraith, Executive Director of People Services
3	Executive Member consulted:	Cllr Julie Grocutt, Deputy Leader of the Council and Executive Member for Community Engagement and Governance
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Nik Hamilton	Job Title: Head of Communities, Communities
	Date: 16 March 2022	

1. PROPOSAL

Allocation of the CIL Neighbourhood Portion in areas of the city where a Neighbourhood Plan is in place

- 1.1 In October 2018 Cabinet considered proposals for the allocation of the Neighbourhood Portion of Community Infrastructure Levy (CIL) receipts across the city and made a decision that where there is no Parish Council or neighbourhood plan in place in the ward where a chargeable development has taken place, the Neighbourhood Portion is collected into a single Local CIL pot and redistributed using a process set out in the report.

Parish Council areas were excluded from this decision because the Community Infrastructure Levy Regulations 2010 (the CIL Regulations) require the Neighbourhood Portion raised in those areas of the city to be passported by the City Council directly to the Parish Councils for them to spend.

At the time of this decision there were no areas of Sheffield with Neighbourhood Plans. Treatment of the Neighbourhood Portion in those areas could therefore be deferred for further consideration.

Sheffield now has two approved Neighbourhood Plans, in BBEST (Broomhill, Broomfield, Endcliffe, Summerfield and Tapton) and Dore, and the City Council therefore needs to agree an approach for the use of the Neighbourhood Portion raised within those and any future Neighbourhood Plan areas.

It is proposed that where there is a Neighbourhood Plan in place the Neighbourhood Portion raised is ringfenced for use in the Neighbourhood Plan area from the date that the Neighbourhood

Plan is adopted.

- 1.2 The Neighbourhood Portion is 15% of CIL receipts (capped to £100 per council tax dwelling) unless a Neighbourhood Plan is in place (or the chargeable development was authorised by a Neighbourhood Development Order); in both such cases the Neighbourhood Portion in respect of those developments is increased to 25% and that is uncapped.

The application and use of the Neighbourhood Portion is prescribed by the CIL Regulations. It may be used to support the development of the relevant area by funding the provision, improvement, replacement, operation or maintenance of infrastructure; or anything else that is concerned with addressing the demands that development places on an area. Under the Regulations, the "relevant area" is any part of the City Council area which does not have a local (parish or town) council.

Therefore in accordance with the Regulations the Neighbourhood Portion could be raised at a higher rate in the Neighbourhood Plan areas and redistributed across the city using the process approved in 2018: pooling into a single Local CIL Pot and allocating the total across the city per ward based on deprivation levels using the Index of Multiple Deprivation (IMD). This could however be seen as contrary to the spirit of the Neighbourhood Planning regime.

- 1.3 The CIL Regulations are supported by government guidance. The Community Infrastructure Levy Guidance notes that the law does not prescribe a specific process for agreeing how the Neighbourhood Portion should be spent and does not advise any particular approach to the allocation or use of the Neighbourhood Portion raised in Neighbourhood Plan areas.

It does however suggest that the use of neighbourhood funds should match priorities expressed by local communities, including priorities set out formally in neighbourhood plans, and that community consultation and engagement should include working with any designated Neighbourhood Forums preparing Neighbourhood Plans that exist in the area, and states:

Where a neighbourhood plan has been made, the charging authority and communities should consider how the neighbourhood portion can be used to deliver the infrastructure identified in the neighbourhood plan as required to address the demands of development.

Though not legally binding the guidance may give rise to the expectation that Neighbourhood Plan areas should retain the Neighbourhood Portion raised by development in those areas. This is the approach proposed in this report.

- 1.4 This proposal does not affect those parts of the Broomhill & Sharrow Vale, Dore & Totley or Fulwood wards that are not in a Neighbourhood Plan area. A proportionate amount is distributed to those areas from the Local CIL Pot in accordance with the 2018 decision.

Decisions on spending the CIL Neighbourhood Portion in Neighbourhood Plan areas

- 1.5 In October 2018 Cabinet authorised the Director of Communities, in consultation with the Co-operative Executive Member for Community Engagement and Governance, to determine (i) how the CIL Neighbourhood Portion allocated to each ward is spent, following engagement with local communities and Ward Councillors, subject to the proviso that monies are spent in accordance with agreed Ward Priorities and (ii) to determine the terms on which such expenditure is incurred including authorising the completion of any related funding agreement or other legal documentation.
- 1.6 Given that the development of a Neighbourhood Plan is driven by the community and that it is approved by the community through a referendum, it is felt pertinent that the relevant Neighbourhood Forum (or other formally constituted body responsible for developing the individual Neighbourhood Plan) is consulted on the use of the Neighbourhood Portion in the Neighbourhood Plan area and that expenditure supports the priorities identified in the Neighbourhood Plan.
- 1.7 **It is therefore proposed that the established process is followed for decision-making in Neighbourhood Plan areas, except that in line with the CIL Guidance local community engagement expressly includes the Neighbourhood Forum, and that monies be spent in line with priorities identified in the Neighbourhood Plan.**

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The approach outlined in this report aligns with the ethos of the Council's Empowering Communities Programme, namely to Engage, Empower and Enable.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 There has been no consultation on this decision, and none is required. The broader principles regarding the allocation of the Neighbourhood Portion were consulted on prior to the 2018 Cabinet decision and Neighbourhood Plans are produced through extensive community consultation. Decisions on spending the Neighbourhood Portion are informed by further community engagement and support priorities that have themselves been developed through public consultation.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 Decisions need to consider the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010.

This is the duty to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Equality Act 2010 identifies the following groups as a protected characteristic: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

We have undertaken an initial Equality Impact Assessment (1147) and determined that at this stage a full impact assessment is not required.

The overall impact of this decision is likely to be positive from an equality, diversity and inclusion perspective. Local communities within the designated Neighbourhood Plan areas, represented by their Neighbourhood Forum, will have a greater say in decision making in respect of how Neighbourhood CIL monies are spent.

There is scope for new Neighbourhood Plans to be developed in areas across the city, should residents wish to undertake such an exercise, and if approved via Referendum, these areas would also have the ability to retain 25% of the Neighbourhood CIL allocation.

Note that in order to ensure this approach takes into account people who share protected characteristics under the Public Sector Duties each Local Area Committee Community Plan undertaken will also be supported by equality monitoring and an Equality Impact Assessment.

Equality Impact Assessments were also carried out in respect of the establishment of Local Area Committees (EIA 916) and Local Area Committee Budgets (EIA 962).

4.2 Financial and Commercial Implications

4.2.1 There is no easily definable cost in respect of these proposals, given that the amount of Neighbourhood CIL receipts generated is wholly dependent on the number and size of new building developments in the designated Neighbourhood Plan areas, coming forward.

If there are no new developments within these geographies, then there is no financial impact, whatsoever.

If new building developments that are subject to the CIL levy in the Neighbourhood Plan area are forthcoming, this will result in:

- An increase of 10% (from 15% to 25%) to the Neighbourhood CIL

portion;

- An equivalent reduction of 10% (from 80% to 70%) to the central 'Strategic CIL' allocation, and

All of the increased Neighbourhood CIL allocation (25%) is given over to the Neighbourhood Plan area, i.e. no other Wards benefit from the distribution of Neighbourhood CIL through the established pooling method, divided per ward, based on deprivation levels, using the Index of Multiple Deprivation (IMD).

4.3 Legal Implications

- 4.3.1 This report proposes that the Neighbourhood Portion of the Community Infrastructure Levy (CIL) raised in an area with a Neighbourhood Plan is ringfenced to that area and describes a mechanism for making decisions on how the monies are spent. The legal implications which arise from specific proposals will be considered when decisions are made about those proposals.

The law does not prescribe a specific process for agreeing how the Neighbourhood Portion should be spent but the proposals are permissible under the rules for the application of the Neighbourhood Portion set out in Regulations 59A - 59F of the Community Infrastructure Regulations 2010 and are in accordance with the principles described in the Government's Community Infrastructure Levy Guidance.

5. **ALTERNATIVE OPTIONS CONSIDERED**

- 5.1 The 25% Neighbourhood Portion raised in the Neighbourhood Plan areas could be redistributed across the city using the process approved in 2018: pooling into a single Local CIL Pot (together with the 15% raised across the rest of the city outside parish council areas) and allocating the total across the city per ward based on deprivation levels using the Index of Multiple Deprivation (IMD). This could however be seen as contrary to the spirit of the Neighbourhood Planning regime.

6. **REASONS FOR RECOMMENDATIONS**

- 6.1 The proposals address the omission of Neighbourhood Plan areas from the 2018 Cabinet decision on the CIL Neighbourhood Portion and provide recognition of the valuable input of Neighbourhood Forums in their respective areas.

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Author/Lead Officer of Report: Michael Johnson, Head of Planning & Tammy Whitaker, Head of Property and Regeneration.

Tel: 07769607537

Report of: Executive Director of Place
Report to: Cooperative Executive
Date of Decision: 16 March 2022
Subject: City Centre Strategic Vision

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? City Futures, Development, Culture and Regeneration		
Which Scrutiny and Policy Development Committee does this relate to? Overview and Scrutiny Management Committee		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? EIA1159		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		

Purpose of Report:

- a) To provide a summary of consultation responses from the 5-week public engagement (called 'Our City Centre') and set out how the City Centre Strategic Vision has been adjusted to take account of the public's views; and
- b) To seek approval for the final version of City Centre Strategic Vision for Sheffield (Appendix 1)

Recommendations:

It is recommended that the Co-operative Executive:

1. Notes the City Centre consultation responses and proposed adjustments to the City Centre Strategic Vision.
2. Approves the City Centre Strategic Vision for publication.

Background Papers:

Sheffield Central Area Strategy Capacity Report, July 2020

Lead Officer to complete:-							
1	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td> <td style="width: 50%; vertical-align: top;">Finance: Kerry Darlow</td> </tr> <tr> <td></td> <td style="vertical-align: top;">Legal: Patricia Evans</td> </tr> <tr> <td></td> <td style="vertical-align: top;">Equalities: Annemarie Johnston</td> </tr> </table> <p><i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i></p>	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Kerry Darlow		Legal: Patricia Evans		Equalities: Annemarie Johnston
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	Legal: Patricia Evans						
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3	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">Cabinet Member consulted:</td> <td style="width: 50%; vertical-align: top;">Cllr Mazher Iqbal</td> </tr> </table>	Cabinet Member consulted:	Cllr Mazher Iqbal				
Cabinet Member consulted:	Cllr Mazher Iqbal						
4	<p>I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">Lead Officer Name:</td> <td style="width: 50%; vertical-align: top;">Job Title:</td> </tr> <tr> <td style="vertical-align: top;">Michael Johnson Tammy Whitaker.</td> <td style="vertical-align: top;">Head of Planning Head of Property and Regeneration</td> </tr> </table> <p>Date: 04 March 2022</p>	Lead Officer Name:	Job Title:	Michael Johnson Tammy Whitaker.	Head of Planning Head of Property and Regeneration		
Lead Officer Name:	Job Title:						
Michael Johnson Tammy Whitaker.	Head of Planning Head of Property and Regeneration						

1. PROPOSAL

1.1 Introduction

- 1.1.1 This report seeks approval for a new City Centre Strategic Vision that will provide a way forward for the continued regeneration of the city centre in a post pandemic world, building on the outstanding developments to date. The Vision reflects the changing role of the city centre and takes account of developments that are already helping to transform it. This report also summarises and responds to comments made on the draft Vision through the public consultation that took place earlier this year.
- 1.1.2 Sheffield is an inclusive, resilient, competitive yet distinctive place with a green agenda and its people at its heart. The Vision will promote a future direction that sets out how the city centre can change and adapt to new trends for cities, such as the decline of retail, the changing nature of workplace, and the growth of city centre living through the creation of distinctive new neighbourhoods and permanent communities, enabling a vibrant and sustainable city centre in which to live, work and play.
- 1.1.3 In the wake of the Covid-19 pandemic, developing a City Centre Strategic Vision is more important now than ever in order to guide future development in a way that is sympathetic to the challenges facing Sheffield. There is now a heightened recognition of the importance of placemaking and quality spaces for all.
- 1.1.4 The City Centre Strategic Vision is underpinned by wider Sheffield Council policy on the quality of what is built, and the sustainability of development, including the need to develop in a way that achieves our net zero carbon objectives. It is also important that the Strategic Vision is fully integrated with transport policy and the need to develop an environment that is clean and supports health and well-being.
- 1.1.5 In planning to deal with a growing population and manage development in a sustainable way, regeneration experts Deloitte were commissioned in autumn 2019 to prepare a strategy for accelerating the growth of residential development in the city centre. The first step in that work was to assess the capacity of the city centre to provide new homes. This culminated in the Sheffield Central Area Strategy Capacity Report being produced in July 2020¹.
- 1.1.6 The Capacity Report provided the foundation for further work on the Strategic Vision. However, the Vision goes far beyond the objective of accelerating and increasing housing development, recognising the need to address wider

¹ Sheffield Central Area Strategy Capacity Report: <https://www.sheffield.gov.uk/home/planning-development/sheffield-plan-background-studies-reports>

economic, environmental, and social issues while delivering distinctive neighbourhoods across the whole city centre that will expand the population beyond students. The Vision aims to provide a mix of homes, public spaces, retail, entertainment, places to work and key services to connect and link into existing/emerging inner-city communities such as Kelham Island. We will ensure the city centre is activated, populated, well connected, welcoming and safe by day and night to encourage businesses to locate here and help sustain existing and new shops, restaurants, bars and a leisure offer, which can then be accessed by the wider city.

1.2 The Need for a New Strategic Vision

Changing Role of the City Centre

- 1.2.1 Like all major cities, Sheffield has had to learn to adapt over time. Our city centre is changing right now. It needs to adapt to a new world, where the growth of internet shopping, home entertainment and Covid-19 have led to unprecedented challenges for all of us including businesses and visitors. These changes will underpin the future vision for the city.
- 1.2.2 The nature of the workplace is undergoing change with a 'new normal' yet to emerge. As such, the city centre can expect changes to office space supply and demand in the longer term, particularly in terms of type and offer. However, whilst commentators share a mixture of views on the matter, nobody predicts a future that does not include many jobs still being carried out in city centre locations and current evidence shows there is strong demand for Grade A office space.
- 1.2.3 The city centre is key to unlocking new solutions to the Climate Change Emergency. Strategically located, the city centre should act as a hub for the South Yorkshire Mayoral Combined Authority public transport network whilst simultaneously supporting new modes of active travel and sustainable housing growth.
- 1.2.4 It is well known that the city centre retail market has contracted, marked most recently by the closure of two department stores - John Lewis and Debenhams. The loss of these anchor tenants from Sheffield's high street will bring about a significant change to the wider retail landscape but presents new opportunities for other high street chains, smaller independent retailers and organisations which are active within Sheffield. For example, this provides a significant opportunity to repurpose and rethink the 'groundscape' of the city centre working with academic institutions, the leisure, arts and culture sector in particular, to bring innovative ideas to the streets, public spaces and vacant units.
- 1.2.5 During the pandemic, the benefits of outdoor living and working from home as a choice began to become evident. Despite this, emerging trends point towards ongoing demand for city centre living to benefit

from the lifestyle it offers, which the city centre should capitalise on.

1.2.6 There is a fast return of the city centre leisure economy. Leisure, arts and culture are increasingly the reasons why people are choosing to visit the city centre. The importance of these sectors is emerging as a counterpoint to the more traditional urban pursuits such as shopping.

1.2.7 The city centre also has an important function to deliver health and well-being benefits to its residents through green spaces, well-designed public spaces, walking and cycling routes, delivering on net zero carbon objectives and making the most of natural assets in creating new communities.

Our City Centre Today

1.2.8 Work is already well advanced to drive the positive change that is needed for our city centre to continue to make us proud. We are building a new heart of our city centre between Barkers Pool and Moorhead to create a thriving centre for the 21st century. The Moor has been transformed. There are new plans and funding in place to reinvent Fargate & High Street, and Castlegate. You only have to walk around Pinstone Street, Moorhead, and Cambridge Street, and see the large number of cranes and construction sites, to see that the future is underway right now.

1.3 The City Centre Strategic Vision

City Centre Strategic Ambitions

1.3.1 We have ambitious plans for our city centre, which will transform the contribution it makes regionally and nationally. Our vision is for a well-connected, high profile city centre with a quality city environment that supports business, employment, residential and cultural opportunities. The city centre will be a hub for learning, employment, and highly skilled jobs but also a place where people can live.

Our City Centre Vision sets out our plans to create a thriving, liveable and sustainable city centre. New homes and neighbourhoods will deliver housing-led growth, with supporting investment vital to creating places where people want to live. Catalytic commercial developments like Heart of the City, West Bar and Castlegate will create space for high value jobs and transform the city centre offer to create vibrancy through new places to shop, eat and drink, socialise, explore and relax. The cultural offer will be transformed, bringing a quality of experience unique in the city region. Enhanced transport connectivity will ensure the opportunities created are accessible to people across South Yorkshire.

We have five strategic ambitions which are to be the building blocks to creating a successful city centre, addressing head on how the city will move forward. These five ambitions are:

- Ambition One: Building a resilient city centre that supports a strong economy and offers a diverse range of employment opportunities for all.
- Ambition Two: Creating a clear sense of place for the city by shaping distinctive and inclusive neighbourhoods in which people can live, work and play.
- Ambition Three: Delivering enhanced connectivity and accessibility for the city centre through integrated and sustainable transport.
- Ambition Four: Establishing a sustainable and environmentally friendly city centre.
- Ambition Five: Bringing the outdoors to the city centre, creating attractive high-quality spaces and places that facilitate wellbeing for all.

1.3.2 An essential component of the vision is repopulation of the city centre in terms of homes and associated amenities and workplaces. These residents and neighbourhoods will act as ‘the glue’ to help tackle future changes city centres will inevitably face. To deliver approximately 20,000 new homes, we can’t just zone the centre and hope things will happen. We need to create new city centre neighbourhoods, attractive, safe places that will create the demand for new homes and provide the infrastructure and facilities, such as schools and GP’s and outdoor spaces to enable a diverse range of people to live in them.

1.3.3 Creating these permanent communities will mean the city centre is more vibrant, more viable and more sustainable. Encouraging more people to live here will ensure it is activated, populated and safe by day and night. This new population will help to sustain shops, restaurants, bars and a leisure offer, which can then be accessed by, and create jobs for, the wider city. As well as new homes, there will be areas of the city centre and neighbourhoods which have a different primary role, such as commercial, learning or retail. This is about creating opportunities for all of Sheffield’s residents, no matter their background.

City Centre Key Themes

1.3.4 The delivery of the Vision will be guided by key themes, delivered through a number of principles or activities, designed to realise the vision for a strong, vibrant and thriving city centre in the 21st century.

These themes are:

An Outdoor City - Now is the time to bring the outdoors right into the heart of the city centre.

Distinctive - The city centre should offer distinct neighbourhoods, each with its own character and which celebrate Sheffield's unique character and history.

Liveable - Encouraging a more diverse range of homes in quality environments is vital. The city centre should offer housing options that are well-designed, supported by facilities and amenities to create neighbourhoods and housing choices suitable for a diverse range of people, including families, people looking to downsize and older residents.

Innovative and Resilient - Sheffield needs to respond to the climate crisis with ambitious, clear and deliverable actions. We also need to sustain the high street by creating a better balance of offer.

Productive - We want to consolidate and better connect the key commercial areas that attract the highest numbers of people, making all areas accessible. We will also support the growth of Sheffield's maker industries and creative businesses.

Collaborative - A collaborative approach to development will be employed, with the public and private sectors working in partnership for long term, sustainable results.

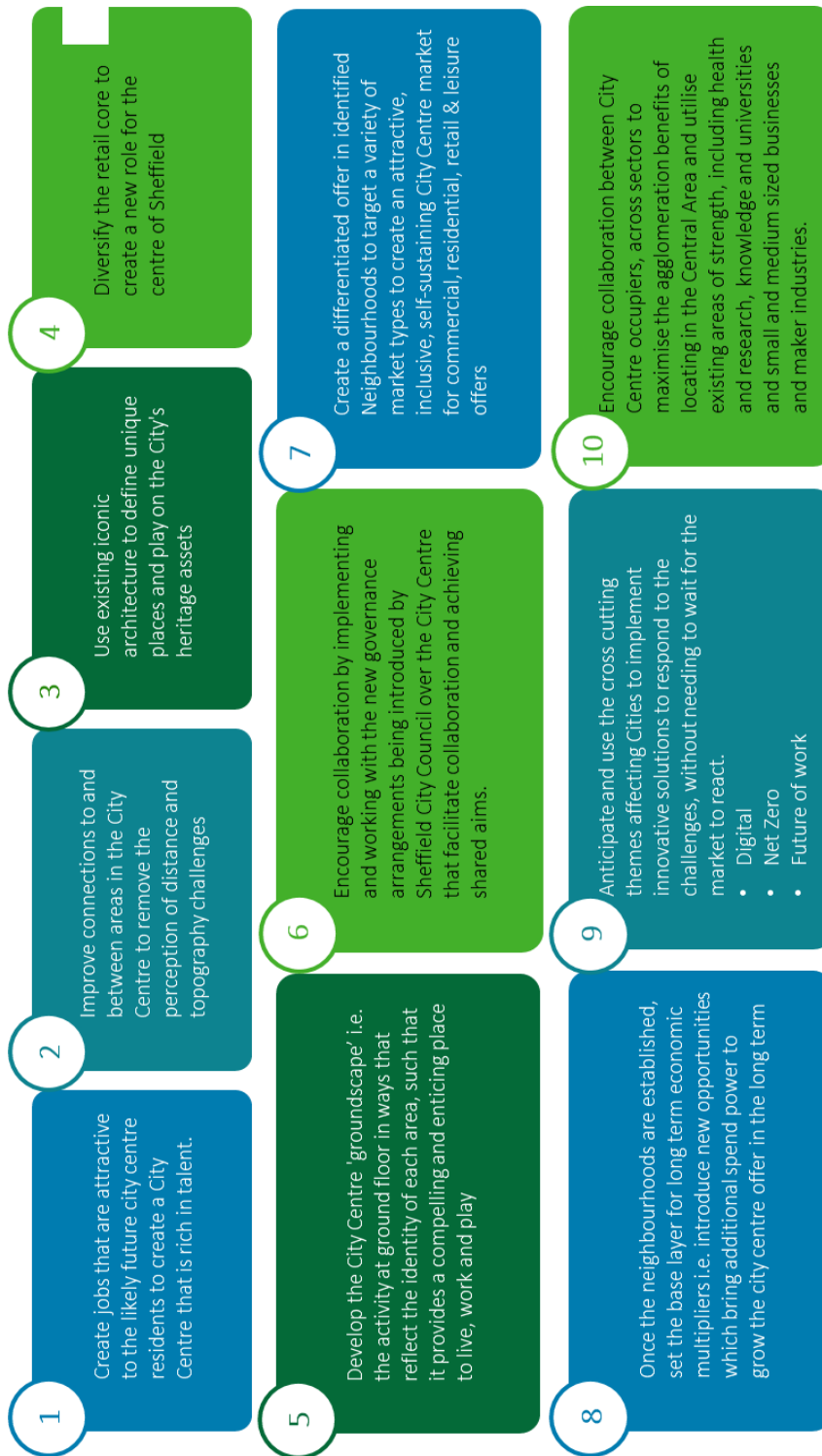
Connected and Accessible - Comprehensive transport improvements across the city centre need to be made, including pedestrian infrastructure. The city centre should be easy to access by high quality and reliable public transport.

City Centre Guiding Principles

1.3.5

To achieve the Strategic Vision of a successful city centre, the Vision will be delivered by ten guiding principles or activities (see page 8 overleaf).

10 Guiding Principles



2. HOW DOES THIS DECISION CONTRIBUTE?

The decision on the City Centre Strategic Vision will play an important role in supporting Council priorities in relation to the 1-Year Plan themes of:

- Communities and Neighbourhoods
- Climate Change, Economy and Development

The approval of the City Centre Strategic Vision will mean Sheffield has a coherent plan for the future of the city centre. We have listened to people and businesses about their aspirations and ideas to inform our plans to create a city centre that is vibrant, inclusive, resilient, competitive yet a distinctive place with a green agenda and its people at its heart.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 Summary of Public Consultation

Extensive public and stakeholder consultation on the Strategic Vision took place across five weeks, between Monday 10 January 2022 and Sunday 13 February 2022. Please note the full Consultation Report can be found at (Appendix 2).

Throughout the consultation, a range of communication methods were used to raise awareness. These methods were restricted to a degree by the imposition of Covid 'Plan B' as the Omicron variant had become prevalent. However, the strategy included methods to ensure information was accessible to members of the public and stakeholders across the city, even if they didn't have access to the internet. These methods included:

- The consultation website, including a video webinar.
- The Star newspaper.
- Community Access Points, where posters and postcards were on display.
- Social media.
- Pop-up exhibit in the Winter Gardens and Moor Market.
- Stakeholder meetings.
- Online presentation, with automated commentary.

The consultation asked stakeholders and members of the public to feedback on the City Centre Strategic Vision and plans for the key central sites of Fargate and High Street, Castlegate and the site of the former John Lewis store. In total, 1,452 feedback forms were submitted during the consultation from a variety of postcodes across the city, which is a very healthy response rate and demonstrates the consultation reached beyond the city centre boundary.

The full analysis of the feedback is included at Appendix 2 and the headline statistics from the key closed questions from the online feedback form were

as follows:

- 74% of respondents answered ‘Yes’ or ‘Yes with some reservations’ when asked whether the City Centre Strategic Vision was a suitable plan for the city centre.
- 62% of participants said, ‘Yes’ or ‘Yes, with some reservations’ to the question “Do you agree with the approach to create a series of distinctive city centre neighbourhoods with different identities and functions?”.
- 74.6% of respondents answered ‘Yes’ or ‘Yes with some reservations’ when asked whether they agreed with the City Centre Strategic Vision in terms of providing 20,000 new homes in the city centre.

In addition to the closed question responses, the opportunity to provide open responses was also provided. A summary of the broad themes to come out from this are as follows:

Prioritise Green Space and Biodiversity – Responses emphasised the importance of green space and biodiversity for the city centre.
Better City Centre Offer – Respondents wanted to see an improvement to the retail offer, such as more independent and high-end retail.
More New Homes – Clear support for this, particularly a diverse mix of housing, which includes affordable homes.
New Neighbourhoods – Support of the idea but need to avoid creating segregated areas of housing.
Provision of Amenities – Need for amenities to serve the new homes and communities, as referenced in the Strategic Vision.
Preserve Heritage – Need for more to be done to preserve and celebrate Sheffield’s historic buildings and heritage.
Improve Connections – Need for a better-connected city centre, including better public transport and connections to other parts of Sheffield.

In relation to stakeholder engagement, an extensive stakeholder mapping process was undertaken to identify different individuals and groups who were likely to have an interest in the proposals. The following different audience groups were engaged, and a summary of key pieces of feedback are included at Appendix 2:

- Political stakeholders.
- Economic and city-wide organisations.
- Educational organisations.
- Cultural & heritage interest groups and organisations.
- Community and local interest groups.
- Local Area Committees.

The overall balance of responses from the public and stakeholders to the consultation shows clear support for the City Centre Strategic Vision. It confirms support for the proposals to deliver distinctive and inclusive neighbourhoods with a balance of offers, alongside delivering significant

levels of new housing.

Additionally, plans for the key central sites of Fargate & High Street and Castlegate were supported and, from the options for the former John Lewis building, removal of the existing building with a smaller replacement building and accompanying new public space was the clear preference.

3.2 Changes to Vision following Public Consultation Feedback

Given the significant number of responses received in respect of the public consultation exercise, these have been bunched into key themes and adjustments made to the Strategic Vision to address gaps and strengthen other areas as required.

It is noted and welcomed that almost all the key themes that came through the free text responses to the consultation simply helped to reinforce existing strands of the Vision and adjustments do not need to be made in a number of cases as a result. For example, the importance of good connectivity, excellent green spaces and new homes were already comprehensively covered in the Vision.

In light of this, and considering the positive feedback provided during the public consultation process, the proposed changes to the Vision document when compared to the consultation version are relatively minor and focus on the following areas.

Inclusivity – Adjustments have been made to further strengthen inclusivity as a major thread that runs through the heart of the Strategic Vision.

This includes re-emphasising that new high-quality homes within future neighbourhoods will cater for all segments of the community to create a balanced and diversified residential population and deliver sustainable communities across the Central Area. This offer will see a variety of housing types and tenures to meet the needs of Sheffield's population.

Holistic Approach – The message that this Vision is about much more than delivering new homes has been strengthened, with further emphasis added to the myriad of component parts that all need to be delivered in order to create sustainable neighbourhoods and a successful Central Area (see image added in the Strategic Vision Introduction for example).

Small and Medium Enterprises – Elements have been added to strengthen this theme and the vital role these businesses will continue to play in our future successes.

Heritage – Increased emphasis added to the importance of Conservation Areas and the significant benefit these deliver around themes such as distinctiveness and economy.

Culture – Increased emphasis on Sheffield’s live and classical music scenes, alongside a need to support smaller cultural events and activities within the sector.

Night-time Economy – Additional images added to emphasise and celebrate the importance of the city’s night-time economy.

Biodiversity and Green Spaces – Whilst these subject areas are covered comprehensively in the Vision, we have added additional references to reinforce these themes in the final document.

It is noted that specific comments on the areas of Castlegate, Fargate & High Street and the former John Lewis site will be taken forward in the development of more detailed plans for these areas/sites in the future.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 Overall, there are no significant differential, positive or negative, equality impacts from this proposal. The final version of the Vision has been adjusted to further strengthen inclusivity and the holistic approach taken as major threads throughout.

We will ensure that future projects to implement the Vision, including the Local Plan, take account of the highlighted impacts and potential for mitigation. This includes:

- Ensuring that new residential development in the city centre is supported through the provision of new open space.
- Improved accessibility standards.
- Reviewing the ways of engaging people in any future consultation to ensure that there is representative feedback from the impacted communities.
- A housing offer will see a variety of housing types, affordability and tenures to meet the needs of Sheffield’s population.
- The location of new homes in relation to community facilities/public transport/ active travel routes.
- Access to employment areas by public transport or active travel.
- The proximity of new housing to areas with poor air quality.

4.2 Financial and Commercial Implications

4.2.1 There are no direct revenue implications as a result of approving the City Centre Strategic Vision. The Council has already secured significant capital funding from the Future High Street Fund, Get Building Fund and Levelling Up Fund to help revitalise Fargate and High Street; the regeneration of Castlegate, delivery of the Heart of the City Scheme and a range of transport

and active travel improvements which will help the strategic vision to be realised.

4.3 Legal Implications

4.3.1 There are no direct legal implications as a result of approving the City Centre Strategic Vision.

4.4 Other Implications

4.4.1 There are no other significant implications.

5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 The alternative option would be not to produce a City Centre Strategic Vision. However, given the need for the city centre's continued regeneration in the light of retail re-structuring and other economic challenges along with the need to address the delivery of more homes in Sheffield, the need to deliver a strategy outweighs the option not to deliver one.

6. **REASONS FOR RECOMMENDATIONS**

6.1 The approval of the City Centre Strategic Vision, which has received clear support through public and stakeholder consultation and taken on the views of Sheffield's people and businesses, will form the basis for new development and investment geared towards improving opportunities for all. The 10 guiding principles in the Vision summarise the actions that are required to bring the City Centre Strategic Vision to life.

6.2 The intended outcome is to start to realise the full potential of the City Centre Strategic Vision, and the following short term next steps will be progressed to ensure this:

1. Priority Neighbourhoods: Preparation of Masterplans and outline design principles to help shape 5 new distinctive neighbourhoods and to guide future development in these areas.

2. Delivery Plan: To enable key sites to be brought forward for delivery that will catalyse regeneration in their respective priority neighbourhoods.

3. City Centre Investment Prospectus: Building on point 1 and 2, this will clearly articulate the investment opportunities available within Sheffield's Central Area.

6.3 The outputs of the City Centre Strategic Vision and the next steps outlined in paragraph 6.2 will form a significant part of the emerging Sheffield Local Plan, a key piece of evidence to shape planning policy and site allocations. The outputs will act as interim guidance and support for city centre development and help guide decisions on planning applications pending adoption of the Sheffield Local Plan.

- 6.4 In addition, the Council will be working hard to bring forward the improvements at key city centre sites such as Fargate & High Street, Castlegate and the former John Lewis Store using the feedback and views from the public engagement.

Sheffield City Centre Strategic Vision

MARCH 2022





Image Source: <https://heartofsheffield.co.uk/>

Contents

1	Sheffield City Centre Today	8
1.1	What Makes Sheffield Special	10
2	The Changing Role of the City	14
2.1	Rethinking the City Centre	16
3	Sheffield, Here and Now	18
3.1	Strengthening the Spine	19
3.2	The Heart of the City	22
3.3	Key Projects beyond the spine	26
3.4	People's Perspective	29
4	Sector Snapshot	30
4.1	The Challenges	31
5	The Vision and Shaping the City Centre for the Future	32
5.1	A Vision for Sheffield City Centre	33
6	The Neighbourhood Approach	51
6.1	A Neighbourhood Approach	52
7	Bringing it Together	56
7.1	10 Guiding Principles	57
7.2	Next Steps	58
Annex 1	Neighbourhoods of the Future	59

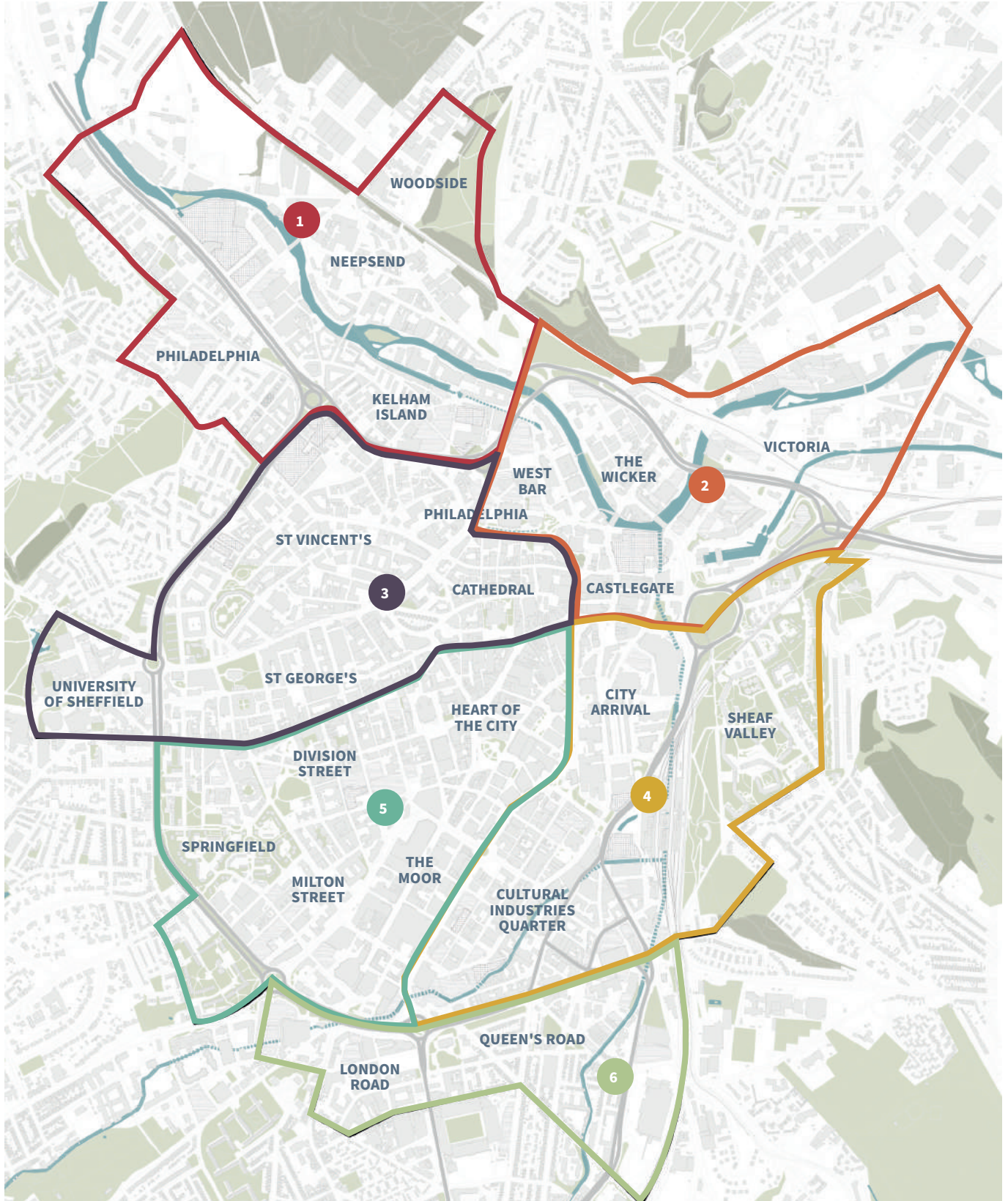


Image Source: Sheffield Central Area Boundary and Character Areas, Planit-IE

This is a Strategic Vision for Sheffield City Centre. It is a plan for everyone, our residents and business community.

It is recognised that Cities are complex, and there are a myriad of important component parts that all need to work together to create a successful future for Sheffield City Centre that we can all be proud of and participate in together:



This Vision builds on the good work that has been undertaken to date but places a new lens on the future of Sheffield reflecting that the City Centre is extremely dynamic and needs to be able to react and adapt to the latest trends and challenges. The City is in a period of transition as we rethink and respond to City issues such as the future of work, the changing role of the high street and the way we shop and the climate change emergency.

With change comes opportunity- this Vision acts as a new roadmap for positive change that can reset and shape the future of this great City in a post pandemic world.

With a population set to increase from 584,853 people (2019) to 648,410 people by 2043, this Strategic Vision places Sheffielders at the heart of future development of a growing City. Repopulating the City Centre through the creation of new distinctive neighbourhoods is a fundamental thread to the future City Centre. These neighbourhoods will put people first, have sustainability at the core and be inclusive, providing high quality new homes catering for all segments of the community to create a more balanced, diversified residential population and achieve a vibrant, sustainable community in the City Centre.

The City Centre has the capacity to deliver at least 20,000 new homes. Delivering more homes will provide much needed housing and importantly act as the 'glue' to bring together and strengthen the key components that make up the City Centre- culture, arts, work, leisure, for example. More homes in the City Centre will also reduce the impact of urban sprawl on the surrounding countryside whilst positively contributing to the low carbon agenda by reducing the demand on Sheffield's wider road and public transport network.

Establishing inclusive neighbourhoods and providing new homes for all people in the community, is a fundamental thread to the future City Centre, however, this is one element of the City Centre ecosystem. Sheffield should be seen as the place to live, work and play with the City Centre accommodating a wide range of activities and amenities which encourage footfall and provide a reason for people to visit the City Centre.

Delivering this strategic vision will not happen if we rely solely on market forces, it is recognised that public sector intervention will be needed, working alongside strategic partners and key stakeholders to establish new markets in the City Centre that don't yet exist which will help accelerate economic growth.

Purpose

Sheffield's City Centre is entering an exciting period of transformation. This vision will help guide the future regeneration of Sheffield's City Centre in a post pandemic world to ensure Sheffield is an inclusive, resilient, competitive yet distinctive place with a green agenda and its people at the heart.

This Vision:



Recognises the key assets and positive attributes that already make Sheffield a special place that are fundamental to the future growth of the City Centre.



Summarises the current market trends post Covid that are influencing how we interact with our city now and in the future.



Maps out 'the here and now' outlining the current and planned investment in the City Centre including the short-term priorities for the City.



Recognises the current challenges to economic growth in the City Centre.



Outlines the vision and strategic ambitions for the City Centre.



Establishes the overarching principles that will shape the future of the City Centre to ensure it is a successful, thriving place for all.



Summarises the opportunities available to ensure we can fulfil our potential.

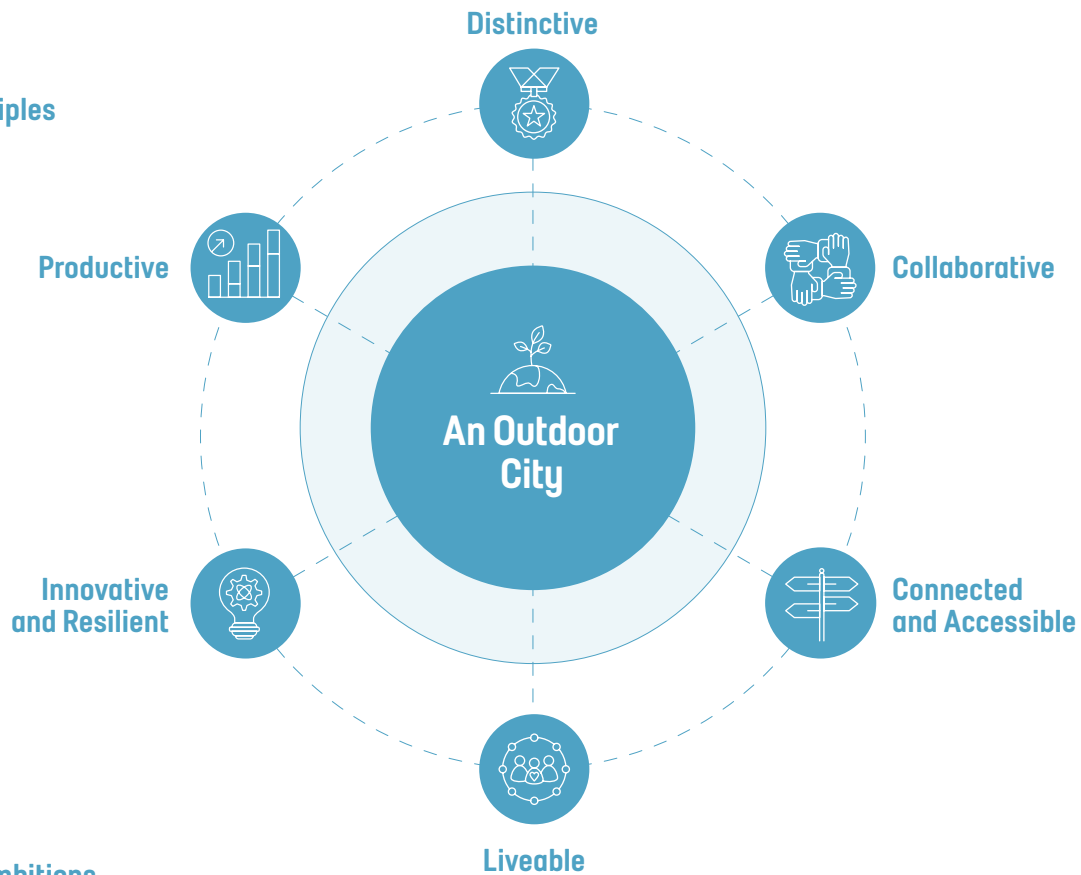
This Vision forms part of a suite of documents for the city, which inform the development of the Sheffield Local Plan (the statutory Development Plan) and should be read alongside the emerging evidence base documentation.

Vision Principles and Strategic Ambitions

Underpinning this Strategic Vision is a series of vision principles and strategic ambitions which are collectively the building blocks to creating a successful future City Centre:

Seven

Vision Principles



Five

Strategic Ambitions



One

Neighbourhood-led Approach to delivery

Driving growth of:

- » Residential
- » Employment
- » Retail and Leisure
- » Education
- » Culture
- » Amenities and Social Infrastructure

Throughout this document, where there is alignment to the seven vision principles, this is reflected using the icons above.

Full details of each of the vision principles and strategic ambitions are provided from [page 33](#).

01 SHEFFIELD CITY CENTRE TODAY



Sheffield is England's fourth largest city and home to almost 600,000 people. Sheffield's economy is a driving force for economic growth for a City Region of circa 1.6m people

Sheffield can be defined by its people, who are simultaneously down-to-earth and restless, making a place that never fails to raise an eyebrow. A city of makers, past and future, their spirit fuels the collaborative, inventive culture that's unique to Sheffield.

It powers two world-leading universities, an international reputation for manufacturing and engineering, and a thriving digital, tech and creative sector – but also a fiercely independent scene, a sense of adventure, and the famously friendly welcome.

Sheffield has been declared the greenest city in the UK, and has the highest greenspace percentage of any city in the world thanks to a third of the city sitting in the Peak District National Park and its 4.5 million trees – the highest ratio of trees to people of any European city.

It's the spiritual home of climbing in the UK, with unrivalled downhill mountain biking and infamous road cycling. And Sheffield has culture coming out of its ears: a globally renowned music and street art scene; micro-breweries galore and brilliantly diverse food; festivals of words, debate and film; the largest theatre complex outside London – and everything else in between.

But most importantly it's a city to spend time in, where the rivers and hills connect culture and communities, ultimately making Sheffield one of the most liveable places you'll find.

So despite its commonly used nickname, these days Sheffield is less 'Steel City' and increasingly 'Real City', and takes much more stock from it's relatively newly anointed nickname: **The Outdoor City**.



Map adapted from Arup

- | | | |
|--------------------------------------|--|-----------------------------|
| 1. University of Sheffield | 7. Former Dehenhams | 13. Sheffield Train Station |
| 2. Devonshire Green | 8. The Moor | 14. Sheaf Valley |
| 3. Heart of the City | 9. Sheffield Hallam University | 15. Ponds Forge |
| 4. Former John Lewis | 10. Peace Gardens | 16. Castlegate |
| 5. Sheffield Cathedral | 11. Sheffield Town Hall | 17. Riverside |
| 6. Sheffield High Street and Fargate | 12. Graves Art Gallery and Central Library | 18. West Bar |
| | | 19. Kelham Island |

As demonstrated above, we have many great assets in our City Centre which will have a key role in shaping our future and a series of key development sites and priorities that will make a significant impact on the City economy in the short term.

1.1 What Makes Sheffield Special

These are the key ingredients that make our city unique and special that will be built upon to develop and grow the City Centre of the future.

Key



An Outdoor City



Distinctive



Collaborative



Productive



Connected and Accessible



Innovative and Resilient



Liveable



The Outdoor City

The Outdoors and The City. Nature and Culture. Hand in hand.

Sheffield is the greenest city in the UK. It has 61% greenspace, 4.5 million trees and 1/3 of the City is comprised of the Peak District National Park. It is also internationally renowned for music, film, theatre, street art, architecture and beer. All of which is to say – there are very few cities in the world where you get such an intertwining of nature and culture in such proximity.

The benefit brought by being The Outdoor City is a set of hugely influential reasons for people to live, work, play, study and raise a family here. It is a magnet for business, a reason to holiday or visit the City, and a force for improving health and wellbeing. Sheffield has the culture and events that come with a large City, but is able to combine it with incredible access to the outdoors (which in other cities would require significant travel to reach), and a friendliness and community feel that reflects the pride and neighbourly attitudes important for a sense of belonging.

Future development of the City Centre should therefore be a catalyst for strengthening and enhancing The Outdoor City, as one of the most liveable cities in the world.

“It is the proximity between city living and outdoor pursuits that gives Sheffield its unique identity”





Learning and Talent

Sheffield is home to two world class universities - The University of Sheffield and Sheffield Hallam University ranked 22 and 72 respectively in the 2022 Times Good University Guide.

The academic excellence, strength and breadth of quality research and development and the student experience is a major attraction to both national and international students- combined they bring more than 60,000 students to the city.

In addition to the Universities, University Technical College Sheffield City Centre delivers quality courses for pupils in years 9-13 in major growth areas such as engineering, advanced manufacturing, creative and digital media. The Sheffield College- City Campus, is also a general further education college providing academic, technical and vocational training in close proximity to the City Centre.

Retaining this pool of talent in our city and creating a place where they choose to live, work and play is of utmost importance.

“Digital companies in Sheffield boast one of the highest growth rates of any cluster in the UK”



Being Inventive, not just Innovative

Sheffield is at the cutting edge of advanced manufacturing and engineering innovation with the Advanced Manufacturing Park (AMP) and Sheffield Business Park at the heart of The Advanced Manufacturing Innovation District (AMID) to the east of the City. But in the same vein, the Olympic Legacy Park also hosts the Advanced Wellbeing Research Centre (AWRC), and will soon host the Children’s hospital and the world leading Centre for Child Health Technology (CCHT). Various sets of circumstances have presented themselves to Sheffield – as many cities will experience. What Sheffield’s maker heritage has done is enable people to be inventive with what they can do, not just innovate within one sector or for the sake of it.

Castle House is a perfectly placed example of how a historic building in the most ancient part of the city has been repurposed for new inventive uses. Now a media and tech hub utilising multiple floors that accommodates Kommune (independent kitchens and traders), the National Video Games Museum, as well as Kollider incubator (‘powered by’ Barclays Eagle Lab) providing 80 co-working desks and incubation and accelerator spaces.

Sheffield has always had a brilliant creative scene and technically innovative culture, and we are fast becoming a digital hotspot. We are bursting at the seams with tech specialists making significant contributions to the economy, working at the interfaces of manufacturing, health and wellbeing, transport and infrastructure and education, creating digital systems to solve societal and industrial challenges.

The City Centre has the potential to help showcase the activity underway that is driving innovation in these fields in the city region.

Sheffield ranked the best city in the UK to start a business



Community Spirit

Inclusivity is at the heart of the City's values, and this city was the first to be a City of Sanctuary.

The people of Sheffield are its great strength – variously described as 'open', 'friendly', 'welcoming', 'creative', 'collaborative' and 'industrious', with a 'can do' culture that harks back to a history of craftsmanship. There is a strong sense of place, pride and local identity.

This is a City that is more nurturing and supportive of homegrown talent and grassroots culture. A specific focus is however needed on how young people can further engage with the City Centre – from children, teenagers through to young adults.



Heritage for the Future

The city's rich industrial heritage, centred around the manufacturing of steel, has played an important part in shaping the Sheffield identity and giving it a character of its own. Heritage creates value when it is re-purposed to give meaning in the present – and Kelham Island is a perfect example of this. Once the beating heart of industry, it became derelict and run down once industry declined, but then in 2019 became the UK's Neighbourhood of the Year thanks to many creative folks re-engineering its spaces into indie shopping arcades, breweries, businesses, foodhalls and living spaces with a true community spirit. At the centre of it all is the Kelham Island Museum, showcasing what ultimately shaped the ground on which this new beacon of progress stands.

Our Conservation Areas and historic assets also bring a special charm and character to the City and will play a vital role in curating a distinctive future City.

Our heritage in sport is also of considerable note – be it boxing, climbing, cycling, athletics or of course, football (Sheffield is the Home of Football – where the modern rules were conceived – and still has the oldest football club and longest standing professional ground). The Olympic Legacy Park is an exemplar in this respect, where modern and exceptional facilities sit adjacent to the English Institute of Sport – and the facilities in indoor climbing, including a replica wall from the Tokyo Olympics, mean that Team GB base themselves here too.

So whilst old areas are being re-purposed, there is still much more that could be done to celebrate our sporting heritage, repurpose historic buildings as well as illustrating how the old and the new can work beautifully together.



Totally Cultured

Where do we start...

Music

Sheffield produced the pop wizardry that is Self Esteem and the eclectic algorithms of 65daysofstatic. The global juggernauts that are Bring Me The Horizon and the iconic Jarvis Cocker. We introduced Warp records to the world and birthed Arctic Monkeys, Def Leppard, Moloko and The Human League. Leadmill, City Hall and the O2 Academy represent the cornerstones of Sheffield's live music scene and the City also boasts a well-established classical music offering as the home of the Hallam Sinfonia, the Sheffield Chamber Orchestra, Sheffield Philharmonic Orchestra and Sheffield Symphony Orchestra. There's not a brick in the city that doesn't feel the reverberations of our sound.

Theatre

The Crucible, Lyceum, and Crucible Studio make up the largest theatre complex outside of London, and have pioneered shows that have inspired the world to critical acclaim.

Film

We are home to DocFest, the world's premier documentary film festival, and to a vibrant TV and film production sector. Several notable BAFTA winning companies are based in Sheffield including Warp Films (This Is England, Four Lions, Everybody's Talking About Jamie), Inflammable Films (Journeyman, Tyrannosaur), Tyke Films (Polystyrene) and 104 Films (Notes on Blindness). Our City is also home to the independent Showroom Cinema; one of the most significant cultural cinemas in the UK.

Art

We pride ourselves on our numerous free galleries and studios including Site Gallery, Graves and The Millennium Gallery- the most visited free attraction in the North of England. And of course there's the free gallery of our streets – home to many of Phlegm's works, as well as local residents Kid Acne, Jo Peel, Florence Blanchard and more.

“Sheffield's particular brand of Northern kindness is worth the visit alone. It's a city of people who immediately behave as if they've been putting up with you for years”

Festivals

Tramlines is the biggest known, but we are also home to the brilliant Get Together which promotes artists on the verge of making it to the big leagues, and No Bounds – voted Best Boutique Festival in the UK by DJ Mag – providing a Sonar-like experience dotted throughout the city. But aside from music we have the UK's largest literary festival – Off The Shelf – and The Festival of Debate. Music in the Round produce their annual Chamber Music Festival, and there's the aforementioned DocFest. Then there's the brilliant Festival of the Mind and Sensoria. Oh, and that's not forgetting the annual Festival of the Outdoors, when The Outdoor City celebrates the month of March symbolising the beginning of the days getting lighter and us being able to do more in our greenspaces.

Prefer liquid culture

57 breweries in the City makes Sheffield one of the premier beer cities in the world, and gives you plenty of exploration whilst doing our other cultural activities.



Many of these organisations operate or began at grass roots levels, and have either grown (like Tramlines) or are growing (like No Bounds). However, more could be done to further establish cultural anchors in the city and strengthen the city's cultural offer. This includes the provision of ongoing support to smaller cultural events and activities within this sector which are vital to the city's cultural landscape.

02 THE CHANGING ROLE OF THE CITY



The Covid-19 global pandemic has changed the way we live, work and socialise and impacted the way we use and view cities.

The Covid-19 global pandemic has changed the way we live, work and socialise and impacted the way we use and view cities. The Centre for Cities High Streets Recover Tracker identifies that Sheffield is recovering faster than some other regional cities; but ultimately, the pandemic has led to an acceleration of pre-existing trends that are changing the role of the City Centre:

- » Move from in-person shopping to online and decline of anchor stores within City Centres
- » Increased residential presence, mainly led by students and young professionals
- » Shift towards knowledge-based sectors away from industrial and manufacturing
- » No 'one size fits all' – each city has always had its unique opportunities and challenges
- » Increased demand for experience-led leisure activities such as eating out and culture and entertainment. In addition, 'in-home' leisure was increasing with the rise of Netflix and Deliveroo for example

The pandemic has also highlighted the growing prominence of new trends for cities, as well as shifts in Government approaches and new initiatives:

Levelling Up Agenda

Spread opportunity more equally across the UK- increasing public investment outside the South East in particular.

Localism

A desire to shop locally to support independent businesses and the high street.

Key Workers

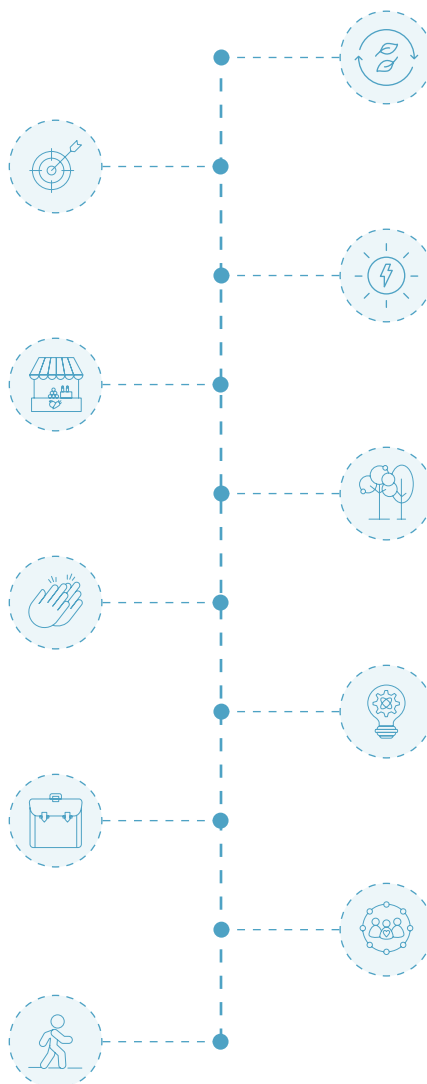
Renewed recognition on the importance of the role of the key workers and how this may be recognised in initiatives.

Agile Working

Companies have increasingly adopted agile working policies with more employees working from home.

Sustainable Transport and Healthy Streets

Providing active travel infrastructure and a step change in local bus services to improve local air quality, improve people's health and reduce carbon emissions.



Net Zero Carbon

The importance of sustainability and cities reducing carbon emissions.

Digital

Expectation of digitalisation of cities with superfast broadband for at home working, as well as the city using data smartly.

Outdoor Space

Increased demand for access to good quality outdoor space and access to outdoor pursuits to stay fit and healthy and improve well-being.

Innovation

Responding in innovative ways on how to re-use vacant high street units or old manufacturing areas.

Re-purposing

A city needs an active and vibrant groundscape with activities and events that attract people to come to live, work and for leisure as well as new uses for existing buildings.

2.1 Rethinking the City Centre

The COVID-19 pandemic has led to significant changes to the landscape within Sheffield City Centre which will underpin the future vision for the city:



The nature of **workplace** is undergoing change with a 'new normal' yet to emerge. As such, Sheffield City Centre can expect changes to office space supply and demand in the longer term, particularly in terms of type and offer. However, whilst commentators share a mixture of views on the matter nobody predicts a future that does not include for many jobs still to be carried out in City Centre locations and current evidence shows there is strong demand for Grade A office space.



Sheffield's City Centre is key to unlocking new solutions to the **Climate Change Emergency**. Strategically located, the City Centre should act as a hub for the city region's public transport network whilst simultaneously supporting new modes of active travel and sustainable housing growth. This will relieve pressure for development on greenfield sites elsewhere in the City Region and subsequently protect regional biodiversity.



It is well known that the **City Centre retail market** has contracted, marked most recently by the closure of two department stores- John Lewis and Debenhams. The loss of these anchor tenants from Sheffield's high street will bring about a significant change to the wider retail landscape but presents new opportunities for other high street chains, smaller independent retailers and organisations which are active within Sheffield. For example, this provides a significant opportunity to repurpose existing buildings as well as rethinking the 'groundscape' of the City Centre working with academic institutions, the leisure, arts and culture sector in particular to bring innovative ideas to the streets, public spaces and vacant units.



During the pandemic, the benefits of **outdoor living and working from home** as a choice began to become evident. Despite this, emerging trends point towards ongoing demand for City Centre living to benefit from the lifestyle it offers, which the City Centre should capitalise on.





There is a fast return of the City Centre leisure economy. **Leisure, arts and culture** are increasingly the reasons why people are choosing to visit the City Centre. The importance of these sectors is emerging as a counterpoint to the more traditional urban pursuits such as shopping. Arts and culture are currently being disrupted not only through the advancement of digitisation but also through the increased use of artificial intelligence.



The pandemic dramatically altered how people across the UK spend their leisure time. **Footfall** in Sheffield City Centre fell dramatically as a result of government-mandated lockdown restrictions. Since restrictions eased, footfall in the City Centre has increased as more people head out to shop, eat and socialise again. However, footfall recovery remains low at 57% of pre-pandemic levels in August 2021. Encouraging visitors to return to the City Centre will require providing continued support to Sheffield's hospitality businesses.



The City Centre more than ever has an important function to deliver **health and well-being** benefits to its residents through green spaces, well-designed public spaces, walking and cycling routes, delivering on its net zero carbon objectives and making the most of its natural assets in creating new communities.



03 SHEFFIELD, HERE AND NOW



Our City Centre is changing right now. Building on recent investment in the city, the map below outlines the positive changes which are occurring in our City right now – from developments which are currently on site to pipeline schemes for some of the City's key priority sites.

3.1 Strengthening the Spine

The City Centre core is focused around a figurative 'central spine' running from Castlegate, Fitzalan Square and High Street onto Fargate, along Pinstone Street and down through The Moor.

There is a critical mass of activity happening along the spine to bring more people into the City Centre to live, work and play. We are building a new heart of our city. The Moor has been transformed. There are new plans in place to reinvent Fargate. The areas around Pinstone Street, Moorhead and Cambridge Street are changing with many cranes puncturing the skyline.

The ongoing plans to strengthen the City Centre's spine between Castlegate and The Moor, primarily through the Heart of the City development, has been the Council's primary focus in recent years.

As intended, this public and private sector investment and commitment has undeniably provided a real confidence with investors and developers in the city region.

Further detail is provided in the following sections of this document.

- | | | |
|--------------------------|---|-------------------------|
| 1. The Moorfoot Building | 5. Graves Art Gallery and Central Library | 8. Connecting Sheffield |
| 2. Former Debenhams | 6. Sheffield High Street and Fargate | 9. Heart of the City |
| 3. Former John Lewis | 7. Castlegate | |
| 4. Sheffield Town Hall | | |

 Sites within the central spine



Map adapted from Arup

Key Projects within the central spine



1 The Moorfoot Building

Moorfoot was occupied as part of the Council's Accommodation Strategy in 2011. Options for a new accommodation strategy are being worked through as part of how staff will work in the future given the emergence of hybrid working models. The future of the Moorfoot Building itself (adaptation or replacement) is currently being considered.

2 Former Debenhams

The Council will work with the leaseholders of the former Debenhams building and will support the mixed use development of the site. This will include potential re-use or replacement that compliments and enhances the Moor and Heart of the City.



3 Former John Lewis

The closure of the John Lewis shop brings about an exciting opportunity to rethink the future of this key strategic location. With all legal and financial settlements now agreed with John Lewis, the Council has 100% ownership of the building and the future of the site is in the City's hands. It is a crucial site in the city centre so it is important that no knee-jerk decisions are made and all options are carefully considered. The issues with the building are now understood which will provide clarity as to the options, costs and opportunities available for the site.



4 Sheffield Town Hall

A significant historic asset in the City Centre, and a Grade I Listed Building. Following refurbishment over 10 years ago, this facility will remain as the centre of democracy for the people of Sheffield, with continued investment to ensure it will always be fit for purpose.



5



5

Graves Art Gallery and Central Library

Our vision is to redevelop our central cultural offer as the National Gallery for the North along with modern fit for the 21st Century Central Library facilities. We will work with Sheffield Museums, Library Services, and the Culture Collective to develop funding options for a National Gallery and then work with Government to develop the business case for delivery. This work will include the strategic options for the Central Library. Meanwhile, through existing capital funding, the Council will provide match funding through investment in the existing Surrey Street building. Longer term funding options will include work with Arts Council England, The national Lottery Heritage Fund, Charitable Trusts and Foundations, private sponsors and individual donors.

6



Sheffield High Street and Fargate

The Council has secured £20.8m of public sector investment including £15.8m from the Government's Future High Street Fund. The scheme seeks to address increased vacancy rates and the decline in retail through a number of actions including: the acquisition and refurbishment of property to provide a new music, arts and cultural venue alongside a maker space and flexible workspace; Investment in the public realm with new seating, lighting, planting, and infrastructure to host outdoor events; and working with landowners to bring forward new uses for vacant and underused property..

7

Castlegate

The City Council has been successful in securing £20m in Levelling up Fund money. £15m will be for the regeneration of the former Castle and Market site. The remaining funding will be for Harmony Works in Canada House and S1 Art Space at Park Hill. The Council will work with stakeholders and the community to ensure that the regeneration of the site is delivered through co-design with the community. A series of engagement and consultation events will be run during 2022 as part of the design and delivery process. Options for skills and innovation led regeneration will be worked through with stakeholders.



3.2 The Heart of the City

This is the Council's flagship redevelopment scheme - £470m has been injected into the Heart of the City to redevelop and strengthen a key section of the central spine.

Heart of the City will transform the City Centre offer for retail, food and drink and leisure, as well as delivering a thriving mix of new homes and places to work.

As one of the largest urban regeneration schemes in Britain, this ambitious project will help to drive the economy and growth as we recover from Covid-19. It will see new attractions open to attract more visitors, create more jobs and encourage more people to live in the City Centre.

A phased approach to delivery has been adopted in bringing forward the Heart of the City masterplan:

Phase Progress

Phase One Complete

- 01. Cubo (28 Carver Street)
- 02. Grosvenor House
- 03. The Furnace

Phase Two On Site

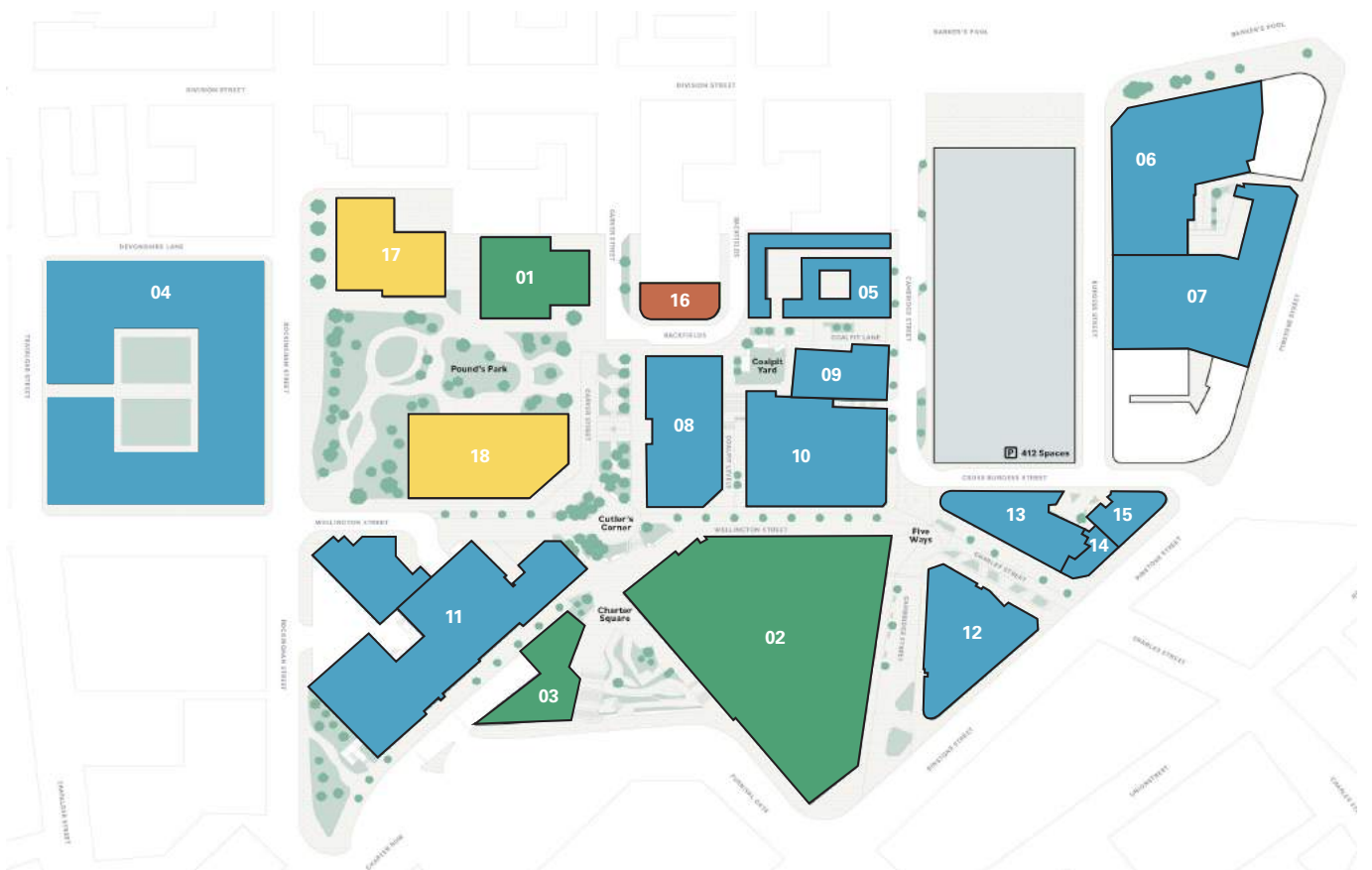
- 04. Kangaroo Works
- 05. Leah's Yard
- 06. The Gaumont
- 07. Radisson Blu Hotel
- 08. Elshaw House
- 09. Bethel Chapel
- 10. Cambridge Street Collective
- 11. Telephone House (449 Parking spaces)
- 12. Issacs Building
- 13. Burgess House
- 14. Athol House
- 15. Laycock House

Phase Three Planning/ Consented

- 16. The Combhouse

Phase Four Future Phase

- 17. Carlisle House
- 18. Stirrings Place




Stats Source: <https://heartofsheffield.co.uk/>




Stats Source: <https://heartofsheffield.co.uk/>


£3.7BN
of economic activity by **2030**


SEVEN HECTARES 

up to 7,000 NEW jobs

420 NEW homes 

£470M investment

250,000 sq ft
of shops and leisure space 

500,000 sq ft
of workspace 

Heart of the City Projects



Image Source: <https://heartofsheffield.co.uk/development.html> | Satellite image: Leonard Design





1 Grosvenor House

A new office building which was completed as part of Heart of the City Phase 1. Grosvenor House accommodates HSBC and CMS as well as a selection of clothing and food and beverage retailers.

2 Isaacs Building and Burgess House

Due to be completed by early 2022, the Isaacs Building will comprise modern office space accommodating c.400 workers. Burgess House will be redeveloped into 52 new city centre apartments.

3 Radisson Blu

The 154-room hotel on Pinstone Street is currently under construction and overlooks the Peace Gardens and Town Hall.

4 Kangaroo Works

A residential development which will house 364 new apartments.



5 Pounds Park

A brand-new high quality public park at the heart of the City Centre that will link seamlessly with the new Charter Square, Barkers Pool and Peace Gardens. A multitude of experiences will be created, including spaces for play, relaxation, and socialising – all within a green and attractive environment that creates an oasis for people to spend time and relax.

6 Cambridge Street

As one of the oldest streets in the City Centre, Cambridge Street is set to become a significant cultural and social hotspot. Construction is already underway- the Cambridge Street Collective will feature a new food hall, fine-dining restaurant and a live entertainment venue at the Bethel Chapel building. Leah's Yard will also provide new working space for Sheffield's makers as well as independent retailers. The scheme is due for completion in Q4 2022.

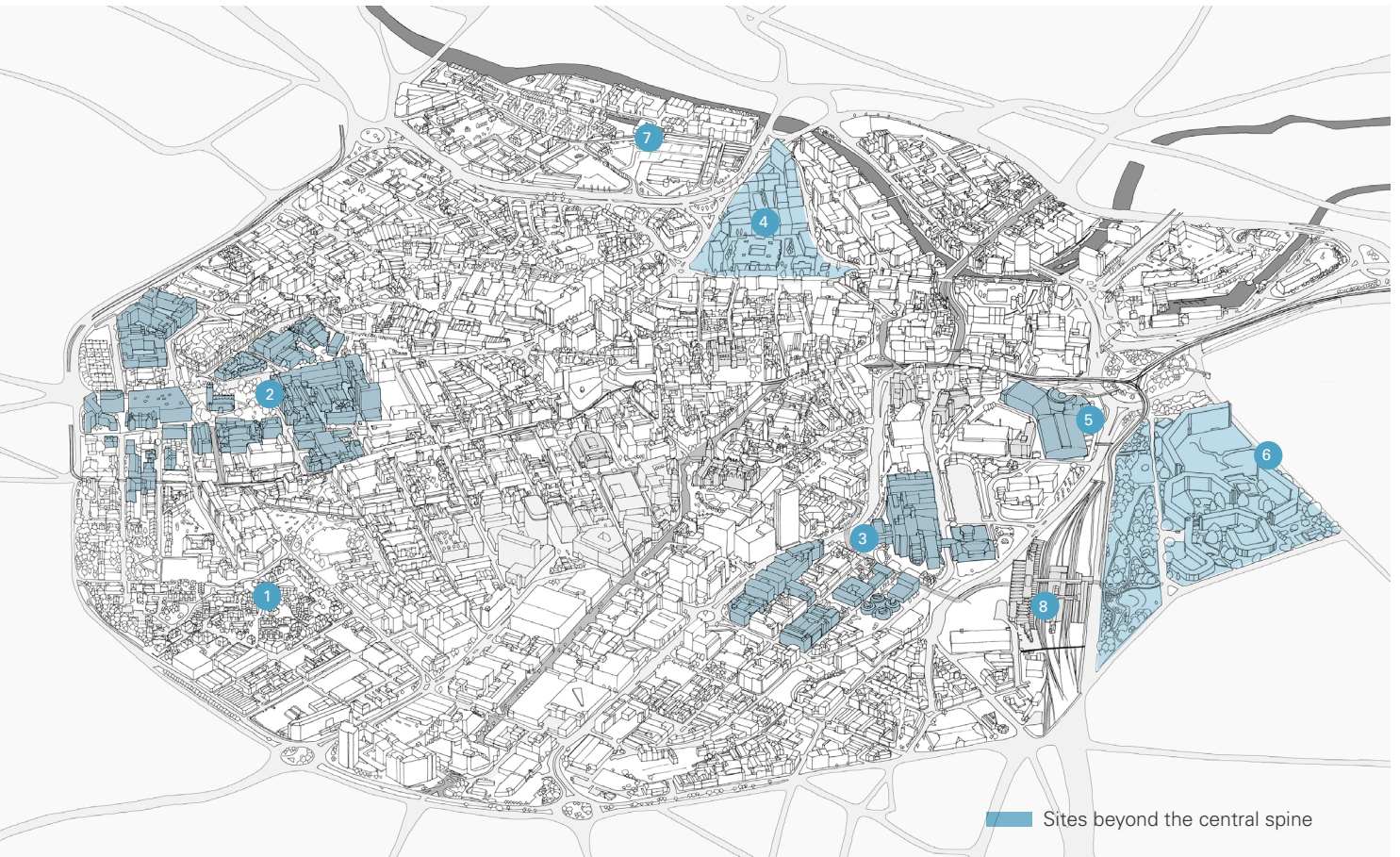
7 Elshaw House

The city's first net zero carbon-ready office building – Elshaw House – will contribute to the Council's long-term ambitions to create a more sustainable and greener city.

3.3 Key Projects beyond the spine

The backbone of the City Centre

Beyond Sheffield's Central Spine lies several key development sites and opportunities for growth.



Map adapted from Arup

1 Devonshire Quarter

A new emerging residential district catering for a range of occupants. Eyewitness Works is one of the first residential schemes to be brought forward in the area. A proposed 6 storey residential development. The scheme will bring the landmark Grade II Listed Eyewitness Works and Ceylon Works buildings back into active use and provide around 100 characterful loft apartments and town houses.





2 The University of Sheffield

Creating a safe, high-quality City Centre campus is central to the UoS masterplan. This will link the campus to the City Centre's Gold Route as well as surrounding neighbourhoods in the City Centre. .

3 Sheffield Hallam University Campus

SHU has created a Masterplan to guide the development of its campus for the next 20 years. The plans will see the University investing around £220m to move all its operations to a single transformed Sheffield campus in the heart of the City Centre.



4 West Bar Square

West Bar is a 7-acre private sector led development which will become one of the largest mixed use regeneration projects in northern England with an investment value of over £300m. West Bar will be brought forward as a mixed use live-work scheme with new homes provided alongside high-quality workspace. New cycle spaces will be delivered alongside a multi-storey car park and hotel, all set within a high-quality public realm surrounded by ground floor cafes and bars.

This transformational project will tie together the northern fringe of the City Centre and Fargate with Kelham and Castlegate and removes a physical and psychological barrier from Burngreave to the city centre. The redevelopment will become Sheffield's premier opportunity for large-scale office occupiers. Site clearance and ground preparations for the £150m first phase are under way and construction will commence early in 2022 funded by Legal and General.



5 Ponds Forge

Ponds Forge is currently undergoing a process of modernisation and is due to reopen in January 2022. This will be an important asset for Sheffield residents as more people live in the City Centre.

6 Park Hill

A Grade II* listed building currently in its second phase of redevelopment. This follows successful completion of Phase 1 which delivered 260 homes and 10,000 sq ft of workspace to Sheffield City Centre.

7 Kelham Island

Plans have also recently been consulted on to further support the development of Kelham Island as a City Centre-fringe neighbourhood for the implementation of new walking and cycle routes connecting the City Centre to Kelham Island and enhancing the ability for the area to host pavement cafes, restaurants, bars and events.



8 Sheffield Midland Station and Sheaf Valley Development Framework

Whilst Midland Station currently provides a good range of facilities, customers are increasingly demanding more from their travel experience – better comfort, improved facilities and greater choice.

The anticipated arrival of improved rail services into Sheffield will bring additional rail capacity and frequency, transforming Sheffield’s local, regional and national connectivity. However, these will only be successful if Midland Station and the integrated transport hub can accommodate the increased numbers of passengers and provide the right environment to encourage development

The station district must be remodelled to become an integrated travel hub, making it easier and quicker to adopt public transport, interchange between transport modes and enabling walking and cycling.

There is also a need to address existing issues around the station such as traffic congestion, poor air quality, conflicts between taxis and station pick-up / drop-off and connectivity with wider communities and city areas.

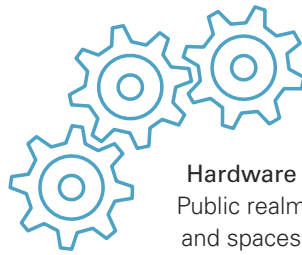
The area around Midland Station is in need of regeneration and has a large amount of unrealised development potential.

Whilst the 2002 improvements to the station buildings and public realm provides a very high-quality arrival point, there are opportunities to transform this important gateway to the city centre. Over the next 15 years this area will become an increasingly important focus of new development with a phased programme of infrastructure and development being planned and delivered.

Building on the extensive studies carried out previously, the first area of focus will be the development site and opportunities immediately outside of the station together with proposals to tackle existing accessibility conflicts. This phase will also involve carrying out technical assessments for a proposed major new cycle and footbridge over the station in order to remove the severance which currently separates Park Hill from the core of the city centre.



3.4 People's Perspective



Humanising Public Space

The City Centre is for people, curating spaces, creating an atmosphere and offering unique experiences that attracts all people including families, young people and retirees to visit and ultimately live in the City Centre- this is an important spoke to the future success of the City. There should be a sense that there is always something going on – with public spaces generating a rhythm of activity or a programme of events across the City Centre. This should be driven forwards by utilising the ‘hardware’, the public realm and spaces and the ‘software’, stakeholders and people already in place.

The City Centre needs to move beyond public spaces that look-and-feel too formal and regimented – there is a clear opportunity for parts of the City Centre to be more playful and colourful, and create spaces in which adults and children of any age find surprising, quirky or unexpected.

Through early stakeholder conversations, potential interventions suggested to create an atmosphere and offer unique, people focussed experiences in the City Centre include:

- » Installing **new fountains** in public spaces similar to those found at Sheffield’s Peace Gardens or providing other interesting and **interactive water features**
- » **Improve fragmentation and disconnection** between different parts of the City Centre using the existing hardware in a different and creative way. This sentiment was behind successful projects such as New York City’s High Line, Toronto’s Bentway, Calgary’s Flyover Park and Seattle’s Colonnade Freeride Trail
- » Installing **covered arcades** down the centre of pedestrianised streets and providing dedicated undercover performance locations for **street performances**, theatre or busking
- » Supporting the delivery of more **outdoor facilities** that connect to the Outdoor City (e.g. at Pounds Park and Castlegate) and providing new health & wellbeing facilities in the City Centre, such as, outdoor fitness facilities, a safe outdoor climbing wall, a measured circular walking and running route
- » **Family focussed experiences** including trampettes, quality play areas interactive exhibitions (potentially as part of a new museum as well in the public realm), a musical pocket park, installing **interactive sculptures / public art** of Sheffield legends
- » Making retail space available to **carefully selected outlets** that will add something different to the city centre. Potential for a dedicated **‘experience based’ retail outlet** – showcasing outdoor sports / equipment and the Peak District



04 SECTOR SNAPSHOT



4.1 The Challenges



Office

Change in employee preferences and working patterns will have a direct impact on corporate estates strategies in the future.

Office provision is geographically fragmented with little differentiation between offers. There currently exists a lack of Grade A office space of sufficient quality and suitable EPC standards within the City Centre. There is also a need to diversify the offering to accommodate new hybrid and co-working arrangements following the Covid-19 pandemic.



Residential

Lack of choice for City Centre living – Sheffield is currently seen as a place for work, lacking the environment and amenities required for City Centre living.

Over domination of student living in the City Centre – limited offer catering for different market needs.

Providing homes for all – There is a need to diversify the current residential stock in the City Centre to accommodate multiple housing types and tenures. This should attract a wider demographic including families and downsizers and be supported by delivery of new City Centre amenities.



Employment

Increasing employment opportunities – Through attracting new companies and businesses to grow the economy and provide jobs in the City for all.

Graduate retention- Retaining graduates in professional services long term in Sheffield is currently a challenge with strong competition in other regional cities (Leeds, Manchester and Birmingham). Research suggests that this low long term retention rate is due to a lack of visibility of opportunity and progression in roles in the region.



Public Realm and Connectivity

Sustainable transport within the City Centre needs improvement – fragmented areas, poor pedestrian and cycle infrastructure outside the core. The bus network within the city is not coherent or user friendly, with people often experiencing long delays and unreliable journeys across the City Centre

Public realm outside the core needs improvement- activation of the public realm and ground floor is needed to encourage more movement within and between areas of the City Centre.



Retail

The city needs to redefine its offer and re-purpose vacant City Centre units to future proof its economy.

Retail, leisure, hospitality and cultural sectors impacted by recent trends – decline in footfall, loss of anchor tenants.

With a new trend to shop locally, a key challenge will be encouraging people to return to the City Centre post Covid-19.



Hospitality and Tourism

Early evening leisure offer is lacking – which in particular would be attractive to City Centre residents.

Encouraging visitors to stay in the City Centre rather than in suburban / rural accommodation will be a key challenge following the pandemic.

Climate Emergency



Responding to the climate change emergency must grow as a priority for all development and activities in Sheffield.

There is a need for all new developments to consider how to contribute to achieving net zero targets as well as facilitating actions to change the habits of all users of the city; residents, workers and visitors, to live lower carbon lifestyles.

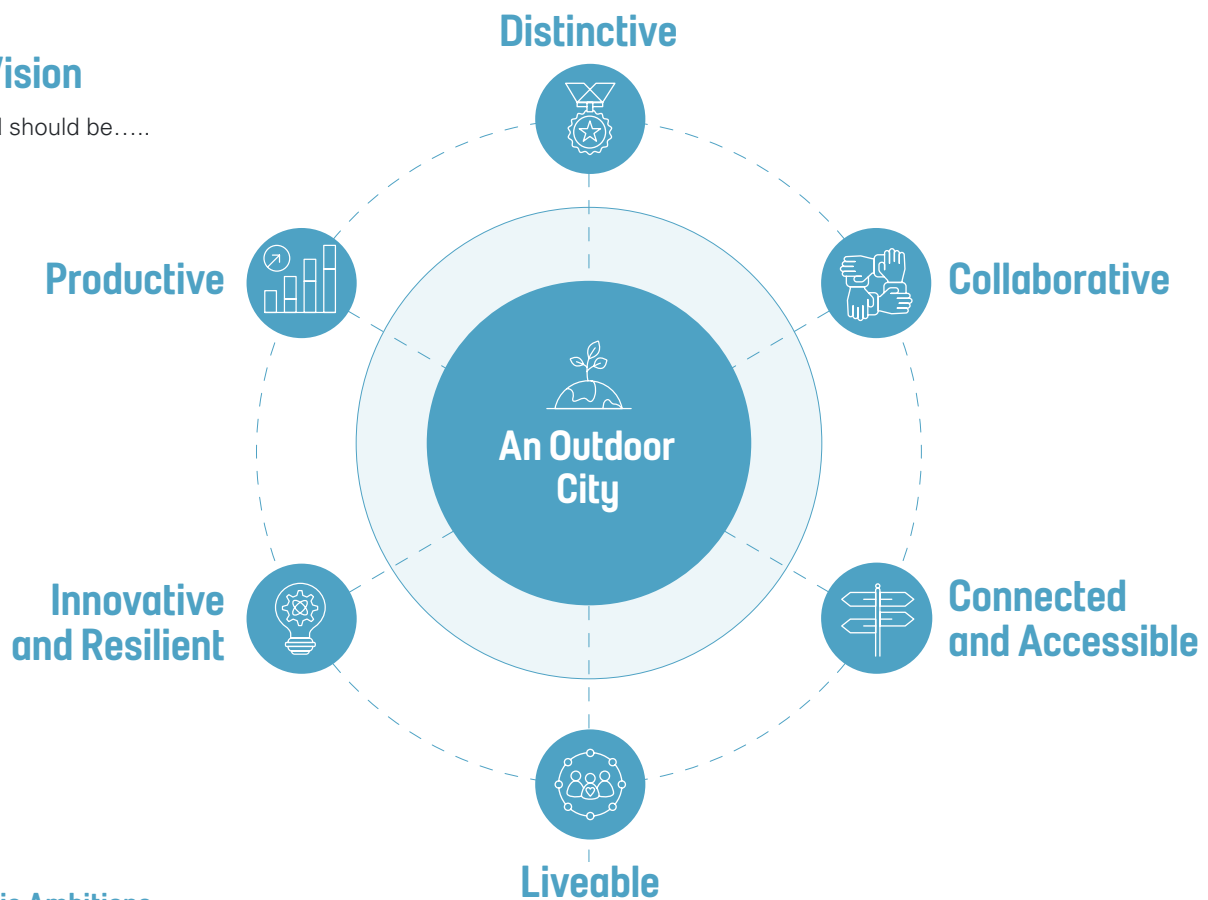
05 THE VISION AND SHAPING THE CITY CENTRE FOR THE FUTURE



5.1 A Vision for Sheffield City Centre

The Vision

Sheffield should be.....



Strategic Ambitions

To achieve the vision, the future City Centre will be shaped by five key strategic ambitions:



Ambition One

Building a resilient City Centre that supports a strong economy and offers a diverse range of employment opportunities for all.



Ambition Two

Creating a clear sense of place for the city by shaping distinctive and inclusive neighbourhoods in which a diverse demographic of people can live, work and play.



Ambition Three

Delivering enhanced connectivity and accessibility for the City Centre through integrated and sustainable transport for everyone in the community.



Ambition Four

Establishing a sustainable and environmentally friendly City Centre.



Ambition Five

Bringing the outdoors to the City Centre, creating attractive high quality spaces and places that facilitate health and wellbeing for all.

Collectively, the five strategic ambitions are the building blocks to creating a successful City Centre, addressing head on how the city will move forward in the short term responding directly to the impacts of the pandemic and the changing role of the city.

The Vision

Sheffield should be.....



An Outdoor City

- » The City Centre must play its part in bringing the outdoors into the City Centre.
- » Create new green infrastructure where gaps in provision are identified to increase biodiversity in the City Centre and build on the success of the Grey to Green initiative. Consider opportunities to include dynamic, people focussed activity in public realm as well as improving the environmental quality of existing streets, squares and spaces around buildings.
- » Encourage retail, leisure, cultural, civic, commercial and academic organisations to make use of public spaces to celebrate the streets and encourage vibrancy.
- » The City Centre has an important function to deliver health and wellbeing benefits to all its residents.



Distinctive

- » Create differentiated neighbourhoods that have a distinctive 'look' and 'feel', that are connected, inclusive, resilient and safe.
- » Celebrate Sheffield's unique character and history through development which amplifies a connection to its most distinctive architectural, historical and cultural assets and strengthens the City's place-based narrative.
- » Develop cultural capital including iconic public buildings that drive the visitor economy.



Liveable

- » Encouraging a more diverse residential offer is important, having housing options for all that are well-designed and built to appropriate quality standards and linked to wider planning and environmental policy. This includes providing different housing types and tenures to meet the needs of a diverse range of people, including (but not exclusive to) families, downsizers and older residents.
- » Target residential populations that have growth potential for City Centre living, including public sector, healthcare, education and hospitality sectors who make up a significant population.
- » Create neighbourhoods that help establish communities and sustain local services. Design streets at a human scale at the ground floor.
- » Create 20-minute neighbourhoods whereby local services and amenities are within short travel distances from residents' homes.
- » Support higher quality infrastructure to encourage active travel, with dedicated space for cycling and 'healthier' streets for people along with a bus and tram network that is more reliable, faster, cleaner, and supports better interchange and connections in the City Centre, to reduce the number of private car trips.



Productive

- » Consolidate and connect the commercial cores to drive critical mass benefits and help a sector focus in key growth areas to emerge.
- » Celebrate and support the growth and retention of Sheffield's maker industries and SMEs to strengthen the local economy and provide more job opportunities.
- » Secure jobs growth in key growth sectors in the City to support the delivery of new housing.



Innovative and Resilient

- » Respond to the challenges faced by the city with innovative ideas that change the role of the City Centre and improve its resilience.
- » Respond to the climate crisis with ambitious, clear and implementable actions. This will support the development of a sustainable and resilient city that achieves on its net zero strategy.
- » Require all future development and activities to help achieve the City Council's Net Zero Carbon targets, reducing embodied and operational carbon of all buildings and activities. Encourage the adoption of new technologies to accelerate carbon reduction strategies and invest in infrastructure which facilitates the adoption of low carbon lifestyles.
- » Change and diversify the retail core, thinking differently to repurpose vacant units to create a more magnetic, attractive and sustainable destination for residents and visitors.
- » Create a flexible and adaptable commercial office stock to respond to future of work trends.
- » Implement new types of housing delivery models which help catalyse City Centre living and maximise social value.



Collaborative

- » Be famous for Sheffield's collective ambition to create a city of choice for living, working and leisure.
- » Encourage development to be brought forward comprehensively that adopts a wider Masterplanning approach to delivery to achieve cumulative improvements.
- » Implement a collaborative approach to development in the City Centre with the public and private sectors working in partnership for long term results.



Connected and Accessible

- » Delivery of integrated transport improvements comprehensively across the City Centre, including bus, tram, road, rail, cycle and pedestrian infrastructure. The City Centre should be easy to access by high quality public transport, that people see as a preferred choice, from across the city and further afield.
- » Improve wayfinding and legibility across the City Centre to better connect neighbourhoods and districts and overcome road barriers and topography challenges. Integrate the City Centre into surrounding communities, transcending physical barriers such as the ring road.
- » Use the outdoor city narrative to encourage active travel, green transport solutions and better use of public spaces.

Ambition One



Building a resilient City Centre that supports a strong economy and offers a diverse range of employment opportunities for all.



Jobs and Economy

Ensuring that Sheffield is a great place to work and do business is pivotal. The City Centre will have a strong economy, playing a greater economic role in the region and will further enhance the opportunities and resilience of jobs and the economy by addressing:

The Productivity Gap

Gross Domestic Product (GDP) is 20% lower and average wages are 15% lower than the UK average (Centre for Cities, 2019).

The People Gap

Deprivation is evident in the city, as is the growing need to address immigrant and minority under-employment (Sheffield City Partnership, 2020, p. 16)

The Talent Retention Gap

Medium and long-term graduate retention is low. Graduates seeking advanced careers are locating to other UK regions (Broome, 2018).

Recognising the opportunity that the City Centre represents in supporting the economic growth ambitions of the Council, three strategies will help define the role(s) the City Centre can play to advance the knowledge-based economy, namely: fostering entrepreneurship and SME growth; attracting knowledge-intensive tenants; and address the skills mismatch.



Future Of Work

In line with many areas of our society, the way we work and the way we use the office is changing, as people adapt to a 'hybrid' working culture, where employees balance some remote working with fewer days in the office. Between Q1-Q4 2021, this change in behaviour had a direct impact on office take-up in Sheffield which fell over 50%. However, as we exit lockdown, demand-side prospects for office space in Sheffield are changing given the take up of new office space in Heart of the City. Demand for Grade A office space continues to outstrip supply in the City Centre.

It is undeniable that the Covid-19 pandemic has reshaped how, where and when people choose to work. Changing working patterns will inevitably change the amount of time individuals spend in City Centre workplaces, but it may also change the way workers use the City Centre.

However, despite the changes in working patterns people will continue to need spaces to come together, collaborate and build relationships. Offices and co-working spaces are natural places to do this and the City Centre remains the most convenient place to locate.

Reorganising and repurposing existing buildings for new working methods, with larger meeting spaces, more hotdesking and social environments will ensure businesses can adapt to the changing patterns.

A good supply of space to work but also meet, socialise, play and dine is important for advancing the city's employment, productivity and workspace agendas and to attract and retain jobs and investment. Providing more Grade A office space to meet the demand is important, particularly as spaces for collaboration and building relationships.



Business Districts

The City Centre will continue to be a great place to do business and to work in centred around 4 business districts:

Central

Quality accommodation with direct access to the central core, including Heart of the City and Sheaf Valley.

Riverside

Large floorplates offering a waterside setting and direct road access.

Cultural Industries Quarter and Castlegate

Creative, cultural and digital industries with many in distinctive, repurposed industrial and former retail buildings.

Each of the offers in these districts will need to develop and adapt to the future of work trends to meet future needs, including being digitally connected, flexible and low carbon. The City Centre should also become a magnet for zero carbon and environmentally responsible businesses which will contribute to greening and futureproofing the City's economy.



Importance of SMEs to Economy

It is a blend of businesses, SME's and start up's across all sectors including rapidly growing sectors in the creative, digital and advanced manufacturing industries that will ensure that the City Centre has a strong and successful economy that will attract and retain talent.

The city needs to support SME's and new businesses and ensure there is start up, accelerator and grow on space available in its business districts to accommodate the growth at all scales in these sectors who will in turn bring fresh ideas, new confidence, focus and drive to the City Centre.



Advanced Manufacturing

Building on Sheffield's manufacturing heritage, the city is now home to numerous world-class companies developing cutting-edge manufacturing techniques to drive forward new innovations in advanced manufacturing, light-weighting and materials production driven out of the Innovation District (including Advanced Manufacturing Research Centre (AMRC) and the Business park) to the east of the City Centre. This is supported through significant R&D activity at The University of Sheffield.

Bringing Together Research and Business

Sheffield has had great success in linking research with business, such as the AMRC. These types of connections should also permeate through the City Centre, capitalising on opportunities for collaboration and start-ups – The Cultural Industries Quarter is a good example of this already happening.

A further opportunity exists to repurpose buildings and use public spaces in the City Centre to help showcase the activity underway that is driving innovation in these fields.

This may include a central hub(s) at Castlegate as a spoke to the Advanced Manufacturing Innovation District and the Sustainable Fuels Innovation Centre.



Role of Universities

Vital to the success of Sheffield City Centre is maintaining investment into the knowledge economy. The University of Sheffield and Sheffield Hallam are two major City Centre anchors, employers, landowners and drivers of economic growth.

Their expansion plans will have a marked impact on how the future city is shaped. The Universities will have an important part to play in delivering quality public spaces, enhancing connectivity and permeability and utilising public spaces to celebrate the streets and create an Outdoors City Centre.

 **Heritage**

The best global cities use their heritage and history to differentiate from the rest and to establish energetic, 21st Century versions of themselves that maximise opportunity and the quality of life of residents.

Sheffield is proud of its industrial heritage and the part it played in the Industrial Revolution as well as how its historic environment has helped shape the City landscape today. This is an important part of Sheffield's identity and character giving the city a unique quality that differentiates it from other UK cities. The City's Conservation Areas and historic environment must continue to be conserved and enhanced and historic buildings repurposed (where needed) to help curate a future distinctive City Centre that builds on its unique history and heritage.

Made in Sheffield

Made in Sheffield is a recognised brand that is reflected today in the 'City of Makers' and producers in sectors such as advanced manufacturing, materials technology, the creative and digital industries and brewing.

Re-purposing and working with our historic buildings alongside our producers and makers to develop distinctive neighbourhoods that retain and enhance the industrial character and charm provides a significant opportunity that does not exist in the same way anywhere else.



 **High Street Retail**

The face of retail is changing rapidly across the UK. Covid-19 has accelerated existing patterns of decline across the UK's high streets as demonstrated through the closure of two key anchor stores on Sheffield's high street, John Lewis and Debenhams.

Shopping has traditionally been one of the primary reasons for visiting a City Centre regularly. With the decline of this incentive, there is a clear need for Sheffield to redefine it's offer and repurpose vacant City Centre retail units to future-proof its economy. Facilitating and maintaining an active groundspace is key to future-proofing the vibrancy.

The physical shape of Sheffield's central retail area has been characterised for a century by its linearity.

With this in mind, the objective for the City Centre is to achieve a compact, walkable shopping area which supports and complements its many other functions as a hub of regional business, education, civic and cultural life and a growing resident population. This will be complemented by activities to re-define other traditional retail areas, including Castlegate and Wicker.

In the short term, the objective is to prevent voids from becoming a visible signal of decline.

 **Shop Local**

Independent and specialist retail and the markets play a crucial role- the identity of Sheffield and the City Centre is a place where these types of businesses will continue to prosper.

New trends in consumer behaviour emerging post-pandemic point to an increase in shopping locally, online shopping and purchasing goods from independent retailers- there was a 63% rise in spending at specialist, independent food and drink stores such as butchers or bakeries for example.

Division St and Devonshire St currently offer the main concentration of independent fashion, specialist shops and food and drink. The ambition is to retain the distinct character of this area and continuing to support independent retailers to thrive. Independent retailers will also be encouraged in different parts of the City Centre in incubator spaces and new neighbourhood centres with lower rents.

Diversification to Support a City Centre Resident Population

A growing residential population in the City Centre will need to be supported by a wide range of amenities including a retail and leisure offer that will appeal to the future residents, contributing to the vibrancy and activity across the City Centre.

There is potential to improve the quality and increase the quantum of good quality independent food and beverage operators in the City Centre, retail core and other neighbourhoods. The City Centre can be a platform for homegrown independents emerging from the wider food hall and street food scene, and graduate into high street units.

The City Centre should be much more than just a shopping destination. It must have an exciting and vibrant mix of restaurants, cafes, bars and cultural facilities, which will attract and retain people in the City Centre and support both the daytime and night time economy. The early evening economy is particularly important to a residential population.

Building resilient neighbourhoods that acknowledge future working trends and enable digital infrastructure is central to shaping the city of the future.

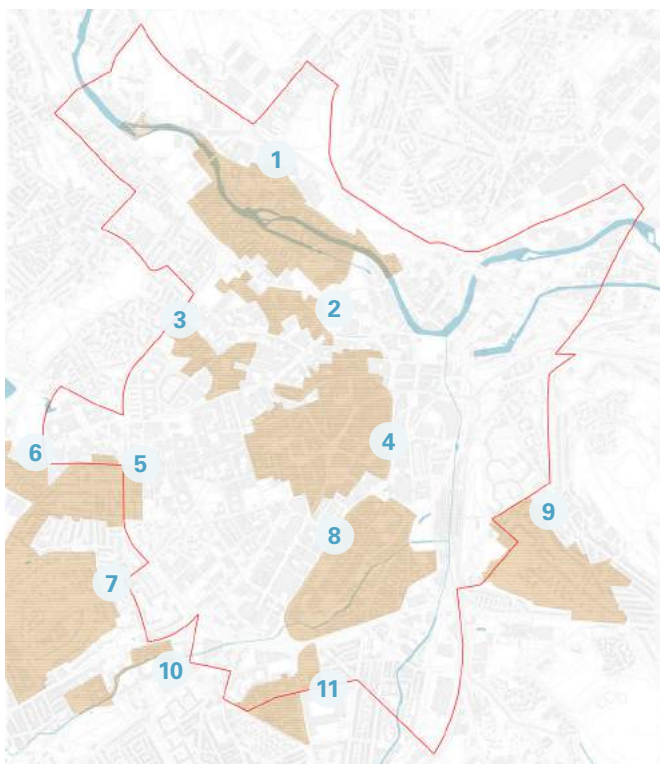


Image Source: Planit-IE, Conservation Areas within the central area boundary

- | | |
|---|--|
| 1. Kelham Island Industrial Conservation Area | 7. Broomhall Conservation Area |
| 2. Furnace Hill Conservation Area | 8. Cultural Industries Quarter Conservation Area |
| 3. Well Meadow Conservation Area | 9. Norfolk Road Conservation Area |
| 4. City Centre Conservation Area | 10. Porter Brook Conservation Area |
| 5. Havover Conservation Area | 11. John Street Conservation Area |
| 6. Northumberland Road Conservation Area | |

Committed Actions and Planned Activity



Provide a diversified city centre offering

Comprising of a higher quality, more compact and connected primary retail and leisure core around Fargate, the Moor and Heart of City, with an equally strong offer of leisure, food and drink, great public spaces and a broad range of cultural attractions.

Meanwhile uses

Support the provision of meanwhile uses and controlled encroachment in streets and spaces to encourage people to spend time in the City Centre.

Independent and Specialist Retailers

Provide support for independent and specialist retail in Heart of the City, Moor markets, Chapel Walk, Castlegate, Kelham, Cathedral Quarters, Division Street and Devonshire Street Quarters.

University Masterplans

Work in partnership to ensure future plans deliver high quality public realm and improve the permeability and connectivity of the City Centre.

New office developments

New office space is to be provided through the delivery of the Sheaf Valley masterplan, West Bar and Heart of the City.

City Centre Digital Infrastructure

Urban living is a defining characteristic of 21st century life. By 2039, Sheffield’s population is projected to increase to c.652,300. This will generate new and exacerbate existing pressures on urban resources and infrastructures. Technology is increasingly viewed as a means through which these challenges of urban living can be addressed with technological advancements revolutionising the ways in which we live, work, and play.

The Council’s ambition is for the City Centre to be at the forefront of new digital and technological developments. This will help the City be more productive and competitive, create jobs, enable services to be delivered more efficiently and effectively and help respond to the challenges of climate change.

To achieve this, Sheffield will become a well-equipped city, that is proactive in understanding, testing, trialling and deploying new technologies to create sustainable, clean, green and flexible services that benefit the city and its people. The Council must continue to demonstrate that it is a pro-investment city that is open for business and encourage digital investment first.

Digital innovations can also help combat climate change through reducing emissions, strengthening resilience to climate related natural hazards and improving our capacity to act. In the City Centre this might include facilitating take up of alternative forms of transport, reducing the need to travel and reducing the energy requirements of buildings.


Around the globe, cities are adapting to technology in ways that bridge the promise of the future with the unique character each has built over generations.


In Cascais, Lisbon, the city has created an operational platform called the Digital Command Centre. This enabled the city to efficiently deliver data and insights across mobility, construction, waste management, civic protection, and emergency management.


In particular, a mobile phone app was built to connect the city to its residents and visitors, allowing them to report problems, upload photos, and learn about changes in the city’s services.


Improving Sheffield’s digital infrastructure will be key to supporting business and encouraging more people to live and work in the City Centre.

A series of City Centre interventions will be required to achieve this vision, including (but not exclusive to):

- 

The development of digital infrastructure across the City Centre, in the immediate term, the installation of fast fibre internet connectivity and 5G, and in the longer term ensuring digital infrastructure is updated continuously.
- 

The provision of smart transport solutions including: real-time travel information displayed at bus and tram stops and on Variable Message Signs (VMS); the integration of data with smartphones; and multi-platform transport apps which allow consumers to switch seamlessly between transport modes.
- 

The use of ACES (Autonomous, Connected, Electric and Shared) routes and other electric vehicles (including e-bikes, cars, buses and trucks).
- 

Providing complementary experiences for shoppers in the wake of increasing consumer demand for online shopping. This may include the development of click-and-collect stores which allow people to view and return items purchased online.

Ambition Two



Creating a clear sense of place for the city by shaping distinctive and inclusive neighbourhoods in which people can live, work and play.



Distinctive and Inclusive Neighbourhoods

Repopulating the City Centre through the creation of new neighbourhoods is central to the future success of the city. Delivering more homes in the City Centre will provide much needed housing and importantly act as the 'glue' to bring together and strengthen the key components that make up the City Centre.

These neighbourhoods will put people first, have sustainability at the core and be inclusive. They will collectively provide different housing types and tenures to meet the needs of a diverse range of people to create a more balanced, diversified residential population and achieve a vibrant, sustainable community in the City Centre.

Neighbourhoods will be delivered as part of a framework, that builds on the unique characteristics in each neighbourhood to redefine the roles of these areas and generate differentiated City Centre experiences. Further details on neighbourhoods is contained in Annex I.



Community Facilities and Amenities

To support the new and growing communities who will live and work in the City Centre, it is essential that residents have easy access to local services, community facilities and open spaces such as local shops, health facilities, education, meeting places, sporting venues, a range of open spaces each of which will provide for a community's day to day needs and help to further the communities' social wellbeing.

Additionally, a key challenge will be to improve wayfinding and legibility across the City Centre to link neighbourhoods and districts and overcome road barriers and topography challenges.

New neighbourhoods will ensure easy access to local community facilities for residents, delivered in the following way:

[Sheffield Local Plan Emerging Policy](#)

New residential developments will need to be located within easy access to local services (such as shops), bus stops, and 10-minute walk or cycle to a primary school and primary health care facility.



Sustainable and High-Quality Housing

The ambition is to create City Centre neighbourhoods that are of mixed types and tenures, that provide well-designed, high quality, low carbon homes that span the price points of the market so that more people are able to live in the City Centre and can do so affordably.

By definition, affordable housing comprises homes which are social rented, affordable rented, or intermediate housing such as shared ownership or rent to buy. This may also include affordable home ownership. By having a mix of affordable housing types and tenures, Sheffield will be best placed to tailor future housing solutions in the City Centre to those who need them.



[Health Facilities](#)

As the residential population grows, the City Centre will need to offer additional health services in new community hubs. Work is underway with the health sector to establish locations for this future provision.



[Education facilities](#)

New residential development is likely to increase demand for school places as well as nursery provision. Work is underway as part of the emerging Sheffield Local Plan to forecast future demand in the City Centre.



[Open Space](#)

An important part of contributing to the health and wellbeing of communities is providing good quality open space near to where people live. Open space provision will be created around a network of pocket parks and local parks, connected by the River/Canal corridors, as well as linear spaces created through projects such as Grey to Green. New standards will be set in the Sheffield Local Plan for open space provision in the City Centre.



Personal Safety

Addressing people’s security needs is essential in the future development of the city. Enhancing measures which support the personal safety of residents is key to ensuring that residents in Sheffield can positively interact with their neighbourhoods and communities.

Enhancing security in the City Centre will also be key to encouraging people to use public spaces for exercise. Fear of violence and crime in outdoor areas is reported to be one of the most significant factors that deter people from engaging in physical activity in public spaces.



Purpose Built Student Accommodation (PBSA)

Recently, very high levels of PBSA development have been delivered in Sheffield’s City Centre. A draft report by Cushman and Wakefield (2021) demonstrates that there is currently an oversupply of student accommodation. Development of further student accommodation should be limited to allow available land to deliver other land uses that are in high demand and currently have a low supply (i.e. residential and office).

A locational approach to future development of PBSA will be taken, highlighting areas of the City Centre in which PBSA should be directed and discouraging further development in inappropriate, poorly connected locations which detrimentally impact upon the connectivity of these developments to Sheffield’s universities.

Future planning applications for PBSA development should also be required to demonstrate demand for the development before planning permission is granted.



The Safer Sheffield Partnership

The Crime and Disorder Act 1998 created the Safer Sheffield Partnership which has a statutory duty to address and reduce community safety issues in Sheffield and to produce a strategy every three years, setting out their priorities to reduce crime and disorder in their area.

Every three years the Safer Sheffield Partnership produces a document known as a Joint Strategic Intelligence Assessment (JSIA). The JSIA is an analytical document combining and assessing data from a range of partner resources.

Following the results of the JSIA, the Safer Sheffield Partnership has identified the following key priorities encompassing all of the crime and disorder types and themes:

- » protect vulnerable people
- » address the impact of drug supply
- » address the impact of crime and anti-social behaviour
- » create safer communities by supporting Covid-recovery and identifying new and emerging priorities
- » reduce reoffending.

These findings will form the basis upon which the Safer Sheffield Partnership will develop a revised plan for 2021-2024 that will focus on addressing community safety issues.



Inclusive Environments

Designing and managing the built environment in an inclusive way is essential to create a fair society and a sustainable future. An inclusive approach to planning, design and management is an opportunity to use creativity and agile thinking to make places that reflect the diversity of people who want to use them.

By definition, inclusive environments are:

- » welcoming to everyone
- » responsive to people's needs
- » intuitive to use
- » flexible
- » offer choice when a single design solution cannot meet all user needs
- » convenient so they can be used without undue effort or special separation and so that they maximise independence.

Future development of the City Centre must take into consideration comprehensive consultation with user groups, putting people who represent a diversity of age, ability, gender and community at the heart of the design process. This will be crucial to the success of creating a City Centre that can be considered an inclusive environment for all.

The City Centre should provide high quality new homes catering for all segments of the community including young professionals, families, the elderly and downsizers. This will create a more balanced, diversified residential population and achieve a vibrant, sustainable community in the city centre.

This should be coupled with the provision of supporting services, facilities and amenities to ensure everyone who wants to live in the City Centre is able to.

Alleviating homelessness in Sheffield is a key priority. To prevent homelessness in the City Centre, the Council will address inequalities that may exist by improving access to key community services such as education, training, housing and health.



Committed Actions and Planned Activity



Delivering new homes

There is an aspiration to deliver c.20,000 new homes in the City Centre. There are significant development opportunities across the City Centre to accommodate this quantum of homes including 5 neighbourhoods that have been identified as priority areas for growth:

- » Neepsend
- » Wicker Riverside
- » Castlegate
- » Moorfoot
- » Furnace Hill

Sheffield City Centre Action Plan

The Safer Sheffield Partnership are developing a plan which will address community safety issues in Sheffield in line with the outcomes of the JSIA.

Ambition Three



Delivering enhanced connectivity and accessibility for the City Centre through integrated and sustainable transport.



Healthy Streets

The City Centre will create streets that are inviting and safe to use and will enable users to pursue healthy and more active lifestyles. This means streets that aren't just about getting from A to B but are also a destination in themselves. Sheffield's streets will be places where people of all ages spend time, play and discover.

Future development of the City's streets will enable more people to walk and cycle as modes of travel and as a recreational activity. There will be a linked network of high-quality, attractive pedestrian and cycling routes throughout the City Centre. These routes will be accessible for all users, free of street clutter and better connected to radial routes, key destinations in the City Centre and transport hubs.



The 20-Minute Neighbourhood

In the wake of the Covid-19 pandemic, the concept of the 20-minute neighbourhood has grown in popularity.

This is essentially a complete, compact and connected neighbourhood, where people can meet their everyday needs within a short walk or cycle.

Developing new neighbourhoods with this concept in mind would give residents access to a range of frequently used facilities within a short walk, cycle ride or public transport journey from where they live.

This would require complimentary action to ensure that these neighbourhoods are 'low traffic' whilst also improving the local environment and air quality.

Overall, the 20-minute neighbourhood presents multiple benefits including:

- » boosting local economies
- » improving people's health and wellbeing
- » increasing social connections in communities
- » tackling climate change



Connectivity Between Areas and Neighbourhoods

Ensuring connectivity between existing areas of the City Centre as well as new neighbourhoods is essential to creating a seamless City Centre that is easy to navigate and engage with. This will require the delivery of integrated, planned transport improvements across the City Centre enabling people to get around the city more easily using low carbon, sustainable and inclusive ways of travelling including walking, cycling and public transport.

This should also include improved wayfinding and legibility across the City Centre to better connect areas of the City Centre, new neighbourhoods and districts.





City Centre Accessibility

Public transport will be easily accessible for all users and integrated with other modes. Bus, rail and the Supertram will be seamlessly interwoven to form a single, frequent, easily understood and low carbon metro style network, which offers faster and more reliable journey times to reduce reliance on the private car. This will provide a smooth and enjoyable journey for those arriving at and leaving the City Centre for work, study and leisure.

Any future rail enhancements will also create significant opportunities for Sheffield and it is imperative that there is a seamless integration between these potential schemes and the local transport network (including walking and cycling). The Sheffield Midland Station and Sheaf Valley Development Framework seeks to maximise these potential opportunities.

The Ring Road

The ring road currently severs the City Centre, acting as a major barrier to connectivity between the City Centre and areas such as Kelham Island and Neepsend. Through the Connecting Sheffield proposals, steps will be taken to minimise the negative impact that the ring road currently has on connectivity within the City Centre.

In the longer term, there is a drive to consider how parts of the City Centre can become car-less or car-lean. Other European cities have been bold in moving towards a car free agenda – Valencia has a 56 km long green ring road for pedestrians and cyclists connecting Valencia’s metropolitan area and Amsterdam is greatly expanding the network of interconnected pedestrian routes in the City Centre.

Through the Connecting Sheffield proposals, steps will be taken to minimise the negative impact that the ring road currently has on connectivity within the City Centre. The Connecting Sheffield Programme will deliver significant high quality cycle and pedestrian access improvements from Kelham & Neepsend, Nether Edge and Attercliffe to connect in to cross city routes. This follows improvements delivered from Broomhall to the City Centre and connections as part of Grey to Green which comprises the start of the programme with wider network to be delivered through the City Region Active travel Implementation Plan.

Committed Actions and Planned Activity



[Connecting Sheffield Programme](#)

Connecting Sheffield is part of the long term vision for the future of travel within the city. A key aim is to support the delivery of integrated, planned transport improvements across the City Centre which will enable people to get around the city more easily using low carbon, sustainable and inclusive ways of travelling including walking, cycling and public transport.

The first phase of Connecting Sheffield is supported through the Transforming Cities Fund (TCF) and focuses on several key public transport routes and active transport corridors which include: the City Centre; Neepsend Edge-City Centre; Nether Edge-City Centre; Magna-Tinsley; Darnall-Attercliffe-City Centre; and Abbeydale Road and Ecclesall Road. Additional schemes which are supported through the Active Travel Fund (AFT) include: Sheaf Valley; Crookes Active Neighbourhood; and Nether Edge Active Neighbourhood

[Grey to Green](#)

Completion of the Grey to Green Corridor and linkages including Castlegate, Blonk Street, Exchange Place, Snig Hill, Paradise Street, Gibraltar Street and Shalesmoor.

Sheffield City Region now has an Active Travel Commissioner to help drive forward this priority in the City Centre.

[Sheffield’s Transport Strategy 2019-2035](#)

Transport has a key role to play in addressing future challenges whilst delivering benefits which can be shared by all.

Published in March 2019, Sheffield’s Transport Strategy is a long term plan which addresses the city’s economic, environmental and equality challenges through supporting delivery of faster, more reliable and cleaner journeys.

The Strategy aims to create improved, sustainable and safe transport networks, for Sheffield including: public transport which is integrated, faster and use friendly; better, safer active travel options; and protecting the fast, reliable movement of traffic between the city and other economic centres.

Ambition Four



Establishing a sustainable and environmentally friendly City Centre.



Pathway to Net Zero

Transitioning to a zero carbon economy will require massive changes in all aspects of life, requiring buy in from everybody in the city. It is essential that the future of Sheffield’s City Centre is on a pathway to achieving net zero carbon status. The Council has declared a Climate Emergency and set a target for the city to be zero carbon by 2030.

This declaration was supported by the development of Sheffield’s Clean Air Plan with the aim to bring emissions within legal limits. Sheffield, like many other major cities in the UK, currently breaches national and European thresholds for air quality, with the cause of air pollution largely due to road transport, traffic congestion and industry.

The ambition for Sheffield is to support new developments in providing net zero buildings and encouraging retrofit of existing buildings to be of premium standard. This will be coupled with high quality construction and architecturally sound design which will lay the foundations of all future development within Sheffield’s City Centre.

The Council will build on this momentum to mitigate the effects of climate change, air quality and noise pollution in all plans for the City Centre. In practice, this will include pursuing the following courses of action:

1. More areas of urban greenspace and gardens will be created throughout the City Centre, not only for the enjoyment of residents and workers, but also to increase biodiversity and to provide sustainable drainage and combat the urban heat island effect of rising temperatures resulting from an increased number of buildings, roads, traffic and activity.
2. Green roofs and more porous surfaces, such as in car parking areas, will be encouraged to hold rainfall for longer and feed into streams and rivers rather than combined sewers.
3. The Grey to Green route is an internationally recognised example of how Sheffield are already introducing landscaping, planting and sustainable urban drainage to counter the impacts of climate change in the City Centre, which will improve the environment and also support the ambition for healthier streets. This approach will be expanded throughout the City Centre as opportunities become available.
4. There are fresh opportunities to reinvigorate and grow the City Centre district heating network, which will help Sheffield to become a lower energy, lower carbon city.
5. The City Centre must be resilient to flooding, and for the waterways to be accessible, de-culverted and rich in habitat, making an important contribution to the economic and environmental quality of the city.
6. Encourage sustainable transport through targeted and sustainable public transport interventions and infrastructure improvements.
7. Zero Carbon Mitigation Pathway this will be achieved through new planning policies and guidance for new development and through Government funding/incentives to enable retrofitting the existing building stock.

Decarbonising the City Through Planning

Urban planning is an important tool in facilitating the race to net zero emissions.

Density tends to encourage lifestyles that are less carbon-intensive. For example, journeys in urban environments – whether for work or for leisure – are often shorter, requiring less energy especially where transport infrastructure encourages active travel (e.g. walking or cycling). In 2018, the carbon footprint of an average city resident was about four tonnes of carbon a year, compared to more than six tonnes for people living outside cities.

Densifying existing built-up areas will reduce the carbon footprint of both new and existing residents, especially in large cities like Sheffield, which are currently way below London’s density levels. This does not necessarily mean building skyscrapers, rather, ‘Gentle’ density can be achieved, for instance, by constructing mid-rise buildings on empty brownfield land within city boundaries.

Moreover, increased density will make other targeted interventions on transport and housing more impactful as more residents will be reached.



Sustainable Mobility

Transportation is one of the largest contributors of CO2 emissions presenting a key challenge to the low-carbon development of the City Centre.

Major action in relation to surface transport will need to be taken to ensure the City can become carbon neutral by 2030. Interventions proposed include increasing active travel and use of public transport, decarbonising all vehicles and consolidating freight. The proposed Clean Air Plan will require public transport, taxis and goods vehicles to be low emission in the City Centre. The impact of private vehicle emissions in the City Centre will also be reduced, combined, these interventions will improve air quality and reduce carbon emissions.

Electric Vehicles

The UK government has set a target of ending the sale of new petrol and diesel cars and vans by 2030, with all vehicles being required to have a significant zero emissions capability – for example, be plug-in or fully hybrids – from 2030, and be 100% zero emissions from 2035. This has led to a drive for electric vehicle charging infrastructure in City Centres.

The Council are committed to increasing access to and use of EV charging points across the City Centre, building on the existing network of EV charging infrastructure.

Other European cities have been bold in building a network of and for zero emissions vehicles. For example, the Municipality of Amsterdam has outlined plans for only electric or hydrogen-powered buses and coaches to be allowed into the City Centre from 2022.

Similarly, Paris has reduced City Centre car traffic through the introduction of Le Mobilien (a network of rapid bus lines with dedicated lanes) and Autolib', a car-pooling programme of c.3,000 electric cars. Shared and 'on-demand' fleets of electric vehicles with increased occupancy could reduce energy demand for transport while reducing the number of vehicles on the road.



Committed Actions and Planned Activity



The Council are committed to working with partners to proactively improve air quality in the City Centre by:

- » Encouraging and facilitating the use of low-emission vehicles through a zero-emission public transport trial and provision of electric vehicle charging infrastructure.
- » Implementing a Clean Air Zone for the most polluting vehicles within the Inner Ring Road.
- » Encouraging more sustainable travel choices, particularly active travel modes including improving cycle and pedestrian infrastructure.

The Council also plan to:

- » Complete the Grey to Green Sustainable Urban Drainage scheme from Kelham to Park Square and develop similar schemes as highway redundancy or other development opportunities arise.
- » Promote de-culverting of the City Centre reaches of the Rivers Sheaf and Porter.
- » Develop a partnership and business model for extension of the City Centre District Heat Network, linked to new heat sources in the Lower Don Valley and with a potential extension to the Upper Don.
- » Develop flood defence and resilience proposals for the Upper Don, Lower Sheaf and Porter, and extend river stewardship arrangements to them.

The committed and planned actions outlined above underpin the strategic vision for Sheffield City Centre and will guide future development across the City Centre. Looking forward, the Council also aspire to encourage the provision of shade areas, green roofs / landscaping and porous surfaces, such as in car parking areas in all new developments, increase biodiversity in the City and to develop a partnership and business model for the extension of the City Centre District Heat Network.

Ambition Five



Bringing the outdoors to the City Centre, creating attractive high quality spaces and places that facilitate wellbeing for all.



Public Realm and City Centre Greenspace

The public realm is a defining feature of the City Centre, with the Winter Gardens being a standout example of indoor public space. However, outside the core, the public realm can be better used and activated.

For example, the activation could be intensified through increased use of these spaces for public events which would contribute to Sheffield's sense of place and cement the perception that the City Centre is the place to live, work and play.

The public realm needs to create a feeling and atmosphere that attracts all types of people to visit. An important part of this is to encourage dynamism and people focussed activity through the types of public realm activations, such as using water, fitness equipment and performance spaces.

In addition, there should be a focus on improving the environmental quality of existing streets, public squares and spaces around buildings to encourage vibrancy and create healthy, welcoming streets and public spaces.



Developing the Outdoor City

The City Centre must play its part in bringing the outdoors into the City Centre to enhance Sheffield's existing Outdoor City brand.

Central to this ambition is creating neighbourhoods within the City Centre which wholly represent the identity of Sheffield, celebrate the streets, and demonstrate the importance of the ground floor or groundspace, which includes the internal and external space across the ground floor of the City Centre.

In practice, this will be supported through new development in the City Centre which utilises low or zero carbon technologies and the creation of new green infrastructure where gaps in provision are identified. This will ensure that the City Centre is a pleasant place to live, work and play with green space and public realm connecting different neighbourhoods within the City and contributing to an active and vibrant groundspace across the City Centre whilst increasing biodiversity in the City.

As the only major City in the UK with a National Park within its boundary, there exists an opportunity for Sheffield to capitalise and evolve the "Outdoor City" brand by bringing the outdoors into the City Centre and encourage people to live and visit the city on a more regular basis.

Retail and Leisure Strategy

To enhance the retail, leisure and cultural offer there is a need to develop a strategy of how this will be supported. A Retail and Leisure Study will be prepared to support the Local Plan which will inform the overall strategy.



How can Sheffield bring the outdoors into the City Centre?

This will be achieved through the creation of high quality public space that people want to spend time in as well as activation of the groundspace to bring people, movement and activity into the outdoor areas of the City Centre. To achieve this, cultural, civic, commercial and academic organisations should be enabled and encouraged to make use of public spaces.

Activation of public space is key- activities could include, open air film, outdoor performances, pop-up retail, an outdoor classroom, street food and markets, al fresco bars and cafés, outdoor sculpture and art installations, street art, playable public realm for people of all ages and showcasing Sheffield's expertise in the advanced manufacturing sector for example through exhibitions in the City Centre.

To facilitate this, it should be ensured that: the public realm infrastructure is capable of facilitating frequent use by multiple organisations; allow businesses, institutions, and stakeholders in the city to 'spill out' into the public realm; support a culture that incentivises and encourages the blurring of indoor/ outdoor activity. This will generate a perception that there is always activity in the City Centre.



Building on Sheffield's Existing Assets

Sheffield is a distinctive city characterised by its unique character, heritage, history and cultural offering. This includes:

Physical cultural assets:

Such as Crucible and Lyceum theatres, National Video Game Museum, Millennium and Graves Art Galleries.

Meanwhile assets:

Such as Tramlines, Doc Fest, Festival of the Mind, World Snooker Championships, Cliffhanger, Steel City Cider and Beer Festival.

Wider assets:

Such as music (Richard Hawley, Arctic Monkeys, Pulp) and world class sporting venues (Ponds Forge).

Enhancing and capitalising on Sheffield's distinctive leisure, arts and cultural offering will be key to delivering the strategic vision for the City Centre. This will be supported through development which amplifies a connection to its most distinctive architectural and cultural assets.



Health and Wellbeing

The City Centre has an important function to deliver health and wellbeing benefits to its residents through green spaces, well-designed public spaces, walking and cycling routes, delivering on its net zero carbon objectives and making the most of its natural assets in creating new communities.



Tourism and Culture

The City Centre will be a major destination for social, leisure and cultural activities. Sheffield's visitor economy is an important income generator for the City and will continue to grow.

Sheffield's visitor and cultural economy has been detrimentally impacted by Covid-19, however it is anticipated that the tourism, leisure and culture sectors will bounce back strongly, driven by the latent demand to spend on leisure activities. This is an opportunity for Sheffield to re-invigorate its offer, particularly with activities to bring the outdoors to the City Centre.

Sheffield City Centre Events Strategy

Sheffield has a vibrant and thriving grass roots cultural scene which is well known and highly valued by the people of Sheffield. This includes a particularly strong theatre offer, grass roots arts as well as being well known for its musical heritage.

The City Centre will continue to support the existing cultural and events offer as a part of the Sheffield identity including Doc/Fest, Art Sheffield, Tramlines and Art Sheffield. This will be supplemented by an ambition to intensify the events calendar across the City Centre which will include supporting the smaller cultural events and activities in this sector for people of all ages, which will be delivered through a bespoke City Centre Events Strategy, particularly focussing on the groundspace. Key to this will be the development of operational infrastructure to enable spill out into the public realm.

Sheffield will be famous for its cultural and arts events, which might include digital and visual art installations, outdoor exhibitions, open air concerts across all music genres, outdoor screenings of films and sporting events, sport, fitness and wellbeing clubs.

There is also an opportunity to create a cultural anchor of national or international significance, which would boost the visitor economy. This opportunity should be explored through the development of the Cultural Strategy for Sheffield



Committed Actions and Planned Activity

Vacant Buildings

Opportunities for short term reuse of vacant buildings has been seized by the Council, the Universities and the BID as a way of bringing in new ideas to grow the City Centre's vibrancy and showcase other activities the city has to offer. The Renew Sheffield project is encouraging building and landowners to make space available on flexible terms and providing support and mentoring for start-ups.

The Outdoor City

Sheffield is the UK's Outdoor City. To maximise the opportunities that this presents, a joined up approach from organisations and individuals involved in outdoor recreation in the city is required. The Outdoor City Strategy was developed by the Sheffield Outdoor Economy Joint Venture which consists of key partners across the city involved in outdoor recreation.

Utilising Sheffield's Public Realm

Measures are already underway to encourage the use of Sheffield's public realm for events and activities through the development of:

- » Events Central on Fargate
- » Planned pocket parks with pop-up activity (including a musical pocket park)
- » Sheffield Hallam University's new public realm with daily events and activation programme
- » Creation of a canopy for outdoor dining in Orchard Square



Culture Collective: A Strategy for Sheffield

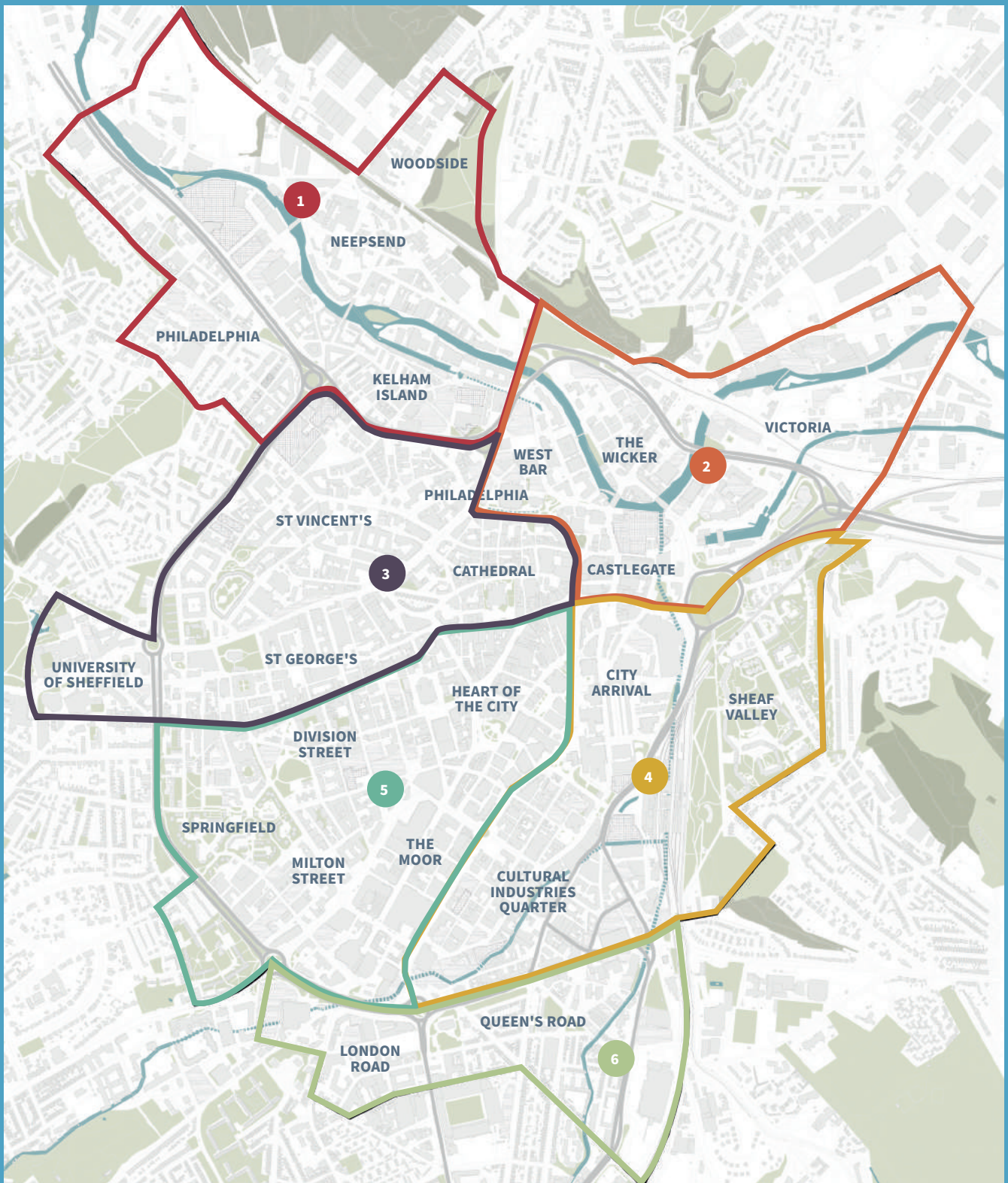
-To bring this vision forward, the Council is working in collaboration with the Culture Collective as a strategic partner to develop a strategy for Sheffield with a commitment to delivering the key actions and support to the priority capital projects which are in the City Centre.

The vision will underpin the cultural regeneration in the City Centre, providing opportunities for creatives, communities and businesses, repurpose existing and historic buildings, lift pride and sense-of-place, create cultural destinations, develop home-grown talent and bring artists and performers of international standing to Sheffield.

Involvement of local actors

The Council are committed to encouraging and supporting the involvement of local actors in the City Centre events calendar. This includes (but is not exclusive to): Sheffield's higher education institutions, voluntary organisations and community groups.

06 THE NEIGHBOURHOOD APPROACH



6.1 A Neighbourhood Approach

A key component part of this document is to set out how to deliver the vision and strategic ambitions through the creation of unique, distinctive neighbourhoods that reflect Sheffield’s values and provide a different role in the City Centre experience.

The neighbourhoods will provide a distinctive offer across all sectors, playing different roles and catering for different markets.

This document identifies 23 sub-areas with particular characteristics which have then been grouped into 6 distinctive character areas which each play a different role.

The vision, strategic ambitions, and opportunities set out in this document are translated into each of these distinctive character areas to create a unique, thriving, economic, cultural and residential destination.

The following have been considered:



Identity



Commercial, jobs and workspace



Residential



Retail, leisure and hospitality



Connectivity and public realm



Major projects and how to support

Further detail regarding the 6 character areas are contained in Annex I.

Across all the neighbourhoods, the concept of the 20 minute neighbourhood will be implemented, considering the need for improved access to the services, facilities and open spaces that make up a successful neighbourhood. The requirements for such supporting infrastructure will be considered and implemented through the approach to comprehensive development planning that this vision encourages.



Area One

Kelham Island | Neepsend Philadelphia | Woodside



Blue and Green Infrastructure



Independent and Creative



Local Independent Businesses

A growing residential area which retains its industrial heritage character. An outdoor neighbourhood destination with independent and maker commercial offer.



Area Two

Castlegate | West Bar | The Wicker | Victoria



City Centre gateway location



International character



Key heritage area (The Castle, Victoria Quays)

High-density mixed-use area, a new live work neighbourhood. International character with inclusivity at its heart.

Commercial, Jobs and Workspaces

The existing maker and creative jobs will be supported. Creative and co-working spaces could be created as part of mixed-use developments.

A new office district is emerging, new co-working spaces should be considered for Castlegate and the surrounding areas building on the success of Kollider. Improved links to AMID, functionally and physically.

Residential

There is scope for significant residential growth in this area, of a mix of apartments and townhouses, for sale and to rent. Student accommodation is unlikely to be acceptable in this area.

Large scale residential growth will provide an offer for a variety of demographics and an opportunity for affordable housing provision to create a diverse new community.

Retail, Leisure and Hospitality

The support and growth of a vibrant retail, leisure and hospitality sector particularly at ground floor level will be encouraged to maintain and grow the existing sense of community.

Diversify and consolidate the existing retail and hospitality uses. Seek to retain the diverse identity of Wicker's existing high street, growing retail and community facilities to support the new residential neighbourhood.

Connectivity and Public Realm

Improve connections across the ring road to remove the feelings of distance. Improve public realm and access to the River Don and Parkwood Springs.

Use the re-development of Castlegate, including a destination piece of public realm to re-connect Wicker and Victoria to the wider City Centre and create a gateway for the east of the City.

Major Projects

Kelham Island and Neepsend Neighbourhood Plan, Kelham Connecting Sheffield scheme, Shalesmoor Gateway, UDV Phase 2 Flood protection scheme

West Bar, Castlegate, Attercliffe Connecting Sheffield scheme



Area Three

Cathedral | St Vincents | University of Sheffield



Challenging topography



Diverse architectural styles



Transition to residential neighbourhoods in the north

An area dominated by residential and education uses, with a variety of architectural styles to reflect the diversity in the area, particularly in the University of Sheffield neighbourhood.

Commercial, Jobs and Workspaces

This area will comprise a predominantly residential neighbourhood with supporting employment and education based jobs.

Residential

This area can accommodate significant residential growth. Residential development will comprise mixed typologies transitioning from student to residential from south to north.

Retail, Leisure and Hospitality

The creation of new neighbourhood hubs in growing residential areas, will be central to the future success of new residential neighbourhoods, particularly to overcome the challenging topography.

Connectivity and Public Realm

Improvements to public realm, including creating places to stop and linger, around new neighbourhood hubs to increase movement through these areas and create new vibrancy

Major Projects

University of Sheffield estate plans



Area Four

Sheaf Valley | City Arrival | Cultural Industries Quarter



Transport and mobility



Arrival to the City Centre



Blue and green infrastructure

An area with a 'wow factor' for visitors of Sheffield. It will grow as a mixed use commercial, education and residential district of Sheffield, delivering the ambitions of the Sheffield Midland Station and Sheaf Valley Development Framework.

Collaborative network in the knowledge and creative sectors using agglomeration benefits of locating together in this area.

Residential development will continue to play an important role in growth in this area. A mix of mid and high rise development will be appropriate.

Use of the ground floorscape will be important to encourage movement along key corridors to link the City Arrival.

Grow the cultural offer, particularly in this area.

New high quality public realm to re-connect areas of the City Centre. Public realm is key to this area as it is the connection for arrivals into the city to the rest of Sheffield.

The Sheffield Midland Station and Sheaf Valley Development Framework, Sheffield Hallam University masterplan, Park Hill regeneration, Sheaf Valley Active Travel Corridor scheme.



Area Five

Heart of the City | Division Street | The Moor | Milton Street | Springfield | Hanover Street



Diversification of retail core



Delivering Heart of the City and regeneration of other spine assets



New public realm and groundscape to enhance the outdoor experience

The primary retail, leisure and commercial core, growing the existing residential population and a new residential neighbourhood to the west which will take advantage of its core location.

The primary retail and commercial core for the City Region. Accommodate jobs growth through being the focus of the growth of the commercial core.

Residential growth in this area will primarily be within the western end. Within the Moorfoot area there is potential to create a new City Core neighbourhood with landmark buildings of scale, including regeneration of the Moorfoot building itself.

The retail core needs to be re-defined as a destination where you can only get the particular experience on offer. It should diversify to create a unique offer that entices people back into the retail core, as well as regenerating vacant large format anchor retail stores and other key assets.

Public realm in this area should prioritise the pedestrian & improve connections between retail streets and across the ring road. Use the ground floor across this area to create a buzz.

Heart of the City, Fargate and High Street, Retail, civic and cultural spine, Connecting Sheffield City Centre scheme



Area Six

London Road | Queens Road



Need for new public realm connectivity across the A61



Sports and recreation



Transport and mobility

This area will grow as a residential City Centre neighbourhood, comprising low to mid rise development targeted at the for sale and build to rent markets. There are some opportunities for height fronting the ring road.

Small scale commercial and community uses to support the growing residential population, with commercial, retail and leisure uses on pedestrian routes from Bramall Lane to the City Centre.

The residential population will grow with the house style allowing a transition from suburban terraces towards a mid rise City Centre scale and density.

Small scale retail, leisure and hospitality uses will be appropriate throughout this area, particularly on key routes to increase vibrancy and encourage movement into and through this area.

Improved connections across the ring road, new access points should prioritise pedestrians and cyclists & improved pedestrian routes towards Bramall Lane to encourage movement.

The Sheffield Midland Station and Sheaf Valley Development Framework, Sheaf and Porter Flood protection scheme

Commercial, Jobs and Workspaces

Residential

Retail, Leisure and Hospitality

Connectivity and Public Realm

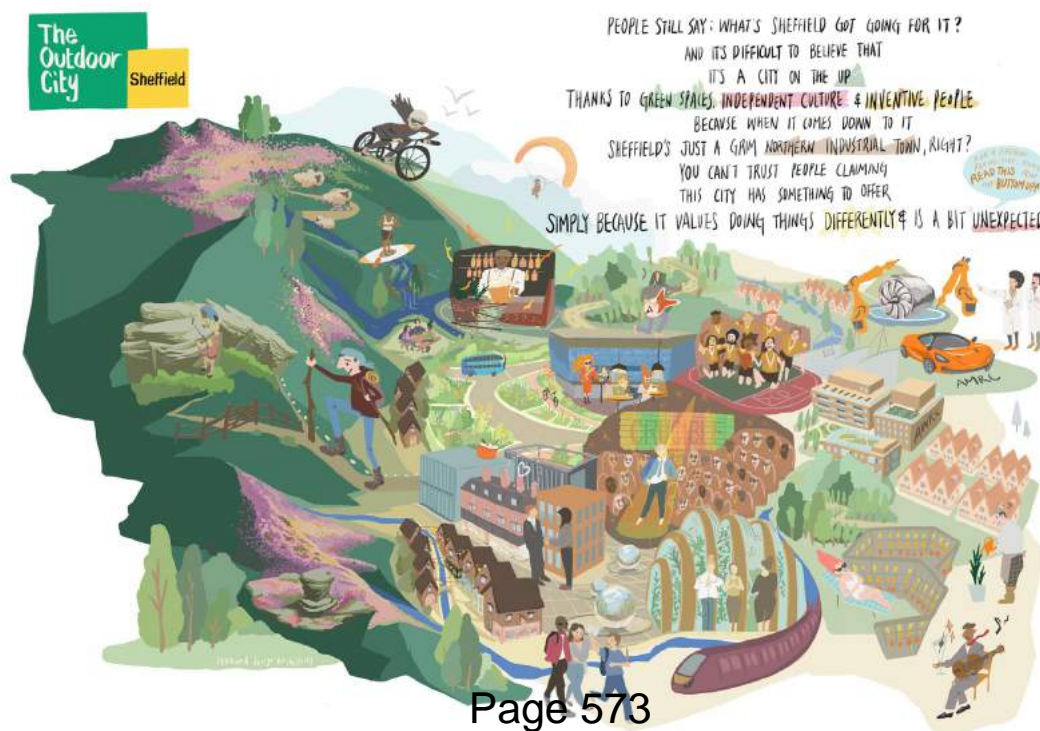
Major Projects

07 BRINGING IT TOGETHER

7.1 10 Guiding Principles

Sheffield City Centre has the backbone of a great city with a rich set of opportunities for unlocking its future potential. These opportunities will be realised through the 10 guiding principles:

1. Create jobs that will attract the likely future City Centre residents and wider population to create a City Centre that is rich in employment opportunities, talent and young wealth creators.
2. Improve connections and accessibility to and between areas in the City Centre to remove the perception of distance and topography challenges.
3. Use existing iconic architecture, the City's heritage assets and history and cultural heritage to help define and curate unique places in the City.
4. Diversify the retail core to create a new role for the centre of Sheffield and curate a culture, leisure and events strategy that creates vibrancy across the City Centre.
5. Develop the City Centre 'groundscape' i.e. the activity at ground floor in ways that reflect the identity of each area, such that it provides a compelling and enticing place to live, work and play. Use the groundscape to embody the 'Outdoor City' to improve the experience of the streets for all users.
6. Create a differentiated offer in identified Neighbourhoods to create inclusive, self-sustaining City Centre communities with each neighbourhood providing their own commercial, residential, retail & leisure offer for example
7. Repopulate the City Centre with 20,000 new homes (providing different housing types and tenures) to bring a permanent critical mass of people using the City Centre and its facilities to create vitality and vibrancy. Use the re-population of the City Centre once the neighbourhoods are established to set the base layer for long term economic multipliers.
8. Require all future development and activities to help achieve the City Council's Net Zero Carbon targets, reducing embodied and operational carbon of all buildings and activities. Encourage the adoption of new technologies to accelerate carbon reduction strategies and invest in infrastructure which facilitates the adoption of low carbon lifestyles.
9. Anticipate and use the cross cutting themes affecting Cities to implement innovative solutions to respond to the challenges, without needing to wait for the market to react (such as, Digital, Net Zero technology and Future of work)
10. Encourage public and private sector collaboration by implementing new governance arrangements for decision making and investment opportunities. Encourage collaboration between City Centre occupiers, across sectors to maximise the benefits of locating together in the City Centre. Utilise existing areas of strength, including health and research, knowledge and SME and makers industries.



7.2 Next Steps

Applying the 10 guiding principles

The 10 guiding principles summarise the tangible action that is required to bring the Sheffield City Centre Strategic Vision to life. It is recognised that adopting a neighbourhood approach to delivery will require phased development of key sites within each of the neighbourhoods. As such, 5 Priority Neighbourhoods have been identified (refer to map below).

The 10 guiding principles will underpin the development of a Masterplan for each Priority Neighbourhood to ensure there is a set of principles in which to guide future development and to set the tone for what those new neighbourhoods should look and feel like.

Alongside the Priority Neighbourhoods, the Council will be working hard to bring forwards the short term opportunity sites within Sheffield’s central spine and beyond (refer to map below).

To help realise the full potential of the Sheffield City Centre Strategic Vision, the following short term next steps will be progressed:

- 1. Priority Neighbourhoods**
Preparation of a concept Masterplan and outline design principles to help shape 5 new distinctive neighbourhoods and to guide future development in each of those areas.
- 2. Delivery Plan**
Preparation of a Delivery Plan to enable key sites to be brought forwards for delivery that will catalyse regeneration in their respective priority neighbourhoods.
- 3. City Centre Investment Prospectus**
Building on 1 and 2, this will be prepared to clearly articulate the investment opportunities available within Sheffield’s Central Area.

Other Considerations

Financing

Enabling and facilitating the delivery and maintenance of high quality amenities, social infrastructure, public spaces etc. is key to the success of the future City Centre. Planning gain mechanisms such as S106 will be given further consideration as a means of supporting the delivery and maintenance of these essential functions.

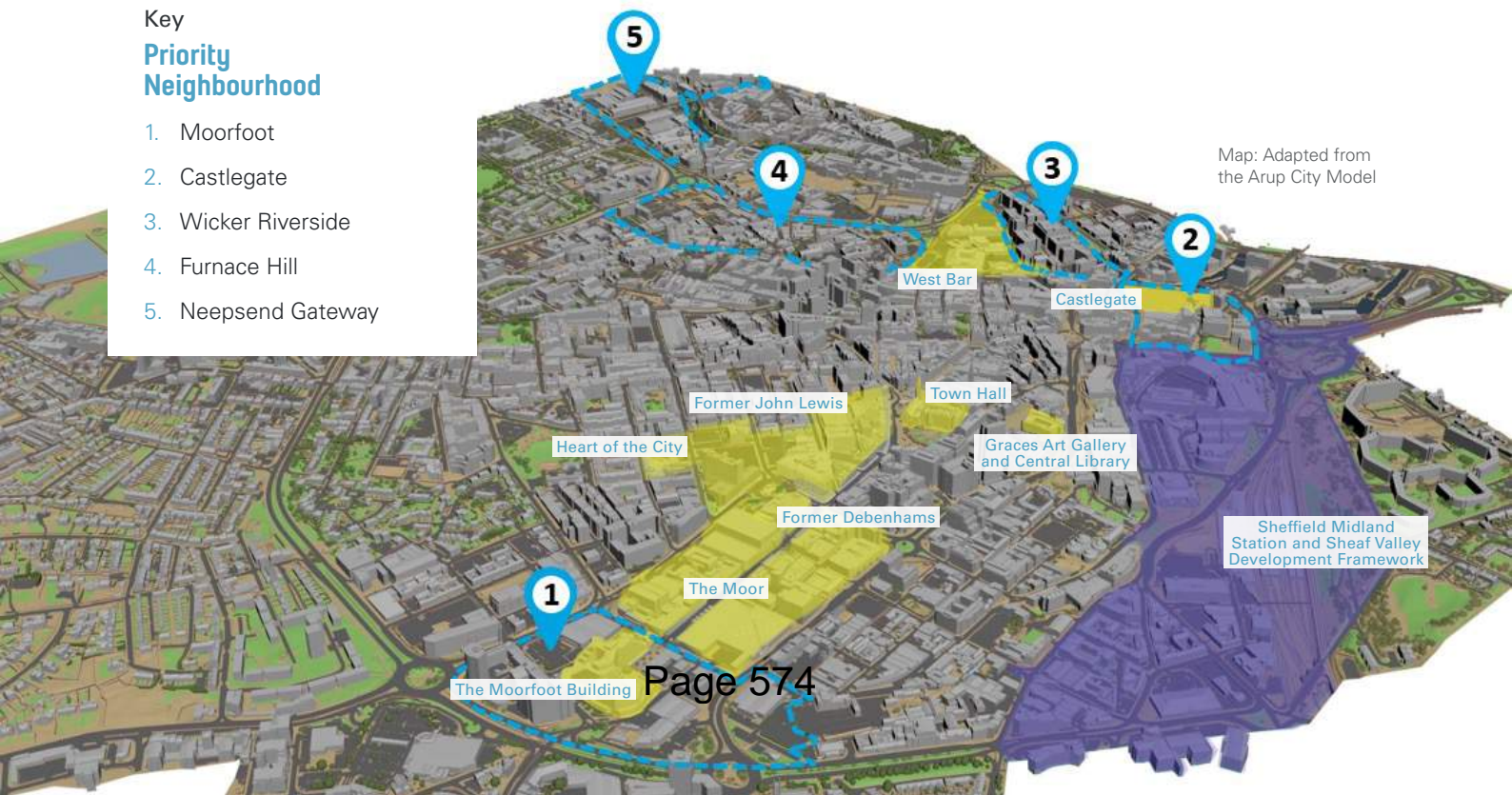
Partnerships

There is a recognition that to deliver the level of ambition outlined in this vision, public sector intervention will be needed, working in partnership with strategic partners and key stakeholders to enable delivery.

Key

Priority Neighbourhood

1. Moorfoot
2. Castlegate
3. Wicker Riverside
4. Furnace Hill
5. Neepsend Gateway



Annex 01 NEIGHBOURHOODS OF THE FUTURE





Area One

**Kelham Island, Neepsend,
Philadelphia, Woodside**



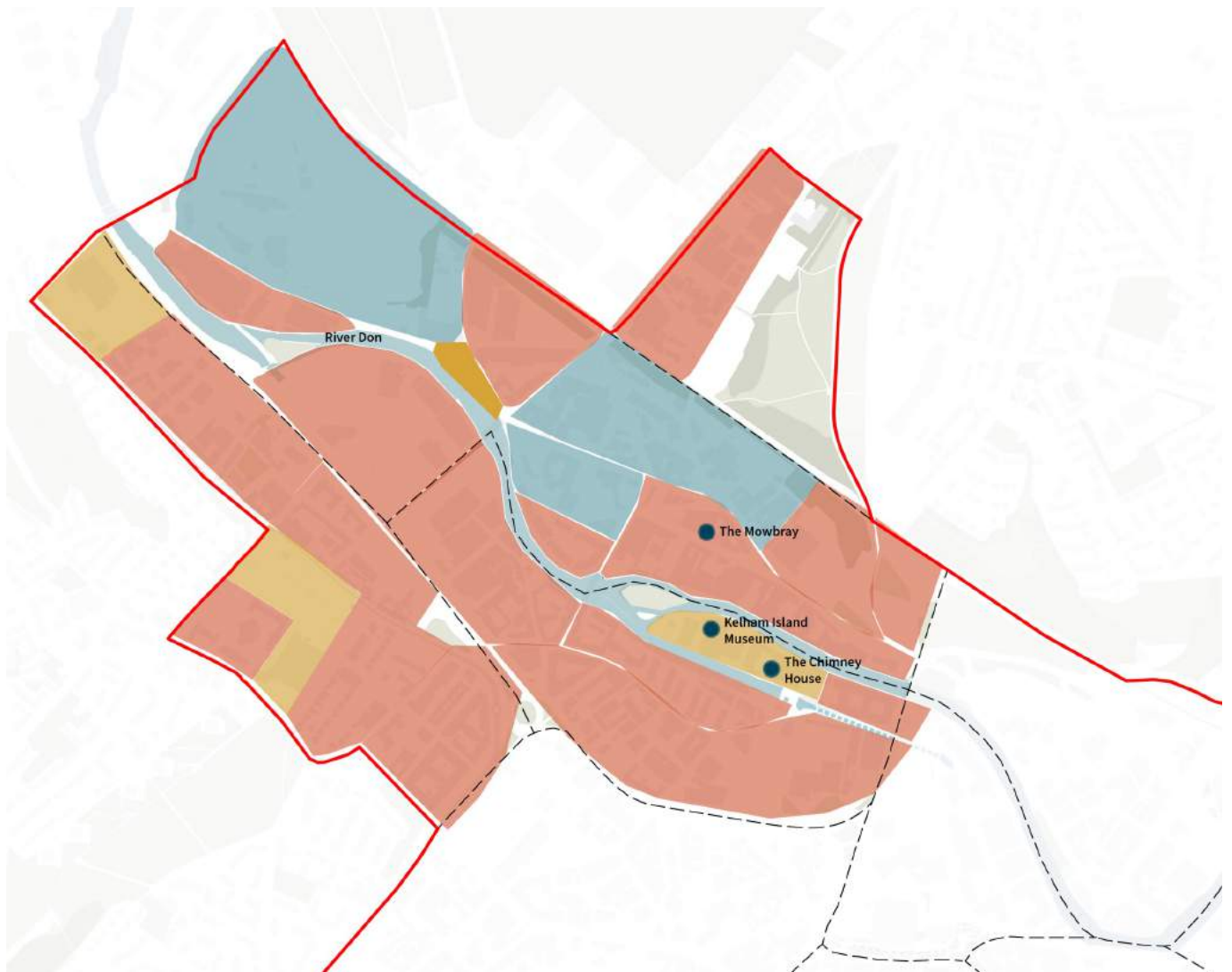
Mixed-use area with high proportion of local independent businesses



Blue and Green Infrastructure



Independent and Creative Identity



Key assets

1. The River Don
2. Kelham Island Museum
3. The Mowbray and The Chimney House – historic buildings both repurposed for events space

Existing Land Use

- Predominantly residential with community and amenity uses
- Predominantly commercial with residential
- Predominantly employment / industrial



Dun Street, Kelham Island



A growing residential area characterised by its industrial heritage which will be protected. Opportunities for height will need to respect the heritage context.

There will be a mix of residential types, predominantly low to mid rise including housing for young families, apartments and townhouses.

The neighbourhood will also grow as a destination for independent restaurants, cafés and shops to support the existing and future residents and attract visitors to create a vibrant daytime and early evening economy.

Neepsend will become an 'Outdoor' Neighbourhood which epitomising the Sheffield Outdoor lifestyle through design of new development, new public realm, events programmes and the types of occupiers that locate there.

* Height parameters are provided as a general guide for appropriate development in each neighbourhood. Further analysis should be undertaken on a site by site basis to determine the most suitable height for a proposed scheme.



Capacity to deliver approx. 3,694 homes



Predominantly low to mid rise development

approx. 3-6 and up to 10 storeys subject to detailed analysis*



Lower densities due to edge of city location



Scope for increased height along key transport corridors and City Centre gateways



Little Kelham, Kelham Island



Kelham Island



Little Kelham, Kelham Island



Commercial, Jobs and Workspace

The existing maker and creative jobs will be supported, particularly in the Burton Road area to protect the creative character.

New creative and co-working workspaces could be created as part of mixed use developments and a growing residential population will need to be supported by new community facilities.



Residential and Student Accommodation

There is scope for significant residential growth in this area.

- » Residential development should be predominantly low to mid rise accommodation with a mix of apartment and townhouses.
- » Accommodation will be a mix of for sale and to rent.
- » Purpose built student accommodation is unacceptable in this area.



Retail, Leisure and Hospitality

The support and growth of a vibrant retail, leisure and hospitality sector will be encouraged to maintain and grow the existing sense of community.

Active ground floor uses should be created in new development along key routes and the riverside and local or independent occupiers will be supported.

In Neepsend, occupiers which help create an 'Outdoor Neighbourhood' will be encouraged e.g. sports shops, HQ for outdoor activities.



Image Source: Planit-IE



Connectivity and Public Realm

Improve connections across the ring road to the area to remove the feeling of distance to Kelham Island including to: the Grey to Green network and any future expansion; West Bar; Wicker & the River Don, a future growth area

Improve public realm in Neepsend to help create 'Outdoor Neighbourhood' including creating new greenspace, improving access to the river, planting, facilitating outdoor activities, bike and pedestrian prioritisation and improving links to nearby outdoor living assets e.g. Parkwood Springs, climbing walls and the Peak District.

Planned controlled parking scheme to better manage space on street and minimise commuter parking that complements the existing low traffic neighbourhood.



Major Projects and how to Support

Kelham Island and Neepsend Neighbourhood Plan seeks to promote the social, economic and environmental wellbeing of Kelham Island and Neepsend. This vision and the development of the draft Neighbourhood Plan will work in tandem, with these principles reflecting the consultation responses received in October to November 2019.

The development of Little Kelham and the surrounding area has been successful in creating the new residential, independent and creative identity for Kelham Island – further developments which support these principles should be encouraged.

Outdoor Neighbourhood

Create links with Parkwood Springs, Peak District; Improve the public realm as a place to spend time, green up the streets & open up river frontage; Encourage use of the public realm for events and activities across the groundscape; Encourage supporting jobs / retail / leisure (e.g. outdoor shops, bouldering walls etc).

The UDV Phase 2 flood protection scheme will ensure resilience to the area and support further development and land use in the flood plain.

Connections should be made between Sheffield Kelham and Neepsend scheme.



Deliver a broad mix of uses with heritage assets and unique quality of the neighbourhood enhanced



Residential development should be predominantly low to mid rise accommodation with a mix of apartment and townhouses



The River Don and Parkwood Springs provides an opportunity for links to green infrastructure, riverside connections and parks



Demographic likely to consist of graduates, downsizers and young professionals but unlikely to be populated by students



Area Two

Castlegate, West Bar,
The Wicker, Victoria



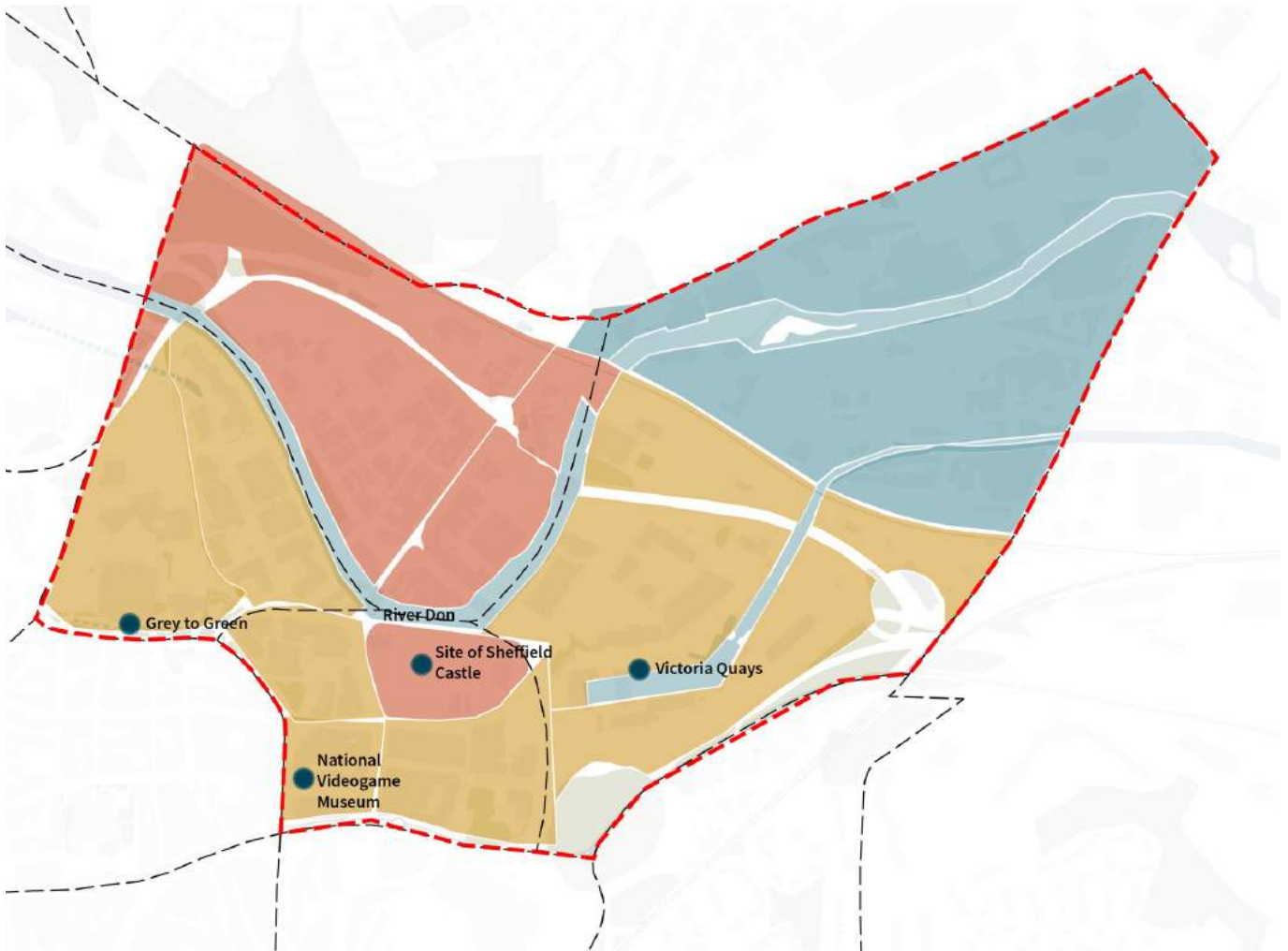
City Centre
gateway location



International
character






Key heritage area
(The Castle, Victoria Quays)



Key assets

1. The River Don
2. Victoria Quays
3. Grey to green
4. The National Videogame Museum
5. The Castle

Existing Land Use

-  Predominantly residential with community and amenity uses
-  Predominantly commercial with residential
-  Predominantly employment / industrial



Joiner Street, The Wicker



A regenerated, mid to high density mixed use area with improved connections to the City Core. This area will become a live-work neighbourhood.

The area will celebrate its heritage, retain its existing international character and be a neighbourhood with inclusivity at its heart. It will cater for a wide variety of demographics. This will be a truly mixed use neighbourhood with commercial, residential, retail, leisure and community amenities working in harmony.

There will be strong neighbourhood centres at Castlegate and Wicker, with potential for a new centre in Victoria in the longer term.



Sheaf Quay, Victoria



Royal Exchange Buildings, The Wicker



TWT Ward CNC, Victoria



Nursery Street Pocket Park, The Wicker



Capacity to deliver approx. 1,890 homes



Predominantly mid rise development with some high rise opportunities*

approx. 3-6 and up to 15 storeys
subject to detailed analysis



The Castlegate and Wicker area forms an important entry point into the City Centre from the east.



Opportunity for increased height in the Castlegate area as well as West Bar

* Height parameters are provided as a general guide for appropriate development in each neighbourhood. Further analysis should be undertaken on a site by site basis to determine the most suitable height for a proposed scheme.



Commercial, Jobs and Workspace

A new office district is emerging which compliments the existing offices along the River Don.

New co-working spaces should be considered for Castlegate and the surrounding areas building on the success of Kollider.

Existing light industrial occupiers in Wicker and Victoria will need to be relocated to an appropriate location to accommodate an emerging residential population.

Functional and physical links to AMID and Attercliffe will be improved, with this area being the gateway to the City Centre from the east of Sheffield.



Residential and Student Accommodation

Large scale residential growth in the Wicker and Victoria districts will provide an offer for a variety of demographics and affordability including young professionals, young families and an opportunity for a variety of tenure types provision to create a diverse new community.

The residential offer will include a mix of for sale and rental and should maximise opportunities for a variety of tenure types and key worker housing. Student accommodation is unlikely to be appropriate.

Development will be predominantly low to mid rise with a mix of apartments and townhouses, including some larger 3+ bed units.



Retail, Leisure and Hospitality

- » Diversify and consolidate the existing retail and hospitality uses in Castlegate and the Wicker.
- » Seek to retain the diverse identity of Wicker's existing high street, retaining convenience retail and leisure uses to support a new residential neighbourhood.
- » Create strong new neighbourhood centres at Castlegate and Wicker and in the longer term within Victoria, including providing community facilities where there is demand.
- » Create better linkages to the City Centre for the existing hotels in the area.



Image Source: Planit-IE



Connectivity and Public Realm

Connect to and expand the Grey to Green network.

Use the re-development of Castlegate to re-connect Wicker and Victoria to the wider City Centre.

Create a destination piece of public realm at Castlegate site to encourage movement to and through this area.

Improve connections to and through this area to link more deprived areas of Sheffield e.g. Burngreave and Attercliffe to the City Centre. This will be delivered through the Connecting Sheffield City Centre to Attercliffe Scheme.



Major Projects and how to Support

The proposed regeneration of the West Bar will create a new office led mixed use neighbourhood. Later phases and adjacent sites should consider the most appropriate mix of uses in the context of emerging residential neighbourhoods.

The Castle site provides a major re-development opportunity in the heart of Castlegate. Sheffield City Council have been granted Levelling up Grant Funding to facilitate the regeneration of this important gateway site. A full masterplan for development should be produced to facilitate a mixed use, landmark development, celebrating the heritage of the area to unlock future regeneration.

The existing comparison retail should be relocated towards the new consolidated retail core and be replaced with a mixed use residential and commercial neighbourhood.



Pipeline projects in this area (including Castlegate) will encourage neighbourhood transformation through mixed-use, landmark development



Development will be predominantly low to mid rise with a mix of apartments and townhouses, including some larger 3+ bed units



Connecting to and expanding the existing Grey to Green network will be key in this area



Opportunities for a variety of tenures or key worker housing





Area Three

Cathedral,
St Vincents,
University of Sheffield



Challenging
topography



Diverse
architectural
styles







Transition to
residential
neighbourhoods
in the north



Key assets

1. Sheffield Cathedral
2. Paradise Square
3. University of Sheffield

Existing Land Use

-  Predominantly residential with community and amenity uses
-  Predominantly commercial with residential
-  Predominantly employment / industrial
-  University of Sheffield



Paradise Square, Cathedral



An area dominated by residential and education uses, with a variety of architectural styles to reflect the diversity in the area, particularly in the University of Sheffield neighbourhood.

Predominantly mid to low rise development throughout this area.

Mixed residential typologies including student, co-living and build to rent (BTR) accommodation with potential for some high end housing in Cathedral.

Transition from predominantly student and education in the south to residential accommodation in the north, towards Kelham.

Connectivity, new public realm and the creation of multiple neighbourhood hubs will be important to overcome the topography challenge particularly in St Vincents.

* Height parameters are provided as a general guide for appropriate development in each neighbourhood. Further analysis should be undertaken on a site by site basis to determine the most suitable height for a proposed scheme.



Jessop building, st. George's



Velocity Village, St Vincent's



Furnace Hill, St Vincent's



Capacity to deliver approximately 7,538 homes



Predominantly mid rise development with some high rise opportunities*

Approx. 4-10 and up to 15 storeys subject to detailed analysis



Opportunity to increase density along key movement corridors such as the A61 roundabout.



Scope for mixed residential typologies in Cathedral and St Georges



Commercial, Jobs and Workspace

This area will comprise a predominantly residential neighbourhood with supporting employment and education based jobs. It may be appropriate to move existing commercial office uses from Cathedral to allow the creation of a distinctive residential neighbourhood.



Residential and Student Accommodation

This area has potential to accommodate significant residential growth, particularly in the St Vincents and Cathedral areas.

Residential development will comprise mixed typologies:

- » Co-living, student and BTR accommodation will be appropriate in St Vincents, growing the existing community that has developed.
- » Potential to re-purpose the existing historic buildings in Cathedral to create a new residential quarter with high quality town houses which attract a high end occupier.



Retail, Leisure and Hospitality

The creation of new neighbourhood hubs in growing residential areas, particularly in St Vincents and Cathedral, will be central to the future success of new residential neighbourhoods. The topography in this area is particularly challenging so having multiple small hubs to encourage movement through the areas and regular pockets of vibrancy will improve the appeal.

Neighbourhood hubs could include convenience stores, community facilities, cafes and other small scale retail and leisure facilities to support the residential population, not create a destination.





Connectivity and Public Realm

Topography creates a challenge for connectivity in the St Vincents and Cathedral neighbourhoods, which are currently under-appreciated and underutilised parts of the City Centre.

Improvements to public realm, including creating places to stop and linger, around new neighbourhood hubs to increase movement through these areas and create new vibrancy.

Improvements to the vibrancy of the streets would also be created with public realm interventions to address the current lack of greenspace.

Currently uncontrolled commuter car parking- causing problems to local residents and businesses. To be addressed through planned controlled parking zone to better managed on street space leading to improved local environment.



Major Projects and how to Support

All future developments near the University of Sheffield should consult with this key stakeholder to ensure future development plans can be brought forward cohesively.



Potential to accommodate significant residential growth, particularly in the St Vincents and Cathedral areas



Residential development will comprise a mix of types and tenures



Placemaking and public realm should seek to mitigate anti-social behaviour that currently exists in the area



Opportunity to attract a mixed demographic through different residential typologies





Area Four

Sheaf Valley,
City Arrival,
Cultural Industries Quarter



Transport and mobility- plans for high speed rail



Arrival to the City Centre



Blue and green infrastructure- plans for a Porter Brook pathway to open up hidden blue infrastructure in the City Centre



Key assets

1. Sheffield Train Station
2. Creative Industries Quarter with independent, local businesses
3. Sheffield Hallam University
4. Ponds Forge International Sports Centre
5. The Gold Route: Sheaf Square to University of Sheffield
6. Planned Sheaf Valley Active Travel Corridor

Existing Land Use

- Predominantly residential with community and amenity uses
- Predominantly commercial with residential
- Predominantly employment / industrial
- Sheffield Hallam University
- Sheffield Train Station
- Mixed use area



Albert Works, Cultural Industries Quarter



This area will create a 'wow factor' for visitors and new arrivals into Sheffield from the main train station and the road network via the Parkway.

It will grow as a mixed use commercial, education and residential district that demonstrates what Sheffield is all about.

There is an opportunity for landmark development in the City Arrival neighbourhood, including development of greater height.

Sheffield Hallam University will be central to the success of growth in this area with their central land holdings.

It will deliver on the ambitions of the Sheffield Midland Station and Sheaf Valley Development Framework.

* Height parameters are provided as a general guide for appropriate development in each neighbourhood. Further analysis should be undertaken on a site by site basis to determine the most suitable height for a proposed scheme.



Midlands Tram Station, City Arrival



Millenium Gallery, City Arrival



Capacity to deliver approx. 2,712 homes



Predominantly mid rise development with some high rise opportunities*

approx. 4-10 and up to 15 storeys
subject to detailed analysis



Opportunity to increase density / heights near the train station to support high speed rail development



Sites adjacent to City Centre gateways could accommodate increased height



Commercial, Jobs and Workspace

Future commercial development in this district will complement the growth of Sheffield Hallam University and the creative uses in the Cultural Industries Quarter.

There is a great opportunity to create a collaborative network in the knowledge and creative sectors using agglomeration benefits of locating together in this area.



Residential and Student Accommodation

Residential development will continue to play an important role in growth in this area. A mix of mid and high rise development will be appropriate in the City Arrival and Sheaf Valley areas.

Tenures will likely include a mix of for sale and build to rent. This location may also be appropriate for intermediate / alternative tenure types housing, particularly in the Pond Street area. Student accommodation may be appropriate near to Sheffield Hallam University.

Higher rise development in the City Arrival area could include residential development.



Retail, Leisure and Hospitality

Use of the ground floorscape will be important to encourage movement along key corridors to link the City Arrival with:

- » Heart of the City and the retail core
- » New Sheffield Hallam Campus development
- » Pond Street through to the Castlegate area

Uses along these routes will be essential to create a vibrant City Core feel and to entice visitors and those arriving in the City to their next destinations. This could include new cafes, shops, bars and restaurants. Independent occupiers should be encouraged to create a feel that is 'of Sheffield'.

A growing cultural in this area will be beneficial, to compliment the existing provision.





Connectivity and Public Realm

Future plans should include new high quality public realm which builds on the success of existing gold and steel routes to re-connect areas of the City Centre. Public realm is key to this area as it is the connection for arrivals into the city to the rest of Sheffield.

Future development should improve connections across the existing railway line to east of City Centre, notably a new pedestrian bridge is proposed in the Sheffield Midland and Sheaf Valley Development Framework.

The Sheaf Valley active travel corridor will provide high quality improvements to link out towards Little London Road.



Major Projects and how to Support

The Sheffield Midland Station and Sheaf Valley Development Framework provides a plan for maximising the economic, environmental and social benefits of transport improvements for the people of Sheffield, including the delivery of high speed and Northern Powerhouse Rail. This framework provides details that should be considered when bringing forward new development in this area and should be adhered to as far as possible, particularly the proposals for the area around Midland Station to make it quicker to adopt public transport, change between transport modes and enable walking and cycling.

Sheffield Hallam University masterplan will transform this area of the City alongside the Sheaf Valley Masterplan – opportunities to collaborate with these development areas should be explored by all new developments in this area to create cohesive development physically and with planning for future uses and occupiers.

The regeneration of Park Hill will transform this area of the City Centre bringing in a vibrant residential population.



A key arrival point into Sheffield, this area is currently being transformed through the Sheffield Hallam University Masterplan and the Sheaf Valley Masterplan



Residential development key to growth in this area with opportunity to deliver a mix of mid and high rise development



Developing high quality public realm which improves connections to the East of the City Centre is key in this area



Opportunity to attract a mixed demographic through different residential typologies





Area Five

Heart of the City, Division Street, The Moor, Milton Street, Springfield, Hanover Street



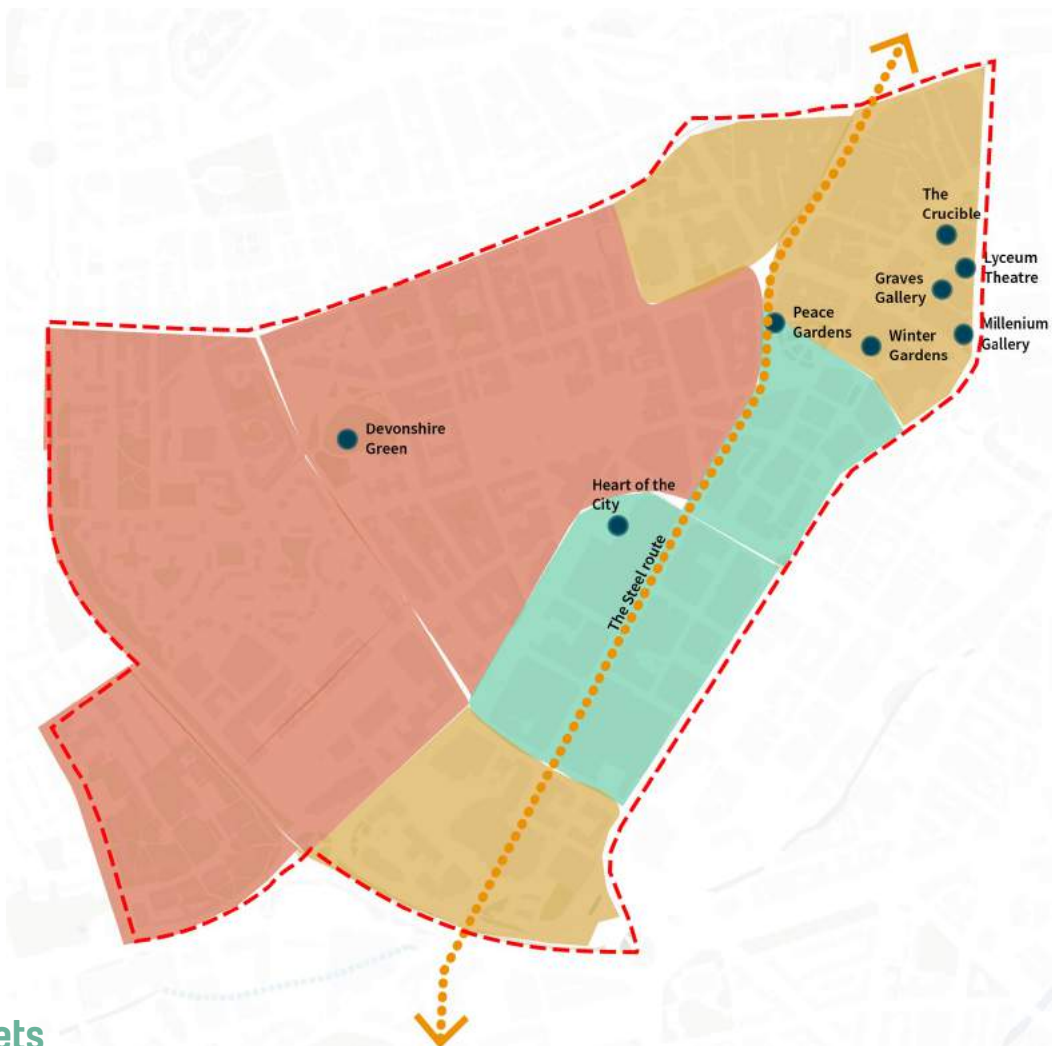
Diversification and transformation of retail core



Delivering future phases of the masterplan for Heart of the City



New public realm to improve the City Centre experience, and enhance the outdoor experience



Key assets

1. Retail core
2. Peace Gardens, Devonshire Green and Winter Gardens
3. Cultural assets: The Crucible, Lyceum Theatre, Millenium and Graves Art Galleries
4. The Steel Route: Fargate, the Moor and Heart of City 2

Existing Land Use

- Predominantly residential with community and amenity uses
- Predominantly commercial with residential
- Predominantly employment / industrial



Winter Gardens, Heart of the City



This area will comprise the primary retail, leisure and commercial core, growing the existing residential population in the Devonshire Quarter, with a new residential neighbourhood to the west which will take advantage of its core location.

Development will be predominantly mid rise, with an opportunity for buildings of scale and landmark buildings in the western end of the Moor neighbourhood, adjacent to the ring road.

To respond to the changing role of the retail core, this will be diversified to ensure longevity and resilience to current market trends.

Across this whole area, the pedestrian and active travel should be prioritised in designing new developments.

* Height parameters are provided as a general guide for appropriate development in each neighbourhood. Further analysis should be undertaken on a site by site basis to determine the most suitable height for a proposed scheme.



Headford Garden, Springfield



Moorfoot, The Moor



Capacity to deliver approx. 5,149 homes



Predominantly mid rise development with some high rise opportunities*

approx. 7-10 and up to 15 storeys subject to detailed analysis



This area is higher in density due to central location



Redevelopment of The Moor / Heart of the City will create opportunities for high density development in this area



Commercial, Jobs and Workspace

This area will comprise the primary retail and commercial core for the City Region:

- » Office district (Heart of the City)
- » Retail and leisure core (The Moor, Heart of the City and Division Street)

This is an area that should accommodate jobs growth through being the focus of the growth of the commercial core.



Residential and Student Accommodation

Residential growth in this area will primarily be within the Moorfoot, Milton Street and Hanover Street areas and continue the growth of the Devonshire Quarter.

Within the Moorfoot area there is potential to create a new City Core neighbourhood with landmark buildings of scale, including regeneration of the site of the Moorfoot building. This neighbourhood will be targeted at young professionals and Build to Rent accommodation should be encouraged, promoting this prime location for city core living.

The Devonshire Quarter is a growing residential neighbourhood – future development should continue to deliver high quality residential development which respects the historic street pattern, particularly in the Milton Street area, accommodated on remaining underutilised sites. Student accommodation is unlikely to be acceptable in this area due to the desire to create a long term residential population.



Retail, Leisure and Hospitality

The retail core needs to be re-defined as a destination where you can only get the particular experience on offer.

It should diversify to create a unique offer that entices people back into the retail core. This should include consideration of:

- » Leisure offer – improving existing leisure and cultural assets and creating new opportunities.
- » Experienced based retail (e.g. digitally enabled stores, Amazon Fresh stores, second hand fashion)
- » Encourage independent, unique retail, leisure and hospitality offers
- » Re-purpose empty stores (particularly large format anchor retail stores) to respond to the new role of the high street



Image Source: Planit-IE



Connectivity and Public Realm

Public realm in this area should prioritise the pedestrian. Public realm should be used to improve connections between the retail core, particularly Division Street to the Moor.

Use the ground floor across this area to create a buzz. This district will have a downtown, city core feel with a daytime, early evening and night-time leisure offer.

Use a public realm intervention to recreate an attractive connection from the Moor to London Road and Ecclesall Road through the new residential neighbourhood.

Improved connections between Division Street and The Moor, linking the growing residential population with the retail core.

Connecting Sheffield Nether Edge Wedge scheme and South West Bus Corridor schemes.



Major Projects and how to Support

The remaining phases of the Heart of the City development should respond to the changing role of Sheffield's retail core which will help create a unique destination that promotes the distinctive experience of Sheffield. Surrounding developments and retail interventions should work collaboratively with plans for the Heart of the City to ensure a cohesive city core.

Sheffield City Council will receive £15.8m funding to be used to rejuvenate Sheffield's high street. This includes public realm interventions and repurposing Fargate and High Street as social hubs for the City. This project will act as a pioneer for Sheffield's new experience based approach to the retail core.

Improvements to existing assets on the core retail, civic and cultural spine will be important in bringing vitality back into the City Centre, including Moorfoot, former Debenhams and John Lewis buildings, Town Hall, Graves Art Gallery and Central Library

Connections should be made to the Sheffield City Centre scheme.



This area is central to the regeneration of Sheffield's urban core with key projects including Heart of the City



Residential growth in this area will primarily be within the Moorfoot, Milton Street and Hanover Street areas and continue the growth of the Devonshire Quarter



Public realm in this area should prioritise the pedestrian and improve connections between the retail core



This neighbourhood will be targeted at young professionals and Build to Rent accommodation should be encouraged





Area Six

London Road,
Queens Road



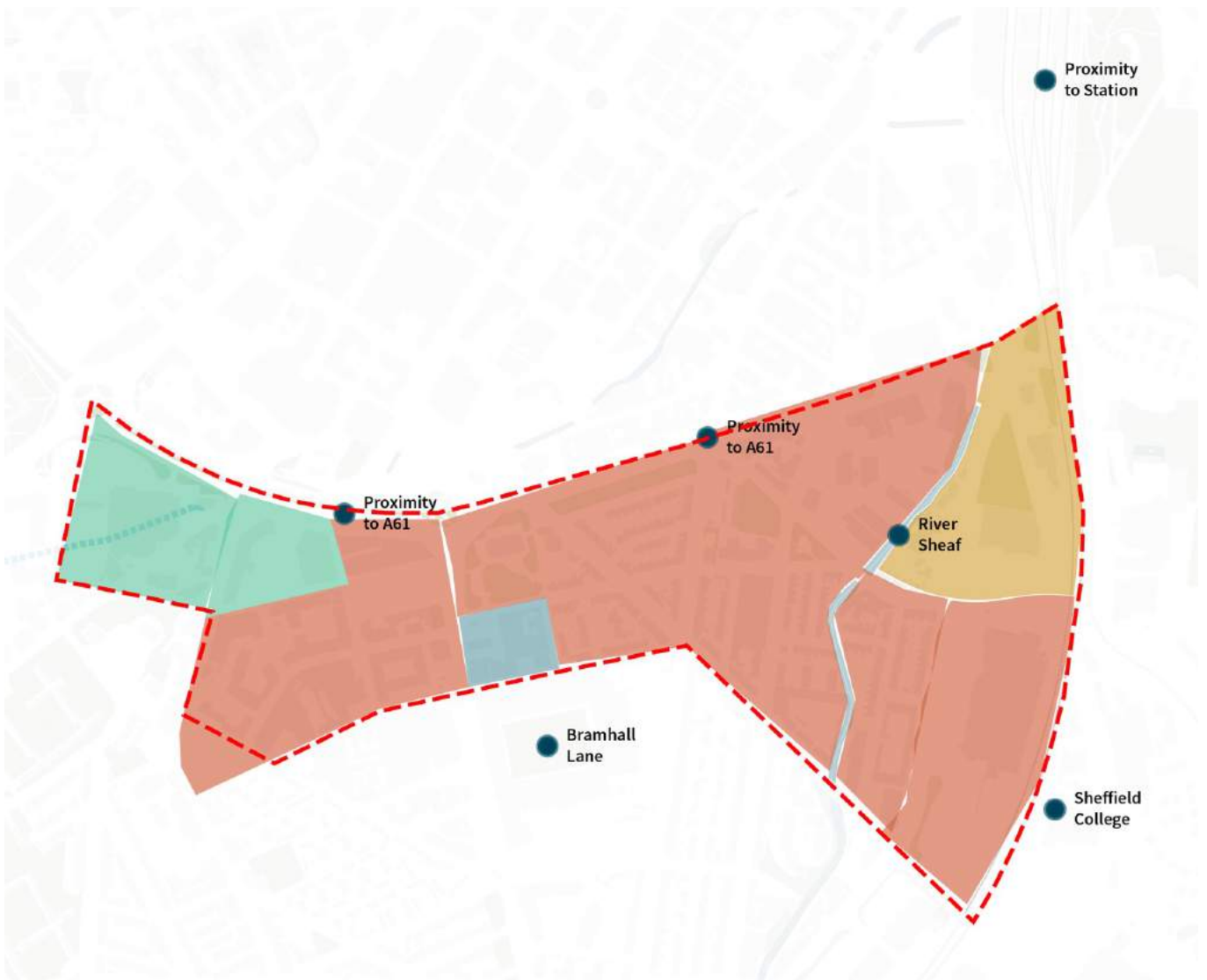
Need for new public realm connectivity across the A61



Sports and recreation



Transport and mobility



Key assets

1. River Sheaf
2. Proximity to the A61 and Sheffield train station
3. Bramall Lane Stadium
4. Sheffield College

Existing Land Use

- Predominantly residential with community and amenity uses
- Predominantly commercial with residential
- Predominantly employment / industrial
- Predominantly Retail



This area will grow as a residential City Centre neighbourhood, comprising low to mid rise development targeted at the for sale and build to rent markets.

Future plans will need to improve connectivity across the ring road to ensure this becomes an attractive residential neighbourhood.

This area should re-connect Bramall Lane stadium with the City Centre through improved connections to create a new clear sporting relationship to the City Centre.

* Height parameters are provided as a general guide for appropriate development in each neighbourhood. Further analysis should be undertaken on a site by site basis to determine the most suitable height for a proposed scheme.



St. Mary's Church, Bramall Lane



Midland Street, Queen's Road



Capacity to deliver approx. 571 homes



Predominantly low rise development with some mid rise opportunities*

approx. 2-3 and up to 8 storeys
subject to detailed analysis



The River Sheaf location and highspeed rail masterplan presents an opportunity to increase density



Potential for scale of buildings to step up towards higher scale of development proposed in The Moor



Commercial, Jobs and Workspace

Small scale commercial and community uses will be appropriate to support the growing residential population.

Commercial, retail and leisure uses may be appropriate around the Bramall Lane area on pedestrian routes from the City Centre.



Residential and Student Accommodation

The residential population will grow, with this area targeting a range of tenures, including build to rent and for sale in apartment style accommodation and town houses.

The house style should allow a transition from suburban terraces towards a mid rise City Centre scale and density.

Student accommodation is unlikely to be acceptable due to the distance from the Universities.



Retail, Leisure and Hospitality

- » Small scale retail, leisure and hospitality uses will be appropriate throughout this area, particularly on key routes to increase vibrancy and encourage movement into and through this area.
- » It may be appropriate to re-purpose existing large format warehouse retail & leisure uses to more appropriate City Centre uses.



Image Source: Planit-IE



Connectivity and Public Realm

Improved connections across the ring road will be central to the future success of this area as a City Centre neighbourhood. The ring road barrier should be softened using public realm interventions and new access points (e.g. bridges / crossings) should be created that prioritise pedestrians and cyclists.

Public realm on pedestrian routes towards Bramall Lane should be improved to encourage movement between the City Centre and the stadium on match days.



Major Projects and how to Support

The Sheffield Midland Station and Sheaf Valley Development Framework will improve connectivity to the London Road and Queens Road areas. Detailed designs for implementing the Development Framework should be developed in conjunction with future plans for this area.

Investment is planned for the Sheaf catchment flood protection scheme which includes sections of both the River Sheaf and Porter Brook. The scheme will be delivered in phases to 2028 and has been developed to protect:

- » communities
- » major transport routes
- » the mainline railway
- » the railway station
- » development land in the Sheaf and Porter Brook valleys.



The River Sheaf location presents an opportunity to increase height and density with high quality residential development overlooking the river



A largely suburban area, future development should see transition towards mid rise City Centre scale and density



Improved connectivity across the ring road is crucial in this area to connect to the City Centre



Target population will largely be families



Sheffield City Centre Strategic Vision



Our City Centre

Consultation and Engagement Report

02 March 2022

Contents

Our City Centre	1
Consultation and Engagement Report	1
1. Executive Summary	3
1.1 Consultation Feedback Form - Closed Questions	3
1.2 Consultation Feedback Form - Open Questions	3
1.3 Analysis and Conclusions from Public Feedback on the City Centre Strategic Vision	4
2. Introduction	6
3. Aims of Engagement	6
4. Approach to Engagement	6
5. Community and Stakeholder Mapping and Engagement Overview	7
5.1 Political Representatives	7
5.2 Economic Organisations	7
5.3 Educational Organisations	7
5.4 Cultural and Heritage Interest Groups and Organisations.....	7
5.5 Community and Local Interest Groups	8
5.6 Health Organisations	8
5.7 Local Residents	8
5.8 Other	8
6. Engagement Overview	8
6.1 Consultation Website	9
6.2 The Star Newspaper & Sheffield Telegraph	10
6.3 Community Access Points	11
6.4 Social Media	13
6.5 Pop-up Exhibit.....	13
6.7 Stakeholder Engagement	14
6.8 Online consultation presentation, with automated commentary	14
7. Methods of Receiving Feedback	14
8. Consulting During Covid-19 and Engaging the Digitally Excluded.....	16
9. Review of Feedback Received	16
9.1 Feedback Form.....	16
9.1.1 Closed Questions.....	16
9.1.1.1 About You	16
9.1.1.2 The City Centre Strategic Vision.....	17
9.1.1.3 Here and Now: Current Developments in Sheffield City Centre.....	22

9.1.1.4	The Future of Castlegate	25
9.1.1.5	The Future of Fargate and High Street.....	26
9.1.1.6	The Future of the Former John Lewis Building.....	27
9.2	Review of Open Question Feedback	28
9.3	Summary of Stakeholder Comments.....	30
Appendices.....		34
Appendix 1 – Online Consultation Feedback Form.....		34
Appendix 2 – Stakeholder Presentation Slides		41
Appendix 3 – Key stakeholder’s who submitted long form feedback.....		53

1. Executive Summary

1.1 Consultation Feedback Form - Closed Questions

Below is a summary of the headline statistics from the key closed questions from the online feedback form used for the consultation. In total, 1,452 feedback forms were submitted during the consultation.

City Centre Strategic Vision

- 74% of respondents answered 'Yes' or 'Yes with some reservations' when asked whether the City Centre Strategic Vision was a suitable plan for the city centre.
- 74.6% of respondents answered 'Yes' or 'Yes with some reservations' when asked whether they agreed with the City Centre Strategic Vision in terms of providing 20,000 new homes in the city centre.
- 62% of participants said 'Yes, with some reservations' or 'Yes' to the question "Do you agree with the approach to create a series of distinctive city centre neighbourhoods with different identities and functions?".

Key Central Sites

- **Fargate / High Street:** 76.6% of respondents replied 'Yes' or 'Yes with some reservations' when asked whether they approve of the investment and regeneration plans for Fargate and High Street.
- **Castlegate:** 81.5% of respondents replied 'Yes' or 'Yes with some reservations' when asked whether they approved of the regeneration plans for Castlegate.
- **John Lewis:** 'Remove with smaller replacement building and public realm' is the clear preferred option.

Option	Average ranking (the lower the number, the higher the average ranking)
Remove with smaller replacement building and public realm	#1.76
Re-use	#2.08
Remove	#2.16

You can see the full version of all these statistics later on in this document.

1.2 Consultation Feedback Form - Open Questions

In addition to the closed question responses referenced in 1.1, the opportunity to provide open responses was also provided. A summary of the broad themes to come out this is as follows:

Feedback Form Open Questions: Key Themes
Prioritise Green Space and Biodiversity – A significant number of responses emphasised the importance of green space and biodiversity being a priority for the city centre.
Better City Centre Offer – A number of respondents wanted to see an improvement to the retail offer; many wanted new incentives, such as more independent – as well as high-end – retail, to draw people to the city centre and therefore increase footfall. A call for more eateries was also referenced.
More New Homes – The free form comments still align with the closed responses, showing that a clear majority support this proposal, particularly a diverse mix of housing, which includes affordable homes.
Consider Plans for New Neighbourhoods – The majority of respondents were supportive of the idea of new neighbourhoods. However, some respondents appear to have misinterpreted this aspect of the Strategic Vision as being a proposal to create highly segregated areas of housing, with concerns being raised about the risk of exclusion for some demographics.

<p>Provision of Amenities to Serve New Homes and Neighbourhoods – A number of comments received confirmed the need for amenities to serve the new homes and communities, as referenced in the Strategic Vision. It was noted that schools, doctors’ surgeries, cafes, grocery shops and so on are an important element of creating genuine communities and that these facilities and services need to be incorporated.</p>
<p>Preserve Heritage and Repurpose Buildings – A number of comments referenced the need for more to be done to preserve and celebrate Sheffield’s historic buildings and heritage. These comments also tended to reference the need to repurpose existing buildings instead of creating completely new homes and developments.</p>
<p>Improve Connections – Many respondents wanted to see a better-connected city centre, including better public transport; this included connecting the city centre to other parts of Sheffield, as well as improved connections between different parts of the city centre itself.</p>
<p>Homelessness – Some respondents felt that homelessness in the city centre is not being adequately addressed and that it is having a negative impact on public safety.</p>
<p>Castlegate: Focus on the Castle – Some respondents called for a greater focus on the historical significance of Castlegate and, in particular, the Castle remains.</p>
<p>Fargate / High Street: Respondents were generally supportive of the plans for the area, although there were requests for more uses than are currently seen, such as bars and restaurants, that would see the area as a destination for day and night.</p>
<p>John Lewis: Many respondents were generally supportive of the John Lewis building being demolished. However, a smaller number of respondents were opposed to demolition on environmental grounds or because of its historical / cultural significance.</p>

Note: The feedback summarised and analysed above does not include feedback from key stakeholders. This is provided in section 9.3.

1.3 Analysis and Conclusions from Public Feedback on the City Centre Strategic Vision

The overall balance of responses to the consultation shows clear support for the City Centre Strategic Vision. It confirms support for the proposals to deliver distinctive and inclusive neighborhoods with a balance of offers, and bring forward significant levels of new housing. Additionally, plans for the key central sites of Fargate and High Street, and Castlegate are supported and of options for the former John Lewis building, removal of the existing building with a smaller replacement building and accompanying new public space is the clear preference.

Beyond these key findings, there are some further interesting conclusions that we draw from the consultation.

New homes and neighbourhoods

Questions 1 and 2 asked respondents to choose those elements of the City Centre Strategic Vision that were most important to them and that they agree with. Not unexpectedly, most respondents listed more and better shops, restaurants and bars, and indeed, quality public space, as being of the highest importance, with fewer respondents ranking new homes and distinct city centre neighbourhoods as being important, and interestingly, creating new jobs in the city centre.

However, Questions 3 and 5 specifically asked whether respondents supported the proposals for new homes (Q3) and new distinct neighbourhoods (Q5). Almost 75% of respondents specifically confirmed in Question 3 that they believe adding 20,000 new homes will be positive for the city centre. Equally, in Question 5, over 62% of people confirmed that they supported, or supported with reservations, proposals to deliver new homes via distinct

neighbourhoods, with only 18.6% being against this. As such, we can be confident that a majority of respondents support these key aspects of the Strategic Vision.

Support for good quality public space and The Outdoor City

A clear theme that comes from the consultation is that the respondents strongly value good quality public space in the city centre. Question 1 saw encouraging the use of public space as part of The Outdoor City rank number one in terms of elements of the Strategic Vision that was most important to people, and a focus on outdoor space scored highly in Question 2. This was reinforced by a number of open responses highlighting greenery and public space as being important. One of the successes of Sheffield city centre over past years has been the development of high-quality spaces around the train station, Barkers Pool and the Peace Gardens, for example, alongside the roll out of Grey to Green. The provision of new public space also featured strongly in responses on Castlegate and the future of the John Lewis building. The responses suggest there is strong support for this and it would appear to support both the attraction of the city centre to visitors and the development of residential communities, with a particular focus on encouraging well-being given that private open space is likely to be more limited for city centre housing.

Access by public transport, and cycling and walking infrastructure

Questions 1 and 2 also indicate that how people get to and around the city centre is seen as important. Access by public transport and improvements to cycling and walking infrastructure ranked 2nd in Question 1, and 1st (better connections to and around the city centre) for Question 2.

Boosting the sustainability of local businesses and the city centre economy

For Question 4, almost 80% of respondents to the consultation felt that the Strategic Vision would provide greater support for local businesses located in the city centre. This was the highest positive response of all those provided. Furthermore, almost 63% felt the Strategic Vision would boost vibrancy by day and night.

Retail remains important

There remains a strong desire to see a better retail offer in the city centre as a key priority for the public. The feedback that suggests the Strategic Vision will boost local businesses seems to indicate that many respondents see a strong future for independent retail, bars and restaurants. However, open responses indicate that there remains a desire to see new department stores open after the loss of John Lewis and Debenhams recently.

The role of heritage and culture

A number of open responses, and the briefing for Culture and Heritage stakeholders, highlighted a concern that heritage and culture needs to be more strongly referenced. Several responses noted that heritage can play a key role in helping to support and develop the Strategic Vision, making areas of the city centre more attractive to both residents and businesses, and adding to the potential for different areas to feel distinct in terms of their individual character.

2. Introduction

Sheffield City Council is looking to the future and with the help of partners has the aim of strengthening the whole city, beyond current regeneration plans. The Council commissioned planning and regeneration experts Deloitte to help it develop this wider strategy. This work has resulted in a proposed City Centre Strategic Vision. In addition to the overarching City Centre Strategic Vision, Sheffield City Council is planning significant improvements at several key city centre sites. The three most prominent sites are Fargate and High Street, Castlegate and the site of the former John Lewis store.

Ahead of progressing the proposals and plans, Sheffield City Council highlighted a need to engage with and consult the public. The above proposals and plans were brought together under the **Our City Centre** consultation.

This consultation asked stakeholders and members of the public to feedback on the City Centre Strategic Vision and the plans for central sites, including Fargate and High Street, Castlegate and the site of the former John Lewis store.

This document provides a summary of the engagement throughout the **Our City Centre** consultation, including across the consultation platforms and communication channels.

Note: Due to the Omicron variant of COVID-19, the decision was taken to make this an online consultation. That said, the strategy included methods to ensure information was accessible to members of the public and stakeholders even if they didn't have access to the internet.

3. Aims of Engagement

A consultation and engagement strategy for the **Our City Centre** scheme was developed, which sought to:

- Build **understanding** of the proposals including the rationale, benefits and challenges.
- Gain the **trust** of communities, businesses, stakeholders and interest groups in the intentions behind the project.
- Develop **support** for the schemes.
- Generate **comments** that could help to refine and enhance the project.

4. Approach to Engagement

The approach to consultation as presented in this report reflects Sheffield City Council's policy and approach to involving stakeholders and members of the public. Throughout the consultation, Sheffield City Council has ensured that the identified communities and stakeholders:

- Have appropriate access to relevant information.
- Have opportunities to actively participate by putting forward their own ideas and are reassured that there is a transparent process through which their feedback will be considered and will influence the proposals.
- Can obtain feedback, be kept informed of the progress of the proposals and be updated on the outcomes of consultation.

Sheffield City Council is committed to consulting openly with key stakeholders, local residents, local businesses and local community groups. Throughout the consultation, engagement activities have been guided by the following key principles:

- Being open and honest with stakeholders and members of the local community when presenting all information about the proposals.
- Ensuring that all public engagement materials can be easily accessed by local stakeholders and the wider general public.
- Being clear and 'plain speaking', avoiding the use of jargon or technical terms where possible.
- Identifying different audiences and developing appropriate communication techniques that effectively engage with each one of these audiences.
- Ensuring all communication materials are presented in formats easily accessible to the local community.

- Responding quickly and effectively to enquiries received from stakeholders and members of the general public.

5. Community and Stakeholder Mapping and Engagement Overview

At the start of consultation, an extensive community and stakeholder mapping process was undertaken to identify different individuals and groups who were likely to have an interest in the proposals. The following different audience groups were identified:

- Political stakeholders
- Economic and city-wide organisations
- Educational organisations
- Cultural & heritage interest groups and organisations
- Community and local interest groups
- Local residents
- Other

The stakeholders from the above categories who were engaged with as part of the engagement and consultation programme are set out in the sections below.

5.1 Political Representatives

Political representatives were informed of and engaged with about the consultation. Senior Sheffield City Council officers briefed elected members on the consultation. In addition, briefings were offered to elected members through the Local Area Committees.

5.2 Economic Organisations

Key economic stakeholders were emailed with information about the consultation and offered briefings with the team. These included:

- Sheffield BID
- New River Retail, operators of The Moor
- Marks & Spencer's
- LAP and GWC, operators of Orchard Square
- Sheffield Chamber of Commerce
- Sheffield Property Association

5.3 Educational Organisations

Key educational stakeholders were emailed with information about the consultation and offered briefings with the team. The following stakeholders were contacted and offered briefings:

- The University of Sheffield
- Sheffield Hallam University
- The Sheffield College

5.4 Cultural and Heritage Interest Groups and Organisations

Key groups and organisations with an interest in culture in the city were offered briefings; these included:

- Sheffield City Trust
- Museums Sheffield
- Joined-Up Heritage Sheffield
- Sheffield Theatres
- Hallamshire Historic Buildings
- Sheffield Culture Consortium
- Sheffield Conservation Advisory Group
- Friends of Sheffield Castle

- Friends of Sheffield Town Hall

5.5 Community and Local Interest Groups

Key community and local interest groups were offered briefings with the project team to find out more and provide feedback. The following groups were contacted and offered meetings:

- Changing Sheff (formerly Sheffield City Centre Residents Action Group)
- Kelham and Neepsend Neighbourhood Plan Group
- Sheffield Civic Trust
- Sheffield Heritage Open Days
- Voluntary Action Sheffield
- Music in the Round
- La Bibliotek
- APG Works

5.6 Health Organisations

Key health organisations were offered briefings with the project team to find out more and provide feedback. The following organisations were contacted and offered meetings:

- NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundations Trust

5.7 Local Residents

Throughout the consultation, a range of communication methods were used to raise awareness of the proposals among the local community. These are outlined in the next section.

5.8 Other

Sheffield City Council also took steps to make sure other groups were informed and offered meetings, these included:

- Access Liaison Group
- Night-time Economy Group

6. Engagement Overview

The main period of public consultation was five weeks long, taking place between Monday 10 January 2022 and Sunday 13 February 2022. Throughout the consultation, a range of communication methods were used to raise awareness of the proposals among stakeholders and the local community, who were provided with a number of accessible and convenient means by which to provide feedback.

The methods used to engage stakeholders and publicise the consultation included:

- **The consultation website, including a video webinar**
- **The Star newspaper**
- **Community Access Points, where posters and postcards were on display**
- **Social media**
- **Information distributed to key stakeholders, via email as well as through meetings**
- **Pop-up exhibit in the Winter Gardens and Moor Market**
- **Stakeholder meetings**
- **Online stakeholder consultation presentation, with automated commentary**

The sections below detail the key headline statistics and further information on the engagement methods used.

6.1 Consultation Website

During the five-week consultation, the consultation website received 8,873 unique visitors¹.

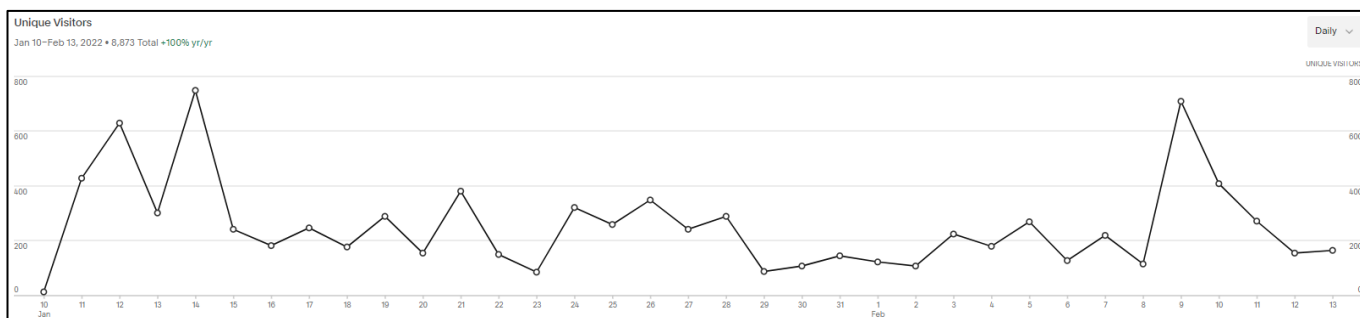


Figure 1: Unique visitors to the consultation website (www.ourcitycentre-shf.com).

Across the website, there were 25,267 pageviews. The most visited consultation pages, aside from the Home page, were **Have Your Say** and **The Next Phase** with 4,846 and 3,701 views respectively while **Here and Now** received 2,559 pageviews.

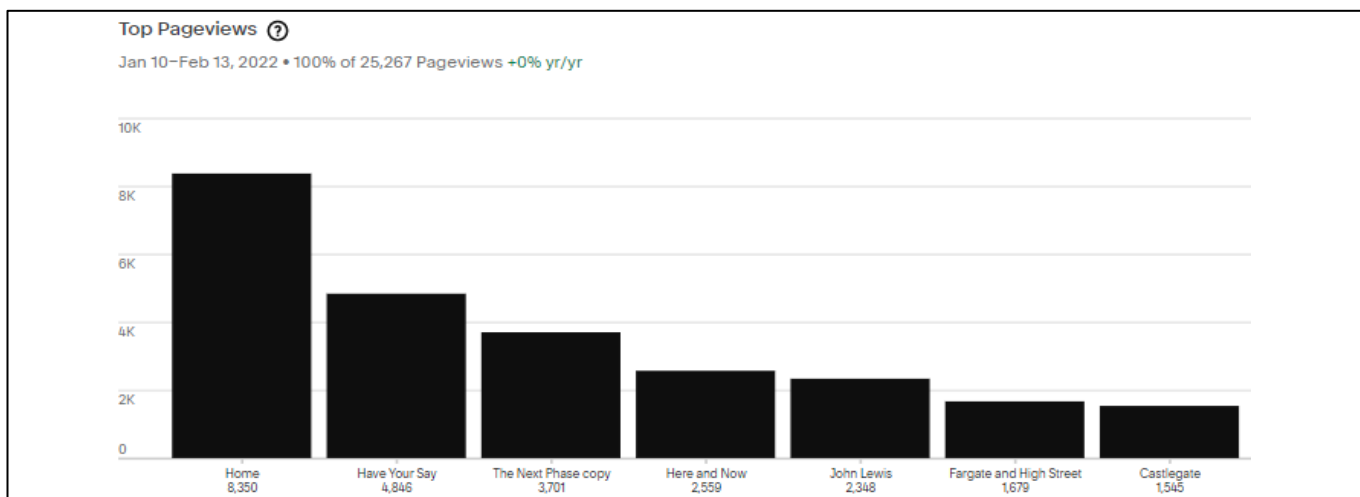


Figure 2: A bar chart showing the top pageviews across the consultation website.

¹ Note: A unique visitor refers to the number of individual visitors a website receives – someone who visits more than once will be counted as a single visitor.

A video webinar was posted on the website during the consultation to give members of the public chance to hear more about the scheme and hear from the project team.

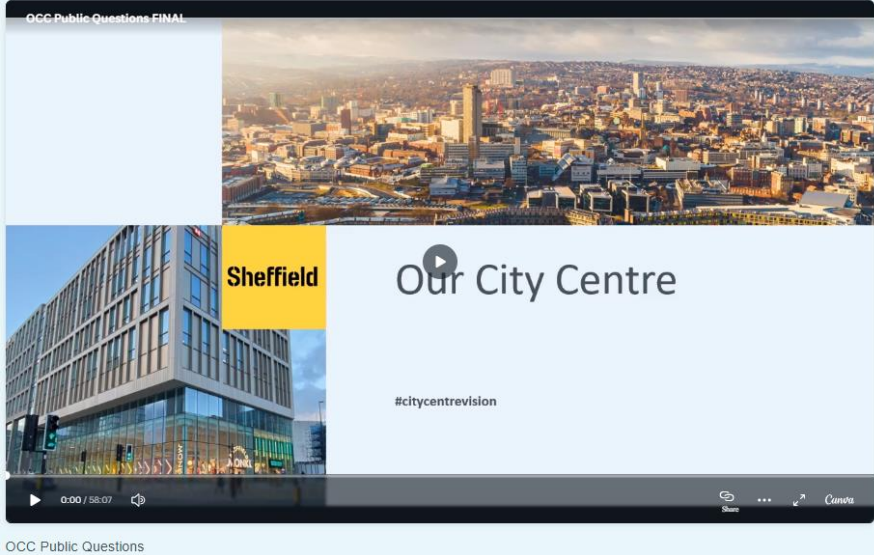
VIDEO WEBINAR

We teamed up with The Star newspaper to ask their readers if they had any outstanding questions after reading the information presented during this public consultation. These questions, along with some other key questions we have received directly, were put to planning and regeneration experts Deloitte, as well as Sheffield City Council representatives, during a video webinar.

This video webinar can be viewed below.

1. Introduction and overview of Our City Centre (00:00 - 16:05)
2. Your questions put to the team (16:25 - 58:07)

The panel included **Cllr Mazher Iqbal** (Cabinet Member for City Futures, Development, Culture and Regeneration, Sheffield City Council), **Simon Bedford** (Partner, Deloitte) and **Tammy Whittaker** (Head of Property, Sheffield City Council).



The screenshot shows a video player interface. At the top, it says 'OCC Public Questions FINAL'. The main video area displays a cityscape of Sheffield. Below the cityscape, there is a yellow box with the word 'Sheffield' and a play button icon. To the right of the play button, the text 'Our City Centre' is displayed. Below this, the hashtag '#citycentrevision' is visible. At the bottom of the video player, there is a progress bar showing '0:00 / 58:07' and various control icons like play, volume, and camera.

Figure 3: A screenshot of the website showing the information about the Video Webinar.

6.2 The Star Newspaper & Sheffield Telegraph

On Thursday 20 January 2022, The Star published an 8-page supplement in print about the consultation, including information on the City Centre Strategic Vision, and the central sites including Fargate and High Street, Castlegate and the former John Lewis building.

In addition, The Star's website published articles about the consultation including:

- Sheffield city centre - long-awaited consultation asks for views on 20,000 new homes and three key sites to 'repurpose' the area – Thursday 13 January 2022
- Star readers invited to put their questions to council leaders over future of Sheffield city centre – Tuesday 1 February 2022
- The Sheffield Telegraph and The Star also published a major article promoting the consultation on the 14th January.



Figure 4: A capture of the front page, second page and third page of The Star's 8-page supplement.

6.3 Community Access Points

The team distributed posters and postcards to Community Access Points across the city. A list of Community Access Points was identified which consisted of libraries, the Town Hall and other public buildings. By displaying posters and postcards, members of the public who may not know about the consultation had the opportunity to find out more and learn how they could have their say. In total, 20 Community Access Points agreed to host information about the consultation, these included:

- | | |
|---------------------------------|---|
| 1. Manor Library | 11. Hillsborough Library |
| 2. Gleadless Post Office | 12. B&Q Penistone Road |
| 3. Broomhill Library | 13. Highfield Library and Children's Centre |
| 4. Sheffield Central Library | 14. Colley Road Post Office |
| 5. Ecclesfield Library | 15. Loxley Post Office |
| 6. Millhouses Post Office | 16. Worrall Post Office |
| 7. Firth Park Library | 17. Stocksbridge Library |
| 8. Thorpe House Post Office | 18. Wharnccliffe Side Post Office |
| 9. Woodseats Library | 19. Walkley Library |
| 10. Hillsborough Leisure centre | 20. Handsworth Post Office |

In addition to the above, The Moor Markets and Winter Gardens hosted exhibition boards as part of a pop-up exhibit. More information on this is available below.

Poster and Postcard

At each location, a poster and postcard were displayed giving more information about the consultation and the channels through which those interested could find out more and give feedback.



Figure 5: Front (top left) and back (bottom left) of the consultation postcard, and the consultation poster (right).



Figure 6: Poster and postcard on display at one of the Community Access Points, Sheffield Central Library.

6.4 Social Media

The project team put out tweets using the Sheffield City Council Twitter account, @SheffCouncil.



Figure 7: Screenshots of the tweets from @SheffCouncil about the consultation.

6.5 Pop-up Exhibit

Between Monday 17 January and Sunday 13 February 2022, a pop-up exhibition was on display in the Winter Gardens and The Moor Market. The exhibition was displayed in The Moor Market for the first half of the consultation, and in the Winter Garden for the latter half.

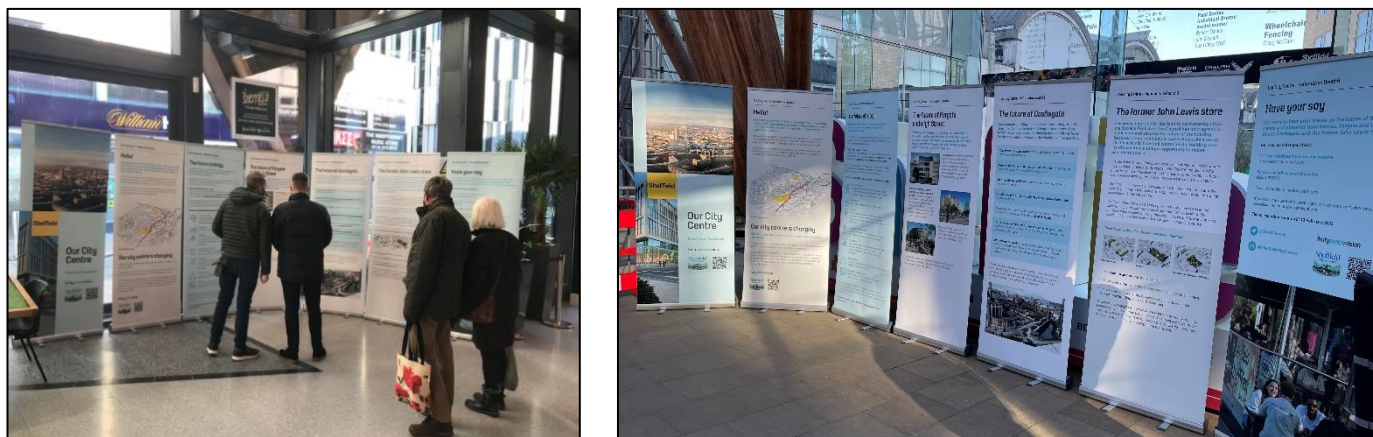


Figure 8: Photographs of the pop-up exhibitions at The Moor Markets and Winter Gardens.

6.7 Stakeholder Engagement

Meetings were undertaken with major city institutions and representative groups to ensure key stakeholders were able to ask questions and find out more. A large group of stakeholders from across the city were informed of the consultation via email giving more details and information on how they could feedback.

Meetings were held with a number of organisations, including, but not limited to:

- Sheffield Chamber of Commerce
- Sheffield Property Association
- Joined-Up Heritage
- Sheffield Civic Trust
- Sheffield Heritage Open Days
- Friends of the Old Town Hall
- Friends of Sheffield Castle
- Voluntary Action Sheffield
- Sheffield Hallam University
- University of Sheffield
- Sheffield BID

Emails were sent to the Local Area Committees with information so that they could circulate information to their networks about the consultation.

Summaries of the key points and questions raised during stakeholder engagement can be found in Section 9.3. A small number of stakeholders also submitted written responses in addition.

6.8 Online consultation presentation, with automated commentary

A stakeholder presentation was developed to provide a summary of the consultation and its background. A version was produced with an automated commentary. This was distributed to each Local Area Committee for distribution to elected members and e-mailing lists of attendees at each LAC.

7. Methods of Receiving Feedback

There were different channels for members of the public to respond to the consultation and have their say. These included:

- **A freephone information line**
- **A dedicated email address**
- **The online feedback form hosted on the consultation website**

Table 1: Responses received through the different consultation channels.

Consultation response received	Total
Freephone information line	13
Dedicated email address	57

Online feedback form hosted on the consultation website	1,452
Total	1,522

8. Consulting During Covid-19 and Engaging the Digitally Excluded

As preparations were well advanced for the consultation, the Omicron Covid-19 variant became widespread. As a result, plans for the consultation shifted to limit face to face contact. This saw the majority of the consultation take place using online methods. In recognition of this, a number of elements listed above were included to give people who lack access to the internet the opportunity to get involved and feedback.

Actions in this regard were as follows:

- **A Freephone Information Line** – was operated, Monday to Friday, 9am – 5pm, for anyone to call, free of charge, to ask questions and make comments. Callers were offered the option of requesting that the website information was printed out and posted out, free of charge.
- **Posters and postcards at 20 community access points across the city** – were distributed, to raise wider awareness of the consultation, with the postcards giving details including the freephone information line.
- **Pop-up exhibitions at The Moor Market and Winter Gardens** – provided an unmanned information on the consultation, and full contact details to feedback.
- **An 8-Page consultation supplement in The Star newspaper** – was commissioned as part of the consultation, based on the website content, to provide a comprehensive physical version of the consultation information for every reader. The supplement was advertised on The Star's front page.
- **Question and Answer session, in partnership with The Star newspaper** – as part of the online recorded webinar, we partnered with The Star newspaper for them to ask readers to submit questions for the project team. The answers were then provided to The Star for them to publish them in the newspaper as a response.

9. Review of Feedback Received

Throughout the consultation, several channels were made available for people to ask questions and provide feedback. These channels were advertised on all consultation materials. To summarise, these were:

- The freephone information line (0808 196 5105)
- The enquiries email address (info@ourcitycentre-shf.com)
- A feedback form on the 'Have Your Say' page of the Our City Centre website.

9.1 Feedback Form

We gathered feedback from the public and stakeholders through an online feedback form available on the Have Your Say page of our website (<https://www.ourcitycentre-shf.com/have-your-say>).

1,452 feedback forms were submitted via the website during the consultation. Below is a write up of the results that came in as a result of the questions asked.

Please see Appendix 1 for a word document of the full text and list of questions, with instructions.

9.1.1 Closed Questions

9.1.1.1 About You

We asked a couple of questions about the participants who filled in the online feedback form. Below are the headline statistics from the key questions in the 'About You' section of the online feedback form.

Question 19: Postcode

To get an idea of the geographical location from where the participants came, we asked them to enter the first part of their postcode.

The top 17 postcodes from which most respondents came are listed below. Many more postcodes were mentioned by participants but are not displayed below.

Table 2: A table indicating where respondents came from.

Postcode	No. of participants	Percentage of participants (%)
s10	249	17.5
s6	232	16.3
s11	189	13.3
s8	148	10.4
s7	111	7.8
s2	68	4.8
s20	49	3.4
s35	48	3.4
s3	46	3.2
s12	44	3.1
s17	43	3.0
s1	42	2.9
s13	31	2.2
s5	29	2.0
s36	27	1.9
s9	14	1.0
s4	13	0.9

Question 20: What is your connection to Sheffield city centre?

This question was mandatory to fill out, so all 1,452 participants filled in this question. 85% of respondents stated they were a 'Sheffield resident'.

Option	No. of participants	Percentage of participants (%)
Sheffield resident	1,234	85
Regular visitor	690	47.5
Work in the city centre	404	27.8
City centre resident	98	6.7
Representative of local stakeholder/community group	52	3.6
City centre business owner	21	1.4
Political representative	6	0.4
Other	24	1.7

9.1.1.2 The City Centre Strategic Vision

Question 1: Which themes of the City Centre Strategic Vision are most important to you?

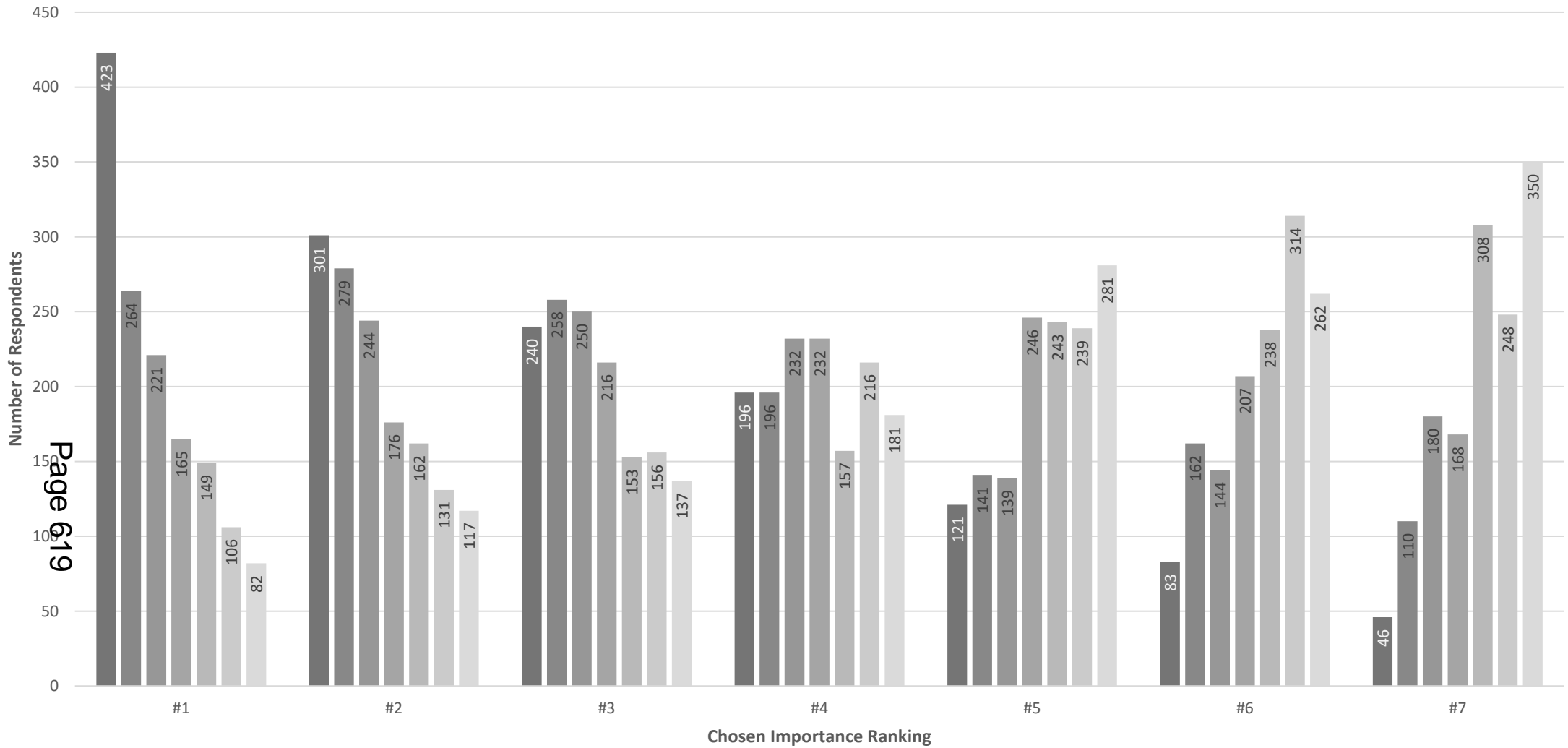
We asked respondents to rank the themes of the City Centre Strategic Vision in order from 1, for the most important, to 7, for the least important. 1,410 out of 1,452 respondents answered this question. Please see the table below for the average ranking given to each theme by the 1,410 participants.

From the table below, we can conclude that 'Improving the space outside of buildings including the streets and squares to encourage vibrancy in outside public space as part of Sheffield being The Outdoor City' was the most important theme (on average) for participants and 'Creating distinctive neighbourhoods – each with their own sense of place and function' was the least important theme for participants (on average).

Table 3: A table showing the average ranking given to each of the seven themes of the City Centre Strategic Vision.

Option	Average ranking (the lower the number, the more 'important' they are to participants)	Themes in order of importance for participants on average (1 is the most important, 7 is the least important)
Improving the space outside of buildings including the streets and squares to encourage vibrancy in outside public space as part of Sheffield being The Outdoor City.	2.8	1
Improving access by public transport and facilities for walking and cycling.	3.42	2
Continuing the improvement and creation of new public parks and green public space in the city centre.	3.69	3
Reducing the environmental impacts of development in the city centre.	4.07	4
Creating more city centre jobs – both office-based and in hospitality.	4.51	5
Creating more new homes for different people.	4.62	6
Creating distinctive neighbourhoods – each with their own sense of place and function.	4.88	7

Question 1: Which themes of the City Centre Strategic Vision are most important to you?



- Improving the space outside of buildings including the streets and squares to encourage vibrancy in outside public space as part of Sheffield being The Outdoor City.
- Improving of access by public transport and facilities for walking and cycling.
- Continuing the improvement and creation of new public parks and green public space in the city centre.
- Reducing the environmental impacts of development in the city centre.
- Creating more city centre jobs – both office based and in hospitality.
- Creating more new homes for different people.
- Creating distinctive neighborhoods – each with their own sense of place and function.

Question 2: Which general principles of the proposed City Centre Strategic Vision do you agree with?

We asked participants to click on all the general principles of the proposed City Centre Strategic Vision they agreed with, they could click as many as they liked. 1,158 out of 1,452 participants answered this question.

According to the 1,158 respondents who participated in this question, the percentage of respondents who agreed with the principles are laid out in the table below.

Table 4: Responses to the question "Which general principles of the proposed City Centre Strategic Vision do you agree with?"

General principles	No. of participants (out of a total of 1,158) who agreed with the principle	Percentage of the 1,158 participants who agreed with the principle (%)
Improve connections to and between areas in the city centre.	1158	100
Maximise the use of outdoor public spaces.	1120	96.7
Include new uses to help the city centre adapt.	979	84.5
Require development to contribute towards achieving Sheffield City Council's Net Zero Carbon targets.	959	82.8
Anticipate the challenges likely to face city centres and manage the city centre in a way that allows it to be ready to adapt.	956	82.6
Create more city centre job opportunities.	941	81.3
Encourage public and private sector partnership so organisations, businesses and other groups work together to create a successful city centre that benefits everyone.	929	80.2
Use existing distinctive architecture to give each area a unique character.	884	76.3
Repopulate the city centre with 20,000 new homes.	680	58.7
Create distinct neighbourhoods aimed at people in different life stages.	495	42.7

Question 3: We think the key benefits of introducing new homes in the city centre will be....

- **Ensuring the city centre is activated, populated and safer day and night**
- **Helping to sustain shops, restaurants, bars and a leisure offer**
- **Creating more city centre jobs**
- **Expanding the city centre population beyond just students, providing a mix of homes for all**
- **Enhancing public spaces, retail, entertainment, places to work and key services within the city centre**

Do you agree that providing 20,000 new homes will be a positive step forward for the city centre?

We asked participants whether they agreed that providing 20,000 new homes will be a positive step forward for the city centre. 1,441 of the total 1,452 participants answered this question.

74.6% of the 1,441 participants answered 'Yes' or 'Yes, with some reservations' to this question showing that nearly ¾ of respondents were supportive.

Table 5: Responses to the question "Do you agree that providing 20,000 new homes will be a positive step forward for the city centre?"

Option	No. of participants out of 1,441	Percentage of the 1,441 participants (%)
Yes, with some reservations	590	40.9
Yes	485	33.7
No	191	13.3
Not sure	175	12.1

Question 4: Do you agree that the following aims would be achieved by having 20,000 more homes in the city centre?

1,425 out of 1,452 answered the question "Do you agree that the following aims would be achieved by having 20,000 more homes in the city centre?". More people agreed with each of the four aims than people who disagreed with them or stated they weren't sure.

Table 6: Responses to the question "Do you agree that the following aims would be achieved by having 20,000 more homes in the city centre?"

Aim	Options		
	Yes	No	Not Sure
Aim 1: More vibrancy by day and night	892	182	340
Aim 2: Greater support for local businesses	1137	105	183
Aim 3: More pride in the city centre	642	266	502
Aim 4: Safer and more welcoming environment	694	213	509

Please see the bar chart below for the percentages for each answer.

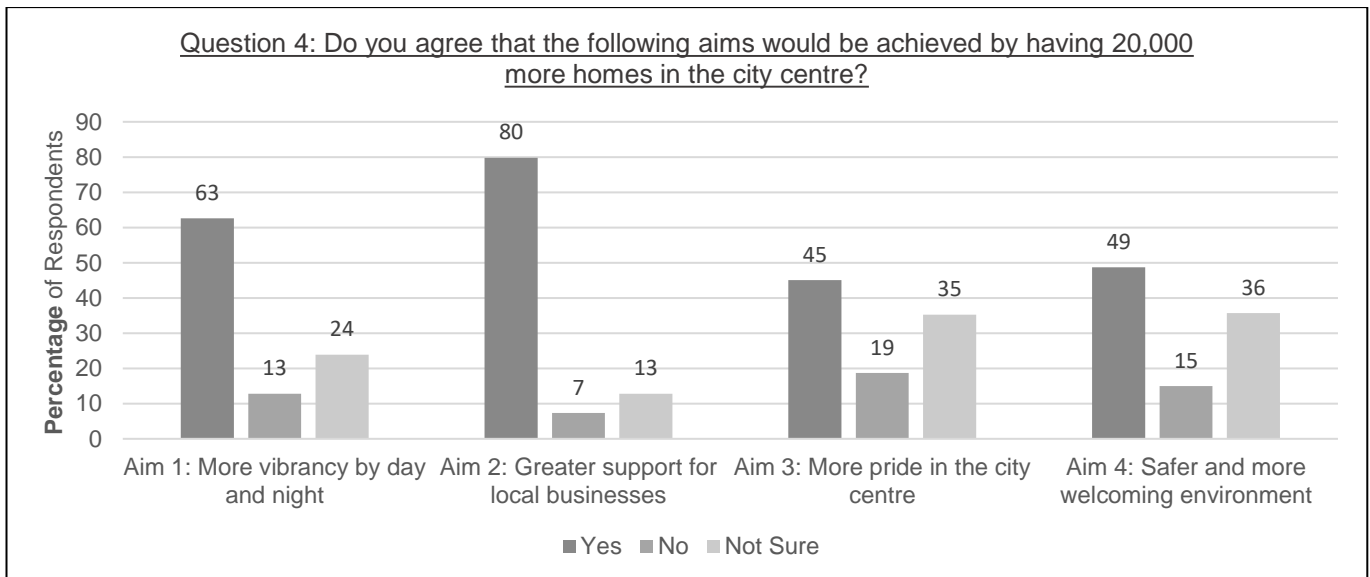


Figure 9: Percentage of responses to the question "Do you agree that the following aims would be achieved by having 20,000 more homes in the city centre?"

Question 5: Do you agree with the approach to create a series of distinctive city centre neighbourhoods with different identities and functions?

1,440 of 1,452 participants responded to this question. 62% of participants said ‘Yes, with some reservations’ or ‘Yes’ to the question “Do you agree with the approach to create a series of distinctive city centre neighbourhoods with different identities and functions?”

Table 7: Do you agree with the approach to create a series of distinctive city centre neighbourhoods with different identities and functions?

Option	No. of participants out of 1,440	Percentage of the 1,441 participants (%)
Yes, with some reservations	509	35.3
Yes	384	26.7
Not Sure	279	19.4
No	268	18.6

Question 6: Overall, do you think the new City Centre Strategic Vision is a suitable plan for the city centre?

1,432 out of 1,452 answered this question. 74% of respondents said they thought, overall, the new City Centre Strategic Vision is a suitable plan for the city centre by answering ‘Yes’ or ‘Yes, with some reservations’.

Table 8: Responses to the question "Overall, do you think the new City Centre Strategic Vision is a suitable plan for the city centre?"

Option	No. of participants out of 1,440	Percentage of the 1,441 participants (%)
Yes, with some reservations	670	46.8
Yes	390	27.2
Not Sure	221	15.4
No	151	10.5

Question 7: Would you like to make any other comments about the City Centre Strategic Vision?

This question was an ‘open’ question and, as such, the analysis will be reported on below.

9.1.1.3 Here and Now: Current Developments in Sheffield City Centre

Question 8: Which of these recent or ongoing city centre development projects had you already heard about before you read this website?

We asked participants “Which of these recent or ongoing city centre development projects had you already heard about before you read this website?” and enabled them to choose as many as they liked in response.

1,403 out of 1,452 answered this question. The top three development projects that participants had heard of before were The Moor, Heart of the City and Grey to Green. For the ranking and percentages, please see the table below.

Table 9: Responses to the question "Which of these recent or ongoing city centre development projects had you already heard about before you read this website?"

Option	No. of participants out of 1,403	Percentage of the 1,403 participants (%)
The Moor	1188	84.7
Heart of the City	1181	84.2
Grey to Green	908	64.7
New Era Square	699	49.8
Sheffield Hallam University Campus Redevelopment	608	43.3
University of Sheffield’s Mappin Building Development	550	39.2

West Bar Square	367	26.2
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Question 9: Which elements of these recent or ongoing developments are most important to you?

1,339 participants answered this question out of a total of 1,452 who took part in the survey overall. We asked participants to rank the elements of these recent or ongoing developments in order of importance; 1 for the most important, to 5 for the least important.

On average, participants rated retail the most important element of recent or ongoing developments, and offices as the least important.

Table 10: Responses to the question "Which elements of these recent or ongoing developments are most important to you?"

Option	#1 – No. of participants who named the option as the most important.	#2 – No. of participants who named the option as the second most important.	#3 – No. of participants who named the option as the third most important.	#4 – No. of participants who named the option as the fourth most important.	#5 – No. of participants who named the option as the fifth most important.	AVERAGE (The lower the score, the more important it was ranked on average)
Retail	553	306	257	180	86	#2.23
Leisure	389	388	364	162	79	#2.39
Homes	246	156	216	415	349	#3.34
Bars and Restaurants	154	432	398	280	118	#2.84
Offices	40	100	147	345	750	#4.2

Question 10: Using a scale of 1 to 5, with 5 being very positive, what effect do you think these recent or ongoing developments will have on the future of the city centre?

1,427 answered this question out of 1,452 people who took the survey overall. We asked participants to use a scale of 1 to 5 where '1' resulted in a very negative effect on the city centre and '5' resulted in a very positive effect on the city centre.

The majority of respondents selected '4' showing that the effects would be positive.

The overall average for this question was 3.7 showing that the overall response was that recent or ongoing developments would have a positive effect on the future of the city centre.

Table 11: Responses to the question "Using a scale of 1 to 5, with 5 being very positive, what effect do you think these recent or ongoing developments will have on the future of the city centre?"

Option	No. of participants out of 1,427	Percentage of the 1,427 participants (%)
1 (very negative effect)	35	2.5
2	86	6
3	396	27.8
4	636	44.6
5 (very positive effect)	274	19.2

Question 11: In general, what is the main way you hear about new developments happening in the city centre?

1,339 participants out of 1,452 took part in this question. We asked respondents to select one answer. Many of the respondents selected ‘Visiting the city centre and seeing it for yourself’ as the main way they hear about developments in the city centre.

Table 12: "Responses to the question "In general, what is the main way you hear about new developments happening in the city centre?"

Option	No. of participants out of 1,339	Percentage of the 1,339 participants (%)
Visiting the city centre and seeing it for yourself	529	39.5
Local newspaper, e.g. The Star or the Sheffield Telegraph	321	24
Word of mouth	167	12.5
Facebook	149	11.1
Twitter	122	9.1
Instagram	32	2.4
Other	19	1.4

Question 12: Once these developments are complete, would you be more likely or less likely to live in, work in, or visit the city centre?

1,429 out of 1,452 answered the question “Once these developments are complete, would you be more likely or less likely to live in, work in, or visit the city centre?”.

- **Live.** Most participants said they were ‘not sure’ about whether they would be more or less likely to live in the city centre once these developments are complete.
- **Work.** Most participants said they would be more likely to work in the city centre once these developments are complete.
- **Visit.** Most participants said they would be more likely to visit the city centre once these developments are complete.

Table 13: Responses to the question "Once these developments are complete, would you be more likely or less likely to live in, work in, or visit the city centre?"

Option	No. of participants out of 1,429		
	More likely	Less likely	Not sure
Live	294	423	649
Work	586	254	501
Visit	1153	96	180

The percentages of respondents to select each different option is displayed in the bar chart below.

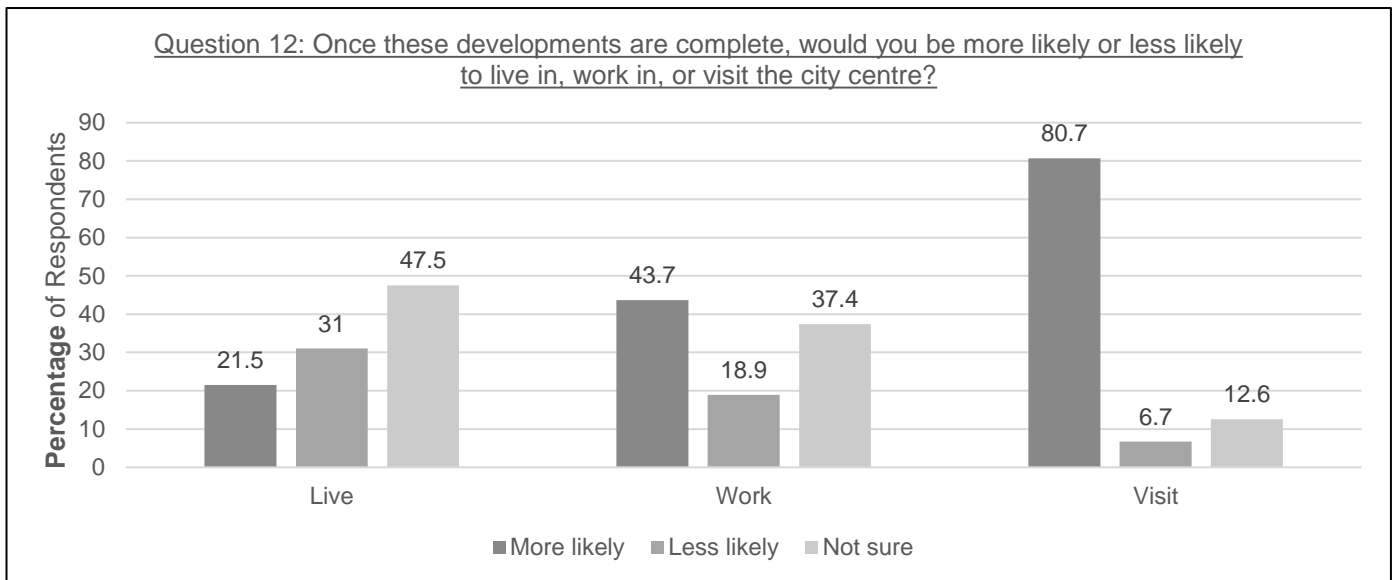


Figure 10: **Percentage** of responses to the question "Once these developments are complete, would you be more likely or less likely to live in, work in, or visit the city centre?".

9.1.1.4 The Future of Castlegate

Question 13: Do you approve of the plans that have been put in place to stimulate regeneration and investment to improve Castlegate?

1,439 participants out of 1,452 answered this question. 1,173 respondents selected 'Yes' or 'Yes, with some reservations' showing that 81.5% of people supported the plans that have been put in place to stimulate regeneration and investment to improve Castlegate.

Table 14: Responses to the question "Do you approve of the plans that have been put in place to stimulate regeneration and investment to improve Castlegate?".

Option	No. of participants out of 1,439	Percentage of the 1,439 participants (%)
Yes	766	53.2
Yes, with some reservations	407	28.3
Not sure	220	15.3
No	46	3.2

Question 14: Which elements of the plans appeal to you most in order of preference?

1,369 respondents answered this question. We asked participants to rank the options, putting an option as number '1' if they considered them to be the most important and '5' if they were the least important.

'Creating a more attractive and accessible area' was considered to be the most important element of the plans on average according to participants and 'Growing the educational and cultural offer' was the least important on average for participants.

Table 15: Responses to the question "Which elements of the plans appeal to you most in order of preference?".

Option	#1 – No. of participants who named the option as the most important.	#2 – No. of participants who named the option as the second most important.	#3 – No. of participants who named the option as the third most important.	#4 – No. of participants who named the option as the fourth most important.	#5 – No. of participants who named the option as the fifth most important.	AVERAGE (The lower the score, the more important it was ranked on average)
Creating a more attractive and accessible area	427	489	286	134	33	#2.17
Showcasing its riverside location and historical context of the Castle site	530	311	296	165	67	#2.22
Better connecting Castlegate and the rest of the city centre	245	285	410	270	159	#2.86
Creating the right environment to help stimulate further inward investment in the area	108	149	196	285	631	#3.86
Growing the educational and cultural offer	59	135	181	515	479	#3.89

9.1.1.5 The Future of Fargate and High Street

Question 15: Do you approve of the plans that have been put in place to stimulate regeneration and investment and help Fargate and High Street adapt to a new future?

1,437 out of 1,452 participants answered this question. 1,100 participants selected 'Yes' or 'Yes, with some reservations' showing that 76.6% of participants supported the plans that have been put in place to stimulate regeneration and investment and help Fargate and High Street adapt to a new future.

Table 16: Responses to the question "Do you approve of the plans that have been put in place to stimulate regeneration and investment and help Fargate and High Street adapt to a new future?"

Option	No. of participants out of 1,437	Percentage of the 1,437 participants (%)
Yes	569	39.6
Yes, with some reservations	531	37
Not sure	258	18
No	79	5.5

Question 16: Which elements appeal to you most in order of preference?

1,155 respondents answered this question. 'Improved public realm' was ranked the most important by participants with 'Setting the right foundations, through installation of ground floor side doors, to help encourage residential and office space above ground floor units in future' being the least important.

Table 17: Responses to the question "Which elements appeal to you most in order of preference?".

Option	#1 – No. of participants who named the option as the most important.	#2 – No. of participants who named the option as the second most important.	#3 – No. of participants who named the option as the third most important.	AVERAGE (The lower the score, the more important it was ranked on average)
Improved public realm	541	344	270	#1.77
New cultural spaces and event spaces	372	555	228	#1.88
Setting the right foundations, through installation of ground floor side doors, to help encourage residential and office space above ground floor units in future	242	256	657	#2.36

9.1.1.6 The Future of the Former John Lewis Building

Question 17: Based on the strengths and weaknesses of each option for the former John Lewis building (as seen in more detail on The Former John Lewis Store page of our website), please rank the options in order of preference.

1,299 out of 1,452 took part in this question. We asked participants to rank in order from 1 for the one you most prefer, to 3 for the option you least prefer.

'Remove with smaller replacement building and public realm' was the preferred option. It was ranked as the most popular first choice of all three options but also ranked as the most popular second choice for those who didn't choose it as their first choice. Consequently, it received the lowest average overall score making it the clear preferred option for participants.

Option	#1 – No. of participants who named the option as the most preferred.	#2 – No. of participants who named the option as the second most preferred.	#3 – No. of participants who named the option as the third most preferred.	AVERAGE (The lower the score, the more important it was ranked on average)
Remove with smaller replacement building and public realm	516	576	207	#1.76
Re-use	452	289	558	#2.08

Remove for public realm	331	434	534	#2.16
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9.2 Review of Open Question Feedback

Within the online feedback form, there were two open questions for participants to raise comments. Below, is a summary of the themes that have been identified from the analysis of the open questions. Feedback received via from members of the public via phone and email has also been incorporated in the below.

Question 7: Would you like to make any other comments on the Strategic Vision?

Responses to the Question “Would you like to make any other comments on the Strategic Vision?”
<p>Green Space and Biodiversity</p> <p>Green space was raised as an important consideration by a large number of respondents. Many of whom emphasised the importance of green space and biodiversity in the city centre, and that both green space and biodiversity should be a priority of these proposals.</p> <p>Where respondents suggested how green space and biodiversity could be improved, the following were mentioned:</p> <ul style="list-style-type: none"> • More green planting on concrete buildings, walls and balconies. • Support for the Council’s grey to green scheme being extended. • Support for ‘Pounds Park’. • More outdoor seating. • More blue space, to accompany green space to encourage biodiversity. • More family activity options to be available in new green areas.
<p>City Centre Offer</p> <p>Improving the retail offer was raised as a request by a significant number of respondents. Many wanted to see the retail offer improved to increase footfall. The general feeling suggested that many respondents felt that there was little draw for a day out in Sheffield city centre and attracting new retail options would provide a new incentive.</p> <p>Where suggestions were made to improve retail, the following were mentioned:</p> <ul style="list-style-type: none"> • A number of respondents suggested drawing inspiration from Manchester and Leeds. • Concern was raised that Meadowhall will always be a problem for the city centre, and suggestion that the city centre needs to rival Meadowhall’s retail offer. • A number of respondents emphasised attracting more local and collectively owned retailers, suggesting a possible way of doing so would be to provide more attractive, lower rents. • A number of respondents suggested a new flagship shopping centre. • A number of respondents suggested further support for current retailers. <p>Concern was raised by a few respondents that smaller venues and retailers will be priced out of the city centre due to these proposals. Many respondents were aware that the high street needed to be filled with independent business not just big-name brands.</p>
<p>New Homes</p> <p>A large number of respondents stated that they were in support of new homes in the city centre, but some did express opposition.</p> <p>Of these, many points were raised referencing what development needs to accompany new homes, the following were mentioned:</p> <ul style="list-style-type: none"> • Many respondents stated that with new housing and communities must come amenity improvements, like building hospitals, schools and other general amenities. • Ensuring light and space for the new residencies. • Providing better transport links to make city centre living far easier. • Providing community centres for young adults and kids. <p>Many of the respondents referring to new homes in the city centre stated that there needed to be a diverse mix of housing, ranging from expensive flats to family homes. A major emphasis of the proposed new homes in the city centre was ensuring new housing is affordable and the offer is inclusive.</p>

New Neighbourhoods

The majority of respondents expressed their support for the idea of distinct neighbourhoods in the city. However, some opposed the idea of neighbourhoods and zones. This apparently comes from a sense that the concept of distinct neighbourhoods risks pigeon-holing different groups together rather than encouraging mixed communities, available to all. Some went further and stated that we should be aiming to join neighbourhoods together and celebrate Sheffield's diversity.

Many respondents suggested additions to the strategic visions' plans for distinctive neighbourhoods, these included:

- A number of respondents suggested linking the proposed neighbourhoods together and the wider Sheffield city region.
- A number of respondents suggested helping small business and artists financially to help build distinctive neighbourhoods.
- Some respondents stated that new neighbourhoods are a good idea, but it depends entirely on who fills them.

A number of respondents expressed concern that new distinctive neighbourhoods could cause ghettoisation across Sheffield.

Repurposing Buildings

A large number of respondents mentioned that the city centre is cluttered with unused buildings and student accommodation stating that more needs to be done to repurpose existing homes and buildings instead of creating new homes and developments.

A number of respondents mentioned specific buildings and areas that need repurposing too, these included:

- Improving existing spaces, including water features, lighting and benches.
- Ensuring all new building developments need to be developed so they are flexible spaces that are accessible for all.
- Repurposing unused office space across the city centre.
- Opening upper floors of shops to create more housing.

Historic Buildings and Heritage

A number of respondents mentioned how Sheffield's historic buildings need to be preserved and celebrated with some specifying how cultural heritage could be preserved, these included:

- Having a more specific focus on Sheffield's steel history.
- Having the Town Hall as a centrepiece building in the city centre.
- More advertisement of the existing museums, library, and art galleries to ensure they aren't lost to new developments.
- Mention of how heritage, culture and the arts need to be key players in the city centre as well as shops and eateries.
- Repurposing the old Carillion Building.
- Repurposing the Ponds Forge site.
- Improving Chapel Walk.
- Improving the Library Theatre.

Question 18: Would you like to make any other comments about plans for Castlegate, Fargate and High Street, or the future of the John Lewis building?

Responses to the Question “Would you like to make any other comments about plans for Castlegate, Fargate and High Street, or the future of the John Lewis building?”
<p>Castlegate</p> <p>A number of respondents felt it was important for the proposals to highlight the historical significance of Castlegate with several calling for the remains of the castle to be exposed.</p> <p>A couple of respondents were supportive of the proposals regarding the Pollen Market at Castlegate.</p> <p>A number of respondents were supportive of the idea to repurpose the Old Town Hall.</p>
<p>Fargate / High Street</p> <p>A number of respondents were supportive of the proposals for Fargate, with more noting that ‘it’s not currently in a good state.’ Some suggested Fargate could do with more restaurants and bars allowing it to stay as an active area later throughout the day.</p> <p>A couple of respondents were concerned about the lack of considerations / focus on High Street.</p>
<p>John Lewis</p> <p>A large number of respondents were generally supportive of the John Lewis building being demolished. A number of suggestions for different options to replace it were raised:</p> <ul style="list-style-type: none"> • Some expressed support of proposals for the whole site to be a park / green space • Some respondents suggested turning the site into a large public open square. • A number of respondents commented, stating they would like to see the John Lewis site used as a new central library. <p>Some respondents were strictly opposed to John Lewis’ demolition, these included:</p> <ul style="list-style-type: none"> • A number of respondents were explicitly opposed to the John Lewis building being demolished on environmental grounds. • A number of respondents were also opposed to the John Lewis building being demolished due to its historical / cultural significance.

9.3 Summary of Stakeholder Comments

Below is an overview of the questions and comments raised during stakeholder briefings held for Health and Education stakeholders, Community and Cultural stakeholders, the Sheffield Property Association and the Sheffield Chamber of Commerce.

Meeting 1: Education and Economic Stakeholder Briefing, Thursday 27 January 2022
<p>External Attendees:</p> <ul style="list-style-type: none"> • Sheffield Hallam University • Sheffield BID
<p>City Centre Strategic Vision</p> <ul style="list-style-type: none"> • A question was asked about the housing strategy and how 20,000 homes were going to be delivered in the city centre. Support was raised for the technical planning and delivery work that has already taken place to deliver this. • Comments were made about the creation of wider city neighbourhoods including how the City Centre Strategic Vision would help organisations’ focus on the future and how they can adapt to include the new neighborhoods. • Support was raised for introducing more housing in the city centre as it will drive business into and within the area.
<p>General Comments</p> <ul style="list-style-type: none"> • The city centre, including housing options and its vibrancy, is part of the decision-making process for prospective students and may influence whether they choose to study in the city.

Meeting 2: Community, Heritage and Culture Stakeholder Briefing, Thursday 3 February

External Attendees, Included Representatives From:

- Friends of Sheffield Town Hall
- Friends of Sheffield Castle
- Voluntary Action Sheffield
- Sheffield Civic Trust
- Joined-Up Heritage Sheffield
- Music in the Round
- La Biblioteka

City Centre Strategic Vision

Culture

- It was felt that culture appears buried in the City Centre Strategic Vision document and needs to be more distinct and explicit in the higher-level messaging.

Heritage

- As with culture, there was a sense that substantial references to heritage appear to be lacking in the Vision, and there doesn't appear to be a defined heritage strategy, which was felt to be a missed opportunity.

Health and Wellbeing

- It was also felt that health and wellbeing needed to be better emphasised, and that the Vision didn't seem to consider the environmental impact new developments in the city centre would have.

New Neighbourhoods

- A suggestion was made that the city needs to move quickly to change the housing types that are being created so people can feel connected to new neighbourhoods.
- A suggestion was made that, to help people adapt to new neighbourhoods, we need to develop nice large greeting spaces with plenty of light.

Fargate

- A question was asked about the new Events Central building in Fargate and whether audits had been done to ensure that the market for events spaces/buildings isn't being oversaturated. A concern was raised that such a venue might put existing venues out of business.

Castlegate

- A comment raised support for the plans for Castlegate but highlighted the need for Sheffield Castle to have a higher focus and priority – something that should be addressed in discussions as it is a site of national heritage.

The Former John Lewis Building

- A point was raised about the three options for John Lewis and how there is mention of asbestos as a hindrance for retrofitting, yet it was said, asbestos is an issue for all three of the options and this needs to be made clearer in the proposals.
- It was also suggested by Joined-Up Heritage specifically that the Strategic Vision consultation did not account for the fact that carbon omissions would be required to construct a new building, should the John Lewis building be demolished, to replace the economic activity that had occurred within the John Lewis building in the past. It was said that this carbon should be added into the equation when considering the carbon balance for each of the three options presented. It was claimed that the omission of this made the retention of the existing building appear relatively worse in terms of the carbon assessments of each option.
- One suggested a competition for the John Lewis site, bringing the ideas of artists, architects, and students together to help shape the John Lewis proposals.

City-Wide Projects

- It was stated that there was recognition of a range of positive developments in the city. However, it was also felt that a unifying narrative needed to be developed to communicate these holistically.
- A point was made that infrastructure improvements are crucial to support developments either side of 'the spine' and across the city centre.
- It was felt that there needs to be a diverse mix of housing types built in the city centre.
- A point was made that alternative development models should be considered to bring forward new homes, with a greater role for alternative investment trusts and less focus on traditional investor-based property development models.

Old Town Hall

- A point was that the Old Town Hall had been omitted from the proposals, representing a missed opportunity.

Meeting 3: Sheffield Property Association Briefing, Thursday 3 February

External Attendees

- S-PA Members (approx. 80 guests).

City Centre Strategic Vision

Overall View of the Strategic Vision

- The general view of attendees towards the Strategic Vision was positive and its development was welcomed.

New Homes

- A number of questions focused on the proposal to deliver 20,000 new homes in the city centre, focusing on demand. It was stated that a number of cities are following a similar path. It was suggested that 20,000 new homes is an ambitious target and work would have to be done to establish the profile of potential occupants for new homes to confirm the market.

City Centre Amenities/Facilities

- Support was raised for the opportunities that providing new homes will present, with options for a wide variety of demographics.
- A question was asked about whether provision of schools would be considered given the aim of attracting families to live in the city centre.

Green Space

- A question was asked about the masterplanning exercise and whether there is going to be a commitment in the masterplan for dual sites that will promise further green space while integrating more schools and hospitals etc.
- It was noted that people outside the city centre have access to green space and that people, especially families living in the city centre, would also need access to high-quality green space to develop new communities.
- A point was made about the economic benefit of building office and retail spaces, and that we need to ensure there is enough space for green areas after new retail space is built.

Students

- A question was asked about how the city is aiming to attract students into the city centre, not just when they are studying but also as postgraduates.
- A point was made about how we need to get students used to being in the city centre. A suggestion was made for a scheme to offer students free drop-in study space in existing office blocks.

Net Zero

- It was noted that sustainability is important, and a question asked the extent to which Heart of the City was incorporating sustainability into construction. It was noted that sustainability needs to be a big part of development arising from the Strategic Vision if the city centre is to thrive for years to come.

Greenfield Sites

- It was stated that there is no national penalty for building on greenfield sites, which incentivises developers to build on them as they are easier than brown field sites to develop.
- A question was asked as to whether the additional costs of encouraging external developers to build in brownfield city centre sites had been factored into proposals.

Meeting 4: Our City Centre – Sheffield Chamber of Commerce Briefing, Friday 28 January 2022

External Attendees:

- Sheffield Chamber of Commerce – Chamber Council (approx. 20 guests).

City Centre Strategic Vision

Office Space

- It was stated that delivery of different office and commercial spaces is important. Some of the offer references 20-, 30- or 40,000sq. ft. of space, when a lot of current city centre businesses are looking for 2-, 3- or 4,000sq. ft. of office space. A question was asked about whether a breadth of office sizes will be accommodated for in the Strategic Vision.
- A question was asked about the impact of hybrid working and whether it will create more empty offices.

City Centre Narrative

- It was noted that the opportunity to encourage more people to spend leisure time in Sheffield city centre is important, and that a narrative needs to be developed to encourage people to do that. What can you do with friends on a Saturday evening? What can you do with your kids? A suggestion was made that people need to understand what is being offered.

- A point was made that it is important to understand who isn't using the city centre and then to establish what the barriers are that cause this.

Retail Options

- A point was made about the idea that retail is dead, it has simply changed. It was noted that Leah's Yard has attracted over 100 enquiries for space, demonstrating that there needs to be a huge reset in how we think about the city centre retail options.

Time Sensitivity

- One commentator suggested there is time sensitivity relating to the completion of the City Centre Strategic Vision, in that it needs to be progressed as a priority.

Housing Mix

- A point was made that a plan that doesn't have affordable homes at its forefront isn't a good vision.
- A suggestion was made about using the model of Kelham Island as a basis for what to do in the city centre, as it included a blend of affordable and luxury homes and saw business development as a key area in creating a distinctive neighbourhood.

Homelessness

- A question was raised about the high levels of homelessness observed in the city centre. A question was asked as to whether there any plans or initiatives in place to help and to improve the image and safety of Sheffield's city centre.

Diversity

- A commentator felt that there was insufficient reference to diversity / inclusion in the Vision.

Fargate

- There was support for the proposed changes on Fargate but the changes were felt to be needed sooner than current timescales suggested was likely.
- A point was made that Chapel Walk could be a jewel in the city, yet it is increasingly difficult to get all the private retail developers together at once to discuss the strategy going forward for the street. It was stated that this needs to be considered when thinking about improving areas like Fargate and Chapel Walk.

Two further meetings were subsequently held as a result of stakeholders not being available for previous organised events. These were:

- **University of Sheffield**
 - Key comments related to a concern that Council plans to restrict student development to specific areas close to universities could restrict the opportunity to ensure Sheffield can compete in terms of its student accommodation offer and inadvertently inflate land values around university campuses, thereby inhibiting the development of the universities in future.
 - The University also suggested that it believed that there was a significant opportunity for a student learning hub for all students at all institutions, located in the city centre, which could act as a footfall driver for the city centre.
- **UNIGHT and the Night-Time Economy group**
 - Attendees made the following key points:
 - The main feeling about the City Centre Strategic Vision and introduction of new homes was positive
 - The importance of making the planned distinct neighbourhoods feel safe, inviting and active at night was referenced.
 - Concerns were raised about the current challenges of the early evening economy and whether the Strategic Vision directly addressed that. Sheffield City Centre is in need of more live music/entertainment venues to help drive additional footfall.
 - There were also some concerns raised about antisocial behaviour and recent damage to bar/pub/restaurant windows

Appendices

Appendix 1 – Online Consultation Feedback Form

Our City Centre Survey

This feedback form seeks your opinion on certain aspects of the City Centre Strategic Vision, as well as key central sites, including Fargate, Castlegate and the former John Lewis building.

Please ensure you click SUBMIT at the end of this survey.



Our City Centre

This feedback form seeks your opinion on certain aspects of the City Centre Strategic Vision, as well as key central sites, including Fargate, Castlegate and the former John Lewis building.

We are now going to ask you some questions on...

The City Centre Strategic Vision

The City Centre Strategic Vision is underpinned by some key themes. Supporting these themes are the key principles. The six questions that follow will ask for your thoughts on the key themes and principles.

To find out more about The City Centre Strategic Vision, visit [The Next Phase](#) page on our website.

Q1: Which themes of the City Centre Strategic Vision are most important to you?

Please rank in order from 1 for the most important, to 7 for the least important. Click OK when you have finished.

- Improving the space outside of buildings including the streets and squares to encourage vibrancy in outside public space as part of Sheffield being The Outdoor City.
- Improving of access by public transport and facilities for walking and cycling.
- Continuing the improvement and creation of new public parks and green public space in the city centre.
- Reducing the environmental impacts of development in the city centre.
- Creating more city centre jobs – both office based and in hospitality.
- Creating more new homes for different people.

- Creating distinctive neighbourhoods – each with their own sense of place and function.

Q2: Which general principles of the proposed City Centre Strategic Vision do you agree with?

Click all that apply.

- Repopulate the city centre with 20,000 new homes.
- Create more city centre job opportunities.
- Improve connections to and between areas in the city centre.
- Use existing distinctive architecture to give each area a unique character.
- Include new uses to help the city centre adapt.
- Maximise the use of outdoor public spaces.
- Create distinct neighbourhoods aimed at people in different life stages.
- Require development to contribute towards achieving Sheffield City Council's Net Zero Carbon target
- Anticipate the challenges likely to face city centres, and manage the city centre in a way that allows it to be ready to adapt.
- Encourage public and private sector partnership so organisations, businesses and other groups work together to create a successful city centre that benefits everyone.

Q3: Do you agree that providing 20,000 new homes will be a positive step forward for the city centre?

We think the key benefits of introducing new homes in the city centre will be...

- Ensuring the city centre is activated, populated and safer day and night
- Helping to sustain shops, restaurants, bars and a leisure offer
- Creating more city centre jobs
- Expanding the city centre population beyond just students, providing a mix of homes for all
- Enhancing public spaces, retail, entertainment, places to work and key services within the city centre

Do you agree that providing 20,000 new homes will be a positive step forward for the city centre?

If you want to raise any comments with us, please use the text box at the end of this section.

- Yes, with some reservations
- Yes
- No
- Not Sure

Q4: Do you agree that the following aims would be achieved by having 20,000 more homes in the city centre?

- Aim 1: More vibrancy by day and night
 - Yes
 - No
 - Not sure
- Aim 2: Greater support for local businesses
 - Yes
 - No
 - Not sure
- Aim 3: More pride in the city centre
 - Yes
 - No
 - Not sure
- Aim 4: Safer and more welcoming environment
 - Yes
 - No

- Not sure

Q5: Do you agree with the approach to create a series of distinctive city centre neighbourhoods with different identities and functions?

If you want to raise any comments with us, please use the text box at the end of this section.

- Yes, with some reservations
- Yes
- No
- Not Sure

Q6: Overall, do you think the new City Centre Strategic Vision is a suitable plan for the city centre?

If you want to raise any comments with us, please use the text box at the end of this section.

- Yes, with some reservations
- Yes
- Not Sure
- No

Q7: Would you like to make any other comments about the City Centre Strategic Vision?

We are now going to ask you some questions on...

[Here and Now: Current developments in Sheffield city centre](#)

The next five questions will ask you about some recent or ongoing developments in Sheffield city centre.

To find out more about these projects, please visit the [Here and Now](#) page of our website.

Q8: Which of these recent or ongoing city centre development projects had you already heard about before you read this article?

Choose as many as you like.

- Heart of the City
- The Moor
- Grey to Green
- West Bar Square
- Sheffield Hallam University Campus Redevelopment
- University of Sheffield's Mappin Building Development
- New Era Square

Q9: Which elements of these recent or ongoing developments are most important to you?

Please rank in order from 1 for the most important, to 5 for the least important. Click OK when you have finished.

- Retail
- Leisure
- Homes
- Bars and Restaurants
- Offices

Q10: Using a scale of 1 to 5, with 5 being very positive, what effect do you think these recent or ongoing developments will have on the future of the city centre?

1 = a very negative effect on the city centre. 5 = a very positive effect on the city centre.

- 1
- 2
- 3
- 4
- 5

Q11: In general, what is the main way you hear about new developments happening in the city centre?

Please choose one.

- Visiting the city centre and seeing it for yourself
- Facebook
- Local newspaper, e.g. The Star or the Sheffield Telegraph
- Instagram
- Twitter
- Word of mouth
- Other

Q12: Once these developments are complete, would you be more likely or less likely to live in, work in, or visit the city centre?

- Live
 - More likely
 - Less likely
 - Not sure
- Work
 - More likely
 - Less likely
 - Not sure
- Visit
 - More likely
 - Less likely
 - Not sure

We are now going to ask you some questions on...

The future of Castlegate

If you want to find out more about the plans for [Castlegate](#), please visit our webpage.

Q13: Do you approve of the plans that have been put in place to stimulate regeneration and investment to improve Castlegate?

If you want to raise any comments with us, please use the text box at the end of this section.

- Yes
- Yes, with some reservations
- Not sure
- No

Q14: Which elements of the plans appeal to you most in order of preference?

Please rank in order from 1 for the most important, to 5 for the least important. Click OK when you have finished.

- Creating a more attractive and accessible area
- Better connecting Castlegate and the rest of the city centre
- Showcasing its riverside location and historical context of the Castle site
- Growing the educational and cultural offer
- Creating the right environment to help stimulate further inward investment in the area

We are now going to ask you some questions on...

The future of Fargate and High Street

If you want to find out more about the plans for [Fargate and High Street](#), please visit our webpage.

Q15: Do you approve of the plans that have been put in place to stimulate regeneration and investment and help Fargate and High Street adapt to a new future?

If you want to raise any comments with us, please use the text box at the end of this section.

- Yes
- Yes, with some reservations
- Not sure
- No

Q16: Which elements appeal to you most in order of preference?

Please rank in order from 1 for the most important, to 3 for the least important. Click OK when you have finished.

- New cultural spaces and event spaces
- Improved public realm
- Setting the right foundations, through installation of ground floor side doors, to help encourage residential and office space above ground floor units in future

We are now going to ask you some questions on...

The future of the former John Lewis building

If you want to find out more about the plans for [the former John Lewis store](#), please visit our webpage.

Q17: Based on the strengths and weaknesses of each option for the former John Lewis building (as seen in more detail on The Former John Lewis Store page of our website), please rank the options in order of preference.

Please rank in order from 1 for the one you most prefer, to 3 for the option you least prefer. Click OK when you have finished. If you want to raise any comments with us, please use the text box at the end of this section.

- Re-use
- Remove for public realm
- Remove with smaller replacement building and public realm

Q18: Would you like to make any other comments about plans for Castlegate, Fargate and High Street, or the future of the John Lewis building?

About you...

We ask the following questions to find out if different groups of people have been able to take part in the consultation and identify if any group has been excluded. This means it is not about you as an individual but to find out if people with similar characteristics have had their say.

Q19: Postcode

Q20: What is your connection to Sheffield City Centre?

- City centre resident
- Sheffield resident
- Regular visitor
- City centre business owner
- Work in the city centre
- Representative of local stakeholder/community group (please specify the group in the 'Other' box below)
- Political representative
- Other

Q21: Gender

- Male
- Female
- Non-Binary
- Other

Q22: Age

- 0-16
- 16-18
- 19-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

Q23: Ethnicity - which best describes your ethnic or cultural background?

- White
- Asian or Asian British
- Black or Black British
- Mixed / Multiple Heritage
- Other

Q24: How would you describe your religion or belief?

- No religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other

Q25: What is your current employment status?

- Student
- Apprenticeship scheme / training programme
- Employed / self-employed
- Not employed and looking for work
- Not employed and not looking for work
- Retired
- Other

Q26: Do you consider yourself to be a disabled person?

- No disability
- Yes, communication (e.g. impaired speech)
- Yes, developmental (e.g. dyslexia)
- Yes, hearing (e.g. mild to profound deafness)
- Yes, impaired memory/concentration or ability to understand (e.g. head injury, stroke, dementia).
- Yes, learning (e.g. mild to profound learning disability)
- Yes, long-term illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, arthritis, chronic asthma)
- Yes, mental ill health (e.g. depression, bipolar disorder, schizophrenia)
- Yes, mobility or physical (e.g. walking, dexterity)
- Yes, visual (e.g. partially sighted, blind)
- Other



Sheffield

Our City Centre

GIVE YOUR FEEDBACK
#citycentrevision

Hello!

Sheffield city centre is 'Our City Centre'.

We are running a five-week consultation to share all that is happening right now in the city centre and ask for your views on plans for the future.

We want to share details of current activity and provide an overview of the proposed City Centre Strategic Vision and updates on key central sites, including Fargate, Castlegate and the former John Lewis store.

Your views are important to us, and your opinion will help shape and finalise our plans. Visit our website to give your feedback.





Sheffield

Here and now

Our city centre is changing

Like all major cities, our city centre needs to adjust to a new world.

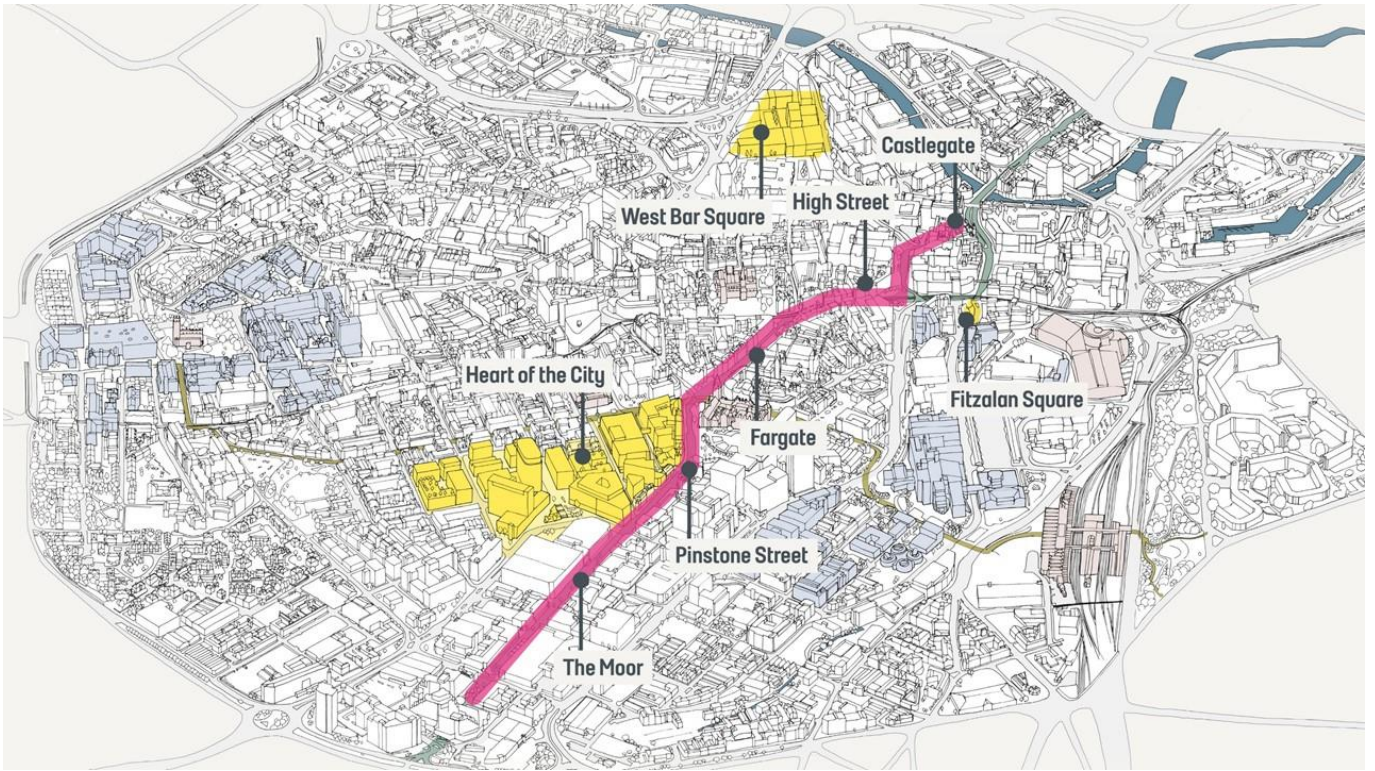
The growth of internet shopping, home entertainment and COVID-19 have led to unprecedented challenges for both businesses and visitors.

Work is already well advanced to drive the positive change that is needed for our city centre.

This work focusses on strengthening the core spine of the city centre running from Castlegate and Fitzalan Square and High Street onto Fargate, carrying on along Pinstone Street and down through The Moor.



Sheffield



What's going on already...





Sheffield

The future strategy

The future strategy (1)

Sheffield City Council and its partners are keen to keep striving for an increasingly vibrant and sustainable city centre.

Sheffield City Council, together with planning and regeneration experts Deloitte, has developed a strategy to reset the city centre to continue to develop its vibrancy and sustainability.

The City Centre Strategic Vision

The proposed City Centre Strategic Vision seeks to repopulate the city centre through the introduction of a significant **number of new homes** and the creation of **distinctive new mixed-use neighbourhoods**.

Once fulfilled, the delivery of the City Centre Strategic Vision could see around 20,000 new homes in the city centre. This will enable a vibrant and sustainable city centre in which to live, work and play.



The future strategy (2)

Deloitte and Sheffield City Council believe that Sheffield should be:

<p>An Outdoor City</p> <p>through more planting and well-designed public spaces, as well as more events and activities in the city centre to encourage people to spend more time outdoors.</p>	<p>Distinctive</p> <p>by creating neighbourhoods with their own character.</p>	<p>Liveable</p> <p>by having housing options for all, including families, downsizers and older residents and by improving biodiversity, having cleaner air and routes for cyclists and pedestrians.</p>	<p>Innovative and resilient</p> <p>by reducing negative environmental impacts of buildings and activities and encouraging low carbon lifestyles.</p>
<p>Productive</p> <p>by providing spaces and places for businesses, creating jobs and maximising economic productivity, as well as growing Sheffield's maker industries and creative businesses.</p>	<p>Collaborative</p> <p>by working in partnership with public and private sectors for long term, sustainable results.</p>	<p>Connected and accessible</p> <p>by improving public transport across the city centre so public transport is the preferred choice.</p>	



The future strategy (3)

By introducing more homes into the city centre, there will be more people throughout the day and into the evening.

This will provide:

- more support for local businesses,
- pride in the city centre, and
- a safer, more welcoming environment.

You can download a copy of the City Centre Strategic Vision on our website.





The future of Fargate and High Street

The future of Fargate and High Street

Working with partners including the University of Sheffield, the Council has secured around £16m of funding to help drive the change needed to revitalise Fargate and High Street and help it to thrive once more. The funding will be used on:



20-26 Fargate

will be transformed into a new events hub, known as Events Central. Alongside business and cultural exhibitions and events, Events Central will provide space for start-up and small technology businesses.



New landscaping, green planting, seating areas and lighting

will make Fargate and High Street a more welcoming, safe and enjoyable place for everyone. It will bring the street space on Fargate up to the high standards implemented on the Grey to Green scheme.



New ground floor doors

will be installed on Fargate to give access to the upper floors providing space for businesses and apartments.





Sheffield

The future of Castlegate

The future of Castlegate

Government funding has been secured to help to kick start the Castlegate district's long-term regeneration. It will become an exciting, thriving new neighbourhood for the city centre. Primarily, the funding will be used to:

Transform the appearance of the Castlegate area, making it more attractive and accessible.

Remove the large retaining wall along Castlegate, opening up access through the former Castle Market site.

Uncover the River Sheaf to create an attractive new space for the public to enjoy.

Identify key plots of land within the former Castle Market site for development.

Recognise the importance of the unique heritage of the area and its early beginnings as the home of Sheffield Castle.

Further develop Park Hill Art Space's cultural offer to create a nationally renowned arts attraction connecting into Castlegate via a six-acre public space.

Move Harmony Works – comprised of both the Sheffield Music Academy and Sheffield Music Hub – to a new home in Canada House, ensuring a long-term future for this important historic building.

Sheffield



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The future of the former John Lewis store

The future of the former John Lewis store

The site of the former John Lewis store is one of the most prominent in the city centre. Sitting directly opposite the City Hall and Barker's Pool, and in the centre of the Heart of the City redevelopment area, it offers a once-in-a-generation opportunity to reshape a key city centre location.

Following John Lewis' decision to permanently close the Barker's Pool store the Council has now agreed a settlement and secured the return of the building lease back from John Lewis and Partners. As a result, the Council will have full control of the building and its site, creating a unique opportunity to deliver something special.

The decision on how the site is used in the future needs to be carefully considered to make the most of this opportunity to do something special for the future of the city centre. The Council has not waited.

Leading experts Arup, Fourth Street and Queensberry were commissioned in summer 2021 to examine the condition of the existing building, the carbon impact and how any options would integrate within Heart of the City and the wider city centre.



Sheffield

The future of the former John Lewis store

Three broad options for the site have been identified

- The retention and re-use of the building
- The complete removal of the building, creating a large public space
- The complete removal of the building, with public space and a smaller new building developed on the site



Retention and re-use



Removal



Removal with smaller replacement building

Sheffield



Retention and re-use

Retention and re-use

Key benefits

- The building is already in place and the public are familiar with its scale
- Emotive and heritage values of the building are retained
- An element of the carbon used to build the structure stays within the development block
- The current nationwide planning environment allows for a change to residential, office or other uses

Challenges

- The façade is not energy efficient, meaning retention costs the most carbon of the three recommended options
- This is the most expensive of the three options
- No like-for-like replacement for the John Lewis retail offer. Building is likely to be split into multiple uses across its floors
- As a purpose-built department store, significant changes are needed to the building's structure to create areas of natural light for any new use as modern building
- Building has high levels of asbestos
- Current fire escapes are not sufficient for the size of the building and all mechanical, electrical and plumbing engineering systems need to be replaced
- Structural condition of the car park is poor and not easily adapted to other uses. It may need to be demolished even if core building is retained

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Removal

Key benefits

- Creates a large area of public space within the city centre, one that could also provide new space for cultural uses
- Possible opportunities for the public to get involved with how the new space should be used
- Greatly improves pedestrian and cycling accessibility around the area
- A large park would create biodiversity and provide a huge boost to the city's long-term low carbon ambitions
- This is the lowest capital investment option

Challenges

- By removing a large built-up area, the full value of the site, which sits in a prime location, is not realised
- The surrounding buildings and transport infrastructure have not been designed to front onto a large open space
- Given the scale of the site, any park would need to be well managed to discourage antisocial behaviour

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Removal w/ smaller replacement building

Key benefits

- Any new building can be smaller, and more in tune with what current retail, leisure, food and drink or residential developers are looking for
- The building would also be designed specifically for its future use
- This option can still leave room for new landscaping and public space, plus improves pedestrian and cycling accessibility around the area
- A new building can be designed to be carbon neutral, meaning its overall carbon output is lower than the option of re-using the existing building
- Design of the new building and its use can be designed to complement other elements of Heart of the City

Challenges

- It would take longer to deliver than all other options as the existing building would have to be demolished, and the site then redeveloped
- Construction on the site is challenging due to the delivery of surrounding Heart of the City sites
- Construction cost, including a new building, is likely to be relatively higher than other options due to current material price increase and labour shortages
- Increases the carbon involved initially to construct a new building, as other options do not include a new development

Sheffield

Have your say

We want to hear your views on the future of the city centre and plans for new homes, Fargate and High Street, Castlegate and the former John Lewis building.

Let us know what you think:

- Fill in our feedback form on our website www.ourcitycentre-shf.com
- Ring us and tell us your thoughts 0808 196 5105
- Email us info@ourcitycentre-shf.com

If you have any questions, please get in touch with a member of our consultation team at the details above.

The consultation runs until 13 February 2022.

#citycentrevision



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Appendix 3 – Key stakeholder's who submitted long form feedback

- New River Retail
- Upper Don Trail
- Access Liaison Group
- Showroom Workstation
- Hallamshire Historic Buildings
- Joined-Up Heritage Sheffield
- HSBC Holdings
- Sheaf and Porters River Trust
- Sheffield Culture Consortium
- Sheffield Hallam University
- St Andrew's Music Festival
- Trans-Pennine Trail

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Author/Lead Officer of Report: Mark Whitworth

Tel: 07816156985

Report of: Executive Director, Place

Report to: Co-operative Executive

Date of Decision: 16th March 2022

Subject: 10 Point Plan for climate action

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input type="checkbox"/>
- Affects 2 or more Wards	<input checked="" type="checkbox"/>
Which Cabinet Member Portfolio does this relate to? The actions in the plan will be cross-portfolio, with action being required across all portfolios for the Council to reduce its carbon emissions and to support the city to do the same. The lead portfolio holder will be the Executive Member for Climate Change, Environment and Transport	
Which Scrutiny and Policy Development Committee does this relate to? Overview and Scrutiny Management Committee	
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
In progress If YES, what EIA reference number has it been given? 1066	
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:- <i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>	

Purpose of Report:

This report sets out Sheffield City Council's 10 Point Plan for Climate Action.

The 10 Point Plan provides a framework for action on climate change, describing the approach we will take to addressing climate change to support our transition to net zero, and the practical steps that we will take and actions we will deliver in the short term.

Recommendations:

That the Co-operative Executive:

1. Notes the actions already taken by the Council as outlined in this report
2. Agrees that significant action is required in order to reduce net carbon emissions across the City and;
3. Endorses the 10 Point Plan for Climate Action as being the framework by which the Council will address net carbon reduction
4. Notes that regular progress updates on the delivery of the commitments in the 10 Point Plan will be brought back before elected members.

Background Papers:

The Pathways to Decarbonisation Reports can be accessed on the Council's Climate Emergency webpage: <https://www.sheffield.gov.uk/home/your-city-council/climate-emergency-response>

Lead Officer to complete:-	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: <i>Kerry Darlow</i>
	Legal: <i>David Hollis</i>
	Equalities: <i>Annemarie Johnson</i>
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	EMT member who approved submission:
	<i>Mick Crofts</i>
3	Cabinet Member consulted:
	<i>Cllr Douglas Johnson; Cllr Terry Fox; Cllr Cate McDonald; Cllr Paul Turpin; Cllr Alison Teal; Cllr Julie Grocutt; Cllr Jayne Dunn; Cllr Paul Wood;</i>

	<i>Cllr Mazher Iqbal; Cllr George Lindars-Hammond</i>	
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>(Insert name) Mark Whitworth</i>	Job Title: <i>(Insert job title) Sustainability and Climate Change Service Manager</i>
	Date: 02/03/2022	

1. INTRODUCTION

1.1 Sheffield City Council declared a climate emergency in 2019, and has a stated ambition to aim to achieve net zero carbon for the city by 2030. A set of reports were commissioned and completed in late 2020, the Pathways to Decarbonisation reports (sometimes referred to as the Arup report), which outlines the nature and scale of activity required to decarbonise the city and local authority. The Co-operative Executive has set out clear first-year commitments in the Co-operation Agreement. This includes the commitment to “implement the recommendations set out in the Pathways to Decarbonisation report to create a pathway to deliver the shared ambition for net zero”.

1.2 The actions outlined in the Pathways to Decarbonisation report are wide ranging and transformational, covering the decarbonisation of both the city and the Council. They will provide benefits to health and wellbeing and to the economy. The Equality Impact Assessment accompanying this report outlines the extent to which decarbonising the city can benefit disadvantaged groups, particularly improving the health and wellbeing of people living in poorly insulated accommodation and those affected by poor air quality.

Scale of investment

1.3 The precise cost of decarbonising the city is difficult to quantify, being highly subject to changes in technology and markets but is likely to fall into the billions. A conservative cost estimate to decarbonise housing alone in the city is £2-£5bn, with further high costs across other sectors, including transport and business and industry. The cost of improving the energy efficiency of the Council’s housing stock alone is estimated at £233m, and decarbonising the Council’s non-domestic buildings estimated to be at least £19m.

1.4 These investments will increase energy efficiency and generate some income over time (the improvements quoted would lead to

estimated annual energy savings for tenants of £10.1m based on 2020 energy prices, much lower than current prices, and cost savings of £5.1m by 2030 for the Council's non-domestic buildings, again at 2020 energy prices). Less easy to quantify are the indirect financial benefits to organisations, particularly to the NHS, and to society. As an example, recent health economic analysis of the potential for decarbonising transport in the US found that the loss of life alone in increasing people's active travel by 150 minutes a week (21 minutes a day) was monetised at \$1.6tn by 2050.

- 1.5 It is clear that the up-front cost of the action required to transition to net zero is currently beyond the financial means of the council or of most businesses and individuals.

The roles of the Council and others

- 1.6 The Pathways to Zero reports are clear that the Council has a significant role to play in taking action in terms of reducing emissions within its direct control, and also through its influence as a leader and enabler. It also has the potential to influence through its place shaping roles, including planning policy and enforcement.

- 1.7 The reports are also clear that the Council cannot decarbonise the city alone. Whilst there is a wide range of action the Council can take, the transformation required will also require changes in fiscal and wider policy and greater action nationally to address systemic failings resulting in skills and supply chain shortages and to perverse outcomes.

- 1.8 The Mayoral Combined Authority and regional authorities will need to work together across their relative spheres of influence and control, and individual businesses and people will need to act: the UK Committee on Climate Change has stated that 60% of all policies required to get to net zero will require behaviour change, including taking up new technologies and home improvements as well as changing daily behaviour.

2. 10 point Plan for climate action

- 2.1 At the meeting on 21st July 2021 the Co-operative Executive committed in its One Year Plan to:
- set out a 10-point plan by Autumn 2021 to tackle the climate emergency in Sheffield and work with people, partners and businesses to develop and deliver the actions needed to deliver the 10-point plan
 - Take some practical steps to address the climate emergency, retrofitting homes, promoting low carbon transport systems such as cycling and walking, decarbonising SCC buildings and supporting businesses to invest in low carbon.
 - Assess every key decision we make for its impact on climate change.

- 2.2 A range of practical steps being taken to address the climate emergency are outlined in the 10 Point Plan document, including:
- energy efficiency improvements to around 800 homes, reducing fuel bills for people on low incomes as well as reducing emissions
 - introducing a clean air zone which will lever in funding to decarbonise transport
 - supporting businesses to reduce their carbon impact through audits and grants.
- 2.3 A Climate Impact Assessment tool has been developed and training is being piloted later this month.
- 2.4 The 10-point Plan for climate action sets out the approach and actions the Council will take in the short term to escalate the action that needs to be taken in the organisation and in the wider city to tackle the climate emergency. It does not cover everything that we need to do as a Council, or as a city, but aims to set out the Council's immediate actions and approach for action over the medium and longer term. Much of the action required requires difficult decisions requiring complex feasibility work and negotiations which cannot be completed in the timeframe committed to in the One Year Plan. Therefore, the 10 Point Plan lays the foundations for longer term action, which will be built on in subsequent individual actions and in thematic delivery plans and aligned strategies developed iteratively over the next year. These plans will be developed with the involvement of public, private and VCF partners and individuals.

Summary of the 10 Point Plan for Climate Action

- 2.5 The 10 Point Plan for climate action is formed of two parts and an appendix.
- 2.6 The first part is an introduction and includes
- a one page summary of the areas of activity required to reduce carbon emissions (this is covered in greater detail in the appendix and the detailed evidence for four of the areas can be found in the Pathways to Decarbonisation reports included as background papers to the report)
 - a summary of the ten commitments for action,
 - the principles that the Council will follow as work progresses
 - a fair and just transition;
 - a focus on action that delivers the high carbon reduction impact;
 - commitment to delivering wider positive benefits;
 - looking to the long term;
 - a collaborative approach;
 - innovative and creative
 - creating resilience
 - nature focused

- a brief synopsis of some of the journey so far and the actions the council is taking now
- an outline of the wider benefits provided by taking action on the climate emergency, including:
 - improving health and wellbeing through, for example, reducing air pollution, enabling healthier lifestyles and choices and improving housing standards;
 - developing a sustainable economy fit for the future that is coming
 - generating wealth in communities and protecting people against fuel increases, for instance through increasing community renewable energy

2.7 The second section outlines 10 key commitments, and identified priority actions. Under each of those ten commitments, the Plan sets out the brief context and our ambition, and a small number of priorities that we will focus on to make progress in the short term.

2.8 These are a combination of commitments and actions which are transformative or substantive in nature (such as working to ensure that we have the planning systems and infrastructure needed for the future, including working to expand the district heating network or ensure that there is a widespread electric vehicle network for the city) and commitments and actions which are enabling (such as being proactive in finding ways to fund the action needed or to improve the data we hold).

2.9 Ultimately, we need to work at pace towards having detailed plans to achieve the large scale interventions needed to decarbonise the city, but the enabling actions are also critically important to enable us to progress.

1 We will put climate at the centre of our decision-making

2.10 This commitment recognises that whilst there are a number of significant actions and investments that will be required to decarbonise the city, as an organisation, much of our spend and influence is and will continue to be on outcomes other than reducing carbon emissions. This priority includes actions to ensure that:

- decision-makers understand the challenge facing us and the action that they can take,
- the decisions that we take are climate aware,
- reducing emissions becomes business as usual
- we are able to make informed decisions through improved data

A Climate Impact Assessment has been developed to inform decision-making, which will work in a similar way to the Equality Impact Assessments (Equality Impact Assessments include both impacts on people with protected characteristics and also impacts on poverty and health).

2 We will be proactive in finding ways to resource the action that is needed

- 2.11 As outlined previously in this report, the costs of decarbonisation are vast and beyond the current means both of the Council and people and businesses. The plan commits the organisation to be proactive and innovative in finding ways to fund the action required. This commitment includes actions to ensure that:
- we are in a strong position to bid for or seek investment
 - we prioritise funding for carbon reduction activity in our budget
 - we apply for available government funding
 - we are creative and ambitious in our approach to investment.

3 We will act in a way which supports social justice

- 2.12 This commitment recognises that whilst climate justice is social justice, it is important that individual actions are fair and there is focus on those who would be most impacted by climate change and who will be least able to adapt. As a principle it will guide our approach to working and it also outlines the approach we will take to address social justice (further detail is included in the accompanying Equality Impact Assessment).

4 We will work towards reducing Council emissions to net zero by 2030

- 2.13 This commitment actions the recommendation in the Pathways to Decarbonisation report that, to strengthen the Council's place-making and leadership role in leading the city's net zero transition, it is important for the Council to show the way and by taking the action that it asks of others. It provides a commitment to work towards net zero emissions for the council's buildings, land and fleet by 2030 but also recalls the financial challenges in doing so, as well as the practical challenges. It also includes actions which are committed to be delivered in the short term, with further actions to be committed to in a later delivery plan.

5 We will work to bring the city together to make the changes we need

- 2.14 This commitment outlines the ways in which the council will work with the city as it takes action. It recognises that the action which is required to reduce our city's carbon emissions is not action which can be taken by the Council alone. It includes actions focused on:
- encouraging action and collaboration between partner organisations to allow action to be taken at greater scale
 - creating ways for people and businesses to invest in our future, for example through the potential to invest in local community

- energy
- drawing on the collective assets and expertise in developing plans and interventions.

6 We will work with the city to develop delivery plans for the areas where change needs to happen

- 2.15 This point commits the Council to leading the delivery of routemaps in seven thematic areas:
- Decarbonising the council's fleet and estate.
 - Domestic retrofit, buildings.
 - How we travel, including decarbonising our vehicles and increasing the use of public and active travel.
 - Decarbonising our businesses.
 - Energy generation, storage and network capacity.
 - How we use our land (including nature-based solutions)
 - What we buy, eat and throw away
- 2.16 These plans will be developed with the input of partner organisations, people and businesses and may differ in form depending on the nature of the theme.

7 We will work with and support people, businesses and organisations to take the action that is needed

- 1.15 This commitment recognises that the changes which need to take place will not always be easy or affordable for people, businesses, or organisations, but are necessary for the future of our city and are starting to happen independently of the Council. The commitments and actions are focused around:
- Understanding the motivations and barriers facing people and businesses
 - Providing information and inspiration
 - Maximising the funding available to businesses and individuals in the city through leveraging in funding from government and elsewhere
 - Finding ways to make it easier for people to take the action that is needed.

8 We will work to build the skills and economy we need for the future

- 2.17 This commitment recognises that we do not have the skills required in the city to make the transition, and that the national skills system and economy are not currently designed or delivered in a way which will deliver the skills or interventions that are needed. Actions under this commitment focus on:
- Stimulating and celebrating Sheffield's low carbon economy
 - Building skills to deliver the transition
 - Educating children, young people and communities

9 We will work to ensure we have the planning and infrastructure we need for the future

- 2.18 This commitment recognises that the infrastructure that underpins how our city works will be vital to our success, from the layout of roads and cycle paths and the capability of our electrical infrastructure, to the way we design our city, and including the digital infrastructure that will allow many people to work remotely and travel less. The actions are focused around:
- Using the planning system to support our ambitions, particularly ensuring that the forthcoming local plan is futureproofed;
 - Ensuring our energy infrastructure is fit for purpose, including expanding the district heating network and increasing the generation of renewable energy
 - Investing in our transport infrastructure.

10 We will prepare the city to adapt for a changing climate

- 2.19 This commitment recognises that even our best efforts in Sheffield and globally can only limit climate change. Whilst every fraction of a degree temperature increase that can be avoided matters, we also need to prepare our city for a changing climate. Increasing extreme weather events will become increasingly common, particularly flooding, extreme heat and wild fire. These will impact on people's health and wellbeing and way of life, on service demands and on our economy. The focus of this commitment and its actions is to:
- develop our understanding of the impacts of climate change on our city, and on the people who live and work here
 - create a resilience plan for the city
 - future-proof our city
 - support our people and businesses to adapt to the changing climate.

3. HOW DOES THIS DECISION CONTRIBUTE?

- 3.1 This Plan fulfils the commitment in the One Year Plan to deliver a 10 Point Plan for climate action and gives the organisation clear direction in its approach to addressing the climate emergency. It outlines the practical actions and interventions taking place (also a commitment within the One Year Plan) and which can be committed to in line with current financial restrictions. The framework established should then allow for more immediate actions to take place and for detailed routemaps to define and deliver longer term activity.

4. HAS THERE BEEN ANY CONSULTATION?

4.1 The commitments in the 10 Point Plan are based on the Pathways to Decarbonisation report, which included engagement with a number of Sheffield business, public sector organisations and voluntary and community sector organisations, including the Green City Partnership Board. Views and input from members of the public have also been incorporated through workshops which took place at the Zero Carbon Summit in March 2021 and via a feedback form sent at the same time. Questions and comments submitted to the Transitional Committee have also shaped final amendments to the plan.

4.2 The plan is a high level framework for work which will follow. The majority of comments and input received regard specific interventions or ideas. These will be considered and may feed into the routemaps and detailed programme development and monitoring. Routemaps and interventions will be developed with much wider engagement, with a stated commitment to move to increased coproduction.

5. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

5.1 Equality of Opportunity Implications

5.1.1 It is widely recognised that climate change will have a more negative effect on people with protected characteristics, particularly people living in poverty, people with some long term health conditions and disabilities and people from ethnic minorities, who are disproportionately likely to both experience disability and poverty. Young people are also acutely impacted, both due to climate anxiety now, and by being more impacted by climate change throughout their lifetimes.

5.1.2 The transition to a net zero society is happening independently of any decision of Sheffield City Council, but the local authority has a role to play in ensuring that the transition happens in a way which ensures both climate justice and social justice.

5.1.3 We are committed to ensuring that our action on the climate emergency is grounded in our values of promoting equality, diversity and inclusion for all. An Equality Impact Assessment has been undertaken alongside the creation of the plan to ensure that we fully consider the implications for all communities in Sheffield, and has shaped its development. The assessment recommends that while many of the commitments will positively promote equality for diverse groups, further engagement and consultation is required on the specific commitments made and careful consideration will be required as individual actions and delivery plans are developed. As decisions are made on the specific commitments, full Equality Impact Assessments will be prepared where appropriate. We will also ensure that we monitor the overall equality impact of this plan as it is delivered to ensure that it has a positive impact on everyone in the

city and particularly on people and communities who share protected characteristics.

5.2 Financial and Commercial Implications

- 5.2.1 The financial implications of achieving the long-term objectives on Climate Change will require multi-billion-pound investment over many years. It is recognised within the plan that it will not be possible to find the necessary finance within the local authority's, or the city's, existing resources. One of the ten points in the plan is specifically focused on the exploration of external funding streams, along with commitments to increase the amount of government funding which is applied for. This point also commits the local authority to prioritising climate action in our budgeting, but does not commit to specific sums or projects.
- 5.2.2 Many of the actions within the plan are still high level and the individual design of actions as they progress can be delivered within existing resource if necessary, and the recent budget allocation of £3.5m for renewable energy and associated energy efficiency costs for community and council buildings will support the further work. Whilst sourcing the up-front investment is challenging, decarbonising the estate and fleet can result in savings in ongoing energy costs.
- 5.2.3 The plan includes a number of specific actions that demonstrate the level of activity already taking place on this agenda. These are already funded from either Council or external funding streams. The delivery plans which will be developed will give a much clearer idea of the actions that are required in the coming years, and the associated costs.
- 5.2.4 Many of the actions within the plan and the subsequent delivery plans will require working differently or taking decisions in ways which ensure that we do not increase our carbon emissions. Some of these decisions may have additional short term costs, but in many cases, whole life costing may demonstrate that additional up-front investment has long term benefits. In other cases, the action that is taken can reduce costs without significant additional investment (for example by reducing the milage of our fleet, changing the way we use our equipment or buildings or buying less and reusing more).
- 5.2.5 The true financial implications of the decarbonisation of the local authority and the city are difficult to quantify, and the costs of not taking or delaying action are equally difficult to quantify. There is increasing recognition that, globally, delayed action will increase the eventual costs. Locally, this is more difficult to estimate, but the climate is changing and investment in mitigation works that also enable adaptation are likely to have long term benefits both in terms of reduced requirement for retrofit in future, but also in terms of potentially reduced health and social care costs (albeit that these may not impact directly on council finances, at least in an easily identifiable way). An example of this is building well-insulated homes with

renewable energy. Similarly, other actions which have dual outcomes may potentially have positive financial benefits (for example, if action taken to decarbonise and create a sustainable economy may result in increased business rates).

5.3 Legal Implications

5.3.1 The [Climate Change Act 2008](#) is the basis for the UK's approach to tackling and responding to climate change. It requires that emissions of carbon dioxide and other listed greenhouse gases are reduced and that climate change risks are adapted to.

5.3.2 The Climate Change Act commits the UK government by law to reducing net greenhouse gas emissions (net UK carbon account) by at least 100% of 1990 levels by 2050.

5.3.3 Section 27 of the Climate Change Act defines the "net UK carbon account". The starting point is UK emissions for the year from all sources in the UK, excluding those from land use, land use change and forestry (LULUCF). These are then adjusted to take account of emissions and removals by sources and sinks associated with LULUCF activity. It is further adjusted to account for: a) carbon units which have been brought in from overseas by Government and others to offset UK emissions ("credits"), thereby reducing the net UK carbon account; and b) UK carbon units which have been sold to a third party outside the UK or otherwise disposed of ("debits").

5.3.4 The Climate Change Act also requires the government to set legally-binding '[carbon budgets](#)' to act as stepping stones towards the 2050 target. A carbon budget is a cap on the amount of greenhouse gases emitted in the UK over a five-year period and are set at least 12 years in advance to allow policy-makers, businesses and individuals enough time to prepare. Once a carbon budget has been set, the Climate Change Act places an obligation on the Government to prepare policies to ensure the budget is met.

5.3.5 There are no direct legal obligations on the Council at this point in time but it is recognised the Government cannot meet its obligations without significant input and drive from local authorities. As such there are no legal implications arising directly from this report. There may be legal implications arising from the implementation of proposals within the 10 Point Plan and these proposals and their legal implications will be the subject of consideration and further reports where required.

5.4 **Climate Impact Assessment**

5.4.1 As set out above, one of the outputs from the commitments in the One Year Plan has been a high-level carbon impact assessment tool. Trials of the tool suggested that it is difficult to fully apply the scoring methodology to high-level strategies and plans, which are more

focused on setting out aspirations and a direction of travel. However, this does not mean that climate impacts should not be considered in high-level strategies, plans and programmes, including this one. The 10 point plan has therefore been considered in relation to each of the nine impact areas covered by the tool.

5.4.2 *Buildings*

The plan itself does not specify construction but recognises the impact that buildings have on emissions and that action needs to be taken to reduce these, both in our own estate and domestic stock and the wider City. The plan sets out a number of measures the Council can take to minimise the carbon impacts of new buildings, in particular in our procurement and decision making processes. This should enable the incorporation of the principles of sustainable design and construction of buildings, ensuring consideration is given to the relative impacts of demolition, retrofit and new build. The plan commits the Council to continuing work already started to decarbonise Council homes and the wider estate, with the intention to produce a detailed delivery plan for this.

5.4.3 *Transport*

The plan acknowledges the significant role of transport in carbon emissions, and sets out the intention to produce a detailed delivery plan including the principles sustainable transport, including demand reduction, decarbonisation and active travel.

5.4.5 *Energy*

The plan signals the intention to produce detailed delivery plans around energy generation and increased uptake of the district heating network. The plan also addresses decarbonisation of energy infrastructure, grid capacity and future decarbonisation of district heating network. The importance of improving energy efficiency is also supported by the commitment to provide individuals and businesses with the tools they need to improve their own performance, building on our current Low Carbon Business Support programme.

5.4.6 *Economy and Skills*

The plan clearly sets out the vast opportunities which exist for the City in the development of the green economy, and the importance of working with regional partners to take advantage of these. Developments such as the Advanced Manufacturing Innovation District (AMID) are already seeking to incorporate low carbon energy opportunities and development of the associated skills within the project development. The plan sets out the intention to create a more detailed delivery plan for decarbonisation of businesses.

5.4.7 *Influence*

The plan acknowledges the important role the Council has to play in influencing the conversation on climate change action, and describes our intention to work in close partnership with stakeholders across the City to coproduce detailed delivery plans, and provide individuals, businesses and community organisations with the information and tools they need to take action.

5.4.8 *Resource Use and Waste*

The plan acknowledges the need for change in what we own, eat and throw away. Being able to make more informed decisions in our own procurement processes will enable us to reduce the impacts of our use of products and services, as well as develop these skills throughout our supply chain. The decarbonisation of businesses delivery plan will include work with stakeholders across the city to identify circular economy opportunities where both resource use and waste can be minimised.

5.4.9 *Nature/Land Use*

The plan acknowledges the vital importance of land use in managing carbon emissions and adapting to the impacts of climate change, and commits us to finding ways to use our land to promote biodiversity and increase carbon storage through tree planting. The plan commits us to preparing the city for the impacts of a changing climate, through resilience planning, future-proofing infrastructure and supporting businesses and individuals to adapt.

5.4.10 *Just Transition*

The plan places the commitment to a just and fair transition to a low carbon world as a central pillar, recognising that we do not all contribute equally to climate change and we will not all be impacted equally by its effects. The accompanying Equalities Impact Assessment has been undertaken alongside the creation of the plan to ensure that we fully consider the implications for all communities in Sheffield, and has shaped its development.

Other implications

5.5 Transitioning to a net zero city and council, and adapting to the changing climate, will have implications across everything that we do, and this plan outlines the cross-cutting nature of the work that is needed in the coming years such as ensuring that the organisation has the skills required to adapt to changing technology. Through

recognising this now we can start to future-proof the council and our city and be on the front foot in the transition. It will be important and challenging to balance achieving our ambitions to be a leading city in the transition to net zero with ambitions to deliver excellent services in challenging circumstances.

6. ALTERNATIVE OPTIONS CONSIDERED

- 6.1 This plan fulfils a commitment previously made at Co-operative Executive to deliver the recommendations of the Pathways to Decarbonisation Reports (sometimes referred to as the Arup report), so not delivering a plan was not considered. Developing more detailed plans for all of the priority areas prior to publication of the plan, or committing to significant but currently unfunded actions was also considered. Taking this option would have meant that the framework would not be published or action agreed for some considerable time, and detailed plans would be likely to fast become out of date.

7. REASONS FOR RECOMMENDATIONS

- 7.1 The recommended approach was chosen because it was felt that the need to act at pace meant that delivering a framework for action initially would enable greater progress to be made on agreed projects and actions whilst work continued on more substantive actions.

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A 10 Point Plan for climate action



A Sheffield for people and for the planet

In 2019, over 70mm of rain fell on Sheffield in 24 hours. Roads became impassable and the Don nearly burst its banks. The only thing that stopped damage to homes and businesses was the flood defences built after 2007.

Extreme rain like this has happened five times in Sheffield's recorded history. Four of them have been in the last 20 years. Climate change is happening across the world, but it's also happening here.

As Sheffield's leaders, we need to take our city on a journey to reduce carbon – a Pathway to Zero. The next step is this ten-point plan.

It is a plan for improving our homes so that people do not face winters in homes they cannot heat or summers in homes that they cannot cool.

It is a plan for improving the poor health facing our communities. It will reduce air pollution, make active travel easier and safer and provide sustainable, healthier food.

It is a plan for a new economy, for reskilling people to do jobs that are saving the world, one insulated loft at a time. It is a plan for resilient, sustainable, businesses supported by our partners in industry, in healthcare and education.

Our solutions can be intelligent, natural, and beautiful. Sheffield's outdoor spaces increase our flood resilience, remove carbon from the atmosphere, and protect biodiversity. The solutions can bring a better city for everyone who lives here.

We are committed to acting now. We must work with the city to deliver the massive action that is needed in the coming years. The scale of the action needed is vast and it falls not only on the council but on businesses, and on people like you.

We will need to work with Government to bring in investment. We won't shy away from the work but budgets are tight, and we can't lose the services our communities rely on.

The change will be difficult. We know that we will have to take hard decisions as a council on behalf of the city. This won't be easy but we are committed to making the long-term decisions that will move Sheffield forward. Leading on climate change will be a defining characteristic of twenty-first century cities and is integral to the city's social and economic future, and to the future of our children and grandchildren.

Councillor Terry Fox, Leader of the Council, Councillor Douglas Johnson, Executive Member for Climate Change, Environment and Transport and Kate Josephs, Chief Executive.

Forward

This plan lays out a framework for how the Council will work with the city to address the shared challenge of the climate crisis. It provides a framework for our approach to moving forward, but at the heart of it is an understanding that we can not do what is needed alone.

This plan is:

- A framework for how we will act in the short term as we increase our work with the city and with others.
- Built on the evidence that we currently have available to us. There are gaps in our understanding and more work will need to be carried out over time.
- Broad. It covers a lot of ground, because to move to net zero a lot of action is needed across different sectors. It includes both direct and indirect carbon emissions as well as climate resilience.

This plan is not:

Page 673

- Perfect. We are facing a climate emergency and this plan is a next step.
- Static. The field is fast changing – policy, finance, technology, the markets and public opinion are all changing, and our plans will need to adapt as the world around us changes. This means that we do not have all the answers now, and we will need to work with uncertainty.
- A fully costed delivery plan which details the exact route for the city to net zero. We do not and cannot have all the answers at this point in time. Policy and technology changes mean that an attempt to fully cost or itemise our plans would be out of date as soon as it was finished. The plan commits to developing more detailed routemaps that will involve people, businesses and organisations in their development and will be consulted on. Even these routemaps are unlikely to be fully costed at the start: the scale and pace of change means that we will need to think differently about our approach to strategy and action.
- A commitment by the Council to fund or deliver all the changes that need to take place to bring the city to net zero, or to expect the city to fund it all. We are ambitious and committed to act, because it is the right thing for the people and future of the city, but we are clear that Sheffield City Council is not in a position to finance everything that is needed, does not have the powers that are needed and does not have the responsibility to do everything that is needed within the city.

We are clear that Government will need to play its part in enabling finance, empowering local authorities and intervening in markets that currently do not work as they need to meet this challenge. We will need Government to recognise and actively support the ambition and potential that cities have to move ahead of government timescales.

We will work with the South Yorkshire Mayoral Combined Authority, our fellow local authorities in Yorkshire and the Humber and other Core Cities to encourage ambitious and coordinated action at the right level and increase the potential for attracting the interest of investors.

Ten commitments for action

The framework includes 10 key commitments for action which we will focus on in the short term. Under each commitment there are a number of priority actions.

Page 674

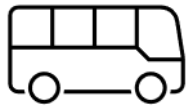
1. We will put climate at the centre of our decision-making
2. We will be proactive in finding ways to resource the action that is needed
3. We will act in a way which supports social justice
4. We will work towards reducing Council emissions to net zero by 2030
5. We will work to bring the city together to make the changes we need
6. We will work with the city to develop routemaps for the areas where change needs to happen
7. We will work with and support people, businesses and organisations to take the action that is needed
8. We will work to build the skills and economy we need for the future
9. We will work to ensure we have the planning and infrastructure we need for the future
10. We will prepare the city to adapt for a changing climate

Our principles for acting

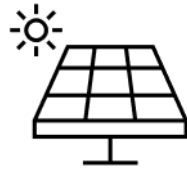
<p>A just and fair transition</p> <p>We do not all contribute equally to climate change and we will not all be impacted equally by its effects. The action that we need to take will not always be easy and we will not let those least able to respond be left behind.</p> <p>We must do everything that we can to ensure that the actions that we take consider inequalities and have a positive rather than negative impact on those who are already disadvantaged.</p>	<p>Focused on impact</p> <p>The Council has a wide range of responsibilities and limited resources. We will need to be pragmatic and prioritise the actions that we take to maximise the value and impact that we can have.</p> <p>We will use evidence based interventions and focus our work on the areas where we can have the most impact.</p>	<p>Collaborative</p> <p>The city and its people are central to our success. We know that to succeed we have to bring the city with us, and that we cannot make the changes that are needed alone.</p> <p>We will work with the city's people and organisations, both to ensure that the action that we take is designed to maximise success and to enable others to act. We will also work with regional partners and government</p>	<p>Creating resilience</p> <p>Climate change and the changing economy will impact on all of us, from the weather we experience every day to the jobs that are available for us to work in.</p> <p>We will look to act in a way that reduces the impact of climate change and also increases our resilience and helps us to adapt and thrive in the circumstances that we find ourselves.</p>
<p>Maximising wider benefits</p> <p>We will design interventions that allow us to have not only a significant positive impact on reducing our carbon emissions, but also have other positive impacts.</p> <p>This will require us to work across our organisation and with partners, to think strategically and long term. It may mean that action is sometimes slower but we will work to achieve a balance.</p>	<p>Long term</p> <p>The climate emergency can be hard to respond to because the payback from our actions is not always immediate, and there are crises that impact on us now.</p> <p>We will look to the long term where appropriate when we take our decisions, considering the future cost and implications of our decisions and take our role of stewardship seriously.</p>	<p>Innovative and creative</p> <p>We are faced with the most ambitious task of our lifetimes, with great uncertainty and with monumental challenges. The behaviours, organisations and technologies that we are used to are not designed for the future that we need to make.</p> <p>To succeed and to create opportunities to make our mark on the future, we will need to learn and experiment.</p>	<p>Nature focused</p> <p>We are not only in a climate emergency, but an ecological and nature crisis. The two crises are interrelated and the solutions for each can benefit the other. Nature is also vital for our wellbeing.</p> <p>We will seek to act in ways which maximise our emissions reductions and addresses the nature emergency and uses nature based solutions.</p>

Sectors to decarbonise

Detailed information about the key sectors where action is needed to decarbonise can be found in the appendix and in the Pathways to Decarbonisation Reports, but the sectors are illustrated briefly here. The action that we take in this plan and in the delivery plans which it commits to will work towards decarbonising the following sectors.



How we travel



Energy generation and storage



Our council



Our homes



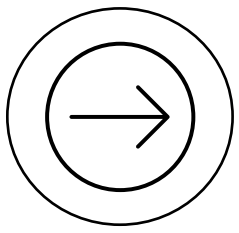
Our business and industries



How we use our land



What we own, eat and throw away



The story so far

The action that we take builds on the progress that we have made over the years. There is a long path ahead, but we are not starting from a blank sheet. Built environment, housing and infrastructure projects that cost many millions of pounds and include complex technical expertise and challenges, can often take years of planning and complex negotiations to deliver. And Sheffield has a history of innovative and forward thinking work on environmental issues which stands us in good stead to scale up our ambition, from being the first city in the country to implement the Clean Air Act to our award-winning sustainable urban drainage scheme.

The Green Commission brought together representatives and experts from organisations across the city, resulting in the Green City Strategy, and the Green City Partnership Board. Our story so far includes innovations such as:



District Heating Network

Sheffield was one of the first places in the UK to build a district heating network in the 1980s, and has supplied heat to over 2,800 homes and 140 public and private buildings. Its expansion will be a key part of our decarbonisation.



Ann's Grove Primary School

The environmentally innovative school commissioned in 2003 included insulation made of recycled denim and maximised the use of timber and natural light and ventilation.



Heart of the City

Ensuring viability of developments is an ongoing challenge in a city where prices of property and office space are relatively low in comparison with many places in the UK, but the Heart of the City development has high environmental standards and includes a landmark net zero ready office building.



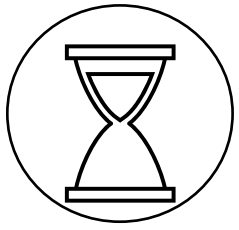
Electric vans trials

Our electric van trial scheme uses behavioural change insights to tackle one of the key barriers in switching to electric vehicles: uncertainty about new technologies and benefits.



Grey to Green

Our internationally acclaimed Grey to Green scheme, now on its third phase, has improved the experience of walkers and cyclists, as well as businesses and residents in the areas around Kelham and Riverside and provides sustainable urban drainage as well as flood resistant planting for biodiversity.



Seizing opportunities and making early wins

We need to plan for the future so that our decisions are strategic and allow us to maximise our carbon reduction, but we already acting now and at pace. We are taking advantage of opportunities and early wins as they arise.

Some of the action that we are already taking across the Council to reduce our carbon emissions as soon as possible includes:

Our homes and buildings

- We have **committed £3.5m** to fund renewable energy and energy efficiency for community and council buildings during 2022/23 **bid during 2021 for over £12m** of funding to improve the energy efficiency of our homes and buildings, receiving almost £5m so far, with further decisions awaited.
- We are working with Eon to **improve the energy efficiency of approximately 800 homes** through the government's Local Area Delivery fund and are bidding for future rounds of funding, delivering improvements to the homes of council tenants and households on low incomes in the private sector.
- We have secured funding for **roofing works on 20 high rise buildings, including insulation and Solar PV installation and battery storage** (which will be designed and installed at a later date to ensure generated power can meet periods of highest demand from the communal area).
- We are **delivering energy improvements to several Council non-domestic buildings** over 2021/22.

The way we travel

- We have **agreed a Clean Air Zone** which will lever in investment for decarbonisation .
- We have **installed 20 rapid charge electric vehicle charging points** in the past year, with a further 7 forthcoming imminently.
- We are **running electric van and taxi trials** to allow businesses, organisations and taxi drivers to **trial electric vehicles risk free**.
- We are **consulting on three Active Travel Fund projects** to improve cycling routes and reduce traffic in local neighbourhoods by 2022 and **delivering a city centre bike hub**.
- We are providing a **salary sacrifice scheme for employee electric vehicles and ebikes** and will proactively promote these.
- To decarbonise the council's travel, we have **invested in 62 electric and ultra low emission vehicles**, and are in the middle of a six year vehicle replacement strategy which prioritises electric vehicles. This will be reviewed annually.

Nature based solutions and the nature emergency

- We will continue to **manage our trees and woodlands to protect the 22kt CO2 per year carbon sequestration they provide**.
- We have **increased the amount of land that is managed naturalistically**, and are increasing this further.
- We are **committed to planting 100,000 trees on our land over the next ten years**, and are **on target to plant almost 14,000 trees this year** with schools and communities.

Skills and economy for the future

- We are **delivering a £2.3m project to support SMEs across South Yorkshire** to audit their energy efficiency and provide grants to reduce their emissions, saving approximately 830 tonnes of CO₂.



Maximising the benefits for Sheffield

The challenge is huge, but there are also benefits and opportunities that will come from the action we take as we transition to a net zero council, economy and society.

Communities and neighbourhoods

- Supporting the creation, protection, enhancement and accessibility of sustainable green infrastructure, to provide a **natural environment for people to enjoy and contribute towards their health and wellbeing.**
- High quality retrofit schemes can **create safe, warm and beautiful homes, regenerate communities and improve wellbeing and sense of pride for residents.**
- Neighbourhoods and communities which make it easier for people to walk and cycle, **reducing crime and increasing a sense of community.**

Education, health and care

- By decarbonising our transport and industry we can **improve air quality.** This will **improve health and reduce the number of air-quality related deaths.**
- Increased numbers of people to travel by **walking and cycling increases fitness and health.**
- We can **reduce biodiversity loss and help mitigate the consequences of food shortages** and the impacts this will have on our health and food security.
- By taking action to mitigate and adapt to climate change we will **reduce the risk of harm to people e.g. from extreme weather such as flooding and heatwaves.**

Economy and development

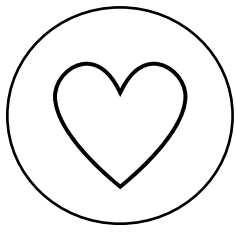
- By creating a more sustainable economy we will **support our city and its businesses to thrive in the world that we find ourselves in.** Supporting businesses and jobs at risk to adapt, and **create clean growth** through investing in renewable energy, sustainable transport, smart technologies, research and development. Sheffield and the surrounding region are perfectly positioned to thrive, and to create thousands of new jobs.
- **Businesses can often reduce costs by improving their energy efficiency.** By reducing the impacts of climate change, we can help **minimise risk for our local economy** including reduced worker productivity or service demand.
- By supporting the valuable contribution that the natural environment makes we will help our local economy, particularly the rural, leisure and tourism sectors. We can **protect the natural environment that is crucial to us as The Outdoor City.**
- By making it easier for people to improve and futureproof their homes, we can **help people to maintain the value of their homes.**
- Community energy creates the potential for people and communities to invest in renewable energy, **reducing energy costs and raising funds for local communities.**

Our Council

- The actions that we take to reduce our climate emissions, can **support us to achieve our other strategic outcomes.**
- Investing in renewable energy and energy efficiency, particularly in combination with accessing government funding, can **provide energy efficiency savings and revenue in the short and long term.**

The Plan

A framework for climate action, and our next steps



1 We will put climate at the centre of our decision-making

Whilst there are clear actions and investments that we need to take to reduce our emissions and those of the city, the majority of our decisions and the money we spend has other aims and purposes. At the same time as delivering our statutory functions, delivering services for Sheffield and commissioning, we have the potential to impact on our carbon emissions and on nature and biodiversity, either positively or negatively.

Internally within the local authority we need to ensure that the funding that is available to us works as hard as it can to reduce our emissions as well as allowing us to continue to fulfil our statutory obligations. We will do this by making sound and informed decisions and using priority-based budgeting. We will ensure that the money we spend on products and services has a positive impact by looking to make sustainable choices.

We will focus our effort where we can have the greatest impact, on our largest contracts where we have the potential to influence supply chains significantly, and on those with the highest carbon footprint.

We have already:

- Included climate impact questions in our decision-making paperwork and processes, including our Capital decision-making.
- Provided climate awareness training to over half our elected members (ranging between two hours and a full day of training).
- Trained the most senior levels of officers in climate awareness and action.

1. Investing in our climate education and training

- Training our elected members in climate awareness, in particular ensuring that committee members have the appropriate climate training for their committee responsibilities.
- Developing and delivering training for officers.

2. Making climate aware decisions

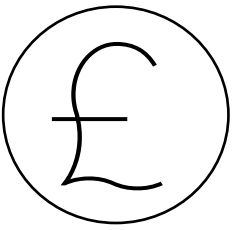
- Raise colleagues' awareness of climate issues so there is shared ownership of the challenge when commissioning or procuring goods, works and services.
- Ensure that new Governance arrangements incorporate climate effectively.
- Design and implement effective climate assessment tools and embed throughout decision making and scrutiny processes.

3. Making climate action everybody's business

- Include climate action in service planning.
- Monitor all services on the progress that they make.

4. Improving our data

- Understand where our data is lacking and take action to improve it.
- Report our Carbon Emissions as an organisation and a city annually.



2 We will be proactive in finding ways to resource the action that is needed

The full scale of up front investment that is needed to fund the transformation required across the city is vast and difficult to fully quantify, but well into the billions. It falls at a time when the local authority, business and individual households face unprecedented financial challenges.

A conservative cost estimate to decarbonise housing in the city is £2-£5bn, costs which would significantly increase rents for tenants, or council tax if the council were to finance this in its entirety. Current government funding and policy mandates high numbers of new homes, rather than retrofitting existing stock, which is a significant challenge. National policy change is required to make mass retrofit affordable for home owners and landlords, as well as public sector organisations.

The cost of decarbonising the Council's non-domestic buildings is estimated to be at least £19m. These investments will increase energy efficiency and generate some income over time (estimated cost savings of £5.1m by 2030), but these are not costs that the council or city can currently afford at a time when we cannot afford to bring our buildings up to safe and lawful standards.

The financial and behavioural legacy of Covid is uncertain but likely to be significant and ongoing, requiring additional investment to support public transport in particular due to the exacerbation of long term decline in patronage.

But the status quo is not an option. All cities and local authorities face similar challenges to resourcing this challenge, which is particularly acute for areas like Sheffield that are seeking to move ahead of the government's 2050 target.

We need to be creative and innovative as a city to find funding. We also need to ensure that the gap between what we need to do and what we can afford to do or are allowed to is brought to the attention of Government, and we are working to do this with other cities in the Core Cities group.

1. We will have projects ready for investment

- Identify funding, invest in feasibility studies and develop outline business cases so that we are ready to respond to funding opportunities.
- Work creatively to package up 'investible propositions' and partner with other places and cities to access both public and private investment.

2. Prioritising climate action in our budgeting

- Our budget setting process and Medium-Term Financial Strategy will take account of climate impact and consider appropriate mitigation measures.
- Work on our Investment Strategy will help us to prioritise and to identify funding and investment routes for our decarbonisation programme.

3. Apply for available government and combined authority funding

- Continue to submit proposals to future funding rounds to support the decarbonisation of our fleet and estate, including Local Authority Delivery – Housing retrofit and Public Sector Decarbonisation Schemes.

4. Be creative and ambitious in our approach to investment

- Develop a robust understanding of innovative financing options, including exploring options for investors supportive of longer term returns on investment such as pension funds.
- Pilot multi-intervention, place-based Net Zero delivery models.
- Develop project proposals for national and regional funding opportunities which are aligned to our ambitions on climate change and to create a sustainable economy fit for the future.



3 We will act in a way which supports social justice

It is widely recognised that people who already experience disadvantage, both in the UK and internationally, are generally least responsible for greenhouse gas emissions, will be most impacted by climate change, and least able to adapt to it.

Older people, young people, people from ethnic minorities, women, disabled people and people with health issues and people living in poverty are all more likely to be negatively by climate change.

For example, people living in poverty or on low incomes are more likely to live in areas which are at risk from extreme weather events. They are more likely to live in flood prone areas, and not to have home insurance, and are more likely to live in areas of the city with fewer trees and less green space, and so experience the effects of “urban heat islands.” At the same time, they are more likely to live in poorly insulated homes which are prone to overheating, and to live in high crime areas where they may not feel safe to leave windows open. Many of the actions that will allow us to play our part in minimising changes in the climate will also improve the health and wellbeing of people who are currently most disadvantaged.

The Equality Impact Assessment for this plan provides more detail on the ways in which people with protected characteristics are likely to be affected.

Acting on climate change will benefit the most disadvantaged in the long term. But it is important that the individual actions that we take also support social justice in the short term. Changes to how we live our lives in the city will have greater impact on those with fewest options. It is important that we understand the impact and make fair and creative decisions.

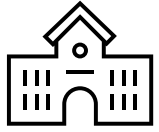
1. We will listen better to the people who will be affected most by interventions

- Equality Impact Assessments will be carried out for all significant interventions and routemaps and mitigations put in place
- We will improve the way that we engage with, listen and respond to people who may be most impacted by interventions
- We will support children and young people to be part of developing our plans and taking action through our youth engagement and voice services.

2. We will vary our approach to suit different needs and circumstances

- We are carrying out work which will allow more private sector home owners, particularly those on low incomes, to benefit from funding to improve their homes’ energy efficiency through Energy Company Obligation funding provided by private sector energy providers.
- We will explore and apply for further funding opportunities that will support those who are at greatest risk and/or least able to adapt to climate change.
- We will also support those who, despite not being most disadvantaged, will still struggle to act due to financial or other challenges, and encourage and enable those who are in a position to lead the way.

3. We will work with and encourage third sector and other partners to provide support to those they work with or represent



4 We will work towards reducing Council emissions to net zero by 2030

As a Council, we have made great progress in recent years with the condition and energy efficiency of our homes. A high proportion of our Council homes are already at EPC C (which is the usual level at which government funding for energy interventions currently stops). But we know this will not be enough to deliver the emissions reductions we need, or to protect our tenants from increasing fuel bills or the changing climate.

We have already outlined the condition and financial challenge posed by our estate, and those present a huge challenge to our ambitions.

We are one of the largest employers in the city, with over 8,400 employees. We have approximately 1,145 vehicles in our fleet, including those operated by our principal contractors, Amey and Veolia. An employee survey in 2019 found that 29% of employees reported using their own vehicles as part of their job and an additional 32.4% use their car to travel to and from work.

As a large, committed, organisation, we have the potential to make a significant dent in the city's emissions, to inspire others to act and to stimulate demand, and so increase skills and capacity in local markets.

We will develop routemaps to support our ambition to decarbonise the local authority by 2030 and will actively seek out funding:

1. Decarbonising homes

- We have commissioned work to identify technical solutions for decarbonising our housing stock.
- Further decarbonise our housing stock, through building fabric improvements, removing fossil fuels by connecting to district heating schemes where possible or switching to heat pumps and installing rooftop solar PV.

2. Using our land and assets to further our ambitions

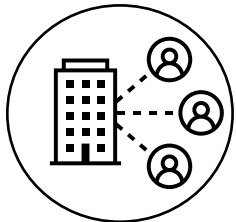
- We have agreed a Corporate Asset Management Plan and Strategic Land and Asset Plan and will look to rationalise the Council's estate to enable investment. This includes how best to dispose of buildings which are in the worst condition.
- Continue to identify our worst energy performing buildings and prioritise those for future energy efficiency and low carbon initiatives as funding becomes available, including seeking alternative financing arrangements where existing funding streams are not sufficient.
- Work with Local Area Committees to review mowing and hedge cutting regimes, seeking opportunities to increase biodiversity and potentially reduce emissions.
- Assess the potential to increase the number of trees planted on council land.
- Identify opportunities for solar PV retrofit on our buildings and homes and renewable energy generation and storage on our land.
- Start work to extend the district heat networks to provide heat to council buildings and homes.

3. Decarbonising our fleet

- Reduce fleet mileage through driver behaviour training, optimising route planning and journey consolidation.
- Switch cars and vans to electric vehicles through fleet replacement programmes.

4. Our role as an employer

- We will work to ensure that our electric vehicle salary sacrifice scheme is coordinated with other interventions to maximise its impact.
- We will understand the skills needed for our organisation.



5 We will work to bring the city together to make the changes we need

As a city, we have people and organisations with a wealth of skills, knowledge, experience and passion for acting on climate change, as well as many people and businesses who want to act but may not have the skills or confidence. As a city council too, we have a lot to learn and a long way to go to achieve our ambitions.

There is so much to be done for Sheffield to transition to a thriving and net zero city, that the Council cannot do all that needs to be done. The UK's Climate Change committee recognises that over 60% of the action that needs to be taken requires people to act. Businesses need to act to protect their own interests, and have the potential to focus corporate social responsibility to make a wider difference in the city. If people and businesses act to reduce their own emissions, and also come together as a city to help and support each other to do more than each of us could alone.

We have already held an initial climate summit in March 2021 attended by over 200 people whose input has informed this plan, and worked with the Green City Partnership Board to develop the draft Local Plan and inform other policy. We now want to involve more people and our organisations as we develop our delivery plans and interventions, and to enable, support and celebrate others to act together.

1. Listen to the expertise that exists within our city to help us develop our plans and interventions

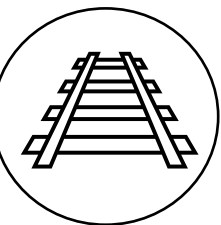
- Set up a panel of independent experts to give professionals, researchers and people and businesses who are already leading the way in reducing their emissions the opportunity to help us to develop policy and interventions that work for Sheffield and for the planet.

2. Encourage action and collaboration to allow action at scale

- Work with our businesses and organisations to develop and deliver action and innovation through a partnership approach to working that is focused on action, working with existing networks and supporting the creation of new partnerships.
- Hold at least an annual event bringing people and organisations together to monitor our progress as a City and identify new action.

3. Create ways for people and businesses to invest in our future

- Explore the potential for crowdsourcing of projects and increase the amount of community owned energy generated in the city.



6 We will work with the city to develop routemaps for the areas where change needs to happen

We need to take action now, but we also need ambitious, longer term plans. We will develop iterative, agile, delivery focused routemaps over the next 18 months, working across the Council and with organisations and individuals across the city to develop plans that will build on the Pathways to Decarbonisation work and identify the ways forward.

Given current resource and demand, developing routemaps for all areas at the same time will result in slower action across the board. We will initially prioritise the sectors where Council action can lead to the biggest impact and delay will be most detrimental due to locked in emissions or accessing funding.

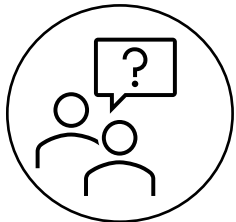
- Decarbonising the council's fleet, estate (including council homes)
- Decarbonising homes (citywide retrofit and new build)
- Decarbonising transport (traveling less, increasing the use of public and active travel and zero emission vehicles).
- Decarbonising business, industry and commerce (including commercial buildings)
- Energy generation, storage and network capacity.

The way that we use our land, including carbon sequestration and nature based solutions to our changing climate is important, particularly given our proud status as The Outdoor City. The South Yorkshire Local Nature Recovery Strategy and our Sheffield response to the biological and nature emergency will incorporate our approach to using our land for carbon sequestration.

We have a section in this plan which identifies some of our next steps on creating skills and economy for the future. This is a key challenge for Sheffield and the South Yorkshire region, and for the country as a whole. We will need to work closely with national government, the South Yorkshire Mayoral Combined Authority and with local partners to ensure that the county is positioned to gain the skills that are needed.

Remaining areas of emissions, where the Council has less influence, where there are existing actors in the Council leading in the field or where national policy direction means that acting sooner would reduce access to much needed and imminent funding, will be given greater focus once earlier plans are developed and action is underway. This includes routemaps on what we eat, buy and throw away.

This does not mean that we will disengage on other topics: work that is already taking place will continue where it is a priority for portfolios, we will provide information on action that can be taken by individuals and organisations, continue to seize funding opportunities as they arise and where resources allow, and encourage and provide support to external organisations acting to achieve change.



7 We will work with and support people, businesses and organisations to take the action that is needed

This plan focuses on the actions that the Council will take, but if the emissions of the city are to reduce, people and businesses will need to act as well. We know from our climate summit and from conversations with people, businesses and other organisations working on climate change that people and businesses in Sheffield have different understandings of climate change. Whilst most people are increasingly concerned about climate change and want to act, they often don't know how or are concerned about the implications or costs of the changes that need to be made.

We need to work with our people and communities so that they understand what can and needs to be done. We need to understand their concerns and the barriers to them acting, so that the action we take makes it as easy as possible for people and businesses to do the right thing.

We will learn from our public health success in working and communicating with communities during Covid, and use the networks and techniques that we have developed to reach people in their communities.

The transition to a net zero carbon city needs to be a just transition. It is important that the people who are least well off, and who already contribute least to our emissions, can make the changes to their homes and transport that will both reduce their emissions and improve their health and wellbeing. At the same time, we need to enable and encourage those people who are most able to make changes to their homes and lifestyles to make those changes.

Businesses contribute around a third of the city's direct emissions, and access to finance and consumer demand is increasingly dependent on businesses improving their sustainability. Reducing energy consumption and waste also often reduces costs for businesses.

Our routemaps will all include actions to support and enable people and businesses to take the action that is needed, but whilst these are being developed, we commit to delivering the following actions:

1. Understanding the motivations and barriers facing people and businesses.

- We will work with Local Area Committees, people and businesses and use the information that we gather to inform and shape our services and interventions.

2. Providing information and inspiration

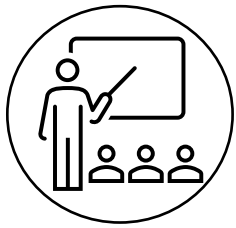
- We will improve the information and signposting that we make available to people and businesses to information through our website, social media and services.
- We will showcase the progress that businesses and individuals are already making to inspire action.
- We will provide business advisers and other key officers with relevant climate awareness training.

3. Maximising the funding available to businesses and individuals in the city

- We will lever in funding to support projects, such as the £2.3m ERDF Low Carbon Business Support project which provides free audits and grants for SMEs across South Yorkshire and the £3m Local Area Delivery Funding which allows us to directly deliver energy improvements to the housing of people on low incomes.
- We will publicise government and other funding opportunities to maximise take-up.

4. Finding ways to make it easier for people to take the action that is needed

- We will continue to deliver our highly successful electric van trial, roll out an electric taxi trial and explore the potential for other similar interventions that reduce risk and increase confidence to act.
- We will explore options to fast track planning applications for developments with the highest energy efficiency standards and other incentives to make it easier to do the right thing.



8 We will work to build the skills and economy we need for the future

The transition to a net zero future provides an opportunity for us to create an economy which is fairer and more sustainable. We already have a strong baseline level of “green jobs” in the city, and innovative businesses at the leading edge of the technology needed to create a sustainable economy for Britain, and this presents an opportunity.

It also presents us with a challenge to plan ahead, and to work with schools, employers and skills providers so that our businesses and people can adapt and thrive in a fast-changing world where some jobs and business models and processes will become obsolete within the next decade, whilst others will increase in demand.

It is crucial that young people have the skills and education that they need both to be citizens of the future and that careers advice and guidance and curricula take into account the changing world and economy.

At the same time, we also need our local businesses, industry and workforce to have the skills and capacity required for the scale and pace of change needed for us to decarbonise our homes and buildings, and our transport systems.

We need the work that is carried out to be of a high quality and using the most modern methods, materials and techniques to the standard that we need to prevent problems or the need for further work and cost further down the line.

Skills funding and the apprenticeship system is not currently designed in a way that encourages skills providers or employers to invest in skills that will be needed at scale in the near future rather than for getting people into work now. Giving employers and skills providers the reassurance that demand is not only coming but already here, stimulating demand further and matching it with growing capacity in skills and supply chains will be an ongoing challenge.

1. Stimulating and celebrating Sheffield’s low carbon economy

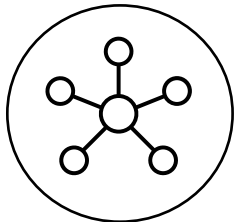
- Ensure that we understand the potential for green job creation and jobs at risk in Sheffield, as well as the skills gap in provision of carbon reduction products and services in the City.
- Increase awareness of the increasingly high levels of demand for retrofit services to increase interest in skills development and provision, as well as further stimulating demand.

2. Building skills to deliver the transition

- Work with the South Yorkshire Mayoral Combined Authority, businesses and industry to increase the provision of low carbon skills.
- Explore how we can work with the existing green sector and training providers to increase and expand relevant skills.
- Use our procurement of carbon reduction and wider activity to support the development of low carbon skills and economy locally.

3. Educating children, young people and communities

- The Education Service are working with Learn Sheffield, schools and other private and community sector partners to develop an offer for young people’s climate education.



9 We will work to ensure we have the planning and infrastructure we need for the future

The infrastructure that underpins how our city works will be vital to our success, from the layout of roads and cycle paths and the capability of our electrical infrastructure, to the way we design our city, and including the digital infrastructure that will allow many people to work remotely and travel less.

Sheffield is at a pivotal point as we develop our new local plan which will be central to planning policy for 20 years once it comes into force. It is crucial to make the plan as ambitious as it can be, and that it is futureproofed.

Sheffield introduced one of the first district energy networks in the country over 25 years ago, fuelled by the city's residual waste. More recently, district heating is increasingly recognised as having the potential to play a large part in the decarbonisation of the city's heating, and there is the potential to explore new and innovative ways to source its energy, its expansion to serve an increased number of both residential and commercial properties, and work is underway to explore options for investment to secure its future.

As heating and transport is increasingly electrified, and increasing levels of renewable energy are fed into the grid, the electrical infrastructure which we take for granted will have to cope with levels and variability of demand and supply that it was not designed to manage. The electricity grid system in Sheffield, as elsewhere, will need to be fit for the future and we have a role to work with Northern Power Grid to influence this.

1. Using the planning system to support our ambitions

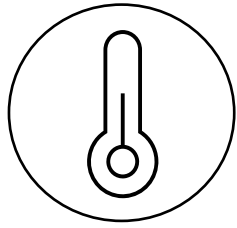
- Develop a new Local Plan that is future-proofed and supports our ambitions to transition to a zero carbon economy by 2030.
- Explore what sustainable neighbourhoods might look like.
- Develop and apply interim revised supplementary planning guidance on renewable and low carbon energy to apply before the Local Plan is adopted.
- Explore the potential for a compulsory carbon offsetting scheme in circumstances when on site abatement is not possible.

2. Ensuring our energy infrastructure is fit for purpose

- Work with partners to explore opportunities for the expansion and decarbonisation of existing heat networks, including through the identification of heat network zones, initially through participation in BEIS' Heat Network Zoning Pilot Programme.
- Further explore options for investment in the District Energy Network.
- Continue to work with Northern Power Grid to ensure that Sheffield's electricity infrastructure is capable of supporting our net zero goals and to ensure that investment is made to enable this.
- Work with Cadent to explore opportunities to decarbonise the gas grid.

3. Investing in our transport infrastructure

- We are delivering a £50+ million programme of active travel and public transport improvements across the city through our Transforming Cities Funding, to enable people to get around the city using low carbon, sustainable and inclusive ways of travelling.



10 We will prepare the city to adapt for a changing climate

We know that even our best efforts in Sheffield and globally can only limit climate change. Whilst every fraction of a degree temperature increase that can be avoided matters, we also need to prepare our city for a changing climate. Extreme weather events will become increasingly common, particularly flooding, extreme heat and wild fires. These will impact on our health and wellbeing and way of life, on service demands and on our economy.

We will need to have a full understanding of which areas are at risk so that we can plan appropriately. Buildings for the future will need to increasingly incorporate features such as green walls, green roofs and, in flood prone areas, buildings that are raised off the ground to withstand flooding. We already have examples of all these interventions, and Sheffield has been at the forefront of green roof development in the UK.

Through the City's Flood Programme we have invested more than £25m in flood risk reduction since the devastating floods of 2007 directly protecting over 500 businesses and approx. 350 homes. £15m of schemes are now in delivery and development to protect a further 100 homes and over 150 more businesses. Between now and 2027 more than £50m of further investment is planned across the Sheaf, Porter and Blackburn Brook to protect 750 homes and over 500 businesses.

We already focus a lot of our resilience work on nature-based solutions to flood prevention, including the Grey to Green programme of Sustainable Urban Drainage, moorland restoration and natural flood management. We are looking at ways of working with partners and landowners to expand this work using learning from current projects such as our trial of natural flood management approaches in the Limb Brook Valley with Sheffield and Rotherham Wildlife.

1. Develop our understanding of the impacts of climate change on our city, and on the people who live and work here.

- Commission work to increase our understanding of the impact of climate change on Sheffield's residents in the coming years.

2. Create a resilience plan for the city

- Work with city partners to develop a plan setting out how we can work together to thrive in a changing climate. This will include forward planning, preparing our people and businesses and emergency planning.

3. Future-proofing our city

- Use the opportunity of the development of the Local Plan to futureproof our planning framework.
- Invest in flood risk reduction measures to better protect existing property and infrastructure and to enable resilient investment.
- Identify and look for funding to deliver interventions to mitigate the impacts of climate change.

4. Supporting our people and businesses to adapt

- Our Flood Programme includes providing flood resilience guidance for people and businesses.

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10 Point Plan for climate action

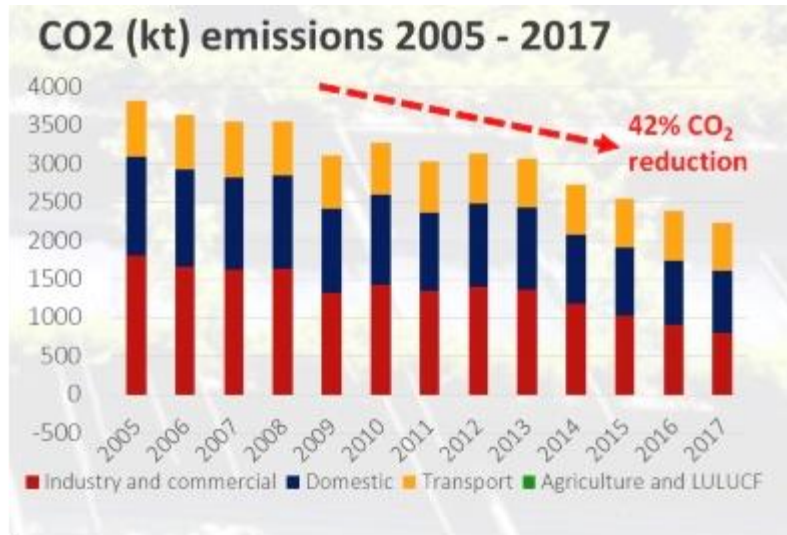
A summary of our evidenced ambition



The impact of our city on the climate

The Pathways to Decarbonisation report, commissioned in 2020, gives us a detailed understanding of Sheffield's greenhouse gas emissions. The report means that we fully understand where our emissions come from and how they have changed since 2005.

Page 694

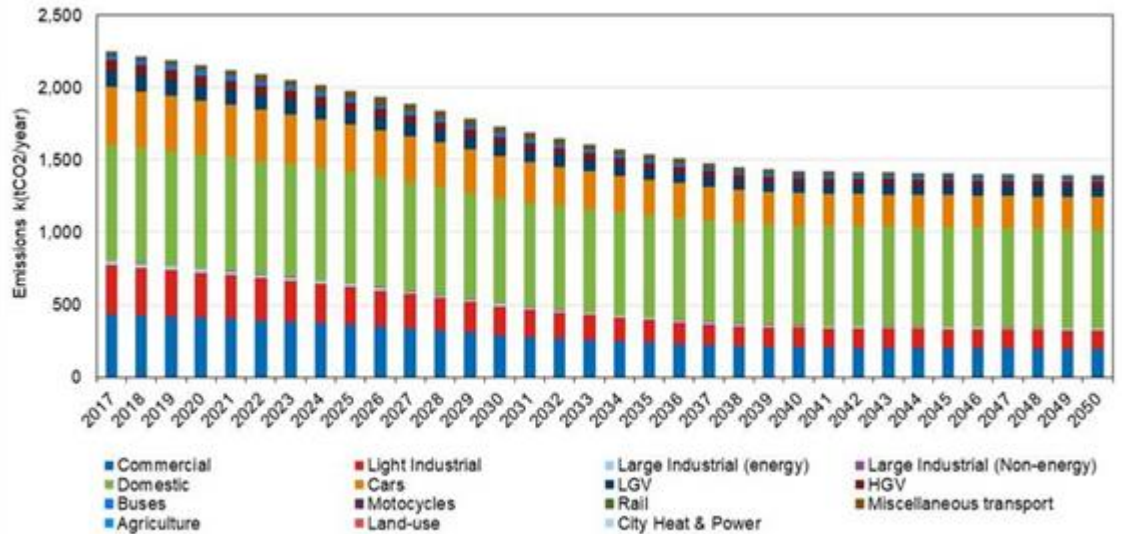


It can be seen here that there has been a 42% reduction in carbon emissions since 2005 across the key emissions sectors of industry and commercial, domestic, transport and agriculture and Land Use Land Use Change and Forestry (LULUCF). Much of the reduction in Sheffield and elsewhere is the result of electricity decarbonising, changes of fuel industry, improvements in technology and energy efficiency of appliances and machinery. Emissions from our transport remain little changed from 2005. This is the case in most cities across the country.

In practical terms, this means that whilst there has been progress, and some of this has

been the result of local action, the vast majority of the “easy” reductions have already been achieved.

Our analysis also shows us what our emissions might look like if we implement all current national and local policy changes.



It is clear here that, based on the current situation, our city's emissions would still not even be halved by 2050. Business and industry reduce significantly over time, although still nowhere near enough, but the emissions produced by our homes and by transport change relatively little (despite the forecast including any new homes being built to the planned Future Homes Standard and the proposed ban on new diesel and petrol vehicles).

Our focus as a city needs to be particularly on reducing emissions from our homes, from the way we travel, from our business and commercial sectors and from our land



The impact of our city on the climate

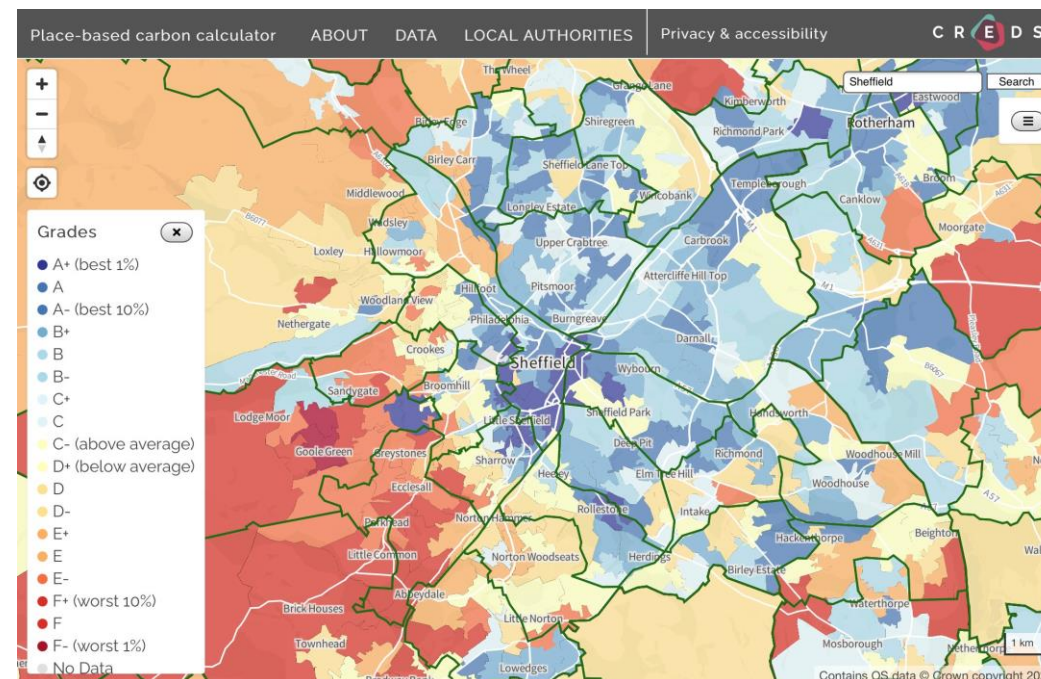
The Pathways to Decarbonisation work covers what is known as Scope 1 and 2 emissions, which are the emissions related to the energy that we generate or use directly, but doesn't include what are called Scope 3 emissions which include the emissions generated from the things we consume, the waste we generate and non-local travel including flights. Researchers at the Centre for Research into Energy Demand Solutions (CREDS) have developed a [place based carbon calculator](#) which gives a total carbon footprint for local authorities and political wards, including some of these aspects and we can see a more rounded picture of Sheffield's carbon footprint through this.

The council has less direct influence in addressing these emissions, but we take very seriously our role to communicate, convene and support individuals and businesses to act.

Using this analysis, we can also see that the emissions that we produce are not spread equally across the city. There is a clear and direct correlation between carbon emissions and affluence and disposable income, and particularly how that disposable income is spent. Someone who flies regularly and drives a large diesel or petrol fuelled vehicle and lives in a large and uninsulated house will produce many more carbon emissions than someone who lives in a small home, travels largely by bus, walking or cycling and takes holidays in the UK or travelling by train.

Our role as a council is to reduce our own emissions and to do what we can to enable change across the city. This includes providing information and making the actions that will benefit our city easier to make. Beyond this, each of us as individuals has our own choices to make about how we act.

Page 695





The impact of the climate crisis on Sheffield

From Covid to the climate crisis

We have experienced, and are still experiencing, what the impact of a global crisis can do to our city. Covid 19 has been a very acute crisis which came seemingly out of the blue to many of us, but has been a present danger to our public health teams, and something that we prepared for. This preparation has been vital to enable us to react quickly, and we have pulled together as a council and as a city to minimise the impact. This has meant acting swiftly to make previously unimaginable changes, working in different ways and building new relationships. These responses will help us to conquer the next battle that we face.

The climate crisis can feel more distant, but its impact is predicted to outweigh that of covid. It is a gradual crisis, which makes it harder to recognise, accept and respond to. This means it would be easy to wait until it is too late to act. **We need to act now to help keep climate changes to a minimum, as well as to adapt to the inevitable changes.**

The UK, and the rest of the world, is currently not on target to keep the temperature change to 1.5°C. We need to do our part to minimise the increase. However, Sheffield will still experience increasing impacts of climate change.

The changes in climate will have impacts across many aspects of our lives in Sheffield including:

- Wetter winters and more intense rainfall events throughout the year may result in higher risks of flooding. This may result in a high amount of surface water, exceeding the capacity of drainage systems, and leading to more frequent and severe localised flash flooding
- Warmer and drier summers may affect quantity and quality of food and water supply, as well as damage to buildings and infrastructure

- Changing climate will hugely impact the natural ecosystems and biodiversity.
- Energy demand is set to increase with population rise, therefore as fossil fuels are a finite resource, they will slowly become diminished, unless we see a drastic shift to renewable energy and increased energy efficiency. This is likely to create price increases.

These changes have will impacts for people and businesses including:

- An increase in heat related illnesses and reduced wellbeing during extreme weather, as well as loss of life,
- Increased costs for food, utilities and other goods and services, including increases in insurance premiums and from damage to homes and property,
- Costs to business of disruption in trading, lower worker productivity and reduced customer numbers during extreme weather periods.
- As with Covid 19, those already living in poverty or in deprived communities will be most affected.

These impacts will be very significant for the city. Residents, communities and businesses will need to adapt and respond to a changing climate. However, many of the actions that we take to reduce our emissions will also have the benefit of mitigating the impacts:

- Ensuring our buildings are well insulated will protect people from increases in summer heat
- Generating our own renewable energy can protect us from energy shortages and increases in energy costs,
- Reducing petrol and diesel fuelled vehicles will improve air quality and make breathing easier, particularly in hot conditions; and
- Growing more of our own food locally and sustainably will protect us from shortages and price increases.



The way we travel

Where we are now

In 2017 the emissions from the transport sector contributed 642 ktCO₂ to our city's emissions – 26% . Almost two-thirds of these emissions are from cars and over a quarter from light and heavy goods vehicles (LGVs and HGVs). 60% of people journeys are made by car, and around 40% of our car trips are less than 1km in distance (a 10 to 12 minute walk). Long term public transport decline has been exacerbated by Covid.

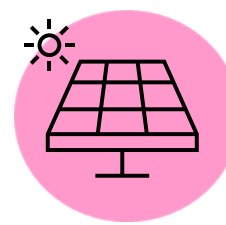
In 2019, 98% of the vehicles in the city were either diesel or petrol, with the vast majority of these being diesel. Around 2% of our vehicles are electric, with none of our buses being electric, and 75 public electric vehicle (EV) chargers exist around the city.

The way we travel does not just contribute to our carbon emissions. Air pollution contributes to 500 deaths a year causing strokes, lung cancer and cardiovascular disease. The biggest cause of pollution is transport, especially diesel vehicles.

What needs to change

Our analysis shows that:

- Car use needs to reduce by 66% by 2030.
- We need to use our planning powers and have both physical and digital infrastructure and inclusion levels that create a city which reduces reliance on cars and on travel. Sheffield should aim to have 80% of journeys made by public transport, cycling and walking by 2030.
- All vehicles will need to be decarbonised, switching to electric or hydrogen.
- We need to consolidate freight to reduce the journeys making deliveries.
- Working with partners, particularly the South Yorkshire MCA will be crucial.



Energy generation and storage

Where we are now

Sheffield generates more renewable energy than other comparable cities, but has relatively low levels of solar, wind and hydroelectricity.

Approximately 151GWh of energy is currently generated from the city's biomass and energy from waste heating schemes (Sheffield's waste incinerator), an estimated 21GWh is generation from, largely solar installations by homes and businesses.

Our universities are at the forefront of renewable energy technology, and their progress means that even without subsidies, payback times for renewable energy are dropping.

What needs to change

Our analysis shows that:

- Fossil fuel heating systems will need to be replaced, either through connecting to low carbon heat networks or installing individual heat pumps
- Approximately 23,000 buildings should be connected to new heat networks
- Although hydrogen may play a significant role in heat decarbonisation, it is unlikely to be a viable wide-spread option before the 2030 target
- There is the potential to generate 518GWh of solar energy across 53,000 buildings, with a further 10% of domestic properties will be suitable for producing heat from solar power, generating around 39GWh of energy.
- Land in the city could generate over 750GWh of energy.

Increasing renewable energy, particularly community owned energy generation, can reduce fuel bills and keep money in the local economy.



Our Council

Where we are now

Sheffield City Council produces approximately 7% of the city's emissions, the large majority (almost 90%) of which come from our 38,000 homes (we own around 16% of the total number of homes in the city). We own over 4,000 land and property assets including our operational buildings, but also community buildings, industrial and retail units, agricultural land, allotments, and development sites, and in total own 5% of the land in the city. Many of our non-domestic buildings are not only inefficient in energy, but in a poor state of repair, and the maintenance and improvements bill already far outstrips the funding we have available. Improving the energy of our homes and buildings will be one of the biggest challenges that we face.

Around 3% of our annual emissions come from our own vehicles, with significant additional emissions coming from the vehicles that are owned by employees and driven during their work. Our current fleet replacement strategy aims to replace vehicles with electric or hydrogen where possible.

Our street lighting makes up around 3% of our emissions. As we have rolled out LED lighting, this is relatively low emission compared with much street lighting around the country.

What needs to change

Our analysis shows that:

- Our buildings will need to be upgraded with high standards of insulation, low energy and electrical appliances and heat pumps and heating and smart heating controls.
- We will need to replace our fleet with electric or hydrogen fuelled vehicles and reduce mileage
- We will need to increase our renewable energy generation
- We will need to increase the amount of trees and naturalistic management on our land



Our homes

Where we are now

Our city's homes are responsible for 33% of the city's direct and indirect carbon emissions. As a city, our homes are not energy efficient or fit for the climate that we will face in the coming years. In 2019 17.5% of our people were living in fuel poverty, and fuel prices are rising, and national research has shown that 20% of people living in rented homes experience negative physical and mental health due to cold and damp homes. 61% of the homes in the city are currently below EPC C.

Homes at levels F and G can currently not be legally rented out, with proposals from Government to increase this to EPC level C by the middle of the decade. Gas boilers are being phased out nationally, and gas prices are likely to increase further as more homes switch to electric.

What needs to change

Our analysis shows that:

- All new homes should be built to a zero carbon standard.
- All existing homes should be upgraded to as high a level as possible. This means that around 230,000 homes in the city will need upgrading with high standards of insulation, low energy and electrical appliances (including cookers) and heating and smart heating controls. Heating will need to be provided by heat pumps and increased connections to the district heating network.

A conservative capital only cost of upgrading the city's homes is estimated to be between £2bn and £5bn, or between £8,700 and £21,700 per home, although some of this will have short payback times. Increasing the energy efficiency of homes from D to B should save the average household around £500 per year, and improve living conditions, health and house values.



Our businesses and industries

Where we are now

Our analysis shows that in 2017 the emissions from the commercial and industry sector contributed 801ktCO₂, equivalent to 35% of Sheffield's emissions. Our analysis considered buildings and transport within Sheffield and found that energy used by businesses within commercial buildings accounted for 54% of these emissions, whilst that in industrial buildings accounted for 46%. 92% of EPCs for non-domestic buildings in the city are below level B, with 57% at D or below.

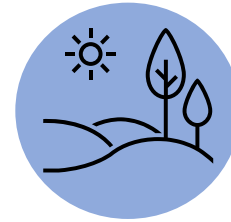
Within emissions from transport, light and heavy goods vehicles contribute approximately 184ktCO₂.

Some sectors are already making good progress, supported by innovation challenges and government funding, but the majority of the sector's emissions will come from SMEs based in retail, offices and workshops.

What needs to change

Business and industry will need to increase the energy efficiency of their processes, and materials will need to become more sustainable. The way that businesses travel and deliver their products will also need to decarbonise. Buildings will need improved insulation and more efficient appliances, as well as decarbonising heat including through increasing connections to the district heat network and the installation of heat pumps. There will be a need for new skills and new jobs, and opportunities for growth.

These changes are not unique to Sheffield. Investors and customers are increasingly looking for businesses to be able to demonstrate that they are working to improve their impact on the environment and the climate, and businesses that are taking action to reduce their emissions often see reductions in their costs and wastage. This trend is likely to continue and escalate in the coming years.



How we use our land

Where we are now

Sheffield is proud of being one of the most densely wooded cities in the country with over 18% tree canopy coverage across the city compared with 16% nationally. The city's trees, green spaces and moorland sequestered 21 ktCO₂ in 2017, an increase of 1kt since 2005.

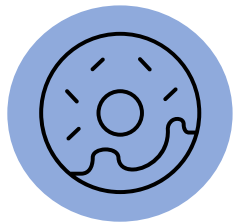
Emissions from our land are relatively small, but there are localised areas of high methane emissions in the rural areas of the city.

What needs to change

Carbon sequestration from land use generally takes time for plants and trees to mature, but our analysis suggests that a doubling of carbon sequestration may be achievable over time. The amount of carbon sequestered through land use is relatively small numerically – only 2.5% of the city's annual emissions - and action to increase this can realistically only have a small impact on our emissions.

However, protecting and improving our natural environment has a vast range of other benefits, enabling the city to adapt to climate change (including reducing flooding and reducing the risk of extreme heat, particularly in our built environment). In addition, our approach to our land use has impacts on biodiversity, on the health and wellbeing of our people and on the desirability of the city as a place to live and do business.

Our analysis suggests that doubling carbon sequestration could require an increase of around 4 million trees through planting or rewilding, and landscape scale peatland restoration.



What we own, eat and throw away

What we own

The things that we buy and own, and the way we spend our leisure time, all has an impact on our emissions. For some of us, these emissions can be our most significant. We each have our own choices to make about the way we live our lives and how we spend our money, but there is an increasing recognition that reducing our consumption, and in particular the consumption of single use items, will be needed to reduce our carbon emissions.

The food we eat

The food and drink that we consume every day contributes a large percentage of our personal carbon footprints and is one of the easiest and cheapest ways that we can personally make a difference (particularly by reducing the amount of meat and dairy, particularly red meat, that we eat, the food we waste and how we cook). The way our food is grown and reaches our plate (so the amount of processing, packaging, the distance it travels) also makes a significant impact.

As much of an issue is the food that we don't eat. Food is wasted at every stage of the system – with 68kg of food wasted at home per person each year. At the same time, there are large numbers of people in our city who go hungry.

What needs to change

It is not the role of the council to tell people what they should buy or eat, but it is widely accepted that we need to change the way we eat and consume. Changing our diets to include more plant based foods can be much healthier and cheaper, and buying less and more sustainable products can save us money, as can growing our own food.

There is a growing industry of sustainable food, with Sheffield's Institute for Sustainable Food at the forefront of technology, and growing more of our food locally using nature friendly methods can increase our food security as well as reducing emissions.

Our waste

Sheffield has one of the lowest rates of waste going to landfill in the country (less than 1%) as our waste fuels our district heating system, generating heat for many of our public buildings, businesses and homes. We had one of the first district heating systems in the country, and district heating is one of the ways that can help us to reduce our carbon emissions.

However, we know that we can still retain more value from the waste that we generate, including minimising the amount of waste we create in the first instance, but also through reuse and recycling, where the materials are used again. This reduces the need for new material extraction and manufacturing processes which can be hugely resource intensive.

What needs to change

- The Environment Bill, with new waste prevention, extended producer responsibility, deposit return scheme and consistency in collection measures, will mean that producers of waste will be incentivised to make more easily recycled materials, and local authorities will collect the same materials for recycling (including food waste).
- We will need to modernise our household waste facilities to make it easier for people and businesses to do what is needed.
- We will work with Veolia explore ways to further decarbonise the Waste Recovery Facility

Equality Impact Assessment – Ref 1066

Introductory Information

Budget/Project name

10 Point Plan for Climate Action

Proposal type

- Budget
- **Project**

Decision Type

- Co-operative Executive
- Cabinet Committee (e.g. Cabinet Highways Committee)
- Leader
- Individual Cabinet Member
- Executive Director/Director
- Officer Decisions (Non-Key)
- Council (e.g. Budget and Housing Revenue Account)
- Regulatory Committees (e.g. Licensing Committee)

Lead Cabinet Member

Cllr Douglas Johnson

Entered on Q Tier

- Yes
- No

Year(s)

- | | | | | | | | |
|---------|---------|---------|---------|---------|---------|---------|---------|
| ▪ 14/15 | ▪ 15/16 | ▪ 16/17 | ▪ 17/18 | ▪ 18/19 | ▪ 19/20 | ▪ 20/21 | ▪ 21/22 |
|---------|---------|---------|---------|---------|---------|---------|---------|

EIA date

17/11/2021

EIA Lead

- | | |
|----------------------|-------------------|
| ▪ Adele Robinson | ▪ Ed Sexton |
| ▪ Annemarie Johnston | ▪ Louise Nunn |
| ▪ Bashir Khan | ▪ Michelle Hawley |
| ▪ Beth Storm | ▪ James Henderson |
| ▪ Diane Owens | |

Person filling in this EIA form

Victoria Penman

Lead officer

Mick Crofts

Lead Corporate Plan priority

- | | | | | |
|----------------------------|------------------|---|-------------------------------|-------------------------|
| ▪ An In-Touch Organisation | ▪ Strong Economy | ▪ Thriving Neighbourhoods and Communities | ▪ Better Health and Wellbeing | ▪ Tackling Inequalities |
|----------------------------|------------------|---|-------------------------------|-------------------------|

Portfolio, Service and Team

Cross-Portfolio

- Yes
- No

Portfolio

Place

Is the EIA joint with another organisation (eg NHS)?

- No

Brief aim(s) of the proposal and the outcome(s) you want to achieve

The proposal sets a framework for action on climate change and identifies short terms actions taken to accelerate progress on reducing net carbon emissions across the City.

Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these – positives will be part of any mitigation. The action plan should detail any mitigation.

Overview

Briefly describe how the proposal helps to meet the Public Sector Duty outlined above

The climate emergency is causing dramatic and long term climate change, the impacts of which will impact on everyone in the city and globally. There is established evidence that the impacts of climate change will be felt more acutely by those in protected groups, for example older people and others vulnerable to extreme heat, and people who are living in poverty or in poorly insulated housing. The economy and society are also transitioning to net zero independently of the Council's activity which will widen inequalities if the Council does not act to ensure that those who would otherwise find it difficult to adapt are supported to do so. The plan commits to supporting a just transition to a net zero carbon future, with fairness and equality at its heart. The plan is a framework for climate action and whilst there are a number of new commitments, as delivery plans and additional actions are developed, these will each require their own equality impact assessment.

Impacts

Proposal has an impact on

▪ Health Y	▪ Transgender N
▪ Age Y	▪ Carers Y
▪ Disability Y	▪ Voluntary/Community & Faith Sectors Y
▪ Pregnancy/Maternity Y	▪ Cohesion Y
▪ Race Y	▪ Partners Y

▪ Religion/Belief N	▪ Poverty & Financial Inclusion Y
▪ Sex Y	▪ Armed Forces N
▪ Sexual Orientation N	▪ Other

Give details in sections below.

Health

Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?

▪ **Yes** ▪ No *if Yes, complete section below*

Staff

▪ **Yes** ▪ No

Impact

▪ **Positive** ▪ Neutral ▪ Negative

Level

▪ None Low ▪ Medium ▪ High

Details of impact

Levels of concern about climate crisis are high and the majority of people want to act(A1). The plan will establish that reducing emissions because part of business as usual and so more people will be enabled to take action within their work life. The Council will also escalate the activity that it takes as an employer, for example providing relevant learning and development and making active travel and less polluting transport easier for employees.

Customers

▪ **Yes** ▪ No

Impact

▪ Positive ▪ Neutral ▪ Negative

Level

▪ None ▪ Low ▪ **Medium** ▪ High

Details of impact

By reducing carbon emissions, the plan aims to have the overall effect of limiting climate change which is identified as a health emergency(A2). Interventions will be assessed individually where potential health implications are likely, but are anticipated to be positive as action taken to reduce carbon emissions also improves determinants of health such as living conditions, air quality and opportunities for active travel and so health outcomes (A3).

There is a significant amount of evidence that climate change will have a negative impact on physical, health, mental health and wellbeing, and will widen inequalities. The World Health Organisation has called the health impacts of climate change 'The Significant Seven':

1. Heat-related illnesses and deaths: Excessive heat exposure increases mortality from cardiovascular disease, stroke, respiratory conditions and all-cause mortality. It is projected that heat related deaths will triple by 2050
2. Air quality and aeroallergens : Long-term exposure to air pollution is associated with cardiovascular and respiratory diseases, including lung cancer. In the short term, it can exacerbate asthma
3. Flooding related illness and displacement: as well as injury and infection, the effect of flooding on mental health is a considerable part of the overall health burden (2–5 times higher in flood victims), persisting for months or years after the event

4. Health and social care delivery affected by extreme weather: Flooding, storms and wildfires are set to become more common thereby affecting critical infrastructure (e.g. water supply, electricity, hospital services).

5. Vector-borne pathogens/food-borne disease cases: Warmer temperatures could result in non-native mosquitoes establishing in some areas in the UK, which could increase the risk of West Nile virus, dengue fever, chikungunya and Zika virus. Milder springs and winters will increase activity of native ticks and allow non-native ticks to survive, increasing risk of Lyme disease. An increase in zoonoses also increases the risk of another pandemic.

6. UV exposure, skin cancer: Malignant melanoma, a type of skin cancer, has increased by 78% among males and 48% among females from 2003 to 2012. This is now the fifth most common cancer in England and is set to continue rising as people will spend more time outdoors due to warmer weather

7. Worsening of health inequalities: issues here are described in the rest of the EIA. Increased fuel and food prices, reduced access to heating, cooling, insurance, and green spaces are just examples of how health inequalities can be exacerbated.

The 10 point plan for Climate Action should have a positive impact on the first six of the seven. It will have a positive impact on health inequalities only if we manage to focus on justice and fairness (principle one of the 10 point plan) as we implement actions. The health impacts on people in Sheffield arising from delivery of the 10 point plan need to be considered in more detail via specific health impact assessments for each programme of work.

Comprehensive Health Impact Assessment being completed

No

Please attach health impact assessment as a supporting document below.

Public Health Leads has signed off the health impact(s) of this EIA

Yes No

Health Lead

Susan Hird

Age

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Customers

Yes No

Impact

Positive Neutral Negative

Level

- None
- **Low**
- Medium
- High

Details of impact

Climate change (generally) affects people of different ages in different ways. Younger people, especially the very young, experience high levels of climate anxiety(B1). Taking action on climate change will be important for safeguarding the current wellbeing and future rights of younger people. Having appropriate skills for the future economy will be particularly important for those who are starting in employment and will continue to work for many years to come.

For older people, the impacts of climate change, including increased extreme heat, is likely to increase vulnerability to ill health(B2). Without intervention, some older people may find it harder to adapt to the changes that will be required, for example for transitioning to modern and low carbon heating systems, or to take advantage of the support that exists. At the same time, given the support to be part of the transition and to take positive action is likely to be positive to their health

Both younger and older people are more affected by air pollution, and so will benefit from climate change mitigation policies that improve air quality, particularly the decarbonisation of transport and reducing the number of vehicle journeys(B3)

There is some concern that the transition which we are experiencing (and which is, to a large degree, outside the Council’s control) could leave older people behind or to impact negatively on them. The most frequently cited example of this is that poorly designed transport interventions may have a negative impact on older people to a greater extent than younger people due to their sometimes having fewer transport options and a higher incidence of mobility issues. This said, improving public transport and active travel, and making neighbourhoods more liveable, is often very positive for older people. These improvements can increase the potential for social interaction and physical activity leading to better health(B4).

It will be important to ensure that individual interventions are designed with older people in mind. It will be important that individual interventions seek to have positive impacts for older people, and the overriding principle of social justice and fairness within the framework will protect older people, but in some cases a temporary negative outcome may be the price of long term improvements in outcomes from specific projects or from the combined impact of climate action.

Disability

Staff

- Yes
- **No**

Impact

- Positive
- Neutral
- Negative

Level

- None
- Low
- Medium
- High

Details of impact

Citizens

- **Yes**
- No

Impact

- **Positive**
- Neutral
- Negative

Level

- None
- **Low**
- Medium
- High

Details of impact

For some disabled people, the impacts of climate change, including increased extreme heat, may increase vulnerability to ill health(D1). Climate anxiety is a recognised health condition and increasingly forming part of long term mental health conditions such as OCD. In Sheffield, disabled people disproportionately live in areas of the city which have fewer trees, lower levels of access to green space, higher levels of crime and worse air pollution, and have a higher than average incidence of poverty(D2).

Some disabled people will find it harder to adapt to the changes that will be required, for example for transitioning to modern and low carbon heating systems, or may be less able to access the support that exists unless it is designed with their needs in mind. At the same time, given the support to be part of the transition and to take positive action is likely to be positive to the health of these same people.

There is the potential for the transition which we are experiencing (and which is, to a large degree, outside the Council’s control) to leave some disabled people behind or to impact negatively on them. The most frequently cited example of this is that poorly designed transport interventions may have a negative impact on some people with mobility issues to a greater extent due to their having fewer transport options and experiencing greater challenges in moving about. This said, improving public transport and active travel, reducing the need to travel by improving digital services and making neighbourhoods more liveable, is often very positive for disabled people. These improvements can increase the potential for social interaction and physical activity leading to better health. The decarbonisation of transport will also lead to short and long term improvements in air quality which will particularly positively benefit the health of people with respiratory or cardiovascular conditions (D3).

It will be important to ensure that individual interventions are designed with disabled people in mind. It will be important that individual interventions seek to have positive impacts for disabled people, and the overriding principle of social justice and fairness within the framework will protect disabled people, but in some cases a temporary negative outcome may be the price of long term improvements in outcomes from specific projects or from the combined impact of climate action.

Actions within the plan that aim to both involve individuals in taking the action that is required, and to support individuals to act, may have a positive impact on reducing climate anxiety. It will be important that messaging is sensitively handled so that those already experiencing mental illness or other disabilities are not negatively impacted and that there is recognition that people will be able to act to reduce their emissions in different ways and to differing degrees.

Pregnancy/Maternity

Staff

- Yes
- **No**

Impact

- Positive
- Neutral
- Negative

Level

- None
- Low
- Medium
- High

Details of impact

[Empty box for impact details]

Citizens

- Yes
- No

Impact

- **Positive**
- Neutral
- Negative

Level

- None
- **Low**
- Medium
- High

Details of impact

Climate change is having negative impacts on pregnant women and on birth outcomes due to increased exposure to heat, and linked air quality issues (E1).

By acting on climate change, this plan aims to have overall positive impacts by playing the city’s part in reducing climate change. Actions both within the plan and in the delivery plans and ongoing actions that will be developed under the framework that it creates are likely to have positive benefits for pregnant women and for their babies by improving factors such as air quality as well as by creating opportunities for people to be involved in acting on climate change.

Race

Staff

- Yes
- **No**

Impact

- Positive
- Neutral
- Negative

Level

- None
- Low
- Medium
- High

Details of impact

[Empty box for impact details]

Citizens

- Yes
- No

Impact

- **Positive**
- Neutral
- Negative

Level

- None
- **Low**
- Medium
- High

Details of impact

Globally, Least Developed Countries are those most likely to be at risk from climate change (F1). Whilst the climate emergency will impact the whole world, people who have family and close ties in countries in the global south will be impacted early and this is likely to have both emotional and financial impact.

People from some ethnic minorities are likely to be disproportionately impacted by climate change for a variety of reasons. Pre-existing health inequalities mean that people from some ethnic minorities have worse health which is likely to be impacted negatively by the changing climate, particularly respiratory and cardio vascular disease and pregnancy outcomes (E1). In Sheffield, people from ethnic minorities disproportionately live in areas of the city which have fewer trees, lower levels of access to green space, higher levels of crime and worse air pollution, and have a higher than average incidence of poverty (F2). These factors increase the negative impacts of climate change, in particular excess heat, as the urban heat

island effect is felt more acutely where the natural environment is not able to provide a cooling effect (F3), high crime rates and poverty make it more difficult for people to effectively cool their properties through natural ventilation or air cooling, and air pollution has worse impacts on health when combined with heat.

By acting on climate change, this plan aims to have overall positive impacts by playing the city's part in reducing climate change. Actions both within the plan and in the delivery plans are particularly likely to have long term positive benefits for those people whose ethnicity means that they are at a disadvantage in terms of health. Individual impact assessments will need to be completed for individual projects taken following the acceptance of the broader framework.

Sex

Staff

Yes **No** **Impact**
 Positive Neutral Negative

Level

None Low Medium High

Details of impact

Citizens

Yes No **Impact**
 Positive Neutral Negative

Level

None **Low** Medium High

Details of impact

Women are slightly more likely than men to have extreme levels of worry about climate change (G1). The overall framework of activity should therefore be beneficial. Individual programmes are unlikely to have negative impacts for women but individual impact assessments will consider this in more detail. Some interventions are particularly likely to benefit women. For example women are less likely to drive cars than men, particularly older women (G2), and so will benefit disproportionately from improved access to public transport and interventions that protect and support people travelling other than by car. Women additionally are more likely to take responsibility for childcare and transportation of children, so interventions making independent travel easier for children reduce the childcare burden on women disproportionately (G3).

Voluntary/Community & Faith Sectors

Staff

Yes No **Impact**
 Positive Neutral Negative

Level

None Low Medium High

Details of impact

[Empty grey box for details of impact]

Customers

▪ **Yes** ▪ No

Impact

▪ Positive ▪ **Neutral** ▪ Negative

Level

▪ None ▪ **Low** ▪ Medium ▪ High

Details of impact

As climate change impacts increase, it is likely that demand for some VCF services may also increase if action is not taken appropriately. The Plan commits the Council to working with the wider city, including voluntary, community and faith groups, to reduce our carbon emissions. There will be no requirement for groups to work with the Council, but closer working and greater information sharing will hopefully provide positive benefits for both the Council and for VCF groups.

Cohesion

Staff

▪ **Yes** ▪ **No**

Impact

▪ Positive ▪ Neutral ▪ Negative

Level

▪ None ▪ Low ▪ Medium ▪ High

Details of impact

[Empty grey box for details of impact]

Citizens

▪ **Yes** ▪ No

Impact

▪ **Positive** ▪ Neutral ▪ Negative

Level

▪ None ▪ **Low** ▪ Medium ▪ High

Details of impact

The current and future implications of climate change on community cohesion are increasingly recognised. Factors include:

- increased levels of immigration as a result of migration due to climate related displacement and increased levels of war and conflict (H1),
- potential increased intergenerational discord due to perceived disparities in levels of concern about the climate and in disparities in carbon footprints and potential to act
- potential increased discord between other groups holding differing views on climate action. This may increase as time progresses or should activist groups take more direct action.

The Council taking action on the climate emergency should have an overall positive benefit on cohesion, but it will be important that the design of

interventions, and of communication in particular, takes into account the high levels of concern, and sometimes extremely opposing views, that the subject can give rise to.

Partners

Staff

▪ Yes ▪ **No**

Impact

▪ Positive ▪ Neutral ▪ Negative

Level

▪ None ▪ Low ▪ Medium ▪ High

Details of impact

Citizens

▪ **Yes** ▪ No

Impact

▪ Positive ▪ **Neutral** ▪ Negative

Level

▪ None ▪ **Low** ▪ Medium ▪ High

Details of impact

The Plan commits the Council to working with the wider city, including partner organisations, to reduce our carbon emissions. There will be no requirement for groups to work with the Council, but closer working and greater information sharing will hopefully provide positive benefits for both the Council and for partners.

Poverty & Financial Inclusion

Staff

▪ Yes ▪ **No**

Impact

▪ Positive ▪ Neutral ▪ Negative

Level

▪ None ▪ Low ▪ Medium ▪ High

Details of impact

Citizens

▪ **Yes** ▪ No

Impact

▪ **Positive** ▪ Neutral ▪ Negative

Level

- None
- Low
- **Medium**
- High

Details of impact

People living in poverty are likely to experience the impacts of climate change more acutely. As things currently stand, their homes are likely to be less well insulated, and so both more difficult to keep cool in extreme heat, and more expensive to heat as national changes are likely to increase fuel costs (I1) They will find it harder to adapt to some of the changes that will be required not by the council but through legislation and wider societal and economic change. For example, transitioning to modern and low carbon heating systems or electric vehicles will be required in the coming years, regardless of council action. These have a high initial financial outlay, particularly whilst there is a limited second hand electric vehicle market and it can be more difficult to own an electric vehicle (or an electric bicycle) if someone has no access to off street parking or to on street parking.

Many interventions that are contained within the plan or to be developed in future to address the climate emergency, will or can be designed to have a positive impact on people living in poverty. Existing actions to improve the insulation of homes focuses on people on low incomes and living in the least energy efficient homes and use government funding to fully fund improvements. Measures to encourage people on higher incomes to decarbonise their homes will also be important to encourage the uptake of government funding and maximise the reduction in carbon impact in the city. However, these measures are likely to be providing more information and making improvements easier rather than sourcing funding.

Improving public transport and active travel options will improve experiences for people who are unable to afford to run a car: the poorest households are much less likely to have access to a car as the richest (I2). Increasing community (or individual) renewable energy can protect people from fuel price increases (I3).

It will be important to ensure that individual interventions are designed with people living in poverty in mind. It will be important that individual interventions seek to have positive impacts for people living in poverty, and the overriding principle of social justice and fairness within the framework will protect them.

In some cases, a temporary negative outcome may be the price of long term improvements in outcomes from specific projects or from the combined impact of climate action. For example, in the short term it is likely that people with higher disposable incomes will have better access to electric vehicles, and this may temporarily lead to worsening inequalities as air quality potentially improves relatively faster in more affluent areas. However, faster uptake of electric vehicles amongst those who can afford to buy new will increase the availability of second-hand vehicles more quickly, as well as improving air quality across the city as a whole and so also benefiting people across the city, as pollution does not remain in a fixed location and travel across the city reduces in air quality impact.

It will be important that messaging is sensitively handled so that those not in a financial position to take particular actions do not feel guilt and that actions are emphasised which are achievable for all.

Cumulative Impact

Proposal has a cumulative impact

- Yes
- No

▪ Year on Year	▪ Across a Community of Identity/Interest
▪ Geographical Area	▪ Other

If yes, details of impact

The impacts of climate change will exacerbate year on year. It is increasingly accepted that delaying action on climate change will have additional costs in the long term. The current levels of grant funding available for early local authorities means that taking action sooner may be financially beneficial. It is likely that efforts to mitigate and adapt to climate change will increase in the coming years as the climate starts to change and the pace of change in national policy, society and the economy continues to progress.

The 10 Point Plan has strong links with other plans and strategies either already in place or in development, such as the Air Quality Strategy, Clean Air Zone and forthcoming Nature Recovery Strategy.

Proposal has geographical impact across Sheffield

- Yes
- No

If Yes, details of geographical impact across Sheffield

All geographies will be affected by interventions as a result of the plan. Impacts will differ and individual impact assessments will be developed for individual actions as they progress.

Local Partnership Area(s) impacted

- All
- Specific

If Specific, name of Local Partnership Area(s) impacted

All

Action Plan and Supporting Evidence

Action Plan

Individual Equality Impact Assessments and action plans will be developed for individual elements of the plan as they are developed.

Supporting Evidence (Please detail all your evidence used to support the EIA)

Health

A1 [Public concern about climate change and pollution doubles to a near-record level | Ipsos MORI](#), 2021

A2 [Greener NHS » Health and climate change \(england.nhs.uk\)](#), 2021

A3 [Health co-benefits of climate action \(who.int\)](#), 2021

Age

B1 Hickman et al (2021) [Climate anxiety in children and young people and their beliefs about government responses to climate change: a global survey](#), The Lancet B2 Covets, S et al (2015)

Climate change impact on health: LWEC impact report cards,

<https://nerc.ukri.org/research/partnerships/ncwec/report-cards/health-source09/>

B3 Cosford, Whitty and Exley (2018) [Health Matters: Air pollution – sources, impacts and actions - UK Health Security Agency \(blog.gov.uk\)](#)

B4 Cerin et al, (2017) [The neighbourhood physical environment and active travel in older adults: a systematic review and meta-analysis | International Journal of Behavioral Nutrition and Physical Activity | Full Text \(biomedcentral.com\)](#)

Disability

D1 [Heatwave-Advice for Health Professionals.pdf \(publishing.service.gov.uk\)](#)

D2 [Disabled People Community.pdf \(sheffield.gov.uk\)](#)

D3 [Pave the way: the impact of low traffic neighbourhoods on disabled people and the future of accessible active travel](#)

Pregnancy and maternity

E1 (2021) [RCOG, RCPCH and UKHACC call for urgent environmental action to protect the health of children, pregnant women and their babies](#), Royal College of Obstetrics and Child Health

Race

F1 Various, (2021 and others) [Global Climate Index, Germanwatch](#),

F2 Sheffield City Council (2015) [Sheffield Community Knowledge Profiles](#) and [UK Indices of Deprivation](#) (2019)

Sex

G1 Tiikkaja, H and Liimatainen, H (2021) [Car access and travel behaviour among men and women in car deficient households with children](#), Journal of Transportation Research Interdisciplinary Perspectives, Volume 10

G3 Bruntlett, M & Bruntlett, C (2021), *Curbing Traffic: the human case for fewer cars in our life*, Island Press.

Cohesion

H1 Parsons, L (2021), [Climate Migration in the UK](#), Journal of the British Academy 9 (3-26).

Poverty

I1 Climate Just [People on low incomes](#) (accessed 16/01/22)

I2 [How transport offers a route to better health - The Health Foundation](#)

I3 Community Energy England [Fuel Poverty and what the community energy sector is doing about it](#) (accessed 16/01/22)

Consultation

Consultation required

- Yes
- No

If consultation is not required please state why

The Plan is a non-statutory framework plan. Individual delivery plans and projects will involve consultation and engagement as appropriate. The plan draws on engagement with people and organisations at the Climate Summit which took place in March 2021, and this will also be incorporated into subsequent plans. A draft version of the plan was considered at the Climate Change, Inclusive Economy and Development Transitional Committee where comments and questions were also invited and received from over 50 individuals and organisations.

Are Staff who may be affected by these proposals aware of them

- Yes No

Are Customers who may be affected by these proposals aware of them

- Yes No

If you have said no to either please say why

As above, the Plan is a framework and individual delivery plans and projects which impact customers will be communicated as appropriate. There is an intention to increase the degree of engagement with customers who are affected in the development of interventions.

Summary of overall impact

Summary of overall impact

Overall this proposal should have a positive impact as it is widely recognised that climate change will have a more negative effect on everyone, but in particular people living in poverty, people with some long term health conditions and disabilities and/or people from ethnic minorities. Young people are also acutely impacted, both due to climate anxiety now, and by being more impacted by climate change throughout their lifetimes.

We are committed to ensuring that our action on the climate emergency is grounded in our values of promoting equality, diversity and inclusion for all. An Equality Impact Assessment has been undertaken alongside the creation of the plan to ensure that we fully consider the implications for all communities in Sheffield, and has shaped its development. The Assessment recommends that while many of the commitments will positively promote equality for protected groups, further engagement and consultation is required on the specific commitments made and careful consideration will be required as individual actions and delivery plans are developed. As decisions are made on the specific commitments, full Equality Impact Assessments will be prepared where appropriate. We will also ensure that we monitor the overall equality impact of this plan as it is delivered to ensure that it has a positive impact on everyone in the city and particularly on people and communities who share protected characteristics.

Summary of evidence

There are a wide variety of resources that support the case that the climate crisis will negatively impact people with a variety of protected characteristics, and the potential for climate change policy and action to either negatively or positively impact, depending on the design of intervention, for example the JRF analysis of climate change and social justice. In general, well-designed policies and interventions should have a positive impact on people with protected characteristics, whilst doing nothing in response to climate change and the social and economic changes that are already taking place as a result of the transition to a net zero society and economy will have a negative impact.

Changes made as a result of the EIA

The Plan provides a framework rather than individual interventions. The interventions developed following it should reflect this EIA, and the principle set out in the plan committing to social justice, as well as responding to EIAs on their specific proposals.

Escalation plan

Is there a high impact in any area?

- Yes
- No

Overall risk rating after any mitigations have been put in place

- High
- Medium
- Low
- None

Sign Off

EIAs must be agreed and signed off by the equality lead in your Portfolio or corporately. Has this been signed off?

- Yes
- No

Date agreed 7th March 2022

Review Date

07/03/2023

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Author/Lead Officer of Report:
Howard Varns, Senior Programme Manager.
Tel: 07970740516

Report of: Director of Legal & Governance
Report to: Cooperative Executive
Date of Decision: 16th March 2022
Subject: Stocksbridge Town Investment Plan Update

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? Councillor Paul Turpin, Executive Member for Inclusive Economy, Jobs and Skills.		
Which Scrutiny and Policy Development Committee does this relate to? Economic and Environmental Wellbeing Scrutiny Committee		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? 1160		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below: -		
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>		

Purpose of Report: The purpose of this report is to update the Co op Executive on the Stocksbridge Town Deal ahead of the submission of Business Cases to the Department for Levelling Up, which will trigger the drawdown of the £24.1m funding;

to seek approval to progress negotiations regarding the acquisition of the properties and all other interests needed to assemble the required development site and for the Co op Executive to in principle agree to the possibility that if the properties and interests cannot be acquired by negotiation then the Council as a

last resort will use the Council's Compulsory Purchase Order powers.

Recommendations:

Cabinet is recommended to:

- i. Note that the Council has been successful in being awarded in principle £24.1m from MHCLG and will shortly be submitted Business Cases to Government to draw down the allocated funding to deliver the investment programme.
- ii. Delegate authority to the Chief Property Officer in consultation with the Executive Member for Finance and Resources, the Executive Director of Resources and the Director of Legal and Governance to enter negotiations to acquire all property interests and for the Director of Legal and Governance to draft and complete all necessary legal documentation to complete these transactions.
- iii. Agree in principle to the possibility that should any of the properties or interests required to assemble the development site not be acquired by negotiation then the Council be able to use its Compulsory Purchase Order powers as a last resort.

Background Papers:

The following are available upon request.

Form 2 Cabinet Report, of 9th June 2021, Stocksbridge Town's Deal Update

Form 2a Director Non-Key Executive Decision Report, of 10th March 2021, Acceptance of a government grant offer from MHCLG of £24.1millions to work up a Town Investment Plan

Form 2a Director Non-Key Executive Decision Report, of 9th March 2021 Acceptance of a government grant offer from MHCLG of £40,0000 to work up the projects within the Stocksbridge Town Investment Plan

Form 2 Cabinet Report, of 7th December 2020, Stocksbridge Town Deal

Lead Officer to complete:-	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: Natalia Govorukina
	Legal: David Sellars
	Equalities: Annmarie Johnston
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	EMT member who approved submission: Mick Crofts

3	Cabinet Member consulted:	<i>Councillor Paul Turpin</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Gillian Duckworth	Job Title: Director of Legal & Governance
	Date: 1st March 2022	

1. PROPOSAL

1.1 Background

- 1.1.1 On 6 September 2019 the government invited 100 places in England to develop proposals for a Town Deal, forming part of the £3.6 billion Towns Fund announced by the Prime Minister in July 2019. Stocksbridge was one of the towns invited to bid.
- 1.1.2 The Towns Fund is seen by Government as a key element of their 'levelling up' agenda, focusing on some of the economic growth constraints that some towns face, harnessing local assets and engaging local businesses to drive the sustainable economic regeneration of towns to deliver long term economic and productivity growth through:
- Urban regeneration: Ensuring towns are thriving places for people to live and work, by: Increasing density in town centres; Strengthening local economic assets including local cultural assets; Site acquisition, preparation, remediation, and/or development; and making full use of planning tools to bring strategic direction and change.
- Skills and enterprise infrastructure: Driving private sector investment and small business development; and Ensuring towns have the space to support skills and small business development
- Connectivity: Developing local transport schemes that complement regional and national networks; and supporting the delivery of improved digital connectivity.
- 1.1.2 Following submission of the Town's Investment Plan, Stocksbridge received confirmation from Department for Levelling Up (DLU) on the 3rd of March 2021, that the Government will provide up to a total of £24.1 million from the Towns Fund. The 'Town Deal' for Stocksbridge will be used to re-set the economic trajectory for Stocksbridge, build on the many opportunities that the town presents and create a productive, prosperous and healthy future for local people.
- 1.1.3 Town Deals cover a period of up to five years and are an agreement between Government, the Lead Council (Sheffield City Council) and the Town Fund Board. This arrangement was confirmed locally in a Heads of Terms document signed by all parties in March 2021.
- 1.1.4 The Stocksbridge Towns Fund Board, made up of local business, community, and public sector representatives, came together to develop the Town Investment Plan (TIP) for submission in January 2021. The Board has played a critical role in project development and engagement with local resident and stakeholders.
- 1.1.5 The Council's role is that of Accountable Body for all funding associated with the Towns Fund and is responsible for putting in place appropriate arrangements to ensure projects are developed in accordance with the guidance and Council regulations. The Council is responsible for the

submission of Business Case summary documents which are targeted to be completed and submitted from May 2022 onwards.

1.1.6 In June 2021, a report to Cabinet outlined the approach the programme would take in securing the funding. This confirmed that the release of funding is subject to successfully completing detailed project design and development tasks, and then Business Cases which will demonstrate the feasibility, viability and value for money of each of the projects.

1.1.7 DLU then require submission of a Town Deal Summary Document, which includes:

- A list of agreed projects
- A summary document of each of the project business cases
- Details of business case assurance processes followed for each project
- An update on actions taken in relation to the Heads of Terms key conditions and requirements
- A Delivery Plan
- A Monitoring and Evaluation Plan
- Confirmation of funding arrangements and financial profiles for each project

1.1.8 This Submission deadline was initially 23rd March 2022 however Government have granted an extension to this deadline to allow projects to respond to feedback and changes made in response to community consultation, and to also allow for a period of greater cost analysis, and value engineering, if necessary, due to the extraordinary cost price inflation that is currently present in the wider UK economy.

1.1.9 The deadline for submission for all projects has been extended to 23rd August 2022 and once DLU is satisfied with the financial profile and Summary Documentation provided, funding will be released.

1.2 **Project and Business Case Development Progress**

1.2.1 The overarching vision set out in the TIP is *to make Stocksbridge strong, vibrant and fit for future generations and to ensure local people benefit from these changes through six strategic priorities:*

- *To create a vibrant and attractive town*
- *To develop a strengthened and diversified economy*
- *To provide enhanced learning opportunities*
- *To be a more accessible town*
- *To provide first class sport, leisure, cultural and community facilities*
- *To deliver clean growth”*

1.2.2 The Town Investment Fund sets out ten projects that will contribute towards achieving this vision:

- New Library and Community Hub
- Town Centre Placemaking

- Funicular Town Centre link
- Enhanced Cycling and Walking Trails
- Bus Improvements
- Post-16 Education Hub
- Stocksbridge Sports Hub Improvements
- Wellbeing Hydrotherapy Centre
- Oxley Park Phase 2
- Little Don River Enhancements

1.2.3 Throughout 2021, these projects have worked through a design and development process so the Town's Fund Board, and the Council, can understand their feasibility and viability, along with the delivery costs of each project. This development and testing process, and the subsequent consultation with the local community, has driven a number of changes to the package of projects originally envisaged. These are outlined at 1.2.5 – 1.2.7.

1.2.4 A key overarching factor has been the impact of the extraordinary levels of cost price inflation present in the wider economy. This has borne down heavily on the scope of a number of the projects and as a result, in some areas, meant scopes have been reduced, or value engineering solution have been sought, so projects can be delivered on budget.

1.2.5 *New Library and Community Hub* - The combination of an over ambitious vision, and inflationary impacts, have seen quite a radical change to the size and style of the new Library and Community Hub. Its footprint has been reduced significantly to bring the building's function and budget back into alignment. Positively, the opportunity to re-start the design development process has enabled a re-purposing option to be considered, utilising components of the buildings that are currently in situ. This has greatly assisted in terms of affordability and carbon neutrality. By re-purposing the foundations and frames of the existing buildings, the ability to achieve a far more carbon efficient scheme is greatly enhanced and this of great benefit to the development.

1.2.6 *Funicular* - A further change to the programme is the removal of the Funicular from the TIP. The complexities around engaging with Liberty Steel to secure the necessary land, and the general lack of community support for the initiative led the Town's Board to un-fund this project and reallocate its budgets to other parts of the programme. This has helpfully mitigated some of the inflationary cost pressures being experienced.

1.2.7 *Education and Skills Hub* - Initially it was envisaged that capital would be invested directly into Stocksbridge High School to establish a post-16 educational offer that the school would operate. This would provide a traditional 16 to 18 educational offer as well as adult learning opportunities. After detailed consideration, the school has concluded that they have concerns about the current demand for a 16 to 18-year-old offer and have confirmed to the Town's Fund that they will not

progress with this project. This has driven a change of focus in the provision of a facility to support adult educational and skills from within the new Library and Community Hub. Discussions are underway with Further Education (FE) providers and in-principle interest has been confirmed with a local college regarding delivering services in Stocksbridge.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 The Government envisages a coherent evidence-based submission and an approach which aims to ensure alignment across the key components of a strategy – often referred to as the “Golden Thread”. It should nevertheless address both the negative factors, such as market failure and impact of Covid, as well as exploit opportunities offered. It must link into other existing strategies – such as Local Plan or Regional Strategy.

2.2 We are committed to building a strong economy for Sheffield with thriving local neighbourhoods and communities across the city. The Towns Fund will support our commitments to tackle inequality in neighbourhoods across the city, working alongside local communities and businesses to regenerate our local centres and create new, sustainable jobs.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 The Stocksbridge Towns Fund public consultation ran throughout October 2021 and has been supplemented by a wide range of specific stakeholder meetings and communication events. The purpose of the consultation was to test the measures and projects in the TIP with the local community’s priorities for the town to ensure they were aligned, and that the development and impact of the Towns Fund projects were optimised and welcomed.

3.2 The consultation was led by the Town’s Fund Board and supported by Council Officers. It utilised surveying and community engagement sessions. The sessions were generally well attended and focussed on highlighting and explaining the purpose and delivery approach for each of the projects. The Towns Fund Board believes that the consultation and wider conversation with the community has been invaluable, and it has directly led to a several changes to project’s which it believes will contributed to optimising the programme’s impacts.

3.3 Each of the projects will consult further, either through the community-led process planned for late March 2021, or through the planning process where that is applicable. The Town’s Fund Board want to engage again with the local community to present changes and underline the fact that the projects have been adapted based on the community’s feedback.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 There are no significant positive or negative equality implications arising from the recommendations in this report. Accessing the funding should benefit all local people and should be positive for financial inclusion and health and well-being as it will create investment in the local economy and the potential for job creation.

4.1.2 Further equality impact assessments will be carried out during the preparation of the full business cases for individual projects to inform and guide final decisions. These assessments will identify any positive or negative impacts and if there are any potential negative impacts, what actions can be taken to mitigate these.

4.1.3 Any consultation will follow best practice guidelines to ensure that it is as inclusive and accessible as possible and aiming for good representation from the local community.

4.2 Financial and Commercial Implications

4.2.1 Sheffield City Council will act as Accountable Body for all expenditure associated with the Towns Fund and it will therefore ensure all activity complies with the Towns Fund guidance as well as SCC regulations.

4.2.2 To develop the necessary Outline Business Case, it was estimated that £1.5m of funding would be required. This funding would meet the costs of project development which include necessary site investigations, design, consultation, business case development and programme management. A request was made to Cabinet in June 2021 for the Council to provide the funding however this proved not necessary as Government agreed in July 2021 to provide 5% (£1.2m) of the total funding to the Council up-front to enable development works.

4.2.3 In addition to Towns Fund monies, the Council plans to submit a £1.8m funding bid to the Mayoral Combined Authority to secure funding to support the acquisitions of land associated with the programme. The Council now intends to enter negotiations with the appropriate landowners and secure the sites through negotiation, without the use of Compulsory Purchase Orders (CPO), however the option to utilise CPO power is still to be in principle an option if negotiations cannot be concluded. A further report would be brought to Co op Executive or other appropriate decision maker seeking a Compulsory Purchase Order and the case for this should this become necessary.

4.2.3 The Council may face a future revenue implication in relation to the

development and operation of the new Library and Community Hub. If the building does not achieve commercial sustainability via commercial lettings, the Council may need to provide support for any shortfall in operational costs. This risk has been closely managed through the design development stage of the scheme and the reduction in the size and volume of the building has greatly reduced the Council's potential exposure. However, a worst-case revenue risk of between £250 – 300K is possible if there is no take-up.

- 4.2.4 The risk can only be avoided if the Council withdraws support for the development and cancels the scheme. This will have major consequences on delivering the step-change that is sought in Stocksbridge, and particularly the expected up-lift to the high street. To ensure the benefits of the investment are captured, the following four-fold strategy is being worked through to ensure that the potential revenue liability to the Council is managed and mitigated, by:
 - 4.2.4.1 Professionally marketing the building via Agents to understand local demand, local capacity, and possible rental income. Agents will also proactively engage with potential occupiers. There is evidence within Stocksbridge that there is a demand for quality, managed office space and this needs substantiating and understanding.
 - 4.2.4.2 The Town's Fund Board and Council engaging with public sector service providers to understand the demand for public sector service delivery in and around Stocksbridge. Numerous organisations and healthcare providers signalled at the time of the bid that they sought to deliver services in Stocksbridge. This needs to be explored and substantiated.
 - 4.2.4.3 Engaging with the Further Education (FE) sector regarding offering services from the building. An expression of interest has been made from a local college but the educational offer, along with a business model, to substantiate this still need to be developed and then analysed.
 - 4.2.4.4 The Council itself looks to operate some of its services for the building while commercial interest and community capacity develops. Many Council services are delivered from the city centre and that distance from Stocksbridge is an issue for some of those services. Numerous Directors have expressed an interest in, and advantage to, operating services from this new building. If Council's occupancy is tied to an asset rationalisation exercise in Stocksbridge and the surrounding areas this could create a sustainable and revenue neutral occupancy option for both the Council and new Library and Community Hub building.

4.3 Legal Implications

- 4.3.1 As the TIP submission was successful and Heads of Terms have been agreed with DLU, grant funding to the Stocksbridge Town Deal Board via the City Council acting as Accountable Body by virtue of the power

conferred to DLU by section 31 of the Local Government Finance Act 2003 is expected. Subject to the development of deliverable schemes and the submission of Full Business Cases to DLU.

4.3.2 Any further grants accepted by the City Council can only be received following the approval of the Director of Resources & Head of Strategic Finance (Art 6.2.1 & Art. C.2.1.5 'Grant Funding') and then managed by an Executive Director (or their delegate) under Article 6.2.2 of the Financial Procedure Rules.

4.3.3 The Localism Act 2011 s.1 provides local authorities with a "general power of competence" which enables them to do anything that an individual can do so long as the proposed action is not specifically prohibited. A purpose of the Act is to enable local authorities to work in innovative ways to develop services that meet local need. The proposed TIP programme can be delivered through the council using its general power of competence.

Section 120 of the Local Government Act 1972 gives the Council power to acquire by agreement any land or property for amongst other things the purposes of the benefit, improvement or development of the Council's area. For the reasons set out in this report it is considered that the proposed acquisitions fall within this criteria.

Section 226 of the Town and Country Act 1990, the Council may acquire any land in its area if the Council think that the acquisition will facilitate the carrying out of development, re-development or improvement on or in relation to land.

At the present the recommendation is to be minded to make a CPO and no statutory process is being engaged. Negotiations should continue to buy all the interests required by negotiation. Should the Council decide to resolve to make an order this does not prevent negotiations continuing and should not as CPO should only be used as a last resort.

4.4 Impact of Covid 19

The Towns Deal presents an opportunity to take decisive action now. The principles underpinning the scheme are deemed to be even more relevant given the medium to long-term stresses facing Towns like Stocksbridge. Creating uses that attract and strengthen footfall and enable the Town to diversify will now be even more important as part of an economic recovery and in adjusting to new economic realities.

5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 Do nothing – we could choose not to progress the work to submit Business Cases to secure the Towns Deal. This would be a missed opportunity to regenerate one of City's neighbourhoods. Fundamentally this is a once in a generation opportunity to address some key

infrastructure problems faced by Stocksbridge with its unique geography and challenges, compounded by the pandemic.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The Stocksbridge Town Deal provides a major opportunity to fund significant interventions to address current and future issues and challenges within the Town. The requirement on the Council to accept and manage the potential revenue implications of developing the new Library and Community Hub, and the ability to use CPO powers as a last resort, if negotiations cannot be concluded, are essential to deliver £24.1m investment programme in Stocksbridge.



Author/Lead Officer of Report:

Damian Watkinson,
Finance Manager

Tel: 0114 273 6831

Report of: *Eugene Walker*

Report to: *Co-operative Executive*

Date of Decision: *16th March 2022*

Subject: *Capital Approvals for Month 10 2021/22*

Is this a Key Decision? If Yes, reason Key Decision:-

	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
- Expenditure and/or savings over £500,000		<input checked="" type="checkbox"/>		
- Affects 2 or more Wards		<input checked="" type="checkbox"/>		

Which Individual Executive Member Portfolio does this relate to? ***Finance and Resources***

Which Scrutiny and Policy Development Committee does this relate to?
Overview and Scrutiny Management Committee

Has an Equality Impact Assessment (EIA) been undertaken? Yes No

If YES, what EIA reference number has it been given? *(Insert reference number)*

Does the report contain confidential or exempt information? Yes No

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-

*“The (**report/appendix**) is not for publication because it contains exempt information under Paragraph (**insert relevant paragraph number**) of Schedule 12A of the Local Government Act 1972 (as amended).”*

Purpose of Report:

This report provides details of proposed changes to the Capital Programme as brought forward in Month 10 2021/22.

Recommendations:

- (i) Approve the proposed additions and variations to the Capital Programme listed in Appendix 1, including the procurement strategies and delegate authority to the Director of Finance and Commercial Services or nominated Officer, as appropriate, to award the necessary contracts
- (ii) Approve the acceptance of grants as detailed at Appendix 2.
- (iii) Approve the making of grants to 3rd parties as detailed in Appendix 3

**Background Papers:
Appendix 1, Appendix 2, Appendix 3**

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Tim Hardie</i>
		Legal: <i>Nadine Sime</i>
		Equalities: No
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	<i>Eugene Walker</i>
3	Individual Executive Member consulted:	<i>Councillor Cate McDonald Individual Executive Member for Finance and Resources</i>

4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Damian Watkinson</i>	Job Title: <i>Finance Manager Business Partner Capital</i>

MONTH 10 2021/22 CAPITAL APPROVALS

1. SUMMARY

- 1.1 A number of schemes have been submitted for approval in line with the Council's capital approval process during the Month 09 reporting cycle. This report requests the relevant approvals and delegations to allow these schemes to progress.
- 1.2 Below is a summary of the number and total value of schemes in each approval category:
- 8 additions of specific projects to the capital programme creating a net increase of £14.114m
 - 20 variations creating a net increase of £7.450m;
 - 2 reprofiles of expenditure with net nil impact on budget
- 1.3 Further details of the schemes listed above can be found in Appendix 1.

2. WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

- 2.1 The proposed changes to the Capital programme will improve the recreational leisure facilities, schools, roads and homes used by the people of Sheffield, and improve the infrastructure of the city council to deliver those services.

3. BACKGROUND

This report is part of the monthly reporting procedure to Members on proposed changes to the Council's capital programme.

4. OUTCOME AND SUSTAINABILITY

- 4.1 By delivering these schemes the Council seeks to improve the quality of life for the people of Sheffield.

5. OTHER IMPLICATIONS

5.1 Finance Implications

The primary purpose of this report is to provide Members with information on the proposed changes to the City Council's Capital Programme further details on each scheme are included in Appendix 1 in relation to schemes to be delivered, Appendix 2 in relation to grants received and Appendix 3 in relation to grants to be issued

5.2 Procurement and Contract Award Implications

This report will commit the Council to a series of future contracts. The procurement strategy for each project is set out in Appendix 1. The award of the subsequent contracts will be delegated to the Director of Financial and Commercial Services.

5.3 Legal Implications

Any specific legal implications in this report are set out in Appendix 1, Appendix 2 in relation to grants received and Appendix 3 in relation to grants to be issued.

5.4 Human Resource Implications

There are no direct Human Resource implications for the Council.

5.5 Property Implications

Any specific property implications from the proposals in this report are set out at Appendix 1.

6. ALTERNATIVE OPTIONS CONSIDERED

- 6.1 A number of alternative courses of action are considered as part of the process undertaken by Officers before decisions are recommended to Members. The recommendations made to Members represent what Officers believe to be the best options available to the Council, in line with Council priorities, given the constraints on funding and the use to which funding is put within the Revenue Budget and the Capital Programme.

7. REASONS FOR RECOMMENDATIONS

- 7.1 The proposed changes to the Capital programme will improve the services to the people of Sheffield
- 7.2 To formally record changes to the Capital Programme and gain Member approval for changes in line with Financial Regulations and to reset the capital programme in line with latest information.
- 7.3 Obtain the relevant delegations to allow projects to proceed.

Finance & Commercial Services | Commercial Business Development

February 2022

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Scheme name / summary description		Value £'000
A	Economic growth	
	New additions	
	None	
	Variations and reasons for change	
Page 735	<p>Future Highstreet Fund [FHSF] Events Central Building</p> <p>Scheme description</p> <p>Sheffield's historic high street is central to the city's emotional identity and economic history. Fargate and High Street account for one tenth of city centre retail space, with 103 retail and leisure units, but are unsustainable in their current form.</p> <p>Funding has been secured from the Department for Levelling Up, Housing and Communities (DLUHC) for the purpose of renewing and reshaping town centres and high streets in a way that improves experience, drives growth and ensures future sustainability. Sheffield City Council are utilising these funds to proceed a programme of proposed FHSF works for capital interventions on Fargate and High Street.</p> <p>The Events Central Building project is for the purchase of 20-26 Fargate for the proposed delivery of a multi-use event hub building. It is envisaged the Events Hub will be a mixed-use hub for events and performances accommodating 100-300 attendees, workspaces and facilities for all ages. The basement will be a music venue and will contain control and support elements connected to external spaces on Fargate.</p> <p>What has changed?</p> <p>The purchase of 20-26 Fargate is now complete with a design and cost plan progressed to RIBA Stage 2. The project is to progress to the Stage 3 and 4 design and procurement of the structural and building fabric repair and improvement works, which includes works to the façade, fit out of the basement, ground and first floors and limited fit out of the upper floors.</p> <p>The full cost of the project is £6,617k and the current budget is to be increased by £4.750k.</p> <p>Variation type: -</p> <ul style="list-style-type: none"> Budget increase 	+4,750
	Funding	FHSF [DLUHC]

	Procurement	<p>i. Professional services via a combination of in-house delivery through the Capital Delivery Service and by call-off from the Capital Delivery Partner corporate contract.</p> <p>ii. Principal contractor by mini-competition via the YORbuild framework.</p> <p>iii. Surveys and specialist consultancy by competitive quotes.</p>	
Page 736	<p>Grey to Green 2 [Angel Street]</p> <p>Scheme description</p> <p>Castlegate and Angel Street remains a main gateway into the city centre and forms the route to most central hotels. It has been in decline for many years due to the loss of a distinctive economic role.</p> <p>Funding has been received from the European Regional Development Fund (ERDF) to continue the Grey To Green project onto Angel Street which will form a link between the original Grey to Green project with High Street, Commercial Street and Fargate.</p> <p>The works on Angel Street will include: -</p> <ul style="list-style-type: none"> • Reduction of road width from 2 to a single carriageway on Angel St; • Extension of segregated cycling lane (two way) along Angel St to connect Grey to Green to route to the rest of the City Centre as well as the Upper & Lower Don Valleys; • Implementation of Sustainable Urban Drainage (SUDs) and meadow-type planting; • Paving of the west side of Angel St with the same material as Snig Hill; • Retention of existing 6 trees; • Improvements to the public space at the bottom of King St (corner with Castle St, outside the Co-op Listed Building) with additional seating and relocated planted area; • New street furniture (bins and additional Sheffield cycle stands) • Two bug hotels <p>What has changed?</p> <ul style="list-style-type: none"> • As a result of the pandemic delays have been experienced to the delivery of key materials causing significant delays and increased costs to the programme requiring a budget increase of £421k to a total for the Angel Street element of £1.2m and £6.8m for the whole of the Grey To Green 2 scheme. <p>Variation type: -</p> <ul style="list-style-type: none"> • [budget increase] This increase to be funded by: <ul style="list-style-type: none"> - Additional ERDF funding - £224k - Release of revenue resources allocated to Castlegate - £40k - Corporate Investment Fund released due to additional Sustainable Urban Drainage Contributions received at other sites - £157k 		+421

	Funding	See above	
	Procurement	-	
Page 737	<p>Future High Street Fund [FHSF]: Front Door Scheme</p> <p>Funding has been secured from the Department for Levelling Up, Housing and Communities (DLUHC) to proceed a programme of proposed Future High Street Fund (FHSF) works. The works in this strand of the programme are targeted primarily towards access improvements to upper floors of existing buildings on Fargate to encourage residential development and also improvements to the public realm around Orchard Square.</p> <p>Property owners will carry out their own improvement works which will be facilitated by grants from the Council to the owners.</p> <p>What has changed?</p> <p>The budget for the project has previously been approved at £5,167k which has now been revised to £5,117 to reflect the current cost profile.</p> <p>Variation type: -</p> <ul style="list-style-type: none"> • Reprofile 		-49.6
	Funding	Future High Street Fund & Corporate Investment Fund	
	Procurement	-	
	<p>Future High Street Fund [FHSF]: Public Realm & Infrastructure</p> <p>Scheme description</p> <p>Sheffield's historic high street is central to the city's emotional identity and economic history. Fargate and High Street account for one tenth of city centre retail space, with 103 retail and leisure units but are unsustainable in their current form.</p> <p>Funding has been secured from the Department for Levelling Up, Housing and Communities (DLUHC) to proceed with a programme of proposed Future High Street Fund (FHSF) works, including improvement of the public realm of Fargate and the High Street to facilitate outdoor events, reduce crime, improve green transport connectivity, and support a resident community with improved services and waste management facilities.</p> <p>The Public Realm and Infrastructure project aim is to deliver the following proposed works on Fargate and High Street: -</p> <ul style="list-style-type: none"> • Removal of clutter, greening, and installing digital infrastructure (full fibre, 5G and wifi6 ready), utilities and lighting. • Continuation of Sheffield Sustainable Urban Drainage (SUDS) principle in place across the city centre. • Possible introduction of district heating infrastructure to serve the events hub on Fargate. • Possible introduction of a sub terranean waste management system to reduce front-servicing of retail units and support residential development. • Active travel routes as part of new high-quality public realm. 		-58

	<p>What has changed?</p> <p>The budget for the project has previously been approved at £8,825k which has now been revised to £8,767 to reflect the current cost profile.</p> <p>Variation type: -</p> <ul style="list-style-type: none"> • Reprofile 																									
	<p>Funding Future High Street Fund & Corporate Investment Fund</p>																									
	<p>Procurement -</p>																									
<p>B</p>	<p>Transport</p>																									
	<p>New additions</p>																									
<p>Page 738</p>	<p>Electric Vehicle Charger Points</p> <p>Why do we need the project?</p> <p>Sheffield City Council are to be awarded Get Britain Building funding via the SYMCA [South Yorkshire Mayoral Combined Authority] for the installation of electric vehicle charger points at various locations across Sheffield. As part of the funding agreement, Barnsley Metropolitan Borough Council (BMBC) are the procurement lead for the city region.</p> <p>Expanding the electric vehicle charger network, helps to promote the switch to electric vehicles in Sheffield. The overall aim of this project is to support Sheffield to become a zero-carbon city by the end of the next decade, and to achieve the priorities set out within the Council’s One Year Plan under Climate Change, Economy and Development.</p> <p>How are we going to achieve it?</p> <p>Using the framework contract procured by BMBC, Sheffield City Council will purchase and install up to 21 fast and 4 rapid chargers at 10 locations across Sheffield:</p> <table border="1" data-bbox="183 1149 1008 1481"> <thead> <tr> <th>Location</th> <th>Fast</th> <th>Rapid</th> </tr> </thead> <tbody> <tr> <td>Windrush Way</td> <td>4</td> <td></td> </tr> <tr> <td>Fitzwilliam Street (City Centre)</td> <td>5</td> <td></td> </tr> <tr> <td>Trinity Street (junction with Allen Street)</td> <td></td> <td>2</td> </tr> <tr> <td>Ebenezer Street (Acorn Street)</td> <td>2</td> <td></td> </tr> <tr> <td>Spooner Road</td> <td>2</td> <td></td> </tr> <tr> <td>Lancing Road (Junction with Charlotte Road)-</td> <td>2</td> <td></td> </tr> <tr> <td>Stewart Road (Junction with Sharrow Vale Road)</td> <td>2</td> <td></td> </tr> </tbody> </table>	Location	Fast	Rapid	Windrush Way	4		Fitzwilliam Street (City Centre)	5		Trinity Street (junction with Allen Street)		2	Ebenezer Street (Acorn Street)	2		Spooner Road	2		Lancing Road (Junction with Charlotte Road)-	2		Stewart Road (Junction with Sharrow Vale Road)	2		<p>+482</p>
Location	Fast	Rapid																								
Windrush Way	4																									
Fitzwilliam Street (City Centre)	5																									
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Spooner Road	2																									
Lancing Road (Junction with Charlotte Road)-	2																									
Stewart Road (Junction with Sharrow Vale Road)	2																									

Page 739	Broomspring Lane 2 Albert Road 2 West Street Lane 2 The full cost of the project is £482k, fully funded from Get Britain Building. What are the benefits? <ul style="list-style-type: none"> Up to 21 fast and 4 rapid electric vehicle chargers at 10 locations in SCC car parks (outputs) Uptake of electric vehicles supported (outcome) Resulting in carbon, NOx and PM savings (benefits) Measurable via number of uses / quantity of electricity supplied Benefits will be realised over the life of the charging units (minimum 5-year term) When will the project be completed? 2022-23						
	Funding Source	Get Britain Building Fund	Amount	482k	Status		Approved
	Procurement	i. Professional services by in-house delivery through the Capital Delivery Service. ii. End-to-end solution by call-off from the SYMCA cluster agreement procured in competition via the Crown Commercial Service's Vehicle Charging Infrastructure framework.					
Variations and reasons for change							
Beaver Hill Road Pedestrian Improvements Scheme description Through the City's Transport Strategy, the Council has a corporate objective to increase participation in active modes of transport. Pedestrian Improvement Schemes are delivered through the Local Transport Plan (LTP) Capital Programme and are designed to provide crossings and safer walking facilities. This in turn promotes healthier lifestyles whilst encouraging vibrancy in local areas and supporting access to public transport. The Council develops a rolling annual programme of crossings to be implemented, based on a scoring and selection methodology. Using a set criteria process, Beaver Hill Road was previously identified for feasibility works to be undertaken to investigate the possibility of implementing pedestrian crossing improvement works. What has changed? Feasibility works are complete and details design works will commence for the implementation of a zebra crossing on Beaver Hill Road. The proposed crossing will provide a safe crossing point for school aged children and local neighbourhood residents within the area.							+38.6

	<p>The estimated full cost of the scheme is £42k with an estimated commuted sum value of £6k. The project will be fully funded from Local Transport Plan.</p> <p>Variation type: -</p> <ul style="list-style-type: none"> Budget increase 	
	<p>Funding Local Transport Plan</p>	
	<p>Procurement</p>	<p>i. Design, delivery, and maintenance by Amey Hallam Highways via Schedule 7 of the Streets Ahead PFI.</p>
<p>Page 740</p>	<p>Clarkehouse Road Pedestrian Improvements</p> <p>Scheme description</p> <p>Through the City’s Transport Strategy, the Council has a corporate objective to increase participation in active modes of transport. Pedestrian Improvement Schemes are delivered through the Local Transport Plan (LTP) Capital Programme and are designed to provide crossings and safer walking facilities. This in turn promotes healthier lifestyles whilst encouraging vibrancy in local areas and supporting access to public transport.</p> <p>The Council develops a rolling annual programme of crossings to be implemented, based on a scoring and selection methodology. Using a set criteria process, Clarkehouse Road was previously identified for feasibility works to be undertaken to investigate the possibility of implementing pedestrian crossing improvement works.</p> <p>What has changed?</p> <p>Feasibility works are complete and details design works will commence to provide improved crossing facilities on Clarkehouse Road with the implementation of a zebra crossing which will improve accessibility to local amenities including local shops, universities and schools.</p> <p>The estimated full cost of the scheme is £46k with an estimated commuted sum value of £4k. The project will be fully funded from Local Transport Plan.</p> <p>Variation type: -</p> <ul style="list-style-type: none"> Budget increase 	<p>+42.7</p>
	<p>Funding Local Transport Plan</p>	
	<p>Procurement</p>	<p>i. Design, delivery, and maintenance by Amey Hallam Highways via Schedule 7 of the Streets Ahead PFI.</p>
	<p>Dyche Lane Pedestrian Improvements</p> <p>Scheme description</p>	<p>+49</p>

Page 741	<p>Through the City's Transport Strategy, the Council has a corporate objective to increase participation in active modes of transport. Pedestrian Improvement Schemes are delivered through the Local Transport Plan (LTP) Capital Programme and are designed to provide crossings and safer walking facilities. This in turn promotes healthier lifestyles whilst encouraging vibrancy in local areas and supporting access to public transport.</p> <p>The Council develops a rolling annual programme of crossings to be implemented, based on a scoring and selection methodology. Using a set criteria process, Dyche lane was previously identified for feasibility works to be undertaken to investigate the possibility of implementing pedestrian crossing improvement works.</p> <p>What has changed?</p> <p>Feasibility works are complete and details design works will commence to install an uncontrolled crossing point on Dyche Lane that includes widening of the current central reservation to enable all pedestrians to cross safely.</p> <p>The estimated full cost of the scheme is £52k with an estimated commuted sum value of £1k. The project will be fully funded from Local Transport Plan.</p> <p>Variation type: -</p> <ul style="list-style-type: none"> Budget increase 		
	Funding	Local Transport Plan	
	Procurement	i. Design, delivery, and maintenance by Amey Hallam Highways via Schedule 7 of the Streets Ahead PFI.	
	<p>Nether Lane Pedestrian Improvements</p> <p>Scheme description</p> <p>Through the City's Transport Strategy, the Council has a corporate objective to increase participation in active modes of transport. Pedestrian Improvement Schemes are delivered through the Local Transport Plan (LTP) Capital Programme and are designed to provide crossings and safer walking facilities. This in turn promotes healthier lifestyles whilst encouraging vibrancy in local areas and supporting access to public transport.</p> <p>The Council develops a rolling annual programme of crossings to be implemented, based on a scoring and selection methodology. Using a set criteria process, Nether Lane was previously identified for feasibility works to be undertaken to investigate the possibility of implementing pedestrian crossing improvement works.</p> <p>What has changed?</p> <p>Feasibility works are complete and detailed design works will commence to provide a safer pedestrian area at a highly used crossing point. Works will include a hardstanding area of footway construction on Nether Lane including pedestrian guard rails and bollards to provide added protection for pedestrians.</p> <p>The estimated full cost of the scheme is £18.4k with an estimated commuted sum value of £1.5k. The project will be fully funded from Local Transport Plan.</p> <p>Variation type: -</p>		+15.4

	<ul style="list-style-type: none"> Budget increase 			
	<table border="1"> <tr> <td>Funding</td> <td>Local Transport Plan</td> </tr> </table>	Funding	Local Transport Plan	
Funding	Local Transport Plan			
	<table border="1"> <tr> <td>Procurement</td> <td>i. Design, delivery, and maintenance by Amey Hallam Highways via Schedule 7 of the Streets Ahead PFI.</td> </tr> </table>	Procurement	i. Design, delivery, and maintenance by Amey Hallam Highways via Schedule 7 of the Streets Ahead PFI.	
Procurement	i. Design, delivery, and maintenance by Amey Hallam Highways via Schedule 7 of the Streets Ahead PFI.			
Page 742	<p>Nether Edge & Crookes Active Travel Neighbourhood</p> <p>Scheme description</p> <p>The aim of this project is to provide two Active Travel Neighbourhoods [ATN's] in Nether Edge and Crookes that link to the emerging Nether Edge active travel route to the city centre and complement other work currently underway to provide high quality active travel options.</p> <p>The objective of the ATNs is to reduce through traffic movements, which in turn can create severance and safety concerns for those living in those neighbourhoods. Reducing through traffic will create a more pleasant, safer environment in which to travel on foot or by bicycle.</p> <p>The project has recently received approval to place an advance order for materials to enable temporary measures to be implemented.</p> <p>What has changed?</p> <p>The experimental road traffic measures are now to be implemented. This will include various interventions such as: -</p> <ul style="list-style-type: none"> Closing roads, or sections of roads using block and / or planters Introducing one-ways and/or contraflows Introducing school streets Introducing secure on street cycle storage Introducing temporary safer crossing points at key locations. <p>The experimental measures will be implemented by the end March 2022. These will be in place using an Experimental Traffic Regulation Order [ETRO] for a period of up to 18 months which will enable the success of the scheme to be monitored via resident's feedback and traffic surveys.</p> <p>The project budget is to be increase by £444k to a total of £589k to enable these works.</p> <p>Variation type: -</p> <ul style="list-style-type: none"> Budget increase 	+444		
	<table border="1"> <tr> <td>Funding</td> <td>Active Travel Funding</td> </tr> </table>	Funding	Active Travel Funding	
	Funding	Active Travel Funding		
	<table border="1"> <tr> <td>Procurement</td> <td>-</td> </tr> </table>	Procurement	-	
Procurement	-			
<p>City Centre Pavement Parking</p> <p>Scheme description</p>	+47.6			

Page 743	<p>There is increasing public pressure to tackle parking on pavements in the City Centre which is hindering pedestrian safety by obstructing access and visibility.</p> <p>Feasibility and design works are currently being undertaken to investigate options to address the issue with the aim of preventing vehicles from parking behind controlled crossing zigzags, behind bus stop clearways, behind pay and display bays, private land beyond public highway and any other area identified as a risk to pedestrians.</p> <p>What has changed?</p> <p>The project is currently ongoing and the budget has been increased by £47.6k to fund the investigation / initial design works as well as the costs associated with the Traffic Regulation Order [TRO] and consultation.</p> <p>Variation type: -</p> <ul style="list-style-type: none"> Budget increase 		
	Funding	Local Transport Plan	
	Procurement	-	
	<p>Transforming Cities: Darnall, Attercliffe & City Centre Corridor</p> <p>Scheme description</p> <p>Sheffield City Council has previously been awarded funding through the Transforming Cities Fund (TCF) to invest in schemes that promote public transport and active travel (cycling and walking) to enable people to access jobs, education etc. through greener and healthier forms of travel. Two projects are currently underway to utilise this funding.</p> <p>The aim of the Darnall – Attercliffe – City Centre Corridor project is to provide bus priority, an enhanced public realm, dedicated separated cycling infrastructure and improved pedestrian routes. The investment will be focused on providing a strong local centre for Attercliffe and a corridor enhancement from the City Centre through to Attercliffe and Darnall to encourage active travel and improve access into the area. The project aims to provide travel options and reduce pollution and is also aligned to the economic objectives of the Levelling Up Fund for Attercliffe Centre.</p> <p>What has changed?</p> <p>The feasibility work is now complete and the project is to progress to the detailed design stage. The scheme will largely comprise of the following works: -</p> <ul style="list-style-type: none"> A total of 10 improvements along the following sections: - A6178 Inner Ring Road-Arena Square B6200 from Attercliffe Road to Orgreave Lane Carbrook Street from Sheffield Road to Dunlop Street The full length of Dunlop Street Weedon Street between Dunlop Street and Meadowhall Drive The full length of Meadowhall Drive 		+979

Page 744	<ul style="list-style-type: none"> Meadowhall Way between Meadowhall Drive and Meadowhall Interchange Complementary works to enhance bust stops Segregated cycle ways and improved pedestrian routes Removal of Brightside Bridge to reduce HGV use of Attercliffe High Street <p>The project is fully funded through Transforming Cities Funding [TCF] and the current budget has been increased to a total of £1,482k</p> <p>Variation type: -</p> <ul style="list-style-type: none"> Budget increase 		
	Funding	Transforming Cities Fund	
	Procurement	<ul style="list-style-type: none"> i. Professional services via a combination of in-house delivery through the Capital Delivery Service, by call-off from the Capital Delivery Partner corporate contract and the Streets Ahead PFI. ii. Principal contractor by mini competition via the YORcivils Major Works framework. 	
<p>Transforming Cities Nether Edge Wedge Cycling</p> <p>Scheme description</p> <p>Sheffield City Council has previously been awarded funding through the Transforming Cites Fund (TCF) to invest in schemes that promote public transport and active travel (cycling and walking) to enable people to access jobs, education etc. through greener and healthier forms of travel and two projects are currently underway to utilise this funding.</p> <p>The Nether Edge Wedge cycling project is for the construction of an active travel route connecting the fringes of Nether Edge into the city centre via Sharrow, and on toward the university and hospital campus via Broomhall.</p> <p>The aim is to encourage a modal shift away from the use of cars towards walking and cycling by making safer, faster routes which prioritise pedestrian and cycle traffic over motor vehicles at strategic junctions.</p> <p>What has changed?</p> <p>The feasibility work is now complete and the project is to progress to the detailed design stage. The scheme will largely comprise of the following works: -</p> <ul style="list-style-type: none"> Length of improved cycle infrastructure: 2.5km Length of improved pedestrian infrastructure: 2.5km Number of junction improvements: 6 Length of new bus lanes: 50m Bus priority signals: 1 Signalised junction improvements (ITS): 4 Length of segregated cycle track: 1.84km Traffic calming measures: 6 			+1,244

Page 745	<ul style="list-style-type: none"> Number of pedestrian crossing upgrades: 8 Number of segregated cycle crossings: 7 Number of school streets :1 100 cycle parking spaces <p>The project is fully funded through Transforming Cities Funding [TCF] and the current budget has been increased to a total of £1,542k</p> <p>Variation type: -</p> <ul style="list-style-type: none"> Budget increase 		
	Funding	Transforming Cities Fund	
	Procurement	<ul style="list-style-type: none"> i. Professional services via a combination of in-house delivery through the Capital Delivery Service, by call-off from the Capital Delivery Partner corporate contract and the Streets Ahead PFI. ii. Principal Contractor by mini competition via the YORcivils Major Works framework. iii. Specialist communications by call-off from the corporate communications contract. iv. Surveys by competitive quotes. v. CCTV & intercom supply & install via call-off from the corporate security contract. 	
Quality of life			
New additions			
None			
Variations and reasons for change			
None			
D	Green and open spaces		
New additions			
<p>Upper Hanover & Ponderosa MUGAs FEASIBILITY STAGE 1</p> <p>Why do we need the project? The 2 sites, Upper Hanover and Ponderosa, have existing MUGAs which would benefit from improvement/regeneration in order to provide an enhanced and high-quality sport and recreational facilities for the local communities which they serve.</p>			+7

Upper Hanover Playground MUGA currently only caters and appeals to a limited number of users due to the MUGA only having basketball nets, and improvements have been identified to improve fencing, surfacing (sports marking), access and drainage.

Ponderosa has existing goal ends and carpet surfacing, but the facility is dated, of poor quality and does not inspire usage. Consultation undertaken in 2018 identified a number of improvements the local community wanted to see. This included a new/improved MUGA that would provide more options for sport and recreation on the site. Funding at the time wasn't sufficient to deliver this, with other improvements prioritised and subsequently delivered.

Some S106 funding now available gives the opportunity to deliver the facility and provide a MUGA which could serve the surrounding diverse communities both within the Walkley and Broomhill wards.

How are we going to achieve it?

Progress initial feasibility work including further stakeholder engagement, engage and seek fees for any necessary CDS professional services and survey work, and undertake initial design and procurement enquiries.

What are the benefits?

- Site quality improved; an increase in the Sheffield Standard score for the sites
- Increase in the sport and recreational value of the sites with associated physical and mental health benefits
- Increase in the number of site users
- Deliver local community requirements

When will the project be completed?

Feasibility stage 1 and 2 are expected to be completed August 2022

Estimated Costs 22/23

Surveys	£1.5K
CDS Fees	£5.0K
Total	£6.5K

Funding

S106 Agreement 1218 available funding of £124.9K is committed to this project.

Funding Source	S106 Agreement 1218	Amount	£6.5K	Status	S106 available to be allocated.	Approved	Green & Open Spaces Programme Group 14.02.22
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Procurement	i. Feasibility work undertaken in-house by the Capital Delivery Service. ii. Surveys by competitive quotes.						
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Rivelin Playground	+47
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Why do we need the project?

A Citizen Space consultation carried out over the summer of 2021, and completed by over 500 local people, revealed that although the playground is much loved and visited, it needs an uplift.

Following yearly inspection, the Playgrounds Team have identified that specific pieces of kit require replacement or upgrade, including the toddler unit and mid-size unit. The Team have also identified that some of the play surfacing at the site needs upgrading.

How are we going to achieve it?

Provide improved facilities for young children at Rivelin Playground and create a vision plan to inform future possible improvements that were highlighted in the 2021 consultation.

What are the benefits?

Objectives

- To provide improved facilities for young children at Rivelin by providing fun and safe opportunities for active play
- To create a vision plan to inform future possible improvements that were highlighted in the 2021 consultation

Outputs

- Replace or upgrade the toddler unit and mid-size unit
- Upgrade the play surface under the trim trail and around the embankment slide

Benefits

- To provide facilities that enable active play for those (approx.) aged 12 and under
- To provide an uplift to Rivelin Playground
- To improve safety at the playground by fitting new equipment and replace safety surfacing

When will the project be completed?

Summer 2022

Costs 22/23

CDS Fees	£1.4K
1 Play Unit	£26.0K
Surfacing	£14.7K
Repaint Toddler Unit	£5.0K
Total	£47.1K

Funding Source	Public Health £40K S106 Agreement 1018 £7.1K	Amount	£47.1K	Status	Funding available and approved for this purpose	Approved	Green & Open Spaces Programme Group 14.02.22
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	Procurement	<p>i. Installation work undertaken in-house by the SCC Playground team.</p> <p>ii. Play equipment, safety surfacing and refurbishment by competitive quotes.</p>	
Variations and reasons for change			
Page 748	<p>Matthews Lane Cricket Pavilion</p> <p>Scheme description Create a much-requested cricket provision for the Sharrow Ward that will encourage an increase in cricket and other sport and health related activity in an area of the City that has significant issues relating to health inequality and other indices of deprivation.</p> <p>What has changed? The scheme was originally approved to be delivered by SCC with the help of S106 funding specifically for this purpose, a grant from Sport England awarded to Norton Woodseats Cricket Club (NWCC), and a contribution from the Club. However, when the tender exercise was done the cost that came back made the scheme unaffordable. The Council has not been able to find a way forward which meets its requirements.</p> <p>It has therefore been decided to transfer the funding SCC holds to NWCC for them to deliver the project. A funding agreement has been drawn up to be signed by both parties to ensure the money is used for the correct purpose, including an amount of retention that will be held to until satisfactory completion of the scheme can be confirmed. This includes an extra £57K Revenue Contribution to Capital agreed to come from the Public Health Activity Fund.</p> <p>When will the project be completed? June 2022</p> <p>Variation type: Budget decrease</p> <p>Budget <u>Original Budget</u> £420.7K funded by:</p> <p>S106 Agreement £71.0K S106 Agreement £234.2K NWCC Contribution £40.5K Grant held by NWCC £75.0K</p> <p>Funding held by SCC: S106 Agreement £71.0K S106 Agreement £234.2K <u>NWCC Contribution</u> £40.5K Total Original Funding £345.7K</p>		-18

	<p>Add PH Activity Fund £57.0K (Agreed by Cllr Teal and the Revenue Team) Total Budget now £402.7K</p> <p>SCC Costs incurred £52.8K</p> <p>Available to transfer £349.9K</p> <p>Difference in Budget £420.7K - £402.7K = £18K</p> <hr/> <p>Funding S106 £305.2K + NWCC Contribution £40.5K + Public Health Activity Fund RCC £57K</p> <hr/> <p>Procurement N/A – funding agreement w/ Norton Woodseats Cricket Club</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 749</p>	<p>Parkwood Springs Active Park WP1</p> <p>Scheme description Extend the Parkwood Springs mountain bike trail network by adding 4,998m of new and improved trails across a greater area of the Parkwood Springs Park site. This extension was an aspiration of the original Sport England 'Making Tracks' project that was funded and delivered by the Council.</p> <p>What has changed? The grant from Sport England was originally to be spent by 31 March 2022. To meet this tight deadline the plan was to progress WP1 to be on site by the end of January 2022. Market forces have meant only a limited number of contractors are available to undertake the work, therefore Sport England have amended their requirements and allowed additional time to tender the project, with a deadline to have planning and contract in place by March 2022.</p> <p>The proposed design was presented as part of the bidder's proposal and meets the minimum requires as stipulated in the employer's requirements. The contract can therefore now be awarded.</p> <p>Costs have also been reprofiled due to client commissioned Ecology Surveys. Additional Phase 2 Geo-Environmental Surveys and Gas Monitoring was also required following the findings of the Phase 1 Survey. The overall budget has stayed the same due to a cheaper than estimated contract for the works being achieved.</p> <p>When will the project be completed? June 2022</p> <p>Variation type: Reprofile</p> <p>Budget WP1 Actuals Previous Years £0.7K £0.7K Current 21/22 Budget £496.8K - £391.2K = £105.6K</p>	<p>21/22 -391 22/23 +385 23/24 +6</p>

	<p>Current 22/23 Budget £77.5K + £384.8K = £462.3K Current 23/24 Budget £0.0K + £6.4K = £6.4K Total WP1 Budget £575.0K + £0.0K = £575.0K</p>	
	<p>Funding Sport England Grant £500K + Public Health £57.3K + S106 £17.7K</p>	
	<p>Procurement -</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 750</p>	<p>Forge Dam Heritage & Wildlife Improvements</p> <p>Scheme description Forge Dam is a popular location managed by the Parks and Countryside Service at the head of the Porter Valley. The heavily silted millpond is a hazard to visitors and is gradually eroding the heritage and biodiversity value of the site. Restoration works are complex due to the sensitivity of the aquatic environment and the popularity of Forge Dam as a visitor destination.</p> <p>What has changed? Following the slippage exercise carried out in December the costs of the pond works has increased. The draw-down of water in October found a single white claw crayfish not already identified during site investigations. Following consultation with Natural England, the pond was allowed to refill, and a method statement was agreed to allow works to progress under an ecological clerk of works watching brief. This has necessitated some changes to the design and works methodology to optimise habitat suitability for crayfish and to protect them during the pond works.</p> <p>Standing time and delays due to the recent storms and silt issues have a high cost due to the amount of plant hire required for this project.</p> <p>Works were paused for two days whilst the repairs were carried out to the haulage route and at the same time for a structural engineer to inspect a crack which has appeared along the footpath on the dam embankment.</p> <p>The full impact on cost is:</p> <ul style="list-style-type: none"> • A compensation event for weather delay has now been agreed for the impact of Storm Arwen / Barra, subject to provision of full substantiation of costs by the contractor which expected early February • Further charges have been incurred for the short-term rental of the farmland adjacent to Forge Dam, which is being used for silt lagoons and haulage vehicles turning / loading as result of the programme extension • A small additional cost is anticipated for inspection and on-going monitoring and reporting of the pathway crack <p>Variation type: Budget increase</p> <p>Increased Costs Storm Compensation £97K Rental of Farmland £10K Pathway Crack £1K</p>	<p>+60</p>

Page 751	Total £108K Funded by: Revenue Contribution to Capital £55K (agreed by Parks SLT) Friends of Porter Valley £5K Brought forward from 22/23 £30K Total £90K And £20K remaining contingency. Bringing forward £30K from 22/23 reduces the budget available for the access improvements, which must be done as part of the Green Recovery Grant conditions. As delivery of these improvements had slipped due to the delays in the pond works there is time to secure further funding to allow completion of the access works and meet the conditions of the grant. Budget Current 21/22 Budget £476.6K + £90K = £566.6K Current 22/23 Budget £112.7K - £30K = £82.7K Total Budget £589.3K + 60.0K = £649.3K		
	Funding	S106 £79.3K + Friends of Group £285K + Green Recovery Grant £225K + Local CIL £4K + Ward Pot £1K + RCC £55K	
	Procurement	-	
	F Housing growth		
	New additions		
	None		
	Variations and reasons for change		
	Council Housing New Build Phase 4a/b – Adlington Older Persons Independent Living (OPIL) & Learning Disabilities (LD) accommodation Scheme description OPIL; to improve the quality and choice of appropriate accommodation for older people with new purpose-built accommodation which offers a range of support which can be tailored to individuals’ changing needs. LD: to improve the quality and choice of accommodation for people with learning disabilities through new purpose-built accommodation What has changed?	+753	

Works commenced on site in February 2020 with a completion date of February 2022. However, the Pandemic caused delays to the programme as a result of the initial lockdown and the subsequent impact on resources.

The total cost of the scheme has increased by £753K:

- Covid – the pandemic resulted in additional costs which could not have been foreseen. The original contingency has been expended on meeting construction related cost increases, including client changes. An additional £330K is required to meet the Covid cost impact.
- Fees - an additional fee of £63K is required as a result of the impact of Covid on the construction programme.
- Client Directs – were not included within the original Final Business Case at the Client’s request but has now been reassessed and represent £280K additional costs*
- Contingency – additional construction contingency of £80K is requested to meet any unforeseen events during the remaining construction period.

*Client Direct costs include:

Loose Furniture/ Interior Design, IT Corporate, IT Public Wi-Fi, IT Equipment for Chip and Pin, Telephony/ Lines, Switch2, Fire Fighting Equipment, Enhancement to Signage, Enhancement to Public Art, IT Equipment/ Office Set Up, Cleaning Equipment

Variation type: Budget increase

Costs

	Original Budget £	Revised £	Additional £
Construction	23,458,608 (Inc Contingency £1,2715,547)	23,788,608	330,000
Fees	237,809	300,809	63,000
Contingency	Inc above (£1,271,547)	80,000	80,000
Client Directs	0	280,000	280,000
Total	23,696,417	24,449,417	753,000

Adlington OPIL Budget

Current 21/22 Budget £11,902.8K + £285.0K = £12,187.8K

Current 22/23 Budget £496.4K + £430.3K = £926.7K

Total 21-23 Budget £12,399.2K + £715.3K = £13,114.5K

Adlington LD Budget

Current 21/22 Budget £638.2K + £15.0K = £653.2K

Current 22/23 Budget £25.0K + £22.6K = £47.6K

Total 21-23 Budget £663.2K + £37.6K = £700.8K

	Funding	The extra £753K will be funded by S106	
	Procurement	-	
Page 753	Council Housing Stock Increase Programme Block Allocation		
	Scheme description Block allocation of funding for schemes to increase the Council's Housing Stock.		22/23 - 40,514
	What has changed?		23/24 - 20,299
	1. Following the Housing Capital Programme Annual Review, the block allocation for the Stock Increase Programme had been set at £52.3m in 22/23 and £55.3m in 23/24. However, further work has been done over the last month to look at the projects yet to come forward for approval and reassess the planned gateways and starts on site in light of the emerging state of the construction market in the post pandemic period.		24/25 +15,687
	2. A variation report for the Adlington schemes has been brought forward to increase the budgets overall due to Covid and other factors. Therefore, a further £753K needs drawing down from the Q number. See separate entry above 97555/6 New Build Phase 4a/b – Adlington OPIL & LD		25/26 +11,570
Variation type: Reprofile & budget decrease		26/27 +30,321	
Budget			
Current 22/23 Budget £52,333.2K - £40,514.1K = £11,819.1K			
Current 23/24 Budget £55,338.5K - £20,299.8K = £35,038.7K			
Current 24/25 Budget £66,632.4K + £16,440.5K - £753K = £82,319.9K			
Current 25/26 Budget £37,990.9K + £11,570.4K = £49,561.3K			
Current 26/27 Budget £24,071.2K + £30,321.9K = £54,393.1K			
Total 21-27 Budget £236,366.2K - £2,481.1K - £753K = £233,132.1K			
N.B. the difference of £2,481.1K has been added back into years beyond 26/27 so the overall programme hasn't changed.			
	Funding	Mixture of HRA Borrowing, HRA Capital Receipts, Homes England Grant, and S106	
	Procurement	-	
F	Housing investment		
	New additions		

Gleadless Valley Strategic Regeneration Acquisitions

+339

Why do we need the project?

SCC has acquired the following assets at the Gaunt Shopping Centre, Gleadless Valley, to support the management and wider regeneration of the site:

- Leases of the commercial units 187 & 189 Blackstock Road
- John O’Gaunt Public House - freehold

The council currently owns most of the freehold interests in the Blackstock Road block and owns and maintains most of the land surrounding the shopping centre, which includes residential property, garages, and green open space.

What are the benefits?

Objectives/Scope

The Council has recently embarked on a programme of strategic land assembly to assume greater control of the site, and subsequently grow the regeneration opportunities in the area. This includes the purchase of the 187 and 189 Blackstock Road and the John O Gaunt Public House.

The John O Gaunt (PH) is vacant and currently screened whilst option appraisal work is carried out to determine the long-term future of the site.

Outputs

- Increased ownership of the site to enable greater regeneration opportunities
- More streamlined management and maintenance of the site by reducing the number of separate legal interests
- Greater coordination and provision of measures to reduce ASB and safety concerns

Benefits

The direct benefits of funding the project will result in:

- Greater operational control of the site will be beneficial to asset management
- Greater opportunities for regeneration which would benefit the Gleadless Valley Masterplan
- Investment in the units both in the short and long term will be beneficial to local people

When will the project be completed?

The units have already been purchased under delegated powers – this approval is to recognise the funding of this through the HRA Regeneration Budget.

Costs 21/22

Acquisition Cost Retail Units	£72.0K
Surveys & Fees Retail Units	£1.5K
Acquisition Cost Pub	£250.0K
Surveys & Fees Pub	£15.7K
Total	£339.2K

	Funding Source	HRA via Q0094	Amount	£339.2K	Status	Allocation for Regeneration approved in the Housing Capital Programme	Approved	Housing Investment Programme Group 16.02.22	
	Procurement	-							
Variations and reasons for change									
Page 755	Council Housing Capitalised Repairs								
	Scheme description Financial guidelines allow certain qualifying repair works to be funded from Capital budgets rather than revenue. Qualifying works undertaken by the Repairs and Maintenance Service (RMS) can therefore be 'capitalised'. This business unit was set up to implement a clear process for the capitalisation of qualifying repairs works and formalise the responsibility and operational management of these repairs within RMS, with the budget management remaining within the Asset Management team.								
	What has changed? Since this process began £290K has been capitalised in 2019-20 and £465K in 2020-21. RMS have already claimed approximately £200K of work to be capitalised in 2021-22 and it is expected there will be additional claims for the period from December 2021 to March 2022.								
	Variation type: Budget increase								
	Budget	Current 21/22 Budget £56.3K + £286.0K = 342.3K							
	Funding	HRA via Block Allocation for Essential Works							
	Procurement	-							
	Council Housing - Other Essential Work Block Allocation								
	Scheme description Block allocation of funding for SCC Housing Stock other essential work schemes.								
	What has changed? RMS have already claimed approximately £200K of capitalised repairs in 2021-22 and it is expected there will be additional claims for the period from December 2021 to March 2022, therefore the funding available for capitalised repairs in the Q number needs drawing down. See separate entry above for 97466 Capitalised Repairs.								
	Variation type: Budget decrease								
	-286								

	Budget Current 21/22 Budget £286.0K - £286.0K = £0.0K Total 21-27 Budget £6,258.1K - £286.0K = £5,972.1K		
	Funding	HRA	
	Procurement	-	
Page 756	Council Housing Regeneration Block Allocation Scheme description Block allocation of funding for SCC Housing Regeneration schemes. What has changed? A Final Business Case has come forward for the purchase of 2 retail units and the John O’Gaunt pub at Gleadless. This includes revenue costs for management and security of the site that will also be drawn down from the allocation in the Housing Capital Programme. For the Capital Costs see separate entry above 97496 Gleadless Valley Acquisitions £339.2K Revenue Costs £36.1K Total £375.3K Variation type: Budget decrease Budget Current 21/22 Budget £420K - £375.3K = £44.7K		-375
	Funding	HRA	
	Procurement	-	
	Waste Management (Council Housing Service) Scheme description Block allocation of funding for SCC Housing Stock waste management schemes. What has changed? Funding agreed at Housing Leadership Team to support the Tenant Services Review work on developing Neighbourhood Plans with an ethos that empowers quicker and local decision making to improve our communities. Having a budget available will allow timely improvements such as communal lighting, fencing, painting and target hardening. A reallocation of funds is therefore needed from the Capital Programme Environmental Local Hotspots allocation to Revenue.		-150

	<p>Variation type: Budget decrease</p> <p>Budget Current 22/23 Budget £850K - £150K = £700K Total 22-27 Budget £11,980K - £150K = £11,830K</p>	
	<p>Funding HRA</p>	
	<p>Procurement -</p>	
<p>G</p>	<p>People – capital and growth</p>	
	<p>New additions</p>	
<p>Page 757</p>	<p>Silverdale Secondary School Expansion</p> <p>Why do we need the project?</p> <ul style="list-style-type: none"> ○ The city-wide picture for secondary school places is of a tight system until 2023/24, after which a reduction in pupil population will start to create a citywide surplus. ○ However, within the southwest of the city, the deficit that currently exists is forecast to continue until the end of the decade. ○ LA officers have been working with the Secondary Heads Partnership group to identify appropriate interventions both in the short and longer term to address the increasing demand in school places. ○ The demand for places in the southwest is forecast to peak in 2023/24 and 2027/28. <ul style="list-style-type: none"> ● Why do we need to address it now? <ul style="list-style-type: none"> ○ LA meets its statutory duty for sufficiency of secondary mainstream places for future years <p>How are we going to achieve it?</p> <ul style="list-style-type: none"> ○ To increase the capacity to 1672 places including: ○ creation of 60 mainstream places per year group Y7 through to Y11 (300 total mainstream places), increasing the total Y7-Y11 capacity to 1200 places ○ Post 16 provision – creation of 96 post 16 places (including 30 post 16 SEND places), increasing the post 16 provision to a total of 472 places <p>What are the benefits?</p> <ul style="list-style-type: none"> ● Outputs <ul style="list-style-type: none"> ○ New standalone teaching block 	<p>+7,270</p>

Page 758	<ul style="list-style-type: none"> Benefits <ul style="list-style-type: none"> Sheffield City Council meets its statutory duty under section 13 & 14 of the Education Act 1996, every local authority has a statutory duty to provide sufficient school places for all pupils in its area Sheffield pupils can access local school places Additional places are to be offered from September 2023 <p>When will the project be completed?</p> <ul style="list-style-type: none"> Additional places are to be offered from September 2023 								
	Funding Source	Funded from a combination of DfE Basic Need Allocation and Corporate Investment Funding	Amount	£ 160k + £7,270k £ 7,430k Total	Status	DfE Basic Need Funding received	Approved	People: Capital and Growth Programme Group 15.02.22	
	Procurement		N/A – funding agreement w/ Chorus Trust. Details to be confirmed						
<p>King Egberts Secondary School Expansion</p> <p>Why do we need the project?</p> <ul style="list-style-type: none"> The city-wide picture for secondary school places is of a tight system until 2023/24, after which a reduction in pupil population will start to create a citywide surplus. However, within the southwest of the city, the deficit that currently exists is forecast to continue until the end of the decade. LA officers have been working with the Secondary Heads Partnership group to identify appropriate interventions both in the short and longer term to address the increasing demand in school places. The demand for places in the southwest is forecast to peak in 2023/24 and 2027/28. <ul style="list-style-type: none"> Why do we need to address it now? <ul style="list-style-type: none"> LA meets its statutory duty for sufficiency of secondary mainstream places for future years <p>How are we going to achieve it?</p> <ul style="list-style-type: none"> To increase the capacity to 1517 places including: creation of 47 mainstream places per year group Y7 through to Y11 (235 total mainstream places), increasing the total Y7-Y11 capacity to 1200 places creation of 10 IR places Y7 through to Y11, increasing the IR provision to a total of 30 places 								+5,324	

Page 759	<ul style="list-style-type: none"> ○ creation of 76 post 16 places, increasing the post 16 provision to a total of 287 places <p>What are the benefits?</p> <ul style="list-style-type: none"> ● Outputs <ul style="list-style-type: none"> ○ New standalone teaching block ● Benefits <ul style="list-style-type: none"> ○ Sheffield City Council meets its statutory duty under section 13 & 14 of the Education Act 1996, every local authority has a statutory duty to provide sufficient school places for all pupils in its area ○ Sheffield pupils can access local school places ○ Additional places are to be offered from September 2023 <p>When will the project be completed?</p> <ul style="list-style-type: none"> ● Additional places are to be offered from September 2023 							
	Funding Source	Funded from a combination of DfE Basic Need Allocation and Corporate Investment Funding	Amount	£ 176k <u>£ 5,324k</u> £ 5,500k Total	Status	DfE Basic Need Funding received	Approved	People: Capital and Growth Programme Group 15.02.22
	Procurement	<ul style="list-style-type: none"> i. Professional services via a combination of in-house delivery through the Capital Delivery Service and by call-off from the Capital Delivery Partner corporate contract. ii. Principal contractor by mini competition via the YORbuild framework. iii. Surveys by competitive quotes. iv. Supply of ICT equipment and furniture by call-off from existing corporate contracts (in the first instance), v. Authority Notice of Change via the School's PFI provider. 						
Variations and reasons for change								
None								
H	Essential compliance and maintenance							

	New additions	
Page 760	<p>Abbeydale Dam Leaks and Carr Forge Dam Leaks - (joint procurement)</p> <p>Why do we need the project?</p> <ul style="list-style-type: none"> • What is the problem we are trying to address? <ul style="list-style-type: none"> ○ It has been noticed over recent months that the leaks from both the dams at Abbeydale Industrial Hamlet and Carr Forge have had an increased flow rate and are possibly entering a more serious phase. ○ As a result, the Capital Delivery Service (CDS) has been in contact with Arup Engineering and arranged a visual inspection by a Reservoir Panel Engineer, who subsequently confirmed that 'Close monitoring of the leakage should be undertaken weekly whilst a solution is implemented. Emergency draw-down of the reservoirs should be considered if the leakage rate increases or the flow becomes turbid'. ○ The next step would be to appoint on a 2-Stage basis, initially carrying out intrusive investigations to define the leakage mechanisms and identify potential solutions, followed by on-site construction repairs. ○ The scope will consider the cost of initial investigations by CDS and Arup into the leakage at both dams, and also advise on the potential cost of repair solutions. • Why do we need to address it now? <ul style="list-style-type: none"> ○ If allowed to escalate the cost of repair, in both situations, will increase <p>Note – the £600k covers £100k CDS and consultant’s fees for the feasibility and identifies the worst-case repair solution based on both dams at £500k works cost. A Final Business Case will be submitted on receipt of final costs from the appointed contractor. Initially, the budgeted costs will be apportioned equally between the two sites, but these will be split by site more accurately once the required contractor works costs are finalised.</p> <p>How are we going to achieve it?</p> <ul style="list-style-type: none"> ○ Carry out initial investigations and appoint Panel Engineer. ○ Appoint on a 2-Stage basis to carry out intrusive investigations and provide design solutions. ○ Carry out construction works to repair the current leaks. <p>What are the benefits?</p> <ul style="list-style-type: none"> • Outputs <ul style="list-style-type: none"> ○ Understanding, mitigation and delivery of design solution ○ Avoiding future escalating repair costs. ○ Avoiding potential collapse of the dam walls causing damage to adjacent buildings / highways. 	+600

Page 761	<ul style="list-style-type: none"> ○ Return both dams to a stable condition ● Benefits <ul style="list-style-type: none"> ○ Abbeydale Dam – Preventing damage to adjacent buildings in this popular Heritage site ○ Carr Forge Dam – Preventing potential highway damage and run-off in the direction of Beighton tip <p>When will the project be completed?</p> <p>Proposed Start on Site – initial investigations to commence as a matter of urgency, although actual construction date to be advised. Completion – to be agreed</p>								
	Funding Source	<p>£100k Revenue Contribution already made from Minor Works.</p> <p>Note: the future additional works repair costs will have to be covered from the Emergency Works element of the £8.6m Corporate Funding for Essential compliance</p>	Amount	<p>£100k</p> <p>£500k</p>	Status	<p>Revenue Contribution Received</p> <p>Part of approved allocation for Essential compliance works</p>	Approved	<p>Essential Compliance Board 17.02.22</p>	
	Procurement	<p>i. Professional services via a combination of in-house delivery through the Capital Delivery Service and by call-off from the Capital Delivery Partner corporate contract.</p> <p>ii. Principal contractor by closed competitive tender procedure.</p>							
Variations and reasons for change									
<p>Tinsley Cemetery Lodge</p> <p>Scheme description</p> <ul style="list-style-type: none"> ● The property comprises a Grade II listed Victorian cemetery lodge building which is suffering the effects of historic and ongoing water ingress. This needs to be resolved to prevent further deterioration. ● The work will restore the external envelope of Tinsley Park Cemetery Lodge to a weathertight state and to resolve areas of defective internal building fabric following historic and continual water ingress. The objectives are: <ul style="list-style-type: none"> ○ Undertake works to the external fabric to make it weather tight ○ To strip out / back any internal finishes contaminated with either mould or rot in order to prevent further spread / deterioration 								+45	

	<ul style="list-style-type: none"> ○ To drain down all internal pipework and cap boiler and turn off water supply at stop tap ○ To disconnect Gas Services; Electric to be left connected to ensure security alarm remains operational <p>What has changed?</p> <ul style="list-style-type: none"> ● Following a tender exercise, the contract sum has returned a £49k higher delivery cost which, mitigated by a small reduction in contingency, has resulted in a net overall project funding requirement for an additional £45k. ● Funding increase required to award the contract to T H Michaels Ltd and issue a letter of acceptance. <p>Variation type: -</p> <ul style="list-style-type: none"> ● Budget increase: +£45k cost increase following contract tender exercise. 		
	Funding	Already fully funded from a Revenue contribution to capital expenditure from the Minor Works Revenue budget.	
	Procurement	-	
Page 762	Heart of the City II		
	New additions		
	None		
	Variations and reasons for change		
None			

	Scheme name/ summary description of key terms	Funder	Value £'000
A	Economic growth		
	<p>Grey To Green 2 – ERDF funding increase</p> <p>Background See Appendix 1 Section A (above)</p> <p>Financial & Commercial Implications Project Name: Castlegate Grey to Green Phase 2 Project Reference Number (PCR): 28R18S02556 Variation Number: PCR/004783</p> <p>The implications relate to the existing Funding Agreement between DLUHC and SCC. A Project Change Request (PCR) was made on 4th January 2022 and accepted by the funder, dated 24th January 2022.</p> <p>SCC were, and continue to be, contractually obliged to deliver this project.</p> <p>PCR is for an additional £282,626 ERDF funding to fill the gap between a potential project cost increase of £776,446, with match funding (an element of which is contained within existing budgets) covering £493,820.</p> <p>There is no change to the overall number of outputs, however the Priority 5b better conservation status has been moved from Q2 2022 to Q3 2022 to tie in with the end of the scheme in July 2022.</p> <p>There are no other changes to the previous Funding Agreement – please refer to the previous Form 2a financial & commercial implications (at appendix 4) which remain unchanged other than for those implications mentioned above.</p> <p>Legal Implications</p> <p>1.1 The original ERDF Funding Agreement dealing with the G2G2 project - to improve to Castlegate, Exchange Place and Snig Hill - was approved by Cabinet on</p>	European Regional Development Fund via MHCLG	Up to 283

	<p>21 November 2018 and subject of a previous report outlining its terms and conditions (See appendix 4).</p> <p>1.2 Under the terms of the original Funding Agreement the Secretary of State offered the Grant to the Council on the terms and conditions of that Agreement. The previous extension and the proposed current extended grant provisions are pursuant to and compliant with that Agreement.</p> <p>1.3 Variation or extension of the terms and conditions to the original ERDF G2G2 Agreement are permitted under clause 2.3 of that original Agreement and it states that “reference to ‘this Funding Agreement’ includes any variations made from time to time pursuant to these terms” which enables the Secretary of State to extend the funding amounts to the City Council.</p> <p>1.4 The proposed current variation amends the original Funding Agreement’s ‘Expenditure Profile’ replacing it with a revised profile issued by the Department for Levelling Up, Housing and Communities and attached to their letter of variation dated 24th January 2022 as Annexure A. The Targets set out in Schedule 3 of the original Funding Agreement are also to be replaced by the Table 2 also attached to the variation letter. In all other respects the Funding Agreement, including any variations, remains effective and unaltered except as amended by this new Variation.</p> <p>1.5 The Localism Act 2011 s.1 provides local authorities with a “general power of competence” which enables them to do anything that an individual can do so long as the proposed action is not specifically prohibited. A purpose of the Act is to enable local authorities to work in innovative ways to develop services that meet local need. The proposed Programme can be delivered through the Council using its general power of competence.</p> <p>1.6 Any grants accepted by the Council can only be received following the approval of the Director of Resources & Head of Strategic Finance (Art 6.2.1 & Art. C.2.1.5 ‘Grant Funding’) and then managed by an Executive Director (or their delegate) under Article 6.2.2 of the Financial Procedure Rules.</p> <p>1.7 Any procurement undertaken must and will comply with the Council’s CSOs, procurement legislation and Subsidy Control rules.</p>		
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B	Transport		
	<p>Electric Vehicle Charger Points</p> <p>Background</p> <p>See Appendix 1 Section B (above)</p> <p>Financial & Commercial Implications</p> <p>Key features (not exclusive) of the grant terms and conditions are summarised below. The Grant Manager will need to read, understand and comply with all of the grant terms and conditions and ensure that there are no ongoing unfunded costs once the project has ended.</p> <ul style="list-style-type: none"> • Grant to achieve the project Outputs (Schedule 4), Outcomes and Social Value Outcomes. • Grant subject to clawback if Project Outputs/Outcomes are not achieved by the required dates. • Grant includes non-recoverable VAT • Retention of 5% for each Grant claim (see criteria) • Comply with Subsidy Rules: UK-EU TCA Rules/WTO-ASCM Rules • SCC to do due diligence that payments will not breach Subsidy Rules. • Grant only for project delivery (subject to Special Conditions) and cannot be used otherwise without approval. • Only claim Qualifying Expenditure defrayed from Commencement Date to Completion Date. Expenditure outside of these dates is ineligible. • SCC to notify the funder if applying for other project funding. • Grant conditional upon providing match funding letters in advance. • SCC must not apply for/accept duplicate funding for the Project. • Cannot recover more than salary+35% on-costs annually for admin • Notify SYMCA if not claiming Maximum Grant by 31/12 in any Financial Year. • SCC to fund shortfalls in match funding/cost overrun and ensure outputs/outcomes are met. 	<p>South Yorkshire Mayoral Combined Authority – Get Britain Building Fund</p>	<p>+482</p>

	<ul style="list-style-type: none"> • No changes to the Project without SYMCA approval • Comply with monitoring and reporting requirements • SCC shall use/maintain operationally Project Outputs for 5 years from Completion Date. • Grant for Capital expenditure - to be treated as funded by a capital receipt to reflect S25(1)(b) of The LA (Capital Finance/Accounting) Regulations 2003 • Maintain detailed records for 10 years following grant award • All projects document regarding implementation/financing are retained for 5 years <p>Grant may be reduced, suspended, withheld or repaid if (not exclusive-see details):</p> <ul style="list-style-type: none"> • Project Changes without prior SYMCA approval • Failure to comply with Special Conditions • Works not commenced within 3 months of Agreement • SCC has not made satisfactory progress with Project delivery <p>Commercial Implications</p> <ul style="list-style-type: none"> • All public sector procurement is governed by and must be compliant with the Grant Agreement, UK National Law and where relevant EU law. In addition, all procurement in SCC must comply with its own Procurement Policy, and internal regulations known as 'Contracts Standing Orders' (CSOs) • CSO requirements will apply in full to the procurement of services, goods or works utilising grants. All grant monies must be treated in the same way as any other Council monies and any requirement to purchase / acquire services, goods or works must go via a competitive process. <p><u>Legal Implications</u></p> <p>The Council has a general power under Section 1 of the Localism Act 2011 to do anything that an individual may generally do provided it is not prohibited by other legislation and the power is exercised in accordance with the limitations specified in the Act which enables the Council to accept the grant of up to £482,337.53 of Get</p>		
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	<p>Britain Building Funding from the South Yorkshire Mayoral Combined Authority (SY MCA).</p> <p>If a decision is made to accept the grant, then the Council will be required to enter into a grant agreement (the Agreement) with SY MCA.</p> <p>The grant provided by SY MCA is to be used only for the delivery of the project, subject to the special conditions and in accordance with the terms and conditions detailed in the Agreement.</p> <p>Key points to note from the Agreement are:</p> <ul style="list-style-type: none"> • No significant changes should be made to the project without SY MCA's prior written agreement. • The Council must be aware of any comply with their obligations, some of which are outlined below. • If there is a cost overrun, the Council shall procure alternative funding or provide the funding itself to ensure that the project outputs, outcomes and social value outcomes are achieved by the completion date and final review date. • The Council must procure the commencement of the Works within 30 days from the date of the Agreement. • The Council must procure achievement of the project outputs by the completion date. • The Council must procure achievement of the project outcomes and social value outcomes by the final review date. • The Council should use and maintain the project outputs for a period of 5 years from the completion date. • The Council should work with the SY MCA to link the site into other regeneration and development initiatives. • SY MCA will only make payment of the grant if they are satisfied that the Council are not in breach of any of the obligations within the Agreement. • The grant can be reduced, suspended, withheld or require repayment in specific circumstances for example if there is a change to the project without approval of the SY MCA, if the Council fails to adhere to the special conditions, if SY MCA considers that the Council has not made satisfactory 		
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	<p>progress with the delivery of the project in accordance with the key milestones and delivery milestones, fails to submit monitoring returns, fails to achieve the project outputs or outcomes meaning the project will not be completed, or the Council fails to maintain and use the fixed assets and project outputs for 5 years from the completion date.</p> <p>The Council must comply with all applicable legislation and regulations including but not limited to the Public Contracts Regulations 2015, UK GDPR, the Data Protection Act 2018 and Subsidy Control.</p> <p>The grant to the Council is not deemed to be a subsidy. If any details around the project change then this will need to be re-assessed.</p>		
C	Quality of life		
	None		
D	Green and open spaces		
	None		
E	Housing growth		
	None		
F	Housing investment		
	None		
G	People – capital and growth		

	None		
H	Essential compliance and maintenance		
	None		
I	Heart of the City II		
	None		

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	Scheme name / business unit / summary description of key terms	Recipient	Value £'000
A	Economic growth		
	None		
B	Transport		
	None		
C	Quality of life		
	None		
D	Green and open spaces		
	<p>94541 Matthews Lane Cricket Pavilion</p> <p>Background</p> <p>See Appendix 1 section D (above)</p> <p>The key aspects of the grant are:</p> <p><u>Special conditions</u> impose obligations on Recipient to:</p> <ul style="list-style-type: none"> demonstrate that total funding has been identified and secured by the Recipient appointment of competent & qualified contractors and works maintained to appropriate sports BS EN 15312:2007 submit final plans to the Council and get European Design Standards certification on completion assume the full duties and responsibilities of 'Client' for CDMR be responsible of post completion maintenance 	Norton Woodseats Cricket Club	+350

	<p><u>Key general conditions</u> are:</p> <ul style="list-style-type: none"> • Grant payment is conditional on the Recipient abiding by the FA terms • £25,000 retention will be kept until final completion to Council's satisfaction • The Recipient has to procure the successful delivery of the project following appointment of contractors under Council procurement procedures • Recipient must abide by on-going project monitoring requirements and maintain good / transparent records • Maintain a register of and not dispose of capital assets purchased with grant funding • Warrants that it is able (financially and project management wise) to deliver the project • Clawback and withholding provisions protect the Council's interests and act as penalties for breach / default of delivery • Ensuring project drift is eliminated by obligation to provide project monitoring information and notify of changes to project • There is no other money available for the project 		
E	Housing growth		
	None		
F	Housing investment		
	None		
G	People – capital and growth		
	None		
H	Essential compliance and maintenance		

	None		
I	Heart of the City II		
	None		

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Author/Lead Officer of Report:
Tammy Whitaker, Head of Regeneration and Property Services

Tel: 2053230

Report of: **Michael Crofts Executive Director Place**

Report to: **Cooperative Executive**

Date of Decision: 16th March 2022

Subject: **Disposal of Land at Prince of Wales Road Manor Top, Sheffield**

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	Yes <input type="checkbox"/>
- Affects 2 or more Wards	Yes <input type="checkbox"/>
Which Cabinet Member Portfolio does this relate to? Finance and Resources	
Which Scrutiny and Policy Development Committee does this relate to? Overview and Scrutiny	
Has an Equality Impact Assessment (EIA) been undertaken? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If YES, what EIA reference number has it been given? <i>(Insert reference number)</i>	
Does the report contain confidential or exempt information? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-	
The Appendix A attached is not for publication because it contains exempt information under Paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended).”	
Purpose of Report:	
The report seeks authority to sell Sheffield Councils land interests in property in the vicinity of Prince of Wales Road, Queen Mary Road and Riddings Close to enable redevelopment for a food led retail scheme.	
Authority is also required to include two vacant properties currently in the Council’s housing stock at no’s 6 and 8 Prince of Wales Road in the sale as they are required to facilitate access to the site.	

Recommendations:

- 1) It is recommended that the Chief Property Officer in consultation with the Director of Legal and Governance be authorised to negotiate final sale terms and conditional contracts to enable the retail scheme to progress on such land as is required within the lands edged red coloured pink on the attached plan.
- 2) The Director of Legal and Governance be authorised to draft all necessary legal documentation for the relevant sale of the land edged red and coloured pink for retail and the land edged red coloured pink hatched brown to the developer.

Background Papers:

(Insert details of any background papers used in the compilation of the report.)

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Paul Schofield
		Legal: David Sellars
		Equalities: : Anne Marie Johnstone
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	Michael Crofts
3	Cabinet Member consulted:	Cllr Cate McDonald, Cabinet Member for Finance and Resources
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Tammy Whitaker	Job Title: Head of Property Services
	Date: <i>(Insert date)</i>	

1. PROPOSAL

- 1.1 The site of the former Prince Edward School was formally declared surplus on 31st March 2017. Prior to this declaration the site was marketed in April 2016 with a closing date of 29th July 2016. One offer was received from Rothstone Estate for a 63,000 sq ft retails scheme. The proposal requires the partial

demolition of the former school buildings and two properties held in the Council's housing stock.

- 1.2 A boxing club, "De Hood", were offered temporary accommodation under a community buildings "Regular Use Booking Form", to occupy parts of the former school building.
- 1.3 To facilitate the development, the proposal is to transfer the freehold of the site of the old Prince Edward School and other land (shaded pink – excluding the Area hatched brown on Plan A) at Manor Top to Rothstone Estates with the site being redeveloped for 50,000 sq ft of retail uses.
- 1.4 The transfer would be conditional on the developer securing planning permission following which a capital receipt of up to £1.72m would be secured.
- 1.5 Extensive discussions have taken place with the key stakeholders to maintain the service the boxing club offer. The aim was to arrive at a mutually acceptable position whereby the club can continue to operate in the locality and the retail development proceed.
- 1.6 The Council has provided support and assistance to the Club with various solutions being offered including:
 - Finding alternative premises in the local area.
 - Erection of a new purpose built club on part of the site.
 - Regulate their existing occupation by way of a lease.
 - Disposal of the entire site to the developer with a condition the club must remain in situ.
- 1.7 The Club have maintained that they wish to remain at their present location. Consequently, the proposed transfer to the developer will include the land for the boxing club. This area is shown hatched brown on the attached plan.
- 1.8 The retail proposal would not include the land hatched brown itself, however the developer would acquire all the land shaded pink and hatched brown subject to a user covenant preventing the land hatched brown being used for anything other than a community use that will encompass use as a boxing club. The developer would become the landlord of the boxing club.
- 1.9 Initial discussions have been held with planning and there are several issues which will need to be addressed in the initial scheme design including connectivity to the existing centre and highways impact.
- 1.10 The financial offer for the site, inclusive of that part used by the boxing club, reflects that that part of the site operated by the boxing club effectively has nil value.
- 1.11 The Council will have achieved a positive land value for the 3.9 acres (16,000sq m) upon which the retail scheme is located. This value is considered to be the best price in accordance with Section 123 of the Local Government Act 1972.

- 1.12 The 1.68 acres (6839 sq m) to be occupied by the boxing club with an absolute user restriction will effectively constitute a sale at less than best consideration however because the use of the property for community based purposes and is something the Council is supportive of, then this disposal at an undervalue is authorised by the General Disposals Consent 2003

2. HOW DOES THIS DECISION CONTRIBUTE

- 2.1 The council took the decision to market the site in 2016 with the objective of creating a vibrant commercial centre at Manor Top which would also support the regeneration of the manor neighbourhood. The proposed retail scheme would help achieve that objective and provide jobs for local people.
- 2.2 The development would:
- create approximately 150 new and part time jobs, and 50 temporary construction jobs.
 - Generate £350,000 in business rates.
 - £9m investment in one of the most deprived wards in the city.
 - Potential CIL payment of £103,000.
 - Address the long outstanding occupation of the site by the boxing club.
- 2.3 The majority of the landholdings on the site are underused and the boxing club is located in a building which is expensive to run and maintain. Although the retail coverage has been reduced since the original offer was made, reflecting a reduction in retail demand nationally, this has opened up an opportunity to relocate a popular boxing club elsewhere on the site.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 The Council is not required to consult on the proposals, which will have to go through the statutory planning process and comply with the consultation requirements of this process

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 None

4.2 Financial and Commercial Implications

There will be a capital receipt to service the Council's Capital Programme, and a Community Infrastructure Levy payment associated with the development. The Revenue Budget will benefit from the removal of the financial burden of managing a vacant property, and occupiers paying business rates to Sheffield City Council.

Part of the receipt arises from the sale of land which is owned by the Housing Revenue Account and a relevant proportion will be transferred to the HRA to support its capital programme which includes the maintenance and refurbishment of the Council owned housing estate.

Further commercially sensitive information relevant to the decision is included in the Closed Appendix A.

4.3 Legal Implications

Pursuant to section 1 of the Localism Act 2011 the Council has a general power of competence which subject to specific restrictions allows it to do anything that generally an individual may do. The relevant restriction here is that the general power of competence cannot be used where what is proposed is specifically prohibited in legislation. There is nothing in this report to suggest that this restriction applies here.

Section 123(1) of the Local Government Act 1972 provides that a Council may dispose of land by them in any manner they wish.

Section 123(2) provides that except with the consent of the Secretary of State a council shall not dispose of land under this section ...for a consideration less than the best that can be obtained.

Best consideration is not limited to the purchase price but may include a term or condition attached to the disposal which identifies a specific commercial benefit to the council such as restricting the use of the land to a specific purpose. This is applicable in this case for the reasons set out in the body of the report.

Further the disposal falls within the LGA 1972 General Disposal Consent as the disposal is likely to contribute to the achievement of the promotion or improvement of economic and social well being and the disposal price does not exceed two million pounds.

- 4.3.1 The majority of the site excluding the site of the Council houses at 6 and 8 Prince of Wales Road was marketed informally and then put to the open market. Rothstones offer was the only one that required the Council houses but was the most attractive to SCC.
- 4.3.2 It is imperative that any agreement with the Council house tenants is binding as SCC will be under a contractual commitment to give vacant possession of the land, including the houses, to Rothstone should they, Rothstone, achieve a grant of Planning Permission.

4.4 Other Implications

4.4.1 None

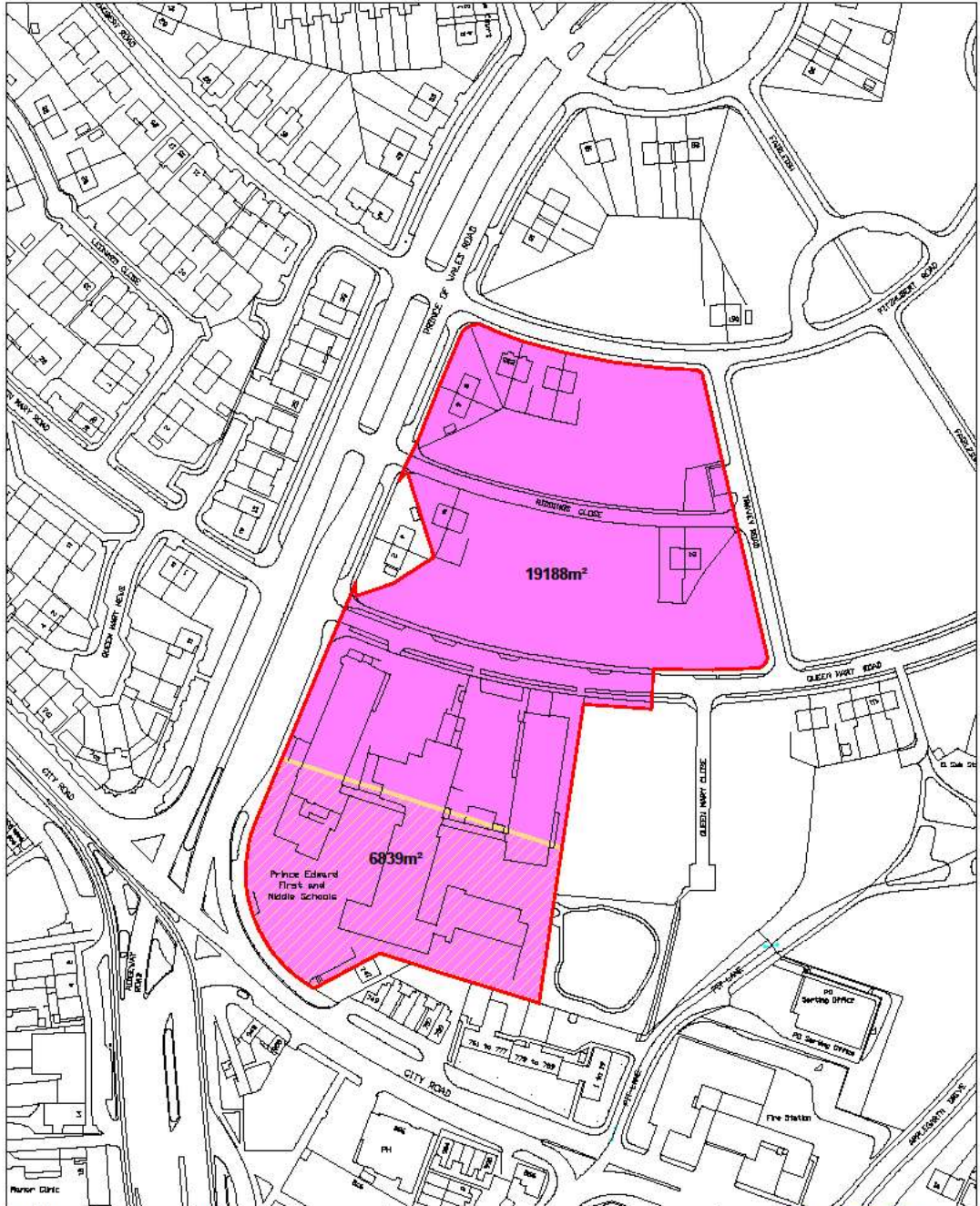
5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 Do nothing. The former Prince of Wales school buildings are underused but are in part occupied by De Hood Boxing Club who have, in effect, performed a caretaker function for SCC since the schools closure. The maintenance and running costs of these dated school buildings are however disproportionately large and over the longer term the continued occupation of the school buildings by the boxing club cannot be sustained without ongoing financial support from SCC.
- 5.2 Maintaining the Boxing Club in its current location would prevent the retail development at the site, result in an opportunity cost of £1.8m and require ongoing running costs of around £20,000pa the cost of which the council will continue to meet.
- 5.3 Retain the club in its existing position but on a regularised basis. SCC could compel the Club to sign up to a lease regularising their current occupation of the buildings, making the club responsible for running costs and ongoing maintenance costs.
- 5.5 In addition the retail development would not come forward and there would be a saving on running and repair costs in the medium term. In the longer term the buildings would fall into disrepair and there would be occasional calls for SCC to step in and provide funding and/ or the buildings would be left vacant and SCC would ultimately be liable for their demolition.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The overall contract with the developer will enable the Council to achieve a capital receipt, bring forward the development of a retail scheme, achieve the redevelopment of an under used former school building and enable the accommodation of a popular boxing club and community facility.

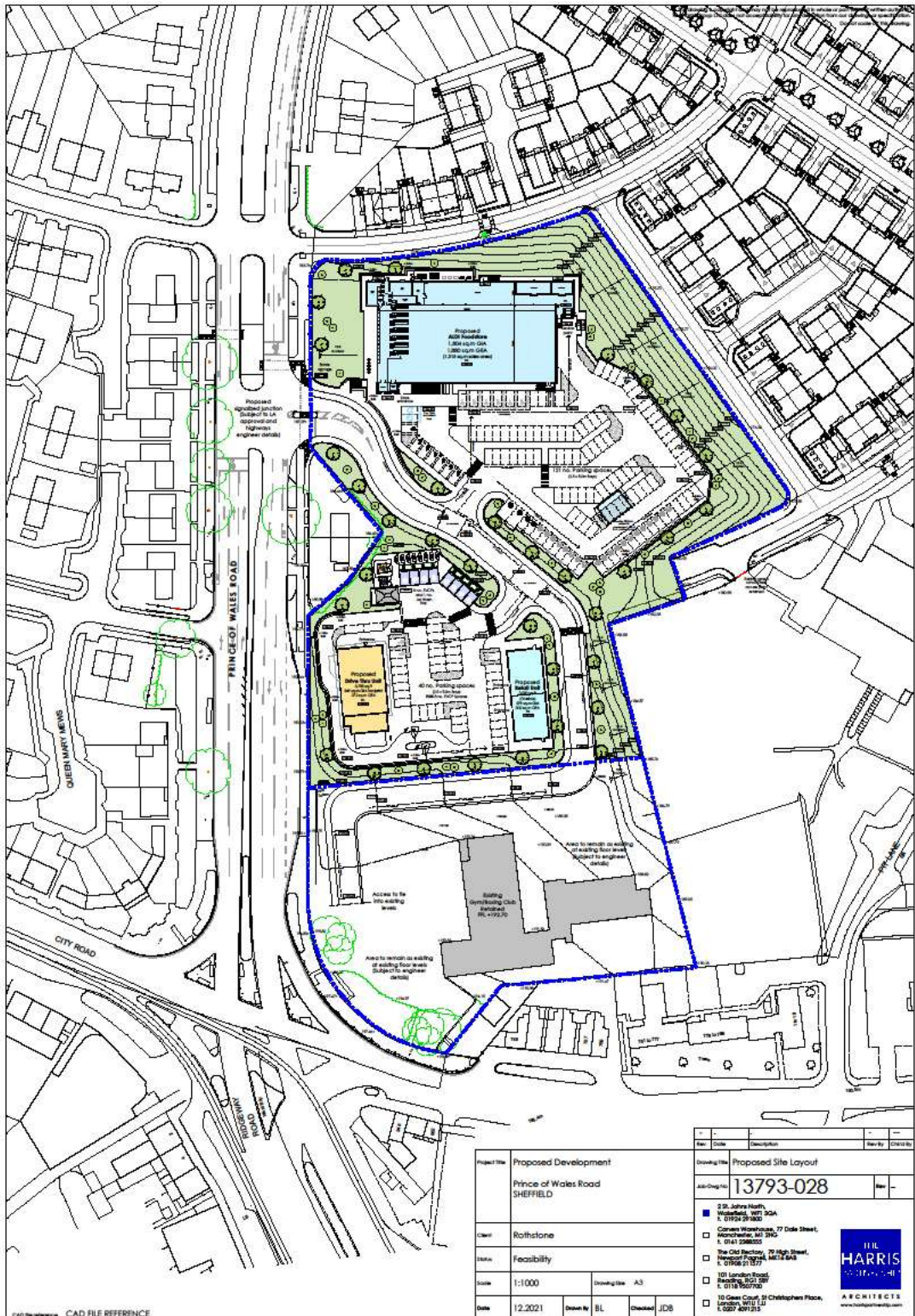
THE SITE



Building	Drawing Title	Scale
	Prince of Wales Road Sheffield	1:1250
Name	Ref	Date
AD		16/11/2021
<small>Maps are reproduced from Ordnance Survey with permission of HMSO. OS License No. 300018816. This drawing is protected by copyright. The Copyright owner is Sheffield City Council.</small>		



THE SCHEME



By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Agenda Item 25

Author/Lead Officer of Report:

Jessica Kavanagh
Service Manager

Applications Systems and Data – Place Portfolio
Tel: 07824 012160

Report of: Executive Director of Place

Report to: Co-operative Executive

Date of Decision: 16 / 03 / 2022

Subject: Procurement of Housing Software System and Document Management IT systems

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input type="checkbox"/>	
Which Co-operative Executive Member Portfolio does this relate to? Housing, Roads & Waste Management		
Which Scrutiny and Policy Development Committee does this relate to? Overview and Scrutiny Management Committee		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? EIA1140		
Does the report contain confidential or exempt information?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
“The appendix is not for publication because it contains exempt information under Paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended) in that they include information relating to the financial or business affairs of any particular person (including the Council) and the balance of public interest is in the information not being released.		

Purpose of Report:

The purpose of this report is to seek approval for the procurement of a Housing software solution and Document Management IT systems for the Council’s Housing service. This will be procured via the Crown Commercial Services procurement framework Data and Applications Solutions RM3821 for a period of 3 years for the housing solution and an initial period of 3 years with an option to extend for a further up to 2 years for the housing document management solution

Recommendations:

It is recommended that the Co-operative Executive:

- 1) Approve the procurement of the Housing software solution and Document Management Systems via the Crown Commercial Services (CCS) framework as outlined in this report.
- 2) Approve the direct award of the new contracts to NEC Software Solutions Ltd as outlined in this report.
- 3) Where no existing authority exists, delegate authority to the Executive Director of Business Strategy, in consultation with the Director of Finance and Commercial Services to take such steps to meet the aims and objectives of this report.

Background Papers:

N/a

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated/additional forms completed/EIA completed, where required.	Finance: Kayleigh Inman
		Legal: Gemma Day and Henry Watmough-Cownie
		Equalities: Louise Nunn
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	Executive Director who approved submission:	Mick Crofts
3	Cooperative Executive Member consulted:	Paul Wood
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Jessica Kavanagh	Job Title: Service Manager; Applications Systems and Data Place
	Date: 04 March 2022	

1. PROPOSAL

1.1 The Council Housing Service currently has a contract with NEC Software Solutions Ltd (NEC) for the provision of a housing IT software system and a document management system which the service use to enable delivery.

1.2 The Housing and Neighbourhoods service employ over 1000 staff and provide a wide range of housing and related services. They are the largest social housing landlord in the city with 38,700 homes and 2,700 leasehold properties to manage and maintain. The service has a £150 million annual 'rent roll'.

1.3 On top of the standard local authority landlord offer, the Housing and Neighbourhoods service works closely with its statutory partners, tenants and landlords to offer additional services. They are responsible for the regulation of over 45,000 Private Rented Homes, as well as around 100 high-rise buildings in the city, the majority of which are in the private sector.

1.4 The Council has used NEC housing software for a number of years and the functionality forms part of the wider Place Systems Review programme (PSR). The Council's aspiration is to eventually consolidate the number of housing related systems that provide the current functionality and replace with one solution that delivers most of the requirements. Following a positive soft market engagement exercise in 2021, consolidation was deemed to be achievable.

1.5 Subsequently a tender was issued as a Further Competition under Crown Commercial Services, Data and Applications Solutions framework RM3821 for the PSR. The returned bids are currently in the evaluation stage of the procurement process and therefore no further details on the tender process can be provided at this time to ensure a robust and compliant process is adhered to in accordance with Procurement Contract Regulations 2015.

1.6 The current contract with NEC ends on 31 March 2022, the proposal outlined will allow for the continuation of the current software and services from the supplier whilst the procurement of replacement systems(s) is concluded, and the new solution implemented through the PSR programme. A new contract to enable retention of the current systems beyond 31 March 2022 is required to ensure there is no loss of service or disruption to the Housing delivery teams or Council tenants until the PSR programme is delivered.

1.7 This proposal is to procure a new contract to enable the retention of the current housing software solution and will be undertaken via the Crown Commercial Services framework Data and Applications Solutions (DAS) RM3821 in which NEC is appointed. The new contract is proposed to be for a period of 3 years which will complement the outcome of the live PSR tender. Retention of the current housing solution will therefore provide stability while the replacement PSR programme is undertaken.

1.8 The Council requirements for a document management solution will also be met as a direct award to NEC under the above Crown Commercial Services RM3821. This will be for a period of 3 years with an option to extend by two further 1 year periods to make 5 years in total. An extension period is required as the document management solution is outside of the scope of the PSR programme. The expectation is that the document management solution will remain regardless of the outcome of which housing management solution is awarded via the PSR programme.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 The provision of an efficient automated Housing service supports high quality and safe homes for all our citizens; an ambition that is set out within the Communities and Neighbourhood section of the One Year Plan.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 No. There is no statutory requirement to consult on this matter.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 Following an Equality Impact Assessment there are no concerns raised. Any appointed Supplier must meet the Supplier Code of Conduct standards set out by government

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779660/20190220-Supplier_Code_of_Conduct.pdf)

4.1.2 This is part of Joint Schedule 5 (Corporate Social Responsibility) setting out the standards and behaviours expected of suppliers who work with government.

4.1.3 We know that the supplier has a corporate responsibility framework and within this has a Equality statement <https://www.necsws.com/corporate-responsibility>

4.2 Financial and Commercial Implications

4.2.1 The new contract price being £528k. The increased price is due to additional Citrix licencing costs as well as general inflationary cost rises.

4.2.2 The general cost increases will be met by BCIS and will need to be managed within the existing resources of the service.

4.2.3 The additional licensing costs relating to housing will be recharged to the appropriate housing budget.

4.2.4 As the proposed values will exceed the Public Contract Regulations 2015 threshold, in which as a public sector authority the Council is required to comply with. Commercial Services have identified a suitable Public Sector framework, Crown Commercial Services Data and Application Solutions (DAS) RM3821 as a compliant route to create a contract. The terms and conditions will be in accordance with the framework Call Off procedure.

4.2.5 The contract term will be for an initial period of 3 years for both the housing solution and the document management solution, with an option to extend for a further two 1 year periods for the latter only.

4.3 Legal Implications

The Localism Act 2022 provides Local Authorities with a general power of competence which enables them to do anything that an individual can do so long as the proposed action is not specifically prohibited. The Council has a specific power to do anything which is calculated to facilitate is conducive or incidental to the discharge of any of the functions (s111 Local Government Act 1972).

The procurement of any goods or services by the Council must be undertaken in accordance with all relevant provisions of the Council's Constitution including Contracts Standing Order and all applicable Procurement rules. In this case the Council intend to call off a contract under the CCS Framework.

4.4 Other Implications

4.4.1 Human Resources Implications

n/a

4.4.2 Environmental Implications

n/a

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Do Nothing

Due to the anticipated expenditure for both software applications over the proposed term the Council is required to comply with Public Contract Regulations 2015 and therefore to continue use of the software beyond the current contract period would not conform.

5.2 Reduced Contract period

A shorter contract period was not taken forward for either software application due to the required alignment to the PSR programme and/or to longevity required to provide stability to the service and council tenants.

5.3 Open Market Procurement

The housing marketplace is very limited due to the bespoke nature of the service requirements in which the council are seeking to consolidate the requirements and commercial arrangements. The key players in the market are appointed to the CCS DAS framework and have already undertaken a competitive and compliant procurement process.

5.4 Use of a Public Sector Framework

The CCS DAS framework has been identified as a suitable framework in which to make a Call Off contract. It has already been competitively tendered and is

compliant with PCR 2015 regulations. It enables a direct award via CCS e-marketplace.

6. REASONS FOR RECOMMENDATIONS

6.1 The contract with NEC for housing software and document management software is due to expire 31 March 2022. The housing service has a requirement to retain use of the systems to compliment and align to the PSR programme. A compliant commercial vehicle has been sourced.

6.2 Failure to secure a contract for the supply of these systems will impact on the Council's ability to provide a housing service to its residence and create a service gap until the PSR programme has delivered its outcome.

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of the Local Government Act 1972.

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