

Cabinet

**Wednesday 18 December 2019
at 2.00 pm**

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

The Press and Public are Welcome to Attend

Membership

Councillor Julie Dore	(Leader of the Council)
Councillor Jackie Drayton	(Cabinet Member for Children & Families)
Councillor Terry Fox	(Cabinet Member for Finance, Resources and Governance)
Councillor Mazher Iqbal	(Cabinet Member for Business and Investment)
Councillor Bob Johnson	(Cabinet Member for Transport and Development)
Councillor Mark Jones	(Cabinet Member for Environment, Streetscene and Climate Change)
Councillor Mary Lea	(Cabinet Member for Culture, Parks and Leisure)
Councillor George Lindars-Hammond	(Cabinet Member for Health and Social Care)
Councillor Abtislam Mohamed	(Cabinet Member for Education and Skills)
Councillor Paul Wood	(Cabinet Member for Neighbourhoods and Community Safety)

PUBLIC ACCESS TO THE MEETING

The Cabinet 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 Julie Dore.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. 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 Cabinet 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.

Cabinet meetings are normally open to the public but sometimes the Cabinet 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. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

Cabinet 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.

If you require any further information please contact Paul Robinson on 0114 273 4029 or email paul.robinson@sheffield.gov.uk.

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

**CABINET AGENDA
18 DECEMBER 2019**

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 1 - 4)
Members to declare any interests they have in the business to be considered at the meeting.
- 5. Minutes of Previous Meeting** (Pages 5 - 16)
To approve the minutes of the meeting of the Cabinet held on 20th November 2019.
- 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 17 - 20)
 - (a) Report of the Executive Director, Resources, notifying the Cabinet of the retirement of staff from the Council's service and proposing that the Council's thanks for their work be conveyed to them.
 - (b) To report the forthcoming retirement, on 31st December 2019, of the Chief Executive, John Mothersole, after 22 years' service to the Council, and to convey the Council's thanks for his work.
- 9. Dementia Services** (Pages 21 - 88)
 - 9.1 Sheffield Dementia Strategy**
Report of the Executive Director, People Services.
 - 9.2 Procurement of Daytime Opportunities for People Living with Dementia**
Report of the Executive Director, People Services.

- 10. Report of the Local Government & Social Care Ombudsman regarding Assessment for Blue Badges** (Pages 89 - 120)
Joint report of the Monitoring Officer and the Executive Director, Resources.
- 11. Month 7 Capital Approvals** (Pages 121 - 158)
Report of the Executive Director, Resources.
- 12. Lease Renewal - Rose Garden Cafe, Graves Park*** (Pages 159 - 174)
Report of the Executive Director, Place.

*(NOTE: Appendices 1 & 2 to the report at item 12 in the agenda are not available to the public and press because they contain exempt information described in paragraph 3 of Schedule 12A to the Local Government Act 1972, as amended.)

NOTE: The next meeting of Cabinet will be held on Wednesday 15 January 2020 at 2.00 pm

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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Cabinet

Meeting held 20 November 2019

PRESENT: Councillors Julie Dore (Chair), Jackie Drayton, Mazher Iqbal, Bob Johnson, Mark Jones, Mary Lea, George Lindars-Hammond and Abtisaam Mohamed

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Terry Fox and Paul Wood.

2. EXCLUSION OF PUBLIC AND PRESS

2.1 The Chair (Councillor Julie Dore) reported that appendices to the reports at agenda items 13 and 14 (See minutes 12 and 13 below) – ‘Disposal of Land at Smithfield and Cross Smithfield’ and ‘Disposal of Land at 210 Rockingham Street’ - were not available to the public and press because they 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 appendices was to be discussed, the public and press would be excluded from the meeting.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of Cabinet, held on 9 October 2019, were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Public Question in respect of Governance

5.1.1 Russell Johnson commented that, having recently spent time in Newcastle and Liverpool, comparable cities having suffered similar austerity to Sheffield, it seemed to him that they were much more successful in providing vibrant and attractive places for their citizens than Sheffield, with better public transport, care for historic buildings, better cultural offer and many other aspects.

5.1.2 Mr Johnson asked whether this was because of unimaginative, arrogant and insular governance which failed to listen to other parties and had a moribund cadre of officers, in Mr Johnson's view almost certainly guilty of malfeasance associated with the Streets Ahead PFI? Mr Johnson therefore asked if the Leader believed it was time for her to review her position, or at least announce that she would not be standing as a candidate in next May's local election?

5.1.3 As a point of order, Councillor Jackie Drayton, Cabinet Member for Children and Families, asked whether Mr Johnson should be allowed to accuse officers of maladministration in a public meeting? Councillor Mazher Iqbal, Cabinet Member for Business and Investment, added that, for Mr Johnson to make comments such as this, he needed to present evidence to substantiate this claim.

5.1.4 The Leader of the Council, Councillor Julie Dore, responded that the electorate of Sheffield would decide the administration of its City and, ultimately, the Leader of the Council. Councillor Dore would not be taking any further questions from Mr Johnson at this time following his remarks about Council officers.

5.2 Public Question in respect of Student Accommodation

5.2.1 Nigel Slack referred to agenda item 14 on the agenda for today's meeting in respect of Disposal of Land at 210 Rockingham Street. He commented that, at the last meeting of Full Council, he had asked the Council whether we still needed another 2000+ beds in the City. The response from the Cabinet Member commented on this scheme following a well tried formula for mixed developments but did not address that question of demand. Mr Slack therefore asked what was the current student bed capacity in this type of accommodation in the City? How many students are currently attending the two Universities? Were the Council aware of reports that many of these student blocks were operating at less than maximum capacity? If this information was not known, how could people be confident in this proposed development?

5.2.2 Mr Slack further referred to the confidential appendix in the report and commented that he would challenge the idea that every word of the exempted material was commercially sensitive. The approach of wholesale exemption from the public, and presumably non-Cabinet Councillors, did not promote full transparency and was, therefore, bad for the perception of democracy in the decision making process. Will the Council review this practice of wholesale exemption?

5.2.3 Mr Slack further commented that a number of paragraphs in the report stated that this was a student housing development, contrary to the comments made by the Cabinet Member for Transport and Development at the last Full Council meeting. Was this a student development or a mixed scheme?

5.2.4 Mr Slack then referred to paragraph 3.1.2 of the report which stated 'The development of new purpose built student accommodation can also have a longer term impact by releasing traditional housing stock situated outside of the

city centre back into the private market.' Mr Slack asked was there any evidence for this statement in the Sheffield housing market or was it another anecdotal comment not supported by facts?

5.2.5 Mr Slack then referred to paragraph 4.1 of the report which stated 'There had been no formal consultation'. Mr Slack commented that this implied that there had been some informal consultation. Was this the case?

5.2.6 Councillor Bob Johnson, Cabinet Member for Transport and Development, responded that he had recently commissioned a Student Residential Strategy which would be submitted to Cabinet in due course which would provide the answers to Mr Slack's questions.

5.3 Public Question in respect of Mount Pleasant

5.3.1 Nigel Slack commented that he was still awaiting responses from his questions to the Scrutiny Committee meeting which had discussed the Mount Pleasant site in March 2018, this despite assurances from the previous Deputy Leader on 17 April and the current Leader on 17 July to chase the matter. Mr Slack attached the questions concerned, which were circulated to Cabinet and asked that the responses be expedited.

5.3.2 The Leader of the Council, Councillor Julie Dore, apologised to Mr Slack as she did not have the questions from the meeting but would provide a response in due course.

5.4 Public Question in respect of Cladding

5.4.1 Nigel Slack asked, with recent further serious issues over aluminium cladding, this time with a student block in Bolton, what response had the Council received to their enquiries about the safety of private residential blocks using aluminium cladding in Sheffield and when will the report on the Hanover cladding inquiry be published?

5.4.2 The Leader of the Council, Councillor Julie Dore, commented that, unfortunately, the Cabinet Member for Neighbourhoods and Community Safety (Councillor Paul Wood) was not in attendance at the meeting to provide a detailed answer. She was aware that the publication of the report into the Hanover cladding was imminent. She would respond in writing if there was any further information available from Councillor Wood.

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 Cabinet, other than the decision taken by the Cabinet Member for Neighbourhoods and Community Safety taken on 14 October 2019 regarding the Council Housing Stock Increase Programme, the outcome of which was reported at section 6.2 below.

6.2 Call-In of the Decision in respect of the Council Housing Stock Increase Programme

6.2.1 It was reported that (a) a meeting of the Safer and Stronger Communities Scrutiny and Policy Development Committee had been held on Tuesday 19 November 2019 to consider a call-in of a decision made by the Cabinet Member for Neighbourhoods and Community Safety taken on 14 October 2019 regarding the Council Housing Stock Increase Programme and (b) that the Committee had agreed that no action be taken in relation to the called-in decision, although the Committee had identified issues arising which would be fed back to the decision maker and/or added to the Committee's work programme.

6.2.2 **RESOLVED:** That Cabinet notes the information reported.

7. RETIREMENT OF STAFF

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

RESOLVED: That this Cabinet :-

(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>		
Graham Carter	Electrician, Repairs and Maintenance Service	44
Mark Harris	Maintenance Supervisor, City Centre Management and Major Events	41
<u>People Services</u>		
Alison Anderson	Teacher, Norfolk Park School	33
Sandra Bishop-Wells	Residential Childcare Practitioner	29
Denise Lovell	Senior Teaching Assistant Level 3, Pipworth Community Primary School	34
Wendy Shepherd	Supervisory Assistant, Hucklow Primary School	22
David Stokes	Teacher, Ecclesall Primary School	40

<u>Name</u>	<u>Post</u>	<u>Years' Service</u>
John Webber	Teacher, Brightside Nursery Infant School	34
Jo Ullah	Provider Services Worker, Future Options	34

- (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. JOINT COMMISSIONING: THE SHEFFIELD RESPONSE TO THE NHS LONG TERM PLAN

8.1 The Director of Public Health submitted a report setting out Sheffield City Council's (SCC) support to the ongoing development of arrangements for implementing the priorities in the NHS Long Term Plan (LTP). It described several key principles that Cabinet were asked to endorse, then explained how, through the various joint arrangements already in place, Sheffield is responding to the challenges set out in that Plan. It identified a number of areas where the LTP's aspirations are considered to be too weak, set out the Council's response to those areas, and described SCC's aspirations for how the health and care system should work at neighbourhood, city and 'Integrated Care System' (ICS) geographies.

8.2 **RESOLVED:** That Cabinet:-

- (a) notes and endorses the Council's response to the NHS Long Term Plan, as set out in the report;
- (b) endorses the direction of travel set out in the next steps section of the report; and
- (c) requests that the Cabinet Member for Health and Social Care engages in a dialogue with South Yorkshire and Bassetlaw (SY&B) ICS to ensure that the position set out in this report is given due consideration.

8.3 Reasons for Decision

Following consultation with the Clinical Commissioning Group and the Council, the report is the agreed way forward.

8.4 Alternatives Considered and Rejected

To not accept the recommendations in the report.

9. TACKLING INEQUALITIES IN THE CITY THROUGH INVESTING IN GRANTS TO THE VOLUNTARY AND COMMUNITY SECTOR 2020-2021

9.1 The Executive Director, People Services, submitted a report seeking permission to agree a grant aid budget, at a value of £1.437m, for a period of one financial year (2020-2021) for the purposes outlined in the report, and to extend the majority of existing grant aid funding arrangements for 12 months up to 31 March 2021, to allow for a full and thorough review of Voluntary Sector Grant Aid to be undertaken to (a) understand outcomes achieved from grant aid funding, (b) understand the impact on Council priorities of not funding the voluntary and community sector (VCS) and (c) gain an overview of total Council investment in the VCS.

9.2 **RESOLVED:** That Cabinet agrees an extension to the existing Grant Aid Strategy (2017-20) for 12 months from 1st April 2020 to 31st March 2021, as outlined in the report, and in particular:-

- (i) approves the Grant Aid budget for the extension period of £1.437m for the financial year 2020-2021, as detailed within the report;
- (ii) approves the individual grant awards as detailed within the report and delegates authority for signing the necessary variations to the existing multi-year Grant Agreements to the Head of Communities where no such authority exists under the Leader's Scheme of Delegation;
- (iii) agrees that the Tackling Inequality Fund be re-launched for applications; and where no such authority exists under the Leader's Scheme of Delegation, delegates authority to the Head of Communities, in consultation with the Cabinet Member for Neighbourhoods and Community Safety, to award and manage such grant awards in line with the report;
- (iv) awards existing Lunch Clubs a 12 month extension for 2020/21, subject to a delegated approval of the Head of Communities in line with the report;
- (v) approves the extension of the Lunch Club Development Support for 12 months in line with the report, and where no such authority exists under the Leader's Scheme of Delegation, delegates authority to the Head of Communities to manage such Development Support in line with the report;
- (vi) where no existing authority exists under the Leader's Scheme of Delegation, delegates authority to the Head of Communities to:-
 - (A) agree the amounts, purposes and recipients of any individual grants awarded in-year from the Grant Funds including any additional sums received, returned or unpaid and to carry out such management and award and withdrawal of such funding as necessary and in line with the report;

- (B) to allocate any other additional sums that may be received in-year from other parts of the Council or other partners as part of the Voluntary Sector Grant Aid process to fund local voluntary sector activity;
- (C) to vire the budgets between the stated grant funds if an underspend is identified during the financial year; and
- (D) to make changes to the 'outcomes and delivery' of grants for 2020/21 in line with the objectives of the report.

9.3 Reasons for Decision

- 9.3.1 Extending existing arrangements for a year into 2020/21 allows us to continue to support the valuable work of the VCS, tackling inequalities in Sheffield in the most cost effective way, whilst we undertake a thorough review of the Council's investment in grant aid, how we can link to other funding streams and gain a greater understanding of the overall impact to its citizens.
- 9.3.2 The City Council wishes to continue to fund the voluntary sector through grant aid whilst understanding the financial constraints. We want to show the voluntary sector we value the excellent and wide ranging support they provide to a wide and diverse range of Sheffield residents.
- 9.3.3 Relaunching the Tackling Inequalities Fund, part of the overall Grant Aid monies, allows us to invite new organisations in the city to bid for funding to allow for innovative support to the City's diverse communities.

9.4 Alternatives Considered and Rejected

9.4.1 Make no reduction to the Grant Aid fund

A strong voluntary and community sector is the foundation for a thriving society, and is invaluable in supporting the Council's priority to reduce inequalities across the City of Sheffield, e.g. health, poverty.

9.4.2 Reduction applied to Citizens Advice Bureau grant only

Reducing the largest grant, the Citizens Advice Bureau (CAB) grant, means only one grant recipient receives a cut in 2020/21. CAB also receives funding from other services within the Council. However, this may lead to a reduced service to a particular community or loss of a post.

10. MONTH 6 CAPITAL APPROVALS

- 10.1 The Executive Director, Resources, submitted a report providing details of proposed changes to the Capital Programme 2019/20, as brought forward in Month 6.

10.2 **RESOLVED:** That Cabinet:-

- (a) approves the proposed additions and variations to the Capital Programme listed in Appendix 1 of the report, including the procurement strategies and delegates authority to the Director of Finance and Commercial Services or nominated Officer, as appropriate, to award the necessary contract; and
- (b) approves the making of grants as identified in Appendix 2 of the report, and where the identity of any recipients is not known or to be confirmed, delegated authority be given to the Head of Strategic Transport and Infrastructure to determine grant award in line with the objectives of the Clean Bus Technology Fund project, where no existing authority within the Leader's Scheme of Delegation exists.

10.3 **Reasons for Decision**

10.3.1 The proposed changes to the Capital Programme will improve the services to the people of Sheffield.

10.3.2 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.

10.3.3 Obtain the relevant delegations to allow projects to proceed.

10.4 **Alternatives Considered and Rejected**

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.

11. **REVENUE BUDGET AND CAPITAL PROGRAMME MONITORING 2019/20 - AS AT 30/09/2019**

11.1 The Executive Director, Resources, submitted a report providing the outturn monitoring statement on the City Council's Revenue and Capital Budget 2019/20, as at the end of Month 6.

11.2 **RESOLVED:** That Cabinet:-

- (a) notes the updated information and management actions provided by the report and the attached appendices on the 2019/20 Revenue Budget Outturn;

- (b) in relation to the Capital Programme, notes the forecast Outturn position described in Appendix 2 of the report;
- (c) notes the review of the Treasury Management Strategy and prudential indicators in Appendix 4 of the report; and
- (d) approves the requests in the Sheffield City Trust section of this report relating to operational subsidy funding and additional grant financing to support capital maintenance and approves the request for approval of funding for the Council's own additional costs for developing a long term leisure strategy.

11.3 **Reasons for Decision**

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

11.4 **Alternatives Considered and Rejected**

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. **DISPOSAL OF LAND AT SMITHFIELD AND CROSS SMITHFIELD**

12.1 The Executive Director, Place, submitted a report seeking approval for Sheffield City Council to enter into an agreement for the disposal of freehold land at Smithfield and Cross Smithfield within the city centre.

12.2 **RESOLVED:** That Cabinet:-

- (a) approves the proposals set out within the report and the terms of the proposed agreement as explained in the appendix to the report, and declares the land identified surplus to the requirements of the Council;
- (b) delegates authority to the Chief Property Officer to agree the terms of the disposal and the terms of any other documentation required; and
- (c) delegates authority to the Director of Legal and Governance, in consultation with the Chief Property Officer, to negotiate and complete such legal documentation as they consider necessary, on such terms as they may agree, to give effect to the proposals set out in the report.

12.3 **Reasons for Decision**

12.3.1 The intended outcome of the proposal is to deliver new private housing in a

designated housing growth area and help assist with the continued regeneration of the St Vincent's Quarter. The development proposes to deliver a mix of housing tenures which are non-student and will include a significant number of affordable units.

12.3.2 The proposals will relocate existing businesses to other commercial sites within the city which are more sustainable and repurpose older commercial use buildings which are inefficient.

12.4 **Alternatives Considered and Rejected**

12.4.1 The Council could do nothing; this may result in the site remaining in its current use for several more years. As existing buildings deteriorate, levels of occupation may fall and parts of the site may become derelict, as has been experienced with other sites within St Vincent's Quarter.

12.4.2 It is feasible that individual parts of the site may be brought forward for redevelopment in isolation; this could result in a compromised scheme or restrict the future redevelopment of other/adjacent sites.

13. **DISPOSAL OF LAND AT 210 ROCKINGHAM STREET**

13.1 The Executive Director, Place, submitted a report seeking approval for Sheffield City Council to dispose of freehold land at 210 Rockingham Street to enable the assembly of a larger site to be redeveloped for student housing.

13.2 **RESOLVED:** That Cabinet:-

- (a) approves the proposals set out within the report and the terms of the proposed disposal as explained in the appendix to the report, and declares the land identified surplus to the requirements of the Council;
- (b) delegates authority to the Chief Property Officer to agree the terms of the disposal and the terms of any other documentation required; and
- (c) delegates authority to the Director of Legal and Governance, in consultation with the Chief Property Officer, to negotiate and complete such legal documentation as they consider necessary, on such terms as they may agree, to give effect to the proposals set out in the report.

13.3 **Reasons for Decision**

13.3.1 The intended outcome of the proposal is to deliver new purpose built student accommodation within the city centre and repurpose existing commercial sites where older buildings are inefficient and would benefit from redevelopment.

13.3.2 The development proposals will help attract additional footfall in the retail core which will be of benefit to the city. The disposal will also deliver a significant capital receipt, New Homes Bonus and CIL contribution for the Council.

13.3.3 The proposals will deliver the economic and financial benefits as outlined within the report and its appendix.

13.4 **Alternatives Considered and Rejected**

The Council could do nothing. This may result in the site remaining in its current use for several more years. Other parts of the site may be brought forward in isolation which may result in a compromised scheme. This could also have a negative impact on the continued or future use of the Council owned land.

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Author/Lead Officer of Report:
Paul Robinson, Principal Committee Secretary

Tel: 27 34029

Report of: *Executive Director, Resources*

Report to: *Cabinet*

Date of Decision: *18 December 2019*

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 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. STAFF RETIREMENTS

- 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>Portfolio</u>		<u>Years' Service</u>
<u>People</u>		
Jacqueline Hazel	Residential Support Worker, Provider Services	26
Vivienne Read	Teaching Assistant Level 2, Shooters Grove Primary School	25
<u>Place</u>		
Philip Waller	Caretaker Housing and Neighbourhoods	25

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Author/Lead Officer of Report: Nicola Shearstone, Head of Commissioning, Early Support & Prevention, People Portfolio

Tel: 0114 2735027

Report of: John Macilwraith
Report to: Cabinet
Date of Decision: 18 December 2019
Subject: Sheffield Dementia Strategy

Is this a Key Decision? If Yes, reason for 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? Cabinet Member for Health & 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>Via SCCG QEIA process</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:-		
<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 seek approval of the Sheffield Dementia Strategy as a set of overarching principles for further projects relating to Dementia care.

The Dementia Strategy, and subsequent projects carried out under the strategy, will improve the support available to people living with dementia and their carers.

The Sheffield Dementia Strategy (which consists of 13 Commitments) (see *appendix 1*) has now been finalised by the Dementia Strategy Implementation Group (a multi-agency group, reporting to the Mental Health, Learning Disability

and Dementia Delivery Board).

The strategy is now being taken to the relevant decision making bodies for partner organisations for final approval; alongside a progress update on activity related to the Strategy.

Recommendations:

It is recommended that Cabinet:

- Approve the Dementia Strategy.

Background Papers:

- Sheffield Dementia Strategy Commitments document

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 Jeffries (19/11/19)
	Legal: Laura Garvin-Smith (27/11/19)
	Equalities: Ed Sexton (14/11/19)
<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: Councillor George 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: Nicola Shearstone
	Job Title: Head of Commissioning, Early Support & Prevention, People Portfolio
Date: 03/12/19	

1. PROPOSAL

- 1.1 The Dementia Strategy Implementation Group¹ is a multi-agency group, reporting to the Mental Health, Learning Disability and Dementia Delivery Board. Public, voluntary, community and private sector organisations across Sheffield committed to work together to improve the care and support for people of all ages living with or caring for those living with dementia to enable them to live life to their full potential).
- 1.2 The Dementia Strategy Implementation Group has jointly authored the Sheffield Dementia Strategy (which consists of 13 Commitments) (see *appendix 1*)
- 1.3 The development of the strategy forms Sheffield's response to the Prime Minister's 2020 Challenge on Dementia. It is not a legal requirement to respond to the Challenge in this way but there is a Government expectation that progress is made to achieve the aspirations of the Challenge. It is also a positive step towards improving the health, care, and experience of people in Sheffield with dementia and their carers. It builds on ongoing work (both established and emerging) across the city.
- 1.4 During the strategy development stage it was agreed that the commissioning of support for people with dementia should continue to progress provided that it was broadly in line with the emerging themes. A Sheffield City Council commissioning plan to develop dementia support has been in place since November 2018.
- 1.5 Activity which has continued includes: developing user voice; community activities; community support developments in local neighbourhoods, including proactively contacting contact people who have been recently diagnosed. There has also been a focus on capacity building for dementia friendly communities - the dementia action alliance was given a grant in 2018 for 3 years to drive dementia friendly communities work. Some of their achievements include: 21 businesses are now member organisations, work with care homes on establishing dementia friendly environments, and delivery of Enrichment for the Elderly Dementia stars training sessions.
- 1.6 More recently the CCG and Sheffield City Council have agreed to develop a joint commissioning plan which SCC will lead on behalf of the CCG. This includes a specialist advice service for professionals to ensure care is co-ordinated and people can live well at home (October 2019); and redesign and remodelling of day support for younger and older adults (April 2020).
- 1.7 There is also other work being taken forward linked to the strategy, which

¹ Partners constituting the Dementia Strategy Implementation Group include: Sheffield City Council, NHS Sheffield Clinical Commissioning group, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Health and Social Care Foundation Trust, South Yorkshire Housing Association, Sheffield Dementia Action Alliance, Age UK Sheffield, Alzheimer's Society, and St Luke's.

has been progressed over recent months and continues to be developed. This includes activity to understand the current purpose and future model (mapped to the strategy) of CCG commissioned services; and the Sheffield Teaching Hospitals dementia care plan of action.

- 1.8 The strategy is now being taken to the appropriate decision making bodies of partner organisations for final comment and approval; alongside a progress update on activity related to the Strategy. As part of this process, Cabinet is asked to approve and adopt the strategy.
- 1.9 Next steps are to develop, and implement, detailed action plans for the strategy, through smaller multi-agency working groups that will report to the Dementia Strategy Implementation Group. Work has now started on this stage of the project.
- 1.10 A significant part of this process will be (as per commitment 13) to identify key measureable targets and baseline data so it is possible to measure success.
- 1.11 As part of the ongoing governance of the strategy, we will also establish a robust approach to ongoing engagement and challenge. This will ensure that there is sufficient challenge on the strategy implementation. Involvement of people with dementia and their carers will be a key element of this approach.
- 1.12 By early 2020, key milestones to be achieved are:
 - The detailed action plans for the strategy to be completed - existing activity has continued to be implemented during this time and gaps have started to be identified;
 - Approval by all relevant Boards/Leadership teams;
 - The Commitments document will be published online and shared more widely with stakeholders; and
 - Robust approaches to ongoing engagement and challenge will be established to support the development and governance of the implementation plans.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The Sheffield Dementia Strategy will support work to embed, drive and coordinate activity to improve dementia care and experiences across the system. It will directly contribute towards the following priorities outlined in the Corporate Plan:
 - *Thriving neighbourhoods and communities* – through creating dementia friendly communities, and ensuring prevention becomes an integral part of dementia work.
 - *Better health and wellbeing* – through improving the health and wellbeing of people with dementia and their carers.
 - *Tackling inequalities* – for example, through improving the outcomes for people with dementia, who have high rates of comorbidity, mortality, hospital admission, and experiences of stigma.

- 2.2 According to [POPPI](#) data there are 6,977 people aged 65 and above in Sheffield with dementia, with 80-84 year olds having the highest number. Dementia is more common in people over the age of 65, with symptoms generally starting to show in someone's seventies. In 2019 there are an estimated 95,000 people living in Sheffield aged 65 and over. It is predicted that 6,977 of these people will have dementia (7.2% of the 65+ population). Estimates show that this figure could rise to over 9,000 people aged 65 and above by 2035 (7.7% of the 65+ population).
- 2.3 The key impacts of dementia on individuals:
- Mortality - Of the top 25 causes of years of life lost in the UK due to premature mortality between 1990 to 2010, a study found Alzheimer's disease and other dementias had risen from 24th place to 10th, accounting for 2.6 percent of total years of life lost across the top 25 causes.
 - The individual and family - Those coping with dementia face the fear of an uncertain future; while those caring can see their loved ones slipping away. People over the age of 55 years fear dementia more than any other disease.
 - Unpaid carers and family - It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and many will have to cut their working hours to make time for caring, or to leave work altogether.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 The strategy developed over a 12 month period with discussion, debate and consultation with a significant number of stakeholders across the city with particular emphasis on inclusion of people with dementia and their families at every stage.
- 3.2 Stakeholders consulted include: SHINDIG, Burton Street Foundation, Healthwatch Sheffield, Sheffield Hallam University, University of Sheffield, Young Dementia UK, Voluntary Action Sheffield and 'Our Place' (Alzheimer's Society).
- 3.3 Engagement began on 3 December 2018 and ran until 1 February 2019. The engagement focused on those who are directly affected by dementia, namely the individuals living with dementia, their carers and family, as well as professionals involved in their care. We also wanted to ensure that other people were able to have their say and methods and activities were tailored to each audience.
- 3.4 Engagement activities included:
- A survey was available as a paper and online version and distributed through various networks.
 - Officers from the partner agencies engaged with a number of existing activities and groups to raise awareness of the Strategy and give people the opportunity to ask questions and share their views.

Existing activities were used to target individuals affected by dementia as they are in the familiar circumstances and environments that they are used to participating in.

- Materials were distributed through networks to reach a wider audience. This included paper copies of the survey distributed to all GP Practices, as well as information being sent to Tenants and Residents Associations, community newsletters, and organisations that work with communities under-represented in statutory dementia services.

3.4 Work has started in mapping current activity against each of the commitments and identifying the priorities. A workshop (including people with dementia and professionals) held in May 2019 was set up to identify the priority commitments for action. Although there was no consensus about which commitment to prioritise the following were areas of significant interest:

- Information and advice post diagnosis;
- Reducing stigma and making Sheffield more dementia friendly;
- Improving the quality of care for people admitted to A&E and Sheffield Teaching Hospitals;
- A more co-ordinated approach to care and support; and
- Support for families

3.5 There is an on-going pledge by the Dementia Strategy Implementation Group to ensuring that the voices of people living with dementia and caring for those living with dementia are heard and used to develop the actions plans that will drive the delivery of the Strategy once it is agreed.

3.6 This will include, as part of the ongoing governance of the strategy we will establish a support and challenge group which will ensure there is sufficient challenge on the strategy implementation. The group will work inclusively, with people with dementia and their carers playing an integral part in all activity.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 An Equality Impact Assessment has been completed as part of the SCCG QEIA process. Detailed EIAs will be completed as an integral part of the implementation stage of the strategy.

4.1.2 Different groups of people will also be impacted differentially by dementia – something that will be considered as part of the implementation of the strategy. For example:

- Women are more likely than men to develop dementia in their lifetimes. One of the main reasons for the greater prevalence of dementia among women is the longer life expectancy of women. 65% of people living with dementia are women. 60 -70% of carers for

- people with dementia are women.
- Some research suggests that dementia is more likely to be missed in men because they are less likely to lose their memory, as male dementia sufferers were more likely to have suffered from “atypical” symptoms which are more difficult to spot.
 - National evidence shows that’s people from Black, Asian, and minority ethnic communities often have lower than average diagnosis rates and access to services.
 - People living with dementia who are over 65 have on average four comorbidities, while people without dementia have two on average. 91.8% of people living with dementia have another health condition.
 - Although there are only small numbers of younger people in the city with dementia, their support needs are often different to those of older people, and it is important that these needs are met.
 - People with learning disabilities are at increased risk of developing dementia. If a person with a learning disability develops dementia, they will face different and additional challenges to people who do not have a learning disability.
 - Dementia is challenging for everyone, however, being LGBT and having dementia can present extra difficulties. For example, memory problems might make it harder for an individual to remember who they have told about their sexual orientation or gender identity.

4.2 Financial and Commercial Implications

4.2.1 To support this development and drive priorities forward NHS Sheffield CCG (SCCG) , Sheffield Health and Social Care NHS Foundation Trust (SHSC) and Sheffield City Council (SCC) have funded a part time project officer (from September 2019) to work on ways to identify and take forward the priorities. This replaces a gap left by the previous post holder who left in early 2019.

4.2.2 There is no specific budget attached to the strategy and work under the strategy principles is currently being delivered within existing resources. Partner organisations continue to resource ongoing activity and services to support people with dementia and their families.

4.2.3 It is however important to note that dementia prevalence is predicted to increase significantly over coming years, and this will lead to increased demand on primary and secondary care (as well as local authority and voluntary sector services). The Dementia Strategy has a strong focus on cross-system work to support people to live well with dementia and prevent or delay the onset of dementia. In the longer term this should help to manage (and potentially reduce) demand for services. However in the short and mid-term, the system will need to find ways to manage demand in the context of ongoing budget pressures, alongside making improvements to patient experience and access to care. The Dementia Strategy will help provide a collaborative framework to do this for people with dementia and their carers in Sheffield, but it does not come with additional resources attached.

4.2.4 There are no commercial implications for this report. To note, during the strategy development stage it was agreed that the commissioning of support for people with dementia should continue to progress providing it was broadly in line with the emerging themes which are now captured in the strategy principles. However, all commercial considerations for the commissioning plans will be subject to the usual processes and are therefore not considered in this report.

4.3 Legal Implications

4.3.1 There are no legal implications in adopting the strategy. It is not a legal requirement to have a strategy, but there is a Government expectation that progress will be made. Any recommendations or activity from the detailed work plans of the strategy will consider potential legal implications as part of the usual organisational processes, as required.

4.4 Other Implications

4.4.1 There are no specific other implications for this report. Any recommendations or activity from the detailed work plans of the strategy will consider potential implications as part of the usual organisational processes, as required.

5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 **Not have a strategy** - It is not a legal requirement to respond to the Prime Minister's Challenge with a strategy. However there is a Government expectation that progress is made to achieve the aspirations of the Challenge and it was felt by the Dementia Strategy Implementation Group that having a strategy will help Sheffield to achieve this.

5.2 **Have a local authority-specific strategy for dementia** – The Dementia Strategy Implementation Group felt that having a strategy that all key partners were signed up to would be the most effective way to embed, drive and coordinate work to improve dementia care and experiences across the system.

6. **REASONS FOR RECOMMENDATIONS**

6.1 The Sheffield Dementia Strategy is now being taken to the appropriate decision making bodies across partner organisations for final comment and approval; alongside this progress update on activity related to the Strategy. As part of this process, Cabinet is asked to approve and adopt the strategy.

6.2 The development of the strategy forms Sheffield's response to the Prime Minister's 2020 Challenge on Dementia. It builds on ongoing work (both established and emerging) across the city. It will support work to embed,

drive and coordinate activity to improve dementia care and experiences across the system.

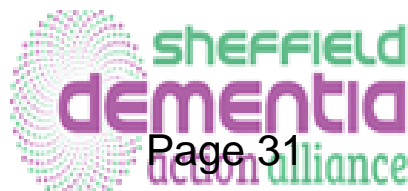
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Sheffield Dementia Strategy Commitments

VERSION: 19 NOVEMBER 2019

South
Yorkshire
Housing
Association



Page 31



Our commitments for dementia in Sheffield

There are approximately 7,000 people currently living with dementia in Sheffield: that's just over 1% of the whole of the city's population.

Organisations across the city are working together to improve the care and support for people of all ages living with - or caring for those living with - dementia in Sheffield.

The organisations that have been working in partnership are Sheffield City Council, NHS Sheffield Clinical Commissioning Group, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Health and Social Care Foundation Trust, South Yorkshire Housing Association, Sheffield Dementia Action Alliance, Age UK Sheffield, Alzheimer's Society, and St Luke's.

Partners would also like to acknowledge the important contribution of the following organisations in influencing the discussions and feedback that have informed this document: SHINDIG, Burton Street Foundation, Healthwatch Sheffield, Sheffield Hallam University, University of Sheffield, Young Dementia UK, Voluntary Action Sheffield and 'Our Place' (Alzheimer's Society).

Our vision is to make sure people with dementia are supported to live life to their full potential. With this in mind, we have created 13 commitments to delivering care and support, which aim to improve everyone's different experiences of dementia.

These commitments have been influenced by national guidance, as well as conversations we've had with people living with dementia, their carers, health and social care professionals and volunteer groups.

What is dementia?

The word 'dementia' describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. A person with dementia may also experience changes in their mood or behaviour. The specific symptoms that someone with dementia experiences will depend on the parts of the brain that are damaged and the disease that is causing the dementia. Dementia is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes.

Dementia is more common in people over the age of 65, with symptoms generally starting to show in someone's seventies. In 2019 there are an estimated 95,000 people living in Sheffield aged 65 and over. It is predicted that 6,977 of these people will have dementia (7.2% of the 65+ population).

Alzheimer's disease is the most common cause of dementia - around 50%-75% of all cases. For Sheffield (based on 2019 data), this could potentially mean between 3,419 and 5,128 people aged 65 and above. Symptoms of Alzheimer's disease affect five main areas – memory, cognitive ability, insight, language and spatial awareness.

Vascular dementia is the second most common type of dementia with up to 20% of cases - for Sheffield, this could potentially mean up to 1,367 people aged 65 and above. This form of dementia results from small strokes which cause pockets of cell damage in the brain. Other forms of dementia include frontotemporal dementia, dementia with lewy bodies, and young onset dementia (those under the age of 65).

Why do we need a new Dementia Strategy in Sheffield?

The Department of Health launched the 'Prime Minister's 2020 Challenge on Dementia'[1] in 2015, which called for local action to agree and work together on local plans and approaches to help transform dementia care.

Public, voluntary, community and private sector organisations across Sheffield are committed to work together to improve the care and support for people of all ages living with, or caring for those living with dementia, to enable them to live life to their full potential.

The Sheffield Dementia Strategy is a set of shared commitments, with descriptions of what will be different as a result of the detailed actions plans that we will develop for each of the commitments. It forms our response to the Prime Minister's Challenge, and builds on ongoing work (both well established and emerging) across the city.

The Dementia Strategy has a strong focus on living well with dementia and delaying the onset of dementia. Dementia is more common in people over the age of 65 with symptoms generally manifesting in someone's seventies. A person can live with dementia for up to 10 to 15 years. Given the rise in the number of people living well into their seventies and eighties in the UK, this means dementia is an increasingly important factor in relation to healthy life expectancy (how long we can expect to live in good health).

What is the vision for Sheffield?

The vision in Sheffield is to ensure that people with dementia of all ages and their families are supported to live to their full potential. To achieve this vision, there are four key priorities that the commitments will focus on:

1. To prevent or delay the onset of dementia by maintaining a healthier lifestyle and behaviours, across all ages, (with a focus on mid-life 40s and 50s).
2. For all people living with dementia and their families/carers to feel empowered and know where to go to seek information, advice and help.
3. To be able to access timely care and support that enables them to live well at home for as long as possible and to die with dignity.
4. To live in a dementia friendly community, where people with dementia are understood, respected and supported.

How have the commitments been developed?

The commitments outlined over the following pages have been developed in line with the strategy's vision and priorities. They reflect best practice, and have been influenced by national guidance and through conversations with people living with dementia, their carers, volunteers and professionals who support people living with dementia, from across all sectors including health, social care and voluntary sector.

There is an on-going pledge to ensuring that the voices of people living with dementia and caring for those living with dementia are heard and used to develop the actions plans that will drive the delivery of the commitments.

There is a commitment to setting clear outcomes against which the success of the strategy can be measured. These will be based on the outcomes that people living with dementia and their carers say are important to them.

Commitments

1

Sheffield will become a dementia friendly city.

2

We will ensure prevention becomes an integral part of the dementia work.

3

We will improve access to the diagnosis of the diseases that cause dementia at the earliest possible stage for the people of Sheffield.

4

For people with dementia, support in Sheffield will be more personalised, local and accessible to help people to remain independent for as long as possible.

5

We will provide high quality support to families and carers of people with dementia in Sheffield to help people with dementia maintain their independence for as long as possible.

6

Sheffield will continue to provide out of hospital emergency assessments and short term care when people need it and in the most appropriate setting.

7

Sheffield will continue to provide specialist inpatient assessment and treatment for people who are unable to receive care in their own homes.

8

We will make sure that more people get access to personalised, good quality palliative and end of life care when they need it.

9

We will improve care for people with dementia attending A&E and those admitted to Sheffield Teaching Hospitals.

10

Care and support services will take account of the needs of people with dementia.

11

We will support the clinical and non-clinical research community in Sheffield.

12

We will provide guidance to clinicians in relation to the best medicines for dementia, including when to initiate and review medication.

13

We will monitor the strategy and the implementation plan supporting it



Commitment 1:

Sheffield will become a dementia friendly city

...a city where communities, organisations and local businesses all support people to **live well** with dementia.

There is still an unacceptable stigma surrounding dementia which can often lead to poor experiences for people living with dementia. To overcome this we need to improve awareness and understanding of dementia across all sectors of society. Working with partners to explore the potential to promote and support increased participation in dementia friendly initiatives and dementia befriending. Linking into the local neighbourhoods and the People Keeping Well Partnerships that currently exist in the city, will be key ways we deliver on this commitment.

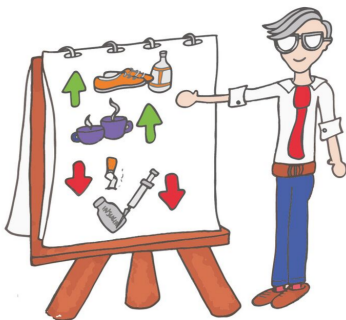
There are currently over 14,500 people registered as Dementia Friends and 92 Dementia Champions in Sheffield. Sheffield was one of the first cities in the country committed to being a Dementia Friendly Community. A Dementia Friendly Community is where cities, towns, villages and local businesses and organisations support people to live well with dementia, helping them remain independent for longer. By working towards being a dementia friendly city, Sheffield aims to encourage the inclusion of people with dementia, carers and their relatives to ensure they are heard.

A strong theme running through all groups and ages of people we spoke to through our engagement work was that people want to be able to continue with hobbies and interests that they have or maintain contact with activities that they have participated in since their diagnosis. Sheffield has a wealth of dementia activities provided by a wide range of providers but they can sometimes be hard to find and lack coordination.

Driving and transportation were also topics that were regularly discussed through our engagement work. As dementia progresses it has greater effects on people's ability to drive and as a result, everyone with dementia will eventually lose the ability to drive safely. From the feedback we received through our engagement work, it seems likely that for some people, the psychological consequences of having to stop driving are not fully addressed by current services.

What will be different?

- All public sector employees in the city will receive the appropriate level of dementia training for their role.
- Inter-generational programmes will link nurseries / schools with care homes and dementia cafes / lunch clubs.
- Sheffield Dementia Action Alliance partners will support the development of dementia friendly businesses across the city.
- Dementia Friends awareness sessions will be offered to all front line health and social care staff and the use of digital communities of practice to support this will be explored.
- More local (neighbourhood based) information will be included in the Alzheimer's Society Dementia Connect website.
- There will be better links between the dementia strategy programme and the Age Better Programme led by South Yorkshire Housing Association.
- There will be more dementia friendly public transport and taxi drivers.



Commitment 2:

We will ensure prevention becomes an integral part of the dementia work

...because dementia is not an inevitable part of ageing: there are lots of ways we can **delay or prevent** people getting dementia.

Dementia is not an inevitable part of aging. The Projecting Older People Population Information system (POPPI) estimated that in 2017 a total of 6,709 people aged 65 and over have dementia in Sheffield. This is set to rise to 10,186 by 2035.

The Lancet Commission (2017) on dementia prevention, intervention and care provides a number of suggestions for reducing the risk of dementia throughout the life-course, starting with more childhood education.

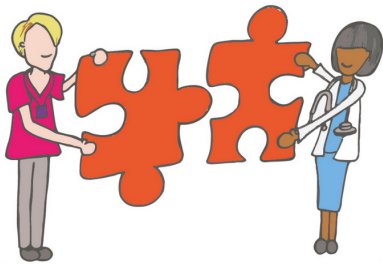
From their review the following interventions could delay or prevent a third of dementia cases:

- Increasing levels of physical activity
- Maintaining social engagement
- Reducing smoking
- Managing hearing loss
- Managing depression

- Managing diabetes
- Managing and reducing obesity
- Active treatment of hypertension in people without dementia of middle age (45-65 years) and in later life aged (65 and over).

What will be different?

- There will be increased awareness about the risk factors and progression of dementia in health and social care staff.
- People with hypertension will be identified and managed appropriately. All people in Sheffield with a diagnosis of hypertension will be in active treatment by 2020.
- Dementia risk awareness will be included in existing public health work.



Commitment 3:

We will improve access to the diagnosis of the diseases that cause dementia at the earliest possible stage for the people of Sheffield.

...because the **earlier** we diagnose, the more time and options we have for treatment and care.

Although there is currently no cure for dementia, a timely diagnosis unlocks the door to appropriate care and treatment. It also gives the person living with dementia the best opportunity to ensure their wishes are taken into account in the development of their care plan and more chance to take part in research if they wish to do so.

Sheffield continues to do relatively well (compared to other areas) in diagnosing dementia - however, we don't yet know if we are doing equally well in diagnosis across all groups of society. There is work to do to understand the rates of diagnosis in different groups. We will therefore look at information about people currently being diagnosed, to see whether any groups are under-represented.

There is a commitment in the Prime Minister's Challenge on Dementia 2020 to increase the numbers of people of black, Asian and minority ethnic (BAME) and other seldom heard groups who receive a diagnosis of dementia. This will be done through greater use by professionals of diagnostic approaches that are linguistically or culturally appropriate.

The prevalence of dementia in people with learning disabilities is higher than in the general population. However, the early stages are more likely to be missed or misinterpreted, particularly if several professionals are involved in the person's care. The person may find it hard to express how they feel their abilities have deteriorated and problems with communication may make it more difficult for others to assess change. It's vital that people who understand the person's usual methods of communication are involved when a diagnosis is being explored, particularly where the person involved does not use words to communicate.

The engagement work which took place to shape this strategy identified that work to date to understand the experiences of people from BAME groups, people with learning disabilities and people with young onset dementia has been limited and it was recommended that more work needs to be done to actively seek their views. We also found that not all people presenting to their GP with memory problems are offered or want to be referred to a specialist memory service and this can limit their access to post diagnostic support.

What will be different?

- We will have a better understanding of the prevalence of dementia in BAME and other minority groups (e.g. people with learning disabilities, under 65s).
- There will be more active engagement with these groups to inform future support and service design through the implementation plan.
- We will ensure the leads for the different pathways for dementia diagnosis work more closely together and review the linkages between them – this will include people who are admitted to Sheffield Teaching Hospitals and diagnosed (informally) during their inpatient stay.
- There will be an improved understanding of linguistically and culturally appropriate approaches to support diagnosis and post diagnosis care in Sheffield.
- Equality impact assessments will have been completed for all dementia specialist services in the pathway to help guide how we address any issues identified.
- A baseline functional assessment will be captured for all people with a learning disability to aid future diagnosis.
- There will be improved awareness in primary care of the different pathways for diagnosis and dementia care with everyone given a choice by their GP to access a specialist memory service.
- Specialist dementia services will work more closely with primary care to offer a more integrated, flexible (person centred) approach to diagnosis for all groups.
- There will be earlier access to post diagnostic support for people diagnosed with dementia and their families / carers.
- There will be greater use of new technologies to support the diagnostic process.



Commitment 4:

For people with dementia, support in Sheffield will be more personalised, local and accessible

... a more **personal, flexible** approach to care will help people remain independent for as long as possible.

The Prime Minister's Challenge for Dementia 2020 states that every person with a diagnosis of dementia should have meaningful care following their diagnosis, which supports them and those around them, in line with the NICE Guidance (2018). This should include having a care plan, a named person to support them, and an assessment of any help they may need with day to day activities.

Following diagnosis by a specialist memory service people receive a wealth of information about health and social support available to them and about their diagnosis. Feedback from patients and carers is that this information can be overwhelming and a more personalised, flexible approach to this post diagnostic support could be beneficial.

For those going through the specialist memory service in Sheffield, they will also have a care plan agreed with them and an opportunity to make advanced care plan decisions. However, communicating about this plan back to other health and social care providers involved with a person is variable. Increased personalisation of care plans, focusing on a person's functional wellbeing and coordination of local information will help people to access activities most suited to them in the future, help people maintain their independence and potentially remain living in their own homes for longer.

A case management service is also available, which people living with dementia or their carers can access for support anytime post diagnosis.

There are a wealth of community based services and support networks available throughout Sheffield. The feedback from people with a dementia diagnosis is that they find it hard to find out about services local and relevant to them. Raising the profile of Sheffield's many community based assets, many of which are run by the voluntary sector, will be a key part of achieving this commitment.

There are many potential uses of technology to help support people living with dementia and their families / carers. Technology including assistive technology can help people to live independently for longer and potentially enhance their quality of life. Sheffield is committed to ensuring people are aware of what is available, as well as utilise technology in service provision as far as possible to monitor health, reduce social isolation and connect people.

What will be different?

- There will be a standardised set of information for people with dementia and the people who support them to ensure consistency to support flexible, personalised/local approach to post diagnostic information provision and on-going support.
- There will be improved support already provided by the voluntary sector to ensure availability of relevant and accessible support.
- There will be a greater use of technology to support people with dementia to remain independent for longer.
- There will be a smooth transition from the point of diagnosis into local community activities supported through neighbourhood to ensure a person with dementia and their carer/ family remain linked into their local community networks.
- There will be closer working between specialist dementia services and local communities.
- Care plans will be shared (with the appropriate permissions) to all relevant people involved in a person's care and support.
- Care plans (including any advanced care planning statements) will be reviewed at least once a year by the person most appropriate to a person's care.
- There will be a review of the support available to people with young onset dementia across Sheffield.
- People diagnosed under the age of 65 will have equal access to appropriate high quality post diagnostic support.
- An offer of support will be developed for young people with a dementia diagnosis to support them to remain independent and in work.
- There will be improved support offer for people with a learning disability who are diagnosed with dementia to ensure equal access to appropriate post diagnostic support.
- Information will consistently be offered after a diagnosis of dementia and through support in relation to legal requirements.
- Local guidelines will be developed for practitioners who are responsible for advising people with dementia to stop driving, including information about the emotional impact this may have.
- Staff working with people with dementia will promote the use of memory aids & assistive technology to reduce risk and promote independence.
- Sheffield commissioners and providers will work closely with the digital workstream of the Accountable Care Partnership to ensure Sheffield residents benefit from the developing innovations locally.



Commitment 5:

We will provide high quality support to families and carers of people with dementia in Sheffield

...it's important to look after the physical health and psychological wellbeing of **families and carers** too, so they feel supported in their roles.

People with dementia can feel more vulnerable and increasingly rely on other people to do things for them as their disease and symptoms progress. Caring for someone with dementia can be frustrating and stressful at times, it's therefore important for the physical health and psychological wellbeing of the carer that they are supported with their caring responsibilities. In many cases A&E attendances and hospital admissions for people with dementia are due to carer stress and carer breakdown rather than an acute health needs. Carers are more likely to struggle to continue to study or work; be unwell (twice as likely as the rest of the population); suffer financial hardship and be lonely and unable to have a social life. Sheffield already has a Carer's Strategy containing six carer principles which are that by 2020 every carer should have appropriate opportunities to:

1. Access at the right time, the right type of information and advice for them, their family and the person they care for
2. Understand their rights and have access to an assessment
3. Have a voice for themselves and the person they care for
4. Have regular and sufficient breaks
5. Continue to learn and develop, train or work (if they wish to)
6. Look after their own health

Through the Dementia Strategy Implementation Group we will work with the Carer's Strategy Implementation Group to ensure that the needs of people caring for individuals with dementia are recognised and they are supported to continue in their caring role independently as long as they wish to.

What will be different?

- There will be improved identification and recording of carer status to ensure people are offered support.
- There will be an increased awareness across health and social care staff about the issues faced by carers and the importance of providing timely support.
- All carers for someone living with dementia will be made aware of their right to a carer's needs assessment at the time of diagnosis.
- Carers for someone living with dementia will have access to an effective intervention to reduce the risk of depression.

- Timely and appropriate respite will be available for people living with dementia and/or their carer.
- There will be improved quality of life scores for people caring for someone with dementia.
- There will be an improved offer of bereavement support pre and post their loved ones death.



Commitment 6:

Sheffield will continue to provide out of hospital emergency assessments and short term care when people need it and in the most appropriate setting

....we want to make sure that in **times of crisis**, it's easy to access help in a safe environment.

People with dementia and their families / carers currently can access support from a specialist dementia team 7 days a week between 8am and 8 pm and from alternative community mental health staff outside those hours. Feedback on the care provided by this team from families is generally very positive.

However, feedback from referrers to the service and from carers of people with dementia suggests that there is confusion regarding how to access help in times of crisis (particularly out of normal office hours) , a need for a quicker triage response and for better linkage between this team and the out of hours cover.

Accessing timely short term care either in a person's usual place of residence or for those who can no longer safely remain in their own home an alternative location is often difficult to put in place in a timely way in emergency situations.

What will be different?

- There will be a clear route for accessing support at times of crisis which will be well communicated regardless of the type of need (physical health, mental health, social care etc.)
- Everyone living with dementia and their carers will know who to contact in a crisis (whatever time and whatever day of the week)
- Carers and people living with dementia will be supported, as part of the care planning process, to complete and maintain an emergency plan.

- Dementia care plans will be linked into existing citywide care plans such as 'OK to Stay'.
- There will be a faster response to requests for emergency assessments in the community.
- There will be improved access to emergency placements and care when required.
- There will be reduced inappropriate admissions to hospital and care homes for people with dementia.



Commitment 7:

Sheffield will continue to provide specialist inpatient assessment and treatment for people who are unable to receive care in their own homes.

...we want to provide a range of services that can help support **different needs at different times**.

Even with comprehensive community based support for people living with dementia, there are occasions when people can no longer stay in their own home and need to receive care in a different setting. This can be for many reasons, for example a short period of respite, an assessment of needs following an emergency admission to hospital, rehabilitation following a physical health problem or palliative care at the end of life.

Sheffield has an inpatient service for people who are actually unwell where service users receive a full psychological and physical assessment and appropriate treatment and management. Patients admitted to this service have behaviour that is highly complex and unstable, presenting significant challenges to their usual care givers. The number of patients admitted to this acute inpatient service are low and consequently Sheffield has a very low number of Mental Health Act detentions for dementia (approx. 45 per year) putting it in the lowest 25% nationally.

Sheffield has a very low number of people that have to go outside of the city for specialist dementia care (up to five per year). The strategy will review this and look to the possibility of providing this higher level of on-going care within the city.

Currently there is a lack of consensus about what the level of need in the city will be going forwards over the next 10+ years. Additional work with public health and outcomes development group is required.

What will be different?

- There will be an agreed Sheffield model to provide inpatient and other levels of care for people with dementia
- There will be an agreed longer term plan for dementia assess to care beds following conclusion of pilot
- There will be equal access to rehabilitation and reablement services for people with dementia – reablement is the range of services provided by the NHS and local authorities aimed at helping people recover from illness as quickly as possible.



Commitment 8:

We will make sure that people get access to personalised, good quality palliative and end of life care when they need it

...allowing everyone to die with **dignity**, free from pain and in the place of their choice.

Each person with a diagnosis of dementia is unique. It is therefore key that the wishes of the person, as far as it is possible to do so, are understood and carried out, allowing them to die with dignity, free from pain and in the place of their choice.

The percentage of deaths in their usual place of residence can be taken as a good proxy for preferred place of death and therefore a measure of the quality of end of life care. In 2017/18 almost 69% of people with dementia died in their usual place of residence in Sheffield. This is the same as the national and regional average.

A cross organisational workshop looking at end of life care for people with dementia was held in Sheffield in September 2018 to look at how this could be improved. The workshop included commissioners of services and providers from the statutory, voluntary and private sectors.

The key challenges the group highlighted included:

- The lack of public awareness that end stage/advanced dementia is a terminal illness and how the end stages of dementia will impact on a person.
- The need for early conversations (post diagnosis) with people living with dementia and their families / carers about advanced care planning. Many professionals found it difficult to initiate these conversations.
- The difficulties sharing information (care plans) across organisational boundaries, particularly in times of crisis, meant that the persons wishes were often not heard or acted upon.

What will be different?

- Family and carers will be better supported to maintain care at home and avoid unnecessary hospital admissions at end of life.
- Health and social care providers will be better skilled to facilitate those early conversations about advanced care planning.
- People diagnosed with dementia will be offered early and on-going opportunities for advanced care planning.
- A robust step up and step down process will be agreed with providers as appropriate, with the least disruption to the person receiving the care.
- Care planning information will be shared better across organisational boundaries.



Commitment 9:

We will improve care for people with dementia attending A&E and those admitted to Sheffield Teaching Hospitals

...we want to **prevent unnecessary admissions** to hospital and **reduce lengthy stays**.

National data shows that in the UK people living with dementia who are over 65 occupy approximately 25% of beds in hospitals. 42% of people over 70 who have an unplanned admission to an acute hospital have dementia; 20% of hospital admissions of people living with dementia are for preventable conditions. The readmission rate for people living with dementia is also far higher than for people without, 8.2% vs. 3.5% for planned care and 25% vs. 17% for emergency care.

Once in hospital people with dementia often have longer stays than people without dementia and there can also be delays in supporting them to leave hospital. In Sheffield between Aug 2017 and July 2018, 42% of the nights people with dementia spent in a hospital bed were after they were medically fit for discharge. Delays in discharging people from hospital are a system wide problem and will require the whole health and social care system to work together to resolve. For emergency hospital admissions, 36.4% of people living with dementia are discharged to a different residence to when they were admitted.

Someone who has dementia can find changes, such as moving to an unfamiliar place or meeting new people who contribute to their care, unsettling or distressing. Having some basic information about the person when they are admitted to hospital can help health and social care professionals to build a better understanding of who the person really is and therefore make that move less difficult.

One of the goals of the Prime Minister's Challenge on Dementia 2020 was to increase training of NHS staff to ensure that people living with dementia received the best possible care in hospital.

What will be different?

- There will be improved screening for cognitive impairment in A&E and /or at point of admission to a ward.
- People with dementia who could be best cared for out of hospital will be less likely to be admitted from A&E onto a ward.
- When a person with dementia visits hospital, attends as an outpatient or has an inpatient stay, they will be cared for in a physical environment that meets their needs.
- There will be improved sharing of information about the person's preferences and basic personal information at point of admission
- The use of the "All About Me" tool will enhance a person's personalised care.
- Hospital staff (including specialist healthcare professionals) will receive the appropriate level of dementia training for their role.
- There will be improved reviews of drugs to reduce use of antipsychotic medications and reduce the cumulative effect of using multiple medications (anticholinergic burden) for people in hospital with dementia.
- As an inpatient in specialist wards, there will be access to a programme of support, stimulation and activity in order to enhance their inpatient experience.
- The person with dementia, their family, and carers, will be better supported to access support on discharge by easy access to available community support whilst they are in hospital.
- Reduced length of stay in hospital for people with dementia.



Commitment 10:

Care and support services will take account of the needs of people with dementia

...so that people with dementia will receive great care and have a good experience in **any** service across the city, not just dementia specialist services.

An estimated one-third of people with dementia live in residential care and two-thirds live at home.

Home care workers provide a growing range of vital care and support services to enable people to live well with dementia in their own homes, including personal care, administration of medication and more general support.

National data shows that:

- Dementia and cognitive impairment are estimated to affect around 80 per cent of residential care home residents. Supporting people with dementia in non-specialist homes can enable them to stay there.
- People with dementia living in a care home are more likely to go into hospital with avoidable conditions (such as urinary infections, dehydration and pressure sores) than similar people without dementia.

Sheffield is working with partners across South Yorkshire to implement the Enhanced Health in Care Homes (EHCH) Framework. The EHCH model seeks to overcome some of the challenges faced by people with dementia by improving health care support within care homes and by improving access to secondary care and to mental health services in the community.

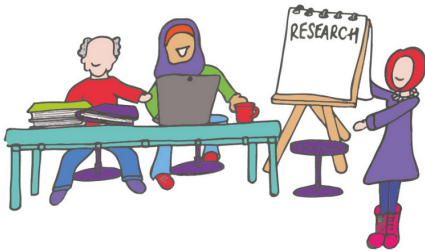
Key parts of the work include:

- Timely diagnosis of dementia and support following a diagnosis.
- Shared care planning to deliver high-quality, personalised care planning and life planning.
- Ensuring timely access to secondary care, specialised mental health services and end of life services.
- Education, training and professional development help ensure that carers, families, and staff employed by social care providers feel supported.
- Medication reviews. Reducing polypharmacy and optimising antipsychotic medication are key for people with dementia.
- The physical environment for residents. Well-designed facilities, such as sensory environments and home environments, have been shown to improve the quality of life for persons living with dementia.
- Use of the 'This is Me' tool, which helps NHS services ensure that all care home residents' needs are met, both when NHS staff attend the care home and when residents attend NHS services as outpatients, day patients, or in-patients.

What will be different?

- People will be supported to remain in their choice of residence.
- Care staff will receive on-going specialist dementia training.
- Dementia specialist services will offer a proactive approach to supporting all care providers.
- We will increase use of technology in all settings where care is received to monitor and share information with health and social care colleagues.

- Guidance will be provided to care providers on what is a good physical environment for people with dementia.
- Ongoing work to support the provision of innovative and high quality dementia care at home, delivered in a way that is personalised and appropriate to the specific needs of the person with dementia, their family and carers.



Commitment 11:

We will support the clinical and non-clinical research community in Sheffield

...to **involve** people with dementia and their carers in their research, and collaborate on new opportunities and **innovation**.

As part of the Prime Minister's Challenge on Dementia 2020, the Government committed to a further £300m for funding for dementia research by 2020.

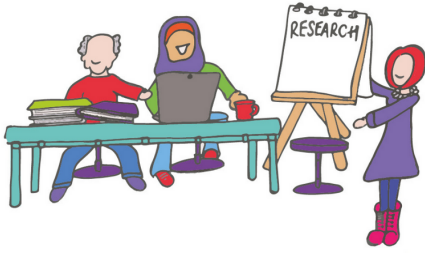
Sheffield already has an active dementia research community and is committed to providing more opportunities for people with dementia and their carers to get involved in research and to improving collaboration across the sector by creating new opportunities, encouraging inter-disciplinary working and innovation in research.

There is an on-going portfolio of commercial and non-commercial research being undertaken in Sheffield some of which focuses on drug trials, other work focuses on innovation and the use of technology. Sheffield Health and Social Care Trust is the only mental health trust within Yorkshire and Humber to deliver commercial research for dementia. The University of Sheffield has a dedicated website outlining the dementia research it is involved in <https://www.sheffield.ac.uk/dementia>.

Working with clinical and research leaders in Sheffield and discussions with the public it is clear that locally there is an appetite to ensure that any research that is carried out is practice based and (where successful) can be quickly adopted to improve care.

What will be different?

- We will offer early and on-going opportunities for people with a diagnosis of dementia and their families /carers to get involved in research trials.
- There will be improved cross organisational working to collaborate on bids for research funding.
- We will raise the profile of research in the city and nationally.



Commitment 12:

We will provide guidance to clinicians in relation to the best medicines for dementia, including when to initiate and review medication

...making sure that healthcare professionals can treat patients with **confidence and consistency**.

As the prevalence of dementia increases in the population and GPs encounter more dementia patients in their day to day work, we need to ensure they are able to treat their patients with confidence and consistency. The NICE dementia guidance was updated in 2018. This included significant changes to prescribing guidance including:

- After a specialist diagnosis of dementia, the first prescription of cognitive enhancer medicines can now be made by a GP. These are medicines which can improve cognitive functions like memory.

As the person's dementia progresses GPs can now consider the addition of a second medication, however advice can still be sought from specialists as needed. The use of cognitive enhancer medication should only be part of a wider package to support patients with dementia. Non-pharmacological social support and assistance with day-to-day activities should also be in place as needed as the disease progresses.

NICE guidance says that certain medicines can reduce a person's cognition (anticholinergics). Increased awareness and promotion of reviewing the use of these medicines is promoted in the guidance and will be shared with health care professionals.

A lot of work has already taken place in the city to reduce the inappropriate use of antipsychotics to manage behaviour that challenges people with dementia. Training in this area has already been established to increase peoples knowledge of alternative approaches to using antipsychotics. We will continue to monitor the use of antipsychotics to ensure appropriate use is maintained.

What will be different?

- There will be a local review of prescribing guidance in light of NICE dementia - guidelines published in 2018, including the initiation of acetylcholinesterase (AChE) inhibitors in primary care.
- There will be an improved awareness in GP services and hospital services regarding the association of some commonly prescribed medicines with increased anticholinergic burden, and therefore cognitive impairment.
- We will improve GPs access to expert advice in relation to prescribing for people with dementia.
- There will be a reduction in inappropriate prescribing of antipsychotic medication for people with a diagnosis of dementia.
- There will be a reduction in the variation in prescribing levels across Sheffield for people with dementia.



Commitment 13:

We will monitor the strategy and the implementation plan supporting it

...we will work with our partners to implement this plan, **achieve results**, and keep **evaluating** to make sure our work for people with dementia is the best that it can be.

Public, voluntary, community and private sector organisations across Sheffield have committed to work together to improve the care and support for people of all ages living with, or caring for those living with dementia to enable them to live life to their full potential.

There is an on-going commitment to ensuring that the voices of people living with dementia and caring for those living with dementia are heard and used to develop a strategy for the city and services.

We have established a cross-organisational Dementia Strategy Implementation Group to oversee the strategy development and continue to drive it forward. Detailed work to achieve the commitments we will managed through working groups (workstreams), using the latest evidence base as well as the voices of the service users and their carers to inform direction and priorities.

What will be different?

- Each partners' organisation will formally agree to supporting the commitments outlined in the strategy
- The existing workstreams and projects will be reviewed to ensure they have dedicated leadership to drive through the plan that supports this strategy
- The Dementia Strategy Implementation Group will continue to meet (at least bi-monthly) and will report on a regular basis into the Mental Health Transformation Steering Group and Board as part of the Accountable Care Partnership governance arrangements
- There will continue to be joint leadership by NHS Sheffield CCG and Sheffield City Council to drive the work forward and ensure dementia is linked into other relevant strategies across the city
- We will engage the public throughout the life of the strategy to provide transparency on progress and to ensure the strategy continues to listen to and meet the needs of the population of Sheffield

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Author/Lead Officer of Report: Joanne Knight

Tel: 0114 2057142

Report of: *Dawn Walton Director of Commissioning Inclusion and Learning and Sara Storey Interim Director of Adult Social Care*

Report to: *Cabinet*

Date of Decision: *18th December 2019*

Subject: *Procurement of Daytime Opportunities for people living with Dementia*

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</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 <i>617</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:-				
<i>“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 gain approval to proceed with a joint procurement (led by Sheffield City Council on behalf of the Sheffield Clinical Commissioning Group) and award various contracts in respect of a number of daytime opportunities for people of all ages who are living with dementia and in addition improve the support network for younger people under 65 and their families.

Recommendations:

It is recommended that Cabinet:-

- 1) Approve the procurement of the daytime opportunities for people living with dementia as outlined in this report.
- 2) Delegate the decisions for the award of the various contracts procured to the Director of Commissioning Inclusion and Learning and the Interim Director of Adult Services in consultation with the Director of Commercial and Finance Services, the Director of Legal Services and Clinical Commissioning Group Director of Commissioning and Performance, Deputy Accountable Officer, in line with this report.
- 3) To the extent not already delegated to them by the Leaders Scheme of Delegation, delegate authority to the Director of Commissioning Inclusion and Learning and Interim Director of Adult Services in consultation with the Director of Commercial and Finance Services to take any other decisions necessary in order to meet the aims and objectives of this report.

Background Papers:

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>Hayley Ashforth and Anna Beeby</i>
		Legal: <i>Henry Watmough-Cownie / Gemma Day</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>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>Joanne Knight</i>	Job Title: <i>Strategic Commissioning Manager</i>
	Date: <i>29th November 2019</i>	

1. **PROPOSAL** ***Strategic Context***

- 1.1 Dementia is a broad term used to describe a range of progressive neurological disorders. These disorders are characterised by a range of symptoms including memory loss, mood changes, and problems with communication and reasoning.
- 1.2 The total number of people estimated to be living with dementia in the city is in excess of seven thousand. This equates to 1.21% of the population which is slightly lower than the national average of 1.3%.¹
- 1.3 Although the vast majority of people living with dementia are older people over the age of 65, there are approximately 150 people in Sheffield with young onset dementia which can be more progressive and brings with it different issues and challenges. Many of these people are living in family units often with partners and sometimes with young families.
- 1.4 Dementia remains a key priority for the Sheffield City Council (the “Council”) and the Sheffield Clinical Commissioning Group (SCCG) and together in partnership with other organisations we have been working on a number of initiatives to transform a range of services across the City to help support all people living with dementia and their family carers.
- 1.5 Following the Department of Health’s launch in 2015 of the ‘Prime Minister’s 2020 Challenge on Dementia’, the public, voluntary, community and private sector organisations across Sheffield have worked together to improve the care and support for people of all ages living with or caring for those living with dementia to enable them to live life to their full potential. One of the outcomes of this work was the development of a Sheffield Dementia Strategy (the “Strategy”).
- 1.6 The Strategy was developed over a 12 month period with robust co-production, discussion, debate and consultation with a significant number of stakeholders across the city with particular emphasis on inclusion of people with dementia and their families at every stage. The Strategy has not yet been approved, but a report will go to Cabinet for approval at the same time as this report.
- 1.7 The Strategy is made up of 13 commitments which the public, private and voluntary sector have agreed to deliver on and this proposal will support the delivery of a number of the commitments in particular the following:-
- Commitment 4 - For people with dementia support in Sheffield will be more personalised, local and accessible to help people to remain independent for as long as possible.

¹ Sheffield JSNA

- Commitment 5 - We will provide high quality support to families and carers of people with dementia in Sheffield to help people with dementia maintain their independence for as long as possible.
- Commitment 10 - Care and support services will take account of the needs of people with dementia.

Current Day Support

- 1.8 Currently there are a number of daytime opportunities for people living with dementia which also supports their families. Some of these are funded by the Council and SCCG others are totally independent. Some have been in place for many years with old outdated specifications; others have been developed and tendered for more recently to replace centres which have closed.
- 1.9 They offer everything from low level activities such as craft and walking groups traditionally managed by the voluntary sector (usually known as day activities) to those where more physical care and support is available (usually known as day care). There are groups for both older adults and those who are under 65 with a young onset dementia diagnosis. The key factor is that people are able to attend the sessions without the support of their family/friends which is different to other support such as dementia cafes where the person must be accompanied when attending.
- 1.10 The services usually operate on a Monday to Friday basis for approximately 5 hours per session, most have additional places for people who choose to buy these privately. All are delivered from a building base and the care provision is generally sited in a care home setting. Lunch is provided for which individuals pay a small fee.
- 1.11 Over the past 18 months the number of people attending day opportunities has been mixed with reducing numbers in the day care and increasing numbers in day activities all of which now have waiting lists. It is anticipated that joining both in one procurement will improve the offer and availability and ensure supply meets demand.
- 1.12 People attending can either be referred by the Council or refer themselves. Traditionally (but not always) those using a self-referral route will not have significant planned care needs although incidental care will be provided when needed for example on a one off basis. Those referred via the Council will need to have been assessed as having a care need and this is usually a requirement to access day care.
- 1.13 Historically there has always been a separation between the care and non-care support available. In this context 'care' means some element of personal care, for example support with eating and drinking or prompts to support continence management. Services have staffed their day support accordingly which can lead to the possibility of people needing to move from one day support provider to another when their needs change.

- 1.14 A commissioning review of the day opportunities has taken place; the aim of this was to find a way to integrate the proposals for day care and day activities, whilst also integrating them across health and social care. The proposal described below aims to deliver a more responsive service which responds to people's needs at the time and minimises where possible the need to transfer services.

Future Plans

- 1.15 There is no intention to reduce the current level of funding available for this procurement but instead to improve the effectiveness using an integrated approach and enhance the offer by re-specifying what the service should look like and robustly monitoring the outcomes which need to be achieved.
- 1.16 It is proposed that the Council will lead the procurement on behalf of SCCG and will use the NHS Terms and Conditions and Service Specification.
- 1.17 By combining what previously was two contracts (day activities and day care) into one contract (day opportunities) multiple providers will be able to bid for either one element or both elements depending on the service they are able to offer.
- 1.18 It is proposed that the new contract will respond to the feedback from the market test where providers suggested a longer contract, potentially until the end of March 2025, and with some guaranteed funding. This ensures more stability in the market and more opportunity to develop the arrangements over time to meet changing needs.
- 1.19 Based on the feedback from the numerous consultations and the current evidence base including bench marking with other authorities it is proposed that the new model will continue to offer:-
- Day opportunities over 46 weeks of the year for at least 5 hours per session (excluding travel time) and be available in a number of locations.
 - Transport which will be included for everyone who is referred by the Council.
 - A tailored offer to younger people living with dementia.
- 1.20 As a result of the more recent consultation however we propose to improve the model by:-
- Emphasising more the importance of staff relationships with individuals and in particular engagement with their families and the need to provide advice and guidance when required.
 - Improving understanding of the term "activities" meaning working with individuals on a daily basis to assess their preferences rather

than delivering a schedule of planned activities which cannot adapt to how people feel on the day. This will require an interactive approach with individuals and their families at the heart of the design.

- Enhancing the wellbeing support for both the carers and individuals so the support has a dual purpose.
- Allowing providers to bid for both self-referrals and Council referrals and different days of the week.
- Increasing and developing the number of support groups available for people under 65 living with dementia and their families.
- Providing a central brokerage arrangement primarily for all of the Council referrals so places are managed and the number of voids is reduced.
- Developing our monitoring arrangements to capture the outcomes which are being achieved and assessing how flexible service delivery is adapting to meet changing needs.
- Putting greater emphasis on how the environment supports people with different needs, different activities and increasing access to outdoor spaces.

1.21 The timeline for the procurement will be as follows:-

Task	Date
Decision	Dec 2019
Publish ITT	Jan 2020
Closing date	Feb 2020
Evaluation	Feb 2020
Contract award	March 2020
Mobilisation (3 months)	March – end June 2020
Contract start	1 July 2020

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 The development of the daytime opportunities model will contribute in the following ways:

- To develop Sheffield as a healthy and successful city – Dementia specific activities are key to delivering on the recently developed dementia strategy and will enhance the lives of those both living with dementia and their families.
- Increase Health and Wellbeing – Being allowed the opportunity to contribute, give and learn affords people the chance of better health and wellbeing. ² The provision of a stimulating environment

² New Economics Foundation - Five Ways to Wellbeing 2008

and supportive opportunities should afford individuals with dementia the same opportunity and give carers the break needed to continue with their caring role.

- Provide children, young people and adults with the help, support and care they need and feel is right for them – The model of support is based around the consultation and evidence based practice therefore will offer the right sort of support at the right time.

2.2 As stated in section 1.7 this proposal has a key link to the Sheffield Dementia Strategy and will assist in delivering a number of the commitments.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 There has been a significant amount of consultation in Sheffield over the past few years for people living with dementia and their families. This has included general consultation on the dementia strategy by the Council and SCCG (2018/19) and by other independent organisations such as Healthwatch³ and Shindig⁴. Whilst this has been useful in understanding the needs and wishes of people and their families some additional information was needed to build on this.

3.2 As a result additional smaller scale consultation exercises have been undertaken specific to the day opportunities.

3.3 Different consultation approaches were used including, meetings, online questionnaires, paper questionnaires and were supported by, SHINDIG, current providers and Health watch.

3.4 A total of 180 responses were received, 126 from individuals and families and 54 from people working with people and families. A copy of the complete report is attached at Appendix 1.

3.5 The main themes arising from the consultation were the need for:-

- **Staffing:** caring, consistent, well-trained, patient, understanding staff and volunteers.
- **Environment:** a clean, spacious, homely, non-traditional, fully-disabled accessible venue with outdoor space.
- **Stimulation:** a varied and flexible timetable of person-centred, purposeful activities within a routine, encompassing social, cognitive, physical and skill-based activities.
- **Location:** regular venues in a number of locations across the city

³ Sheffield Healthwatch 'Sheffield Dementia Voices: What we already know' 2018

⁴ Sheffield Shindig 'What care and support is needed to live well with dementia...' 2018

in order to reduce journey times.

- **Needs:** appropriate to an individual's age, the stage of their dementia and their levels of physical need.
- **Transport:** providing suitable transport and parking, as well as being located near to public transport.
- **Information:** clear and well-publicised services which support carers by providing necessary advice about both the person for whom they care and other related services.
- **Availability:** plenty of spaces available for a good length of time to give carers a break, including afternoons and weekends.
- **Atmosphere:** relaxed, respected, comfortable and dignified, creating smiles and laughter along with feelings of joy and happiness.

3.6 The proposal takes into account all the feedback raised in the consultation.

3.7 A market test was also used to ask Sheffield providers their thoughts on the provision of day opportunities. A total of 7 responses were received which included current providers (2) and other providers (5).

3.8 There were a numbers of differences in opinion about how the model could work; this is possibly linked to the type of business and their experience of day opportunities. However the following were areas where there was some consistency:-

- The environment/buildings should be fit for purpose.
- The support must be person centred.
- Providing/arranging or linking people to transport options is important.
- The service should support carers as well as individuals.
- The contract should offer some stability, therefore not spot purchasing or frameworks and a contract length of between 3-5 years.
- Smaller providers without the infrastructure shouldn't be disadvantaged so a lead provider model might not be appropriate without the time to develop the market more.
- The evaluation should recognise quality above price.
- There should be between 2-3 months for implementation.

3.9 These have all been taken account of when planning the model

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 Under the Equality Act ([Public Sector Equality Duty](#)) local authorities have to pay due regard to: “Eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations”. A key element of the Equality Act is that of ‘no delegation’ – public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the Equality Duty, are required to comply with it, and that they do so in practice. It is a Duty that cannot be delegated. This means that when we are both commissioning services and contract monitoring services, equality and diversity monitoring will form a key part of the criteria used to comply with our statutory obligations.
- 4.1.2 An equality impact assessment has been undertaken for this procurement which indicates a positive impact on individuals and families and no negative impacts.
- 4.1.3 In addition the impact assessment recognises the contribution of the voluntary sector in this area and the importance of maintaining and growing this.

4.2 Financial and Commercial Implications

- 4.2.1 The expectation of this proposal is that the current arrangements will be brought in line with commercial requirements and that there will be further effectiveness and efficiency as a result of joining the procurement and investment across both the Council and SCCG.
- 4.2.2 The total investment for this procurement will be in the range of £300,000 -£700,000 per annum.

4.3 Legal Implications

- 4.3.1 The Council has a number of powers and duties that are relevant to the provision of the services proposed in this report:
- a) Section 75 of the National Health Service Act 2006 and National Health Service Bodies and Local Authorities Partnership Regulations 2000 allows local authorities and specified NHS bodies to work jointly including having pooled budget arrangements and undertaking commissioning on each other’s behalf.
 - b) The 2014 Care Act provides the legal framework for adult social care and places a duty on councils to promote people’s wellbeing. Under the Act, councils support, and promote the wellbeing and independence of working age disabled adults and older people, and their carers; provisions of the Care Act

2014 include:

- Section 1, Promoting individual well-being.
- Section 2, Preventing needs for care and support.
- Section 3, Promoting integration of care and support with health services etc.
- Section 18, Duty to meet needs for care and support.
- Section 20, Duty and power to meet a carer's needs for support.

The proposed service will contribute to the fulfilment of these duties.

4.3.2 The proposed contract outlined in this report has a value in excess of the threshold for contracts for services in accordance with the Public Contracts Regulations 2015 (the 'Regulations') and thus the procurement and contract award processes to be followed in relation to the proposed contracts will be subject to those Regulations.

4.3.3 The procurement process outlined above, which also complies with the Council's Contract Standing Orders, should ensure the Council fulfils these legal obligations.

4.3.4 If there is a change in service provider this will have an impact on the staff providing the service and TUPE may apply. This will be drawn to the bidder's attention so that they can consider the potential impact of TUPE and current providers will be required to share information as appropriate in accordance with their existing contracts and the TUPE legislation.

4.3.5 As outlined in the report, the Council will be procuring providers via a compliant tender process, in doing so there may be a combination of day activity and day care services under one contract with various providers. The Council will ensure that any charging for these services will be in accordance with all relevant legislation and policies.

4.3.6 It should be noted that the proposals for this particular procurement are a slight departure from some of the specific services mentioned in the Dementia Commissioning Report approved by the Cabinet Member for Adult Social Care on the 2nd November 2018. In making this decision Cabinet would be varying these aspects of the 2018 decision.

4.4 ALTERNATIVE OPTIONS CONSIDERED

4.4.1 Alternative option 1 - Extend the contract with the current providers.

This option would not meet the council's procurement requirements and would lead to the continuation of a fragmented service design.

4.4.2 Alternative option 2 - Do not Procure.

The Sheffield Dementia Strategy recognises the need to support people in different ways and offer people living with dementia the opportunity to

live fulfilling lives, the contracts for all these services expire at end June 2020 and there would be no alternative if we did not procure.

4.4.3 Alternative option 3 - Provide the service in house.

Day opportunities for people with dementia is currently provided by the voluntary sector in all but one of the contracts. Bringing this in house would not be in keeping with the Council and CCGs aim to develop and maintain a thriving voluntary sector. The delivery of day opportunities in house will also increase the funding require or would mean a reduction in service to meet the price difference.

5. REASONS FOR RECOMMENDATIONS

5.1 These proposals will ensure that:

- People living with dementia are able to enjoy life, forge meaningful relationships and feel they have a purpose.
- Daytime opportunities actively contribute to a more fulfilling rewarding life that maintains good health and well-being and help prevents 'decline'.
- Support is aimed at families so individuals are able to remain at home for as long as possible but carers are also able to take a break from their caring role and improve their own health and wellbeing.
- Daytime opportunities are person centred, tailored towards the individual, their preferences and their support needs.
- There will be improved access through more locally based provision and the support will be able to adapt to changing need.
- There will be improved collaboration across health and social care which will achieve better outcomes for people and increase value for money across the system.
- It will meet with legislation, guidance and operational requirements.

Dementia Day Services consultation August-September 2019 Report



Introduction

Sheffield City Council carried out a consultation about Dementia Day Services for 3 weeks between 19 August 2019 and 06 September 2019.

By 'Day Services' the survey made it clear that this referred to somewhere for a person living with dementia to go for the majority of a day, which provides activities, company and a meal, and where a family member or carer does not have to stay with the person with dementia.

Purpose

The responses will be used by Commissioners to inform the re-commissioning of Dementia Day Activities and Dementia Day Care services, which have an anticipated start date of July 2020.

Method

In order to hear from a wide range of people, there were 2 versions of the survey:

1. Individuals and families living with dementia: 126 responses received
2. Professionals working with people with dementia: 54 responses received

Online versions were available for both on Citizenspace, and paper copies with a covering letter and freepost return envelope were distributed to individuals and families living with dementia via partner organisations. Those using existing Council-funded dementia day services were also offered face-to-face meetings and a telephone line.

Summary of responses

Further detail is given in the report below, but the main themes that emerged were:

- **Staffing:** caring, consistent, well-trained, patient, understanding staff and volunteers
- **Environment:** a clean, spacious, homely, non-traditional, fully-disabled accessible venue with outdoor space
- **Stimulation:** a varied and flexible timetable of person-centred, purposeful activities within a routine, encompassing social, cognitive, physical and skill-based activities
- **Location:** regular venues in a number of locations across the city in order to reduce journey times

- **Needs:** appropriate to an individual’s age, the stage of their dementia and their levels of physical need
- **Transport:** providing suitable transport and parking, as well as being located near to public transport
- **Information:** clear and well-publicised services which support carers by providing necessary advice about both the person for whom they care and other related services
- **Availability:** plenty of spaces available for a good length of time to give carers a break, including afternoons and weekends
- **Atmosphere:** relaxed, respected, comfortable and dignified, creating smiles and laughter along with feelings of joy and happiness

“It’s good for me [as a family carer] and it’s good for her [person living with dementia]”

“Without this she’d be in full time residential care”

“What is important for me when choosing a day centre is about going there, meeting new people and making friends and being able to do what I like”

Previous feedback on dementia services

This consultation focussed specifically on dementia day services, and was carried out in addition to previous consultations which gave more general themes about dementia services in Sheffield:

- January 2019: Dementia Strategy consultation on Sheffield’s citywide Dementia Commitments⁵
- April 2018: SHINDIG (Sheffield Dementia Involvement Group feedback session ‘What care and support is needed to live well with dementia: informing Sheffield Dementia Strategy’⁶
- April 2018: Healthwatch Sheffield report ‘Sheffield Dementia Voices: What we already know’⁷
- May 2018: Dementia Strategy pre-engagement report⁸

⁵<https://www.sheffieldccg.nhs.uk/get-involved/Dementia.htm> and <https://www.sheffieldccg.nhs.uk/Downloads/Involve%20Me/Have%20Your%20Say/Dementia/Dementia%20Strategy%20Engagement%20Report.doc>

⁶<https://shsc.nhs.uk/about-us/get-involved/sheffield-dementia-involvement-group-shindig/> and <http://shsc.nhs.uk/wp-content/uploads/2014/11/SHINDIG-Report-April-2018-What-Support-and-Care-is-needed-to-Live-Well-with-Dementia-Informing-Sheffield-Dementia-Strategy.pdf>

⁷<https://www.sheffieldccg.nhs.uk/Downloads/Involve%20Me/Have%20Your%20Say/Dementia/HWS%20What%20we%20already%20know%20Dementia%20Care%20April%202018.docx>

- November 2016: consultation regarding Hurfield and Stocksbridge dementia day services
- 2015: consultation on Sheffield Carers Strategy

⁸<https://www.sheffieldccg.nhs.uk/Downloads/Involve%20Me/Have%20Your%20Say/Dementia/20180914%20Dementia%20Strategy%20engagement%20report.doc>

1. Report on responses from individuals and families

The survey was kindly distributed on Sheffield City Council's behalf by various partner organisations:

Partner Organisation	Method
Age UK Sheffield - Wellbeing Centre	Paper copies
Darnall Dementia Group	Paper copies
Alzheimer's Society - Our Place	Paper copies
SheffCare	Paper copies
Care2Care	Paper copies
Healthwatch Sheffield	Online
Sheffield Carers Centre	Online
Young Dementia UK Graves Group	Online
SHINDIG Tea & Talk	Paper copies at Tea & Talk meeting 21/08/19
SHINDIG (Sheffield Dementia Involvement Group)	Paper copies mailed out
Alzheimer's Society - Home Support Teams	Paper copies mailed out

Meetings were arranged with current dementia day service providers:

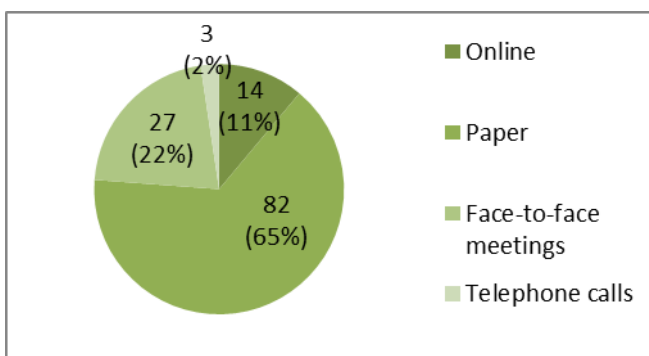
Current service	Date held	SCC attendees	People living with dementia	Family members	Service staff present providing support	Other info
Age UK Wellbeing Centre	23/08/19	<ul style="list-style-type: none"> 2 Commissioners 1 Procurement Professional 	0	6	2	Drop-in
Darnall Dementia Group	Due to be 06/09/19	Due to miscommunication over the date of the monthly Carers Group completion of questionnaires was encouraged instead and offered phone calls, but no take-up of the latter. 1 conversation with a family carer				
Care2Care	n/a	Covering letter said a meeting would be arranged subject to interest, but no interest was expressed so no meeting arranged				
Sheffcare	n/a	A date was arranged but only 1 person signed up so Commissioner arranged a phone conversation instead.				
Alzheimer's Society Young Onset	29/08/19	1 Commissioner	3	8	5	4-5pm
	30/08/19	2 Commissioners	5 (although just 1 for the	4	3	1.30-2.30pm

			majority of the session)			
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Responses were received from 126 individuals and families living with dementia.

Source of response

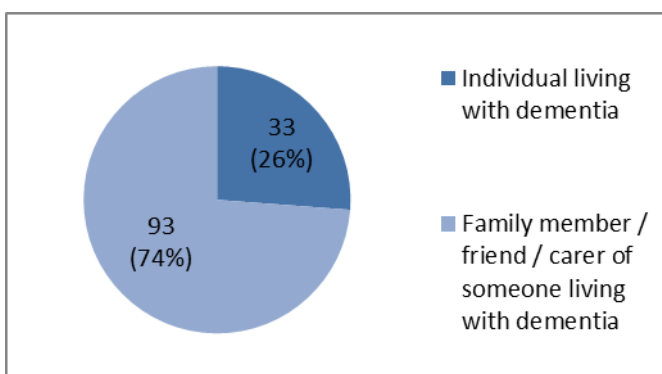
Online	14
Paper	82
Face-to-face meetings	27
Telephone calls	3
Total	126



The 3 telephone calls were to the phone line provided, although all were requesting information rather than providing responses.

Q1. Person providing the response

Individual living with dementia	33
Family member/friend/carer of someone living with dementia	93
Total	126

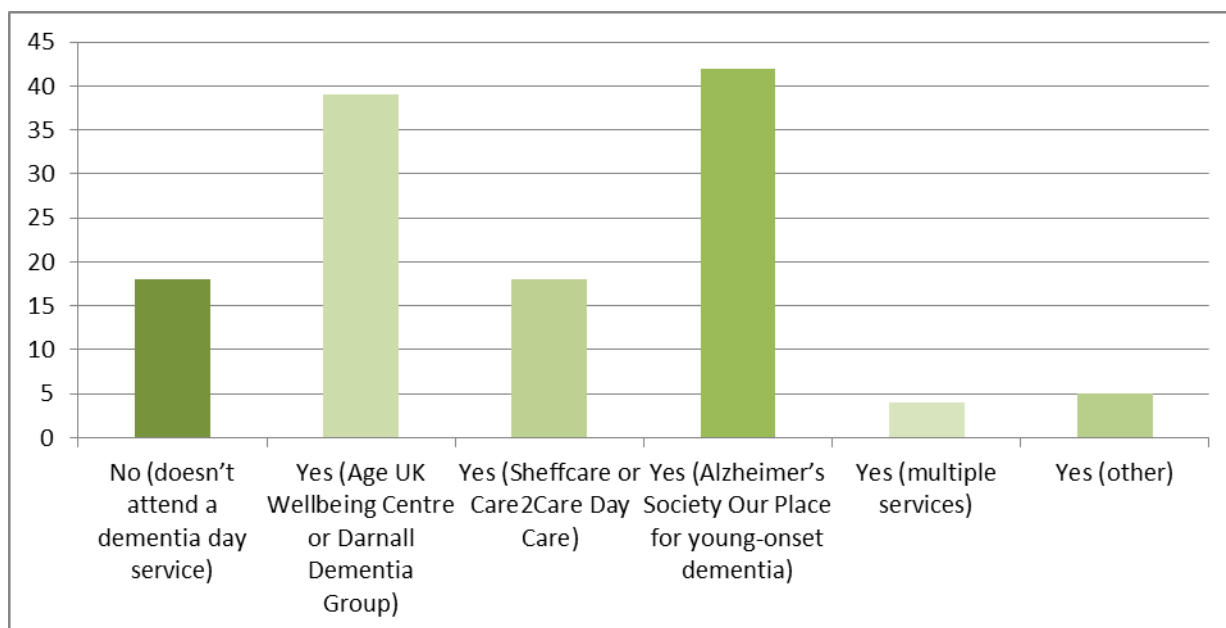


NB: This includes paper, online and face-to-face.

Q2. Currently attending a Dementia Day Service?

No	18
Yes (Age UK Wellbeing Centre or Darnall Dementia Group)	39
Yes (Sheffcare or Care2Care Day Care)	18
Yes (Alzheimer's Society Our Place)	42
Yes (multiple services)	4
Yes – other (please state if you wish to)	5
Total	126

NB: This includes paper, online and face-to-face.



Other: Homes Adult Carer Service, Bents Green Dementia Café, Clifford House, Alzheimer's Singing for the Brain, Spring Water Day Centre, Manu Integrity Service Ltd, and Parson Cross Dementia Café.

The full responses from individuals and families can be found by using the following link

<https://sheffield.citizenspace.com/communities-business-strategy/2269bf46/>

The following is a collated summary of the themes of the responses.

Q3. Reasons for not currently attending an organised dementia day service

- **Lack of information**
 - Not heard of services available or how to access them
 - Would like a brochure of available services
 - Won't attend services with 'dementia' in the title
- **Levels of need**
 - Too low - still able to participate in regular activities in their community therefore no need for a dementia day service yet
 - Too high – condition has deteriorated to requiring full time care, needs more rests during the day
- **Difficulties of travel**
 - Carer has no transport
 - Services are at a considerable distance

"I have not yet reached a point where I feel that a day service would be helpful"

"Do not know what provision there is or how to access it... we have not had any information... he would need transport as I do not drive"

Q4. Things that individuals and families particularly like about the dementia day service they currently attend

- **Stimulation**
 - Social interaction and friendship – reducing loneliness and isolation
 - Activities
 - for the mind (eg quizzes and games)
 - craft (eg painting, making things for others eg Christmas Fayres, baking, cooking)
 - physical (eg dancing, darts, mini golf, pool, walking in the park, gentle armchair exercise)
 - wellbeing (eg singing, music, animal visits, pampering)
 - Trips out
 - Cinema and theatres
 - Walks
 - Sports Centres
 - Places of interest
 - Meals out
 - Seaside
 - Shopping
 - On the tram
 - Meaningful occupation, using skills and keeping doing things they like doing
 - Flexibility – sometimes group activities, sometimes 1:1
 - Celebrating birthdays, special events and milestones
- **Staff and volunteers**
 - Kind and caring
 - Friendly and welcoming
 - Considerate and understanding, treating attendees with dignity and respect
 - Skilled and knowledgeable
 - Patient and attentive
 - Enthusiastic
- **Environment**
 - Spacious
 - Light
 - Outdoor space
 - Safe
 - Comfortable

- Relaxed
- Non-clinical
- Clean
- **Support for carers**
 - A break from caring
 - Peace of mind
 - Time for other commitments eg work, children, housework, gardening, shopping
 - Advice with personal issues eg women's issues if a male caring for a female relative
 - Chance to rest, have uninterrupted sleep, or enjoy something for themselves
 - Concerns (eg about health, safety, clothing, mood etc) and solutions or options raised by staff
 - Information and support to help navigate the system
- **Atmosphere**
 - Joy
 - Fun and laughter
 - Smiles
 - Community spirit
 - Feeling wanted, needed and accepted
 - Person-centred
 - Calm and content
 - Routine
- **Meets needs**
 - With people in a similar situation
 - Age appropriate
 - Help with toileting, mobility and communication difficulties
 - Good food (eg hot cooked meal) and refreshments
 - Flexibility with timings of the day
- **Travel/transport**
 - Picked up and dropped off
 - Reliable
 - Escort
- **Benefits for the system**
 - Less likely to be anxious, and wander (therefore less likely for Police, Ambulance, A&E to be involved)
 - Delay in use of full-time residential care
 - Reduced strain on mental health services for carers
- **Cost**
 - Reasonably priced

"The staff are considerate, caring, attentive, informative and they bring smiles to all who attend"

“My mum-in-law may not remember everything she has done that day, but she remembers how the day has made her feel which, in my opinion, is safe, respected, cared for, calm and content – that has a positive knock on effect for us, her family and carers. Feeling this way makes her less anxious and less likely to wander off during the evening”

“The room... is spacious, very light, views looking into parkland, so inviting in every way”

Q5. Things which individuals and families would change about the type of dementia day services that are currently available

- **Stimulation**
 - Weekends away and trips
 - More afternoon activities
- **Staffing**
 - Higher staff ratios
 - More training for staff so they are less disinterested
 - More information/feedback for the carer about what the person with dementia has been doing during the day (meals eaten, activities undertaken, mood changes etc)
- **Support for carers**
 - More and better information/publicity/advertising about other similar services
 - Carers groups/‘classes’ in the evenings so carers who work during the day can attend
- **Cost**
 - Price can be prohibitive, especially for more than 1 day per week
- **Transport**
 - Easier to access by public transport
 - Include transport
 - More flexibility around transport especially around timings
- **Availability**
 - More places
 - Age-related days
 - More activities for people under 65 with dementia
 - Longer hours
 - Weekend and evening availability
- **Location**
 - Closer to home
 - More choice across the city
 - Not based in residential homes

“Slightly longer hours would help. Somewhere closer to home and easier to get to by public transport”

“To have something available at the weekend – I’m currently not aware of anything”

Q6. The kind of activities that individuals and families would like to be available outside the home to help people with dementia to live well

- **Stimulation**
 - Social interaction - friendships and relationships
 - Activities
 - for the mind (eg. learning new skills, discussion groups, games, quizzes, bingo, scrabble, dominoes, storytelling, reminiscence theatre, creative workshops, computers)
 - craft (eg. cooking, baking, crafts, knitting, painting, jewellery-making, flower arranging)
 - physical (eg. indoor bowls, more exercise classes for dementia at sports centres, swimming, walking, golf, gardening, dancing, outdoor activities, mild exercise classes)
 - wellbeing (eg. animals, more events with music and singing, intergenerational – visits from children’s groups)
 - Trips out
 - Shopping, cinema, theatre visits, garden centres
 - Meals out
 - Must not exclude people in wheelchairs
 - Routine but not always regular (eg. varied activities within the routine)
 - Sense of purpose
- **Environment**
 - Safe outdoor areas
 - Same venue for familiarity
 - Venues with disabled toilets
 - Homely not institutional
- **Support for carers**
 - Buddy scheme
 - Coffee mornings/group chats for carers that are outside of working hours
 - More information about local groups
 - Workshops to educate wider family
- **Atmosphere**
 - Comfortable and relaxed
- **Meets needs**
 - Safe and well looked after
 - Activities for people who are further along the dementia journey and can’t go out on their own
 - Age appropriate
 - Flexible

- **Travel/transport**
 - Transport with escort/buddy
 - Needs to be reliable
- **Location**
 - More availability close by
- **Availability**
 - More places throughout the week
 - Weekend provision

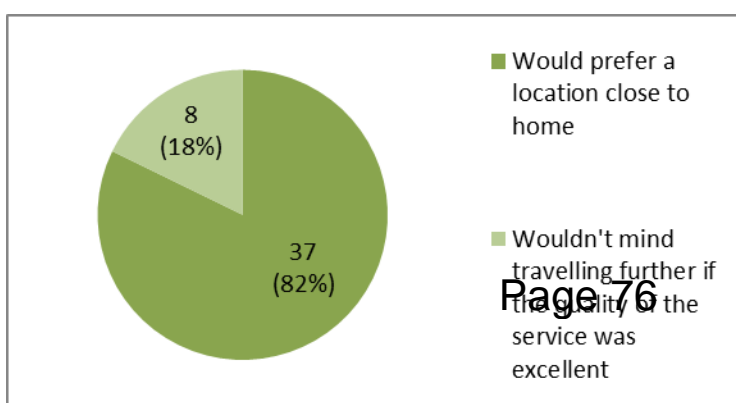
"For me now disabled toilets are a must"

"I don't go out on my own, I prefer to come to the same place. I like the staff - regular routine has given me a lot of confidence. I am quite happy to "go with the flow" with activities. It's nice doing them with other people as sometimes they have different skills and interests which gives me the opportunity to do/learn new things. I like the cooking/baking group, discussion groups (can communicate with other people and relate to what they're saying), crafts, making things for special events, discussing with others what they like and finding common ground"

Q7. Things that are important to individuals and families when choosing a dementia day service

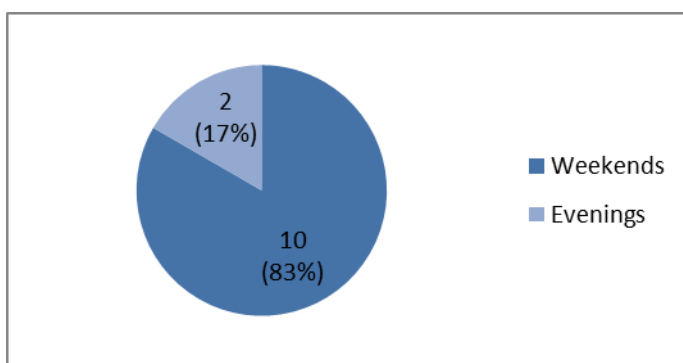
- **Stimulation**
 - Physical activity
 - Socialising
 - Music
 - Trips out
 - Hot meal
 - Varied timetable of activities within a routine
 - Manicure and nail-cutting service, hairdresser, accessible shower, chiropody
 - More about the feelings these activities produce, rather than the actual activities
- **Environment**
 - Clean
 - Accessible for those with limited mobility
 - Spacious
 - Comfortable
 - Safe
 - Personalise-able
 - Outside space
 - Familiarity
- **Staff**
 - Understanding of needs

- Trained in dementia
- Caring
- Appropriate ratios
- Friendly and supportive
- Interested in people
- Reliable
- Continuity of staff
- **Support for carers**
 - Chance to visit the service and make an informed choice
 - Top tips
 - Guidance on the next stage of the dementia journey
- **Atmosphere**
 - Treated with dignity and respect
 - Feel valued
 - Laughter
 - Well organised
 - Person-centred
 - Stable with only gradual changes
- **Meets needs**
 - Suitable
 - Age-appropriate
 - Increased support as needs progress
- **Location**
 - Consistent
 - Local
 - Not a clinical care home setting
- **Availability**
 - At different times especially afternoons as mornings and evenings can be difficult for people with dementia
 - Longer hours eg a full day not just 4-5 hours
 - Weekends – Saturdays and Sundays
 - Flexibility of days and hours
- **Cost**
 - Affordable
- **Transport**
 - Parking available
 - Reliable transport provided to get there and back
 - Cost of transport can be an issue
 - Accessible by bus/tram



37 responses said they would prefer a location close to home, 8 responses said if the quality of the service was excellent they didn't mind travelling further.

Of those who referred to it, there was a higher preference for additional services at weekends rather than evenings.



“Staff and volunteers - make you feel welcome. I get used to the staff - people who know you well, regular staff. Activities - particularly music! Music means a lot”

“Knowing that my husband is safe and well cared for”

“The day service needs to be person centred, not one size fits all, because it doesn't. People with dementia change. What they enjoyed last week might not be what they enjoy the next, so the service has to be flexible”

2. Report on responses from professionals

The link to the online survey was sent for distribution to workers on Sheffield City Council's behalf by various partner organisations:

Partner Organisation	Professionals
NHS Sheffield Health and Social Care Foundation Trust	Older Adults Community Mental Health Teams
	Memory Service
	Occupational Therapists at Grenoside Grange Dementia Ward
Sheffield Teaching Hospitals NHS Foundation Trust	Neurology Department Occupational Therapists for young onset dementia
	Neurology Department Consultants
Sheffield City Council	Social Work Teams incl. Hospital First Contact, Crystal Peaks, Howden House, Moorfoot
	Adult Social Care Managers, Heads of Service and Director of Adult Social Care
	Commissioning and Contract Teams and Managers
NHS Sheffield Clinical Commissioning Group	Commissioning Managers
People Keeping Well partnerships	Age UK Sheffield, Darnall Wellbeing, Heeley City Farm, Heeley Trust, Manor & Castle Development Trust, Reach South Sheffield, Shipshape, SOAR, Woodhouse & District Community Forum, ZEST,
Dementia News Recipients (email bulletin)	Incl Alzheimer's Society Sheffield, Sheffield Carers Centre, Care2Care, Darnall Dementia Group, Older Adults Home Treatment Team, Sheffcare, Sheffield Dementia Action Alliance, SHINDIG organisers, South Yorkshire Housing Association, Young Dementia UK Sheffield

The survey was also raised in Sheffield City Council's Senior Management Team meeting for social work teams to cascade to workers. The deadline was extended to 10 September 2019. 54 responses were received in total.

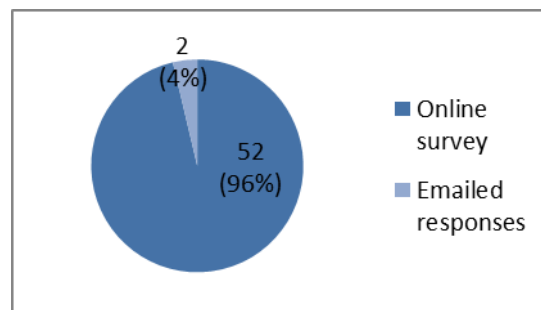
The full responses professionals can be found by using the following link

<https://sheffield.citizenspace.com/communities-business-strategy/2269bf46/>

The following is a collated summary of the themes of the responses.

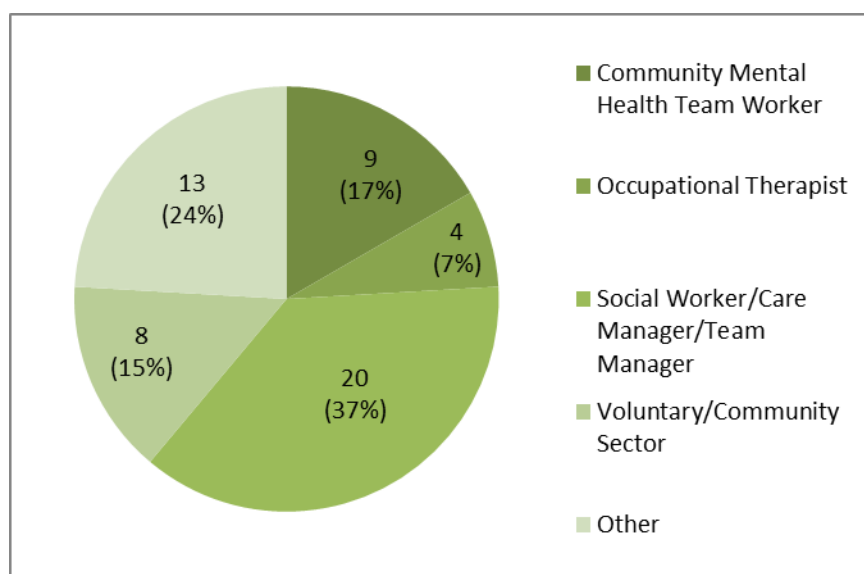
Source of response

Online	52
Emailed responses	2
Total	54



Q1. Professional providing the response

Community Mental Health Team Worker	9
Occupational Therapist	4
Social Worker/Care Manager/Team Manager	20
Voluntary/Community Sector	8
Other	13
Total	54



Other professionals included two Neurology Consultants, Commissioner, three Prevention Officers, Employment and Vocational Coordinator First Contact Prevention, a Travel Assessment

and Training Officer, a Prevention Support Worker, a Day Support Worker, a Dementia Support Worker and a Day Centre Support Worker.

Q2. Good things about current dementia day services for the people with whom the professionals work

- **Stimulation**
 - Variety
 - Friendships
 - Mental stimulation
 - Part of a community
 - Variety of activities/occupation
- **Staff and volunteers**
 - High quality, person-centred care
 - Reliable and familiar
 - Friendly
 - Knowledge, experienced and trained
 - Caring
- **Environment**
 - Change of environment away from the home
 - Safe
 - Positive character of the environment
- **Support for carers**
 - Respite and a break from caring
 - Opportunity for carers to access information
- **Atmosphere**
 - Engaging
 - Support and structure
 - Peer support
- **Meets needs**
 - Age appropriate
 - Flexible
- **Travel/transport**
 - Supported transport to and from the service
- **Availability**
 - Short waiting lists

“Consistency, meaningful occupation & familiarity are the three most important elements to dementia day services from my perspective. Having knowledgeable, skilled teams to empower & support people living with dementia & their families is essential”

“There are a variety of activities undertaken throughout each day which give the individuals their independence, and improve their feeling of self-worth. The activities encourage social interaction and focus on their skills and interests”

Within this question, there was a considerable amount of contrasting feedback regarding whether professionals felt services were widely-available or well-publicised.

As examples, positively:

- *“There is plenty of availability currently for people needing access to dementia day services so they aren’t waiting for long to get a place”*
- *“There’s a good awareness of what’s available amongst colleagues and how to arrange it”*
- *“There are provisions citywide for our clients with dementia so we can always find something local for the people that we are working with”*

As examples, negatively:

- *“Nothing; we have no dementia support services to support clients or carers”*
- *“There is none”*
- *“I feel that there are not enough services to offer people with dementia, I find that the places on offer are full and not able to accommodate”*
- *“Not sure what is available”*

There is clearly some awareness and information work to be undertaken with particular teams and workers to ensure that they can fully support people living with dementia to access the available services.

Q3. Not so good things about current dementia day services for the people with whom the professionals work

- **Stimulation**
 - Not enough activities in a care home setting
- **Staff and volunteers**
 - Insufficient dementia understanding
 - Not always person-centred
 - Need more staff and for them to help people to interact
- **Environment**
 - Poor physical environment
 - Physical spaces too small and containing groups that are too large
- **Does not meet needs**
 - Lack of places for people with more advanced dementia
 - Stigma of ‘day care’ and ‘day service’
 - Insufficient culturally sensitive day care
 - Not enough support for people with young onset dementia
 - Can be too traditional or repetitive
- **Travel/transport**
 - Long journeys
 - Unreliable transport arrangements
 - Limited travel options
 - Bus passes not available

- **Lack of availability**
 - Lack of provision in some areas of the city
 - More places required
 - Need weekend availability
 - Exclusions eg no dementia diagnosis means no access to services
- **Lack of information**
 - Unsure of all possible options
 - Need a central database or directory of services
 - Lack of feedback to referrers as to whether person has attended or enjoyed
- **Cost**
 - Too expensive
 - High fees

“Some [places] just allow people to come along, without any extra provision or activities. Someone I work with went for a taster day, as his wife thought it would help familiarise him if he ever needed respite. He was just left on his own to wander about; he has limited ability to understand his surroundings and needs someone to help him. There were activities taking place but they were not suitable for him and he wasn't helped in any way to take part. He was upset for a week afterwards although he had no memory of where he had been”

“Younger people find themselves in provisions for the elderly as this is all that is available. This is not appropriate as people with early onset dementia have different needs”

Q4. The gaps in current dementia day services as experienced by professionals

- **Stimulation**
 - Using skills, knowledge and employability
- **Staff and volunteers**
 - Skilled in managing challenging symptoms and behaviours
 - More staff with a faster response
- **Needs**
 - Variety
 - Younger people with dementia especially as they are more physically active and may wish to continue working
 - Different types of dementia
 - Different stages of dementia
 - Different care needs eg toileting, incontinence, moving and handling
 - Flexibility and outreach services eg one-to-one outside of a person's home to do activities in their community
 - Culturally suitable services, especially for those needing support around their first and early languages
- **Availability**

- Range of geographical locations
- More places
- Evenings and weekends
- Longer hours especially for those with young-onset dementia
- **Support for carers**
 - Carer support without the person with dementia attending
 - Sitting service
 - Support in accessing new services and for better transitions
 - Access to family counselling
- **Transport**
 - All options should offer transport
- **Information**
 - Card for following up concerns about a person
 - An established pathway
 - Improved publicity of services and referral routes
 - For people with learning disabilities and dementia
- **Cost**
 - Needs to be cheap or reasonably priced

“Dementia Day service for people with potentially challenging behaviour, that is sufficiently staffed with highly trained carers, in a safe and stimulating environment”

Q5. Activities that professionals think should be available for people with dementia outside their homes to help them live well with dementia.

- **Stimulation**
 - Social interaction and peer support
 - Activities
 - for the mind (eg games, life history, reminiscence activities, memorabilia, educational promoting good health, sensory stimulation, computer)
 - skills (eg craft, painting, cooking, DIY, handling money, preparing meals, photography, embroidery, knitting, art)
 - physical (eg dancing, walking, sports activities inside and outside, gardening, therapeutic sports, yoga, adapted bikes in parks)
 - wellbeing (eg singing, music, animal/pet therapy, music therapy, pampering, relaxation, doll therapy)
 - Trips out
 - Local interest and amenities
 - Music experiences, gigs and concerts
 - Shopping
 - Pub trips
 - Sporting events eg matches

- Tea dances
 - Volunteering opportunity in workplaces for those with early-onset dementia
 - Food oriented options
 - Activities that promote independence
 - Being involved in the local community eg going to cafés
- **Needs**
 - Specific groups for BAME community who may not be able to access some services as non-English speakers
 - Age-appropriate
 - Suitable for those with more complex needs
 - Specialised support for people with learning disabilities
- **Support for carers**
 - Respite
 - Sitting services
 - One-to-one to take people out into the community
- **Cost**
 - Not means-tested
 - Free of charge

Of the activities, music (13 mentions), singing (8 mentions), reminiscence (8 mentions), walking (7 mentions) and gardening (7 mentions), were the most frequently suggested activities by professionals.

“Establishing what hobbies the service user was interested in, then ensuring [the service is] able to provide specific support to meet the individual’s need”

“Personalised non-traditional activities to stimulate the senses”

Q6. Things which are important for people when choosing a dementia day service, in the experience of professionals.

- **Stimulation**
 - Variety of enjoyable, interesting and stimulating activities
 - A positive experience
 - Activities suitable for both men and women
- **Staff and volunteers**
 - Caring
 - Skilled and experienced
 - High staff to client ratio
 - Trained in dementia care
 - Communicative
- **Support for carers**

- Provides respite
- Feel reassured
- Support with admissions procedure and arrangements
- **Needs**
 - Person-centred
 - Meets any care or behavioural needs
 - Age appropriate
 - Treated with dignity
 - Cultural mix
 - Good food on offer (nourish to flourish)
- **Environment**
 - Facilities available
 - Small groups
 - Welcoming
 - Safe
 - Pleasant, peaceful, appropriate, homely setting
- **Cost**
 - Reasonable
- **Location**
 - Close to home
- **Availability**
 - Opening times for drop-off and collection
 - Longer hours during the day to allow a proper break for carers or during working hours
- **Transport/travel**
 - Short travel time
 - Reliable
 - Transport arranged

“Dedicated staff who have had training in Dementia, understand how it affects people and are not patronising. Varied activities that help stimulate the mind. Activities that help people feel good about themselves. The opportunities to make friends”

“Whether the people working or volunteering there, love and have fire in their belly about what they do. The rest naturally follows”

Q7. a) Professionals’ views on whether there are specific challenges in providing a service for people who may have very different support needs

- Different levels of security of environment required
- Specific and specialist is preferred than generic and diluted
- Money and funding
- More specialist trained staff required for those with higher needs

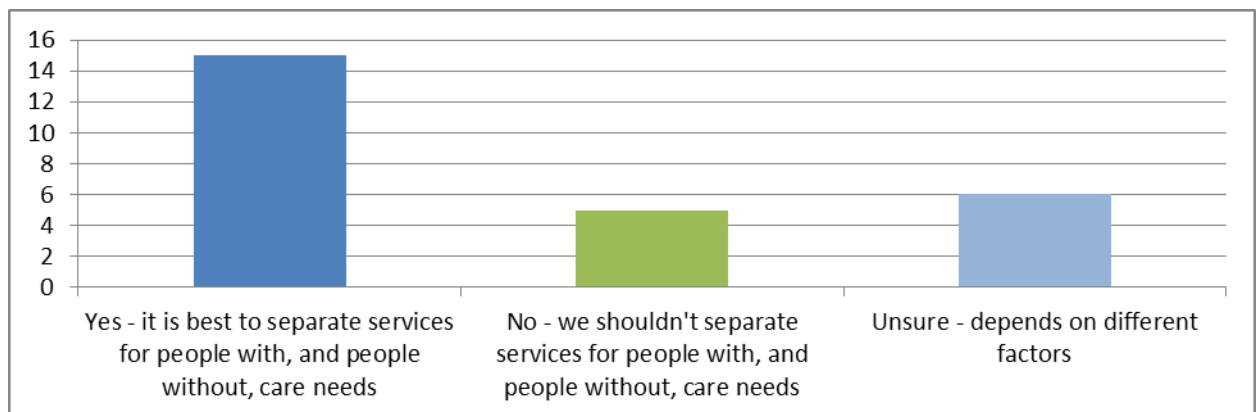
- Levels of mobility and physical ability can impact on activities provided
- Transitions can be difficult – need a clear pathway from the start
- Important to provide separate services for those with young-onset dementia

“Services can fit into a ‘one size fits all’ situation if having to deal with many differing needs. Some groups can be very large and despite good intentions this can be a detriment to the people being supported”

“It is difficult because some people with or without care needs can be very active and want to be kept busy. However, many of these clients are put off day centres where people have very advanced dementia and spend the day sleeping”

Q7. b) Professionals’ views on whether we should separate services for people with, and people without, care needs as we currently do.

From the professionals who answered this part of the question, the majority felt it was better to separate services for people with, and people without care needs.



“Services can fit into a ‘one size fits all’ situation if having to deal with many differing needs. Some groups can be very large and despite good intentions this can be a detriment to the people being supported”

“There are challenges in this but it can also be very difficult to move people on to another service when they are dealing with increased cognitive impairment. There should be a very clear pathway from the start. More dementia understanding throughout is extremely important. We seem to want to do things the same way they always have rather than looking at extreme changes”

“Higher care need patients may ‘put off’ earlier stage patients who may benefit from social interaction from attending, as they may be worried everyone is very severe which makes them depressed rather than a positive experience”

Date of report: 30 September 2019

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Author/Lead Officer of Report: Paul Taylor,
Head of Customer Services

Tel: 07733 301054

Report of: **Monitoring Officer
Executive Director, Resources**

Report to: **Cabinet**

Date of Decision: **18 December 2019**

Subject: **Report of the Local Government & Social Care
Ombudsman regarding assessment for Blue
Badges**

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? Finance, Resources and Governance		
Which Scrutiny and Policy Development Committee does this relate to? Overview and Scrutiny Management		
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:-		
<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:

In line with the requirements of the Local Government & Social Care Ombudsman, the report outlines for Cabinet the Ombudsman's report on a complaint made by Mrs B about the Council's decision not to issue her a blue badge and its failure to offer her a face-to-face mobility assessment. The report also describes the Council's actions in response to the Ombudsman complaint.

Recommendations:

That Cabinet notes the findings of the report, the actions taken by the Council and acknowledged by the Ombudsman, and the additional recommendations of the Ombudsman:

- (a) The Council has taken the following actions. It has:
- arranged an assessment by a physiotherapist for Mrs B; and
 - identified 25 applicants affected by its failure to offer face-to-face assessments and will contact them to offer an assessment by a physiotherapist.
- (b) The Council has also agreed to review the way it deals with applications for blue badges to ensure that, in future, all applicants will be offered an assessment by a physiotherapist in accordance with legislation and statutory guidance.
- (c) In addition, the Ombudsman recommended that the Council:
- apologises to Mrs B for the failure to offer her a face-to-face assessment; and
 - pays her £250 for the time and trouble it has put her to.

Background Papers:

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

Appendix A: Report by the Local Government & Social Care Ombudsman

Appendix B: Sheffield City Council Blue Badge Policy (September 2019)

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: Andrea Simpson
	Equalities: Michelle Hawley
<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	Cabinet Member consulted: <i>Cllr Terry Fox</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>Paul Taylor</i>
	Job Title: <i>Head of Customer Services</i>
Date: <i>8th November 2019</i>	

1. PROPOSAL

1.1 This report summarises the findings of a formal report by the Local Government & Social Care Ombudsman (attached to this report as Appendix A) regarding a complaint made by Mrs B about the Council's decision not to issue her a blue badge and its failure to offer her a face-to-face mobility assessment. This report also describes the Council's actions in response to the Ombudsman complaint.

1.2 Ombudsman Findings

The Ombudsman found that Sheffield City Council failed to carry out independent face-to face mobility assessments as required by Department for Transport guidance and its own policy, following the complaint from Mrs B. There were 2 further separate complaints made to the Ombudsman about the same issue. Our response to those complaints referred to Mrs B's complaint and the Ombudsman's report into that complaint. The Ombudsman published the report concerning Mrs B's (the first complainant) experience on 24 October 2019.

1.3 Background

The Council started working with NHS Physiotherapists in 2008-09 and set up an agreement where they would carry out assessments (without cost to the Council or applicants) on our behalf in cases where Blue Badge applications were declined and applicants challenged the decision.

In September 2018 Sheffield Hospitals Trust NHS gave notice on that agreement and it came to an end on 31st December 2018.

As a consequence of the withdrawal of Physiotherapy services Customer Services, who administer the Blue Badge scheme for the Council, decided to omit the physiotherapy assessment stage of the procedure. This was an interim measure pending changes to Blue Badge legislation which were due to be made shortly and the revision of guidance issued by the Department for Transport with the intention of making alternative arrangements for assessments that would take into account the requirements of the legislative changes.

In practice this meant that where an applicant required an assessment under the decision making process set out in the Council's Blue Badge Policy, the assessment by a Physiotherapist stage was omitted and instead the decision was made based on declarations from medical professionals, such as a consultant, using the provision for dealing with appeals set out in the policy.

In its response to the Ombudsman the Council accepted that it was not complying with the assessment measures set out in policy, legislation or

the current guidance issued by the Department for Transport, and recognised that this approach may have caused injustice to other blue badge applicants. By the time the response was sent the process of identifying affected individuals had already begun with a view to offering physiotherapist assessments to all those who should have had such an assessment.

1.4 Effect on customers

160 people had applications for blue badges refused during the period where the physiotherapy assessments were not available. Of these most were self-evidently ineligible, under the statutory criteria at the time and in accordance with the Department for Transport guidance, but 25 should have been offered a physiotherapy assessment. Instead of an independent assessment by a Physiotherapist, all of these applicants were offered the chance of seeking a further assessment by their consultant (known as a Consultant's Declaration) or as a last resort by their GP.

Some of the ineligible applicants may now be eligible and have been offered a fresh assessment under the current statutory criteria.

1.5 Remedies

The Recommendations in the Ombudsman's report note that the Council has taken the following actions:

- arranged an assessment by a physiotherapist for Mrs B; and
- identified 25 applicants affected by its failure to offer face-to-face assessments and will contact them to offer an assessment by a physiotherapist.

It is also noted that the Council has agreed to review the way it deals with applications for blue badges to ensure that, in future, all applicants will be offered an assessment by a physiotherapist in accordance with legislation and statutory guidance.

In addition, it is recommended that the Council:

- apologises to Mrs B for the failure to offer her a face-to-face assessment; and
- pays her £250 for the time and trouble it has put her to.

The Council has apologised to Mrs B and paid compensation to her in line with the Ombudsman's direction. Though not recommended in the report, £250 each has also been paid to the other two people who had complained to the Ombudsman.

1.6 Other actions

The Council has now procured and awarded a new contract to provide

Physiotherapy assessments. The customers identified as having been affected will be prioritised for assessment under this contract.

The change to legislation incorporating hidden disabilities into the eligibility criteria for blue badges came into force on 30th August 2019 and updated guidance reflecting this change was published by the Department of Transport. Following these changes the Cabinet Member for Finance Resources and Governance approved an updated Blue Badge Policy on 25th September 2019. The updated policy is attached to this report as Appendix B. The Cabinet Member also approved a consultation exercise with the intention of a more comprehensive policy review taking place.

2. HOW DOES THIS DECISION CONTRIBUTE ?

- 2.1 This report has implications for the “In Touch Organisation” priority in Council’s Corporate Plan. The Council has considered its policy and procedure in light of the complaint and has proactively taken steps to ensure that no other customer is disadvantaged in the same way.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 There is no requirement to consult on the proposal in this report. It has been prepared in response to a public report issued by the Local Government & Social Care Ombudsman on 2 October 2019 following his investigation of a complaint against Sheffield City Council.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 As a Public Authority, the Council has legal requirements under Section 149 of the Equality Act 2010. These are often collectively referred to as the ‘general duties to promote equality’ with particular regard to persons sharing the relevant protected characteristics - age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 4.1.2 We have considered our obligations under this duty in this report and in particular those relating to disabled people. The Council is committed to ensuring that all citizens have access to the information and support they need to access services that make a difference to their lives
- 4.1.3 An Equalities Impact Assessment (EIA) was carried out following the recent change to blue badge policy to include some people with hidden disabilities. This EIA will be reviewed when the policy is reviewed as

described in paragraph 1.6 of this report, in accordance with the Cabinet Member decision in September.

4.2 Financial and Commercial Implications

4.2.1 In accordance with Section 30 of the Local Government Act 1974, the Council is required to place a Public Notice in a local newspaper and on a website confirming that a report had been issued by the Local Government & Social Care Ombudsman advising the public where copies of the report were being made available. The cost of the notices is expected to be less than £200 and will be met from existing Customer Services budgets in the 2019/20 financial year.

4.2.2 The financial remedy of £750, being £250 to Mrs B as recommended by the Ombudsman and £250 each to the two other people who were similarly caused injustice and complained to the Ombudsman, has been met from existing Customer Services budgets.

4.3 Legal Implications

4.3.1 Section 92 of the Local Government Act 2000 provides that where a local authority considers that a person has been adversely affected by its maladministration it may make payments or provide other benefits to that person. The Ombudsman's findings and recommendations have been accepted and the Council is therefore able to make the payment to Mrs B recommended by the Ombudsman and a similar payment to the other two complainants. The Director of Legal and Governance under the Council's Constitution is authorised to approve payment in those circumstances.

5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 The Council could choose to contest the findings of the Ombudsman. However the Council accepts the Ombudsman's view that there has been fault causing injustice to Mrs B.

5.2 The Council could contest the recommendations of the Ombudsman, but as it has acknowledged the failings in this case and taken steps to ensure that no other customer is similarly affected, it believes it should accept the recommendations the Ombudsman has proposed to remedy these failures.

6. **REASONS FOR RECOMMENDATIONS**

6.1 The Council has considered the findings of the Ombudsman in this case and believes that they are accurate. The Council has taken steps to ensure that the issues identified in the report have been addressed for Mrs B and other service users and are not repeated.

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**Report by the Local Government and Social Care
Ombudsman**

**Investigation into a complaint against
Sheffield City Council
(reference number: 18 017 471)**

2 October 2019

The Ombudsman's role

For more than 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- > apologise
- > pay a financial remedy
- > improve its procedures so similar problems don't happen again.

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

Key to names used

Mrs B The complainant

Report summary

Adult care services

Mrs B complains about the Council's decision not to issue her a blue badge and its failure to offer her a face-to-face mobility assessment.

Finding

Fault found causing injustice and recommendations made.

Recommendations

The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)

In addition to the requirements set out above, the Council has taken the following actions. It has:

- arranged an assessment by a physiotherapist for Mrs B; and
- identified 25 applicants affected by its failure to offer face-to-face assessments and will contact them to offer an assessment by a physiotherapist.

The Council has also agreed to review the way it deals with applications for blue badges to ensure that, in future, all applicants will be offered an assessment by a physiotherapist in accordance with legislation and statutory guidance.

In addition, we recommend the Council:

- apologises to Mrs B for the failure to offer her a face-to-face assessment; and
- pays her £250 for the time and trouble it has put her to.

The complaint

1. The complainant, whom we shall refer to as Mrs B, complains about the Council's decision not to issue her a blue badge and its failure to offer her a face-to-face mobility assessment.

Legal and administrative background

The Ombudsman's role

2. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
3. We may investigate matters coming to our attention during an investigation, if we consider that a member of the public who has not complained may have suffered an injustice as a result. (*Local Government Act 1974, section 26D and 34E, as amended*)

The Blue Badge scheme

4. The Blue Badge scheme is to help disabled people with severe mobility problems access goods and services by allowing them to park near their destination. The scheme provides parking concessions for blue badge holders. Councils are responsible for the day-to-day administration and enforcement of the scheme. This includes assessing whether people are eligible for a badge.
5. In 2014 the Department for Transport (DfT) issued guidance ('the guidance') to councils for providing blue badges to disabled people with severe mobility problems. The guidance is non-statutory which means that councils are not legally obliged to adopt it. In practice, however, most councils do follow it.
6. The guidance says councils must only issue badges to people who satisfy one or more of the criteria set out in legislation. A person is eligible without further assessment if they receive:
 - the higher rate of the mobility component of Disability Living Allowance; or
 - eight points or more under the 'moving around' activity of the mobility component of Personal Independence Payment.
7. A person is eligible subject to further assessment if they:
 - drive a vehicle regularly, have a severe disability in both arms and cannot operate, or have considerable difficulty in operating, all or some types of parking meters; or
 - have a permanent and substantial disability that causes inability to walk or very considerable difficulty in walking.
8. The guidance says that, where an applicant is eligible subject to further assessment, an independent mobility assessor should undertake a face-to-face assessment of their mobility. The person completing the assessment should have a professional qualification giving them expertise in assessing walking ability. Councils typically employ occupational therapists and physiotherapists to undertake the assessments. The assessor must be independent of the applicant and their treatment and care.

-
9. The guidance says, “while desk-based assessments have a role as a filtering mechanism to identify applicants who are clearly eligible or clearly ineligible for a badge, they cannot be successfully used as the sole means of determining all applicants’ eligibility for a badge.”
 10. It also states, “it is good practice for local authorities to provide scope for an applicant to be referred for an independent mobility assessment if they are unable to make a clear and robust decision on eligibility using crosschecking or desk-assessment”.
 11. The guidance says applicants who can walk more than 80 metres and do not demonstrate very considerable difficulty in walking through any other factors would not be deemed eligible for a badge.
 12. Having a certain medical condition does not, in itself, qualify an applicant for a badge. Rather, it is the effect of the condition or disability on the applicant’s ability to walk that is assessed.
 13. The guidance sets out several factors that are relevant in deciding whether an applicant meets the criteria for a blue badge. These include: speed of walking; distance walked; excessive pain; and breathlessness.
 14. The guidance recommends a council should have a review mechanism, which preferably does not involve someone directly involved in the original decision. The Council has an appeal process for applicants who are unhappy with its decision.

The Council’s policy

15. The Council’s policy states, “Applicants who have been refused a badge on the basis of the application form alone and who subsequently appeal will be referred to a Physiotherapist for further assessment”.

How we considered this complaint

16. We produced this report after examining relevant documents and considering comments from the complainant and the Council.
17. We gave the complainant and the Council a confidential draft of this report and invited their comments on it. The comments received were taken into account before the report was finalised.

Findings

Key facts

18. Mrs B suffers from arthritis. She cannot walk far and cannot use a walking stick because of pain in her hands. She applied to the Council for a blue badge in October 2018.
19. The Council carried out a desk-based assessment and referred Mrs B’s application for a senior review because she was not automatically entitled to a blue badge without further assessment.
20. A senior customer service adviser contacted Mrs B and asked her additional questions about her condition. Her application was refused and the Council sent a letter informing Mrs B of this.
21. Mrs B telephoned the Council stating she wanted to appeal the decision. The Council sent her a consent form to sign so it could contact her consultant for further information. Mrs B returned the form and the Council wrote to her

consultant asking him to complete a declaration stating whether Mrs B met the blue badge criteria. The consultant returned the form stating she did not meet the criteria “under the terms stated” despite having told Mrs B she should qualify for a blue badge. The Council upheld its original decision and sent a letter to Mrs B confirming this.

Analysis

22. The Council did two desk-based assessments of Mrs B’s application but did not offer her a face-to-face assessment even after she appealed.
23. To comply with the guidance in place at the time and its own policy, the Council should have offered Mrs B a face-to-face assessment with a physiotherapist. Failure to do so was fault. The purpose of a face-to-face assessment is to enable a trained independent assessor to observe the applicant walking and assess their ability to walk.
24. The Council has explained that it entered into an agreement with NHS physiotherapists several years ago whereby they would carry out assessments on its behalf. But the NHS gave notice on that agreement which came to an end on 31 December 2018. The Council was aware the Government was intending to make changes to the eligibility criteria and assessment requirements for blue badges and that the DfT intended to issue new guidance when these changes came into force. So it delayed revising its policy and assessment arrangements until these changes could be included. As an interim measure, where an applicant required an assessment under the process set out in the Council’s policy, the assessment by a physiotherapist stage was skipped and the decision was instead based on declarations by a medical professional, such as a consultant.
25. The Council accepts this did not comply with the guidance or its own policy.
26. The Council recognises it may have caused injustice to other applicants because of its interim approach to blue badge assessments. It accepts most people who were refused a blue badge after October 2018 were not offered an assessment by a physiotherapist in accordance with its policy. It has identified all those affected and will contact them to offer an assessment by a physiotherapist.
27. New Regulations came into force on 30 August 2019 and new guidance has recently been published by the DfT. The Council is reviewing its policy in light of this. The Council’s agreement to offer an assessment by a physiotherapist relates to the Regulations in force at the time of the events in question as an assessment by a physiotherapist will not be appropriate for all applicants under the new Regulations.

Conclusions

28. The Council was at fault because it failed to offer Mrs B a face-to-face mobility assessment.
29. The Council’s fault caused Mrs B a significant injustice because she was denied the opportunity of having her application for a blue badge considered properly. She was also put to time and trouble in pursuing the complaint.

Recommendations

30. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full

Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)

31. In addition to the requirements set out above, the Council has taken the following action. It has:
- arranged an assessment by a physiotherapist for Mrs B; and
 - identified a further 25 applicants who were also affected by its failure to offer face-to-face assessments and will contact them to offer an assessment by a physiotherapist.
32. The Council has also agreed to review the way it deals with applications for blue badges so that, in future, all applicants will be offered an assessment by a physiotherapist in accordance with the legislation and statutory guidance.
33. We welcome the Council's acknowledgement of fault at an early stage of this investigation and the steps it is taking to remedy the injustice caused. In addition, we recommend the Council should:
- apologise to Mrs B for the failure to offer her a face-to-face assessment; and
 - pay her £250 for her time and trouble.

Decision

34. We have completed our investigation into this complaint. There was fault by the Council which caused injustice to Mrs B. The Council should take the action identified in paragraphs 32 and 33 to remedy that injustice.

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Sheffield City Council Blue Badge Policy

BLUE BADGE DISABLED PARKING SCHEME POLICY

1 OUR COMMITMENT

- 1.1 The blue badge scheme plays a key role in promoting the mobility of severely disabled people including those with hidden disabilities by providing a range of parking concessions.
- 1.2 Sheffield City Council is responsible for administering the scheme and is committed to making the process as clear and straightforward as possible to encourage potentially eligible people to apply.
- 1.3 Sheffield City Council seeks to ensure that this policy, qualifying criteria and terminology are applied consistently to all applications.
- 1.4 Sheffield City Council will determine in each case whether a person falls within the prescribed descriptions of disabled persons to whom a Local Authority may issue a badge.
- 1.5 The Council will take a holistic approach in assessing whether an applicant meets the prescribed criteria and therefore the majority of applications will not be assessed solely on the basis of a person's medical condition(s).
- 1.6 In line with guidance from the Department for Transport, Sheffield City Council will work with expert assessors to reconsider those applicants who may be eligible subject to further assessment
- 1.7 Sheffield City Council strives to reduce abuse of the blue badge scheme by seeking to ensure that blue badges are only issued to those who are eligible.
- 1.8 Sheffield City Council is committed to progressive ways of working and the use of new technology where appropriate.
- 1.9 The issuing of a blue badge is seen as part of a holistic process and applicants will be signposted to other relevant services where appropriate.

2 ASSESSING ELIGIBILITY

2.2 There are two differing types of eligibility criteria:

- **Eligible without further assessment:** a customer is automatically eligible for a blue badge without need for a further assessment if it is proved that they are in receipt of certain qualifying benefits or meet certain statutory criteria.
- **Eligible subject to further assessment:** a customer with a disability may be eligible for a blue badge subject to the discretion of Sheffield City Council.

2.3 Eligibility will be carefully assessed to maximise the fairness and consistency of badge issue. Sheffield City Council will keep a record of the procedures used and the outcome of the assessment process.

2.4 Eligible without further assessment

2.4.1 Applicants may be issued with a badge without assessment if they evidence that they fall within the descriptions outlined in Appendix 1.

2.5 Eligible subject to further assessment

2.5.1 From 30 August 2019, further assessment will include applications from people with hidden disabilities as well as those with overt physical disabilities. Sheffield City Council will follow Department for Transport guidance for assessing applicants. A badge may be issued if applicants fall within the Department for Transport guidelines outlined in Appendix 2.

2.6 ELIGIBLE SUBJECT TO OTHER CIRCUMSTANCES

Applicants may be eligible for a badge subject to other circumstances outlined in appendix 3

2.6 Organisational Eligibility Criteria

2.6.1 An organisational badge may be issued to an organisation when the vehicle or vehicles are to be used to carry disabled people who would themselves be eligible for a badge as specified in Section 4(2) of the 2000 Regulations. An 'organisation' is defined in the 2000 Regulations as meaning an organisation concerned with the care of disabled persons to which a disabled person's badge may be issued in accordance with section 21(4) of the Chronically Sick and Disabled Persons Act 1970.

3. SHEFFIELD CITY COUNCIL'S ASSESSMENT APPROACH

3.1 Sheffield City Council has developed a desk-based assessment tool to determine the eligibility of appropriate mobility-based Blue Badge applications. The assessment tool has been developed by Independent Physiotherapists who are familiar with Blue Badge eligibility assessments.

When it is not fully clear whether or not an applicant is eligible, the application may be referred to an expert assessor who is able to certify whether or not the applicant meets the criteria for eligibility. This assessor may be a professional, other than a GP, involved in the ongoing treatment and support of the applicant. There is no cost to the applicant for this assessment.

4. UNSUCCESSFUL APPLICATIONS

- 4.1 Where Sheffield City Council receives an application for a badge and refuses to issue one, it will let the applicant know in writing why their application was refused. Every applicant who is refused a badge will be given an explanation of the grounds for refusal.

5. DATA STORAGE AND SHARING

- 5.1 Sheffield City Council maintains a register detailing the holders of badges issued by the authority

- 5.2 In order to make the application process as streamlined as possible, Sheffield City Council will, where appropriate, and with the applicant's consent, access other council systems to make verification of eligibility easier.

- 5.3 Information held on systems external to Sheffield City Council such as benefit information held by Department for Work and Pensions may also be accessed, with the applicant's consent, to make verification of eligibility easier.

Sheffield City Council may, where appropriate and with the applicant's consent contact other agencies to make verification of eligibility easier.

- 5.4 Where appropriate, applicants will be signposted to other services and benefits that they may find useful.

- 5.5 The period of issue on DLA evidence will be recorded as part of the application process. The intention is to be able to improve the renewal process for applicants granted Higher Rate Mobility DLA.

- 5.6 Some of the information gathered about blue badge holders at time of application may be used to produce renewal documentation which will be issued to the blue badge holder.

- 5.7 Sheffield City Council co-operates with a national fraud initiative conducted by the Audit Commission and may supply basic data about blue badge holders when requested to do so. Blue badge holders will be informed of this and any similar initiatives.

- 5.8

6. REVIEWS AND COMPLAINTS

- 6.1 There is no statutory right to an appeal against refusal to grant a badge. If the applicant believes that the decision that s/he does not meet the prescribed criteria is wrong then s/he may seek a review of the application and the decision.
- 6.2 If the applicant is unhappy with the way the application has been dealt with by the City Council's officers then s/he may complain about this. Such a complaint will be dealt with in accordance with the Council's published Complaints Policy.
- 6.3 If a negative decision is made by Sheffield City Council on the basis of the desk based assessment alone, an applicant can request a review of the decision within 21 days of the date of the letter notifying the applicant of the decision. If a request is received outside of 21 days, discretion will be exercised as to whether to agree to process the review. Applicants who have been refused a badge on the basis of the desk based assessment alone and who subsequently appeal will be referred to an expert assessor for further assessment.
- 6.4 If an applicant receives a negative decision following an assessment, the applicant can make a complaint. This will be treated as a complaint rather than an appeal because the Council will not question the merits of a medical assessment made by the Physiotherapist.
- 6.5 Where a complaint from an applicant concerns the merits of medical assessment made by the Physiotherapist, the onus will be on the complainant to provide alternative compelling medical evidence. Such evidence should include a declaration showing how the applicant meets the mobility criteria from an appropriate medical practitioner such as a Consultant (see Appendix 3 for declaration form). Sheffield City Council will not accept evidence from the person's GP (in line with the national approach of not accepting GP assessments). Sheffield City Council will deal with these complaints and decide the complaint having regard to all the evidence
- 6.6 A complaint not received in writing will be accepted, but a written transcript of the complaint will need to be produced and sent to the complainant to confirm the details of the complaint.
- 6.7 In accordance with Sheffield City Council's corporate response timescales the council will aim to deal with all 'blue badge' complaints and provide a full answer within 28 days. A small number of more complex complaints may take longer than 28 days to fully investigate. If this happens Sheffield City Council will tell the customer why we need longer and propose a timetable for completing the investigation into the complaint.
- 6.8 Complaints may be able to be managed and responded to in full by Customer Services but some will also require input from other parties and / or the Communities Portfolio. The table below lists responsibility for input to the complaints process. In all cases Customer Services will be responsible for

coordinating the response to the complaint and will analyse complaints (e.g. trends) to improve service delivery.

Type of Complaint	Respondent(s)
Problems caused by something we have done or not done (that has influenced the decision)	Customer Services Other stakeholders
Dissatisfaction with the way customer has been treated – e.g. attitude of SCC employee or Physiotherapist	Customer Services Other stakeholders
Dissatisfaction with the quality or quantity of service being provided	Customer Services
Dissatisfaction with the cost of services or charging mechanisms	Customer Services
Dissatisfaction with council policy	Customer Services
Dissatisfaction with the merits of the physiotherapist assessment or belief that a physiotherapist is not an appropriately qualified practitioner to assess their condition	Customer Services (who will request compelling medical evidence to support this claim)

7.0 ENFORCEMENT

- 7.1 Sheffield City Council is committed to reducing fraudulent use of blue badges by prosecuting drivers who misuse them.
- 7.2 Information on blue badge holders will be shared between Parking Services and Customer Services to identify and confirm misuse of blue badges.
- 7.3 There are several ways in which a blue badge can be misused including:
- Use of a badge that is no longer valid
 - Misuse of a valid badge by someone who isn't the badge holder (either with or without the badge holder's permission)
 - Use of a badge that has been lost, stolen or copied
- 7.4 Our Civil Enforcement Officers (CEOs) may issue Penalty Charge Notices (PCNs) for any parking contravention observed; this may include cases where they suspect a displayed badge is misused. They will:
- Gather evidence to verify whether a badge is valid, e.g. it may look like a photocopy, appear to have been tampered with or be more than two weeks out of date
 - Contact the Customer Services team to clarify if the blue badge is being used by the holder or that the badge is still valid
- 7.5 CEOs will issue PCNs for any parking contravention that has occurred; this may include to vehicles parked in blue badge parking areas that are incorrectly displaying a blue badge. Examples of when this could happen are:
- Badge displayed incorrectly where the officer cannot establish the validity of the badge, the expiry date and/or there is no time clock
 - Where the badge is out of date beyond the statutory two week allowance for expired badges

- When the driver does not make a reasonable effort to show there is a blue badge holder present
- 7.6 PCNs will be issued where a blue badge holder has parked in an area where there is a restriction which applies to blue badge holders. Details of these restrictions are contained in “The Blue Badge scheme: rights and responsibilities in England” leaflet available to download from www.sheffield.gov.uk.
- 7.7 We have the right to withdraw a badge if the holder or any other person using that badge with the knowledge of the holder at any time during which the offence was being committed has a “relevant conviction” for misuse. These relevant convictions are for any offence-
- under section 21(4B) of the Chronically Sick and Disabled Persons Act 1970;
 - under section 115 or 117 of the Road Traffic Regulation Act 1984;
 - involving dishonesty or deception under any other provision of the 1970 Act, of the 1984 Act or of any other legislation applicable in the United Kingdom, or any part of the United Kingdom.
- 7.8 If fraudulent use is suspected, the CEO can choose to confiscate the badge. Confiscated Blue Badges are then returned to the Blue Badge team, who will liaise with the holder.
- 7.9 On first instance of a conviction for blue badge fraud, a letter will be sent to the blue badge holder reminding them of the conditions of use and advising them of the potential consequences of continued misuse.
- 7.10 In the event of a subsequent convictions for Blue Badge misuse the badge may be withdrawn - the badge holder will be notified and have the opportunity to challenge any decision to withdraw the badge.

8 WHAT SHEFFIELD CITY COUNCIL WILL DO

- 8.1 Sheffield City Council wants everyone to be clear about how and where they should use their blue badge. The Council have information available on the blue badge scheme, parking restrictions, how to appeal and all available parking areas.
- 8.2 The DfT have produced a guidance leaflet ‘The Blue Badge scheme; rights and responsibilities in England’ which provides further guidance on this subject. Sheffield City Council can also be contacted to provide further information to blue badge holders
- 8.3 Blue badges will be issued via post to the applicant’s address
- 8.4 All blue badges will be valid for 3 years with the exception of cases where: the Higher Rate Mobility Component of DLA or the War Pensioner's Mobility Supplement is for a shorter period, or a child under 3 years where it will be issued for a period ending on the day immediately following the child's third birthday.

- 8.5 When a blue badge expires, the applicant will be expected to return the Blue Badge to Sheffield City Council prior to the issue of a further or replacement badge.
- 8.6 If an application is refused then the applicant will be informed of the reasons why the refusal decision was made.
- 8.7 Applicants will be made aware of the appeals and or complaints processes if they are dissatisfied with the decision or the assessment process.
- 8.8 Sheffield City Council will advise blue badge holders of their responsibilities under the scheme and the potential consequences of misusing their badge.
- 8.9 Sheffield City Council will ensure that badge holders are informed that they must display their badges correctly, because if they fail to they may receive a Penalty Charge Notice.
- 8.10 This policy will be re-assessed in line with relevant changes in law or Government guidance

APPENDIX 1

ELIGIBLE WITHOUT FURTHER ASSESSMENT

2.3 Applicants may be issued with a badge without assessment if they are over the age of two and it is evidenced that they fall within one or more of the following descriptions:

(i) they receive the Higher Rate of the Mobility Component of the Disability Living Allowance or Personal Independent Payment (PIP) standard rate. Payment under Moving Around Assistance (8 points or above, this does not include points under planning a journey).

(ii) they are registered blind (severely sight impaired)

(iii) they receive War Pensioner's Mobility Supplement

(iv) Receives the mobility component of PIP and has obtained 10 points **specifically for Descriptor E** under the "planning and following journeys" activity, on the grounds that they are unable to undertake any journey because it would cause them overwhelming psychological distress; or

(v) Has been both awarded a lump sum benefit at tariffs 1-8 of the Armed Forces Compensation Scheme and certified as having an enduring and substantial disability which causes inability to walk or very considerable difficulty in walking.

2.4 Applicants who are eligible via criteria 2.3 (i), (iii), (iv) or (v) above will need to provide us with adequate and appropriate evidence to prove their entitlement. The following forms of proof of entitlement are accepted:

Criteria	Evidence
(i) Higher Rate Mobility Disability Living Allowance or Personal Independent Payment (PIP) standard rate. Payment under Moving Around Assistance (8 points or above, this does not include points under planning a journey).	Copy of award notice letter from the Department of Work and Pensions (dated within 12 months of application) or Copy of evidence of a vehicle with excise duty exemption
(iii) War Pensioner's Mobility Supplement	Copy of award letter from the Service Personnel and Veterans Agency
(iv) Receives the mobility component of PIP and has obtained 10 points specifically for Descriptor E under the "planning and following journeys" activity, on the grounds that they are unable to undertake any journey because it would cause them overwhelming psychological distress	Copy of award notice letter from the Department of Work and Pensions (dated within 12 months of application) which shows the applicant has obtained 10 points specifically for Descriptor E
Has been both awarded a lump sum benefit at tariffs 1-8 of the Armed Forces Compensation Scheme and certified as having an enduring and substantial disability which causes inability to walk or very considerable difficulty in walking	Copy of award letter from the Armed Forces Compensation Scheme

- 2.5 Applicants who are eligible via criterion 2.3(ii) – because they are registered blind/severely sight impaired – will need to provide consent to allow us to verify that they are registered as 'severely sight impaired' with Sheffield City Council or another local authority. Alternatively applicants can supply a Certificate of Vision Impairment signed by a Consultant Ophthalmologist.
- 2.6 Applicants who produce a Certificate of Vision Impairment and are not registered with Sheffield City Council as severely sight impaired will be supported to register should they wish to.
- 2.7 Provided that the applicant can demonstrate that they satisfy one of the criteria listed above, and can satisfy identity and residency checks, a badge will be issued.
- 2.8 The identity and proof of entitlement checks are carried out as set out by the Department for Transport in The Blue Badge Scheme Local Authority Guidance (England) June 2019.

ELIGIBLE SUBJECT TO FURTHER ASSESSMENT

- 2.9 Applicants may be issued with a badge following further assessment if they are over the age of two and it is evidenced that they fall within one or more of the following descriptions:
- (i) drive a vehicle regularly, have a severe disability in both arms and they are unable to operate, or have considerable difficulty in operating, all or some types of parking meter
 - (ii) person who has been certified* by an expert assessor as having an enduring and substantial disability which causes them, during the course of a journey, to:
 - be unable to walk;
 - experience very considerable difficulty whilst walking, which may include very considerable psychological distress; or –
 - be at risk of serious harm when walking; or pose, when walking, a risk of serious harm to any other person.
- 2.10 **SEVERE DISABILITY IN BOTH ARMS**
When making an assessment under this criterion the applicant will need to meet all the following criteria:
- drive a adapted or un-adapted vehicle regularly and ,
 - have a severe disability in both arms and
 - Be unable, or find it very difficult, to use on-street parking equipment.
- 2.11 To qualify under this criterion the applicant must hold a driving licence and drive a car often e.g. at least once a week.
- 2.12 If the vehicle the applicant drives is an adapted vehicle, this will be a contributory factor. However an adapted vehicle is not an automatic qualification for a blue badge.
- 2.13 The applicant must also be assessed as not the having the necessary range and/or movement required to use a parking meter e.g. they cannot physically grasp a coin or push the correct buttons on the meter.
- 2.14 Examples of the types of condition that eligible applicants may have include: a limb reduction deficiency of both arms; bilateral upper limb amputation; muscular dystrophy; spinal cord injury; motor neurone disease; or a condition of comparable severity.
- However in line with our overall approach, applications will not be assessed solely on the basis of a person's condition(s). Having a particular medical condition will not guarantee entitlement to a badge – we will assess the impact of a person's condition(s).
- 2.15 Verification on whether applicants meet the criteria for severe disability in both arms will take place via the application form process and where appropriate through assessment and / or interview by an expert assessor. An assessment

could include a remote review of the person's application or a face-to-face assessment. Following the assessment the expert assessor will then make a recommendation.

- 2.16 Where appropriate, we will review existing records to determine eligibility (e.g. if the person has any adaptations around the home and we hold the information on our systems). In all such cases a person's consent will be obtained in advance.
- 2.17 In very exceptional circumstances there may be a justifiable reason why an applicant cannot attend an assessment appointment. In such cases an alternative method of obtaining evidence will be agreed with the applicant at the time of application.
- 2.18 The final decision about whether a blue badge should be issued is held by Sheffield City Council.

Assessing people who are unable to walk during the course of a journey

3.1 To qualify under this criterion, an applicant must have any enduring (lasting for at least three years) and substantial disability that means they are **unable to walk during the course of a journey**. The applicant needs to show that as a result of a disability they are unable to take a single step or cannot put one foot in front of another.

3.1.1 Applicants who permanently can only get around by swinging through crutches will be eligible for a blue badge, but other walking aids will not automatically indicate eligibility.

3.2 Assessing people who experience very considerable difficulty whilst walking, which may include very considerable psychological distress

3.2.1 To qualify under this criterion the applicant must show that their degree of disability is comparable to the appropriate criteria of the Higher Rate Mobility Component of the Disability Living Allowance or Personal Independent Payment (PIP) standard rate. With regard to "Payment under Moving Around Assistance" (8 points or above), this does not include points under planning a journey unless the applicant would obtain 10 points specifically for Descriptor E under the "planning and following journeys" activity, on the grounds that they are unable to undertake any journey because it would cause them overwhelming psychological distress

3.2.3 An applicant must have an enduring (lasting for at least three years) and substantial disability

3.2.4 Sheffield City Council, in line with DfT guidance and the definitions therein, expects that, in the context of walking disabilities that are predominantly physical in nature, very considerable difficulty whilst walking is likely to manifest through one or more of the following:

- The level of pain experienced by an individual when they are walking, or as a consequence of walking;

- The degree of breathlessness they incur when, or as a result of, walking;
- The distance over which an individual is able to walk;
- The speed at which an individual is able to walk;
- The length of time that an individual is able to walk for;
- The manner in which the applicant walks;
- An applicant's use of walking aids;
- The applicant's outdoor walking ability;
- Whether the effort of walking presents a danger to the applicant's life, or would be likely to lead to a serious deterioration in their health.

3.2.4 An applicant might also meet this criterion if they experience very considerable psychological distress whilst walking as part of a journey.

3.3 **Assessing people at risk of serious harm, when walking, or pose, when walking, a risk of serious harm to any other person**

3.3.1 To qualify under this criterion, an applicant must have any enduring (lasting for at least three years) and substantial disability that means they are, during the course of a journey, at risk of serious harm, when walking, or pose, when walking, a risk of serious harm to any other person.

3.3.2 Sheffield City Council, in line with DfT guidance expects that, in the context of disabilities that are predominantly 'non-physical' in nature, a risk of serious harm to self/others could manifest as one or more of the following behaviours:

- Becoming physically aggressive towards others, possibly without intent or awareness of the impact their actions may have;
- Refusing to walk altogether, dropping to the floor or becoming a dead-weight;
- Wandering off or running away, possibly without awareness of surroundings or their associated risks (e.g. nearby roads, car park environments);
- Disobeying, ignoring and/or being unaware of clear instructions;
- Experiencing very severe or overwhelming anxiety (e.g. through hypervigilance);
- Experiencing an overwhelming sense of fear of public/open/busy spaces;
- Experiencing serious harm or causing harm to others;
- Avoiding some/all types of journeys due to the kinds of experiences listed above.

3.3.3 This list is not exhaustive and the Council will establish whether the risk of serious harm to self/others when walking, during the course of a journey, is caused by ***an enduring and substantial disability***. In this context it is recognised that some of the listed behaviours, as well as others, may be exhibited ordinarily by children who do not have any enduring or substantial disability. It is therefore important for to consider the extent of any such behaviours and/or difficulties experienced by an applicant in relation to common developmental milestones.

3.3.4 The Council will also need to be satisfied that such difficulties cannot otherwise be managed through reasonable coping strategies. For example, where an applicant would only ever be accompanied by another person, and that negates 'very considerable' difficulty, a badge would not help the applicant.

3.3.5 In considering coping strategies, the Council will consider whether existing strategies are being adopted and are effective (i.e. they may work, but they may require significant time to be invested on the part of the applicant), and whether a Blue Badge would be an effective 'coping strategy' in its own right. Importantly, journey avoidance should not be considered an appropriate coping strategy.

3.4 Children under the age of three

3.4.1 Children under the age of three may be issued with a badge if it is evidenced that they fall within either or both of the following descriptions:

(a) The child has a medical condition that requires that they be always accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty (see Appendix 1 for a list of the types of equipment.)

(b) The child has a condition that requires that they must always be kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be so treated (see Appendix 1 for a list of the types of condition)

3.4.2 Supporting evidence (e.g. a signed declaration as at Appendix 1) from a paediatrician detailing the type of equipment needed or the type of condition should be supplied with the application.

3.4.3 If a decision cannot be made based on the paediatrician's evidence then further correspondence may be required, the child will not be asked to go for a physical assessment.

3.4.4 The Department for Transport guidance suggests relevant equipment and conditions that should be considered, however our discretion is to be applied in considering the evidence from a paediatrician.

Appendix 3

4.0 ELIGIBLE SUBJECT TO OTHER CIRCUMSTANCES

- 4.1 Requests from practitioners on behalf of their terminally ill patients are dealt with wherever possible on the same day and the issued blue badge will be reviewed after 12 months.
- 4.2 Organisational badges are provided to organisations that care and transport disabled people who would themselves meet one of more of the eligibility criteria for an individual blue badge and establish that they have a need for an organisational blue badge rather than using an individual's blue badge.
- 4.3 The organisation needs to submit a specific application form, a copy of the Disabled Persons Vehicle Tax Disc (DPV) and details of the numbers of and needs of the people in their care.
- 4.4 In line with best practice suggested by the Department for Transport, the organisation should generally support at least 12 qualifying disabled people, advise the type of vehicles being used to carry disabled people and ether it is adapted and how the badge is likely to be used and for what purpose.

ATTENDANCE ALLOWANCE

- 4.5 Since 2003 applications from applicants with Higher Rate Attendance Allowance have been treated as an automatic application.
- 4.6 As Higher Rate Attendance Allowance is an indicator of an individual's personal care needs rather than mobility, from March 2009 new applicants in receipt of Higher Rate Attendance Allowance will be treated as all other applications subject to further assessment.
- 4.5 The final decision about whether a blue badge should be issued is held by Sheffield City Council.



Author/Lead Officer of Report:
Damian Watkinson,
Finance Manager

Tel: 0114 273 6831

Report of: *Eugene Walker, Executive Director, Resources*
Report to: *Cabinet*
Date of Decision: *18th December 2019*
Subject: *Capital Approvals for Month 07 2019/20*

Is this a Key Decision? If Yes, reason Key Decision:- Yes No
- Expenditure and/or savings over £500,000
- Affects 2 or more Wards

Which Cabinet 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:-

Purpose of Report:

This report provides details of proposed changes to the Capital Programme as brought forward in Month 07 2019/20.

Recommendations:

- 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 contract
- Approve the acceptance of accountable body status of the grant funding detailed at Appendix 2
- Approve the making of grants to 3rd Parties as detailed at Appendix 2a

Background Papers:

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	Cabinet Member consulted:	<i>Terry Fox</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>
	Date: 09/12/2019	

MONTH 07 2019/20 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 07 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:

- 9 additions of specific projects to the capital programme creating a net increase of £1.709m;
- 3 variations creating a net increase of £0.145m;
- 1 procurement strategy for approval with no increase to budgets
- 2 re-profiles of expenditure with no increase to budgets

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 to be accepted and Appendix 2a 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 to be accepted and Appendix 2a 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

November 2019

Scheme name / summary description		Value £'000
A	Economic growth	
	New additions	
	None	
	Variations and reasons for change	
Page 125	Upper Don Flood Valley Flood Alleviation Scheme Phase 1 Scheme description In March 2019 Cabinet approved the Upper Don Flood Valley Flood Alleviation Scheme with the aim of providing a comprehensive linear flood defence to three discrete flood 'cells' within an area at high risk of flooding on the River Loxley (a tributary of the River Don) and at the confluence of the Loxley and the River Don at an expected cost of £5.48m. What has changed? The project delivery has been delayed by approximately a month, as a result £265k of SCRIF funding will move into 2020-21. Variation type: - <ul style="list-style-type: none"> [slippage] 	19/20 -265 20/21 +265
	Funding Sheffield City Region Investment Fund / Environment Agency	
	Procurement As previously approved	
B	Transport	
	New additions	
	Clean Air Zone Communication [CAZ] Strategy Why do we need the project?	+430

Page 126	<p>Sheffield and Rotherham have been identified by the Government in its National Air Quality Plan as areas of exceedance for Nitrogen Dioxide (NO2) gas concentrations which means that both Authorities' need to tackle vehicle emissions in order to become compliant with UK and European health based limits for air quality.</p> <p>Extensive feasibility work and air quality modelling resulted in the submission of an Outline Business Case by Sheffield City Council (SCC) and Rotherham Metropolitan Borough Council (RMBC) to the Joint Air Quality Unit [JAQU] on 21 December 2018 for the preferred option of a Clean Air charging zone in Sheffield plus additional measures across Sheffield and Rotherham in order to achieve legal compliance by 2021.</p> <p>SCC received JAQU grant funding of £3.7m to progress the development and implementation of charging Clean Air Zone infrastructure and related communications. £430k of the award was specific to implementing the required communications to support the implementation of the strategy.</p> <p>The CAZ Communication Strategy project will progress in conjunction with 3 related CAZ projects [CAZ ANPR, CAZ Signage and CAZ Back Office].</p> <p>How are we going to achieve it?</p> <p>The communications work is focused on the promotion of the Clean Air Zone, especially to affected groups.</p> <p>In order to reduce NOx/NO2 air pollution to legal levels within 2021, drivers of non-compliant vehicles in Sheffield will need to change behaviour. Some will need to change the kind of vehicle they drive and some people will need to drive less. The charging Clean Air Zone charge is designed to deter the use of non-compliant vehicles. Whilst it is not currently proposed to charge private cars (non-compliant car based taxis will be charged) it is predicted that 2% of car driving the members of the public will need to switch to a less polluting mode of transport in order to reduce pollution to legal levels in the monitored area. This will be a focus of the communications project.</p> <p>The communication Strategy aims to:</p> <ul style="list-style-type: none"> • Undertake statutory consultation on the proposed CAZ including the CAZ C+ charging zone • Deliver a 2% shift away from diesel-powered private cars traveling through Sheffield City Centre • Support taxis drivers & small businesses to uptake the mitigating support measures offered. • Communicate messages about the Sheffield & Rotherham Clean Air Zone • Communicate messages about the proposed charging zone 'going live' on the 1st January 2021 • Manage stakeholders effectively <p>The budget will fund the development of the communications, the development of the digital infrastructure and website and the initialisation of the behavioural science research. This includes staffing costs for the duration of the project.</p> <p>What are the benefits?</p> <p>Effective communication of the Clean Air Charging Zone especially to affected groups to aid behavioural change and reduce the levels of pollution.</p> <p>When will the project be completed?</p>
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December 2021								
Funding Source	Clean Air Zone Grant	Amount	£430k	Status	Accepted	Approved	By leader's Decision March 2019	
Procurement		Procurement will be via a Dynamic Purchasing System.						
Variations and reasons for change								
Page 127	Better Buses 2 – Chesterfield Road							+81
	Scheme description							
	<p>This scheme was previously approved in 2013 to improve junctions and bus lanes, road widening and improved traffic management along the A61 corridor.</p> <p>The works were completed in March 2018. The project cost plan contained an allowance for a compensation claim from a trader on Chesterfield Road for trade disturbance during the alterations to the highway. The compensation claim has now been agreed based upon a comparison of trade levels before, during and after the construction of the retaining walls in particular.</p>							
	<p>What has changed?</p> <p>The compensation claim has now been finalised and £81k is to be added to the project to cover the associated costs. The costs will be funded by Better Buses funding already received.</p> <p>Variation type: -</p> <ul style="list-style-type: none"> [budget increase] 							
Funding	Better Buses Funding already received							
Procurement		N/A Compensation payment						
Bus Hotspots Phase 2							+3	
Scheme description								
<p>This project is part of the Sheffield Bus Hotspots programme which is to improve bus travel by tackling bus hotspots as prioritised by the Sheffield Bus Hotspots Project Team (which is currently chaired by Sheffield City Council (SCC) and includes South Yorkshire Passenger Transport Executive</p>								

Page 128	<p>(SYLTE), First Bus and Stagecoach Bus).</p> <p>Previously Cabinet have approved detailed design works to be undertaken at Manor Park to change the lay-out to enable buses to pull into the bus layby making it easier for passengers to embark and alight with less disruption to other traffic and relocate tactiles and shelters.</p> <p>What has changed?</p> <p>The design works are now complete and works will be undertaken to deliver the proposal at Manor Park.</p> <p>In addition, minor works will be undertaken on London Road and Standon Road via Traffic Regulation Orders [TRO's] to implement waiting restrictions</p> <p>London Road: works will include new sections of DYL (Double Yellow Lines) and minor amendments to parking bays at a cost of £600</p> <p>Standon Road: works will include new sections of DYL at a cost of £600</p> <p>The overall cost of the project is £51k and will be funded from £48k SYLTE Local Transport Plan and £3k SCC Local Transport Plan. The overall budget for 2019-20 will be increased by £3.4k to enable delivery of the works</p> <p>Variation type: -</p> <ul style="list-style-type: none"> • [budget increase] • [scope] 		
	Funding	LSYLTE Local Transport Plan and (SCC) Local Transport Plan	
	Procurement	As previously approved	
	<p>Blackburn Valley Cycle Route</p> <p>Scheme description</p> <p>The Blackburn Valley route forms part of the strategic network from residential areas to employment, education, leisure and other locations in and around junction 35A. The project was initially approved in 2015 to provide an improved cycle network funded from Sustainable Transport Exemplar Programme (STEP) funding.</p> <p>Due to land rights issues, the project did not completed as expected in 2017/18 and the original funding source ended. As a result, £250k Local Transport Plan funding was added to the project to enable completion of the section of the route between Butterthwaite Lane and Loicher Lane and was to be progressed by a legal order.</p> <p>The commuted sum is estimated at £28k.</p>		+44

	<p>What has changed?</p> <p>The project costs have increased by approximately £44k which includes compensation payment to the land owner, adoption fees, additional vegetation clearance and increased construction costs.</p> <p>The increase will be 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 Direct award to Amey Hallam Highways via the non-core route under the Streets Ahead PFI.</p>	
<p>Quality of life</p>		
<p>New additions</p>		
<p>Page 129</p>	<p>Manor Lodge Capital Grant</p> <p>Why do we need the project?</p> <p><i>Problem trying to address</i></p> <p>Sheffield Manor Lodge falls into the category of Schedule Ancient Monuments (SAM) so the Council has a statutory responsibility for its maintenance. In 2003 SCC committed a lump one-off sum of £200K to help secure a significant HLF grant, and thereafter committed £25K annually towards the maintenance and conservation of the site.</p> <p>Green Estate now manages the whole 18 hectare site which includes the open landscape, the Manor Oaks complex with its café, art studios and petting farm, and the Manor Cottages complex from which a range of green businesses generates income that helps to subsidise Manor Lodge and other parks in the S2 area.</p> <p>Since 2017, Green Estate has been working with external consultancy support to see how the whole site could work better as an asset for local and Sheffield residents, and as a much more resilient stand-alone business. Their ambition in 10 years' time is to make the whole site not only fully self-funding but also into Sheffield's top outdoor family destination site.</p> <p>To achieve this Green Estate is proposing that 20 years of revenue funding is rolled up into a one-off capital sum to fund the enlargement of the Manor Lodge visitor centre (Discovery Centre). This will increase income generation on the site and reduce staffing costs. Green Estate would then sign a</p>	<p>+330</p>

revised lease (peppercorn rent) with no ongoing revenue funding from SCC.

Why address it now?

SCC Revenue Business Partner and the Project Sponsor have reviewed Green Estate’s business plans and are content as to its viability. SCC has an interest in the Scheduled Ancient Monument being well maintained, accessible and well-interpreted. Green Estate’s development as an organisation will ensure the long-term success of the site, and this arrangement will allow SCC’s annual payment of £25K to become time limited, providing a long term saving for SCC and the creation of an asset of greater value.

Implications of not addressing it now

SCC would continue to fund Green Estate annually with a £25K revenue grant. Green Estate would be hampered in their aim to improve their Discovery Centre and increase income generation. Their National Lottery Heritage Fund bid for this work would be weakened without match funding.

How are we going to achieve it?

Convert the annual revenue payment of £25K into a one off capital grant of £330K, to be made to Green Estate by the end of April 2020.

The Council granted Green Estate a lease of the Sheffield Manor Lodge site in September 2008 for a term of thirty years (under Title Number SYK558658) (“the Existing Lease”). In order to tie in the length of the new Funding Agreement (as described in the business case) with the lease term, Green Estate is prepared to surrender the Existing Lease and a new lease of the Sheffield Manor Lodge will be issued to Green Estate once the scheme has been approved by CPG / Cabinet. The terms of the proposed lease are broadly the same as the existing lease, other than the proposed expiry date which moves from 16th September 2038 to 4th April 2040.

What are the benefits?

Objectives

To make the most effective use of an existing budget commitment in order to provide improved and more sustainable facilities at Manor Lodge.

Outputs

- End of the agreement for the annual revenue payment
- More viable facility for the community at Manor Lodge

Benefits

- Improved facilities at Manor Lodge for visitors, school groups/educational activity and events
- Increased income generation for Green Estate through admission fees and space hire (Residents of S2 have free entry)
- Reduced costs due to improved facilities allowing flexible staffing
- Increased financial sustainability for Green Estate
- Match funding opportunity for Green Estate with National Lottery Heritage Fund bid for £900K, for a more ambitious Discovery Centre extension, comprehensive whole site interpretation scheme, and visitor engagement project
- No additional costs to SCC over 20 year period

<ul style="list-style-type: none"> • Current annual contribution of £25k p.a. will cease after 20 years • Improved capital asset held on long lease from SCC <p>When will the project be completed? Payment to be made by 30th April 2020, monitoring will continue until May 2040.</p> <p>Costs Budget 20/21 £330K</p>							
Funding Source	Prudential Borrowing	Amount	£330,000	Status	Borrowing available with the current annual £25K budget meeting repayment costs	Approved	
Procurement		N / A, a capital grant will be paid to Green Estates					
Page 131	Variations and reasons for change						
	None						
	Green and open spaces						
New additions							
None							
Variations and reasons for change							
<p>Graves Park Improvements – Security Fencing</p> <p>Scheme description The original project to improve Graves Park focussed on a new toilet block, animal field shelters, play improvements to Rose Garden Play area and Cobnar Road Play area, refurbishment of the entrance, and improvement of various paths through the park. These works are practically complete, with the last retention payment being made in April19. The project is/was funded by the capital receipt from the sale of Cobnar Cottage, some of which is remaining.</p> <p>What has changed?</p>							+20

Page 132	<p>Following the killing of 4 goats on 19th October, officers have had to review the options for improving security at the farm. The perimeter of the main farm area and surrounding paddocks has a combination of low level stock fencing, beech hedging and a wall as its perimeter. Most of the fencing and the gates within it are low level and up to approximately 1.2m high. A particular vulnerability is the gate leading to the rear of the farm which is a simple 5 bar gate. Previous break-ins to the farm area have resulted in a lamb being stolen and damage to, and loss of merchandise from the farm shop.</p> <p>There is therefore now an urgent need to upgrade the perimeter to ensure 2.4m (8 foot) high barriers surround the entire site by replacing low level stock fencing and gates to all sides where the existing barrier is below 2.4m.</p> <p>Variation type: Budget Increase / Change of Scope</p> <p>Cost and Installation of Fencing / Barriers: £19.6K</p> <p>Budget: Current 19/20 Budget £1K + £19.6K = £20.6K</p>		
	Funding	Remaining Cobnar Cottage Receipt £5.7K + Graves Park Charity Funds £7.7K + Parks Revenue Contribution £6.2K	
	Procurement	Competitive quotations	
	<p>Shirebrook Valley Visitors Centre (Final Business Case for Phase 1)</p> <p>Scheme description Shirebrook Valley Visitor Centre is a resource located in a nature reserve in the South East of the city. Already well used by the Ranger team in Parks & Countryside and by volunteer groups, it enables the Council to continue to meet priorities centred on health & wellbeing and environmental education.</p> <p>Parks & Countryside produced a vision for the future of the Centre in December 2017 and as a result a survey and feasibility study of the building was undertaken. This was completed and a report was issued in March 2018. This identified that while the building is currently in a poor condition it could be improved to accommodate staff on a more regular basis and to be used by a greater number of volunteers and visitors.</p> <p>Since the condition survey was carried out the roof coverings and rainwater goods have been renewed through a separate project completed in October 2018. This improved the roof and increased the thermal comfort of the building, but Phase 1 of this project is to address issues with the internal condition of the building so the Council can realise both the full potential of the building (to contribute to gains in health & wellbeing for residents), and the full value of recent investment in the roof.</p> <p>The Centre refurbishment works form a long term plan to upgrade the setting and facilities across the entire site with Phase 1 focussing on refurbishing the centre, upgrading the facilities, and expand the area available for educational use.</p> <p>There will be a Phase 2 to develop marketing, branding, signage, and improve the exterior of the building, and a Phase 3 to carry out other site improvements e.g. paths works, and habitat improvements</p>		<p>19/20 +31 20/21 -31</p>

Page 133	<p>What has changed? The final costs for Phase 1 are now known and are higher than the original estimate because:</p> <ul style="list-style-type: none"> A substantial amount of re-design to “future proof” the building in terms of providing full disabled access and upgraded welfare facilities for staff. A significant amount of fresh water damage to the interior due to renewed overgrowth of vegetation causing cracks in the external walls. <p>Variation type: Re-profile</p> <p>Costs Phase 1</p> <table> <tr> <td>19/20 Works OBC</td> <td>£70.0K + £17.7K =</td> <td>FBC £87.7K</td> </tr> <tr> <td>19/20 Fees OBC</td> <td>£14.9K + £10.1K =</td> <td>FBC £25.0K</td> </tr> <tr> <td>19/20 Contingency OBC</td> <td>£2.0K + £3.0K =</td> <td>FBC £5.0K</td> </tr> <tr> <td><u>Total OBC</u></td> <td><u>£87.0K + £30.7K =</u></td> <td><u>FBC £117.7K</u></td> </tr> </table> <p>Other Costs</p> <p>2020+ Phase 2 Estimate still £15.0K <u>2020+ Phase 3 Estimate now £35.7K</u> Total £50.7K</p> <p>N.B other funding sources are being investigated to potentially increase the budget for Phase 3</p> <p>Budget</p> <table> <tr> <td>Feasibility Prev Yrs.</td> <td>£11.6K</td> </tr> <tr> <td>Current 19/20</td> <td>£87.0K + £30.7K = £117.7K</td> </tr> <tr> <td><u>Current 20/21</u></td> <td><u>£81.4K - £30.7K = £50.7K</u></td> </tr> <tr> <td><u>Total</u></td> <td><u>£180.0K + £0K = £180.0K</u></td> </tr> </table>		19/20 Works OBC	£70.0K + £17.7K =	FBC £87.7K	19/20 Fees OBC	£14.9K + £10.1K =	FBC £25.0K	19/20 Contingency OBC	£2.0K + £3.0K =	FBC £5.0K	<u>Total OBC</u>	<u>£87.0K + £30.7K =</u>	<u>FBC £117.7K</u>	Feasibility Prev Yrs.	£11.6K	Current 19/20	£87.0K + £30.7K = £117.7K	<u>Current 20/21</u>	<u>£81.4K - £30.7K = £50.7K</u>	<u>Total</u>	<u>£180.0K + £0K = £180.0K</u>
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<u>Total</u>	<u>£180.0K + £0K = £180.0K</u>																					
Funding	Public Health Funding £150K + P&FM Revenue Contribution £30K																					
Procurement	No change																					
E	Housing growth																					

	New additions	
	None	
	Variations and reasons for change	
	None	
F	Housing investment	
	New additions	
Page 134	None	
	Variations and reasons for change	
	None	
G	People – capital and growth	
	New additions	
	<p>Rivelin Primary School Roof</p> <p>Why do we need the project?</p> <p>Failure of certain flat roof coverings to two buildings at Rivelin Primary School is allowing ingress of water and leading to deterioration of the building fabric. Further deterioration will lead to additional expense in repair. Deterioration may lead to health & safety risks for building users.</p> <ul style="list-style-type: none"> • What is the problem we are trying to address? <ul style="list-style-type: none"> ○ Failure of flashings and guttering to an area of pitched roof. ○ Related ingress of water leading to further deterioration of building fabric and a health & safety risk to pupils, staff and visitors. ○ Design and delivery of roof covering scheme for damaged flat roofed areas and related defective glazing. 	+81.5

Page 135	<ul style="list-style-type: none"> • Why do we need to address it now? <ul style="list-style-type: none"> ○ To prevent any further damage to the fabric of the building from water ingress due to leaks from the roof. ○ To reduce the risk that building will not be fit for purpose, affecting health and wellbeing of pupils, staff and visitors. • What are the implications of not doing it now? <ul style="list-style-type: none"> ○ Any further deterioration will lead to additional expense in repair and possible increase in health & safety risks to building users <p>How are we going to achieve it?</p> <p>Fully design and tender a scheme to clear and repair existing roof surfaces, then overlay with new waterproof weather resistant coating; address identified issues associated with the roofing defects</p> <p>It is recommended that these works be run under the same contract as for Manor Lane Flat Roof, where the same flat roof solution is proposed. This will create a more attractive package at tender with some savings expected on the construction prices due to economies of scale. There will also be some efficiency savings by letting the 2 projects under a single contract.</p> <p>What are the benefits?</p> <ul style="list-style-type: none"> • Objectives: Address roofing and related issues – replacement of clerestory windows above flat roofed areas, address a structural defect below flat roof, water damaged areas of roof timber and wall plaster below a pitched roof area over the main hall • Outcomes: <ul style="list-style-type: none"> ○ The new roof coverings will achieve a 20 year guarantee from the manufacturer and meet current building regulations for fire resistance ○ The school buildings will be fit for purpose ○ Risk of further damage/ deterioration to the building fabric will be reduced. ○ Health & safety risk to pupils and staff will be reduced • Benefits: <ul style="list-style-type: none"> ○ Stops further deterioration in building fabric: – long term benefit in terms of reducing maintenance and repair costs ○ Roof that is waterproof, meets current building regulations for fire resistance, helps the building stay fit for purpose and reduces health & safety risks to pupils and staff <p>When will the project be completed?</p> <p>21/08/2020</p>
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	Funding Source	DfE Condition Fund Allocation	Amount	+£81,501 for works costs post feasibility [Total £96,891]	Status		Approved			
Procurement			Closed competitive tender process using a selected list of local contractors registered on Constructionline. Sheffield City Region based contractors may be invited if additional numbers are required.							
Page 136	Pipworth Structural - Dining Hall Drainage; and Pipworth Temporary Structural Works – retrospective approval for emergency responsive works*								+26.4	
	<p>Why do we need the project?</p> <ul style="list-style-type: none"> • What is the problem we are trying to address? <p>Structural cracks were identified on the rear wall of the dining hall on the 30th August 2018. Since then more cracks have appeared and the initial cracks have become bigger, indicating that the rear wall of the dining hall is still moving.</p> <p>As part of the feasibility work at Pipworth Primary it has been discovered that a drain which runs under the left hand corner of the dining hall is damaged. It is suspected that the water leaking from the pipe is causing ground movement.</p> <p>Following a visit by CDS Structural Engineers temporary propping was installed to stabilise the wall and prevent further movement.</p> <p>Approval is sought for:</p> <ol style="list-style-type: none"> 1. Decommissioning of the existing pipe and rerouting a new drain around the outside of the hall. 2. Fees for a CDS Structural Engineer to monitor the ground post construction for 6 months to confirm that the ground has stabilised after the remedial works to the drain have been completed. <p>Options for the replacement or rebuilding of the dining hall have been designed and costed. However, until the cause of the ground movement has been identified and the ground stabilised a decision on the preferred option for the dining hall cannot be made.</p> • Why do we need to address it now? <ul style="list-style-type: none"> ○ Drainage and ground condition data so far suggest that a drainage pipe close to the dining hall wall is damaged. Water leaking from the drain is causing the ground to shift. It will be necessary to decommission the leaking pipe, route it around the outside of the dining hall and monitor ground stability for a period before we could conclude that this is definitely the sole cause of the problem or merely a contributory cause. Once the cause (or causes) of the structural issue has been determined with a high level of confidence, a decision on a permanent solution for the dining hall can be made. 								*+44.6	

Page 137	<ul style="list-style-type: none"> What are the implications of not doing it now? <ul style="list-style-type: none"> Since the structural cracks were identified in August 2018, significant continuing movement has been measured. The propping work has only stabilised the structure temporarily and is not a long term solution. Not addressing the cause of the structural movement could lead to damage to nearby buildings with the risk of increased repair costs. A decision on a permanent solution for the dining hall cannot be made until the results of this interim work are known. <p>How are we going to achieve it?</p> <ul style="list-style-type: none"> Decommission existing drain and re-route new drain outside of dining hall. Tender the construction drainage works. Monthly monitoring of the ground for six months once the construction work has been completed. <p>What are the benefits?</p> <ul style="list-style-type: none"> Objectives: <ul style="list-style-type: none"> Existing drain that runs under the dining hall to be abandoned and grouted up. New drainage run to be constructed around the outside of the dining hall. Monitoring of ground after construction of new drain to confirm if ground movement has ceased. Outputs: Decommissioning and rerouting of an underground drainage pipe. Benefits: Once the ground has been stabilised a decision can be taken on a permanent solution for the dining hall. <p>When will the project be completed? 30/04/2020</p>							
	Funding Source	DfE Condition Fund Allocation	Amount	+£26,380 for post feasibility drainage works only: Total £60,705 +£44,631 Emergency Works	Status		Approved	
	Procurement		Closed competitive tender process using a selected list of local contractors registered on Constructionline.					
Walkley Primary School (SCC Contribution to Priority School Building Programme)							+250	

Why do we need the project?

Walkley Primary School is to be rebuilt as part of the government’s Priority School Building Programme (PSPB). It has been agreed with the Education Funding Agency (EFA) to expand the scope of works from a hybrid partial refurbishment and rebuild in order to undertake a complete rebuild of the entire school. As such, Strategic Capital Board agreed in September 2017 to make a £250k plus VAT contribution to the total costs of this project which was estimated at £4.5m.

This contribution to be ultimately funded from the disposal of the Nursery School site which becomes surplus as a result of the full re-build option.

The main principles that the DfE set out for inclusion in the PSPB programme are where the costs of continuing to maintain the site or the building are so high that it clearly makes better economic sense to address the need wholesale – either by rebuilding or completely refurbishing it.

Walkley Primary School has met the conditions for inclusion in programme and therefore significant ongoing maintenance costs will be saved.

How are we going to achieve it?

- Sheffield City Council will make an agreed financial contribution of up to £250k towards the DfE managed project.

What are the benefits?

- Objectives: Rebuild Walkley Primary school on a new site and thus address significant building condition issues
- Outputs: Replacement school constructed.
- Benefits:
 - Reduce the overall pressures on the priorities within the Building Condition programme
 - Demolish the existing school buildings and achieve the capital receipt from the sale of the Nursery Infant site.

When will the project be completed?

Tbc (DfE managed project)

Funding Source	Capital receipt from disposal of existing school site / School Condition Allocation	Amount	£250,000 (SCC Contribution)	Status		Approved	
Procurement		N/A: Department for Education will deliver this project.					

Page 139	<p>Tinsley Library Refurbishment Works</p> <p>Why do we need the project?</p> <p>The Libraries Service has previously established a volunteer library service in Tinsley and found an area in the Tinsley Forum building (owned by the Methodist Church). This has been an ‘associate library’ (i.e. not run by the Council) since 2016, staffed by voluntary organisations/individuals. The Council provides the books.</p> <p>The library space in Tinsley Forum needs to be increased to make it more functional as a library space and a much improved community resource.</p> <p>How are we going to achieve it?</p> <p>The rear rooms of the building needs to be modified, together with other miscellaneous works and the installation of IT provision. We will provide a grant to the Tinsley Forum for them to commission building works while supply of IT provision will be via the council’s in house supplier. The Council’s Capital Delivery Service has been engaged to provide input and assurance regarding value for money and project management.</p> <p>What are the benefits?</p> <p>A fit for purpose library facility.</p> <p>When will the project be completed?</p> <p>TBC once funding agreed.</p>						Up to 70								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Funding Source</td> <td style="width: 20%;">Corporate Investment Fund</td> <td style="width: 15%;">Amount</td> <td style="width: 20%;">Up to £60k</td> <td style="width: 15%;">Status</td> <td style="width: 15%;">Accepted</td> <td style="width: 20%;">Approved</td> </tr> <tr> <td>Procurement</td> <td colspan="6"> Grant issue to Tinsley Forum for building works/equipment. IT services via SCC in house supplier. </td> </tr> </table>	Funding Source	Corporate Investment Fund	Amount	Up to £60k	Status	Accepted	Approved	Procurement	Grant issue to Tinsley Forum for building works/equipment. IT services via SCC in house supplier.					
Funding Source	Corporate Investment Fund	Amount	Up to £60k	Status	Accepted	Approved									
Procurement	Grant issue to Tinsley Forum for building works/equipment. IT services via SCC in house supplier.														
<p>Locality Management relocations (L2 and L4)</p> <p>Why do we need the project?</p> <p>SCC are progressing with the West Bar redevelopment activity. A consequence of this is the compulsory purchase and planned demotion of the Adult Social care site, Love Street. As a result, all services currently operating from the site will require re-location. This project deals specifically with the investment required to provide suitable, alternative accommodation for the Adult Social Care Fieldwork teams currently based at the site. Other services</p>						+160									

Page 140	<p>based at the site have been addressed by other migration activity.</p> <p>Addressing this issue presents an opportunity to relocate teams 'In the heart of the Locality they serve' in line with Portfolio strategy.</p> <p>How are we going to achieve it?</p> <p>Adults L4 team (Responsible for Gleadless Valley, Graves Park, Beauchief & Greenhill wards) relocated from Love Street to Chancet Wood. We will relocate this team temporarily to Moorfoot whilst the necessary works take place.</p> <p>Adults L2 team (Responsible for Burngreave, Southey, Firth Park, Shiregreen & Brightside wards) relocated from Love Street to a location yet to be determined.</p> <p>What are the benefits?</p> <p>Two relocated teams based in the heart of the localities which they serve.</p> <p>When will the project be completed?</p> <p>TBC once funding agreed.</p>						
	Funding Source	Corporate Investment Fund	Amount	£160k	Status	Accepted	Approved
	Procurement	Any works to be undertaken using the in-house service, or alternatively a closed competitive tender process using Sheffield-based contractors.					
	Variations and reasons for change						
	None						
H	Essential compliance and maintenance						
	New additions						
	Manor Lane Flat Roof						+54

Why do we need the project?

The existing flat roof covering to Manor Lane Depot Building 7 (K11) is at the end of its expected life. Leaks have been noted inside the building linked to defects in the roof covering.

- **What is the problem we are trying to address?**
 - The existing roof covering is at the end of its expected life.
 - Leaks have been noted in the building and these are associated with defects in the roof covering.
- **Why do we need to address it now?**
 - To prevent any further damage to the fabric of the building from water ingress due to leaks from the roof.
- **What are the implications of not doing it now?**
 - Not addressing the roof now will lead to further deterioration and potentially to more severe water damage inside the building.

How are we going to achieve it?

Address areas of flaking asbestos containing material in ceiling void (enabling works).
Re-roof with a single layer overlay.

It is recommended that these works be run under the same contract as for Rivelin Primary School Roof, where the same flat roof solution is proposed. This will create a more attractive package at tender with some savings expected on the construction prices due to economies of scale. There will also be some efficiency savings by letting the 2 projects under a single contract..

What are the benefits?

- Objectives: A new waterproof and weather resistant roof covering with a 20 year guarantee that also meets fire resistance rating in line with current Building Control regulations.
- Outputs: Re-roofing of building.

When will the project be completed?

19/06/2020

Funding Source	Capital Receipts Essential Compliance and	Amount	£54,109	Status		Approved	
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	Maintenance Allocation								
	Procurement	Closed competitive tender process using a selected list of local contractors registered on Constructionline.							
Page 142	<p>Graves Park Farm Staff Welfare</p> <p>Why do we need the project?</p> <p>A condition survey undertaken at the end of 2018 of the welfare facilities and office at Graves Park Animal Farm has identified that the facilities are dilapidated and life expired. An escape of water from the drains has further damaged the porta-cabin used for welfare facilities. The survey identified that the heating and hot water services are non-operational. Overall the facilities at the farm were rated non- operational / about to fail.</p> <p>A modular building housing the animal isolation unit has been identified as in poor condition and in need of replacement. Due to the very poor condition of the facilities they are uneconomical to repair.</p> <p>What are the implications of not doing it now?</p> <ul style="list-style-type: none"> ○ If the facilities are not updated then they will fail meaning that the animal farm will close to the public with associated operational and reputational risks. <p>How are we going to achieve it?</p> <ul style="list-style-type: none"> ○ Demolish/remove existing dilapidated units and replace with new ○ Supply and install replacement modular buildings to accommodate welfare and office facilities <p>What are the benefits?</p> <ul style="list-style-type: none"> • Outputs: <ul style="list-style-type: none"> ○ Clear the existing porta-cabin welfare and office block from the site ○ Install new modular office and welfare facilities ○ Improved external surfacing around the welfare & office ○ New access ramp up to toilet block • Benefits: <ul style="list-style-type: none"> ○ Improved working environment and welfare facilities for SCC staff ○ Rectify identified health & safety issues ○ Improved toilet facilities for visitors to the farm 								+262

<p>When will the project be completed? 03/07/2020</p>								
Funding Source	Revenue Contribution to Capital (Minor Works budget)	Amount	£261,800	Status		Approved		
Procurement		Closed competitive tender process using a selected list of local contractors registered on Constructionline.						
Page 143	<p>Non-Highways resurfacing – Council-wide contract – *(Procurement Strategy Only)</p> <p>Why do we need the project?</p> <p>Paths and surfaces across the operational estate are required to be kept in a reasonable state of repair, to minimise trips, slips and falls by members of the public which might lead to personal injury or damages claims against the council. A Non- Highways Resurfacing programme 2016/20 helped us achieve the reasonable state of repair but the current contract is ending in March 2020.</p> <p>It is proposed to engage a specialist to carry out similar Measured Term Contract (MTC) for 2020/21 with an option to extend for a further 3 years following annual reviews.</p> <p>The original 2016/20 contract was set up for use by Transport and Facilities Management primarily to patch repair and resurface footpaths and roadways within parks and cemeteries across the city. However, the contract proved to be an efficient option for other Client portfolios to call off a specialist contractor to carry out similar work by placing an individual Works Order and eliminate the requirement to tender separate contracts for each package of work. The rates were also proven to be good value when Clients compared them with alternative quotes. Due to these successes, the 2020/21 Contract will be recognised as the corporate contract for all non-highways resurfacing across the operational estate.</p> <p>Clients to provide budgets to the first year of the contract include Essential Compliance and Maintenance Services, Parks and Countryside, Housing Services and Repairs, Public Rights of Way Services and Maintenance Services. The estimated value of works that may be put through the contract is £720,000.</p> <p>What are the implications of not doing it now?</p> <ul style="list-style-type: none"> ○ Doing nothing - leaving paths and surfaces to deteriorate, would result in potentially hazardous conditions and exposes the council to claims for personal injury or damages from members of the public. ○ <p>How are we going to achieve it?</p> <ul style="list-style-type: none"> ○ Procure a specialist Contractor to carry out resurfacing works via a Measured Term Contract (MTC) for 2020/21 with an option to extend for a further 3 years following annual reviews. 							0*

Page 144	<p>What are the benefits?</p> <ul style="list-style-type: none"> • Outputs: <ul style="list-style-type: none"> ○ Safer pathways for use by the public • Benefits: <ul style="list-style-type: none"> ○ Reduced risk of claims against the Council through slips trips and falls. ○ Improved appearance of paths, providing better facilities within services using the contract ○ Cost efficiencies as using Measured term contract removes the need to carry out multiple tenders <p>When will the project be completed? 31/03/2020 (with a contract option to run for a further 3 years)</p>							
	Funding Source	Various – to be determined as individual projects come through for approval	Amount	Up to £720,000	Status		Approved	
	Procurement	Restricted procedure with PQQ						
Variations and reasons for change								
None								
I	Heart of the City II							
New additions								
None								
Variations and reasons for change								

	None	
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	Scheme name / summary description of key terms	Funder	Value £'000
A	Economic growth		
	None		
B	Transport		
	None		
C	Quality of life		
	None		
D	Green and open spaces		
	None		
E	Housing growth		
	<p>New Build Phase 2 – Weaklands</p> <p>Shared Ownership Affordable Homes Programme (2016-21) 3rd Allocation</p> <p>Background Homes England (HCA as was) has funding for a Homes Programme 2016-2021. Local Authorities can apply for this funding to help them with new build and acquisition schemes. We are proposing to use this grant to fund 36 affordable rented units at Weaklands.</p> <p>This is the 3rd application for funding from this Programme, the previous ones being for 10 acquisitions; the first to fund 5 acquisitions was approved at July17 CPG, and the 2nd for a further 5 acquisitions at March19 CPG.</p>	Homes England	1,404

	<p>The different funding options for the Weaklands new build scheme have been investigated and it was decided (endorsed by the Housing Growth Programme Group on 11th September 2019) to bid for £1.4m from the HE Programme. Use of this funding disbars SCC from counting expenditure on the scheme against a target required to be met in order to retain an element of receipts from previous council house sales. However, calculations have been made to ensure taking Weaklands out of the SCC’s eligible new build spend won’t have a detrimental effect on reaching the required spending, and cause council house sales receipts funding to be lost. Although this outcome relies on the other current new build schemes spending as currently forecast.</p> <p>The bid was successful awarding £1.4m which reduces the HRA funding required for this scheme by £1.4m</p> <p>Financial and Commercial Implications Key features of the proposed Grant Agreement (not exclusive) are summarised below:</p> <ul style="list-style-type: none"> • To make grants available to facilitate the development and provision of housing • To facilitate the delivery of certain affordable housing schemes. • Grant is compliant with the EU requirements concerning public service compensation granted for Services of General Economic Interest. • Firm Scheme Completion Date means the date set out in the Firm Scheme Delivery Timetable by which the Site acquisition and Practical Completion must be achieved • SCC must comply with any repayment / reporting obligations • SCC must ensure no material breach of the Grant Agreement • SCC must deliver all the SOAHP Housing which it was committed to deliver under this Agreement by 31 March 2022 • Help to Buy Agency Agreement means an agreement entered into between SCC and the Help to Buy Agent • The Grant Recipient shall comply fully with the contract management and reporting obligations set out in this Condition 11 		
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	<ul style="list-style-type: none"> • If the approved bid is not complied with then the grant may be reduced or adjusted • SCC must retain records for ten years from the date it received the grant • The grant is subject to Audit • No obligation to pay Grant to SCC if the due date for payment is after 31 March 2022 unless the funder approves an extension • SCC must comply with the defined grant claim procedures • If SCC fails to deliver the funder can withdraw, reallocate or reduce the funding <p>Fundamental (A) Default means the occurrence of any of the following:</p> <ul style="list-style-type: none"> • SCC is subject to a Section 15 Direction which has or will have a Material Adverse Effect • A Prohibited Act has been committed by or on behalf of the Grant Recipient (in respect of which the Waiver Condition has not been satisfied) • Any Consent necessary to the delivery of the Approved Bid is withdrawn or revoked <p>Fundamental (B) Default means the occurrence of any of the following:</p> <ul style="list-style-type: none"> • The Grant Recipient's Investment Partner status is lost, removed or relinquished • The Regulator directs or recommends that grant is not to be paid to the Grant Recipient <p>Repayment of Grant in the following circumstances (not exclusive):</p> <ul style="list-style-type: none"> • The relevant Tranche has been paid to SCR but there is a failure to deliver the relevant Firm Scheme in accordance with the agreed Firm Scheme Details • The Grant Recipient has breached its obligations under any of Conditions 9 (Delivery Obligations), Condition 10 (Operational Obligations) or Condition 11 (Review, Monitoring and Reporting) • A Scheme Termination Event has occurred • A Total Termination Event has occurred • The Grant Recipient must pay the Recoverable Amount together with interest at two per cent (2%) above the base rate 		
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	<ul style="list-style-type: none"> • Disposal or letting of a SOAHP Dwelling for any purpose other than the Agreed Purpose will lead to failure to comply with the Grant conditions for the purposes of Recovery • SCC will not be entitled to transfer or assign all or part of this Agreement <p>Procurement</p> <ul style="list-style-type: none"> • All public sector procurement is governed by both European Legislation and UK National Law. In addition, 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 terms and conditions. <p>Legal Implications</p> <p>The Council has the power to accept this grant under section 31 of the Local Government Act 2003. The Council also has the right to accept this grant under the power of general competence found in section 1 of the Localism Act 2011.</p> <p>Homes England (HE) has made grant funding available to the Council for the purpose of facilitating the delivery and construction of affordable housing.</p> <p>The Council must ensure it has either a freehold interest or leasehold interest (with at least 60 years remaining) on any land it wishes to develop.</p> <p>Each scheme the Council wishes to develop will have milestone target dates, failure to comply with these dates will breach the terms of the grant agreement unless in certain circumstances such as adverse weather, in this case the HE will extend the milestone target date. In any event, any scheme may not be extended beyond 31 March 2022 unless HE indicate otherwise.</p>		
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	<p>The Council must ensure in the delivery and construction phase of the scheme that it complies with all relevant legislation and HE guidance.</p> <p>The HE may either withhold or claim back any grant monies if a default event occurs which breach the terms of the agreement or if the grant is found to be unlawful state aid.</p> <p>The Council may be liable to repay any sums if the grant agreement terms have been breached or if the agreement is terminated.</p> <p>The properties will be managed as Council housing, held for the purposes of Part II of the Housing Act 1985, accounted for within the HRA and let in accordance with the Council's Allocations Policy made under Part 6 of the Housing Act 1996.</p>		
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		
	<p>94544 Manor Lodge Capital Loan</p> <p>See Appendix 1 Section for full details of scheme.</p> <p>Background SCC pay an annual revenue grant for Manor Lodge of £25K from the Culture and Environment service budget. This was agreed by the SCC Chief Executive in 2006.</p> <p>Green Estate (GE) is proposing that 20 years of revenue funding is rolled up into a one-off capital sum to fund the enlargement of the Manor Lodge visitor centre (Discovery Centre). This will increase income generation on the site and reduce staffing costs. GE will as a result sign a revised lease (peppercorn rent) with no ongoing revenue funding from SCC.</p> <p>The annual revenue sum of £25K would fund a capital sum of £330,000 via prudential borrowing for investment into the enlarged visitor centre. On this basis, the revenue arrangement would become time limited, providing a long term saving for SCC and the creation of an asset of greater value.</p> <p>This investment would allow GE to apply for further funding i.e. Heritage Lottery Funding for £900K, to achieve a more ambitious Discovery Centre extension, comprehensive whole site interpretation scheme and visitor engagement project.</p>	Green Estate	330

	<p>Since 2017, GE have been working on plans for how the whole site could work better as an asset for local and Sheffield residents, and as a much more resilient stand-alone business. Their ambition in 10 years' time is to make the whole site not only fully self-funding but also into Sheffield's top outdoor family destination site. This investment in a better Discovery Centre will help achieve this by increasing visitor numbers and increasing income generation.</p> <p>Key Terms and Conditions</p> <p>Financial and Commercial Implications</p> <ol style="list-style-type: none"> 1. Keep the Council informed as a project develops in accordance with any timescales detailed by the Organisation to the Council and to consult on maintenance and management issues generally and specifically when requested by the Council. 2. The Grant Recipient shall appoint a competent, qualified contractor to carry out the design, supervision and post installation inspection of the Works. 3. The Grant Recipient shall submit to the Council prior to tendering of the Works the final design details and specifications and any further documents requested by the Council for approval. 4. The Grant Recipient shall, on completion of the Works, obtain a post installation inspection certificate which conforms to the European Design Standards including the referred to in Special Condition 2 above and provide a copy of the certificate to the Project Manager. 5. The Grant Recipient shall procure the design and construction of the Works and thereby assume the full duties and responsibilities of 'client' for the Works including those duties imposed by the Construction (Design and Management) Regulations 2007 (CDM Regulations). 6. Sign off with the Council all monitoring, ecological and other relevant reports and if necessary, agree any minor adjustments to the work plans. 7. Keep detailed financial records throughout the year and maintain its accounting record in accordance with the Code of Business practice, in compliance with all statutory requirements and to provide accounts if so requested by the Council 		
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	<p>within 25 working days of the receipt of such written request made by the Council.</p> <ol style="list-style-type: none"> 8. Give immediate and unfettered access to any further financial information that may be reasonably required by the Council. 9. The Grant Recipient shall be responsible for the ongoing maintenance of the facility and the associated costs of this. <p>Legal Implications</p> <p>Sheffield Manor Lodge is a scheduled monument which is a national important historic building or site listed in the Schedule Ancient Monuments kept by the Secretary of State for Digital, Culture, Media and Sports. The regime sets out in the Ancient Monuments and Archaeological Areas Act 1979 (as amended). Its list entry number in the Schedule Ancient Monuments is 100481. As a result, SCC has a statutory responsibility for the maintenance of Sheffield Manor Lodge. The whole Sheffield Manor Lodge is currently managed by Green Estate who is a community interest company and there is a Delivery Centre on site for group booking and public access in order to promote the importance of the historic site.</p> <p>Sheffield City Council as a local authority has a specific power to make grants to voluntary organisations providing recreational facilities under Section 19 of the Local Government (Miscellaneous Provisions) Act 1976 (the “Act”) and such facilities may include buildings, equipment, supplies and assistance of any kind.</p> <p>Section 19(3) of the Act specifically provides that a local authority may contribute by way of grant or loan towards the expenses incurred or to be incurred by any voluntary organisation in providing any recreational facilities which the authority has power to provide by virtue of Section 19(1). A “voluntary organisation” is defined in the Act as any person carrying on or proposing to carry on an undertaking otherwise than for profit. Green Estate is a CIC and it is within the meaning of a “voluntary organisation” in the Act as it does not aim to make profit from its operation of the Discovery Centre.</p> <p>In any event, SCC has a general power of competence under Part 1 of the Localism Act 2011 that allows it to do anything that an individual may do (subject to any specific statutory restriction; none of which apply in this case).</p>		
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	<p>Award of the proposed grant (£330K) is subject to both SCC and Green Estate entering into a funding agreement. If the recommendation in this report is fully recommended, the grant shall only be used by Green Estate for the purpose of developing the Discovery Centre at the site of Sheffield Manor Lodge according to Green Estate’s Business Case approved by SCC and also the objectives outlined in this report. It will also be for the purposes of ensuring the maintenance, public access and interpretation of the site.</p> <p>SCC will impose monitoring and reporting requirements for the spending of the grant. SCC may also be entitled to withhold or suspend or even clawback the grant (in part or in whole) in the event that the grant recipient fails to comply with the conditions of the grant according to the funding agreement.</p> <p>The grant is not considered to be State Aid as the Delivery Centre at Sheffield Manor Lodge has more local character. It aims to promote the importance of the historic site and provide public access for voluntary / charitable groups booking for the purposes of education and promotion of the historic site. It is therefore the view of Legal that Sheffield Manor Lodge and its Discovery Centre would be more attractive to local visitors (such as visitors from Sheffield or other areas nearby in the UK) so it is more a local aid which would not have an impact on cross border trading between member states.</p> <p>The agreement shall run in full force from the commencement date for 5 years. The Council may consider to extend the term of this Agreement should the Organisation require more time to complete the Project. In that circumstance both parties shall agree the extension in writing prior to the expiration of the Agreement. The Organisation will acknowledge and agree that the Council’s decision on this shall be final and that the maximum term of an extension shall be no longer than 15 years.</p>		
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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Author/Lead Officer of Report: Lisa Firth Head of Parks and Countryside

Tel: 27 34700

Report of: Laraine Manley
Executive Director of Place

Report to: Cabinet acting as Charity Trustee of Graves Park
(Registered Charity Number 510841)

Date of Decision: 18th December 2019

Subject: Lease Renewal – Rose Garden Cafe, Graves Park, Sheffield S8 8LL

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? Finance and resources		
Which Scrutiny and Policy Development Committee does this relate to? Economic and Environmental Wellbeing Scrutiny and Policy Development Committee		
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?		
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:- <i>“Appendix 1 & Appendix 2 to this report are not for publication because they contain exempt information under Paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended).”</i>		

Purpose of Report:

1. This report seeks the approval of Cabinet acting as Charity Trustee of Graves Park (*Registered Charity Number 510841*) ("the Charity") to grant a lease of the Property to the current tenant for a further period of 2 years to ensure continued provision of a café facility at Graves Park for the benefit of Park users.

Recommendations:

The following decisions are recommended to Cabinet acting as Charity Trustees:

- R1.** Approve the short-term lease of the subject property to the current tenant based on the terms set out in Appendix 1 of this report
- R2.** On consideration of the Commercial Details in Appendix 1 and the Qualified Surveyor's Report in Appendix 2, agree that the Trustees are satisfied that the proposed terms are the best that can be reasonably obtained in the circumstances.
- R3.** Authorise the Chief Property Officer in consultation with the Director of Legal and Governance to negotiate the terms of the lease with the current tenant and the Director of Legal and Governance to prepare and complete all the necessary legal documentation in accordance with the agreed terms.

Background Papers:

Appendix 1: Confidential – Commercial Details

Appendix 2: Confidential - Qualified Surveyor's Report dated 31 Oct 2019

Appendix 3: Graves Park Title Plan

Appendix 4: Plan showing Lease Demise

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
	<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:	Laraine Manley
3	Cabinet Member consulted:	Cllr Terry Fox, Cabinet Member for Finance and Resources Cllr Mary Lea, Cabinet Member for Culture, Parks and Leisure
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	Head of Regeneration and Property Service
	Date: 12 th November 2019	

1. PROPOSAL

- 1.1 Graves Park is Sheffield's biggest park and is held on charitable trust, (further details of which are set out later in this report) with Cabinet acting as sole corporate Charity Trustee. Located in the South West of the City, the park is home to a range of facilities for people to enjoy including a cafe, children's playgrounds, animal farm, sporting facilities, nature trails, fishing lake, woodland and plenty of open space.
- 1.2 The Rose Garden café is located in Graves Park. The location of the Property is shown edged red on the plan attached at Appendix 3 and forms part of Graves Park shown edged blue on the plan at Appendix 4. The Graves Park café has been let to the current tenant since 2009. The previous lease has now expired and occupation is currently by way of a Tenancy at Will pending the consideration of granting a new lease by the Trustees.
- 1.3 In order to ensure continued provision of a café in the Park, this report requests that Cabinet acting as Trustee grant a short –term lease to the existing tenant based upon the terms set out in Appendix 1 of this report.
- 1.4 The lease is an interim position intended to ensure continuation of a café facility within Graves Park pending a review of café facilities in Graves

Park and other parks across the city as part of the council's Better Parks initiative. As with the previous lease at the end of the 2 years the tenant will have no right to remain.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The charitable objects of the Charity are *"the provision and maintenance of a park and recreation ground for use by the public with the object of improving their conditions of life"*.
- 2.2 The proposed short term lease contributes to the provision and maintenance of the park as follows:
- (a) it will maintain the provision of the café facility within the park for use by the public.
 - (b) it will continue to remove the liability from the Charity to maintain and insure the property which will reduce the Charity's expenses;
 - (c) it will generate rental income which will be retained by the Charity and used for the purposes of the objects of the Charity, as set out at paragraph 2.1 above;

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 As there will be no change to the provision of facilities within the park by continuing with the existing operator there is no requirement to consult
- 3.2 The proposed transaction is an interim position in advance of the review of park facilities, including cafes as part of the Better Parks initiative..

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 The objects of the Charity are to provide the park and its facilities to all members of the public without restriction to or distinction between any person's characteristics including, but not limited to the protected characteristics identified and defined in the Equalities Act 2010 therefore there are no equality implications to be considered in the decision requested by this report on the proposed disposal.

4.2 Financial Implications

- 4.2.1 The proposed lease will, based upon anticipated turnover, generate an increased rental income to the Trust. All rental income generated by the lease of the Property will continue to be retained by the Charity and used

for the purpose of the Charity in accordance with its charitable objects.

4.2.2 The tenant will pay the Charity's costs and expenses of negotiating and completing the lease ensuring there is no cost to the Charity.

4.3 Legal Implications

4.3.1 Graves Park is held on charitable trust by the Charity and administered by the City Council, with Cabinet acting as sole corporate Charity Trustee and management provided by Parks & Countryside Services. The charitable trust is registered with the Charity Commission as Graves Park (Charity Registration Number 510841) and governed by a Charity Commission Scheme dated 12 March 2009 (the Scheme).

4.3.2 The Property forms part of the land comprised in the Scheme and the Council as charity trustee must comply with the restrictions on any disposition contained in the relevant provisions of the Charities Act 2011. These contain a general obligation to achieve the best price that can be reasonably obtained on any disposal but also contains a number of specific obligations as detailed below. The term "disposal" within the Charities Act includes the grant of leases.

4.3.3 Section 120 of the Charities Act 2011 contains an obligation on the trustee to obtain and consider advice from a person having the requisite ability and practical experience to provide them with competent advice on the proposed disposition and who is instructed by the charity trustee and acting exclusively for the Charity. A report compliant with the requirements of section 120 has been obtained and is attached to this report at Appendix 2.

4.3.4 Although the land including the Property is held by the Charity for a specified purpose (known as designated land) and there is no proposal to replace the Property, there is no requirement under section 121 of the Charities Act 2011 to give public notice of the proposed disposal because the term of the proposed lease does not exceed 2 years.

4.3.5 As the Scheme does not contain an express power allowing the charity trustee to dispose of the whole or any part of the land held on trust as with previous disposals of land held on charitable trust by the Council it will rely on the power of sale contained in section 6 of the Trusts of Land and Appointment of Trustees Act 1996 which applies where the extent of the disposal is so small that it will have no impact on the charity's ability to further its objects. The proposed lease is compliant with these provisions and there is no requirement to seek the consent of the Charity Commission.

4.3.6 The lease will be excluded from the provisions of part 2 of the Landlord and Tenant Act 1954. As a result once the lease comes to an end the tenant will have no rights to request a renewal or compensation should they come out of possession.

4.4 Other Implications

- 4.4.1 The grant of the proposed new lease to the current tenant will continue provision of the café facility during the period the council will consider the longer-term future of the property as part of the Better Parks initiative.

5. **ALTERNATIVE OPTIONS CONSIDERED**

- 5.1 The Council may, in due course, offer alternative options for this property but at present it is considered that renewing the café lease is the only realistic short term option available to ensure provision of this facility within the park.
- 5.2 The reason for this is that if the current tenant was required to leave and a new tenant sought by the time a new suitable tenant were found and terms agreed (which could not be guaranteed) the best part of the two year term would have elapsed depriving the park of a valuable facility and the trust of income

6. **REASONS FOR RECOMMENDATIONS**

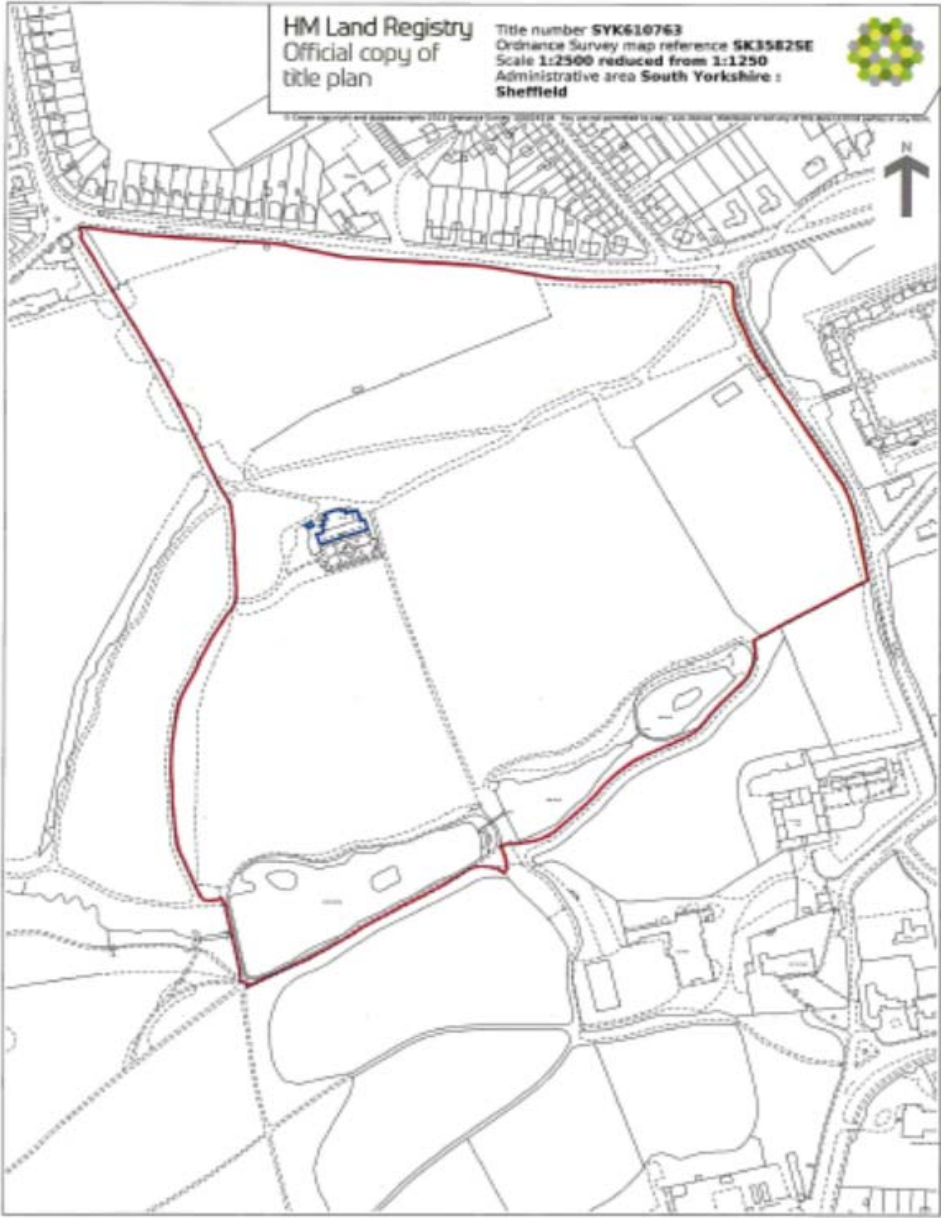
- 6.1 The proposal to grant a further short-term lease:
- safeguards the café facility at Graves Park for the benefit of park users
 - secures an increased income stream for the Trust which can be reinvested in the Park
 - enables SCC and the Trustees to explore alternatives for this through the Better Parks programme.
 - enhances the attractiveness of the park as a valuable asset for visitors
 - enables the demised property to be occupied for the purposes of the charitable objects of the Charity
 - complies with the provisos contained within the power granted to the Trustee by the Scheme and with the statutory provisions contained within the Act and further with the requirements of the Charity Commission.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Appendix 3: Graves Park Title Plan



Appendix 4: Plan showing Lease Demise

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