



SHEFFIELD ESTATES REVIEW UPDATE

SHEFFIELD HEALTH AND CARE PARTNERSHIP BOARD

11 APRIL 2024

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Purpose of Paper	
<p>To update the HCP Board on the work undertaken by the Sheffield Estates Group and development of a delivery plan to ensure progress on key priorities including delivery of efficiency savings.</p>	
Key Issues	
<p>The financial position of Health and Care organisations within Sheffield and the wider system is extremely challenging and is unlikely to change over the medium term. Estates is a significant area of spend, both in revenue and capital terms and could provide opportunities to improve efficiency by disposing of old/tail assets.</p> <p>Estates can also be a key enabler of change.</p> <p>The Sheffield Strategic Estates group is established to bring together estates leads across the city to review opportunities for improved utilisation of our collective estate and shared learning to maximise opportunities, eg; funding sources.</p> <p>The Chief Executive Timeout identified Estates as a potential new priority for delivering partnership efficiency savings both in the short to medium term.</p> <p>NHS England has recently published guidance requiring all ICS to produce an Infrastructure Strategy. The 1st draft of the strategy is required by end of May 2024.</p> <p>The SEG has undertaken a range of projects including the production of a Collaborative Estates Review.</p> <p>The SEG met on 4 April to agree a range of short/medium term priorities. These will be consolidated into a delivery plan. An outline of the efficiency potential is estimated in the range of £250k-£2m in the short term.</p>	
Is your report for Approval/Consideration/Noting	
For consideration.	
Recommendations/Action Required by the Sheffield Health and Care Partnership Board	
Sheffield Health and Care Partnership Board is asked to:	

<ul style="list-style-type: none"> consider the work undertaken by the SEG to date and the recent work to agree a delivery plan with an outline efficiency estimate in the range of £250k-£2m in the short term. 	
What assurance does this report provide to the Sheffield Health and Care Partnership Board in relations to the ambitions of the Health and Wellbeing Strategy 2019-2024	
	Please ✓
Every child achieves a level of development in their early year for the best start in life	
Every child is included in their education and can access their local school	
Every child and young person has a successful transition to independence	✓
Everyone has access to a home that supports their health	✓
Everyone has a fulfilling occupation and the resources to support their needs	
Everyone can safely walk or cycle in their local area regardless of age or ability	
Everyone has equitable access to care and support shaped around them	✓
Everyone has the level of meaningful social contact that they want	✓
Everyone lives the end of their life with dignity in the place of their choice	✓
Are there any Resource Implications (including Financial, Staffing etc)?	
<p>Considered as part of the report.</p>	
Have you carried out an Equality Impact Assessment and is it attached?	
<p>Not applicable.</p>	
Have you involved patients, carers and the public in the preparation of the report?	
<p>Not at this stage. Patient involvement will be considered once potential schemes are further developed.</p>	



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1. Introduction

- 1.1. The financial position of Health and Care organisations within Sheffield and the wider system is extremely challenging and is unlikely to change over the medium term. Estates is a significant area of spend, both in revenue and capital terms and could provide opportunities to improve efficiency by disposing of old/tail assets. At the SHCP Chief Executive Timeout in February, estates was identified as a potential priority in terms of being able to deliver efficiency savings across the partnership, both in the short to medium term.
- 1.2. Estates can also be a key enabler of change. Good, fit for purpose estate can support:
- Better service integration
 - Services provided closer to home
 - Improved patient and staff experience
 - Improved patient outcomes
 - Better staff recruitment and retention
 - A focus on population health
 - Addressing inequalities by providing anchor buildings
 - The sustainability agenda – zero carbon
 - The disposal surplus land for alternative use – housing, community regeneration
- 1.3. The Sheffield Strategic Estates group (SEG) is established to bring together estates leads across the city to facilitate the development of a sustainable public estate strategy supporting where possible an integrated approach to developing and implementing a more cost effective and efficient estate. This group has been established for a number of years with representatives from across our partner organisations. The Terms of Reference for the group are included at Appendix A.
- 1.4. The aim of this paper is to summarise the work of the Sheffield SEG including proposed delivery priorities.

2. Policy Context

- 2.1. On 28 March 2024, NHS England asked every integrated care system to develop a 10-year system-wide infrastructure strategy that aligns to its clinical vision, delivers the NHS Long Term Plan and sets out how the local estate will be used. The first iteration of the infrastructure strategy is required by the end of May 2024 ie; in 7 weeks' time.

- 2.2. These plans are designed to ensure the most efficient and productive use of NHS resources in helping to address necessary backlog maintenance, support the recovery of our core services, and produce flexible solutions to meet the future needs of patients and staff.
- 2.3. These plans should incorporate requirements from the NHS trusts and primary care network estates within a system and support national strategic plans and priorities such as those for the New Hospital Programme. While the main focus of these strategies is the physical resource we have at our disposal, ICSs must consider their estates workforce. In addition, the Delivering a 'Net Zero' National Health Service report became statutory guidance following the assent of the Health and Social Care Act in July 2022. This commits the NHS to be net zero in core emissions by 2040, with an 80% reduction by 2032. Energy emissions from buildings and other aspects of estates work make up the largest share of core NHS emissions. Estates teams will need to develop trust-level and ICS strategies that integrate their heat decarbonisation plans for transition from fossil-fuel heating systems to net zero systems. The infrastructure strategy will help ensure plans are developed in line with future development.
- 2.4. Other estates policy context includes:
- Planning Reform and changes to the utilisation of Infrastructure levies – the local authority is a key partner of the Sheffield SEG and health partners have been a key consultee on the development of the Sheffield plan (see section 2.6);
 - Standards Refresh – HBN & HTM's review and reissued;
 - Construction Playbook;
 - P23 Procurement Framework;
 - Model Hospital and Knowledge sharing through Collaboration Hub;
 - Eric and Primary Care Data Gathering; Compulsory use of PAM;
 - One Public Estate collaboration across SYMCA.
- 2.5. Despite the various elements of NHS estates policy, the capital and revenue funding context remains extremely challenging, with increasing use of targeted capital funding, access to strategic capital linked to operational performance targets and increasing requirements to capitalise expenditure i.e. application of the International Financial Reporting Standards on capitalisation of leases.
- 2.6. Local Authorities have also been required to set out their strategies in terms of housing and planning. Sheffield City Council has consulted on a new draft Sheffield Local Plan, 'the Sheffield plan' that will guide the future of the city by setting out how and where development will take place up to 2039. This is supported by the Infrastructure Development Plan (IDP) that outlines key infrastructure requirements including the impact on health capacity.

3. Work of the SEG

3.1. The group held a virtual workshop in May 2021, inviting service leads as well as regional colleagues. The workshop examined the national and local strategic context, and posed 2 questions “What are the features of our future estate and what do we need to deliver these services?” “Understand and identify risks and barriers to achieving the thoughts identified in breakout Session 1”. The workshop was successful in bringing people together, identifying opportunities, gave a shared understanding of current issues and projects but failed to capitalise on detailed actions. At the latest SEG meeting on 4 April, members reflected on intervening work and agreed that there needs to be greater collaboration between the group and service leads across our organisations as well as with COOs and DoFs in order to deliver tangible changes. Other areas of work/focus of the SEG are set out below:

- Void project – the workshop in May 2021 identified underutilisation of our highest quality (but most expensive) community estate, our LIFT buildings. Whilst individual organisations have withdrawn from utilisation of LIFT buildings, ICBs are responsible for funding void costs, and so there has been no cost saving, merely cost shifting across partners. Information on void space has been shared with estates leads, with an invite to explore options for occupation. Barriers to occupation have been identified and the group continues to explore how these can be overcome. The group has agreed that this is a high priority project, and a detailed delivery plan is required.
- Carbon reduction plans/goals and District Heat Networks – the group has shared information on individual organisations’ green plans, funding opportunities and example bids. It has explored joint opportunities of working with Sheffield City Council on utilisation of the District Heat Networks, receiving an update on the city’s decarbonisation plan from Mark Whitworth, Sustainability and Climate Change.
- Sheffield Plan – the group has received regular updates on the development of and consultation on the Sheffield plan – understanding the demographic modelling of projected growth.
- Collaborative Estates Review – the group has commissioned and reviewed the production of a collaborative estates review which consolidates understanding of current estate and organisational priorities. This review is included at Appendix 2. At the latest SEG meeting, partners confirmed the importance of utilising this review to inform the Sheffield priorities to be included within the SY infrastructure strategy.
- Update of organisational programmes including Primary Care Capital Programme (Wave 4b capital). The group has received regular updates on progress on delivery of organisational priorities, particularly those where additional capacity is potentially available. This includes progress on the Primary Care Capital Programme where there are plans to create 3 primary care hubs (2 in the NE of the city and a 1 in the city centre) with space for ‘wrap around’ services. In addition, updates have been provided on the progress of the National Centre for Child Health Technology. The council have engaged partners regarding opportunities for co-location of services in the proposed redevelopment of leisure facilities at Springs, Concord and Hillsborough.

- Updates on SYMCA Asset Review work – the group has discussed the review commissioned by SYMCA and how this can be utilised to support the Sheffield review.
- Updates on OPE place pilot – partners are involved in a number of the different workstreams being explored in the Sheffield OPE place pilot.

4. Future work and efficiency opportunities

- 4.1. The recent SEG meeting on 4 April undertook a review of priorities. Feedback from the meeting will be consolidated into a delivery plan with key deliverables, responsibilities, milestones, KPIs and expected benefits. Short term priorities agreed include delivery of the void project, with improved utilisation of existing/future estates with an agreed financial gain share; agreement of funding priorities to be included in the SY infrastructure strategy; identification of 'core/flex/tail assets to explore potential asset disposal if alternative capacity is available; and review of workforce priorities and opportunities for sharing resources. An outline of the efficiency potential is estimated in the range of £250k-£2m in the short term.

5. Recommendations

- 5.1. Sheffield Health and Care Partnership Board is asked to consider the work undertaken by the SEG to date and the recent work to agree a delivery plan with an outline efficiency estimate in the range of £250k-£2m in the short term.



Terms of Reference

Name of Committee/Group	Sheffield Strategic Estates Group (SEG)
Type of Committee/Group	Management group

1.	<p>Purpose of Committee/Group</p> <p>The purpose of the Strategic Estates Group is to facilitate the development of a sustainable estates strategy by bringing together estates leads from across Sheffield health and social care partners owning and or having a vested interest in health facilities, property assets and health/public land supporting where possible an integrated approach to developing and implementing a more cost effective and efficient estate.</p> <p>To ensure a co-ordinated Health Care Partnership (HCP) approach to addressing estates needs, opportunities and challenges, keeping a consistent approach and aligning more closely for public benefit and to be able to deliver front line services.</p> <p>To provide long term strategic oversight to support the best use of estate and ensure delivery of local estates strategies.</p> <p>The SEG will maintain a service led approach not an asset led approach and will ensure collaboration as the way of doing business for public sector asset management across Sheffield. This will help accelerate the pace of progress towards integrated service delivery and improved community services at a local level.</p>
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2.	<p>Authority/Accountability</p> <p>Respective boards or governing bodies of member organisations ICS Estates Board</p>
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3.	<p>Objectives of Committee/Group</p> <p>To support member organisations in the development and delivery of their estates strategies.</p> <p>Common objectives to include the need to:</p> <ul style="list-style-type: none"> • Divest organisations of poor quality, poorly performing and surplus assets; • Prioritise and enable the use of high-quality assets for public and patient facing services; • Develop assets for the delivery of new models of care and service delivery; • Increased productivity through more flexible and effective use of the combined estate; • Co-locate services in assets where possible, with shared and/or sessional use; • Increase utilisation of health and local authority assets, to create surpluses;
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	<ul style="list-style-type: none"> • Develop agile working capabilities across each organisation; • Establish and agree a systems approach in relation to key assets within the estate, to prevent organisations being adversely affected by the property decisions of others; • Deliver a joined-up approach to investment planning and prioritisation of funding; • Produce and maintain an overview of respective estates strategies and delivery plans; • Link closely to the ICB Efficiency work stream to ensure the work streams are aligned; • Promote visibility and sharing of estates developments and plans with particular reference to assets or services where other members might have an interest; • Greater support for regeneration and place shaping within the communities we serve; • Promoting innovation and exploiting opportunities for collaborative working. <p>The location, suitability, accessibility and use of public assets are all critical components in the creation of successful, sustainable places for people and their relevance, efficiency and performance is an essential part of the effective use of resources within the wider public sector.</p>
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4.	Membership
	<p>The *membership comprises:</p> <ul style="list-style-type: none"> • SCCG Director of Finance (Chair) • Deputy Director of Delivery – Primary Care Contracting Estates & Digital (Deputy Chair) • Primary Care Contracting & Estates leads • Head/Director of Estates/Facilities as appropriate of: • SCH/SHSC/STH • Accountable Care Partnership representative • Sheffield City Council Senior Estates Property Lead • NHSE&I Strategic Estates Lead • Community Health Partnership representative • Community 1st representative • One Public Estates representative <p>*Nominated deputies may attend on behalf of members</p>



5.	Attendees
	<ul style="list-style-type: none"> • The meetings will be serviced by the SYICB Sheffield Place Primary Care Team, and a member of the team will be in attendance as minute taker; • NHS England and NHS Improvement representative; • Willowbeck consultant working on behalf of SYICB Sheffield.
6.	Quorum
	Not required as the group is not a formal committee with decision making responsibilities.
7.	Frequency and Notice of Meetings
	The Group will meet on a bi-monthly basis. The Chair of the meeting may rotate around the membership of the meeting.
8.	Minutes and Reporting Arrangements
	<p>The minutes of the meeting will be shared with the group members and any attendees to that meeting, five working days prior to the date of the meeting.</p> <p>Distribution of minutes and reporting arrangements shall be determined by each membership organisation appropriate to their governance arrangements.</p> <p>Appropriate and key agenda items are included from all attendees, including One Public Estate (OPE) having a standard agenda dedicated.</p> <p>To be a focus on actions to ensure these are completed in a timely manner.</p> <p>Discussion of changing or rotating the Chair.</p>
9.	Meeting Effectiveness Review
	The Group will review effectiveness annually.
10.	Confidentiality
	The Group will be required to engage in sensitive strategic and commercial discussions therefore the meetings will not be open to the public and all papers and discussions shall remain confidential, until agreed otherwise.

11.	Review to be conducted by Committee/Group Chair	
	Date Committee/Group established	April 2015
	Terms of Reference to be reviewed	July 2023
	Date of last review	July 2022

Meeting Governance Flow

