

Council

Wednesday 3 January 2018

5.00 pm

**Council Chamber, Town Hall,
Pinstone Street, Sheffield, S1 2HH**

The Press and Public are Welcome to Attend

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The Press and Public are Welcome to Attend

MEMBERS OF THE COUNCIL

THE LORD MAYOR (Councillor Anne Murphy)
THE DEPUTY LORD MAYOR (Councillor Magid Magid)

1	<i>Beauchief & Greenhill Ward</i> Andy Nash Bob Pullin Richard Shaw	10	<i>East Ecclesfield Ward</i> Pauline Andrews Andy Bainbridge Steve Wilson	19	<i>Nether Edge & Sharrow Ward</i> Mohammad Maroof Jim Steinke Alison Teal
2	<i>Beighton Ward</i> Chris Rosling-Josephs Ian Saunders Sophie Wilson	11	<i>Ecclesall Ward</i> Roger Davison Shaffaq Mohammed Paul Scriven	20	<i>Park & Arbourthorne Ward</i> Julie Dore Ben Miskell Jack Scott
3	<i>Birley Ward</i> Denise Fox Bryan Lodge Karen McGowan	12	<i>Firth Park Ward</i> Abdul Khayum Alan Law Abtisam Mohamed	21	<i>Richmond Ward</i> Mike Drabble Dianne Hurst Peter Rippon
4	<i>Broomhill & Sharrow Vale Ward</i> Michelle Cook Kieran Harpham Magid Magid	13	<i>Fulwood Ward</i> Sue Alston Andrew Sangar Cliff Woodcraft	22	<i>Shiregreen & Brightside Ward</i> Dawn Dale Peter Price Garry Weatherall
5	<i>Burngreave Ward</i> Jackie Drayton Talib Hussain Mark Jones	14	<i>Gleadless Valley Ward</i> Lewis Dagnall Cate McDonald Chris Peace	23	<i>Southey Ward</i> Mike Chaplin Tony Damms Jayne Dunn
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9	<i>Dore & Topley Ward</i> Joe Otten Colin Ross Martin Smith	18	<i>Mosborough Ward</i> David Barker Tony Downing Gail Smith	27	<i>West Ecclesfield Ward</i> John Booker Adam Hurst Zoe Sykes
				28	<i>Woodhouse Ward</i> Mick Rooney Jackie Satur Paul Wood

John Mothersole

Chief Executive

Contact:

Paul Robinson, Democratic Services

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PUBLIC ACCESS TO THE MEETING

The Council is composed of 84 Councillors with one-third elected three years in four. Councillors are democratically accountable to the residents of their Ward. The overriding duty of Councillors is to the whole community, but they have a special duty to their constituents, including those who did not vote for them

All Councillors meet together as the Council. Here Councillors decide the Council's overall policies and set the budget each year. The Council appoints the Leader and at its Annual Meeting will appoint Councillors to serve on its Committees. It also appoints representatives to serve on joint bodies and external organisations.

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. on Friday. 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 Council 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.

Council meetings are normally open to the public but sometimes the Council 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.

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.

**COUNCIL AGENDA
3 JANUARY 2018**

Order of Business

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members to declare any interests they have in the business to be considered at the meeting.

3. PUBLIC QUESTIONS AND PETITIONS AND OTHER COMMUNICATIONS

To receive any questions or petitions from the public, or communications submitted by the Lord Mayor or the Chief Executive and to pass such resolutions thereon as the Council Procedure Rules permit and as may be deemed expedient.

4. MEMBERS' QUESTIONS

4.1 Questions relating to urgent business – Council Procedure Rule 16.6(ii).

4.2 Questions on the discharge of the functions of the South Yorkshire Joint Authorities for Fire and Rescue and Pensions – Section 41 of the Local Government Act 1985 – Council Procedure Rule 16.6(i).

(NB. Minutes of recent meetings of the two South Yorkshire Joint Authorities have been made available to all Members of the Council via the following link –

<http://democracy.sheffield.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13165&path=0>)

5. MINUTES OF PREVIOUS COUNCIL MEETING

To receive the record of the proceedings of the meeting of the Council held on 6th December 2017 and to approve the accuracy thereof.

6. REPRESENTATION, DELEGATED AUTHORITY AND RELATED ISSUES

To consider any changes to the memberships and arrangements for meetings of Committees etc., delegated authority, and the appointment of representatives to serve on other bodies.

7. ADDING LIFE TO YEARS AND YEARS TO LIFE: DIRECTOR OF PUBLIC HEALTH REPORT FOR SHEFFIELD (2017)

To receive a presentation by Greg Fell, Director of Public Health, on his annual report for 2017 on the health of the people of Sheffield.

A background report is attached. A copy of the Director's Annual Report, entitled "Adding Life To Years and Years To Life", is also attached for Members of the Council, and an electronic version of the Annual Report has been published with this agenda.

Chief Executive

Dated this 21st day of December 2017

The next ordinary meeting of the Council will be held on 7 February 2018 at the Town Hall

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

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

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

You **must**:

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

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

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

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

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

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

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

You have a personal interest where –

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

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

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

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

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

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

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Agenda Item 5

Minutes of the Meeting of the Council of the City of Sheffield held in the Council Chamber, Town Hall, Pinstone Street, Sheffield, S1 2HH, on Wednesday 6 December 2017, at 5.00 pm, pursuant to notice duly given and Summonses duly served.

PRESENT

THE LORD MAYOR (Councillor Anne Murphy)
THE DEPUTY LORD MAYOR (Councillor Magid Magid)

1	<i>Beauchief & Greenhill Ward</i> Andy Nash Bob Pullin Richard Shaw	10	<i>East Ecclesfield Ward</i> Pauline Andrews Andy Bainbridge Steve Wilson	19	<i>Nether Edge & Sharrow Ward</i> Mohammad Maroof Jim Steinke Alison Teal
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				28	<i>Woodhouse Ward</i> Mick Rooney Jackie Satur Paul Wood

1. APOLOGIES FOR ABSENCE

- 1.1 Apologies for absence were received from Councillors John Booker, Dawn Dale, Tony Damms, Craig Gamble Pugh, Mark Jones, Alan Law, Chris Rosling-Josephs, Gail Smith, Zoe Sykes and Cliff Woodcraft.

2. DECLARATIONS OF INTEREST

- 2.1 Councillors Olivia Blake, Mike Drabble and Paul Scriven each declared a personal interest in Agenda Item 6 - Notice of Motion regarding Access To Urgent Primary Care (See Minute 6 below) - (a) as a Non-Executive Director of Sheffield Health and Social Care Trust, (b) due to him providing mental health counselling services in non-urgent primary care, and (c) due to his partner being employed by NHS England as a Medical Director, respectively.
- 2.2 Councillor Jack Scott declared a personal interest in Agenda Item 7 - Notice of Motion regarding Crisis in Children's Social Care (See Minute 7 below) – as Chief Executive of Home-Start South Yorkshire, an organisation which provides support for parents and children.
- 2.3 Councillors Douglas Johnson and Alison Teal each declared a personal interest in Agenda Item 13 – Changes To The Constitution (See Minute 13 below) – in so far as it related to the Monitoring Officer Protocol, on the grounds that a proposed revision in Section 4 of the Protocol (Procedure For Dealing With Complaints Regarding City, Parish And Town Councillors And Co-Opted Members) is to include a reference to the Monitoring Officer reserving the right to deal with any issues arising in the course of business that concerns the conduct or alleged conduct of a Member in the absence of a complaint if the Monitoring Officer deems it reasonable and appropriate to do so. Councillor Johnson stated that the reason for him declaring this interest was that the Monitoring Officer had recently made such an allegation against him, which he fully denies, and Councillor Teal stated that the reason for her declaring this interest was that the Monitoring Officer has been attempting to proceed with such a complaint against her since April 2017, despite the absence of such a power.

3. SUSPENSION OF COUNCIL PROCEDURE RULES

- 3.1 It was formally moved by Councillor Peter Rippon, and formally seconded by Councillor Michelle Cook, that approval be given, for the duration of this meeting, to certain revisions to the Council Procedure Rules, as set out in the schedule included with the agenda for this meeting, in order to apply the changes to the operation of this meeting that were used at the September, October and November Council meetings as part of a pilot exercise being overseen by the Review of Full Council Meetings Member Working Group.
- 3.2 Whereupon, it was formally moved by Councillor Douglas Johnson, and

formally seconded by Councillor Alison Teal, as an amendment, that the Motion be approved with the exception of the rule relating to CPR 10.2 relating to a limit on the number of motions, and, furthermore, re-approves the revised formula for the order of the motions adopted indicatively at the meeting of this Council in October 2017.

3.3 On being put to the vote, the amendment was negated.

3.4 The original Motion was then put to the vote and carried as follows:-

RESOLVED: That approval be given, for the duration of this meeting, to certain revisions to the Council Procedure Rules, as set out in the schedule included with the agenda for this meeting, in order to apply the changes to the operation of this meeting that were used at the September, October and November Council meetings as part of a pilot exercise being overseen by the Review of Full Council Meetings Member Working Group.

4. PUBLIC QUESTIONS AND PETITIONS AND OTHER COMMUNICATIONS

4.1 Petitions

4.1.1 Petition Requesting the Council to Take Action to Reduce Air Pollution

The Council received a joint electronic and paper petition containing 305 signatures, requesting the Council to take action to reduce air pollution.

Representations on behalf of the petitioners were made by Graham Jones. Mr Jones stated that he was presenting the petition on behalf of the Burngreave Clean Air Campaign. Air pollution caused by traffic contributed to the premature death of many people annually and especially vulnerable groups included older people, unborn children, taxi drivers and people living in poorer areas such as Burngreave, which had several schools in one of the most polluted areas of Sheffield, with busy A roads running through it.

The petition also sought to support the introduction of anti-idling measures and Mr Jones said that children walking to school, rather than being taken in cars, would be better for people. Local people had been responsive when approached about this issue. Monitoring of pollution in Burngreave had been carried out and which showed high levels of Nitrogen Dioxide. The petitioners sought to increase awareness of the issue of air quality as well as reducing the effects of pollution. One of the measures which could be taken was to introduce walking buses for school children and to move traffic away from residential areas. He said that he was pleased that the Council had developed a Clean Air Strategy with proposals concerning anti-idling measures.

The Council referred the petition to Councillor Jack Scott, Cabinet Member for Transport and Sustainability. Councillor Scott stated that the Council had published a report to Cabinet concerning a Clean Air Strategy. He said that

there were many challenges relating to clean air, other than transport, and these included issues of inequality and fairness, exclusion and social justice. Clean air was a fundamental right for people and it was the most vulnerable in society who were affected by polluted air. He commented on the work being done, including with Burngreave Ward Councillors who had championed work with regard to air quality. He agreed that the situation could be described as one of crisis and a public health emergency and expressed concern that the negative health effects of pollution contributed to the deaths of some 500 people in Sheffield annually. This was an issue which needed to see improvement for everyone and a closing of the gap between areas where air quality was best and worst. He commented that the Government did not appear to be taking action on air quality which was sufficient to the challenges it presented.

He said that air pollution was also a major drain on the City's economy, put at £200 million annually and that there was not necessarily a tension between clean air and economic growth. There was also a Public Transport Vision, which had been submitted to the December meeting of Cabinet. Meanwhile, the Air Quality Strategy set out immediate actions, including in relation to vehicle idling, working with communities towards a Neighbourhood Champion Scheme, improving air quality around schools and in relation to winning hearts and minds to change behaviours.

Councillor Scott said that he was grateful to the petitioners for bringing this issue to Council. He commented that some of the solutions with regard to air quality were not easy, cheap nor always popular, that but they were required and they were the right thing to do. He said that he looked forward to working with the petitioners and the Burngreave Clean Air Campaign and with local councillors.

4.1.2 Petition Objecting to Planning Application 17/01437/FUL (1-11 Rotherham Place, Orgreave Road)

The Council received a petition containing around 600 signatures, objecting to the planning application for the development of a gas standby power generation facility on the site of 1-11 Rotherham Place, Orgreave Road.

Representations on behalf of the petitioners were made by Eric Chambers. Mr Chambers stated that the petition concerned objections to a planning application for the development of a gas standby power generation facility. He said that people were shocked that, having been withdrawn previously, this matter had been submitted to the Planning and Highways Committee and that the officer report relating to the application had said that it was recommended for approval. He asked why local people had only found out about the application through the newspapers.

Mr Chambers commented on increased levels of Nitrogen Dioxide which could be emitted from the proposed facility and that the recent Council report concerning Air Quality had stated that the Nitrogen Dioxide should be reduced in the Orgreave area of the City. Two similar facilities in the area

had already been given planning approval. In addition, there was a proposal for some 200 additional homes in the area and which would also mean additional traffic.

He said that the report referred to the Local Planning Authority having dealt with the planning application in a positive and proactive manner and having sought solutions to problems in accordance with the requirements of the National Planning Policy Framework. Mr Chambers quoted the National Planning Policy Framework in as far as it referred to taking into account the views of the community, natural environment, minimising pollution etc. He also made reference to objections which had been submitted and which were published on the planning website, including in relation to toxic gas, noise pollution, proximity to a proposed school and housing. He asked that the Council look at this matter further.

4.1.3 Public Questions Concerning Planning Application 17/01437/FUL (1-11 Rotherham Place, Orgreave Road)

Neal Varns asked if it was true that the first unit was proposed on Council officers' delegated approval and without local councillors, Members of Parliament or residents being informed.

Ian Crombie referred to Council policies which sought to protect the environment and improve air quality. He asked why the Council envisaged supporting an industrial development near to a residential area, the impact of which might negate the benefits of other previous good work.

Amanda Gipson asked several questions, as follows:

When a councillor is a member or chair of Planning Committee and is also an elected councillor for an area very close to a development; how do they balance their duties with the duty of care owed to the people who elected them, particularly with regard to local residents' concerns about air quality?

Why does the air quality impact report in respect of the proposal not seem to take account of the cumulative effect of the similar proposals already granted [permission] within the same neighbourhood?

Has the Council been given or promised money or any other incentive by central government to find sites for these units in the area, which was already a designated air quality improvement zone?

Since the Government's air quality strategy said that, in air quality improvement zones, planning permission should only be given to developers offering significant local employment opportunities, why was permission given for the developments already granted when so few people will be employed there?

Does the Council read and act upon comments made on the planning website, particularly when they are made by respected bodies such as the

Sheffield and Rotherham Wildlife Trusts?

Could the Leader of the Council reassure people that no decisions will be made until all the questions raised both on the planning website and in writing by local councillors, residents and Members of Parliament, have been addressed?

Carol Booth asked whether any councillor or member of their family would like one or more of the proposed units in close proximity to their property. She also asked why the area was being let down by the approval of such a development and why only Woodhouse Councillors were supporting residents and not those from Richmond Ward, that had a duty to represent people in Handsworth?

The Council referred the petition and the questions to Councillor Ben Curran, Cabinet Member for Planning and Development and to Councillor Jack Scott, the Cabinet Member for Transport and Sustainability. Councillor Curran thanked the petitioners and those people who had asked questions. He clarified that the Administration of the Council did not have the powers to decide upon planning applications as this was a function of the Planning and Highways Committee. However, he said that he took on board the concerns which had been raised and would be pleased to meet with people to discuss the matter further. He said it should not be the case that elected members and residents were not informed in relation to planning applications in their area. Applications would normally be advertised and a weekly list of applications was also provided to councillors. He said that he would find out what happened in this case.

Councillor Curran said that no decision had yet been taken in respect of the planning application, despite an officer recommendation that the proposal was granted. The Planning and Highways Committee would listen to representations and take on board the information presented to them so they might determine the application. Councillor Curran said that there would be opportunity for people to make representations to the Committee.

He said that he would speak with the Chair of the Committee and to the Council's Head of Planning to make sure the application was not considered before there had been sufficient time to look at this issue.

The report relating to the planning application made reference to the cumulative effect of the proposal with other similar schemes and it stated that this was not considered material to the application. In relation to the question concerning government funding for such schemes, he said that he would look at that issue to make sure it was not the case.

Councillor Curran stated that councillors were able to view material on the planning website and planning reports. In certain cases, site visits were also made to particular locations subject to planning applications. He stated that issues regarding local councillors should be raised with the councillors concerned.

Councillor Jack Scott, the Cabinet Member for Transport and Sustainability, clarified that he was not a member of the Planning and Highways Committee. However, several local councillors had made him aware of the issues which had been outlined in the petition. He said that he would also be pleased to meet with people about their concerns. He commented on the potentially wide range of Nitrogen Dioxide levels and any increase which may be brought about by the proposal and said that more modelling would be required in relation to the public concerns and which would help to inform the Planning and Highways Committee. Modelling had also been requested on the effect of a higher chimney as part of the proposals. The issue of air quality relating to the application had been taken seriously and a mitigation approach had been used.

4.1.4 Petition Requesting Measures to Control the Inappropriate and Dangerous Parking of Vehicles in the Vicinity of Norton Lane

The Council received a petition containing 16 signatures, requesting the implementation of measures to stop the inappropriate and dangerous parking of vehicles in the vicinity of Norton Lane.

Representations on behalf of the petitioners were made by Graham Nevin. Mr Nevin stated that the petition requested the consideration of solutions in respect of the dangerous and inconsiderate parking of vehicles on Norton Lane and Little Norton Lane and at the T-Junction of the highway. Vehicles were parked on or over large speed bumps and on the pavements. There were particular problems at times when school children were taken to or collected from school when vehicles also parked over double yellow lines. Vehicles parking, such as on the corner of Little Norton Lane and Norton Lane resulted in blind spots being created, which were a danger to pedestrians and drivers.

School pupils crossed the road via a pedestrian crossing point on Bochum Parkway to get to Meadowhead School and they were also at risk because of the parking problems. Some vehicles were parked on the road by employees of nearby car dealerships, although there had been assurances that there would be adequate parking for employees on site. The petitioners called upon the Council to explore parking restrictions on the highway to help resolve this issue.

The Council referred the petition to Councillor Jack Scott, Cabinet Member for Transport and Sustainability. Councillor Scott commented that Norton Lane was narrow and it was therefore surprising that there were no parking restrictions on the road and he understood why parking was problematic. He said that he was pleased that the car dealerships had taken some action but it was apparent that more could be done.

Councillor Scott said that he would be pleased to meet with the petitioners. Any changes would require consultation and possibly traffic regulation orders. It would also not be acceptable to take action in one place which

only served to move parking problems to somewhere else. This was an issue which needed to be given further consideration and especially if it affected pupils walking to and from Meadowhead School.

4.1.5 Public Question Concerning Norton Lane

Rosemary Markham asked what consideration the Council gave to local roads and residents when planning permissions were granted as experience had shown that there was not always an understanding of the impact and repercussions.

Councillor Ben Curran, the Cabinet Member for Planning and Development, responded that every planning application was assessed by a highways specialist so as to consider the potential impact and steps which might be taken to mitigate issues. Each development had an impact upon the transport network and there was a need to find a balance between proposed development and the impact on an area.

4.1.6 Petition Requesting Security Measures at High Wincobank Allotment Site

The Council received a petition containing 50 signatures, requesting security measures at High Wincobank Allotment site.

There was no speaker to the petition.

The Council referred the petition to Councillor Mary Lea, Cabinet Member for Culture, Parks and Leisure. Councillor Lea responded that she was already aware of the issues outlined in the petition and was working with local councillors on the matter.

4.2 Public Questions

4.2.1 Public Question Concerning Wheelchair Users on Buses

Craig Williams stated that as a wheelchair user, he frequently used the buses in Sheffield. On the Stagecoach buses, there was a sign saying that the wheelchair space must by law, be kept clear for wheelchair users and buggies and prams must be moved by law to allow a wheelchair user to have the space. On First buses, there was no such sign and on two occasions recently, he said that he had been left on the pavement as the bus driver had informed him that there was a pram in the space allocated for a wheelchair and they could not ask for it to be moved. He asked whether the Council had any power to force First buses to apply the law and, if not, who did have this power.

Councillor Jack Scott, the Cabinet Member for Transport and Sustainability said in response that he apologised to Mr Williams that he was put in that position and commented that it was an appalling situation. He said that he would take this matter up with bus operators First and Stagecoach as it was completely unacceptable. Bus companies had to keep a space available for

wheelchairs by law and he would do everything that he could to put this situation right.

4.2.2 Public Questions Concerning Tree Replacement

Tony May stated that despite recent reports in the press, television programmes and court injunction, protesters continued to disrupt the lives of residents. He asked how much longer people had to wait for some of the highway trees to be replaced.

Secondly, Mr May asked whether councillors would please accept that claims of intimidation towards Sheffield Tree Action Groups supporters on a street in Wadsley were a complete reversal of the truth. He said that people in the neighbourhood were tired of the situation. They also loved trees but some of the larger ones were damaging pavements, walls and surfaces.

Councillor Bryan Lodge, the Cabinet Member for Environment and Streetscene, responded to the questions. He said that the Council regularly heard questions which implied there was one voice in the City which was against the tree replacement programme. He remarked on the courage shown by someone [with a different view]. He made reference to intimidation by masked protesters and said that many comments had been received from people who felt that they had been intimidated and he quoted some of those comments.

Councillor Lodge referred to the democratic process and to local elections held in 2016 and by-elections since that time. It was acknowledged that there were indeed different points of view and it was right to defend the right of people to speak.

4.2.3 Public Question Concerning a Community Building

Yvonne Wray asked for a meeting with the Cabinet Member for Planning and Development with regard to the Council facilitating a community building for people of African descent.

Councillor Ben Curran, the Cabinet Member for Planning and Development, stated that a question was asked at the November meeting of Council, following which his office had requested further information as to the requirements for a community building. He said that he understood that Yvonne Wray wished for a meeting to be arranged with him in this regard after mid-January 2018.

4.2.4 Public Question Concerning Somaliland

Kaltun Elmi stated that the community was proud that the Council had recognised Somaliland as an independent state with aspirations to work for democracy, the rule of law, respect of human rights, women playing an active part in decision making and continuing the fight against female genital mutilation. She said that free and fair presidential elections had been

held in Somaliland. She asked whether the Council would continue to press the Government to lead the way in recognising Somaliland so that it might use its full potential to work with the international community to address issues including poverty, injustice, piracy and terrorism. She asked for a commitment by the Leader of the Council to join the community at a celebratory event, which would take place on Saturday 16 December in Barker's Pool.

Councillor Julie Dore, the Leader of the Council, thanked Kaltun Elmi for the reminder of the events held in 2014 relating to the recognition of Somaliland. With regard to the Council pressing the UK Government to recognise Somaliland, the Council had put pressure on the Government to use its influence to enable the international community to recognise Somaliland. Actions taken in Sheffield were the start of a process of recognition and Councillor Dore said that she would welcome ideas and suggestions as to how this might be progressed.

Councillor Dore said that with regard to the celebration event on 16 December, she believed it was in her diary and she knew that the invitation was also extended to all Members of the Council.

4.2.5 Public Questions Concerning Walk-In Centre and Minor Injuries Unit

Linda Jones made reference to the Notice of Motion on the agenda for this Council meeting concerning access to Urgent Primary Care. She asked what the Council could do to safeguard local services, including the Walk-In Centre at Broad Street and the Minor Injuries Unit at the Hallamshire Hospital. She said that she had attended a meeting of the City's Clinical Commissioning Group and commented that all three of the options included in the consultation would lead to the closure of these facilities.

Councillor Cate McDonald, the Cabinet Member for Health and Social Care, responded to the question. She said that there were three things that the Council could do to help safeguard services provided by the NHS.

Firstly, the Council could advocate for the NHS at every opportunity. For example, the Council made representations with regard to the Sustainability and Transformation Plans (STP), which it was considered was a top down arrangement with a lack of transparency and accountability.

Secondly, Council meetings could be used to bring matters of concern for debate and raise the profile of issues through motions and amendments to motions. At this meeting of Council, there was both a Notice of Motion and amendments in respect of Urgent Primary Care.

Thirdly, the Council's Scrutiny function had a responsibility to look at proposed major changes to health services and it also had a power to refer matters to the Secretary of State in cases when it considered that a proposal was wrong.

4.2.6 Public Questions Concerning Procurement

Jenny Carpenter referred to the motion concerning a review of Council procurement procedures which was passed on 1 October 2014 and she asked what progress had been made to take any action on this resolution and where was it published.

Councillor Olivia Blake, the Cabinet Member for Finance and Deputy Leader of the Council said that there had been a large amount of consultation regarding procurement and the issue had been considered at a Scrutiny Committee to develop a policy and approach to the issue. As regards ethical procurement, the code of conduct principles were included in tender documentation sent out by the Council. Relevant information would be requested from those who made bids for contracts and bidders could be excluded on the grounds of misconduct.

The final policy had not been approved at this point in time. However, it would be the subject to an individual Cabinet Member decision. The documents relating to this issue would be published on the Council website. Councillor Blake said that she would be pleased to meet with Jenny Carpenter regarding this matter.

4.2.7 Public Question Concerning the Old Town Hall

Diana Stimely stated that the Council had said that funding would be found to enable urgent repairs to the Old Town Hall building. She asked why this had not been done.

Councillor Mazher Iqbal, the Cabinet Member for Planning and Development, stated that he had met with the Friends' group and artists at an event during the summer in relation to the Castlegate area. A partnership had been established which included the Friends' group and other stakeholders in relation to regenerating the Castlegate area.

There were particular challenges relating to the Old Town Hall. The Council would fund a survey of the building but had not committed to carry out work to it. The building was owned by a private landowner, not the Council. The outcome of the survey would help to determine the work which was required. There was apparently substantial investment required for the Old Town Hall building. The Council was in contact with other stakeholders and the ambition was to find a partner to work with the Council and the stakeholder group. Once the survey was complete, this would be shared with the Friends group. However, financial commitments relating to the Old Town Hall building could not be made at this time.

4.2.8 Public Question Concerning Notice of Motion Regarding the Budget

Peter Garbutt asked the Council to explain why there was a Motion on the agenda for this meeting concerning the UK budget, when he said there were many more relevant issues to discuss.

Councillor Julie Dore, the Leader of the Council, responded that she was astonished that it was not accepted that the national budget had an impact on Sheffield. The Notice of Motion concerned with the Budget included important issues such as homelessness, Universal Credit, housing, etc., which were all critical issues that affected people in the City.

4.2.9 Public Question Concerning Streets Ahead

Annette Taberner stated that roads had been closed, restricting access for people and trees felled above parked vehicles and she asked for the name of the company which had carried out work in this way, stating that Amey had refused to provide this information. She also stated that assurances had been given that work would not commence before 7.00am. However, people were beginning work in the early hours of the morning. She also referred to unidentified security personnel on the street at these times and asked whether the Council was monitoring the situation.

Sheldon Hall made reference to the Core Investment Period for the highway works and asked firstly, why priority had seemingly been given to tree felling over works to the highway.

Secondly, he asked what mechanisms there were to monitor the work done or not done by Amey and, where necessary, to take action in relation to breaches of health and safety regulations, including earlier today the reported injury to a child by flying tree debris.

Thirdly, he asked in relation to value for money, whether the Council had commissioned an independent assessment of the cost of retaining memorial trees as a comparison.

Fourthly, he asked whether the Council would agree that, in the light of recent court actions, it was inappropriate for the memorial plaque to the Kinder Scout trespass to be displayed on the wall of the Town Hall and that it should be removed to be consistent with current policy.

Russell Johnson asked if a progress report could be given on negotiations to extricate the Council from the Amey-PFI (Private Finance Initiative) contract.

Secondly, he asked whether the Council believed that paying a barrister £15,000 a day in an attempt to criminalise an elected member was good value for the City's taxpayers.

Thirdly, he asked for an assessment of the damage caused to the Council's reputation by alleged assaults by security staff, believed to have been hired by Amey, in the past week.

David Dilner asked a question concerning safe passage on footways and referred to many images which were available of pavements blocked by

Amey barriers. He said that images which he had submitted had been ignored or passed to Amey and asked when the Council would address its statutory responsibilities.

Councillor Bryan Lodge, the Cabinet Member for Environment and Streetscene, responded to the questions. He said that the unidentified security guards to whom the question had referred, were stewards employed by Amey due to masked protesters stopping work.

In relation to the Core Investment Period of the Streets Ahead contract, condition surveys had been carried out and work was scheduled according to the survey results. Approximately sixty percent of the highway network would be completed by the end of the Core Investment Period and the other streets would be worked upon as part of the life-cycle phase of the contract. Trees were replaced using the 6 Ds criteria meaning that they were either dangerous, dead, dying, diseased, damaging or discriminatory. The Council's contract monitoring team monitored issues. Amey was in contact with the Health and Safety Executive and Councillor Lodge suggested that issues and concerns relating to health and safety were reported, which could be investigated by the Health and Safety Executive.

As regards the memorial trees, the cost of work by Amey was derived from the tariff for work. The cost was more competitive than had been the case when highways work was performed by Street Force and also when compared to information within other bids for the Streets Ahead contract. The estimated costs relating to the memorial trees would be £500,000.

Councillor Lodge said that he did not agree with the proposal as put by the questioner relating to the Kinder Scout memorial plaque.

He said that the Council was not in negotiations to end the Streets Ahead contract, although there had been an erroneous report relating to this matter in the press.

With respect to the question concerning the costs of a barrister, Councillor Lodge stated that if people were not trying to breach the injunction and breach barriers around safety zones, the Council would not have to take action to enforce the injunction. He commented that he had faith in the legal system and would respect the decisions of the court.

Councillor Lodge said that he would follow up the issues reported by Mr Dilner concerning the obstruction of pavements by barriers and asked that the photographs and details were provided to him in order that he could take the issue to Amey. He also stated that the remaining improvements to the highways would be completed.

Councillor Julie Dore, the Leader of the Council, responded that with regard to the Council's reputation, she was deeply saddened by damage to Sheffield's reputation caused by misrepresentation by protesters.

4.2.10 Public Question Concerning Central Library Building

Russell Johnson asked if the Council agreed with him that the deal with the Chinese developer to convert the Central Library building was most unwise and had made the Council look even more of a 'laughing stock'.

Councillor Julie Dore, the Leader of the Council, stated that the Council had an opportunity to work with a major investor towards the obtaining of much needed investment in Sheffield. Whilst the question referred to a deal, it was a Memorandum of Understanding which had been signed by the Council and the Construction Group. There was a chance that an organisation wished to invest major funding in the City, which she did not consider to be a matter which would make the Council a 'laughing stock'.

4.2.11 Public Question Concerning the Inner Ring Road

Martin Phipps referred to plans relating to the Inner Ring Road and said that Kelham Island had been in breach of the legal safe limits for Nitrogen Dioxide since the creation of such limits. He commented that studies had shown that widening roads was often not effective in reducing congestion. He asked why it was thought appropriate to suggest the widening of the road to three lanes on each side and how did this help to reduce the amount of Nitrogen Dioxide to within a safe legal limit and help Sheffield to meet pollution reduction targets.

Councillor Jack Scott, the Cabinet Member for Transport and Sustainability, responded to the question. He stated that the proposed scheme for the Inner Ring Road between Corporation Street and Saville Street was subject to consultation. The proposals were concerned with the efficiency of the junction, which was not effective, including for public transport. The intention was to redesign the road junction rather than to implement a road widening scheme as such and to mitigate against increased traffic congestion. The revised scheme included more cycling infrastructure than the original scheme.

Councillor Scott said that he would be pleased to meet with Mr Phipps in relation to why he thought that the area was in breach of the safe level of Nitrogen Dioxide and to see whether he had further information. He said that the nearest monitoring location on Gibraltar Street had exceeded the legal level of Nitrogen Dioxide (which was 40 micrograms per cubic metre) but this had been in 2007. That was not to say that there was not an air quality problem in Sheffield and the Council had set out a vision of what action would be taken to address the issue.

4.2.12 Public Question Concerning Sheffield Newsroom

Richard Davis made reference to an item on the Council's Newsroom website regarding a letter to Michael Gove, Secretary of State for Environment and with regard to the Department for Transport being party to the Streets Ahead contract.

He also made reference to a notice of contravention and a statement regarding breaches of the law.

Councillor Julie Dore, the Leader of the Council, responded to the question and said that before she gave an answer to the question, she would need to look at the specific information published on the Council Newsroom website to ascertain whether the information was correct or not.

5. MEMBERS' QUESTIONS

5.1 Urgent Business

5.1.1 There were no questions relating to urgent business under the provisions of Council Procedure Rule 16.6(ii).

5.2 Questions

5.2.1 A schedule of questions to Cabinet Members, submitted in accordance with Council Procedure Rule 16, and which contained written answers, was circulated and supplementary questions, under the provisions of Council Procedure Rule 16.4, were asked and were answered by the appropriate Cabinet Members.

5.3 South Yorkshire Joint Authorities

5.3.1 There were no questions relating to the discharge of the functions of the South Yorkshire Joint Authorities for Fire and Rescue or Pensions, under the provisions of Council Procedure Rule 16.6(i).

6. NOTICE OF MOTION REGARDING "ACCESS TO URGENT PRIMARY CARE" - GIVEN BY COUNCILLOR STEVE AYRIS AND TO BE SECONDED BY COUNCILLOR SHAFFAQ MOHAMMED

6.1 It was moved by Councillor Steve Ayris, and seconded by Councillor Shaffaq Mohammed, that this Council:-

- (a) is committed to good access to our local NHS services for all our citizens;
- (b) notes the progress update report to the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee on 15th November 2017, "Reviewing Urgent Primary Care across Sheffield";
- (c) is concerned that the proposals involve the closure of the Walk-In Centre at Broad Lane and the Minor Injuries Unit at the Royal Hallamshire Hospital;

- (d) also notes:-
 - (i) that the majority of consultation respondents in the report feel that the proposed changes will not make it simpler to know where to go if they need urgent care (treatment for minor injuries or illnesses within 24 hours); and
 - (ii) public concerns about the possible impact on emergency services (A&E/Ambulances) and lack of availability for those living in large parts of the City;
- (e) therefore calls on the Clinical Commissioning Group to abandon any plans to close the Walk-In Centre at Broad Lane or the Minor Injuries Unit at the Royal Hallamshire Hospital and revise their plans accordingly; and
- (f) will mount a campaign to prevent closure of these facilities, and in order to achieve this, calls upon the Leader of the Council to set up a group of Party Leaders on the Council to co-ordinate the Council's opposition to the closure of the Walk-In Centre on Broad Lane and the Minor Injuries Unit at the Royal Hallamshire Hospital.

6.1.1 (NOTE: With the agreement of the Council and at the request of the mover of the Motion (Councillor Steve Ayris), the Motion as published on the agenda was altered by the substitution, in paragraphs (c) and (e), of the word "Lane" for the word "Street".)

6.2 Whereupon, it was moved by Councillor Lewis Dagnall, and seconded by Councillor Kieran Harpham, as an amendment, that the Motion now submitted be amended by the deletion of paragraph (f) and the addition of new paragraphs (f) to (i) as follows:-

- (f) notes the sustained damage which has been inflicted on NHS services since the formation of the Coalition government in 2010, and the beginning of austerity;
- (g) further notes that since Labour created the NHS in 1948, spending on health had increased every year by over 4%, rising to almost 7% per year during the Labour governments of 1997-2010; since 2010, however, the Department of Health's budget has grown by just 1% per year in real terms, far below what would be required in any decade - let alone in one in which the country faces new health challenges such as an ageing population;
- (h) will, in partnership with the "Save Our NHS Group", which was set-up as a response to austerity, call on NHS England and the Department of Health to work with the Clinical Commissioning Group (CCG) to avoid the proposed closure of the Broad Lane Walk-in-Centre and the Minor Injuries Unit at the Royal Hallamshire Hospital; and

- (i) agrees to submit a copy of this motion, as signed by all political parties on the Council, to the Head of NHS England and the Secretary of State for Health.

6.3 It was then moved by Councillor Douglas Johnson, and seconded by Councillor Magid Magid, as an amendment, that the Motion now submitted be amended by the addition of new paragraphs (d) to (f) as follows, and the re-lettering of original paragraphs (d) to (f) as new paragraphs (g) to (i):-

- (d) is disappointed that the consultation does not include options, or invite public comments, on the closure of the Minor Injuries Unit and Walk-in Centre;
- (e) is further disappointed that NHS officials declined to share the draft consultation paper with the cross-party Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee at its meeting on 20 September 2017, despite the consultation going live on 25 September;
- (f) believes that, in any consultation, it is vital to be open and clear about the most significant practical changes being proposed;

6.4 After contributions from other Members, and following a right of reply from Councillor Steve Ayris, the amendment moved by Councillor Lewis Dagnall was put to the vote and carried.

6.5 The amendment moved by Councillor Douglas Johnson was then put to the vote and was carried, with the exception of the proposed new paragraph (e), which was negated.

6.6 The original Motion, as amended, was then put as a Substantive Motion in the following form and carried:-

RESOLVED: That this Council:-

- (a) is committed to good access to our local NHS services for all our citizens;
- (b) notes the progress update report to the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee on 15th November 2017, "Reviewing Urgent Primary Care across Sheffield";
- (c) is concerned that the proposals involve the closure of the Walk-In Centre at Broad Lane and the Minor Injuries Unit at the Royal Hallamshire Hospital;
- (d) is disappointed that the consultation does not include options, or invite public comments, on the closure of the Minor Injuries Unit and Walk-in Centre;

- (e) believes that, in any consultation, it is vital to be open and clear about the most significant practical changes being proposed;
- (f) also notes:-
 - (i) that the majority of consultation respondents in the report feel that the proposed changes will not make it simpler to know where to go if they need urgent care (treatment for minor injuries or illnesses within 24 hours); and
 - (ii) public concerns about the possible impact on emergency services (A&E/Ambulances) and lack of availability for those living in large parts of the City;
- (g) therefore calls on the Clinical Commissioning Group to abandon any plans to close the Walk-In Centre at Broad Lane or the Minor Injuries Unit at the Royal Hallamshire Hospital and revise their plans accordingly;
- (h) notes the sustained damage which has been inflicted on NHS services since the formation of the Coalition government in 2010, and the beginning of austerity;
- (i) further notes that since Labour created the NHS in 1948, spending on health had increased every year by over 4%, rising to almost 7% per year during the Labour governments of 1997-2010; since 2010, however, the Department of Health's budget has grown by just 1% per year in real terms, far below what would be required in any decade - let alone in one in which the country faces new health challenges such as an ageing population;
- (j) will, in partnership with the "Save Our NHS Group", which was set-up as a response to austerity, call on NHS England and the Department of Health to work with the Clinical Commissioning Group (CCG) to avoid the proposed closure of the Broad Lane Walk-in-Centre and the Minor Injuries Unit at the Royal Hallamshire Hospital; and
- (k) agrees to submit a copy of this motion, as signed by all political parties on the Council, to the Head of NHS England and the Secretary of State for Health.

6.6.1 (NOTE: Councillors Andy Nash, Bob Pullin, Richard Shaw, Adam Hanrahan, Joe Otten, Colin Ross, Martin Smith, Roger Davison, Shaffaq Mohammed, Paul Scriven, Sue Alston, Andrew Sangar, Ian Auckland, Sue Auckland, Steve Ayriss, David Baker, Penny Baker and Vickie Priestley voted for paragraphs (a) to (g) and (k) of the Substantive Motion, voted against paragraphs (h) and (i) of the Motion and abstained from voting on paragraph (j) of the Motion, and asked for this to be recorded.)

7. NOTICE OF MOTION REGARDING "CRISIS IN CHILDREN'S SOCIAL CARE" - GIVEN BY COUNCILLOR ANDY BAINBRIDGE AND TO BE SECONDED BY COUNCILLOR JACKIE DRAYTON

7.1 It was moved by Councillor Andy Bainbridge, and seconded by Councillor Jackie Drayton, that this Council:-

- (a) notes that the past seven years of austerity has hit some of the most vulnerable in our society the hardest and that in the last year alone, 646,120 children in England sought support after suffering from neglect or emotional abuse;
- (b) further notes that since 2010 the number of child protection investigations nationally have increased by 108% to 185,450 cases a year - with little to suggest that this trend is likely to change without major intervention from central government;
- (c) believes that early intervention is crucial but with reducing funds and an increasing number of children requiring emergency support, many councils have been forced to cut back on preventative services;
- (d) notes the recent warnings by three leading children's charities (Children's Society, Action for Children and the National Children's Bureau) that early intervention services had been hit hardest by government cuts since 2010, and the formation of the Conservative-Liberal Democrat coalition, with targeted funding for early intervention having fallen by 55%;
- (e) further notes that by the end of the decade it is set to fall another 29% in real terms (or £808 million) with the most-deprived councils having to cut funding six times more than the least-deprived;
- (f) reaffirms this Administration's commitment to protecting vulnerable children and that, even in the face of continuing funding cuts, the Administration believes in the importance of early preventive action for children and young adults;
- (g) acknowledges earlier commitments made by this Administration, most recently at October's Full Council meeting, to provide additional support for early years and those affected by adverse childhood experiences (ACEs);
- (h) notes that rather than reduce children's services, this Administration has reconfigured centres to expand from 0-5 years to provide a range of children's services to family centres for 0-19 years (and to 25 for those with learning difficulties);
- (i) further notes that this Administration has also brought children

centres closer to people with outreach services now running from a variety of services such as schools and GP surgeries - covering all of the city;

- (j) believes that the Liberal Democrats opportunistically opposed the newly configured children's services, and erroneously and repeatedly stated that children centres, such as Angram Bank, would be closing, when in reality no such closures were ever proposed or have subsequently taken place;
- (k) believes that this Administration will do everything it can to protect the city's children, but that without additional funding from central government, it is becoming increasingly difficult;
- (l) notes the results of a recent survey by Action for Children which found that, of 500 Conservative Councillors surveyed, over 50% believed that central government funding cuts have made it harder for their council to support services for children and young people, and further notes that the Local Government Association (LGA) has warned that the number of children in care was at a "tipping point" with record high numbers continuing to rise;
- (m) notes, with shock and anger, that the Chancellor of the Exchequer's recent budget provided no additional funds for children's services and he made no mention of children services in his speech to the Commons;
- (n) further notes that the Government's own economic predications denote that absolute child poverty is projected to increase by four percentage points, with about three-quarters of that increase - or 400,000 children - accounted for by planned tax and benefit reforms, with the freeze to most working-age benefits and the limiting of means-tested benefits to the first two children being of particular importance;
- (o) believes that the next few years are likely to be tough for living standards, with benefit cuts making things tougher still for poorer households - especially those with children - and regions and nations where poor households are more dependent upon benefits for their income are likely to bear the brunt of the increase in child poverty, which will have a damaging impact in Sheffield; and
- (p) supports the Labour Party's position to oppose the two child benefit cap, oppose the continued roll out of Universal Credit, and backs its manifesto commitment to reverse the damaging cuts to children's services since 2010.

7.2 Whereupon, it was moved by Councillor Alison Teal, and formally seconded by Councillor Magid Magid, as an amendment, that the Motion now submitted be amended by:-

1. the replacement, in paragraph (k), of the words “believes that this Administration will do everything it can to protect the city’s children” by the words “believes that this Administration has a moral duty to protect the city’s children”; and
2. the deletion of paragraph (j) and the relettering of paragraphs (k) to (p) as new paragraphs (j) to (o).

7.3 It was then moved by Councillor Colin Ross, and seconded by Councillor Andrew Sangar, as an amendment, that the Motion now submitted be amended by the deletion of all the words after the words “That this Council” and the addition of the following words:-

- (a) notes that amongst the Lib Dem achievements in government related to young people, was the roll out of Free School Meals for all Key Stage One pupils and the extension of pre-school education;
- (b) notes that Liberal Democrats support the principal of Universal Credit, however, are deeply concerned by the delays in some people receiving their payments, and therefore, calls on the Government to pause the rollout of Universal Credit until it has managed to resolve the issues related to delayed payments;
- (c) also notes that key Lib Dem policies related to welfare and young people include the following:-
 - (i) abandoning the two-child policy on family benefits and abolishing the “rape clause”;
 - (ii) reversing cuts to work allowances in Universal Credit and housing benefit for 18 to 21 year olds;
 - (iii) increasing Jobseeker’s Allowance and Universal Credit for 18 to 24 year olds;
 - (iv) upgrading working-age benefits at least in line with inflation; and
 - (v) extending free childcare to all two-year-olds and to the children of working families from the end of paid parental leave; and
- (d) requests that the Leader of Council writes to the Secretary of State for Work and Pensions requesting that he notes the contents of this motion and pauses the rollout of Universal Credit.

7.4 After a contribution from another Member, and following a right of reply from Councillor Andy Bainbridge, the amendment moved by Councillor Alison Teal was put to the vote and negatived.

7.5 The amendment moved by Councillor Colin Ross was then put to the vote and was also negated.

7.6 The original Motion was then put to the vote and carried as follows:-

RESOLVED: That this Council:-

- (a) notes that the past seven years of austerity has hit some of the most vulnerable in our society the hardest and that in the last year alone, 646,120 children in England sought support after suffering from neglect or emotional abuse;
- (b) further notes that since 2010 the number of child protection investigations nationally have increased by 108% to 185,450 cases a year - with little to suggest that this trend is likely to change without major intervention from central government;
- (c) believes that early intervention is crucial but with reducing funds and an increasing number of children requiring emergency support, many councils have been forced to cut back on preventative services;
- (d) notes the recent warnings by three leading children's charities (Children's Society, Action for Children and the National Children's Bureau) that early intervention services had been hit hardest by government cuts since 2010, and the formation of the Conservative-Liberal Democrat coalition, with targeted funding for early intervention having fallen by 55%;
- (e) further notes that by the end of the decade it is set to fall another 29% in real terms (or £808 million) with the most-deprived councils having to cut funding six times more than the least-deprived;
- (f) reaffirms this Administration's commitment to protecting vulnerable children and that, even in the face of continuing funding cuts, the Administration believes in the importance of early preventive action for children and young adults;
- (g) acknowledges earlier commitments made by this Administration, most recently at October's Full Council meeting, to provide additional support for early years and those affected by adverse childhood experiences (ACEs);
- (h) notes that rather than reduce children's services, this Administration has reconfigured centres to expand from 0-5 years to provide a range of children's services to family centres for 0-19 years (and to 25 for those with learning difficulties);
- (i) further notes that this Administration has also brought children centres closer to people with outreach services now running from a variety of

- services such as schools and GP surgeries - covering all of the city;
- (j) believes that the Liberal Democrats opportunistically opposed the newly configured children's services, and erroneously and repeatedly stated that children centres, such as Angram Bank, would be closing, when in reality no such closures were ever proposed or have subsequently taken place;
 - (k) believes that this Administration will do everything it can to protect the city's children, but that without additional funding from central government, it is becoming increasingly difficult;
 - (l) notes the results of a recent survey by Action for Children which found that, of 500 Conservative Councillors surveyed, over 50% believed that central government funding cuts have made it harder for their council to support services for children and young people, and further notes that the Local Government Association (LGA) has warned that the number of children in care was at a "tipping point" with record high numbers continuing to rise;
 - (m) notes, with shock and anger, that the Chancellor of the Exchequer's recent budget provided no additional funds for children's services and he made no mention of children services in his speech to the Commons;
 - (n) further notes that the Government's own economic predications denote that absolute child poverty is projected to increase by four percentage points, with about three-quarters of that increase - or 400,000 children - accounted for by planned tax and benefit reforms, with the freeze to most working-age benefits and the limiting of means-tested benefits to the first two children being of particular importance;
 - (o) believes that the next few years are likely to be tough for living standards, with benefit cuts making things tougher still for poorer households - especially those with children - and regions and nations where poor households are more dependent upon benefits for their income are likely to bear the brunt of the increase in child poverty, which will have a damaging impact in Sheffield; and
 - (p) supports the Labour Party's position to oppose the two child benefit cap, oppose the continued roll out of Universal Credit, and backs its manifesto commitment to reverse the damaging cuts to children's services since 2010.

7.6.1 (NOTE: 1. Councillors Andy Nash, Bob Pullin, Richard Shaw, Adam Hanrahan, Joe Otten, Colin Ross, Martin Smith, Roger Davison, Shaffaq Mohammed, Paul Scriven, Sue Alston, Andrew Sangar, Ian Auckland, Sue Auckland, Steve Ayris, David Baker, Penny Baker and Vickie Priestley voted for paragraphs (a) to (d), (f) to (i), and (k) to (o) of the Motion, and voted

against paragraphs (d), (j) and (p) of the Motion, and asked for this to be recorded; and

2. The Deputy Lord Mayor (Councillor Magid Magid) and Councillors Douglas Johnson, Robert Murphy and Alison Teal voted for paragraphs (a) to (i) and (k) to (p) of the Motion, and abstained from voting on paragraph (j) of the Motion, and asked for this to be recorded).

8. NOTICE OF MOTION REGARDING "NATIONAL BUDGET" - GIVEN BY COUNCILLOR OLIVIA BLAKE AND TO BE SECONDED BY COUNCILLOR ABTISAM MOHAMED

8.1 It was moved by Councillor Olivia Blake, and seconded by Councillor Abtisam Mohamed, that this Council:-

- (a) believes that this year's Budget was further evidence that we have an out-of-touch Government with no idea of the reality of people's lives and no plan to improve them;
- (b) notes that real wages are lower than they were in 2010 and the Budget confirmed a further hit to living standards with disposable income set to fall in 2017, but despite these dire predictions, the Chancellor of the Exchequer made no mention of Local Government funding;
- (c) further notes that national economic growth is the lowest it has been since the Conservatives came to office and the recent Budget confirms that failure, with growth revised down in every year of the forecast, and the National Living Wage revised down to £8.56 per hour;
- (d) further notes that productivity has been revised down every year, while business investment has been revised down next year and each following year, and that rather than pause the rollout of Universal Credit, the Chancellor offered help which is only a fraction of the £3 billion a year cuts made to the scheme;
- (e) supports the Labour Party's alternative budget which would scrap the public sector pay cap, pause and fix the Universal Credit roll-out, and introduce a real living wage of at least £10 an hour by 2020; Labour would bring forward investment in infrastructure across every region and nation to create high-wage, high-productivity jobs, and start a large-scale housebuilding programme, backed up with controls on rents;
- (f) believes that the small-scale tinkering with councils' borrowing for housing falls far short of what is needed – as recent changes will provide only an average of £293m a year over three years; further believes this national picture is not good enough and notes that in Sheffield we are ready to build more homes for the city, if only the Government would lift the borrowing cap;

- (g) believes that all Government ministers since 2010 should be ashamed by the number of people homeless or sleeping rough in this country, with the number of people sleeping on UK streets having more than doubled since 2010, a remarkable failing of recent Governments given that, under Labour, rough sleeping fell by three-quarters;
- (h) notes that the budget also did nothing for the country's 4.5 million private renting households; whereas a Labour Government would control rents, make three-year tenancies the new norm, and introduce new minimum standards;
- (i) believes that the Chancellor has not done nearly enough to end the current misery caused by the rollout of Universal Credit as the Government are still offering a desperate choice to those moving on to Universal Credit - wait 5 weeks to receive support or take a Government loan, going further into debt to make ends meet;
- (j) believes that the social security system should seek to prevent people from getting into debt, not encourage it, and support is given to the Labour Party's calls for the Chancellor to ensure that two week payments are rolled out across the country;
- (k) further contends that the budget did very little for self-employed people, second earners, lone parents or disabled people, all of whom have seen their living standards suffer particularly acutely under Universal Credit, and that the Chancellor failed to mitigate the £3 billion a year cuts slashed from the programme by his predecessor, and he also failed to address the impact of the social security freeze in Universal Credit, due to push millions into poverty;
- (l) reaffirms previous calls on the Government to pause and fix Universal Credit, with support given to the Labour Party's calls to:-
 - (i) reduce the six-week wait for payment, so that it lines up with the way people are paid, with all applicants to receive fortnightly payments if they so choose;
 - (ii) ensure everyone has the opportunity to have their rent paid directly to the landlord, to stop the spate of pre-emptive eviction notices that we are now seeing from private landlords;
 - (iii) allow households to have split payments instead of just one going predominantly to the male, so setting back women's financial autonomy;
 - (iv) change the monthly assessment for self-employed workers to a yearly one, to account for volatile working patterns; and
 - (v) restore the work allowances slashed from Universal Credit in

2015; and that the Chancellor should also end the freeze in social security payments, and ensure all children are supported through Universal Credit, not just the first two;

- (m) reaffirms the commitment by this Administration that no tenant of Sheffield City Council will be evicted solely as a result of delayed payments from Universal Credit;
- (n) notes that the Budget provides almost nothing extra for schools, moreover, we have already seen the steepest cuts to school funding in a generation (£2.7 billion since 2015 according to the National Audit Office) and a cap on public sector pay that has seen the average teacher lose £5000 since 2010, leading to teachers leaving the classroom in record numbers – with nearly 1-in-4 who joined since 2011 having left;
- (o) believes that the Government has completely mishandled business rates and that, although the shift from Retail Price Index (RPI) to Consumer Price Index (CPI) is to be welcomed, consideration should have been given to exempt new investment in plant and machinery from valuations, give business access to a proper appeals process and introduce statutory annual revaluations; and
- (p) believes that whilst the change in business rates will provide a much needed lift to our small businesses, it is feared that once again it will be local authorities who will have to bear the brunt of the costs for this; noting that, in Sheffield, the earlier changes to the Business Rates multiplier will lower Sheffield City Council's income by approximately £1.5m – and although the Government have hinted that councils will be compensated for the changes, there is currently no guarantee of this, and further notes that this Administration is committed to ensuring that as much pressure as possible is put on the Government to ensure that any losses are fully mitigated.

8.1.1 (NOTE: With the agreement of the Council and at the request of the mover of the Motion (Councillor Olivia Blake), paragraph (m) of the Motion as published on the agenda was altered by (a) the substitution of the words “the commitment by this Administration” for the words “the decision by this Administration’s Cabinet” and (b) the insertion of the word “solely” between the words “evicted” and “as”.)

8.2 Whereupon, it was moved by Councillor Douglas Johnson, and seconded by Councillor Magid Magid, as an amendment, that the Motion now submitted be amended by the addition of a new paragraph (n) as follows, and the re-lettering of original paragraphs (n) to (p) as new paragraphs (o) to (q):-

- (n) notes that, in Sheffield, only Council tenants can be evicted from their homes if they cannot pay water bills on time and therefore calls on the Administration to end this practice by accounting for water bills separately from rent accounts and ceasing to pursue eviction in the

courts because of water rates;

8.3 It was then formally moved by Councillor Adam Hanrahan, and formally seconded by Councillor Ian Auckland, as an amendment, that the Motion now submitted be amended by the deletion of all the words after the words "That this Council" and the addition of the following words:-

- (a) notes that the national Budget was an opportunity to address a number of significant issues facing our country, many of which have local government repercussions and which local government can play a part in the solution;
- (b) believes that this Budget woefully falls short of addressing these issues;
- (c) notes that the Budget failed to fundamentally get to grips with the housing crisis in the UK, which has real impacts here in Sheffield, despite its billing as 'the housing budget';
- (d) notes that the Chancellor of the Exchequer put more money aside for Brexit contingencies than for schools, the NHS or the police;
- (e) regrets the continuation of the public sector pay cap;
- (f) believes that, by putting a penny on the pound in income tax, an additional 6 billion pounds of funding can be secured each year to fund our NHS and social care system;
- (g) regrets that Sheffield will lag further behind the devolved areas after further transport funding was announced for devolved areas; and
- (h) directs that a copy of this motion be sent to the Chancellor.

8.4 It was then formally moved by Councillor Cate McDonald, and formally seconded by Councillor Steve Wilson, as an amendment, that the Motion now submitted be amended by the addition of new paragraphs (q) to (s) as follows:-

- (q) believes that the budget was also notable for the absence of any meaningful funding for local government and our schools and did nothing to address the crisis in social care;
- (r) notes that, on becoming Prime Minister, the Rt. Hon Theresa May MP promised an inclusive government that would deal with the concerns and issues of the many who have been left behind by the government and we are, therefore, disappointed but not surprised to hear of the complete resignation of the Social Mobility Commission board, led by the former Labour and Conservative Cabinet Ministers, Alan Milburn and Gillian Shephard, saying they could not continue because they had 'little hope' Theresa May and

her government could deliver the changes necessary to bring about greater social mobility in the UK; and

- (s) notes that the Local Government Association (LGA) assessed the state of local authority funding for adult social care in the wake of the budget and stated that local government as a whole faces a funding gap of £5.8 billion by 2020, with Councils urgently requiring an additional £1 billion to cover unavoidable costs (such as demography, inflation and the National Living Wage) as well as a minimum of £1.3 billion to stabilise the adult social care provider market.

- 8.5 The amendment moved by Councillor Douglas Johnson was put to the vote and negated.
- 8.6 The amendment moved by Councillor Adam Hanrahan was then put to the vote and was also negated.
- 8.7 The amendment moved by Councillor Cate McDonald was then put to the vote and was carried.
- 8.8 The original Motion, as amended, was then put as a Substantive Motion in the following form and carried:-

RESOLVED: That this Council:-

- (a) believes that this year's Budget was further evidence that we have an out-of-touch Government with no idea of the reality of people's lives and no plan to improve them;
- (b) notes that real wages are lower than they were in 2010 and the Budget confirmed a further hit to living standards with disposable income set to fall in 2017, but despite these dire predictions, the Chancellor of the Exchequer made no mention of Local Government funding;
- (c) further notes that national economic growth is the lowest it has been since the Conservatives came to office and the recent Budget confirms that failure, with growth revised down in every year of the forecast, and the National Living Wage revised down to £8.56 per hour;
- (d) further notes that productivity has been revised down every year, while business investment has been revised down next year and each following year, and that rather than pause the rollout of Universal Credit, the Chancellor offered help which is only a fraction of the £3 billion a year cuts made to the scheme;
- (e) supports the Labour Party's alternative budget which would scrap the public sector pay cap, pause and fix the Universal Credit roll-out, and

introduce a real living wage of at least £10 an hour by 2020; Labour would bring forward investment in infrastructure across every region and nation to create high-wage, high-productivity jobs, and start a large-scale housebuilding programme, backed up with controls on rents;

- (f) believes that the small-scale tinkering with councils' borrowing for housing falls far short of what is needed – as recent changes will provide only an average of £293m a year over three years; further believes this national picture is not good enough and notes that in Sheffield we are ready to build more homes for the city, if only the Government would lift the borrowing cap;
- (g) believes that all Government ministers since 2010 should be ashamed by the number of people homeless or sleeping rough in this country, with the number of people sleeping on UK streets having more than doubled since 2010, a remarkable failing of recent Governments given that, under Labour, rough sleeping fell by three-quarters;
- (h) notes that the budget also did nothing for the country's 4.5 million private renting households; whereas a Labour Government would control rents, make three-year tenancies the new norm, and introduce new minimum standards;
- (i) believes that the Chancellor has not done nearly enough to end the current misery caused by the rollout of Universal Credit as the Government are still offering a desperate choice to those moving on to Universal Credit - wait 5 weeks to receive support or take a Government loan, going further into debt to make ends meet;
- (j) believes that the social security system should seek to prevent people from getting into debt, not encourage it, and support is given to the Labour Party's calls for the Chancellor to ensure that two week payments are rolled out across the country;
- (k) further contends that the budget did very little for self-employed people, second earners, lone parents or disabled people, all of whom have seen their living standards suffer particularly acutely under Universal Credit, and that the Chancellor failed to mitigate the £3 billion a year cuts slashed from the programme by his predecessor, and he also failed to address the impact of the social security freeze in Universal Credit, due to push millions into poverty;
- (l) reaffirms previous calls on the Government to pause and fix Universal Credit, with support given to the Labour Party's calls to:-
 - (i) reduce the six-week wait for payment, so that it lines up with the way people are paid, with all applicants to receive fortnightly payments if they so choose;

- (ii) ensure everyone has the opportunity to have their rent paid directly to the landlord, to stop the spate of pre-emptive eviction notices that we are now seeing from private landlords;
 - (iii) allow households to have split payments instead of just one going predominantly to the male, so setting back women's financial autonomy;
 - (iv) change the monthly assessment for self-employed workers to a yearly one, to account for volatile working patterns; and
 - (v) restore the work allowances slashed from Universal Credit in 2015; and that the Chancellor should also end the freeze in social security payments, and ensure all children are supported through Universal Credit, not just the first two;
- (m) reaffirms the commitment by this Administration that no tenant of Sheffield City Council will be evicted solely as a result of delayed payments from Universal Credit;
- (n) notes that the Budget provides almost nothing extra for schools, moreover, we have already seen the steepest cuts to school funding in a generation (£2.7 billion since 2015 according to the National Audit Office) and a cap on public sector pay that has seen the average teacher lose £5000 since 2010, leading to teachers leaving the classroom in record numbers – with nearly 1-in-4 who joined since 2011 having left;
- (o) believes that the Government has completely mishandled business rates and that, although the shift from Retail Price Index (RPI) to Consumer Price Index (CPI) is to be welcomed, consideration should have been given to exempt new investment in plant and machinery from valuations, give business access to a proper appeals process and introduce statutory annual revaluations;
- (p) believes that whilst the change in business rates will provide a much needed lift to our small businesses, it is feared that once again it will be local authorities who will have to bear the brunt of the costs for this; noting that, in Sheffield, the earlier changes to the Business Rates multiplier will lower Sheffield City Council's income by approximately £1.5m – and although the Government have hinted that councils will be compensated for the changes, there is currently no guarantee of this, and further notes that this Administration is committed to ensuring that as much pressure as possible is put on the Government to ensure that any losses are fully mitigated;
- (q) believes that the budget was also notable for the absence of any meaningful funding for local government and our schools and did nothing to address the crisis in social care;

- (r) notes that, on becoming Prime Minister, the Rt. Hon Theresa May MP promised an inclusive government that would deal with the concerns and issues of the many who have been left behind by the government and we are, therefore, disappointed but not surprised to hear of the complete resignation of the Social Mobility Commission board, led by the former Labour and Conservative Cabinet Ministers, Alan Milburn and Gillian Shephard, saying they could not continue because they had 'little hope' Theresa May and her government could deliver the changes necessary to bring about greater social mobility in the UK; and
- (s) notes that the Local Government Association (LGA) assessed the state of local authority funding for adult social care in the wake of the budget and stated that local government as a whole faces a funding gap of £5.8 billion by 2020, with Councils urgently requiring an additional £1 billion to cover unavoidable costs (such as demography, inflation and the National Living Wage) as well as a minimum of £1.3 billion to stabilise the adult social care provider market.

8.8.1 (NOTE: 1. Councillors Andy Nash, Bob Pullin, Richard Shaw, Adam Hanrahan, Joe Otten, Colin Ross, Martin Smith, Roger Davison, Shaffaq Mohammed, Paul Scriven, Sue Alston, Andrew Sangar, Ian Auckland, Sue Auckland, Steve Ayris, David Baker, Penny Baker and Vickie Priestley voted for paragraphs (a) to (d), (f), (i) and (k) to (s) of the Substantive Motion and voted against paragraphs (e), (g), (h) and (j) of the Motion, and asked for this to be recorded; and

2. The Deputy Lord Mayor (Councillor Magid Magid) and Councillors Douglas Johnson, Robert Murphy and Alison Teal voted for paragraphs (m) and (p) of the Substantive Motion and abstained from voting on paragraphs (a) to (l), (n), (o) and (q) to (s) of the Motion, and asked for this to be recorded.)

9. NOTICE OF MOTION REGARDING "PUBLIC ACCOUNTABILITY OF MEMBERS AND OFFICERS" - GIVEN BY COUNCILLOR ROBERT MURPHY AND TO BE SECONDED BY COUNCILLOR DOUGLAS JOHNSON

9.1 In view of the consent of the Council having not been given to a request made by the mover of the Motion (Councillor Robert Murphy) for permission to alter the wording of paragraph (a) of the Motion as published on the agenda, the Notice of Motion regarding "Public Accountability of Members and Officers" at item 9 on the Summons for this meeting, was withdrawn at the request of Councillor Murphy and with the consent of the Council, in accordance with Council Procedure Rules 11(a)(x) and 17.10.

10. NOTICE OF MOTION REGARDING "PLAY STREETS" - GIVEN BY COUNCILLOR ALISON TEAL AND TO BE SECONDED BY THE DEPUTY LORD MAYOR (COUNCILLOR MAGID MAGID)

10.1 It was formally moved by Councillor Alison Teal, and formally seconded by Councillor Magid Magid, that this Council:-

- (a) notes the importance of active play for the health and wellbeing of young people, and the success of organisations like Bristol-based CiC Playing Out in promoting the temporary use of residential roads for 'playing out sessions' to encourage active play;
- (b) further notes that Playing Out has found that the level of dangerous nitrogen oxide air pollution on the roadside can be significantly decreased during a play street session, providing an additional health benefit;
- (c) welcomes the fact that a small number of playing out sessions have already been held in Sheffield, including in May 2017 on Wake Road, but believes that Sheffield City Council can do more to support and promote this positive initiative;
- (d) believes that playing out sessions will be most successful if they are resident-led, but that Sheffield City Council has an important role to play in supporting residents to plan and run these sessions on their own streets; and
- (e) therefore calls upon the Administration to instruct officers to:-
 - (i) develop a policy framework to enable a pilot to take place in Sheffield in the summer of 2018, including designing a quick and simple application process for residents wishing to facilitate playing out sessions on their street, and removing barriers to them doing so;
 - (ii) make contact with relevant officers where similar schemes are currently operating successfully, such as Leeds, Hackney, and Bristol, to learn about the key steps to successfully implementing the policy, and to research the concept on the Playing Out website; and
 - (iii) present proposals to Cabinet within two months for approval, with a view to advertising the new scheme in time for communities to come forward to be part of the pilot during the school summer holidays 2018.

10.2 Whereupon, it was formally moved by Councillor Jim Steinke, and formally seconded by Councillor Neale Gibson, as an amendment, that the Motion now submitted be amended by:-

1. the deletion of paragraphs (c) and (e), and the re-lettering of paragraph (d) as a new paragraph (c); and
2. the addition of new paragraphs (d) to (m) as follows:-
 - (d) notes that this Administration is already designing a transparent policy on street play events;
 - (e) further notes that there has been a lot of recent interest for play events in Sheffield and, over recent years, there has been an increase in the number of applications that the Council receive for such events and that it is, therefore, important that applicants are dealt with fairly and the policy will give this confidence;
 - (f) further notes that during the one year trial for the Play Streets scheme, the frequency of road closures to facilitate the events would be no more than once a month and that any objections to a Street Play event will be reported to and considered by the relevant Cabinet Member, local councillors and local residents;
 - (g) notes that this Administration wants to help Sheffield deliver the aspirations of the Move More Plan which sets out a five year framework for the promotion of physical activity in Sheffield and provide overall direction for increasing physical activity in Sheffield by securing and aligning stakeholder commitment to work together to achieve the vision to make Sheffield the most active city by 2020;
 - (h) notes that the number of 5 – 15 olds achieving the required level of activity has reduced nationally over the years, with only 21% of boys and 16% of girls in 2012 being sufficiently active;
 - (i) believes that play is one of the main ways in which children learn, as it helps to build self-confidence by giving a child a sense of his or her own abilities and to feel good about themselves;
 - (j) notes that empowering communities and changing the environment to make it easier to be physically active are two outcomes from the Move More Plan, of which the Playing Out Scheme is derived;
 - (k) notes that this Administration trialled street play events as part of the introduction of 20mph zones, and that the on-going roll out of the zones across the city is making our streets safer to enjoy and travel;
 - (l) notes that this Administration is working with wider community organisations, such as Mosques, Churches and schools, and with residents to ensure that playing out events get the support and publicity they need; and
 - (m) notes this Administration's commitment to take radical action to improve the city's air quality through the revised Clean Air Strategy

and recent innovations including Sheffield planning to be the first local authority in the country to implement fines for car drivers who leave their engine running while idle outside of schools.

10.3 On being put to the vote, the amendment was carried.

10.3.1 (NOTE: Councillors Andy Nash, Bob Pullin, Richard Shaw, Adam Hanrahan, Joe Otten, Colin Ross, Martin Smith, Roger Davison, Shaffaq Mohammed, Paul Scriven, Sue Alston, Andrew Sangar, Ian Auckland, Sue Auckland, Steve Ayris, David Baker, Penny Baker and Vickie Priestley voted for parts 1 and paragraphs (d) to (l) of part 2 of the amendment and voted against paragraph (m) of part 2 of the amendment, and asked for this to be recorded.)

10.4 The original Motion, as amended, was then put as a Substantive Motion in the following form and carried:-

RESOLVED: That this Council:-

- (a) notes the importance of active play for the health and wellbeing of young people, and the success of organisations like Bristol-based CiC Playing Out in promoting the temporary use of residential roads for 'playing out sessions' to encourage active play;
- (b) further notes that Playing Out has found that the level of dangerous nitrogen oxide air pollution on the roadside can be significantly decreased during a play street session, providing an additional health benefit;
- (c) believes that playing out sessions will be most successful if they are resident-led, but that Sheffield City Council has an important role to play in supporting residents to plan and run these sessions on their own streets;
- (d) notes that this Administration is already designing a transparent policy on street play events;
- (e) further notes that there has been a lot of recent interest for play events in Sheffield and, over recent years, there has been an increase in the number of applications that the Council receive for such events and that it is, therefore, important that applicants are dealt with fairly and the policy will give this confidence;
- (f) further notes that during the one year trial for the Play Streets scheme, the frequency of road closures to facilitate the events would be no more than once a month and that any objections to a Street Play event will be reported to and considered by the relevant Cabinet Member, local councillors and local residents;
- (g) notes that this Administration wants to help Sheffield deliver the

aspirations of the Move More Plan which sets out a five year framework for the promotion of physical activity in Sheffield and provide overall direction for increasing physical activity in Sheffield by securing and aligning stakeholder commitment to work together to achieve the vision to make Sheffield the most active city by 2020;

- (h) notes that the number of 5 – 15 olds achieving the required level of activity has reduced nationally over the years, with only 21% of boys and 16% of girls in 2012 being sufficiently active;
- (i) believes that play is one of the main ways in which children learn, as it helps to build self-confidence by giving a child a sense of his or her own abilities and to feel good about themselves;
- (j) notes that empowering communities and changing the environment to make it easier to be physically active are two outcomes from the Move More Plan, of which the Playing Out Scheme is derived;
- (k) notes that this Administration trialled street play events as part of the introduction of 20mph zones, and that the on-going roll out of the zones across the city is making our streets safer to enjoy and travel;
- (l) notes that this Administration is working with wider community organisations, such as Mosques, Churches and schools, and with residents to ensure that playing out events get the support and publicity they need; and
- (m) notes this Administration's commitment to take radical action to improve the city's air quality through the revised Clean Air Strategy and recent innovations including Sheffield planning to be the first local authority in the country to implement fines for car drivers who leave their engine running while idle outside of schools.

10.4.1 (NOTE: Councillors Andy Nash, Bob Pullin, Richard Shaw, Adam Hanrahan, Joe Otten, Colin Ross, Martin Smith, Roger Davison, Shaffaq Mohammed, Paul Scriven, Sue Alston, Andrew Sangar, Ian Auckland, Sue Auckland, Steve Ayriss, David Baker, Penny Baker and Vickie Priestley voted for paragraphs (a) to (l) of the Substantive Motion and voted against paragraph (m) of the Motion, and asked for this to be recorded.)

11. MINUTES OF PREVIOUS COUNCIL MEETINGS

11.1 RESOLVED: On the Motion of Councillor Peter Rippon, seconded by Councillor Michelle Cook, that the minutes of the extraordinary meeting and the ordinary meeting of the Council held on 1st November 2017 be approved as true and accurate records.

12. REPRESENTATION, DELEGATED AUTHORITY AND RELATED ISSUES

- 12.1 RESOLVED: On the Motion of Councillor Peter Rippon, seconded by Councillor Michelle Cook, that Councillor Peter Rippon be appointed to serve on the Senior Officer Employment Committee in place of Councillor Mazher Iqbal.

13. CHANGES TO THE CONSTITUTION

- 13.1 RESOLVED: On the Motion of Councillor Peter Rippon, seconded by Councillor Michelle Cook, that this Council adopts the changes to the following parts of the Constitution, as set out in the report of the Chief Executive now submitted, and its Appendices, including the revised page 2 to Appendix D circulated at the meeting:-

- (a) Part 4 – Contracts Standing Orders;
- (b) Part 5 – Monitoring Officer Protocol;
- (c) Part 5 – Procedure For Dealing With Complaints Regarding City, Parish And Town Councillors And Co-Opted Members (Appendix to the Monitoring Officer Protocol); and
- (d) Part 7 – Management Structure and Statutory/Proper Officers.

- 13.1.1 The votes on the revision of the Monitoring Officer Protocol in so far as it related, in Section 4 (Procedure For Dealing With Complaints Regarding City, Parish And Town Councillors And Co-Opted Members), to the inclusion of reference to the Monitoring Officer reserving the right to deal with any issues arising in the course of business that concerns the conduct or alleged conduct of a Member in the absence of a complaint if the Monitoring Officer deems it reasonable and appropriate to do so, were ordered to be recorded and were as follows:-

- For the revision (49)
- The Lord Mayor (Councillor Anne Murphy) and Councillors Ian Saunders, Sophie Wilson, Denise Fox, Bryan Lodge, Karen McGowan, Michelle Cook, Kieran Harpham, Jackie Drayton, Talib Hussain, Moya O'Rourke, Mazher Iqbal, Mary Lea, Zahira Naz, Andy Bainbridge, Steve Wilson, Abdul Khayum, Abtisam Mohamed, Lewis Dagnall, Cate McDonald, Chris Peace, Bob Johnson, George Lindars-Hammond, Josie Paszek, Lisa Banes, Terry Fox, Pat Midgley, David Barker, Tony Downing, Mohammad Maroof, Jim Steinke, Julie Dore, Ben Miskell, Jack Scott, Mike Drabble, Dianne Hurst, Peter

Rippon, Peter Price, Garry Weatherall, Mike Chaplin, Jayne Dunn, Richard Crowther, Olivia Blake, Ben Curran, Neale Gibson, Adam Hurst, Mick Rooney, Jackie Satur and Paul Wood.

Against the revision
(25)

- The Deputy Lord Mayor (Councillor Magid Magid) and Councillors Andy Nash, Bob Pullin, Richard Shaw, Douglas Johnson, Robert Murphy, Adam Hanrahan, Joe Otten, Colin Ross, Martin Smith, Pauline Andrews, Roger Davison, Shaffaq Mohammed, Paul Scriven, Sue Alston, Andrew Sangar, Ian Auckland, Sue Auckland, Steve Ayriss, Alison Teal, David Baker, Penny Baker, Vickie Priestley, Jack Clarkson and Keith Davis.

Abstained from voting
on the revision (0)

- Nil



SHEFFIELD CITY COUNCIL Full Council

Report of: Director of Public Health

Date: 3rd January 2018

Subject: Adding life to years and years to life: Director of Public Health Report for Sheffield (2017)

Author of Report: Greg Fell

Summary:

Directors of Public Health have a statutory duty to produce an annual report on the health of the local population.

This year's report sets out the three key strategic messages from the Joint Strategic Needs Assessment (JSNA) and why these are priorities for the City's health and wellbeing in terms of their impact on healthy life expectancy and life expectancy: adverse childhood experiences; mental health (across the life course); and multi-morbidity.

The report also makes three recommendations to the Council and the Sheffield Clinical Commissioning Group (CCG) for further research as well as reporting on the progress made with the recommendations from the 2016 DPH report.

Recommendations:

To note the information contained in the report and support the three specific recommendations it makes.

Background Papers:

The report is attached. The online version may be accessed from <https://www.sheffield.gov.uk/home/public-health/director-public-health>

The JSNA open data resource may be accessed from <https://data.sheffield.gov.uk/stories/s/fs4w-cygv>

Category of Report: OPEN

Statutory and Council Policy Checklist

Financial Implications
NO Cleared by:
Legal Implications
NO Cleared by:
Equality of Opportunity Implications
NO Cleared by:
Tackling Health Inequalities Implications
YES Cleared by: Greg Fell
Human rights Implications
NO
Environmental and Sustainability implications
NO
Economic impact
NO
Community safety implications
NO
Human resources implications
NO
Property implications
NO
Area(s) affected
All
Relevant Cabinet Portfolio Leader
Cllr Cate McDonald
Relevant Scrutiny Committee if decision called in
Healthier Communities and Adult Social Care
Is the item a matter which is reserved for approval by the City Council?
NO
Press release
YES

REPORT TITLE: Adding life to years and years to life: Director of Public Health Report for Sheffield, 2017

1.0 SUMMARY

- 1.1 Directors of Public Health have a statutory duty to produce an annual report on the health of the local population. This year's report sets out the three key strategic messages from the Joint Strategic Needs Assessment (JSNA) and why these are priorities for the City's health and wellbeing in terms of their impact on healthy life expectancy and life expectancy.
- 1.2 The report uses intelligence from the JSNA (available as an open data online resource <https://data.sheffield.gov.uk/stories/s/fs4w-cygv>) to describe how and why (i) adverse childhood experiences, (ii) mental health (across the life course) and (iii) multi-morbidity are so important in terms of their impact on healthy life expectancy, life expectancy, health inequalities and use of health and social care services in Sheffield.
- 1.3 The main thrust of the report is therefore concerned with how best to respond to these issues in terms of the available evidence, taking into account what is already happening in Sheffield, and the opportunities for maximising health and wellbeing outcomes accordingly. A number of priorities for action are identified for each area alongside three recommendations for further research.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

- 2.1 Our analysis for the JSNA shows that life expectancy for men in Sheffield reduced over the latest period analysed from 78.8 years in 2012-14 to 78.7 years in 2013-15 and remained static for women. Both are significantly worse than the national average and for the Yorkshire and Humber region. This trend mirrors recently published national figures which show a slowing down of average year on year gains in life expectancy for England, especially from 2010 onwards.
- 2.2 A similar picture emerges when we look at how long we can expect to live in good health (healthy life expectancy) although the decline is sharper for women in Sheffield than it is for men. The unequal distribution of poor health and wellbeing (health inequalities) also remains. These factors are the main drivers of the unsustainable yet largely preventable growth in demand for health and social care services in the City.
- 2.3 The report considers a number of evidence based policies, initiatives and approaches within each of the three priority areas, focused on the social and commercial determinants of health that overall, would help to "add life to years" (improve healthy life expectancy) and "years to life" (improve life expectancy).

3.0 OUTCOME AND SUSTAINABILITY

- 3.1 In the context of continuing economic austerity and reducing resources, we need to focus our efforts on where we can make the most difference

or have the greatest impact on outcome and on how best to optimise the use of our existing commitments and change the nature and shape of those commitments over time rather than how to spend new resources.

- 3.2 The report recommends maximising the return on investment in relation to adverse childhood experiences, mental health (across the life course) and multi-morbidity as the key means by which to improve health and wellbeing outcomes in Sheffield with the key focus being on prevention and early intervention.

4.0 MAIN BODY OF THE REPORT

- 4.1 The report is attached to this paper. It may also be accessed online at <https://www.sheffield.gov.uk/home/public-health/director-public-health>
- 4.2 The Sheffield JSNA has been updated and this has included publishing the main information as an open data online resource available from <https://data.sheffield.gov.uk/stories/s/fs4w-cygv> . As part of this process, more in-depth analysis was undertaken to help identify where we could and should focus our efforts in terms of the factors that have greatest impact on health and wellbeing outcomes in the population. This included a more detailed analysis of the 159 indicators included in the Public Health Outcomes Framework.
- 4.3 The first main section of the report focuses on ‘**adverse childhood experiences**’ and how, during the early years of a child’s development, such experiences can have an adverse and lasting impact on chronic ill health (physical & mental), unhealthy behaviours, use of health and social care services (and wider public services) and future life chances (such as educational attainment, employment and crime).
- 4.4 The second section looks in detail at why good **mental wellbeing** across the life course is so vitally important to overall health and wellbeing at every stage of life. It underpins how we respond to and cope with life’s challenges. The report suggests that good mental wellbeing is the most valuable asset we can possess and as such, should be given parity of esteem with physical health.
- 4.5 The third and final section of the report considers the impact of the rise in the number of people with more than one long term condition (such as coronary heart disease or serious mental illness), known as **multi-morbidity**. We are beginning to see both an increase in multi morbidity and at earlier onset. This means we are developing more severe ill health earlier in our lives. There is good evidence to suggest that if we can shift the multi morbidity curve downwards we can expect to make significant reductions on pressures on health and social care services at the same time as improving health.

4.6 As well as identifying various priorities for action over the coming 12 months, the report makes three recommendations to the Council and the CCG for further research.

5.0 ALTERNATIVE OPTIONS CONSIDERED

5.1 Not applicable

6.0 REASONS FOR RECOMMENDATIONS

6.1 It is good practice for Director of Public Health reports to contain recommendations aimed at improving the health of the population. This year's report makes three such recommendations (see section 8 below).

7.0 REASONS FOR EXEMPTION (if a Closed report)

7.1 Not applicable

8.0 RECOMMENDATIONS OF THE DIRECTOR OF PUBLIC HEALTH'S REPORT

8.1 A number of priority actions are identified in the report that could and are being taken forward to achieve required improvements in health and wellbeing outcomes over the coming months and years. In addition, the following three recommendations are made for further research.

- The **Council and the CCG** should request Public Health England to co-ordinate further research into identifying and describing the long term return on investment and effectiveness of models for preventing ACEs
- The **Council and the CCG** should review the Sheffield mental health strategy and evaluate the city's approach to mental health and wellbeing against the current evidence base for high impact/high value interventions, including developing the economic case for investment in good mental health
- The **Council and the CCG** should commission more in-depth epidemiological analysis of changes in multi morbidity and ways to enhance Sheffield's approach to healthy ageing, including care of people who have multiple illnesses

9.0 RECOMMENDATIONS

9.1 The Council is asked to note the information contained in the report and to support the three recommendations it makes.

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ADDING LIFE TO YEARS AND YEARS TO LIFE

Director of Public Health Report for Sheffield 2017



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1. Introduction

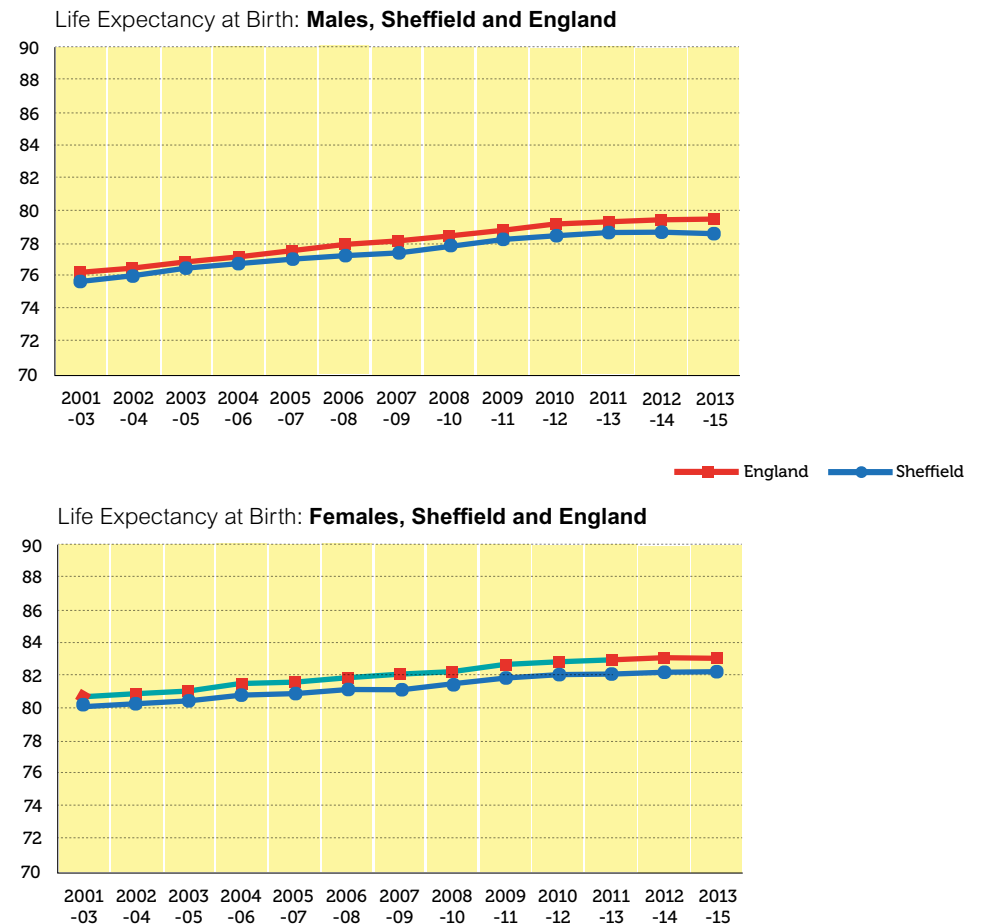
Health is an essential part of everything we do, yet we are still tempted to think of it as being about “not being sick” and our automatic response is therefore to see “health” as the same as “health care services”.

As I attempted to describe in my report last year, if we take an individual, community and population approach, health is the building block of personal fulfillment, prosperity, resilience and sustainable growth. That’s why a loving family, a safe home, educational achievement, a decent income, a good job, friendly neighbours, clean air, and an environment that lets us all start, live and age well are all far more influential factors in securing good health outcomes than health and social care services alone.

Despite this universal truth, we continue to focus our attention in the health domain on health and social care services and how to reduce our expenditure on them. As I have blogged many times, prevention is the key to addressing growing expenditure on health and social care and until this is addressed robustly and improved outcomes secured, the issue of care costs will remain. This consideration is even more pressing given that the key indicators of a healthy population (life expectancy and healthy life expectancy) are beginning to tell a worrying story: one which should give us serious pause for thought.

The most recent data on average life expectancy for both men and women in the UK show that the rate of annual increase has been slowing down over the last few years.

Figures 1 & 2: Trends in Male and Female Life Expectancy 2001-03 to 2013-15 (Sheffield & England)



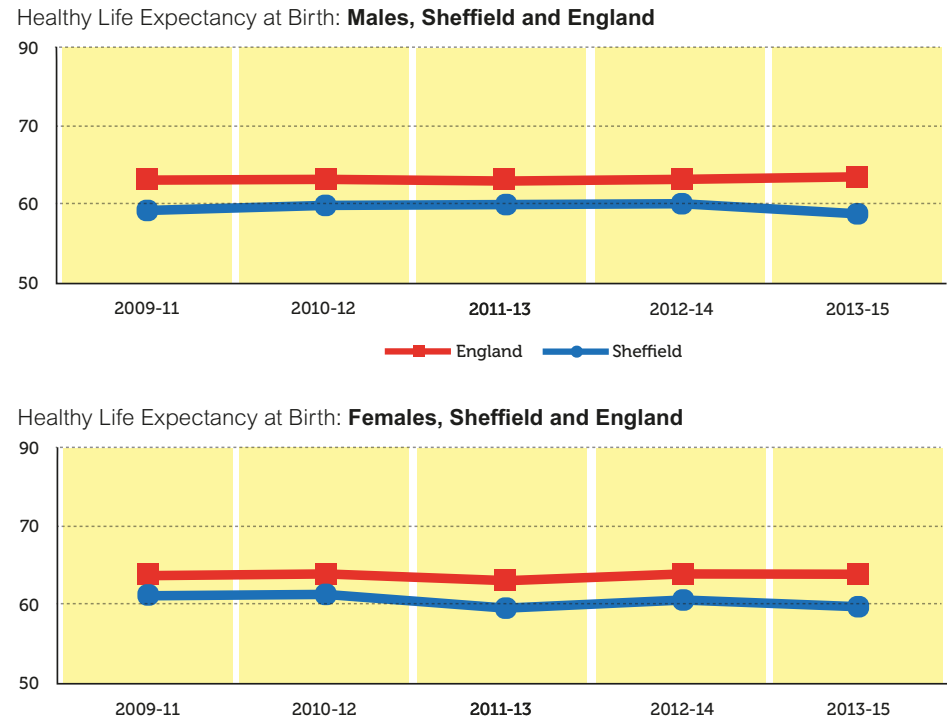
In Sheffield we have noted very little improvement in women’s life expectancy over the last 10 to 15 years. For men, we have seen a decrease in average life expectancy from 78.8 years in 2012-2014 to 78.7 years for the most recent period of 2013-2015. This is deeply concerning. There are many theories to explain this stall in improvement, but the direct and indirect impact of continuing austerity ranks highest among these.

But the story doesn’t end there. We are also seeing a similar problem emerging with how long we can expect to live in good health (‘healthy life expectancy’), although we do not have reliable data going back as far as we do for life expectancy.

Latest figures for Sheffield show that average healthy life expectancy for women decreased from 61.5 years in 2009-11 to 59.9 years in 2013-15. The decrease in men’s healthy life expectancy has been less sharp over the same period, reducing from 59.3 years to 59 years. It should also be noted that Sheffield’s figures, for both life expectancy and healthy life expectancy, are worse than for England and for Yorkshire and Humber. This means more people in poor health at a (slightly) younger age than previously.

We are currently updating our Joint Strategic Needs Assessment and, in so doing, taking a much more in-depth look at health and wellbeing in the city. This has included for example, examining our progress across all the 159 indicators in the national Public

Figures 3 & 4: Trends in Male and Female Healthy Life Expectancy 2009-11 to 2013-15 (Sheffield & England)



Source: <https://www.ons.gov.uk/releases/healthstatelifeexpectanciesuk2013to2015>

Health Outcomes Framework¹. Together with the latest data on life expectancy and healthy life expectancy, this work is pointing to the need to focus on a number of areas as a priority.

In this year's report, I draw attention to three particularly important priorities for the health of our city. They are not the only priorities, but they are three that warrant careful consideration.

Adverse childhood experiences (ACEs)

There is increasing evidence that both positive and negative childhood experiences have a tremendous impact on future violence (victimisation and perpetration) and lifelong health and life chances. Moreover, early childhood development programmes targeted towards the most vulnerable show good rates of return on investment across many social outcomes, albeit over the long term. Sheffield is no exception to the effects of ACEs but it is also well placed to respond. This section of the report therefore considers why ACEs matter so much to longer term health outcomes and sets out some of the work already taking place in the City to address the adverse effects.

Mental wellbeing for life

Good mental wellbeing is essential for a healthy and prosperous society and it is just as important as good physical health. But it is all too easy to focus on what happens when someone becomes mentally ill and how specialist services respond to that rather than

how to stay well in the first place, prevent problems from arising, intervene early if problems do emerge, and help people to manage and look forward with their lives. In this second section of the report I therefore look at some of the key determinants of mental health and wellbeing and what we can do locally to ensure there is no health without mental health.

Multiple morbidity (ill health and disability)

The practice of hospital based medicine is highly specialised with specific conditions treated individually and usually in isolation from each other as well as from the lived context of the person with the condition. The reality however is that we are seeing more and more people with two or more long term conditions at a time – known as multi morbidity. In this third and final section of the report I suggest it is this expansion of multi morbidity, both in terms of overall numbers and at earlier ages, that is not only impacting adversely on healthy life expectancy but is also the key factor driving the increase in the demand for health and social care services, rather than the ageing of the population.

For each of the three areas covered in the report I identify a number of priorities for action over the short, medium and longer term. This year I am also making the following three recommendations for further research:

¹ Access the Public Health Outcomes Framework here: <http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000049/pat/6/par/E12000003/ati/102/are/E08000019>

The Council and the CCG should request Public Health England to co-ordinate further research on identifying and describing the long term return on investment and effectiveness of primary and secondary prevention models for tackling ACEs.

The Council and the CCG should review the Sheffield mental health strategy and evaluate the city's approach to mental health and wellbeing against the current evidence base for high impact/high value interventions, including the economic case for investment in good mental health.

The Council and the CCG should commission more in-depth epidemiological analysis of changes in multi morbidity and enhance their approach to healthy ageing, including care of people who have multiple illnesses.

The report also includes a progress report on the recommendations I made in last year's report and provides details on how to access further information about health and wellbeing in Sheffield.



Greg Fell
Director of Public Health for Sheffield

Acknowledgements

Reports such as this are always the result of many people's work.

I am grateful this year to the following contributors: Ian Baxter, Kieran Flanagan, Mark Gamsu, Muir Gray, Susan Hird, Mike Hunter, Anant Jani, Jim McManus, Lisa McNally, Karen O'Connor, Matthew Peers, Bethan Plant, John Soady, Dan Spicer, Sarah Stopforth, Steve Thomas, Julia Thompson and Scott Weich.

I would also like to thank Louise Brewins, who puts this report together. The report wouldn't happen without her hard work. Final responsibility for the content rests with me.



2. Adverse Childhood Experiences

Why ACEs matter

There is a growing body of evidence showing the profoundly damaging impact that adverse childhood experiences (ACEs) can have on a child's future outcomes across many areas including health and wellbeing, and these effects can last a lifetime.

ACEs are stressful experiences occurring during childhood that directly harm a child or affect the environment in which they live and grow up. It is estimated that almost as many as 50% of adults may have been exposed to at least one adverse experience during their childhood (indeed some studies have put this higher at around two thirds of all adults).

Types of ACEs include child abuse (which includes emotional, physical or sexual abuse), neglect (both physical and emotional) and household challenges such as growing up in a household

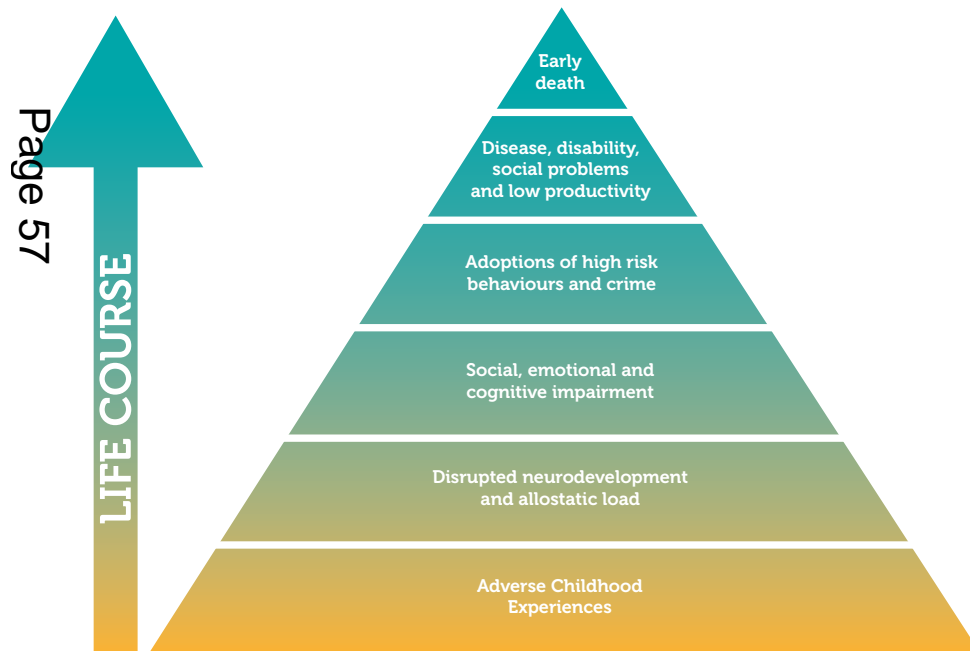
where there is substance misuse, mental illness, domestic violence, parent separation/divorce or where a member of the household is sent to prison. Evidence shows there is a strong graded relationship between the number and category of childhood exposures and the risk of developing emotional and physical health problems in later life.

Children who experience ACEs are more likely to become parents who raise their children in family environments where these risk factors are more common. This can result in a cycle of disadvantage and poor health outcomes. By preventing or reducing the impact of ACEs there is a real opportunity to break these destructive cycles and reduce the impact on future health and wellbeing outcomes.



Impact on healthy life expectancy

Figure 5: Model of ACE impacts across the life course



Source: Public Health Wales NHS Trust (2015). Adverse Childhood Experiences - and their impact on health harming behaviours in the Welsh adult population. Page 7

The 'Great Start in Life' Best Start strategy² describes Sheffield's ambition that every child, young person and family achieves their full potential. We aim to do this by providing families and communities with the capacity, resources and support that will enable young children to flourish. Exposure to ACEs can have a direct negative effect on these aspirations.

We are increasing our understanding of the biology of ACEs, their social and physical causes and what we can do to respond. Recent evidence for example, shows that chronic traumatic stress in early life alters how a child's brain develops as well as changing the development of their immune and hormonal systems. Such changes can have a detrimental impact on a child's capacity to learn, and on their physical health, increasing the risk of illnesses such as cancer and heart disease. The combination of these factors may lead to mental health problems and a greater likelihood of adopting harmful behaviours in adulthood, such as smoking, poor diet, substance misuse and early sexual activity. By understanding ACEs and developing interventions that reduce the risk factors in vulnerable families we have an opportunity to:

- improve health outcomes and prevent disease across the life course
- improve individuals' mental and emotional wellbeing
- increase economic productivity
- reduce costs to the health and welfare system.

Breaking the cycle

We know children's earliest experiences are the key to their success in adulthood. Significant developments have been made over the last few years to improve Early Years provision in Sheffield and deliver interventions from pregnancy through to early childhood that promote bonding and attachment, and protect babies' brain development.

Joint working is key and partnerships involving statutory organisations, the voluntary sector and local communities are using a range of evidence-based programmes to provide universal and targeted support, which also offer opportunities to identify families at risk or in need of greater support. This activity has been supported by the delivery of skills development and training to over 3,000 practitioners on attunement³, regulation and its critical importance in infancy.

The new Family Centres, which build on the role that Children's Centres played in prevention and early intervention, offer an extensive range of early help services across Sheffield. These can be tailored around the needs of individual families with children from pre-birth up to 19 years, and include input from partners in health, education and the wider community. Provision includes support with physical and emotional health, practical advice on keeping children safe, support with education and learning, support with parenting, home, money, work, training, and volunteering.

Whilst action to address ACEs is not currently an explicit feature of this work, existing activities provide an excellent foundation for greater understanding and awareness. They also offer the opportunity for further collaborative action to support prevention, early intervention and to mitigate the impact of ACEs.



³ "Attunement" describes how reactive a person is to another's emotional needs and moods. A person who is well attuned will respond with appropriate language and behaviours based on another person's emotional state.

Priorities and recommendation

Growing knowledge and understanding of the effect that ACEs have in early life and their damaging consequences for lifelong outcomes cannot be ignored. Tackling their presence and impact is important for reducing inequalities across the community.

We will work with our Children's Health and Wellbeing Transformation Board⁴ to agree a plan that provides a detailed programme of work on ACEs for Sheffield, based on our priorities for action. This plan will include a simple framework that identifies innovative ways to build a systematic approach to ACEs into our early years' delivery model, including prevention and harm reduction. The work will complement the city's Tackling Poverty Strategy⁵ and the work of the Fairness Commission⁶.

We want every child to grow up free from ACEs and reach their full potential. The social and economic benefits of taking forward this approach are compelling - the costs of not doing so are far greater.

Recommendation: The Council and the CCG should request Public Health England to co-ordinate further research on identifying and describing the long term return on investment and effectiveness of primary and secondary prevention models for tackling ACEs.

Priorities for action

- Increase public awareness of ACEs and their lifelong consequences in childhood, and gain political and organisational commitment for a coherent programme of work to prevent ACEs.
- Identify what can be done at individual, family and community level to put in place effective interventions in the pre-natal period and first 3 years after birth for the most disadvantaged children and families.
- Explore how we can incorporate our response to ACEs into our Early Years' delivery model, its pathways and services. This model provides an ideal basis for identifying vulnerable children and families, and providing appropriate and timely support.
- Equip Early Years' practitioners with a full understanding of ACEs, the importance of promoting bonding and attachment for good parent-child relationships and secure emotional attachment, and also promoting positive maternal, family and emotional health and resilience.

4 <http://www.sheffield.gov.uk/home/public-health/children-health-wellbeing>

5 <http://democracy.sheffield.gov.uk/ieDecisionDetails.aspx?AllId=10078>

6 <http://www.sheffield.gov.uk/home/your-city-council/fairness-commission>



3. Wellbeing for life

No health without mental health

The statement “no health without mental health” and the underlying meaning of parity of esteem between physical and mental health is widely accepted, but achieving this aspiration in practice is more challenging: the fact remains that much more needs to be done to secure good mental wellbeing and emotional resilience in both children and adults. This means going further upstream to prevent illness and promote positive health.

Many people prefer the term “mental wellbeing” to “mental health” as the latter can focus attention on psychiatric conditions and related specialist mental health care services. This can lead us to assume that good mental wellbeing outcomes can only be achieved through better mental health services. Good service provision is necessary but it is not sufficient for achieving mental wellbeing. Good mental wellbeing is about feeling good and functioning well, comprising an individual’s experience of their life and a comparison of life circumstances with social norms and values. It also means increasing the focus and emphasis on population and community level resilience and risk factors without losing focus on the need to continue to improve services for those who are ill. A social and economic environment that supports good mental wellbeing is as important as high quality specialist services.

The economic case for good mental wellbeing is also increasingly well evidenced. For example, it has been estimated that doubling the number of people offered good quality employment would cost approximately £54 million but could generate savings to the NHS alone of £100 million in under two years with significant additional savings for other parts of the public sector, not to mention the impact on individual and family incomes.

Blending the social and medical models to promote good mental wellbeing is critical to achieving our aspiration of no health without mental health. On the whole we have good clinical services including both pharmacological and psychological treatments and support. However, if we focus only on the service response we miss the opportunity to prevent poor mental wellbeing and secure longer term positive outcomes.






The determinants of mental wellbeing

The determinants of mental wellbeing can be thought of as both protective of and risk factors for mental health outcomes, and operate at individual, family, community and population levels. Traditionally our focus has been on how we treat and support severe mental illness rather than how we promote and protect wellbeing.






Evidence relating to the detrimental impact of poverty, financial and housing insecurity and the ongoing consequences of austerity on mental health and wellbeing is growing. Whilst there may be little that we can do to change national policy, there is still considerable potential to achieve positive change at the local level, and Sheffield already has a strong offer in this regard. It is worth noting, for example, that ensuring timely, effective and appropriate access to the £126 billion social welfare system represents a significant priority for local action.

However, these factors and responses are primarily focussed on adults, at least at the first point of contact. If we are determined to prevent poor mental wellbeing we need to go further upstream and start much earlier.

Risk factors

-  Housing insecurity, homelessness and fuel/food poverty
-  Debt problems, financial insecurity and exclusion
-  Low wages, insecure employment and long term unemployment
-  Welfare rights and ongoing consequences of welfare reform and austerity
-  Bereavement, family breakdown, social isolation

Protective (local) services

-  Housing Plus (covering Council Homes) and homelessness support services
-  Financial inclusion strategy
-  Help for people with mental health problems back into work
-  Sheffield Citizens' Advice Bureau
-  Voluntary, Community and Faith (VCF) sector services supporting community based asset development and resilience

Starting early

Promoting, protecting and improving our children and young people's mental health and wellbeing are national and local priorities. Experiences in childhood have a profound effect on our adult lives. Many mental health conditions in adulthood show their first signs in childhood and, if left untreated, can develop into conditions that need regular care. Indeed, it is estimated that 75% of mental health illnesses (excluding dementia) emerge before the age of 18.

Our local priorities and actions for improving children's emotional health and wellbeing are set out in our 'Future in Mind' plan⁷. This plan has enabled us to access an additional £1.3 million per year of national funding from 2015-16. We are using this in a number of ways including:

- improving access to and reducing waiting times for therapeutic services
- improving support for our most vulnerable children and young people, including those living in care, those involved in the Youth Justice System and children in need
- providing the Sheffield workforce with the training and development it needs to support the emotional wellbeing and mental health needs of children and young people
- providing help and support to young people experiencing low level mental health problems at the earliest opportunity in schools and other settings

- redesigning child and adolescent mental health pathways, suicide prevention and crisis response.

A whole system approach to improving children and young people's emotional wellbeing and mental health promotes protective factors at all levels:

- **Individual:** balanced nutrition, regular physical activity, sufficient sleep
- **Family:** things are spoken about and someone listens, feeling safe and loved, free from harm
- **School:** personal, social and health education (PSHE), sense of belonging, feeling safe, positive relationships with teachers and peers, achievement
- **Community:** good places to spend time, trusting people and feeling safe

⁷ <https://www.sheffield.gov.uk/home/public-health/children-health-wellbeing>

Priorities and recommendation

As part of our JSNA we have undertaken in-depth analysis of mental health needs in Sheffield including a health needs assessment (HNA) for children and young people (2014) and for adults (2015)⁸. These HNAs continue to help shape and structure our approach to mental health and wellbeing in the City. Based on what these tell us, the main priorities for mental health across the life course are:

- Page 64
- Promoting wellbeing - a good and positive state
 - Promoting psychosocial resilience - skills to cope with stressors and life's problems
 - Preventing ill health - spotting signs, intervening early with basic interventions
 - Addressing and recovering from mental ill health - coping, functioning and best possible recovery.

Ensuring we have the right mix of asset based community development, primary care, early intervention, treatment & support and recovery is an ongoing challenge. We should not abandon difficult future challenges in the face of overwhelming immediate pressures. The approach we develop should include population and individual level interventions (risks, assets and protective factors) and connect services that deliver care and support with the “determinants” of mental health.

Recommendation: The Council and the CCG should review the Sheffield mental health strategy and evaluate the city's approach to mental health and wellbeing against the current evidence base for high impact/high value interventions, including the economic case for investment in good mental health.



⁸ <https://data.sheffield.gov.uk/stories/s/Sheffield-Health-Needs-Assessments/hb5c-7389>

Ten ways to improve mental wellbeing

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1	Promote mental wellbeing as something everyone can improve on, not just those using mental health services
2	Tackle the things that impact on mental wellbeing such as bullying, financial stress, abuse and social isolation
3	Fight mental health stigma with positive social marketing and personal 'real life' stories
4	Design campaigns and initiatives in collaboration with target audiences
5	Support mental wellbeing and resilience in schools and tackle bullying as a priority
6	Encourage employers to take ownership of their employee's mental wellbeing, and offer support and training
7	Recognise healthy lifestyle choices as being both a cause and effect of mental wellbeing
8	Treat social isolation as a threat to mental and physical health and work to link people up with their community
9	Consider the effect of public policy on mental health and wellbeing
10	Ensure everyone has access to timely support - waiting lists and restricted access are a false economy



4. Multiple morbidity

What drives demand for health and social care?

The most popular answer to this question is “the ageing population”. Evidence derived from Sheffield and across the UK clearly shows this is the wrong answer to the question and that it is to the issue of multiple morbidity (people with many illnesses) that we should look for our answer.

We know that healthy life expectancy is not improving. This means we are developing long term illnesses earlier in our lives and therefore living longer in poor health. GP records show that almost 40% of the Sheffield population (all ages) has at least one long term condition and all the indications suggest this percentage is not likely to decrease anytime soon. This leads to more ‘unhealthy person years’ in a fixed capacity system that is designed to respond to single diseases and acute health problems. Moreover, the ‘unhealthy person years’ are not evenly spread across the population with the burden falling disproportionately on poorer people.

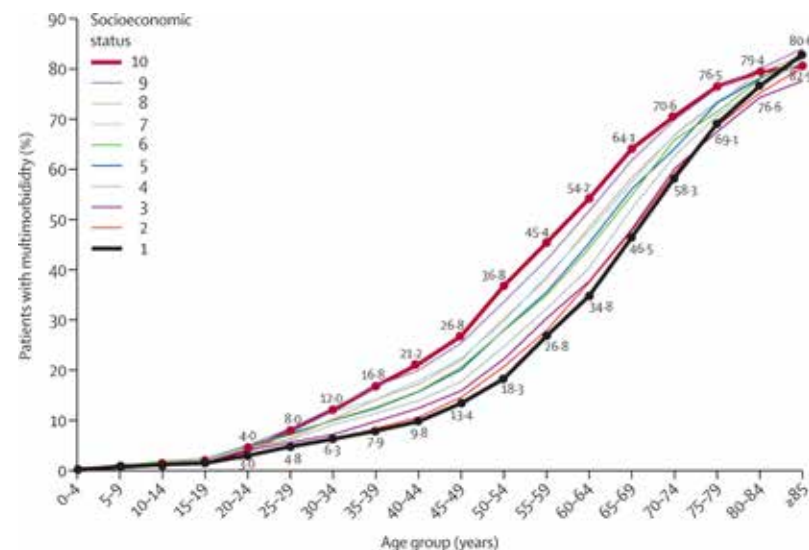
Contrary to conventional wisdom, while the number of older people in Sheffield and nationally (people age 65 and over) is rising, the basic age structure of the population isn’t changing very much. If the ageing population was the key driver for increasing demand for health and care services, we would expect to see this changing impact reflected in increases in hospital admissions for selected one-year periods. However, when we look at national hospital admission data for 1994-1995, 2004-2005, and 2014-2015, for example, the proportion of increase that can be attributed to ageing factors are

⁹ NHS Greater Glasgow and Clyde http://www.gla.ac.uk/media/media_443695_en.pdf & http://www.gla.ac.uk/media/media_443697_en.pdf

¹⁰ Office for Budget Responsibility http://budgetresponsibility.org.uk/docs/dlm_uploads/Health-FSAP.pdf

0.33%, 0.63%, and 0.80%, respectively. Demand for health and social care in England is currently increasing by about 4% per year, far faster than the ageing population. Moreover, there is now consistent evidence from a macro perspective that the key drivers of cost growth are: disease incidence (prevention); lack of attention to primary care, high cost technology (manufacturer pressure & patient expectation); and over diagnosis (clinical culture and system pressure)^{9 10 11 12}.

Figure 6: Prevalence of multi morbidity by age and deprivation



Source: Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B (2012) Epidemiology of multi morbidity and implications for health care, research and medical education: a cross-sectional study. The Lancet 2012 Jul7; 380 (9836): 37-43.

Prevalence of multi morbidity in Sheffield

Information derived from GP practice medical registers shows that in 2017, 94,110 people in Sheffield had been diagnosed with two or more long term conditions. The most common conditions are hypertension (high blood pressure), depression and diabetes.

In terms of age distribution, multi morbidity is most common in people aged 70 to 79 years followed by 60-69 year olds and then people aged 80-89 years. Overall, there are more people under the age of 70 with two or more long term conditions in Sheffield than there are over the age of 70.

If we focus only on the ageing population, the wrong response becomes more likely. So, for example, if we think the increase in demand for health and social care services is an inevitable consequence of more, older people, we may prepare for this incorrectly by building bigger hospitals and increasing the number of hospital beds provided to cope with this demand. But as we can see, it is multi morbidity that drives demand.

The response should therefore be about prevention, early identification and management of these conditions within primary care. We are in danger of losing our focus on healthy life expectancy by fixating on something we can't control (people getting older) rather than on something we can control (preventing onset of ill health).

Table 1: Prevalence of individual conditions in Sheffield people having two or more physical and/or mental health long term conditions

Condition	Number	Proportion
Hypertension	54,906	58.3%
Depression	37,711	40.1%
Diabetes	25,658	27.3%
Asthma	25,053	26.6%
Chronic kidney disease	18,924	20.1%
Coronary heart disease	18,028	19.2%
Hypothyroidism	15,471	16.4%
Cancer history	13,581	14.4%
Stroke or transient ischaemic attack	10,608	11.3%
Chronic obstructive pulmonary disease	10,499	11.2%
Atrial fibrillation	9,718	10.3%
Heart failure	6,080	6.5%
Epilepsy	4,532	4.8%
Dementia	4,468	4.7%
Serious mental illness	3,907	4.2%
Peripheral vascular disease	3,659	3.9%
Learning disability	2,226	2.4%

The table is based on the 94,110 people in Sheffield who have two or more long term conditions. 54,906 (or 58.3%) of these people have hypertension as one of these long term conditions

Source: Sheffield GP Practice Registers (June 2017).

¹¹ Nuffield Trust <http://www.nuffieldtrust.org.uk/blog/nhs-financially-sustainable>

¹² Centre for Health Economics (University of York) http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP127_medical_spending_hospital_inpatient_England.pdf

Shifting the curve

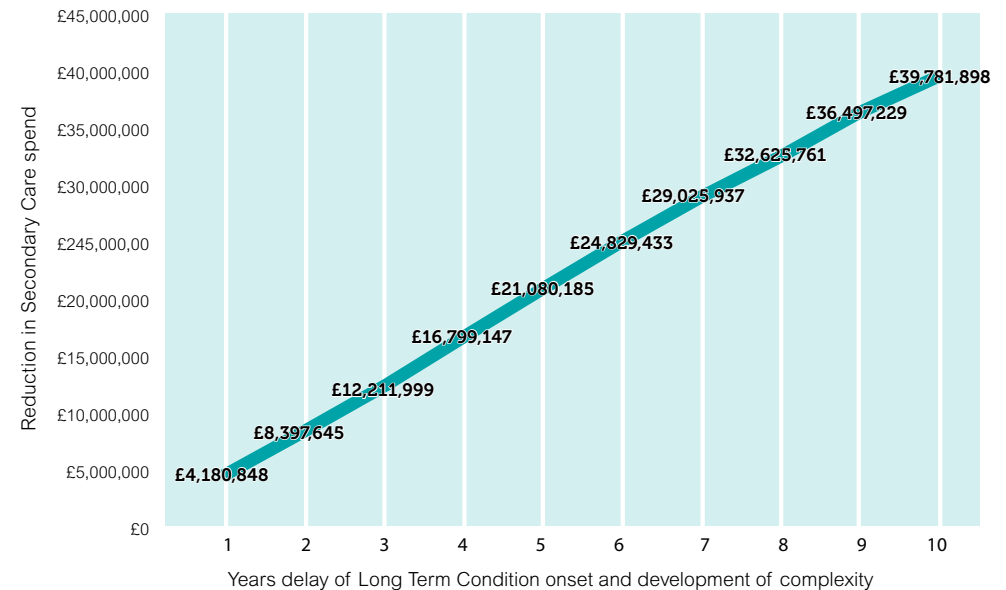
Our overall aspiration should be to move the whole multi morbidity curve downwards such that, instead of developing your first long term condition in your late fifties, you develop it in your sixties instead, as well as having fewer long term conditions overall.

Local analysis demonstrates the tangible financial savings that can be achieved by delaying the onset of multiple illnesses. As Figure 6 shows, a one year delay in onset and development of complexity overall could yield savings of approximately £4 million per year in NHS hospital costs in Sheffield alone. In addition to the financial saving there is a tangible improvement in health and wellbeing outcomes and, for those of working age, a clear economic benefit as well.

Work on shifting the curve will need to focus on inequalities. There is already a 15 year gap in onset of multiple illnesses between the most and least deprived people in Sheffield. For example, approximately 18% of the least deprived people in Sheffield have developed a long term condition by their fifties whereas as many as 40% of the most deprived 50 year olds have developed one or more chronic conditions.

This will mean shifting our health and social care system away from treating individual diseases on an episodic basis towards providing help for people with a number of different conditions, earlier on and in their own communities.

Figure 7: Impact of delaying onset of multiple illness in adults on hospital care expenditure in Sheffield



Source: Sheffield GP Practice Records

Priorities and recommendation

To shift the curve, reduce demand for hospital care and ultimately improve healthy life expectancy there are a number of key actions and approaches we need to pursue, although fundamentally increasing emphasis must be given to preventing illness and better management of complications in those who are ill. No developed healthcare system is particularly good at this, so we shouldn't underestimate the level of challenge we face. Our main focus should be on:

Preventing illness and supporting healthier ageing in the widest possible sense

- Altering the balance of investment and provision in community and hospital based care. Broadly we need to double the level of investment in primary and community based care and ensure this investment is allocated according to where multi morbidity is prevalent and investment is matched to need
- Developing the generalist workforce (rather than specialist healthcare staff) and reviewing the type and combination of hospital bed provision within the City

- Developing a 'person centred' city approach. The aim would be to develop a shared culture and ethos that recognises the value of a person and a community centred approach in how the local health and social care system operates and the range of capabilities and opportunities that are vested within people. We should strive to create conditions for people to achieve the life they have reason to value, whatever their starting point may be, and for services to be tailored to this range of abilities and starting points.

Recommendation: The Council and the CCG should commission more in-depth epidemiological analysis of changes in multi morbidity and enhance their approach to healthy ageing, including care of people who have multiple illnesses.



5.

Progress
on last year's
recommend-
ations

Creating the environment for living well

Each year the Director of Public Health report makes a set of recommendations for improving health and tackling health inequalities within the local population. Here we summarise the progress made on the recommendations from last year's report.

Recommendation	Progress
<p>The Health and Wellbeing Board should take forward a series of learning events / appreciative enquiry on different approaches to health and wellbeing to explore what optimising “health and wellbeing” could look like in a number of key policy areas.</p>	<p>The Health and Wellbeing Board has reviewed how it works and committed to consider how it uses engagement events in the development of its thinking. This work is still in progress and learning events will be built into the future programme of Board meetings.</p>
<p>The Council, as part of Public Sector Reform, should consider a healthy population and minimising health inequalities as a core infrastructure investment for a prosperous economy.</p>	<p>The Council is developing its approach to inclusive growth and redefining its understanding of “the economy” and the relationship between economic, health and social policy. It is also seeking to develop a citywide strategy for work and health. The Sheffield City Partnership Board is due to discuss the link between health and the economy in September 2017 and this will be developed further in the 2018 State of Sheffield report, feeding into the wider inclusive and sustainable growth focus. Nevertheless, ongoing austerity and cuts to public services mean this work operates in a highly challenging context.</p>
<p>The Council and the CCG should explore the development of a ‘Heart of Sheffield’ structural model to coordinate and shape a policy approach to improving living well options (such as increasing physical activity and reducing smoking) in the City.</p>	<p>The Council and the CCG developed the Sheffield ‘Healthy Lives’ Programme, agreed by the Health and Wellbeing Board in January 2017. The programme is part of the Sheffield Place Based Plan. There are three components: hospital-led smoking cessation and alcohol brief interventions; CCG-led cardiovascular disease risk factor management; and Council-led healthy public policies for tobacco, alcohol, sugar and food.</p>
<p>The Council and the CCG should develop a joint neighbourhood delivery system with a broad model of primary care as the main delivery mechanism for services.</p>	<p>Primary care neighbourhoods have been set up across the City based on federations of GP practices and community, social care and third sector services. A Programme Board oversees this, covering the Council, CCG, housing and voluntary sector organisations and is part of the ‘People Keeping Well’ partnership. The SCC Libraries and Communities Service is working with Voluntary Action Sheffield to enhance capacity and capability of the VCF sector to support this.</p>

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Further information

For more information on health and wellbeing outcomes in Sheffield you can access various data, maps and graphs, in-depth health needs assessments and other resources from our online JSNA resource, although please be aware this is still a work in progress and there will be many more topics to be added over the rest of the year:

<https://data.sheffield.gov.uk/stories/s/fs4w-cygv>

You can download a copy of this report here:

<https://www.sheffield.gov.uk/caresupport/health/director-of-public-health-report.html>

We're keen to hear your views on this report and in particular on the themes and issues we've raised. Please complete our online feedback sheet available from our website at

<https://www.sheffield.gov.uk/caresupport/health/director-of-public-health-report.html>

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