

# Cabinet

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**Wednesday 17 April 2019 at 2.00 pm**

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

**The Press and Public are Welcome to Attend**

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## **Membership**

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Councillor Julie Dore	(Leader of the Council)
Councillor Olivia Blake	(Cabinet Member for Finance and Deputy Leader)
Councillor Lewis Dagnall	(Cabinet Member for Environment and Transport)
Councillor Jackie Drayton	(Cabinet Member for Children & Families)
Councillor Jayne Dunn	(Cabinet Member for Education & Skills)
Councillor Mazher Iqbal	(Cabinet Member for Business and Investment)
Councillor Mary Lea	(Cabinet Member for Culture, Parks and Leisure)
Councillor Chris Peace	(Cabinet Member for Health and Social Care)
Councillor Jim Steinke	(Cabinet Member for Neighbourhoods and Community Safety)

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## **PUBLIC ACCESS TO THE MEETING**

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

A copy of the agenda and reports is available on the Council's website at [www.sheffield.gov.uk](http://www.sheffield.gov.uk). You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. You may not be allowed to see some reports because they contain confidential information. These items are usually marked \* on the agenda.

Members of the public have the right to ask questions or submit petitions to Cabinet meetings and recording is allowed under the direction of the Chair. Please see the website or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Cabinet meetings are normally open to the public but sometimes the Cabinet may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

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

If you require any further information please contact Simon Hughes on 0114 273 4014 or email [simon.hughes@sheffield.gov.uk](mailto:simon.hughes@sheffield.gov.uk).

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## **FACILITIES**

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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.

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**CABINET AGENDA  
17 APRIL 2019**

**Order of Business**

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- 1. Welcome and Housekeeping Arrangements**
- 2. Apologies for Absence**
- 3. Exclusion of Public and Press**  
The appendix to agenda item 12 'Waste Management Budget Savings 2019' is not for publication because it contains exempt information under Paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended).
- 4. Declarations of Interest** (Pages 1 - 4)  
Members to declare any interests they have in the business to be considered at the meeting
- 5. Minutes of Previous Meeting** (Pages 5 - 20)  
To approve the minutes of the meeting of the Cabinet held on 20 March 2019.
- 6. Public Questions and Petitions**  
To receive any questions or petitions from members of the public
- 7. Items Called-In For Scrutiny** (Pages 21 - 24)  
Call-In of Cabinet Member for Environment and Transport's decision on Parking Fees and Charges  
  
Report of the Economic and Environmental Wellbeing Scrutiny and Policy Development Committee
- 8. Retirement of Staff** (Pages 25 - 28)  
Report of the Executive Director, Resources.
- 9. Sheffield Health and Wellbeing Strategy** (Pages 29 - 66)  
Report of the Director of Public Health.
- 10. Procurement of a Plumbing & Heating Spares Contract to Support the Repairs & Maintenance Service in the Place Portfolio** (Pages 67 - 74)  
Report of the Executive Director, Place
- 11. Month 11 Capital Approvals** (Pages 75 - 110)  
Report of the Executive Director, Resources

**12. Waste Management Budget Savings 2019**  
Report of the Executive Director, Place.

(Pages 111 -  
140)

**NOTE: The next meeting of Cabinet will be held on  
Wednesday 29 May 2019 at 2.00 pm**

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## ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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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](mailto:gillian.duckworth@sheffield.gov.uk).

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Cabinet

Meeting held 20 March 2019

**PRESENT:** Councillors Olivia Blake (Chair), Lewis Dagnall, Jackie Drayton, Jayne Dunn, Mazher Iqbal, Mary Lea, Chris Peace and Jim Steinke

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**1. APOLOGIES FOR ABSENCE**

1.1 An apology for absence was received from the Leader, Councillor Julie Dore.

**2. EXCLUSION OF PUBLIC AND PRESS**

2.1 The Chair (Councillor Olivia Blake) reported that Appendices 1-4 of the report at agenda item 17 (Extension of Refugee Resettlement Arrangements) (See minute 16 below) were not available to the public and press because they contained exempt information described in Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 (as amended) relating to the financial or business affairs of any particular person. Accordingly, if the content of the appendices were to be discussed, the public and press would be excluded from the meeting.

**3. DECLARATIONS OF INTEREST**

3.1 Councillor Olivia Blake declared a personal interest in agenda item 10 'Joint Commissioning for Health and Social Care' (See minute 9 below) as a Non-Executive Director of the Sheffield Health and Social Care Trust.

3.2 Councillor Lewis Dagnall declared a personal interest in agenda item 10 'Joint Commissioning for Health and Social Care' (See minute 9 below) as the partner of a Non-Executive Director of the Sheffield Health and Social Care Trust.

**4. MINUTES OF PREVIOUS MEETING**

4.1 The minutes of the meeting of the Committee held on 13 February 2019 were approved as a correct record.

**5. PUBLIC QUESTIONS AND PETITIONS**

**5.1 Public Question in respect of Care Home Fees**

5.1.1 Nesar Rafiq asked why the proposed care home fees increases were not applied to all care home fees. The care home he owned had not seen an increase in the last seven years. At the same time, the minimum wage for staff had risen by over £2 an hour. Mr Rafiq had requested a meeting with Council officers to discuss the issue for the past four years but had been ignored.

5.1.2 Councillor Chris Peace, Cabinet Member for Health and Social Care, responded

that she, along with all Members of Cabinet, supported individualised care. It did need to be remembered that everyone was operating in a background of austerity. She was happy to ask officers to meet with Mr Rafiq to discuss the issue.

5.1.3 Councillor Peace added that the report on care home fee increases, on the agenda for today's meeting, did need to go forward but a meeting could still be arranged to discuss Mr Rafiq's case and she would ensure this happened as soon as possible.

## 5.2 Public Question in respect of Community Cohesion

5.2.1 Nigel Slack asked on behalf of Ashfaq Ahmed, who had been unable to attend the meeting, what actions were being taken by the Police and the Council together to both reassure different communities in Sheffield and to make sure that cohesion was not threatened by the killings in New Zealand?

5.2.2 Councillor Jim Steinke, Cabinet Member for Neighbourhoods and Community Safety, commented that things had moved quickly in the last week since the attack in New Zealand. Along with the Sheffield Divisional Commander, Councillor Steinke had spoken to the local media to reassure communities and more briefings would take place over the next few days.

5.2.3 Councillor Steinke added that a discreet police presence had been raised in the aftermath of the attack but that he did not want community cohesion to be threatened. He had visited local mosques last Friday and would do so again this week. He was also supporting other faiths in the same respect. At the same time, the Council was developing a long term approach to community cohesion building on what had been taking place thus far.

## 5.3 Public Question in respect of Mount Pleasant Security

5.3.1 Nigel Slack stated that, following his last question to Cabinet on the matter of Mount Pleasant House and security, he was assured that there was 24 hour security for the site and that the contract had not yet been signed for the sale to Hermes Care but this was close. Since that date there had been at least one break in and the response from the City Council with respect to securing the house and repairing the damage had been lacklustre. The broken window at the front of the house was still boarded up, advertising the vulnerability of the building, and from that incident he must presume the 24 hour security was in the shape of intermittent patrols rather than an onsite presence.

5.3.2 Mr Slack therefore asked could the Council confirm whether security measures are patrol or on site, whether the damage still apparent will be properly repaired and when this will happen? Also, what stage of the sale process had been reached?

5.3.3 Councillor Olivia Blake, Cabinet Member for Finance, responded that the Council had a security contract with a provider who had alarms in both buildings which linked directly to a staffed building who could contact a response team in the event of any issues. The security team had access to the property and could

secure access as part of the contract. They were also required to inform the Council of anything that they had responded to.

5.3.4 Councillor Blake further stated that the sale with Hermes Care was progressing and it was hoped that they would take over shortly. There was clear demand in the area for this kind of provision.

5.4 Public Question in respect of Care Home Demand

5.4.1 Nigel Slack commented that the report on the Care Home Market at item 9 on the agenda for today's meeting indicated, at paragraph 7.5, that the market for care home places in the City was on a downward trend and that two care homes, accounting for 90 beds, were likely to close. How did this fit in to the contention during the Mount Pleasant decision that there was demand for this new development in the market and, if this demand was no longer there, what was the point with continuing with this unpopular sale?

5.4.2 Councillor Chris Peace responded that there was demand for that provider at this location. She acknowledged that the need for provision was changing but there was a need at this present time. The Council needed to monitor the wishes of people. Most people's preference currently was to live independently for as long as possible. Some of the current Council buildings for this provision were quite old in age and it was hoped that people could be placed in more adapted settings in the future.

5.5 Public Question in respect of the Streets Ahead Contract

5.5.1 Nigel Slack commented that, with reports in local political bulletins and newspapers reporting that Amey Plc had sold their share of the investment in the Streets Ahead PFI, what can the Council tell us about the current state of the contract, whether this sale had impacted on delivery of the contract within contract terms and whether they had knowledge of the new investor and their intentions in respect of the contract? Mr Slack added that reports had suggested the new investor was a hedge fund known for asset stripping and flipping such contracts to the detriment of the service provided, and he asked what can the Council tell us about this?

5.5.2 Mr Slack further asked did the Council anticipate any impact on the PFI contract based on the plans of Amey to continue to divest similar contracts (notably an offer to Birmingham of £245m to settle their dispute and one of £32m to Aggregate Industries on issues around the Sheffield contract) and of their parent company Ferrovial's plans to divest the whole of this deeply unprofitable 'public sector' arm of their business?

5.5.3 Councillor Lewis Dagnall, Cabinet Member for Environment and Transport, responded that there had been an unnecessary alarm in how this had been reported. The sale within a Special Purpose Vehicle was a routine transaction and had no impact on the Streets Ahead project. If this resulted in the sale of Amey, he did not anticipate any impact on the programme.

5.6 Public Question in respect of the Locality Management Strategy

5.6.1 Nigel Slack commented that he was aware that the Council was currently undertaking a review of the Locality Management strategy and it had been indicated that new proposals will aim to address the many failings of the last unpopular change. Until that new strategy came to pass, will there be any changes to the way Ward pots are managed? Who will set Ward priorities? Will there be any changes to the published guidelines? Who makes the decisions on awarding funding?

5.6.2 Councillor Jim Steinke commented that Ward pots would continue in the same way. Ward priorities were set by Ward Members in consultation with the public. There were no significant changes to the published guidelines. Ward Members made the decisions on awarding funding.

5.7 Public Question in respect of Castlegate Conversation Area

5.7.1 Nigel Slack asked will the cancelled consultation on the Castlegate Conservation Area return to the table before the May elections and will progress be possible during Pre-Election Rules on Publicity (PERP)? Will decisions on potential developments within this area also be delayed so that developers cannot take advantage of the lack of progress?

5.7.2 Councillor Mazher Iqbal, Cabinet Member for Business and Investment, responded that he had made the decision to postpone the consultation as he was not satisfied with the work undertaken so far. The work undertaken needed to act as a catalyst for development and not a barrier. He was sorry that the consultation had to be cancelled at short notice due to recent changes in Cabinet Member portfolios. He could not confirm a date for the consultation at this stage as further work needed to be done. Decisions on development would not be delayed and policies and procedures were in place. Once further work had been done and a date for consultation confirmed, he would let Mr Slack know.

**6. ITEMS CALLED-IN FOR SCRUTINY**

6.1 It was reported that the decision of the Cabinet Member for Environment and Transport taken on 5 March 2019 in relation to Parking Fees and Charges had been called-in to Scrutiny. It would be considered at the meeting of the Economic and Environmental Wellbeing Scrutiny and Policy Development Committee to be held on 20 March 2019.

**7. RETIREMENT OF STAFF**

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

7.2 **RESOLVED:** That this Cabinet :-

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

<u>Name</u>	<u>Post</u>	<u>Years' Service</u>
Julie Briggs	PA to Headteacher and Office Manager, Talbot Specialist School	25
Beverly Bower	Senior Teaching Assistant, Talbot Specialist School	37
Carolyn Coffey	Senior Teaching Assistant, Arbourthorne Community Primary School	20
Kathryn Green	Admin/Finance Officer, Totley All Saints CE Primary School	27
Pamela Handson	Teacher, Nook Lane Junior School	48

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

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

## **8. MAINTAINING A STABLE ADULT SOCIAL CARE MARKET IN SHEFFIELD**

8.1 The Executive Director, People Services, submitted a report setting out the process that the Council has followed to propose fair and sustainable fee rates for independent sector care home, home care, extra care and supported living providers in Sheffield for the financial year 2019-20.

8.2 **RESOLVED:** That Cabinet:-

- (a) approves an inflationary uplift fee rate of 3.89% for standard rate care homes;
- (b) approves an inflationary uplift to fee rates of 4.24% for home care, extra care (care element only) and supported living providers on the Council's standard contracted and framework rate;
- (c) delegates authority to the Executive Director, People Services, in consultation with the Director of Adult Services and the Cabinet Member for Children and Families and Cabinet Member for Health and Social Care, to agree any appropriate and proportionate fee increases requested by recipients of Direct Payments and care providers who are not on the Council's standard contracted and framework rate on a case-by-case basis;
- (d) delegates authority to the Executive Director, People Services, in

consultation with the Director of Adult Services and the Cabinet Member for Children and Families and Cabinet Member for Health and Social Care, to agree any appropriate and proportionate fee increases requested by care homes outside Sheffield because cost pressures will vary from place to place; and

- (e) delegates authority to the Executive Director, People Services, in consultation with the Director of Adult Services and the Cabinet Member for Children and Families and Cabinet Member for Health and Social Care, to take all other necessary steps not covered by existing delegations to achieve the outcomes outlined in the report.

### **8.3 Reasons for Decision**

- 8.3.1 To develop and maintain a stable adult social care market in Sheffield by ensuring that the fees paid by the Council for adult social care in the city of Sheffield are uplifted in line with the cost of delivering care in the city including inflationary pressures in 2019/20.

### **8.4 Alternatives Considered and Rejected**

#### **8.4.1 Alternative Option 1: Inflationary uplift of 2.4%**

This option considered an uplift on all contracts based purely on the Consumer Price Index (CPI) rate for September of 2.4%

This option works on the basis that the CPI uplift is applied to all areas of the current fee rate. This would be less than the percentage increase in the minimum wage but as the national minimum data sets show that the average care worker in Sheffield is paid above this rate, then the shortfall could potentially be covered.

However, there may be an impact on recruitment and retention if wages remain low/unchanged or close to minimum wage and this in turn may also have an impact on business continuity and quality which would be a high risk strategy.

#### **8.4.2 Alternative Option 2: Inflationary uplift based on public sector pay award and CPI**

This option would see the current fee rates uplifted based on the public sector pay award and CPI. This option works on the basis that CPI is added to all non-staffing activity and 2% is added to all staffing activity. This would be less than the percentage increase in minimum wage but the national minimum data sets show that the average care worker in Sheffield is paid above this rate.

This is an even more affordable solution, meaning less will need to be sourced from other provision. However, the risk to the market is increased. We know that there are providers who could become unviable and we cannot afford the changes to the market or quality at this time without impacting on the quality of care, the customer experience and the wider health and social care system.

## 9. JOINT COMMISSIONING FOR HEALTH AND SOCIAL CARE

9.1 The Executive Director, People Services submitted a report providing an update on progress to date on delivering the Sheffield City Council (SCC) and Sheffield Clinical Commissioning Group's (SCCG) integrated commissioning agenda and sets out a proposal for enhancing the governance arrangements. These enhanced arrangements are designed to ensure that commissioners have a truly joint approach to commissioning in a way that secures the transformational change that is required to realise our ambitions.

9.2 **RESOLVED:** That (a) Cabinet:-

- (i) notes the progress made to date on joint commissioning and the proposals for future joint commissioning; and
- (ii) endorses the objectives, principles and priorities for joint commissioning set out in the report; and
  - the Deputy Leader, acting in the absence of the Leader, agrees to the amendment of the existing Better Care Fund partnership arrangements under s75 NHS Act 2006 to establish a joint committee to:
    - (i) take responsibility for the management of the partnership arrangements;
    - (ii) lead on shaping the development of joint health and care commissioning; and
    - (iii) provide advice and guidance on ways in which the partnership arrangements could be strengthened and developed and on appropriate engagement of all relevant stakeholders, this should include guidance on specific areas of service improvement.

### 9.3 Reasons for Decision

9.3.1 Learning from other authorities suggests that significant progress can be made against downstream outcomes, at the same time as having a measurable impact on overall budget positions, by adopting different approaches to governance, management models, commissioning arrangements and delivery priorities, focussing on early intervention and prevention, by taking an asset-based approach.

9.3.2 The health and social care system in Sheffield must create a shift towards delivering better outcomes for people, via a more preventative approach that supports individuals to remain as well as possible within communities, and reduces the population need for acute care, with a particular emphasis on reducing inequalities in acute need. The recommended approach will provide the basis for this shift.

### 9.4 Alternatives Considered and Rejected

9.4.1 **Do Nothing**

The Council is forecasting increasing funding pressures in the short-term, and longer term forecasts predict a £61m funding gap by 2023 for SCC. Without social care, hospital discharge will suffer dramatically, beds will become unavailable for those who need them and NHS costs will rise. Business as usual is, therefore, not a realistic option, although it is important to recognise that it will be the default position unless we take action. The aim of developing joint risk sharing is to ensure there is a shared approach to risk and benefit sharing, recognising that doing nothing also carries financial risks, and these are set out below.

9.4.2 **SCC Delivers Statutory Responsibilities Only**

A second option would be for SCC to focus solely on statutory responsibilities, removing discretionary support (such as STIT, People Keeping Well etc.) in order to address the immediate financial challenge. This would have dramatic effects on the people of Sheffield, leaving its most vulnerable residents unsupported. The impact on partner NHS organisations would rapidly lead to financial failure and then, inevitably, to very poor outcomes for individuals, which would include avoidable deaths. It would also lead to subsequent failure for SCC, as our budgets became more and more focused on dealing with more and more acute demand for services.

9.4.3 **Alternative Joint Commissioning Model**

The possibility of a model where one provider had responsibility for all provision was considered. However, it is not recommended that this option is actively considered at this time. The legal and structural changes that would be required to facilitate this model mean that progress would be much slower than with the proposed arrangements. In addition, there is a risk that structural integration – where separate organisations merge to form a new organisation – could become the main focus rather than better coordination and integration of services.

**10. COMMISSIONING ADULT LEARNING IN COMMUNITY SETTINGS**

10.1 The Executive Director, People Services, submitted a report seeking approval to commission adult learning in community settings.

10.2 **RESOLVED:** That Cabinet delegates authority to the Executive Director, People Services, in consultation with the Cabinet Member for Education and Skills, the Director of Finance and Commercial Services and the Director of Legal and Governance, to agree the procurement strategy and thereafter award contracts as required to meet the aims and objectives as set out in the report.

10.3 **Reasons for Decision**

10.3.1 The duration of the pseudo-framework is intended to be four academic years from August 2019 to July 2023.

10.3.2 This option will give Sheffield City Council (SCC) the capacity and capability to meet the community based learning needs of the various localities of the city as



established through consultation and research, with maximum flexibility within the parameters of the allocated budget and the funding rules attached to the agreement with the Education and Skills Funding Agency.

10.3.3 The intended outcomes are as follows and are congruent with the national priorities for Adult Education Budget, those of the Council's own Corporate Plan and the vision of the Lifelong Learning service;

".....to improve the life chances and opportunities of adults and their families in Sheffield by developing and delivering a high quality learning and support offer that:

- Improves qualifications, skills and employability – providing a skills escalator to move individuals closer to work.
- Addresses the needs and issues of particular groups – providing a vehicle for social inclusion.
- Supports families to learn with their children and for themselves.
- Delivers positive learning, progression and wellbeing outcomes for adult learners and vulnerable learners.
- Enhances health and wellbeing.
- Equips individuals with the skills, knowledge and behaviours to succeed in life and work
- Contributes to developing strong, cohesive and resilient communities

#### 10.4 **Alternatives Considered and Rejected**

10.4.1 The option of a waiver which would allow an extension of the current framework with existing suppliers was rejected on the grounds that this would place the Council in a position where it would not be compliant with procurement legislation and Contract Standing Orders. Therefore, the commissioning of new arrangements is required.

### 11. **ADULT SOCIAL CARE 2018 LOCAL ACCOUNT**

11.1 The Executive Director, People Services, submitted a report in relation to the local account which explains how the Council helps Sheffield people stay independent, safe and well. It explains our achievements, priorities and challenges, and our plans for the next year.

11.2 **RESOLVED:** That Cabinet notes the account and approves its publication.

11.3 **Reasons for Decision**

11.3.1 Sheffield was not legally required to produce a local account. However, local accounts are considered good practice and are produced by many local authorities.

#### 11.4 **Alternatives Considered and Rejected**

11.4.1 National guidance leaves the format and content to be determined locally. We have sought feedback on each account we have produced in order to continually improve the format and content.

11.4.2 This year we will support the account with an e-bulletin to encourage people to read the report, and to provide further resources people can use to find out more about particular topics. This will also provide a way we can identify topics of particular interest.

## 12. **FOSTERING BUSINESS CASE**

12.1 The Executive Director, People Services, submitted a report seeking to gain Cabinet endorsement and approval to proceed with the improvements and investment identified within the Fostering Business Case and outlined in the report, supporting the Children and Families Placement Sufficiency Strategy.

12.2 **RESOLVED:** That Cabinet endorses the proposals of the Fostering Business Case, as set out in the report, including the following changes: -

- Enhanced skill level payments to all carers
- The introduction of increased fees at level 1, which is entry level for almost all new foster carers, this will support more people to be able to afford to foster, in that it is more likely to enable them to reduce or give up paid work to take on fostering.
- Removal of the current system of reduction of skill level payment when a carer looks after more than one Child Looked After, meaning there is no reduction in fee payment for a second or third child in placement. This will enable and encourage carers to foster more than one child and be beneficial in providing more capacity for keeping sibling groups together. Currently only around 5% of our carers look after 3 children or young people.
- Introduce differentials related to the age of children fostered in levels 1 and 2. This is because we want to target investment at areas of greater need – i.e. placements for older children,
- In addition to the increase in fees, the service will have to increase the fostering allowance for 2019/20 in order to comply with the increase applied to the National Minimum Fostering Allowance. On average across the different age groups the increase will be approximately 2% per child per week.

#### 12.3 **Reasons for Decision**

12.3.1 Supporting the recommendations in this report will ensure that the local authority is able to meet its statutory duty to provide sufficient placements for children looked after. It will also support the local authority to deliver on the ambitions for

children looked after laid out in the Corporate Parenting Strategy 2018/20.

#### 12.4 **Alternatives Considered and Rejected**

- 12.4.1 The service has considered and consulted with foster carers about what improvements to the service and the 'offer' to carers would make Sheffield a more attractive agency to foster for. We know that we are in a competitive market for foster carers and that there are very many independent fostering agencies in Sheffield and the region which work hard to recruit the limited number of people who are interested and have the qualities to be good foster carers. We have reasoned that the significant investment detailed in this report is essential to ensure Sheffield's Fostering Service is competitive with other local fostering services and in an improved position to recruit the additional foster carers needed to care for Sheffield's Children Looked After. We consider that to not invest in our service in such a way would leave the service uncompetitive and without the potential for the required growth in carer numbers.

### 13. **MONTH 10 CAPITAL APPROVALS**

- 13.1 The Executive Director, Resources, submitted a report providing details of proposed changes to the Capital Programme as brought forward in Month 10 2018/19.

#### 13.2 **RESOLVED:** That Cabinet:-

- (a) approves the proposed additions and variations to the Capital Programme listed in Appendix 1 of the report, including the procurement strategies and delegates authority to the Director of Finance and Commercial Services or nominated Officer, as appropriate, to award the necessary contracts;
- (b) subject to acceptance of funding from the Environment Agency in accordance with the recommendation below in relation to Appendix 2a, approves the proposed addition to the Capital Programme listed in Appendix 1a of the report, including the procurement strategies and delegates authority to the Director of Finance and Commercial Services or nominated Officer, as appropriate, to award the necessary contract;
- (c) approves the acceptance of accountable body status of the grant funding detailed at Appendix 2 of the report; and
- (d) approves the acceptance of accountable body status of the grant funding detailed at Appendix 2a of the report, subject to the grants being offered in line with the terms as described; in the event that the grant terms vary significantly from those outlined, delegates authority to the Head of Commercial and Business Development, in consultation with the Director of Legal and Governance, to negotiate acceptable terms.

#### 13.3 **Reasons for Decision**

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

#### 13.4 **Alternatives Considered and Rejected**

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

### 14. **THE TUC'S GREAT JOBS AGENDA**

- 14.1 The Executive Director, Resources submitted a report seeking to identify the measures the Council will take, as both an employer and through its place based leadership role with local businesses and communities, to align with the TUC's Great Jobs agenda.

#### 14.2 **RESOLVED:** That Cabinet:-

- (a) endorses the aims of the Great Jobs Agenda and continues to seek to meet the standards to provide better jobs that offer a living wage and good working conditions;
- (b) notes the activity that will be undertaken by the Council and the aligned strategies and activity proposed to engage a wider range of employers to provide great jobs; and
- (c) notes that the officer responsible for all employment issues within the Council, including engagement with the trade unions, is the Director of Human Resources, and the officer responsible for the aligned intervention to support city wide employer engagement is the Director of City Growth.

#### 14.3 **Reasons for Decision**

- 14.3.1 Through our commitment to the Great Jobs Agenda we have an opportunity to create 'Great Jobs' at Sheffield City Council as well as taking a leadership role in encouraging other employers to do the same for the benefit of the city.

#### 14.4 **Alternatives Considered and Rejected**

- 14.4.1 The Council has already taken action against the six standards set out in the

Great Jobs Agenda and is well placed to continue this work on low pay, apprenticeships, procurement and health and wellbeing, as well as promoting these ambitions to a wider range of organisations through our local leadership role to create a difference for the City.

## **15. THE SHEFFIELD TRANSPORT STRATEGY - ADOPTION OF FINAL STRATEGY**

15.1 The Executive Director, Place submitted a report outlining the stakeholder engagement which has been recently undertaken on the Sheffield Transport Strategy, and the proposed updates to the document in light of new evidence and other developments, especially the declaration of a Climate Emergency by Sheffield City Council's meeting of 6 February, 2019. The report also provided an update on the emerging programme of projects. The final version of the Sheffield Transport Strategy was presented for formal adoption.

15.2 **RESOLVED:** That Cabinet approves the adoption of the final version of the Sheffield Transport Strategy, as set out in appendix 3 of the report, subject to an amended cover sheet and foreword as agreed.

### **15.3 Reasons for Decision**

15.3.1 There is very strong public recognition that "doing nothing" is not an option, and that the adverse impacts of increased congestion have to be addressed. The proposed Transport Strategy draws on the evidence available to identify key themes and early candidate projects for inclusion in a developing long-term strategic programme (an Action Plan), with further consultation to engage people in that developing programme.

15.3.2 This process will enable the Council to adopt a clear strategic approach to transport for the next 20 years, in close alignment with parallel work on Transport for the North priorities, with Sheffield City Region investment decisions, and with other cross-cutting work on the Sheffield Plan, the City Centre Plan and housing plans.

### **15.4 Alternatives Considered and Rejected**

15.4.1 One alternative would be to not have a long-term transport strategy. This option would, however, diminish Sheffield City Council's influence on transport in the city, and weaken the support a transport strategy could provide towards the local economy.

15.4.2 Other alternatives could place more emphasis on individual modes of transport. This would increase travel benefits for some but diminish benefits for others, and hence work against the Council's overall desire for fairness, and the strategy for increasing opportunities for everyone. Issues of accessibility, congestion and air quality would be less likely to be addressed. The approach adopted is felt to offer a balanced strategy benefitting the whole community.

**16. EXTENSION OF REFUGEE RESETTLEMENT ARRANGEMENTS**

16.1 The Executive Director, Place submitted a report advising Cabinet of requests that the Council continues to resettle refugees under both programmes until May 2020 and to seek approval for the extension of both agreements, together with a variation to the Vulnerable Persons Resettlement Scheme (VPRS) agreement to incorporate resettlement of additional refugees under the Vulnerable Children's Resettlement Scheme. This would not include any unaccompanied asylum seeking children.

16.2 **RESOLVED:** That Cabinet:-

- (a) notes the contents of the report and in particular the financial implications;
- (b) approves the acceptance of Home Office grant funding by entering into an extension to the funding agreement, subject to submitted costs being agreed, to deliver the Gateway Protection Programme between April 2019 and March 2020;
- (c) agrees to the Council continuing to be the Accountable Body for the Home Office grant in respect of Hull City Council and the Refugee Council and that the funding agreements with both organisations for the elements of the programme that they deliver be extended on terms which reflect the Council's agreement with the Home Office;
- (d) agrees that the existing funding agreement with Leeds City Council, as the regional accountable body, for delivery of the Syrian Vulnerable Person's Resettlement Scheme in Sheffield be varied to provide funding to the Council (i) to continue providing resettlement and support under the scheme, and (ii) to provide resettlement and support under the Vulnerable Children's Resettlement Scheme, from April 2019 to March 2020;
- (e) delegates authority to the Executive Director, Place, in consultation with the Director of Finance and Commercial Services, to instruct the Director of Legal and Governance to finalise terms and complete the necessary documentation; and
- (f) delegates authority to the Director of Housing and Neighbourhoods to accept a small additional increase in the number of refugees to be resettled if requested to do so, subject to adequate funding being offered, sufficient properties being available and the service being able to accommodate and support the additional refugees.

16.3 **Reasons for Decision**

16.3.1 The Council now has over 14 years' experience of management and delivery of Refugee resettlement programmes, the longest involvement of any local authority in the UK.

- 16.3.2 The Council has managed a successful programme delivery partnership with Hull City Council and the Refugee Council since 2011. As well as overall management of the programme, the Council has also managed the provision of housing and associated tenancy support for the Gateway refugees. The local authority VCF partnership provides excellent quality and value for money services and delivering a further programme going forward will ensure the continuity of the current delivery partnership as well as providing the best housing and resettlement services for new refugees arriving in the city.
- 16.3.3 The UK government have committed to resettling the most vulnerable Syrian refugees, bringing people to the UK who have fled the war and are temporarily based in neighbouring countries. The VPRS is funded by central government, with money provided at a level which funds the Council and its delivery partners to provide services and support to refugees for a period of up to 5 years following arrival in the city.
- 16.3.4 The Government has committed to resettling families with vulnerable children under the Vulnerable Children's Resettlement scheme and other local authorities in the Yorkshire and Humberside region have taken families under this scheme.
- 16.4 **Alternatives Considered and Rejected**
- 16.4.1 If the Council did not extend the funding agreements with the Home Office and Leeds City Council for Migration Yorkshire it would mean that refugees waiting for resettlement may not be offered a place of sanctuary. It could affect national targets to resettle refugees.
- 16.4.2 The current delivery partners have committed to continuing the existing arrangements for the requested period of extension.

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# Agenda Item 7



**Author/Lead Officer of Report:** Deborah Glen,  
Policy & Improvement Officer

**Tel:** 0114 27 35065

**Report of:** Economic and Environmental Wellbeing Scrutiny and Policy Development Committee

**Report to:** Cabinet

**Date of Decision:** 17<sup>th</sup> April 2019

**Subject:** Call-In of Cabinet Member for Environment and Transport's decision on Parking Fees and Charges

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

## Purpose of Report:

This paper reports the outcome of the Scrutiny Committee meeting held on 20<sup>th</sup> March 2019 where a Call-In of the Cabinet Member's decision on 5<sup>th</sup> March 2019 regarding "Parking fees and charges" was considered.

**Recommendations:**

That Cabinet:

- a) Notes the decision of the Economic and Environmental Wellbeing Scrutiny and Policy Development Committee

**Background Papers:**Report to Cabinet Member for Environment and Transport, dated 5<sup>th</sup> March 2019

Lead Officer to complete:-	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: <i>(Insert name of officer consulted)</i> <b>n/a</b>
	Legal: <i>(Insert name of officer consulted)</i> <b>n/a</b>
	Equalities: <i>(Insert name of officer consulted)</i> <b>n/a</b>
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>EMT member who approved submission:</b> <i>(Insert name of relevant Executive Director)</i> <b>n/a</b>
3	<b>Cabinet Member consulted:</b> <i>(Insert name of relevant Cabinet Member)</i> <b>n/a</b>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.
	<b>Lead Officer Name:</b> <i>Deborah Glen</i>
	<b>Job Title:</b> Policy & Improvement Officer
	<b>Date:</b> 28/3/19

## Called-In Decision – Outcome of Scrutiny Committee Meeting

### 1. Cabinet Member's Decision

1.1 On the 5<sup>th</sup> March 2019, the Cabinet Member for Environment and Transport took the following decision:

#### ***Decision:***

*i) No changes to the pay & display tariffs in the parking zones outside the city centre are made;*

*(ii) City Centre Zone Pay and Display tariffs are increased, as detailed in Appendix A of the report, and that these are implemented as soon as practicable;*

*(iii) changes to the permit pricing structure, as detailed in Appendix B of this report be approved and be implemented from 1 April 2019;*

*(iv) the changes to the type of vehicle that are eligible for a 'Green' permit, as detailed in Appendix C of the report, be approved and be implemented from 1 April 2019;*

*(v) changes to the dispensation and bay suspension charges, as detailed in the report, be approved and be implemented from 1 April 2019; and*

*(vi) authority be delegated to the Director of City Growth, in consultation with the Cabinet Member for Environment and Transport, to make future changes to pay & display tariffs, where this supports effective management of demand for parking and contributes to wider traffic management objectives (provided they are not increased by an amount greater than the rate of Retail Price Index plus 1% from the date they were last increased).*

### 2. Scrutiny

2.1 As per Part 4, section 16 of Sheffield City Council's Constitution, this decision was called in.

2.2 The Economic and Environmental Wellbeing Scrutiny and Policy Development Committee considered this call-in at a meeting held on 20<sup>th</sup> March 2019.

2.3 The Committee heard from the relevant Cabinet Member, Council Officers and Councillors who called-in the decision. The issues discussed included:

- Potential impact on the visitor numbers to the City and, longer term, the commercial and retail offer.
- Expected impact on the air quality for the City Centre.
- Differentials between on street and off street parking.
- Charging changes for residential permits and free parking for green parking permits and residential carers' permits.

- The level of costs associated with the administration, maintenance and enforcement of residents' parking permits

2.4 The Scrutiny Committee agreed to take no action in relation to the called-in decision.

**3. Recommendations:**

That Cabinet:

- a) notes the decision of the Economic and Environmental Wellbeing Scrutiny and Policy Development Committee
-



**Author/Lead Officer of Report:**  
Simon Hughes/Principal Committee Secretary

**Tel:** 27 34014

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

**Report to:** *Cabinet*

**Date of Decision:** *17<sup>th</sup> April 2019*

**Subject:** *Staff Retirements*

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

**Purpose of Report:**

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

**Recommendations:**

To recommend that Cabinet:-

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

**Background Papers: None**

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

## 1. PROPOSAL

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

<u>Portfolio</u>		<u>Years' Service</u>
<b><u>People</u></b>		
Paul Massey	Independent Reviewing Officer	22
Alexandra Migali	Service Improvement Manager	33
<b><u>Place</u></b>		
Peter Brook	Team Leader, Repairs and Maintenance Service	41
Amanda Brookes	Economic Inclusion Officer	39
Alan Bullock	Homemaker	38
Adrian Ford	Team Leader (Housing), Repairs and Maintenance Service	37
Anthony Oxley	Service Manager, Repairs and Maintenance Service	39
Paul Neilson	Compliance Champion, Repairs and Maintenance Service	35
Kevin Rodgers	Team Leader, Repairs and Maintenance Service	36
Patricia Rowlay	Repairs and Maintenance Support Officer	28

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**Author/Lead Officer of Report:** Greg Fell,  
Director of Public Health

**Tel:** 20 57462

**Report of:** *Greg Fell, Director of Public Health*

**Report to:** *Cabinet*

**Date of Decision:** *17<sup>th</sup> April 2019*

**Subject:** *Joint Health & Wellbeing Strategy 2019-24*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
- Expenditure and/or savings over £500,000	<input type="checkbox"/>	
- Affects 2 or more Wards	<input type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? <i>Health &amp; Social Care</i>		
Which Scrutiny and Policy Development Committee does this relate to? <i>Healthier Communities and Adult Social Care</i>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? <i>554</i>		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>		

**Purpose of Report:**

*This report briefs Cabinet on the preparation and content of the refreshed Joint Health & Wellbeing Strategy for Sheffield, produced by the Health & Wellbeing Board to cover the period 2019-24. Cabinet are asked to approve the Strategy.*

**Recommendations:**

*It is recommended that Cabinet approve the Joint Health & Wellbeing Strategy 2019-24 and note that regard must be had to it, where relevant, in exercise of any of the Council's functions.*

**Background Papers:****Joint Health & Wellbeing Strategy 2019-24**

Lead Officer to complete:-	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: <i>Anna Sanderson</i>
	Legal: <i>Andrea Simpson</i>
	Equalities: <i>Diane Owens</i>
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>EMT member who approved submission:</b> <i>Greg Fell</i>
3	<b>Cabinet Member consulted:</b> <i>Cllr Chris Peace</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.
	<b>Lead Officer Name:</b> <i>Greg Fell</i>
	<b>Job Title:</b> <i>Director of Public Health</i>
	<b>Date:</b> <i>10<sup>th</sup> April 2019</i>

## **1. PROPOSAL**

### **1.1 SUMMARY**

1.1.1 This paper sets out the background to and content of the Joint Health & Wellbeing Strategy to cover the period 2019-24, and proposes a broad approach to implementation of the Strategy. It asks Cabinet to formally approve the new Strategy.

### **1.2 BACKGROUND**

1.2.1 Under the Health and Social Care Act 2012, the Council and the Sheffield Clinical Commissioning Group are required to prepare a Joint Health & Wellbeing Strategy for their area, with reference to the Joint Strategic Needs Assessment that they are also required to produce. These functions are exercised through the Health & Wellbeing Board (the Board). The first Joint Health & Wellbeing Strategy for Sheffield ran from 2013 to 2018; during 2018 the Board dedicated time to developing its successor.

1.2.3 Early on in this process the following guiding principles emerged from the Board's discussions:

- It should be a strategic vision for improving the health and wellbeing of the population Sheffield, not just about NHS and social care services
- It should have a strong health inequalities focus
- It should consider both the long and short term
- It should aim to prevent poor outcomes rather than respond to them

1.2.4 Both the Council and the Clinical Commissioning Group must take the Health & Wellbeing Strategy into account, where relevant, in the exercising of any function.

### **1.3 THE STRATEGY**

1.3.1 As agreed by the Board, work on the Strategy has been iterative, involving a series of discussions with the Board to test the approach and develop content, and a range of discussions with stakeholders to sense check this as it has progressed. These discussions began with a Board workshop led by the Kings Fund and with broad representation from across the city, and have included specific engagement sessions with the Equality Hubs, the Fairness, Tackling Poverty & Social Exclusion Partnership Group, Social Landlords, and the Thriving Voluntary Sector Leadership Group, as well as ongoing discussions with stakeholders throughout the development process.

1.3.2 A first draft of the Strategy was discussed by the Board at their December 2018 Public Meeting, with the Board providing a clear steer on how the Strategy should be developed at that meeting. The Board have continued to receive regular updates as work has progressed.

1.3.3 As a result of this work, the Strategy adopts a single headline target focused on reducing health inequalities:

***We will close the gap in healthy life expectancy in Sheffield by improving the health and wellbeing of the poorest and most vulnerable the fastest***

1.3.4 This is positioned as a 20-year vision to which the Board are committed.

1.3.5 As well as providing the main focus of the Strategy, this will also provide the Board with the lens through which they examine all their business.

1.3.6 To address the commitment to considering both the long and short term, the Strategy is structured around the life course, and attempts to set out the key foundations to a healthy life. These are described in terms of ambitions for the population of Sheffield, across three stages of life:

#### 1.3.7 **Starting Well**

- Every child achieves a level of development in their early years for the best start in life
- Every child is included in their education and can access their local school
- Every child and young person has a successful transition to independence

#### 1.3.8 **Living Well**

- Everyone has access to a home that supports their health
- Everyone has a fulfilling occupation and the resources to support their needs
- Everyone can safely walk or cycle in their local area regardless of age or ability

#### 1.3.9 **Ageing Well**

- Everyone has equitable access to care and support shaped around them
- Everyone has the level of meaningful social contact that they want
- Everyone lives the end of their life with dignity in the place of their choice

1.3.10 These ambitions are themselves significant commitments. The intention

is that the work done over the period covered by the Strategy will serve to shift the trajectory the city is on in each of these areas, by influencing the activity of all partners in Sheffield, including across the whole Council. When the time comes to review and refresh the Strategy, the question would be: are these still the right things to be focusing on, in service of the overarching vision of reducing health inequalities?

#### **1.4 HOW DOES THIS BUILD ON THE PREVIOUS STRATEGY?**

1.4.1 As part of developing the refreshed Strategy, the Board have considered carefully what went well with the previous Strategy, and where there have been challenges.

1.4.2 Much of the broad intent behind the previous Strategy remains appropriate and so there is a degree of commonality across the two documents. However there were some specific challenges in relation to delivery of the previous Strategy, along with changes in the overall context around health & wellbeing, that have led to some changes in direction:

- Health inequalities featured as just one aspect of the previous Strategy, but they are the central focus of the new one, and will be the lens through which the Board looks at everything that comes before it.
- The new Strategy is more clearly focused on the wider, social determinants of health, and on specific outcomes that are required to reduce health inequalities in Sheffield over the long term. These are defined in terms of things that impact on real lives, not as aspects of the system.
- The national shift in approach to the NHS, and the emergence of the local Accountable Care Partnership (ACP) provide new opportunities to focus on delivering a more integrated health and care system in Sheffield. Where the previous Strategy went into some detail about the health and care system, the new Strategy restricts itself to setting a vision and strategic direction for the system. It is intended that, working through their usual governance arrangements, the members of the ACP will cooperate to deliver on this vision and direction, with the Health & Wellbeing Board holding that partnership to account.
- Although the previous Strategy identified work programmes as part of its delivery plans, the reality is that resource restrictions mean these have not progressed as planned. The new Strategy takes a realistic view of the Board's ability to deliver directly, and positions implementation as the responsibility of the whole system, not just those around the Board table.
- The Board will maintain a dashboard of measures assessing the overall wellbeing of the Sheffield population, but these will be supplemented by bespoke measures against which they will assess progress against each of the nine ambitions. These will be designed alongside the delivery plans to be produced as set

out in section 1.5 below.

## 1.5 IMPLEMENTATION

1.5.1 The Board does not have the direct resources to develop its own work programmes to deliver the Strategy, and successful delivery would in any case require the input and commitment of the whole city, not just the partners around the table.

1.5.2 Reflecting this, the Board's role in implementing the Strategy will be focused as follows:

- Convener – using its statutory role as the system leader for health and wellbeing in Sheffield to convene stakeholders and the public to agree what success looks like for each of the ambitions, and what needs to happen in the city to deliver. This process will see the development of action plans for each of the ambitions, leading to the second role for the Board;
- Accountability – using its democratic role to hold partners to account for the commitments it has made in those action plans.

1.5.3 The aim of this is that, rather than the Strategy leading to specific programmes of work, it serves to shape the work that organisations in the city undertake, identifying gaps that need to be filled, blockages that need to be removed, partnerships that need to be developed, and investments that need to be maximised. This is about building wellbeing into all of the city's activity.

1.5.4 As indicated by the diagram below (extracted from the Strategy), this means that the Strategy has implications for all areas of the Council's work, with successful delivery requiring it be recognised and reflected in all aspects of service delivery.



1.5.5 It is proposed that there are a number of key elements to delivering this work, which it will be the responsibility of the Health & Wellbeing Board to oversee:

- **A named lead for work on each of the ambitions in the Strategy** to establish clear accountability, drawn principally from the organisations around the Health & Wellbeing Board, though exceptions to this may be made where individuals have particularly relevant expertise;
- **A series of stakeholder workshops** to bring the systems around each ambition together to agree what good looks like, where pressure points, gaps and places to have impact exist, and agree action plans for delivering on each ambition;
- **An implementation group to be responsible for the overall delivery** constructed from the named leads, with appropriate support, and with a task of retaining a focus on the overall aim of reducing health inequalities;
- **Supported engagement work** through Healthwatch Sheffield to ensure the public are connected to this work;
- **Adjustments to the way the Health & Wellbeing Board conducts its business** to ensure it retains a focus on the aim and ambitions set out in the Strategy.

## 2. HOW DOES THIS DECISION CONTRIBUTE ?

2.1 The Joint Health & Wellbeing Strategy is required by the Health & Social Care Act 2012, which also requires the Council and Clinical Commissioning Group to take it into account in their commissioning plans. It therefore provides a significant part of the framework within which services are designed and delivered locally.

2.2 The refreshed Strategy commits the Health & Wellbeing Board to focusing their attention on the challenge of reducing health inequalities in Sheffield, by addressing nine key determinants of health. Successful delivery of the Strategy will see major impacts on the lives of people living in Sheffield.

2.3 The Strategy will help to deliver on the Corporate Plan priority “Better health and wellbeing”. Beyond this, due to its focus on the wider determinants of health and wellbeing, successful delivery of the Strategy will support delivery of all priorities in the Corporate Plan.

## 3. HAS THERE BEEN ANY CONSULTATION?

3.1 As noted above, during the production of the Strategy, officers have engaged with a range of stakeholders, including members of the public, to test approaches and ask for input, all of which has served to shape the final Strategy. This has fulfilled the requirement of the Health & Social Care Act 2012 for people who live or work in Sheffield to be involved in preparing the Strategy.

3.2 The 2012 Act also requires that Sheffield Healthwatch be involved in preparing the Strategy. This has been fulfilled through their place on the Board, and by the inclusion of the Chair of Sheffield Healthwatch on the Editorial Group that has guided the development of the Strategy.

#### **4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

##### **4.1 Equality of Opportunity Implications**

4.1.1 As a public authority, we have statutory duties under the Equality Act 2010. These are often collectively referred to as the 'general duties to promote equality'. The Act protects people from discrimination, harassment or victimisation based on the protected characteristics of sex, age, race, disability, sexual orientation, gender identification, religion or belief (including no-belief) marriage and civil partnership and pregnancy and maternity.

4.1.2 To help us meet the general equality duties, we also have a specific "Public Sector Equality Duty", as set out in the Equality Act 2010 (Specific Duties) Regulations 2011, which require us to eliminate discrimination, advance equality of opportunity and to foster good relations between different groups.

4.1.3 Our Equality Impact Assessments (EIAs) focus on the impact on groups with protected characteristics as outlined in the Equality Act 2010. These are age, disability, race, marriage and civil partnership, sex, sexual orientation, religion/belief, gender reassignment, pregnancy and maternity.

4.1.4 In addition, as an Authority since 2016 we have taken a decision to go beyond our statutory duty and also assess the impact on the voluntary and community and faith sector (VCFS), poverty and financial inclusion, carers, armed forces and cohesion. Since 2015 we have also considered the impact on health and wellbeing. We believe this approach gives us a wider understanding of the potential impacts of policies and projects in the city.

4.1.5 An EIA has been conducted to assess the impact of the Strategy. It is expected that the Strategy will deliver positive impacts on Equality of Opportunity, with no mitigation for negative impacts required. Further EIAs may be required as specific projects are brought forward under the Strategy, and these will be conducted as appropriate and any mitigations put in place.

##### **4.2 Financial and Commercial Implications**

4.2.1 Some activity has been identified as being required to deliver the strategy. Any activity will be delivered within the existing resources.



#### 4.3 Legal Implications

- 4.3.1 The Health and Social Care Act 2012 introduced the requirement for local authorities to establish Health and Wellbeing Boards, with prescribed membership of elected members, specified officers and representatives of the CCG, Healthwatch and other representatives or persons as appropriate.
- 4.3.2 The Act imposed a duty (by amendment to the Local Government and Public Involvement in Health Act 2007) on the local authority and partner CCGs to prepare a Joint Health and Wellbeing Strategy. This function must be exercised by the Board. The local authority and CCG must have regard to the Strategy, where relevant, in the exercise of any of their functions and the Board has a statutory power to give its opinion as to whether the local authority is meeting this duty. In this way it has a statutory function of holding the Council to account
- 4.3.3 There are no other legal implications arising from this report. Any proposed actions to deliver the Strategy may be the subject of further executive decision making and the legal implications will be considered at that time.

#### 4.4 Other Implications

- 4.4.1 There are no other implications.

### **5. ALTERNATIVE OPTIONS CONSIDERED**

- 5.1 It is a statutory requirement that the Council and Clinical Commissioning Group must produce a Joint Health & Wellbeing Strategy for Sheffield. As noted above, the Strategy has been developed in an iterative manner, testing possible options with the Board and wider stakeholders, through which the specific approach and ambitions have been arrived at.

### **6. REASONS FOR RECOMMENDATIONS**

- 6.1 Health inequalities remain a significant challenge for Sheffield, and it is well understood that the solution to this challenge will not only be found within health and social care services. The refreshed Strategy focuses the attention of the Health & Wellbeing Board on nine key areas that have the potential to improve the health and wellbeing of Sheffield's population sustainably over the long term, and narrow the gap in outcomes between the most and least well off.

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# **Sheffield Joint Health & Wellbeing Strategy**

**2019-2024**

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## Foreword

Sheffield's Health & Wellbeing Board published its first [Joint Health & Wellbeing Strategy](#) in 2013. Much good work has been done to deliver on the aims of that Strategy, but in the context of continuing austerity we are seeing disproportionate impacts on the health of those in our city who are worst off.

We know too many people in Sheffield are struggling with poor health and wellbeing, and this is inequitably distributed across our city. We also know that most of the solutions are not to be found within NHS and social care services alone.

Our first Strategy covered the five years up to the end of 2018. Over the last 12 months the Board has substantially reviewed its approach and priorities for promoting health and wellbeing to ensure a wider range of perspectives are incorporated into its work, based on the evidence in Sheffield's [Joint Strategic Needs Assessment](#). We have taken this broader approach into this updated Joint Health & Wellbeing Strategy, which will guide our work for the next five years up to 2024.

The ambitions set out within the Strategy do not represent the totality of our commitment to health and wellbeing. There is much going on in Sheffield already that is essential for improving the health of our population; for example, in the last two years Sheffield made major commitments to [reducing smoking](#) and [improving access to healthy food](#). Existing work such as these are not formally part of this Strategy, but remain important and the Board is clear that they and other strategic commitments continue to be delivered on as part of our overall approach.

What this Strategy does do is reflect and reinforce the Board's overarching commitment to reducing, and one day eliminating, health inequalities in Sheffield.

Inequality is bad for everyone: places that suffer from greater inequalities have worse overall outcomes, across all population groups, areas and communities. This makes tackling inequality a whole population issue.

We already have a clear vision for tackling inequalities. In the report of the [Sheffield Fairness Commission](#), published in early 2013, a vision was set out for "a city that is eventually free from damaging disparities in living conditions and life chances", along with an aspiration to be the fairest city in the country. In 2014 this was followed by the publication of our [Health Inequalities Action Plan](#), and in 2015 by the [Tackling Poverty Strategy](#). The actions and principles in that plan are still valid, based as they are on the recommendations of the [Marmot Review](#) and the [Due North Report](#). This Strategy represents a continuing commitment to that vision, which remains widely accepted in our city.

Having the right Strategy is only the first step; what matters as much, if not more, is how we deliver it. There is a great deal we can learn from other places on this, in particular on how we can go about embedding our commitment to eliminating health inequalities in everything we do in Sheffield. For example, this could include incorporating wellbeing impacts in our budget decisions, so that they have parity with traditional economic considerations.

If we are to achieve our aim of improving health and wellbeing for everyone, and eventually eliminating health inequalities, every single sector, organisation and community has a role to play. We commit Sheffield's Health & Wellbeing Board to leading a whole city approach to delivering our Strategy.

**Cllr Chris Peace & Dr Tim Moorhead, Co-Chairs, Sheffield Health & Wellbeing Board**

## **Introduction: why health inequalities matter**

We know that people in poorer parts of Sheffield live shorter lives and have worse health than those in more affluent areas. We also see similar disparities affecting groups with specific shared characteristics, such as people from Black, Asian, Minority Ethnic and Refugee backgrounds, or people with learning disabilities. These differences and disparities are the health inequalities that exist in our city, and that we see as unacceptable.

It is not right that some people can expect to live a less healthy life because of who they are or where they live. Equally, vibrant and healthy communities produce skilled, happy and productive people, leading to a stronger economy, which benefits everyone.

Inequality is not simply bad for those who are most disadvantaged, it is bad for everyone. This is because in unequal societies, social cohesion is poor, skill levels are low, businesses find it difficult to start up and sustain themselves, support services struggle to meet the challenge of rising demand, and environments are often degraded. Inequality is linked to lower levels of educational attainment, social divides and poverty, which in turn affect everyone's futures because successful economies need skilled healthy people. Health inequalities waste human potential and are a burden on society.

### **Our goal**

Healthy life expectancy is the best overall measure of both health and health inequalities, representing as it does the number of years someone can expect to live in good health. In Sheffield, the gap between the best and worst off is around 20 years. Our goal is therefore:

***We will close the gap in healthy life expectancy in Sheffield by improving the health and wellbeing of the poorest and most vulnerable the fastest***

We know this is a long term vision. We cannot expect to close this gap in 10 years, never mind the five years this strategy runs for. It follows from this that we have to think long term, about the things we can do now that will make a difference in 20 years time.

We do not shy away from recognising that this is a generational challenge. There are three components to achieving change on this scale: a long term vision; a medium term strategy; and short term actions. This strategy does the first two of these. It commits us to a vision of a city free from health inequalities, and it sets out ambitions to focus on over the next five years as the first steps to achieving that vision.

The third will follow the strategy. Since no one sector has all the answers to these difficult challenges it is important that people and communities are central to working with services and business to deliver this Strategy. We will convene the system around the ambitions in this Strategy to set out in detail what we are all going to do **together** to achieve them, developing action plans against which we will hold the system to account. We think this is the right approach to deliver our Strategy, and the right one for our city.

### **A Life Course Approach**

We need to focus on the upstream factors, structures and conditions that influence and shape our opportunities for a healthy life, throughout life. The way to do this is to take a Life Course Approach where the emphasis is on healthy ageing from pre-birth through to the end of life and on the range of interventions that support that. This involves looking at the things that support healthy life, and how these change as people age.

We must recognise that most of the poor health experienced in later life is the result of what happened in earlier stages in life. If we do not try to prevent chronic conditions arising or delay their onset, we will always be managing or seeking to ameliorate them. From this point of view, a preventative approach from the beginning of life to death is our keystone.

Our approach to a healthy life is as follows:

- Starting Well – where we lay the foundations for a healthy life
- Living Well – where we ensure people have the opportunity to live a healthy life
- Ageing Well – where we consider the factors that help us age healthily throughout our lives

For each of these we identify three ambitions to focus on over the coming five years. These ambitions have been identified on the basis of local evidence of what is most likely to improve life chances and reduce inequalities, focusing on factors that will support people to be healthy from the start, rather than on intervening once they are unwell.

That is not to say that other activity that improves or protects health and wellbeing is not important. There is much excellent work delivered in Sheffield in this regard that remains vital, such as work around tobacco control, and health protection, to name just two. We remain committed to this work, and will continue to ensure it delivers for the people of Sheffield.

Continuing to deliver on these, and refocusing the city to ensure people are healthy from the start of their lives will mean we can make significant progress towards achieving healthier lives for all the people of Sheffield, and begin our journey towards eliminating health inequalities.

The rest of this Strategy sets out our specific ambitions that we ask the city to implement with us in more detail.

## Plan on a Page

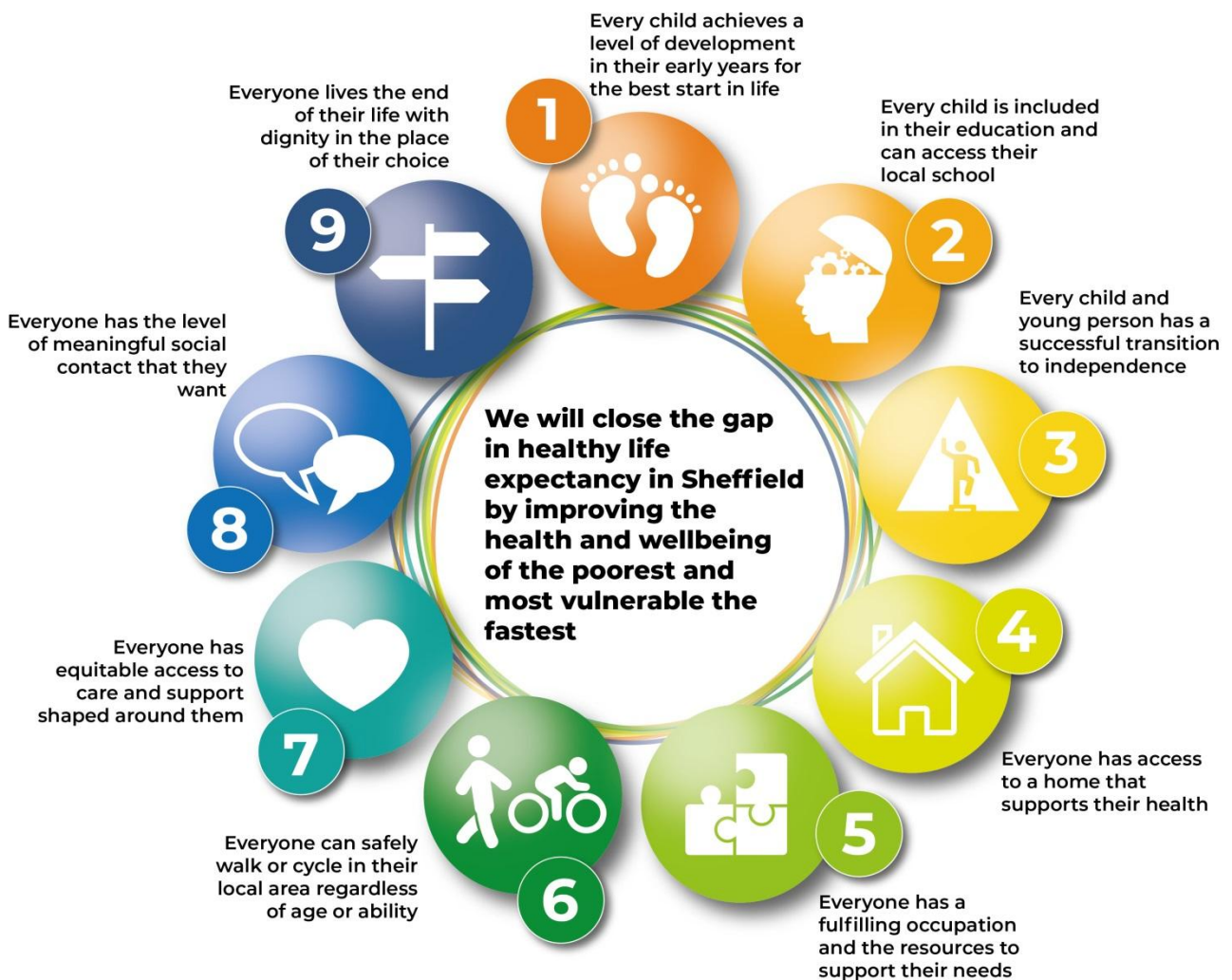
This Strategy sets out the Board's view of the critical foundations on which a healthier population, living longer lives, free from health inequalities will be based.

Health, and improvements in health, start from pregnancy and build throughout life to its end.

This life course approach is used to develop a set of ambitions for a healthier city that will make a difference both in the short term and the long term, and that serve to support and reinforce each other.

They can be seen as setting out the Sheffield view of the important elements of a healthy life lived to its fullest extent.

Our ambitions are that:





## Starting Well

Children's earliest experiences are the key to their success as adults and the business case for investing in the early years is compelling. The evidence clearly demonstrates that promoting bonding and attachment and protecting babies' brain development provides the best start in life.

Evidence shows that children who do not achieve a good level of development by the age of four, and who continue to face challenges to their ongoing development, are less likely to have acquired the necessary vocational, social and health assets to transition successfully into healthy adulthood.

By addressing all types of childhood adversity and providing families and communities with the capacity, resources and support for children and young people to flourish, we are equipping them to lead healthy, fulfilling lives and to achieve their full potential.

Evidence from our [Joint Strategic Needs Assessment](#) suggests that the factors causing childhood adversity and disadvantage are increasing in Sheffield. For example:

- Over a quarter of children and young people are in or at risk of poverty or social exclusion, higher than for the overall population, with 5 wards where over half of children live in poverty;
- Adverse Childhood Experiences (ACEs: stressful experiences such as neglect or abuse), are also common, as they are elsewhere, and lead to long term health and other challenges. Almost half of adults are estimated to have had at least one adverse experience during their childhood;
- Childhood obesity rates are increasing, particularly in the most disadvantaged areas. Economic deprivation is a predictor of obesity and overweight prevalence in 4 to 5 year olds;
- 1 in 10 5-15 year olds have a clinically recognisable mental health disorder and a similar proportion of 0-3 year olds are thought to have a mental health problem. It is estimated that 15,000 Sheffield children and young people live with a parent with a mental health disorder;
- 2 out of 5 children experience insecure attachment, a risk factor for mental health.

Emotional wellbeing and mental health in the early years and families is therefore a key priority. Children facing multiple risks such as being a victim of abuse, living in poverty or poor housing have a heightened risk of multiple and sustained childhood mental health difficulties. Protective factors such as social support and good quality of work and employment conditions can help buffer the impact of adverse conditions on poor mental and physical health.

Bad experiences in childhood can impact on health for the rest of an individual's life. That is why starting well is a priority. The '[Great Start in Life](#)' early years' strategy provides vision and direction for our work and is directly informed by the [Infant Mortality](#) and [Tobacco Control](#) Strategies.

Our local [Future in Mind](#) Transformation plan for children and early years also reinforces the importance of attachment and bonding and the city's ambition to improve perinatal and infant mental health. The focus on school readiness and the development of an Inclusion Improvement Plan also shapes this work.

In making Sheffield an ACE-Aware City we will bring together partners from across all sectors to mitigate the impacts on our most vulnerable families and protect future generations.

### Our ambitions for Starting Well

- Every child achieves a level of development in their early years for the best start in life
- Every child is included in their education and can access their local school
- Every child and young person has a successful transition to adulthood

## Every child achieves a level of development in their early years for the best start in life

Children's experiences in their earliest years directly affect their lifelong health, wellbeing and life chances. All children need a supportive and nurturing environment and to be protected from harm - this begins in the antenatal period and should continue throughout childhood.

The [Joint Strategic Needs Assessment](#) shows the progress Sheffield has made in improving outcomes and reducing vulnerabilities for children and families: examples include the reduction in teenage conceptions and rates of sudden infant death. Significant inequalities remain within this, however, and these continue to widen. This is our biggest challenge.

We want all children in the city to have the best life chances and families to be empowered to provide healthy, stable and nurturing environments. We want to connect people to the right levels of support at the right time through universal and targeted prevention, early identification and early support. Local communities also play a vital role by offering family activities which promote child development and building parents' confidence, and offering peer support and volunteering opportunities which help build skills and can provide a pathway into employment.

Evidence shows that secure relationships with key adults and established routines in the first months of life are the best way to achieve good outcomes in adulthood. The [First 1001 days All Parliamentary Group Report](#) sets out a range of recommendations for re-focussing support around a baby's first two and a half years. These align with Sheffield's plans to develop prevention and collaborative action using both universal and targeted approaches in health care and other services.

Children's earliest experiences have an enormous influence on later life chances. A good start at home and in school will reduce the risk of exclusion, not being in employment, education and training and reduce the risks of loneliness and isolation. Poor maternal health increases the risk of birth complications, adverse mental health and the risk of ongoing problems in adult life. Supporting families to make healthy choices including diet and lifestyle provides the foundation for future health and wellbeing, reducing the risk of multiple long term illnesses and the need for healthcare in later life.

Inequalities in early learning, early achievement, health and wellbeing lead to poorer outcomes for children from disadvantaged homes. We are committed to helping all families get the support they need at the right time and in the right place to help reduce this gap. Children with speech and language and literacy needs should have prompt access to help in schools and nursery education settings.

By developing parents' confidence in their own skills and capabilities and improving access to advice and support through Family Centres, GP practices and other community settings, we can help families to: develop positive and fulfilling relationships with their children; reduce social isolation; and improve resilience, health and wellbeing.

Success will rely on continuing to build effective relationships with key partners in the Council, NHS, Schools, Communities, the Voluntary Sector, the Private Sector and with Parents and Carers.

In particular, strengthening communities by supporting informal groups to do what they do well - for example parent and baby drop-ins, or good neighbour schemes. By doing this confidence is built, social connections are strengthened, and the resilience of individuals, families and communities is enhanced so that people stay well even when faced with adverse circumstances.

## Every child is included in their education and can access their local school

An approach to education that addresses the individual needs of each child will benefit everyone within a school community. The school-age population is growing and schools report that they are responding to more children with complex and challenging needs. The link between outcomes and exclusions is life-long and brings long term costs to individuals, communities and the state.

Needs must be identified early and met through high quality, flexible support provided within mainstream settings wherever possible. The [Joint Strategic Needs Assessment](#) highlights particularly high exclusion rates in certain communities including Roma, Eastern European and Traveller populations. Sheffield must be an inclusive city where all children and young people, including those with additional needs get the education, health, and care they need to achieve their potential and go on to make a positive contribution to society and lead a fulfilled adult life.

Evidence from the [Institute for Public Policy Research](#) illustrates that official exclusions have been rising for the past 3 years and are continuing to rise. Exclusions data are known to underestimate the school exclusion challenge. Although there are other less formal ways to exclude children from education they may still have the same consequences as a formal exclusion. Four priorities for development are identified:

- improving preventative support for young people with complex needs in mainstream schools
- improving the commissioning and oversight of alternative provision for excluded pupils
- increasing and then maintaining the supply of exceptional teachers and leaders into alternative provision
- developing an understanding of ‘what works’ in improving trajectories for excluded young people.

Children who have been excluded are at greater disadvantage across the life course. They are at greater risk of not being in education, employment or training after the age of 16, and of experiencing loneliness and isolation. Research shows that only 1% of excluded pupils get five good GCSEs, which directly affects their opportunities to access training and employment. Raising awareness of ACEs in the early years will help us to identify families where children are at a greater risk of exclusion.

There is a key connection between socio-economic disadvantage, exclusions and children with special educational needs and/or disability. This can create a cycle of poor health and social outcomes. More co-ordinated early help and targeted support within mainstream settings should lead to improved outcomes and enable all children to reach their full potential. Children and young people not accessing education may find it more difficult to have their health needs identified and met at an early stage.

Children with special educational needs and/or disability, or who are excluded from education are at greater risk of being marginalised or experiencing a mental health problem. This can in itself lead to antisocial behaviour, aggression and substance misuse problems. Meeting needs better at an earlier stage can help to reduce the risks of exclusion, and the negative consequences of being disconnected from a normal school or community environment.

No single organisation can achieve this vision independently. A strong partnership involving the Council, the NHS, LearnSheffield, schools and beyond is essential to create a service which is joined-up, responsive, understanding, fair, and consistent.

## Every child and young person has a successful transition to adulthood

Development in early years and an inclusive education are in large part about setting young people up for success in later life, but we know that the transition from childhood to adult life can be difficult for many. Standing on your own two feet for the first time is a challenge for anyone, and people who have already experienced a disrupted or disadvantaged childhood can find this more difficult than most.

Young people who fall out of education and employment can experience a range of negative outcomes with costs for both individuals and wider society. The case for identifying young people at risk of not being involved in education, employment or training after the age of 16 and developing a range of local actions designed to improve their life chances as a whole is clear.

By strengthening young people's resilience, enhancing educational attainment and building social and emotional skills, they will have a greater opportunity to achieve their full potential and make a positive and rewarding contribution [within the community](#). This in turn will bring positive consequences for their own children by breaking the damaging cycle of deprivation and disadvantage within families.

[Research on improving outcomes for young people at risk of these adverse outcomes conducted in Newcastle](#) recommended that a hierarchy of risk should be used to identify the young people with the highest probability of experiencing multiple poor life outcomes. Services should be designed to identify these risk indicators (including those relating to their wider family), and early action taken.

Young people in this group are also vulnerable to a range of poor outcomes in later life, resulting in significant inequality. Looked after children, those with a history of social care involvement and children with disabilities are at particular risk. They are more likely to present as homeless, claim housing benefit, become involved with police, become pregnant at a young age, [and are 50% more likely to have a prescription for depression and anxiety, and 1.6-2.5 times more likely to experience poor physical health](#).

By intervening early it is possible to help build self-esteem and resilience, improve attainment and increase the employment prospects of disadvantaged young people. Our ambition for early development will help address this, particularly where there are difficult family circumstances or children are identified as facing ACEs. Positive engagement with school is also a key protective factor and so our ambition for an inclusive education system will contribute to this too. There should be a focus on providing tailored support for vulnerable young people at key transition points to maximise their life chances and break the cycle of deprivation.

The Council and Sheffield NHS must work together to find ways to jointly commission services including a therapeutic element for young people and/or their families. Social, emotional and mental health issues are increasingly a barrier for young people progressing in education and employment post 16. This work must include health partners, schools, employers and providers of careers advice and the voluntary sector, and is not just about services for young people: it is also about links with and transitions to adult services. Where young people are receiving support from public services, the transition to adult services represents yet another challenge, and one that is currently harder than it needs to be.

In addition, some of this work needs different approaches to the conventional commissioner/provider or services/recipients of services models. [An asset based approach](#) values the capacity and skills of people and communities and sees citizens as co-producers of health and well-being not just as recipients of services. It is fundamental to place based strategies.

## **Living Well**

Positive early experiences are vital for children so they are ready to learn, ready for school and given the best possible start in life. What happens in our younger years affects our social circumstances, physical and emotional health as we move into adulthood, a time in our lives when generally we are looking to find meaning and satisfaction through relationships, family life and work.

Those who are most at risk of poor health usually have least access to health-enhancing living and working conditions such as decent housing, a fulfilling occupation and a safe environment. Having access to a warm, comfortable place to live; our work and financial situation; and staying active make a difference to our chances of remaining healthy and well during this time of life and into older adulthood, as well as playing a material role in the development of the next generation.

People with mental illness are more likely to have higher rates of: poverty; homelessness; incarceration; social isolation; and unemployment. Their needs tend to be more complex and urgent including issues such as finances and debt, essential services, housing, employment and the welfare system. Stable, good quality and rewarding employment is protective for health and can be a vital element of recovery from mental health problems. Stable and appropriate housing is another important part of the recovery pathway and can reduce the need for inpatient care.

In Sheffield, people living in the most deprived areas or who have limited choice over where they live, due to low income, lack of available work or disability, are more likely to find themselves in circumstances that have a harmful impact on their health and wellbeing. This can lead to people being cut off from important aspects of life, and a widening of health inequalities in the city.

There are already a number of strategies for Sheffield that set out to improve access to the living and working conditions and environments that support health and wellbeing, such as the Council's Housing Strategy, Economic Strategy, Transport Strategy, and the city's Food, Tobacco Control, and MoveMore strategies, to name just a few.

Designing and providing services that are accessible and enhance people's health are an essential part of preventing health inequalities. This is not just the role of the NHS or the Council. To make a difference, we need to work together across the public and voluntary sector to advocate for health promotion to be considered in strategies for housing, the economy, the NHS, transport and the local environment, and we need to put communities at the heart of decision-making to influence the choices made to improve the places where they live.

The contribution of citizens, users and families to improving health outcomes is central to co-production. It values what works well in an area, it sees the potential of people's knowledge and moves away from a deficit approach to recognising the assets people already have and can contribute to their neighbourhood.

In order to deliver public services with an equal and reciprocal relationship between professionals and people using services, as outlined above, new thinking and training will be required as well as a targeted commitment to work differently.

### **Our ambitions for Living Well**

- Everyone has access to a home that supports their health
- Everyone has a fulfilling occupation and resources to support their needs
- Everyone can safely walk or cycle in their local area regardless of age or ability

## Everyone has access to a home that supports their health

No-one in Sheffield should live in a home that damages their health.

Cold housing is a risk to health and those with the poorest health live in the coldest homes. People living in cold homes are far more likely to suffer from illnesses such as asthma, 'flu and bronchitis and it can increase the risk of a heart attack or stroke. In Sheffield, around 5,500 owner-occupied and private rented properties across the city are classed as having an excess cold hazard due to a mix of financial hardship and poor property conditions. 12% of households are living in fuel poverty as a result of low income, high fuel prices and homes which are expensive to heat and run. This contributes to winter deaths, cold-related illnesses, unplanned admissions to hospital and delayed discharge, particularly in older adults. Children in poor housing are more likely to have mental health problems, contract meningitis, have respiratory problems, experience long-term ill health, disability, slow physical growth and delayed cognitive development, giving them a much poorer start in life.

The current shortage of affordable housing is the greatest threat to health for many people if they become homeless or are forced to wait for new homes in unsuitable conditions or in places away from their social networks. There is little competition at the more affordable end of the private rented sector, which can offer poor housing conditions where vulnerable people find it impossible to ensure basic maintenance of the property. Overcrowding is also detrimental to health, in particular mental health. The shortage of affordable housing means a lack of properties for families in the social and private rented sectors. The city needs more affordable homes than are currently being built, in particular for households unable to afford market price. This could include first time buyers on a low income; families seeking homes across all tenure types; vulnerable groups who need accessible or supported accommodation; or people affected by changes in the benefits system.

Home improvements can significantly improve social functioning as well as physical and emotional wellbeing. For example, adequate heating systems improve asthma and reduce the number of days off school. Some private rented homes in the city have a hazard that could pose a serious threat to the health or safety of people living in or visiting the home. It is estimated that the removal of all hazards could provide £13.5 million annual savings to society, including £5.4 million savings to the NHS in Sheffield.

This is not just about the quality and affordability of the bricks and mortar; we also know that homelessness is tied to some of the most significant health inequalities in our city, with homeless people having significantly shorter life expectancy than the rest of the population. Homelessness and tenancy failure can affect all groups: however, some groups are more vulnerable than others including young people, older people, people with mental health issues, people with drug and alcohol problems, people leaving hospital, care leavers, people released from prison, and former members of the armed forces.

In Sheffield, support is focused on preventing people from becoming homeless and helping people to resettle after a period of homelessness. Although homelessness in Sheffield has reduced in recent years, there was an increase in homeless acceptances in 2016-17. In addition, an estimated 9,200 households are likely to be adversely affected by ongoing welfare reforms including the introduction of Universal Credit in Sheffield from November 2018. We need to make sure we have the right type, amount and quality of accommodation to take account of any changes in need.

## Everyone has a fulfilling occupation and the resources to support their needs

We know that one of the keys to a happy, healthy and fulfilling life in adulthood is being able to lead the life you want to. Fulfilment means something different to everyone, but having a constructive, meaningful and productive daily life is vital, whether through learning, caring, volunteering, or conventional paid work.

For most people, a good job or [volunteering opportunity](#) can significantly improve their life by offering security, rights, personal development, career progression, a supportive environment and a fair income. Equally, being unemployed or unable to work, because of caring responsibilities for example, can restrict people's health and quality of life. We must do all we can to support people who are able and want to find a fulfilling occupation, whether in a paid job or a voluntary role. For children and young people to be prepared for work, they need access to education, training and employment as this will improve their long-term life chances and help them to make a positive contribution to their community and the economy.

Many people find work is important for their mental wellbeing and helps them feel good about themselves, although sometimes problems at work can be a cause of stress. In Sheffield, over half of the people claiming out of work benefits are affected by mental health problems. If people have been out of work for a while, they are likely to need support when they feel ready to return. This could be through rebuilding their self-confidence through voluntary work, a phased return to work, or working with an employer to put in place reasonable adjustments to help them stay in work. As well as supporting people to return to work, preventing others from becoming long-term unemployed or having to leave work due to mental illness is part of maintaining a healthy population.

Work should be a way out of poverty. However, even though the number of households where nobody is working has declined and the employment rate is up, the number of people struggling to make ends meet has increased. Across Sheffield, there are people with multiple jobs, who are in and out of insecure, low hour, temporary employment and struggling to afford even life's basics. In-work poverty is increasing with [over half of households in poverty now having someone that is in work](#). Three-quarters of adults in working families in poverty are themselves working, with female employees as the single largest category in this group. We must also recognise that for many people, a bad job is worse for their health than no job.

For people a long way from the labour market, the contribution of intermediate labour market interventions to develop employability by acting as a bridge between unemployment and work, such as supported employment projects for those with intermittent mental or physical health problems, is particularly important.

Families with children are most likely to be locked in poverty despite being in work, especially lone parents, and in-work poverty is associated with poorer mental health. Because of rising costs and the increasing gap between income and the cost of a minimum acceptable standard of living, low income workers and families are less likely to manage when unforeseen costs hit. In this situation, choices become more restricted – cut back, go without or borrow – leading to further financial problems and detrimental effects on health.

This is not just about getting people into any job or working more hours, which is not possible for some workers. We need to work with employers to create more and better paid jobs with fair contracts. The [Sheffield Fair Employer Charter](#) includes the aspiration for employers to exceed the recognised living wage. Longer term, we need to ensure that people have the right training to get on once in work and the opportunity to earn more to improve their living standards and reduce the need for welfare.



## Everyone can safely walk or cycle in their local area regardless of age or ability

A physically active lifestyle reduces the risk of cardiovascular disease, diabetes, obesity, osteoporosis and colon or breast cancer, improves mental wellbeing and, in older adults, increases functional capacities. In Sheffield two in every three of those aged 19 and over are physically active. However, one adult in four is classed as physically inactive compared with one in five nationally. Of the [Core Cities](#), we have the second highest percentage of regular walkers with just over half of the 16-plus population walking at least five times a week, but conversely the lowest percentage of regular cyclists with only around 2% of the 16-plus population cycling at least three times a week. Despite the many parks in the city, use of green and open spaces for health and exercise is slightly lower than the national average.

Active travel, such as walking or cycling to school, work or the shops, provides people with daily physical activity and is a sustainable way of getting around the local community. Good street design and lighting can make places easier, safer and more pleasant to move around which can encourage walking and cycling. Road safety has a direct impact on health inequalities so lower speed limits reinforced by other traffic calming measures in local areas can reduce the risk of injury or death for pedestrians making it safer to walk or cycle in their neighbourhood. Providing or designing-in safe, direct walking and cycling routes within a neighbourhood can help people get to work, school or college, as well as recreational facilities, green and open spaces which can have a positive effect on physical and mental health.

More active travel will also help reduce pollution and improve the air we breathe. Poor air quality results in more respiratory conditions such as asthma, higher levels of physical inactivity and higher levels of mortality. In addition, noise pollution such as the noise from traffic is also associated with poorer mental wellbeing and greater levels of stress. People living on lower incomes are more likely to live in high traffic areas and urban centres which discourage walking and cycling so are affected disproportionately.

Walking and cycling is the most likely way that children and adults can achieve increased levels of physical activity. The physical health benefits associated with regular walking include reduced risk of coronary heart disease, cancer, stroke and type 2 diabetes. People living closer to green space are likely to be more physically active than those who do not.

Safe, clean and walkable local environments improve social connections within neighbourhoods, offering places for people to meet and children to play, with resulting benefits to mental and physical well-being. People are more likely to use green space if they think it is safe, well-maintained and easy to reach.

Walking and cycling can help to improve an individual's mental wellbeing including concentration, decision-making and enjoyment of normal daily activities. It can help reduce the feeling of being constantly under pressure. Greater proximity to green space has been associated with lower prevalence of a number of diseases, reduced premature mortality and improved mental health and wellbeing. For some outcomes, particularly mental health, the effect has been shown to be greater for those on lower incomes, demonstrating the potential of access to green space to reduce health inequalities.

Neighbourhoods with safe walking and cycling as standard will contribute to improving air quality, improving poor health, strengthening communities and promoting healthier lifestyles for all.



## Ageing Well

Ageing well is something that happens throughout our lives, not just in old age: Starting and Living Well contribute as much if not more to ageing well as anything that happens later in life. Despite this, older age is too often viewed as a societal ‘burden’, with phrases like ‘the demographic time bomb’ evoking images of an inevitable, overwhelming and impending health and social care crisis. This sees things incorrectly: the problem is not that older people are a burden, it is that too often we leave ageing well too late in life.

For some people, later life can be marked by disability, dependency and inequality rather than offering opportunities to continue leading a healthy and active life. The experience of later life is therefore deeply divided, especially along the lines of social class, relative deprivation, gender and ethnicity. These factors are strongly associated with the socio-economic conditions that shape earlier life, for example ACEs, low income, or lack of supportive social networks.

Long term ill health tends to be associated with later life and, as a result of population ageing, the need for health services is increasingly shifting from short-term, curative treatment to managing long-term conditions. However the distribution of NHS resources remains focused on the former. The good news is that many of these conditions are preventable or at least can be delayed, through delivering on the ambitions set out above, and by better shaping care and support around people and what matters to them.

Ageing Well is more than a stage in the life course, it is in itself an expression of inequalities in health: not everyone in Sheffield has the opportunity to age well. Our work on health inequalities in Sheffield over the past two decades, documented by successive [reports from the Director of Public Health](#) and the [Sheffield Fairness Commission](#), has shown that later life is where health inequalities become most extreme. This can be most starkly seen through older people living isolated lives, with poor mental wellbeing.

For this reason, the Council is developing the concept of a Sheffield Healthy Lifespan, setting a target for all residents of a number of years lived free from chronic ill-health. Whilst the details are yet to be finalised, this target would be a bold step towards eradicating health inequalities in Sheffield and setting an example to other parts of the country.

Our understanding of a healthy life must also include how it ends. Too often, we see people unable to live their last days and weeks where they want to, with their loved ones, and with the support they all need, both at that time and in bereavement. We should see a good end as being as important as a good start.

### Our ambitions for Ageing Well

- Everyone has equitable access to care and support shaped around them
- Everyone has the level of meaningful social contact that they want
- Everyone lives the end of their life with dignity in the place of their choice

## Everyone has equitable access to care and support shaped around them

It is a common misconception that the ageing population is responsible for inexorable increases in demand for health and social care services. This is not the case: many older people live fully independent lives and the increase in demand for services far outweighs the increase in the number of older people.

The demand is, in fact, due to increasing numbers of people living with one or more long term conditions, and at younger ages. Currently, almost two-fifths of the population in Sheffield has at least one long term condition and almost one-fifth have two or more. The most common conditions are high blood pressure, depression and diabetes. Whilst the prevalence of long term conditions tends to increase with age, this does not mean that age is specifically responsible; indeed many people in this situation are of working age.

Multiple chronic illness has a devastating impact on health and wellbeing outcomes for individuals, is in danger of overwhelming the health and social care system and has a detrimental economic impact on the city when people of working age are rendered unable to work.

Long-term ill health is more common in deprived areas, starts at a younger age and is more likely to include mental health conditions. There is a 15 year gap in the onset of multiple illnesses between the most and least deprived people in Sheffield.

Depression is the second most common condition found in people with chronic conditions, present in two out of every five people. Not only is depression more likely in individuals with a physical long term condition, but the presence of depression makes taking steps to maintain good physical health even harder. Our ambition is therefore to delay and prevent multiple chronic illness, as well as ameliorating the effects.

A key starting point is to understand that a health system designed around hospitals treating people with single episodes of ill-health is not the best response to this challenge. A highly specialised, disease specific approach is not appropriate for people with multiple long-term conditions. Focusing on disease markers for one illness can have a detrimental effect on another and pharmacological interventions can interact with each other producing unpredictable and difficult to manage side-effects. This can end up being a worse experience than the symptoms of the diseases.

A whole population, person-centred approach must be taken to understand what is most important to any given person and how they may be enabled to care for their own health and live a meaningful life within the confines of their illness. This must be done at the community level and we must shift resources accordingly. Primary and community care has for too long been underfunded relative to the rest of the NHS, and this needs to change. The Accountable Care Partnership will be a key partner in delivering on this ambition, but it will be the work of the whole system to truly make it a reality.

Improved outcomes due to the prevention or delay of long-term ill health could be seen as the culmination of all the ambitions related to starting and developing and living and working well. Prevention of multiple chronic illness is everyone's business and must engage all ages across the life course.

## Everyone has the level of meaningful social contact that they want

Evidence from the National Loneliness Strategy demonstrates the importance of meaningful social contact and the role it can play in underpinning a healthy and happy life.

Loneliness and social isolation are linked, but are not the same. One way of describing the distinction between the two is that you can be lonely in a crowded room, but you will not be socially isolated. Beyond this, evidence tells us that the most negative impacts happen when these are severe and enduring.

They can affect anyone of any age, and the relationship with health and wellbeing is strong: they have an [impact on mortality that is comparable to obesity or smoking](#), are [associated with raised risk of coronary heart disease and stroke](#), [increase the risk of high blood pressure](#), and are [associated with a higher risk of the onset of disability](#). They affect our mental health and are linked to cognitive decline, increased risk of dementia and depression and risk of suicide.

There is no miracle cure to reduce loneliness; we are all unique as are the factors behind loneliness. We need to focus on identifying the risk factors and taking a person centred, asset based approach to encouraging greater social contact and stronger community networks. Reducing loneliness and social isolation across the life course will improve the health and wellbeing of the whole population. It is estimated that around half of all loneliness experienced is linked to inherited factors and the other half to socio-economic factors. This is good news because it means the risk can be modified, not least because of the strong connections to the other areas set out in this Strategy:

- supportive early development sets us up with the social skills and empathy to sustain relationships;
- an inclusive education offers the opportunity to develop social bonds;
- a fulfilling occupation and resources to live on provide the opportunity to participate in a range of activities and more broadly in the community;
- walkable spaces in communities make it easier for people to mix and maintain relationships;
- loneliness and isolation are linked to a range of long term conditions; and
- people with good social networks are more likely to end their lives in dignity and independence.

Loneliness can be felt by people of all ages, but the likelihood of experiencing loneliness increases with age and there is evidence that ethnic minority elders may be amongst the loneliest. Friendship and loneliness are often significant contributors to young people's self-esteem and emotional wellbeing. Schools participating in our local [Healthy Minds Framework](#) model have identified that friendship and loneliness are the significant self-reported issues impacting on emotional wellbeing and mental health for young people. Men and women also respond differently to loneliness and social isolation with older women more likely to admit to feeling lonely. Perhaps not surprisingly, people who live alone are more likely to say they feel lonely and, in particular, this is the case for people who are widowed and living alone. Gay men and lesbians may also be at greater risk of becoming lonely and isolated as they age. The risk of loneliness in Sheffield is inequitably distributed across the city, with greater risk focused around areas of deprivation.

Everyone has an opportunity to make a difference to this, from services incorporating an understanding of risk factors into their delivery, commissioners focusing on the development of assets at the community and individual level to sustain relationships, to voluntary and community organisations working to build and develop links within and between communities. Targeted measures to tackle loneliness by supporting small community organisations, valuing and resourcing volunteering and linking into the intelligence and know-how of the voluntary sector will be pivotal.

## Everyone lives the end of their life with dignity in the place of their choice

On average, 14 people die every day in Sheffield. End of life care has a profound effect on individuals, families and friends and staff. It can be a very positive and meaningful experience, wherever someone dies. But delivery of a consistent experience and standard of care that is personalised and responsive to people's needs is not yet the case in Sheffield.

Experience and standards vary according to the type of illness someone has, their personal characteristics and where they live. In Sheffield 7% of people have three or more hospital admissions in the last three months of life. Whilst Sheffield does not perform the worst on this measure, it is by no means the best, and a similar situation exists with regard to access to palliative care services. Evidence tells us that people who receive early palliative support require less specialist care at the end of their life, have better quality of life, experience better mental health, and actually live longer as a result.

Whilst it is said that we are all equal in death, sadly that cannot yet be said for the circumstances in which we die. People living in more affluent areas are more likely to die at home than those living in deprived areas; this is both worse for them, and more costly to provide.

Whilst frailty and chronic diseases such as coronary heart disease are the biggest killers, most people receiving hospice services in particular will have a diagnosis of cancer. Older people, those from black and minority ethnic groups, lesbian, gay, bisexual and transgender people, homeless people or people in secure or detained settings, people with dementia, a learning disability or mental health condition can all experience barriers to good quality care at the end of their life.

Good quality, personalised care at the end of life is the responsibility of the health and care system and the wider community. In order to achieve our ambition of ensuring everyone in Sheffield lives the end of their life with dignity in the place of their choice, we need to embed the six [End of Life Care ambitions](#):

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is coordinated
5. All staff are prepared to care
6. Each community is prepared to help

We also need to consider those who are left behind. This relates both to the immediate aftermath of someone's death, such as in relation to funeral costs which can be a major source of difficulty for many people, and to the need for support and help that families have in dealing with the longer term effects of bereavement.

A good end to life should be seen as being as important as a good start, and there is a role for all partners and communities in delivering this.

## **Delivering on our ambitions**

As we said in the introduction, our ultimate goal of reducing the gap in healthy life expectancy is a generational mission. This Strategy is focused on the foundations for achieving that goal, that are each major ambitions in themselves. It does not make many specific commitments about precisely what we need to do to achieve them, and deliberately so.

The ambitions set out in this Strategy are intentionally stretching, and we cannot pre-judge all the activity that will be necessary to achieve them. Reaching our ambitions will require not just the insight, commitment and action of the partners around the Health & Wellbeing Board, but that of all partners and stakeholders across Sheffield. In producing this Strategy, the Board commits to focusing its attention on these ambitions, using its time and resources to challenge the system in Sheffield to agree together what needs to change to get there, and then work together to do just that.

The Board's role in this will be to convene those conversations, to challenge the system to develop action plans, and then to hold all partners in Sheffield to account for delivering on the commitments they make. We will use already scheduled Board meetings for this, and run additional events wherever necessary to ensure the development of these plans is as inclusive as possible.

Through this work we will establish:

- A set of action plans, developed with and owned by all stakeholders, setting out clearly what we need to do in Sheffield to deliver on our ambitions; and
- A set of measures, tied to and developed alongside those action plans, that the Board will use to ascertain whether the necessary change and progress is being delivered.
- An active programme of engagement (with partners in the voluntary and community sector, including Healthwatch) to enable the assets and energy of communities and citizens to be central to this Strategy.

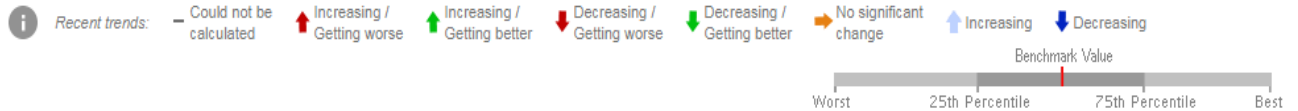
To support this work and ensure it is focused correctly, we will engage on an ongoing basis across the city on the question of what it is to be healthy in Sheffield, feeding what we hear back from the people of Sheffield into our thinking and the work that flows from this Strategy.

Beyond this, the Board will use its position as a statutory committee of the local authority to advocate for change wherever necessary, both within the Sheffield system and upwards to central government.

## Outcome measures

The Board will continue to monitor the overall health and wellbeing of Sheffield, but this represents an assessment of health rather than an assessment of the success of this strategy. The following indicators are taken from the [Marmot Review](#) and are based on the wider determinants of health and wellbeing across the life course whilst providing context and direction for tackling health inequalities.

Compared with benchmark ● Better ● Similar ● Worse ○ Not compared



Indicator	Period	Sheffield			Region		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Healthy life expectancy at birth (Female)	2014 - 16	—	-	57.5	61.5	63.9	54.6		71.1	
Healthy life expectancy at birth (Male)	2014 - 16	—	-	60.4	61.3	63.3	54.3		69.9	
Life expectancy at birth (Female)	2014 - 16	—	-	82.6	82.4	83.1	79.4		86.8	
Life expectancy at birth (Male)	2014 - 16	—	-	79.0	78.7	79.5	74.2		83.7	
Inequality in life expectancy at birth (Female)	2014 - 16	—	-	8.6	-	-	-	-	-	
Inequality in life expectancy at birth (Male)	2014 - 16	—	-	9.9	-	-	-	-	-	
People reporting low life satisfaction	2016/17	—	-	5.2%	5.1%	4.5%	-	Insufficient number of values for a spine chart	-	
School readiness: Good level of development at age 5	2016/17	↗	4,578	69.8%	68.8%	70.7%	60.9%		78.9%	
School readiness: Good level of development at age 5 with free school meal status	2016/17	↗	817	55.1%	53.2%	56.0%	43.9%		70.7%	
GCSE achieved 5A*-C including English & Maths	2015/16	—	2,879	54.0%	55.9%	57.8%	44.8%		74.6%	
GCSE achieved 5A*-C including English & Maths with free school meal status	2014/15	—	247	27.6%	28.5%	33.3%	20.5%		60.0%	
19-24 year olds not in education, employment or training	2017	—	-	-	13.3%	13.2%	-	Insufficient number of values for a spine chart	-	
Unemployment	2017	—	17,200	6.0%	5.0%	4.4%	10.3%		1.7%	
Long term claimants of Jobseeker's Allowance	2017	↘	2,522	6.6*	4.7*	3.5*	13.3		0.7	
Individuals not reaching the Minimum Income Standard	2013/14 - 15/16	—	-	-	31.9%	30.3%	-	Insufficient number of values for a spine chart	-	
Work-related illness	2014/15 - 16/17	—	-	-	4490	3980	-	Insufficient number of values for a spine chart	-	
Fuel poverty	2016	↑	28,658	12.2%	12.1%	11.1%	17.0%		6.5%	
Utilisation of outdoor space for exercise/health reasons	Mar 2015 - Feb 2016	—	-	15.3%	17.5%	17.9%	5.1%		36.9%	

As noted above, just as the actions to deliver on our ambitions must be developed with the system, so must the success measures. We will work with the rest of the Sheffield system to develop robust approaches to judging whether we have achieved our ambitions, and commit to publishing regular updates on our progress against them.



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## Equality Impact Assessment and Consultation

Approved

Approved by Owens Diane (CEX)

MAKE CHANGES TO THE FORM

## Equality Impact Assessment

### Introductory Information

**Reference number**

554

**Proposal type** Budget  Project**Project name**

Joint Health &amp; Wellbeing Strategy 2019-24

### Decision Type

**Type of decision**

- Cabinet
- Cabinet Committee (e.g. Cabinet Highways Committee)
- Leader
- Individual Cabinet Member
- Executive Director/Director
- Officer Decisions (Non-Key)
- Council (e.g. Budget and Housing Revenue Account)
- Regulatory Committees (e.g. Licensing Committee)

**Lead Cabinet Member****Entered on Q Tier** Yes  No**Year(s)**

14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22
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**EIA date**

19/03/2019

**EIA lead****EIA contact****Lead officer**

Lead Corporate Plan priority

Better Health and Wellbeing

### Portfolio, Service and Team

#### Cross Portfolio

Yes  No

#### Portfolio

Chief Executive's

#### Chief Executive service(s)

- Director of Public Health  
 Policy, Performance and Communications

#### Chief Executive team(s)

Director of Public Health Office

#### Is the EIA joint with another organisation (eg NHS)?

No  Yes

#### Please specify the organisation

NHS Sheffield CCG

#### Brief aim(s) of the proposal and the outcome(s) you want to achieve

Health & Wellbeing Boards are required to agree a Joint Health & Wellbeing Strategy under the 2012 Health & Social Care Act. The Board's first Strategy expired in 2018; this updated Strategy refreshes and replaces it.

It has a central aim of closing the gap in healthy life expectancy in Sheffield by improving the health and wellbeing of the poorest and most vulnerable the fastest.

This will be achieved by delivering on nine key ambitions, spread across the life course.

### Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these - positives will be part of any mitigation. The action plan should detail any mitigation.

### Overview

#### Overview (describe how the proposal helps to meet the Public Sector Duty outlined above), Supporting Evidence (Please detail all your evidence used to support the EIA)

The Health & Wellbeing Strategy is expressly focused on reducing inequalities in Sheffield. In particular it is focused on key points throughout life that help determine health outcomes over the long term, including early development, inclusive education, and transition to adulthood. As a result advancing equality of opportunity would be a product of successful delivery.

### Impacts

#### Proposal has an impact on

Health	Age	Disability	Pregnancy/Maternity	Race	Religion/Belief
Sex	Sexual Orientation	Transgender	Carers		



Voluntary/Community & Faith Sectors	Cohesion	Partners
<b>Poverty &amp; Financial Inclusion</b>	Armed Forces	Other

### Health

Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?

Yes  No

#### Staff

Yes  No

#### Customers

Yes  No

#### Impact

Positive  Neutral  Negative

#### Level

None  Low  Medium  High

#### Details of impact

The Strategy will lead to improved health and wellbeing across the whole population over the long term, with a focus on improving the health of the worst off. It will do this by focusing attention on the wider determinants of health, and delivering improvements in areas where there are acknowledged inequalities. Over the long term this will deliver improved health and wellbeing.

#### Comprehensive Health Impact Assessment being complete

Yes  No

Please attach health impact assessment as a supporting document below.

#### Public Health Leads has signed off the health impact(s) of this EIA

Yes  No

#### Health Lead

Hird, Susan;



### Age

#### Staff

Yes  No

#### Customers

Yes  No

#### Impact

Positive  Neutral  Negative

#### Level

None  Low  Medium  High

#### Details of impact

The Strategy contains three ambitions specifically targeted at delivering better outcomes for young people in Sheffield. It also takes an approach that focuses on healthy ageing over the life course, delivering benefits for older people over the long term.

## Disability

### Staff

Yes  No

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

19% of people in Sheffield have a disability or long term health condition, and these are concentrated in the more deprived areas of the city. The Strategy's focus on delivering reductions in health inequalities means it can be expected to deliver benefits for disabled people in Sheffield.

## Race

### Staff

Yes  No

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

19% of people in Sheffield are from a BAME community, and these are concentrated in the more deprived areas of the city. The Strategy's focus on delivering reductions in health inequalities means it can be expected to deliver benefits for BAME people in Sheffield.

## Sex

### Staff

Yes  No

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

We know that health outcomes, including healthy life expectancy, are worsening for women in Sheffield, with disproportionate distribution towards the more deprived areas of the city. We also know that women make up a disproportionate amount of some of the specific groups identified as part of this EIA, such as Carers. Therefore we expect the Strategy's focus on reducing health inequalities, and on delivering benefits for those groups, to result in health outcome improvements and reduction of inequalities for women.

## Sexual Orientation

### Staff

Yes  No

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

There are no official statistics for the LGB population in Sheffield, with the best estimate suggesting that there are up to c.40,000 people in this group living in Sheffield. We know that LGB people have worse health and wellbeing outcomes than the general population, and so this Strategy's focus on reducing health inequalities should be expected to deliver benefits for them.

## Transgender

### Staff

Yes  No

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

There are no official statistics for the transgender population in Sheffield, with the best estimate suggesting that there are c.3,400 people in this group living in Sheffield. We know that transgender people have worse health and wellbeing outcomes than the general population, and so this Strategy's focus on reducing health inequalities should be expected to deliver benefits for them.

## Carers

### Staff

Yes  No

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

57,373 people in Sheffield (10% of the population) provide unpaid care, of which more than 4,500 are young people and more than 14,500 are providing more than 50 hours per week. These are concentrated more in the more deprived areas of Sheffield, and we know that being a carer is associated with poorer health outcomes than the rest of the population. The Strategy's overall focus on reducing health inequalities should lead to benefits for this group of people, and beyond this there are specific ambitions within it (such as "Everyone has a fulfilling occupation and the resources to support their needs", and "Everyone has the level of meaningful social contact that they want") that are expected to deliver particular benefits for carers.

### Poverty & Financial Inclusion

#### Staff

Yes  No

#### Customers

Yes  No

#### Impact

Positive  Neutral  Negative

#### Level

None  Low  Medium  High

#### Details of impact

After housing costs, 23.3% of Sheffield's population live in households in poverty, with some areas of the city where this rises to over 40%. This Strategy positions the resources that people have access to as a major driver of health inequalities in Sheffield, and has addressing this as one of the nine key ambitions to deliver reduced health inequalities in the city. As a result it is expected that successful delivery of the Strategy will result in major improvements in this area.

Customers High

### Supporting Documentation

[Click here to attach a file](#)

### Cumulative impact

#### Proposal has a cumulative impact

Yes  No

#### Cumulative impact

- Year on Year  
 Across a Community of identity/interest  
 Geographical Area  
 Other

#### Details of cumulative impact

The Health & Wellbeing Strategy is targeted at reducing inequalities in Sheffield, specifically health inequalities, with each of the nine ambitions set out within it expected to have an impact. As a result, it is expected that where a specific group, or specific areas of the city, suffer from health inequalities, there will be a cumulative impact across all the ambitions.

#### Proposal has geographical impact across Sheffield

Yes  No

#### Details of geographical impact across Sheffield

The Strategy is focused on reducing health inequalities in Sheffield, and it is well understood that these are geographically distributed, as well as across the groups described above. As a result it is expected that delivery of the Strategy will have a positive impact on the more deprived areas of Sheffield.

#### Local Partnership Area(s) impacted

All  Specific

#### Action Plan and Supporting Evidence

##### Action plan

It is not anticipated that there will be any negative impacts as a result of the Strategy and therefore there is no action plan in place for mitigation at this time. As specific projects are brought forward under the Strategy, further EIAs will be conducted and action plans put in place to mitigate impacts as appropriate.

#### Supporting Evidence (Please detail all your evidence used to support the EIA)

This EIA is based on the content of the Joint Strategic Needs Assessment.

#### Consultation

##### Consultation required

Yes  No

##### If consultation is not required please state why

There is no requirement for statutory consultation on the Strategy; there is however a requirement in the 2012 Health & Social Care Act that people who live or work in Sheffield to be involved in preparing the Strategy. To fulfil this, during the production of the Strategy, officers have engaged with a range of stakeholders, including members of the public, to test approaches and ask for input, all of which has served to shape the final Strategy.

It is also required under the Act that Sheffield Healthwatch be involved in preparing the Strategy. This has been fulfilled through their place on the Board, and by the inclusion of the Chair of Sheffield Healthwatch on the Editorial Group that has guided the development of the Strategy.

##### Are Staff who may be affected by these proposals aware of them

Yes  No

##### Are Customers who may be affected by these proposals aware of them

Yes  No

If you have said no to either please say why

#### Summary of overall impact

##### Summary of overall impact

This Strategy is expected to have a strongly positive impact on inequalities overall.

##### Summary of evidence

This EIA is based on the evidence set out in the Joint Strategic Needs Assessment.

##### Changes made as a result of the EIA

No changes have been made as a result of this EIA, as all impacts are expected to be positive.

#### Escalation plan

##### Is there a high impact in any area?

Yes  No

If there is a high impact this EIA will be escalated to Adele Robinson for corporate consideration

##### Overall risk rating after any mitigations have been put in place

High  Medium  Low  None

**Review date**

**Review date**

If a review date is specified, it will appear in the 'Upcoming Reviews' view when the EIA review is within 30 days.

Approved



**Author/Lead Officer of Report:**

Alex Waite, Procurement & Supply Chain Manager  
/ Mark Freeth, Head of Repairs & Maintenance Service

**Tel: 2034910 / 07387 064246**

**Report of:** Laraine Manley, Executive Director of Place

**Report to:** Cabinet

**Date of Decision:** April 2019

**Subject:** Procurement of a Plumbing & Heating spares contract to support the Repairs & Maintenance Service in the Place Portfolio

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to?		
Councillor Jim Steinke - Cabinet Member for Neighbourhoods and Community Safety		
Which Scrutiny and Policy Development Committee does this relate to?		
Safer and Stronger Communities Scrutiny and Policy Development Committee		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? 552		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>		

**Purpose of Report:**

This report seeks authority to procure the provision of a Plumbing & Heating spares contract to support the Repairs & Maintenance Service and award the contract for the Council in line with the contents of this report.

**Recommendations:**

**That Cabinet:**

1. Approves the re-tendering of the Plumbing and Gas Spares contract as outlined in this report, including:
  - a. ongoing provision of plumbing and heating spares for the repairs and maintenance service to maintain housing stock and corporate building; and
  - b. provision of boilers and associated parts specifically to service the Heating Replacement Programme;
2. Delegates authority to the Executive Director of Place, in consultation with the Director of Financial & Commercial Services and Director of Legal and Compliance to:
  - a. decide the procurement strategy;
  - b. negotiate and agree the terms of the new contracts for the provision of Plumbing & Heating spares (including framework and call-off contracts, including the purchase of boilers and associated parts);
  - c. award the new contracts to the successful services providers chosen by the Council;
  - d. Take all other necessary steps not covered by existing delegations to achieve the outcomes outlined in this report.

**Background Papers:**

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

**Procurement Strategy? (or not applicable?)**

Lead Officer to complete:-	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: Awaiting approval
	Legal: Rachel Ma
	Equalities: Michelle Hawley
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	



2	<b>EMT member who approved submission:</b>	<i>Laraine Manley</i>
3	<b>Cabinet Member consulted:</b>	<i>Councillor Jim Steinke</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> <i>Mark Freeth</i>	<b>Job Title:</b> <i>Head of Repairs and Maintenance Service</i>
	<b>Date:</b> <i>28/03/2019</i>	

## 1. PROPOSAL

*(Explain the proposal, current position and need for change, including any evidence considered, and indicate whether this is something the Council is legally required to do, or whether it is something it is choosing to do)*

### 1.1 Background

In January 2017, a supplier framework was set up for the supply and delivery of building materials to support the Council's Housing Repairs and Maintenance Service ("the Existing Contract").

The term of the Existing Contract is 26 months from the 1<sup>st</sup> January 2017 in order to be in place for the insourcing of the Kier SHR&M contract on 31<sup>st</sup> March 2017.

The Existing Contract will be due to expire on 31<sup>st</sup> March 2019 with an option to extend for up to 2 years to 31<sup>st</sup> March 2021.

The materials frameworks operate with a number of suppliers on each of the trade specific 'lots':

- Travis Perkins PLC is on both Plumbing and Heating lots;
- Wolseley UK Ltd is predominantly engaged for the supply of commercial heating equipment to the Corporate repairs service

### Contract values

The contract is for:

- a. ongoing provision of plumbing and heating spares for the repairs and maintenance service to maintain housing stock and corporate building; and
- b. provision of boilers and associated parts specifically to service the Heating Replacement Programme (as defined below);

Based on the data available from Kier Services Ltd estimated spend on these 2 lots was in region of £1.5M per annum.

In the first year of the insourced service (2017/18) a total of £1,919,190.58 was spent with Travis Perkins PLC with a further £1,599,346 spent with them from April – February in 2018/19.

The total spend with Wolseley UK Ltd was £330,636.83 in 2017/18 with £426,519 spent with them from April – February in 2018/19.

Therefore the contract value for a revised framework is estimated to be in the region of £2 million per annum across plumbing and gas spares for a 2 year contract with an option to extend for another 2 years

Together with this ongoing spend is an additional £1 million per annum on boilers and full heating systems for a stand-alone heating replacement programme (“**Heating Replacement Programme**”). This Heating Replacement Programme has recently been awarded to the in house repairs & maintenance service and is subject to a separate approval process via the Capital Programme.

The current incumbent suppliers, Travis Perkins PLC and Wolseley UK Ltd have been approached and agreed to short term extensions whilst the service seeks the necessary approvals and run a tender exercise for these ongoing materials requirements.

## 1.2 **Proposal**

The service is undergoing a period of transition following insourcing and all supply chain arrangements have been reviewed as we approach the end of the initial contract terms (i.e. 31 March 2019).

The market has been engaged and cost benchmarking undertaken. More competitive prices were offered by alternative suppliers on a number of our key stock lines. Together with the results of the benchmarking, there have been occasions when the Council’s incumbent supplier has been slow to purchase from outside their standard supply chain when they cannot supply our specified products. This has led to stock outs and associated service delivery delays for our tenants.

Although there is an option to extend the term of the existing contract, the responsible Officers believe that, together with the increased spend on the Heating Replacement Programme; better value can be obtained by re-tendering these requirements through an open competitive process.

The addition of the materials requirements to service the heating programme will add to the Council’s buying power and ability to achieve best value and would also significantly increase the overall contract value advertised at the initial tender.

This report is to seek approval of re-tendering the ongoing provision of both plumbing and heating spares as separate 'lots' and also for the provision of boilers and associated parts specifically to service the Heating Replacement Programme.

## **2. HOW DOES THIS DECISION CONTRIBUTE ?**

*(Explain how this proposal will contribute to the ambitions within the Corporate Plan and what it will mean for people who live, work, learn in or visit the City. For example, does it increase or reduce inequalities and is the decision inclusive?; does it have an impact on climate change?; does it improve the customer experience?; is there an economic impact?)*

2.1 The Corporate Plan sets the Council's direction, priorities and common goals. This proposal specifically support the priorities around:

- An in touch organisation
- Strong economy

2.2 The procurement will enable SCC to engage with the market to ensure that the standards and products in place are up-to-date and also compliant with requirements for the Council and the industry.

2.3 The tender opportunity will enable suppliers/service providers (both local and national) to trade with the Council to offer their services and will contribute to keeping the economy strong.

## **3. HAS THERE BEEN ANY CONSULTATION?**

*(Refer to the Consultation Principles and Involvement Guide. Indicate whether the Council is required to consult on the proposal, and provide details of any consultation activities undertaken and their outcomes.)*

3.1 No external consultation is required or has taken place as the tender is to support the internal service provision.

3.2 This report has been jointly developed in consultation with relevant stakeholders in the Repairs & Maintenance service, Housing Service and Financial & Commercial Services.

## **4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

### **4.1 Equality of Opportunity Implications**

4.1.1 An EIA has been completed and signed off although there are no equality implications from this re-procurement.

### **4.2 Financial and Commercial Implications**

4.2.1 As set out in paragraph 1.1, a revised framework is estimated to be

- in the region of £2 million per annum across plumbing and gas spares; and
- an additional £1 million per annum on boilers and associated parts

The proposed new contract will be for 4 years (2 years contract with an option to extend for another 2 years).

#### 4.2.2

There is an option to extend the existing contract for 24 months. However, this option is not considered to be cost-efficient as the spend on the contract extension would be in excess of the initial contract value advertised.

#### 4.2.3

The Council has a duty to ensure that all of its procurement is based on value for money principles, achieving the optimum mix of quality and effectiveness for the least outlay. In addition to this duty and the overarching EU Treaty Principles relating to transparency and equality of treatment, the value of the services in scope is above the OJEU threshold and so requires a number of specific procedural steps to be followed.

In undertaking an OJEU compliant tender process, the Council will ensure compliance with the necessary legal and regulatory provisions relating to procurement, whilst encouraging innovation and competition from the market and allowing the Council to choose the optimum solution based on a balance of quality and price.

The contracts will not provide any guarantees in relation to volumes or a value committed to supplies over the course of the arrangement, and so provides flexibility for the Council to carry out ongoing reviews of its needs and amend its requirements as required.

#### 4.2.4 Sheffield City Council is committed to ensuring a high standard of ethical practice across our supply chain

The Council expects all internal staff, partners and suppliers to work to these augmented standards which assure we will:

- Trade with those who comply with an Ethical Code of Conduct
- Exclude suppliers committing acts of Grave Misconduct
- Improve Social Outcomes for the citizens of Sheffield
- Increase the power of procurement and its local economic impact.

### 4.3 Legal Implications

#### 4.3.1 The Localism Act 2011 provides local authorities with a “general power of competence” which enables them to do anything that an individual can do as long as the proposed action is not specifically prohibited. A

purpose of the Act is to enable local authorities to work in innovative ways to develop services that meet local need.

When the Council delivers services it is subject to the 'best value duty'. This requires the Council to 'make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

The procurement of any goods, works or services by the Council must be undertaken in accordance with all relevant provisions of the Council's Constitution including its Contracts Standing Orders and all applicable Procurement rules.

Successful providers/suppliers chosen by the Council will be required to enter into formal written legal agreements with the Council.

#### 4.4 Other Implications

*(Refer to the Executive decision making guidance and provide details of all relevant implications, e.g. HR, property, public health).*

4.4.1 No further implications as a result of this procurement.

### 5. **ALTERNATIVE OPTIONS CONSIDERED**

*(Outline any alternative options which were considered but rejected in the course of developing the proposal.)*

5.1 Extension of the existing contract - the Service could continue meeting service delivery requirements via the existing framework contracts and re-tender in line with standing orders in 2 years' time. However, this option is not recommended as it is believed that better value can be achieved by re-tendering at this stage as outlined in Section 1.

### 6. **REASONS FOR RECOMMENDATIONS**

*(Explain why this is the preferred option and outline the intended outcomes.)*

6.1 The procurement will enable the Council to:

- Have a compliant mechanism in place to meet the service requirements, whilst allowing for a thorough review in the medium term to identify any further savings/efficiencies as part of the ongoing TOM (target operating model) project.
- As outlined in section 1 it is believed that immediate savings and economies of scale can be realised by re-engaging the market, particularly with spend levels being in excess of those originally predicted pre-insourcing.

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

**Tel:** 0114 273 6831

**Report of:** *Eugene Walker*  
**Report to:** *Cabinet*  
**Date of Decision:** *17<sup>th</sup> April 2019*  
**Subject:** *Capital Approvals for Month 11 2018/19*

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

Which Cabinet Member Portfolio does this relate to? ***Finance and Resources***

Which Scrutiny and Policy Development Committee does this relate to?  
***Overview and Scrutiny Management Committee***

Has an Equality Impact Assessment (EIA) been undertaken? Yes  No

If YES, what EIA reference number has it been given? *(Insert reference number)*

Does the report contain confidential or exempt information? Yes  No

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-

**Purpose of Report:**

*This report provides details of proposed changes to the Capital Programme as brought forward in Month 11 2018/19.*

**Recommendations:**

- Approve the proposed additions and variations to the Capital Programme listed in Appendix 1, including the procurement strategies and delegate authority to the Director of Finance and Commercial Services or nominated Officer, as appropriate, to award the necessary contract
- Approve the acceptance of accountable body status of the grant funding detailed at Appendix 2
- Approve the acceptance of accountable body status of the grant funding detailed at Appendix 2a subject to the grants being offered in line with the terms as described.

In the event that that grant terms vary significantly from those outlined delegate authority to the Head of Commercial and Business Development in consultation with the Director of Legal and Governance to negotiate acceptable terms.

**Background Papers:**

<b>Lead Officer to complete:-</b>	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: <i>Tim Hardie</i>
	Legal: <i>Sarah Bennett</i>
	Equalities: No
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>EMT member who approved submission:</b> <i>Eugene Walker</i>



3	<b>Cabinet Member consulted:</b>	<i>Councillor Olivia Blake Cabinet member for Finance and Resources</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> <i>Damian Watkinson</i>	<b>Job Title:</b> <i>Finance Manager Business Partner Capital</i>
	<b>Date:</b> 03/04/19	

## MONTH 11 2018/19 CAPITAL APPROVALS

### 1. SUMMARY

1.1 A number of schemes have been submitted for approval in line with the Council's capital approval process during the Month 11 reporting cycle. This report requests the relevant approvals and delegations to allow these schemes to progress.

1.2 Below is a summary of the number and total value of schemes in each approval category:

- 5 additions of specific projects to the capital programme creating a net increase of £4.217m;
- 9 variations creating a net increase of £0.712m;
- 2 Schemes with a variation to scope
- 2 Schemes with a variation to procurement strategy

1.3 Further details of the schemes listed above can be found in Appendix 1

### 2. WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

2.1 The proposed changes to the Capital programme will improve the recreational leisure facilities, schools, roads and homes used by the people of Sheffield, and improve the infrastructure of the city council to deliver those services.

### 3. BACKGROUND

This report is part of the monthly reporting procedure to Members on proposed changes to the Council's capital programme.

### 4. OUTCOME AND SUSTAINABILITY

4.1 By delivering these schemes the Council seeks to improve the quality of life for the people of Sheffield.

## **5. OTHER IMPLICATIONS**

### **5.1 Finance Implications**

The primary purpose of this report is to provide Members with information on the proposed changes to the City Council's Capital Programme further details on each scheme are included in Appendix 1 in relation to schemes to be delivered, Appendix 2 and 2a in relation to grants to be accepted.

### **5.2 Procurement and Contract Award Implications**

This report will commit the Council to a series of future contracts. The procurement strategy for each project is set out in Appendix 1. The award of the subsequent contracts will be delegated to the Director of Financial and Commercial Services.

### **5.3 Legal Implications**

Any specific legal implications in this report are set out in Appendix 1, Appendix 2 and 2a in relation to grants to be accepted.

### **5.4 Human Resource Implications**

There are no direct Human Resource implications for the Council.

### **5.5 Property Implications**

Any specific property implications from the proposals in this report are set out at Appendix 1.

## **6. ALTERNATIVE OPTIONS CONSIDERED**

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

## **7. REASONS FOR RECOMMENDATIONS**

7.1 The proposed changes to the Capital programme will improve the services to the people of Sheffield

7.2 To formally record changes to the Capital Programme and gain Member approval for changes in line with Financial Regulations and to reset the capital programme in line with latest information.

7.3 Obtain the relevant delegations to allow projects to proceed.

## **Finance & Commercial Services | Commercial Business Development**

**April 2019**

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Scheme name /summary description		Value £'000
<b>A</b>	<b>Economic growth</b>	
	New additions	
	None	
	Variations and reasons for change	
	None	
<b>B</b>	<b>Transport</b>	
Page 81	New additions	
	<p><b>Midland Station Congestion</b></p> <p><b>Why do we need the project?</b></p> <p>There is an ongoing traffic issue at Sheffield Midland station, particularly prevalent Friday to Sunday evenings resulting in congestion on the ring road and is affecting the wider network. This problem will increase as rail capacity and patronage increases.</p> <p>This congestion impacts both taxi and private vehicles trying to access the station and pass through on the ring road. This is a particular issue for taxis as it increases journey and wait times resulting in a poor service for customers. The congestion issue also impacts on pedestrian safety as the backlog of vehicles makes sighting for crossing roads poor.</p> <p>The Council runs an annual taxi rank programme, which makes improvements to existing ranks and creates new ranks in response to requests from taxi drivers and companies. Midland station has been identified as a priority.</p> <p><b>How are we going to achieve it?</b></p> <p>A feasibility study will be undertaken using in house resources to develop a scheme and carry out option appraisals at a cost of £23k funded by Local Transport Plan (LTP).</p> <p><b>What are the benefits?</b></p> <ul style="list-style-type: none"> <li>• Increased public safety</li> <li>• Improved air quality</li> <li>• Reduced congestion and improved journey times</li> </ul>	+23

<ul style="list-style-type: none"> <li>Benefit the wider road network surrounding the station</li> </ul> <p><b>When will the project be completed?</b> The feasibility will be completed by July 2019</p>								
<b>Funding Source</b>	Local Transport Plan (LTP)	<b>Amount</b>	23k	<b>Status</b>	Ring fenced for Transport Schemes	<b>Approved</b>		
<b>Procurement</b>		Concept design and options appraisal will be undertaken in-house.						
Page 82	<p><b>Transforming Cities Fund [TCF] Tranche 2 Feasibilities</b></p> <p><b>Why do we need the project?</b></p> <p>The provision of a strong cycling and walking network is a key part of the transport strategy.</p> <p>A funding opportunity has arisen through the Transforming Cities Fund [TCF] to make a bid for £60m for Sheffield City Council (SCC) (£200m across the City Region) to invest in schemes which promote active travel (cycling and walking). In February 2019, Cabinet approved £100k for TCF phase 1 feasibilities and approval is now being sought for phase 2 feasibilities for £200k funded from Local Transport Plan.</p> <p>As part of this bid, SCC will be responsible for the development of a number of schemes across 5 key corridors: Nether Edge Wedge, City Centre Transport Box, AMID, Upper Don Valley and Lower Don Valley.</p> <p>The projects that will be delivered by this funding align to the SCC transport strategy and the wider City Region strategy, providing a strong cycling and walking network across the city will support the shift to active travel modes helping to reduce congestion on the roads, improve health and wellbeing of people, create cost effective transport options and support the creation of an attractive environment for developers, businesses and residents.</p> <p><b>How are we going to achieve it?</b></p> <p>A feasibility study will be undertaken to develop projects which align to the 5 key corridors for inclusion in the bid.</p> <p>The study will include: modelling, traffic counts, design, costings, VFM analysis, use of DfT assurance frameworks, cost benefit analysis, procurement strategy, risk register, governance regime, and consultation.</p> <p><b>What are the benefits?</b></p> <ul style="list-style-type: none"> <li>Reduced congestion on the network</li> <li>Improved health and wellbeing of people in Sheffield</li> <li>Creation of attractive environment for investors / developers / residents</li> </ul> <p>Failure to take advantage of this opportunity will delay delivery of the strategy.</p>							+200

<p><b>When will the project be completed?</b> The feasibility will be complete by November 2019</p>								
<b>Funding Source</b>	Local Transport Plan	<b>Amount</b>	200k	<b>Status</b>	Ring fenced for Transport Schemes	<b>Approved</b>		
<b>Procurement</b>		<p>i. Schemes design and bid submission will be undertaken in-house. ii. Feasibility works via the Capital Delivery Service Partner corporate contract.</p>						
Variations and reasons for change								
Page 83	<p><b>Double Yellow Lines 19-20</b> <b>Scheme description</b> The Council receives a large number of requests for parking restrictions (yellow lines) via email, letter and phone. The lack of parking restrictions in certain areas causes road safety and access issues, including an inability for emergency services to access properties. This project is a rolling programme to introduce parking restrictions at locations where there is a need.</p> <p><b>What has changed?</b> The programme of works for 2019-20 has been identified in the following areas at a cost of £70k Capital and £20k Commuted sum, fully funded from Local Transport Plan (LTP).</p> <ul style="list-style-type: none"> <li>• Albion St / Martin Street</li> <li>• Cross Smithfield / Allen Street</li> <li>• Willow Drive / Handsworth Road</li> <li>• Medlock Drive / Orgreave Lane</li> <li>• Riverdale Road</li> <li>• Cavendish Court</li> <li>• Carter Hall Lane</li> <li>• Carter Hall Road / Charnock Grove / Charnock Dale Road</li> <li>• Norfolk Park Road</li> <li>• Orgreave Road</li> <li>• Orgreave Close</li> <li>• Orgreave Drive</li> <li>• Sevenairs Road</li> <li>• Town End Road</li> <li>• Saxon Road</li> <li>• City Centre Pavement Parking</li> </ul>							+70

	<p><b>Variation type: -</b></p> <ul style="list-style-type: none"> <li>[budget increase]</li> </ul>	
	<p><b>Funding</b> Local Transport Plan (LTP)</p>	
	<p><b>Procurement</b></p> <p>i. Design, scheme prioritisation and TROs will be undertaken in-house.</p> <p>ii. Delivery of works to be undertaken by Amey Hallam Highways under Schedule 7 of our existing Streets Ahead contract.</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 84</p>	<p><b>Langsett / Forbes Road</b></p> <p><b>Scheme description</b></p> <p>This project links into the Accident Savings Programme, which forms part of the Council's Citywide Accident Saving Programme which is a citywide strategy to reduce actual (and the perception of) road traffic collisions, particularly focused on reducing killed and seriously injured (KSIs) casualties by implementing road safety engineering schemes at sites with the highest injury collision rates in the City.</p> <p><b>What has changed?</b></p> <p>There has been an issue with pedestrian safety when crossing Langsett Road at the pedestrian crossing close to Forbes Road.</p> <p>The proposed works are to remove the central area mid-crossing which is used as a pedestrian standing area, and create the impression of a single crossing across the tram and road.</p> <p>The works are scheduled for May / June 2019/20 to coincide with tram track works. The full cost of the scheme is estimated at £106k.</p> <p>The programme budget is to be increased by £46.4k to enable delivery of the works funded by Local Transport plan.</p> <p><b>Variation type: -</b></p> <ul style="list-style-type: none"> <li>[budget increase]</li> </ul>	<p>2018-19 +£0.4</p> <p>2019-20 +£46</p>
	<p><b>Funding</b> Local Transport Plan</p>	
	<p><b>Procurement</b></p> <p>Detailed design and construction to undertaken by Amey Hallam Highways under Schedule 7 of our existing Streets Ahead contract.</p>	
	<p><b>92918 Banner Cross parking</b></p> <p><b>Scheme description</b></p> <p>This project was previously approved to deal with high demands on the available parking spaces in the Banner Cross area, on Ecclesall Rd. This is a</p>	<p>2018-19 -£27</p> <p>2019-20</p>



Page 85	<p>thriving local shopping area and houses a number of businesses and parking is currently not allowed on Ecclesall Road during morning and evening peak hours as the area is covered by peak hour bus lanes.</p> <p>Local businesses approached their Ward Councillors requesting a parking scheme be introduced during the inter-peak period in order to promote better turnover of the available parking spaces, as parking availability is very limited due to the length of current stays. Businesses felt that lack of parking availability is affecting their trade.</p> <p><b>What has changed?</b></p> <p>To progress and implement a 29 space pay and display parking scheme in the area.</p> <p>This project will fund the design and implementation of the scheme at an overall cost (including prior year spend) of £23.4k and the installation and maintenance of the parking meters (£15k) will be undertaken by Parking Services. There will be an overall budget reduction (based on the current approved budget) of £-16.6k.</p> <p>The estimated commuted sum value is £3k.</p> <p><b>Variation type: -</b></p> <ul style="list-style-type: none"> <li>[budget decrease / slippage]</li> </ul>		+£11k
	<b>Funding</b>	Local transport Plan	
	<b>Procurement</b>	<ul style="list-style-type: none"> <li>i. Supply of P&amp;D machines by Parkeon via direct call-off from the ESPO framework.</li> <li>ii. Installation of P&amp;D machine, signage and poles by Amey Hallam Highways under Schedule 7 of the Streets Ahead PFI.</li> <li>iii. P&amp;D maintenance by SCC Parking Services.</li> </ul>	
<p><b>93078 Carter Knowle Road Pedestrian Enhancements</b></p> <p><b>Scheme description</b></p> <p>This project is an element of the Council’s overall objective of increasing active travel, focusing on minor adaptations to improve accessibility and road safety of pedestrians.</p> <p><b>What has changed?</b></p> <p>Following the approval and completion of a feasibility study, recommendations have been made to provide two enhanced crossing points on Carter Knowle and Langdale Road where accidents have occurred. There is heavy traffic in this area at certain periods in the day and it has a significant footfall of children and young people.</p> <p>Detailed design works and construction will be undertaken in 2019-20 at an estimated cost of £103k, which will be funded from Local Transport Plan.</p> <p><b>Variation type: -</b></p>		+103	

	<ul style="list-style-type: none"> <li>[budget increase]</li> </ul>			
	<table border="1"> <tr> <td data-bbox="161 280 304 331"><b>Funding</b></td> <td data-bbox="304 280 1953 331">Local Transport Plan</td> </tr> </table>	<b>Funding</b>	Local Transport Plan	
<b>Funding</b>	Local Transport Plan			
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<b>Procurement</b>	Detailed design and construction to undertaken by Amey Hallam Highways under Schedule 7 of our existing Streets Ahead contract.			
Page 86	<p><b>Leighton Road Crossing Point</b></p> <p><b>Scheme description</b></p> <p>This project is an element of the Council’s overall objective of increasing active travel, focusing on minor adaptations to improve accessibility and road safety of pedestrians.</p> <p><b>What has changed?</b></p> <p>Following the approval and completion of a feasibility study, recommendations have been made to provide an enhanced crossing point on Leighton Road. There have been 3 accidents at this location in the last 5 years and the intended works will provide road narrowing and speed cushions with the intention to slow the road at the location where most pedestrians cross.</p> <p>Detailed design works and construction will be undertaken in 2019-20 at an estimated cost of £83k, which will be funded from Local Transport Plan. The commuted sum is estimated at £2k</p> <p><b>Variation type: -</b></p> <ul style="list-style-type: none"> <li>[budget increase]</li> </ul>	+83		
	<table border="1"> <tr> <td data-bbox="161 976 304 1027"><b>Funding</b></td> <td data-bbox="304 976 1953 1027">Local Transport Plan</td> </tr> </table>		<b>Funding</b>	Local Transport Plan
	<b>Funding</b>		Local Transport Plan	
<table border="1"> <tr> <td data-bbox="161 1040 533 1123"><b>Procurement</b></td> <td data-bbox="533 1040 1953 1123">Detailed design and construction to undertaken by Amey Hallam Highways under Schedule 7 of our existing Streets Ahead contract.</td> </tr> </table>	<b>Procurement</b>	Detailed design and construction to undertaken by Amey Hallam Highways under Schedule 7 of our existing Streets Ahead contract.		
<b>Procurement</b>	Detailed design and construction to undertaken by Amey Hallam Highways under Schedule 7 of our existing Streets Ahead contract.			
	<p><b>City Centre 20 MPH</b></p> <p><b>Scheme description</b></p> <p>In March 2012, the Council Highways Committee approved the ‘Sheffield 20 mph Speed Limit Strategy’ with the long-term objective to establish 20 mph as the maximum speed in appropriate residential areas of Sheffield and the City Centre. Since 2012, 24 sign-only 20 MPH speed limit area have been implemented.</p> <p>The City Centre 20 mph project is to introduce a 20mph speed limit in the City Centre and is planned to be delivered in 4 phases. Phase 1 has been delivered in 2018-19 and phases 2 and 3 have been designed. Phase 4 is planned to follow subject to funding.</p>	<p>2018-19 -38 2019-20 +99</p>		

Page 87	<p><b>What has changed?</b></p> <p>Construction of phases 2 and 3 is now scheduled for 2019-20. Phase 2 covers an area around Shalesmoor and Kelham Island and phase 3 covers an area between Arundel Gate and Sheffield train station.</p> <p>The overall cost of phases 1 to 3 is £304k (phase 1 £161k, phase 2 £87k, phase 3 £56k) with the estimated commuted sum estimated at £111k. The scheme is fully funded from Local Transport Plan (LTP).</p> <p>The overall approved budget will be increased by £61k (reduction in 2018-19 of £-38k and increase in 2019-20 of £99k) to enable delivery of phases 2 and 3.</p> <p><b>Variation type: -</b></p> <ul style="list-style-type: none"> <li>[budget increase/slippage]</li> </ul>		
	<p><b>Funding</b></p>	Local Transport Plan	
	<p><b>Procurement</b></p>	Detailed design and construction to undertaken by Amey Hallam Highways under Schedule 7 of our existing Streets Ahead contract.	
<p><b>Quality of life</b></p>			
<p>New additions</p>			
<p><b>General Cemetery Phase 2</b></p> <p><b>Why do we need the project?</b></p> <p>In June 2018, SCC was successful in securing a Heritage Lottery Fund (HLF) grant offer towards the Sheffield General Cemetery (SGC) project. In addition, HLF have conditioned a requirement that SCC make improvements within the Anglican Chapel lease area the cost of which is ineligible for HLF grant funding and must be funded by SCC.</p> <p><i>Problem to address:</i></p> <ul style="list-style-type: none"> <li>Health &amp; Safety / repair liability: The value of capital repair work required to address just the high risk repairs needed is estimated at £536K. This does not included fees for procurement, project management, specialist experts to design and specify work to RIBA 4 and fees associated with discharging planning / Listed Building consents.</li> <li>Statutory obligation: The site is of national historic importance and is Grade II* on the Historic England Register of Parks and Gardens), as such SCC has a statutory duty to appropriately manage and maintain the property. The poor / declining condition of the site and inappropriate management / maintenance has resulted in the site being on the HE 'Heritage at Risk' register for many years. The site is also on the SCC Asset risk Register as a result of H&amp;S issues relating to structures.</li> <li>Open space deficit in the area: The area has a recognised open space deficit and this is the largest park within the Sharrow catchment.</li> </ul>		<p>+3,881</p>	

However it is not currently fit for purpose and as a result is under-used.

*Why do we need to address it now?*

The HLF grant offers a unique opportunity to secure the scale of funding that is required to make the step-change needed at SGC to address the problems

*Implications of not addressing it now:*

- The repair liability will remain with SCC (circa. £536k > £2.6m)
- SCC will incur costs relating high risk repair and management.
- Likely that access will be further restricted / potential site closures
- Further reduction of public open space within an area with a recognised deficit
- The Non-Conformist Chapel and Gatehouse likely to be returned to SCC for management

**How are we going to achieve it?**

Accept the HLF grant offer and deliver the Round 2 project designed to address structural / infrastructure repair, conserve and interpret the heritage, create a safe and more accessible public park, increase community use, engage with and provide for target audiences and to deliver improved governance, management and maintenance.

The Capital Project will be led by Capital Delivery Service; the Procurement Strategy explains the resources that will be procured to deliver the project.

The Activity Project will be led by the Parks & Countryside Service who will allocate an existing Project Officer to manage delivery supported by the existing Programme Manager (Parks Development) and with regular reporting to the Project Manager.

**What are the benefits?**

**Objectives:**

- Deliver the Capital and Activity Project to HLF approved purposes and grant offer terms
- Halt the decline and conserve key features and infrastructure.
- Make the park more accessible and welcoming for people to use.
- Engage people with the sites heritage and make the stories come alive - communicate the heritage to a wider and more diverse audience.
- Protect the natural habitat (LNR) and provide opportunities to enhance bio-diversity
- Make a positive contribute towards health & wellbeing via Activity Project initiatives
- Remove the site from Historic England's Heritage at 'Heritage At Risk' register
- Provide a whole-site governance structure.
- Engage with target audiences to cater for and attract a more diverse audience
- Improve whole-site governance and management and produce a whole-site 10 year Management and Maintenance Plan
- Improve the landscape round the Anglican Chapel (not grant funded)

**Outputs:**

- Repair Egyptian Gateway, Catacombs, boundary/internal walls, Dissenters Wall, railings, staircases and key monuments/memorials.

- Woodland management works.
- Enhance existing entrances and key hub areas. Reinstate predominant defunct pedestrian entrance. Create new viewing/seating areas. Install electricity supply point to facilitate concessions/activities.
- Adjust footpath gradients/cross-falls and resurface. Introduce stepped ramps, handrails, rest areas, four blue badge parking spaces and racks for 10 cycles. Install lighting to one principal footpath and key monuments/trees. Install orientation signage.
- Engage priority underrepresented groups as identified through the extensive Development work.
- Reinterpret through publications, trails, panels, site map and web material.
- Deliver extensive volunteering, training and activity programmes in partnership with Sheffield General Cemetery Trust.
- Implement new marketing/communications plan and rebrand. Work closely with HLF in respect of public/media relations
- Thin vegetation, supplement woodland planting and plant species rich meadow and amenity planting.
- Before the project completes and the final HLF payment is made, submit a comprehensive Business Plan and fully updated 10 year Management and Maintenance Plan to HLF's satisfaction.

**Benefits:**

- Priority repair and condition issues will be addressed resulting in the site being removed from the SCC Asset Risk register and the Historic England Risk Register
- Provision of a fit for purposes public park that is able to meet the future public need
- Improved and sustained Management & Maintenance

**When will the project be completed?**

July 2023

**Project Costs:**

2019/20 Fees, Lead Consultant, Surveys, Activities\* £267K  
 2020/21 Fees, Lead Consultant, Project Staff, Construction, Activities £1,513K  
 2021/22 Fees, Lead Consultant, Project Staff, Construction, Activities £1,571K  
 2022/23 Fees, Project Staff, Construction, Activities £530K  
 TOTAL £3,881K

N.B. These costs include an overall contingency of £164K built up specifically for a number of headings within the cost plan (e.g. for complex conservation work and work around buried remains). This is line with the HLF funding.

\*Activities cover costs such as training, interpretation, marketing, travel, and evaluation, all which are in line with the HLF funding.

**Funding**

See 'Grants for acceptance' section re: HLF funding

S106 funding is made up of £50K already Cabinet approved to be used at General Cemetery from the S106 Parks Programme, and £41K from agreement 1338 that has to be used in the General Cemetery area.

	<b>Funding Source</b>	HLF RCC Place RCC Parks S106 CIF	<b>Amount</b>	£3,098K £292K £56K £91K £344K	<b>Status</b>	Funding Agreement finalised To be transferred to Capital To be transferred to Capital Available Allocated	<b>Approved</b>	See Appendix 2 Yes by PLT Yes by Lisa Firth Yes by Cabinet/PLT* Yes at IBC
	<b>Procurement</b>	Procurement of Lead Consultant via OJEU restricted procedure.						
Variations and reasons for change								
Page 90	None							
	<b>Green and open spaces</b>							
	New additions							
	<p><b>Bannerdale Green Space Phase 1 Infrastructure Improvements</b></p> <p><b>Why do we need the project?</b></p> <p><i>Problem trying to address:</i> The Bannerdale site is a large, diverse Council owned green space close to the South West of the city centre which serves a variety of communities. The site has undergone extensive change recently with the building of the Avant Homes site to the south of Spring Wood, the building of the new Mercia Secondary School, and currently the building of the new Barratt's Housing Development. Due to these drastic changes within the site and on its boundaries the usage of the green space is changing and increasing. This project has been designed to deal with and address these changes.</p> <p>The site currently suffers from a number of problems which inhibit use;</p> <ul style="list-style-type: none"> <li>○ Poor access, site circulation and connections</li> <li>○ Lack of visibility</li> <li>○ Poor quality sports facilities</li> <li>○ No formal play facilities</li> <li>○ Lack of signage and interpretation</li> <li>○ Underuse</li> </ul>							+84

With the available S106 it has been decided with local support to progress with basic site infrastructure improvements to enhance access and make the site feel welcoming and safe to use.

*Why we need to address it now:*

Consultation has taken place with the Stakeholder Group throughout 2018, and there is now a level of expectation within the community to deliver on some of the improvements agreed and identified. The business case covers the delivery of several elements that are a priority for the service, stakeholders, and the local community and which capital funding is available for

*The implications of not doing it now:*

Consultation with the stakeholders has shown support for our improvement priorities and so there is an expectation that improvements will be made to the site.. It is important that stakeholders begin to see some improvement to and protection of the remaining areas of green space.

Failure in delivering improvements will not address any of the current issues on the site and potentially result in a further deterioration of the parks infrastructure and facilities. This would impact on the ability to sustain the Sheffield Standard of the site and have a negative impact on the new school and housing developments in the area.

**How are we going to achieve it?**

The improvement works will fall into the following categories:

- Parkland Path: to include tarmac paths and Park benches at strategic points
- Woodland Path: a crushed brick path running through Spring Wood and woodland benches at key points. The path will run past some archaeological features (Q Barrows) which we would like to highlight through interpretive signage
- Entrance Improvements: to include the standard green Parks signs, a new vehicle gate with pedestrian access for the entrance point of Springfield Avenue, and a dual use dog/litter bin.
- New site furniture will fall under the above 3 categories

**What are the benefits?**

*Objectives:*

Improve accessibility & connectivity by

- Improving site entrances & path network

Make the site feel safer and more welcoming

- Improving signage, interpretation and seating
- New vehicle gate to prevent unwanted vehicle access to football pitches

Improve and maintain site quality

- Delivering the above improvements

*Outputs:*

- 6 new signs, 3 new benches
- New vehicle gate with pedestrian access

- Approx. 500m tarmac footpath
- Approx. 500m of woodland no dig footpaths with crushed brick surface

*Benefits:*

- Site quality improved – an increase in the Sheffield Standard score for the site
- Increased site usage by local community and green space users, due to better access and a safe feel to the site

**When will the project be completed?**

31.11.19 - Woodland path improvements can't be delivered after the end of August - bird nesting season.

**Costs 19/20:**

Woodland Paths	£17.3K
Park Tarmac Path	£50.0K
Signage / Furniture	£3.5K
Entrance Improvements	£2.0K
Contingency 5%	£3.6K
Fees	£7.6K
<b>TOTAL</b>	<b>£84.0K</b>

**N.B.** If any of the 5% contingency isn't required it will be used for further site improvements which contribute to the objectives listed in the business case, such as; play, woodland, entrance & accessibility or paths & connectivity improvements.

Funding Source	S106	Amount	£84.0K	Status	S106 Parks Programme	Approved	June17
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Procurement	<ul style="list-style-type: none"> <li>i. Tarmac resurfacing by direct call off from the Non-Highways Resurfacing Measured Term Contract.</li> <li>ii. Materials for path works and entrance improvements by competitive quotes.</li> <li>iii. Supply and installation of signage and furniture by competitive quotes.</li> <li>iv. In-house Ranger Service will work with volunteers to construct the woodland path.</li> </ul>
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Variations and reasons for change

**Parks Section 106 (S106) Block Allocation Programme**

**Scheme description**

Holds the S106 funding approved by Cabinet for a programme of works on 'Green and Open Spaces' by the Parks and Countryside Service.

-134.1



Page 93	<p><b>What has changed?</b>                  Funds held for works at the former Bannerdale Site of £84.0K needs drawing down to the project following the approval of the Outline Business Case at Green and Open Spaces PG on 21<sup>st</sup> March 2019 (see above).                  Also funds held for works at Sheffield General Cemetery of £50K needs drawing down to the project following the approval of the Outline Business Case at Quality of Life PG on 19<sup>th</sup> March 2019 (see above)</p> <p><b>Variation type:</b>                  Re-profile as funds already part of the Capital Programme now being allocated to specific projects</p> <p><b>Budget:</b>                  Current Total Budget           £850.6K                  Draw down to Bannerdale       £84.0K                  Draw down to General Cemetery £50.1K                  New Total Budget               £716.5K</p> <p>Therefore new budget profile going forward needs to be:                  18/19     £0.0K                  19/20   £564.7K                  20/21   £151.8K                  TOTAL £716.5K</p>	
	<b>Funding</b>	S106
	<b>Procurement</b>	N/A Procurement is part of the specific projects
	<b>E Housing growth</b>	
New additions		
None		
Variations and reasons for change		
<b>Funding</b>	Remaining budget will be 30% 1-4-1 receipts + HRA	
<b>Procurement</b>	N/A no change to existing project	

	<b>Funding</b>		
	<b>Procurement</b>		
Page 94	Council Housing Acquisitions (Homes England Funded)		0
	<p><b>Scheme description</b> There is an approved scheme within the capital programme to allow for the acquisition of suitable properties to increase the stock of council housing.</p> <p><b>What has changed?</b> Homes England funding is available to part fund the purchase and repair/refurb of 10 properties, (5 for tenants with Learning Disabilities, and 5 general purchases). This will result in the release of £220k of SCCs own receipts from council housing sales to fund additional purchases. Due to funding restrictions the costs of these properties have to be accounted for separately to the main bulk of acquisitions</p> <p><b>Variation type:</b> - Change of funding source only. Total costs of Acquisitions - £728k</p> <p>Funded By: Homes England Grant £220k (replacing 1-4-1- council housing sale receipts) Housing Revenue Account - £508k</p>		
	<b>Funding</b>	£220K Homes England (for acceptance of the extension see 'Grants for acceptance') + HRA	
	<b>Procurement</b>	N/A	
<b>F</b>	<b>Housing investment</b>		
	New additions		
	<p><b>97463 250 Barnsley Road Emergency Accommodation - <u>FEASIBILITY</u></b></p> <p><b>Why do we need the project?</b> <i>Problem we are trying to address</i> Following a review of temporary emergency accommodation for the Homeless in 2017, a proposal to develop a new purpose built facility that will integrate provision for all customer groups with assessment as well as accommodation services has been approved by Portfolio Leadership Team. However it is anticipated that this new facility will not become available until 2021 so an interim solution is therefore required to meet current need in the city. A feasibility study is therefore required in order to determine the most cost effective solution by carrying out an options appraisal including cost, programme and procurement considerations.</p>		29

*Why address it now?*

The development of 250 Barnsley Road will provide temporary / interim accommodation until a new, purpose built facility is available.

*Implications of not doing it now?*

There will continue to be an under provision of emergency temporary accommodation until the permanent solution is in place in 2021.

**How are we going to achieve it?**

Refurbish and remodel 250 Barnsley Road.

**What are the benefits?**

*Objectives:*

- To provide 10–12, short term, (2-3 nights) emergency homeless places on an interim basis until the permanent solution is in place
- To provide a solution with a 3-5 year life expectancy

*Outputs:*

Refurbished and remodelled temporary accommodation with individual washing facilities and office accommodation at 250 Barnsley Road

*Benefits:*

- Provision of 10-12 short term emergency homeless places
- Interim provision of emergency homeless places until a new purpose built facility is available

**When will the project be completed?**

Provisionally October 2019

**Costs 19/20**

Professional Fees £27.5K

Surveys £1.5K

TOTAL £29K

<b>Funding Source</b>	HRA	<b>Amount</b>	£29K	<b>Status</b>	HRA	<b>Approved</b>	Hsg Inv PG: 20.02.19
<b>Procurement</b>	Feasibility works to be undertaken in-house by the Capital Delivery Service.						

Variations and reasons for change (please specify all that apply: budget increase / budget reduction / re-profiling / scope change / procurement)	
<p><b>Obsolete Heating</b></p> <p><b>Scheme description</b></p> <p>During the Decent Homes programme in 2007-2008 it was identified that many domestic heating system were obsolete and this demand was putting the programme into financial difficulties. A programme for heating replacement for which a heating strategy was developed in 2009 is still relevant as this was always a long term plan with key stages. Over the last 10 years 16,846 Priority 1 to 4 domestic heating systems have been replaced from a combination obsolete heating investment funding and the heating breakdown budget. Further systems have been replaced and although they may not be Priority 1 to 4, have broken down or are older than 15 years.</p> <p><b>What has changed?</b></p> <p>In March 2017 the contracts for replacement of obsolete heating ended. Heating breakdown work continued with Repairs and Maintenance Service during 2017 and 2018 but the main replacement Programme now needs to restart to reduce day to day gas repairs, further improve customer satisfaction, improve energy efficiency, and reduce the future risks to the HRA of large numbers of heating systems failing in any one year or short period</p> <p>New planned outputs:                      Groups A – 129 Full systems                      Group B – 776 Full Systems                      Group C – 503 Full Systems &amp; 2849 Boiler only                      Total 4,257</p> <p><b>Variation type:</b> - Scope as change in outputs, slight budget reduction, and re-profile of the remaining budget</p> <p><b>Costs:</b>                      Fees £5K                      Works £7,140K                      Contingency £355K                      TOTAL £7,500K</p> <p>18/19 Current Budget £0K + £5K = £5K                      19/20 Current Budget £2,200K - £407K = £1,793K                      20/21 Current Budget £2,314K - £467K = £1,847K                      21/22 Current Budget £1,500K + £400K = £1,900K                      22/23 Current Budget £1,500K + £455K = £1,955K                      Total Current Budget £7,514K - £14K = £7,500K</p>	<p>-14</p> <p>18/19 +5                      19/20 – 407                      20/21 – 467                      21/22 + 400                      22/23 +455</p>

	<b>Funding</b>	HRA, existing budget reduced and re-profiled							
	<b>Procurement</b>	i. Programme delivery will be in-house by the Housing Repairs and Maintenance Service. ii. Materials for year 1 of the programme will be via the existing Repairs, Maintenance and Building Materials framework							
Page 97	<p><b>Hanover Tower Block Cladding</b></p> <p><b>Scheme Description</b></p> <p>Following the removal of the original cladding on the Hanover Tower Block (as a precaution following the Government’s test on cladding) work is now ongoing to complete the installation of the cladding, including insulation, the replacement of any damaged parts of the frame from which the cladding is suspended and any ‘making good’ required, such as resealing around windows.</p> <p><b>What has changed?</b></p> <p>During the works to replace the cladding on the Hanover Tower Block, the lead contractor has discovered that the existing roofing insulation is saturated and needs to be replaced as quickly as possible to stop any further ingress and ensure the recladding programme is not disrupted.</p> <p>The total project budget of £3.75m has an approved contingency allowance that will cover the £100,000 cost of this emergency work without further increase to the budget.</p> <p><b>Variation Type</b></p> <p>[Scope change to allow emergency works to roof]</p>							0	
	<b>Funding</b>	HRA for roofing element	<b>Amount</b>	-£100k	<b>Status</b>	Approved	<b>Approved</b>	Jul 18	
	<b>Procurement</b>	Competitive quotes inviting a minimum of 1 local contractor to quote							
<b>G</b>	<b>People – capital and growth</b>								
	New additions								
	<p><b>FIRE RISK ASSESSMENT (FRA) – EXTERNAL WORKS SCHOOLS / FRA WORKS MEASURED TERM CONTRACT SCHOOLS</b></p> <p><b>[Note: Procurement Strategy change only]:</b> £115,622 to be transferred to fund external FRA works at two schools as noted below: no overall budget change.</p> <ul style="list-style-type: none"> <li>A new Procurement Strategy is required to reflect the new scope of works.</li> </ul> <p><b>Why do we need the project?</b></p>						0		

- SCC commissioned Fire Risk Assessment surveys to a number of sites across the corporate estate in order to investigate compliance issues and established a programme of associated remedial works. This scheme relates to external works required at 2 of those sites, Bankwood Primary and Hunters Bar Junior Schools.
- Surveys (£2k) plus internal works required to ensure compliance have already been undertaken at both sites, with some external works finished at Bankwood (totalling £19k). This scheme will ensure that all the required external works are completed to both sites.
- Not carrying out these works would mean that certain fire escape routes at each site are not fully compliant with regulations. This would leave hazards for the school communities and create risks to the Council in terms of prosecutable offences and reputational damage as it would not be complying with its statutory responsibilities as a landlord under the Regulatory Reform (Fire Safety) Order 2005

**How are we going to achieve it?**

- Bankwood Primary School – construction of 4 no. linked flights of stairs and landing areas provided with balustrades, handrails and tactile paving to the landings. There will be a new gate at the junction with existing fencing to prevent unauthorised access via the stairs. These works will create a continuous safe escape route from the school building over sloping ground.
- Hunters Bar Junior School – construction of new escape stairs from basement to playground level with railings and automatic gate to be linked to fire alarm to prevent unauthorised access. Construction of 2 new stone faced walls from edge of building parallel with new staircase. Extension of existing mesh fencing to new gate – this is to protect the stairwell from unauthorised access. Making good to playground surface. These works will create a safe escape route from the basement level.

**What are the benefits?**

- Objectives: to complete external works following fire risk assessments
- Outputs: completion of compliance works identified through fire risk assessments.
- Benefits: improved escape routes should either building need to be evacuated at an alarm signal.

**When will the project be completed?**

20/09/2019

<b>Funding Source</b>	DfE Condition Allocation: part of already approved FRA allocation	<b>Amount</b>	£Nil net effect	<b>Status</b>	Change in Procurement Strategy only	<b>Approved</b>	People – Capital & Growth Board
<b>Procurement</b>		Single stage procurement via closed competitive tender inviting Sheffield contractors to tender					

Variations and reasons for change

None

<b>H</b>	<b>Essential compliance and maintenance</b>	
	New additions	
	None	
	Variations and reasons for change	
	None	
<b>I</b>	<b>Heart of the City II</b>	
	New additions	
	None	
	Variations and reasons for change	
<b>Page 99</b>	<p><b>94054 Heart of The City (HOC) II Offices</b></p> <p><b>Scheme Description</b> The council has delivered the first phase of the Heart Of The City II development which is made up of office accommodation that has been let to HSBC, above Food, Beverage and Retail units. The office accommodation is now complete.</p> <p><b>What has changed?</b> In order to let one of the retail units internal re-modelling is required as the prospective tenant requires only a single storey of a double storey unit. The prospective tenant handover date is August 19 in order to allow internal fit out and opening in time for the Christmas trading period. If this date is missed than they are unlikely to open until later in 2020, which would have an impact on income for HOCII and potentially attracting other tenants into the other vacant units. Current budget figure for this work is £500k. This amount is within the allowances included in the appraisals that were approved by Cabinet in March 2018</p> <p><b>Variation Type</b> Budget Increase / Procurement Strategy Variation</p>	+500

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	<b>Funding Source</b>	Prudential Borrowing	<b>Amount</b>	500k	<b>Status</b>		<b>Approved</b>		
	<b>Procurement</b>		Delivery of retail unit modifications by rotation via the YORbuild2 framework.						



	Scheme name / summary description of key terms	Funder	Value £'000
<b>A</b>	<b>Economic growth</b>		
	None		
<b>B</b>	<b>Transport</b>		
	None		
<b>C</b>	<b>Quality of life</b>		
	<p><b>General Cemetery Phase 2</b></p> <p><b>Background</b></p> <p>In June 2018, SCC was successful in securing a Heritage Lottery Fund (HLF) Round 2 (R2) 'Parks for People' grant offer of £3,098,400 for the Sheffield General Cemetery (SGC) towards a HLF project cost of £3,750,302.</p> <p>The HLF grant offer constitutes circa. 82.6% of the project cost; the SCC contribution of £651,902 provides the remaining circa 17.4% income.</p> <p>For 'Problem to address' see Section Appendix 1.</p> <p><b>Financial and Commercial Implications</b></p> <p>Key features of the proposed grant terms and conditions (not exclusive) are summarised below. The Project Manager will need to read, understand and comply with the grant terms and conditions.</p> <ul style="list-style-type: none"> <li>• SCC must use the Grant only for the Approved Purposes, unless HLF give</li> </ul>	Heritage Lottery Fund (HLF)	3,098

	<p>prior approval.</p> <ul style="list-style-type: none"> <li>• SCC must not start work to achieve the Approved Purposes without HLF approval</li> <li>• SCC must achieve the Approved Purposes and make the final Grant drawdown by the Grant Expiry Date.</li> <li>• SCC must use the Property, or allow it to be used, only for the Approved Usage.</li> <li>• SCC must follow the conditions set out in the First-Round Pass Letter and Grant Notification Letter, address any issues HLF identify in the course of monitoring, and meet the requirements set out in the Programme Application guidance.</li> <li>• SCC must carry out the Approved Purposes in line with current best practice and follow all legislation and regulations that apply.</li> <li>• SCC must not use the grant in a way that constitutes un-approvable State Aid or the grant will have to be repaid.</li> <li>• Comply with Project Monitoring requirements as detailed in the Funding Agreement.</li> <li>• The funder will carry out checks at and after the end of the Project to confirm that it is delivering the outcomes expected and will make recommendations.</li> <li>• Before work starts, SCC must put in place all necessary contracts with appropriately qualified contractors. Building contracts must contain a clause which allows SCC to retain part of the contractors' fees on practical completion of the works.</li> <li>• Buying goods or services must involve a tendering exercise in line with the</li> </ul>		
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	<p>requirements set out in the Programme Application guidance.</p> <ul style="list-style-type: none"> <li>• SCC must continue to own and control the property SCC must not sell or let without prior approval. A share of any sale proceeds should be returned to the funder unless they state otherwise.</li> <li>• SCC must maintain the Property in good repair and condition.</li> <li>• The grant will not be increased and is subject to repayment if the terms and conditions are not adhered to and unspent funding is to be returned to the funder.</li> <li>• Within 28 days of the date of the Grant Notification Letter, SCC must send a certified copy of the document recording SCC's decision to accept the grant terms, together with other evidence requirements.</li> <li>• Although not funded by the grant it will be a condition of the grant that the Council also uses reasonable endeavours to complete and maintain improvement works on the site of the former Anglican Chapel. A failure to do so could lead to a reduction in or removal of the grant.</li> </ul> <p><b>Procurement</b></p> <ul style="list-style-type: none"> <li>• All public sector procurement is governed by and must be compliant with both European Legislation and UK National Law. In addition, all procurement in Sheffield City Council must comply with its own Procurement Policy, and internal regulations known as 'Contracts Standing Orders' (CSOs).</li> </ul> <p>Contracts Standing Orders requirements will apply in full to the procurement of services, goods or works utilising grants. All grant monies must be treated in the same way as any other Council monies and any requirement to purchase/acquire services, goods or works must go via a competitive process.</p>		
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<b>D</b>	<b>Green and open spaces</b>	
	None	
<b>E</b>	<b>Housing growth</b>	
	None	
<b>F</b>	<b>Housing investment</b>	
	None	
<b>G</b>	<b>People – capital and growth</b>	
	None	
<b>H</b>	<b>Essential compliance and maintenance</b>	
	None	
<b>I</b>	<b>Heart of the City II</b>	
	None	

	Scheme name / summary description of key terms	Funder	Value £'000
<b>A</b>	<b>Economic growth</b>		
	None		
<b>B</b>	<b>Transport</b>		
	None		
<b>C</b>	<b>Quality of life</b>		
	None		
<b>D</b>	<b>Green and open spaces</b>		
	None		
<b>E</b>	<b>Housing growth</b>		
	<p><b>Acquisitions Home England Funded</b> (See Appendix 1 Section E for scheme details)</p> <p><b>Shared Ownership Affordable Homes Programme (2016-21)Second Allocation</b> <b>Background</b></p> <p>A scheme was approved in July17 to purchase 5 special properties for tenants with Learning Disabilities (LD) with the help of funding from DOH and Homes England (HCA as was). The funding offered from Homes England was £110K and although acceptance of the funding was approved the funding agreement wasn't signed until recently. The signing was delayed because SCC have struggled to find any</p>	Homes England	110

	<p>appropriate properties and therefore negotiated with Home England to change the scope and be allowed to purchase 5 ordinary LD properties using their funding.</p> <p>In February 19 Homes England agreed to fund a further 5 general acquisitions purchased during 2018/19. The funding has been offered and accepted on their online system (IMS) and is therefore already being claimed. This is the official request for acceptance of a further £110K Homes England funding to help towards the cost of 5 general acquisitions made in 2018/19.</p> <p><b>Financial and Commercial Implications</b></p> <p>SCC are anticipating that the terms and conditions for this grant will be the same as the previous grant allocation, but are awaiting formal confirmation from Homes England, so acceptance of this grant offer is subject to final confirmation.</p> <p>Key features of the proposed Grant Agreement (not exclusive) are summarised below:</p> <ul style="list-style-type: none"> <li>• To make grants available to facilitate the development and provision of housing</li> <li>• To facilitate the delivery of certain affordable housing schemes.</li> <li>• Grant is compliant with the EU requirements concerning public service compensation granted for Services of General Economic Interest.</li> <li>• Firm Scheme Completion Date means the date set out in the Firm Scheme Delivery Timetable by which the Site acquisition and Practical Completion must be achieved</li> <li>• SCC must comply with any repayment / reporting obligations</li> <li>• SCC must ensure no material breach of the Grant Agreement</li> <li>• SCC must deliver all the SOAHP Housing which it was committed to deliver under this Agreement by 31 March 2022</li> </ul>		
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	<ul style="list-style-type: none"> <li>• Help to Buy Agency Agreement means an agreement entered into between SCC and the Help to Buy Agent</li> <li>• The Grant Recipient shall comply fully with the contract management and reporting obligations set out in this Condition 11</li> <li>• If the approved bid is not complied with then the grant may be reduced or adjusted</li> <li>• SCC must retain records for ten years from the date it received the grant</li> <li>• The grant is subject to Audit</li> <li>• No obligation to pay Grant to SCC if the due date for payment is after 31 March 2022 unless the funder approves an extension</li> <li>• SCC must comply with the defined grant claim procedures</li> <li>• If SCC fails to deliver the funder can withdraw, reallocate or reduce the funding</li> </ul> <p>Fundamental (A) Default means the occurrence of any of the following:</p> <ul style="list-style-type: none"> <li>• SCC is subject to a Section 15 Direction which has or will have a Material Adverse Effect</li> <li>• A Prohibited Act has been committed by or on behalf of the Grant Recipient (in respect of which the Waiver Condition has not been satisfied)</li> <li>• Any Consent necessary to the delivery of the Approved Bid is withdrawn or revoked</li> </ul> <p>Fundamental (B) Default means the occurrence of any of the following:</p> <ul style="list-style-type: none"> <li>• The Grant Recipient's Investment Partner status is lost, removed or</li> </ul>		
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	<p>relinquished</p> <ul style="list-style-type: none"> <li>The Regulator directs or recommends that grant is not to be paid to the Grant Recipient</li> </ul> <p>Repayment of Grant in the following circumstances (not exclusive):</p> <ul style="list-style-type: none"> <li>The relevant Tranche has been paid to SCR but there is a failure to deliver the relevant Firm Scheme in accordance with the agreed Firm Scheme Details</li> <li>The Grant Recipient has breached its obligations under any of Conditions 9 (Delivery Obligations), Condition 10 (Operational Obligations) or Condition 11 (Review, Monitoring and Reporting)</li> <li>A Scheme Termination Event has occurred</li> <li>A Total Termination Event has occurred</li> <li>The Grant Recipient must pay the Recoverable Amount together with interest at two per cent (2%) above the base rate</li> <li>Disposal or letting of a SOAHP Dwelling for any purpose other than the Agreed Purpose will lead to failure to comply with the Grant conditions for the purposes of Recovery</li> <li>SCC will not be entitled to transfer or assign all or part of this Agreement</li> </ul> <p><b>Procurement</b></p> <ul style="list-style-type: none"> <li>All public sector procurement is governed by both European Legislation and UK National Law. In addition, all procurement in Sheffield City Council must comply with its own Procurement Policy, and internal regulations known as 'Contracts Standing Orders' (CSOs).</li> <li>Contracts Standing Orders requirements will apply in full to the procurement</li> </ul>		
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	<p>of services, goods or works utilising grants. All grant monies must be treated in the same way as any other Council monies and any requirement to purchase/acquire services, goods or works must go via a competitive process.</p> <ul style="list-style-type: none"> <li>The Project Manager will need to read, understand and comply with all of the grant terms and conditions.</li> </ul>		
<b>F</b>	<b>Housing investment</b>		
	None		
<b>G</b>	<b>People – capital and growth</b>		
	None		
<b>H</b>	<b>Essential compliance and maintenance</b>		
	None		
<b>I</b>	<b>Heart of the City II</b>		
	None		

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**Author/Lead Officer of Report:** Gillian Charters,  
Head of Waste Management

**Tel:** 0114 203 7621

**Report of:** *Laraine Manley*

**Report to:** *Cabinet*

**Date of Decision:** *17<sup>th</sup> April 2019*

**Subject:** *Waste Management Budget Savings 2019*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? <i>Cllr Lewis Dagnall –Member for the Environment and Transport</i>		
Which Scrutiny and Policy Development Committee does this relate to? <i>Economic and Environmental Wellbeing Scrutiny Committee</i>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? 418, 419, 421 and 442		
Does the report contain confidential or exempt information?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Appendix 1 is not for publication because it contains exempt information under Paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended).		

**Purpose of Report:**

The report details four proposals to realise a saving on the costs of providing waste services through the Integrated Waste Management Contract with Veolia.

The four proposed changes detailed in this report are:

- Making a charge for the provision of new recycling bins to new properties (and change of use properties) in the City
- Ending the subsidy for bulky waste collections
- Charging a rental for bulk bins provided to flats and maisonettes
- Alignment of the Integrated Waste Management Contract with the operation and maintenance of the Energy Recovery Facility to 2038.

**Recommendations:**

Cabinet receives the report and approves the policy changes to:

- i) Make a charge of £25 per container for the provision of recycling bins to new and change of use properties in the City
- ii) End the provision of subsidised bulky waste collections
- iii) Charge a weekly rental fee for the provision of bulk containers (where a one off payment has not been received for the provision of the container) on the basis of £0.50 per container per week for bulk bins provided for general waste and £0.30 per container per week for the bulk bins provided for recycling collections

Cabinet agrees to vary the Integrated Waste Management Contract as outlined in this Report such that the expiry of all services under the Contract will align with the currently agreed expiry date for the operation and maintenance of the Energy Recovery Facility of 31<sup>st</sup> July 2038.

Cabinet delegates authority to the Executive Director, Place in consultation with the Director of Legal and Governance to agree the final terms of the variation to the Integrated Waste Management Contract.

**Background Papers:**

- 1) Cabinet Report dated 18th January 2017 - Waste Management Policies
- 2) Cabinet Report dated 13th December 2017 Waste Contract Review – Next Steps
- 3) Individual Cabinet Member decision dated 6th March 2018 – Container Charges Review

<b>Lead Officer to complete:-</b>	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: Paul Schofield
	Legal: Sarah Bennett
	Equalities: Annemarie Johnston
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>EMT member who approved submission:</b> <i>Lorraine Manley</i>
3	<b>Cabinet Member consulted:</b> <i>Lewis Dagnall</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.
	<b>Lead Officer Name:</b> <i>Gillian Charters</i>
	<b>Job Title:</b> <i>Head of Waste Management</i>
<b>Date:</b> 8 April 2019	

## **1. PROPOSAL**

### **1.1 Background**

- 1.1.1 Sheffield City Council has an Integrated Waste Management Contract (IWMC) with Veolia. The IWMC commenced in 2001, with the Council contracting with Veolia to deliver all household waste services on the Council's behalf to 2036.
- 1.1.2 The IWMC was amended last year to secure savings to the Council, as approved by Cabinet at their meeting on 13th December 2017. These amendments resulted in a number of changes, including in improvements to the recycling service; ending the collection of a box for recycling with the roll out of a brown bin.
- 1.1.3 In addition, the operation and maintenance of the Energy Recovery Facility (ERF) element of the contract, for the treatment of black bin/ residual waste was extended from previous expiry of 31<sup>st</sup> July 2036 to 31<sup>st</sup> July 2038.
- 1.1.4 Following the amendments to the IWMC and agreed savings being realised, the Council continues to be under significant financial pressures as the austerity agenda from central government continues to reduce funding to local authorities. The proposed further changes in this report ensure the Waste Management service contributes by reducing the direct cost of providing waste services.

### **1.2 Proposed savings**

#### **1.2.1 Charge for the provision of new recycling bins to new (and change of use properties) in the City**

- 1.2.1.1 The proposal is to introduce a charge for the provision of all bins to new households (and change of use premises), currently, there is charge for the black bin only. This policy change would mean payment of £25 per bin would be required for the brown and blue bins for the recycling service in addition to the black bin.
- 1.2.1.2 This policy would only apply to those households who are provided with their own containers for waste and recycling collections i.e. not households, like flats, that have shared bins.
- 1.2.1.3 The fee is proposed for new developments (or property change of use). The cost will include the delivery of all containers. Any further replacement recycling containers (but not garden waste) will be free of charge. Any replacement general waste (black bin) containers and green bins for garden waste collection will continue to attract a charge as per the policy approved in January 2017.

#### **1.2.2 Ending the current subsidy for bulky waste collection**

- 1.2.2.1 The proposal is to remove the current subsidy for the cost of bulky waste collections to households who receive a means tested benefit.
- 1.2.2.2 As a Waste Collection Authority, the Council is required to provide a service for the collection of bulky waste but may apply a charge for this service. Through the IWMC this service is provided by Veolia on behalf of the City Council. The charges for the bulky waste collection services are retained by Veolia for the

cost of providing the service.

1.2.2.3 The table below sets out the pricing structure for the bulky waste collection service, being varied by the number of items for collection. The table shows the price a customer receiving a means tested benefit pays and the corresponding subsidy the Council pays to Veolia for the collection.

Table 1. Bulky collection costs and subsidy

Number of items	Collection cost	Price customer on means tested benefit pays	Subsidy the Council pays towards the cost per collection
1 - 3	£21.90	£10	£11.90
4 - 6	£36.90	£15	£21.90
7 - 9	£51.90	£25	£26.90
10 - 12	£65.60	£35	£30.60

1.2.2.4 In the 12 month period between August 2017 to August 2018 there were 2,478 subsidised collections, approximately 15% of all collection undertaken in that period. Of these subsidised collections, approximately 69% of these were for 1-3 items. The lowest subsidised collection charge is £10 and the removal of the subsidy would mean customers who currently receive it would be required to pay an extra £11.90.

1.2.2.5 In addition to the Bulky Waste Collection Service, the Council provides five Household Waste Recycling Centres, across the city, for householders to take bulky and excess waste for recycling and disposal free of charge.

### 1.2.3 Charging a rental for bulk bins for existing properties

1.2.3.1 The Council is proposing to introduce an annual rental charge for bulk bins. This charge would replace the current one-off charge for the provision of these types of containers, and would be applicable to bulk bins to reflect the increased capital and the ongoing maintenance costs associated with these containers.

1.2.3.2 The rental charge will be applicable across all bulk bins at a rate of £0.50, per container per week for general waste bins and £0.30 per container per week for bulk bins provided for recycling collections.

1.2.3.3 The number of bins required at each development will continue to be determined by the Council as per its policies agreed by Cabinet on the 18<sup>th</sup> January 2017.

1.2.3.4 Where a charge has been applied for the provision of bulk containers for general waste, in accordance with the policy agreed by Cabinet on the 18<sup>th</sup> January 2017, the annual rental charge will not apply for those containers.

### 1.2.4 Collection and Disposal Contract Alignment Efficiency

1.2.4.1 The Council has secured an offer of a further annual saving from the cost of providing waste services through the IWMC with Veolia if the expiry of all aspects of the contract are extended to 31<sup>st</sup> July 2038.

1.2.4.2 The current position is that only the operation and maintenance of the Energy Recovery Facility, for the treatment of general waste, will continue to 2038.

1.2.4.3 This proposal would mean the full IWMC with Veolia would continue to 2038 and the risks associated with the logistics of operating collection services presenting waste to treatment/ recycling/ disposal facilities would continue to be managed wholly by Veolia, minimising possible disruption to customers.

## **2. HOW DOES THIS DECISION CONTRIBUTE?**

2.1 The changes recommend in this report contribute to the 'Being an In touch Organisation' and 'Thriving Neighbourhood and Community' priorities identified in the Council's Corporate Plan 2015 – 2018. This is through reducing the cost to the Council of providing waste services and making the best use of public money to have the greatest impact for Sheffield. The changes also seek to be innovative through finding new approaches and being open to different ways of doing things and seeking out new ideas.

2.2 Waste Services are a cornerstone of the thriving neighbourhoods and communities' priority ensuring our city is clean and tidy.

2.3 Delivering a budget saving by altering how waste services are delivered will make a contribution to the Council's savings target, while improving the service offer.

## **3. HAS THERE BEEN ANY CONSULTATION?**

3.1 There are no changes to services proposed through this report and as such no consultation has been undertaken. Due notice will be provided to landlords and managing agents prior to the commencement of the annual rental fee for the bulk containers.

## **4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

4.1 Equality Impact Assessments have been undertaken for the proposed changes, the outcome of the assessments is detailed below;

4.1.1 EIA 418 - Charge for the provision of bins to new properties in the City  
Overall, there are no significant differential, positive or negative, equality impacts from this proposal

4.1.2 EIA 442 - Ending the current subsidy for bulky waste collection  
Overall there are no significant differential, positive or negative, equalities impact as a consequence of this proposal. There is a potential negative impact on older people, disabled people and those in poverty/financially excluded due to the removal of the subsidy. The service is still available but at a higher cost and waste can still be disposed of for free at one of Sheffield's Household Waste Recycling Centres.

EIA 421 - Charging a rental for bulk bins  
4.1.3 Overall there are no significant differential, positive or negative, equalities impact as a consequence of this proposal.

EIA 419 - Collection and Disposal Contract Alignment Efficiency  
4.1.4

There are no equalities impacts from this decision.

## **4.2 Financial Implications**

- 4.2.1 The financial implications of the proposals detailed from paragraphs 2.1 through to paragraph 2.3.4 are demand driven and therefore variable on this basis.
- 4.2.2 Based on the number of black bins for general waste provided to new households over the last year, the income for the corresponding provision of brown and blue bins at £25 per would be £44,500.
- 4.2.3 During the last financial year the cost to the Council to subsidise bulky waste collections was £23,677.
- 4.2.4 At the end of the last financial year the Council was providing 3,595 bulk bins for general waste. The Council has had a programme of rolling out the full recycling offer so the number of bulk containers for recycling is to be finalised. From the general waste element only the income to the Council for bulk bin rental at £0.50 per container per week would be £93,470.
- 4.2.5 If the above assumptions in paragraphs 6.2 to 6.4 are realised the combined effect of these measures will achieve the budget savings assumptions.
- 4.2.6 In the 2019/20 Budget the Place portfolio also anticipated extending all elements of the IWMC with Veolia to 2038, to align with the already agreed termination for the operation and maintenance of the Energy Recovery Facility at 2038, the Council would save an additional £150,000 per year on the cost of providing waste services.
- 4.2.7 Please also see Appendix 1

## **4.3 Legal Implications**

- 4.3.1 In relation to the policy to make a charge for the provision of recycling bins to new/ change of use properties and also the rental charge for bulk bins; Section 46(1) Environmental Protection Act (EPA) 1990 provides that where the Council has a duty to collect waste, they are able to specify the kind and number of receptacles the occupier must put the waste into. S.46(2) EPA states that receptacle requirements set by the Council must be reasonable.
- 4.3.2 The Council may, with the agreement of the occupier, charge for the provision of the receptacles. This may be a single payment or a periodical payment (S.46(3) EPA). Charging for a new bin(s) for the recycling would constitute a single payment under this section. Charging a rental for a bulk bin would be classed as a periodical payment.
- 4.3.3 Alternatively, householders/ managing agents/ landlords are able purchase their own bins, but it must be at the capacity allocated for their household, of the correct colour, meet the specification set out by the Council, including the BS EN 840 quality standard, and the householder must agree to the Council's terms and conditions. If this bin does not meet these criteria it will not be emptied. Unsuitable bins may cause injury to staff and/or damage to the collection vehicle. Unless authorised by the Waste Management Service, household waste not contained within an approved container will not be



collected and will be treated as fly tipping.

4.3.4 With regard to ending the subsidy for bulky waste collections, whilst the Council has a duty to provide a bulky waste collection service, the Controlled Waste (England and Wales) Regulations 2012 provide that the Council may make a charge for this collection. There is no statutory requirement to provide a subsidised offer.

4.3.5 Please also see Appendix 1.

## **5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 The Council could continue to provide waste services without the policy changes outlined above. This would mean the opportunities for income identified would not be realised and the waste service is unable to contribute to reducing the cost of providing services to ensure the Council is operating within the budget set for 2019/20.

5.2 The alignment of the expiry date of all of the IWMC services to 2038 provides a significant annual saving for the Council. If the Council does not agree to this proposal this saving cannot be realised and accordingly the Council would not be able to prioritise spending to services for caring for older and vulnerable people across Sheffield.

## **6. REASONS FOR RECOMMENDATIONS**

6.1 The recommendations to approve the policy changes and to approve the recommendation to align the expiry date of all of the Integrated Waste Management Contract services contribute to the Council operating within the budget set for 2019/20 without a reduction in the services provided.

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

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## Equality Impact Assessment and Consultation

Approved

Approved by Johnston Annemarie

## Equality Impact Assessment

### Introductory Information

**Reference number**

418

**Proposal type** Budget  Project**Budget theme**

Council operating costs / infrastructure

**Budget name**

Waste Management - Charge for the provision of bins to new properties in the city

### Decision Type

**Type of decision**

- Cabinet
- Cabinet Committee (e.g. Cabinet Highways Committee)
- Leader
- Individual Cabinet Member
- Executive Director/Director
- Officer Decisions (Non-Key)
- Council (e.g. Budget and Housing Revenue Account)
- Regulatory Committees (e.g. Licensing Committee)

**Lead Cabinet Member**

Dagnall Lewis (LAB-CLLR)

**Entered on Q Tier** Yes  No**Q Tier reference**

001PLA013B2-1

**Year(s)****EIA date**

28/11/2018

**EIA lead**

Johnston Annemarie

**EIA contact**

Black Alastair

**Lead officer**

Black Alastair

**Lead Corporate Plan priority**

An In-Touch Organisation

**Portfolio, Service and Team**

**Cross Portfolio**

Yes  No

**Portfolio**

Place

**Place service(s)**

Business Strategy and Regulation

**Place team(s)**

Waste Management

**Is the EIA joint with another organisation (eg NHS)?**

No  Yes

**Brief aim(s) of the proposal and the outcome(s) you want to achieve**

Introduce a fee for the provision of all bins to new households, currently only there is charge for the black bin only. This policy change means the new property will also need to make payment for the recycling and garden waste bins.

The new fee is proposed for new developments or property change of use only. The cost will include the delivery of all containers. Any further replacement recycling containers (but not garden waste) will be free of charge. Any replacement general waste (black bin) containers will attract a charge as per the policy introduced January 2018.

**Impact**

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these - positives will be part of any mitigation. The action plan should detail any mitigation.

**Overview**

**Overview (describe how the proposal helps to meet the Public Sector Duty outlined above), Supporting Evidence (Please detail all your evidence used to support the EIA)**

No discrimination, harassment and victimisation issues will be created as a consequence of this action.

**Impacts**

Proposal has an impact on

## Poverty & Financial Inclusion

### Staff

Yes  No

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

This a one-off fee for new properties affecting houses only and not flats.

This proposal is to charge for the provision of all the containers for waste and recycling collections.

The introduction of this charge may have a low level financial detriment to those facing financial exclusion. To mitigate, Waste Management will communicate with the Planning Service to make them aware of this charge and to encourage developers to pick this fee up, as opposed to deferring to the householder.

How widespread the impact is will be variable depending on the number of new properties built and the extent to which developers defer the cost to householders.

## Supporting Documentation

### Cumulative impact

#### Proposal has a cumulative impact

Yes  No

#### Proposal has geographical impact across Sheffield

Yes  No

#### Local Partnership Area(s) impacted

All  Specific

## Action Plan and Supporting Evidence

### Action plan

To mitigate, Waste Management will communicate with the Planning Service to make them aware of this charge and to encourage developers to pick this fee up, as opposed to deferring to the householder.

### Supporting Evidence (Please detail all your evidence used to support the EIA)

This a one-off fee per new property, affecting houses. Based on growth projections, it is anticipated that this charge will affect around 1500 -2000 new properties per annum. This proposal is to increase cost recovery for provision of this service.

## Consultation

### Consultation required

Yes  No

#### If consultation is not required please state why

This is a discretionary charge. It is not possible to consult with the affected client group as they are currently unknown.

Additionally, costs may be met by the developer.

Communication is required with the Planning Service to enable them to communicate effectively with developers regarding this issue. We will also make this information available on the SCC website.

#### Are Staff who may be affected by these proposals aware of them

Yes  No

#### Are Customers who may be affected by these proposals aware of them

Yes  No

#### If you have said no to either please say why

It is not possible to consult with the affected client group as they are currently unknown.

Communications will be as stated previously.

## Summary of overall impact

### Summary of overall impact

Overall, there are no significant differential, positive or negative, equality impacts from this proposal.

### Summary of evidence

### Changes made as a result of the EIA

Based on the known data and overall anticipated low level impact, no changes will be made as a result of this EIA.

## Escalation plan

### Is there a high impact in any area?

Yes  No

### Overall risk rating after any mitigations have been put in place

High  Medium  Low  None

## Review date

### Review date

01/04/2020

If a review date is specified, it will appear in the 'Upcoming Reviews' view when the EIA review is within 30 days.

Approved



[Print this page](#)

## Equality Impact Assessment and Consultation

Approved

Approved by Storm Beth (Place)

## Equality Impact Assessment

### Introductory Information

**Reference number**

419

**Proposal type** Budget  Project**Budget theme**

Contracts

**Budget name**

Waste Management - Collection and Disposal Contract Alignment Efficiency

### Decision Type

**Type of decision**

- Cabinet
- Cabinet Committee (e.g. Cabinet Highways Committee)
- Leader
- Individual Cabinet Member
- Executive Director/Director
- Officer Decisions (Non-Key)
- Council (e.g. Budget and Housing Revenue Account)
- Regulatory Committees (e.g. Licensing Committee)

**Lead Cabinet Member**

Dagnall Lewis (LAB-CLLR)

**Entered on Q Tier** Yes  No**Q Tier reference**

001PLA013B3-1

**Year(s)****EIA date**

28/11/2018

**EIA lead**

Storm Beth (Place)

**EIA contact**

Black Alastair

**Lead officer**

Black Alastair

**Lead Corporate Plan priority**

An In-Touch Organisation

**Portfolio, Service and Team**

**Cross Portfolio**

Yes  No

**Portfolio**

Place

**Place service(s)**

Business Strategy and Regulation

**Place team(s)**

Waste Management

**Is the EIA joint with another organisation (eg NHS)?**

No  Yes

**Brief aim(s) of the proposal and the outcome(s) you want to achieve**

To align the collection and disposal aspects of the waste contract to make them co-terminus.

Currently as part of savings agreed by Cabinet in December 2017, only the Energy Recovery Facility element of the contract has been extended to 2038.

Our waste management contract provider Veolia, are offering a further annual reduction to extend the full contract to the same period.

**Impact**

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these - positives will be part of any mitigation. The action plan should detail any mitigation.

**Overview**

**Overview (describe how the proposal helps to meet the Public Sector Duty outlined above), Supporting Evidence (Please detail all your evidence used to support the EIA)**

This proposal has no equality of opportunity implications. Customers will notice no change to service delivery as a consequence of this proposal.

No discrimination, harassment and victimisation issues will be created as a consequence of this action.

**Impacts**

Proposal has an impact on

**Other****Staff**

Yes  No

**Customers**

Yes  No

**Please specify**

This contract extension brings the waste collection contract in line with the contract for ...

**Impact**

Positive  Neutral  Negative

**Level**

None  Low  Medium  High

**Details of impact****Supporting Documentation****Cumulative impact****Proposal has a cumulative impact**

Yes  No

**Proposal has geographical impact across Sheffield**

Yes  No

**Local Partnership Area(s) impacted**

All  Specific

**Action Plan and Supporting Evidence****Action plan**

No Action plan is required as residents will no change in the waste services they receive.

**Supporting Evidence (Please detail all your evidence used to support the EIA)****Consultation****Consultation required**

Yes  No

**If consultation is not required please state why**

No consultation is required as the proposals do not directly impact on the service received by residents.

**Are Staff who may be affected by these proposals aware of them**

Yes  No

Are Customers who may be affected by these proposals aware of them

Yes  No

If you have said no to either please say why

The proposals are still being discussed.

#### Summary of overall impact

##### Summary of overall impact

There are no equalities impacts from this decision.

##### Summary of evidence

##### Changes made as a result of the EIA

#### Escalation plan

Is there a high impact in any area?

Yes  No

Overall risk rating after any mitigations have been put in place

High  Medium  Low  None

#### Review date

##### Review date

01/04/2020

If a review date is specified, it will appear in the 'Upcoming Reviews' view when the EIA review is within 30 days.

Approved

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## Equality Impact Assessment and Consultation

Approved

Approved by Storm Beth (Place)

## Equality Impact Assessment

### Introductory Information

**Reference number**

421

**Proposal type**

Budget  Project

**Budget theme**

Council operating costs / infrastructure

**Budget name**

Waste Management - Bulk Bin Rental

### Decision Type

**Type of decision**

- Cabinet  
 Cabinet Committee (e.g. Cabinet Highways Committee)  
 Leader  
 Individual Cabinet Member  
 Executive Director/Director  
 Officer Decisions (Non-Key)  
 Council (e.g. Budget and Housing Revenue Account)  
 Regulatory Committees (e.g. Licensing Committee)

**Lead Cabinet Member**

Dagnall Lewis (LAB-CLLR)

**Entered on Q Tier**

Yes  No

**Q Tier reference**

001PLA013B2-1

**Year(s)****EIA date**

28/11/2018

**EIA lead**

Storm Beth (Place)

**EIA contact**

Black Alastair

**Lead officer**

Black Alastair

#### Lead Corporate Plan priority

Thriving Neighbourhoods and Communities

#### Portfolio, Service and Team

##### Cross Portfolio

Yes  No

##### Portfolio

Place

##### Place service(s)

Business Strategy and Regulation

##### Place team(s)

Waste Management

#### Is the EIA joint with another organisation (eg NHS)?

No  Yes

#### Brief aim(s) of the proposal and the outcome(s) you want to achieve

Introduce an annual rental for bulk bins of 50p a week per container for general waste. Recycling bins will remain free.

This would replace the current one-off charge for the provision of these type of containers, and would be applicable to metal bulk bins to reflect the increased capital and maintenance costs associated with these containers. Smaller plastic wheeled bins would still be chargeable as per the current policy.

Statutory: Waste Collection Authority can stipulate container(s) for waste collection(s) and can make a charge for containers.

Current service: Introduced in January 2018 on the basis of £20 per household including flats. For flats this would become an annual rental.

#### Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these - positives will be part of any mitigation. The action plan should detail any mitigation.

#### Overview

**Overview (describe how the proposal helps to meet the Public Sector Duty outlined above), Supporting Evidence (Please detail all your evidence used to support the EIA)**

No discrimination, harassment and victimisation will arise as a consequence of this proposal.

#### Impacts

Proposal has an impact on

### Poverty & Financial Inclusion

#### Staff

Yes  No

#### Customers

Yes  No

#### Impact

Positive  Neutral  Negative

#### Level

None  Low  Medium  High

#### Details of impact

The introduction of this charge may have a low level financial detriment to those facing financial exclusion. However the charge would be to landlords, owners and managing agents. While this may be passed back to customers via a separate charge, no customer using the containers will be expected to pay the charge directly. Recycling container will remain free of charge.

### Supporting Documentation

#### Cumulative impact

##### Proposal has a cumulative impact

Yes  No

##### Proposal has geographical impact across Sheffield

Yes  No

##### Local Partnership Area(s) impacted

All  Specific

### Action Plan and Supporting Evidence

#### Action plan

We will make this information available on the SCC website.

#### Supporting Evidence (Please detail all your evidence used to support the EIA)

### Consultation

#### Consultation required

Yes  No

**If consultation is not required please state why**

This is a discretionary charge which will be communicated but which we do not intend to consult on.

**Are Staff who may be affected by these proposals aware of them**

Yes  No

**Are Customers who may be affected by these proposals aware of them**

Yes  No

**If you have said no to either please say why**

Communications will be as stated previously.

**Summary of overall impact****Summary of overall impact**

Overall there are no significant differential, positive or negative, equalities impact as a consequence of this proposal.

**Summary of evidence****Changes made as a result of the EIA**

Based on the known data and overall anticipated low level impact, 50p per container per week and recycling containers remain free of charge, no changes will be made as a result of this EIA.

**Escalation plan****Is there a high impact in any area?**

Yes  No

**Overall risk rating after any mitigations have been put in place**

High  Medium  Low  None

**Review date****Review date**

01/04/2020

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Approved



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## Equality Impact Assessment and Consultation

Approved

Approved by Johnston Annemarie

## Equality Impact Assessment

### Introductory Information

**Reference number**

442

**Proposal type**

Budget  Project

**Budget theme**

Council operating costs / infrastructure

**Budget name**

Waste Management - End subsidised bulky waste collections

### Decision Type

**Type of decision**

- Cabinet  
 Cabinet Committee (e.g. Cabinet Highways Committee)  
 Leader  
 Individual Cabinet Member  
 Executive Director/Director  
 Officer Decisions (Non-Key)  
 Council (e.g. Budget and Housing Revenue Account)  
 Regulatory Committees (e.g. Licensing Committee)

**Lead Cabinet Member**

Dagnall Lewis (LAB-CLLR)

**Entered on Q Tier**

Yes  No

**Q Tier reference**

001PLA013B2-1

**Year(s)****EIA date**

03/12/2018

**EIA lead**

Johnston Annemarie

**EIA contact**

Black Alastair

**Lead officer**

Charters Gillian

**Lead Corporate Plan priority**

An In-Touch Organisation

**Portfolio, Service and Team**

**Cross Portfolio**

Yes  No

**Portfolio**

Place

**Is the EIA joint with another organisation (eg NHS)?**

No  Yes

**Brief aim(s) of the proposal and the outcome(s) you want to achieve**

The proposal is to cease current subsidy for the cost of bulky waste collections to households on a means tested benefit.

Currently residents on a means tested benefit are only required to pay around half the cost of the service and the remaining cost is subsidised by the Council. From August 2017 to August 2018 there were 2,478 subsidised collections, which is approximately 15% of all collection undertaken in that period. Of these subsidised collections, approximately 69% of these were for 1-3 items. The current subsidised charge is £10 and the removal of the subsidy would mean customers who currently receive it would be required to pay an extra £11.90.

**Impact**

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these - positives will be part of any mitigation. The action plan should detail any mitigation.

**Overview**

**Overview (describe how the proposal helps to meet the Public Sector Duty outlined above), Supporting Evidence (Please detail all your evidence used to support the EIA)**

No discrimination, harassment and victimisation will arise as a consequence of this proposal.

**Impacts**

Proposal has an impact on

**Age**

**Staff**

Yes  No

**Customers**

Yes  No

**Impact**

Positive  Neutral  Negative

**Level**

None  Low  Medium  High

**Details of impact**

Older people who are unable to move their own bulky waste to a Household Waste Recycling Centre (HWRC) may experience a negative impact as a consequence of this proposal. The service can still be provided, though this will be the same charge as those who do not qualify for the current subsidy. The waste can still be disposed of for free at one of Sheffield's HWRCs.

According to the Sheffield Census 2011, 80% of Sheffield's population is of working age. By 2039, 24% of the UK population will be aged over 65. Sheffield has a higher proportion of its population aged 65 years or over (16.2% or 92,000 people) than the other English Core Cities. This is projected to increase to 19% by 2036, with the number of residents aged over 85 nearly doubling.

The largest proportion of people suffering a limiting long-term illness is in the over-65 age category (38%).

**Disability**

**Staff**

Yes  No

**Customers**

Yes  No

**Impact**

Positive  Neutral  Negative

**Level**

None  Low  Medium  High

**Details of impact**

Disabled people who may be unable to move their own bulky waste to a Household Waste Recycling Centre may experience a negative impact as a consequence of this proposal. The service can still be provided, though this will be the same charge as those who do not qualify for the current subsidy. The waste can still be disposed of for free at one of Sheffield's HWRCs.

~ In Sheffield, there are 103,715 people with a long term health condition or disability, equivalent to around 20% of the population and 35% of households. 9% of Sheffield population say their condition significantly limits their activity

~ The largest proportion of people suffering a limiting long-term illness is in the over-65 age category (38%).

~ 23% of Sheffield's residents live in areas that are ranked nationally as amongst the 10% of the most deprived areas. But for people with a long-term health problem or disability living in Sheffield, more of them (29%) live in those areas. When the extra costs of disability are partially accounted for, half of all people in poverty are either disabled, or in a household with a disabled person.

**Poverty & Financial Inclusion**

**Staff**

Yes  No

**Customers**

Yes  No

**Impact**

Positive  Neutral  Negative

**Level**

None  Low  Medium  High

**Details of impact**

The removal of this subsidy may have a negative impact on those facing financial exclusion.

The service can still be provided, though this will be the same charge as those who do not qualify for the current subsidy. The current subsidised charge is £10 and the removal of the subsidy would mean customers who currently receive it would be required to pay an extra £11.90.

The waste can still be disposed of for free at one of Sheffield Household Waste Recycling Centres.

The top three areas accessing the service through the use of subsidy, by postcode are:

- ~ 13% (320) are from S5 which covers the 2nd most deprived ward out of 28
- ~ 12% (297) are from S2 which covers the 1st and 4th most deprived wards out of 28
- ~ 6% (148) are from S20 which covers the 16th and 20th most deprived wards out of 28

Sheffield is ranked as the 60th most deprived local authority in England, out of a total of 326.

Sheffield has high levels of financial exclusion in almost half of all Council wards. This affects approximately 218,743 people in 48% of wards.

Average annual incomes (£26,834) in Sheffield are 5% below the national average. The poor are also now poorer than they were 10 years ago.

**Supporting Documentation**

**Cumulative impact**

**Proposal has a cumulative impact**

Yes  No

**Proposal has geographical impact across Sheffield**

Yes  No

**Local Partnership Area(s) impacted**

All  Specific

**Action Plan and Supporting Evidence**

**Action plan**

Monitor overall requests for bulky waste collections and postcode

**Supporting Evidence (Please detail all your evidence used to support the EIA)**

Sheffield Census 2011  
 Sub-national population projections (2014-based), Office of National Statistics (May 2016)  
 Tackling Poverty Strategy 2015-2018  
 State of Sheffield, 2017  
 Ward Profiles

## Consultation

### Consultation required

Yes  No

### If consultation is not required please state why

This is a discretionary subsidy. It is not possible to consult with the affected client group as they are currently unknown.

### Are Staff who may be affected by these proposals aware of them

Yes  No

### Are Customers who may be affected by these proposals aware of them

Yes  No

### If you have said no to either please say why

It is not possible to consult with the affected client group as they are currently unknown. Communications will be as stated previously.

## Summary of overall impact

### Summary of overall impact

Overall there are no significant differential, positive or negative, equalities impact as a consequence of this proposal. There is a potential negative impact on older people, disabled people and those in poverty/financially excluded due to the removal of the subsidy. The service is still available but at a higher cost and waste can still be disposed of for free at one of Sheffield's Household Waste Recycling Centres.

### Summary of evidence

### Changes made as a result of the EIA

## Escalation plan

### Is there a high impact in any area?

Yes  No

### Overall risk rating after any mitigations have been put in place

High  Medium  Low  None

## Review date

### Review date

01/04/2020

If a review date is specified, it will appear in the 'Upcoming Reviews' view when the EIA review is within 30 days.

Approved

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