Public Document Pack

Cabinet

Wednesday 31 October 2012 at 2.00 pm

Conference Room, Town Hall

The Press and Public are Welcome to Attend

Membership

Councillor Julie Dore	Chair/Leader of the Council
Councillor Isobel Bowler	Culture, Sport & Leisure
Councillor Leigh Bramall	Business, Skills & Development
Councillor Jackie Drayton	Children, Young People & Families
Councillor Harry Harpham	Deputy Leader/Homes & Neighbourhoods
Councillor Mazher Iqbal	Communities & Inclusion
Councillor Mary Lea	Health, Care & Independent Living
Councillor Bryan Lodge	Finance & Resources
Councillor Jack Scott	Environment, Recycling & Streetscene

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

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

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday, or you can ring on telephone no. 2734552. 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. Please see the website or contact Democratic Services for further information.

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. Further information on this or any of the agenda items can be obtained by speaking to John Challenger on 0114 273 4014.

If you require any further information please contact committee@sheffield.gov.uk or call us on 0114 273 4014.

FACILITIES

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

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

CABINET AGENDA
31 OCTOBER 2012

Order of Business

1. **Welcome and Housekeeping Arrangements**

2. **Apologies for Absence**

3. **Exclusion of Public and Press**
   To identify items where resolutions may be moved to exclude the press and public.

4. **Declarations of Interest**
   Members to declare any interests they have in the business to be considered at the meeting.

5. **Minutes of Previous Meeting**
   To approve the minutes of the meeting of the Cabinet held on 17th October, 2012.

6. **Public Questions and Petitions**
   To receive any questions or petitions from members of the public.

7. **Items Called-In for Scrutiny**
   The Chief Executive will inform the Cabinet of any items called in for scrutiny since the last meeting of the Cabinet.

8. **Retirement of Staff**
   A report of the Chief Executive

9. **Joint Health and Well Being Strategy**
   Report of the Executive Director, Communities.

10. **Sheffield Lower Don Valley Flood Defence Project**
    Report of the Executive Director, Place.

11. **Supporting Sheffield People with Dementia to Live Well**
    Report of the Executive Director, Communities.

NOTE: The next meeting of Cabinet will be held on Wednesday 21 November 2012 at 2.00 pm

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

New standards arrangements were introduced by the Localism Act 2011. The new regime made changes to the way that members' interests are registered and declared.

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.

Under the Council's Code of Conduct, members must act in accordance with the Seven Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership), including the principle of honesty, which says that 'holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest'.

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.

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, and has been published on the Council's website as a downloadable document at -http://councillors.sheffield.gov.uk/councillors/register-of-councillors-interests

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 Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Lynne Bird, Director of Legal Services on 0114 2734018 or email **lynne.bird@sheffield.gov.uk**

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SHEFFIELD CITY COUNCIL

Cabinet

Meeting held 17 October 2012

PRESENT: Councillors Isobel Bowler, Leigh Bramall, Jackie Drayton, Harry Harpham (Deputy Chair), Mazher Iqbal, Mary Lea and Bryan Lodge

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1. APOLOGIES FOR ABSENCE

1.1. Apologies for absence were received from Councillors Julie Dore and Jack Scott.

2. WELCOME AND HOUSEKEEPING ARRANGEMENTS

2.1 Councillor Harry Harpham (Cabinet Member for Homes and Neighbourhoods) referred to a number of events which were being held this week in Sheffield as part of Local Democracy Week. These included a "Speaker's Corner" on two days in front of the Town hall and in Hallam Square, primary school visits to the Town Hall, Community Roadshows at the North and South Community Assembly meetings and at the Cabinet in the Community event in the South-West Community Assembly area.

2.2 The City Council offered opportunities for members of the public to participate in it decision -making meetings such as Council, Cabinet and Community Assemblies and also at Scrutiny Committees, by asking questions and submitting and speaking to petitions on Council policies and services. Additionally, there was a huge amount of consultation that the Council enters into outside of public meetings and which, sometimes is referred to in Cabinet reports.

2.3 The Cabinet in particular, through its Cabinet in the Community Programme, had welcomed the opportunity to hold discussions with members of the public and this year, the Programme provided for the community to choose a subject that they wished to discuss with Cabinet which hopefully would allow for a more free flowing exchange of views. He also urged members of the public to attend the Speaker's Corner events.

3. EXCLUSION OF THE PUBLIC AND PRESS

3.1 No items were identified where resolutions may be moved to exclude the public and press.

4. DECLARATIONS OF INTEREST

4.1 There were no declarations of interest.

5. MINUTES OF PREVIOUS MEETING

5.1 The minutes of the meeting held on 26th September, 2012 were approved as a

correct record.

6. PUBLIC QUESTIONS AND PETITIONS

6.1 Council Policy on Outsourcing

6.1.2 Mr Nigel Slack re-iterated the question he asked at the Council meeting on 3rd October, 2012, specifically, would this Council undertake to carry out a root and branch re-valuation of it's attitude to outsourcing and put firm policies in place to limit it's scope and to extend it's transparency and accountability?

6.1.3 In asking his question, Mr Slack requested a clearer response, also commenting that he was happy to place on record his confidence that the Sheffield contract management staff are professionals, who place a high regard on the probity of their duties. He further commented that it had also been shown, however, that they could get too close to the task at hand and lose some overall vision. He stated that the he was meeting the Council's Commercial Director to explore areas of agreement for improvement.

6.1.4 Councillor Bryan Lodge (Cabinet Member for Finance and Resources) apologised if Mr Slack did not feel the answer he received at the Council meeting was clear, but responded that Sheffield had been found to be one of the most robust organisations across the public sector in terms of its management of its outsourcing arrangements, receiving many complements from central Government and other organisations and commonly being regarded as a beacon of good practice in this area. He, therefore, did not feel it would be beneficial or appropriate to conduct a root and branch re-evaluation of its approach to outsourcing.

6.2 Public Questions Procedure

6.2.1 Mr Nigel Slack commented that the current 'Public Questions' procedures was failing members of the public. This lack of clarity could have been addressed at the full Council meeting if the opportunity existed for me to comment on the reply he received at that point. He was aware that the Council was taking some steps to improve the Council's connection to the public, at a meeting on the 23rd October about Community Assemblies, etc. Mr Slack asked that, in the meantime, would the Council suggest to the Chairs of all meetings that they are as strict about Councillors answering the questions as they sometimes are about members of the public asking them?

6.2.2 Councillor Harry Harpham (Cabinet Member for Homes and Neighbourhoods) responded that the conduct of Councillors in all meetings was governed by a Code of Conduct and that, Chairs of meetings, in his experience, ran meetings very well, in an atmosphere

where Councillors could be passionate about a variety of issues. However, he would personally take on board Mr Slack's comments and bear them in mind in the future.

6.2.3 Councillor Mazher Iqbal (Cabinet Member for Communities and Inclusion) added that the meeting Mr Slack referred to on 23rd October was organised by Sheffield for democracy but that the Council had helped to facilitate that meeting.

6.3 Openness, Transparency etc.

Mr Martin Brighton asked the following questions which he had intended to ask of Councillor Julie Dore, and which, he requested, should be responded to by Cabinet Members as either a "yes" or "no" answer:-

6.3.1 Do you know why you have not received this Citizen's questions in writing? Counciilor Harry Harpham (Cabinet Member for Homes and Neighbourhoods) responded that he did not.

6.3.2 Do you agree that elected Members should be able to decide what they can and cannot read? Councillor Harry Harpham responded that of course they should.

6.3.3 Is it right to sacrifice transparency for reputational management? Councillor Harry Harpham indicated that he was unable to answer the question in a "yes" or "no" fashion.

6.3.4 Did Councillor Julie Dore know why she had not received my e-mail requested by her at the last meeting of the City Council? Councillor Harry Harpham indicated that he would refer this question to Councillor Julie Dore.

6.3.5 Do you agree with the concept of having a Speaker's Corner in the City Centre and with the sentiments of Jeremy Clifford of The Star newspaper supporting Freedom of Speech and the Public's "Right to Know"? Councillor Harry Harpham responded that he fully supported Freedom of Speech but was unable to comment on the newspaper article Mr Brighton referred to as he had not seen it.

6.3.6 Does your open, transparent and accountable Council believe in freely disclosing information rather than forcing Freedom of Information request? Councillor Harry Harpham indicated that he was unable to answer the question in a "yes" or "no" fashion.

7. RETIREMENT OF STAFF

7.1 There were no details of staff retirements to report.

8. ITEMS CALLED-IN FOR SCRUTINY

8.1 The Chief Executive reported that there had been no items of business called in for scrutiny arising from the meeting of the Cabinet held on 26th September, 2012.

8.2 The Cabinet noted the information reported.

9. IMPLEMENTING THE GOVERNMENT'S COUNCIL TAX BENEFIT CHANGES

9.1 The Cabinet received a report of the Executive Director, Resources regarding the implementation of the Government's Council Tax Benefit changes.

9.2 **RESOLVED**: That Cabinet:-

(a) notes the proposed Council Tax support scheme detailed in the report and set out in Appendix 2 to the report; and

(b) recommends to Council that it approve the scheme, to come into force on 1 April 2013.

9.3 **Reasons for Decision**

There are very significant legislative, IT, time and cost issues which mean that it will be in the best interests of the Council to establish a CTS scheme which, from 2013, aligns as closely as possible to the current CTB scheme.

This will:-

(a) provide more confidence that we will be able to deliver the scheme within the government's timescales and within its funding provision;

(b) spread the burden of the cut equitably across all working age claimants;

(c) be relatively simple to administer; and

(d) minimise disruption to taxpayers

Adopting the scheme as proposed in this report will ensure that the Council meets its statutory obligations to provide a local scheme of Council Tax Support.

9.4 **Alternatives Considered and Rejected**

9.4.1 There are a number of other options available to the Council including:

(a) Doing nothing;

(b) Introducing a discount support scheme linked to income bands

(c) Adopting a completely discretionary financial assistance scheme.

An analysis of each of these options is shown below:

9.4.2 **Doing Nothing**

Any authority which does not agree a local scheme by January 2013 will have to adopt a government imposed 'default' scheme based on the current CTB scheme. In effect, this means that Councils in default will be forced to meet the full cost of expenditure that such a scheme generates. It would also need to make provision for any future increase in demand.

This option is not being recommended because it comes with a high degree of financial risk, would be reputationally damaging and takes control of the scheme away from the Council.

9.4.3 **Discount Scheme Linked to Income Bands**

Under this type of scheme Council Tax support would be provided at a level equivalent to a household's full Council Tax liability if their income was below a certain amount, e.g. £100 per week, with stepped reductions in support as income rises. An illustrative example of how this could look is shown below:

Household income up to £100 = 100% council tax support
Household income up to £150 = 75% council tax support
Household income up to £200 = 50% council tax support
Household income up to £250 = 25% council tax support
Household income above £250 = no support.

The advantages of this approach include:

(a) the scheme would be clear to claimants and easy to understand;

(b) there could be some people who would be better off than under the current scheme; and

(c) once established, it would be fairly simple to administer.

However, this option is not being recommended because:-

(a) it is a fairly 'blunt' tool, for example, the level of support takes no account of the number of people in a household, so for example, a single person with an income of £180 would get the same level of support as a family with 2 children in the same income band. This calls into question the fairness of this approach;

(b) the level of support is not very responsive to changes in income, for example, a household income of £200 could attract 50% support. If the next income band below £200 was £150, a reduction in weekly income of up to £50 would not result in an increase in Council Tax support;

(c) some claimants would face very high reductions in support based on slight increases in income. For example, a household income of £99 may get

100% support whilst an income of £101 may only get 75% support;

(d) to overcome issues of 'fairness', there may be a temptation to introduce additional criteria (e.g. capital limits, income disregards, allowances for special needs). However, this added complexity would soon mean that the 'advantages' of a discount scheme would be lost;

(e) at this stage it is highly unlikely the IT changes required to support this approach could be delivered within the required timescales; and

(f) there is a risk that the migration of existing CTB claimants to this scheme would not be achieved in the required timescales.

9.4.4 **A Completely Discretionary Financial Assistance Scheme**

This approach would look to make awards of Council Tax support on an individual basis.

Under this type of scheme it would be possible to bring together several different income streams in order to provide a holistic approach. Council Tax support would form one element of such a scheme with other funding such as free school meals, Discretionary Housing Payments, Social Fund Loans, Community Care Grants, homeless prevention funding and even supporting people funding.

This approach would in effect bring together all of the Councils' "unringfenced" discretionary payment schemes under one scheme. The advantages of such an approach include:-

(a) the ability to take an overall view of a household's financial circumstances, using one assessment and one set of data , would increase efficiency, benefit customers who don't need to access different services, and would fit in with the Council's aim of a whole household service offer to different customer groups; and;

(b) the scheme could be extended to providing help advice and support to customers who need to access non Council services such as Department for Work and Pensions administered benefits and pensions.

However, this option is not being recommended because:-

(a) the scheme would require highly knowledgeable, skilled staff supported by sophisticated systems and processes. The degree of training and the time needed for this, the time and cost of developing the system needed to support the scheme and the challenge of integrating into one team staff from a number of services do not fit within the timescales the Council will have to work too;

(b) the need to individually reassess 60,000 plus claimants against a wide ranging financial assessment significantly increases the risk that the Council will not be able to migrate from one system to another on time;

(c) not all recipients of Council Tax support will need or indeed be eligible for wider financial support. Including Council Tax support in a wider package of corporate financial support could add complexity, delay assessments and impact on Council Tax collection;

(d) operating a discretionary based scheme with little or no reference to regulatory criteria would increase significantly the risk of legal challenge to the Council. Such legal challenge could require significant resources to deal with and could lead to cases progressing to Judicial Review, which would further increase any financial and reputational risk to the Council; and

(e) it would not comply with the minimum legislative requirements of a local scheme including that the scheme must specify the class of persons entitled to assistance and set out the reduction to which persons in each class will be entitled to.

This approach would be highly resource intensive and every decision would need to be made individually with little or no "automatic processing" to support decision making. Failure to assess each case on an individual basis would see the Council fettering its discretion and leave it open to successful legal challenge on every decision.

9.5 **Any Interest Declared or Dispensation Granted**

None

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

None.

9.7 **Respective Director Responsible for Implementation**

Executive Director, Resources

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

Overview and Scrutiny Management Committee

10. REVENUE BUDGET AND CAPITAL PROGRAMME MONITORING 2012- 13 (MONTH 4)

10.1 The Cabinet received a report of the Executive Director, Resources which provided the Month 4 monitoring statement on the City Council's Revenue Budget and Capital Programme for 2012/13.

10.2 **RESOLVED**: That Cabinet:-

(a) notes the updated information and management actions provided by this report on the 2012/13 budget position;

(b) approves the carry-forward request as detailed in paragraph 20 within the Place section; and

(c) in relation to the Capital Programme:-

(i) approves the proposed additions to the capital programme listed in Appendix 1, including the procurement strategies and delegations of authority to the Director of Commercial Services or Delegated Officer, as appropriate, to award the necessary contracts following stage approval by Capital Programme Group;

(ii) approves the proposed variations in Appendix 1;

(iii) notes that there were neither emergency approvals nor variations approved by Directors under their delegated authority;

(iv) notes the latest position on the Capital Programme including the current level of forecasting performance, and

(v) notes the two variations approved by EMT.

10.3 **Reasons for Decision**

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

10.4 **Alternatives Considered and Rejected**

A number of alternative courses of action were 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

10.5 **Any Interest Declared or Dispensation Granted**
None

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

None.

10.7 **Respective Director Responsible for Implementation**

Executive Director, Resources

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

Overview and Scrutiny Management Committee

11. MEDIUM TERM FINANCIAL STRATEGY

11.1 The Cabinet received a report of the Executive Director, Resources which provided Members with details of the forecast financial position of the Council for the next 5 years and a recommended approach to budgeting and business planning that would be necessary to achieve a balanced budget position in the medium term.

11.2 **RESOLVED**: That Cabinet:-

(a) notes the medium term financial forecast; and

(b) approves the approach to balancing the budget and business planning in 2013/14 and beyond as set out in the report.

11.3 **Reasons for Decision**

To provide a strategic framework for the development of budget proposals and the business planning process for 2013/14 and beyond.

11.4 **Alternatives Considered and Rejected**

No alternatives were put forward or considered to be appropriate in the circumstances.

11.5 **Any Interest Declared or Dispensation Granted**

None

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

None.

11.7 **Respective Director Responsible for Implementation**

Executive Director, Resources

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

Overview and Scrutiny Management Committee

12. THE CITY DEAL FOR SKILLS

12.1 The Cabinet received a report of the Executive Director, Children, Young

People and Families which provided information regarding the successful City Deal submission and sought approval to develop, on behalf of the Sheffield City Region (SCR), a £27.8m skills programme.

12.2 **RESOLVED**: That Cabinet:-

(a) approves the City Deal for Skills programme developed in line with its corporate plan objectives;

(b) agrees that Sheffield City Council will act as the lead body for the skills programme on behalf of the Local Enterprise Partnership and the other local authorities within city-region boundaries;

(c) recognises and approves that any income received in advance, due to the time lag between receipt of the funding and the spending on the programme, as explained in the body of this report, will be required to be 'carried forward' to future years and should not be considered to be an under spend in-year. This amount will be highlighted in the monthly budget monitoring reports for approval; and

(d) grants delegated authority to the Executive Director, Children, Young People and Families, in consultation with the Cabinet Member with responsibility for Business Skills and Development and Director of Legal Services, to accept and administer the City Deal fund, procure the services required to deliver its related outcomes and agree the terms and award the associated contracts.

12.3 **Reasons for Decision**

The recommendations outlined will allow the city to secure £27.8m from the Skills Funding Agency on behalf of the Sheffield City Region and provide young people and adults across Sheffield and the city-region with sustainable employment opportunities as well as improving their skills up to level 3.

12.4 **Alternatives Considered and Rejected**

A range of options have been considered but due to the very low level of funding they would attract they could not deliver the impact required to address the level of youth unemployment and skill shortages currently being experienced in the SCR economy.

12.5 **Any Interest Declared or Dispensation Granted**

None

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

None.

12.7 **Respective Director Responsible for Implementation**

Executive Director, Children, Young People and Families

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

Economic and Environmental Wellbeing.

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SHEFFIELD CITY COUNCIL
Cabinet Report

Report of:	Chief Executive
Date:	31 October 2012
Subject:	Staff Retirements
Author of Report:	John Challenger, Democratic Services
Summary:	To report the retirement of staff across the Council's various Portfolios

Recommendations:

Cabinet is recommended to:-

(a) place on record its appreciation of the valuable services rendered to the City Council by members of staff in the various Council Portfolios and referred to in the attached list;

(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 twenty years service.

Background Papers:	None
Category of Report:	OPEN

REPORT TITLE: RETIREMENT OF STAFF

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

Name	Post	Years' Service
Children, Young People and Families		
Pamela Blood	Senior Teaching Assistant Level 3, Talbot Specialist School	23
Lynne Hammerton	Supervisory Assistant, Westways School	23
Communities		
Lynne Hincliffe	Information Librarian	25
Place		
Malcolm Gudgeon	Licensing Officer	38
Resources		
Janet Wilson	Project Manager	20
Andrew Mark Globe	Plant and Transport Assessor/Instructor	35

2. 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 twenty years service.

SHEFFIELD CITY COUNCIL
Cabinet Report

Report of:	Richard Webb, Executive Director, Communities
Date:	31 October 2012
Subject:	Joint Health and Wellbeing Strategy Approval
Author of Report:	Louisa Willoughby, Commissioning Officer, Communities 0114 205 7143

Summary:

The shadow Health and Wellbeing Board has representation from Sheffield's Clinical Commissioning Group, the Council and representatives from LINk/Healthwatch in order to agree shared priorities to improve the health and wellbeing of Sheffield people. The Board will become fully statutory in April 2013.

The Joint Health and Wellbeing Strategy, which is formed out of the evidence of the Joint Strategic Needs Assessment, is a statutory responsibility of the shadow Health and Wellbeing Board. It has already been agreed by the Board and will help the Board to begin identifying where and how it can make improvements and changes to health and wellbeing services across the city to meet the Strategy's aims and outcomes.

The Strategy contains a clear mission:

- Tackle the main reasons why people become ill or unwell and in doing so reduce health inequalities in the city.
- Focus on people – the people of Sheffield are the city's biggest asset. We want people to take greater responsibility for their own wellbeing by making good choices. Services will work together with Sheffielders to design and deliver services which best meet the needs of an individual.
- Value independence – stronger primary care, community-based services and community health interventions will help people remain independent and stay at or close to home.
- Ensure that all services are high quality and value for money.

Reasons for Recommendations:

Cabinet is asked to approve the Joint Health and Wellbeing Strategy so that the shadow Health and Wellbeing Board is able to continue to work to better the health and wellbeing of the people of Sheffield and use the strategy to assess its priorities.

Recommendations:

1. That Cabinet approves the Joint Health and Wellbeing Strategy.

2. That Cabinet commits to supporting the further development of the Strategy by the shadow Health and Wellbeing Board.

3. That Cabinet commits to aligning the Council's commissioning plans according to the Strategy.

Background Papers:

Appendix 1 – Joint Health and Wellbeing Strategy (JHWS)

Appendix 2 – JHWS Equality Impact Assessment

Department of Health (2010) *Equality and Excellence: Liberating the NHS,* http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

Department of Health (2010) *Liberating the NHS: Legislative Framework and Next Steps*, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122707.pdf (see p102)

Category of Report: OPEN

Statutory and Council Policy Checklist

Financial Implications
NO Cleared by: Karen Hesketh
Legal Implications
NO Cleared by: Lynne Bird
Equality of Opportunity Implications
YES Cleared by: Phil Reid
Tackling Health Inequalities Implications
YES
Human rights Implications
YES
Environmental and Sustainability implications
YES
Economic impact
YES
Community safety implications
YES
Human resources implications
YES
Property implications
NO
Area(s) affected
All
Relevant Cabinet Portfolio Leader
Councillor Mary Lea
Relevant Scrutiny Committee if decision called in
All / Health
Is the item a matter which is reserved for approval by the City Council?
NO
Press release
NO

JOINT HEALTH AND WELLBEING STRATEGY APPROVAL

1.0 SUMMARY

1.1 The shadow Health and Wellbeing Board has representation from Sheffield's Clinical Commissioning Group, the Council and representatives from LINk/Healthwatch in order to agree shared priorities to improve the health and wellbeing of Sheffield people. The Board will become fully statutory in April 2013.

1.2 The Joint Health and Wellbeing Strategy, which is formed out of the evidence of the Joint Strategic Needs Assessment, is a statutory responsibility of the shadow Health and Wellbeing Board. It has been developed by the shadow Health and Wellbeing Board so that the Board can begin to identifying where and how it can make improvements and changes to health and wellbeing services across the city to meet the Strategy's aims and outcomes.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

2.1 The Joint Health and Wellbeing Strategy is a broad, overarching strategy which recognises that good health and wellbeing is a matter for every service area, and that people are healthy and well not just because of the health and social care they receive, but also because of the nature of the housing, environment, communities, amenities, activities and economy surrounding them. The Strategy focuses therefore not just on specific interventions to improve health and social care, but also on the 'wider determinants' of health.

2.2 This means that the shadow Health and Wellbeing Board aims for *all* Sheffield people to be *positively* affected by the Strategy. The Strategy focuses on people, arguing that the people of Sheffield are the city's biggest asset. The Strategy aims that people are able to take greater responsibility for their own wellbeing by making good choices. Services will work together with Sheffielders to design and deliver services which best meet the needs of an individual.

3.0 OUTCOME AND SUSTAINABILITY

3.1 The Strategy has five key outcomes:
1. Sheffield is a healthy and successful city.
2. Health and wellbeing is improving.
3. Health inequalities are reducing.
4. People get the help and support they need and is right for them.
5. Services are innovative, affordable, and deliver value for money.

3.2 The Strategy is a long-term Strategy, recognising that big changes to health and wellbeing take time to develop and implement, and that progress and performance targets have to be given time to be demonstrated.

3.3 It is a sustainable Strategy in that it recognises the financial climate that the shadow Health and Wellbeing Board is operating in, but aims to offer innovative services that

are value for money by working in new and different ways.

4.0 MAIN BODY OF THE REPORT

Including Legal, Financial and all other relevant implications (if any)

4.1 THE SHADOW HEALTH AND WELLBEING BOARD'S MISSION

The Joint Health and Wellbeing Strategy fits in line with the city strategy to ensure that Sheffield is:

- **Distinctive** – a city which is recognised for its distinctive and authentic character and for what the city has to offer.
- **Successful** – a city with a strong, internationally successful economy where people have access to good jobs and businesses have everything they need to grow.
- **Inclusive** - a city where everyone has a chance to succeed and fulfil their potential, and where people feel welcomed, valued and can fully participate in the life of the city.
- **Vibrant** – a diverse, creative, innovative city which continues to be an international destination of choice.
- **Sustainable** - a city where everyone plays their part to ensure that future generations can enjoy the city and its surrounding areas.

As such, the shadow Health and Wellbeing Board has as its mission to:

- Tackle the main reasons why people become ill or unwell and in doing so reduce health inequalities in the city.
- Focus on people – the people of Sheffield are the city's biggest asset. We want people to take greater responsibility for their own wellbeing by making good choices. Services will work together with Sheffielders to design and deliver services which best meet the needs of an individual.
- Value independence – stronger primary care, community-based services and community health interventions will help people remain independent and stay at or close to home.
- Ensure that all services are high quality and value for money.

4.2 CONTENT OF THE STRATEGY

The Strategy is divided into five outcomes, listed in 3.1 above. These set out clearly where the shadow Health and Wellbeing Board will focus its attentions over the coming years.

The Board aims to make a difference in three key ways:

1. Influencing others

As part of the Board, Sheffield City Council and the Clinical Commissioning Group (CCG) are responsible for the budgets which pay for most of the health services in the city, with the Council responsible for a wide-range of services which impact on health and wellbeing. The Board will work in partnership with a wide range of people and organisations to ensure services are designed with the people that need them and we will influence the actions of people and organisations to shape the decisions they make

to improve health and wellbeing.

2. Commissioning services from providers

The Council and the CCG either themselves provide or commission health, social care, housing and public health services, with the Council responsible for a wide-range of services which impact on health and wellbeing. The services we provide or pay others to provide will help to achieve the five outcomes set out in this strategy and will apply the principles we have set out.

The CCG's commissioning plans will be formally considered by the Health and Wellbeing Board and we will ensure other that organisations in the city use their commissioning power to impact on the city's health and wellbeing priorities. Where it is clear a bigger impact can be made together, the CCG and Council will jointly commission services.

3. Giving strategic leadership to work programmes where this is needed to deliver change

There are some areas where a real difference can only be made by working together across the city to directly take charge of delivering plans to achieve better results. Five areas or 'work programmes' have been identified where this applies:

Work programme 1: Health and employment

Work programme 2: Building mental health, wellbeing and emotional resilience

Work programme 3: Physical activity and food for health and wellbeing

Work programme 4: A good start in life

Work programme 5: Supporting people at or closer to home

4.3 WHAT'S NEXT

Pending CCG (4th October) and Cabinet (31st October) approval, the shadow Health and Wellbeing Board will begin to develop the Strategy further by:

- Further developing the evidence base of the JSNA to support the Strategy's aims and objectives.
- Establishing and agreeing performance measures for the Strategy so that the Board and scrutiny committees can assess progress.
- Launching the Board and a new phase of consultation on the Strategy in Spring 2013.
- Developing the work programmes.

4.4 FINANCIAL IMPLICATIONS

There are no immediate financial implications stemming from the development of the Strategy. However, commissioning plans both within the CCG and Council may need to change as a result of the Strategy.

4.5 LEGAL IMPLICATIONS

There are no legal issues arising directly from this report.

5.0 ALTERNATIVE OPTIONS CONSIDERED

5.1 The Joint Health and Wellbeing Strategy is a statutory responsibility of the shadow Health and Wellbeing Board, and therefore must be produced.

6.0 REASONS FOR RECOMMENDATIONS

6.1 Cabinet is asked to approve the Joint Health and Wellbeing Strategy so that the shadow Health and Wellbeing Board is able to continue to work to better the health and wellbeing of the people of Sheffield and use the strategy to assess its priorities.

7.0 REASONS FOR EXEMPTION (if a Closed report)

7.1 N/A

8.0 RECOMMENDATIONS

8.1 That Cabinet approves the Joint Health and Wellbeing Strategy.

8.2 That Cabinet commits to supporting the further development of the Strategy by the shadow Health and Wellbeing Board.

8.3 That Cabinet commits to aligning the Council's commissioning plans according to the Strategy.

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Sheffield's

Joint Health and Wellbeing Strategy 2012-13

Sheffield Clinical Commissioning Group

Foreword

Health and wellbeing matters to everyone. Being as healthy and well as we can be helps us to do the things we want to do and means that we can play an active role in our families, our communities and our city. Health and wellbeing is not just about being free from disease: it's about feeling physically, mentally and socially well and socially engaged.

Health in Sheffield has improved considerably over the last few decades but our city is still blighted by inequalities and so we need to take a new approach. We now have a new Health and Wellbeing Board for the city which is made up of GPs, Sheffield City Council and Sheffield's Local Involvement Network (LINk). This is a big opportunity to stand up for Sheffield and start to make a real difference to the health and wellbeing of Sheffielders of all ages.

We now know that health and wellbeing can be affected by poverty, aspiration, education, employment and the physical environment as well as by individual genetics. Our mission therefore is to tackle the main reasons why people become ill or suffer health inequalities in the first place, as well as to work with and empower people to improve their health and wellbeing today. Sheffield is an ambitious city and we know there are things we can do together to be a healthier and more successful place to live. But we acknowledge that we are living through financially tough times and we need to do what we can to stop the improvements in health and wellbeing over recent years being reversed.

In this Strategy, we have identified the five main things we need to do to make Sheffield a healthy, successful city. These five things can't be achieved by the NHS or the public services on their own and people have told us that they want and can take greater responsibility for their own wellbeing. Therefore, everyone has a role in making Sheffield a healthier place to live, work, grow up and grow older.

Sheffield's new Health and Wellbeing Board has for the first time brought together the city's GPs and the City Council in a strong partnership which has a shared strategy and a shared ambition. It is an opportunity to tackle the health and wellbeing problems that have affected Sheffield for generations by using our shared financial resources to invest in the things that make the biggest difference to people's health and wellbeing in the city. The Health and Wellbeing Board will challenge Sheffield people, businesses, public services and community organisations to work with us and share the responsibility for making Sheffield a healthier, successful city.

After listening to what Sheffielders have told us, we've set out in this Strategy what we believe we need to do to improve health and wellbeing in the city. It is a clear statement of intent for the coming years but as the Government's health changes become law in April 2013, we will undertake a new consultation in spring 2013, revise this Strategy and deliver a new version in September 2013.

Everyone in Sheffield has a role in making our city a successful, healthier, better place to live and that is why your views and your involvement matter.

Dr. Tim Moorhead

Joint Chair

Sheffield Health & Wellbeing Board

Councillor Julie Dore

Joint Chair

Sheffield Health & Wellbeing Board

Section 1 Introduction

The establishment of Sheffield's Health and Wellbeing Board presents an unprecedented opportunity to transform health[1] and wellbeing in the city. The Board brings together GPs who are responsible for commissioning £730m of health services every year and Sheffield City Council who are responsible for £1.5bn of local government services every year and who have influence over many other services in the city. This means that for the first time, the Health and Wellbeing Board can: influence all of the things that affect people's health and wellbeing, not just health services; look at people's needs throughout their lives; empower individuals, families and communities to take control of their own health and wellbeing; join up services across health, local government and education; champion whole system solutions to stubborn problems; and use robust evidence to focus on what will make a difference to people's lives based on what works.

This is important because we know what helps people to be healthy and well throughout their lives and that isn't just good health services. It is much more about their experience in early life and developing life skills; how well they do at school and their educational attainment; whether they have a good job and how much they earn; and the condition of their house and the physical environment around where they live. This is why poor health and wellbeing is directly related to poverty and deprivation and why people who suffer from the worst health inequalities often experience the worst outcomes in all areas of their lives.

We know that people want to be independent during their lives, take responsibility for their own health and wellbeing, and get on with the things that they want to do. Nobody *wants* to be unwell so when people do need help from services, they want to get better quickly, stay well, have a say in the services they access and stay at home or as close to home as possible. And we know that if people need hospital or care services, they expect that these will be accessible, high quality, efficient and effective and that they will be treated with dignity and respect. It is also important that individuals are supported to develop skills to look after themselves ('self-care') and to make changes they want to make.

In fact, we know that what works for people also works best for the organisations that deliver services in Sheffield. If people are able to live well, to get on with their lives in the way they choose, stay at or close to home, and have access to efficient specialist treatment when they need it, the chances are that they will do better, be healthy and well for longer and the services they receive will cost less.

Our mission:

- Tackle the main reasons why people become ill or unwell and in doing so reduce health inequalities in the city
- Focus on people – the people of Sheffield are the city's biggest asset. We want people to take greater responsibility for their own wellbeing by making good choices. Services will work together with Sheffielders to design and deliver services which best meet the needs of an individual
- Value independence – stronger primary care, community-based services and community health interventions will help people remain independent and stay at or close to home
- Ensure that all services are high quality and value for money

This may require us to change the things we spend money on and use our influence to improve the things that have the biggest impact on health and wellbeing – poverty, housing, children's early

[1] Where we refer to 'health', we mean physical *and* mental health

years, community infrastructure; to shift services from hospital or residential care to the home or local community; to engage local communities through the voluntary sector in the planning and delivery of health interventions; and to ensure all services are effective. In short, we want to empower people to be healthier throughout their lives; to control their own health; provide more community-based services to help people stay at or close to home when they do need help; and improve people's experience of specialist services.

Section 2 Sheffield: opportunities to be healthy and successful

Sheffield has a reputation for being ambitious, innovative and resilient when times are tough. We can be a city of global significance where people and businesses are successful, where people feel included and where people enjoy the highest quality of life.

Sheffield's City Strategy has **five ambitions** to make Sheffield a great, globally significant city:

- **Distinctive** – a city which is recognised for its distinctive and authentic character and for what the city has to offer
- **Successful** – a city with a strong, internationally successful economy where people have access to good jobs and businesses have everything they need to grow
- **Inclusive** - a city where everyone has a chance to succeed and fulfil their potential, and where people feel welcomed, valued and can fully participate in the life of the city.
- **Vibrant** – a diverse, creative, innovative city which continues to be an international destination of choice
- **Sustainable** - a city where everyone plays their part to ensure that future generations can enjoy the city and its surrounding areas

To achieve these ambitions, it is important that we are a healthy city. This is because we know that health and wellbeing **affects** and is **affected by** all areas of life: better health and wellbeing often means people are able to learn, work, earn and be socially active; and unemployment, low educational attainment and isolation can damage people's health and wellbeing. We want people in Sheffield to be successful in everything they do but we know we have to address some of the underlying problems in the city to improve wellbeing and give everyone a chance to succeed.

Sheffield has much to be proud of and has the potential to be the city with the best health and wellbeing in the UK. We have got some real assets which set us apart from other cities and support Sheffielders to have healthy lives:

- Vibrant, diverse, safe and resilient communities
- The Peak District and more green space than any other city in England
- World class sports, arts, culture and leisure facilities
- Improving education & lifelong learning services
- Attractive, desirable neighbourhoods
- Good range of housing
- Thriving local centres that provide everyday essentials close to home
- Good transport

Sheffield's economy is becoming an international centre for innovation in digital and advanced manufacturing. **We need a successful economy** to provide people with the good jobs, income, and skills which improve their quality of life but equally, the economy needs healthy, productive, well-trained employees to grow and be successful. In Sheffield, health and wellbeing go hand in hand with economic prosperity.

The city's population is growing and there are an increasing number of **children and young people** in Sheffield due to a rise in the birth rate and higher than average migration. This is a both a major opportunity for the city's future with the prospect of more young, aspirational and skilled people contributing to our communities and economy; but it is also a challenge for us to ensure that Sheffield's young people get the best start in life and have the things they need to make the most of their talents. We also have an increasing number of children with complex needs and increasing rates of health inequalities for children which need to be addressed.

Sheffield is also **growing older:** over the last decade, the number of people aged over 85 has increased by 139%.[2] This is a triumph and we want to ensure that life expectancy continues to increase but also ensure people spend more of their lives in good health. Most older people don't use health and care services, but as the number of people living longer increases there will be more people living longer with long-term conditions who do need help. We need to take steps now to improve wellbeing throughout people's lives and reduce the need for hospital and residential care because we will not be able to afford to support growing numbers of people with long-term illnesses in the way we have done in the past.

Whilst people in Sheffield are living longer than ever before, **significant inequalities within the city** remain a major challenge. Inequalities persist between neighbourhoods and in the health of some groups who experience discrimination, social exclusion and the effects of social and economic deprivation. There is also a growing and significant threat to health from the way we live our lives today (eg. smoking, obesity, alcohol, low levels of physical activity).

We are living through **difficult times** with rising unemployment, falling real incomes and increases in the costs of food, fuel and services. This poses additional challenges to people's health and wellbeing. We need to recognise this and support people to weather the current economic climate.

Like household budgets, the money available to public services and local councils is also reducing and the Government has introduced reforms to public services to reduce public spending. This means we need to take a new approach. We know that **we cannot carry on doing the things we have always done in the way we have always done them** and to tackle both the short and long term challenges facing Sheffield, we have to make changes now. Sheffield already spends too much money on the most intensive or 'acute' health and social care support which will become more and more unaffordable. We need to shift our focus to promoting health and wellbeing throughout life to improve the chances of people retaining good health in later years; intervene early to stop problems getting worse; ensure our services focus on stability and recovery as well as value for money; and make the most of the assets in our communities.

The city's service **providers are an asset**: from the city's GPs, dentists and the main statutory providers - Sheffield Teaching Hospitals, Sheffield Children's NHS Foundation Trust, Sheffield Health and Social Care Trust, Sheffield City Council – to the crucial providers from across the private and voluntary community and faith sectors.

[2] Sheffield First Partnership (2012) State of Sheffield 2012
https://www.sheffieldfirst.com/dms/sf/management/corporate-communications/documents/SFP/Key-Documents/Full-Report/State%20of%20Sheffield%20Full%20Report%20.pdf

Section 3 Guiding principles

These are the 10 things which will guide all the decisions we make about health and wellbeing services we pay for and deliver as a city:

Valuing the people of Sheffield - we want the best for Sheffield and Sheffielders will be at the heart of everything we do. People will be able to make informed choices about their wellbeing, be resilient to short and long-term health and wellbeing issues, be supported to take charge of their lives, and able to make decisions about the services they choose to access.

Fairness and tackling inequality - everyone should get a fair chance to succeed in Sheffield. Some people and families need extra help to reach their full potential, particularly when they face multiple challenges and layers of deprivation. Tackling inequality is crucial to increasing fairness and social cohesion, reducing health problems, and helping people to have independence and control over their lives. Fairness and tackling inequalities will underpin all that we do.

Tackling the wider determinants of health – to become a healthier Sheffield, health and wellbeing must be everyone's responsibility. We cannot improve health and wellbeing through health services alone so we will encourage people and organisations in the city to focus on improving wellbeing and tackling the root causes of ill-health.

Evidence-based commissioning - we will use local and national research and evidence of what works to ensure Sheffield's services are efficient, effective and meet the needs of people.

Partnership - we will work in partnership with people, communities and all public, private and voluntary, community and faith sector organisations to get the right services provided for the needs of people in Sheffield. We will join up health, social care, education, children's services, housing and other local government services to make a fundamental change to the city's health, wellbeing and quality of life.

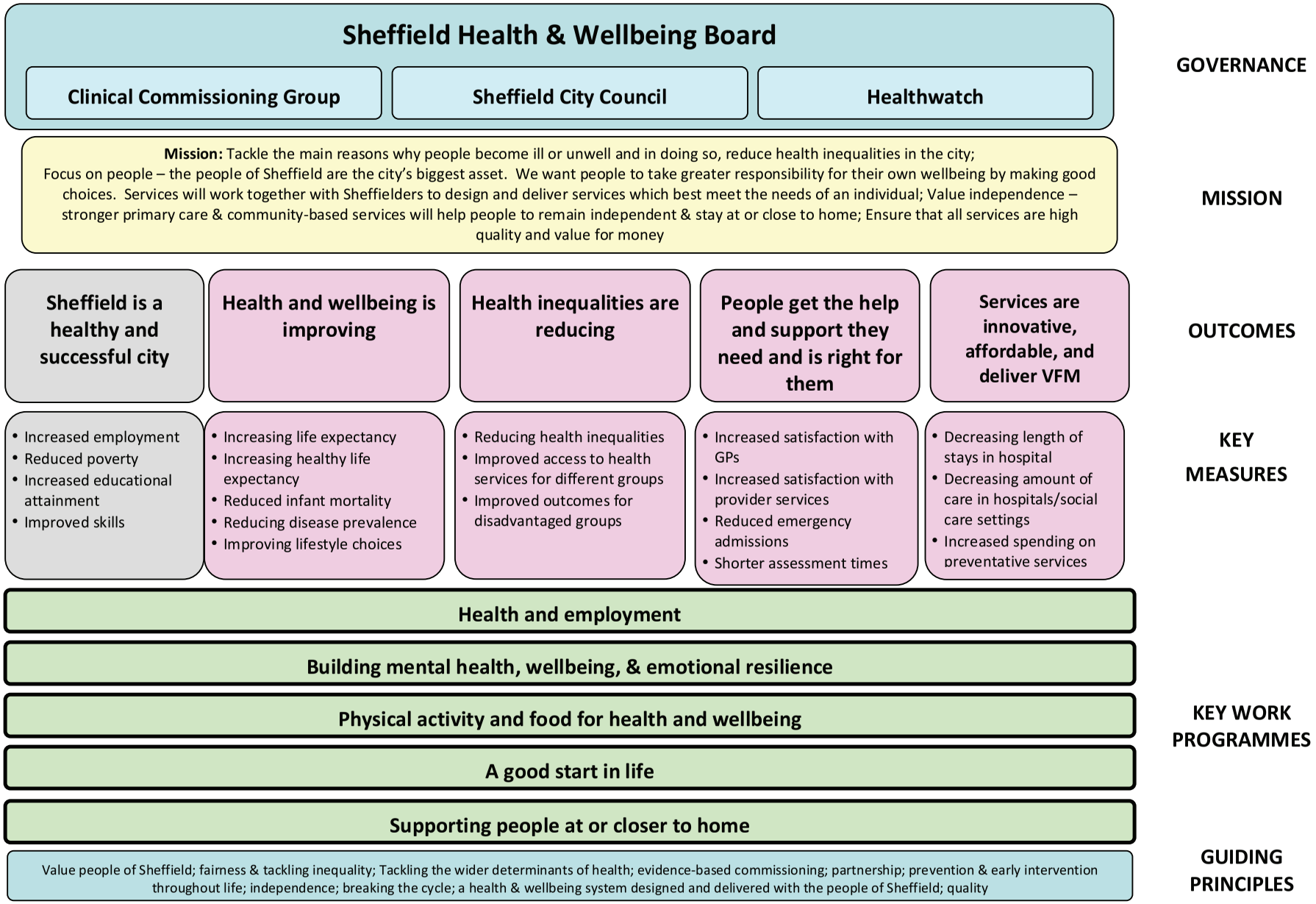
Prevention and early intervention throughout life - we will stop problems occurring in the first place and respond efficiently to problems to get people back on their feet as quickly as possible. People don't want to have long periods of poor physical and mental health and therefore it is in everyone's best interests to tackle the root causes of ill-health. This will make Sheffield's health system sustainable and affordable for future generations.

Independence - we will help people maintain and improve their quality of life throughout their lives and increase individual and community resilience. Where people need support from health and social care services, those services will be tailored to individual needs and help people and their support networks to maintain or regain the greatest level of independence for their personal circumstances.

Breaking the cycle - we want to improve the life chances of each new generation by tackling the way in which poverty and inequality is passed through generations. We also want to stop the cycle of problems such as poverty, low aspirations, poor educational attainment, low incomes, unemployment, ill-health and in some cases, homelessness, crime, alcohol and drug misuse which undermine the health and wellbeing of some people in Sheffield.

A health and wellbeing system designed and delivered with the people of Sheffield - we will uphold the principles and values set out in the NHS Constitution and will deliver health, social care, children's, housing and other services which are co-produced with service users and their carers to ensure that people get the right services for their needs.

Quality and innovation - we will ensure that the health, social care, children's and housing services provided in Sheffield are high quality and innovative in meeting the needs of service users. In particular, we will look to establish a 'Sheffield Standard' for care and ensure our workforce is highly skilled and flexible to meet the changing needs of service users in Sheffield. We will drive up quality and stimulate innovation in the health, social care and public health services providers in the city.


Sheffield Health & Wellbeing Board
Clinical Commissioning Group
Sheffield City Council
Healthwatch
GOVERNANCE
Mission: Tackle the main reasons why people become ill or unwell and in doing so, reduce health inequalities in the city;
Focus on people – the people of Sheffield are the city's biggest asset. We want people to take greater responsibility for their own wellbeing by making good choices. Services will work together with Sheffielders to design and deliver services which best meet the needs of an individual; Value independence – stronger primary care & community-based services will help people to remain independent & stay at or close to home; Ensure that all services are high quality and value for money
MISSION
Sheffield is a healthy and successful city
Health and wellbeing is improving
Health inequalities are reducing
People get the help and support they need and is right for them
Services are innovative, affordable, and deliver VFM
OUTCOMES
• Increased employment
• Reduced poverty
• Increased educational attainment
• Improved skills
• Increasing life expectancy
• Increasing healthy life expectancy
• Reduced infant mortality
• Reducing disease prevalence
• Improving lifestyle choices
• Reducing health inequalities
• Improved access to health services for different groups
• Improved outcomes for disadvantaged groups
• Increased satisfaction with GPs
• Increased satisfaction with provider services
• Reduced emergency admissions
• Shorter assessment times
• Decreasing length of stays in hospital
• Decreasing amount of care in hospitals/social care settings
• Increased spending on preventative services
KEY MEASURES
Health and employment
Building mental health, wellbeing, & emotional resilience
Physical activity and food for health and wellbeing
A good start in life
Supporting people at or closer to home
KEY WORK PROGRAMMES
Value people of Sheffield; fairness & tackling inequality; Tackling the wider determinants of health; evidence-based commissioning; partnership; prevention & early intervention throughout life; independence; breaking the cycle; a health & wellbeing system designed and delivered with the people of Sheffield; quality
GUIDING PRINCIPLES

Section 4 Promoting health and wellbeing in Sheffield: our five outcomes

Outcome 1: Sheffield is a healthy and successful city

Making health and wellbeing part of everything the city does, recognising that the city needs to be healthy to be successful and successful to be healthy. Tackling the wider determinants will not happen overnight so this must be a long-term aim for the city over the next 30 years.

What is the issue?

Health and wellbeing in Sheffield cannot be improved by health and care services acting alone. Absolute and relative poverty is at the root of poor health and wellbeing and there is good evidence to suggest that populations which experience lower levels of income inequality are less likely to be unhealthy than in those areas where there is a much larger gap between the best off and worst off in society.

The 'wider determinants' or 'root causes' of health such as educational attainment, housing, crime and fear of crime, and employment are all shaped by poverty and thus impact on health and wellbeing. These are all areas of significant challenge for Sheffield and are areas in which there are substantial inequalities between different communities and groups of people within the city. However, they are all areas which – to a greater or lesser degree – are within the influence of agencies that work in the city. Therefore, we are most likely to be successful in improving (and maintaining improvements in) health if we are able to improve people's overall quality of life and to reduce inequalities.

Health, social care and other services have a key part to play when problems arise (see Outcome 2), but **preventing problems** in the first place and for the long-term is what we mean by tackling the root causes of ill-health. This can only happen by making all agencies responsible for improving health and wellbeing. However, at the moment, good health is not designed into other services such as planning, transport, environment and food in a sufficiently systematic and integrated way. Therefore, this outcome is about ensuring that health and wellbeing is central to everything that the city does.

What do we want to achieve?

This outcome demonstrates the important role the Health and Wellbeing Board can play in making Sheffield a healthier city. We can only achieve this outcome through the partners on the board putting health and wellbeing at the core of the services they commission *and* influencing the way in which other partners and agencies deliver their own services, championing, challenging and advocating for change where it is needed.

This outcome is key to everything we want to achieve for the city and, over time, we would expect to see this become even more central to our thinking as we shift resources away from high cost acute hospital and care services and towards activities that promote good health and wellbeing for all ages and tackle the root causes of poverty and inequalities.

Over the lifetime of this plan, we want to **give every child the best start in life**. We know that good health and wellbeing throughout life is heavily influenced by a person's experience in the early years of life. This means focusing on poverty, financial inclusion, women's health, pre-natal and post-natal support, promoting and supporting good parenting and providing excellent services to children in early years and to families with children to promote the good physical, mental and emotional development of every child in the city and ensure that when children start school they're ready to learn.

We want to enable all children, young people and adults to maximise their capabilities and have control over their lives and be able to contribute to the economy and to wider society by having **high levels of achievement and aspirations** about what they want to do in life.

We want Sheffield to have a strong, sustainable, international economy built on innovation and enterprise that drives prosperity across the City Region. A key component of good health and wellbeing is finding and maintaining **long term, meaningful and satisfying employment** – there is an important and often overlooked link between these two issues, and one that we wish to focus on during the lifetime of this Strategy. This also means taking steps to reduce unemployment, ensure there are good employment opportunities for all young people and support people who find themselves out of work to get a new job. Sheffield has built on the Marmot Review[3] to set out the steps we need to take as a city to have an inclusive economy which provides more and better opportunities for people to work, progress their careers and increase fairness in the labour market.[4] We see this as a vital part of improving population wellbeing and tackling the city's inequalities and we are committed to playing a lead role in the delivery of Sheffield's Health and Work plan.

Everybody in Sheffield should live in **welcoming, inclusive and safe communities** and have a **good standard of housing** that enables them to stay healthy and warm, and that meets their needs as they get older. Where people are unsafe in their homes or communities (e.g. as a result of harassment or domestic abuse), we will ensure they get appropriate support.

We want people to be able to **get around the city**, both through walking and cycling, and through good public transport services, and to connect people easily and cheaply to work and leisure opportunities. We know that lack of affordable transport can lead to social isolation and poor health outcomes.

And we want a city that has a **high quality built and green environment** which is designed to be and feel safe, supporting the improvement of everyone's wellbeing. Better health will be 'designed in' to Sheffield's physical environment, enabling people to have ready access to parks and green spaces, with good air quality, valuable shops and services in local centres, and opportunities for leisure and physical activity at all ages, which we know can have a dramatic positive effect on health and wellbeing.

Much of this work is already going on in the city. Numerous strategies already exist to improve Sheffield in each of these areas. Therefore, instead of replicating actions from a range of other strategies here, the role of the Health and Wellbeing Board will be to influence and hold those other partners and agencies to account, and to ensure that health and wellbeing considerations are built into each of these areas from the start.

Key things we want to do:

- Reduce poverty
- Support parents
- Increase educational outcomes for all
- Increase Sheffield's economic productivity and support business growth
- Increase employment
- Increase income levels and financial security
- Promote health and wellbeing through the school curriculum, in the work place and in communities
- Improve access to good quality, affordable food
- Reduce crime and the fear of crime
- Improve mental wellbeing, resilience and reduce social isolation
- Improve the range, quality and affordability of housing
- Increase satisfaction with the local area/local environment
- Reduce air pollution
- Mitigate the impacts of climate change
- Improve transport and make roads safer for drivers, cyclists and pedestrians
- Increase use of Sheffield's arts, culture and physical activity facilities
- Increase physical activity and participation in sport
- Increase social capital & strengthen community networks

[3] Marmot, M (2010) Fair Society Healthy Lives, available here

[4] Sheffield First Partnership (2012) *Sheffield's Employment Strategy*, https://www.sheffieldfirst.com/dms/sf/management/corporate-communications/documents/Economy/Strategy-FINAL/Employment%20Strategy.pdf

Outcome 2: The health and wellbeing of people in Sheffield is improving all the time

Focusing on specific aspects of children's and adults' health and social care and the wider determinants of health to improve health and wellbeing in Sheffield.

*Unlike Outcome 1, this is focused on the **ongoing, shorter term improvements** in health and wellbeing which we need to be a well and healthy city in the long-term. We need to reduce some of the health and wellbeing issues which are problems now and cause bigger problems in the future. This outcome applies to the present and we aim to make a difference over the next 10 years.*

What is the issue?

Health and wellbeing in Sheffield has improved in the past few decades and we have the highest male life expectancy and the third highest female life expectancy of the eight biggest cities outside London. People in all parts of the city are living longer, deaths from major illnesses, especially heart disease and cancer, have reduced markedly and there has been a reduction in the number of people, particularly children, killed or seriously injured on our roads. However, there are significant differences in the life expectancy between our least and most deprived communities as a result of wider social and economic influences.

By focusing on the root causes of ill-health in Outcome 1, we hope that we can have a major impact on the health and wellbeing of people for the long-term. The social and economic environment or the 'wider determinants' of health can have a major impact on people's lifestyles and evidence demonstrates that more deprived areas of Sheffield are more likely to be affected by unhealthy and risky life choices.

We must take action now to improve health and wellbeing in Sheffield today and for the longer term by starting to tackle the causes of ill health as well as current health problems. These include reducing poverty, improving mental wellbeing, improving access to good jobs and tackling poor quality housing. But, we also need to address some of the major health issues such as obesity, smoking and alcohol consumption which are increasing chronic conditions such as heart disease, respiratory disease, cancer and strokes as well as to other health problems such as sexually transmitted infections and poorer health in children and young people.

What do we want to achieve?

Children

- Deliver the Successful Families whole household approach, especially where parental wellbeing impacts on children's health
- Build aspiration and motivation to maintain good physical and mental wellbeing throughout life.
- Mitigate the negative effects of poverty on children
- Reduce infant mortality
- Improve educational achievement in children and young people
- Wholesale improvement of health and wellbeing for children, particularly those aged 0-4.
- All young people experience a positive transition from childhood to adulthood, including those with disabilities and mental health problems.

Adults / whole population

- Reduce poverty
- Improve physical and mental wellbeing of adults throughout their lives
- Reduce mental illness
- Improve emotional wellbeing and reduce loneliness and isolation
- Improve women's health
- Reduce cancer mortality and increase cancer survival rates
- Reverse the increase in obesity in adults
- Increase physical activity
- Every person has timely access to the sexual health and HIV information and services they need
- Reduce harmful levels of alcohol consumption
- Increase access to drug and alcohol treatment for those who require it
- Reduce smoking prevalence

- Reverse the increase in obesity in children
- Improve the mental wellbeing of children and young people, ensuring they have a happy, well-connected childhood.
- Improve the oral health of children and young people
- Improve adult oral health
- Increase the promotion of health life choices in adults
- Support individuals and communities to identify the health and wellbeing solutions that are right for them

Wider determinants

- Improve the quality and range of the housing stock in the city
- Ensure people have access to support and housing which is appropriate for their needs and maximises their wellbeing and life chances
- Increase the access to equipment and adaptations in the city to support people to live in their own home and be independent
- Identify and target Category 1 hazards in homes such as cold, damp and falls to reduce the major impact they have on people's wellbeing
- Improve the management of social and private rented housing through our relationships with landlords
- Preventing homelessness
- Reduce pollution and the impact it has on the health of Sheffielders
- Protect and improve the quality of natural landscapes and green spaces in the city

Outcome 3: Health inequalities are reducing

Focusing on those people and communities who experience the poorest health and wellbeing. In a similar sense to Outcome 2, we need to address some of the major health and wellbeing issues affecting Sheffield today, particularly in those communities who experience the worst health and wellbeing inequalities. Therefore, the focus for this outcome is also over the next 10 years.

What is the issue?

Sheffield has stark inequalities between different groups of people and between different geographical communities. People in the most deprived parts of Sheffield still experience a greater burden of ill-health and early death, demonstrating that inequalities in health and wellbeing are linked with wider social, cultural and economic issues. It is acknowledged that putting additional support into the most disadvantaged areas and raising standards there will have a beneficial effect on the whole community. There is evidence that those with best health and wellbeing, adopt healthier behaviours, and that the overall population in Sheffield improves as a result. However, those with greatest health needs, often living in poverty, with low levels of educational attainment and low aspirations benefit least. This simply widens inequalities in health and adds avoidable pressure on the NHS and all other health and social care services.[5]

The life expectancy gap between the most and least deprived people for 2009-2011 is 8.7 years for men and 7.4 years for women. There are 29 neighbourhoods in the city (a quarter of the city's population) that are within the 20% most deprived in England. In Sheffield, some communities and groups experience a much poorer quality of life across all the wider determinants of ill-health. In particular, these groups include looked after children and children with learning difficulties and disabilities, some BME communities, migrant and asylum communities, homeless people, victims of domestic and sexual abuse, carers and lesbian, gay, bisexual and transgender people.

It remains the case that health inequalities are a blight on the city – it has been shown that more equal societies achieve better outcomes for everyone (not only the most deprived). Sheffield has recently established a Fairness Commission to look at the nature, extent, causes and impact of inequalities in the City and to make recommendations for tackling them. The recommendations from the Fairness Commission will help to achieve our aims of reducing the health inequalities experienced by the most disadvantaged communities in the city.

What do we want to achieve?

Children

- The health and wellbeing outcomes of children and young people who experience the worst outcomes (including children and young people of BME heritage and new arrivals, Looked After Children, young carers and those with learning disabilities) are improved
- Children with complex needs are supported through an integrated care package
- The reducing rate of teenage pregnancy in Sheffield continues to improve
- Young carers are valued, their

Adults / whole population

- Where the wellbeing of disadvantaged groups has improved, it continues to improve
- Target health interventions for BME population groups
- Increase health promotion and support better engagement of BME groups to improve health outcomes
- Safeguard the health and wellbeing of vulnerable new migrant communities, asylum seekers and refugees
- Support community development work with disadvantaged communities to enable them to tackle their priorities
- Deliver a comprehensive 'whole life' approach for people with learning disabilities and the most complex needs, tailored to the needs of individuals to maximise life outcomes and

[5] King's Fund (2012) *Clustering of unhealthy behaviours over time: Implications for policy and practice*, http://www.kingsfund.org.uk/publications/unhealthy_behaviours.html

contribution is recognised and they have access to a comprehensive package of support to address the inequalities they sometimes face

- Improved educational achievement for those who currently experience worst performance

people's control over their lives

- Improve the financial inclusion and the economic position of families in most disadvantaged communities
- People experiencing domestic abuse are identified, risk assessed and offered appropriate support wherever they present e.g. including health settings; develop a preventative approach to this issue
- Carers are valued, their contribution is recognised and they have access to a comprehensive package of support to address the inequalities they sometimes face

Wider determinants

- Develop a complete supported accommodation pathway to ensure people get the appropriate support at the appropriate time to tackle the impact homelessness and crises have on local people
- Ensure Sheffield has robust homelessness prevention mechanisms to reduce the incidence of statutory homelessness
- Reduce fuel poverty

Outcome 4: People can get health, social care, children's and housing services when they need them, and they're the sort of services they need and feel is right for them

How people of all ages should experience health, social care, children's and housing services in Sheffield. This is about Sheffield's health and wellbeing system working better based on the needs of people in the city and we need to make these changes now to support the achievement of outcomes 1, 2, and 3. We will aim to deliver this change over the next 5 years.

What is the issue?

In Sheffield, we spend too much money on high end or 'acute' health and social care services such as hospital care, special schools, out of city placements, and children's care homes. Levels of emergency hospital admissions and inappropriate attendances at A&E in Sheffield are significantly higher than the national average and we have longer times for social care assessments than the national average, with a high proportion of assessments taking longer than three months.

Too much reliance on high-end services often results in poorer wellbeing for people, leading to increased vulnerability and dependency on services. This applies at all stages of life: evidence shows that if children stay in residential care longer than six weeks, their chance of returning to the family is significantly reduced; older people with dementia face more chance of living in a care home following a stay in hospital, rather than returning to their own homes.

If we can redirect money from high-end services to those which tackle problems early on, we know that this will help people stay independent for longer, improve their long term health and wellbeing, and give them more control over their lives and the services they use.

The health, social care, children's and housing systems are complex and it can make it difficult for people to get the right support they need when they need it. This can result in problems getting worse and people's needs not being met effectively. Further, despite the increasing use of personal budgets, the health, social care, children's and housing system is still not good enough at putting power and control in the hands of the people and their support networks and supporting them with the information they need to make choices about the services that are right for them.

Sheffield's health and wellbeing system needs to be more focused on people, with people not only having a say but working with organisations to design services which best meet their individual needs.

What do we want to achieve?

- Children and adults are able to manage their own care and support
- Children and adults can easily access the right range of services at the right time, feel they are in control of their own care and feel well supported when they need health, social care, children's and housing services.
- People have good quality information and support that helps them take control of their own health and wellbeing when accessing health, social care, children's and housing services.
- All health and wellbeing services promote resilience and opportunities to access community interventions to improve health and one to one support.
- All services promote recovery, independence and dignity
- Children and adults have a positive experience of the services they receive
- People know what choices are available to them locally, what they are entitled to and who to contact when they need support for their health and wellbeing.
- More services are provided at or closer to home
- Carers are valued and treated as equal partners
- Participation and strong community networks increase social contact and social support

- People, including those involved in decisions on health and wellbeing services, respect the dignity of the individual and make sure support is sensitive to individual circumstances
- Individuals and families are supported and treated with dignity and respect at the end of their lives with more people being supported to die in their own home.
- Clear, co-ordinated links between the health, social care, children's and housing services to deliver positive health and wellbeing benefits to individuals from all the city's services.

Outcome 5: The health and wellbeing system in Sheffield is affordable, innovative and delivers excellent value for money

How Sheffield's commissioners and service providers will deliver health, social care, children's and housing services. As with Outcome 4, it is our intension to make the changes to the way the health and wellbeing system works in Sheffield over the next 5 years to make the system sustainable and affordable in the long-term.

What is the issue?

Over the next 10 to 20 years there will be a significant increase in the number of older people in Sheffield, alongside increasing numbers of children and working age adults with disabilities and complex needs. We are focused on maximising the number of healthy years of life people experience and have set out a Framework to make Sheffield an age-friendly city but we know that this population change is likely to increase demand on health, social care children's and housing resources. [6]

With the city's population rising through birth rate, inward migration and people living longer, we know that there will be an increase in the number of people with disabilities, including the most complex disabilities, and illnesses such as dementia. The impact of the current economic crisis is likely to increase further the demands on health and wellbeing services, and exacerbate existing inequalities.

In the face of these challenges, we can't continue providing services in the way we've done in the past. Currently in Sheffield, we simply aren't good enough at keeping people out of hospital and helping them to get the services they need in or close to their home so that they can get on with their lives. Hospital stays are longer than the national average in Sheffield, more people are admitted to hospital in emergencies than on average, and we rely too much on hospital or residential care when we should be supporting people to get the care they need at home or close to where they live.

What do we want to achieve?

We will increase the use of primary care and community-based health and social care services to reduce the need for the highest level of hospital and residential care. We will aim to support people to access services at home or in their local community so that people can carry on with their lives as far as is possible and we will strive to deliver the right services which prevent problems getting worse. The health and wellbeing system in Sheffield will help people maintain and regain independence, manage long-term conditions, promote stability and recovery and will provide services which meet the needs of individuals.

- Increase the health, social care, children's and housing services provided in or as close as possible to home
- Improve the quality and effectiveness of the health, social care, children's and housing services in Sheffield
- Reduce hospital and residential care admissions
- Prioritise prevention and early intervention for children and adults who need services
- Increase spending on preventative services
- Increase the focus on regaining/maintaining independence particularly for older people and people with long term conditions, including neurological conditions
- Deliver the 'Right First Time Programme' so that care and support is provided in the community and that hospital will *only* be used where the individual has a clear and acute health need

[6] Sheffield First Partnership (2012) A city for all ages: making Sheffield a great place to grow older', http://meetings.sheffield.gov.uk/council-meetings/cabinet/agendas-2012/agenda-26th-september-2012

- Spend resources on the things which are best for people's long-term health and wellbeing, reducing long term dependency on services and providing the best value for money
- Ensure services offer continuity of care, shared decision making and a personalised approach to health and wellbeing
- Deliver responsive community services which are available when people need them
- Provide services in a timely fashion, improving on national waiting times.
- Improve co-ordination between services, reducing waste, duplication and simplifying processes such as assessment
- Make full use of developments in new technology to deliver better results for people
- Ensure Sheffield's health, social care, children's and housing services are innovative and informed by evidence of what works

Section 5 How we will achieve our five outcomes?

We have identified **five things we want to achieve** ('outcomes') which the Health and Wellbeing Board will work on. Using its unique position, the Board will: **influence people and organisations** to make better health decisions; separately and jointly **commission services** to improve health and wellbeing; and **give strategic leadership** to areas which will only improve if all partners on the board work together. We have used detailed evidence and intelligence to identify the five main things we need to do to achieve better health and wellbeing in Sheffield.

This is not a statement of everything we need to do for better health and wellbeing in Sheffield, nor is it intended to be. The Strategy is a statement of the most pressing priorities where there is a significant opportunity to improve outcomes for the city.

The Health and Wellbeing Board has three main ways in which it will achieve the objectives set out in this strategy. These are:

1. Influencing others

As part of the Board, Sheffield City Council and the Clinical Commissioning Group (CCG)[7] are responsible for the budgets which pay for most of the health services in the city, with the Council responsible for a wide-range of services which impact on health and wellbeing. We will work in partnership with people and organisations to ensure services are designed with the people that need them and we will influence the actions of people and organisations to shape the decisions they make to improve health and wellbeing. This includes local people and families but also schools, the Police, Fire and Rescue, businesses and voluntary, community and faith organisations. The new NHS Commissioning Board will pay for some services in Sheffield and the Health and Wellbeing Board will aim to ensure they spend their money on the right services for Sheffield.

2. Commissioning services from providers

The Council and the CCG either themselves provide or 'commission' (pay others to provide) health, social care and public health services, with the Council responsible for a wide-range of services which impact on health and wellbeing. The services we provide or pay others to provide will help to achieve the five outcomes set out in this strategy and will apply the principles we have set out. The CCG's commissioning plans will be formally considered by the Health and Wellbeing Board and we will ensure other that organisations in the city use their commissioning power to impact on the city's health and wellbeing priorities.

Where it is clear we can make a bigger impact together, we will jointly commission services.

3. Giving strategic leadership to work programmes where this is needed to deliver change

There are some areas where we know that we can only make a real difference by working together across the city to directly take charge of delivering plans to achieve better results. We have identified five areas or 'work programmes' where this applies. The five areas are set out below and are described in greater detail later in the strategy.

Work programme 1: Health and employment

Work programme 2: Building mental health, wellbeing and emotional resilience

Work programme 3: Physical activity and food for health and wellbeing

Work programme 4: A good start in life

Work programme 5: Supporting people at or closer to home

[7] Clinical Commissioning Groups – groups of GPs and healthcare professionals who will design and commission healthcare services in local areas across England from April 2013.

Section 6 Making a difference: how the Health and Wellbeing Board can help achieve the outcomes

The Health and Wellbeing Board has identified **five** '**work programmes**' which relate directly to critical issues within the outcomes. Work is already underway in all of these areas. Over the first year of the strategy, the Board will use research and local intelligence to identify specific issues or gaps within these five areas to understand where the Clinical Commissioning Group and Sheffield City Council can make a real difference by working together. Tackling inequalities will run across all five programmes.

Over the life of the Strategy the Board will identify further work programmes. These have been selected initially because they are fundamental to the delivery of the five outcomes.

Work programme 1: Health and Employment

Employment is important for improving health as being in work, job security and attaining 'better' jobs has a positive effect on the way people live and feel, and the choices they make with respect to their health. Being out of work has negative effects on an individual's health, reducing household incomes, increasing social isolation and increasing stress and depression. Most health risks associated with unemployment get worse over the time a person is out of work.

Mental health issues and musculoskeletal problems are the largest causes of workplace absence. Also developing a Long Term Condition can be a significant barrier to work. It is important to support those with these health problems to stay in work, thereby reducing the impact of their conditions and aiding recovery.

Sheffield has already identified these issues in the Employment Strategy and the board will play a lead role in delivering the city's Health and Work plan to address one of the major root causes of ill-health.

What do we want to achieve?

- Establish strong relationships between the Health and Wellbeing Board, CCG, the Council and employers in the city to increase the understanding of the important links between work and health
- Agree a health and work plan which is accountable to the Health and Wellbeing Board and Sheffield's Employment and Skills Taskforce, which will include:
    - Workplace Health - ensuring that business see value in and invest in the health of their workforce and healthy and safe workplace practices to prevent health conditions developing
    - Working with employers and supporting workers to manage health conditions in work, helping staff to return to work after periods of sickness, promoting prevention and early intervention to reduce long term sickness and wellbeing problems
    - Removing and managing health barriers to work - tackling the main health conditions which are causing worklessness and sickness in Sheffield (mental health and musculoskeletal conditions), preventing newly unemployed people becoming long term unemployed due to developing health conditions and giving workless people the choice and support they need to engage with work
- Work with other cities to ensure work-related health and welfare reforms don't create adverse health impacts

Work programme 2: Building mental health, wellbeing & emotional resilience

Mental well-being can positively affect almost every area of a person's life - education, employment, family and relationships. It can help people achieve their potential, realise their ambitions, cope with adversity, work productively and contribute to their community and society. Promoting mental well-being for all has multiple benefits. It improves health outcomes, life expectancy, productivity and educational and economic outcomes and reduces violence and crime. One-in-four people will experience mental illness at some point in their lives. Mental health problems are more common in the most deprived parts of Sheffield and in the current economic climate, problems such as anxiety and depression are expected to increase.

Sheffield has developed a new Mental Wellbeing strategy which uses mental wellbeing as a positive term which describes *wellness* rather than *illness* and this work programme will focus on aims of the new Mental Wellbeing Strategy.

What do we want to achieve?

- Build mental and emotional resilience by jointly commissioning health, social care, children's housing and employment services
- Identify and support families who need the most help through the 'Successful Families' work
- Develop a positive transition into adulthood by targeting early intervention with young people and addressing the gaps in mental health services for young people
- Identify and engage with people experiencing or at risk of social isolation to enable and encourage them to participate in social and economic activity alongside their peers
- Improve or maintain the wellbeing of younger and older people by tackling bereavement, loss, loneliness and isolation and recognise the health impacts of these
- Use an asset based approach to identify and utilise capacity and resources already present within communities, to build and reinforce resilience
- Reduce stigma around mental illness and promote the '5 Ways to Wellbeing' in the city[8]
- Develop community resilience through social capital and the contribution of the third sector;
- Increase the support provided to people experiencing issues such as domestic abuse, drug and alcohol misuse.

Work programme 3: Physical activity and food for health and wellbeing

Food has a big impact on many parts of our lives. It gives us pleasure and connects us to our environment and our culture as well as giving us the energy to function. A nutritious and healthy diet can contribute to better wellbeing for people of all ages but we know that for many people in Sheffield, access to a healthy diet is a major problem. A lack of food or poor quality food reduces people's ability to go about their daily lives (eg. lack of energy, lack of concentration) but also undermines long-term health, contributing to conditions such as diabetes, heart disease and cancer.

Physical activity has a positive impact on physical and mental wellbeing, improving self-esteem and reducing stress. Although Sheffield has high quality sports facilities and open spaces, not everyone in the city is able to access or take advantage of these.

[8] New Economics Foundation (2008) *Five Ways to Wellbeing*, http://neweconomics.org/sites/neweconomics.org/files/Five_Ways_to_Well-being_Evidence_1.pdf

What do we want to achieve?

- Reduce the incidence and impact of poor diet, sedentary behaviours and excess weight on long term conditions (eg. type 2 diabetes, CVD, CHD, some cancers, liver disease)
- Reduce the prevalence of obesity and overweight
- Reduce food poverty
- Increase access to fresh, low cost food, via community growing and allotment projects to promote greater self-sufficiency, to enable people to further develop their skills and confidence; linking in with local mental wellbeing projects, schools, and cook & eat projects for vulnerable local people
- Gain a better understanding of the true scope and cost of obesity in Sheffield
- Support and promote healthy eating and physical activity throughout life
- Develop and use positive messages to promote healthy eating, physical activity and address low self-esteem, especially in young people
- Ensure that positive choices relating to healthy eating and physical activity are easy, desirable and affordable for the people of Sheffield
- Maximise the use of the city's existing resources, including green spaces, sports facilities, food producers, retailers and public services to promote, support and enable healthy behaviours

Work programme 4: A good start in life

Evidence shows that the health and wellbeing of people throughout life is dramatically improved if their early years (0-4) are positive experiences. It can impact on health but also wider 'determinants' such as education and employment prospects. Poverty is a major factor which undermines people's early years which can influence things such as poor parenting, poor diet and obesity, low early years educational attainment, a high number of emergency hospital admissions and inappropriate attendances at A&E. The board believes it is critical that people in Sheffield get the best start in life to improve their chances of living a long, healthy life.

What do we want to achieve?

- A new approach to integrated practice in the early years, where public health, health care, early years education, child care and social care services work together to provide timely and streamlined help to families according to need
- Improved parenting and emotional well being support in the early years for all families and early identification and targeted evidence based support for those more at risk of developing poor quality parent infant relationships
- A significant reduction in the inappropriate use of unscheduled care, particularly in 0-5s, through system redesign and improving the confidence and skills within families and clinicians to prevent and manage common childhood conditions
- Improving care and support for children with complex needs, through integrated health, education and social care assessment and care planning, earlier identification of needs, meeting needs less intensively where possible within universal services, and bringing care closer to home

Work programme 5: Supporting people at or closer to home

Care still relies too heavily on individual expertise and expensive professional input; 'patients' and service users want to play a much more active role in their own care and treatment. Part of our mission is to reduce the dependency in Sheffield on high level or 'acute' hospital and residential care support. Not only is it expensive (and will become more so as more and more people live longer), it isn't what people tell us they want and doesn't always improve people's health and wellbeing in the longer term. It is estimated that about two-thirds of all healthcare resources are spent supporting people with Long Term Conditions. Supporting patients to self care can change people's attitudes and behaviours, improve quality of life, clinical outcomes and health service use including reducing avoidable hospital admissions.

Therefore, we want to make a real change in Sheffield to help people get the care and support they want at home or as close to their home as possible and support them to manage their conditions.. Self-care and self-management are key particularly for those with long term conditions achieving better health and make more effective use of health services and will save money. This will be better for individuals but also for families and for the organisations who deliver services. People growing older in Sheffield are naturally a focus in this work programme but it will apply to people of all ages who need health services, care and support in the city. We need to make sure that, as far as possible, people can get on with their lives and have the right support in place to help them live independently and happily in the place they feel most comfortable.

What do we want to achieve?

- Support people to remain independent at home by the development of better primary health, social care, children's and housing services linked to Right First Time;
- Move secondary care services to primary care settings where this adds value to patients and frees up money for reinvestment in prevention and early intervention
- Join-up housing, social care and health to enable people to live at home for longer, including redesigning homecare and increasing the use of assistive technology and adaptations
- Provide sufficient, suitable and affordable places to live by developing the housing supply and management to meet people's needs and invest in supported housing
- Increase access to self management programmes to empower individuals to increase control over their own health

Section 7 What happens next?

This Strategy sets out Sheffield's ambition to make a real difference to health and wellbeing in the city by identifying the things we will focus on in the short and long term to make Sheffield a healthier, more successful city. Clearly, there is much to do and whilst money is tight, the partners of the Health and Wellbeing Board still spend around £2bn a year on services which should and do improve health and wellbeing in Sheffield. But we believe we can use this money more effectively to tackle the long-term health and wellbeing issues in Sheffield. We want to create a modern approach to wellbeing in the city which is designed with and for people's needs and is affordable for the long-term.

Making it happen

The Health and Wellbeing Board are responsible for achieving the Strategy's mission and achieving the five outcomes over the coming years.

Funding and resources

As set out in Section 5 of the Strategy, the Health and Wellbeing Board itself does not have money allocated to it. The Clinical Commissioning Group (CCG) and Sheffield City Council will each create commissioning plans which will set out exactly how they will use their money to deliver services and actions which will help achieve the Strategy's outcomes. Those services and actions will be shaped by the Strategy's principles (eg. commissioning services which support fairness, are focused on prevention, maximise independence etc). The commissioning plans of both organisations will be seen by the HWB and expected to contribute to achieving the JHWS' mission and outcomes.. The commissioning plans will be completed and made public in April 2013.

We are keen to create a more joined-up health, social care and wellbeing system in Sheffield and where it makes sense, we'll undertake joint commissioning between the CCG and the Council to deliver better services and better outcomes for people.

Sheffield's HWB is made up of the city's political and medical leaders and therefore the Board has a powerful position which it can use to influence other organisations in the city and nationally. The HWB will therefore support and challenge public, private and voluntary sector organisations to use their resources to support the delivery of the Strategy and make Sheffield a healthier city. We want to make health and wellbeing a part of everyone's job and if we are to make a real difference, we need other organisations in Sheffield to support the delivery of the JHWS. The Board will also look to influence the way the NHS Commissioning Board and Government deliver services which impact on health and wellbeing in the city.

Links to other plans and strategies

The JHWS does not mean that all other existing plans and strategies in the city need to be rewritten. Organisations and service providers are already doing things which will make a significant contribution to achieving the outcomes set out above. This Strategy is primarily about beginning a social, organisational and cultural change in Sheffield so that long-term health and wellbeing is an important consideration in everything we do. Clearly, there are some key strategies which are linked to tackling the wider determinants of health in Sheffield and the HWB will contribute to the delivery of strategies such as Sheffield's Housing Strategy, the city's Economic and Employment Strategies, and Children's Plan to ensure that there is a strong wellbeing focus and a coherent link with the JHWS.

At an individual level, the HWB and local services will support and promote healthier life choices and aim to tackle the inequalities people experience in the city. At local and neighbourhood levels, there are many things people can do to support the delivery of the Strategy. We will also work with communities to identify local health and wellbeing priorities for their areas.

Accountability and engagement

The Health and Wellbeing Board will monitor progress in the delivery of the outcomes in the Joint Health and Wellbeing Strategy. Each one of the five outcomes will have a set of measures or indicators which will tell us how we're doing in our efforts to improve health and wellbeing in Sheffield. We will publish our performance against all the measures to ensure that everyone can chart our progress towards the outcomes.

Where we have evidence that outcomes are not being achieved, the Health and Wellbeing Board will hold commissioners and providers to account. The Healthier Communities and Adult Social Care Scrutiny Committee of Sheffield City Council has the power to scrutinise not only the delivery of the Strategy but also the health service providers in the city and the Committee will challenge organisations to make sure they are delivering the things set out in the Strategy. Throughout the Strategy, we have made clear the importance of a good start in life for children and young people and supporting vulnerable people in Sheffield. We will work in close collaboration with Sheffield's Safeguarding Children Board and Adult Safeguarding Partnership to promote and protect the welfare of vulnerable people in the city.

In April 2013, **Sheffield Healthwatch** will be established to replace LINk and be the main channel into the Health and Wellbeing Board for Sheffield children, young people and adults to contribute their voice and influence. Sheffield HealthWatch will enable local people to shape decisions and will provide a direct link for the people of Sheffield to the Health and Wellbeing Board, ensuring that issues with local health and wellbeing services are known and responded to by the Board. HealthWatch will also retain all of the powers LINks had, enabling it to carry out inspections on health services but it will also be able to escalate major local health and wellbeing concerns to HealthWatch England.

We will engage with health, social care and wider service providers to ensure that the Board's work is informed by best practice in service delivery and will make full use of Sheffield's existing strong partnership arrangements (eg. Sheffield First Partnership) to ensure that organisations in the city are fully involved in working to improve Sheffield's health and wellbeing.

How will we know we're making a difference?

The Health and Wellbeing Board will regularly assess whether we are focusing, commissioning and delivering the right things. We've developed a set of indicators called an '**Outcomes Framework**' which the HWB will use to assess progress. Reports from the Outcomes Framework will be published and used by Health Scrutiny to challenge the progress of the HWB towards achieving its outcomes.

Sheffield's Joint Strategic Needs Assessment (JSNA) has informed this strategy and will provide a regular overview of the health and wellbeing issues in the city, highlighting Sheffield's key health challenges and developing a picture of where our strengths are.

We know that Sheffield's JSNA needs to be broadened beyond just 'health' services and strengthened so that it provides a robust evidence base which will ensure that Sheffield's approach and investment in health and wellbeing services is based on high quality intelligence. We are determined that this high quality evidence needs to be drawn from a wide set of sources, including

statistical information, feedback from service users and front line organisations, and drawing on the latest research about the most effective services and interventions.

Working with a number of partners (including the City Council, CCG, and VCF sector), we are committed to producing an annual JSNA position statement, setting out our assessment of the latest state of play on health and wellbeing issues. We will also ensure that the Health and Wellbeing Board has access to the highest quality information and evidence to base its decisions on.

And how will you know we're making a difference?

As a statutory board, all Health and Wellbeing Board meetings will be held in public and papers will be published on the internet, including information about our performance against the Strategy's objectives. Sheffield's health and wellbeing system will also be held to account nationally and we are expected to make progress against the Government's new outcome frameworks for NHS, adult social care and public health. Performance against these frameworks will also be available online. In addition, independent organisations such as the Care Quality Commission (CQC), Monitor and OFSTED will have a vital role in assessing the quality of the health, social care and wider wellbeing services provided in the city.

Next steps

Whilst we are confident that Sheffield's Joint Health and Wellbeing Strategy addresses the main health and wellbeing opportunities and challenges in Sheffield, **we intend to review the Strategy in 2013**. This is because in April 2013, the Government's health reforms are enacted and Sheffield's Health and Wellbeing Board will be a statutory body. We will have had the opportunity to plan out the work programmes and any gaps and will be clearer about how we involve the public and service providers in the work of the board.

Therefore, we will undertake a further consultation during the spring/summer of 2013 and to agree a revised version of the Strategy by September 2013.

If you want to find out more, please get in touch:

healthandwellbeingboard@sheffield.gov.uk

Glossary – key terms in the Joint Health and Wellbeing Strategy

Term	Explanation
Clinical Commissioning Group (CCG)	Clinical Commissioning Groups are groups of GPs that will, from April 2013, be responsible for designing and commissioning local health services In England. They will do this by working with patients and professionals, and in partnership with local communities and local authorities. You can go to Sheffield's CCG's website at http://www.sheffield.nhs.uk/about/sheffieldccg.php.
Commissioning	Commissioning is the process by which the health and social care needs of local people are identified, priorities determined and appropriate services purchased.
Community-based services	Community-based services are services provided at home or locally such as home care, day care, small items of equipment etc.
Health and Wellbeing Board (HWB)	Sheffield's Health and Wellbeing Board is responsible for the Joint Health and Wellbeing Strategy. Health and Wellbeing Boards are being set up in every upper-tier local authority to improve health and care services and the health and wellbeing of local people. They will bring together the key commissioners in an area, including representatives of GP consortia, directors of public health, children's services, and adult social services, with at least one democratically elected councillor and a representative of Healthwatch. The boards will assess local needs and develop a shared strategy to address them, providing a strategic framework for individual commissioner's plans. You can find out more about Sheffield's HWB at http://www.sheffield.gov.uk/healthwellbeingboard.
Joint Health and Wellbeing Strategy (JHWS)	The Joint Health and Wellbeing Strategy is the way of addressing the needs identified in the Joint Strategic Needs Assessment and to set out agreed priorities for action.
Joint Strategic Needs Assessment (JSNA)	The Joint Strategic Needs Assessment is a tool to identify the health and wellbeing needs and inequalities of the local population to create a shared evidence base for planning and commissioning services.
Healthwatch	From April 2013 HealthWatch will be the new consumer champion for both health and adult social care. It will exist in two distinct forms – Local HealthWatch, at local level, and HealthWatch England, at national level.
Interventions	Interventions are services provided to help and/or improve the health of people in the County.
Local Involvement Network	LINk is made up of individuals and community groups who care about health and social care services and work together to make improvements. It will be replaced in April 2013 by Healthwatch. You can find out more about Sheffield's LINk at http://www.sheffieldlink.org.uk.
NHS Commissioning Board	The NHS Commissioning Board will sit at arm's length from the government and will oversee local GP consortia. It will make sure that consortia have the capacity and capability to commission successfully and meet their financial responsibilities. It will also commission some services directly.
Outcome	'Outcome' means 'result', 'goal' or 'aim'.
Primary Care Trust (PCT)	Primary Care Trusts are part of the NHS and currently commission primary, community and secondary care from providers. They are scheduled for abolition on 31st March 2013, with CCGs taking on most commissioning responsibilities locally and with some public health responsibilities transferring to the local authority
Sheffield City Council (SCC)	Sheffield City Council is an independently elected and autonomous body. It is largely independent of central government and is directly accountable to the people of Sheffield when they elect their councillors. Local authorities play a crucial role in ensuring that day-to-day services of their communities are efficient and effective, offer good value for money and deliver what people need. Sheffield City Council provides many services that are related to health and wellbeing. You can find out more about Sheffield City Council at http://www.sheffield.gov.uk.
VCF	The voluntary, community and faith sector, also referred to as 'the third sector', is made up of groups that are independent of government and constitutionally self-governing, usually with an unpaid voluntary management committee. They exist for the good of the community, to promote social, environmental or cultural objectives in order to benefit society as a whole, or particular groups within it. You can find out more about the VCF sector in Sheffield at http://www.vas.org.uk.

Sheffield City Council

Equality Impact Assessment

Name of policy/project/decision: Joint Health and Wellbeing Strategy

Status of policy/project/decision: New

Name of person(s) writing EIA: Louisa Willoughby

Date: 21 September 2012 **Service:** Commissioning

Portfolio: Communities

What are the brief aims of the policy/project/decision?

The Joint Health and Wellbeing Strategy 2012-13 sets out the strategic mission and associated outcomes for the city and ultimately, ambitions of the Health and Wellbeing Board (HWB). It is a developing and growing document, formed out of the evidence of the Joint Strategic Needs Assessment, and is subject over 2012-13 to revision.

The JHWS contains a clear mission:

- Tackle the main reasons why people become ill or unwell and in doing so reduce health inequalities in the city.
- Focus on people – the people of Sheffield are the city's biggest asset. We want people to take greater responsibility for their own wellbeing by making good choices. Services will work together with Sheffielders to design and deliver services which best meet the needs of an individual.
- Value independence – stronger primary care, community-based services and community health interventions will help people remain independent and stay at or close to home.
- Ensure that all services are high quality and value for money.
- Value independence - stronger primary care, community based services, preventative housing support and community health.

The HWB will look to influence people and organisations in Sheffield, commission and jointly commission services, and provide direct strategic leadership to 5 'work programmes' in order to deliver the five outcomes identified in the Strategy.

A short period of consultation was carried out in summer 2012. The decision to do this, made by the Board in June 2012, was based on the premise that the Health and Wellbeing Board would carry out a wider and broader consultation exercise in summer 2013. The consultation carried out was therefore not intended to be definitive, but to form part of the strategy's wider development. Invariably a short period of consultation means that not everyone or every group is able to feed back into the process, but the consultation was not the only opportunity that people and groups will have to have their say. The action plan included at the end of this EIA lists a number of measures to ensure the input of protected groups is received.

Information about the short consultation - which included an online questionnaire and an open shop on the Moor - was emailed and posted out to key partners, health, children's and other networks, providers, GP surgeries, libraries, Community Assemblies and adult social care users, encompassing a variety of statutory, voluntary and private sector groups alongside members of the public.

Four key questions were asked:

1. To what extent do you agree or disagree that we are focussing on the right outcomes for Sheffield?

2. What do you think are the most important things we need to do to achieve our outcomes?
3. How do you think doctors and the Council can work differently to improve health and wellbeing in Sheffield?
4. Would you like to be involved in improving health and wellbeing in Sheffield?

In addition, nearly 400 members of the public, including children and young people, were asked about what would help them to be healthier on small postcards. A wide range of people of all ages from a cross-section of Sheffield neighbourhoods was asked.

The online survey gave people the option of giving their gender, age, ethnicity, neighbourhood and sexuality; however, few people took the option of filling this out. It was ensured that information about the consultation was sent to representatives of all protected groups, and comments were received from the following groups:

- Children and young people's groups, including those with mental health illness.
- Environmental groups.
- Health interest and involvement groups, including PDSI and carers.
- Linked statutory bodies, e.g. NHS.
- Political groups.
- Public health.
- Sheffield City Council.
- Sports and exercise.
- Universities.
- Vulnerable people.

There are some gaps in the responses received. For example, no response was knowingly received from BME groups, those with a learning disability, LGBT or older people, although respondents from those groups may have been anonymous respondents to the online questionnaire or formed part of responses from other groups from the list above.

As noted earlier, it is the intention of the Health and Wellbeing Board that once the Health and Social Care Act 2012 comes into force in April 2013, the Strategy will be refreshed and a further period of consultation will take place in spring/summer 2013. This further consultation will make a strong effort to ensure that all key groups identified in this EIA are consulted and engaged with. Further development of the JSNA as part of this process will include a strong focus on involving the VCF sector, which represents many of the protected groups.

Are there any potential Council staffing implications, include workforce diversity?

There are no direct Council staffing implications; however, the Board will use the strategy to assess commissioning plans which may amount to changes. However, there is a potentially positive impact in that the positive outcomes within the strategy apply to Sheffield citizens, which will include SCC staff.

The strategy also states that, "A key component of good health and wellbeing is finding and maintaining long term, meaningful and satisfying employment." This will benefit Council workers, and the strategy's aim to manage barriers to work will benefit people with mental ill health and physical disabilities, which could benefit staff workforce positively.

Under the Public Sector Equality Duty, we have to pay due regard to: "Eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations."

Areas of possible impact	Impact	Impact level	Explanation and evidence

Areas of possible impact	Impact	Impact level	Explanation and evidence
Age	Positive	High	The strategy has a focus on all Sheffield citizens, from young to old. There is also a particular focus on Early Years outcomes, including assistance to families to promote a best start in life, and increase of children and young people with increased complex needs and increase in health inequalities. ▪ It is right to do this because whilst children and young people growing up in Sheffield today are generally healthier than ever, between the 'best' and the 'worst' wards in the city we have: ▪ 2 fold difference in achievement at Early Years Foundation Stage; ▪ 4 fold difference in infant mortality rates; ▪ an 8 year gap in male and female life expectancy at birth ▪ Young people are also at risk of obesity. The strategy also recognises the growing older population in Sheffield and seeks to respond to the potential impacts on health and wellbeing from this. ▪ It is right to do this because Sheffield has seen longer life expectancy with a 24% increase in the number of people aged over 75 and more than a doubling of people aged over 85. ▪ Currently around 9,000 older people receive support, and by 2025 it is estimated that there will be a 23% increase in people aged over 75 years living alone, and an increase of 21% in people over 65 years old unable to manage at least one self-care activity (such as washing or dressing) on their own. Comments on behalf of this group were submitted to the Health and Wellbeing Board to be considered as part of its summer 2012 consultation on the strategy. Information about how the revised version of the strategy responded to these comments will be included in a 'You Said, We Did' report (see action plan).
Disability	Positive	High	The strategy has a strong focus on helping and supporting the disadvantaged and improving access to services. The strategy is particularly specific in its mention of mental wellbeing, helping those with learning disabilities, and supporting those with dementia. ▪ It is right to do this, because we predict significant increases in the number of disabled people over the next 10 to 15 years. In particular, we expect there will be an increase the number of people with the most complex disabilities (including people with disabilities from black and ethnic minority groups) who require high levels of support from health, housing and social care services. ▪ There has been a large increase in the number of children and young people with a learning disability since 2000, and in the last ten years the number of 10 to 20 year olds with a learning disability increased by 120%, although in the last five years the number increased by 38%, suggesting that the rate of increase may be slowing. ▪ Data also indicates a significant increase in the number of people in Sheffield with severe or complex needs, and again particularly in younger age groups. The overall number of people with such needs rose by 17% between 1998 and 2008. However, the number of 15 to 19 year olds with severe or complex needs increased by 70% over the same time. ▪ Although deaths from suicide and undetermined injury in Sheffield are lower than the average for England, local audit has indicated that depression was a key factor in 40% of deaths between 2006 and 2010. ▪ In Sheffield we currently have 6,382 people living with dementia and this is expected to rise to 7,342 by 2020 and 9,340 by 2030. The biggest increase will be in the people aged 85+ which will nearly double over the same period. A relatively small number of people with dementia are from black and ethnic minority groups, but this will increase substantially in future years. The increases projected in the City's population means that by 2020 there will be an

Areas of possible impact	Impact	Impact level	Explanation and evidence
			increase of over a thousand older people projected to suffer from dementia; by 2030 there may be an additional 3,000 people with this illness. Comments on behalf of this group were submitted to the Health and Wellbeing Board to be considered as part of its summer 2012 consultation on the strategy. Information about how the revised version of the strategy responded to these comments will be included in a 'You Said, We Did' report (see action plan).
Pregnancy /maternity	Positive	High	The strategy has a strong focus on offering children the best start in life, recognising that this starts with pregnancy/maternity. ▪ This is important, because smoking during pregnancy is reducing in Sheffield but is still above the national rate and there is a seven fold difference at Community Assembly level in the proportion of women who are smoking 'at delivery'. ▪ Breastfeeding rates are above the national average - currently 52.3% women are breastfeeding at 6-8 weeks compared to a national average of 45.2%, but again wide inequalities exist within the city. ▪ Numbers of pregnant women with substance misuse issues has remained stable (c.60 per annum) despite an overall national decline in problematic substance misuse. The limited consultation held over summer 2012 did not identify a specific response from those affected by pregnancy/maternity. However, those affected will be a focus of summer 2013's wider consultation.
Race	Positive	High	The strategy states that it wishes to, "Increase health promotion and support better engagement of BME groups to improve health outcomes." Several of the priority measures in the strategy include targeting health interventions for BME groups and asylum seekers. ▪ This is important, because there are similar inequalities between different groups of people in the city – generally speaking, Black and Minority Ethnic (BME) people in the city have lower attainment at school, are more likely to be victims of crime and anti-social behaviour and are less likely to be able to find work than Sheffield's population as a whole. ▪ Similarly, there is clear evidence that particular BME communities also have a range of specific health and wellbeing needs, reflecting distinct communities of people with strong identities, and different cultural backgrounds, beliefs and experiences. Many of these communities, although not all, experience relatively poor health and wellbeing, and a number experience relative poor health in respect to coronary heart diseases (stroke is 70% more common among African Caribbean and South Asian populations); Type 2 diabetes (six times more prevalent in South Asian communities); and mental health (31% of people detained under the Mental Health Act were from BME communities in 2006/7, although BME communities only make up around 15% of Sheffield's population). The limited consultation held over summer 2012 did not identify a specific response from BME communities. However, those affected will be a focus of summer 2013's wider consultation.
Religion/belief	Positive	Low	The strategy does not impact on religion/belief specifically, but those of particular religions/beliefs may find themselves fitting other categories, such as pregnancy/maternity, disability or race. The limited consultation held over summer 2012 did not identify a specific response from religion/belief communities. However, those affected will be a focus of summer 2013's wider consultation.
Sex	Positive	High	The strategy has a strong positive focus on pregnancy/maternity issues and on improving the life expectancy of men. The strategy also seeks to help those experiencing domestic abuse. This can affect

Areas of possible impact	Impact	Impact level	Explanation and evidence
			both men and women although statistically more women. ▪ In 2009, Home Office estimates suggested that 16,616 women and girls were victims of domestic and sexual abuse in Sheffield and 8,576 women and girls were victims of sexual assault. Estimates also suggest that there are between 1,092 and 3,185 hospital attendances a year in Sheffield which are directly attributable to domestic abuse. ▪ Partnership working is targeting pregnant women at risk of domestic abuse in order to offer early support and ensure, via the MARAC system, that agencies are aware of families with children under 1 where the risk of serious harm or homicide is high. ▪ There is clear evidence of the adverse effects of domestic violence on women's mental health, that it can last for many years and that it leads to increased use of mental health services. A meta-analysis of 18 studies found an average rate of post-traumatic stress disorder among victimised women of 64%, a rate of depression of 48% and a suicide rate of 18%. Comments on behalf of this group were submitted to the Health and Wellbeing Board to be considered as part of its summer 2012 consultation on the strategy. Information about how the revised version of the strategy responded to these comments will be included in a 'You Said, We Did' report (see action plan).
Sexual orientation	Positive	High	The strategy is clear that it will assist and support those who are disadvantaged, which may be those of a particular sexual orientation. There is a specific reference to lesbian, gay and bisexual people and the health disadvantages experienced by them. The limited consultation held over summer 2012 did not identify a specific response from LGB communities. However, those affected will be a focus of summer 2013's wider consultation.
Transgender	Positive	High	The strategy is clear that it will assist and support those who are disadvantaged, which may be those who are transgender. The limited consultation held over summer 2012 did not identify a specific response from transgender communities. However, those affected will be a focus of summer 2013's wider consultation.
Carers	Positive	High	One of the strategy's central aims is to provide support to people at or closer to home. It aims to give people the services that they need and feel is right for them. The strategy states that the aim is that "carers are valued and treated as equal partners", and recognises the disadvantage they sometimes face. The strategy also mentions the need to look after young carers. ▪ This is important because the estimated the number of carers in Sheffield will be 66,715 by 2015, higher than the national estimates suggest. Although caring can be an immensely positive experience, there is also evidence that caring can increase physical stress, lack of sleep and long term limiting illness, with a strong association between long hours of caring (50+) per week and mental health issues, including increased stress, anxiety and depression. Caring commitments can reduce opportunities for training and education, loss of income (including increased likelihood of poverty and reliance on benefits), increased costs and reduced levels of social interactions and friendships. ▪ There are also inequalities in caring, with a higher proportion of carers providing at least 50 hours care per week in the more deprived areas of Sheffield. Comments on behalf of this group were submitted to the Health and Wellbeing Board to be considered as part of its summer 2012 consultation on the strategy. Information about how the revised version of the strategy responded to these comments will be included in a 'You Said, We Did' report (see action plan).
Voluntary, communit	Positive	High	The strategy recognises the crucial role that the VCF sector plays in improving health and wellbeing and delivering key services in Sheffield.

Areas of possible impact	Impact	Impact level	Explanation and evidence
y & faith sector			Comments on behalf of this group were submitted to the Health and Wellbeing Board to be considered as part of its summer 2012 consultation on the strategy. A Third Sector Assembly health themed meeting was attended which sought to identify how engagement with the VCF sector can be improved. A member from VAS is present on the JSNA programme management group, while representatives from LINk are present on the Health and Wellbeing Board.
Financial inclusion, poverty, social justice:	Positive	High	One of the key outcomes of the strategy is that health inequalities reduce. The strategy is also clear and strong in its focus on the wider determinants of health. ▪ For example, 12% of households rely on benefits and 8% of older people are on some sort of state support. Around 24% of Sheffield's dependent children and 28% of the population over 60 years old live in households claiming Housing and/or Council Tax Benefit. There are 29 neighbourhoods in the city that are within the most 20% deprived within England, in total accounting for 28% of the city's population, whilst there are seven neighbourhoods in the 10% of least deprived locations in England. ▪ Whilst social cohesion has to date remained positive in the city, the continuing financial and economic crisis is beginning to impact on the people who live in Sheffield. This affects people's health, including their mental health. For example, a key concern is the number of young people becoming homeless with almost half of priority homeless cases aged 16 to 24 years old. ▪ 19% of private households in the city experience fuel poverty compared to 13% in England as a whole. ▪ The economic climate also affects people's mental health. For example: 11,000 people in Sheffield claim Employment Support Allowance because of mental health conditions and 87% of these have been claiming for over two years. Information about how the revised version of the strategy responded to these comments will be included in a 'You Said, We Did' report (see action plan).
Cohesion:	Positive	High	One of the key outcomes of the strategy is that health inequalities reduce. Through its ten key principles the strategy states that its aim is for strong, resilient communities which enable people to have control over their lives. The limited consultation held over summer 2012 did not identify a specific response about cohesion. However, those affected will be a focus of summer 2013's wider consultation.
Other/additional: Independence	Positive	High	The strategy is clear that it values independence and allowing people to make their own choices for their lives. For example, one of the outcomes is that "People can get health, social care, children's and housing services when they need them, and they're the sort of services they need and feel is right for them." The limited consultation held over summer 2012 did not identify a specific response about independence. However, those affected will be a focus of summer 2013's wider consultation.

Overall summary of possible impact (to be used on EMT, cabinet reports etc): Positive.

Review date: As the strategy is going through a process of constant revision and development over 2012-13, with final approval in September 2013, we propose regular revision of this EIA to ensure the strategy's development involves and consults the right people. As such it is proposed that this EIA is updated and reviewed in January 2013, April 2013 and August 2013.

Approved (Lead Manager): **Date:**

Approved (EIA Lead person for Portfolio): Phil Reid **Date:** 01 October 2012

Does the proposal/ decision impact on or relate to specialist provision: -Select-

Action plan

As the Strategy is going through regular revision and development over 2012-13, the following actions are suggested:

- Reviewing and where necessary updating the EIA in January, April and August 2013. (Lead officer: Louisa Willoughby.)
- Issuing a consultation report (in a 'You said, We Did' format) which will demonstrate how the responses from protected groups to the consultation has been utilised in the strategy and/or state why this has not been the case. (Lead officer: Louisa Willoughby.)
- Including monitoring of progress and performance of outcomes in the final version of the strategy to ensure that as far as possible the groups listed in the table above are positively affected by the strategy's progress and development and face no negative impacts. This may also consider the possibility of having equalities sub-indicators under each outcome's performance measures. (Lead officer: TBC.)
- Identifying opportunities to build an EIA approach into Health and Wellbeing Board activity and scrutiny, e.g. commit to carry out/monitor EIAs for all jointly commissioned services. (Lead officer: Miranda Plowden.)
- Working to ensure that each of the 5 work programmes systematically considers equality issues/impacts. (Lead officer: Joanne Knight.)
- Ensuring that the consultation carried out in summer 2013 seeks the views of those groups listed in the table above. This could be done by holding focus groups, engaging with community/interest groups and networks, and relevant professionals in the field. The consultation in summer 2012 identified some gaps, e.g. LGBT, older people's and BME representation, and so these groups will be a focus of summer 2013's consultation. (Lead officer: Louisa Willoughby.)
- Updating the JSNA to ensure that the data and evidence surrounding protected groups is up-to-date, appropriate and relevant. This will include working with the VCF sector. (Lead officer: James Henderson.)

Approved (Lead Manager): **Date:**

Approved (EIA Lead Officer for Portfolio): Phil Reid **Date:** 01 October 2012

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SHEFFIELD CITY COUNCIL
Cabinet Report

Report of:	Simon Green, Executive Director for Place Portfolio
Date:	Cabinet Meeting 31st October 2012
Subject:	Sheffield Lower Don Valley Flood Defence Project
Author of Report:	Steve Birch

Summary:
Sheffield City Council has been working with the Environment Agency (EA) and local businesses to develop a flood defence scheme to protect public infrastructure and vital manufacturing and engineering industry from the damages suffered in 2000 and 2007.

Public sector funding is being applied for through ERDF and the EA amounting to about 75% of total costs. A Business Improvement District (BID) is proposed as the mechanism to secure contributions from private sector beneficiaries.

In order to take advantage of the external funding currently available, in particular ERDF, this report seeks authority for officers to pursue the various financial elements of public funding, private sector contributions through a Business Improvement District, and guarantee/cashflow options arranged by the Council.

Reasons for Recommendations:
The preferred way forward for the project is to deliver a comprehensive and holistic approach to flood management in the Sheffield Don Valley area, taking advantage of limited availability of public funds.

A 'do nothing' option for the Council is not viable as it would ignore the new statutory responsibilities placed on it to manage flood risk in the city, and so delivery would depend on the private sector leading and coordinating activity and investment.

A 'reduced scheme' will not provide adequate protection and security to the majority of businesses in the flood zone, leaving many still at significant risk of flood.

The proposed solution of a comprehensive programme of works would meet Environment Agency standards and would thus give existing enterprises confidence to remain in the area and expand, as well as reassuring potential new investors that the LDV is a safe place to locate, which is an objective of the Local Enterprise Partnership.

Recommendations:
That the Director of Development Services, in consultation with the Director of Finance, Director of Legal Services and Cabinet Members for 'Environment, Waste and Streetscene' and 'Business, Skills and Development', be authorised to:

- Negotiate, agree and complete the terms of funding contracts with external grant organisations including (but not limited to) Department for Communities and Local Government (DCLG) and the Environment Agency (EA)
- Negotiate and agree the terms of a Business Improvement District (BID) for the Lower Don Valley Flood Defence Project and implement a ballot process.
- Explore finance options enabling the Council to cashflow the private sector contribution towards the construction phase of the project subject to businesses agreeing to the establishment of a Business Improvement District through which the Council's contribution would be recovered. This includes the possibility of reprioritising internal resources or securing external borrowing as prescribed by the Council's Constitution and Financial Regulations
- Take other action necessary to develop and fund the scheme, including making any decision which is necessary or desirable under the provisions of agreements for external grants. The detailed project approval will be submitted in line with the Council's Capital Approval process once the final funding arrangements become clear.
- Approve in principle the submission of an application for planning permission and other statutory consents for the LDV Flood Defence Project.
- Approve in principle measures to deliver works on privately owned properties or land essential to implement the scheme by enforcement if required, including available powers to gain entry to sites under the Flood and Water Management Act 2010 and Land Drainage Act 1994, or the use of the Council's Compulsory Purchase Order (CPO) Powers to secure access to any parcels of land essential to implement the scheme
- Negotiate, agree and complete the contracts for detailed design and construction following a tender process and once a full funding package is in place

Background Papers:

Category of Report: OPEN

Statutory and Council Policy Checklist

Financial Implications
YES Cleared by: Paul Schofield
Legal Implications
YES Cleared by: Deborah Eaton
Equality of Opportunity Implications
NO Cleared by: Ian Oldershaw
Tackling Health Inequalities Implications
NO
Human rights Implications
NO
Environmental and Sustainability implications
YES
Economic impact
YES
Community safety implications
YES
Human resources implications
YES
Property implications
YES
Area(s) affected
Darnall ward mainly, limited interventions in Central ward
Relevant Cabinet Portfolio Leader
Jack Scott – Cabinet Member for Environment, Waste and Streetscene Leigh Bramall – Cabinet Member for Business, Skills and Development
Relevant Scrutiny Committee if decision called in
Economic and Environmental Wellbeing
Is the item a matter which is reserved for approval by the City Council?
NO
Press release
Issued in partnership with, and led by, Sheffield Chamber of Commerce and Industry – 21/08/2012

1.0 SUMMARY

1.1 This report describes the need for flood defence measures in Sheffield's Lower Don Valley (LDV) in order to protect businesses located in the city's industrial heartland and main economic zone outside the city centre, how it delivers the Council's priorities, and the financial measures to fund the works.

1.2 Sheffield has recently seen two serious flood events in 2000 and 2007, and again worryingly high river water levels in July 2012. The 2007 event alone caused millions of pounds of damages to local firms, and many have said they would not survive another flood. The greatest concentration of companies at risk is in the Lower Don Valley. The extent of flood risk from a '1 in 100 year flood' is shown on the attached plan in Appendix A.

1.3 For the last two years Council officers have been working with the Environment Agency (EA) and a number of key private sector stakeholders including British Land, Forgemasters Royal Mail and E.ON to develop a flood defence scheme for the LDV which will be effective but affordable and can be delivered in order to secure European Regional Development Funds (ERDF) by the end of 2013.

1.4 Initial computer modelling to replicate river flows and flood paths has identified protective measures to keep the water in the river banks. Based on this work, an outline defence scheme has been defined comprising a number of discrete interventions between Nursery Street in Sheffield City Centre and Blackburn Brook near the M1 (see attached plan at Appendix B). These interventions include repairing gaps in existing defences, raising walls and reinforcing existing structures. There are currently two scopes of scheme being considered, one costing £10.8m and the other £7.2m, dependent on the extent of the sites and defences included. Further detailed survey and design work will however develop these initial proposals into robust works and costings.

1.5 The scheme would achieve a 1 in 100 year flood defence standard (this means protection against the scale of flooding which might be expected to occur once per century or a 1% chance in any year). This exceeds the current standard requirement of 1 in 75 years by the Association of British Insurers (ABI) but would not necessarily by itself deal with a repeat of 2007 which was assessed at between a 1 in 150 and 1 in 200 year event.

1.6 The aim is to further enhance this level of protection in two ways: firstly, by creating storage capacity in up-stream 'compensation reservoirs' such as Underbank, owned by Yorkshire Water in order to divert water in times of heavy rain in order to reduce the amount of water that arrives in the valley bottom; secondly, by maintaining recent river channel clearance work to prevent the build-up of silt, trees and detritus which resulted in numerous blockages and raised water levels over defences in 2007. The project will make allowance for maintenance over a five year period. The EA are in agreement with this approach, and the defence works completed at the Wicker and now Nursery Street are an advance part of the strategy.

1.7 Detailed survey and design work is now underway, commissioned by the Council and funded by the EA to a value of £310,000. Funding for the delivery of the defences is actively being sought to finance this scheme. A final ERDF Detailed Business Plan is being submitted to the Department for Communities and Local

Government (DCLG) in January 2013 for approximately 50% of project costs, whilst a final Project Appraisal Report (PAR) is being submitted to the Environment Agency in June 2013 for around £3m.

1.8 The balance is to be sought from the private sector through the establishment of a Business Improvement District (BID). This would effectively constitute a percentage levy in the region of 2% on the rateable value of businesses located in a defined boundary which will be approximate to the 1 in 100 year flood zone (shown in blue on the map in Appendix A). The BID would need to be voted in through a majority ballot of those businesses within the boundary, and if approved the increased business rate payment would be collected over a five year period.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

2.1 As set out below, approving this report would help deliver on a number of priorities and outcomes within the Council's corporate plan 'Standing Up For Sheffield 2011-14':

2.2 *'Focusing on jobs', 'business friendly' and 'a strong and competitive economy'* – this project will mean that hundreds of businesses in the Lower Don Valley flood zone will benefit from a reduced risk of flood, which could also translate into reduced insurance premiums to reflect this. It will give those businesses greater confidence to progress plans for growth and expansion in the Sheffield LDV, whilst other business owners may be attracted to relocate into the area. The project will also improve job security for Sheffield residents as well as creating new job opportunities with a particular focus on high skill advanced manufacturing and related supplier and service businesses. It will build on the Sheffield City Region Enterprise Zone anchored in the same area.

2.3 *'Environmentally responsible city'* – opportunities will be sought to improve the public environment, amenity access, landscaping and natural habitats of the river corridor making use of complementary funding such as the EA's Waterways Framework Directive programme to improve river quality. Works will take in stretches of the 'Five Weirs Walk' between the city centre and Blackburn Brook, enabling enhancements to this valued pedestrian and cycle route which represents a key natural amenity and green travel route.

2.4 *'Supporting and protecting communities' and 'safe and secure communities'* – addressing the risk of flooding will contribute to a safer environment for Sheffield's people who, in some cases in the 2007 floods, were forced to abandon their cars; were rescued from the roofs of houses and offices; and in the most drastic cases were killed by strong currents on the City's roads.

3.0 OUTCOME AND SUSTAINABILITY

3.1 The intended outcome of this report is to gain authority to:

- Apply for external public grant funding and agree appropriate contracts
- Manage a ballot process with a view to establishing a Business Improvement District (BID) to generate private sector contributions
- Put in place finance enabling the Council to cashflow the private sector contribution to the development and construction phase of the project subject to approval at ballot of the establishment of a BID
- Secure all necessary permissions
- If necessary use the Council's powers including CPO to gain access to land to

construct the defences.

3.2 The project aims to defend businesses against the risk of flood damages to a standard of '1 in 100 year event' in the first instance, with a view to enhancing protection through river channel stewardship and improved up-stream storage in future phases of the project. The LDV defences will deliver the following outcomes:

- A reduction in the extent of the flood plain in Sheffield's Lower Don Valley
- A reduction in the percentage of businesses in Yorkshire and the Humber that are at risk of flooding
- Creating an environment in which existing businesses feel secure and have confidence in their location to grow and invest
- An increase in new inward investment in the area to redevelop previously vacant sites in high flood risk locations for new business and employment
- A reduction in businesses' insurance premiums related to premises, plant, stock and business continuity
- An accessible and well maintained river course with an established long term management and maintenance mechanism/vehicle

3.3 The survey and design of new structures will also give consideration to the possibility to raise defences further in the future to respond to climate change. In addition, this work will explore environmental mitigation work to identify where defence works may also benefit local river habitats and species.

4.0 MAIN BODY OF THE REPORT

Background and Key Issues

4.1 Sheffield's Lower Don Valley is a dense employment area is identified as a priority in Sheffield's City Economic Strategy and the City Centre Masterplan, and defined as the core of the proposed Enterprise Zone for South Yorkshire which aims to attract further investment and development in the area.

4.2 Severe flooding of the River Don in 2000 and 2007 caused significant disruption to businesses, services and power, transport and telecommunications infrastructure, as well as multi-million pound damages associated to buildings, fixtures/fittings, stock and lost business activity/trade.

4.3 Businesses in the area have for some time raised flood risk as a major concern, notably including Sheffield Forgemasters International who are a vital engineering firm for the city, region and indeed the country as a whole given their unique expertise and capacity, as well as Tata Steel, Firth Rixson, E.ON, Yorkshire Water and Royal Mail. Businesses of this sort are stating that they can not survive a repeat of the floods of 2007, in which case they would go out of business, or be forced to consider relocating from the area to protect their operations.

4.4 Similarly, flood defence is a key factor in giving potential new investors confidence in the security of their future plans where sites are identified within an existing flood catchment area. The loss of key businesses and new investment in the Lower Don Valley would have a disastrous effect on the economies of Sheffield city, City Region and the wider Yorkshire region.

4.5 Analysis of flooding in 2000 and 2007 demonstrates that water exited the river channel at a number of locations on sites owned by a number of different parties including public bodies, but mainly private businesses. Tackled individually these

vulnerable points will only protect isolated sites or properties, not the full flood zone area. Water will continue to flood through other weak points in the river bank/defence affecting other businesses and infrastructure.

4.6 As such, no single agent is in a position to remedy the situation alone. Nor does either the EA or the Council have a statutory obligation to provide defences for private properties. However, the Flood and Water Management Act 2010 does place greater responsibilities on local Councils, as Lead Flood Authorities, to lead on managing flood risk and Sheffield City Council has responded to this.

Proposed Solution

4.7 The intention is to design and deliver a comprehensive and holistic flood defence scheme which takes action at locations where river banks and existing defences overtop at '1 in 100 year event' levels in order to protect the 8km long area from Nursery Street to Blackburn Brook – see Appendix A.

4.8 A coordinated effort is required, led by the Local Authority, to engage all business and landowners on whose sites weak points have been identified, and to engage the wider business community who may be at risk of flood damage in order to gain commitment to work together to put in place defences.

4.9 Interventions include raising or reinforcing walls, re-profiling pedestrian walkways and ramps to raise levels, and re-constructing sluice and flood gates. Further work will continue to exploit opportunities for the use of up-stream reservoir storage to complement and enhance the proposed valley bottom defences, however storage options are not within the scope of this project.

4.10 River levels and flows have been modelled along the River Don to develop intelligence on how water flows in and out of the river, applied to different scenarios of flooding levels. A defence scheme has been developed, reviewed and revised. What was originally a £36m project allowing for climate change is now a £10.8m scheme designed to achieve '1 in 100 year event' levels of protection in line with new Environment Agency guidance - Appendix B shows the current outline scope of potential works which is being developed in detail.

4.11 A second option is also being considered whereby certain sites may be excluded where this does not have an immediate adverse effect on flood risk in the area. This may include strategic vacant sites where future development may be affected by flood. Initial calculations cost this option at £7.2m.

4.12 However survey, design, modelling and costing work will continue into 2013 to refine these options and establish which sites are included and which are not. As such it is still possible that the final total cost for the proposed project is higher, or lower, than these figures. Opportunities to lower costs will always be sought, but the key driver for this project is to achieve a '1 in 100 year event' level of protection for businesses in the LDV.

Costs and Funding

4.13 The table below sets out a high level breakdown of costs for the project for both the wider and reduced scope of schemes based on initial outline figures:

4.14

	£10.8m scheme	**£7.2m scheme**
Survey & design	0.5m	0.5m
Construction	10.1m	6.5m
Maintenance (5 years)	0.26m	0.25m

Total	**10.8m**	**7.2m**

4.15 The Environment Agency has already approved £310,000 of funding towards up front **survey, feasibility and design** work. This will confirm with much greater certainty the true extent of the interventions required and the final cost of the scheme overall. This immediate phase of the project is already underway and includes topographic, channel and structural condition surveys; utility, archaeology and environmental studies; as well as updated modelling and design work to deliver a planning application for the proposed build works.

4.16 The designs will also inform the tender for the **construction** of the various flood defence measures, which will comply with European OJEU guidelines.

4.17 An allowance has been made for ongoing **maintenance** which will include a combination of channel clearance, litter collection, as well as inspection and maintenance of the flood structures themselves for a period of five years only. During this time, the Council will work with riparian owners to educate and impress upon them their duty to maintain the sections of river channel that they own and their premises structures, especially where these may be designated as dedicated flood defence structures by the Council under new powers. By establishing a cost-effective regime, it is hoped that businesses themselves will value the benefit and after the five years they will extend the arrangement into the future in order to ensure the '1 in 100 year event' protection is sustained.

4.18 The options appraisal at Appendix C demonstrates the many alternative funding sources explored for this scheme. However it is clear that the majority of these are not available due to eligibility, timescale or terms of finance.

4.19 Nevertheless, officers are optimistic that the majority of the project costs can be met by public funds. The table below sets out a high level breakdown of the preferred funding strategy for both the wider and reduced scope of schemes:

4.20

	£10.8m scheme	**£7.2m scheme**
ERDF	5.5m	3.6m
Environment Agency	3.0m	3.0m
Private Sector	2.3m	0.6m
Total	**10.8m**	**7.2m**

4.21 The opportunity to bid for such a large proportion of public funds represents a significant breakthrough for the project, and is indeed a key driver for prioritising the delivery of this scheme.

4.22 **ERDF** funding, at the end of this current 2007-13 programme, must be contractually committed by the end of 2013, with works completed by the end of 2014. With ERDF accounting for 50% of the project budget, it is essential that the scheme is successful in attracting this grant. The original outline application for £5.5m ERDF has been approved by the Department of Communities and Local Government (DCLG) to proceed to final Detailed Business Plan stage which is to be submitted at the beginning of 2013. The project has been accepted onto the regional programme by the South Yorkshire Performance Management Board in July 2012. However, there is pressure on the programme relating to fluctuations in the exchange rate value of the euro to the Pound, as well as central government desires to reduce the number of contracted projects in the UK. This means that the competition for ERDF in the region is ever more intense, and the focus on delivering a fully funded flood defence scheme within

the European timeframes is vital.

4.23 The **Environment Agency (EA)** have already approved £310,000 in 2012-13 towards survey and design work as described previously, and at their Regional Flood and Coastal Committee meeting in July 2012 approved this project for inclusion for funds on their 2013-14 programme. This is a strong indication of likely support for a final Detailed Business Plan (Project Appraisal Report – PAR) bid which is to be submitted once the study work is complete in mid 2013, particularly as the multi-partner funding strategy is well aligned to DEFRA's new partnership approach to funding projects. Working closely with dedicated project colleagues in the Environment Agency, the final sum applied for will be based on further work to quantify the amount of business damages that would be prevented by the scheme. These economic benefits for companies in the LDV, Sheffield and wider city region will be stressed since EA funding is normally focused on the protection of housing areas.

4.24 **Private sector businesses** are the beneficiaries of the flood defence project through reduced risk of damages, and as such it is right that they contribute. The preferred option is to secure this investment by means of a **Business Improvement District (BID)**, and this type of partnership approach is being encouraged by DEFRA as a potential exemplar to be promoted nationwide.

4.25 Although not used in Sheffield to date, this is now a well-established mechanism which is backed by legislation and has been used in numerous other core cities. These have mainly addressed issues such as security, street cleaning and environmental measures, and as such Sheffield's proposal is viewed as an exciting and innovative use of the legislation. Key points are:

4.26
- The BID applies to a pre-defined zone with a precise boundary
- The BID is subject to a ballot of businesses in the boundary, requiring a majority in terms of number of firms and total rateable value
- Businesses pay for an enhanced level of public works or services
- Funds for the enhanced service/works are raised by a levy on the businesses' rateable value
- The administration/resource costs can be recouped through the BID income
- BIDs normally last five years, and can be renewed
- BIDs are enforceable through legislation if voted in by ballot

4.27 To date a number of consultation events have been held to begin to test the business sector appetite for using this type of mechanism to deliver flood defences. Despite some understandable concerns, the outcome has been general support to explore and develop the BID option further. As a result, the national advisory service for Business Improvement Districts, UKBIDs (part of the Association for Town Centre Managers) has been engaged to advise and guide the Council in developing a proposal to present to businesses. The Council has also secured £10,000 from the Environment Agency to finance personnel to support the development and promotion of a successful BID.

4.28 Furthermore, Sheffield Chamber of Commerce and Industry is taking a proactive role in working with the Council to develop a business plan for this BID, and will lead communication, engagement and promotion matters as the more high profile partner to demonstrate strong private sector leadership on this project. Particular features of the LDV BID might include:

4.29
- Approximately 325 businesses located in the '1 in 100 year event' area with a

total rateable value of at least £7.5m
- A minimum threshold to exclude businesses with smallest rateable values who may be least able to pay
- Potential to incorporate businesses whose access and service routes are disrupted by loss of surrounding road infrastructure (see Appendix D)
- No need to establish a dedicated Limited Company as a vehicle for the BID
- No need for dedicated staff, but instead use of existing Council processes minimising Council resource costs to be recouped through the BID income
- Allowance for the five year maintenance commitment
- Option to renew for future years of inspection, repair and channel clearance

4.30 The programme shows a BID ballot in May-June 2013, subject to coordination with local election dates. Feasibility and business planning work will continue in the meantime to establish viable procedures and develop a robust proposal for businesses and a communications strategy.

Cashflowing Private Sector Contributions for the Construction Phase

4.31 Each element of the project funding package is dependent on the other. However, most importantly, the final ERDF application is to be made as early as possible in 2013 to demonstrate to DCLG that the project timeframes are sufficient to allow the project to be delivered before the end of their programme in 2015. With the application to the Environment Agency (EA) for match funding not due until later in 2013 due to the technical/structural nature of its requirements, it is vital that the Business Improvement District element can be secured in advance in order to give confidence to ERDF appraisers at DCLG.

4.32 It is proposed that the Council cashflows the private sector sum subject to a successful ballot result where businesses vote in favour of setting up a Business Improvement District for the flood project. If businesses vote against the BID, leaving a significant gap in the funding package, there is a real risk that the project will not be able to proceed at all.

4.33 Other sources of finance have been explored in order to reduce or remove the cashflow commitment from the Council. However, as shown in the options appraisal in Appendix C, the project has been unable to attract finance from a number of funds including Joint European Support for Sustainable Investment in City Areas (JESSICA) for eligibility reasons and over-subscription of those programmes, whilst the Council's Community Infrastructure Levy (CIL) will not come into effect in time to support delivery within ERDF timescales. It is for these reasons that it is proposed that the Council cashflows the private sector funding as described to improve the possibilities for setting up the BID.

4.34 If approved, this cashflow facility would relate specifically to the development and construction costs accounted for within the private sector contribution, which could be broken down as below within the total private sector sum for both the larger and smaller scale scheme (based on current calculations which may change as costs are refined further):

4.35

	£10.8m scheme	**£7.2m scheme**
Construction	2.1m	0.4m
Maintenance (5 years)	0.26m	0.25m
Total Private Sector	**2.3m**	**0.6m**

In both the £10.8m and £7.2m schemes there would be a risk that the £190k cash flow would become a loss if the scheme had to be aborted, for example if it did

not raise the funding.

4.36 This funding shortfall would be financed by the Council in the three years 2013-14 to 2015-16. It would be recovered through the BID through annual payments by businesses over a five year period between 2013-14 and 2017-18, with an indicative profile outlined below in point 4.37 for the £10.8m scheme extent. As such, the Council would cashflow the early and most significant investment sum for the private sector.

4.37 *£10.8m scheme*

	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	TOTAL £000
Survey & Design		500	0	0	0	0	500
Construction Cost		0	7,000	3,100	0	0	10,100
Maintenance Cost		40	40	40	70	70	260
Total	0	540	7,040	3,140	70	70	10,860
Funded by							
BID		40	580	580	580	580	2,360
ERDF		0	3,780	1,720	0	0	5,500
EA		310	1,960	730	0	0	3,000
Total	0	350	6,320	3,030	580	580	10,860
Cash flow from SCC (+ve shows Council input)	***0***	***190***	***720***	***110***	***-510***	***-510***	***0***

4.38 The table in point 4.39 below however demonstrates that for the £7.2m scheme the exposure is limited to the early part of the project with recovery by 2015/16.

4.39 *£7.2m scheme*

	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	TOTAL £000
Survey & Design		500	0	0	0	0	500
Construction Cost		0	4,500	2,000	0	0	6,500
Maintenance Cost		40	40	40	65	65	250
Total	0	540	4,540	2,040	65	65	7,250
Funded by							
BID		40	240	240	65	65	650
ERDF		0	2,430	1,170	0	0	3,600
EA		310	1,935	755	0	0	3,000
Total	0	350	4,605	2,165	65	65	7,250
Cash flow from SCC (+ve shows Council input)	***0***	***190***	***-65***	***-125***	***0***	***0***	***0***

4.40 In the event of the scheme being costed closer to the £10.8m extent with £2.1m cashflow requirement, options are being explored in terms of whether some

business beneficiaries may be willing to support a proportion of the cashflow requirement. However this is still far from certain and would not account for the whole sum required, so it is still necessary for the Council to consider the principle of cashflowing the full private sector contribution to the construction phase as described.

4.41 The sum relating to maintenance would be required for the same five year period between 2013-14 and 2017-18, and would not be cashflowed, but would simply be financed from the Business Improvement District income.

5.0 OTHER IMPLICATIONS

Stakeholder Engagement

5.1 For two years Sheffield City Council officers have led a monthly Flood Defence Project Board comprising partners from the Environment Agency and key private sector businesses including British Land, Forgemasters, E.ON, Yorkshire Water and Royal Mail.

5.2 Similarly, the Council leads a well-established community led group, the Don Valley Strategy Group, which contributes to infrastructure plans in the LDV. Resident and business delegates are supportive of the flood defence project.

5.3 In July 2011, and again in February 2012, the Council arranged stakeholder conferences with Council officers, community representatives and around 40 business delegates from the Lower Don Valley area. Feedback showed that flood protection is one of the top barriers and highest priorities for businesses in the area; it is a priority for the Local Enterprise Partnership; there were no objections to the principle of a Business Improvement District (BID); and there is close alignment between project proposals and DEFRA policy.

5.4 In November 2011 and January 2012, the Council held two focus groups with representative business stakeholders to discuss private sector contributions for the flood project. Delegates including the Chamber of Commerce, Tata Steel, Forgemasters, British Land and Yorkshire Water as well as smaller businesses such as Ekspan, Wilbourn Associates and Torres Pumps agreed the BID as the preferred mechanism to be explored in greater detail.

Environmental Implications

5.5 There is a potential tension between the function of the Don as a principal drainage channel for the urban area and its other functions as a public amenity, green corridor, wildlife habitat and a setting for regeneration and investment

5.6 The Project Team is highly mindful of these tensions and is working closely with partners in the Sheffield Waterway Strategy Group to ensure that these multiple objectives are taken into account in the design, as has been achieved in the new Nursery Street scheme.

5.7 The survey and design work currently in progress includes full ecological, archaeological and landscape appraisals to identify improvement opportunities.

Equality of Opportunity Implications

5.8 A Flood Defence Scheme will be of universal positive benefit to all local people, regardless of age, sex, race, faith, disability, sexuality, etc. It should be particularly positive for the most vulnerable members of society and also for community cohesion and socio-economic improvement. No negative equality

impacts have been identified.

Human Resources Implications

5.9 If a ballot is successful in securing a majority in favour of setting up a Business Improvement District, there may be a resource implication associated with staff required to manage the billing and collection of payments. This would be for the life of the BID, that is to say 5 years. As yet the exact mechanism is not yet certain and therefore neither is the resource required to administer the process. Discussions are underway with the Chamber of Commerce regarding the costs of the ballot process and ongoing management of a BID.

Procurement Implications

5.10 The works will be procured in accordance with the Council's policies and processes for procurement and tendering, with particular emphasis on value for money, programme constraints and compliance with external funding requirements. Because of the value of the contract, the process will need to also comply with OJEU European guidelines. This may require tender documentation to be issued in advance of gaining full authority, although of course, not tying the Council to any commitment.

Financial Implications

5.11 The current funding position indicates an element to be financed by the private sector. The limited availability of external funding, in particular ERDF, means that there is an urgency to provide a wholly secure financial package for the project, or risk losing the external funding which would account for 75% of project costs. The current instability of the euro currency exchange rate creates additional pressure as it threatens to reduce the total size of the ERDF programme in Pounds, meaning that DCLG may have to exclude some projects in order to avoid over-programming against available budget.

5.12 With a final ERDF application being submitted prior to the final Environment Agency application and the Business Improvement District ballot, it is necessary to give confidence to appraisers at the Department of Communities and Local Government to ensure that the project stays in the programme faced with intense competition from other projects in the region.

5.13 Other sources of funding have been considered (see Appendix C), as have other ways of delivering the project including a reduced cost option (Appendix E). However, the core driver for this project is to ensure that the Lower Don Valley area is comprehensively protected against the risk of flood, and as such these lesser schemes have been discounted.

5.14 As a result, in approving this scheme the Council needs to assume that other resources will be required which the Council may need to provide to cashflow the private sector contribution. Capital receipts are already subscribed so the Revenue Budget is the only remaining source. There is no provision for this within the existing Place budget and would have to be resourced through re-prioritisation of spending plans elsewhere.

5.15 The project development costs could increase or decrease if the construction costs vary from the current two options set out in point 4.14, and with this the balance of various funding sources may also vary. Costs must also be accounted for relating to the administration of a BID within the Council. This will involve existing Local Authority processes, but may have an implication in terms of additional resources within those affected departments. These costs are

currently being evaluated, but would be financed through the Business Improvement District income.

5.16 The Lower Don Valley contains areas which have been designated as Enterprise Zones. The regulations for Business Improvement Districts and Enterprise Zones (EZ) are being developed and not yet fully understood. It is feasible that some businesses may move from the BID area into the EZ to secure business rate relief and avoid the BID. Thus the revenue which might be raised is still speculative.

5.17 There may be additional commuted sums under the PFI Contract if the detailed design identifies that works need to be undertaken to highways assets such as bridges or retaining walls. No provision is included for these at the moment.

Legal Implications

5.18 Legal Services advised initially on legal implications, and will continue to be involved:

5.19 **Flooding and Water Management Act 2010 responsibilities** – The City Council does not have a statutory duty to defend individual properties against flooding, however, as Lead Local Flood Authority (LLFA) the Council is responsible for the management of flood risk from local sources (ordinary watercourses, surface water and groundwater) and has a role in co-ordinating the work of other flood risk management authorities in its area, including the Environment Agency (EA). The EA is the regulatory authority for the City's main rivers.

5.20 **Business Improvement District policies** – Part 4 of the Local Government Act 2003 gives the City Council the power to enable projects specified in Business Improvement District arrangements such as those proposed in this report to be carried out for the benefit of the district or those who live, work or carry on an activity in the district. The City Council also has the power to make financial contributions or take action for the purpose of enabling the project to be carried out. The legal implications will continue to be assessed as the precise nature of a BID proposal is developed to ensure compliance with the Local Government Act 2003 and the associated regulations of 2004. Specific recommendations will be developed in consultation between the Director of Development Services, Director of Finance, Director of Legal Services and Cabinet Members for 'Environment, Waste and Streetscene' and 'Business, Skills and Development.

5.21 **Possible CPO if needed for access to private land** – A CPO has legal implications which may be addressed by the Flood and Water Management Act 2010 or Town and Country Planning Act 1990. No problems are seen at this moment given the detail available.

6.0 ALTERNATIVE OPTIONS CONSIDERED

6.1 Details of the options considered to achieve '1 in 100 year event' protection are provided in Appendix E, however a brief summary is provided with the recommended approach.

6.2 **Do nothing option**

Without a coordinated and comprehensive flood defence strategy, piece-meal and isolated interventions would be implemented by individual private sector business or landowners, at different times and possibly to different standards.

6.3 **Reduced funding option**
With less funding a smaller scheme tackling selected weak points could be led by the Council and attract private contributions from businesses, however this would not achieve the '1 in 100 year event' standard with some weak points remaining and consequently a continued risk of flooding for many businesses.

6.4 **Alternative technology option**
New technologies are being developed which may be feasible components of a flood defence strategy for the Lower Don Valley as alternatives to traditional walls, but will not remedy flood risk for the entire flood zone on their own.

6.5 **Up-stream storage option**
Managing lower water levels in up-stream reservoirs is a vital component of the wider flood defence strategy in Sheffield by reducing the amount of water arriving in the valley bottom, but will not alone prevent flooding in the LDV.

7.0 REASONS FOR RECOMMENDATIONS

7.1 The preferred approach is to deliver a comprehensive and holistic approach to flood management taking advantage of limited availability of public funds.

7.2 The 'do nothing' option is not viable as it depends on the private sector leading which, in the current economic climate, would at best deliver a partial yet uncoordinated scheme, and at worst would deliver no defences at all. A 'reduced scheme' similarly will not provide adequate protection and security to the majority of businesses in the flood zone, while the 'alternative technology' and 'up-stream storage' options would be complementary solutions in the right circumstances but would not alone resolve the issue of flood risk in the LDV.

7.3 The proposed solution of a comprehensive programme of works would meet Environment Agency standards and would provide the greatest level of protection to business and employment premises and land in the Don Valley. It would thus give existing and new investors confidence in the area.

7.4 Furthermore, this solution is based on evidence of business enthusiasm which gives confidence that financial commitments may be forthcoming from key private sector stakeholders who have stated a desire for flood defences in the area. It also delivers the highest level of outputs, outcomes and benefits.

7.5 As a comprehensive and holistic solution, this preferred option does require the largest budget and therefore the largest amount of funding. Positive progress has been made in applying for ERDF and Environment Agency (EA) funding which could amount to around 75% of total costs. The aim is to complete detailed funding applications to ERDF and the EA to secure these funds. The majority of the private sector contribution relating to the construction phase would be cashflowed in the short term by Sheffield City Council with a view to retrieving this through the establishment of a Business Improvement District.

8.0 RECOMMENDATIONS

8.1 That the Director of Development Services, in consultation with the Director of Finance, Director of Legal Services and Cabinet Members for 'Environment, Waste and Streetscene' and 'Business, Skills and Development', be authorised to:

- Negotiate, agree and complete the terms of funding contracts with external grant organisations including (but not limited to) Department for Communities and Local Government and the Environment Agency

- Negotiate and agree the terms of a Business Improvement District (BID) for the Lower Don Valley Flood Defence Project and implement a ballot process.

- Explore finance options enabling the Council to cashflow the private sector contribution towards the construction phase of the project subject to businesses agreeing to the establishment of a Business Improvement District through which the Council's contribution would be recovered. This includes the possibility of reprioritising internal resources or securing external borrowing as prescribed by the Council's Constitution and Financial Regulations.

- Take other action necessary to develop and fund the scheme, including making any decision which is necessary or desirable under the provisions of agreements for external grants. The detailed project approval will be submitted in line with the Council's Capital Approval process once the final funding arrangements become clear.

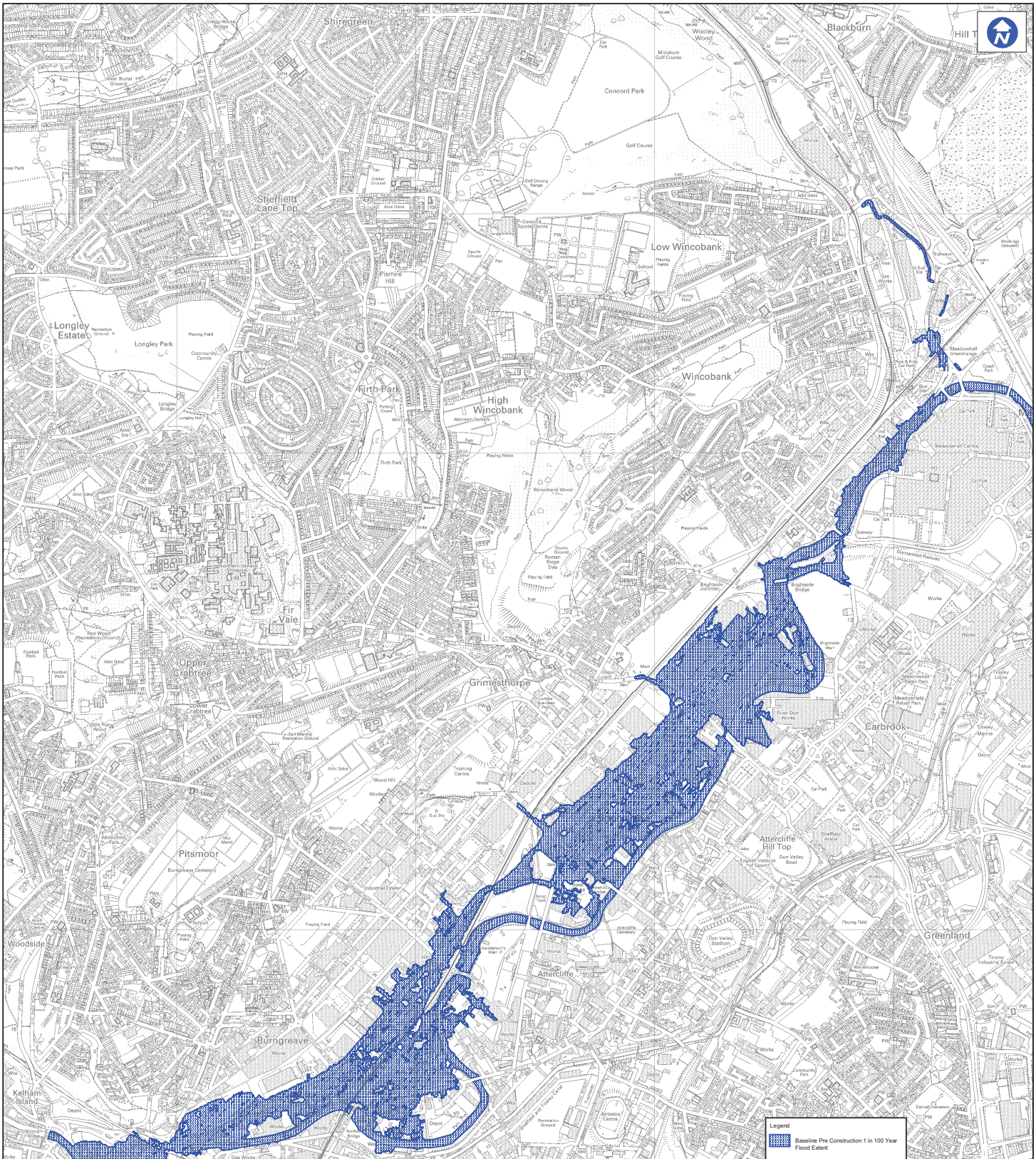
- Approve in principle the submission of an application for planning permission and other statutory consents for the LDV Flood Defence Project.

- Approve in principle measures to deliver works on privately owned properties or land essential to implement the scheme by enforcement if required, including available powers to gain entry to sites under the Flood and Water Management Act 2010 and Land Drainage Act 1994, or the use of the Council's Compulsory Purchase Order (CPO) Powers to secure access to any parcels of land essential to implement the scheme

- Negotiate, agree and complete the contracts for detailed design and construction following a tender process and once a full funding package is in place

9.0 APPENDICES

9.1 *Appendix A* Plan of '1 in 100 year flood event' area
Appendix B Plan of 'Proposed defences for 1 in 100 year flood event'
Appendix C Funding Options Appraisal
Appendix D Plan of '1 in 100 year flood event' plus those affected by loss of access
Appendix E Alternative Options Considered – Achieving '1 in 100 year event' protection



NOTES:

TITLE:

SHEFFIELD LOWER DON VALLEY FLOOD DEFENCE PARTNERSHIP
FEASIBILITY STUDY
BASELINE PRE CONSTRUCTION 1 IN 100 YEAR FLOOD EXTENT
CORPORATION STREET TO MEADOWHALL

DRAWING:	REVISION:	DATE OF ISSUE:	DRAWN BY:
24209/001/102	A	July 2011	TH
FILENAME: 24209-001-102&103.wor		SCALE: NTS	CHECKED BY: JNP
NETWORK ADDRESS: J:\24209\Mapinfo			

CLIENT:

Sheffield Lower Don Flood Defence Partnership

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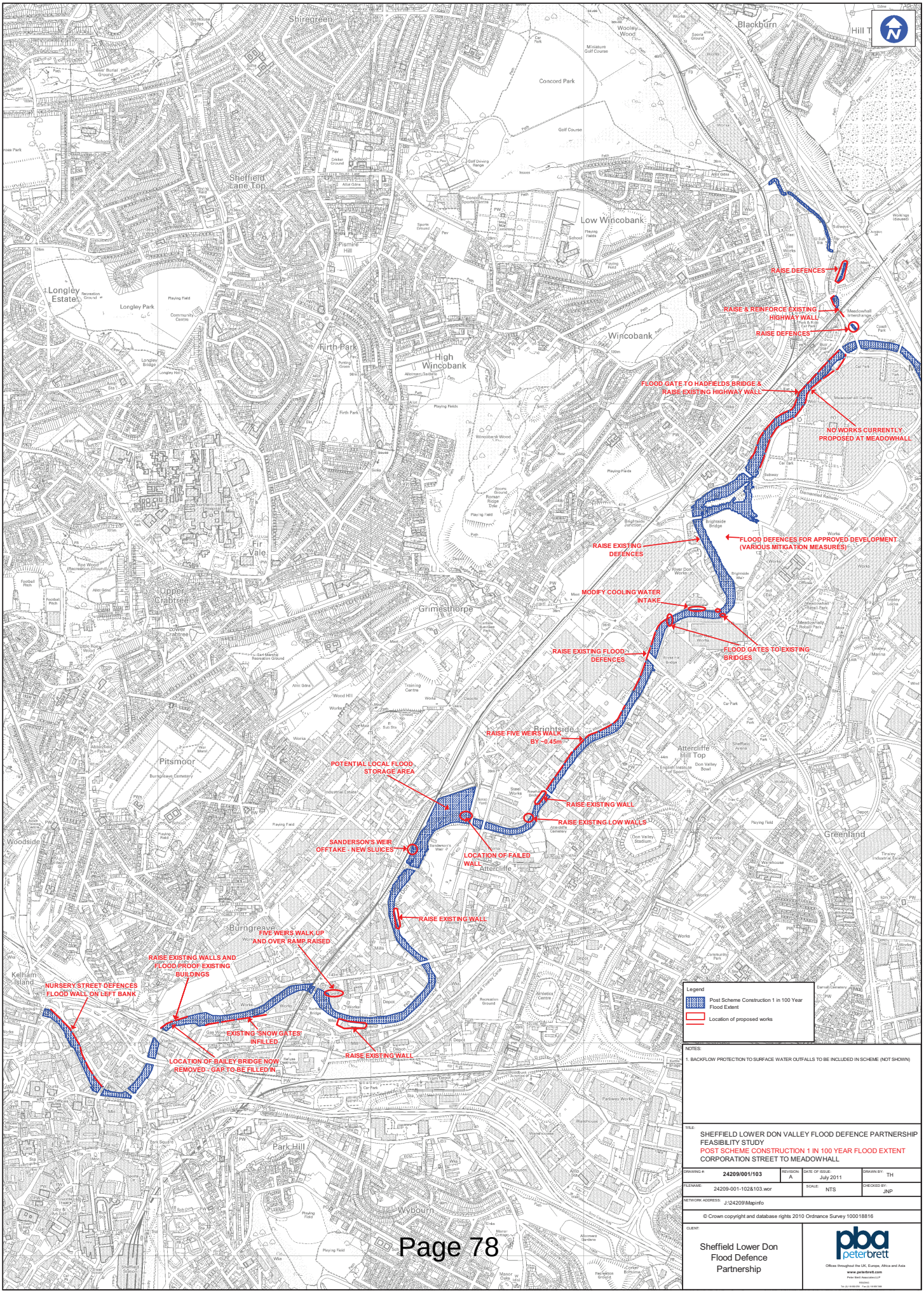
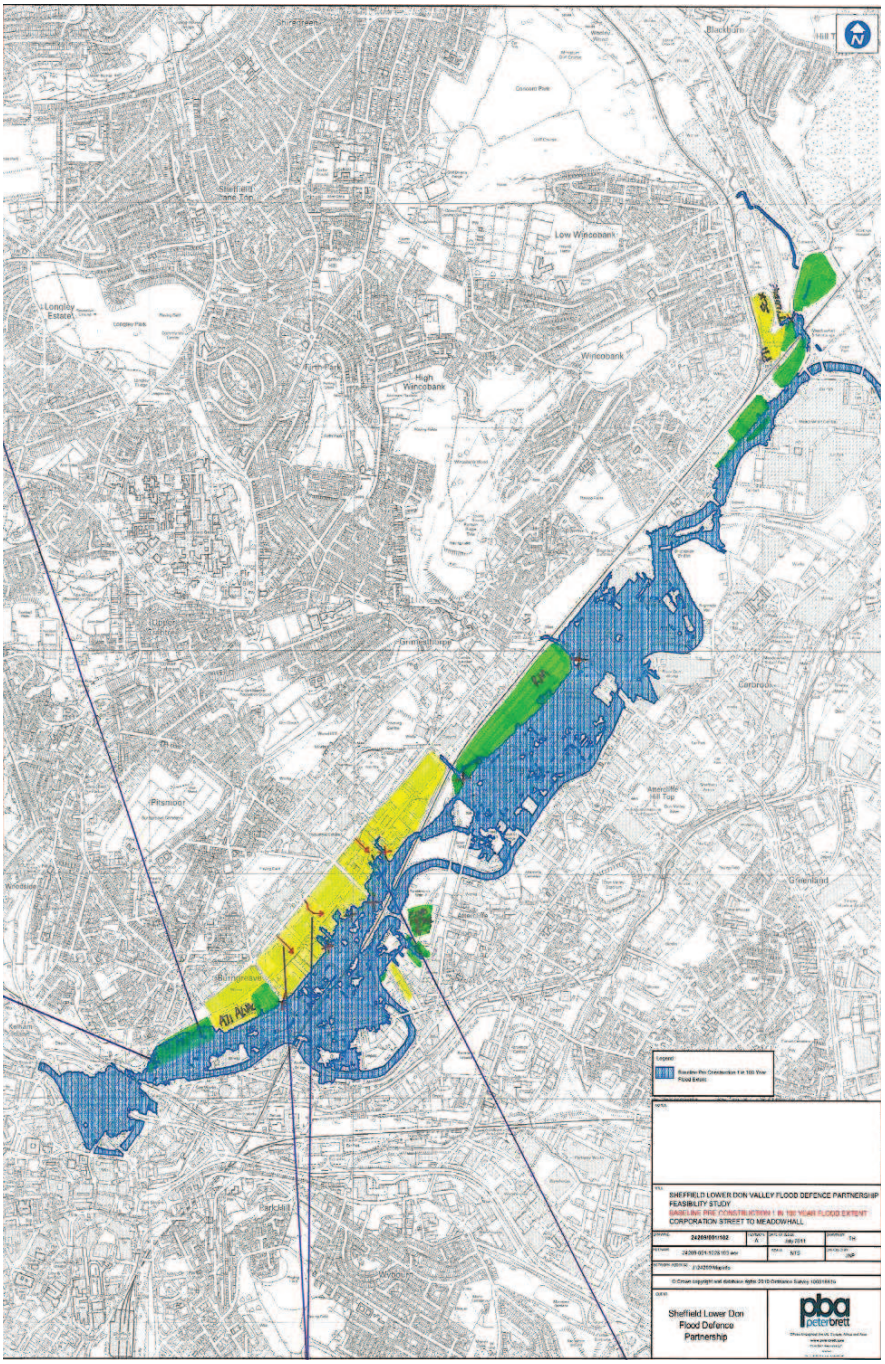

RAISE DEFENCES
RAISE & REINFORCE EXISTING HIGHWAY WALL
RAISE DEFENCES
FLOOD GATE TO HADFIELDS BRIDGE & RAISE EXISTING HIGHWAY WALL
NO WORKS CURRENTLY PROPOSED AT MEADOWHALL
FLOOD DEFENCES FOR APPROVED DEVELOPMENT (VARIOUS MITIGATION MEASURES)
RAISE EXISTING DEFENCES
MODIFY COOLING WATER INTAKE
FLOOD GATES TO EXISTING BRIDGES
RAISE EXISTING FLOOD DEFENCES
RAISE FIVE WEIRS WALK BY ~0.45m
POTENTIAL LOCAL FLOOD STORAGE AREA
RAISE EXISTING WALL
RAISE EXISTING LOW WALLS
SANDERSON'S WEIR OFFTAKE - NEW SLUICES
LOCATION OF FAILED WALL
RAISE EXISTING WALL
FIVE WEIRS WALK UP AND OVER RAMP RAISED
RAISE EXISTING WALLS AND FLOOD-PROOF EXISTING BUILDINGS
NURSERY STREET DEFENCES FLOOD WALL ON LEFT BANK
EXISTING SNOW GATES INFILLED
LOCATION OF BAILEY BRIDGE NOW REMOVED - GAP TO BE FILLED IN
RAISE EXISTING WALL
Legend
Post Scheme Construction 1 in 100 Year Flood Extent
Location of proposed works
NOTES:
1. BACKFLOW PROTECTION TO SURFACE WATER OUTFALLS TO BE INCLUDED IN SCHEME (NOT SHOWN)
TITLE:
SHEFFIELD LOWER DON VALLEY FLOOD DEFENCE PARTNERSHIP FEASIBILITY STUDY
POST SCHEME CONSTRUCTION 1 IN 100 YEAR FLOOD EXTENT
CORPORATION STREET TO MEADOWHALL
DRAWING #: 24209/001/103
REVISION: A
DATE OF ISSUE: July 2011
DRAWN BY: TH
FILENAME: 24209-001-102&103.wor
SCALE: NTS
CHECKED BY: JNP
NETWORK ADDRESS: J:\24209\Mapinfo
© Crown copyright and database rights 2010 Ordnance Survey 100018816
CLIENT:
Sheffield Lower Don Flood Defence Partnership
pba peterbrett
Offices throughout the UK, Europe, Africa and Asia
www.peterbrett.com
Peter Brett Associates LLP

Appendix C
Funding Options Appraisal

Source	Sum *	Comment	Viable?
Business Improve-ment District	£2.3m	A number of key businesses are positive in respect of the principle of financial support for this project in return for reduced flood risk. Annual costs to the businesses may be considered affordable in consideration of the likelihood of lower insurance costs, confidence for growth, etc. The ballot would effectively test businesses' interest and commitment to a scheme to reduce their own risk of flood – the Council has no statutory duty to defend their premises for them. If approved by a majority at ballot, the BID can be enforced legally, and as such is preferable to individual lengthy negotiations with over 300 potential beneficiaries. Procedurally, advice suggests that this type of BID could be simpler and less costly than the normal form, negating the need for establishing a Limited Company and a staff. Administrative costs and mechanics associated with processing BID payments to be quantified, but not expected to be onerous, and can be covered by BID income receipts.	Strong preference
Underwri-ting by Major Stakehol-ders	% of £2.1m	Some possibility may exist to share the risk of guaranteeing/cashflowing the development and construction phase of the project. Where stakeholders show strong commitment and willingness to engage with the Council, negotiations may be concluded swiftly in order to facilitate ERDF funding submission to DCLG by early 2013. However, where businesses are more averse to this risk or less willing to engage, this would threaten the timescales of the ERDF programme. As such, this option should be actively pursued to complement the Council's own commitment, not to substitute it.	Possibility to complement SCC commitment
Riparian Owners	£0.26 m	SCC has no authority itself, or through the Environment Agency, to enforce upon riparian owners to maintain defences on their land, or in the part of the river that they are responsible for. Costs of construction would not be affordable for riparian owners alone, and as wider businesses benefit from defences and ongoing maintenance, a more inclusive approach is needed.	Possibility for long term maintenance, but lengthy negotiations
Infrastruc-ture and Investment Fund	£2.1m	Submitted as part of initial draft list of schemes, the IIF will be managed by SYPTE on behalf of the Local Enterprise Partnership. Further discussions and decisions from September 2012 which will be considered at a City Region level. Timescales for funding being made available to be confirmed.	Possibility, but early stages in establishment of fund, so availability and eligibility uncertain
Section 106	£2.1m	S106 from commercial developments may be used for new infrastructure which might include flood defences. However, with the potential withdrawal of British Land sites which are unlikely to be developed in the near future, there is limited opportunity for new build in the flood zone area which would generate new planning gain income. Furthermore, Tinsley Link Road and BRT North are competing for S106, and	Very unlikely, unless prioritised by SCC

* Based on larger scale £10.8m scheme - £2.1m towards construction + £0.26m towards maintenance – see point 4.35

		therefore the flood defence scheme is not likely to be prioritised.	
CIL	£2.1m and/or £0.26 m	Submitted as part of initial draft list of schemes, but does not come into effect until the last year of the project – 2014, and then depends on a) funds being generated by new development and b) this project being a top priority for funds in the city, particularly with Tinsley Link Road and BRT North relying on this source. CIL may be used for maintenance costs of £0.26m after construction completed.	Very unlikely, unless prioritised by SCC
JESSICA	£2.1m	Flood projects are not likely to be eligible for JESSICA investment in the foreseeable future.	No
Regional Growth Fund	£2.1m	SCC were unsuccessful in one previous bid due to not meeting eligibility criteria – lack of new jobs created outputs. With similar eligibility criteria for a recent new bid round, no application was made, and the programme has already closed, having been over-subscribed with bids.	No
Growing Places Fund	£2.1m	Loan, not grant. SCC were unsuccessful in two previous bid rounds for this project due to not meeting eligibility criteria relating to new jobs created outputs.	No
Prudential Borrowing	£2.1m	Loan, not grant. This scheme fails to meet a key test of the Prudential Borrowing code – that there is a tangible asset owned by the Council. As a result, the project is not eligible.	No
Business Rate Up-lift Retention	£2.1m	There is very limited opportunity for new build in the flood zone area which would generate increased business rates – the key development site owned by British Land potentially may be withdrawn, and the majority of new investment (e.g. Forgemasters) will be on new plant which creates no up-lift. Main beneficiary area will be the Enterprise Zone, which doesn't sit within the flood area.	No


Low Wincobank
High Wincobank
Wincobank
Longley Estate
Pitsmoor
Parkhill
Greenland
Carbrook
SHEFFIELD LOWER DON VALLEY FLOOD DEFENCE PARTNERSHIP
FEASIBILITY STUDY
CORPORATION STREET TO MEADOWHALL
Sheffield Lower Don
Flood Defence
Partnership
pba
peterbrett

Appendix E
Alternative Options Considered – Achieving '1 in 100 year event' protection

Do nothing option
This would mean that no coordinated, cohesive and comprehensive flood defence scheme would be delivered. Instead, isolated and disparate interventions would be implemented by individual private sector business or landowners, at different times, possibly to different standards and with no allowance for the resulting impact on other properties and sites along the river bank.

Interventions that are not on privately owned land, for example sluice gates within the river course, will not attract private investment, and so with this type of selective approach the risk of flooding will remain to unprotected sites on the river bank and further back as well as local infrastructure including road, power and communications.

In this form, the project will not hold the same credibility to funding organisations. Crucially, this option would rely on private sector leadership and unfortunately without any public support and a more holistic approach, private businesses will not invest their own limited resources. Consequently, the enthusiasm and commitment to properly tackle flood defence, and a limited opportunity to apply for significant public funds, would be wasted and the opportunity would be missed.

Reduced funding option
With a smaller amount of funding than that being applied for, a reduced scheme could be implemented which addresses selected points of weakness along the river bank, but not all.

This could help lever in other public funds, and signal to businesses that the public sector are willing to lead the project and invest in local infrastructure to protect them against flood. This should then attract further private investment by businesses being motivated to support a scheme from which they would benefit.

However, as with the 'do nothing' option above, the greatest level of protection requires all weak points to be addressed, and by scaling down the scheme and omitting certain interventions, the river will still be liable to flood for a '1 in 100 year' event where water levels breach undefended areas and then flow through buildings, sites and road/rail/green infrastructure routes to still have an extended effect of damage to sites away from the river bank.

Alternative technology option
Following the floods of 2000 and 2007 manufacturing businesses in the Don Valley have become frustrated with the lack of protection that they receive and some have started to develop new ideas for flood defence mechanisms which may be deployed in situations such as the LDV.

One particular business presented a concept for an inflatable barrier which is activated in the event of high water levels, and which therefore represents an alternative to reinforced flood walls and banks or raised ground levels.

This type of innovation could form part of the package of interventions, and would have a positive contribution to the existing environment by avoiding permanent man-made structures like walls in the natural river environment. However these would not be suitable for all of the intervention points and at this stage are only available in prototype, therefore the timeframes to develop a tested product would not fit with tight

deadlines for applying for ERDF funding.

Also, mechanical defences which require power, human intervention and moving machinery are not favoured by the Environment Agency as they can too easily fail.

Up-stream storage option

Up-stream storage could entail managing lower water levels in reservoirs so that in cases of heavy rain water flows can be directed to the reservoirs and held there to reduce the amount of water which reaches the Lower Don Valley. Longer term changes to land management through reforestation, farming techniques and sustainable urban drainage systems (SUDS) can all contribute.

High level discussions are being held at an early stage with Yorkshire Water and OFWAT to explore the viability of this approach which has potential to have a significant positive impact.

However this option does not replace the immediate need for down-stream defence measures and will not alone prevent flooding in the LDV. Rather, storage complements flood defences and enhances the effectiveness of management of the up-stream and down-stream water system, potentially enabling the cumulative effect to deliver enhanced protection levels closer to '1 in 100 years plus climate change'.

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SHEFFIELD CITY COUNCIL
Cabinet Report

Report of: Richard Webb, Executive Director Communities

Date: 31/10/12

Subject: Transforming Support for People with Dementia Living at Home in Sheffield- Report on the Involvement Exercise

Author of Report: Howard Waddicor, Commissioning Officer

Summary:

- To inform some of the changes needed to modernise the support for people with dementia who live at home, a report was submitted to the Sheffield City Council Cabinet on 26th May 2012 seeking approval to engage in a three month involvement exercise.

- The purpose of the involvement exercise was to understand the key issues for people affected by dementia in order to plan support for the future. The growing number of people with dementia represents a significant issue for the city. The existing support arrangements will not meet the increase in demand or the changing expectations of people with dementia.

- This report:

  - Summarises the results of the involvement exercise
  - Makes a number of proposals for the way in which the council will invest in supporting people with dementia.
  - Describes how the Sheffield Health and Social Care Trust will further consult on the shape of its services
  - It also sets out the identified savings to be achieved.

Reasons for Recommendations

- The responses to the involvement exercise summarised in this report identified some areas for improvement in the existing support arrangements for people with dementia and the need for change. It also highlighted practice changes which will help people to live well at home.

- The report recognises the need to ensure adequate investment in services to support people with dementia in the early stages and also for those people with complex needs.

- In addition it sets out the requirement to identify savings. It proposes to

achieve those savings through exploring the potential to reduce the number of buildings needed to deliver the service whilst maintaining the overall service levels.

- It sets out a plan for consultation on these proposals to be undertaken by the Sheffield Health and Social Care Trust.

Recommendations:

(1) That Cabinet notes the outcome of the Involvement Exercise and in particular thanks the Alzheimer's Society for the production of the report on the views of people with dementia.

(2) That Cabinet acknowledges in the light of this that support for people with dementia needs to change.

(3) That Cabinet agrees to consult with people with dementia and their carers to on how services can be changed in the light of these findings and to achieve the required savings and asks the Sheffield Health and Social Care Trust to work with the City Council in this consultation exercise.

(4) That Cabinet agrees that the consultation exercise referred to in (3) above will include consulting on how alternative, and a wider range of, support and services, and the increased use of personal budgets could be developed to allow the potential closure of Norbury by the end of March 2013 and Bole Hill View by March 2014.

(5) That the Executive Director, Communities, be given delegated authority:-

(a) to finalise arrangements for carrying out the consultation exercise referred to in (3) above, including making appropriate arrangements with Sheffield Health and Social Care Trust; and

(b) to implement such changes to the provision of services for people with dementia as he shall consider appropriate, such authority to be exercised following the conclusion of the consultation exercise and having due regard to its outcome, and in consultation with the Cabinet Member for Health, Care and Independent Living, and further provided that all associated costs are covered by available budgets.

Background Papers:

Category of Report:

Open

Statutory and Council Policy Checklist

Financial implications
Yes Cleared by: Karen Hesketh
Legal implications
YES Cleared by: Andrew Bullock
Equality of Opportunity implications
YES Cleared by: Bev Coukham
Tackling Health Inequalities implications
YES
Human rights implications
NO
Environmental and Sustainability implications
YES
Economic impact
NO
Community safety implications
NO
Human resources implications
YES Cleared by
Property implications
YES
Area(s) affected
ALL
Relevant Scrutiny Board if decision called in
Health and Community Care Scrutiny Committee
Is the item a matter which is reserved for approval by the City Council? NO
Press release
YES

1.0 SUMMARY

1.1 To inform some of the changes needed to modernise the support for people with dementia who live at home, a report was submitted to the Sheffield City Council Cabinet on 26th May 2012 seeking approval to engage in a three month involvement exercise.

1.2 The purpose of the involvement exercise was to understand the key issues for people affected by dementia in order to plan support for the future. The growing number of people with dementia represents a significant issue for the city. The existing support arrangements will not meet the increase in demand nor the changing expectations of people with dementia.

1.3 This report:

- Summarises the results of the involvement exercise
- Makes a number of proposals for the way in which the council will invest in supporting people with dementia.
- Describes how the Sheffield Health and Social Care Trust will further consult on the shape of its services
- It also sets out the identified savings to be achieved.

2.0 HOW DID WE CONSULT?

2.1 The exercise began on 1/6/2012 and finished on 31/8/2012. The key questions were:

- How can Sheffield communities better understand the needs of people with dementia so that living at home is a safe and positive option?
- What types of support work best for people with dementia living at home?
- What are the features of good support for carers of people with dementia?
- How can we facilitate change but protect existing users of services?
- How can health and social care providers work closer together for the benefit of people with dementia?

2.2 Responses were sought from:

- People with dementia
- Carers of people with dementia
- Providers of support
- Community groups and organisations

- Other interested parties including NHS Sheffield, housing providers, the wider council and the voluntary community and faith sector

A range of activities were used to engage people:

- A carers' event was held on 31/7/12 at the Town Hall attended by over 50 carers. This has produced a significant amount of information, and a number of important suggestions and comments on how support should be delivered.
- On Tuesday 21/8/12 a 'Talk to Us' day was held at the Showcase Sheffield exhibition centre, a shop-front on the corner of Pinstone Street and Cambridge St. inviting responses from people who had not been able to make comments in other settings.
- Sheffield Alzheimer's Society has undertaken to work with a group of people with dementia and produced a report about their specific views.
- A postcard has been co-produced with carers inviting people to suggest ways in which Sheffield can lead the way in becoming a dementia friendly city by 2015 (see **Appendix A**)
- There have been specific meetings with a range of providers to invite comments from their perspective about how services should develop.
- A number of visits have also been made to carers who were unable to attend events
- All stakeholders have been invited to produce written responses to the 5 questions.

3.0 WHAT CARERS AND OTHER STAKEHOLDERS TOLD US

3.1 To help understand what the responses mean for future investment in dementia services, representative contributions have been set out in **APPENDIX B** into the different levels of social care investment. These levels reflect the intensity and cost of delivering support. Broadly Levels 1 and 2 include those support services that help people (including carers) before they have an eligible social care need. Level 3a delivers support to people who live at home including specialist interventions. Level 3b is for those people in care homes.

3.2 In general the responses emphasise the need to increase investment in a wider range of support for people with dementia in the early and middle stages to make sure that people have the best chance of living well at home.

3.3 Through better support for people at home we should successfully delay, or prevent, the need to fund more expensive support for people in care homes. Currently this is by far the biggest proportion of funding. A relatively modest shift in the proportion of people supported at this level would similarly enable an increase in the proportion of funding available to ensure people are able to live well at home.

3.4 What came through very strongly was that whilst this shift can reduce admissions to care homes, support needs to be maintained for the relatively small proportion of people with the most complex needs at home. This refers to those people, some of whom are currently supported by the resource centres, who are most at risk of admission to a care home (Level 3a).

3.5 Key themes emerging included:

Promoting lifelong health and wellbeing and early interventions that promote independence (Levels 1 and 2)

- The importance of creating a **dementia-friendly city**. Whilst health and social care support is crucial to living well, people with dementia and their carers also live in communities which need to better understand the issues they face. This is particularly important in the early stages when people still want to do the things that they have always done.

- There is a clear view that there is **no single answer** to what is right for people with dementia. The experience of dementia and the resources each individual has to manage varies which means that a range of support opportunities is required.

- **Early diagnosis** is crucial and early access to support to help plan for the future is something most people recognise, often with hindsight, is valuable.

- There is too little **information** for people about what is available and what might help. It was also recognised that people need help understanding what the right kind of support is.

- Providing opportunities for **carers** to have a break – both planned and in a crisis – enables them to live

their own lives and be confident about the support offered to the person with dementia. In addition all those involved with the person with dementia need to understand the emotional impact on the carer and take time to acknowledge that.

Medium to long term care and support in the community (Level 3a)

- Improving the way **health and social care** and other public services work together to support people to live at home can improve the experience of people with dementia. This applies especially to people with dementia discharged from hospital to make sure they are safe and that the levels of community support is adequate to sustain them.

- It was very clear that people with more **complex needs** should have access to the right amount of individualised support, using community resources, alongside an integrated range of more formal health and social care interventions. This was viewed as vital to reduce the likelihood of admission to a care home or hospital. The key message is that the support for this group should have the same personalised approach but be delivered by skilled staff in settings that are appropriate to their needs. Not everybody who was at this level was able to be supported through the existing resource centre model.

- **Home support** providers even specialist support, seem to lack the skills and understanding of how to support people with dementia. Particular concern was raised about those people who live alone.

Care in a care home (Level 3b)

- **Care Homes** Though not specifically part of the exercise, views were expressed about the support that people have received in residential and nursing care. Though many found the support good there was evidence of inconsistencies and a lack of skill in supporting people with dementia – even in specialist units.

4.0 THE VIEWS OF PEOPLE WITH DEMENTIA

4.1 The response from people with dementia themselves is of particular value. It is the first time this has been attempted in Sheffield and is by no means the norm in other local authorities. The full report compiled by the Sheffield Alzheimer's Society on behalf of Sheffield City Council can be viewed at https://www.sheffield.gov.uk/caresupport/policy/dementia-support.html. The response contains the views of those people who were involved but also links to some conclusions that form part of Alzheimer's Society's overall response to the questions posed.

4.2 Part of this report is worth reproducing here in full as it says so much about the experience of people with dementia and their sense of powerlessness. *"An interesting artefact of this survey is that in the context of these interviews, many people talked about and considered services that they are likely to have rejected when raised within the context of an assessment for support. Many people expressed surprise, pleasure and approval at being asked their views in this study and it is a strong possibility that an increased sense of self esteem and confidence (due to being 'consulted') made it less threatening to consider support options. Assessment processes (the gateway to services) do tend to focus on problems, and can feel invasive and humiliating for the person with dementia. Assessment processes are often a deterrent to seeking services because it is known that the person with dementia will find them stressful"*

4.3 **Appendix D** is a fuller extract from the report which gives a direct response to the questions posed in the Involvement Exercise. The main points are:

- The importance to people with dementia of remaining in their own communities. This does not always translate into geographical communities rather "…a 'dementia community' where people have told us they feel understood, safe and able to get a great deal of informal support"
- People with dementia want support from people who know about, understand and can help facilitate their involvement in wider social and support networks.
- For people in this survey, day care and companion/carer type services have to be more than providing a break for their partner/supporter. They need to be an attractive option. For this to work for people with dementia, choice and control have to precede assessment
- People spoke of their fear of having to go into a care

home, with several people becoming tearful in the interviews either talking about losing their partners, having to go into care or seeing a parent go into a care home. Care homes were still a dreaded ending for most people with one person stating that more money should be spent on providing support for families and less on care homes.

- Assessment processes need to be streamlined and sensitive to the particular fears and concerns people with dementia have to the disturbance to their sense of normality, self worth and autonomy. This would indicate that assessors need to have training in dementia awareness and person centred approaches.
- A strong message from this survey is that good and acceptable support for the person with dementia would be very valuable to the people who support them
- The commissioning and contracting of services should not interrupt successful services as perceived by the person with dementia. The considerations of continuity and familiarity should be paramount in any development or reconfiguration of services for people with dementia.
- All health and social care providers need to do much more consultation with people with dementia and make a genuine effort to integrate their perspectives into the commissioning, design and delivery of services intended to support them.

4.4 In addition a number of comments about existing support as experienced by people with dementia were captured:

- Being normal and carrying on were themes set in a context of familiarity and security. People talked about the importance of home and feeling safe and settled in their own place. This was felt to be crucial to their ability to feel normal and carry on. Many people had lived in their current homes many years and their memories were tied up with a strong sense of place and home.

- By far the greatest amount of support and social contact people were getting was from their families. Nearly everyone in this study talked about the importance of the person who supported them most who was either their partner or a family member.

- Outside the family, people were involved in a great variety of groups and activities. Most of the groups and activities talked about were those provided by the Alzheimer's Society, (e.g., Cafés, Singing for the Brain, support groups, Walking group, Circle dancing) but there were also many people going to local clubs, and

activities/classes run by other organisations. One respondent said: *"Singing for the Brain…we've sung at places I never thought I'd do, feels good, achieving things like that still"*

- Although most of the people involved were not clear where paid carers who supported them at home came from, their opinion regarding these 'carers' was mostly positive.

- Not all those asked had attended day centres and the response was mixed. Some people valued the friendships and the activities, others were not sure: *'something I can't put my finger on….I just wasn't comfortable there.'*

- When asked about groups and events where they, and the people who support them, could come together most people made very positive comments. Cafes, coach trips, walking groups, any group or event where the person with dementia could come with someone they knew was seen as the best and most acceptable type of support to them.

5.0 COMMENTS BY HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

5.1 An initial report was taken on 12/9/12 to the Healthier Communities and Adult Social Care Scrutiny Committee based on the early findings of the Involvement Exercise.

5.2 Members made a number of comments:

- An integrated response to early intervention was strongly supported - they want to see an emphasis on the wider determinants of wellbeing being considered in the way that services are improved.

- Training/skills development across the statutory and independent sector was regarded as being extremely important and a request was made for this to be considered in the action plan.

- The waiting period for the memory service was still seen as a cause for concern.

- The self-directed support assessment process was highlighted as being too bureaucratic for people with dementia. They asked whether this could this be simplified and was there the potential to introduce an advanced

decision making approach.

- The number of people in care homes without a formal diagnosis was seen as being inappropriate.

- A request was also made for further information about how the needs of people from BME communities were being responded to.

5.3 In relation to delays for the memory service this issue is being addressed by NHS Sheffield the commissioning body for the service. It is important to note that Sheffield has the third highest diagnosis rate for people with dementia in England and Wales and there has been a 50% increase in the capacity of the memory service.

5.4 In relation to care home residents not having formal diagnosis - the guidance we have given is that care home residents only need a formal diagnosis from the memory service if there is an advantage to knowing the type of dementia. An example would be the prescribing of medication to reduce the impact of the dementia.

6.0 WHAT DOES THIS MEAN FOR THE FUTURE OF SUPPORT FOR PEOPLE WITH DEMENTIA?

6.1 This involvement exercise has been successful in capturing a range of views about the future of dementia support in Sheffield. For the first time it brings together the views of both carers and people with dementia. The challenge in drawing conclusions from this is to make sure that the main themes are identified and appropriately prioritised.

6.2 It is unlikely that there will be universal agreement about what they mean – people are at different stages. Some carers' views, for example, may not always coincide with those of people with dementia. However, a number of important points are clear:

- Early intervention is vital. Linked to early diagnosis should be supported access to information about what the future will hold and what people can do to prepare for this.
- This includes capturing the views of the person themselves whilst they retain capacity so that support can be developed in a personalised way.
- There is no single solution to what works best which means that people should be supported to develop solutions that work for them. Before they require formal social care support this should include promoting

dementia friendly communities but also building up opportunities for people to be with others 'in the same boat' – a community of dementia.

- Investment should be focussed on making it possible for people to live at home as long as possible. The fear of admission to a care home is powerful for most people with dementia. Whilst for some this remains a successful outcome the greatest effort should be put on making it possible to live well at home.
- This is particularly relevant for people with the most complex needs. A key message is that the support for this group should have the same personalised approach but be delivered by skilled staff in settings that are appropriate to their needs. Many people in this group are supported by the existing resource centre model – but not all.
- There was almost total agreement that this group requires the same, if not increased, level of support if admission to care is to be avoided and carers are to also able to live well.
- Understanding the needs of people with dementia and the people who care for them by those who work with them is vital. This applies to all staff supporting people with dementia at home as well as GPs and hospital staff.

7.0 HOW WILL THE COUNCIL ACHIEVE THE CHANGES NEEDED?

7.1 There are a number of key changes that need to be addressed:

- **More support for people around the time of diagnosis** and in the early stages – improved information advice and support
- **Increased investment** in preventative services that support people with dementia and their carers before they have a formal social care need to help them remain part of their communities
- Ensure an **integrated, flexible and personalised support for people with more complex needs** to reduce or delay the likelihood of admission to care

7.2 To achieve this in a context where the financial challenges are significant, and savings have to be made, the council proposes to work with partners to:

- Retain existing services to meet current needs but re-modelled to reflect the responses made in the involvement exercise

- Reduce the number of buildings used to deliver support
- Reinvest some of the money that this saves in developing community and home based support that reduces the need for long term care
- Use funds released from reduced admissions to care homes to increase capacity in community services as the numbers continue to grow.
- Use the remainder of the money to achieve the savings required for this service area

Retain existing services to meet current needs

7.3 Critically, these changes would need to be achieved in a way that enables carers to have the same opportunity for a break as they currently do whether that is day support or respite care. Any reduction in support is likely to lead to an increase in admissions to care as carers feel no longer able to cope.

7.4 At the same time as developing new opportunities for people currently excluded from services we need to acknowledge that for some people the 'traditional' model of support is much appreciated. A radical move away from this model would not be experienced as positive by all people with dementia or their carers. Continuity was a theme emphasised by many respondents so any proposals for change should allow for the maintenance of this type of care as an option – especially for existing users. This should not preclude them from accessing other less formal opportunities.

Reduce the number of buildings used to deliver support

7.5 The question most asked during the period of the Involvement Exercise was "will the dementia resource centres be closed?" The reason for this was the understandable fear that removing the support that the centres offer would be the final straw for many carers who are just about coping. They benefit from the support from that the staff at the centres offer and cannot imagine how anyone would want to close them.

7.6 It was also emphasised throughout the exercise that many staff – especially in the resource centres - have a high level of skill and empathy with both carers and people with dementia. Any proposals should ensure that this asset is not lost but rather used to greater advantage. UNISON, representing some of the staff in the resource centres, emphasised in their response that…" the dementia resource centres working in the city are essential in supporting clients and their carers on a number of levels but particularly are well placed to ensure that as many clients as possible are able to remain in their own homes or at

times of need or where there is carer stress or breakdown they allow a safe and speedy admissions process, high quality care and a rate of returning to people to their own homes which we do not believe anyone else could match"

7.7 There is no doubt that the centres do offer support to many people but not everybody is able to use them and some choose not to. Some people who had personal budgets chose to use other providers – particularly for respite care because they could get more for their personal budget from an independent sector provider – the difference can be as much as £300 per week. There is some evidence that relatively few people now use the centres for regular respite care and the beds are increasingly used for emergency places. That in itself is a reflection of the difficulties faced by carers and evidence of the need to improve the quantity and range of support.

7.8 It has been reported that some people who have sought respite from the independent sector have found that the provision was unable to meet their needs and they have returned to the resource centres. In general though, across all older people services, respite care has become less popular. The Council and other agencies in the city have worked together to develop an improved system of monitoring private and voluntary sector care homes. The Council is looking to further develop this by investing in the appointment of a post to work with others in improving care home practice.

7.9 For some people with dementia respite care can be disruptive. Nevertheless there is evidently still a demand for respite care but at a reduced level than required in previous years. If respite in resource centres is regarded as good but expensive then this support needs to be commissioned from another provider to a clear specification in terms of quality at a price which allows personal budgets to be used to better effect.

7.10 This would allow the resource centres to offer bed-based care in a crisis and expand the provision of support for people during the day. The proposals being considered by the city council and Sheffield Health and Social Care Trust include support for people who do not use the day services as currently offered. The proposals are expected to offer an increased level of service to those people including those with the most complex needs.

7.11 To enable this change to happen the Trust has worked with Sheffield City Council to consider how to reduce their dependence on buildings for the delivery of services. Plans have been developed that allow for support levels to be maintained but as part of a staged reduction in the buildings

used. It is therefore proposed to consider the closure of Norbury by the end of March 2013 and Bole Hill View by the end of March 2014. It is expected that by taking this step the Trust would be better placed to support the development of a range of services that fits with many of the comments made by people during the summer.

7.12 It is to be expected that some people will feel that this represents a loss of support. The link between buildings and support has been a key element of dementia support for some time. However, in order to allow the existing level of support to continue, accommodate a growing number of people with dementia, develop a more personalised service and achieve the savings required there appears to be little alternative to closing some buildings. However, it is also important to recognise that it is not the buildings themselves but the people who deliver the support that defines the experience for those who need support. Moreover, these centres are not providers of long term care. Whatever the significance of the centres in the lives of people who use them and their carers they are not where people live.

7.13 Further time is needed to consider these proposals and to consult and work with current users about what might be achieved. It is intended that this will give an opportunity for the model to be co-produced in the context of savings needing to be achieved.

Reinvesting in community and home based support

7.14 To support this strategy additional investment is required in resources in the early stages based on the dementia café experience but extending this to provide a wider range of opportunities in different parts of the city, including exploring the potential for a dementia café with the Muslim and other BME communities. This would be an opportunity for people with dementia and carers to have direct input into the final shape of this support.

7.15 The involvement exercise underlined the benefits for some people with dementia of a personal budget. Based on their support plan people have been able to obtain flexible, tailored, and creative support for their on-going needs. This approach is now available to all people who have an eligible social care need. As it becomes the norm existing care providers will want to change their services to make them more attractive and relevant to people with dementia and their families. In the future this opportunity will be extended to include personal budgets that will cover both social and health needs.

17.6 The most vulnerable group are those people with dementia who live alone. This represents a particular challenge as there is a heightened sense of risk. For someone to live well at home in these circumstances requires all agencies to remain focussed on the wishes and feelings of the person themselves. In addition creativity in the use of assistive technology, as part a of support plan, working with neighbours, distant carers and others to understand and reduce the risk and support positive experiences.

7.17 In addition Sheffield City Council and NHS Sheffield Clinical Commissioning Group have already committed to commissioning a revised information, advice and support service to support people with dementia to make plans and access appropriate support.

7.18 The comments by Scrutiny, people with dementia and many other contributors about the assessment process are timely. The Care and Support service in Adult Social Care are already looking to adapt their procedures for the assessment to allow people to make choices at the right time with people who they trust. They are also introducing more streamlined processes but at the same time, emphasise its critical contribution in transforming support for people with dementia living at home.

7.19 In support of this Sheffield City Council and the NHS Sheffield Clinical Commissioning Group are also proposing to establish a project which will allow people with dementia to continue to guide the way services are commissioned and comment on their experience. This project will be part of an ambition to ensure that Sheffield becomes a truly dementia friendly city by 2015.

7.19 One of the key elements of the National Dementia Strategy is ensuring that all staff – wherever they work - understand their role in supporting people with dementia. In Sheffield as part of the Dementia Programme the council and health colleagues have identified where training gaps exist and have agreed plans for achieving the skills needed to support people with dementia in all settings. Good examples include the training for all Sanctuary housing staff, including repairs staff, which encourages them to identify people who are at risk and report their concerns.

Reduced admissions to care homes

7.21 In the longer term savings delivered through reduced admissions to care homes will be used to expand the community services to cope with the expected growth in the numbers of people with dementia over the next five years

Achieving the savings

7.22 Through this approach the city council believes in can achieve the required savings set out in Section 9

8.0 CONSULTATION ON THE PROPOSALS

8.1 Sheffield City Council and Sheffield Health and Social Care Trust propose to work further to consider the options about the future of services. As a result of the involvement exercise they are now in a position to do this with a more detailed understanding of the views of people with dementia who may need their services in the future.

8.2 In the light of the extensive involvement exercise that has preceded this report it is intended to conclude the consultation by 31/1/13.

8.3 It is expected that this will involve existing users, where possible, and their carers in the design of services to ensure that they reflect their wishes but also allow any change to happen in a way that minimises the disruption to existing users.

8.4 This consultation will take place in the light of the Equality Impact Assessment set out in **APPENDIX C.**

9.0 FINANCIAL IMPLICATIONS

9.1 The Council in its March 2012 Budget Report made it clear that access to adult social care services was to be maintained at current levels and to protect frontline services as far as possible. It confirmed that supporting and protecting communities is a key objective. It made it clear that this is "…about making the best possible use of our resources to meet the needs of Sheffield and its people. This means protecting services for people that most need extra help and support from the Council and focusing our investment on efficient services that people and local communities really need".

9.2 In this service area, as part of the overall saving, target reductions are required of £835,000 (after any reprovision costs, loss of income and staff reduction costs) in the financial years 2012-13 and 2013-14.

9.3 By reconfiguring services some investment will be released. Further savings will be made as a result of reduced care home

admissions need to be identified and used to fund increasing demand as the numbers of people with dementia living at home increases.

10.0 HUMAN RESOURCE IMPLICATIONS

10.1 It is recognised there may be changes that may follow on that will provide concerns for staff. In the event of this, staff and Trade Unions will be fully consulted on any specific proposals that may affect them.

11.0 LEGAL IMPLICATIONS

11.1 The Council's powers and duties to provide services for people suffering from dementia primarily flow from Sections 21 and 29 of the National Assistance Act 1948, Section 2 of the Chronically Sick and Disabled Persons Act 1970 and Section 117 of the Mental Health Act 1983.

11.2 In exercising its discretion in this area, the Council needs to be mindful of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010, that is the duty to have due regard to the need to:-
(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

This includes having due regard to the need to:-
(a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic; and
(b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.

Disability and age are protected characteristics.

11.3 The attached Equality Impact Assessment addresses the need to ensure that any proposals will not have a disproportionate impact on any one group of people and this should be further considered during the proposed additional consultation exercise. Once this exercise has been completed, the EIA should be updated in relation to any resulting recommendations, and the revised EIA and the outcomes of the consultation should inform subsequent decision making on

these issues.

11.4 The consultation process will be planned appropriately (including consideration of equality issues) with those who will be affected by the proposals, ensuring that they are offered the opportunity to comment and that any issues raised are fully considered. The respective roles of the Council and Sheffield Health and Social Care Trust in the consultation exercise should be clearly established.

11.5 It is understood that the full implications for staff including redeployment and redundancy options will be fully explored as part of this process.

12.0 EQUALITY OF OPPORTUNITY

12.1 An Equalities Impact Assessment (EIA) has been completed **(See Appendix C)**

12.2 The groups most affected by dementia are:

- Older people due to the age related nature of the condition
- Women, as more survive to an older age than men.
- BME communities because of the lower early diagnosis rates.
- Carers who often undertake the burden of supporting people with dementia.

12.3 The involvement exercise was designed to follow good practice to ensure it:

- Was accessible and representative.
- Monitored engagement with protected groups throughout the process, and address gaps where required
- Carried out equality monitoring of responses where appropriate.
- Carried out equality analysis of findings/key themes/issues etc, by protected groups where appropriate.

12.4 The consultation to be undertaken by the Sheffield City Council and Sheffield health and Social Care Trust will ensure that as far as possible the views of the groups identified in the EIA are taken into account.

13.0 REASONS FOR RECOMMENDATIONS

13.1 The responses to the involvement exercise summarised in this report identified some shortcomings in the existing support arrangements for people with dementia and the need for change. It also highlighted practice changes which will help them to live well at home.

12.2 The report recognises the need to ensure adequate investment in services to support people with dementia in the early stages and also for those people with complex needs.

12.3 In addition it sets out the requirement to identify savings. It proposes to achieve those savings through exploring the potential to reduce the number of buildings needed to deliver the service whilst maintaining the overall service levels.

12.4 It sets out a plan for consultation on these proposals to be undertaken by the Sheffield City Council and Sheffield Health and Social Care Trust.

13.0 RECOMMENDATIONS

(1) That Cabinet notes the outcome of the Involvement Exercise and in particular thanks the Alzheimer's Society for the production of the report on the views of people with dementia.

(2) That Cabinet acknowledges in the light of this that support for people with dementia needs to change.

(3) That Cabinet agrees to consult with people with dementia and their carers to on how services can be changed in the light of these findings and to achieve the required savings and asks the Sheffield Health and Social Care Trust to work with the City Council in this consultation exercise.

(4) That Cabinet agrees that the consultation exercise referred to in (3) above will include consulting on how alternative, and a wider range of, support and services, and the increased use of personal budgets could be developed to allow the potential closure of Norbury by the end of March 2013 and Bole Hill View by March 2014.

(5) That the Executive Director, Communities, be given delegated authority:-

(a) to finalise arrangements for carrying out the consultation exercise referred to in (3) above, including

making appropriate arrangements with Sheffield Health and Social Care Trust; and

(b) to implement such changes to the provision of services for people with dementia as he shall consider appropriate, such authority to be exercised following the conclusion of the consultation exercise and having due regard to its outcome, and in consultation with the Cabinet Member for Health, Care and Independent Living, and further provided that all associated costs are covered by available budgets.

APPENDIX A:

Sheffield Leading the Way - a dementia friendly city by 2015

Tell us what a dementia friendly Sheffield looks and feels like by 2015 in words or pictures:-

NO STAMP
NEEDED

Freepost NEA5527
Quality & Development Team
Corporate Mail Facility
Town Hall
Sheffield
S1 2ZZ

"I have dementia... but I also have a life"

For more information please visit www.sheffield.gov.uk/dementia
or contact Howard Waddicor, Phone: 0114 205 7130
Email: practicedevelop@sheffield.gov.uk

DP12194

Alternatively, return to us in person: Main Reception, Redvers House, Union Street, Sheffield S1 2JQ

APPENDIX B: Key Themes Identified

Level	Types of support	People with dementia	Themes emerging
1. Promoting lifelong health and wellbeing	• Support for everyone. • Building personal and community resilience • Public Information.	• Awareness campaigns • Stroke reduction campaigns	• Dementia Friendly Communities can make a difference but this will be a long term impact – less relevant for people with dementia now • Importance of awareness for all – individuals carers and professionals – especially in primary care • Dementia Alliance would be welcomed – anything that gets people to understand the needs • Early diagnosis crucial – especially important for early onset dementia. Helps people make adjustments and plan for the future. It gives people access to anti-dementia medication • Using 'well- being' cafes (similar to Muslim Elder Support Projects) is a way to share healthy lifestyle information and reduce vascular dementia • Organisations like banks often unhelpful to people who forget passwords or where one partner looses capacity to manage finances and will sometimes refuse to deal with carers • "Increasingly organisations, including Sheffield City Council, require people to conduct business online, or in person. This presents barriers to people with dementia and others. There is learning here from some utility companies such as British Gas who have established a vulnerable people team that can respond flexibly and sensitively"

Level	Types of support	People with dementia	Themes emerging
2. Early, short term, or one off interventions promoting recovery and independence	**a) Community based** Support for people who are close to needing significant support. • Investment in third sector and community organisations. • Self Help • Specialist advice and information • Carer support • Befriending • Assistive technology • Lunch clubs	• Dementia Cafes • Dementia Adviser service • Peer support • Link to primary care to support post diagnosis	• Dementia cafes are well regarded. Key features are the peer support and the availability of experienced, thoughtful staff who can help advise informally. • We need a café for the Muslim communities and we will work with you to set one up. • Question about whether there should be cafes solely for people with dementia? • Caring and Coping, Coping with Forgetting are valuable in terms of understanding and managing but also create basis for peer support - Needs to be available for all – waiting lists are too long • Proactive information, advice and support crucial. The Dementia Adviser service could be a basis for local model. To cope with increasing rates of diagnosis there needs greater investment • Blue Badges for people with dementia? – the criteria is not currently not clear but people with dementia are not excluded • Carer's need information about what is available. The type of information they require varies depending on their own circumstances and level of need • The needs of the carer and the person with dementia are not always the same but the carer needs to be sure that the person with dementia is safe and is getting the right support. • Flexible, personalised services that respect individual difference are fundamental. There is no one solution • Dignity and respect should be at the heart of all interventions • Admiral Nurses – a helpline available online and via telephone. There is a debate to be had about whether Sheffield would benefit from the service

Level	Types of support	People with dementia	Themes emerging
			• 'Singing for the Brain' and 'Lost Chord' work well for people who find other forms of communicating difficult • Carer breaks fund help carers decide what support they need • Accurate and early information about contributions to the cost of services help people make decisions • The 'Help Yourself Directory' is a good source of information for people at all stages
	b) Acute or specialist • Short term or intensive support. • Reablement. Equipment and adaptations		• Long delays were reported in the social care assessment process • Some expressed concern that self-directed support may exclude people with dementia. Some carers reported that it was could be onerous at a time when support should be timely. Others welcomed the opportunity but found it more problematic as an individuals capacity to choose diminished. • There is a concern that support planners lack specialist knowledge • Joined up working health and social care is – access to Rapid Response Team and CPNs • Responses to crises need to be better co-ordinated and if need be truly rapid if admissions to care are to be avoided • Avoid too many people being involved – co-ordinate care better • Crises can be avoided by effective contingency planning • Home support, even specialist services, seem to lack the skills and understanding of how to support people with dementia. Particular concern was raised about those people who live alone.

Level	Types of support	People with dementia	Themes emerging
3. Medium to long term care and support focused on stability and quality of life	**a) Community based** • Personal Budgets. • Medium to long-term assistance to continue living at home. • Home support • Day opportunities		• Resource centre model works well for people with most complex needs, though not everybody wants this. • People value the skills offered by resource centres – they say that for some people the private sector cannot offer the same level of care • Can the private sector be trusted to deliver the quality of support? • People need good care not just en-suite facilities • Consistent care – familiar faces make a difference to the wellbeing of people with dementia • Not all support should be in day centres or respite care – some people do no want that or say that the experience only adds to their confusion and distress • "My dad would hate to go to a day centre but my mum needs a break"
	b) Acute (or away from home) • Medium to long-term 24 hour assistance to live safely. • Residential and nursing care.	Residential and Nursing care	Concern about the skill levels in some care homes

APPENDIX C: Equality Impact Assessment

Name of policy/project/decision:
Transforming Services for People with Dementia Living at Home

Status of policy/project/decision: New

Name of person(s) writing EIA: Howard Waddicor

Date: 14/5/12

Updated : 17/9/12 **Service:** Adult Social Care Commissioning

Portfolio: Communities

What are the brief aims of the policy/project/decision? To improve the quality and range of services to support people with dementia at home

Are there any potential Council staffing implications, include workforce diversity? Yes

Areas of possible impact	Impact	Impact level	Explanation and evidence
Age	Positive	High	Dementia is an age related condition. The Sheffield Health Needs assessment shows a projected increase in late onset dementia in Sheffield from 6,137 in 2010 to 8,292 in 2025, an increase of over 35%. The greatest increase in prevalence of dementia in Sheffield is predicted to occur for those people aged 80 and over. The changes are anticipated to allow people to remain at home as long as possible with the right type of support
Disability	Positive	High	Critical to a positive outcome for this and all groups affected is an integrated, whole-system approach to transforming services. This requires dedicated resources to manage the project throughout the stages.
Pregnancy /maternity	Neutral		No disproportionate impact anticipated
Race	Positive	Medium	There is evidence from a report compiled by the NHSS Community Development BME Mental Health Team that some BME communities are unable to gain early diagnosis and support because of shortcomings in the way symptoms are understood

Areas of possible impact	Impact	Impact level	Explanation and evidence
			and a reluctance to attend GP services. Following diagnosis the existing support arrangements are not always flexible or culturally appropriate. Though the number of BME elders is currently low the numbers are due to increase. The numbers of Pakistani elders 65+ will increase by 250 by 2025. The proposed changes may reduce investment in traditional services and increase opportunities for funding for people from BME communities to access social care support in a more personalised flexible way The revised information and advice service will be expected to work with existing BME organisations to ensure that there is a wider understanding of the need for early diagnosis and support for people with dementia.
Religion/belief	Positive	Low	Recent prevention work with the Muslim Elders Support project has identified the potential of using faith based sessions to broaden understanding of the impact of poor lifestyles on the level of vascular dementia in communities. A preventative approach has the potential to reduce this in the long term by reducing the number of strokes
Sex	Positive	Medium	There are more older women than men so there are proportionately more women with dementia. In addition the Sheffield Carers Strategy shows that most caring is done by women. Improvements in support to carers, as proposed in these changes, will reduce the burden of caring for people with dementia
Sexual orientation	Positive	Medium	Dementia has the potential to have a profound impact on the lives of the individual and those who care for them. The purpose of the change is to help reduce the impact of the

Areas of possible impact	Impact	Impact level	Explanation and evidence
			condition by providing personalised support in a way that allows people to live a normal life for as long as possible.
Transgender	Positive		No disproportionate impact anticipated
Financial inclusion, poverty, social justice, cohesion or carers	Positive		The National Dementia Strategy 2009 and the Sheffield Carer Breaks Strategy for People with Dementia 2006 both highlighted the significant impact on carers of looking after someone with dementia. The involvement exercise will give carers the opportunity to shape the way support is offered to people with dementia.
Voluntary, community & faith sector	Neutral		No disproportionate impact anticipated
Other/additional: Existing service users	Negative	High	Those people with dementia are amongst the most vulnerable people living at home. By the nature of the condition change can be difficult for some users. Any transitions need to be carefully managed to reduce the impact

Action plan

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed	Update October 2012
All groups	- Follow good practice to ensure the exercise is accessible and representative. - Monitor engagement with protected groups throughout the process, and address gaps where required - Carry out equality monitoring of responses where appropriate. - Carry out equality analysis of findings/key themes/issues etc, by protected groups where appropriate.	Howard Waddicor - Planned Cabinet report for May 2012 Involvement June - August 2012	A range of ways to engage with people has been used to make the exercise accessible and representative. • A small reference group was established for the life of the exercise. • A 'talk to us about living well' flier campaignwww.sheffield.gov.uk/talktous featuring and linked to the exercise was sent to 109 GP surgeries, posted to around 8,600 adult social care existing customers, sent via an email network including 260 individuals and organisations: (Age - 19,Carers - 7, Disability - 8, Faith sector - 5, Financial inclusion social justice - 3, Race - 7, Transgender - 1, Voluntary community and faith sector - 31). The campaign also featured in information on SCC website news, SCC internal intranet

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed	Update October 2012
			and via Twitter. • A specific exercise to gather the views of people who have dementia (delivered by the Alzheimer's Society). • A dedicated telephone number and email address featured in communications. • A dedicated event using a range of interactive exercises for carers of people who have dementia to respond to 5 core questions, attended by 60 people, either carers, or from a broad range of representative groups, e.g. 50+, ROSHNI, LINk & NHS. Carers of people who use the existing resource centres were invited to attend (a BSL interpreter was present at this meeting to provide support if necessary). • A meeting with the Muslim Dementia Group at the Yemeni Community Centre • via a letter from the Executive Director, Communities to 260

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed	Update October 2012
			stakeholders seeking feedback. • via a pop-up shop in the city centre in week commencing 20/8/12 respondees were asked to comment of 5 core questions, or complete a postcard. • via a dedicated webpage www.sheffield.gov.uk/dementia • via visits to specific groups e.g. Darnall Dementia , Age UK, Sheffield Alzheimer's Society, • Via a widely circulated freepost return postcard asking respondees to 'tell us in words & pictures what a dementia friendly Sheffield looks & feels like', which was commissioned as part of the exercise and agreed via the reference group. • A meeting with the BME Dementia group to explore opportunities for earlier diagnosis • The postcard was distributed to around 7,000 older people who are existing social care customers. o via x GP surgeries.

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed	Update October 2012
			○ via a pop-up shop (150). ○ via the dedicated webpage where an electronic version of the card could be completed. Responses received to date (24/8/12) • Responses received at Carers event • Responses received at pop-up shop • 16 email and telephone from stakeholders • 61 returned postcards • visited carers • Addressing gapsApproach made to Deaf Club re visit to cover 'talk to us' issues, to be arranged. It has not been possible to directly understand the needs of gay and lesbians who have dementia. Further work is being considered to identify what steps will be most effective.
All groups	We will involve people with dementia and, separately, their carers through the Community Dementia Forum hosted by the Alzheimer's	Howard Waddicor - June to August 2012	- Sheffield Alzheimer's Society have undertaken an involvement exercise specifically with people with dementia.

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed	Update October 2012
	Society and other groups.		- A carers event was held on 31/7/12 – over 50 carers have attended
All groups	All stakeholders will be involved appropriately in developing the model. This will include GPs as part of the 'Right First Time Project'	Howard Waddicor by August 2012	All stakeholders invited to contribute by letter from Richard Webb in July 2012.
All groups	The strategic approach will be shared at the Dementia Programme Board chaired by Richard Webb	Richard Webb by August 2012	- The proposals for involvement were shared at the July 2012 Dementia Programme Board. - An intial report will be presented to the shadow Health and Wellbeing Board on 31/8/12 - Further report planned for Scrutiny on 12/9/12
All groups	Proposals for change will include a risk management plan for existing users and carers to ensure that any changes have the minimum impact on this group	Howard Waddicor -	As part of the proposals to reduce the number of buildings required to support people a consultation process will work with users and carers to consider how the impact of changing venues can be minimised.

APPENDIX D: ***Extract from Report compiled by Sheffield Alzheimer's Society. The full report can be viewed at: https://www.sheffield.gov.uk/caresupport/policy/dementia-support.html***

Shaping the Future of Dementia Care: views from people with dementia

How can Sheffield communities better understand the needs of people with dementia so that living at home is a safe and positive option?

Throughout this survey, people with dementia have said how important still being part of their communities is to them. However, this does not always refer to their local geographical community because many people were talking about the 'dementia community' where people have told us they feel understood, safe and able to get a great deal of informal support.

There appears to be a tendency for people/couples to become more isolated with this illness because it becomes harder to get to places, particularly if the person with dementia lives on their own. The person with dementia can also start to feel less confident and relaxed in company, as their recognition of people becomes difficult and they may struggle more with conversation. For these reasons, many people with dementia on their own and couples find it more relaxing and easier to move their social circle within a network of cafes, groups and events where they will be with people in similar situations. Within this study, many of the responses from people with dementia voiced this trend.

The benefits of a dementia community may arise from discomfort in more general communities and this discomfort could be related to issues of exclusion and poor awareness. However, in the short term and possibly in addition to any increased 'dementia friendliness' of local communities, people with dementia and their families are queuing up (literally) for this type of support as validated by the waiting list for every peer support activity available through the Alzheimer's Society.

Recommendation

- This type of 'in the same boat' social support is highly valued and needs to increase greatly and as quickly as possible so that it is more available within all local geographical communities. It is important to recognise the specialised nature of this type of support. People with dementia want support from people who know about, understand and can help facilitate their involvement in wider social and support networks and this is particularly true for the many people who live on their own.

What is good support for people living with dementia at home?

Although there were greatly differing views from people with dementia about the types of support they would like, ranging from the extremely adventurous to those that rejected the idea of any support for themselves, the one thing

everyone agreed on was that groups, activities and services that were geared to both themselves and their partner/supporters provided the most acceptable type of support for the person with dementia.

An interesting artefact of this survey is that in the context of these interviews, many people talked about and considered services that they are likely to have rejected when raised within the context of an assessment for support. Many people expressed surprise, pleasure and approval at being asked their views in this study and it is a strong possibility that an increased sense of self esteem and confidence (due to being 'consulted') made it less threatening to consider support options. Assessment processes (the gateway to services) do tend to focus on problems, and can feel invasive and humiliating for the person with dementia. Assessment processes are often a deterrent to seeking services because it is known that the person with dementia will find them stressful.

Assessment processes need to be respectful in order that the person doing them can also be so. It is not possible for assessors to be 'respectful' of the person with dementia if the tools they are using provide a stressful and demeaning experience for the person with dementia.

In this day and age of single assessment processes, it is of significant concern to see so many people still doing their own assessments, so many different people involved in assessments and the repeating of questions and the confirming of people's problems over and over again.

In considering support options in this survey most people with dementia did not make a distinction between social contact and support, with only 2 people in this survey making the connection that support options were services that they would pay for.

Having choice and control has been very clearly confirmed in this survey as vitally important to people with dementia. On the whole, this will mean that the person with dementia needs to have involvement in services/groups and activities earlier than is currently the case, so that contact is not triggered by carer need but by the wish of the person with dementia or a couple where one person has dementia, to extend their social and support network.

For people in this survey, day care and companion/carer type services have to be more than providing a break for their partner/supporter. They need to be an attractive option. For this to work for people with dementia, choice and control have to precede assessment. The current system, because it tends to be triggered by carer need, immediately enters an assessment phase, at which point the person with dementia may have not have any concept of what options they may have.

From the views that people with dementia expressed in this survey, they want to be able to visit, sample, do ½ days, and take partners/supporters before making a choice. They also need to feel that they can choose not to do

something. It follows that there is then a definite purpose to the assessment which the person with dementia can understand and co-operate with.

People with dementia can end up refusing all services because they are feeling out of control and suspicious that they are entering a slippery slope ending in a care home. This was explicitly said by one person in the survey as a reason why she would not go to a day centre.

People spoke movingly about their fear of having to go into a care home, with several people becoming tearful in the interviews either talking about losing their partners, having to go into care or seeing a parent go into a care home. Within this survey, care homes were still a dreaded ending for most people with one person stating that more money should be spent on providing support for families and less on care homes. There was only one person out of the 29 who spoke about entering a care home as a planned and positive option for the future.

Recommendations:

- Assessment processes for formal paid services should build on work already established in the voluntary/charity/informal sector. More formal links should be established between paid-for services and informal support so that the transitions are less obvious and stressful to the person with dementia.

- Assessment processes need to be streamlined and sensitive to the particular fears and concerns people with dementia have to the disturbance to their sense of normality, self worth and autonomy. This would indicate that assessors need to have training in dementia awareness and person centred approaches.

- The number of assessments done by different organisations needs addressing.

- Assessment is better done by a trusted person.

- Services need to provide much greater flexibility around providing relationship/family type support, where the person with dementia is seen as part of a network of reciprocal relationships not just as a single entity with 'needs and problems'.

- Any recent improvements of the care home model do not seem to have altered people's views about them. This does need addressing; it is appalling that so many people's lives are overshadowed by the fear and stress of entering a care home.

What is good support for the carers of people with dementia?

- A strong message from this survey is that good and acceptable support for the person with dementia would give very valuable support to the people who support them.

- Assessments and services that see supporting couples and families as an integral part of supporting the person with dementia.

How can we protect existing users of services during any change?

Several people commented about their fear and dislike of change.

- The commissioning and contracting of services should not interrupt successful services as perceived by the person with dementia. The considerations of continuity and familiarity should be paramount in any development or reconfiguration of services for people with dementia.

How can health and social care providers work closer together for the benefit of people with dementia?

There was a clear message from people with dementia that they do not distinguish between all the different people providing services, except GPs and hospitals.

Four people discussed their GP's and only one of these four was happy with the service provided. The problems mentioned by the other three were, not seeing the same person, waiting times, and a lack of personal interest in themselves, as demonstrated by one person who described the GP as looking at the computer for the whole of her recent consultation.

This is worrying since the role of GP's in relation to people with dementia is likely to be extending in the future because Memory clinics are going to be discharging people back to the care of their GP rather than seeing them in clinic.

Over and over again in this study, people with dementia could not say and did not care particularly about who was organising a service, group, course or activity and this does naturally lead to thinking that we need a great deal more 'one shop stop' approaches where people can access what they want without the multiple assessments and assessors that can be generated by a marketplace model.

Competition between organisations that are increasingly seeking profit to provide services has the potential to lead to greater fragmentation of the 'dementia pathway', a term that was conceived to work on smoothing the difficult and stressful transitions in many people's dementia journey, caused by multiple agencies, lack of joint working and service gaps.

Recommendations

- All health and social care providers need to do much more consultation with people with dementia and make a genuine effort to integrate their perspectives into the commissioning, design and delivery of services intended to support them.

- It is important to work at reducing the effect of 'marketplace' behaviour to avoid any potential stress that this may add to an individual's dementia journey,

Alzheimer's Society, Sheffield
12 September 2012

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