

Cabinet

Wednesday 17 December 2014 at 2.00 pm

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

The Press and Public are Welcome to Attend

Membership

Councillor Julie Dore	(Leader of the Council)
Councillor Leigh Bramall	(Business, Skills & Development)
Councillor Jackie Drayton	(Children, Young People & Families)
Councillor Jayne Dunn	(Environment, Recycling and Streetscene)
Councillor Isobel Bowler	(Culture, Sport & Leisure)
Councillor Ben Curran	(Finance and Resources)
Councillor Harry Harpham	(Deputy Leader/Homes & Neighbourhoods)
Councillor Mazher Iqbal	(Communities & Public Health)
Councillor Mary Lea	(Health, Care & Independent Living)

PUBLIC ACCESS TO THE MEETING

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

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

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

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

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

If you require any further information please contact Simon Hughes on 0114 273 4014 or email simon.hughes@sheffield.gov.uk.

FACILITIES

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

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

**CABINET AGENDA
17 DECEMBER 2014**

Order of Business

- 1. Welcome and Housekeeping Arrangements**
- 2. Apologies for Absence**
- 3. Exclusion of Public and Press**
To identify items where resolutions may be moved to exclude the press and public
- 4. Declarations of Interest** (Pages 1 - 4)
Members to declare any interests they have in the business to be considered at the meeting
- 5. Minutes of Previous Meeting** (Pages 5 - 20)
To approve the minutes of the meeting of the Cabinet held on 12 November 2014
- 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public
- 7. Items Called-In For Scrutiny**
The Director of Legal and Governance will inform the Cabinet of any items called in for scrutiny since the last meeting of the Cabinet
- 8. Retirement of Staff** (Pages 21 - 22)
Report of the Director of Legal and Governance
- 9. Assessment of Child Sexual Exploitation Services in Sheffield** (Pages 23 - 74)
Report of the Executive Director, Children, Young People and Families
- 10. Commissioning Strategy for Services for People with a Learning Disability and their Families** (Pages 75 - 188)
Report of the Executive Director, Communities
- 11. Revenue Budget and Capital Programme Monitoring 2014/15 Month 6 (as at 30/9/14)** (Pages 189 - 242)
Report of the Executive Director, Communities

**NOTE: The next meeting of Cabinet will be held on
Wednesday 14 January 2015 at 2.00 pm**

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

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

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

You **must**:

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

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

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

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

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

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

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

You have a personal interest where –

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

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

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

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

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

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

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Cabinet

Meeting held 12 November 2014

PRESENT: Councillors Julie Dore (Chair), Isobel Bowler, Ben Curran, Mazher Iqbal, Mary Lea and Jack Scott

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Leigh Bramall, Jackie Drayton and Harry Harpham.

2. EXCLUSION OF PUBLIC AND PRESS

2.1 No items were identified where it was proposed to exclude the public and press.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting held on 15 October 2014 were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Public Question in respect of Care and Support

Mr Alan Savoury commented that, in 1993, he had been diagnosed with anxiety and depression. At the time he received no support from the City Council. In 1999 he received the same diagnosis and also at this time he received no support from the City Council. It was only in 2010 when he was diagnosed with stomach cancer that he received any support from the City Council. Throughout this period he was the main carer for his wife. He therefore asked why he had not received any support from the City Council until 2010?

Councillor Julie Dore, Leader of the Council, commented that the issues raised by Mr Savoury needed to be investigated. Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living, commented that the issues appeared to have occurred over a number of years and a meeting should be arranged with Mr Savoury to discuss these issues and she would arrange for this to take place.

5.2 Public Question in respect of Budget Cuts

Dawn Sanders, a journalist from Sheffield Hallam University, asked how Sheffield City Council had dealt with the budget cuts imposed upon them and, with further cuts on the way, how did they plan to implement these and challenge the

Government?

Councillor Julie Dore commented that the final financial settlement had not yet been confirmed but the City Council expected to need to make £60m of savings in the next financial year.

Councillor Ben Curran, Cabinet Member for Finance and Resources, added that a budget consultation event had been held in October which had invited views from the public. At this event the Council's approach to implementing the cuts was outlined and endorsed by those present. The approach looked at prevention and took a longer term view. Further information could be provided if requested.

Councillor Julie Dore further commented that officers would discuss savings within their teams and the politicians would make the final decisions. This would be based on the administrations ambitions and priorities. The final budget would be submitted to Cabinet in February 2015 and to Full Council in March 2015.

5.3 Public Question in respect of Business Services Sourcing Strategy

Mr Nigel Slack referred to item 12 on the agenda 'Business Services Sourcing Strategy' and commented that this was confirmation that he had been expecting that the current Capita contract was to be extended for another six years. Mr Slack commented that his concerns over the outsourcing of public services was well known to the Cabinet and he was concerned that this report confirmed that the Council lacked the 'capacity' to bring the whole contract in-house as one of the options. He was happy to see that the customer facing roles would be brought back in-house and may therefore better reflect the Council's previously stated view that the poor and unemployed were not the causes of austerity but its victims.

Mr Slack therefore asked: Will the Council be working to recover the lost capacity within the Council for more of the currently outsourced contracts, including this one? If that was feasible will they take advantage of the break points to return more of the contract in-house? And Have the Council been able to renegotiate the profit element of this contract and if so what is the profit cap?

Councillor Ben Curran acknowledged that, in the past, the Council had not been the best example of contracting. However, lessons had been learned. He hoped that the contract was the best option for the City. There were break away clauses should the Council need to. Annual market testing would be undertaken. This was a good way to keep the contractor 'on its toes' and keep them focused on continual delivery.

It was impossible to say at this stage what would happen if the Council had to break away. However, it was important to have this flexibility. Commercial arrangements had been renegotiated; however these could not be discussed due to commercial sensitivity. Paragraph 8 of the report showed that savings had been made through back office savings rather than cuts to the services the people of the City relied upon.

The insourcing of the Revenues and Benefits service was quality driven. This was the only area where customer complaints had been received. Councillor Curran was confident that the in house team would provide a quality service.

5.4 Public Question in respect of Budget Savings

Nigel Slack commented that, from the first budget consultation event, it became clear that the Council had naturally been working on potential savings over the summer and since then Mr Slack was given to understand that identified savings were in the region of £40m. This left a lot of work to be done but, in order to prevent duplication and so that people could make early comment on proposals, good or bad, would the Council declare their current position? This was common practice in many other Councils and gave opposition parties and public alike the chance to flag up areas of agreement and dissent in plenty of time for alternatives to be considered rather than in the last few weeks before the budget meeting in March.

Councillor Ben Curran responded that the target for the next financial year was to make £60m savings. £30m of this was a reduction in the Revenue Support Grant. The rest were service pressures, reduction in specific grants and to a small extent inflation. The Council would stick to the plan outlined at the budget consultation event which appeared to be supported by those present. There would be a full budget consultation event in the new year. The budget papers would be published five clear working days prior to the Cabinet meeting in February and the Full Council meeting in March and this process seemed to have worked well in the past.

Councillor Julie Dore added that officers did provide opposition parties with briefings throughout the process so they were aware of the exact figures and savings which needed to be found. This gave opposition parties the opportunity to present alternative budget savings at the Full Council meeting in March.

5.5 Public Question in respect of National Insurance Contributions

Nigel Slack commented that, at the start of their current conference, the CBI called for the raising of the National Insurance threshold for the low paid to address their concerns over the struggle of low paid workers. If Mr Slack was correct this would also affect their pensions through lower contributions being made and would benefit the corporations by reducing their own contributions on behalf of their staff. Did the Council agree that a simpler and quicker solution might be for the CBI to recommend their members to increase wages?

Councillor Julie Dore commented that she hoped she was speaking on behalf of her group that she believed the CBI should recommend that their members should increase wages for their staff as an absolute minimum. She was not fully clear how this worked in respect of National Insurance contributions and pensions. When there was a move to a single state pension contributions would be irrelevant and based upon years of contribution.

5.6 Public Question in respect of Webcasting

Nigel Slack stated that he continued to press for webcasting of Council meetings and he was currently putting proposals for a cost free means of doing so, that might even generate revenue for the Council, into the budget conversation. In the meantime a 'techy' friend had suggested it may be possible to plug into the Council amplification system to radically improve the quality of his recordings. He therefore asked if the Council consent to him looking into this potential and if so advise with whom?

Councillor Julie Dore reported that the Council was currently looking into public access in the Council Chamber and the use of equipment and Mr Slack's comments would be taken on board.

5.7 Public Question in respect of the Centenary Field Dedication

Nigel Slack commented that he commended the City Council for its intention to reflect on the 100 years since the first world war with the Centenary Fields project. The site at Weston Park with the adjacent museum was entirely fitting. Mr Slack's grandfather survived the Somme but never talked about it and this seemed to be a common experience for those lucky few that did come home. Therefore Mr Slack asked and urged the Council to try and find some altruistic company, university or personage that will enable a suitable commemoration to be created for the site?

Councillor Isobel Bowler, Cabinet Member for Culture, Sport and Leisure, thanked Mr Slack for his comments. The Council would work with Field of Trust and the British Legion in relation to a commemoration event and there would be a plaque of some kind installed. She would have to reflect on producing something larger and whether this would be appropriate near to a war memorial but she would hold discussions in this respect.

5.8 Public Question in respect of Devolution

Nigel Slack reported that, from comments made at the Sheffield Executive Board meeting, held on the morning of this Cabinet meeting, it seemed clear that a devolution offer was on the table for the Sheffield City Region. Would the Council commit to any offer being put before the public for comment before a decision was made?

Councillor Julie Dore commented that the Council did not have the time to go to the public with the negotiations due to the timetable set by the Government as they wanted to make a statement in the Autumn Statement on 3 December. All Cabinet believed that devolution was right for the City and the City Region. When the Government and the City Region had reached an agreement this would be publicised and the implications of this and Councillor Dore hoped that there would be an opportunity for consultation on this.

5.9 Public Question in respect of Tenants Authority

Mr Martin Brighton asked whether Council-supported tenants had the authority to decide where people belonging to an ethnic minority were allowed to live and to

demand that the Housing Service relocate people belonging to an ethnic minority according to personal whims?

Councillor Dore confirmed that they did not have the authority.

5.10 Public Question in respect of Tenants Publicity Material

Martin Brighton asked, where Council supported tenants publicised material around the community that incited hatred of another group, was it expected that they continued to be supported in their action by the Council? They continued to be recognised by officers and elected Members? The police not be informed?

Councillor Dore stated that if that were the case it was not expected that they would continue to be supported by the Council. The Council would have to reconsider recognition and the police should be informed were that to be the case.

5.11 Public Question in respect of Criminal Damage

Martin Brighton asked, where there was criminal damage caused by Council supported tenants, can the community reasonably expect that the damage was put right? The damage was fairly reported by the Housing Service? The Police be informed? The perpetrator was cautioned by the Council that they were in breach of their tenancy, and evicted if the behaviour did not cease?

Councillor Dore confirmed that would be the case and any action would be in accordance with the tenants tenancy agreement.

5.12 Public Question in respect of Member and Officer Behaviour

Martin Brighton asked, where senior Council officers, supported by an Elected Member, serially and wilfully abrogate their Council, or statutory duties was it reasonably expected that the Council would continue to support them? Steps would be taken to ensure they continued without censure? Those reporting their unacceptable behaviour shall be targeted?

Councillor Dore commented that the behaviour of Members was covered by the Members Code of Conduct. If a specific example could be identified of a Member not following the code, due process would be followed.

5.13 Public Question in respect of Officer Behaviour

Martin Brighton asked, where senior Council officers deliberately misdirected external statutory agencies, especially where such inappropriate action was to defend errant behaviour of senior Elected Members, can it reasonably be expected that the Council will self-report the offences? The miscreant officers are disciplined? The senior Elected Members required to stand down? The errors are voluntarily corrected by the Council?

Councillor Julie Dore commented that there was also an Officer Code of Conduct which officers had to follow. Discipline procedures had been established where it

was found that officers were not following this. Members of the public could take issues to the Local Government Ombudsman if they did not feel the Council were dealing satisfactorily with their complaint.

6. ITEMS CALLED-IN FOR SCRUTINY

6.1 There were no items called-in for Scrutiny.

7. RETIREMENT OF STAFF

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

RESOLVED: That this Cabinet :-

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

<u>Name</u>	<u>Post</u>	<u>Years' Service</u>
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Children, Young People and Families

Susan Bennett	Learning Assistant/Primary Assistant, Stradbroke School	Support School Primary 34
Stephen Cole	Teacher, Springfield School	Primary 39

Resources

Zoe North	Assistant to the Lord Mayor	38
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(b) extends to them its best wishes for the future and a long and happy retirement; and

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

8. RESPONSE TO THE PETITION REQUESTING THE IMPLEMENTATION OF ROAD SAFETY MEASURES ON NORMANTON HILL

8.1 The Executive Director, Place submitted a report containing the Council's response to a petition, containing 12,571 signatures, requesting a controlled pedestrian crossing and speed restrictions on Normanton Hill and outlining actions taken so far and the road safety measures proposed.

8.2 **RESOLVED:** That:-

(a) the petitioners be thanked for bringing their concerns about this location to

the attention of the Council;

- (b) officers inform the petitioners of the intention to install a signalised pedestrian crossing on Normanton Hill by the crossing point to Richmond Park; and
- (c) Cabinet notes the various actions taken to improve road safety and respond to public concerns at this location.

8.3 **Reasons for Decision**

- 8.3.1 The proposed road safety measures described in the report will contribute to an improvement in safety on Normanton Hill, in particular at the crossing point to Richmond Park.
- 8.3.2 Reducing the speed of traffic should reduce the number and severity of collisions and reduce the fear of collisions.

8.4 **Alternatives Considered and Rejected**

- 8.4.1 This site is currently a location for a Speed Indication Device (smiley SID). It is Council policy to use these devices for a relatively short period of time and rotate them between other roads in the area, otherwise motorists become used to them and they do not have the desired effect. The speed data from the SIDs at this location shows that average vehicle speeds of 39mph in the downhill direction which suggests that at this location such a measure is ineffective.
- 8.4.2 A traffic calming scheme could be considered. However, given existing speeds a localised traffic calming scheme could lead to a loss of control accidents. Therefore, it would probably be necessary to traffic calm the whole length of the road, linking the scheme with the existing measures located between Linley Lane and Coisley Hill. The cost of such a scheme along this length would be very expensive and it would be difficult to justify this, given the overall low collision rate along the length of Normanton Hill.

9. **REVENUE BUDGET AND CAPITAL PROGRAMME MONITORING 2014/15 MONTH 5 (AS AT 31/8/14)**

- 9.1 The Executive Director, Resources submitted a report providing the month 5 monitoring statement on the City Council's Revenue and Capital Budget for 2014/15.

9.2 **RESOLVED:** That Cabinet:-

- (a) notes the updated information and management actions provided by the report on the 2014/15 budget position;
- (b) in relation to the Capital Programme:-
 - (i) approves the proposed additions to the Capital Programme, listed in

Appendix 1 of the report, including the procurement strategies and delegations of authority to the Director of Commercial Services or nominated Officer, as appropriate, to award the necessary contracts following stage approval by Capital Programme Group; and

- (ii) the proposed variations and slippage in Appendix 1 of the report; and notes
- (iii) the latest position on the Capital Programme including the current level of delivery and forecasting performance;
- (iii) there was no exercise of delegated emergency approval by the Executive; and
- (iv) the instances where Cabinet Members, EMT or directors of service exercised their delegated authority to vary approved amounts.

9.3 **Reasons for Decision**

- 9.3.1 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.

9.4 **Alternatives Considered and Rejected**

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

10. **CITY COUNCIL PARTNERSHIP WITH THE FOOTBALL ASSOCIATION**

- 10.1 The Executive Director, Place submitted a report seeking Cabinet approval for the City Council to enter into a partnership with the Football Association (FA) which will lead to a long term relationship to oversee the planning and investment of around £9.6m in the City's football facilities.

10.2 **RESOLVED:** That Cabinet:-

- (a) approves the principle of a partnership agreement between the City Council and the Football Association and delegates authority to the Executive Director, Place in consultation with the Director of Legal and Governance to enter into an agreement with the Football Association for the purposes of delivering the outcomes set out in the report;
- (b) approves the strategy for hub sites set out in the report and in particular the development of the first two hubs at Thorncliffe Recreation Ground and Graves Leisure Centre;

- (c) delegates authority to the Executive Director, Resources to confirm the funding of a £1.173m contribution from the City Council towards the Phase 1 programme of £9.6m set out in the report. In particular, to seek confirmation of match funding for the two hubs at Thorncliffe and Graves. The City Council funding will be provided from a mix of Capital Programme funding which optimises the Council's Capital and Revenue Budget strategy. This may include borrowing repaid from the anticipated future revenue savings;
- (d) delegates authority to the Executive Director, Place, in consultation with the Director of Legal and Governance and the Director of Finance to enter into agreements for external funding into the Council for the purpose of meeting the costs at Thorncliffe and Graves Leisure Centre and to approve the terms of such funding agreements;
- (e) delegates authority to the Executive Director, Place in consultation with the Director of Legal and Governance and the Director of Finance to take such other steps as he may deem appropriate to achieve the outcomes in the report in relation to the partnership with the FA and specifically the delivery of the Thorncliffe and Graves Leisure Centre projects;
- (f) delegates authority to the Director of Capital and Major Projects to advertise the disposal of public open space;
- (g) delegates authority to the Director of Capital and Major Projects in consultation with the Executive Director, Place:-
 - (i) to agree terms with the FA or its football trust for the disposal of the hubs once completed; and
 - (b) instruct the Director of Legal and Governance to prepare and complete the necessary legal documentation to implement the transaction in accordance with the agreed terms except in relation to any public open space where valid objections had been received to the disposal in which case the matter shall be referred back to Cabinet.
- (h) notes that a capital approval submission had been submitted in the month 5 Budget Monitoring report for the necessary authority to undertake and procure the proposed works at Thorncliffe Recreation Ground and Graves Leisure Centre, in accordance with Council procedures.

10.3 **Reasons for Decision**

- 10.3.1 Football is a major participation sport in the City – with over 800 teams, of which over 500 are junior/youth teams. Like every other major City, Sheffield's pitches and changing facilities are under severe pressure from Government budget cuts. The proposed partnership with the FA offers the opportunity for major investment in facilities and the chance to turnaround the long term prospects for

the game. This will boost participation and therefore improve health and reinforce the important social role that football plays across all communities in the City.

- 10.3.2 The report recommends that the first two hub sites be located at Thorncliffe Recreation Ground and at Graves Leisure Centre given that both offer major opportunities for synergy with the impending indoor sports developments at each – in terms of usage levels, construction and operational economies of scale and partnership.

10.4 **Alternatives Considered and Rejected**

- 10.4.1 The City Council and the FA are considering a range of options in relation to the potential investment in the hub sites. These sites will be confirmed in due course. However, there is consensus on the merits of two of the sites being located at Graves Leisure Centre and Thorncliffe. This is based on the following advantages offered by both:-

- Strong locations serving significant catchment populations;
- A critical mass of indoor and outdoor facilities on a single site will create synergy in terms of footfall and income;
- Economies of scale on construction costs via the potential to synchronise the development of indoor and outdoor facilities;
- Opportunities for extensive partnership with Sport England, the National Centre for Sport and Exercise Medicine, the indoor leisure contractor and, in the case of Thorncliffe, with Ecclesfield Parish Council and the operator(s) of the other on site sports facilities;
- The outdoor developments will achieve economies of scale by sharing some of the new infrastructure being constructed for the indoor facilities on each site e.g. access and car parking.

11. **DECISION BY CABINET AS TRUSTEES OF THE WESTON PARK TRUST CHARITY - PROPOSED WORLD WAR 1 CENTENARY FIELD DEDICATION: WESTON PARK, SHEFFIELD**

- 11.1 The Executive Director, Place submitted a report in relation to a proposed World War 1 'Centenary Field' dedication at Weston Park.

- 11.2 **RESOLVED:** That Cabinet acting in its capacity as trustee of the Weston Park Trust give approval and authority to:-

- (a) formally submit an application to designate Weston Park, Sheffield, S10 2TP as a Centenary Field in conjunction with the Fields in Trust Charity, to provide further protection to ensure that it will continue to be managed as a public park and recreation ground in perpetuity;
- (b) the Director of Capital and Major Projects in consultation with the Director of Culture and Environment, to negotiate the terms of the documentation needed to dedicate the land; and

- (c) the Director of Capital and Major Projects to instruct the Director of Legal and Governance to take all necessary action and complete the documentation needed to dedicate the land.
- (d) subject to recommendations a-c being concluded, the site will be formally dedicated as a Centenary Field in a ceremony to be arranged during next year.

11.3 **Reasons for Decision**

- 11.3.1 Weston Park is felt to be the most significant and accessible high profile City park that Sheffield has to offer which best matches the national Centenary Field designation criteria. The historic local links and memory of the Sheffield City Battalion/ the Sheffield Pals and Yorks and Lancaster Regiment are significant. Nominating this site does not further increase the Council's current revenue commitment for maintenance or require any new capital investment. The designation further compliments the charitable status and is consistent with the objects of the Charity. Fittingly, Weston Park is recommended as the City's flagship nominated site for WW1 Centenary Field designation.

11.4 **Alternatives Considered and Rejected**

- 11.4.1 Sheffield City Council has been directly approached by the Fields in Trust/The Royal British Legion to nominate a suitable site within the City's boundary to be part of this national initiative. The City Council does not have to nominate a site but the report provides the City the opportunity and option to now do so.
- 11.4.2 The Fields in Trust/Royal British Legion Centenary Fields initiative is specifically about the centenary of World War 1 (1914-18). Any site nominated needs to have an appropriate historic link and value. Following desktop research, the Sheffield General Cemetery, Chapelton Park and the rural Redmires Practice trenches have also been considered as having significant local historical merit because of their WW1 associations and connections. At this stage, however, it is envisaged that each would require further site investment to increase their profile to become more suitable as a promoted visitor attraction/ feature as part of this national initiative and as the City's flagship.
- 11.4.3 Some locally significant WW2 associated park sites were also identified in the desktop research undertaken, including Endcliffe Park. In further consultation with the Fields in Trust, the Council had subsequently been advised and confirmed that the primary focus of the 'Centenary Field' programme and associated designation is for WW1 associated sites and memorials.

12. **BUSINESS SERVICES SOURCING STRATEGY**

- 12.1 The Executive Director, Resources submitted a report in relation to the Business Services Resourcing Strategy.
- 12.2 **RESOLVED:** That Cabinet:-

- (a) notes the content of the report;
- (b) approves the continuation of the Capita provision of the following managed services for a six year period from January 2016, with break points in January 2018 and January 2020:
 - Information and Communication Technology (with flexibility within the contract to market test elements of provision with other suppliers)
 - Revenues and Benefits transactional services
 - Human Resources transactional and payroll services
 - Finance business transactions;
- (c) approves the development of a strategy/ies, in line with the Council's Corporate Plan, to set out the Council's future requirements for these managed services, and other currently outsourced contracts, in order to inform subsequent sourcing decisions, in time for the first break point in the contract in 2018;
- (d) approves the move in-house (i.e. from Capita to Sheffield City Council) the delivery of the Revenues and Benefits front office (contact centre and face to face) from January 2016, and to integrate with the Council's Customer Services function;
- (e) accepts Capita's guarantee of revenue savings from January 2015 onwards, in line with the schedule set out at paragraph 8.1 of the report, the guarantee on Council Tax collection rates set out at paragraph 8.3 of the report, and notes the potential additional savings arising from business change activity, also set out at paragraph 8.3 of the report;
- (f) delegates authority to the Interim Executive Director, Resources, in consultation with the Interim Director of Commercial Services and the Interim Director, Legal and Governance, and the Cabinet Member for Finance and Resources to enter into final negotiations with Capita on this basis, and to finalise the relevant changes to the current contract;
- (g) delegates authority to the Interim Executive Director, Resources, in consultation with the Director of Human Resources, Director of Customer Services, the Interim Director of Finance, and the Cabinet Member for Finance and Resources to make arrangements to secure a robust transition of the services set out at (d), including ensuring compliance with relevant legislation to minimise the risk of disruption to the organisation or public; and
- (h) delegates authority to the Interim Executive Director, Resources to establish the revised governance arrangements set out in section 7 of the report and to make arrangements to monitor the performance and delivery of the contract over its lifetime.

12.3 **Reasons for Decision**

12.3.1 Each element of the proposed package has been considered on its merits. The

proposals are being recommended as providing an appropriate balance between:

- Providing quality services, which meet the expectations of customers (both internal customers and the public)
- Making a considerable, and ongoing, contribution to the Council's savings target, over and above what was envisaged as part of the 2008 contract
- Maintaining risk (financial, legal, reputational and delivery) within acceptable limits
- Being affordable and representing best value to the organisation within the short and long term
- Supporting the organisation to transform its services and deliver differently

12.4 **Alternatives Considered and Rejected**

12.4.1 For each element of the proposal, a number of other options were considered. These are noted at the relevant sections of the report, along with the recommended option.

12.4.2 The option recommended in each case depends on the particular circumstances of that element, and evaluated in line with the principles set out in paragraph 5.3 of the report. In broad terms, the options for each element were:

- Proceeding with the proposal made to the Council by Capita (with or without amendments following negotiation)
- Retaining in-house delivery, or moving delivery in-house from the current provider
- Moving delivery of a service currently provided by Capita to a new provider either as a block, or as part of a multi-source arrangement;

12.4.3 For services currently managed by Capita, there was a do-nothing option as the contract would expire in January 2016, with no contingency arrangements in place, resulting in critical (and in some cases statutory) services not being capable of being delivered.

12.4.4 In March this year the Council completed an external benchmark of Capita services via an independent organisation – Information Services Group (ISG) which revealed that, all existing services represent 'value for money' and that HR and Payroll could already be considered 'upper quartile'. ISG forecast that market would reduce approx. 4% year on year and Capita's new proposal has bettered this position. Therefore, this reinforces the view that continuing with Capita provision of the existing managed services represents good value for money with the authority.

13. **STREETS AHEAD - SECURING SAVINGS FROM THE FUNDING STRUCTURE**

13.1 The Executive Directors, Place and Resources submitted a joint report seeking approval to the Council providing additional Capital Contributions to the Streets Ahead project and to progress some more complex alternative funding structures on an 'invest to save' basis.

13.2 **RESOLVED:** That Cabinet approval be given to:-

- (a) Option 2 – providing additional Capital Contributions up to the value of 50% of the existing capital funding of the CIP as set out in section 5.2 of the report;
- (b) the establishment of a budget from the PFI reserves to fund the implementation of the first stage of the preferred alternative funding option and to subsequently progress the second stage to determine the optimum funding structure to be approved by Cabinet;
- (c) fund any abortive costs from the Streets Ahead contingency;
- (d) procure and appoint external financial and legal advisers for the Council;
- (e) develop and submit an OBC to DfT/HMT to seek approval to progress the changes to the funding arrangements;
- (f) make staged payments to Amey in relation to the Contract change due diligence costs subject to costs being auditable; and in accordance with agreed estimates; and
- (g) progress Options 3 and 4 – the second stage of the preferred alternative funding option on the basis that the conclusion of this second stage will be signified by the submission of a subsequent Cabinet report and the submission of a FBC to DfT/HMT; and
- (h) delegates authority to the Executive Director, Resources in consultation with the Cabinet Member for Finance and Interim Director, Legal and Governance to implement the first stage of the preferred alternative funding option following the agreement of the commercially acceptable payment terms with Amey; and
- (i) delegates authority to the Executive Director, Resources in consultation with the Executive Director, Place, the Interim Director, Legal and Governance and the Cabinet Members for Finance and Recycling and Streetscene, to take other such steps as he deems appropriate to achieve the outcomes set out in the report.

13.3 Reasons for Decision

- 13.3.1 As outlined in the report, there is a clear strategic and economic case to justify the Council using its prudential borrowing powers and increasing the Capital Contributions to the project in order to secure a saving of circa £0.5m pa. This saving can be achieved with minimal risk to the Council and without impacting on the delivery of the highway maintenance service and the ongoing improvements in the infrastructure asset.
- 13.3.2 Failure to increase the Capital Contributions will result in more pressure on achieving the Council's current and future budget and may result in more drastic cuts to front line services.

13.3.3 The options to bank refinance the remaining bank debt with alternative bank and/or partial public refinance need to be explored further so as to ensure that an opportunity is not missed to generate additional financial savings to assist with ensuring the Contract is sustainable in the future.

13.4 **Alternatives Considered and Rejected**

13.4.1 Alternative options were outlined in the report.

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SHEFFIELD CITY COUNCIL Cabinet Report

Report of: Interim Executive Director, Resources

Date: 17th December 2014

Subject: Staff Retirements

Author of Report: Simon Hughes, 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

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:-

<u>Name</u>	<u>Post</u>	<u>Years' Service</u>
<u>Children, Young People and Families</u>		
Jan Cross	PE Teacher and Second in Department, Sheffield Springs Academy	35
Kathleen Maguire	Teaching Assistant Level 3, Seven Hills School	24
Lee Wood	Teacher, Windmill Hill Primary School	21
<u>Communities</u>		
Catherine Wilson	Home Ownership and Revenues Officer	41
<u>Resources</u>		
Anne Flounders	Assistant to Lord Mayor	41
Pauline Memmott	Members' Secretary	24

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.



Cabinet Report

Report of: Jayne Ludlam, Executive Director for Children, Young People and Families

Report to: Cabinet

Date: 17 December 2014

Subject: Assessment of Child Sexual Exploitation Services in Sheffield

Author of Report: Dr Kathryn Houghton, Safer Outlook Consulting Ltd

Key Decision: Yes

Reason Key Decision: Affects 2 or more wards

Summary: A motion was passed at Full Council on the 3rd September requesting that an assessment of child sexual exploitation services be undertaken in response to the publication of Professor Alexis Jay's Independent Inquiry into Child Sexual Exploitation in Rotherham.

The attached report and Executive Summary are presented in response to this request, summarising the activity that has been undertaken in the following areas:

- evaluation of leadership and governance
- multi-agency CSE safeguarding self-assessment
- identification and analysis of core documentation against Ofsted's 2014 CSE thematic inspection Annex A requirements
- evaluation of CSE processes, procedures and tools
- evaluation of the CSE training programme

- staff survey on CSE training and support
 - evaluation of the outcomes of ten CSE cases managed via the CSE service
 - in-depth audit of 32 cases of children and young people who received input from SSES
 - young people's panel
-

Reasons for Recommendations:

This report is being presented to Cabinet as part of the governance and scrutiny arrangements to ensure that there is full political oversight of this assessment. Cabinet will need to assure themselves that the scope of the assessment satisfies them that:

- the current delivery of child sexual exploitation services in Sheffield are sufficiently robust
 - The areas for development identified within the report are appropriate and proportionate
-

Recommendations:

Cabinet are asked to agree the scope and findings of the Assessment into Child Sexual Exploitation Services in Sheffield and agree with it being presented to Full Council on the 7th January 2015.

Background Papers:

Overview Report: An Assessment of Child Sexual Exploitation Services in Sheffield

Executive Summary: An Assessment of Child Sexual Exploitation Services in Sheffield

Category of Report: OPEN

Statutory and Council Policy Checklist

Financial Implications
No
Legal Implications
YES Cleared by: Nadine Wynter/Steve Eccleston
Equality of Opportunity Implications
NO
Tackling Health Inequalities Implications
NO
Human Rights Implications
YES/NO Cleared by:
Environmental and Sustainability implications
NO
Economic Impact
NO
Community Safety Implications
YES/NO Cleared by:
Human Resources Implications
NO
Property Implications
NO
Area(s) Affected
All
Relevant Cabinet Portfolio Lead
Cllr Jackie Drayton
Relevant Scrutiny Committee
Children, Young People and Families
Is the item a matter which is reserved for approval by the City Council?
YES/NO
Press Release
YES

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Executive Summary:

An Assessment of CSE Services in Sheffield: Overview Report

November 2014

Alexis Jay's *Independent Inquiry into Child Sexual Exploitation in Rotherham* published in August 2014, further highlighted the need to scrutinise all aspects of governance and practice in relation to Child Sexual Exploitation (CSE). In light of the Jay report findings, Sheffield City's full Council passed a motion on 3 September 2014 requesting an assessment of agencies' responses to CSE in the city.

In response, this CSE assessment, commissioned by Sheffield Safeguarding Children Board (SSCB), looked at how effective their partners were in achieving Sheffield's strategic aims in tackling CSE, including the operation of the multi-agency Sheffield Sexual Exploitation Service (SSES) established in 2001. SSCB is responsible for agreeing with the relevant organisations in Sheffield, how they should work together to safeguard and promote the welfare of children and young people, ensuring that in relation to this they provide an effective service. Information about the structure and membership of SSCB Executive and Operational Boards is available on SSCB's website. SSCB's Independent Chair, Sue Fiennes, chaired the overseeing panel for this CSE assessment and was also interviewed as part of the programme of work.

In this CSE assessment, SSCB and partners have benchmarked current practice against the Jay recommendations to ensure agencies are providing the most responsive best practice. This is a comprehensive assessment, which due to its thoroughness, has taken slightly longer than anticipated. The findings will inform future strategic direction and continuous development of SSCB's response to CSE.

The CSE assessment looked at many aspects including: leadership and governance; multi-agency CSE safeguarding self-assessment; compliance with Ofsted CSE thematic inspection Annex A requirements; evaluation of processes, procedures and tools; evaluation of the CSE training programme; staff survey on training and support; evaluation of ten cases managed via the SSES service; audit of 32 cases of children and young people who received input from SSES and a young people's panel.

This overview report on the CSE assessment has been compiled by an independent consultant, Dr Kathryn A. Houghton. It is based solely on collation and analysis of material provided by SSCB and partners including Sheffield City Council (SCC) in October 2014 and November 2014. SSCB and SCC have approved and confirmed the accuracy of this report. Whilst compiling this report, the author gained a strong sense of seamless working together, partnership and joint ownership in dealing with CSE in Sheffield. Detailed actions in progress from each of the strands of this assessment have been developed. Analysis of the information gained, provides SSCB and partners with the following key recognised areas of strength and areas for development.

Areas of strength

Strategy, leadership and compliance

1. CSE is a long standing key strategic priority for SSCB and partners.
2. SSCB and partners strongly comply with the Jay recommendations and many of the requirements have been embedded in Sheffield for many years, given the early and proactive response to CSE.
3. Prevention; protecting; pursuing and prosecuting are at the heart of the CSE strategy.

4. Sheffield has a history and evidence of being willing to tackle and confront difficult issues, regardless of any gender or ethnicity implications.
5. Reducing the impact of CSE on children and young people is central to all activity.
6. Sheffield has effective leadership and governance arrangements discharging their statutory obligations.
7. There is a culture of openness; questioning and professional challenge supported by robust policies and procedures.
8. SSCB and partners operate in a learning environment evaluating and adapting services to children and young people.
9. Evolution of services and timely actions to address dynamic and complex demographics.
10. SSES manager now part of a multi-agency case review panel to add in CSE elements and intelligence.

Quality assurance and recognition of the CSE service

11. Ofsted recognition of SSCB in effectively responding in partnership to CSE.
12. The SSES is long established and recognised as good practice by Ofsted and HMIC.
13. Operation Alphabet was recognised by the judge as a model of its kind, due to diligent work including partnership working and support provided to victims.

Policy and process

14. CSE activity is supported by a robust and frequently-refreshed suite of policies and procedures.
15. SSCB and partners demonstrate good compliance with Ofsted's CSE thematic inspection Annex A data and documentation requirements.
16. Agencies and partners reference and signpost staff to SSCB policies and procedures, which provide guidance on the management of CSE.
17. The CSE self-assessment indicated that all agencies had a safeguarding lead, the majority also led on CSE.
18. All agencies and many schools have a good understanding of the referral process for CSE cases.
19. All agencies and schools have information-sharing protocols and actively encourage staff to attend multi-agency meetings, contribute to and deliver the plan.
20. Robust action has been taken to deal with CSE in all areas of licensing regulatory requirements.

CSE Awareness programmes and training

21. CSE training and awareness programmes have reached over 1700 practitioners, is recognised as best practice and been adopted nationally.
22. E-safety training and awareness programmes are delivered to professionals; children and young people and parents.
23. The voluntary, community and faith sector have been included in CSE training; planning and delivery.
24. The impact of CSE training noted through increased referrals to SSES and participants' acknowledgement of enhanced understanding.
25. CSE awareness literature is available to children and young people; parents; carers and practitioners utilising innovative communication channels.
26. SSCB and partners believe it is important to deliver CSE awareness to all of the community, regardless of gender or ethnic group.
27. CSE awareness programmes are delivered to a variety of public audiences including BME community groups.

Practitioner activity

28. Practitioners and managers are able to recognise the indicators of risk and vulnerability of CSE and when to refer children and young people to SSES.

29. Practitioners requesting and undergoing continuous professional development to enhance their understanding of CSE and how to effectively support children and young people.
30. Over 83% of practitioner respondents to the survey said they received enough support to respond to the issues of CSE.
31. Over 94% of practitioner respondents said they were confident in identifying issues in relation to CSE.
32. Case evaluations and audits demonstrated innovative and effective means of engaging with children and young people who have been subject to CSE.
33. Children from all ethnic groups; gender and presenting CSE risks are referred to SSES.
34. SSCB and SSES have strong links with schools, who are the highest source of referrals.
35. All children and young people referred to SSES had received a CSE assessment.

Work with children and young people

36. Work with children and young people around CSE spans across the spectrum of nationally-recognised thresholds from addressing need through universal services; Team around the Child; Child in Need (CiN); Child Protection (CP) and at the far end of the need spectrum to children in care (LAC) at the most risk, including providing secure accommodation.
37. Sheffield have a recognised Community Youth Model of working with the children and young people.
38. Sheffield give children a safe space and time to talk about their experiences.
39. Sheffield builds trusting and supporting relationships with children and young people, ensuring the most appropriate professionals deliver direct work.
40. Practitioners will try to ensure children and young people strongly influence the direction of work undertaken with them.
41. Practitioners ensure children learn to say "No" and deliver *Keep Safe* work right from the start of their relationship with them.
42. Sheffield supports the whole family in the child's journey.
43. Sheffield agencies have exit strategies from the different levels of support and ensure children and young people's cases only close to social care when risk has sufficiently reduced.
44. Children and young people are involved in the development of CSE services through panels and one-to-one input. Sheffield children and young people also contribute to the consultation work of Office of the Children's Commissioner. Future thematic panels are planned.

Areas for development

Strategy, leadership and compliance

1. SSCB need to continue to provide those who serve on scrutiny and licensing panels with sufficient CSE awareness and knowledge to enable effective independent challenge and decision making.
2. SSCB need to ensure that all elected members, leaders and practitioners are aware of further CSE learning resources, including the National Working Group network.
3. SSCB and SSES to co-ordinate a portfolio and timetable for reports and bulletins to inform relevant audiences including the SSCB Operational and Executive Boards; Scrutiny; agencies and schools, of CSE activity.

Policy, process and systems

4. Education advisors to provide a specific CSE policy for all schools and other groups such as MAST, faith sector and voluntary agencies etc.
5. SSCB to provide an information-sharing factsheet and checklist to schools.

6. As part of the review of front door services, ensure closer alignment of the Sheffield Joint Investigation Team; social care and SSES and clarify terminology and pathways used.
7. Clinical supervision to be provided for SSES support workers.
8. Continuation of development of the CSE assessment tool, in particular looking at alternatives to scoring systems.
9. Clearer pathway to, and greater availability of, health services for those children and young people who are impacted by CSE.
10. Practitioners will be reminded of the purpose and interaction of the many single and multi-agency assessments used when working with children and young people.
11. Undertake a benchmark of investigation and prosecution statistics against other authorities.
12. Further improve effective recording:
 - a. CareFirst to be utilised as a central information system for recording of all CSE activity taking place for individual children and young people. Access at appropriate levels to be provided to those working with children and young people.
 - b. Rationalisation of information systems to reduce resource heavy data extraction for CSE profiling.
 - c. Record the ethnicity of all alleged offenders, to facilitate profiling.

CSE awareness and training

13. SSCB and educational advisors to provide a CSE training pathway for agencies and schools and to secure consistent high quality referrals.
14. SSCB and SSES, together with partners, to further develop CSE awareness in schools and all communities within Sheffield including ethnic minority communities, leveraging on available networks and resources.
15. Proactive availability of CSE awareness material in the main languages spoken in Sheffield to run alongside verbal messages.
16. Guidance to be provided to practitioners on the relevant powers, duties and toolkits to aid engagement with 16/ 17 year olds who refuse to engage and parents who do not perceive risk.

Conclusion

CSE has a devastating impact on the lives of children and young people, together with those of their families. Working with the communities of Sheffield, SSCB has a responsibility to ensure that they effectively handle CSE and continue to support those who have been subject to it. SSCB and partners will continue to prevent, protect, pursue and prosecute regardless of the gender or ethnicity of the perpetrator or victim. Sheffield has pioneered and commissioned services such as the SSES, opened in 2001, and has been recognised for good practice by Ofsted and HMIC.

As a partnership, SSCB recognise that continuous learning is required to react to Sheffield's dynamic population and ever increasing evidenced based best practice in dealing with CSE. Sheffield City Councillors requested this assessment as part of their learning culture and SSCB have co-ordinated the response. Whilst recognising the strengths, SSCB and partners have already begun to address the areas for development identified in this assessment. Agencies will be working together to deliver on an action plan, whilst continuing to listen to those who have the strongest voice, that of the children and young people who have been impacted by CSE.

All enquires about this report should be submitted to:

Sheffield City Council Press Team
 Email: press@sheffield.gov.uk
 Telephone 0114 205 3546

**An Assessment of
Child Sexual Exploitation
Services in Sheffield:
Overview Report
November 2014**

Overview Report Author: Dr Kathryn A. Houghton, Safer Outlook Consulting
Ltd.

Date of Publication: November 2014

Foreword

Following the publication of the Jay Report in August 2014 Sheffield City Council commissioned Sheffield Safeguarding Children Board (SSCB) to undertake an assessment of Child Sexual Exploitation arrangements in Sheffield. This report summarises what has been a thorough and wide-ranging assessment of those arrangements benchmarked against the findings and recommendations contained within that report. Many local authorities across the country will have been undertaking a similar exercise. In Sheffield this process has been overseen and quality-assured by a Panel consisting of myself, as Independent Chair (SSCB), Cllr Jackie Drayton, Cabinet Member for Children, Young People and Families, Jayne Ludlam, Executive Director, Children Young People & Families and Kevin Clifford, Chief Nurse, Sheffield Clinical Commissioning Group. This report has been received, considered and agreed by this appointed Panel.

As outlined in this report Sheffield was one of the first local authorities to recognise the impact of Child Sexual Exploitation and as a result we have a long history of working hard to tackle this difficult and challenging issue. By virtue of being in the vanguard, we have been able to reflect on our practice, take the opportunity to further develop our knowledge, skills and understanding and identify innovative and creative responses. This assessment has shown that Sheffield responds well to cases of CSE and in some cases is going beyond the standards outlined in the Jay Report on behalf of young people who have been sexually exploited. However, there is no room for complacency; one of the virtues of undertaking an assessment such as this is that, whilst providing reassurance, it also identifies areas where we can further enhance and develop our services. For ease of reference of readers of this report we have provided an explanation of Sheffield Sexual Exploitation Service in Appendix A and relevant structure chart in Appendix D.

As part of this assessment we wanted to ensure that any of our future plans were both aspirational and clearly focused on the needs of children and young people and the Panel wanted the voices of young people to form an essential part of this assessment. To achieve this we met and consulted with a representative group of young people from across the city. We would like to thank the children and young people for taking and contributing to this assessment.

This assessment has reaffirmed the strength of partnership working in Sheffield which enables open and honest dialogue, as well as respectful challenge between partner organisations. Building on the strength of these relationships, the Panel wants to ensure that access to health and therapeutic support for young people who have been sexually exploited is varied in its range and timely in its delivery. In addition, information sharing will be further enhanced by improving the systems for partner data and recording processes to talk to each other more effectively and efficiently.

Sheffield Safeguarding Children Board will routinely undertake analysis of the risks and vulnerabilities experienced by young people to ensure that our assessment methods and processes are continuously reviewed, updated and enhanced in the light of best practice knowledge and experience. We will continue to enhance our learning as services and the criminal justice system develop more robust responses both nationally and locally.

Given the analysis in the report regarding licensing, the Panel wanted also to give support to retaining the safeguarding provisions in current legislation and make representations as appropriate to the Government regarding any proposals to relax the requirements.



Sue Fiennes

Independent Chair of the Panel and Sheffield Safeguarding Children Board.

All enquires about this report should be submitted to:

Sheffield City Council Press Team
Email: press@sheffield.gov.uk
Telephone 0114 205 3546

Where can I learn more?

If you would like to know more about SSCB and SSES and access the training for parents, carers and practitioners on CSE *Keep Safe* please access the website:

<https://www.safeguardingsheffieldchildren.org.uk/welcome/sheffield-safeguarding-children-board.html>

Contents

Introduction	5
Methodology	6
Findings of the CSE assessment	8
How is Sheffield responding to the Jay recommendations?	25
Areas of strength and for development	25
Conclusion	29
Glossary	30
Appendix A: Sheffield Sexual Exploitation Service	31
Appendix B: Young People's Panel Report	33
Appendix C: How is Jay responding to the Jay recommendations?	37
Appendix D: CSE Service Structure Chart	43

Introduction

Alexis Jay's *Independent Inquiry into Child Sexual Exploitation in Rotherham* published in August 2014, further highlighted the need to scrutinise all aspects of governance and practice in relation to Child Sexual Exploitation (CSE). In light of the Jay report findings, Sheffield City's full Council passed a motion on 3 September 2014 requesting an assessment of agencies' responses to CSE in the city.

In response, this CSE assessment, commissioned by Sheffield Safeguarding Children Board (SSCB), looked at how effective their partners were in achieving Sheffield's strategic aims in tackling CSE, including the operation of the multi-agency Sheffield Sexual Exploitation Service (SSES) established in 2001. Further detail about the function and structure of SSES is available in Appendix A. SSCB is responsible for agreeing with the relevant organisations in Sheffield, how they should work together to safeguard and promote the welfare of children and young people, ensuring that in relation to this they provide an effective service. Information about the structure and membership of SSCB Executive and Operational Boards is available on SSCB's website. SSCB's Independent Chair, Sue Fiennes, chaired the overseeing panel for this CSE assessment and was also interviewed as part of the programme of work.

In this CSE assessment, SSCB and partners have benchmarked current practice against the Jay recommendations to ensure agencies are providing the most responsive best practice. This is a comprehensive assessment, which due to its thoroughness, has taken slightly longer than anticipated. The findings will inform future strategic direction and continuous development of SSCB's response to CSE.

SSCB and its partners operate in a learning environment. They recognise that effective safeguarding is achieved through continual assessment and development of services offered to the children, young people and families in Sheffield. Approximately 114,000 children and young people under the age of 18 live in Sheffield. This is 20.5% of the total population in the area. Like many cities, Sheffield has neighbourhood areas which rank high in deprivation; in contrast there are adjacent areas of relative affluence. The pace and complexity of demographic change requires SSCB and its partners to constantly evaluate their services, to ensure effectively targeted resources.

CSE has a devastating impact on the lives of children and young people, together with those of their families. Tackling CSE is a recognised and long-standing key strategic priority within Sheffield. It is the collective responsibility of SSCB and partners to identify those children and young people at risk of sexual exploitation and it is their joint responsibility to protect and safeguard them from further risk or actual harm. Recognised as good practice by Ofsted and HMIC inspections, SSCB and its partnership working to deal with CSE, has achieved successful prosecutions of a number of perpetrators and they continue to actively prevent, protect, pursue and prosecute.

Sheffield was one of three local authorities who were successful in a bid to receive the MsUnderstood programme. Amongst other activities, this programme helps them address sexual exploitation. They have also recently secured funding for a hub and spoke model to share good practice with other authorities. They are through to the second bid stage for additional funding from the Department for Education (DfE), to further develop a sub-regional approach to divert young people away from CSE and support those who have successfully exited abusive situations. SSCB recognise CSE does not stop at the city boundary and they work closely with their neighbours and

nationally to develop initiatives and share best practice. SSCB and partners are active members of national forums tackling CSE and share best practice and learning with other authorities.

SSCB and partners utilise the National Working Group for Sexually Exploited Children and Young People's (NWG) and the Association of Chief Police Officers (ACPO) definition of CSE.

"The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.

Child sexual exploitation can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability" (NWG 2008)

This overview report on the CSE assessment has been compiled by an independent consultant, Dr Kathryn Houghton. It is based solely on collation and analysis of material provided by SSCB and partners including Sheffield City Council (SCC) in October 2014 and November 2014. SSCB and SCC have approved and confirmed the accuracy of this report. Whilst compiling this report, the author gained a strong sense of seamless working together, partnership and joint ownership in responding to CSE in Sheffield.

Methodology

The CSE assessment was overseen by a panel, chaired by Sue Fiennes who is the Independent Chair of the SSCB and supported by: Jayne Ludlam, DCS; Cllr Jackie Drayton, Cabinet Member for Children, Young People and Families and Kevin Clifford, Chief Nurse (CCG). The purpose of the panel was to oversee the process, provide direction and challenge and to ensure full coverage of services and recommendations.

The terms of reference for this CSE assessment were as follows:

Areas to specifically address in learning from the Jay report:

- To consider the findings and recommendations made in the Jay report and assess Sheffield's current practice against these. Identify areas of good practice, any gaps and the potential challenges to addressing these.
- Ensure that the strategic direction for tackling sexual exploitation in the city has sufficient oversight, scrutiny, governance and leadership and is delivering on its objectives.
- Determine whether front line workers within Children's Social Care (Fieldwork and Looked After services) have sufficient understanding and awareness of sexual exploitation to recognise risk and take the appropriate action.

- Based on the issues identified in the Jay report, and drawing upon recent external inspections we will determine whether the dedicated Sexual Exploitation Service is operating effectively by:
 - Ensuring risk assessments are determining the right level of risk
 - Reviewing the use of the assessment tool in light of the comments made in the Jay report
 - Developing clear action plans in line with the determined level of risk
 - That data collection and intelligence gathering is of a good enough quality to assist prosecutions
 - That the service is delivering on the 4 key principles: prevention; protection; pursue and prosecution
- Determine whether services for Looked After Children in the city are providing sufficient protection and support and that staff and carers have sufficient knowledge and understanding to identify risk and take appropriate action.
- Determine whether young people in the city have sufficient knowledge and understanding to identify risk and take appropriate action.
- Determine whether wider council services are engaged, aware and appropriately informed of the risk of CSE e.g. licensing, transport etc.
- Determine whether partner agencies have sufficient understanding and awareness of sexual exploitation to recognise risk and take the appropriate action and are engaged in the four key principles.
- Ensure that all agencies have sufficient operational oversight and accountability for CSE cases.
- Recommend what additional support pathways are required to enable the victims of CSE to receive the services they require.

The CSE assessment collated and triangulated multiple sources of data from several parallel work streams to effectively analyse evidence for the CSE assessment and it undertook the following:

- evaluation of leadership and governance
- multi-agency CSE safeguarding self-assessment
- identification and analysis of core documentation against Ofsted's 2014 CSE thematic inspection Annex A requirements
- evaluation of CSE processes, procedures and tools
- evaluation of the CSE training programme
- staff survey on CSE training and support
- evaluation of the outcomes of ten CSE cases managed via the CSE service
- in-depth audit of 32 cases of children and young people who received input from SSES
- held a young people's panel in November 2014.

Interviews took place with key politicians, senior officers and professionals from a number of agencies. It was vital to hear the voice of children and young people in this process, so SSCB arranged for ten young people to meet the overseeing panel in November 2014 to ask questions, comment and advise them on the future direction of combating CSE. The children and young people were briefed and prepared prior to the panel to enable full participation. As this work stream took place just prior to publication of this overview report, the results are provided in Appendix B. Further discussions and focus groups with children and young people are being planned to look at:

- Educate – Who should we educate about CSE, where, at what age, and who should lead this, what are your views on peer educators?

- Campaign – If we were to run a successful campaign to raise awareness of CSE with young people how we go about this, what form would it take – posters, phone apps, social media?
- Digital technology – Thus can be a very positive influence but we also know about the dangers of online grooming, sexting etc – how do we protect young people when they use digital technology?

Reporting on the individual elements from this assessment, the remainder of this report provides an overview of the evidence used by SSCB and partners to evaluate Sheffield's current performance in response to CSE. Through analysis SSCB also benchmarked Sheffield's CSE response against the Jay recommendations and evaluated strengths and areas for development.

Findings of the CSE Assessment

Leadership and governance

As this report was in preparation, the Home Secretary began chairing a series of meetings with the Attorney General and others, to review the findings of the Jay report. One of the four themes these meetings will focus on is accountability and governance. Consequently the findings from the Attorney General's review will influence further developments in respect of leadership and governance within Sheffield.

An assessment of leadership and governance relates to how elected members, leaders and senior managers discharge their individual and collective statutory requirements. There are a number of key statutory requirements governing local authority lead members, Chief Executives (CE) and Directors of Children's Services (DCS), including the *Statutory guidance on the roles and responsibilities of the Director of Children's Services and the lead member for children's services* (2012). Additionally the *Children Act* (2004) and *Working together to safeguard children* (2013) establish the fundamental principles: of clear lines of accountability; clear distinctions between political, strategic and operational roles; elected members and senior managers having a comprehensive and current knowledge of frontline activity and how well children and young people are being safeguarded. Effective leadership and governance must apply to all areas of Children's Services including CSE activity and across every partner. As in all challenge processes, it must be robust and supportive, conducted frequently by a variety of parties and assist in identifying strengths and areas for development.

Alexis Jay's report demonstrated failures in Rotherham's leadership and governance. In response, the purpose of this part of SSCB's wider CSE assessment has been to benchmark Sheffield against key findings in the Jay report, regarding leadership and governance. SSCB canvassed and took into account the views and reports from a number of senior politicians and officers including the: CE; DCS; Lead Member for Children; shadow cabinet member; SSCB Independent Chair and Chair of the children and young people's scrutiny committee. What follows is a summary of the findings.

The *Statutory guidance on the roles and responsibilities of the Director of Children's Services and the lead member for children's services* (2012) and *Children Act* (2004) require every top tier local authority to "*designate one of its members as Lead*

Member for Children's Services (LMCS). The LMCS will be a local Councillor with delegated responsibility from the Council, through the Leader, for children's services. The LMCS, as a member of the Council Executive, has political responsibility for the leadership, strategy and effectiveness of local authority children's services. The LMCS is also democratically accountable to local communities and has a key role in defining the local vision and setting political priorities for children's services within the broader political context of the Council. The LMCS is responsible for ensuring that the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers, are addressed. In doing so, the LMCS will work closely with other local partners to improve the outcomes and well-being of children and young people".

Local Safeguarding Children Boards (LSCBs) were created under the *Children Act* (2004) as the key statutory mechanism for agreeing how the relevant organisations in each local area will cooperate to safeguard and promote the welfare of children and to ensure the effectiveness of what they do. Sheffield's Lead Member for Children is a "participant observer" in the SSCB, routinely attending meetings and receiving all reports. Working alongside senior representatives from SSCB's key partners, the Lead Member, CE and DCS through SSCB, regularly scrutinise safeguarding activity within Sheffield. Indeed Ofsted's recent inspection stated:

"The SSCB has led the development of an effective response to child sexual exploitation in Sheffield. This resulted in board partners committing additional funding to support and promote this priority." (Ofsted 2014).

CSE has been a long standing priority for SSCB (and predecessor organisations) and they manage and provide joint agency funding for SSES. As such SSCB have routinely received and scrutinised performance management reports regarding CSE. The SSCB annual report has included a section about CSE for the last ten years. As a sub-group to SSCB, a CSE strategic board was formed, in addition to a CSE operational board. Through constant review, SSCB has a clear sense of strategic direction and expanded membership of the CSE strategic board. SSCB recognise that their terms of reference need constant refresh and have committed to this.

Effective scrutiny is an essential part of strong leadership and governance, providing accountability, transparency and a mechanism for holding decision makers and organisations to account. Sheffield's *Children, Young People and Family Support Scrutiny and Policy Development Committee* exercises an overview and scrutiny function for all aspects of Children's Services. Panel membership consists of thirteen Councillors proportionate to the political make-up of the council, together with external representatives. In Sheffield, effective opposition and within-party working is an important part of their questioning, professional challenge and accountability process. Turnover and rotation of members of the committee prevents a static board and ensures constant refresh of their roles and responsibilities.

SCC has recently reviewed the scrutiny committee and identified a need for greater engagement of the public through "expert witnesses" on the board; strengthening accountability of other agencies delivering services and ongoing CSE training for committee members. Furthermore, although the SSCB annual report goes to scrutiny, production of a specific CSE annual report is thought to be a useful way of continuing to provide a focus on CSE.

This assessment demonstrated that SCC aims to create a culture of openness. They set out their approach and values in a number of policies embedded through individual performance reviews and communicated directly from the CE. The

expected conduct of all elected members, leaders, employees and associated contractors working for the council, is set out in the *Code of Conduct*. SCC also have a *Whistleblowing Policy* which encourages people to raise complaints and concerns, providing several options for this, including speaking to trained advisors who can handle confidential phone conversations. SCC investigate any issues raised and provide information to scrutiny. SCC have a clear and robust *Disciplinary Procedure* and commission investigations into complex allegations of misconduct. In parallel, their *Safe Recruitment and Working Practices* ensures recruitment and selection processes appropriately screen and identify people who are suitable to work with vulnerable children and young people. Once in post, safe working practices enable them to monitor the conduct of those in contact with children and young people and act on any concerns.

This assessment of leadership and governance reviewed the role and activity of the SSCB in licensing. More detail on this will be provided later in the assessment of CSE training section. Councillors regularly scrutinise and regulate activity in the licensed trade through forums such as the Licensing Committee. Sheffield has many examples of strong leadership and governance demonstrated in this committee. For example, the committee have responded positively to representations made by the SSCB and Police, resulting in some premises' licences now having conditions to minimise the risk of CSE and human trafficking. The assessment confirmed the need to continue to deliver CSE training to all those who service on committees, in which CSE could be a presenting factor in decision making.

The assessment of leadership and governance in Sheffield has confirmed an ethos of questioning and professional challenge. This was demonstrated as occurring internally within Sheffield City Council (SCC) between elected members and officers and externally between partner organisations. Although geographical neighbours, there are a number of significant differences between Sheffield and Rotherham. Sheffield has a history and evidence of being willing to tackle and confront difficult issues, regardless of any gender or ethnicity implications. SCC Councillors represent and advocate for all the community and act as gateways to reach out to ethnic minority groups. Ofsted have recognised the strengths of SSCB's partnership arrangements in their recent inspection and they continue to build on their culture of openness.

The national government response to the Jay report will carry significant implications for leadership and governance across all local authorities and LSCBs. SSCB and partners will continue to track and respond to resultant recommendations in a timely way.

Multi-agency self-assessment of CSE safeguarding

SSCB undertook a CSE self-assessment as part of this overall assessment of Sheffield agencies' response to CSE in the city. The aim of the CSE self-assessment was to enable SSCB partner agencies, who are providers of services to children and young people in Sheffield, to demonstrate: the practices in place; to highlight best practice and to identify any learning. As well as schools, SSCB included: Police; health; probation; Children and Family Court Advisory and Support Service (CAFCASS); Fire and Rescue Service and Sheffield City Council (submitting four self-assessments across all portfolios) and Sheffield Futures.

The self-assessment toolkit was developed and agreed by the SSCB Executive Board. It was designed as a supportive tool that enables agencies to reflect on their

processes in relation to CSE, in order to highlight their strengths and identify any weaknesses. It included five priority areas:

- Recognition and identification of child sexual exploitation: Senior managers take leadership responsibility for CSE
- Recognition and identification of child sexual exploitation: A trained and skilled workforce
- Information sharing
- Understanding the referral process
- Safeguarding is everybody's business: participating as an active team member to tackle sexual exploitation

Within each priority, a number of areas were highlighted and agencies were asked to provide information of what their agency has in place in relation to these. SSCB received a 100% return from the main SSCB partners; 92% of the primary schools selected (10% sample) and 75% of all secondary schools and post-16 education providers. SSCB analysed 73 CSE self-assessments. It is important to note that some of the secondary schools provide education from primary to secondary, so will have submitted one return. SSCB are actively following up schools who have not yet returned their assessments. Agencies including all schools are expected to implement any actions from the self-assessment and SSCB will be monitoring and supporting them. Indeed, although not all the primary schools were surveyed, the actions leading from this CSE assessment will apply to all of Sheffield's schools.

SSCB's self-assessment confirmed that agencies had a safeguarding lead and the majority of these also led on CSE. All had knowledge of the four key priorities for CSE in the city namely: prevent; protect; pursue and prosecute. Schools provided examples of how they reminded their staff of the safeguarding and CSE leads. A small number of schools did not clearly indicate if the safeguarding lead also led on CSE and SSCB has recommended that they clarify and communicate this. The analysis also indicated that communicating the SSCB business plan and key priorities is important, as SSCB had enabled agencies to understand the common strategy to deal with CSE. SSCB also plan to produce twice-yearly CSE bulletins that can be disseminated to agencies and schools.

Whilst all agencies had a safeguarding policy, not all included specific CSE elements, although many had signposts to SSCB policies and procedures in which CSE is highlighted. SSCB has requested the education advisors produce a specific CSE policy for all schools to include within their policies and procedures. SSCB will also share best practice exemplars of CSE specific inserts. SSCB found a need to ensure all schools disseminate and encourage the use of the SSCB Resolution of Practitioner Disagreements policy. When working in the arena of safeguarding and child protection, it is inevitable that from time to time, there will be practitioner disagreement. Whilst this is acceptable on occasion, it is vital that such differences do not affect the outcomes for children and young people. Practitioner disagreement is not always negative if it improves the outcomes for children and young people in a timely and sensitive manner. Indeed, practitioner disagreement is only dysfunctional if not resolved in a constructive and timely fashion. This procedure, therefore, provides a process for resolving such practitioner disagreements.

A high number of SSCB's partner agencies including schools, utilise their intranets to provide guidance to staff and links to external information on CSE. Team meetings, safeguarding memos, staff room presentations and bulletins were also frequently used to inform staff about CSE. Some agencies also had leaflets for children, young people and their families in how to recognise CSE and obtain help. This will be

further explored in the section of this assessment looking at adherence to Ofsted CSE thematic inspection requirements.

SSCB and partners believe that having a trained and skilled workforce enables practitioners to effectively deal with CSE and provide the best outcomes for children and young people. This report will provide more information later on the evaluation of the CSE training provided. The report now discusses who receives CSE training.

Within Sheffield's health trusts, most professionals have undertaken training with an element of CSE and some have had more specialist training. The Clinical Commissioning Group (CCG) hosted a national conference on CSE in September 2014. Staff in South Yorkshire Police and South Yorkshire Fire and Rescue receive CSE training and a pocket guide and flowchart on what to do and how to report. Within CAF/CASS, CSE training is mandatory and the majority of SCC staff working with children and young people have had CSE training. Presently, the two probation services do not cover CSE within their training and have this as an action to rectify. Those with specific responsibility for safeguarding and CSE in schools had generally received specific training on CSE, however, there is a need to increase the number of school staff who have received both safeguarding and CSE training.

An action SSCB has taken from this self-assessment, is that they will produce a CSE training pathway from basic induction training through to advanced and specialist training. Additionally, education safeguarding advisors will provide a training pathway for education providers.

Working Together (2013) emphasises that information sharing within and between agencies forms a vital aspect of safeguarding children and young people. SSCB have procedures on information sharing and this self-assessment illustrated that many of their partners, including most schools, utilise these as well as having their own information-sharing guidance. Additionally, co-location of SSES alongside many other agencies in Star House, was reported as providing valuable information-sharing opportunities and support from other services. All agencies reported that their staff have access to external advice and support about what information can be shared, given presenting risks. SSCB has identified that an SSCB information fact sheet for agencies and sharing checklist for schools would assist. They will also ensure information-sharing is included in all safeguarding training.

This CSE self-assessment demonstrated wide understanding of the referral process for a child or young person at risk of CSE. Partner agencies and schools reported that staff know who they can contact for advice and support within their organisation. These contacts hold information on how to refer and access SSCB procedures. Many agencies publish information on how to refer on their intranets, alongside guidance on agency screening tools and assessments. Some schools were found to require more information on how to specifically refer CSE cases, as opposed to a general safeguarding referral. SSCB has requested SSES ensure schools receive more detailed information on CSE specific referrals.

The self-assessment asked if senior managers were aware of referrals made in relation to CSE by their own organisation and if they were tracked and trends profiled. It must be noted that once referred to SSES, they track, monitor and profile referrals to ensure none are overlooked and to gain information to inform future planning. There was variation in the way agencies and schools recorded their safeguarding and CSE referrals. Variation was also seen across and within agencies and schools in monitoring and tracking. The self-assessment found 94% of secondary schools track referrals and that CSE profiles were developed in a few.

Despite small pockets of profiling, in general, this was not undertaken in individual agencies. Those currently monitoring and profiling referrals included the Police, who have requested additional funding to assist in profiling. The Corner, a substance misuse service for those under 19 years old in Sheffield, reports performance in relation to CSE to Public Health England through the national drug treatment monitoring scheme. CAF/CASS are undertaking work to understand the national picture and develop a strategy accordingly. SSCB, therefore, recommend that all agencies have a process in place by which they can monitor, track and understand the profile of both safeguarding and specific CSE referrals.

Finally SSCB's self-assessment looked at participation in tackling CSE and support for professionals. They found that all of the organisations providing services to children and young people actively encourage their staff to attend meetings and take a positive role in the development and delivery of plans. Schools participate as active members of multi-agency teams and attendance at meetings is usually undertaken by the child protection lead or a member of the child protection team. Some schools support children and young people during weekends and in holiday periods through a mentor team.

When providing support to children and young people, staff must also be supported and appropriately guided through the use of supervision. The self-assessment illustrated that all organisations provide supervision. Some were trialling different methods including peer supervision to enhance opportunities for staff to discuss and share ideas. Schools enable their staff to receive in-house supervision, supplemented, if applicable, by externally-provided more specialised supervision. SSCB recommend that there is development of peer support systems for education providers and that all agencies are informed of externally available support and advice to supplement supervision.

This self-assessment has provided a good understanding of where things are working well and where SSCB and partners can continue to improve Sheffield's partnership approach to tackling CSE. In addition to this CSE self-assessment, SSCB has responded to the NWG Network benchmark questionnaire. In June 2014, they also responded to the Office of the Children's Commissioner's (OCC) questionnaire which looked at how SSCB and partners had responded to their *Recognition and Telling* (2013) report. The OCC will be shortly publishing the results of this collective piece of work in a one-year-on report. SSCB await further learning from this process.

Core documentation against Ofsted's 2014 CSE thematic inspections

In September 2014, Ofsted announced that they would be undertaking a thematic inspection of how eight local authorities deal with CSE. Three authorities subject to the full Ofsted Single Inspection Framework (SIF), including Rotherham, were selected for the CSE thematic to run alongside their main inspection. A further five received the thematic as a standalone inspection and at the time of writing this report, SSCB and partners await the outcomes. SSCB and partners will be incorporating any additional learning from the thematic inspections into future developments.

It must also be noted that Sheffield was one of the first local authorities to receive the new Ofsted SIF inspection. Within this, they were inspected on how they deal with CSE and received very positive feedback from the inspectors across their CSE activities. In their inspection report, Ofsted stated:

"The local approach to the prevention of child sexual exploitation is highly developed. It has full multi-agency ownership, involves some creative initiatives such as training for hoteliers and taxi drivers, and is able to provide good evidence of reach and impact that safeguard and protect children and young people ... Children at risk of sexual exploitation are quickly identified." (Ofsted, 2014).

Ofsted subsequently provided an Annex A, listing all expected data and documentary evidence required for a CSE thematic inspection. Sheffield was not selected as one of the eight inspected, nonetheless the exercise of quality assuring against the requirements was incorporated as part of this assessment. Six areas included were data and documents related to: CSE strategy; SSCB responsibilities; policies and procedures; information on CSE for children and young people, their parents and carers and professionals and data regarding CSE from SSES and the Police. For each Ofsted requirement, analysis of the returns of the CSE assessment provided a RAG (Red, Amber, Green) score and recommendations where applicable for future development. The RAG ratings allowed identification of strengths and areas for development, discussed below.

A number of strengths were identified in this assessment exercise; namely that SSCB and partners are able to immediately comply with all nine of the Ofsted SSES and Police data requirements. One difficulty encountered was in the extraction of the number of abduction warnings issued from data systems. This is a national issue and the requirement is resource intensive, due to the way data is recorded within and across systems. Although the data was available, the Police are looking to improve recording to reduce the resource needed for reporting. Sheffield's agencies are ahead of many others, in having available data such as: the number of contacts and referrals regarding CSE to social care and the Police; number of CSE victims subject to a child protection plan or being looked after and numbers accommodated in a secure setting as a result of being assessed at risk of CSE. Analysis and presentation to SSCB of trends and patterns for children missing from home, school or care is undertaken on a regular basis with the last period covering April 2014 to September 2014. This analysis also partly evidences Sheffield's compliance with the DfE January 2014 Statutory Guidance on *Children who run away or go missing from home or care* (RMFHC).

Another area of strength is in SSCB's provision of CSE information to a variety of audiences. For children and young people, SSCB have a dedicated area on their SSCB website which provides information on staying safe. A number of CSE posters and leaflets are visible in buildings with a high footfall of children and young people, including Star House and locality-based venues. SSCB provide materials and training for schools to provide additional communication channels to children and young people.

Parents and carers are often the people best placed to identify concerns and safeguard children and young people. There is a dedicated SSCB website area for parents and carers providing access to a variety of leaflets; associated websites and contact details. Developed with Child Exploitation and Online Protection (CEOP) and Parents Against Child Sexual Exploitation (PACE), SSCB offer a free online CSE course, *Keep them Safe*, to parents and carers accessible via the SSCB website. The course has been promoted with SSCB's partner agencies, who have been encouraged to further promote with parents and carers who access their service. SSCB's leaflet on CSE provides practical advice on how parents and carers can get help if they think their son or daughter is being sexually exploited.

SSCB's communications provide details of how to receive information in different formats. There is an identified need to increase the provision of information proactively provided about CSE to: children; young people; parents and carers in the main ethnic group languages spoken in Sheffield. Breaking down language and literacy barriers remains a priority. SSCB also recognise the need to increase the use of social media and other communication channels to engage children and young people with messages on how to stay safe. In the spring of 2015, SSCB will be launching a free mobile phone application for children and young people, in relation to risk taking behaviours including CSE.

SSCB provides a variety of information for professionals, not only through training, but also on the SSCB website. An *SSCB Directory for Sexual Exploitation Services* lists all members of the Practitioner's Group allowing individual members details of services provided and contact details where they can signpost and seek help for children and young people. Professionals can also contact the SSES for help and advice and the results of the staff survey, as part of this assessment, illustrated this to be a valued source. A South Yorkshire-wide campaign about CSE included: hoteliers; B&B owners; leisure centre staff and taxi companies. There will be more detail about this programme within the evaluation of CSE training section and additional information is available on the SSCB website.

SSCB document and data requirements were all available for this assessment. Information-sharing protocols; evidence of SSCB quality assurance of CSE activity; CSE communication strategy and awareness raising programme; CSE training programme and quarterly performance management data were RAG rated green. SSCB CSE sub-group minutes were available, however, there was a need to ensure these always go to the SSCB Operational Board for scrutiny.

Essential to any CSE service is a comprehensive and effective set of policies and procedures. These ensure safe and consistent use of evidence-based best practice and provide support and guidance to those working with children and young people vulnerable to CSE. As new legislation, guidance and best practice initiatives emerge, SSCB and partners have a programme in place to ensure these are reflected in all their policies and procedures. This assessment highlighted that whilst SSCB and partners have fully complied with many of the Ofsted Annex A CSE policy and procedure requirements, there is a recognised need to refresh a small number of policies and procedures. This was not an unexpected finding given that Sheffield are continually evolving in their understanding of the impact and ways of dealing with CSE. Furthermore, Sheffield constantly assess and redevelop services such as their SSES, to provide a high quality service to the children and young people of Sheffield. SCC has commissioned Tri-X, a recognised supplier providing policy and procedure services to local authorities, to update a suite of policies and procedures including those associated with CSE. Sheffield will also continue to refresh their CSE strategy through the SSCB, ensuring, as always, that they work in a multi-agency partnership effectively combining resources.

The work stream to assess compliance with Ofsted CSE thematic inspection document and data requirements has demonstrated good compliance. Where there were identified gaps, these are being addressed through programmes designed to ensure Sheffield are constantly evolving in how they address CSE.

Evaluation of CSE processes, procedures and tools

In the previous section, Sheffield's policies and procedures relevant to CSE were assessed, through benchmarking against Ofsted's requirements for a CSE thematic inspection. This section assesses how familiar and satisfied Sheffield practitioners are with the processes, procedures and tools relating to the understanding, identification, screening, review and interventions provided to children and young people presenting with concerns of CSE.

Direct focus group-style interviews with small groups of team managers, from a range of core services providing interventions and support to children and young people across the city, took place in October 2014. A social worker and family intervention worker were also interviewed. In total, 38 professionals were asked 19 structured questions, with correlation of answers mapped to their respective service areas. Short timescales and operational demands resulted in some gaps in inclusion of all SSES partners, including the Police and Sheffield Futures workers. However, their voice has been captured in other elements of this assessment. In parallel, a desktop review of screening and assessment tools was undertaken, liaising with the auditor involved in the CSE case audits assessment work stream. This enabled matching interview comments with observed practice and triangulation of findings.

Participants were asked if they were familiar with the definition of CSE adopted by Sheffield. Whilst the majority of staff were not aware of the specific definition, they were able to describe characteristics of CSE including a comprehensive understanding of indicators of risk and vulnerability. Furthermore, managers knew how to implement SSCB policies and processes for referral for children and young people considered to be at risk of CSE. This included referral to SSES and accessing services to support direct work in this area including: the NSPCC; Interchange young people's counselling service and Barnardos. Co-location of services, seen for example in the west of the city, was reported as enabling good quality information sharing.

Managers requested more clarity on the roles of the social workers embedded in the SSES and noted that SSES was known by a variety of titles including *The CSE Team* and *Taking Stock*. This caused some confusion, although there were no operational concerns or issues regarding functions. SSES managers considered that there was a need to further communicate the full extent and volume of the work undertaken in SSES. Managers said there needed to be improved links between the SSES social workers, area assessment teams and the Joint Investigation Team (JIT). In progress at the time of this assessment, was a review of how best to provide clinical supervision and line management to SSES social workers and improve alignment with the JIT.

When asked what barriers or particular strengths there were to effective screening of CSE, the sessions highlighted a need to ensure consistent high quality of referrals from GPs and schools. Good quality referrals aid accurate and timely CSE assessment and SSES were cited as a source to provide guidance when agencies needed to refer. Participants suggested SSES further target schools and GPs with additional guidance to improve the quality of referrals. This also links with the need to provide a clear referral pathway for CSE as seen in the CSE self-assessment.

A common theme emerging from this assessment and repeated in these interviews is the need to simplify and reduce the numbers of information systems in which work around children and young people at risk or involved in CSE is recorded. Practitioners need to be able to see the child's journey within one information system,

with access rights appropriate to the level of professional or agency involvement. The work with children and young people around CSE in Sheffield is multi-agency. It spans the spectrum of nationally-recognised thresholds from addressing need through: universal services; Team around the Child; Child in Need (CiN); Child Protection (CP) and at the far end of the need spectrum to looking after children (LAC) at the most risk, including providing secure accommodation. Given the above and since developing an approach to CSE and implementing the SSES in 2001, the number and complexity of partner agencies and recording systems has grown. It is therefore time to review and develop the approach to utilising an already embedded CareFirst system, as a single information system for the child's journey.

The interviews illustrated a requirement to ensure all relevant professionals were provided refresher information on the CSE assessment tool and scoring guide. Sheffield are mindful of emerging research and evidence-based practice in the screening and assessment of risk and as such continue to refine their tools. The Jay report illustrated inherent issues with scoring systems. SSCB and partners have long shared these concerns. Managers are clear that the numeric scoring system is an aid and does not substitute for professional judgements about risk. Indeed, SSES triage meetings allow for professional judgement to be exercised, reviewed and recorded. SSCB and partners will be further reviewing the CSE assessment tool with further evidenced-based best practice. They also need to refresh the CSE multi-agency risk assessment process to fully align the work of agencies and clarify terminology used.

Practitioners will be reminded of the purpose and interaction of the many single and multi-agency assessments used when working with children and young people. Sheffield agencies use a variety of assessments to assess need in specific areas, not just CSE. Legislation often requires them to undertake key assessments such as: social care's single assessment; Youth Justice's AssetPlus or the multi-agency Family Common Assessment Framework (FCAF). When a child is subject to a number of assessments, they need to ensure practitioners are clear on purpose, and interaction between the streams of work. There is also a need to avoid duplication and confusion for children and young people.

In common with the findings discussed in the next section, the interviews illustrated that services highlighted a desire for enhanced guidance. As practitioners became confident in applying learning, they have identified where they want to develop a deeper understanding to improve their work with children and young people. A key theme emerging from the practitioner's survey and focus groups has been the need to provide more specific guidance, including to the Police, regarding relevant powers and duties in respect of sixteen and seventeen year olds at risk or having been subject to CSE. In particular, in communicating with and keeping safe young people who refuse to engage and when neither parent perceives risk. It is important to recognise that young people can be sexually exploited despite being old enough to consent to sexual activity. Indeed, their decision making can be influenced by: drugs; grooming; threats of violence and power exerted by perpetrators.

Some of the requests from managers, such as development of a list of resources available for services to access in order to engage children, young people and families around CSE are already in place. Thus there is a need to re-communicate this information and continue to promote use of research in practice training resources.

Information gathered from practitioners interviewed, alongside the assessment of processes, procedures and tools in respect of CSE suggested that the services are effective at understanding and applying risk and vulnerability factors in order to

intervene early and prevent escalation of CSE risk. Professionals have a hunger for more knowledge to continue to enhance services provided and improve the outcomes for children and young people.

Evaluation of the CSE training programme

In 2013/14, SSCB rolled out a substantial programme of CSE training delivered by the SSCB and supported by SSES, Children's Social Care and the NSPCC. Utilising a combination of single and multi-agency sessions to maximise attendance, they reached over 1500 practitioners from October 2013 to April 2014 and a further 271 to October 2014. Training was available to anyone working with children and families in either a paid or voluntary capacity, with some targeting of key groups e.g. schools, children's home staff, elected members; foster carers and GPs.

In their recent SIF inspection Ofsted judged that:

"The SSCB has been at the forefront in promoting training about awareness of sexual exploitation." (Ofsted 2014).

The impact of this training is thought to have contributed to the increase in referrals to SSES, as those working with children become more familiar with recognising the signs and indicators of CSE and where to seek specialist advice. The SSES are aware that by training staff this increases combined intelligence of the current patterns of exploitation within Sheffield, allowing continual adaptation and effective targeting of resources. As part of their annual review SSCB also evaluated the impact of the CSE training provided to April 2014. Overall, the improvement rate in knowledge and levels of confidence in relation to CSE was 66%. Knowledge about the SSES and other service involvement in CSE increased by 88% through the training. Further evaluation of the long term impact of training will be undertaken by surveying those who attended training from October 2013 to December 2014.

The SSCB licensing manager has been instrumental in delivering training on CSE to the licensed trade. For a number of years, SSCB has been delivering CSE training to the taxi trade and have worked with Sheffield College to ensure that safeguarding training, including CSE, is delivered as part of the BTec qualification. SSCB's best practice model has been replicated by other authorities including Northern Ireland and the NSPCC. Along with national and local partners, they have won a number of awards for Operation Makesafe and were central in the development of NWG's *Say Something if you see Something* campaign. This training has been delivered to over 350 people working in the hotel trade across South Yorkshire.

Continuation of the CSE training programme is achieved through thematic CSE lunchtime seminars with topics including *CSE and boys* and *Learning from Operation Alphabet*. SSCB also provide a single-agency training pack with the recommendation that agencies use this as part of staff induction and refresher training. Social care workers will receive additional sessions and CSE is incorporated into social care induction training. Further training is available to Designated Safeguarding Leads working with children and young people in schools. Practitioners are encouraged to attend externally provided CSE training and conferences. Practitioners, as well as parents, can access SSCB's free of charge PACE eLearning CSE course *Keep them Safe*. The mobile phone application for children and young people discussed earlier will be available in the Spring of 2015.

SSCB's e-safety manager delivers training to professionals, children, young people and their parents and carers. Over 100 parents attended a joint CSE/ e-safety event at a local secondary school. SSCB also delivers work in schools regarding online grooming, sexting and the use of social media sites. Much work has already been done in schools, with teachers, pupils, and parents, to raise awareness of the risks associated with using digital technology. The challenge for SSCB now is to roll this out to the wider community, whilst at the same time keeping abreast of new technological developments.

Within individual agency workforce training strategies, the extent to which an agency, team or individual requires any training and development is identified as falling into one of three categories: essential; encouraged and preferential. SSCB believe and recommend that CSE training is a mandatory requirement for all practitioners, delivered alongside other safeguarding children modules. Through continuous professional development (CPD) practitioners will refresh and develop more specialist knowledge in relation to their roles.

Assessment of the CSE training provided within Sheffield concludes that an extensive CSE training programme was, and continues to be, delivered to a high number of practitioners across a large number of agencies. Awareness campaigns and training have been delivered and continue to be available to members of key trades and to elected members, children, young people, parents and carers. Innovative ways are being developed to reach children, including the use of mobile technology. SSCB has been nationally recognised through awards, replication of their best practice and high attendance at *CSE and Local Business - Sheffield Model* seminars given to other LSCBs and Police forces.

An area in need of development is to ensure proactive availability of CSE awareness material for children, young people, parents and carers in the main ethnic group languages spoken in Sheffield. The role of street champions and key members of community groups, in creating CSE awareness and breakdown of any communication barriers such as language and literacy, continues to be developed.

Staff survey on CSE training and support

Given the extensive SSCB CSE training programme and support available within Sheffield, this assessment asked if this had impacted on the confidence, knowledge and support of Sheffield's practitioners. A short survey was undertaken with a number of multi-agency practitioners. Those included in the survey were: social care, MAST, SSES and Community Youth Teams. Asking four questions, SSCB received responses from 340 individual professionals from across all agencies, representing a good response rate of 42%.

The first question asked which part of their service respondents were from. Almost all respondents work directly with Sheffield's children and young people and a small number provide support services to those working in the community. Those supporting children in care within children's home settings were represented as well as: adult mental health services; social workers and their managers in a variety of teams; careers advice service; nursing services; community youth teams; out of hours emergency response teams; children with disability team; fostering; youth justice service (YJS) independent reviewing officers and children's centres. The number and diversity in respondents enabled SSCB to have confidence in the survey results and illustrated the spread of responsibility and activity for delivering CSE solutions.

The second question asked *"How confident are you that you can identify issues of child exploitation?"* Over 94% of practitioner respondents said they were confident in identifying issues in relation to CSE.

SSCB then asked *"Have you had enough training to enable you to respond to issues of sexual exploitation?"* Over 45% of respondents said they were confident they had received enough training. Many who said they had not received enough training, confirmed they had received CSE training and found it to be of good quality. Indeed, training undertaken by SSES was described as excellent. However professionals are keen to receive further training and in particular future refresher training, to update them on any new policies and procedures and enhance evidenced-based practice. As professionals implement learning from the training, they have begun to identify a need for more in-depth CSE knowledge and solutions relating to the specific field or community they are working in. Again this reflects Sheffield's learning culture.

Recently-qualified social workers reported they had received training on CSE as part of their degree and some had student placements within specialist CSE provision. A number of specialist workers had undertaken further CSE training with agencies such as the NWG network and Lucy Faithful Foundation. The NWG network provides CSE research and knowledge updates to some respondents who had signed up to the scheme. Ensuring all professionals can link into networks such as these is a learning aim for Sheffield.

Respondents had accessed CSE training through one or more of the main channels including: online modules; seminars; externally-provided training and conferences. Those attending safeguarding children training had overlapped with CSE elements also provided in these modules. The survey indicated that there is a need to ensure all new staff, and those moving roles, access CSE training early within their induction.

Finally, SSCB asked *"Do you get the support you need to respond to the issues of sexual exploitation?"* Over 83% of respondents said yes they did receive enough support. Examples were provided by respondents of specific cases where advice and guidance had been sought.

Sources of support included: the SSES team; Multi-Agency Support Teams (MAST); SSCB; managers; colleagues; YJS; Police; out of hours team; Taking Stock and Remedi. The SSES team were said to be professional, very approachable, welcoming calls and always being on hand to offer support and advice as and when required. Senior managers were reported as being very skilled in their knowledge and understanding of CSE. Supervision was cited as a good forum to seek support. One participant noted the need for more specialist foster placements for children and young people requiring accommodation by the local authority. This is being actioned by Sheffield through development of specialist foster carers, who can work with children and young people both at crisis points and through longer term therapeutic placements. As discussed previously, a bid to the DfE has been made to support this initiative, with the result due in January 2015.

Some respondents said the question was not relevant, as they had not worked directly with a child vulnerable to CSE but would know where to go for guidance. A minority questioned the threshold for acceptance into SSES for risk assessment and the need to provide additional resources as CSE awareness created more demand.

SSCB are pleased to see that such a large proportion of practitioners feel supported and confident in recognising the signs of CSE and know how to act upon these. SSCB's CSE training programme continues and as well as refresher training, staff are encouraged to access relevant specialist training as part of their continuous professional development.

Evaluation of the outcomes of ten CSE cases managed via the CSE service

Good safeguarding practice includes evaluating the complete journey of children and young people from first concerns to outcomes and impact of services at later stages. This allows SSCB and partners to look at what worked well, what can be improved and be applied again in evidenced-based best practice for those individuals and others accessing their services. Practitioners build up intrinsic knowledge and develop skills through experience in working with children and young people exposed to CSE. Case studies such as these are an effective way of assessing future strategic direction, developing staff and sharing best practice.

SSCB selected ten cases of children and young people worked within the SSES since January 2014 from across: different ages; gender; presenting risks; time involved with services; ethnic background and area in which they live. The case review considered a number of stages of the journey including: how agencies first became aware of the risk; how practitioners engaged the child or young person; what support was provided and how this impacted on the children and young people. It was important to look at where that individual was in their journey in terms of reduced risk and the quality of their life. Of most importance was what children and young people told practitioners about their lives gained through direct work.

All of the children and young people in the cohort were referred to SSES when they displayed CSE-associated risk taking behaviour. This evaluation demonstrated all met the criteria for input from the service. Many presented with a combination of the indicators of CSE risk and vulnerability. For example, one young person was: regularly missing from home; associating with known CSE offenders and victims; frequenting areas of concern; involved in criminal activity and not engaging with education or other services. A number of young people were referred when they were found associating with older males; displaying highly sexualised behaviour and having unaccounted-for money. Alcohol, drug misuse and self-harming were also presenting risks. Within SSCB's adopted definition of CSE, the cases reviewed illustrated that abuse was also occurring through the use of technology. Some young people were taking inappropriate pictures of themselves and being threatened these would be posted on social media sites. Additionally, social media sites were being used as a way of older males, both within and outside of Sheffield, contacting young people. A number of young people had learning difficulties and were at additional risk because they operated at a lower than chronological age.

The evaluations demonstrated that children and young people need to have trust in those they disclose to. Trusting relationships were demonstrated with workers in a variety of situations, enabling children to disclose and be listened to. Sometimes young people opened up to people who were not their main workers. The key point was that they needed a gateway where practitioners could hear their voice and act on it. It is well evidenced that some children and young people can take time to tell professionals what is happening in their lives. Young people were sometimes found to be initially suspicious of workers, so techniques were used to build trust and keep the gateway open. This included sessions on building up self-esteem and addressing a lack of confidence. Children and young people would often avoid eye contact and

needed constant reassurance that professionals were there to help them. Non-verbal tools, such as asking the young person to select descriptive cards, assisted in breaking down communication barriers. Sometimes this process took months, as the young person gradually understood they had an adult they could trust and work with. For those taken into local authority care, the case review found there were often further disclosures, including provision of information about alleged perpetrators, enabling Police to take action. Sheffield believe some children have still not disclosed everything that happened to them and continue to work with them. Where possible and appropriate, Sheffield included young people in key multi-agency meetings to discuss the risks they are exposed to and how they can all work to reduce these.

In parallel to building relationships with the children and young people, Sheffield practitioners ensured that they helped them learn to say "No" and keep safe, including building an awareness of e-safety. They used resources such as the *Blast Project*, a film aimed at illustrating how boys are groomed and the in-house developed resource pack *Friend or Foe* which explores good and bad relationships. Direct work included ensuring children and young people had an opportunity to undertake positive activities including attending youth clubs, making new friends and building family trust to allow them to be allowed out alone. When young people presented with a high-level of need, the work undertaken often involved many agencies and services including: counselling; housing and return to education. Sheffield agencies also included parents and siblings in direct work when they presented with their own needs impacting on family stability. Whilst working with children and young people, families could experience other life events. The case reviews demonstrated additional appropriate support was provided during these periods.

Ongoing emotional support is a major factor in helping children and young people to move on and deal with the impact of CSE alongside live events. For those attending court, the case review illustrated the high level of support provided prior, during and post criminal trials. Social workers sat alongside the young people as they gave evidence and there was good evidence of witness care including professionals being available day and night when help was needed. Post criminal trials, workers assisted young people in completing criminal injuries compensations claims and advocating for them with the Ministry of Justice. In Operation Alphabet the judge praised workers in the support provided to the young people stating the work undertaken by agencies was "*a model of its kind*".

Incorporated in direct work, practitioners asked children and young people to reflect on the steps they had made. Children cried when they saw how far they had come in recognising and removing the risk-taking behaviour. Workers reinforced positive changes and told the children and young people how proud they were of their accomplishments. Sheffield empower children and young people in allowing them, where possible, to shape the direct work. For those with learning difficulties, progress could be slow; nonetheless progress was made and time was allowed for this. In the timescales of a few of the young people's journeys, risk reduced to an extent that social care involvement ceased and support was provided within the community.

SSCB and partners can measure success when young people move onto successful adulthood, securing their own tenancies, attending education, ceasing criminal activity, becoming successful parents and having strong positive attitudes. SSCB have several examples of the impact their CSE strategy has in enabling successful transitions. A young person who was helped to move back to their old home town after receiving long term support in Sheffield came back to let their worker know how they were getting on. Over a coffee, they spoke of how the young person was in a

better place. Another of the young people selected for this assessment has achieved many of the measures of success and now assists Sheffield with planning the strategic direction of their work. Furthermore, one of the young people included in this review of cases went to London to meet the Deputy Children's Commissioner and contributed to their enquiry into CSE in gangs and groups. Having input from those who have directly experienced CSE is invaluable. This CSE assessment will be hearing more from young people on how they think SSCB should develop services in the upcoming panel in November 2014.

One area in need of development is a need for improvement in the availability of, and pathway into, mental health services, both for children and young people and into adulthood. This is a national issue which has been recognised through early established CSE work in cities including Sheffield. Some young people did not feel ready for counselling, however, in later life this may be essential to enable good mental health. Additionally, case studies illustrated that some children and young people would have benefitted from counselling and similar mental health services at the time of SSES intervention. Due to pressures of demand on the *Interchange* service, this was not available. For this reason, there is a recommendation that the pathway to mental health services is improved. Any provision must be able to provide a flexible service which reacts and responds to the needs of those impacted by CSE.

Looking at ten journeys illustrated that children and young people receiving SSES input demonstrated all of the associated risk factors known to be present in SSCB's adopted definition of CSE. Through patient direct work, children can disclose and recover, building the resilience to move into a successful adulthood. The impact of CSE is long term and can be devastating to children and young people; as such receiving early identification, assessment and input is vital, as is building trusting relationships.

In-depth audit of 32 cases of children and young people who received input from SSES

Case audit involves systematic and independent assessments of the child's journey through services. The audit looked at adherence to policies and procedures and asked what went well and what could have been improved. An independent auditor worked alongside SCC's Principal Children and Families Social Worker to audit in-depth 32 randomly selected cases. These were known to have had CSE risk in the last twelve months. Using an audit tool, the audit asked: if risk had been identified and responded to; about involvement of the children and young people; about quality of decision making, assessment and planning; if information had been effectively shared; about the quality of direct work undertaken and if applicable the suitability of a looked-after placement and longer term plans.

The process of this in-depth audit confirmed findings in other work streams of this assessment, that information about a child's journey is held across many systems both within and across agencies. There is a need to be clear on who records and what is recorded, to reduce some duplication. Work is underway to address this; including assessing if CareFirst can be utilised as a central information system for recording of all CSE activity taking place for individual children and young people. This audit also confirmed that the vast majority of referrals to SSES were appropriate. A small number indicated SSCB and partners need to continue to ensure that the threshold for SSES input is clearly understood.

In common with other local authorities, the audit found that a high number of referrals regarding CSE risk came from schools and colleges. Indeed, relationships between SSES and schools were seen to be particularly strong. When also referring to SSES, Police consistently used the appropriate form. All audited cases referred to SSES had received a CSE risk assessment. Areas in need of improvement included the need to utilise the child or young person's history to a greater extent and to ensure all children associated with any risk are fully considered. As found in other streams of this assessment, there is an identified need to be clearer about the purpose of all agency assessments and how they fit together throughout the child's journey.

Preventative work with those considered to potentially be at risk of CSE was evidenced to be valuable and extensively undertaken. Case evidence demonstrated that SSES was found to provide an excellent direct work programme. Workers showed clear commitment to the young people and creative ways were used to engage them. The wishes and feelings of children and young people had been gathered and acted upon. Case direction is led, where possible, by the child and whilst good practice, it could lead, for a small number of lower level intervention cases, to drift if not acted upon.

All cases open to social care had a plan in place. For some of the more complex cases, the number of professionals involved could be considerable and who was best placed to deliver direct work was determined. This is good practice, as research shows young people need to build trusting relationships with a small number of professionals. There was good evidence of communication between agencies and representation at relevant meetings. An area of improvement would be in the development of plan formats, to further help illustrate the impact direct work is having in reducing CSE risk. It would be possible to use the CSE risk assessment to measure risk at the start and end of intervention by the SSES.

SSES social workers receive regular supervision. This is an important part of ensuring risk is managed and work with children and young people is focused. There is a need to change where supervision of the SSES social workers is recorded to ensure elements relating to individual cases are recorded in CareFirst. Supervision of the SSES social workers is under review to improve the impact it has on the quality of case management, as well as providing further support to workers in this difficult field of social work.

The in-depth case audit has triangulated with findings from the other streams of this assessment. It has highlighted some areas in which SSES excel and some areas which they can further develop as part of the continuous programme to deliver a high quality service.

How is Sheffield responding to the Jay recommendations?

Alexis Jay's *Independent Inquiry into Child Sexual Exploitation in Rotherham*, published in August 2014, further highlighted the need to scrutinise all aspects of governance and practice in relation to Child Sexual Exploitation (CSE). On publication of the Jay report, SSCB and partners promptly conducted an internal audit of SSES's current practices, benchmarking Sheffield's practice against the fifteen recommendations from the Rotherham enquiry.

Appendix C summarises Sheffield's evaluation against the Jay report's recommendations for Rotherham. This combines Sheffield's initial internal audit with the findings from this far-reaching CSE assessment. As SSCB had also recently conducted self-assessments with the Office of the Children's Commissioner and the NWG, these have also been included in the evaluation.

SSCB have concluded that they and their partners strongly comply with the Jay recommendations. Indeed, many of the requirements have been embedded in Sheffield for a number of years, given the early and proactive response to CSE. Nonetheless, as part of the continuous improvement ethos, SSCB has identified a small number of areas for development. These triangulated with those found in this assessment and are detailed in the following section. Furthermore, although SSCB have determined Sheffield is compliant with the Jay recommendations, as part of their learning culture they strive to be better and deliver above and beyond the Jay recommendations.

Areas of strength and for development

This assessment has been far reaching in examining how Sheffield responds to CSE. SSCB has used a number of techniques to gather information, including views from professionals. The voice of the children and young people had, so far, come from case reviews; audits and professionals. Therefore, SSCB undertook a children and young people's panel in November 2014 to enhance their valued voice in this assessment and future planning. As this activity took place shortly before publication of this overview report, an addendum report on this valued activity is available in Appendix B. The panel outcomes will be used to shape future services and three more thematic panels are planned.

The CSE assessment looked at many aspects including: leadership and governance; multi-agency CSE safeguarding self-assessment; compliance with Ofsted CSE thematic inspection Annex A requirements; evaluation of processes, procedures and tools; evaluation of the CSE training programme; staff survey on training and support; evaluation of ten cases managed via the SSES service and an audit of 32 cases of children and young people who received input from SSES.

Detailed actions in progress from each of the strands of this assessment have been developed. Analysis of the information gained provides SSCB and partners with the following key recognised areas of strength and areas for development.

Areas of strength

Strategy, leadership and compliance

1. CSE is a long standing key strategic priority for SSCB and partners.
2. SSCB and partners strongly comply with the Jay recommendations and many of the requirements have been embedded in Sheffield for many years, given the early and proactive response to CSE.
3. Prevention; protecting; pursuing and prosecuting are at the heart of the CSE strategy.
4. Sheffield has a history and evidence of being willing to tackle and confront difficult issues, regardless of any gender or ethnicity implications.
5. Reducing the impact of CSE on children and young people is central to all activity.
6. Sheffield has effective leadership and governance arrangements discharging their statutory obligations.
7. There is a culture of openness; questioning and professional challenge supported by robust policies and procedures.
8. SSCB and partners operate in a learning environment evaluating and adapting services to children and young people.
9. Evolution of services and timely actions to address dynamic and complex demographics.
10. SSES manager now part of a multi-agency case review panel to add in CSE elements and intelligence.

Quality assurance and recognition of the CSE service

11. Ofsted recognition of SSCB in effectively responding in partnership to CSE.
12. The SSES is long established and recognised as good practice by Ofsted and HMIC.
13. Operation Alphabet was recognised by the judge as a model of its kind, due to diligent work including partnership working and support provided to victims.

Policy and process

14. CSE activity is supported by a robust and frequently-refreshed suite of policies and procedures.
15. SSCB and partners demonstrate good compliance with Ofsted's CSE thematic inspection Annex A data and documentation requirements.
16. Agencies and partners reference and signpost staff to SSCB policies and procedures, which provide guidance on the management of CSE.
17. The CSE self-assessment indicated that all agencies had a safeguarding lead, the majority also led on CSE.
18. All agencies and many schools have a good understanding of the referral process for CSE cases.
19. All agencies and schools have information-sharing protocols and actively encourage staff to attend multi-agency meetings, contribute to and deliver the plan.
20. Robust action has been taken to deal with CSE in all areas of licensing regulatory requirements.

CSE Awareness programmes and training

21. CSE training and awareness programmes have reached over 1700 practitioners, is recognised as best practice and been adopted nationally.
22. E-safety training and awareness programmes are delivered to professionals; children and young people and parents.
23. The voluntary, community and faith sector have been included in CSE training; planning and delivery.

24. The impact of CSE training noted through increased referrals to SSES and participants' acknowledgement of enhanced understanding.
25. CSE awareness literature is available to children and young people; parents; carers and practitioners utilising innovative communication channels.
26. SSCB and partners believe it is important to deliver CSE awareness to all of the community, regardless of gender or ethnic group.
27. CSE awareness programmes are delivered to a variety of public audiences including BME community groups.

Practitioner activity

28. Practitioners and managers are able to recognise the indicators of risk and vulnerability of CSE and when to refer children and young people to SSES.
29. Practitioners requesting and undergoing continuous professional development to enhance their understanding of CSE and how to effectively support children and young people.
30. Over 83% of practitioner respondents to the survey said they received enough support to respond to the issues of CSE.
31. Over 94% of practitioner respondents said they were confident in identifying issues in relation to CSE.
32. Case evaluations and audits demonstrated innovative and effective means of engaging with children and young people who have been subject to CSE.
33. Children from all ethnic groups; gender and presenting CSE risks are referred to SSES.
34. SSCB and SSES have strong links with schools, who are the highest source of referrals.
35. All children and young people referred to SSES had received a CSE assessment.

Work with children and young people

36. Work with children and young people around CSE spans across the spectrum of nationally-recognised thresholds from addressing need through universal services; Team around the Child; Child in Need (CiN); Child Protection (CP) and at the far end of the need spectrum to children in care (LAC) at the most risk, including providing secure accommodation.
37. Sheffield have a recognised Community Youth Model of working with the children and young people.
38. Sheffield give children a safe space and time to talk about their experiences.
39. Sheffield builds trusting and supporting relationships with children and young people, ensuring the most appropriate professionals deliver direct work.
40. Practitioners will try to ensure children and young people strongly influence the direction of work undertaken with them.
41. Practitioners ensure children learn to say "No" and deliver *Keep Safe* work right from the start of their relationship with them.
42. Sheffield supports the whole family in the child's journey.
43. Sheffield agencies have exit strategies from the different levels of support and ensure children and young people's cases only close to social care when risk has sufficiently reduced.
44. Children and young people are involved in the development of CSE services through panels and one-to-one input. Sheffield children and young people also contribute to the consultation work of Office of the Children's Commissioner. Future thematic panels are planned.

Areas for development

Strategy, leadership and compliance

1. SSCB need to continue to provide those who serve on scrutiny and licensing panels with sufficient CSE awareness and knowledge to enable effective independent challenge and decision making.
2. SSCB need to ensure that all elected members, leaders and practitioners are aware of further CSE learning resources, including the National Working Group network.
3. SSCB and SSES to co-ordinate a portfolio and timetable for reports and bulletins to inform relevant audiences including the SSCB Operational and Executive Boards; Scrutiny; agencies and schools, of CSE activity.

Policy, process and systems

4. Education advisors to provide a specific CSE policy for all schools and other groups such as MAST, faith sector and voluntary agencies etc.
5. SSCB to provide an information-sharing factsheet and checklist to schools.
6. As part of the review of front door services, ensure closer alignment of the Sheffield Joint Investigation Team; social care and SSES and clarify terminology and pathways used.
7. Clinical supervision to be provided for SSES support workers.
8. Continuation of development of the CSE assessment tool, in particular looking at alternatives to scoring systems.
9. Clearer pathway to, and greater availability of, health services for those children and young people who are impacted by CSE.
10. Practitioners will be reminded of the purpose and interaction of the many single and multi-agency assessments used when working with children and young people.
11. Undertake a benchmark of investigation and prosecution statistics against other authorities.
12. Further improve effective recording:
 - a. CareFirst to be utilised as a central information system for recording of all CSE activity taking place for individual children and young people. Access at appropriate levels to be provided to those working with children and young people.
 - b. Rationalisation of information systems to reduce resource heavy data extraction for CSE profiling.
 - c. Record the ethnicity of all alleged offenders, to facilitate profiling.

CSE awareness and training

13. SSCB and educational advisors to provide a CSE training pathway for agencies and schools and to secure consistent high quality referrals.
14. SSCB and SSES, together with partners, to further develop CSE awareness in schools and all communities within Sheffield including ethnic minority communities, leveraging on available networks and resources.
15. Proactive availability of CSE awareness material in the main languages spoken in Sheffield to run alongside verbal messages.
16. Guidance to be provided to practitioners on the relevant powers, duties and toolkits to aid engagement with 16/ 17 year olds who refuse to engage and parents who do not perceive risk.

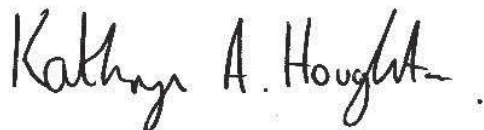
Conclusion

CSE has a devastating impact on the lives of children and young people, together with those of their families. Working with the communities of Sheffield, SSCB has a responsibility to ensure that they effectively handle CSE and continue to support those who have been subject to it. SSCB and partners will continue to prevent, protect, pursue and prosecute regardless of the gender or ethnicity of the perpetrator or victim. Sheffield has pioneered and commissioned services such as the SSES, opened in 2001, and has been recognised for good practice by Ofsted and HMIC.

The author of this overview report spent a number of weeks analysing evidence and working alongside some of those who are responsible for the strategic development and delivery of CSE services in Sheffield. The author gained a strong sense of seamless working together, partnership and joint ownership in dealing with CSE. Sheffield don't want to just comply with minimum standards, they want to excel in the service they deliver to children and young people. They are aware of their strengths and areas for development and take action where needed. As Sheffield are advanced in their CSE solution delivery, they are breaking new ground and overcoming barriers, which many other authorities have yet to realise.

Of particular note was that the work with children and young people around CSE spanned the spectrum of nationally-recognised thresholds and that prevention was extensively promoted across Sheffield. Practitioners are highly child and young person-focussed, including allowing, where possible, direct work to be guided by them. They innovate and source solutions to engage and help those impacted by CSE and develop trusting relationships, allowing the necessary time for this to happen. Those affected by CSE also help shape future services through consultation and national representation of their voice.

As a partnership, SSCB recognise that continuous learning is required to react to Sheffield's dynamic population and ever increasing evidenced based best practice in dealing with CSE. Sheffield City Councillors requested this assessment as part of their learning culture and SSCB have co-ordinated the response. Whilst recognising the strengths, SSCB and partners have already begun to address the areas for development identified in this assessment. Agencies will be working together to deliver on an action plan, whilst continuing to listen to those who have the strongest voice, that of the children and young people who have been impacted by CSE.



Dr Kathryn A. Houghton, Safer Outlook Consulting Ltd.
November 2014.

Glossary

ACPO	Association of Chief Police Officers
CAFCASS	Children and Family Court Advisory Service
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CE	Chief Executive
CEOP	Child Exploitation and Online Protection
CiN	Child In Need
CP	Child Protection
CPD	Continuous Professional Development
CSE	Child Sexual Exploitation
CYT	Community Youth Teams
DCS	Director of Children's Services
DfE	Department for Education
FCAF	Family Common Assessment Framework
HMIC	Her Majesty's Inspector of Constabulary
JIT	Joint Inspection Team (SCC & SYP)
LAC	Children in Care
LMCS	Lead Member for Children's Services
MAST	Multi-Agency Support Teams
NWG	National Working Group for Sexually Exploited Children
OCC	Office for Children's Commissioner
PACE	Parents against Child Sexual Exploitation
SCC	Sheffield City Council
SIF	Ofsted Single Inspection Framework
SSCB	Sheffield Safeguarding Children Board
SSES	Sheffield Sexual Exploitation Service
YJS	Youth Justice Services

Appendix A: Sheffield Sexual Exploitation Service

Sheffield Sexual Exploitation Service is a co-located, multi-agency service responsible for tackling child sexual exploitation in Sheffield. The service currently sits within Sheffield Futures – a young persons' charity. The service comprises of Sheffield Futures youth workers and administrative support staff, South Yorkshire Police officers and missing person's officers, Sheffield City Council social work staff and a Barnardos support worker. The service is managed by a Sheffield Futures Service Manager.

The service also works in partnership with the Sheffield Safeguarding Childrens Board, the NSPCC and the Community Youth Teams – who deliver preventative work to those young people identified as being at lower risk of exploitation. In 2013-14 the service has successfully implemented a new model of working aimed at better meeting the current needs of children and young people and the demands placed on child sexual exploitation services. This model was developed in response to learning from ACPO, Rochdale, OCC and other serious case reviews in respect of CSE. Again this reflects a culture in Sheffield of continuously reviewing service delivery.

During 2013-14 the service has successfully integrated social workers to carry out risk assessments on all referrals. A family intervention worker post has also been created within the service to help support parents/carers and the siblings of those young people referred to the service. The service has also successfully integrated the Barnardos support worker – who has added further resilience to the one-to-one provision the service can provide.

The service works to address sexual exploitation on four key principals; prevention, protection, pursuit and prosecution. The service works with partner agencies to prevent sexual exploitation by raising awareness of issues with professionals, businesses, communities and young people. Youth workers and social care staff from the service, alongside the police, are responsible for protecting young people who are identified as being, or at risk of being, sexually exploited.

In 2013-14 SSES received 213 referrals regarding young people at risk of CSE. This was a significant increase from 85 referrals in 2012-13, however this is in context of increased awareness of CSE due to high profile cases nationally and awareness raising training delivered by the Sheffield Safeguarding Children Board (SSCB) to over 1700 frontline staff, as well as nationally recognised work with hotel staff and taxi drivers to increase knowledge and reporting of CSE. Of those 213 cases referred to SSES 52 young people were identified as medium/high risk following assessment.

The service is victim-focused and supports young people from all communities, recent figures show that 69% of the service's referrals relate to White-British young people. The service is pleased that over 25% of young people referred are from BME backgrounds, which bucks national trends for under-reporting of CSE from these communities. The service does not currently record information on perpetrators but information relating the ethnicity of those perpetrators identified should be available from South Yorkshire Police. The service has responded to specific requests to engage communities with regard to CSE and has delivered awareness raising sessions in Fir Vale, Darnall and the city centre.

Sheffield has a longstanding commitment to tackling CSE. Historically the SSES has submitted itself for scrutiny from organisations such as CEOP, The Office of the

Children's Commissioner and the National Working Group on Child Sexual Exploitation (NWG) and has been seen as a pioneer service. The SSES was recently visited by the NWG who wrote a very positive blog on the service and the work carried out.

The SSES has been inspected by both Her Majesty's Inspectorate of Constabulary (HMIC) and OFSTED in the past twelve months with both inspections acknowledging the service's work and that of partner agencies. HMIC published the findings of an inspection into South Yorkshire Police's response to child sexual exploitation in November 2013. Within the report The Sheffield Sexual Exploitation Service was identified as a model of best practice with regard to partnership working.

"The multi-agency working arrangements within the Sheffield Sexual Exploitation Scheme were found to be thorough, and child-focused, and to provide good outcomes for children."

OFSTED reported:

"Children at risk of sexual exploitation are quickly identified. This is supported by a range of innovative work, for example with taxi drivers and hotel staff, to increase their awareness of children and young people who may be at risk of exploitation."

Appendix B

Sheffield Safeguarding Children Board

CSE Assessment - Young People's Panel Report

The CSE assessment panel when setting the terms of reference were keen to ensure that the voices of young people were clearly heard and formed an integral part of the process.

A focus group of young people will meet with the panel members to inform the review of the most effective means of agencies engaging, supporting and raising awareness with young people.

This was seen as an opportunity to have an open dialogue between strategic leaders from key organisations with responsibility for responding to Child Sexual Exploitation and a representative group of young people from across the city.

The young people were drawn from a range of participation groups across the city and had differing levels of knowledge and awareness about Child Sexual Exploitation. In preparation two awareness raising sessions were held, where they also had the opportunity to explore the findings from the Jay Report and compose questions that they wished to put to the panel.

On 20th November ten young people met with the CSE Review Panel and South Yorkshire Police representatives, comprising of;

- Sue Fiennes, Independent Chair of Sheffield Safeguarding Board
- Cllr Jackie Drayton, Lead Member for Children and Families
- Jayne Ludlam, Director of Children's Services
- Kevin Clifford, Chief Nurse, Clinical Commissioning Group
- Scott Green, Superintendent for Sheffield, South Yorkshire Police
- Jane Fidler, Detective Sergeant, Sexual Exploitation Team, South Yorkshire Police

The young people asked the panel the following questions:

Q. How are the police/CPS improving how they collect evidence to ensure they can prosecute perpetrators?

A. This first stance in these cases is the belief in what the victim is saying to us. There is a lot of work required to gather all the evidence and the police look for any corroborating evidence that supports the victim's disclosures. The police conduct rigorous interviews with the victim which isn't always easy especially with the complexities of CSE. Gaining the trust of the victim to make a disclosure can take time; there are many hurdles to overcome. The police work very closely with the CPS and provide them with the evidence files so they can make the decision about prosecution.

It's a team effort and other agencies also help in the gathering of information, like providing car registration numbers, names of contacts etc. There is always room for improvement and we learn lessons from previous investigations. We recognise that continuing work is required with the judiciary system to explain to barristers and judges the complexities of CSE.

Q. How are young people supported as victims and witnesses who provides this support and how is it accessed?

A. There is specialised support within the Sexual Exploitation Service (SSES) and within other agencies to provide the victims and witnesses with support. The police and other agencies work together to provide ongoing support. Where necessary therapeutic counselling can be provided.

Q Is there extra safeguarding in place within care homes in Sheffield to protect the most vulnerable?

A. Yes. We know that this group of young people can be vulnerable to sexual exploitation and that perpetrators may target children's homes. We make sure that all our foster carers and the staff in children's homes have specific training on CSE so that they can recognise the signs and indicators and know where to go to get support. There are also link police officers with all the children's homes and links with the Sexual Exploitation Service.

For children in our care we act as a corporate parent so we have responsibility to make sure they are protected, feel loved, cared and supported.

Q. What is the current conviction rate when CSE is disclosed?

A. The panel didn't have the figures available at the panel to answer this question but will provide the young people with the data.

We know that the figure is lower than we would like and CSE cases are difficult in court. We are working with the courts to increase the level of knowledge and understanding of juries, judges and barristers about the complexities of CSE. We are also trying to introduce expert evidence so that juries receive a better understanding of how a victim of CSE may behave.

Q. What are the demographics of the known perpetrators and victims?

A. Recent national research tells us that 70-75% of victims are female, although there has been a recent increase in male victims coming forward. 75% of victims reported are White British but we know that there is an under-reporting nationally of victims from BME backgrounds. In Sheffield however, we have had some success in victims from the Asian and Eastern European community coming forward. Again national research tells us that perpetrators are predominantly White British with 29% coming from an Asian background

Q. What training around CSE are professionals getting? Police, Social workers, Teachers etc?

A. Last year 1700 professionals received CSE awareness raising in Sheffield, this included social workers, foster carers, children's home's workers, police, and health workers. This looked at how professionals would recognise the signs and indicators, and how to refer. Workers like teachers also get this as part of their safeguarding training. We know from a staff survey that professionals want to know more about this – they want to learn and become more aware. For some staff like in health and the police this is mandatory training, they have to do this.

If a group of workers in an organisation had not undertaken CSE training we would be aware of this and would take this up with that organisation to offer them training.

In Sheffield we have also done training with the licensed trade, like hotels and taxi drivers, so that they can recognise the signs and report concerns.

Q. Are PCSO/Police officers still based or connected to schools? Do you think this would benefit the school and the young people?

A. Yes, junior schools all have a linked PCSO. For secondary schools we have linked Children and Young People Officers who are located with the Community Youth Teams. Despite funding issues for the police this is seen as an important role so they will remain in post. Although their role in CSE is important this also allows engagement between the police and young people.

Q. CSE is serious organised crime. How is Sheffield going to carry on funding all this work?

A. All partner agencies and Sheffield Safeguarding Children Board are committed to tackling CSE and funding the Sexual Exploitation Service. Over the last year additional funding has been provided to the service. We are all facing funding cuts but we will definitely continue this level of investment. We may have to look at different ways of working, for example providing additional resources rather than finances. We may see an increase in demand as there is further awareness of CSE so we would have to ask partners for an additional investment of funding or resources.

Q. Could we have more CCTV around particular areas- are there 'hotspots' in Sheffield?

A. CCTV is useful but only forms part of the story, cannot prove a crime but the police use it as part of the evidence. Sheffield City Council controls the CCTV cameras for the city. The panel felt that there were already an adequate number of cameras across the city.

Q. What work is being done with all communities to raise awareness of CSE in particular hard to reach communities?

A. Sheffield has a diverse community with 34% of children entering our schools, at reception, from BME communities. Our aim is to work with the communities to educate and raise awareness in the same way the Safeguarding Children Board has recently worked with the Madrasahs to raise awareness about the use of physical chastisement and discipline.

Q. Is there any work being done to educate the perpetrators?

A. For adult offenders this would be undertaken by the Probation services. There is a growing awareness nationally about peer on peer abuse and in Sheffield we have a dedicated Sexually Harmful Behaviour (SHB) team that works with young people who have been identified as having committed or being at risk of committing SHB. They provide intensive therapeutic support to young people and their families. In addition the police officers located in the Community Youth Teams are currently going into schools to warn young people of the dangers of sexting.

As a society we need to address the position of young women and how they are viewed. There is a need to educate young people that we all deserve respect and a challenge to how the images of young women are presented.

Q. What is the role of the Safeguarding Children Board in holding other agencies to account?

A. As part of the CSE review the Safeguarding Children Board undertook a self-assessment with board partners and schools. There was a good response rate, with all board partners responding. If we had had a poor return rate we would have pursued this and taken action. Partners on the safeguarding board hold each other to account and it is important that we have an independent chair who is well respected. It is about strong challenge, holding services to account to ensure things change.

Unfortunately, because of the quality of the discussion there was not enough time for the panel to put their questions to the young people. Further discussions and focus groups are being planned to look at:

- Educate – Who should we educate about CSE, where, at what age, and who should lead this, what are your views on peer educators.
- Campaign – If we were to run a successful campaign to raise awareness of CSE with young people how we go about this, what form would it take – posters, phone apps, social media.
- Digital technology – This can be a very positive influence but we also know about the dangers of online grooming, sexting etc – how do we protect young people when they use digital technology.

Appendix C:

How is Sheffield responding to the Jay recommendations?

Recommendation 1: Senior managers should ensure that there are up-to-date risk assessments on all children affected by CSE. These should be of consistently high quality and clearly recorded on the child's file.

Informed by evidenced-based best practice, SSCB and partners continually develop the CSE risk assessment tool for all children and young people affected by CSE. This ensures a foundation for high quality work. CSE assessments are completed by dedicated SSES social workers, enabling consistency and quality. SSES provides support and guidance to those supplying information into the assessment, to ensure they fully assess risk. SSES now operate regular quality assurance audits to ensure expected high standards are being met and act on any findings.

Completed risk assessments are recorded on the child's file in CareFirst (social care's recording system) and SSES triage completed risk assessments in regular multi-agency meetings. In September 2014, SSES introduced a more effective method of recording assessments on both Police information systems and CareFirst. This allows SSES to more easily monitor changes in the level of risk for each case and keep assessments up-to-date.

Recommendation 2: The numeric scoring tool should be kept under review. Professional judgements about risk should be clearly recorded where these are not adequately captured by the numeric tool.

SSCB and partners have shared Alexis Jay's concerns regarding the numerical scoring system since inception of the risk assessment tool. They have taken part in review of the South Yorkshire risk assessment tool and contributed to its redesign. The assessment is regularly discussed at the South Yorkshire CSE forum and in September 2013, the numeric scoring system was changed. In SSES triage meetings, professional judgement is assessed alongside scores and recorded.

Recommendation 3: Managers should develop a more strategic approach to protecting looked after children who are sexually exploited. This must include the use of out-of-area placements. The Borough should work with other authorities to minimise the risks of sexual exploitation to all children, including those living in placements where they may become exposed to CSE. The strategy should include improved arrangements for supporting children in out-of-area placements when they require leaving care services.

Sheffield have carried out significant work to protect looked after children who are at risk, or have been subject to CSE. As a responsible Corporate Parent, they have utilised learning from previous sexual exploitation cases, including Operation Alphabet. SCC, therefore, only place children out-of-area after they have considered other options and factor in the potential risk of isolating that young person from the good

support networks they offer in Sheffield. SSES have link officers with every children's home in Sheffield. Staff working in these establishments, foster carers and the Virtual School have received CSE awareness training. SCC will continue to use secure placements when this is appropriate and only after careful consideration.

SSCB and SCC work closely with neighbouring and other local authorities, including submitting a joint bid for a "hub and spoke" project which will share good practice in dealing with CSE. Sheffield awaits the outcome of several funding applications including one to the DfE Social Care Innovation Fund in which they propose to develop specialist foster carers, who can work with children and young people both at crisis points and through longer term therapeutic placements. There will also be further development of the wrap around support for young people, including those in care.

All young people who qualify for the leaving care service and are placed out of area have a designated personal advisor to the age of 21+. They will engage them in appropriate services wherever they are living, this will include CSE services where appropriate. Local leaving care services offer different levels of support. SCC ensure the receiving local authority is made aware that a care leaver from Sheffield is living in their locality and advocate for them in receiving their local services. If the young person wishes to return to Sheffield, they provide support in this transition.

Recommendation 4: The Council should make every effort to make help reach out to victims of CSE who are not yet in touch with services. In particular, it should make every effort to restore open access and outreach work with children affected by CSE to the level previously provided by Risky Business.

One of the four principles of the work carried out by SSES is prevention. In partnership, SSES offer support to children and young people at a lower risk of being exploited and those who have the potential for being at higher risk. This support includes CSE Champions within CYTs, who deliver individual and targeted group work. Additionally, outreach work includes the Vulnerability Project, a street based intervention led by CYT and co-delivered by multi-agency partners to vulnerable young people; referring and signposting them to services where appropriate. NSPCC and Barnardos also deliver commissioned services as part of the CSE programme. The SSCB directory for sexual exploitation services illustrates the spectrum of agencies; faith and voluntary sector partners reaching out across Sheffield to children and young people.

Sheffield recognise a need to continue to engage and reach those who have not yet engaged with services, including those new to the city and those who, through communication barriers including language and literacy, may need additional support to access services. SSCB are seeking additional funding to provide additional CSE awareness to pupils via schools.

Recommendation 5: The remit and responsibilities of the joint CSE team should be urgently decided and communicated to all concerned in a way that leaves no room for doubt.

SSES has clearly defined roles and responsibilities. The recent training delivered to over 1700 practitioners has reinforced their knowledge of SSES's remit. They plan further awareness raising within the voluntary, faith and community sectors and continual refresher communication programmes to all practitioners.

Recommendation 6: Agencies should commit to introducing a single manager for the multi-agency CSE team. This should be implemented as quickly as possible.

SSES has been overseen by a single manager since 2012. The post is part-funded by Sheffield Futures and the SSCB.

Recommendation 7: The Council, together with the Police, should review the social care resources available to the CSE team, and make sure these are consistent with the need and demand for services.

As a result of the CSE awareness campaign delivered in Sheffield, referrals to the SSES have increased significantly, leading to an increase in demand both within SSES and across partner agencies. SSES and SSCB are carefully monitoring the demands on services and ensuring that resources are effectively targeted. Recently SSES made the two social worker posts permanent positions. SSCB holds all agencies to account through governance structures, one of which specifically targets CSE and regularly reports back to both the SSCB Operational and Executive Boards. The Council and Police are panel members on SSCB and associated sub-groups and work together closely to monitor the resources available to meet demand.

SSCB and partners proactively look to other funding sources by bidding for national and locally available grants and awards. Sheffield have been successful in this, bringing additional resource to deal with CSE, benefitting children and young people. Working closely with the voluntary and community sector helps target need assessed commissioned and non-commissioned services. Sheffield also share initiatives and best practice with other local authorities, thereby leveraging resources.

Recommendation 8: Wider children's social care, the CSE team and integrated youth and support services should work better together to ensure that children affected by CSE are well supported and offered an appropriate range of preventive services.

The work which SSES has carried out with Children Youth Teams (CYT) highlights the positive impact partnership working can have in terms of tackling CSE. Following risk assessments by SSES and after low level intervention, SSES have measured a successful impact by the small numbers of re-referrals. Joint working is driven by procedure and protocol, clearly defining roles and responsibilities. In the summer of 2014

SSES and CYT delivered work in a school to a vulnerable group of newly arrived pupils and has previously worked in other parts of Sheffield, to deliver group work to vulnerable young women as a community based-youth club. SSES are refreshing social care workers' understanding of SSES's remit to ensure all are clear on statutory requirements and interfaces.

Recommendation 9: All services should recognise that once a child is affected by CSE, he or she is likely to require support and therapeutic intervention for an extended period of time. Children should not be offered short-term intervention only, and cases should not be closed prematurely.

The case reviews which formed part of this assessment strongly illustrate that children and young people affected by CSE can take time to disclose and demonstrate impact from services provided. Furthermore, the case reviews showed that Sheffield provide sustained input, until the risk has reduced. When risk has reduced to a safe level there are planned case closures with exit strategies, including gradual step-down of support and appropriate referrals to other services. Children and young people stay connected to services, as long as there is identified need and Sheffield work to their timescales.

SSCB and partners recognise a shortage in counselling services that are appropriate to those who have been subject to CSE. The Social Care Innovation Fund bid aims to provide resources to train members of SSES to deliver therapeutic work which will assist, but not completely bridge this gap. SSCB are looking to secure funding with the Adult Safeguarding Board with a view to providing additional support for vulnerable young people making the transition to adulthood. Operation Alphabet highlighted the need for more awareness of the long term effects of CSE into adulthood.

Recommendation 10: The Safeguarding Board, through the CSE sub-group, should work with local agencies, including health, to secure the delivery of post-abuse support services.

CSE has a devastating impact on the lives of children and young people. Reducing the impact of CSE on children and young people is central to the CSE strategy in Sheffield. The SSCB Operational Board; SSCB Executive Board and CSE sub-groups are both attended by representatives from health. This enables cross-agency discussions with health services regarding resources being allocated to SSES and services provided to children and young people to deal with CSE and its impact. Sheffield have recognised a need to ensure those subject to CSE have access to mental health provision into adulthood and SSCB are working with the Adult Safeguarding Board to help secure this.

There is a need to develop a clearer pathway to health services for those children and young people who are impacted by CSE. This includes routes into CAMHS and other mental health services.

Recommendation 11: All agencies should continue to resource, and strengthen, the quality assurance work currently underway under the auspices of the Safeguarding Board.

SSES reports to the SSCB operational board and executive meetings, providing quarterly reports detailing the activity of the service, as well as an annual report. As part of the quality assurance framework, SSCB monitor the effectiveness of the CSE strategic delivery of services. Multi-agency CSE themed audits inform SSCB of what is working well and highlight points for professionals to consider when continually improving CSE services. Individual agencies undertake CSE thematic audits with key lessons being incorporated into the CSE sub-group quality assurance activity. Lessons from Serious Case Reviews and significant events such as Operation Alphabet are reviewed and disseminated to professionals with the assistance of SSES.

In addition to this CSE assessment, which included an SSCB self-assessment, SSCB has responded to the NWG Network benchmark questionnaire. In June 2014 SSCB also responded to the Office of the Children's Commissioner's questionnaire which looked at how Sheffield had responded to their *Recognition and Telling* (2013) report. All of these responses provide additional quality assurance and benchmarking.

Recommendation 12: There should be more direct and more frequent engagement by the Council and also the Safeguarding Board with women and men from minority ethnic communities on the issue of CSE and other forms of abuse.

SSCB and SCC believe it is important to deliver CSE awareness to all of the Sheffield community, regardless of gender or ethnic group. Children and young people who have been subject to CSE and those that have offended in Sheffield are represented across a number of ethnic groups. Nonetheless, there are some minority ethnic communities and geographic areas in Sheffield where CSE awareness can be more effectively targeted. Indeed, SSES has begun a programme of CSE awareness raising sessions within different geographic communities. Previously, CSE awareness work has been carried out with mosques across Sheffield by South Yorkshire Police's community engagement officers. SSES has engaged with the *Community Cohesion Strategy* and CYT management recognised leverage of resources and structures for multiple community engagement. Sheffield street champions and community Police are also raising CSE awareness and some are learning basic skills in languages other than English.

SSCB has already identified two community groups that could provide effective messages to Asian women and plans are in place to work with them. SSCB plan to increase engagement with the newly arrived community, utilising existing programmes. SSES has also recently delivered a CSE awareness session to a group of young Asian men.

SSCB and partners actively seek any opportunity to raise awareness leveraging from current community programmes, gateways and through schools. Indeed, their aim is to further utilise the resources in school to communicate with both pupils and their families.

Recommendation 13: The Safeguarding Board should address the under-reporting of sexual exploitation and abuse in minority ethnic communities.

CSE data analysis for a number of years has demonstrated that Sheffield continues to buck the national trend of under-reporting of CSE in minority ethnic groups.

SSES intends to continue its work to highlight the vulnerability of children and young people from all backgrounds, including those from minority ethnic communities. The work addressed under this recommendation will further support the drive to ensure that vulnerable young people from minority ethnic communities continue to be identified and protected.

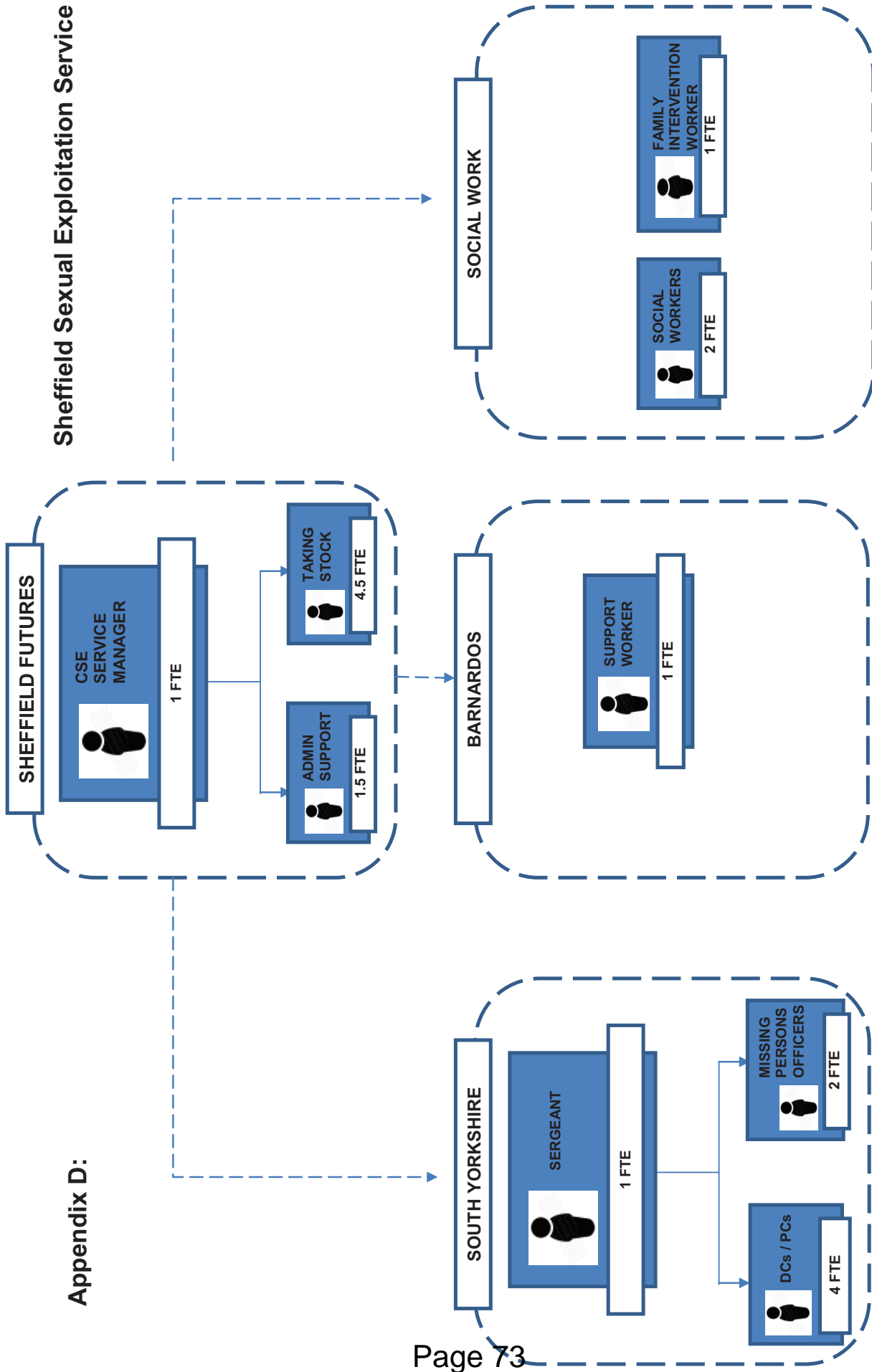
Recommendation 14: The issue of race should be tackled as an absolute priority if it is a significant factor in the criminal activity of organised child sexual abuse in the Borough.

The SSES and Police have introduced new data collation to ensure that they capture key demographics of alleged and convicted CSE perpetrators. Whilst the service recognises the need to identify if ethnicity is a significant factor, in order that work can be undertaken within specific communities as detailed under recommendations 12 and 13, Sheffield feel that all perpetrators should be dealt with and prosecuted, regardless of their background. This should be done within the best interests of the child or young person.

Recommendation 15: We recommend to the Department of Education that the guiding principle on redactions in Serious Case Reviews must be that the welfare of any children involved is paramount.

This is a recommendation for the DfE.

Sheffield Sexual Exploitation Service



Appendix D:

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Cabinet Report

Report of:	Laraine Manley – Executive Director - Communities
Report to:	Cabinet
Date:	17 th December 2014
Subject:	Commissioning Strategy for services for people with a learning disability and their families
Author of Report:	Barbara Carlisle, 273 5439
Key Decision:	YES
Reason Key Decision:	Expenditure/savings over £500,000 Affects 2 or more wards

Summary:

Sheffield is committed to improving the range and quality of care and support for local people with a learning disability. The Commissioning Strategy for services for people with a learning disability and their families sets out our vision for developing local services for adults with a learning disability over the next three to five years.

The number of adults with a learning disability has been increasing year on year and their needs are becoming more diverse and complex. More children with major disabilities are surviving into adulthood and more disabled adults are living into older age. As a result, the number of people with a learning disability accessing Adult Social Care services has increased by around 4% a year over the last ten years.

People now have higher expectations, want more choice and control, and good quality personalised support. However, some local services are out of date, expensive, and need to change if we are to meet these expectations.

The Council has faced several years of austerity as a result of Government cuts to its budget. Despite this, the budget for services for people with a learning disability has increased year on year over the last five years. In addition, benchmarking information indicates that some key services are in the highest quartile of costs in England. This position is unsustainable.

We need to respond to opportunities and requirements presented by new national policy, legislation and guidance.

We need more diverse services to ensure real choice. We need to make sure support builds individual, family and community resilience and reduces people's dependency on social care as the only form of support. We need adult social care services in all sectors to provide best value for Sheffield people. We also need to send out clear messages to providers in the city so that they can think creatively about solutions that will help respond to the challenges we are facing.

However, to date, Sheffield has not had a commissioning strategy for learning disability services that sets out the issues and gives clear direction for development and improvement.

The Commissioning Strategy reflects our Market Position Statement. It builds on work already in place to improve learning disability services in Sheffield, and proposes significant changes in the way services will be commissioned and provided over the next three to five years.

We have consulted on a draft Learning Disabilities Commissioning Strategy and have taken the feedback into account in writing the final strategy. Detailed commissioning plans for specific services will be developed following adoption of this strategy.

Reasons for Recommendations:

To enable the Council to set a clear vision for development of services for people with a learning disability in Sheffield. It will provide:

- The medium to long term context for detailed commissioning plans
- A clear statement of direction to key strategic partners to inform joint and integrated approaches.
- A clear statement of direction to service providers in Sheffield to help inform their own business planning.

Recommendations:

That Cabinet :

1. Approves the Learning Disabilities Commissioning Strategy attached as an appendix to this report as a statement of the Council's vision for the development of care and support services to adults with a learning disability and their families.
2. Authorises the Director of Commissioning to develop the commissioning plans that take forward the intentions and approach set out in the strategy.
3. Authorises officers to ensure an integrated, whole system approach towards people with a learning disability.
4. Authorises the Director of Commissioning to take a joint or integrated commissioning approach with the Children, Young People and Families Portfolio (CYPF) and the Clinical Commissioning Group (CCG).
5. Notes that implementation of commissioning plans and joint or integrated commissioning approaches will be reported for approval in accordance with the Leader's Scheme of Delegation.

Background Papers: Learning Disabilities Commissioning Strategy; Equality Impact Assessment; Consultation Report

Category of Report: **OPEN**

Statutory and Council Policy Checklist

Financial Implications
YES Cleared by: Hayley Dolling
Legal Implications
YES Cleared by: Andrea Simpson
Equality of Opportunity Implications
YES Cleared by: Phil Reid
Tackling Health Inequalities Implications
YES
Human Rights Implications
NO
Environmental and Sustainability implications
NO
Economic Impact
NO
Community Safety Implications
NO
Human Resources Implications
NO
Property Implications
NO
Area(s) Affected
All
Relevant Cabinet Portfolio Lead
Health, Care and Independent Living
Relevant Scrutiny Committee
Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
Is the item a matter which is reserved for approval by the City Council?
NO
Press Release
NO

REPORT TO CABINET

Learning Disabilities Commissioning Strategy

1.0 SUMMARY

- 1.1 Sheffield is committed to improving the range and quality of care and support for local people with a learning disability. The Commissioning Strategy for services for people with a learning disability and their families sets out our vision for developing local services over the next three to five years.
- 1.2 The number of adults with a learning disability has been increasing year on year and their needs are becoming more diverse and complex. More children with major disabilities are surviving into adulthood and more disabled adults are living into older age. As a result, the number of people with a learning disability accessing Adult Social Care services has increased by around 4% a year over the last ten years.
- 1.3 People now have higher expectations, want more choice and control, and good quality personalised support. However, some local services are out of date, expensive, and need to change if we are to meet these expectations.
- 1.4 The Council has faced several years of austerity as a result of Government cuts to its budget. Despite this, the budget for services for people with a learning disability has increased year on year over the last five years. In addition, benchmarking information indicates that some key services are in the highest quartile of costs in England. This position is unsustainable.
- 1.5 We need to respond to the opportunities and requirements presented by new national policy, legislation and guidance.
- 1.6 We need more diverse services to ensure real choice. We need to make sure support builds individual, family and community resilience and reduces people's dependency on social care as the only form of support. We need adult social care services in all sectors to provide best value for Sheffield people. We also need to send out clear messages to providers in the city so that they can think creatively about solutions that will help respond to the challenges we are facing.
- 1.7 However, to date, Sheffield has not had a commissioning strategy for learning disability services that sets out the issues and gives clear direction for development and improvement.
- 1.8 The Commissioning Strategy reflects our Market Position Statement. It builds on work already in place to improve learning disability services in Sheffield, and proposes significant changes in the way services will be commissioned and provided over the next three to five years.

- 1.9 We have consulted on a draft Learning Disabilities Commissioning Strategy and have taken the feedback into account in writing the final strategy.
- 1.10 Detailed commissioning plans for specific services will be developed following adoption of this strategy.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

2.1 Our vision is that in four years' time:

- All services will provide high quality care and support to people with a learning disability and their families.
- Services will actively promote people's wellbeing, helping them have a good life and be as independent, healthy and well as possible.
- Local support services will be more diverse so all people with a learning disability in Sheffield, whatever their age, background, or level of need, will have more choice in their support.
- Social inclusion will be promoted throughout everything we do. More people with learning disabilities will be doing more within their community. Support will build on resources in the community, tackle barriers to social inclusion and reduce dependence on social care services alone. We will have stimulated creative and innovative ways to make this happen.
- More people with learning disabilities will be in paid work and volunteering opportunities, working alongside the rest of the community.
- There will be major improvements in the support for family carers, improving the support available to carers in their own right, and making life better for people with learning disabilities who live in the family home.
- There will be major improvements in local accommodation and support for people who live away from their families. Housing will be high quality and the support will promote people's independence and wellbeing and will offer dignity and privacy.
- Fewer people with a learning disability will live out of the city, and people who need and want to return will have been helped to do so.
- Sheffield will have moved away from traditional or institutional forms of support and will focus on support which is personalised, flexible and meets people's individual needs.
- Services will help people work together and pool their personal funds so they can share their support and sustain meaningful and rewarding relationships.
- There will be more coordinated information about services and support across all relevant agencies.
- The transition for young people with a learning disability to

adulthood will be positive.

- There will be strong partnerships between the Communities Portfolio, Children, Young People and Families Portfolio, Place Portfolio and NHS partners to make sure support is joined up.
- All services will provide best value for Sheffield people.
- In four years' time people will say they have been fully included and involved in the planning and implementation of changes.

3.0 OUTCOME AND SUSTAINABILITY

- 3.1 The strategy takes into account the current and future needs of local people with a learning disability and their families, and the resources available to meet these needs.
- 3.2 Its aim is that all services will be good quality, personalised and flexible, so that they meet people's needs now, and can adapt to people's needs and expectations as and when they change.
- 3.3 It also seeks to make sure that all services will provide best value and contribute to a sustainable budget.

4.0 MAIN BODY OF THE REPORT

- 4.1 The Commissioning Strategy sets out our broad vision and intentions. There is a need for considerable change and development across services for people with a learning disability in Sheffield. Following adoption of the strategy we will develop proposals which will be set out in detailed commissioning plans for specific areas of service. We will consult and engage on these before developing final implementation plans. The strategy is based on an analysis of:

- What people with a learning disability and their families have told us over time and in the recent consultation on the Commissioning Strategy.
- The needs and numbers of local people with a Learning Disability and their families, how these have changed over recent years, and how we expect them to change in the future.
- The financial resources available to us now and in the future.
- The current market of services, the gaps, strengths and priorities for development.
- The implications of policy and legislation, in particular:
 - The Care Act 2014
 - The Children and Families Act 2014
 - The Winterbourne Concordat and Winterbourne View – Time for Change
 - Sheffield's Health and Wellbeing Strategy
 - Sheffield's plan for integrated commissioning of health and

social care.

4.2 The strategy is based on the needs of people with a learning disability and their carers now and in the future. This analysis is underpinned by what people have told us in the past and through the recent consultation exercise. The development of services will be based on clear market principles, which are, in summary:

- Services will be underpinned by principles of best value.
- Services will be diverse, of consistent good quality, and delivered in the most appropriate sector of the market.
- The majority of services will be purchased on an individual basis to support choice and flexibility. Large block purchased arrangements will be tapered to individually purchased arrangements.

4.3 We consulted on a draft Commissioning Strategy for services for people with a learning disability and their families between September and November 2014. A summary of the consultation feedback has been included in the final strategy. The detailed findings of the consultation are appended to this report. The consultation has greatly added value to the strategy and enriched the evidence base. Feedback from the consultation was broadly supportive of the direction expressed in the draft strategy. However, additional issues were raised, and there was a need to change the emphasis in places. The feedback has been fully taken into account in the final strategy. Key changes include:

- A stronger emphasis on a whole person approach through partnership and whole system working
- Employment has become a higher priority
- A change in emphasis to clarify that there is no expectation on family carers that they should continue caring for disabled relatives at home
- Ensuring specific support for people to take up community and social activities, particularly in the evenings and weekends, and help them to overcome barriers to achieving this
- A new section about helping people to do things together by pooling their personal funds – taking a collective approach to procuring activities
- Diversity of provision will be developed to reflect current and future needs, including the retention of some building based services, which will be remodelled to be more innovative and diverse
- A change of emphasis to the strategy to clarify that the implementation of change will be managed sensitively and within a realistic timeframe.
- Additional detail to reflect feedback on people's access to paid work and inclusion in community life, and barriers that people face
- A change in emphasis to reflect the increasing diversity of people's need, which requires a personalised approach rather than single approaches

- In a period of change, a stronger emphasis on advocacy is required in order to support people to make choices and engage in planning and managing the change and this is now reflected in the strategy.
- Greater emphasis on arrangements for quality assurance have been incorporated.

4.4 We recognise that change can be unsettling for people and we are committed to engaging with people throughout the process. Where we propose changes to specific services we will have further detailed engagement and consultation with all the people whose lives will be affected by specific plans to make sure these plans are right.

The key elements of what we propose to do are:

4.5 **Improve social inclusion**

In all our developments we will help improve wellbeing through major improvements to the social inclusion of people with a learning disability in community life in Sheffield. Community and universal services will be as inclusive as possible, and play a major part in promoting people's independence, safety and wellbeing.

4.6 **Better access to paid employment and volunteering**

More people with a learning disability will have paid employment in Sheffield. We will improve access to volunteering activities which give people a real opportunity to contribute to the community and help move them closer to paid employment.

4.7 **Better support for family carers**

We will make major improvements to the support available to family carers, so that people are able to live well in the family home and have a good life in their communities, if this is what they would like to do. This will include timely information and advice, emotional and practical support, and short breaks.

4.8 **More choice in day time opportunities**

We will widen the current offer so there is much more choice in day time opportunities. We will improve opportunities for people with learning disabilities to engage in social and learning activities which are purposeful, leading to increased access to the wider community and opportunities to make friends and enjoy social activities.

4.9 **More choice in short breaks services**

We will widen the current offer so there is much more choice in short breaks services. This will include different opportunities for a short break, such as activity based breaks or 'sitting' services. We will retain some building based services especially for people with complex needs.

4.10 **Moving away from traditional blocks of service**

We want to move away from block arrangements where appropriate, so

that more services can be as personalised and flexible as possible and so our money is not tied up with 'pre-purchased' services.

4.11 Increasing Adult Placement Shared Lives

- We will increase the number of families registered with Adult Placement Shared Lives who provide befriending, day time opportunities and short breaks.
- We will double the number of families registered with Adult Placement Shared Lives who provide long term Shared Lives support.

4.12 A new accommodation commissioning plan for people with a learning disability

We will implement a new Learning Disabilities Accommodation Commissioning Plan. This will be developed with Children, Young People and Families, Housing and NHS partners. It will set out our vision for accommodation and support, and how we will improve the range, quality and accessibility of housing options available.

4.13 Improving accommodation and support for people with lower level needs.

We will work through the Homes and Communities Agency bidding process to develop new build accommodation, and work with Council Housing and Registered Private Providers of Social Housing to develop new housing networks and other supported accommodation opportunities.

4.14 Implementing the new supported living framework

We will implement the new supported living framework for all supported living services in the city. This change is already taking place.

4.15 Achieving best value in higher cost accommodation and support services

We will review high cost Independent Sector residential care and supported living services funded by the Council and/or through Continuing Healthcare. Where necessary we will take action to improve quality and achieve best value.

4.16 Quality

We will work closely with people with a learning disability, their families and advocates to make sure their outcomes and aspirations are being met by service providers. We will also make sure all service providers work closely with people who use services and family carers to continuously improve their services.

4.17 Joint and integrated approaches to future work

It has become particularly clear throughout the consultation period that

there is significant benefit to be gained from whole service and all age approaches, where joint or integrated approaches, leading to integrated service provision will be mutually beneficial to customers of all partners.

This includes:

- Children, Young People and Families Portfolio
- Public Health
- Regeneration and Development Services
- Housing and Neighbourhood Services
- The Clinical Commissioning Group (including the Continuing Healthcare assessment teams)
- CCG funded clinical support teams.

4.18 **Legal implications**

The Commissioning Strategy is set within the context of relevant legislation including the Care Act 2014 and the Children and Families Act 2014.

The Council has a duty under section 149 of the Equality Act 2010 (the public sector equality duty) in the exercise of its functions to have regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; .
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; .
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. .

This duty has been taken into account in drawing up the draft strategy and in carrying out consultation. Regard has been had to the responses to the consultation in finalising the strategy.

The Council does not have a statutory duty to produce a Learning Disabilities Commissioning Strategy and there are no legal implications arising directly from this report or the Strategy. Statutory guidance has been produced under the Care Act 2014 in respect of commissioning plans and this will be considered when drafting those plans. Any legal implications arising from the implementation of any commissioning plans under the strategy will be considered when they are reported for approval in accordance with the Leader's Scheme of Delegation.

4.19 **Financial implications**

The Commissioning Strategy aims make a significant contribution to helping the Council to meet its financial objectives. Implementation of commissioning plans under the strategy will have specific financial implications. Consideration will need to be given to those implications at the appropriate stage. All commissioning plans will be developed with the Finance Service's Business Partners.

4.20 **Equalities implications**

An EIA was produced for the consultation on the draft Commissioning Strategy. This has been reviewed and updated for the final Commissioning Strategy and is attached as an appendix to this report.

The consultation with learning disabled people was very much led by people themselves. Sometimes, due to people having very complex needs and behaviour, approaches and conversations were adapted to be suitable and appropriate for the particular individual and contributions were short and more limited. However, at every session valuable insight was gained from the people who participated.

The consultation revealed a widely-held view that people with complex needs require specialist support, including support in a building (e.g. day opportunities or short breaks services).

Whilst many carers supported the priority of improving support for people who live in the family home and for their family carers, others stressed that for many people, a move to live away from the family home was a positive option.

Some Asian family carers felt that some provision in the city was not culturally appropriate. This included a preference for single gender services.

5.0 **ALTERNATIVE OPTIONS CONSIDERED**

- 5.1 We face a range of opportunities and challenges both in the present and future. To do nothing is not an option. We require a clear Commissioning Strategy to inform our plans, to manage change sensitively and effectively, and to provide a firm foundation for partnership working.

6.0 **REASONS FOR RECOMMENDATIONS**

- 6.1 To enable the Council to set a clear vision for development of services for people with a learning disability in Sheffield. It will provide:
- The medium to long term context for detailed commissioning plans
 - A clear statement of direction to key strategic partners to inform joint and integrated approaches.
 - A clear statement of direction to service providers in Sheffield to help inform their own business planning.

7.0 RECOMMENDATIONS

That Cabinet :

- 7.1 Approves the Learning Disabilities Commissioning Strategy attached as an appendix to this report as a statement of the Council's vision for the development of care and support services to adults with a learning disability and their families.
- 7.2 Authorises the Director of Commissioning to develop the commissioning plans that take forward the intentions and approach set out in the strategy.
- 7.3 Authorises officers to ensure an integrated, whole system approach towards people with a learning disability.
- 7.4 Authorises the Director of Commissioning to take a joint or integrated commissioning approach with the Children, Young People and Families Portfolio (CYPF) and the Clinical Commissioning Group (CCG).
- 7.5 Notes that implementation of commissioning plans and joint or integrated commissioning approaches will be reported for approval in accordance with the Leader's Scheme of Delegation.

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Job Title: Head of Strategic Commissioning and Partnership

Date: 05 December 2014

Sheffield City Council

Commissioning Strategy for services for people with a learning disability and their families

2015 - 2018



Commissioning Strategy for services for people with a learning disability and their families

Foreword

I am pleased to introduce you to our Learning Disabilities Commissioning Strategy.

We want to make a positive difference to the lives of people with a learning disability and their families in Sheffield. This strategy describes the changes and improvements we plan to make to care and support services in Sheffield. These changes are based on what people have told us, what we know about the needs of local people with a learning disability and their families, the challenges we face, and the opportunities we have identified to help make things better.

Between September and November 2014 we consulted on our draft strategy. We engaged with people with learning disabilities, their families, carers, care professionals and other stakeholders to help shape our ideas. The feedback has been taken into account in this final version of the strategy, which was approved by the Council's Cabinet in December 2014.

Now we have produced this final strategy, we will develop detailed commissioning plans for specific changes and consult on them. For example, where the commissioning plans recommend changes to specific services, we will consult with users of those services on these changes. We want change across the whole system, and for people of all ages with a learning disability. We will develop these plans with our partners across the Council and in the NHS, including working together with the Children Young People and Families Portfolio.

Cllr Mary Lea – Cabinet Member for Health, Care and Independent Living

1. Introduction

The needs of people with a learning disability are changing and becoming more diverse. People have higher expectations of an independent life in their community, and want more control over their lives with good quality support built around their individual needs.

At the same time we face significant challenges. Some local services are out of date, expensive, and need to change if we are to meet people's expectations for the future. Other services, including some housing options, are poor quality and need improving. In the past some people have had to leave Sheffield to access the services they need. We need to make sure this no longer happens, that all support is provided locally and that people who live away from Sheffield can return if that is what they want.

The Council faces severe financial pressures. People are anxious about the impact this might have on their own care and support: there is a need to make sure services provide the best value so people can get the most from the available resources. We need a more diverse range of good quality care and support services to meet people's highly individual needs and ensure real choice. We also need culture and practice to change so that support builds on individual, family and community resources and reduces people's dependency on social care services as the only form of support. And we need strong partnerships to make

sure the 'whole system' helps people with a learning disability and their families stay independent, healthy and well, and fully included in community life.

This Commissioning Strategy responds to these challenges. It builds on work already in place to improve learning disability services in Sheffield, and proposes significant changes in the way services will be commissioned and provided in the future.

2. Vision

Our vision is that in four years' time:

- All services will provide high quality care and support to people with a learning disability and their families.
- Services will actively promote people's wellbeing, helping them have a good life and be as independent, healthy and well as possible.
- Local support services will be more diverse so all people with a learning disability in Sheffield, whatever their age, background, or level of need, will have more choice in their support.
- Social inclusion will be promoted throughout everything we do. More people with learning disabilities will be doing more within their community. Support will build on resources in the community, tackle barriers to social inclusion and reduce dependence on social care services alone. We will have stimulated creative and innovative ways to make this happen.
- More people with learning disabilities will be in paid work and volunteering opportunities, working alongside the rest of the community.
- There will be major improvements in the support for family carers, improving the support available to carers in their own right, and making life better for people with learning disabilities who live in the family home.
- There will be major improvements in local accommodation and support for people who live away from their families. Housing will be high quality and the support will promote people's independence and wellbeing and will offer dignity and privacy.
- Fewer people with a learning disability will live out of the city, and people who need and want to return will have been helped to do so.
- Sheffield will have moved away from traditional or institutional forms of support and will focus on support which is personalised, flexible and meets people's individual needs.
- Services will help people work together and pool their personal funds so they can share their support and sustain meaningful and rewarding relationships.
- There will be more coordinated information about services and support across all relevant agencies
- The transition for young people with a learning disability to adulthood will be positive

- There will be strong partnerships between the Communities Portfolio, Children, Young People and Families Portfolio, Place Portfolio and NHS partners to make sure support is joined up.
- All services will provide best value for Sheffield people.
- In four years' time people will say they have been fully included and involved in the planning and implementation of changes.

To achieve this vision, some services will need to change. We understand that changes can create anxiety and we will be respectful of this. We will engage with people with learning disabilities, their families and carers throughout the development of plans and make sure their needs continue to be at the forefront of all that we do. We will make sure changes are implemented sensitively and allow people enough time to make successful transitions to new arrangements.

3. The scope and context

3.1 Local people with a learning disability and their families

Over 1,550 adults with a learning disability aged 18-64 currently receive adult social care arranged by the Council. People with a learning disability have a wide range of needs, with a range of backgrounds and live within all of our increasingly diverse communities. They include people with lower level needs for support and people with significant additional needs - including people with dementia, physical disabilities, sensory impairments, mental health problems, profound and multiple intellectual disabilities, autism or behaviours that services find challenging. They also include people who need short term support to help them regain their independence, people needing social care for the first time and people receiving longer term ongoing health, housing and social care services. Approximately 40% of all people with a learning disability receiving adult social care live with their family and approximately 60% live away from their family.

This all means local community-based services must be as diverse and flexible as possible, and develop in ways that reflect people's increasingly varied and changing needs.

3.2 Local services for people with a learning disability

This strategy is about the care and support services that can be purchased or provided to meet the needs of adults with a learning disability and their families. The majority of services are currently provided by a range of Independent Sector organisations (voluntary sector, private sector, social enterprises and self-employed people e.g. personal assistants). Services are also provided directly by the Council and by Sheffield Health and Social Care Trust. Some people have 'packages' of a number of different services provided by one or more of these. This strategy covers services in all these sectors. The gross budget for these services is approximately £44 million per year. More information on this is given in Section 6.

It includes a number of services that may be purchased by the Clinical Commissioning Group, including people eligible for NHS Continuing Healthcare. There are strong links with the Council's Regeneration and Development Services in the development of our local

housing offer, and strong links with the Children, Young People and Families Portfolio, including the Employment and Skills Service.

Adult social care provided or funded by the Council includes:

- Support for family carers, including short breaks services
- Home support services
- Support for people in the community such as support for day time opportunities, volunteering and employment
- Accommodation and support services such as supported living, residential and nursing care
- Adult Placement Shared Lives services, such as befriending, day support, short breaks services and long term placements
- Direct Payments for people or families who want to make their own arrangements for support. This can include paying for support from personal assistants
- Help for people to manage their Direct Payments – such as money management services
- Advocacy support

The strategy also prioritises development of local services so that people do not need to leave Sheffield to access the support they require. This will help people who live out of the city to return to Sheffield if that is what they want to do with access to the appropriate levels and types of services.

There have been many changes to services for people with a learning disability and their families over recent years, and other changes to learning disability services are taking place now. All of these changes aim to contribute to the overall vision.

3.3 A whole system approach

The strategy does not include everything that has an impact on adult social care for people with a learning disability. Other key developments, including our implementation of the requirements of the Care Act 2014, the Children and Families Act (2014) and our Integrated Commissioning Programme will have significant impact on wider Learning Disabilities services. For instance, it does not include the development of social work practice or our plans to integrate commissioning for all customers of health and social care.

All organisations and agencies are committed to working in partnership as we develop and implement specific plans over the next three years. This will include joint or integrated commissioning plans with Children's services, housing and HNS partners where this will benefit local people with a learning disability and their families.

4. What local people want from services

4.1 Engaging with people with a learning disability and their families

This strategy is based on detailed consultation with people with a learning disability, their families and other stakeholders. Details of how we carried out the consultation and the detailed feedback are presented in a separate report.

4.2 Key messages for our Commissioning Strategy

The consultation greatly added value to the draft strategy and enriched the evidence base. Feedback was broadly supportive of the direction set out in the strategy. However, additional issues were raised, and there was a need to change the emphasis in places. The feedback has been fully taken into account in this final strategy.

- **Coordination** – the strategy needs be joined up with Assessment and Care Management, Children’s services, Health, Housing, and other partners.
- **Support to carers/families** – there should not be an assumption that people with learning disabilities will remain living in the family home, and there must be planning ahead and support to prevent carer breakdown.
- **Support to live in your own home** – there was broad support for Supported Living and tenancy support models.
- **Support for community involvement** – there was broad support for this aspiration but specific support for people with learning disabilities is needed to help them take advantage of community opportunities and to support social needs, and there needs to be more to do in the evening and at weekends. There are also a number of barriers, including transport, costs, people’s perceptions of safety, and lack of information on opportunities in the community.
- **Doing things together** – there was a strong theme on the importance of people with a learning disability being supported to take part in communal activities, and that many people enjoy and appreciate friendships and shared experiences. People also said they would benefit from support to pool their personal funds so they can benefit from doing things together, and share their support so the available funding can go further.
- **The impact of reductions in available funding** – there were concerns that there will be insufficient resources for people to access more community activities (e.g. if they need support from Personal Assistants to do this).
- **More choice in short breaks services** – people with learning disabilities and their families need more choice and information about good quality affordable short breaks. People whose behaviours services find challenging need better choices of building-based short breaks services.
- **Quality assurance** – people need assurance that all services in all sectors of the market are of high quality.
- **People need time to adjust to new arrangements** – when things change, people need time and support to adjust to new support arrangements. This should not be underestimated when implementing changes.

- **Barriers to paid work** – many people talked about wanting paid and unpaid work but there are mixed views, and the impact it might have on people’s benefits is seen as a major obstacle.
- **Broad spectrum of need** – it is important to recognise the wide and increasing diversity of need of people with learning disabilities, including people with complex and multiple disabilities and behaviours viewed as challenging.
- **Building-based services** – whilst people support the aspiration for more flexible community based services, many people, in particular people with complex needs, benefit from services based around buildings with the right environments and the right specialist support
- **Advocacy** – people said there is a need to make sure our plans for the future include plans for advocacy services.

5. The policy context

This strategy has been developed in line with local and national policies, with a focus on providing high quality care that promotes independence, social inclusion, choice, and provides best value. A summary of the relevant policies is provided below.

The Care Act 2014 reinforces national policy for adults with a learning disability, including the core principles in Valuing People (2001), and Valuing People Now (2008): rights, independence, choice and social inclusion. The Act consolidates existing law, and introduces a number of new duties on local authorities. It emphasises the requirement for services to actively promote improvements in people’s wellbeing through the care and support they provide at all stages, from the provision of information and advice to reviewing a care and support plan. It brings new entitlements for carers. It reaffirms the principles of personalisation, legislating for Personal Budgets and requiring local authorities to promote Direct Payments.

Assessments should build on individual, family and community strengths, support access to universal services and aim to prevent, delay or reduce people’s dependency on services. The Act brings a duty to stimulate a diverse market of continuously improving, high-quality services, including a range of different service provider organisations to ensure genuine choice. Councils must commission a diverse range of services that provide best value for local people. Transitions for young people with a learning disability into adulthood must be effective. The duty of co-operation will help drive our partnership working.

The ‘Winterbourne Concordat’ and ‘Winterbourne View – time for change’ will underpin this strategy. Stronger local community-based services will build on the Concordat’s five good practice indicators: co-production, community building, a capabilities based approach, integrated services and personalisation. The requirements for strong joint approaches including pooled budgets, integrated commissioning and genuine partnerships with people with a learning disability and their families, and a ‘whole life-course’ approach will further strengthen our partnership working.

The Health and Wellbeing Board and joint Health and Wellbeing Strategy strengthen whole system working to improve health and wellbeing, tackle inequalities, make sure people get

the right support in the right place at the right time, and ensure best value. Implementation of the Commissioning Strategy will also be aligned with implementation of Sheffield's [plan for integrated commissioning of health and social care](#) for people of all ages, which sets out four main areas for integrated working: keeping people well in the community, intermediate care, community equipment, and long term high support.

The Care Act, along with the [Children and Families Act 2014](#) has specific implications for effective progression to adulthood and reinforce our commitment to a 'life-course' approach to supporting people with a learning disability and their families. The new Children's Act also replaces Special Educational Needs statements with a new 'birth to 25' Education, Health and Care Plan, improving cooperation between Councils and the NHS and requiring Councils to publish a 'local offer' of support. It is essential the local 'birth to 25 offer' is aligned with the service offer for all adults with a learning disability.

6. The social and economic context

6.1 Demographic change

The number of adults with a learning disability is increasing and their needs are becoming more complex.

It is good news that more children with major disabilities are surviving into adulthood and more disabled adults are living into older age. However the overall gap in life expectancy between people with a learning disability and the rest of the population has not reduced.

The number of adults (20+) recorded by Sheffield Case Register increased from 1,950 to 2,671 over the ten years between 2003 and 2013 - approximately 4% per year. This is significantly higher than the trends given in the national 'Projecting Adult Needs and Service Information' resource, which estimates increases around 0.5% a year. There is no evidence of specific demographic pressures in Sheffield that might explain the difference: further work is needed to understand the national projections, and the balance between actual population change, and increased identification by local services.

The increase in numbers is principally due to a rise in the number of younger people with a learning disability, in particular children with more severe and complex needs, and children with autism. (Over 50% of 10–20 year olds known to the Case Register have a diagnosis of autism). Our plans therefore need to make sure local services deliver good quality skilled support for people with an increasingly diverse range of needs, both in family and community settings and in accommodation with support away from the family. This requires a joint approach with NHS partners.

The proportion of adults with a learning disability from black and minority ethnic communities (BME) is around the same for as the White British population in ages between 20 and 50, and lower in over 50s. There is evidence of increased prevalence of people with the most complex disabilities within BME communities.

There is also a 'bulge' in the number of people aged 35 to 50. Many of these people are living with family carers, most in older age. As their family carers age, there will be an increase in demand for accommodation with support away from the family. Supporting families to plan in advance for the future living arrangements of their disabled sons and

daughters provides significant reassurance, and helps develop plans that optimise people's future independence and social inclusion.

6.2 Change in demand for services

Over the nine years from 2005 to 2014 the number of adults with a learning disability receiving care and support increased by 35% from 1,136 to 1,531 – again around 4% per year. The proportion of adults with a learning disability supported by the Council per head of the overall population increased from below the England average until 2011/12, to above the average from 2012/13. As with the demographic information, further work is needed to understand the balance between the impact of population increases, and the impact of other factors.

- The biggest area of increase was in younger people. Approximately 60% of the increase in numbers was in young people under 25.
- However 16% of 'new starters' were people who had been living with older family carers, and another 14% were due to breakdown in carers' circumstances.
- Approximately 60% of people live away from family, with either community based support, or in supported living, residential and nursing care settings. If current practice and demand stay as they are, we estimate there would be an increase of around 200 people living in accommodation with support by 2020.

Our understanding of needs and demand informs our priorities.

- The need to make sure services develop to meet the changing needs and expectations of younger adults with a learning disability, at the same time as meeting the changing needs of an ageing population.
- The need for a more diverse and flexible range of local services to meet the increasingly diverse needs of local people.
- The need to make sure family carers have the right support to care for their disabled relatives at home if that is what they want to do.
- The need to improve the quality and achieve best value in accommodation with support for people living away from their families.

6.3 Budget, spend and best value

The total cost of services for adults with a learning disability is £65m. This includes assessment and care management services and other direct costs. Of this, approximately £44 million per year (gross) is currently invested on direct care provision for people with a learning disability.

The Council has faced several years of austerity as a result of Government cuts to its budget, rising prices, and increases in demand for services. Nevertheless, Sheffield's investment in services for people with a learning disability has increased year on year over the last five years. The budget for 2014/15 is around £3.5 million more than 2013/14. Given the Council's financial challenges, this is an unsustainable position.

In comparison with other authorities, the latest available published 'Personal Social Services Expenditure' information (PSSEX1, 2012/13) shows Sheffield's spend per head on adults with a learning disability has moved from below the national, regional and core cities averages in 2008/09 and 2009/10 to above all these averages in 2012/13.

According to the latest benchmarking information, the average cost of residential care in Sheffield for people with learning disabilities is in the highest quartile in England¹. The average cost of nursing care for people with learning disabilities in Sheffield is also higher than in almost any other area. Costs for home support and day services for people with a learning disability are broadly in line with the England averages.

This Commissioning Strategy must be delivered in the context of reducing Council budgets, and we expect any future changes to help us meet our financial challenges. It is important to make sure all services are delivered in an effective and efficient way, and of high quality. The detailed commissioning plans will make sure all services are good quality and affordable. This will also allow us to make accurate financial forecasts and ensure a sustainable range of provision.

7. What needs to change

7.1 Social inclusion

We need a major shift in culture and practice towards promoting people's social inclusion, and reducing people's reliance on institutionalised forms of care as their only form of support.

In the consultation there was broad support for the aspiration to increase people's social inclusion and for more people to be supported to access everyday community opportunities. However many respondents said specific support is needed to help people take advantage of community opportunities and to support social needs, and there need to be better evening and weekend opportunities. People also cited a number of barriers, including transport, costs, people's perceptions of safety, and lack of information on opportunities in the community.

We need to highlight key issues and examples of good practice in promoting social inclusion, strengthen the evidence base and generate new innovative approaches. This will include working with Children's Services, Public Health and the CCG to develop 'whole system' approaches.

Alongside this we need culture and practice in Sheffield to change so it is based on high expectations of people's capabilities and their ability to develop new skills (whether they live with, or away from their families), and recognises that unnecessary dependence on services is 'disabling'. This will require major improvements in the quality of community-based services, including robust, preventative and proactive care.

This will involve innovative new approaches including the rapidly developing assistive technologies. It will include building on Sheffield's strengths as a friendly city to make sure the wider community and universal services are welcoming and accessible to local people with a learning disability. The Special Olympics, to be held in Sheffield in 2017, provides a unique opportunity to draw together partners from all sectors in the city to meet this aspiration.

¹ <http://www.hscic.gov.uk/catalogue/PUB13085> PSSEX1 Indicator 2.9

The implementation of the vision for reducing unnecessary dependency and increasing people's social requires active input from Public Health. We will identify options for Public Health to play a lead role in improving people's wellbeing and social inclusion, and in tackling the inequalities people and their families face in many aspects of their lives.

7.2 Improving employment and volunteering opportunities

A key indicator of social and economic inclusion is the proportion of people with a learning disability in paid employment. This is a key priority for local people. In the consultation the terms 'employment', 'work', 'volunteering' or 'jobs' came second only to the general term 'support' and well ahead of the next most repeated terms. Of the survey respondents, 67% agreed with the aim for more people with a learning disability to have the support to do paid or unpaid work if they want to.

However Sheffield's performance has been consistently lower than other areas at under 4% compared with around 6% for the UK, Yorkshire and Humber and similar Local Authority comparator group averages.

Support to access paid employment is provided by the Council's in house Employment Service and Independent Sector providers. However, providers had concerns about inadequate employment support in Sheffield, including a perception that Government schemes and services (e.g. Jobcentre Plus) were not known about and did not benefit people with learning disabilities. Some people felt day services still operated a 'teaching' model rather than promoting empowerment, and that there was a need for better co-ordination between Jobcentre Plus and learning disability services.

Welfare benefits issues were also seen as a significant barrier to employment, and the desire to retain non-work benefits had a practical impact on people's appetite for paid work.

Many respondents also wanted improved access to wider community based volunteering activities, especially outdoor opportunities e.g. gardening projects and working with animals.

Improving employment support is a clear priority: there is a need to review our overall approach and clarify responsibilities. This will include working with the city's Employment and Skills service, the Public Health team and our NHS colleagues to ensure a co-ordinated approach to employers and employment support providers.

7.3 Support for family carers

Support for people living with their families and to family carers is a high priority. 'Valuing People' and 'Valuing People Now' both placed a strong emphasis on families' vital contribution to the lives of people with learning disabilities, often providing most of the support they need, and being crucial in ensuring that people with learning disabilities can live in the community. The Care Act gives us further opportunities to change and improve the support available to family carers.

The consultation provided wide ranging feedback from family carers. Many agreed with the emphasis on making sure families have access to high quality support to help them continue caring at home, if that is what they want to do.

Families need reliable and timely information and advice, and reliable communication and support from Assessment and Care Management services. Peer support between families is important. Many family carers value short breaks services, but there was mixed feedback about the quality of the available choices. There is a need for short breaks services to meet the increasingly diverse range and backgrounds of people with a learning disability, and to provide a positive experience for younger people. There is interest in flexible alternatives to building based short breaks services but a clear message that for some people, especially those with more complex needs, building based short breaks services are a positive option.

However, many family carers also stressed there should not be an assumption that they should continue to care at home, and that for disabled relatives to move on and live away from their families is often a positive or necessary option.

In particular, families need the reassurance that comes with being supported to plan ahead for the future. Families also need the assurance that there is flexible and responsive support if they are in crisis, to provide the time and resources needed to resolve problems and help them remain together.

7.4 Making sure people can get what they want from Direct Payments

The number of people with a learning disability and their families accessing Direct Payments more than doubled from 367 at the start of 2010/11 to 901 by the end of 2013/14. The principal uses of Direct Payments are for personal assistants, day time opportunities and supported living services. An increasing number of families (including families of children and young people with a learning disability) now also use Direct Payments for flexible alternatives to building based day and short breaks services.

However feedback suggests that whilst Direct Payments are popular, there is a lack of the right kinds of support for people to purchase, and a lack of reliable information about local services and opportunities. There is also a need for people to be assured about the quality of support provided by personal assistants. Some people are concerned about the administrative burden of managing Direct Payments.

It is a priority to stimulate diverse, innovative support, based on the feedback from people with a learning disability, their families and support planners, to make sure the right services are available for people using Direct Payments, and that people have comprehensive up to date information about services and opportunities available in the city.

7.5 Moving away from traditional 'blocks' of service

We continue to have significant reliance on 'block' arrangements for services in particular for day time opportunities, supported living, short breaks services and residential and nursing care. This includes the arrangements for the Council's 'in-house' services.

These arrangements are not in line with our vision. They mean our investment is tied up in 'pre-purchased' support. This can be expensive, limit choice and reduce the ability of services to adapt to people's changing needs and expectations. We also need to respond to the Care Act's requirements for local authorities to ensure a diverse market of services. The Care Act also makes clear that Direct Payments should not be used to purchase local authority in-house services other than in exceptional or 'one off' circumstances.

We need to reduce our reliance on current block arrangements, and make sure the social care market provides a wider range of services that provide best value and can be accessed through Direct Payments. This will mean specifying the outcomes people want from services, stimulating innovation and development, and having frameworks in place that make sure alternatives to traditional blocks of service provide quality and best value. If people don't want, or are unable to manage a Direct Payment, the Council will arrange services directly using these frameworks, based on people's person centred support plans and Personal Budgets.

7.6 Doing things together: pooling personal funds.

It is clear from the consultation feedback that people want opportunities to make and sustain personal relationships, and value communal activities. People also want to get the most out of their available resources. Many said that one way to achieve this was to pool their personal funds, including their Direct Payments, to purchase shared support if they do not require 'one to one' support to take part in group activities.

As we move away from traditional 'block' arrangements, which often provide shared support, it is a priority to make sure people have both the opportunity and support to pool their personal funding, including their Direct Payments, so they can share their activities and support, and make their personal budgets go further.

7.7 Moving away from traditional or institutional forms of care

Whilst we have many examples of excellent services in Sheffield we also have an over-reliance on some traditional or institutional models of care, where support is arranged around the guidelines or principles of the service, rather than individual need. This is the case in many service areas, both building based and community-based, including some residential and nursing care, supported living, short breaks services and day time opportunities. This is not in line with our vision, and does not meet the changing expectations of local people with a learning disability and their families. This can be seen in the lower uptake by young people with a learning disability of more 'traditional' types of service.

We need to reduce our reliance on traditional or institutional models of care and make sure all people with a learning disability have access to community-based services that promote independence, wellbeing and social inclusion. An important part of this is to reduce our reliance on residential care, increase the level of supported living and improve the outcomes it delivers. Our new supported living framework sets new, higher standards for supported living based on clear outcomes: enhanced quality of life, health and wellbeing, maximising independence from paid services, a positive experience of support, and staying safe. It is now a priority to build on this and stimulate new, innovative alternatives to more traditional day services and short breaks services.

There was support in the consultation for proposals to increase the level of Adult Placement Shared Lives (APSL). This service is registered by the Care Quality Commission, and trains, approves and supports APSL carers to provide long term care and short breaks in the approved carers' own homes and in the community. It is similar to the fostering model in children's services and is seen by many as an attractive alternative to traditional forms of care. Some Asian family carers saw potential in APSL and were keen to learn more.

However, some people felt it was difficult to match people to approved APSL carers, and arrangements can take a long time to set up. There were questions as to how well APSL could meet the needs of people with complex needs. Some family carers had concerns that APSL arrangements could break down or come to an end when the approved APSL carers themselves became too old to carry on. These issues will be taken into account in the plans to increase the capacity of the APSL service.

7.8 Building based services

There was a clear theme in the consultation around the need for building based services. Many family carers do not want building based support for young people, wanting instead flexible support that meets different aspirations, often arranged through Direct Payments and personal assistants.

Nevertheless there was also a clear message in the consultation that many people, in particular people with more complex needs and behaviours viewed as challenging, benefit from building based services. Many people said building based services provide the specialist physical environments, the specialist support, the reliability and the safety needed by people with more complex needs. There was also a view that it is unrealistic to expect people to be 'perpetual tourists' spending their days going from one community activity to the next. People also considered that building based services provided the opportunity to maintain friendships and personal relationships.

Some family carers also said the current range of building based services did not provide the right environments for their disabled relatives. If such services were the only option, this was a significant barrier. This was particularly clear in the feedback from Asian carers.

As we develop more community-based services, it is a priority to have a clear vision for building based environments that sets out the outcomes good building based services will help deliver. We will need to review the current capital assets in use in line with the vision and take opportunities to improve their effectiveness.

7.9 Improving people's housing and accommodation

Whilst we have much good quality housing for people with a learning disability living in supported living settings, we also have examples of poor quality accommodation that does not meet people's needs. It can be difficult for some people with specific housing needs to access the right accommodation. In some cases this can lead to people needing to leave Sheffield to access the accommodation they need. Some types of accommodation, particularly more institutional models, are now less popular and have vacancies that are hard to fill, making them unsustainable in the long term.

In the consultation, the need for the right choice of accommodation was highlighted by people with learning disabilities, carers and providers. Respondents also stressed the importance of making sure accommodation was well matched to people's needs and that care should be taken to make sure people living in shared accommodation are able to live well together.

In the consultation it was clear that the accommodation in the city should reflect the increasingly diverse range of people's needs and expectations. People with more complex needs, including people with autism, may require housing that is specifically designed for their unique individual needs.

There was broad support for supported living as a model of choice. There was support for housing network and other tenancy support models. People felt there was a need for more supported living for people with lower level eligible needs. However there was also interest in people with a learning disability being able to access other forms of accommodation with support if it best met their needs – for instance nursing care for people with dementia, or Extra Care Housing.

We need to expand the range of good quality local accommodation and decommission less popular accommodation. We need to build on the lessons set out in ‘Winterbourne View – time for change’ and take advantage of the recommendations and opportunities in the report. Accommodation services in Sheffield must meet the whole range of people’s needs so people do not need to leave Sheffield to access the housing they require. This should help minimise the risk of breakdown in people’s support arrangements, reduce the need for hospital placements and help people move on swiftly from hospital to community-based services. We need to improve the way we manage accommodation to make sure people can access the housing options that best meet their needs at the time they need it. We also need to improve the coordination of housing, support and benefits to make sure supported living works smoothly for people.

7.10 Advocacy

Advocacy in its broad sense plays a key role in ensuring people’s rights - in decision making processes and in their wider social and economic inclusion. The Care Act sets out specific responsibilities for local authorities to arrange independent advocates to facilitate people’s involvement in their assessment, care planning and review, where they have substantial difficulty in this, and where there is no-one appropriate available to support them and represent their views. In a period of change we need a strong emphasis on advocacy to support people to make choices and engage in planning and managing change.

In the consultation people stressed the importance of advocacy, and said there needs to be a clear vision and plan for making sure the right advocacy support is available when people need it. We need to review our investment in advocacy as part of our implementation of this strategy.

8. What we propose to do

8.1 Improved social inclusion

Aim: In all our developments we want to help improve wellbeing through major improvements to the social inclusion of people with a learning disability in community life in Sheffield. We want community and universal services to be as inclusive as possible, and play a major part in promoting people’s independence, safety and wellbeing.

How will we achieve this?

- We want to talk to people, their families and the wider community about what this means and how we can help make big improvements.

- We will look at what already works well in Sheffield and what opportunities we can build on for the future.
- We will also look at other places where they have done this successfully, to learn what works well and help shape our more detailed plans.
- We will work with the organisers of the Special Olympics and other partners to make sure the games and city life are fully inclusive of Sheffield people with a learning disability.

What will this mean for people with a learning disability and their families?

- The wider community and public places will be more welcoming, accessible and safe for people with a learning disability and their families.
- People will have more opportunities to spend their time doing things alongside the rest of the community in Sheffield.
- As a result, some people will need less ‘service’ based support.
- The Special Olympics will provide a lasting legacy of Sheffield as a city that is friendly and inclusive of disabled people.

8.2 Better access to paid employment and volunteering

Aim: We want more people with a learning disability to have paid employment in Sheffield and for the number of people doing so to be as good if not better than similar cities. We also want to improve access to volunteering activities which give people a real opportunity to contribute to the community and help move them closer to paid employment.

How will we achieve this?

- We will review the effectiveness and value for money of our current employment support services, including the Council’s in-house services, and develop options for the future. We will do this in partnership with people with a learning disability, the city’s Employment and Skills service, Public Health, NHS colleagues, the voluntary sector and the city’s employers.
- We will work with colleagues to develop specific proposals for employment support and will consult on these to make sure they reflect what people want and evidence of what works best.
- We will work with others to make sure information and advice about pathways to employment is accessible and up to date.
- We will promote, with the organisers, opportunities for employment and volunteering for people with a learning disability when Sheffield hosts the Special Olympics in 2017.

What will this mean for people with a learning disability and their families?

- People with a learning disability will be engaged in developing our more detailed proposals.
- More people with a learning disability will be in paid employment if that is what they want.

- Some support services will be re-designed based on evidence about what works best.
- People will have good information and advice so they can make informed choices about accessing employment.
- Some services may need to change. People with a learning disability and their families will be involved in developing detailed proposals before any plans for change are finalised, and will be closely involved in any changes that happen.

8.3 Better support for family carers

Aim: We propose to make major changes and improvements to the support available to family carers, so that people are able to live well in the family home and have a good life in their communities, if this is what they would like to do. We want to make our investment in carer support more effective. This will include timely information and advice, emotional and practical support, and short breaks away from the family home.

How will we achieve this?

- We will continue to engage with family carers and carer support services to better understand what family carers want.
- Using this feedback, we will review the effectiveness of the carer support services we fund. Our current carers' contract ends in November 2015 and we will propose changes to the new contract which better provide what family carers say they want.

What will this mean for people with a learning disability and their families?

- Family carers will be better supported as carers in their own right.
- Carer support services will be re-designed based on the feedback from family carers.
- There will be changes to carers' support services from November 2015.

8.4 More choice in day time opportunities

Aim: We want to widen the current offer so there is much more choice in day time opportunities. We want to improve opportunities for people with learning disabilities to engage in social and learning activities which are purposeful, leading to people increasing their access to their wider community. People have told us they want better opportunities to make friends, build social networks and enjoy social activities.

We want community-based day time opportunities that support all people with a learning disability including people with the most complex needs and behaviours viewed as challenging. We want to move away from block arrangements where appropriate, so that more services can be as personalised and flexible as possible and so our money is not tied up with 'pre-purchased' services. As we do this we want to stimulate innovation and flexibility. Alongside this we want a positive vision for good quality building based services. We want day time opportunities to offer best value so that people can get the most out of their Personal Budgets. As part of this we want to support people to do things together by helping them pool their personal funds to arrange innovative activities with shared support.

How will we achieve this?

- We will engage with people with a learning disability and their families to better understand how people want to spend their days, and generate new ideas about how this might be achieved.
- We will work alongside children's services to stimulate innovation and choice in local services by encouraging new ideas. This might include investing in an innovation fund for new day time opportunities.
- We will review the effectiveness and value of the day time opportunities we commission, and develop options for the future.
- We will make sure the improvements are accessible to all people with a learning disability, including those with the most complex needs or behaviours viewed as challenging.
- We will develop a vision for good quality building based services.
- As we develop specific proposals for day time opportunities we will consult on these to make sure they reflect what people want.

What will this mean for people with a learning disability and their families?

- People with learning disabilities will have more choice about how to spend their days and have varied experiences, which meet their needs and aspirations and enrich their lives.
- Some services will be re-designed based on the changing needs of people with learning disabilities.
- There will still be building based services for people to meet and socialise. These will be fit for purpose, and there will be more opportunities for people to spend their time out and about in their community.
- Some services will need to change. New developments will be stimulated. People with a learning disability and their families will be engaged in developing detailed proposals before any plans for change are finalised, and will be closely involved in any changes that happen.

8.5 More choice in short breaks services

Aim: We want to widen the current offer so there is much more choice in short breaks services. This will include different opportunities for a short break, such as activity based breaks or 'sitting' services. We recognise the need to retain some building based services especially for people with complex needs. People have told us they want short breaks services to offer meaningful activities including opportunities to make friends, build social networks and enjoy social activities.

We want short breaks to work better for all people, including people with very complex needs or people whose behaviours services find challenging. We also want short breaks to offer best value so that people can get the most out of their personal funds. We also want reliable services for families who find themselves in crisis situations, such as providing short term intensive support to allow the time and space for crises to be resolved so families can continue caring, if that is what they want to do.

How will we achieve this?

- We will engage with people with a learning disability and their families to develop a vision for good quality building based short breaks services and generate new ideas.
- In partnership with the Clinical Commissioning Group, we will review all short breaks services we commission, develop clear plans for the future, stimulate innovation and real choice, and make sure all services are of the highest quality and offer best value.
- We will make sure people have good information about what short breaks services are available.

What will this mean for people with a learning disability and their families?

- People with a learning disability will be able to have more varied experiences whilst having a short break, which meet their needs and aspirations and enrich their lives.
- People will have a better choice of good quality short breaks to help family carers care for their disabled relatives at home and prevent family breakdown.
- Building based short breaks services will be high quality and offer enjoyable and purposeful experiences.
- Short breaks services will provide best value, so people will be able to get the most from their Personal Budgets.
- Some services may need to change. People with a learning disability and their families will be engaged in developing detailed proposals before any plans for change are finalised, and will be closely involved in any changes that happen.

8.6 Increasing Adult Placement Shared Lives

Aim: Many people with learning disabilities and their families have support from approved carers registered with the Adult Placement Shared Lives (APSL) service. This includes befriending, day time opportunities, short breaks services and long term placements as an alternative to supported living or residential care. Adult Placement Shared Lives also offers good value for money. We want more people to benefit from Adult Placement Shared Lives.

How will we achieve this?

- We will increase the number of families registered with Adult Placement Shared Lives who provide befriending, day time opportunities and short breaks.
- We will double the number of families registered with Adult Placement Shared Lives who provide long term Shared Lives support.
- We will make these opportunities more accessible, including to people with complex needs and people whose behaviours services find challenging.

What will this mean for people with a learning disability and their families?

- More people with learning disabilities and their families will be able to have support from families registered with Adult Placement Shared Lives.
- As Adult Placement Shared Lives services offer good value for money, people will be able to get more from the available resources.

8.7 A new accommodation commissioning plan for people with a learning disability

19

Aim: We want to expand the amount and range of good quality accessible community-based accommodation and support that meets the wide range of people's needs.

We want accommodation to enhance wellbeing and reduce social isolation by combining privacy with access to shared space, shared activities and, where people choose, shared care arrangements. We want to set and enforce quality standards. We want good processes to identify people's needs and help them access the right options.

We want to make sure people do not need to leave Sheffield to access the accommodation they need, and help people who live away from Sheffield to return if that is what they want to do. This will include making sure good quality local community-based accommodation services help prevent breakdowns in people's support, and help people move on from hospital placements as soon as they are ready. And we want services to provide the best value for local people.

How will we achieve this?

- We will implement a new Learning Disabilities Accommodation Commissioning Plan. This will be developed with Children, Young People and Families, Housing and NHS partners. It will set out our vision for accommodation and support, and how we will improve the range, quality and accessibility of housing options available.
- We will stimulate new accommodation through external grants and by supporting private sector investment.
- We will set clear quality standards for accommodation and will make sure these are maintained.
- We will improve the way we manage accommodation and support.
- We may decommission housing that no longer meets people's needs.

What will this mean for people with a learning disability?

- People with a learning disability will have more choice of good quality accommodation and support.
- People will have better access to the housing options they need at the times they need it.
- Accommodation services will facilitate swift, safe discharge from inpatient settings back into the community.
- Accommodation and support will provide best value for money so we are able to support the growing number of people who will need it in the future.
- People will be engaged in developing more detailed proposals before the Commissioning Plan is finalised.

8.8 Improving accommodation and support for people with lower level needs.

Aim: There is insufficient accommodation and support for people with a learning disability who are eligible for adult social care support, but who have lower level needs. This means some people live in settings that are not geared to helping them maximise their wellbeing and achieve their full potential. We want to improve range, choice and achieve best value

in accommodation and support for people with a learning disability with lower level eligible needs.

How will we achieve this?

- We will stimulate new housing options to increase the choice and availability of housing for people with a learning disability with lower level eligible needs.
- We will work through the Homes and Communities Agency bidding process to develop new build accommodation, and work with Council Housing and Registered Private Providers of Social Housing to develop new housing networks and other supported accommodation opportunities.
- We will work with people with a learning disability and support providers to develop high quality, innovative, personalised and flexible forms of community-based accommodation services that deliver best value.

What will this mean for people with a learning disability?

- People with a learning disability with lower level eligible needs will have better choices of good quality accommodation and support. This may include new housing networks where a group of people have their own homes within a short distance of one another, so they have companionship and support from a coordinator. People will also have access to new build supported housing developments.
- Accommodation and support services will provide best value so people can get the most out of the available resources.

8.9 Implementing the new supported living framework

Aim: We want more people who live away from their families to be able to live in supported living settings. We want supported living to be high quality, reduce people's dependency and increase their social inclusion. We want supported living services to provide best value for local people. We want to reduce our reliance on block arrangements for supported living.

How will we achieve this?

- We will implement the new supported living framework for all supported living services in the city. This change is already taking place.
- We will proceed with de-registration of 'block funded' residential care homes to change them to supported living services. When we do this we will tender for the supported living service against the new supported living framework. This change is already taking place and is ongoing.
- We will continue to use the 'Deciding together' protocol so people can continue to work together and pool their personal funds to choose supported living providers, if that is what they want to do.
- We will review the Council's 'in-house' supported living services, and develop options for the future.
- We will improve the way supported living services can be accessed by individuals or groups of people.

What will this mean for people with a learning disability?

- More people will have the benefits of supported living - more control over their daily lives, their own tenancy, access to benefits, and a greater say in their support.
- More people will have services that are geared towards helping them become more independent and take an active part in their local community.
- Supported living services will provide best value so people can get the most out of the available resources.
- Some people's services may need to change. People will have the chance to comment on detailed proposals before any plans for change are finalised, and will be closely involved in any changes that happen.

8.10 Achieving best value in higher cost accommodation and support services

Aim: We want all accommodation and support services to provide best value for local people. This means making sure services are good quality, help people achieve the outcomes they need, whilst also being good value for local people.

How will we achieve this?

- We will review high cost Independent Sector residential care and supported living services funded by the Council and/or through Continuing Healthcare.
- Where necessary we will take action to improve quality and achieve best value.

What will this mean for people with a learning disability?

- People's accommodation and support will be good quality, meet their needs and help them achieve their goals.
- People's accommodation and support will provide best value so people can get the most out of the available resources.

8.11 Quality

Aim: People expect services to reflect their unique individual needs and be delivered to consistent high standards, regardless of who commissions them i.e. the person with their own personal funds or the Council. The people best placed to challenge are those people who use services, their family carers and their advocates. We want to make sure quality is at the heart of all developments in this strategy.

How will we achieve this?

- We will work closely with people with a learning disability, their families and advocates to make sure their outcomes and aspirations are being met by service providers.
- We will maximise the opportunities to improve quality and capacity in community-based services and build the skills of the local workforce, as set out in 'Winterbourne View – time for change.'

- We will have in place a range of quality assurance measures at the heart of which is feedback from people who use services on their experiences to make sure provision is safe and sustainable.
- We will make sure all service providers, regardless of who commissions the services, work closely with people who use services and family carers to continuously improve their services, and provide flexibility and innovation.

What will this mean for people with a learning disability and their families?

- All local services will meet the needs and aspirations of people with a learning disability and their families and promote their independence, safety and wellbeing.
- Local services will provide high quality community-based support to all people with a learning disability, including people with the most complex needs and behaviours viewed as challenging.

9. Engaging with people throughout the changes

9.1 Working together on future changes

This Commissioning Strategy sets out the need for considerable change and development across Learning Disabilities services in Sheffield. Following the consultation there will be further work to consider the feedback and develop detailed options for changes to specific services. In doing this, we will work in genuine partnership with people with a learning disability and their families in drawing up commissioning plans, in implementing the plans, in making sure services meet our high quality standards, and in scrutinising and holding us to account. Where we propose changes to specific services we will have further detailed engagement and consultation with all the people whose lives will be affected by specific plans to make sure these plans are right.

9.2 Integrated working and partnership

We will work together with a range of partners, including our partners on Sheffield's Health and Wellbeing Board and wider 'universal services' to ensure a whole system approach.

This will include

- Children, Young People and Families Portfolio
- Public Health
- Regeneration and Development Services
- Housing and Neighbourhood Services
- The Clinical Commissioning Group (including the Continuing Healthcare assessment teams)
- CCG funded clinical support teams.

In particular we will align our plans with Sheffield's plan for integrated commissioning of health and social care for people of all ages. We will work closely with Children, Young

People and Families to make sure the 'local offer' of services to children and adults with a learning disability and their families is consistent, and based on what local people want.

9.3 Advocacy

In working with people with a learning disability throughout the changes we will make sure their needs for advocacy are fully reflected in the Council's overall approach to advocacy and the requirements set out in the Care Act. We will also make sure there are effective arrangements in place at times of specific change so that people are fully involved in planning and implementation of change.

Appendix 2 – Equalities Impact Assessment

LD COMMISSIONING STRATEGY EIA

What are the brief aims of the Budget/Project proposal and the outcomes you want to achieve.

This EIA identifies:

- Key potential impacts for the strategy overall in relation to customers (additional EIA/s will be completed regarding any planned staff changes as/when required).
- Actions in progressing the LD Commissioning Strategy to ensure that we meet our Equality Duty – including our approach to the development of detailed commissioning plans.

The Learning Disabilities Commissioning Strategy sets out the headline plans for how we propose to make major improvements to the services that can be purchased or provided to meet the support needs of people with a learning disability and their families. This includes services available to:

- People living in accommodation with support
- People living with their families and their family carers.

It also seeks to promote social and economic inclusion of people with a learning disability in everyday community life.

The strategy outlines how the needs of people with a learning disability are changing and becoming more diverse and responds to the significant challenges that we face in transforming our services. It builds on work already in place to improve learning disability services in Sheffield, and proposes significant changes in the way services will be commissioned and provided in the future.

There is a need for considerable change and development across Learning Disabilities services in Sheffield. We have set this out in the strategy (attached). Commissioning plans will be developed to support and implement change. This will include further work to engage with people who use services and their families. Further equality impact assessments will be developed alongside these.

1 Health and wellbeing

IMPACT – positive / medium

Will the proposal have a significant impact on health and wellbeing including its effects on the wider determinants of health?

The Learning Disabilities Commissioning Strategy sets out the headline plans for how we propose to make major improvements to the services that can be purchased or provided to meet the support needs of people with a learning disability and their families. It seeks to improve their access to universal services, and contribute towards preventing, delaying or reducing the need for support.

Action Plan; Action and mitigation

We will continue to seek information about impacts on health and wellbeing as we develop the commissioning plans.

2 Age

IMPACT – positive - medium

Customers: Age Impact and Level

Customers: Provide details on Age Impact

The overall impact of this strategy will be positive for younger and older people because it aims to increase the diversity of support services and help us better meet people's increasingly diverse needs and expectations.

Young adults and their families have told us that services as they are now do not always meet their expectations, and there are issues in how positive the transition from Children's to Adults' services is. There is also some evidence that some older people with learning disabilities would benefit from more access to generic older people's services such as nursing care and Extra Care housing.

However, although people want improvement, we know change can create anxiety. Even when change is generally positive it can initially be difficult for service users and their families, and therefore transitional arrangements would need to be managed carefully and sensitively. This came out as a strong message in the consultation.

Demographics

The number of adults with a learning disability is increasing. More children with major disabilities are surviving into adulthood and more disabled adults are living into older age.

The increase in numbers is primarily due to a rise in number of younger people with a learning disability, in particular children with more severe and complex needs, and children with autism.

There is also a 'bulge' in the number of people aged 35 to 50. Many of these people are living with family carers, most in older age. As their family carers age,

there will be an increase in demand for accommodation with support away from the family.

Feedback from consultation

There has been considerable engagement with people who use services over recent years. We know that people want more diverse services that promote independence in the community and tackle barriers to social inclusion. Many respondents feel that there is a lack of appropriate provision for younger adults with learning disabilities; and the transition from Children's to Adults' services is a cause for concern for young people and their carers. Both older carers and people with learning disabilities with older carers are worried about the future and need to be able to plan ahead and take steps towards supported living for adults living at home with family carers getting older. The feedback suggested that some older family carers may not want respite service providers in their homes.

See also section on carers.

Age Action Plan; Action and mitigation

The strategy outlines that we will align our plans with Sheffield's plan for integrated commissioning of health and social care for people of all ages. We will work closely with Children's Services to ensure the local market of support services assists a smooth transition to adulthood, and improves consistency in the local offer to children and adults with a learning disability. The consultation has emphasised the need for joint working.

There has been consultation with children, young people and adults with learning disabilities. Proposals for specific service developments on how we transform family and community support, and accommodation with support will include evidence from the engagement on the draft Commissioning Strategy. We will carry out more detailed EIAs on these proposals early in 2015, once we have developed these plans, and we will consult on these proposals.

We will address concerns about the transition from Children's to Adults' services with better joint working between these services in the development of commissioning plans.

We will ensure that EIA findings and feedback from consultation particularly take into account the views and needs of different age groups.

3 Disability

IMPACT – positive - medium/high

Customers: Disability Impact and Level

Customers: Provide details on Disability Impact

The overall impact of this strategy should be **positive** for people with learning disabilities (including those who have additional disabilities) because it should improve the diversity of services and help us to better meet people's increasingly diverse needs and expectations. Customers' needs are becoming increasingly diverse and we need to respond better to this.

However, although people want improvement, we know change can create anxiety. Even when change is generally positive it can initially be difficult for service users and their families, and therefore transitional arrangements will be managed carefully and sensitively. It was reiterated in the consultation that people need time and support to adjust to change, and this should not be underestimated.

When mitigating actions have been put in place, the impact should lead to positive outcomes for people with a learning disability and their carers.

Demographics

Number of LD clients aged 18-64 receiving services provided or commissioned by SCC during the period 01/04/13 to 31/03/14: 1531.

The number of adults with a learning disability is increasing. The increase in numbers is primarily due to a rise in number of younger people with a learning disability, in particular children with more severe and complex needs, and children with autism. There is also an increase in the number of older adults with a learning disability. Our plans need to make sure local services are the right ones to support people with the most complex needs, in family settings, community settings and in accommodation with support away from the family.

Feedback from consultation

Many people with learning disabilities aspire to moving out of the family home into a place of their own and feel that the strategy should not expect or assume that people will remain in the family home.

Some people with lower level needs want and feel able to access the wider community. Others also want to but need some specialist services too. Some people need support to access the wider community. The consultation revealed a widely-held view that people with complex needs often require specialist support, including support in a building (e.g. day opportunity or short breaks service). Many people with learning disabilities enjoy and appreciate doing things together.

There are mixed views about paid work the potential impact on people's benefits is felt to be a major obstacle.

People said there is a need to make sure our plans for the future include plans for advocacy services and that there needs to be a clear vision for making sure the right advocacy support is available when people need it.

Disability Action Plan

There has been consultation with people with a learning disability. The discussions with learning disabled people were very much person with learning disabilities-led. Sometimes, due to people having very complex needs and behaviour, approaches and conversations were adapted to be suitable and appropriate for the particular individual and contributions were short and more limited. However, at every session valuable insight was gained from the people who participated. It was noted that within learning disabilities there is a very broad, diverse spectrum of need.

We will carry out more detailed EIAs on how we transform family and community support, and accommodation with support early in 2015, once we have developed the detailed plans. We will consult on these proposals. We need to review our investment in advocacy as part of our implementation of the strategy.

4 Pregnancy/ Maternity

No specific impact.

5 Race

Positive / medium

Customers: Provide details on Race Explanation impact

The strategy aims to make major improvements to services, and as new commissioning plans are developed (and informed by consultation and consultation) this will allow opportunities for sharpening how we commission and monitor services to reflect the needs of all equality groups within the LD community (for example, BME customers).

Demographics

19-20% of the general population (18-65) is from a BME background. The proportion of adults with a learning disability from BME communities is generally around the same as for the White British population in ages between 20 and 50, and lower in over 50s. However, there is a higher prevalence of learning disabilities amongst South Asian populations; where there is also evidence of increased prevalence of more than one person with disabilities in a family. There is evidence of increased prevalence of people with the most complex disabilities within BME communities.

However, the proportion of BME learning disability service users is significantly lower than the BME population proportion, at around 11% of service users.

Feedback from consultation

Concern was expressed during the consultation that there is a lack of appropriate provision for BME communities. For some Asian family carers, current building-based short breaks provision is not suitable due a lack of female-only provision and halal food. The feedback suggested some family carers from Asian backgrounds may not want respite service providers in their homes. Some Asian family carers saw potential in APSL and were keen to learn more.

Race Action Plan

There has been consultation with people from a BME background.

Proposals for specific service developments on how we transform family and community support, and accommodation with support will include evidence from the consultation. We will carry out more detailed EIAs on how we transform family and community support, and accommodation with support early in 2015, once we have developed the detailed plans. We will consult on these proposals with BME communities.

We will make sure that EIA findings and feedback from consultation take into account the views and needs of BME communities and ensure that our services are equally accessible for all.

6 Religion/ Belief

IMPACT – neutral

The strategy aims to make major improvements to services, and as new commissioning plans are developed (and informed by involvement and consultation) this will allow opportunities for sharpening how we commission and monitor services to reflect the needs of all equality groups within the LD community (for example, customers from different religious communities).

We will make sure the EIA findings and feedback from consultation take into account the views and needs of faith communities.

7 Sex

IMPACT – positive; low

Of the 1,722 LD clients receiving services provided or commissioned by SCC during the period 01/04/13 to 31/03/14, 1010 were men and 712 were women.

Over 50% of 10–20 year olds known to the Case Register have a diagnosis of autism. Autism affects more men than women. Our plans need to make sure local services are the right ones to support people with the most complex needs, both in family and community settings and in accommodation with support away from the family.

See also Carers section - more women than men have primary family caring responsibilities.

In the consultation, it was found that for some Asian family carers, current building-based short breaks provision is not suitable due a lack of female-only provision. This includes female transport staff, escorts, etc.

Action plan

Consultation took place with men and women (including carers).

Proposals for specific service developments on how we transform family support, accommodation with support and promote social and economic inclusion will include evidence from the consultation. We will carry out more detailed EIAs on how we transform family and community support, and accommodation with support early in 2015, once we have developed the detailed plans. We will consult on these proposals.

8 Sexual Orientation

IMPACT – neutral

There are 3514 people recorded on the case register so we can estimate up to 245 could be LGB. National research (e.g. Stonewall; Norah & Fry's Secret Lives) tells us that health and social care services need to do more to meet the needs of lesbian, gay and bisexual customers. Disabled people face the challenge of coming out twice as both disabled and LGB, double stigma may lead people to not wish to disclose (Davidson-Paine and Corbett, 1995).

The strategy aims to make major improvements to services, and as new commissioning plans are developed (and informed by involvement and consultation) this will allow opportunities for sharpening how we commission and monitor services to reflect the needs of all equality groups within the LD community (for example, LGBT customers).

The consultation plan identifies how the consultation was promoted to LGBT networks in the city. There is no specific feedback from the consultation.

Action plan

We will carry out more detailed EIAs on how we transform family support, accommodation with support and promote social and economic inclusion. We will ensure that EIA findings and feedback from consultation take into account the views and needs of LGBT communities. We will consult on these proposals.

9 Transgender

IMPACT – neutral

The strategy aims to make major improvements to services, and as new commissioning plans are developed (and informed by involvement and consultation) this will allow opportunities for sharpening how we commission and monitor services to reflect the needs of all equality groups within the LD community (for example, LGBT customers).

The consultation plan identifies how the consultation was promoted to LGBT networks in the city. There is no specific feedback from the consultation.

We will ensure that EIA findings and feedback from consultation take into account the views and needs of LGBT communities. We will consult on these proposals.

10 Carers

IMPACT – positive/ medium

Approximately 40% of adults with a learning disability known to adult social care live with family.

There is also a 'bulge' in the number of service users aged 35 to 50. Many of these people are living with family carers, most in older age. As their family carers age, there will be an increase in demand for accommodation with support away from the family. Supporting families to plan in advance for the future living arrangements of their disabled sons and daughters provides significant reassurance, and helps develop plans that maximise people's future independence and social inclusion.

See also disability section. Although people want improvement, we know change can create anxiety. Even when change is generally positive it can initially be difficult for service users and their families, and therefore transitional arrangements need to be managed carefully and sensitively. This came out as a strong message in the consultation. When these mitigating actions have been put into place, the impact should lead to positive outcomes for people with learning disabilities and their carers.

Involvement -

There has been consultation with carers.

For many people, 'living independently' is seen as living away from the family home. Some families want their disabled sons and daughters to increase their independence whilst living together as a family. Carers also said there should not be an assumption that families should continue caring at home, and that, for many, a move to live away from family is a positive option.

The importance of better support to help family carers to care at home was acknowledged by all. Feedback from the consultation shows that carers feel that support could be improved.

Many carers are concerned about the future for their sons and daughters, and want information, advice and support with planning for the future. See also age section.

Short breaks services are a priority: people want more choice, including more non-building based short breaks. There has been much discussion about potential changes to short breaks services in recent years. People say they now want something to happen. Consultation feedback shows that building based short breaks are felt to be important for people with more complex needs.

Carers' Action Plan

The consultation plan identifies how the consultation will be inclusive for carers.

We will carry out more detailed EIAs on how we transform family and community support, and accommodation with support - including when reviewing carers support contracts. We will carry out these EIAs early in 2015, once we have developed the detailed plans.

We will ensure that EIA findings and feedback from consultation particularly take into account the views and needs of carers.

10 Voluntary/ Community & Faith Sector

IMPACT – positive/medium

The strategy should provide opportunities for the VCF to become more involved in the lives of people with learning disabilities. There could be opportunities to compete to provide new and innovative community based services through the commissioning plans.

It is also possible that changes to services may increase pressure on some existing VCF services.

The consultation plan has already started to identify ways to engage the VCF sector in the strategy. It will be important that further ways to involve the sector are identified throughout the process.

11 Financial Inclusion, poverty, social justice

IMPACT – positive/medium

One of the aims of the strategy is to move more people from institutional forms of support (care homes) into tenant supported living. This allows for greater financial independence and opportunities (e.g. claiming benefits), as will the increased focus on employment.

Support to ensure support with financial capability and to avoid financial abuse would form part of wrap around support.

Appropriate networks for promoting the consultation have/will be identified as part of the consultation strategy.

Social and economic inclusion will be promoted through improving access to paid employment. We will develop specific proposals for employment support and will consult on these.

12 Other/ Additional

Staffing – Neutral

Change and improvement to services will impact on specific staff in specific services. Additional EIA/s will be completed regarding any planned staff changes as/when required. We will ensure that corporate good practice is followed.

13 Overall summary of possible impact

IMPACT – positive/medium

The overall impact of this strategy should be positive for people with learning disabilities (including people of different ages, men/women, BME people, people with additional disabilities, people with religion/belief, and LGBT people).

The strategy aims to make major improvements to services for people with learning disabilities. As new commissioning plans are developed (and informed by involvement and consultation) this will also allow opportunities for sharpening how we commission and monitor services to reflect the needs of all equality groups within the LD community (for example, BME customers).

Although people want improvement, we know change can create anxiety. Even when change ultimately results in positive outcomes for service users, it can initially be difficult for them and their families, and therefore any transitional arrangements would need to be managed carefully and sensitively.

It is important that we are transparent in the EIA process that the Council faces severe financial pressures and that we acknowledge that people are anxious about the impact this might have on their own care and support: there is a need to ensure the best quality and value for money so people can get the most from the available resources. It is also important that we ensure a fair approach to how all adult social care resources are spent so that we meet our equality duties to existing and new learning disability customers, as well as other older/disabled adult social care customers.

Appendix 3 – Report into the consultation on the draft Learning Disabilities Commissioning Strategy (2014)

1.0 Introduction

- 1.1 The draft Learning Disabilities Commissioning Strategy (2014) sets out broad principles for the future direction of support for adults with learning disabilities in Sheffield and their family carers. It contains a vision for the way people should be supported by 2018 and key priorities for getting there, including support for families and more emphasis on community-based, flexible support.
- 1.2 The Quality Team has worked with Adult Social Care Commissioning to run a consultation exercise with a range of stakeholders to test out the strategy's vision.
- 1.3 Feedback from the consultation, which closed on 14 November 2014, will inform the final version of the strategy, which will be included in a report to Cabinet in December 2014. Following approval of the final strategy, more detailed commissioning plans are expected, which will require further consultation with relevant stakeholders.
- 1.4 This report describes the approach taken to the consultation and the feedback received for each of the proposals.

2.0 Summary

Key overall messages from the consultation were:

- **Coordination** – the strategy needs be more joined up with Health, Assessment & Care Management and other partners
- **Support to carers/families** – there should not be an assumption that people with learning disabilities will remain living in the family home, and there must be planning ahead and support to prevent carer breakdown
- **Support to live in own home** – there was broad support for Supported Living and tenancy support models
- **Support for community involvement** – there was broad support for this aspiration but specific support for people with learning disabilities is needed to help people take advantage of community opportunities and to support social needs, and there needs to be more things to do in evening and at weekends
- **Barriers to community involvement** – there are mixed expectations about living more independently, and barriers to tackle, like transport, costs, [perceptions of] safety and lack of information
- **Doing things together** – there was an overall sense of the collective and that many people with learning disabilities enjoy and appreciate communal activity because of friendships, inclusion and shared experience
- **Reductions in personal budgets impact on the strategy** – there are concerns that people will be unable to afford to access more community activities (e.g. with Personal Assistants) with less funding
- **More choice of short breaks** – people with learning disabilities and families need more choice and information about affordable short breaks, and people whose behaviours services find challenging need a better choice specifically of building-based short breaks services

- **Quality assurance** – more needs to be done to reassure people about provider quality
- **People need to adjust to new arrangements** – people need time and support to move to new support arrangements, and this should not be under-estimated
- **Barriers to realising work potential** – lots of people talked about paid and unpaid work but there are mixed views, and benefits is a major obstacle
- **Building-based services** – many people with complex needs in particular need services based around buildings with appropriate specialist support
- **Broad spectrum of need** – it is important to recognise the diversity of need of people with learning disabilities, including people with complex and multiple disabilities
- **Advocacy** – the strategy needs to cover aims for advocacy

3.0 Consultation methodology

3.1 The aim was to ensure as many people in Sheffield as possible were aware of the draft strategy and knew how to have their say in relation to the strategy. It was acknowledged that people with a learning disability and their carers were likely to be most interested in the strategy and that a variety of ways to participate in the consultation was necessary in order to ensure everyone who wanted it had an opportunity to participate.

3.2 Methods used to gather the views of Sheffield Citizens included:

- An online survey, also available in paper and other alternative versions (see **Appendix 1**).
- Organised public consultation events including one aimed at carers, one for people with learning disabilities and one for people with learning disabilities who use direct payments.
- Visits to existing SCC learning disability service-user and carer forums.
- Visits to 3rd sector representative and support groups for people with learning disabilities and their family carers.
- Visits to a range of service settings for both internal and external providers where there were groups of people with a learning disability and family members. This was planned as far as possible to include a geographic spread across the city, views from people of different ages including young people, and views from people with different spectrum of need. (See **Appendix 2** for the list of organisations visited).
- Support materials were also available for groups to run their own consultation event.
- Groups or service settings were also able to request a member of the consultation team to attend and run a discussion event for them.

3.3 An Equality Impact Assessment was carried out on the consultation plan to ensure that those people whose views are seldom heard were also able to contribute to the consultation. (See **Appendix 3** for the consultation Equality Impact Assessment).

3.4 The draft strategy was available on the website and an easy read version entitled 'The Big Plan' (See **Appendix 4**) was also prepared to accompany the consultation. Copies of 'The Big Plan' and the full strategy were distributed at all the events and others were requested by individuals.

3.5 The consultation was carried out by members of the Quality Team within Business Strategy, Communities. This team has experience of conducting consultation exercises and particular experience involving people who have a learning disability.

- 3.6** The discussions and conversations with learning disabled people were very much person with learning disabilities-led. Where possible, an introduction to the purpose of the strategy was given and then a 'big tree' exercise was completed. This asked people to think about what their aspirations were and what things they needed or wanted to be available in the future in order for them to flourish and for their own wellbeing. (see **Appendix 5** for an example of a completed tree).
- 3.7** Discussions then took place about the quality and range of provision and support available at the moment and about things respondents felt were missing. During these conversations the themes present in the strategy – such as approach to short breaks, accommodation or employment – were addressed. It should be noted that some people wanted to express views on everything whilst others only had a very narrow focus.
- 3.8** Sometimes, due to people having very complex needs and behaviour, approaches and conversations were adapted to be suitable and appropriate for the particular individual and contributions were short and more limited. However, at every session valuable insight was gained from the people who participated.
- 3.9** The views of people with learning disabilities and family carers were recorded separately wherever possible. However, on some occasions the presence of a family carer or a known support worker was the only way to enable an individual to be able to contribute.
- 3.10** At the SCC provider session, care was taken to record the views of the providers as providers of social care. However it was also noted that those who currently provide services to people with learning disabilities were also able to comment on issues they had observed which were pertinent to the people they worked with.
- 3.11** The information gathered from this exercise is therefore largely qualitative and should be considered as valuable insight and comment.
- 3.12** Engagement and involvement in this consultation was promoted by:
- 2,753 letters to every person with a learning disability aged 14 years plus on the Sheffield Health and Social Care Trust (SHSCT) Learning Disability Case Register (see **Appendix 6** for copy of the letter)
 - Information distributed about the consultation to SCC learning disability staff
 - Consultation advertised in Communities News (email bulletin for all staff within Communities , approximately 3,000 in total)
 - Webpage created with information about the consultation and opportunity for people to download the strategy, the Big Plan and to complete a survey – 856 individuals viewed the webpage
 - Online survey on the Council website
 - Production of 'The Big Plan' easy-ready version of the strategy
 - Links to the SCC website consultation page were made from Disability Sheffield website, Signpost Sheffield, Healthwatch Sheffield, Carers in Sheffield and Voluntary Action Sheffield
 - Commissioning section shared with their adult provider services network, including 100 Learning disability provider contacts
 - Shared with the SCC Strategic Equality and Inclusion Staff network
 - Advertised via the SCC Equality Hub network
 - Advertised on Citywide Learning Body information centre
 - Notified Sheffield Futures, Parent Carer Forum and the Parental Assembly

- Notified the Transitions team and the Children with Disability Team
- Dedicated phone line provided to give views or complete a survey over the telephone
- Dedicated email address provided to email views and comments or requests
- Sheffield Universities advertised the consultation on their staff intranets (approximately 9,500 staff)
- Details emailed to 507 organisations in Sheffield and asked to disseminate information to all staff and people with learning disabilities – this included BME groups, 54 Faith groups and 23 LGBT groups (see **Appendix 7** for copy of the email)
- Presentation at SAVE (Sheffield Association for the Vulnerable and Excluded) network meeting – left Big Plan, copies of paper survey and flier advertising events for service users
- 13 BME groups with known learning disability received a targeted email inviting them to participate and offering support to do so
- Articles published in nine Partner newsletters e.g. Parental Assembly, Sharing Caring Project newsletter, Carers Centre newsletter, SAVE newsletter, Disability Sheffield, Learning Disability Partnership Board e-bulletin, News bite
- SAVE press release from the Council’s Communications team
- Radio interview on Radio Sheffield by Cabinet Member for Health, Care and Independent Living
- Promoted on Sheffield Live Community Radio and via an on-line video clip
- Social media advertising including twitter
- Offered to facilitate consultation events with all organisations contacted and targeted organisations that support learning disabled people to ensure their views were heard

3.13 Who responded?

Approximately 380 individuals engaged in the consultation through different methods:

- 21 consultation sessions with service-user and family carer groups
- Four consultation events
- Provider forum
- 24 surveys responded to by 15 family carers/members; two people with learning disabilities; six LD professionals; one ‘other’
- Two groups requested information to run their own sessions

3.14 Relevant views of other stakeholders were gathered through engagement routes outside the Quality Team’s consultation.

3.15 Adult Social Care Commissioning gathered feedback from key statutory partners:

- Transitions team – SCC
- Clinical Commissioning Group
- Executive Management Team – SHSCT
- Learning Disability Service Community Team – SCC
- Learning Disability Service Provider Service – SCC
- Learning Disability Service Community Team and Provider Service – SHSCT

Key headlines from this were:

- Lack of appropriate accommodation, particularly for people with higher/complex needs

- Lack of responsiveness and flexibility of some in house short breaks provision – there is a need for good quality short breaks so that families can continue to care
- Restricted choice of daytime opportunities – there is a need for good quality day time opportunities
- More joined up approach between children’s and adults’ services needed.

See **Appendix 8**.

3.16 At the same time as the consultation, Children’s Commissioning consulted on short breaks services for children and young people. The outcome of that exercise will be linked to this consultation.

3.17 Two other exercises, outside, but linked to, the consultation also took place:

- FLASh (learning disabilities family carer group) survey – relevant comments are included in feedback to this consultation
- Commissioning engagement with people with learning disabilities and family carers through the Health Reconfiguration programme

4.0 Results

The full feedback results are recorded on a database. The following is a summary of those results. Issues frequently cited raised by several different respondents are shown in **bold**.

4.1 Transforming family and community support

Changing and improving the support for family carers

4.1.1 Family carers associated a lack of support for themselves with inadequate service from assessment & care management – e.g. unable to contact the duty team or maintain contact with a named worker in social care or health (see below). Some people with learning disabilities agreed with family carers that poor communication or service from social workers contributed to a lack of support for family carers.

4.1.2 The importance of better support for family carers was acknowledged by all. Family carers cited a **lack of information about support and opportunities available**.

“Taking budgets off people – stress and not knowing where to go in the day, nothing available” – *family carer*

4.1.3 There was also insufficient support at times of crises.

4.1.4 To many family carers, support for them also meant reassurance that provision will be in place for their relatives in the future when they are no longer around or able to provide care. The need to **plan ahead** was a key theme – helping people in learning disabilities take steps towards independence before their families were unable to carry on in a caring role.

4.1.5 There was also a need to pass knowledge on from families to others. Some sons and daughters with learning disabilities also worry about their parents aging.

“Who will keep our daughter safe, healthy, clean and happy when we are no longer able?” *Family carer*

“We are not sure where to go for info? At the right time. In the future we want for her to be able to live independently.” *Family carer*

“People want to be able to plan for the future. Stages needed before supported living.” *Family carer*

“With family (happy), independently with a bit of support.” *Person with learning disabilities*

- 4.1.6 Some family carers (e.g. in Transitions) were concerned at the prospect of being asked to care for their loved ones indefinitely. Moving out of the family home into a place of their own – for example, supported living – was an aspiration for many people with learning disabilities and family carers. Some respondents associated moving out with the development of greater independence. The strategy should not expect or assume that people will remain in the family home.
- 4.1.7 The importance of **peer support** came across in the feedback. Groups who encourage this, and provide information and support – especially those who have operated over many years – were much valued by family carers.
- 4.1.8 Of the survey respondents, 12 (48%) agreed with the stated aim to help people to live at home with their families if they wish to do so and to do more in the community, and a further 10 (40%) agreed but had some other ideas, suggestions or concerns.

Changing and improving day time opportunities

- 4.1.9 There was **broad support for the aspiration of more community activities** amongst person with learning disabilities, providers and carers – a range of activities was identified in the consultation and an overall consensus that people:
- want to try different things
 - want to meet new people
 - want to be active and busy
 - want to do meaningful activities

“R loves working outside with plants. Likes learning about vegetables that he brings home. Makes him feel useful but not under pressure.”
Family carer

“Would be interested in more sports but doesn't have confidence for mainstream.” *Family carer*

- 4.1.10 People with critical or substantial needs also highlighted aspirations – e.g. being supported to go shopping and make personal choices.
- 4.1.11 Feedback highlighted barriers to community involvement. There was a general view that a **lack of information** about opportunities affects people’s ability to get involved.
- 4.1.12 **Reductions in personal budgets** were seen as reducing opportunities for people to take-up community activities. Examples included the costs of PAs and one-to-one

support, and taxis. Family carers and providers highlighted reducing budgets as a problem. However, some providers also acknowledged the need to work with other providers to develop opportunities for people with learning disabilities.

- 4.1.13 **Transport issues** were thought of as a further barrier and may prevent people from going out. People may lack travelling skills or face long journeys to opportunities they want to take up. This issue is linked to comments made by family carers about reductions in specialist transport and **reductions in personal budgets**.
- 4.1.14 Certain places felt safer – e.g. a regular learning disabilities-specific organised event in a mainstream setting was cited by several people. Many respondents felt there was a need for support for people with learning disabilities to get involved in community activities. This included support to do things together and the maintenance of **learning disability specific services** and groups. This would provide for peer support, socialisation, the exchange of ideas and, for people with complex needs, stimulation.
- 4.1.15 Some person with learning disabilities queried whether there was enough support for people with lower level needs. There was some awareness of the potential of certain community facilities – e.g. an advocacy group feeling they could meet in a quiet pub.

“Prefer being at home on my own because have been bullied so not feel safe. Could try if someone was with me. If it's too loud, can be intimidating.” *Person with learning disabilities*

“Nervous about going to town, want more local support in the community.”
Person with learning disabilities

- 4.1.16 Personal Assistants were seen by many as being essential to help people with learning disabilities access community activities and some PA arrangements were working well. Family carers highlighted some concerns about PAs, such as the lack of sickness cover. Examples of PAs apparently ignoring their clients were given, which linked family carer questions about the real quality/benefit certain community activities for people with complex needs – e.g. spending a lot of time in shopping centres.

“[The PA is] great, involves son with family.” *Family carer*

- 4.1.17 Support to develop and sustain **friendships and relationships** was a high priority for person with learning disabilities, and agreed with by both family carers and providers. A risk of being encouraged to do more in the community, paradoxically, was more isolation for people as old peer groups and services may erode. There were calls for more **weekend and evening opportunities**, and more flexibility from support providers.
- 4.1.18 The need to support people with learning disabilities to make the transition towards independent and community-based activity was also expressed. People need time and support to adjust. An example given was the need to **plan ahead** and take steps towards supported living for adults living at home with family carers getting older. Family carers, providers and other professionals highlighted the need to help people develop independent living skills.
- 4.1.19 Supporting people to manage change also applied to moving between support providers. Some respondents highlighted the importance of person with learning disabilities knowing a service and the people there.

“If my daughter is happy with her respite provider but just about to start college then don’t change her respite at the same time. Don’t overload them at the same time with too much change....e.g. keep building but can change staff.” *Family carer*

“Need 'hub' to meet people. Isolated after leaving school” – *person with learning disabilities*

- 4.1.20 There was mixed feedback about day services but an overall view that there is still a place for them. Person with learning disabilities and family carers wanted more information and communication about day services. There was positive feedback about a number of independent providers of day opportunities and some in-house provision. Good services encouraged people to get involved and choose their own activities.
- 4.1.21 The need for **specialist building-based support** currently provided in day service settings was highlighted – e.g. sensory stimulation and warm water therapy for people with complex needs.
- 4.1.22 Some person with learning disabilities and family carers looked to day services to provide social contact for people and respite for families. The feedback conveyed a sense that day centres provide a base from which people may then go out and do things (if transport is available).
- 4.1.23 Some support providers criticised current day service provision and others felt that there were more opportunities out there than provided by day services alone.

“...day service premises are too small and not really fit for purpose (it's in a pub). We are students - we want to do adult stuff - not "baby stuff" like jigsaws. What's the point!! It's also under-staffed. We want more than just to socialise.” *Person with learning disabilities*

“Agree that some services are out of date. The staff working there don’t keep up with changes over the years and then they can’t support people properly.” *Family carer*

- 4.1.24 There was no clear feedback about the availability or suitability of education opportunities. Some comments were made about the benefits of smaller class sizes, others about the chance to take part in mainstream activities through college. One respondent felt the strategy did not say enough about lifelong learning and the link to training and employment.
- 4.1.25 Of the survey respondents, 11 (40%) agreed with the stated aim to support people to be able to do the same things in the community as other people, and a further 11 (40%) agreed but had some other ideas, suggestions or concerns.

“We need to focus on skill development and personal development rather than focus on leisure activity so much. Need to address physical and mental well-being and healthy diet/lifestyle to reduce health inequality” – *LD professional*

Changing and improving short breaks

- 4.1.26 There was mixed feedback to the current respite/short breaks provision available. Some family carers really valued it because it works for them. For example, one service was felt to understand their customers and generally really tried to provide good support for people with high support needs. There were some comments about the difficulty of physical access to the building. Another family carer referred to it as ‘stresspite.’
- 4.1.27 Some family carers felt the facilities at another service were inadequate and it was not geared up to support with challenging behaviour. A shortage of staff and management often meant person with learning disabilities were unable to go out while staying there, which caused anxiety for person with learning disabilities and family carers.

“No entertainment, bored, wants and makes excuses to come home, sat on backsides all day. What they wanted to do: Walk, swim, coffee and cake in the cafe or at the supermarket – not children's games.” *Family carer*

“[A building is needed for short breaks] “to prevent daughter either destroying things/hurting herself.” *Family carer*

- 4.1.28 Family carer feedback highlighted the need for building-based short breaks for people with complex needs and behaviour that services find challenging in order to provide an appropriate physical environment.
- 4.1.29 Other feedback reported the difficulty in encouraging people with learning disabilities to go to respite. However, some respondents suggested some older family carers, and those from Asian backgrounds, may not want respite service providers in their homes.
- 4.1.30 For Asian family carers, there was a lack of an entirely suitable building-based service. There was a question-mark about whether services were able to provide halal food for Muslim service-users. There was a clear reluctance to want female Muslims to go to a mixed-sex short breaks facility.
- 4.1.31 Family carers did not see a nursing home as being an appropriate environment for respite, but had mixed views about out of city short breaks. Some family carers and people with learning disabilities highlighted the benefits of holiday-focused short breaks out of Sheffield.
- 4.1.32 There was some lack of knowledge about short breaks options amongst family carers and people with learning disabilities. Others, including person with learning disabilities, wanted some more flexibility of ideas for breaks.
- 4.1.33 Some respondents wanted short breaks services with better facilities for younger person with learning disabilities (e.g. internet access).
- 4.1.34 Respondents agreed there was a need for better support for people in crises and for there to be more choice of short breaks for people with complex needs and behaviours that services find challenging.

“Need to make sure that there is appropriate provision for people with challenging conditions.” *LD professional*

- 4.1.35 One provider felt that some current short breaks providers were over-charging in a market of few suppliers. Other respondents said that personal budget reductions were

reducing the affordability of current respite, reducing take-up and wrongly suggestion this service was not needed.

4.1.36 Of the survey respondents, 13 (54%) agreed with the stated aim to give people a better choice of short breaks, and a further five (21%) agreed but had some other ideas, suggestions or concerns.

4.1.37 Around the same time as the consultation has taken place, Children's Commissioning have been conducting their own consultation into short breaks for children and young people. It is hoped and expected the results from that exercise will inform the final version of the Learning Disabilities Commissioning Strategy and subsequent development of plans.

Increasing Adult Placement Shared Lives (APSL)

4.1.38 There was **overall support for the development of APSL**, with some qualifications. There was family carer and person with learning disabilities feedback about the scheme's flexibility, quality and value for money. Some Asian family carers saw potential in APSL and were keen to learn more.

"With a family I'm familiar with and trust, close by for some headspace. They know your routines and willing to learn" – *person with learning disabilities*.

4.1.39 However, other respondents felt it would be hard to match people and could take a long time to set up arrangements. There were questions from family carers as to how it could meet the needs of people with complex needs. It might be preferable to employ a PA rather than go through matching exercise.

4.1.40 Some family carers had concerns that APSL arrangements could break down and, inevitably, would come to an end when the provider family members themselves became too old to carry on.

4.1.41 Of the survey respondents, 16 (64%) agreed with the stated aim for more people to have support from Adult Placements Shared Lives, and a further two (8%) agreed but had some other ideas, suggestions or concerns.

4.2 Transforming services that provide accommodation and support

A new Learning Disabilities Accommodation Commissioning Plan

4.2.1 Feedback broadly **welcomed the development of a new accommodation plan** and the aim to develop housing options that meet people's needs. Having the right choice of accommodation was highlighted by people with learning disabilities, carers and providers, who also stressed the importance of matching people.

4.2.2 The consultation covered people's overall views towards accommodation options. More detailed accommodation plans are anticipated and expected to generate more specific feedback.

4.2.3 Person with learning disabilities highlighted the need for appropriate accommodation for people with low support needs and tenancy/network support was cited by several respondents as a good model.

“Son needs 1:1 support. Waiting for accommodation - Been waiting 4 years; at top of list. Keep bidding but rejected every time. No explanation.”

Family carer

- 4.2.4 Of the survey respondents, 14 (56%) agreed with the stated aim for people to have more choice of high quality housing that suits their needs, and a further six (24%) agreed but had some other ideas, suggestions or concerns. 16 respondents (67%) agreed with the stated aim for all houses, flats and other types of housing to be of high quality and value for money, and a further four (17%) agreed but had some other ideas, suggestions or concerns.

Implementing the new supported living framework

- 4.2.5 There was **strong overall support for Supported Living** and similar models of accommodation and care, and different independent supported living providers were referred to positively.
- 4.2.6 However, several respondents believed Supported Living was not appropriate for all.
- 4.2.7 In many cases, people with learning disabilities were able to reflect on the positive outcomes of moving into their own home. For example, support for some tenants helps them to focus on community-based and mainstream activities such as work, and there was other positive feedback about tenancy support.

“I like it because my housemates help me, also the care staff. It's brilliant. Would like more flexibility to do evening activities. All 3 service users have to want to do it or we can't do it. Would be good to live with like-minded people.”

– *Person with learning disabilities*

“Live independently with partner in a privately rented flat. Support worker comes in each day and father helps with finance - 'appointee service'. Takes away the stress.” *Person with learning disabilities*

- 4.2.8 Supported living was a future aim for some young people in school. Family carers of young people in Transition were expecting and looking forward to their children moving into supported living when the time is right. They agreed with the sentiment to provide the right support for family carers but did not like the idea of being asked to care indefinitely. Family carers highlighted the need to have plans for people to move into their own accommodation out of the family home in later life.
- 4.2.9 Family carers of people who are now tenants with Supported Living providers were satisfied with the support their relatives receive and the time away from a direct caring role it has afforded them. Some family carers, though, had to maintain a higher than expected practical role with their relative and the Supported Living provider.

“Supported Living – how will it be monitored? Will carers/parents be involved? What will happen when standards not good?” *Family carer*

- 4.2.10 There some warnings about people being asked to move into Supported Living at the wrong time. One sibling of a service-user compared a poor Supported Living environment with a previous caring and healthy residential care set-up. A professional and a family carer both highlighted the challenge of people making meaningful choices about who

they live with. A person with learning disabilities identified the stress of moving into a more independent setting from an institutional one.

- 4.2.11 Some concerns were expressed about the relationship between cost and quality in the Supported Living Framework. A small number of concerns were raised about security of tenure, Housing Benefit claims and the quality of accommodation within the private rented sector. There was also worry about liability for bills in shared accommodation when other tenants leave.

“My wife and I were caring for our son for 50 years and didn’t need help. But when my wife became ill, my daughter died and our son’s behaviour became difficult to cope with, my social worker talked to me about Supported Living” – *Family carer*

Improving value for money in higher cost accommodation and support services

- 4.2.12 Feedback suggested further clarification of the term ‘value for money’ may be helpful. Some respondents interpreted it as meaning lowest cost providers. One respondent suggested ‘best value’ as an alternative.

- 4.2.13 There was agreement of the need to monitor services, including putting in place effective person with learning disabilities feedback into the measures of quality. **Quality assurance** of services was a big overall issue, especially for carers. However, there were examples of independent providers in supported living and day opportunities that are working well. These included services felt to have specialist skills – e.g. autism.

- 4.2.14 Reducing block contracts and developing a bigger market was interpreted by some carers as *inhibiting* choice (because more expensive providers are not affordable). Some family carers and providers felt there should be longer-term funding to providers.

“The voluntary sector is often superb at working with LD in a multitude of ways – maintain funding securely rather than constant short-term contracts that have to be applied for.” *Family carer*

- 4.2.15 Providers identified the need to develop befriending, informal support and joint-working with other providers, showing awareness of needing to make the money go further.

Increasing long term Adult Placement Shared Lives services

- 4.2.16 The consultation feedback did not distinguish between the need for short-term or long-term APSL. Overall, there was interest in the scheme with some qualifications – see above.

4.3 Improving people’s wellbeing and social inclusion

Community development

- 4.3.1 Each respondent group stressed the need to develop **better community awareness** (people with learning disabilities cited tolerance, respect and safety) to make this aspiration achievable.

- 4.3.2 The need for Changing Places facilities was highlighted by some respondents.

4.3.3 Many respondents agreed with the strategy's sentiment for more people with learning disabilities doing activities with the wider community. Leisure/sports aspirations were highlighted, but the clearest examples of this came in relation to work and unpaid work – see below.

Changing and improving access to paid employment and volunteering

4.3.4 There was a mixed, but overall, supportive response to the aim of more people working.

4.3.5 The consultation included an unprompted 'big tree' exercise that invited respondents to list the most important priorities they would like to see in place for people with learning disabilities (see **Appendix 5**). The words 'employment', 'work', 'volunteering' or 'jobs' got 51 separate mentions, second only to the general term 'support' (52), and well ahead of the next most repeated terms ('activity' or 'activities', 32).

4.3.6 A reasonable proportion of people with lower levels needs were working, had worked and/or aspired to work. There were many different examples:

- Lathe work
- Shop work
- Catering
- Carpentry
- Reception
- Office work

"[Through employment] 'people feel they have the same opportunities.'" *LD professional*

4.3.7 Many respondents really wanted, and felt able to, access wider community activities, including outside – e.g. examples of working on allotments, gardening projects and with animals were referred to. One family carer spoke positively of his son volunteering in the Peak District.

4.3.8 Some respondents flagged up a lack of cohesion. Providers had concerns about inadequate employment support provision. This concern added to a perception that Government schemes were not known about and did not benefit people with learning disabilities in the main.

"Needs to be better coordinated between job centre and learning disability services – at present, no coordination at all." *Family carer*

"Disability employment advisors from Job Centre Plus need to be more knowledgeable" – *provider*

4.3.9 **Benefits** were a significant barrier to person with learning disabilities, and the desire to retain non-work benefits had a practical impact on people's appetite to work.

"Should aim for jobs that offer significant hours per week to help lift people with LD out of poverty." *Family carer*

4.3.10 People had different motivations to work or volunteer – e.g. one person with learning disabilities on the autistic spectrum wanted to work in a supermarket because he liked the order of the aisles, the colours and because he finds it calming.

- 4.3.11 Family carers, person with learning disabilities and providers also flagged up the need for meaningful occupation and activity.
- 4.3.12 There were some concerns about purposeless activity, the risk of exploitation and bullying in the workplace, although some person with learning disabilities reported good support from work colleagues. A lack of employer awareness was also highlighted as an issue. Other respondents raised the issue of the time needed to learn jobs and the support with communication required whilst at work.

“Not enough worthwhile activities or employment opportunities. Day services still working in a 'teaching' model rather than promoting leadership and empowerment” – *provider*

- 4.3.13 There was some family carer support for the ambition for more people with learning disabilities to find paid employment as a means to increase income in a supportive workplace environment.
- 4.3.14 Of the survey respondents, 16 (67%) agreed with the stated aim for more people with a learning disability to have the support to do paid or unpaid work if they want to, and a further five (21%) agreed but had some other ideas, suggestions or concerns.

5.0 What people also said

- 5.1 There was **overall positivity about the aims in the strategy** but many concerns about its deliverability. Of the survey respondents, 10 (40%) agreed with all of the strategy’s vision, and a further 10 (40%) agreed some of it. The consultation feedback showed that respondents wanted more detailed plans and welcomed the opportunity to consult on these when they are available.

“It will help the service user to have a better quality of life.” *Person with learning disabilities*

- 5.2 An overall theme was the feeling amongst respondents that more communication and information is needed.
- 5.3 Person with learning disabilities, providers and carers each highlighted the importance of **advocacy**, which the strategy does not directly address.
- 5.4 Many family carers felt the strategy needed to show a greater **co-ordination and join-up with other key services** – e.g. Assessment & Care Management, Health services, education and Job Centre Plus.

“Well intentioned, but practicalities don't always match.” *Family carer*
 “Where is the link with current policy and practice? E.g. Creative respite solutions are not being agreed.” *Family carer*

“Would be very happy if everything in the strategy were delivered, but the reality of what's done is different.” *Family carer*

“Social care cannot progress without health involvement. Where is the

- 5.5 Family carers had a lot of **concerns about assessments**. Some queried the value of assessments that take a lot of time, make service-users anxious and are conducted in respect of people whose needs may not change. Some family carers were unhappy with the way reviews and reassessments have been carried out.
- 5.6 People who had personal experience of reducing personal budgets were concerned about possible impact and anxiety for family carers, person with learning disabilities (and providers). There were with strong feelings that this hampered many of the strategy's aims for more community activity. There are on-going discussions about this involving the Director of Care & Support and forums of people with learning disabilities and family carers.
- 5.7 There were also concerns with a perceived lack of social workers and no single/consistent point of contact. For many, the experience of assessments, support plans and processes seemed completely at odds with aspirations in the strategy.
- 6.0 **Equality issues**
- 6.1 The consultation revealed a widely-held view that **people with complex needs require specialist support**, including support in a building (e.g. day opportunity or short breaks service).
- 6.2 Some Asian family carers were not entirely comfortable with current building-based short breaks (respite) provision in terms of its cultural appropriateness – a lack of female-only provision and halal food.
- 6.3 Family carers often expressed a different emphasis to that of people with learning disabilities – e.g. in relation to expectations about people staying living in the family home.
- 6.4 Family carers, including older carers, had specific concerns about planning ahead and independence for their sons and daughters.
- 6.5 Younger people with learning disabilities, including teenagers in Transition, overall had more aspirations to live away from their family home.
- 6.6 No sexuality issues were raised, and no differences in approach for lesbian, gay, bi-sexual or trans-gender people with learning disabilities.
- 6.7 No specific faith issues were raised, other than the halal food issue highlighted above.
- 6.8 No specific gender issues were raised, other than the single-sex short breaks service issue raised by Asian carers and highlighted above.

Sheffield City Council

Draft Learning Disabilities Commissioning Strategy 2014-2018

Your views on proposed changes to learning disability services

The number of people with a learning disability in Sheffield is increasing and their needs are changing. We need to make sure we have the support and services in the city that can meet these needs in the future. We would like your views on our ideas for a new approach to supporting people with a learning disability. This includes:

- A bigger choice of more flexible support options
- More support for family carers
- Support that enables people to be more independent and involved in the community
- More value for money in services

It would be helpful to have a copy of the strategy document to hand whilst completing the survey as some of the questions are about specific parts of it. The full strategy document or the easy-read version 'The Big Plan' can be downloaded from our webpage -

www.sheffield.gov.uk/lcds. The strategy document outlines our vision. We will ask you your views on this at the end of the survey.

Section 1: What you think about the services you currently use

Are you answering these questions as a...

- Person with a learning disability
- Family carer of a person with a learning disability
- Professional working in social care / health (voluntary or independent sector)
- Professional working in social care / health (public sector)
- Other

If other, please state [Click here to enter text.](#)

Do you use or have experience of any learning disability services?

When we talk about learning disability services, we mean things like day services, short breaks, employment services, supported living, carers' services and residential / nursing care. If you are a service provider, please do not comment on your own service but we are interested in what you might think of other services.

- Yes
- No

Please tell us which services you use or have experience of. Tick all that apply.

- Day services
- Respite / short breaks
- Employment services
- Supported living
- Carers' services
- Residential or nursing care
- Other

Which other learning disability services do you use?

What do you think about day services?

- Very good
- Good
- Quite good
- Not very good

Is there anything else you want to say about day services?

What do you think about respite / short breaks services?

- Very good
- Good
- Quite good
- Not very good

Is there anything else you want to say about respite / short breaks services?

What do you think about employment services?

- Very good
- Good

- Quite good
- Not very good

Is there anything else you want to say about employment services?

What do you think about supported living services?

- Very good
- Good
- Quite good
- Not very good

Is there anything else you want to say about supported living services?

What do you think about carers' services?

- Very good
- Good
- Quite good
- Not very good

Is there anything else you want to say about carers' services?

What do you think about residential or nursing care?

- Very good
- Good
- Quite good
- Not very good

Is there anything else you want to say about residential or nursing care?

Do you receive a direct payment?

- Yes
- No

What do you use your direct payment for? Tick all that apply.

- Buying things such as equipment that you need to live independently
- Supported living
- Employing a personal assistant(s)
- Day time support such as a day service
- Short breaks
- Other

What else do you use your direct payment for? [Click here to enter text.](#)

Do you think you have enough choice in what you can buy with your direct payment?

- Yes
- No

Please tell us why

Section 2: Your views on some of the things we would like to do

The next few questions ask what you think about our aims for the next four years and the things we want to do to achieve them. You will need to read the background information either in the [Draft Learning Disabilities Commissioning Strategy 2014-2018](#) or [The Big Plan](#) (easy-read version). We will refer you to the relevant section. The section numbers are the same, whichever version of the strategy you are reading.

We want to help people to live at home with their families if they wish to do so and to do more in the community. Please read [Section 4.1](#)

Do you agree with these aims and how we want to achieve them?

- Yes
- Yes, but I have some other ideas / suggestions / concerns
- No
- Not sure

Please tell us why you answered this way

We want people with a learning disability to be able to do the same things in the community as other people. We want to make sure that they are supported in the best possible way to do these things. Please read [Section 4.3 \(a\)](#)

Do you agree with the aims and how we want to achieve these?

- Yes
- Yes, but I have some other ideas / suggestions / concerns
- No
- Not sure

Please tell us why you answered this way

We want to give people a better choice of Short Breaks Services. Please read [Section 4.1 \(c\)](#)

Do you agree with the aim and how we want to achieve this?

- Yes
- Yes, but I have some other ideas / suggestions / concerns
- No
- Not sure

Please tell us why you answered this way

We want more people to have support from Adult Placement - Shared Lives. Please read [Section 4.1 \(d\)](#)

Do you agree with the aim and how we want to achieve this?

- Yes
- Yes, but I have some other ideas / suggestions / concerns
- No
- Not sure

Please tell us why you answered this way

We want people to have more choice of high quality housing that suits their needs.

Please read [Section 4.2 \(a\)](#)

Do you agree with the aim and how we want to achieve this?

- Yes
- Yes, but I have some other ideas / suggestions / concerns
- No
- Not sure

Please tell us why you answered this way

We want all houses, flats and other types of housing to be of high quality and value for money.

Please read [Section 4.2 \(b\)](#)

Do you agree with the aim and how we want to achieve this?

- Yes
- Yes, but I have some other ideas / suggestions / concerns
- No
- Not sure

Please tell us why you answered this way

We want more people with a learning disability to have the support to do paid or unpaid work if they want to.

Please read [Section 4.3 \(b\)](#)

Do you agree with the aim and how we want to achieve this?

- Yes
- Yes, but I have some other ideas / suggestions / concerns
- No
- Not sure

Please tell us why you answered this way

Section 3: Your views on our vision - the changes we want to see by 2018

Please read [Section 1.1](#)

How much do you agree with our vision?

- I agree with all of it
- I agree with some of it
- I don't agree with any of it
- I am not sure

Please tell us any ideas, suggestions or concerns you have about our vision

Section 4: Equality Monitoring

How do we use this information?

This information helps us to make sure that everyone has a chance to have a say. It also helps us to understand the different views different groups may have. If you do not want to answer any specific question, please leave it blank. Some questions may feel personal, but the information we collect will be kept confidential and secure. The better the information that we collect, the more useful it will be.

Which of these best describes your ethnic or cultural background?

- White
- Mixed / Dual Background

- Asian or Asian British
- Black / African / Caribbean or Black British
- Other Ethnic Group

How would you describe your religion?

- Atheist / None
- Buddhism
- Christianity
- Hinduism
- Humanism
- Islam
- Judaism
- Sikhism
- Other

If other religion, please state [Click here to enter text.](#)

Do you actively practise your religion?

- Yes
- No

Which age bracket do you come under?

- Under 14
- 14-18
- 19-24
- 25-44
- 45-64
- 65-79
- 80 or over

Are you...

- Male
- Female

What is your current employment status?

- Employed / self-employed
- Not employed and currently looking for work
- Not employed and not currently looking for work
- Student
- On an apprenticeship scheme / training programme
- Retired
- Other

Do you consider yourself to be a disabled person?

- Yes
- No

One final question...

We would like to know what you thought about this survey so that we can make any necessary improvements to future surveys. Please give your comments in the box below - these might be about things such as the design, content, length, language used, how easy or difficult it was to fill in.

Thank you for taking the time to complete this survey. Your views will help influence our plans.

Appendix 2 – list of organisations visited

LD Commissioning Strategy Consultation Events			
Organisation / Event	Type of Organisation	Date	Nos.
Living Our Lives Group	SCC Customer Forum	09-Sep	7
Strategic Equality & Inclusion Network	SCC Staff Forum	18-Sep	10
CCG	Commissioning/contracts engagement	18-Sep	14
LD Partnership Board	SCC Customer Forum	22-Sep	27
LD community services – SCC	Commissioning/contracts engagement	24-Sep	22
Key Ring – customers	Independent provider	30-Sep	8
LD family carers	SCC/Mencap Joint Event	01-Oct	30
LD Customer Forum	SCC Customer Forum	02-Oct	4
Good Place to Live	SCC Customer Forum	02-Oct	5
Transitions Team	Commissioning/contracts engagement	03-Oct	4
In-house day service customers	SCC In-house provider	07-Oct	12
Sharing Caring Project Transitions parents group	Independent provider	09-Oct	10
Direct payment users event	SCC organised open event	10-Oct	50
Talbot School – consultation with 16-18 year olds	SCC Special School	14-Oct	12
LD BME Carers support group	Pakistani Carers Support Group through Sharing Caring Project	15-Oct	20
Disability Sheffield – Self Advocacy Group	Independent provider	16-Oct	7

Heeley City Farm – customers/ volunteers	Independent provider	16/10/2014	12
LD health services – SHSCT	Commissioning/contracts engagement	20/10/2014	26
North Carers Support Group	Carers lunch club through Sharing Caring Project	21-Oct	14
HFT – families	Independent provider – families	21-Oct	12
Provider Reference Group	Agenda item on SCC regular forum	22-Oct	36
Paces	Commissioning/contracts engagement	22-Oct	12
Service user event	SCC Open Event	24-Oct	25
Paces – customers and families	Independent provider	24-Oct	12
HFT – customers	Customer forum	28-Oct	11
Fairways Carers Support Group	Carers lunch club through Sharing Caring Project	30-Oct	20
Spa Sensations – customers	Independent day service provider	12-Nov	4

Appendix 3 – Equality Impact Assessment for the Consultation
Sheffield City Council
Draft Equality Impact Assessment



Name of policy/project/decision: LD Commissioning Strategy
 Consultation - WORKING DOCUMENT

Status of policy/project/decision: Existing

Name of person(s) writing EIA: Melanie Rice

Date: 26/09/14 **Service:** Business Strategy, Quality Team

Portfolio: Communities

What are the brief aims of the policy/project/decision? To consult on new proposals and principles within the LD commissioning strategy.

There is a need for considerable change and development across Learning Disabilities services in Sheffield. We have set out our proposals for change in the LD Commissioning Strategy summary document. Many of these need further work to engage with people who use services and their families, consider options, develop Commissioning Plans and implement change.

We are now consulting on this strategy to ensure a common understanding of the issues and priorities for change, and make sure local people are fully engaged in our plans.

SEE ALSO OVERARCHING EIA ON THE LD COMMISSIONING STRATEGY - SharePoint Ref 312 - and Involvement Plan.

Are there any potential Council staffing implications, include workforce diversity? No

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.” [More information is available on the council website](#)

potential impact			(Details of data, reports, feedback or consultation.) This should be proportionate to the impact.)
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Age	Neutral	Medium	See overarching EIA for impact of the strategy on this group. Older and younger people are a group that we have targeted to consult with. Facilitating focus group with young people with LD at Talbot Special School. Advertised consultation on the City Wide Learning Body Information Centre (School Point) which sends information to all schools, Transitions Team, Children's Disability Team, Parent Forum and Sheffield Futures.
Disability	Neutral	Medium	See overarching EIA for impact of the strategy on this group. Disabled people are a group that we have targeted to consult with. Organised focus group with SUFA using easy read versions of survey. Launched consultation at LD Partnership Board. Sent out communication materials to 31 organisations that support people with physical disabilities, 16 groups who support people with learning disabilities and 19 groups who support people with mental health disabilities. Facilitating Open Events; one for LD providers, one for LD carers and one for LD service users. Over 50% of 10–20 year olds known to the Case Register have a diagnosis of autism. Autism affects more men than women. Consultation will be targeted to engage this group.
Pregnancy / maternity	Neutral	Low	We don't anticipate there will be any disproportionate impact on this group so this group will not be included on the equality monitoring form or have targeted engagement in this consultation.
Race	Neutral	Low	See overarching EIA for impact of the strategy on this group. BME people are a group that we have targeted to consult with. Weekly monitoring of responses to consultation carried is being carried out. Tried to organise focus groups through the BME Network and Somali advice centre but no interest. Offered supporting all 13 BME groups in Sheffield but no take up so far. Have secured a focus group with Pakistani Muslim LD carers so are consulting with this group.
Areas of possible impact	Impact	Impact level	Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)
Religion / belief	Neutral	Low	The involvement plan already identifies faith groups to be engaged in the consultation. The consultation will also be promoted via wider faith networks. Sent communication details to 54 faith organisations and asked them to disseminate information to all their members and offered to facilitate focus groups with any

			organisations interested. Have secured a focus group with Pakistani Muslim LD carers so are consulting with this group.
Sex	Neutral	Low	Consultation will need to ensure (and monitor) engagement with men and women (including carers - more women than men are primary carers).
Sexual orientation	Neutral	Low	We don't anticipate there will be any disproportionate impact on this group so this group will not be included on the equality monitoring form or have targeted engagement in this consultation.
Transgender	Neutral	Low	We don't anticipate there will be any disproportionate impact on this group so this group will not be included on the equality monitoring form or have targeted engagement in this consultation.
Carers	Negative	High	We have targeted carers groups to facilitate focus groups to generate their views to these proposals as they are directly affected. We are also facilitating a carers' focus group through Mencap and the Caring Sharing Project. Carers of Sheffield have advertised the consultation in their newsletter and they have been offered a focus group. Approximately 12% of the adult population of Sheffield are carers (1 in every 8 adults).
Voluntary, community & faith sector	Negative	Medium	We have sent the consultation flyer and information to all voluntary and community groups to generate their views to these proposals, offered to facilitate of focus groups and provided them with the tools to carry out a group response themselves. Sent communication details to 54 faith organisations and 404 community and voluntary organisations and asked them to disseminate information to all their members and offered to facilitate focus groups with any organisations interested.

Areas of possible impact	Impact	Impact level	Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)
Financial inclusion, poverty, social justice:	Negative	High	We have collaborated with SAVE (Sheffield Agencies for the vulnerable and excluded) to promote the consultation and they have included a promotional articles in their newsletter and distributed our flyer to all their contacts. Presented LR cons details at SAVE event to 16 organisations that support homeless, excluded and vulnerable people of Sheffield. Left resources for them to disseminate with all their clients and offered focus group

Cohesion:	Neutral	Low	We don't anticipate there will be any disproportionate impact on this group so this group will not be included on the equality monitoring form or have targeted engagement in this consultation.
Other / additional:	-Select-	-Select-	

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

The overall impact of this strategy should be positive for people with learning disabilities (including people of different ages, men/women, BME people, people with additional disabilities, people with religion/belief, and LGBT people). However, although people want improvement, we know change can create anxiety. Even when change ultimately results in positive outcomes for service users, it can initially be difficult for them and their families, and therefore any transitional arrangements would need to be managed carefully and sensitively.

We are now consulting on this strategy to ensure a common understanding of the issues and priorities for change, and make sure local people are fully engaged in our plans. Consultation can also help inform mitigation for any issues that people will face, for example during transitional arrangements.

Review date: 21 Oct 13 **Q Tier Ref** **Reference number:**
Entered on Qtier: No **Action plan needed:** No
Approved (Lead Manager): Ed Sexton **Date:** 26.09.14

Approved (EIA Lead person for Portfolio): Phil Reid **Date:**
Does the proposal/ decision impact on or relate to specialist provision: yes

Risk rating: Medium

Action plan

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed
All groups		
All groups	The consultation will be fully accessible as outlined in the Involvement Plan (e.g. we will use a range of means to engage people e.g. focus groups, events, online surveys, face to face visits at LD day centres and supported living accommodation)	October 2014

All groups	Groups who will be affected by the proposals will be targeted for engagement as outlined in the EIA above	October 2014
Race	The consultation and analysis will seek to establish the impact of the proposals on protected groups and by other characteristics e.g. level of disability, accommodation type, age, gender etc. Findings will be reported to decision makers in time and will be considered by decision-makers prior to making any decisions	From November 2014 onwards
Sexual orientation		
Carers		I
VCF		
Poverty		
-Select-		
-Select-		
-Select-		
-Select-		

Approved (Lead Manager): Ed Sexton Date:
Approved (EIA Lead Officer for Portfolio): Date:



Learning Disabilities Commissioning Strategy 2014

The Big Plan

Easy read information





Learning Disabilities Commissioning Strategy 2014

Have your say

Some hard words and what they mean

When we use hard words in this document, we will write them in **purple** and tell you what they mean underneath. Like this . . .

Commissioning - Deciding what support is needed (in Sheffield) to meet people's needs and putting that support in place.

Strategy - A plan that tells us how things will change in the future and what needs to happen next.



1. Introduction (what is this all about?)

The number of people with a learning disability is going up and their needs are changing. People want to have a life in their **community** and more control about how they are supported.

Community - The parts of the city where we live, made up of people and places.




There are problems with some services in Sheffield


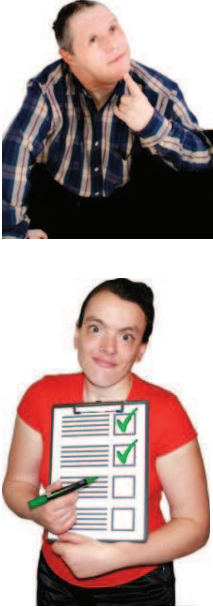
- Some services are out of date
- Some services cost too much money
- Some services (like housing) need to be better





We need good local services so people get the support they need in Sheffield and don't have to live elsewhere.

	<p>There is much less money to spend on health and social care</p> <ul style="list-style-type: none"> • Support providers need to be good quality and value for money. • There needs to be a better choice of support providers so people can choose who supports them and how. • We should not only think about paid support services – we should also think about people’s own strengths, their families and the support they can get from the community where they live.
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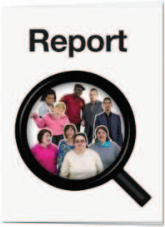

Value for money – something that does not cost too much money but is still good quality.

	<p>This strategy looks at what we are already doing about these problems and asks what else we could do in the future.</p>
	<p>1.1 Our vision – what changes do we want to see by 2018?</p> <ul style="list-style-type: none"> • There will be no old fashioned or institutional forms of support – people will have support when and how they need it. • There will be more choice of support and it will be better. • Families will receive really good support to help them care for people with a learning disability at home. • People living away from their families will have support that meets their personal and individual needs and helps them to be more independent. • All services are high quality and value for money. • More people will join in with their community

	<p>and not need only to have paid support services.</p> <ul style="list-style-type: none"> • People will have better support to help them to do paid or unpaid work. • People will enjoy going from being a young person to an adult and get good support. • Everyone with a learning disability will get better support – whatever needs they have.
	<p>We know that changes can worry people. So we want to listen to what people tell us about this strategy so we make sure we get our plans right.</p>







Institutional – the feeling in a support service where people live or where they go that they should behave in a certain way and follow rules.




Individual needs – a person’s own care and support needs (not the needs of other people they might live with).

 <p>Report</p>  	<h3>1.2 How we want to put this strategy in place</h3> <p>This strategy is about lots of things we want to do. We want to ask you about them to help us make sure we get it right. Some things have already been allowed to start and so we won’t be asking people about these again.</p> <p>We will use people’s views to help us write commissioning plans and a final report for Cabinet. We will ask your views on the commissioning plans.</p> <p>The strategy covers the social care and support we think adults with a learning disability and their families will need in the future. It’s about people aged 18 and over.</p> <p>It doesn’t cover other types of support people might also need (like from assessment and care management). This is because there other big plans that are being written.</p>
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Cabinet – people who are voted in as councillors and who make big decisions for the Council.

What this strategy is about	What this strategy is not about
 Social care and support providers for adults with a learning disability (aged 18 and over) and their families	 Social care and support providers for children and young people with a learning disability (aged under 18) or their families  Education and education providers  The transitions service  Learning Disabilities assessment and care management  Health and health providers

2. People with a learning disability in Sheffield

The council arranges adult social care for just over 1,500 people with a learning disability aged 18 – 64. This includes people with extra support needs because of:

- Dementia – an illness that gives people problems remembering things, working out how to do things, thinking or using language
- Physical disabilities
- Sensory impairments – having problems with hearing things or seeing things
- Mental health problems
- Profound and multiple intellectual disabilities – having lots of very big problems with things like understanding and being understood,



walking, sitting, eating, drinking and toileting, and often many serious physical and mental health conditions

- Autism – a condition that can make it difficult for people to understand the world and people around them
- Behaviours that services find it difficult to support people with

It includes people’s support needs when they first have contact with adult social care. It also covers people who need ongoing health, housing and social care services.



Where people live:

- About 600 people live with their family – this is 4 people out every 10.
- About 900 people live away from their family and get home support, supported living, residential care or nursing care – this is 6 people out of every 10.



The type of support people get:

- Short breaks and other support for family carers
- Home support services
- Day time support and help to work
- Supported living, residential care and nursing care
- **Adult Placement Shared Lives**
- Direct Payments
- Help to manage their money and support
- Advocacy



Adult Placement Shared Lives – a service where families support people (often in their own home) in the day, overnight or in the longer term.



How much money is spent on support:



- About £50 million is spent on this support
- About £2.3 million is spent on assessment and care management services

Who provides the support:

- Voluntary organisations
- Private organisations
- Social enterprises
- People who work for themselves (like personal assistants)
- Sheffield City Council
- Sheffield Health and Social Care Trust

Some people get support from more than one provider. This strategy looks at all these types of support.



2.1 What people want from services

People have told us they want:

Independence and **social inclusion**

- More chances to do things in the community and have friends and support that helps them do this
- Support that helps them do interesting and different things and to take '**positive risks**'
- Clear information and advice to help them be more independent
- Support for family carers to help people they care for with these things

Social inclusion – being able and welcome to join in with things happening in the community and with other people.

Positive risks – taking a chance to do something that seems right for you even if it's not something you've done before or other people worry it may not be good for you.



Work

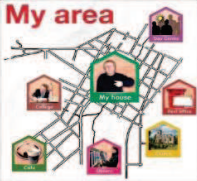


- Help to work
- Support that fits around their work
- Information and advice to help them stay in work

Support for family carers

- More choice for people to take short breaks
- Information, advice and support to help plan for when they are no longer caring

Support for people living away from their family

- Supported living with just a few people (not a big home)
- Somewhere to live that is close to friends and family, or part of a support network
- Housing that meets individual needs (like a wheelchair ramp)

	
	<p>To be asked about changes to services:</p> <ul style="list-style-type: none"> • People are worried about changes and want the chance to talk about them
	<h2>2.2 Other big strategies and plans</h2> <p>People's independence, social inclusion, choice and value for money are really important. This strategy takes account of lots of other strategies and plans like:</p> <ul style="list-style-type: none"> • Valuing People (2001) • Valuing People Now (2009) • The big plan ('concordat') that was written after Winterbourne <p>The Children and Families Act (2014) says that people's education, health and care needs should be planned together until they are 25.</p> <p>The Care and Support Act (2014) is really important and tells us how we should do things:</p> <ul style="list-style-type: none"> • Personalisation – people must have choice and control about how they are supported, and may have a Direct Payment • Prevention and early intervention – we must support people early enough so that they don't need services or their needs don't increase • Family carers have new rights • Value for money – we must not spend too much public money • Health and social care must join together <p>Sheffield's joint Health and Social Care Strategy aims to</p>



tackle inequalities and make sure people get the right support in the right place at the right time.



Sheffield's [plan for 'integrated' commissioning of health and social care](#) aims to keep people well in the community and out of hospital.

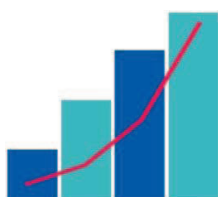
Integrated – joined up and working very closely together.



3. Things we need to think about

3.1 The number of people with a learning disability is going up

In 2003 there were 1,950 adults with a learning disability (aged over 20). In 2013 there were 2,671 adults with a learning disability (aged over 20)



This increase is higher than in other parts of the country. At the moment, we don't know why. Although there are more people, on average people with a learning disability still don't live as long as some other people.



There are now more children and young people with very complex needs or autism. This includes people from **BME communities**. So we need to make sure we have local services that can meet their needs, including health services.



There are lots of people aged 35 to 50 who are living with an older family carer. So we need to plan for the future with people for when they will be living more independently.

BME communities – people from black or minority ethnic communities



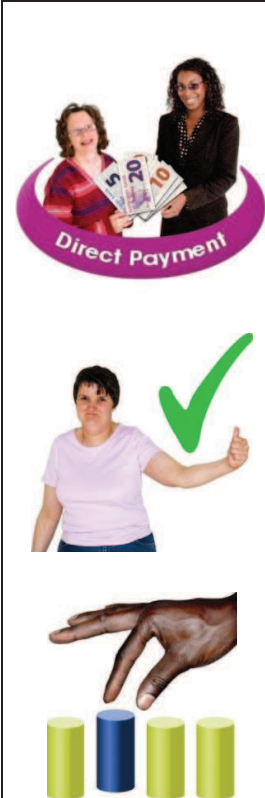
3.2 There is more demand for services

In 2005 there were 1,136 adults with a learning disability receiving care and support. In 2014 there were 1,531 adults with a learning disability receiving care and support.

	<p>Lots of people under 30 started receiving care and support. Quite a lot of people who used to be looked after by a carer also started receiving care and support.</p> <p>We think 200 more people might want supported living, residential care or nursing care by the year 2020. We need a good choice of these services. We also need to make sure family carers are supported to provide care.</p> <p>It is really important that we support:</p> <ul style="list-style-type: none"> • Families who are finding it difficult to keep caring • Younger adults who might want different kinds of support • People with a learning disability and family carers as they get older
	<p>3.3 We are spending too much money</p> <p>About £50 million is spent on care and support. About £2.3 million is spent on assessment and care management services.</p> <p>We have increased the amount of money we can spend on learning disability services in each of the last 5 years. But we have carried on spending more money than we have. So we have to make big savings of £5 million. And we have to have value for money to get the most out of the services that we have.</p>
	<p>3.4 Other areas don't spend as much money</p> <p>We now spend more money for every adult with a learning disability receiving care and support than other areas which are like Sheffield or near to Sheffield.</p> <p>The costs of residential care and nursing care for people with a learning disability in Sheffield are some of the highest in the country. We already have people's agreement to turn some care homes into supported living services.</p> <p>We spend about the same average amount on home care</p>



and day services as other areas.



3.5 People want a choice for how they use Direct Payments

In 2010 there were 367 people with a learning disability receiving a Direct Payment. In 2014 there were 901 people with a learning disability receiving a Direct Payment.

People use Direct Payments for things like:

- Personal assistants
- Day time opportunities
- Supported living
- Short breaks that aren't based in a building

People like Direct Payments but some people have told us there aren't new and different types of support to spend them on. We need to make sure that people have a choice of the right kind of support for them.




3.6 We have too many big contracts

We pay lots of money out to support providers for things like day time support, supported living, short breaks services, residential care and nursing care. We have to keep paying this money for as long as we have agreed to (through contracts).


But these contracts can cost too much money and don't give people a choice about how and where they are supported. Paying lots of money through big contracts means it can't be spent on new ways of support that people might now want.



Some of the services that we have big contracts with are run by the Council.

We need to have less big contracts and more choice of support that people can get through Direct Payments or Personal Budgets. We need services that can come up with new ideas and meet the **support outcomes** people want


	<p>and need.</p>
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Support outcomes – support that makes a positive difference to people’s lives and helps them to reach their goals.

	<p>We will make sure we can help people to choose good support that is value for money.</p> <p>We will continue to offer people a Direct Payment or, if they prefer, use their person-centred support plan to arrange services for them.</p>
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 	<p>3.7 Some care is institutional</p> <p>There are lots of good services but too many that are old-fashioned or institutional. These include some day time support, supported living, short breaks services, residential care and nursing care.</p> <p>We don’t think people want institutional care so we need less of it.</p> <p>We need more supported living that is good quality. So we are introducing a Supported Living Framework. Support providers will now have to do more to look after people’s independence, wellbeing and social inclusion.</p>
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Supported Living Framework – a type of contract that lets us arrange support from providers who are good enough and are chosen by people with a learning disability.

	<p>3.8 Not enough people are supported to work</p> <p>Paid and unpaid work is a good way for people to be more included in their community. Support to help people work is provided by the Council and by voluntary organisations.</p>
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In Sheffield, around 4 out of every 100 people with a learning disability are working. In the UK, around 6 out of every 100 people with a learning disability are working.



It is really important that we get much better at supporting people to work. We need services to agree how best to work together to do this.



3.9 People can't always move into the right accommodation

Not all housing is as good as it should be. Sometimes people need to live outside Sheffield to get the housing they need.

Less people want to live in institutional forms of accommodation. We need less of this accommodation and more of the modern type people want.

We need to **manage vacancies** and make sure people can move into the best accommodation for them when they need it. We need to make sure people get the housing, support and benefits they need.

Manage vacancies – making sure the people waiting for accommodation can move into the right place as soon as it is ready for them.



3.10 People have to rely too much on paid services

We need to stop thinking that people can only get support from paid services, some of which are institutional. We need to think how we can help people not to need as much paid support, or not to need it until later in their life.

This idea is called prevention, (preventing people's need for social care). We need to show people whenever prevention is working well.

We need to work with Children's Services, **Public Health teams** and the NHS so that we all think about prevention.

We need to use **assistive technology** better.

Public Health teams – people whose job it is to plan for the general health needs of everyone or certain groups of people.

Assistive technology – a tool or equipment that people can use to help them do things for themselves (often in their home) and be more independent. It could include things like a special wheelchair or an alarm.



Everyone needs to start thinking about what people **can** do and not just what they can't. We need to understand that people can learn new skills and should not only have to rely on a paid service. This will need a big change in the way we all think.



3.11 Public Health needs to do more

We need Public Health teams to think more about the wellbeing, social inclusion and inequalities of people with a learning disability.



4. How we will plan for the changes we need

4.1 Listening to people

We will find lots of ways to talk to people about this strategy and our plans for the future. We will do this because we want to make sure our plans are right. This is called consultation.




We know that people worry about change. We will talk to people about any changes planned to their services. Where needed, we will make sure people have person-centred support plans and advocacy. We will make sure that the change to a new service is done carefully.



4.2 Thinking about the support outcomes people want

We will make sure services make a positive change for people and help with things like independence, wellbeing, social inclusion and safety.

This includes people with very complex needs and their families.

	<p>4.3 New types of support and more choice</p> <p>We will tell support providers what support outcomes people with a learning disability and families tell us they need. This will help us get more support providers who are offering services that people want.</p> <p>We will help to make sure these services are good quality and value for money.</p>
	<p>4.4 Less big contracts, more support where and when people want it</p> <p>We want support to help people do more in the community and have more independence. We don't want big contracts with support providers that don't give people a choice about how and where they are supported.</p> <p>To help with this new way of doing things, we already have people's agreement to turn some care homes into supported living services.</p> <p>We want to ask support providers to tell us how they could support people differently to traditional day services and short breaks services. And how they could help people do more in the community.</p>
	<p>4.5 Quality and value for money</p> <p>We want to make sure people can choose high quality support providers. Services that aren't good enough, or don't offer value for money, will need to change.</p>
	<p>4.6 Working together</p> <p>We want to work closely with the Health and Wellbeing Board, Health Services, Children's Services and universal services. This will help to make sure all</p>

	organisations are doing what they should to meet the needs of people with a learning disability and family carers.
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Health and Wellbeing Board – A meeting of the Council, NHS and others that makes big decisions about Health and Wellbeing in Sheffield.

Universal Services – Services that are open to everyone.



4.7 Further work is needed before any changes can be made

We will need to talk to lots of people about the changes that are needed before the future plans can be agreed and put into place.

The next section covers what we would like to do.



5. What we would like to do

5.1 Really good support for family carers and really good support for people in the community

We know that family carers are very important in providing support for their family members who have a learning disability. Big strategies like Valuing People and the Care Act tell us this too.



We want to help people live at home with their families if they wish to do so and do more in the community. We want to support the increasing number of family carers. So we would like to see these things:



Family carers have helpful support for things that they really need:

- Information and advice
- Emotional support
- Short breaks



We will listen to what types of support family carers say they want and need. We will make sure this support is part of our new carers' contract in November 2015. (This is when the old contract will end).



People have a choice of day time opportunities that they really want to do:

- We want people with a learning disability to be able to do the same things in the community as other people
- We want less big contracts that don't give people a choice of how they are supported
- We want value for money services so we can support more people
- We want day time support to be good for everyone, including people with very high support needs and young people

We will listen to what people say are good ways to spend their days. We want to ask support providers how they could support people in different ways. We might offer them some money (an 'innovation fund') for the best ideas.

We will check to see if the day services we have now are good quality and value for money. This includes the Council's services. If we decide we want to make changes, we will ask people about this first.

People have a better choice of short breaks services:

- We want short breaks services that provide support when and how people need it
- This includes support for families if they are in a crisis and finding it very difficult to provide care, and high level support for the person with a learning disability
- We want short breaks services to be good for everyone, including people with very high support needs and young people
- We want short breaks services to be good value for money so they are affordable

We want to ask support providers how they could provide short breaks in different ways. This would give people more choice and interesting things to do while they are with the support provider.

We will work with the Clinical Commissioning Group to check to see if the short breaks services we have now are good

	<p>quality and value for money. This includes the short breaks services provided by the Council and Sheffield Health and Social Care Trust.</p> <p>If we decide we want to make changes, we will ask people about this first.</p>
	<p>More people use the Adult Placement Shared Lives service:</p> <ul style="list-style-type: none"> • We want more people to have support from Adult Placement Shared Lives with things like befriending, day time opportunities and short breaks • We also want more people to have long-term support • We want to increase the number of families who provide this type of support • We want the support to be good for all and open to all, including people with very high support needs • We think Adult Placement Shared Lives is good value for money and can support more people
	<p>5.2 Really good services that provide accommodation and support</p> <p>We want to make big changes to accommodation and support for people who live away from their families. So we would like to see these things:</p> <p>A new Learning Disabilities Accommodation Commissioning Plan</p> <ul style="list-style-type: none"> • This plan will set out what we want for the future in more detail • We want people to have more choice of high quality accessible accommodation • We want housing providers to build and offer the type of accommodation that people need and Sheffield needs – we will look for money from outside adult social care to help with this • We want accommodation that gives people privacy but still helps them to live with other people • We need to be better at helping people to find accommodation that meets their needs

	<ul style="list-style-type: none"> • We want people to find the accommodation they need in Sheffield – not to feel they have to live elsewhere • We want all accommodation to be very good and value for money, so that more people can be supported <p>We want to manage vacancies to make sure people can move into the best accommodation for them when they need it.</p> <p>We will ask people for their views on the Learning Disabilities Accommodation Commissioning Plan when it is ready.</p>
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Accessible accommodation – houses, flats and other kinds of housing that meet people’s physical needs or help them to receive support (e.g. a house with doors widened for a wheelchair)

	<p>People with lower level needs have better accommodation and support and more choice:</p> <ul style="list-style-type: none"> • We want to ask accommodation providers how they could increase the choice of housing for people with lower level needs • We want to ask support providers for new ways to support people with lower level needs • We will work with the Housing and Communities Association to help get more homes built • We will work with Council Housing and Registered Social Landlords to help us get more housing networks and supported living services • We want all accommodation to be value for money so that more people can be supported
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Housing and Communities Association – a housing association that provides and manages housing

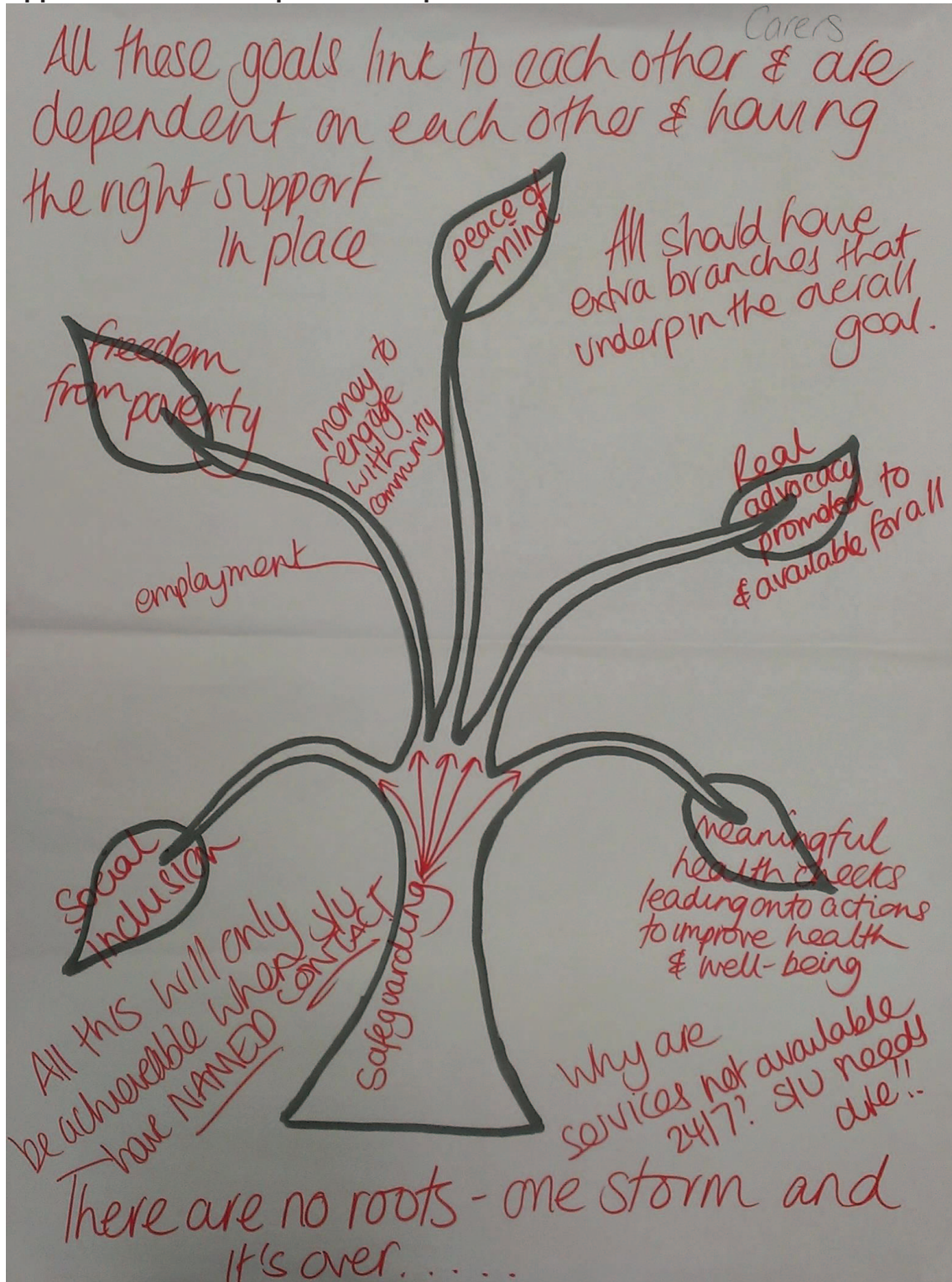
Registered Social Landlords – housing associations and other similar organisations

	<p>A new Supported Living Framework:</p> <ul style="list-style-type: none"> • We believe supported living is the best way for people
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	<p>with a learning disability to live away from their family</p> <ul style="list-style-type: none"> • It gives people more control over their lives, support and home, and more money through benefits • We want supported living to help people reduce their need for paid services, to be more independent and to do more in the community • We want supported living to be value for money and we want to spend less money on big contracts that do not give people choice • We want people to be able to choose supported living by themselves or as part of a group of people <p>We already have agreement to do the following things so we are not asking you about them in this strategy:</p> <ul style="list-style-type: none"> • Introduce a Supported Living Framework – this is a type of contract that will let us arrange support from good providers chosen by people with a learning disability • Change some residential care into supported living services – we will ask support providers to bid to provide the new supported living services <p>We will check to see if the Council’s supported living service is good and decide what needs to happen next.</p> <p>Some people’s services may need to change. We will talk to people about this and make sure they are closely involved in the changes.</p>
	<p>Accommodation and support that costs a lot of money is better value for money:</p> <ul style="list-style-type: none"> • We want to make sure services are good quality and meet people’s support outcomes but are still value for money • The Council and the Clinical Commissioning Group pay independent organisations to provide residential care services and supported living services • We will check all of these services and take action to improve quality and value for money if we need to
	<p>5.3 People with a learning disability are able to do more things in the community and with other people</p>

	<p>We want to see more people doing more things in their community and using universal services. So we would like to see these things:</p> <p>Making communities better</p> <ul style="list-style-type: none"> • We want to talk to people with a learning disability, family carers and the wider community about how we can increase people’s social inclusion • We want to see what is already working well in Sheffield and elsewhere • We want Sheffield to be more welcoming, friendly, open and safe for people with a learning disability • We want more people with a learning disability to have support and opportunities in the communities where they live
	<p>More people with a learning disability are able to work:</p> <ul style="list-style-type: none"> • We want people to have the support to do paid or unpaid work if they want to • We will check to see if the employment support services we have are good quality and value for money, including the Council’s service • We will work with the Council’s Employment and Skills service to come up with a new plan for employment support, and ask people’s views about this <p>Some services may need to change. We will talk to people about this and make sure they are closely involved in the changes.</p>

Appendix 5 – An example of a completed tree



Appendix 6 – Case Register Letter



Sheffield City Council (Communities)
Business Strategy Quality Team
Moorfoot, Sheffield
S1 4PL



The Big Plan

September 2014



Hello

Sheffield City Council has written a Big Plan for people with a learning disability. We would like to know what you think about it.



Please come along to a meeting where you will hear about the Big Plan and give your views.



If you have a **Direct Payment**, we would like you to go to this meeting:



Friday 10 October



at Sheffield Town Hall



Start 10.00 am



End 12.00 pm



Or . . .

If you can't go to that meeting, or you don't have a Direct Payment, we would like you to go to this meeting:



Friday 24 October



at The Circle, Rockingham Lane



Start 10.30 am



End 12.30 am



You can tell us what you think about the Big Plan in other ways too.



If you have a service provider, they might hold a special meeting about the Big Plan.



If you can't come to a meeting, you can answer some questions about the Big Plan – this is called a survey.



You can do the survey on a computer on-line – someone might be able to help you with this if you need help.

You can find the survey on this webpage www.sheffield.gov.uk/lcds.



You can get in touch with us at Sheffield City Council if you would like us to send you the survey or you want to know more about the Big Plan.

Telephone (0114) 273 4119



email PracticeDevelop@sheffield.gov.uk.



We are asking people what they think about the Big Plan until 4 November 2014.

Thank you
Christina Shipley

Quality Team

Appendix 7 – Copy of the email sent out to all LD partners and organisations

From: Davison Elizabeth **On Behalf Of** PracticeDevelopmentTeam

Sent: 11 September 2014 16:19

Subject: Learning Disability Commissioning Strategy - we want your views

Dear all

We have opened a consultation on the Council's draft Learning Disabilities Commissioning Strategy. The strategy sets out a future vision for learning disability services and support, and we would very much like to hear your views about it and ideas for taking the vision forward. We would also like to know your views on current services.

Please note that the strategy is about services provided or purchased to meet people's needs – it is not about assessment services. The consultation is open until **14 November**.

What happens after the consultation?

Your views will go into our consultation report, which we provide for Cabinet to inform their decision on the strategy. When the final version of the strategy is approved, we will publish and consult on our more detailed plans. Your views will also help influence these plans.

How to find the strategy

The strategy is available on-line at www.sheffield.gov.uk/ldcs, where you can also find an easy ready version ('The Big Plan'). We can post a copy of either strategy out if required – please contact us on (0114) 2734119 or at PracticeDevelop@sheffield.gov.uk and let us know if you'd like the full version of the strategy or the easy read version ('The Big Plan').

How you can respond to the strategy

You can respond to the consultation in one of a number of ways.

Please let us know if:

- You are interested in coming to one of the consultation events below
- You are interested in us coming along to present to your group/service
- You are interested in delivering a focus group yourself and would like support materials to enable you to do this
- You are interested in promoting this consultation through your networks and/or news bulletins

Consultation events

If you can, please come along to one of our events and discuss what the strategy means for you, your relatives or your customers. We really want to hear your thoughts and ideas.

Have a look at the events below and decide which is best for you. Note that the events are aimed towards different people. Please see the below information for alternative ways to take part, if you cannot come to one of the events.

<p>Event designed for people with a learning disability and open to all</p>	<p>Monday 22 September 2014 11.00-1.00 Learning Disabilities Partnership Board Sheffield Town Hall Reception Room</p>	<p>How to book on Please contact Julie Hossell at Sheffield City Council: (0114) 2734119 or PracticeDevelop@sheffield.gov.uk This event is open to all.</p>
<p>Family carers meeting</p>	<p>Wednesday 1 October 2014 10.30-12.30 Sheffield Mencap & Gateway Norfolk Lodge</p>	<p>How to book on Please contact Sharing Caring Project: (0114) 275 8879 or scpoffice@sheffield.org.uk This event is for family carers of people with a learning disability.</p>
<p>Direct Payment customers</p>	<p>Friday 10 October 2014 10.00-12.00 Sheffield Town Hall Reception Room</p>	<p>How to book on Please contact Julie Hossell at Sheffield City Council: (0114) 2734119 or PracticeDevelop@sheffield.gov.uk This event is for people with a learning disability (and family members) who receive a Direct Payment.</p>

Consultation sessions with groups and services

We'd like to run consultation sessions at a number of groups/services for their customers or members. These will include community groups, supported living services and day services.

Want us to come to you? Please let us know when your group/service or meeting is taking place and if any additional support will be required – e.g. staff skilled in Makaton or other forms of communication. We're really keen that as many people as possible can respond to the consultation.

Want to run your own session? We can provide you with an information pack to help you run your own consultation session if you'd prefer.

Please contact us on (0114) 2734119 or at PracticeDevelop@sheffield.gov.uk.

If you are a customer of a learning disability service, or a family member of someone who is, please check with the service about any session that is planned.

On-line survey

If you are unable to take part in one of the consultation events or sessions, you can complete an on-line survey. You can find this at www.sheffield.gov.uk/ldcs, where you can also find the strategy and easy read version ('The Big Plan'). If you prefer a paper version of the strategy, please ring us on (0114) 2734119. However you decide to respond to the strategy, we look forward to hearing you.

Business Strategy Quality Team

Communities Portfolio

Sheffield City Council

Level 9

Moorfoot

Sheffield

S1 4PL

email: PracticeDevelop@sheffield.gov.uk

Appendix 8 – feedback from key statutory partners to Adult Social Care Commissioning

1. Introduction

The following report outlines feedback received from face to face consultation with key partners. This took place alongside the public consultation undertaken by Business Strategy's Quality team.

Between September and November 2014, the LD Commissioning Project team consulted with the following:

Date	Group/team	Number in attendance
18 September	Mental Health and LD Commissioning team (CCG)	14
24 September	Assessment and Care Management team	22
03 October	Transitions Social Workers (CYPF)	4
14 October	LD Clinical and Care Service Managers (Care Trust)	30
20 October	LD Provider Service meeting (managers)	26
11 November	Care Trust Executives	3

The format of the sessions varied from short slots on existing meeting agendas to a dedicated one to two hour session with a presentation and full discussion. For this reason, there are differing levels of feedback from groups.

Feedback from the consultation has informed the final version of the Learning Disabilities Commissioning Strategy.

2. Summary

Key overall messages from this part of the consultation were:

- There is a lack of appropriate accommodation, particularly for people with complex needs.
- There is a lack of responsiveness and flexibility with some in house and Care Trust short breaks provision.
- With short breaks, there is a need for:
 - Good quality short breaks so that families can continue to care.
 - A wider range of short breaks services to meet the diverse needs of people with learning disabilities.
 - Better choices of short breaks for young adults with learning disabilities.

- Better value for money
- Choice of daytime opportunities is limited.
- With daytime opportunities, there is a need for:
 - Good quality day time opportunities.
 - Building based services
 - Better value for money
- A more joined up approach between Children's and Adults' services is needed.

3. Results

3.1. Transforming family and community support

Changing and improving the support for family carers

Respondents said that support for family carers should be improved. Carers' Development Workers, who are no longer in place, were mentioned as a useful model. Some were interested in feeding into the review of the Carers' Contract. It was also mentioned that it is useful for there to be a link person between the social worker and the carer.

Changing and improving day time opportunities

Some respondents said that it is difficult to judge quality and value for money of day services. They felt that the current market is provider led, with high costs and very limited choice for people with complex needs. Some said that there is a need for building based services.

Several respondents said that there are gaps in provision for young people when they move to adult services, which they referred to as a 'culture shock'. There is a need for provision which is adaptable to the needs of 18-25s, and more in line with what they have experienced in Children's services. Some providers respond to this, but it has not been replicated in in house services. As a result, families have rejected building based support and many young people are using their direct payments to purchase PA support. About 250 children and young people are doing activities with a PA. This misses an opportunity for social contact with other people and is not good value for money. A project in Bristol was mentioned where direct payments are pooled to carry out joint activities around shared interests. It was suggested that there is a need to facilitate networking to allow this type of pooling to take place.

Respondents also said that it is difficult for young people to access evening and weekend activities.

Changing and improving short breaks

Many respondents said different, individualised approaches to short breaks and respite are required. Some noted that there are far more respite opportunities for children than for adults and that this is difficult for young adults and their families.

Some groups highlighted a lack of range and quality in overnight building based short breaks provision. Some in house and Care Trust provision was felt to be inflexible and unresponsive to younger people and/or people with complex needs. It can be difficult to find a place for them. However, there is a pressing need for respite: 'A lot of people are just holding on – we need to be able to catch them before they fall.' An example was given of a family which needed emergency provision for their son, who had complex needs, that day. Daytime opportunities had been too expensive, and suitable overnight respite could not be arranged quickly enough. This had now reached crisis point and the family were unable to continue caring.

Families had fed back to social workers that independent sector providers are often more flexible and welcoming to younger people and/or people with complex needs. However, independent sector costs for people with high level, complex needs were seen to be prohibitive and it was felt by several groups that the market is provider led. Independent sector providers were sometimes felt to promise more than they delivered.

3.2. Transforming services that provide accommodation and support

3.2.1. A new Learning Disabilities Accommodation Commissioning Plan

Several groups emphasised the lack of appropriate accommodation for people with learning disabilities. This included a lack of the right property types (e.g. one beds), in areas where people feel safe; and to suit specific needs (e.g. higher level/complex needs and under 65s with dementia).

Some respondents were concerned about lack of quality in residential services for people with complex needs. Others said that involvement of an occupational therapist can improve the process of finding the right accommodation.

Some respondents said that the lack of appropriate move-on supply means that people are inappropriately 'housed' in the bed-based Intensive Support Service, or in residential services. They also said that some people don't want to live on their own and only see paid staff. Others felt that Extra Care presents a missed opportunity for people with learning disabilities. Another gap mentioned by one group was in nursing care for people with later stage dementia.

3.2.2. Implementing the new supported living framework

One group noted that it helps to reduce anxiety when someone with learning disabilities is able to share their experience of moving into supported living with people who are about to do so.

3.2.3. Improving value for money in higher cost accommodation and support services

Several respondents said that there is a need to improve value for money in higher cost accommodation, and that they would welcome support with this from colleagues working in Contracts.

3.3. Improving people's wellbeing and social inclusion

3.3.1. Community development

Some respondents said that people with learning disabilities are often ostracised from the general community and that this needs to change. It is better to work with people than for them. Some felt that there is a need for a proactive approach to building up people's skills, so that they don't require support. One group said that some people with lower level needs stopped using more general provision when personal budgets were introduced, and now use social care funding and services. They added that it is hard to improve social inclusion when many voluntary sector, community-based projects have closed or reduced their range of activities due to funding cuts.

3.3.2. Changing and improving access to paid employment and volunteering

One group highlighted a lack of opportunities to improve social inclusion through access to employment and volunteering. This was due to cuts and closures in voluntary sector projects (as above) and the reduction in schemes to support this, such as an employment development worker post. Several groups said that better information is required, including accessible information to help adults apply for work, and improved careers advice and work placements while at school.

One group said that coaching for employment could be a useful approach; and noted that the Council should improve its own disability employment practices.

3.4. What people also said

3.4.1. Building links and working together

Several groups said that better joined up working between Children's and Adults' services is needed. It was felt that communication and information sharing could be better as there were gaps in knowledge about what services could be accessed, particularly around young adults, and that this should be done proactively rather than as situations arise. Some respondents said that parents of transitions age children have a real fear about the move into adult services. They noted the need for continuity in service – that needs do not change between the ages of 17 and 18.

Several groups mentioned the need for better joint working, including with the Clinical Commissioning Group and between Assessment and Care Management and LD Commissioning.

3.4.2. A broader approach

One group said that it is the right time for wider engagement about learning disabilities across all relevant partner organisations.

3.4.3. Quality of service provision

One group was concerned that it is important to ensure that quality is maintained when moving away from traditional 'blocks' of service.

One group said that the current offer is not acceptable for BME communities and that this must be improved.

4. Equality issues

One group said that there is a lack of appropriate provision for BME communities.

Several groups felt that there is a lack of appropriate provision for young adults with learning disabilities.

**Cabinet Report**

Report of: Eugene Walker

Report to: Cabinet

Date: 17 December 2014

Subject: Revenue and Capital Budget Monitoring 2014/15 – As at 30th September 2014

Author of Report: Andy Eckford (ext. 35872)

Key Decision: YES

Reason Key Decision: Expenditure/savings over £500,000

Summary:

This report provides the month 6 monitoring statement on the City Council's Revenue and Capital Budget for 2014/15.

Reasons for Recommendations:

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

Recommendations: Please refer to paragraph 116 of the main report for the recommendations.

Background Papers:

Category of Report: OPEN

Statutory and Council Policy Checklist

Financial Implications
YES Cleared by: Andrew Eckford
Legal Implications
NO
Equality of Opportunity Implications
NO
Tackling Health Inequalities Implications
NO
Human Rights Implications
NO
Environmental and Sustainability implications
YES/NO
Economic Impact
NO
Community Safety Implications
NO
Human Resources Implications
NO
Property Implications
NO
Area(s) Affected
Relevant Cabinet Portfolio Lead
Relevant Scrutiny Committee
Overview and Scrutiny Management Committee
Is the item a matter which is reserved for approval by the City Council?
NO
Press Release
NO

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REVENUE BUDGET & CAPITAL PROGRAMME MONITORING AS AT 30th SEPTEMBER 2014

Purpose of the Report

- This report provides the Month 6 monitoring statement on the City Council's Revenue Budget and Capital Programme for September. The first section covers Revenue Budget Monitoring and the Capital Programmes are reported from paragraph 100.

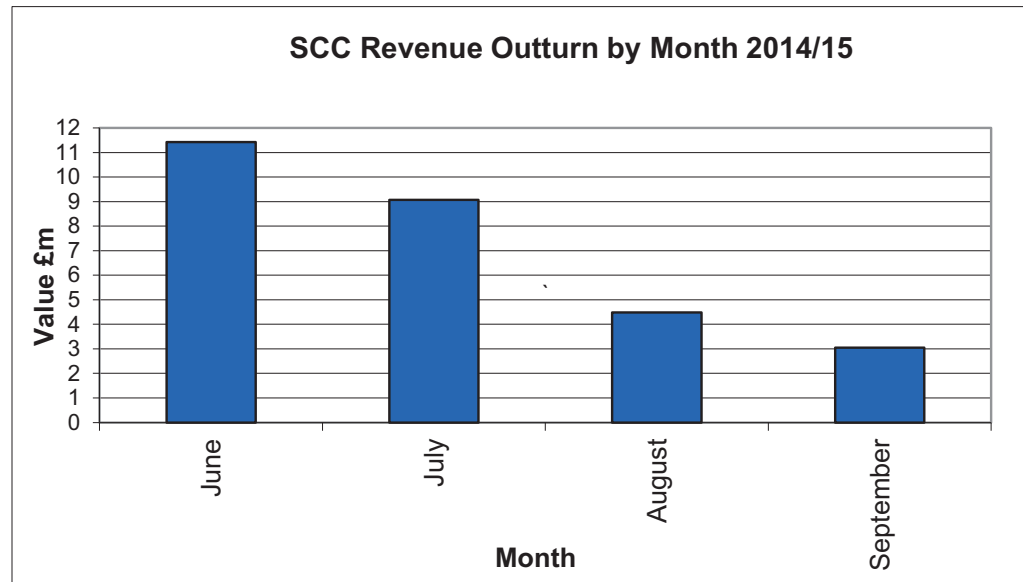
REVENUE BUDGET MONITORING

Summary

- At month 5 the overall Council position was for a potential overspend of £4.5m. This largely reflected areas where action is intended to be taken to implement corrective action but where the forecasts of managers do not yet reflect this. The position at month 6 shows an improvement of around £1.5m on the previous month, with a forecast potential overspend of £3m to the year end. This is summarised in the table below:

Portfolio	Forecast Outturn £000s	FY Budget £000s	FY Variance £000s	Movement from Month 5
CYPF	71,491	71,492	(1)	↓
COMMUNITIES	159,964	156,321	3,643	↓
PLACE	163,643	161,338	2,306	↔
POLICY, PERFORMANCE & COMMUNICATION	2,619	2,601	18	↔
RESOURCES	86,107	85,499	608	↔
CORPORATE	(480,780)	(477,252)	(3,528)	↔
GRAND TOTAL	3,045	-	3,045	↓

- The forecast outturn shows a reducing overspend from the £11.4m overspend reported in month 3 to the £3m in the current month 6. This improvement reflects Portfolios attempts to reduce spending but also the receipt of additional grant income within the Corporate budget area to help offset the significant pressures within the Communities portfolio. Further work is being undertaken to deliver a balanced position at year end. The position month by month is shown in the following chart:



3. In terms of the month 6 overall forecast position of a £3m overspend, the key reasons are:

- Place are showing a forecast overspend of £2.3m, due to an estimated £1.5m in risk associated with contract negotiations to deliver the full £3.3m waste management savings in Business Strategy and Regulation and £781k forecast overspend due to income and cost pressures within Markets (Capital & Major Projects).
- Communities are showing a forecast overspend of £3.6m, due predominately to a £4m overspend in Care and Support relating to Learning Disability Services and the purchase of Older People's care
- Resources are showing a forecast overspend of £600k, due to a £305k forecast overspend in Commercial Services (Savings) due to reduced forecast income from cashable procurement savings, a £152k overspend in Central costs, mainly due to Bank Charges (£81k), a £213k over spend in Housing Benefit, mainly Rent Rebates that are forecasting a lower income from overpayment recovery, partially off-set by a £113k under spend in Human Resources due to increased income in the Moorfoot Learning centre.
- The above is partially off-set by Corporate budgets showing a forecast reduction in spending of £3.5m, due mainly to the receipt of additional grant income awarded to the Council as

compensation for business rates related measures introduced or extended in the 2013 Autumn Statement.

4. In terms of the main variations since Month 5 these are:
 - Children Young People and Families are forecasting an improvement of £189k, which is mainly due to forecast reduced spend of £118k on bus passes and the receipt of £68K in additional Education Services Grant.
 - Communities are forecasting an improvement of £1m, which is due to improvements in forecast spend of £456k (Business Strategy), £421k (Care and Support) and £138k in Commissioning Services.
5. Also shown in paragraph 65 is the position on the Public Health ring-fenced grant, which is a potential £1.6m underspend. Proposals from the Cabinet Member lead on Public Health are included in the report to spend between £300k and £400k of this underspend on food bank and fuel poverty projects. It is recommended that the balance of the underspend be considered in the context of the 2015/16 budget savings on public health.
6. The original proposal was to fund the food bank and fuel poverty projects from the Local Assistance Scheme (LAS) underspend, but the government grant for LAS is being cut in full in 2015/16. It is therefore recommended that any LAS underspend be carried forward to assist with sustaining a LAS scheme in 2015/16, subject to balancing the overall budget.

Individual Portfolio Positions

Children Young People and Families (CYPF)

Summary

7. As at month 6 the Portfolio is forecasting a balanced full year outturn on cash limit (shown in the table below), and the position on DSG is a forecast reduction in spend of £840k. The key reasons for the forecast outturn position are:
 - **Business Strategy** - £58k forecast reduction in spending due to additional Education Services Grant (ESG) income to that budgeted of £398k due to the timing of academy conversions and a reduced level of pump priming of £79k for Vulnerable Groups

with activity now being picked up by schools. This reduction in spend is partly offset by a forecast £40k over spend on Bus Passes due to demand increase, a pressure on SEN Transport £275k, £63k on the Catering Premises and Equipment Budget as a result of a required revenue contribution to develop schools capacity to deliver UIFSM and the delay in implementing the MER in Business Strategy £29k.

- **Children and Families** - £389k forecast over spend. Over spending areas are: - Management and Business Support £231k due to delay in the Business Support MER, Legal Fees £151k (based on previous year's trends), Fieldwork Service Areas and Permanence and Throughcare £481k net overspend (following some mitigation) mainly due to difficulties in achieving vacancy monitoring targets, Asylum £128k due to costs being significantly greater than the external funding available, Adoption £321k due to additional placements particularly via Special Guardianship Orders and Inter Agency and Direct Payments £63k due to increased costs. These over spends are being partially offset by a reduction in spending of £422k on the combined Early Years and MAST Service as a result of an effective integration and an appropriate commissioning strategy for external contracts, Contact Contracts; £345k due to more efficient management using contact centres, Placements; £251k reflecting the positive trends in the numbers and costs of placements in the first half of the year. The service is continuing to review activities and funding streams to find mitigating action to offset the remaining over spend.
- **Inclusion and Learning Services** - £304k forecast under spend due to £123k as a result of additional traded income in Educational Psychologists. £50k in Advocacy and Challenge and £132k in SEN Placement Team due to vacancies.
- **Lifelong Learning and Skills** – £28k forecast under spend due to an under spend in Youth Teams £217k which is partly offset by over spends in the Training Units £189k.
- **DSG Budgets** – Overall a £840k reduction in spending made up of a £1.3m reduced spend in Business Strategy due mainly to a corresponding £1.3m reduction in spending on 2 Year Old FEL, which will be spent when capital works are completed. A reduced spending of £68k in Children and Families in the combined Early Years and MAST Service as a result of an appropriate

commissioning strategy. An anticipated over spend of £440k in Inclusion and Learning overall, made up of overspends of £453k in Banded Funding and £160k Independent Placements due to demand pressures, partially offset by reduced spending on Sensory Services £24k and £90k Inclusion and Learning Services due to vacancies. An overspend in Lifelong Learning and Skills of £122k due mainly to increased numbers of Post 16 High Needs learner placements.

Financials (Non-DSG activity)

Service	Forecast Outturn £000s	FY Budget £000s	FY Variance £000s	Movement from Month 5
BUSINESS STRATEGY	(2,367)	(2,309)	(58)	↔
CHILDREN & FAMILIES	61,504	61,115	389	↔
INCLUSION & LEARNING SERVICES	2,378	2,682	(304)	↔
LIFELONG LEARN, SKILL & COMMUN	9,976	10,004	(28)	↔
GRAND TOTAL	71,491	71,492	(1)	↓

Commentary

8. The following commentary concentrates on the key changes from the previous month.

Non-DSG Budgets

9. As at month 6 the Portfolio is forecasting a balanced full year outturn on cash limit. This compares with last month's position of £188k over budget, a favourable movement of £188k.

DSG Budgets

10. The month 6 position is £840k forecast reduction in spend, which is an improvement of £246k from the position reported at Month 5. This improvement is predominantly due to the reduced year to date expenditure on 2 Year Old FEL against budget. This improvement is partly offset by adverse movements on the combined Early Years and MAST Service of £37k, £22k in Banded Funding, £57k on Independent Placements, £31k on Sensory Services and £138k forecast overspend on learning placements for Post 16 High Needs students.

Place

Summary

11. As at month 6 the Portfolio is forecasting a full year outturn of an overspend of £2.3m, which is in line with the month 5 position. The key reasons for the forecast outturn position are:
- **Business Strategy & Regulation:** £1.5m forecast overspend largely due to risks associated with contract negotiations to deliver the full £3.3m waste management savings in the 2013-14 and 2014-15 Budgets.
 - **Capital & Major Projects:** £781k forecast overspend largely due to income and cost pressures within markets.
12. All directors continue to review current spending plans to prepare options to further reduce the overspend which will be reported in the Month 7 forecast.

Financial Results

Service	Forecast Outturn £000s	FY Budget £000s	FY Variance £000s	Movement from Month 5
BUSINESS STRATEGY & REGULATION	29,844	28,381	1,463	↔
CAPITAL & MAJOR PROJECTS	1,041	260	781	↔
CREATIVE SHEFFIELD	2,792	2,830	(38)	↔
CULTURE & ENVIRONMENT	44,384	44,451	(67)	↔
MARKETING SHEFFIELD	945	777	168	↔
PLACE PUBLIC HEALTH	(12)	0	(12)	↔
REGENERATION & DEVELOPMENT SER	84,649	84,639	10	↔
GRAND TOTAL	163,643	161,338	2,306	↔

Commentary

13. The following commentary concentrates on the key risks and changes from the previous month.

Business Strategy & Regulation

14. The forecast for this activity is an overspend of £1.5m, broadly in line with the previous period. This reflects an assumed £1.2m risk pending agreement with the Contractor on new terms to reflect the revised waste collection arrangements.

15. Other cost pressures have to a large extent been mitigated, through one-off savings/additional income including the finalisation of the prior year sale of heat income due to the Council. However, risks remain around underlying waste volumes and additional costs associated with diversion of waste should further maintenance be required on the Energy Recovery Facility.
16. Work is progressing on developing further the range of options for negotiation with the contractor with a view to implementation in the second half of the year. Should there be slippage on this timescale this may result in a further adverse movement.

Capital & Major Projects

17. The forecast for this activity is an overspend of £781k, broadly in line with the previous period.
18. The forecast position largely reflects income pressures within the markets service (£0.7m). There may be further risk here if stall lettings cannot be held at current levels. The business model for the market is currently under review balancing lower rents against the need for more flexibility in location to ensure let space is maximised.

Culture & Environment

19. The forecast for this activity remains broadly balanced.
20. The Service is currently working with SIV to finalise a three year funding commitment which will enable them to deliver a significant package of savings. The three year funding commitment should remove the requirement for the Council to pick up risks associated with reductions in profit at the Motorpoint Arena or trading deficits within the SCT/SIV group, which would be absorbed by the Trust as part of their 3 year plan. The Director continues to work closely with SIV to ensure that these plans are progressed and risks are mitigated.

Communities

Summary

21. As at month 6 the Portfolio is forecasting a full year outturn of £3.64 million in excess of budget. The key reasons for the forecast outturn position are as follows:

- **Business Strategy:** Currently reporting a forecast reduction in expenditure of £488k against the full-year budget.
- **Care & Support:** A overspend of £4.1m is currently forecast due to ongoing pressures and issues in Adult Social Care primarily relating to care purchasing budgets. These budgets are currently the focus of recovery action led by the Adult Social Care Savings Board, overseeing several initiatives to contain the overall cost of care purchasing.
- Significant improvements have been made in the Adults Care Provision, which is forecasting an under-spend of £514k in this financial year. However this is almost entirely offset by a corresponding reduction in service user income, which is currently forecasting a shortfall of £475k due to numbers of contributing service users falling more significantly than anticipated.
- The significant over spend forecast is now within the Learning Disabilities Service (currently standing at £4.7m overspent) relating to care purchasing with an expected over-spend of £3.5m and increased expenditure of in-house care provision of £1.2m.

Financials

	Outturn £000s	Budget £000s	Variance £000s	from Month 5
BUSINESS STRATEGY	3,791	4,279	(488)	↓
CARE AND SUPPORT	115,449	111,369	4,080	↓
COMMISSIONING	31,908	32,036	(128)	↓
COMMUNITY SERVICES	8,816	8,637	179	↔
GRAND TOTAL	159,964	156,321	3,643	↓

Commentary

22. The forecast out-turn position of a £3.6m overspend, is an improvement of £1.m from the previous month. The improvement this month is due to:

Business Strategy

23. There has been a favourable move in the month of £456k, primarily as a result of the realignment of Senior Management budgets (£104k) and additional funding (£300k) made available from corporate resources to cover the increases costs arising from the Deprivation of Liberty legislative changes.

Care & Support

24. There has been a favourable movement of £421k in the month, primarily from: action being taken to accelerate care purchasing strategies (£25k), revisions in service users' contributions and efficiencies arising within the Social Care Accounts Service (£64k), lower than expected take-up of the Local Assistance Scheme (£74k), a favourable movement of £138k arising from the cessation of 2 high cost LD packages and additional Direct Payment audit income and a favourable movement of £118k due to the confirmation of some specific funding within the Community Support Service that had been previously removed from budgets in August.
25. As at month 6, there is a forecast reduction in spend of £403k on the Local Assistance Scheme (LAS). The scheme is funded exclusively by a grant from Central Government called the Local Welfare Provision Grant. It has been made clear in a recent consultation document published by Central Government that this grant will not be paid to local authorities in 2015/16. Although the Council has no statutory duty to provide welfare support, officers are preparing proposals to carry forward any underspend on LAS into 2015/16 in order to partially offset the loss of grant and thereby extend the scheme beyond 2014/15 (subject to the overall balancing of the budget).

Commissioning

26. The favourable movement of £138k primarily relates to: a £115k reduction in expenditure on Housing Related Support Contracts; an increase of £37k in Mental Health Purchasing contracts; and a reduction in forecast staffing expenditure of £58k.

Resources

Summary

27. As at month 6 the Portfolio is forecasting a full year outturn of an overspend of £609k, an improvement of £100k from the month 5 position. The key reasons for the forecast outturn position are:

- £106k over spend in Business Change & Info Solutions due in the main to an under recovery in traded income in both BCIS Core and BCPD;
- £305k overspend in Commercial Services (Savings) due to reduced forecast income from cashable procurement savings;
- £154k over spend in Central costs due to Bank Charges (£81k) and CDC Recharges (£80k);
- £213k over spend in Housing Benefit, mainly Rent Rebates that are forecasting a lower income from overpayment recovery;

Offset by:

- £113k reduced spending in Human Resources due to increased income in the Moorfoot Learning centre, offset by additional short term costs related to the new occupational health contract.

Financials

	Outturn £000s	Budget £000s	Variance £000s	from Month 5
BUSINESS CHANGE & INFORMATION SOLUTIONS	603	497	106	↔
COMMERCIAL SERVICES	806	866	(60)	↔
COMMERCIAL SERVICES (SAVINGS)	(1,146)	(1,451)	305	↔
CUSTOMER SERVICES	3,601	3,554	47	↔
FINANCE	6,773	6,779	(6)	↔
HUMAN RESOURCES	3,535	3,648	(113)	↔
LEGAL SERVICES	3,339	3,322	17	↔
RESOURCES MANAGEMENT & PLANNING	185	205	(20)	↔
TRANSPORT AND FACILITIES MGT	42,027	42,062	(35)	↔
TOTAL	59,724	59,482	242	↓
CENTRAL COSTS	25,444	25,290	154	↔
HOUSING BENEFIT	940	727	213	↑
GRAND TOTAL	86,107	85,499	609	↔

Commentary

28. The following commentary concentrates on the key changes from the previous month.

Housing Benefit

29. A forecast £213k overspend. This is an adverse movement of £102k from the previous month, due to lower than forecast income from overpayment recovery on Rent Rebates and a worsening position in terms of bad debt provision for rent allowances.

Policy, Performance and Communications

Summary

30. As at month 6 the Portfolio is forecasting a full year outturn of an overspend of £18k, an improvement of £71k on the month 5 position. The key reasons for the forecast outturn position are:

- £51k over spend in Communications mainly due to insufficient income to cover employee costs;
- £22k over spend in CEX office due to LGYH costs;
- £42k over spend in Electoral registration due to the costs of canvas staff and IT support costs consistent with previous years;

Offset by savings in:

- reduced supplies & services spend;
- vacancy management and salary sacrifice.
- recharge income from LEP.

Financials

Service	Forecast Outturn £000s	FY Budget £000s	FY Variance £000s	Movement from Month 5
ACCOUNTABLE BODY ORGANISATIONS	0	0	0	↔
POLICY, PERFORMANCE & COMMUNICATION	2,754	2,736	18	↔
PUBLIC HEALTH	(135)	(135)	0	↔
GRAND TOTAL	2,619	2,601	18	↔

Commentary

31. The following commentary concentrates on the key changes from the previous month.

Policy, Performance and Communications

32. A forecast £18k overspend. This is an improvement of £71k from the previous month. This is due to revised forecasts in supplies and services spend to reflect decisions taken over spend on specific projects.

Corporate items

Summary

33. The table below shows the items which are classified as Corporate and which include:

- **Corporate Budget Items & Corporate Savings:** (i) corporate wide budgets that are not allocated to individual services / portfolios, including capital financing costs and the provision for redundancy / severance costs, and; (ii) the budgeted saving on the review of enhancements and the budgeted saving from improved sundry debt collection.
- **Corporate income:** Revenue Support Grant, locally retained business rates and Council tax income, some specific grant income and contributions to/from reserves.

Financials

	<u>FY Outturn</u>	<u>FY Budget</u>	<u>FY</u>
	<u>£'000</u>	<u>£'000</u>	<u>Variance</u>
			<u>£'000</u>
Corporate Budget Items & Savings Proposals	69,154	69,566	(412)
Income from Council Tax, RSG, NNDR, other grants and reserves	(548,254)	(545,138)	(3,116)
Total Corporate Budgets	(479,100)	(475,572)	(3,528)

Commentary

34. The position has improved by £55k since month 5. This is due to improved interest on investments due to the availability of higher cash balances with grant funds being received in advance.

Collection Fund

Introduction

35. Following the implementation of the Government's Business Rates Retention Scheme on 1 April 2013, steps have been taken to monitor the Collection Fund more closely however the overall position is subject to change due to the impact of national austerity measures on Business Rates income and the impact of the introduction of the local Council Tax Support (CTS) Scheme on Council Tax collection rates.
36. There have also been a variety of challenges accurately forecasting the collection fund in 2014/15 to date; some of these are new issues, some longer term. These include, in brief, difficulty in capturing information around changes to appeals and CTS, challenges in reconciling Capita reports to each other and therefore OEO and difficulties over the formatting of reports. Officers are working with Capita to resolve these issues. The figures that follow therefore need to be caveated by the above.

Summary

37. In 2014/15 approximately £268m of our expenditure is forecast to be financed directly through locally collected taxation, out of a total of £454m. This taxation is initially collected by the Council and credited to the Collection Fund. The Government receives 50% of the business

rates collected (the “Central Share”) and uses this to finance grant allocations to local authorities. The Fire Authority receives 1% of Business Rates collected and the Council retain the remaining 49% as below:

Income Stream	2014/15 Budget £m	Year to Date £m	Forecast Year End Position £m	Forecast Year End Surplus £m
Council Tax	-164.38	-92.37	-166.78	-2.40
Business Rates Locally Retained	-100.84	-61.80	-101.38	-0.53
	-265.22	-154.17	-268.15	-2.93
RSG/Business Rates Top Up Grant	-185.80	-92.90	-185.80	0.00
TOTAL	-451.02	-247.07	-453.95	-2.93

38. As at the end of quarter 2 the collection fund is forecasting a £2.4m year-end surplus on Council Tax primarily due to student exemptions showing a £1.6m reduction in spend against budget and an increase of 589 properties since the tax base was set resulting in a £0.6m rise in the gross chargeable dwellings income.
39. As at the end of quarter 2 the collection fund is forecasting a £0.5m year-end surplus on locally retained Business Rates. There has been significant growth in the potential Business Rates yield in 14/15 but this has been largely offset by expected increases in reliefs and appeals.

Business Rates

40. The following table shows in more detail the elements involved in the determination of the business rate position. This examines the current position and then compares the resultant year end forecast with the 2014/15 budget for business rates income.

Collection Fund - Business Rates	Budget 2014/15 £m	Year to Date £m	Forecast Year End Position £m	Variance £m
Gross Business Rates income yield	-249.96	-256.65	-256.58	-6.62
- Additional yield from small business supplement	-5.12	-5.17	-5.17	-0.05
	-255.08	-261.82	-261.75	-6.67
LESS Estimated Reliefs	36.89	32.94	38.34	1.45
Small Business Rate Supplement	5.12	5.17	5.17	0.05
Losses and Cost of Collection	2.24	1.55	2.05	-0.19
Losses on Appeals re Current Year Bills	5.03	2.41	9.30	4.27
Net Collectable Business rates	-205.80	-219.75	-206.89	-1.09
Appropriation of net business rates:				
1% SY Fire Authority	-2.06	-2.20	-2.07	-0.01
50% Government	-102.90	-109.88	-103.44	-0.54
49% Sheffield City Council	-100.84	-107.68	-101.38	-0.53
Additional SCC Income from Government:				
Section 31 Grant Income	-4.20	-4.22	-4.38	-0.19
Enterprise Zone retained income	-0.06	0.00	0.00	0.06
Cost of collection allowance	-0.78	-0.78	-0.78	0.00
Total SCC Appropriations	-105.87	-112.68	-106.54	-0.67

Gross Rate Yield

41. The Gross Rate Yield (GRY) represents the Rateable Value of the City multiplied by the Business Rates Multiplier. This is a measure of the total business rates billed in the city before taking account of reliefs, discounts and other adjustments.
42. The gross income of the city has increased significantly by around £6.8m compared with the estimated gross income forecast at the start of the year. This is due to several factors including a prudent forecast at the beginning of the year and some substantial new entries into the ratings list. An example of additional Rateable Value additions in quarter 2 are:

Property Type	Area	Rateable Value
Superstores	Abbeydale, Bradway, Beighton	£2m
Shops	City Centre	£650,000
Moor Market	City Centre	£630,000
Leisure	City Centre	£150,000
Education	City Centre	£460,000
Offices	Pitsmoor, City Centre	£190,000

Reliefs and Discounts

	Budget 2014/15 £m	Year to Date £m	Forecast Year-End Outturn £m	Variance £m
Small Business Rates Relief	5.06	5.41	6.01	0.95
Mandatory Charity Relief	18.98	17.97	18.97	-0.01
Discretionary Relief	0.51	0.19	1.09	0.58
Empty Property / Statutory Exemption	9.79	8.05	9.55	-0.24
Partly Occupied Premises Relief	1.34	0.22	1.32	-0.02
New discretionary reliefs	1.20	1.10	1.40	0.20
	36.89	32.94	38.34	1.45

43. Most reliefs and discounts are awarded in full at the point of billing at the start of the year. The total level of reliefs awarded in the first half of the year amounts to £32.9m which is below the £36.9m assumed in the budget. However, due to the significant rise in the rateable value in quarter 2 reliefs have now been forecast to rise by £4.5m to £38.3m by year end, £1.5m over budget.

44. The level of reliefs and discounts awarded can be affected by economic conditions, court rulings and businesses' behaviour and will be closely monitored throughout the remainder of the year.

Appeals

45. Appeals are notoriously difficult to forecast due to the lack of available information. The way that appeals are applied and then recognised in the system is significantly undermining the collection fund monitoring framework. If refunds due to appeals were always paid in cash to tax payers at the point of award, then the system would be straight forward. However, the system of refunds is more complicated and refunds due to appeal are awarded through a variety of means.

46. The 2014/15 Council budget anticipates £5m of refunds in year resulting from appeals. This is based on historical trend analysis. So far in year the Council have paid out £2.4m refunds as a result of appeals. This has now been forecast to reach £9.3m by year end. This is due to estimated refunds for appeals in the Castle market area for decline in footfall due to

the Castle Market Closure, superstore appeals from those surrounding newly built superstores within their vicinity, rateable value reductions made to schools, appeals lodged by Ponds Forge, hospitals and health centres, and an increase in appeal decisions due to increased number of appeals heard between now and March 2015 as the VOA aim to meet their target of clearing the back log of appeals by July 2015.

47. There is also a prudent provision of £13.6m carried forward into 2014/15. This should cover the back dated element of any appeals refunds in 2014/15 or later years which relate to 2013/14 income or earlier. The Business Rates Retention Scheme brought with it a requirement to account for these back dated appeals.

Collection Rates

48. The Net Collectable Debit (NCD) is the Gross Rate Yield less any discounts and reliefs applied. The amount of Business Rates collected at the end of quarter two stands at £126.1m, of which £61.8m is the Council's share. This represents a collection rate of 57.8% of the Net Collectable Debt. This is comparable to previous year's figures so we are well placed to achieve budgeted levels of collection.

Losses in Collection

49. Write offs to date amount to £0.8m. This is forecast to increase to £1.3m which will bring us close to the budgeted figure for Losses in Collection. We will be able to forecast this more accurately as the year progresses but avoidance remains a significant risk to business rates income. This is in addition to the £0.8m cost of collection calculated by the government.

Overall Forecast Outturn for Business Rates

50. Bringing together the elements identified above results in an improvement of £0.5m compared to budget. If this position materialises it would result in an additional surplus to the £1.3m SCC surplus already carried forward from 2013/14 on the Collection Fund.

Council Tax

51. Council Tax is being monitored closely by the Revenues and Benefits team. This monitoring involves analysis of the discounts and exemptions, movements on the tax base and collection rates. Deductions for elements such as student exemptions can swing the year end forecast significantly from month to month.
52. The number of student exemptions currently awarded is around 1000 below the prudent level assumed in the budget. This means there is the potential for more council tax income to be collected. It is anticipated that the number of exemptions granted will increase to similar levels to previous years due to student numbers increasing throughout the remainder of the year but this will remain under the number budgeted for in the tax base.

Collection Rates

53. Council Tax collected to quarter two of this financial year stands at £107.2m, of which £92.4m is the Councils share. This is slightly down on the same point last year, due to issues with Council Tax Support collection and related bailiff costs.

Overall Forecast Outturn for Council Tax

54. The outturn for Council Tax is forecast to be £2.4m in surplus, compared to budget. If this position materialises, the SCC share of the surplus will be available for planning as non-recurrent funding, as with the £2m SCC surplus already carried forward from 2013/14 on the Collection Fund.

New Homes Bonus Fund

		£m
Income	Reserves as at 1/04/14	-5.1
	2014/15 NHB Grant Received	-1.9
	14/15 Anticipated NHB Grant	-4.5
	Total Income	<u>-11.5</u>
Expenditure	2014/15 Spend to date at Month 6	1.8
	Forecast to Year End	4.4
	Future Years' Commitments	<u>3.2</u>
	Total Expenditure	<u>9.4</u>
	Funds Available for Investment	<u><u>-2.0</u></u>

55. During the month £0.6m was spent on capital projects funded by the New Homes Bonus. This sum included £0.4m on the cycle way between Park Square and Norfolk Park, £0.1m on the Arbourthorne redevelopment and £0.1m on cosmetic improvements to shop fronts in Darnall as part of the initiative to improve neighbourhoods to attract in housing investment.
56. Future expenditure forecast and commitments from the fund have risen by £2.2m being principally:
- Don Valley Stadium Remediation project, now authorised by Cabinet. This will require £1.8m support from the NHB fund in order to help transform the Attercliffe neighbourhood and make it attractive for regeneration ;
 - £250k to cover design work for bids to the Sheffield City Region Investment Fund for future projects to develop the city centre (this may be recoverable from the SCRIF Fund).
57. The uncommitted NHB funding earned to date now stands at £2.0m and officers are currently drafting proposals for approval which would commit up to £6.9m over the next three years. This will be funded from anticipated future years' payments.

Housing Revenue Account

Summary

58. The HRA Business Plan is based on the principle of ensuring that investment and services required for council housing is met by income raised in the HRA.
59. The 2014/15 budget is based on an assumed in year surplus of £6.9m which is to be used to fund the HRA capital investment programme. In accordance with the HRA's financial strategy any further in- year revenue surplus / savings generated by the account will be used to provide further funding for the future HRA capital investment programme.
60. As at month 6 the full year forecast outturn is a predicted £2.6m overall improvement from budget. As such, funding for the capital investment programme will be revised from £6.9m to £9.5m (shown in the table below) and this will be factored into the planned update of the Business Plan and capital investment programme later in the year.
61. The areas contributing to the improvement are a forecast reduction of (£283k) in capital financing costs due to a small reduction in the interest rate, lower than budgeted for bad debt provision mainly resulting from revised predictions of year-end debt bandings (£207k) and a forecast saving of (£940k) on repairs spend. In addition a (£958k) saving is a forecast on an overall reduction in running costs primarily due to staff vacancies and lower than expected recharges to the HRA budget. A net forecast of (£207k) is predicted at this stage on rental and other income.

Financial Results

HOUSING REVENUE ACCOUNT (EXC COMMUNITY HEATING)	FY Outturn £000's *	FY Budget £000's *	FY Variance £000's *	Movement from Month 5
1.RENTAL INCOME	(149,663)	(149,670)	7	↓
2.OTHER INCOME	(4,932)	(4,718)	(214)	↓
3.FINANCING & DEPRECIATION	52,528	52,811	(283)	↔
4.OTHER CHARGES	5,564	5,771	(207)	↓
5.REPAIRS	36,058	36,998	(940)	↑
6.TENANT SERVICES	50,925	51,883	(958)	↓
7.CONT TO CAPITAL PROG	9,520	6,925	2,595	↓

*subject to roundings

Community Heating

62. The budgeted position for Community Heating is a draw down from Community Heating reserves of £348k. As at month 6 the forecast position is a draw down from reserves of £168k resulting in a decrease in expenditure of (£180k). This is a positive movement of £271k from last month.
63. The main reason for this favourable movement is a revision in full year outturn forecast now that we are 6 months into phase 1 of the new heat metering system. Tenant's energy consumption is envisaged to be considerably lower than budgeted for coupled with the previous 6 months being mild again resulting in lower energy consumption.

COMMUNITY HEATING	FY Outturn £000's *	FY Budget £000's *	FY Variance £000's *	Movement from Month 5
INCOME	(3,300)	(3,440)	140	↑
EXPENDITURE	3,468	3,788	(320)	↑
Total	168	348	(180)	↑

Public Health

64. Public Health remains a ring fenced grant in 2014/15 and any reductions in spend are subject to carry forward requirements as per the grant conditions.
65. At month 6 the overall position was a forecast under spend of £1.6m. The position shows an increased underspend of £161k on the previous month. This is summarised in the table below.

All figures £000s					
Portfolio	Forecast outturn expenditure	Full year expenditure budget	Full year variance	Month 5 variance	Movement from prior month
CYPF	11,255	11,281	(26)	(36)	10
COMMUNITIES	12,820	13,033	(213)	(198)	(15)
PLACE	2,816	3,702	(886)	(797)	(89)
DIRECTOR OF PUBLIC HEALTH (inc PH Intelligence)	2,283	2,716	(433)	(366)	(67)
TOTAL EXPENDITURE	29,174	30,732	(1,558)	(1,397)	(161)

66. Key reasons for the forecast under spend are:
- Contract slippage in Director Public Health (DPH) (£140k);
 - Lower than budgeted take up on GP Health checks (£104k);
 - Unallocated vacant post budget (£298k);
 - £207k under spend on Drug and Alcohol Substance misuse purchasing and DACT contracts;
 - £767k under spend on Stop Smoking Service contracts and £100k on slippage due to vacancies.
 - This is offset by:
 - £135k savings target (under DPH) to be met from under spends across all public health spend.
67. The forecast is an improvement of £161k from month 5 and the key reasons for the movement are:
- Reduced forecast spend on GP Health checks (DPH);
 - Slippage of new contracts in DPH.
 - Vacancy management in Place.
68. It is proposed to use up to £400k of the forecast reduction in spend for two activities - Food Banks (£300k) and Fuel Poverty (£100k) – both of which are considered to be priorities for Members and officers. Further details of the food bank activities can be found in **Appendix 1**, and a summary is outlined below.
69. The first activity (Food Banks) would involve providing £300k of support to the following schemes:
- Emergency food relief grant pot (£60k) - open to food banks and other organisations which are able to demonstrate that they are helping with crisis food interventions;
 - Match funding for Food Banks Lottery Bid (£180k) – this bid is being made in conjunction with the Sheffield Citizens Advice and Law Centre (SCALC). The purpose of this bid is to enable SCALC to establish an advice service for users of food banks, as well as for them to train food bank volunteers in providing wider financial

advice themselves. There is scope to combine this with advice on fuel poverty, as described below.

- Food Donation & Supply Fund (£30k) - this would support the establishment of an underlying 'base level' food supply for the city's food banks.
- Archer Project (£30k) – to enable additional support to homeless people during the winter months.

70. The second activity (Fuel Poverty) would involve providing £100k of support to suitable VCF organisation(s) in the City to enable them to employ advisors to work with residents and groups on reducing energy use and costs. This would enable continuation of previous fuel poverty initiatives. An element of this funding would cover debt advice referrals, some of the recipients of which are the likely also to be users of food banks and hence beneficiaries of the service described in the paragraph above. This would mean that the full amount allocated (£100k) may not be needed.
71. If Members agree these proposals, there would still be around £1.2m underspend available for alternative public health investments. It is recommended that further consideration be given to the options for public health investment as part of the 2015/16 budget before determining any investments in 2014/15.

Corporate Financial Risk Register

72. The Council maintains a Corporate Financial Risk Register which details the key financial risks facing the Council at a given point in time. The most significant risks are summarised in this report for information together with a summary of the actions being undertaken to manage each of the risks.

2014/15 Budget Savings & Emerging Pressures

73. There will need to be robust monitoring in order to ensure that the level of savings required for a balanced budget in 2014/15 are achieved, especially given the cumulative impact of £240m of savings over the last four years (2011-15), and furthermore the backdrop of even larger reductions in Government grant in 2015/16.

74. Whilst preparing the budget, officers have identified numerous pressures which, if left unchecked, could lead to significant overspends in 2014/15 and beyond. The following pressures have been highlighted because they present the highest degree of uncertainty.
75. The position on pension costs remains a significant risk and increasing cost in 2015/16 when we face an even higher reduction in grant than in 2014/15. In March the South Yorkshire Pensions Authority determined the annual deficit contribution for the next three years. An additional budget provision of £9m was made to cover pension costs in 2014/15, however £4m of this amount is a contribution from reserves. Obviously, this only provides a short-term solution, so further work is being undertaken to look at longer term options. A surplus on the Kier pension pot set up to manage pension risk is now likely to be available from January 2015 to smooth the impact to some extent.
76. Corporate savings of £4m from capital financing costs have been offered up to balance the 2014/15 budget, on the assumption that market conditions will remain favourable to the Council next year, i.e. interest rates and borrowing requirements will not exceed those stated in the Treasury Management Strategy.
77. Following the advent of the Government's Business Rates Retention Scheme in April 2013, a substantial proportion of risk has been transferred to local government, particularly in relation to appeals, charitable relief, tax avoidance, hardship relief and negative growth. The issue of appeals dating back to the 2005 rating list is the greatest risk causing concern across all authorities. As at the end of December 2013, there were properties with a rateable value of £158m under appeal in Sheffield, with an allowance for £5m of refunds next year. Actual trends on appeals are monitored in year, and revised estimates of the impact of appeals have been made as part of the 2014/15 budget process. The Government has made various amendments to business rates regulations in order to support local businesses and stimulate the economy. One such measure is the extension of small business rates relief, for the cost of which the Government has promised to compensate all billing authorities.
78. The risk of delivering adult social care savings in 2014/15 is considerable, given that the Communities portfolio is forecasting an overspend of around £4.5m for care and support services.

Medium Term Financial Position

79. In the future the Council's financial position will be significantly determined by the level of Business Rates and Council Tax income. Each of these may be subject to considerable volatility and will require close monitoring. Based on the Spending Review in June 2013, the funding position is especially difficult from April 2015 and will require a focus on delivering economic growth to increase our income and on delivering outcomes jointly with other public sector bodies and partners. An example of the latter is funding of £38m in respect of the Pooled NHS and LA Better Care Fund for 2015/16. But access to this will be an issue for the Council and should be seen in the context of likely reductions in specific grant support in 15/16 elsewhere. In general the Government's Indicative Finance Settlement for 2015/16 does not suggest a significant change on the above analysis. The Government has not provided any details regarding local government funding beyond March 2016 however. But a number of leading think tanks have warned that there are likely to be further spending reductions and that the period of austerity could run until 2020.

Pensions Liabilities

80. Bodies whose Pension liability is backed by the Council are likely to find the cost of the scheme a significant burden in the current economic context. If they become insolvent the resulting liability may involve significant cost to the Council.

Contract Spend

81. The high and increasing proportion of Council budgets that are committed to major contracts impairs the Council's flexibility to reduce costs or reshape services. This is exacerbated by the fact that in general these contracts carry year-on-year inflation clauses based on RPIx which will not be available to the Council's main funding streams, e.g. Council Tax, RSG and locally retained Business Rates.

Economic Climate

82. There is potential for current adverse economic conditions to result in increased costs (e.g. increased homelessness cases) or reduced revenues.
83. The Council seeks to maintain adequate financial reserves to mitigate the impact of unforeseen circumstances.

External Funding

84. The Council utilises many different grant regimes, for example central government and EU. Delivering projects that are grant funded involves an element of risk of grant claw back where agreed terms and conditions are not stringently adhered to and evidenced by portfolios. Strong project management skills and sound financial controls are required by project managers along with adherence to the Leader's Scheme of Delegation in order to minimise risk.

Treasury Management

85. The ongoing sovereign-debt crisis continues to subject the Council to significant counterparty and interest-rate risk. Counterparty risk arises where we have cash exposure to banks and financial institutions who may default on their obligations to repay to us sums invested. There is also a risk that the Eurozone crisis will impact upon the UK's recovery and would in turn lead to higher borrowing costs for the nation. Whilst this is still a possibility, the UK recovery is beginning to take hold and the associated risk is beginning to ease.
86. The Council is mitigating counterparty risk through a prudent investment strategy, placing the majority of surplus cash in AAA highly liquid and diversified funds. Ongoing monitoring of borrowing rates and forecasts will be used to manage our interest-rate exposure.
87. The Co-op Bank have notified us that they will be withdrawing from the Local Authority banking market with effect from the ending of their contract with us, which is due to end in March 2015. Despite the well-publicised issues with the bank, work on retendering the banking contract is progressing to timescale.
88. A tender has been issued for core banking service with contract start date in accordance with initial timescales and work has started looking at contracting for the bill payment service via a PfH framework.

Welfare Reforms

89. The government is proposing changes to the Welfare system, phased in over the next few years, which will have a profound effect on council taxpayers and council house tenants in particular. The cumulative impact of these changes will be significant. Changes include:

- **Abolition of Council Tax Benefit:** replaced with a local scheme of Council Tax Support from April 2013. The Council approved the replacement scheme, based on the reduced funding available from Government, and set up a hardship fund in January 2013, but there are risks to council tax collection levels and pressures on the hardship fund which are being closely monitored.
- **Housing Benefit changes:** there have been a number of changes, including the implementation of the 'bedroom tax', from April 2013 where the impacts are that a significant number of claimants are now receiving fewer benefits, thereby impacting on their ability to pay rent.
- **Introduction of Universal Credit:** originally scheduled from October 2013 but now delayed until further notice. Along with the impact of reducing amounts to individuals and the financial issues that might cause, the biggest potential impact of this change is the impact on the HRA and the collection of rent. This benefit is currently paid direct to the HRA; in future this will be paid direct to individuals. This will potentially increase the cost of collection and rent arrears. There will also be an impact on the current contract with Capita and internal client teams.

Children, Young People and Families Risks

Education Funding

90. In 2014/15 it is anticipated that 10 of the Council's maintained schools will become independent academies (6 primary / 4 secondary). Academies are entitled to receive a proportion of the Council's central education support services budgets. Based on projected academy conversions it is estimated that:
- Up to £1.8m of DSG funding will be deducted from the Council and given to academies to fund support services.
 - Up to £2.6m will be deducted from the Council's DCLG funding, under the new Education Services Grant (ESG), and given to academies.
91. If an academy is a sponsored conversion then the Council will have to bear the cost of any closing deficit balance that remains in the Council's

accounts. It is estimated that this may be up to £467k based on known academy conversions during 2014/15.

92. Where new independent schools (free schools) or Academies are set up and attract pupils from current maintained PFI schools, then the funding base available to pay for a fixed long term PFI contract would reduce, leaving the Council with a larger affordability gap to fund. There are also further potential risks if a school becoming an academy is a PFI school, as it is still unclear how the assets and liabilities would be transferred to the new academy and whether the Council could be left with residual PFI liabilities.

Communities Risks

NHS Funding Issues

93. There are significant interfaces between NHS and Council services in both adults' and children's social care. The Council has prioritised these services in the budget process, but savings have nevertheless had to be found. Working in partnership with colleagues in the Health Service efforts have been made to mitigate the impact of these savings on both sides. However, ongoing work is required now to deliver these savings in a way that both minimises impacts on patients and customers and minimises financial risks to the NHS and the Council.
94. The Council is participating in the Right First Time (RFT) programme with the Clinical Commissioning Group (CCG) and Hospital Trust. This programme aims to shift pressures and resources from the hospital to community settings over the longer term, which should assist the Council in managing adult social care pressures, but there are risks to programme delivery at the same time as delivering funding cuts.

Resources Risks

Electric Works

95. The running costs of the business centre are not covered by rental and other income streams. The approved business plan set-aside contingency monies to cover potential deficits in its early years of operation. However, there remains a risk that the occupancy of units within Electric Works might be slower (lower) than that assumed within

the business case, such that the call on the contingency is greater (earlier) than planned.

96. A full review of the options for the future is underway and will be reported to Members as soon as possible.

Housing Revenue Account Risks

Housing Revenue Account (HRA)

97. There are a number of future risks and uncertainties that could impact on the 30 year HRA business plan. As well as the introduction of Universal Credit, outlined in the risk above, the main identified risks to the HRA are:

- **Interest rates:** fluctuations in the future levels of interest rates have always been recognised as a risk to the HRA.
- **Repairs and Maintenance:** existing and emerging risks within the revenue repairs budget include unexpected increased demand (for example due to adverse weather conditions).

Capital Programme Risks

Capital Receipts and Capital Programme

98. Failure to meet significant year on year capital receipts targets due to reduced land values reflecting the depressed market, the impact of the Affordable Housing policy or the failure to carry through initiatives to reduce the size of the Council's property estate. This could result in over-programming / delay / cancellation of capital schemes.

Housing Regeneration

99. There is a risk to delivering the full scope of major schemes such as Parkhill because of the cooling in the housing market. This could result in schemes 'stalling', leading to increased costs of holding the sites involved.

CAPITAL PROGRAMME MONITORING

Summary

100. At the end of September 2014, the end of year position forecasts a variance of £18.8m (8%) below the approved Capital Programme. Project managers are forecasting to deliver a capital programme of £203.7m. This has been reduced by £9.2m from the previous forecast of £212.9m. The main reductions are in Highways (£6.1m), Place (£2.2m) and Housing (£0.8m).
101. The Year to Date position shows spending to be £17m below the approved programme profile. The Housing programme is 48% (£8.3m) below profile, Place 37% (£3m) below profile and Highways 23% (2.5m).
102. The programme continues to spend at an underlying rate of £7- 8m per period (consistent with that seen over the last two years). Assuming that major schemes like Don Valley School, Streets Ahead or new Leisure Facilities and programmes such as the Housing Roofing achieve their forecast, on current trends, the Outturn is likely to be in the range of £175m assuming the NRQ purchases complete in 2014/15.
103. This is some £29m below that currently forecast by project managers. Project managers have requested £3.9m of slippage deferrals which will be considered by Cabinet in November and have requested a further £5.1m this month bringing the declared slippage awaiting approval to £9m. So, based on the extrapolation above, there is potentially another £20m to be declared unless there is a substantial acceleration in spend rates.
104. Finance and the Capital Delivery Service are working together to review financial results and relate this to physical progress in order to gain an informed understanding of capital delivery performance and in doing so identify areas for improvement.
105. Slippage in the programme is still present but this is less due to poor profiling and more due to proactive work to manage costs. For example:
- Part of the £3m underspend in the CYPF programme is due to challenging the tender prices from the contractor. This has been made before building work commences thus avoiding costly

standing charges, re-works and variations payable once the contractor starts on site;

- Reductions in the Housing programme reflect a conscious review of potential projects awaiting development. This helps to inform the HRA of the likely timing and scope of the call on resources; and
- A further £348k of savings have been identified in the programme where anticipated costs will be less than the approved sum enabling these resources to be reinvested elsewhere.

106. This reflects how there is an improved understanding of the programme which is starting to pay dividends.

107. This improvement, plus the disciplined consideration of projects through the Gateway Approvals process gives further quality assurance that projects to be delivered in the latter half of 2014/15 and from 2015/16 onwards have sound business cases underwritten by an Outcome Board, realistic delivery profiles and are consistent with Council policies.

Financials 2014/15

Portfolio	Spend to date	Budget to Date	Variance	Full Year forecast	Full Year Budget	Full Year Variance	Change on last Month
	£000	£000	£000	£000	£000	£000	£000
CYPF	11,488	13,670	(2,182)	35,846	38,837	(2,992)	(198)
Place	5,025	7,985	(2,960)	46,708	55,066	(8,358)	(5,306)
Housing	9,075	17,416	(8,341)	46,214	54,009	(7,795)	(1,954)
Highways	8,129	10,603	(2,474)	30,277	29,486	790	(6,167)
Communities	997	1,400	(403)	1,844	2,123	(279)	(138)
Resources	1,819	2,465	(646)	9,945	10,089	(144)	169
Corporate	6,576	6,576	-	32,883	32,883	-	-
Grand Total	43,110	60,116	(17,006)	203,716	222,493	(18,777)	(13,594)

Capital Programme

	2014-15 £m	2015-16 £m	Future £m	Total £m
Month 5 Approved Budget	218.1	158.7	322.3	699.1
Additions	3.5	13.9	0.3	17.6
Variations and Slippage	1.0	-12.2	-3.4	-14.7
Month 6 Approved Budget	222.5	160.4	319.1	702.0

108. The capital programme has been increased by a net £3m following the approval by Cabinet of £2m of additional schemes delivering New Council Housing (£7.5m), remediation of the former Don valley Stadium site, and the Grey-to-Green regeneration scheme for the West Bar area (£3.8m).

109. The majority of the variations relate to reductions in the Housing programme where specific schemes have not yet been developed and funds are being returned to the Housing Revenue Account for future schemes as and when these are devised.

Approvals

110. A number of schemes have been submitted for approval in line with the Council's agreed capital approval process.

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

- 4 additions to the capital programme with a total value of £1,613k.
- 8 variations to the capital programme creating a net decrease of £1,124k.
- 14 slippage requests moving £4,600k into future years.
- 4 identified project savings decreasing the value of the programme by £348k

- No emergency approvals.
- 1 director variation with a total value of £10k.

Further details of the schemes listed above can be found in **Appendix 2**.

Implications of this Report

Financial implications

112. The primary purpose of this report is to provide Members with information on the City Council's Budget Monitoring position for 2014/15 and, as such it does not make any recommendations which have additional financial implications for the City Council.

Equal opportunities implications

113. There are no specific equal opportunity implications arising from the recommendations in this report.

Legal implications

114. There are no specific legal implications arising from the recommendations in this report.

Property implications

115. Although this report deals, in part, with the Capital Programme, it does not, in itself, contain any property implications, nor is there any arising from the recommendations in this report.

Recommendations

116. Members are asked to:

- a) Note the updated information and management actions provided by this report on the 2014/15 Revenue budget position, and approve;

- The proposed use of £300k-£400k of Public Health forecast reduction in spend, as noted in paragraph 68 of the Public Health section of the report

- The balance of the Public Health underspend be considered in the context of the 2015/16 budget savings on public health
- The carry-forward of any underspend on the Local Assistance Scheme (LAS) be carried forward to assist with sustaining a LAS scheme in 2015/16, subject to balancing the overall budget

b) In relation to the Capital Programme:

- (i) Approve the proposed additions to the capital programme listed in **Appendix 2**, including the procurement strategies and delegations of authority to the Director of Commercial Services or nominated Officer, as appropriate, to award the necessary contracts following stage approval by Capital Programme Group;
- (ii) Approve the proposed variations and slippage requests listed in **Appendix 2**;
- (iii) and note;
 - The latest position on the Capital Programme including the current level of delivery and forecasting performance;
 - The four projects listed in **Appendix 2** which are due to close and where savings have been achieved and will be returned to the Housing Revenue Account;
 - There was no exercise of delegated emergency approval by the Executive; and
 - The instances where Cabinet Members, EMT or directors of service exercised their delegated authority to vary approved amounts.

Reasons for Recommendations

117. 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.

Alternative options considered

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

Andrew Eckford
Interim Director of Finance

Proposed use of Public Health underspend in 2014/15

1. Emergency Food Relief Grant Pot - £60k

This grant pot will be open to food banks and other organisations able to demonstrate they are helping with crisis food interventions. There will be 2 priorities under which organisations can request funding:

- Priority 1: to support food banks and other organisations helping with crisis food interventions with the purchase of essential equipment, maintenance, volunteer training, building rents etc.
- Priority 2: to allow food banks and other organisations helping with crisis food interventions to develop and test innovative solutions for helping vulnerable people in their locality. This might include for example cookery classes, 'savvy shopper' schemes, food growing etc.

Exclusions:

- Grants will only be open to existing food banks and other organisations helping with crisis food interventions and will not be able to be used to establish new food banks.
- It is suggested that advice would be outside of the scope of the innovation fund as this will be covered by #2.
- Grants won't be given for activities primarily aimed at promoting religious or political beliefs. SCC would be happy to provide further guidance on this should it be helpful.
- Ongoing staffing costs would not be funded however volunteer costs and expenses would be able to be funded.

Administration: SCC Voluntary Sector Liaison Team. Ideally the grant pot would run during Sept/Oct 2014

2. Match funding for the SCALC/Food Banks Lottery Bid - £180k

By increasing the amount of match funding available this may increase the bid's chance of success and allow more work to be done.

Administration: SCC Public Health Team or SCC Voluntary Sector Liaison Team

3. Food Donation and Supply Fund - £30k

This would support the establishment of an underlying 'base level' food supply for the city's food banks. There may be a number of ways in which this could be achieved e.g. through FareShare, Community Shop, FoodAware etc. and this would need to be explored more fully. There may also be the potential for additional 'in kind' support from the council such as use of a vacant retail unit for food storage purposes.

Administration: SCC Public Health Team

4. Archer Project - £30k

Administration: SCC Voluntary Sector Liaison Team

Total Proposed Allocation £300k

Scheme Description	Approval Type	Value £000	Procurement Route
ADDITIONS			
Children, Young People and Families			
Oughtbridge – Expansion This project will provide two additional classrooms from extension works at Oughtbridge Primary School in order to provide sufficient accommodation to meet the demand for 60 additional places by September 2015. The works comprise the construction of a two storey modular extension to the existing Infants block. The new building will be steel framed, with an outer leaf of brickwork up to lower ground floor window head height with insulated Cedar wood effect cladding above. Part of the existing lower ground space will be converted into a Kitchenette and Laundry area. The new ground floor space will be utilised as two new classrooms with adjoining toilets and cloak areas. The upper floor will accommodate a new staff area, including a Head Teacher's office, a staff room with toilet facilities, and a PPA (Planning, Preparation and Assessment area for staff time out to mark work and plan lessons) and Intervention Room. This is an improvement on the existing school layout where no dedicated area was available. A new precast concrete stair case and service lift will be built to access all floors. The project is fully funded from CYPF's Department for Education Basic Need grant.	Addition	1,000	Full Competitive Tender
Basic Need Maintenance Block Allocation This block allocation was set up as a provision for school expansion works as required to meet the demand for school places across the Sheffield City Schools' estate. The Capital Commissioners of CYPF act as overall programme managers. This variation seeks to allocate funds from the capital maintenance block allocation to cover the Oughtbridge school expansion works as described above.	Variation	-1,000	N/A

<p>Community Buildings</p> <p>Park Community Centre Roof Renewal This project provides roof renewal works to adjacent properties at the Park Community Building on Samson Street and the Park Library on Duke Street. The work was identified from a camera survey of the site due to regular water penetration to the upper floors causing extensive damage to the internal fabric of both buildings making the upper floor uninhabitable. This is a 'Co-Delivered' Library – where SCC remains responsible for the property and will therefore deal with all property related issues directly. The work is funded from Resources Corporate Resource Pool Capital Receipts allocated to the Health & Safety Compliance programme.</p>	<p>Addition</p>	<p>290</p>	<p>Full Competitive Tender</p>	
<p>Ellesmere Centre Roof & FRA Works Ellesmere Children's Centre provides private day-care and nursery school places to the Burngreave / Attercliffe area of Sheffield. This project covers construction works following a Fire Risk Assessment and roofing repair work at this site as follows:</p> <ul style="list-style-type: none"> • A recent FRA identified the need for a full audible fire detection system and emergency lighting, plus compartmentalisation of key areas to improve the fire integrity of the partition walls and protect escape routes. • The building's roof covering and rainwater goods are also of concern. The roof has undergone a full condition survey with a view to prioritising and replacing / repairing the worst elevations. <p>Funded from Resources Corporate Resource Pool Capital Receipts as part of the Health & Safety Compliance programme.</p>	<p>Addition</p>	<p>250</p>	<p>Full Competitive Tender</p>	
<p>Health & Safety Compliance Block Allocation This block allocation was set up to fund the Health and Safety Compliance Works programme to be carried out across the city. This variation will fund the Ellesmere centre and Park Library project above.</p>	<p>Variation</p>	<p>-540</p>	<p>N/A</p>	

<p>Parks</p>			
<p>Charnock Recreation Ground MUGA This project is to create a Multi-Use Games Area (MUGA) at Charnock Recreation Ground, Carterhall Lane.</p> <p>It will involve undertaking groundwork's to level a slight slope and install drainage, then a tarmac games surface will be constructed. This will be fenced, marked and kitted out with nets etc. to allow a range of ball games to be played i.e. football, basketball, tennis. A short stretch of new path will connect the MUGA to the existing path network and a litter bin will be installed at the entrance. Several new trees will be planted in the adjacent area to enhance the landscape setting.</p> <p>The cost of the project will be funded by Landfill Tax (Viridor) raised by the Friends Group (£66.3k) and a revenue contribution to capital of £7.4k. The friends group has organised the quotations which have been reviewed by SCC officers and any contracts will be on SCC conditions to ensure the necessary public liability insurance and other commercial protection.</p>	<p>Addition</p>	<p>74</p>	<p>Waiver to obtain three competitive quotes via a third party</p>
<p>SAVINGS</p>			
<p>Housing Programme</p>			
<p>Sharrow Sharrow was a manufacturing facility set up was to produce windows, kitchens and doors for the decent homes programme; this has now finished and has resulted in a saving of £100k to the Housing Revenue fund. All the expected outputs have been met. Slippage carried over from last year to pay final invoices was not needed. The Department of Works and Pensions gave a loan to setup the manufacturing side of the</p>	<p>Saving</p>	<p>-100</p>	<p>N/A</p>

programme and have now been paid back the amount owed which will be funded by capital receipts.				
The following projects have now completed under the approved budget, delivering all the planned outputs, and will be closed with the saving going back into the Housing Revenue Account to be used on further council housing schemes.				
North New Parsons Cross This project was to bring the homes on the Parsons Cross estate up to decent homes standards by replacing windows, doors, kitchens and bathrooms where they fall below standard.	Saving	-86	N/A	
Park View This project was to bring the homes in the Park View – Sheltered Scheme up to decent homes standards by replacing windows, doors, kitchens and bathrooms where they fall below standard.	Saving	-86	N/A	
Ernest Copley This project was to bring the homes in the Ernest Copley– Sheltered Scheme up to decent homes standards by replacing windows, doors, kitchens and bathrooms where they fall below standard.	Saving	-76	N/A	
VARIATIONS				
Housing Programme				
Obsolete Heating – replacement of old non-standard systems which were not replaced during the Decent Homes programme	Slippage/ Variation	-1,329 6,421	N/A	

<p>Heating Breakdowns – replacement of heating systems which are uneconomic to or beyond repair.</p> <p>New Heating Installations – installing central heating systems in homes which currently do not have one. (The slippage of 379 is also being transferred with the rest of the budget to 97127)</p> <p>The under-spend in year is due to:</p> <ul style="list-style-type: none"> • The obsolete programme is running behind target due to Contract B & C starting later in the year than originally planned and so spend for the full year will be much less. • The new installation budget cannot be spent as residents are not providing access for heating to be installed as they are satisfied with their existing alternative heating such as gas fires or electric fire. Only 200 of the 900 affected tenants have agreed to installations. • The number of breakdowns each year has been reducing as the obsolete heating programme improves the general condition of the heating stock. In 2013/14 90 fewer new heating installations were delivered than planned, it is planned to reduce this year's delivery by 254 new units A breakdown underspend from 2013/14 was slipped into 2014/15 and the pattern of reduced demand from breakdowns has further compounded the 2014/15 underspend. <p>The Obsolete Heating business unit 97127 is going to be amalgamated with 97406 Heating breakdowns from 2015/16. The ability to extract and report information on whether the heating install was an obsolete, new install, non- working or working breakdown would be retained by the Asset Management Teams. This budget is funded by Housing Revenue Account.</p>	<p>Slippage/ Variation</p> <p>Slippage/ Variation</p>	<p>844 -4,622</p> <p>379 -1,420</p>
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<u>Current approved budgets</u>	Current Approved budgets 14/15			Revised Budgets 14/15	Variance
	Budget Inc fee				
Breakdowns	2,005		1,161	844	
Obsolete	6,509		5,180	1,329	
New Installs	483		105	378	
Totals	8,996		6,446	2,550	

Children, Young People and Families				
Lydgate Infants – Mechanical				
This project will replace the heating system at Lydgate Infant School. This boiler and heating system was originally identified under the condition and gas servicing programme of 2011/12 for replacement and a repair could not be carried out due to the age of the boiler and unavailability of replacement parts, and moving from oil fired system to gas. The variation of £63.3k (11.5%) is required in order to meet revised contractor costs and associated fees upon receipt of the lowest acceptable tender and will increase the total project cost to £613.3k. A Contract Award is also being presented to CPG for Approval dependent on this variation being approved by EMT. The project is fully funded from the Capital Maintenance block allocation.	Variation EMT	63		N/A
Capital Maintenance Block Allocation	Variation EMT	-63		N/A

<p>estate. The Capital Commissioners of CYPF act as overall programme managers. This variation seeks to allocate funds from the capital maintenance block allocation to cover the increase in heating works costs at Lydgate Infants, as described above.</p>				
<p>Parks</p>				
<p>Lowfield Profit The ProFit project combines technology, sports and health through the development of an innovative sport field-lab. ProFit is fully funded by the European Union, under the Interreg IVB North West Europe programme. A field-lab is a research and development location where people (children, adults, elderly) engage in sports and play activities. Approval is being sought to increase the capital element of the project by £36.7k bringing to £150k the total project value to purchase health related/physical activity equipment to encourage local people to become more active and improve health and physical wellbeing. This is currently being developed in conjunction with Sheffield Hallam University Sports and Research Engineering Department and links to Move More Sheffield and the GP Referral programme. The project will also include / enable health monitoring aspects.</p>		<p>Variation</p>	<p>36.7</p>	<p>Competitive Quotes / waiver for each module in the whole project</p>
<p>There several elements to this project and as each of these are likely to be below Contract Standing Orders threshold. The intended procurement route for each would be to invite 3 quotes, or where the technology is that specialised, via a waiver to Contract Standing Orders. As the project is based on innovation, by its very nature it is difficult to confirm the specific requirements at this stage, however research is currently ongoing and potential examples of equipment that may be purchased include smart 'basketball' technology i.e. through the use of Bluetooth chips and newly developed outdoor fitness equipment. In addition, any equipment would require maintenance and repairs and it is intended to allocate a budget (approximately £15,000) and produce a specification for this which will then be advertised via YORtender by a request for quotes.</p>				

<p>Once installed, this will be the first field-lab in the UK and may have the potential to generate income in future as is current in Holland and Belgium.</p> <p>The project is fully funded from INTERREG European Funding. Grant. The full grant has already been accepted by the Council so no further approvals are required.</p>				
<p>SLIPPAGE / ACCELERATED SPEND:- (Note only)</p>				
<p>Housing Programme</p>				
<p>Insulation (Council Housing)</p>				
<p>This project is to insulate Council Housing properties</p> <p>Part of the budget for this project has been allocated to cavity wall and loft insulation on traditional property types, the contract for this has already been awarded and the work is commencing. The second part of this budget is for insulation on solid wall types of non-traditional properties, An option appraisal of this type of stock was carried out in 2006 and the refresh of this started in 2013. There are several stages to the option appraisals one of them being a structural & condition surveys these have been delayed from the original timescale which has had an impact on the parts of the project. The delays with finalising the structural surveys have been dealt with by the project team. Reasons for the delays include resource issues, understanding of scope, scope changes, and more intrusive investigations being required than initially envisaged. Currently whilst we have the information regarding the technical aspect and recommendations for the energy efficiency improvements (solid wall insulation) we haven't completed the full viability assessment to determine the recommendations on these properties we're now aiming for this to complete over the next month with delivery of the works in 2015/16.</p>				
	Slippage	-180	N/A	

<p>The option appraisal for these properties is still being carried out, but is taking longer than expected due to staffing issues and a delay in obtaining a structural report from Capital Delivery Services. This appraisal will result in information on numbers and property type to inform the procurement process. The slippage of £180k will fund work in 2015/16 which was originally planned for 2014/15 resulting in a twelve month delay. The approved budget for this project is £4.1m funded from the housing Revenue Account, project end date March 2019</p>			
<p>DH Metering This project is to install heat meters in properties that have district heating to enable individual billing of heating costs to properties so tenants can control their costs. The contractor has made a slow start on setting up the site. Council Housing Services have met with the contractor, E2, and are satisfied the programme will now recover following the contractor increasing the workforce. It is estimated there will be a £1.2m slippage on this year's budget at year end. The contractor has committed to complete by the original deadline of March 2017. The approved budget for this project is £5.5m, funded from the Housing Revenue account.</p>	Slippage	-1,201	N/A
<p>Lansdowne and Hanover This project is to fix insulation cladding to maisonettes on the Lansdowne and Hanover estates, re-new doors and windows where necessary and internally bring all areas up to decent homes standards where needed. Access to 5 of the properties has been denied and legal measures have had to be taken to gain access to be able to complete the cladding which will now take place. in 2015/16. The approved budget for this project is £212k funded by Housing Revenue Account.</p>	Slippage	-120	N/A

<p>The Environmental programme (EP) in all of the areas below is to improve the environment on the estates and improve the security and desirable ability of the estate. Funded by Housing Revenue Account.</p> <p>These projects are to be fully re-profiled now a clear operational delivery programme for door entry, fencing and gates, CCTV, car parking and street lights is known. This has resulted in Accelerated spend of £228k and slippage of £942k.</p>			
<p>EP North Area</p> <p>This project is for slippage of £282k and will see the 2014/15 budget reduce to £167k and the 2015/16 budget increase to £116k as the fencing and gates work will be completed sooner than planned and the door entry programme runs from November 2014 to Sept 2015.</p>	Slippage	-115	N/A
<p>EP North West</p> <p>This project is for slippage of £100k and will see the 2014/15 budget reduce to £22k and the 2015/16 budget increase to £101k as the door entry programme runs from November 2014 to March 2016.</p>	Slippage	-100	N/A
<p>EP East</p> <p>This project is for slippage of £213k and will see the 2014/15 budget reduce to £471k and the 2015/16 budget increase to £213k as the Greenland door entry works will complete this year but car parking & door entry works at Pinfold Lane & Stovin will slip into 2015/16.</p>	Slippage	-213	N/A
<p>EP Central</p> <p>This project is for accelerated spend of £228 and will see the 2014/15 budget increase to £312k and the 2015/16 budget decrease to £222k as the door entry programme runs from November 2014 to March 2016.</p>	Accelerated Spend	228	N/A

<p>EP South East This project is for slippage of £223k and will see the 2014/15 budget reduce to £418k and the 2015/16 budget increase to £556k as the fencing and gates work will be completed sooner than planned and the door entry programme runs from November 2014 to March 2016.</p> <p>EP South West This project is for slippage of £96k and will see the 2014/15 budget reduce to £100k and the 2015/16 budget increase to £96k as the fencing and gates work will be completed sooner than planned and the door entry programme runs from November 2014 to March 2016.</p> <p>EP Sheltered This project is for slippage of £8k and will see the 2014/15 budget reduce to £80k and the 2015/16 budget increase to £8k as the fencing and gates work will be completed sooner than planned and we are currently obtaining quotes for the final small project.</p> <p>EP Door Entry This project is for slippage of £20k and will see the 2014/15 budget reduce to £7k and the 2015/16 budget increase to £64k as the door entry programme runs from November 2014 to March 2016.</p>	Slippage	-223	N/A
EMERGENCY APPROVALS:- (Note only)			
None to report this period			

<p>DIRECTOR VARIATIONS:- (Note only)</p>			
<p>GREAT PLACE TO LIVE</p>			
<p>Graves Park Inclusive Play This project is now complete and was to deliver an aiming high children's playground installing inclusive play equipment and landscaping. The variation is to reduce the budget to nil</p>	<p>Director Variation</p>	<p>-10</p>	<p>n/a</p>