

Council

Wednesday 3 December 2014

2.00 pm

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

The Press and Public are Welcome to Attend

COUNCIL

Wednesday 3 December 2014, at 2.00 pm
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The Press and Public are Welcome to Attend

MEMBERS OF THE COUNCIL

THE LORD MAYOR (Councillor Peter Rippon)
THE DEPUTY LORD MAYOR (Councillor Talib Hussain)

1	<i>Arbourthorne Ward</i> Julie Dore Mike Drabble Jack Scott	10	<i>Dore & Totley Ward</i> Joe Otten Colin Ross Martin Smith	19	<i>Mosborough Ward</i> David Barker Isobel Bowler Tony Downing
2	<i>Beauchief & Greenhill Ward</i> Simon Clement-Jones Roy Munn Richard Shaw	11	<i>East Ecclesfield Ward</i> Pauline Andrews Steve Wilson Joyce Wright	20	<i>Nether Edge Ward</i> Nasima Akther Nikki Bond Qurban Hussain
3	<i>Beighton Ward</i> Helen Mirfin-Boukouris Chris Rosling-Josephs Ian Saunders	12	<i>Ecclesall Ward</i> Penny Baker Roger Davison Diana Stimely	21	<i>Richmond Ward</i> John Campbell Lynn Rooney Paul Wood
4	<i>Birley Ward</i> Denise Fox Bryan Lodge Karen McGowan	13	<i>Firth Park Ward</i> Sheila Constance Alan Law Chris Weldon	22	<i>Shiregreen & Brightside Ward</i> Peter Price Sioned-Mair Richards Peter Rippon
5	<i>Broomhill Ward</i> Jayne Dunn Stuart Wattam Brian Webster	14	<i>Fulwood Ward</i> Sue Alston Andrew Sangar Cliff Woodcraft	23	<i>Southey Ward</i> Leigh Bramall Tony Damms Gill Furniss
6	<i>Burngreave Ward</i> Jackie Drayton Ibrar Hussain Talib Hussain	15	<i>Gleadless Valley Ward</i> Steve Jones Cate McDonald Tim Rippon	24	<i>Stannington Ward</i> David Baker Katie Condliffe Vickie Priestley
7	<i>Central Ward</i> Jillian Creasy Robert Murphy Sarah Jane Smalley	16	<i>Graves Park Ward</i> Ian Auckland Steve Ayris Denise Reaney	25	<i>Stocksbridge & Upper Don Ward</i> Jack Clarkson Richard Crowther Philip Wood
8	<i>Crookes Ward</i> Rob Frost Anne Murphy Geoff Smith	17	<i>Hillsborough Ward</i> Bob Johnson George Lindars-Hammond Josie Paszek	26	<i>Walkley Ward</i> Olivia Blake Ben Curran Neale Gibson
9	<i>Darnall Ward</i> Harry Harpham Mazher Iqbal Mary Lea	18	<i>Manor Castle Ward</i> Jenny Armstrong Terry Fox Pat Midgley	27	<i>West Ecclesfield Ward</i> John Booker Adam Hurst Alf Meade
				28	<i>Woodhouse Ward</i> Mick Rooney Jackie Satur Ray Satur

John Mothersole

Chief Executive

Contact:

Paul Robinson, Democratic Services

Tel: 0114 2734029

paul.robinson@sheffield.gov.uk

PUBLIC ACCESS TO THE MEETING

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

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

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

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

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

FACILITIES

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

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

**COUNCIL AGENDA
3 DECEMBER 2014**

Order of Business

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS COUNCIL MEETING

To receive the record of the proceedings of the meeting of the Council held on 5th November 2014 and to approve the accuracy thereof.

4. PUBLIC QUESTIONS AND PETITIONS AND OTHER COMMUNICATIONS

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

5. MEMBERS' QUESTIONS

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

5.2 Supplementary questions on written questions submitted at this meeting – Council Procedure Rule 16.4.

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

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

<http://sheffielddemocracy.moderngov.co.uk/ecCatDisplay.aspx?sch=doc&cat=13165&path=0>)

6. REPRESENTATION, DELEGATED AUTHORITY AND RELATED ISSUES

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

7. DIRECTOR OF PUBLIC HEALTH REPORT FOR SHEFFIELD 2014

To receive a presentation by Dr. Jeremy Wight, Director of Public Health, on his annual report for 2014 on the health of the people of Sheffield.

A background report is attached. Electronic versions of the Director's Annual Report and a Summary Report have been published with this agenda, and a copy of the Summary Report will be provided to all Members of the Council prior to the meeting.

8. NOTICE OF MOTION GIVEN BY COUNCILLOR JOE OTTEN

That this Council:

- (a) notes the growing recognition of "agglomeration economics" and its role in helping London and the South East to grow faster than the north of England;
- (b) notes that journey times, by road and rail, between northern cities are slower than comparable journeys in the south east of England or in comparable regions such as the Randstad, Netherlands or Rhein-Ruhr, Germany;
- (c) notes that the UK is one of the most centralised states in Europe, with decision-making and investments spending dominated by London and the South-East;
- (d) believes that investment in transport connections across the north of England is vital to the goal of rebalancing the economy and bringing more investment and jobs to the north;
- (e) believes that devolution of economic levers to city regions and combined authorities is a small but essential part of a more comprehensive devolution agenda including public services, rural areas and devolved assemblies;
- (f) welcomes broadly the 'Devo Manc' settlement for Greater Manchester, in particular including the power to regulate the bus network, but has reservations about the elected Mayor model;
- (g) calls for the current Administration to back similar devolution of powers to Sheffield City Region;
- (h) however, recognises that the domination of local authorities and combined authorities by any one party out of proportion to its share of the vote would inevitably weaken governance, and therefore calls

for electoral reform in local government to prevent one-party fiefdoms;

- (i) calls for the Government to adopt fiscal rules such that borrowing for investment that brings a direct economic return is to be exempt from a balanced budget rule;
- (j) backs the "One North" transport proposals, in particular:
 - (i) a new 125mph trans-pennine rail route linking Manchester with Leeds, Sheffield and Hull, serving passengers and freight;
 - (ii) bringing forward commencement of the Sheffield-Leeds section of HS2;
 - (iii) further investment in the Hope Valley line in addition to the 'northern hub' improvements;
 - (iv) better highway connectivity between Sheffield and Manchester; and
 - (v) welcomes the increasing rate of transport investment by Central Government outside of London, and calls for this to be accelerated; and
- (k) calls for work towards the adoption of a single Oyster-style card for public transport across the north of England and agrees with the comments of the Chair of the City Region Transport Group that "only London-style franchising gives you London-style simple Oyster ticketing".

9. NOTICE OF MOTION GIVEN BY COUNCILLOR JULIE DORE

That this Council:

- (a) notes the recent report by the London School of Economics "Were we really all in it together? The distributional effects of the UK Coalition Government's tax-benefit policy changes";
- (b) notes that the analysis from the report shows:
 - (i) the outcome for those in the bottom half of incomes is in contrast to those in the top half of incomes, who gained from direct tax cuts, with the exception of most of the top 5 per cent – although within this 5 percent group, those at the very top gained, because of the cut in the top rate of income tax;
 - (ii) in total, the changes have not contributed to cutting the deficit; rather, the savings from reducing benefits and tax

credits have been spent on raising the tax-free income tax allowance and lowering the top rate of income tax allowance giving tax cuts to millionaires; and

- (iii) the analysis challenges the idea that those with incomes in the top tenth have lost as great a share of their incomes as those with the lowest incomes;
- (c) believes that this report conclusively proves that we are not all in it together and the Government have made these cuts not to reduce the deficit but to redistribute money from the poorest to the wealthiest in society; and
- (d) is extremely concerned about the impact that these policies are having in Sheffield and is concerned that child poverty is rising as a result and inequalities are increasing.

10. NOTICE OF MOTION GIVEN BY COUNCILLOR MARY LEA

That this Council:

- (a) notes that in a report by the Times newspaper in October 2014, it was claimed that the Government did not understand its own NHS reforms and that the top-down reorganisation which cost £3 billion was a “total car crash” and a “huge strategic error”;
- (b) notes that the Government’s catastrophic project of NHS reorganisation, which cut 6,000 nurses has been criticised by experts and senior doctors, who say that A&E departments are operating without safe staffing levels;
- (c) condemns the crisis in A&E which has meant that for the last 12 months, the Government has allowed almost one million people to wait more than 4 hours to be seen in A&E, more to wait on hospital trolleys before being admitted and more to be kept in ambulance queues outside of our hospitals;
- (d) condemns the cuts to elderly care, putting even greater pressure on A&E when their essential care is unavailable at home;
- (e) notes that more than 4,000 NHS staff have been laid off, only to be rehired by the Government, many on six figure salaries;
- (f) notes that under this Government more patients are waiting for longer due to the scrapping of the previous Government’s guarantee for a GP appointment in 48 hours, and now 60% of patients are unable to see their GP within 2 days;
- (g) believes that the previous Government rescued the NHS after years of Conservative Party neglect; and

- (h) welcomes Ed Miliband's promise to invest an extra £2.5 billion in a new Time to Care Fund to support 20,000 more nurses, 8,000 more GPs, 5,000 more caseworkers and 300 more midwives.

11. NOTICE OF MOTION GIVEN BY COUNCILLOR ROGER DAVISON

That this Council:

- (a) believes that local authorities should be transparent and accountable;
- (b) believes that authorities dominated by a single political party are in particular danger of slipping into bad practices, weak governance and reduced scrutiny;
- (c) regrets the changes made by this Administration in recent years that have resulted in it exercising greater control over a reduced scrutiny resource;
- (d) regrets the changes to the order of notices of motion introduced by this Administration which significantly restricted the opportunities for the Administration's policies relating to Sheffield to be debated in full Council;
- (e) believes that it is important for backbench Councillors of all parties to have effective roles within the Council, and for decisions to be made in public fora accessible to members of the community, and regrets much of this has been lost with the abolition of Community Assemblies; and
- (f) believes that the holding of Council meetings in the daytime makes them inaccessible to most members of the public, noting that Community Assembly meetings were successfully held in the evening, and therefore calls upon the Leader of the Council to bring forward proposals for more meetings to be held in the evenings.

12. NOTICE OF MOTION GIVEN BY COUNCILLOR GEOFF SMITH

That this Council:

- (a) notes that 5th December is International Volunteer Day and places on record its gratitude for the tremendous contribution volunteers and voluntary sector groups make to the city and welcomes the opportunity through National Volunteer Day to recognise their efforts;
- (b) welcomes that there are many opportunities to volunteer in the city, and welcomes the work of groups such as the Sheffield Volunteer Centre, Volunteers Supporting Families, Sheffield Help Yourself

and the National Volunteering Database for the work they do to promote volunteering in the city;

- (c) notes that there are a number of volunteering opportunities with Council projects in local parks, libraries, schools, sporting events and projects and Criminal Justice Panels and places on record its thanks to all volunteers who support this work; and
- (d) thanks everyone involved in voluntary work for their efforts and resolves to continue to work closely in partnership with the voluntary sector.

13. NOTICE OF MOTION GIVEN BY COUNCILLOR BRIAN WEBSTER

That this Council:

- (a) welcomes that a renewed debate around the UK's constitutional settlement, including the devolution of powers to regional and local authorities, is taking place following the seismic shock to the political establishment of the close-run Scottish referendum;
- (b) notes that in a ComRes poll published on 5th November, 82% of respondents supported greater devolution of powers over tax raising, education and policing to local areas, indicating overwhelming public support for substantial devolution;
- (c) believes that local and regional government are the proper home for many powers that are currently held at Westminster, and that these powers should be devolved to the local or regional bodies that are best placed to exercise them;
- (d) believes that local and regional government provides unique opportunities for public participation, transparency and accountability;
- (e) therefore believes that nothing should be done centrally if it can be done equally well, or better, locally;
- (f) however believes that the only way to ensure that devolution is effective and legitimate is to open up the process to public scrutiny and participation;
- (g) therefore notes with deep concern that 'devolution deals' for the Sheffield City Region and other areas of England are being rushed through without public input or democratic oversight;
- (h) calls upon the Administration to ensure that any 'devolution deal' that includes Sheffield is not struck behind closed doors, but is instead subject to input and scrutiny by the public and elected members from the earliest stage; and

- (i) calls upon the Government to establish a Constitutional Convention to consider the future constitutional structure of the United Kingdom and its constituent nations, regions, and local authorities, in an open and comprehensive way.

14. NOTICE OF MOTION GIVEN BY COUNCILLOR JACK CLARKSON

That this Council:

- (a) believes that this Council should give preference in respect of social housing allocations to local people, whose parents or grandparents have lived in the area for a considerable time;
- (b) is concerned that young families, especially young single parents, are being allocated Council properties through the bidding process, that involves them having to travel very long distances away from their native communities and employment, when immediate family and close friends could indeed assist with child care arrangements and emotional support where necessary;
- (c) believes the housing bidding process should take into account local people's connections to the area that they reside in, the distance of their employment, and family connections;
- (d) is appalled that residents with a history of anti-social behaviour and other undesirable activities, are often re-allocated properties in local communities in preference to local residents who have been on the housing waiting list for long periods of time, and believes this is unfair and a more robust approach should be enforced to ensure fairness;
- (e) is saddened that many of the age banded properties are being sacrificed for the sake of general needs allocations, and that many elderly tenants' lifestyles and health will be drastically affected by this new policy, and believes that elderly people should be entitled to peace and quiet; and
- (f) notes that UKIP would encourage housing authorities to be more open and transparent in relation to housing allocations.

15. NOTICE OF MOTION GIVEN BY COUNCILLOR ANDREW SANGAR

That this Council:

- (a) notes that there is an indicative £1.9m contained in the Council's Medium Term Financial Strategy for the assumed Council Tax Freeze Grant expected to be offered by the Coalition Government for 2015/16;

- (b) further notes that Council Tax remains one of the most regressive taxes in the country and that increasing Council Tax puts proportionally more costs onto lower income households;
- (c) believes that freezing Council Tax is a straight forward method of helping households across Sheffield; and
- (d) urges all groups on the City Council to take up the Council Tax Freeze Grant when submitting their Council budget proposals for the Financial Year 2015/16.

16. NOTICE OF MOTION GIVEN BY COUNCILLOR SARAH JANE SMALLEY

That this Council:-

- (a) affirms its commitment to Sheffield City Council's Vision for Excellent Transport in Sheffield: *We need to change the culture of how we use our roads, so that people are no longer afraid to cycle or allow their children to do so. Our streets, roads and local communities need to become places for people, where cycling and walking are safe and normal;*
- (b) regrets that only 11% of Sheffield City Councillors have signed up to support the Space for Cycling campaign, making Sheffield the lowest ranked of eight major English cities committing to space for cycling, as per the recent report from the national cycling charity CTC;
- (c) notes that other core cities including Birmingham, Bristol, Leeds, Manchester and Newcastle, spend in excess of £10.00 per head on capital funding for cycling including Highways, as they were successful in winning Cycle City Ambition Grants, which Sheffield City Council decided not to bid for;
- (d) regrets that Sheffield City Council spends only £1.89 per head on capital funding for cycling, including Highways, which is significantly lower than the £10.00 per head recommended by the All Party Parliamentary Cycling Group's report;
- (e) commits to responding positively to the Government's Cycling Delivery Plan (expected early December) which invites local authorities to submit expressions of interest in partnering with the Government to deliver ambitious growth in cycle use;
- (f) welcomes feedback from Cycle Sheffield, CTC and individuals heralding Sheffield City Council's Cycle Inquiry as a good practice example of capturing evidence, input and expertise;
- (g) is concerned that policy agreement is not turning into action, as

demonstrated by slippage against the recommendations and delivery milestones agreed by the Cabinet in July 2014 relating to the Cycling Inquiry Report as follows:

- (i) the Sheffield Cycle Group with Cycle Sheffield and in consultation with partners and the public, and/or a cross-departmental Council working group chaired by Transport Planning consulting with partners has not been established;
 - (ii) the drawing up of the revised Sheffield Cycle Action Plan, plan of the strategic cycling network and delivery plan by the groups in paragraph (g)(i) above was timetabled to take place Sept-Nov 2014 but haven't been carried out, making
.....
 - (iii) consultation on the Cycling Action Plan and Delivery Plan and Consultation on Network Plan due in January 2015, with approval April – June 2015 unlikely, based on current performance;
- (h) is further concerned that some recommendations from the report have not been carried out in earnest, or in full consultation with partners, organisations and others as per the report's commitment, indicated by the following:
- (i) the Cycling Champions have not regularly attended Cycle Forum meetings or established regular diarised meetings with partners such as Cycle Sheffield or CTC to ensure that the recommendations from the report are being progressed;
 - (ii) the Council did not seek input to any response to the DfT consultation on Traffic Signs Regulations and General Directions 2015 (TSGRD) despite commitment to helping to encourage and enable cycling through DfT regulation on allowing separate traffic lights for cycling;
 - (iii) whilst a Cycle Audit process has been developed and is being applied to all new highway schemes, it includes no scale or metrics and therefore carries negligible weight; this is despite recommendations at Cycle Forum for a more stringent procedure and existing good practice which has been developed and could be easily replicated, for example from the London Cycle Design Standards and/or Welsh Active Travel Bill Guidance;
 - (iv) Highways Engineers have not received any Continuous Professional Development/Workplace Development to ensure that they can bring the new Transport Vision into reality in relation to Cycle Design;

- (i) therefore urges the Administration to establish the Sheffield Cycle Group as per its commitment;
- (j) further urges the responsible Cabinet Member to ensure that progress against the Cycling Inquiry recommendations and Delivery Milestones is made publicly available on at least a bi-monthly basis, and which will include the communication of recommended actions and actions taken to remedy slippages;
- (k) calls for Highways guidance to be amended to ensure that the Transport Vision in paragraph (a) above is considered and relevant action taken from a pre-planning stage;
- (l) requests that all Highways Engineers receive Cycle Design Training, so that this is properly considered from a pre-planning stage; as an example, Sustrans offers such training, endorsed and certified by the Chartered Institution of Highways and Transportation;
- (m) notes the publication of the document "Making Space for Cycling; A guide for new developments and street renewals", published by Cyclenation and supported by Bike Hub, CTC, British Cycling, Cycling Embassy of Great Britain, London Cycling Campaign, CPRE and Cambridge Cycling Campaign, and commits to promoting its active use in Highways planning; and
- (n) encourages Members to sign up to support the CTC Space for Cycling campaign, in addition to supporting this Motion.



Chief Executive

Dated this 25 day of November 2014

The next ordinary meeting of the Council will be held on 7 January 2015 at the Town Hall

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

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

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

You **must**:

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

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

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

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

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

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

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

You have a personal interest where –

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

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

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

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

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's 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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Agenda Item 3

Minutes of the Meeting of the Council of the City of Sheffield held in the Council Chamber, Town Hall, Pinstone Street, Sheffield, S1 2HH, on Wednesday 5 November 2014, at 2.00 pm, pursuant to notice duly given and Summonses duly served.

PRESENT

THE LORD MAYOR (Councillor Peter Rippon)
THE DEPUTY LORD MAYOR (Councillor Talib Hussain)

1	<i>Arbourthorne Ward</i> Julie Dore Mike Drabble Jack Scott	10	<i>Dore & Totley Ward</i> Joe Otten Colin Ross Martin Smith	19	<i>Mosborough Ward</i> David Barker Isobel Bowler Tony Downing
2	<i>Beauchief & Greenhill Ward</i> Simon Clement-Jones Roy Munn Richard Shaw	11	<i>East Ecclesfield Ward</i> Pauline Andrews Steve Wilson Joyce Wright	20	<i>Nether Edge Ward</i> Nasima Akther Nikki Bond Qurban Hussain
3	<i>Beighton Ward</i> Helen Mirfin-Boukouris Chris Rosling-Josephs Ian Saunders	12	<i>Ecclesall Ward</i> Penny Baker Roger Davison Diana Stimely	21	<i>Richmond Ward</i> John Campbell Lynn Rooney Paul Wood
4	<i>Birley Ward</i> Denise Fox Bryan Lodge Karen McGowan	13	<i>Firth Park Ward</i> Chris Weldon	22	<i>Shiregreen & Brightside Ward</i> Peter Price Sioned-Mair Richards Peter Rippon
5	<i>Broomhill Ward</i> Jayne Dunn Stuart Wattam Brian Webster	14	<i>Fulwood Ward</i> Sue Alston Andrew Sangar Cliff Woodcraft	23	<i>Southey Ward</i> Leigh Bramall Tony Damms Gill Furniss
6	<i>Burngreave Ward</i> Jackie Drayton Ibrar Hussain Talib Hussain	15	<i>Gleadless Valley Ward</i> Steve Jones Cate McDonald Tim Rippon	24	<i>Stannington Ward</i> David Baker Katie Condliffe Vickie Priestley
7	<i>Central Ward</i> Jillian Creasy Robert Murphy Sarah Jane Smalley	16	<i>Graves Park Ward</i> Ian Auckland Steve Ayris Denise Reaney	25	<i>Stocksbridge & Upper Don Ward</i> Jack Clarkson Richard Crowther Philip Wood
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9	<i>Darnall Ward</i> Harry Harpham Mazher Iqbal Mary Lea	18	<i>Manor Castle Ward</i> Jenny Armstrong Terry Fox Pat Midgley	27	<i>West Ecclesfield Ward</i> John Booker Adam Hurst Alf Meade
				28	<i>Woodhouse Ward</i> Mick Rooney Ray Satur

1. FORMER COUNCILLOR GEORGE COOPER

The Lord Mayor reported the recent death of former Councillor George Cooper who had served as a Labour Councillor representing the Walkley Ward from 1952 to 1965. He served as the Chair of the Housing Management Committee between 1959 and 1962. Members of the Council observed a minute's silence in memory of former Councillor Cooper. Later in the meeting, a tribute was paid to him.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Sheila Constance, Rob Frost, Alan Law and Jackie Satur.

3. DECLARATIONS OF INTEREST

3.1 Members of the City Council declared interests in items of business, as follows:-

3.2 Item 4 on the Summons: (Petition Requiring Debate) Petition regarding the Learning Disability Services Residential Contract

Councillor John Campbell declared a personal interest in the item as he had been involved in the campaign in his role as Unison Staff Side Chair and indicated that he would leave the meeting and take no part in the discussion or voting thereon.

Councillor Mick Rooney declared a disclosable Pecuniary Interest in the item as he was a Non-Executive Director, Sheffield Health and Social Care NHS Foundation Trust and indicated that he would leave the meeting and take no part in the discussion or voting thereon.

3.3 Item 15 on the Summons: Notice of Motion Given by Councillor Leigh Bramall Concerning Rail Franchise Requirements

Councillor Julie Dore declared a personal interest in the item as she was a Director of Rail North.

3.4 Item 18 on the Summons: Notice of Motion Given by Councillor John Booker Concerning the National Health Service

Members of the Council declared personal interests in the above item on the following grounds:-

- | | | |
|-------------------------|---|-------------------------------|
| Councillor Joe Otten | - | As his wife was a GP |
| Councillor Penny Baker | - | As she was an NHS pensioner |
| Councillor Gill Furniss | - | As she was an employee of NHS |

- Councillor Harry Harpham - As his wife was an employee of the NHS
- Councillor Mary Lea - As she was an employee of the NHS
- Councillor David Barker - As he and his wife were employees of the NHS
- Councillor Qurban Hussain - As he was an NHS Pensioner
- Councillor Ben Curran - As his wife was an employee of the NHS
- Councillor Richard Shaw - As his wife was a student nurse
- Councillor Jillian Creasy - As she had been an employee of the NHS
- Councillor Philip Wood - As his partner was an employee of the NHS
- Councillor Katie Condliffe - On the grounds of her employment.
- Councillor Denise Reaney - As she was an NHS pensioner

The following Members declared a disclosable pecuniary interest in Item 18:-

- Councillor Sue Alston - As she was an employee of the NHS and her Membership of the Royal College of Midwives.
- Councillor Andrew Sangar - As his partner was an employee of the NHS and was a Member of the Royal College of Midwives.

4. MINUTES OF PREVIOUS COUNCIL MEETING

Resolved: On the Motion of Councillor Pat Midgley, seconded by Councillor Gill Furniss, that the minutes of the meeting of the Council held on 1 October 2014 be approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS AND OTHER COMMUNICATIONS

5.1 Petitions

5.1.1 Petition Objecting to Planning Application 14/03473/FUL – 162 to 170 Devonshire Street

The Council received a joint paper and electronic petition containing 18,691 signatures and objecting to Planning Application 14/03473/FUL – 162 to 170 Devonshire Street.

On behalf of the petitioners, Jonathan Butcher addressed the Council. He stated that the petition related to the proposed planning application to demolish properties on Devonshire Street and erect a 3 storey building in their place. There was concern that the proposals would affect the cultural landscape and identity of the area. The petition had reached over 18 thousand signatories in a short time and there were 600 written objections on the planning area of the Council Website. Independent businesses were a vital part of the City economy and the cultural scene, including the area of Devonshire Street was an important aspect of students choosing to live and study in Sheffield and was also important in attracting small and medium sized business to the City and to investors. The properties were part of the City's identity.

The change of class use from retail to leisure was also of concern and the social and economic advantages of such a change of use were open to question. There might also be anti-social behaviour arising from a change to leisure use. He said that other areas of the city centre might be a more appropriate location for such a development to take place and drew attention to the amount of opposition to the proposals.

The Council referred the petition to Councillor Leigh Bramall, Cabinet Member for Business, Skills and Development. Councillor Bramall stated that he agreed that the Devonshire Quarter was a valuable area of the City, as were other places including the Antiques Quarter and Kelham Island, which were also attractive to people. He stated that the Council had a statutory duty to consider every planning application. The Council Website listing indicated only that an application had been received. It did not denote that an application had been approved, nor that the matter had been considered. The Council's Planning and Highways Committee made decisions on planning applications, on the basis of a report and officer recommendations and national planning law was used to determine applications.

He acknowledged the public concerns which had been brought to the Council's attention and said that anyone concerned or against the application should submit objections. The decision would be made by the Committee, which comprised all political groups on the Council. The public interest and strength of feeling on this proposal was evident and the application would be dealt with as quickly as possible. However, Councillor Bramall stated that he could not predetermine the outcome of the application, which was subject to the quasi-judicial process of the Planning Committee.

5.1.2 Petition Requesting the Reinstatement of the Free Bee Bus Service

The Council received a petition containing 488 signatures requesting the reinstatement of the Free Bee bus service.

On behalf of the petitioners, Jackie Milner addressed the Council. She stated that she represented Sheffield Pensioners Action Group and had been informed that 14 buses serviced the bottom of the Moor and Moor Markets. She said that she was fortunate in that the bus service which she used did go to the Moor Market.

People were saying that there was not information to tell them which bus they should catch to get to the bottom of the Moor. This was having an impact on the success of the Moor Market and Market Traders were also concerned. It was suggested that signs should at least be produced to tell people which bus to catch and from where in order to travel to the Moor Market.

The Council referred the petition to Councillor Leigh Bramall, Cabinet Member for Business, Skills and Development. Councillor Bramall acknowledged the concerns expressed about the withdrawal of the Freebee Bus service. He said this had been a decision made by the South Yorkshire Transport Authority and had been brought about by the budget cuts, which meant that the Transport Authority had less money to spend.

The issue was how the bus services bound for the Moor Market could be promoted. Bus operators already charged a 50 pence flat rate for bus journeys made within the City Centre. He agreed that the lack of information concerning bus services and fares was a problem and it needed to be examined. The Market did have a marketing budget with which to carry out promotion and Councillor Bramall stated that he would speak with the relevant people with a view to improving the information regarding bus services to the Moor Market.

5.1.3 Petition Objecting to the Proposed Construction of a Tesco Express Store in Stannington

The Council received a petition containing 884 signatures, objecting to the proposed construction of a Tesco Express store in Stannington.

On behalf of the petitioners, Clare Probert addressed the Council. She stated that work had begun on the conversion of the former public house in Stannington to a Tesco store and it was understood that planning permission would be required for some elements of the new store.

People objected to the Tesco store on several grounds, including the potential noise problems and other behaviours associated with the sale of alcohol. The benefit of a cash machine at the premises was also brought into question, as there was already such a facility in the village. The location of the development was on a blind bend and there was concern for road safety and particularly that of pedestrians. She asked whether a pedestrian crossing would be included in the proposals. There was also concern as to how deliveries would be made to the store and the road safety implications of increased traffic brought into the area by customers. She said it was local people and local business which would be most affected by the creation of the Tesco store and she asked what was the benefit of the development for local people.

The Council referred the petition to Councillor Leigh Bramall, Cabinet Member for Business, Skills and Development. Councillor Bramall stated that, whilst he was not familiar with the details, he would refer the matter to the Council's planning officers. He explained that there was national planning law and, within that framework, some issues were not material considerations. The Council as planning authority did not have powers to refuse an application on the grounds of

a change of use in this instance. Permissions would be required if there were significant external changes proposed.

In relation to the matters raised as regards licensing, Councillor Isobel Bowler, the Cabinet Member for Culture, Sport and Leisure, stated that Licensing Objectives were a consideration, in the granting of a premises licence and one of these was the prevention of crime and disorder. If there were problems relating to premises including noise and crime and disorder, a request could be made for a review of the license, for which evidence would be required.

5.1.4 Petition Regarding the use of Totley Scout Hut by Wild at Play

The Council received a petition containing 214 signatures complaining about the use of Totley Scout Hut by Wild at Play.

Representations on behalf of the petitioners were made by Avril Critchley who stated that the Scout hut was sub-let to Wild at Play, but it was believed that this was in breach of the terms of the lease. There had been no consultation or consent given regarding the use of the Scout hut for the purposes to which it was put by Wild at Play. The hut was used from 7.30 am until 6.00pm Monday to Friday. Activities which took place included: birthday parties, a before school club, toddler club and kinder club, after school club and holiday camps. Ofsted, having inspected the facility had said it was not adequate. There was some encroachment into the adjacent field, without permission and conservation work in the wood was at risk. The lighting of fires caused discomfort and had health implications. Some trees had been cut down and there was concern for the flora at that location, including the bluebells, which were a protected species.

Noise and parking problems affected residents and there was also concern regarding the welfare of rabbits and hens. Several departments of the City Council had been contacted with regard to these issues and it was understood that investigations were being led by Kier. A meeting had taken place on 7 October 2014, the outcome of which was awaited.

There were too many children on the site and whilst the value of the provision was understood, it was felt that this particular location was the wrong place to accommodate that number of children as it had an adverse effect on local residents. She stated that the Scouts had previously used the site in peace and harmony with local people.

The Council referred the petition to Councillor Julie Dore, the Leader of the Council. Councillor Dore stated that she had received a letter concerning this matter on 6 October 2014, which was investigated. She acknowledged that some of the activities which were provided for children and young people at the site might be welcome. However, there was an issue regarding the unauthorised use of the Scout Hut. A planning contravention notice was issued in relation to the site.

Councillor Dore stated that she had this morning received the result of the meeting which had taken place on 7 October. The Scouts Association had served

a 3 month notice on Wild About Play to vacate the site. It would be for the Scouts to consider the best use of the building. She had been assured that the Scouts Association would consider what was required with regard to the site in future and would consult with residents.

5.1.5 Petition requesting the reinstatement of the “Lollipop Lady” outside Ann’s Grove School

The Council received a paper petition containing approximately 150 signatures requesting the reinstatement of the lollipop lady outside Ann’s Grove School.

Representations on behalf of the petitioners were made by Rachael Crolla who stated that the petitioners were requesting the reinstatement of the lollipop lady, who had given service outside Ann’s Grove School for 13 years. She informed the Council that since the submission of the petition, the lady had now been reinstated at that location.

The Council referred the petition to Councillor Jack Scott, Cabinet Member for Environment, Recycling and Streetscene. Councillor Scott stated that he had spoken with local ward Councillors and with the Headteacher. He noted that the school had been most helpful in finding a solution to this matter. It had been proposed that the School Crossing Patrol Warden in question would move to Bankwood Primary School. Local Councillors had agreed to fund a School Crossing Patrol post at Ann’s Grove School. However, he did not wish to leave Bankwood School without a school crossing patrol and wanted to recruit to the vacant post as soon as possible. Councillor Scott proposed that he meet with the petitioners to discuss the matter further.

5.2 Public Questions

5.2.1 Public Question Concerning Question and Answer Protocols

Marcus O’Hagan stated that he had asked a number of questions to Council in the past few years concerning child protection, safeguarding and libraries. He said that he was prevented from putting questions on a child protection issue and raised this at a recent meeting of Council. He had made suggestions regarding protocols and follow up procedures for people who weren’t satisfied with the answers given.

He informed the Council that Councillor Iqbal had met him today to make an appointment with the Leader of the Council.

He said that he had not received satisfactory answers to over 20 questions which he had put to the Council. He said that he had received correspondence from the Council asserting that the ICO (Information Commissioner’s Office) had instructed the Council not to process requests for review.

He asked the following questions:

1. Can the Council provide documentation regarding the instruction from the

Information Commissioner

2. What does the Council consider the effect on this citizen and democracy in the City will be
3. He stated that the Leader of the Council has stated that any member of Cabinet found to be deliberately misleading her group within the Council would be removed from office. With reference to questions which he had put to Councillor Iqbal, Mr O'Hagan said he had only one record of response, and that was regarding a petition. He asked will the Leader be taking appropriate action
4. Given this record, are we to assume or expect that Ed Vaizey has been treated similarly?

Councillor Jackie Drayton, the Cabinet Member for Children, Young People and Families stated, in reference to Mr O'Hagan's assertion that he had been prevented from putting a question concerning child protection, that the Council took any question concerning child protection very seriously. She referred to the minutes of the meeting of Council held on 3 September 2014. At that meeting, Mr O'Hagan had said there was a flawed procedure and in response, he had been told that if he wishes to take up any such matter with the Council then he should do so and Councillor Drayton had invited him to inform her of any specific concerns about a safeguarding matter. The Council had a dedicated service and it was expected that the service would respond to all enquiries. If this process was not working, then the Council must investigate such concerns. Councillor Drayton stated that Mr O'Hagan had not contacted her.

Councillor Julie Dore stated that if a matter was confidential or sensitive and regarding an individual, then the Council would not respond in public but a response would be made in private to any matter which needed to be addressed and especially if this related to child protection.

She apologised that she had said that a meeting would be arranged with Mr O'Hagan and this had not been done. Councillor Iqbal had now spoken with Mr O'Hagan and a meeting would be arranged to address the issues which he raised and other questions so that he received a proper response to them.

Councillor Mazher Iqbal, the Cabinet Member for Communities and Public Health, stated that he was sorry that Mr O'Hagan felt that he had not provided full answers to questions he had raised and he said these could be answered at the forthcoming meeting. He would request that Council officers were also present at that meeting.

5.2.2 Public Question Concerning Job Creation

Jose Angel Garcia stated that employability was one of the main issues in the City. He asked why the Council had a Senior Officer Employment Committee and not a City Employment Committee dealing with this issue.

Mr Garcia referred to the Notice of Motion on the agenda and the Strategic Economic Plan of which one of the most important points was the creation of 70 thousand jobs in 10 years. He said almost nothing was said about the

employability of people with disabilities. He asked which strategies were proposed in this regard and what will be new or different?

He asked how programs like the City Deal can work without collaboration with employers and businesses. He asked how feasible it would be to provide tax incentives to those wishing to open a business in a location which had been empty for years or for a business which will hire disabled people.

Mr Garcia asked how the Council would play a role in championing mental health issues.

In response, Councillor Leigh Bramall, the Cabinet Member for Business, Skills and Development, stated that the Strategic Economic Plan did not include detail on employability. It focussed upon economic growth, investment, how to attract jobs and access to jobs. There was a committee for Sheffield for employment, which was the Work and Skills Board, which he chaired and which included representatives of the universities and colleges. The Board fed Sheffield's views to the City Region. There was also private sector representation on the Local Enterprise Partnership.

With regard to employment for disabled people, there was the progress to work scheme which was being worked up at present, to help people with disabilities achieve well. A national pilot was also in place to help target people on disability support allowance and this was being progressed with the Clinical Commissioning Group and Job Centre Plus. A scheme would be launched next year to facilitate business use of empty premises.

Councillor Bramall stated that he would be able to provide more detail in writing to Mr Garcia, if he so wished

5.2.3 Public Questions Concerning Winter Gritting

Sandra Butler asked how much money was being saved by not gritting on Blindsight Lane.

Grace Windle stated that she had been in contact with Councillor Jack Scott and the Chief Executive of the Council. She asked a question concerning the criteria for gritting a road and why 4 grit bins had been installed on Blindsight Lane. She said that people's lives were potentially in danger and the road was steep and sharp and commented that there was supposedly a campaign relating to road safety in rural areas.

In response, Councillor Jack Scott, the Cabinet Member for Environment, Recycling and Streetscene, stated that there were clear criteria relating to precautionary gritting and Blindsight Lane did not meet the criteria. Peak Pitts Lane had been reinstated as a route which would be gritted because of changes which reinstated the bus route. Councillor Scott said that he had corresponded with both of the questioners and the Chief Executive had advised that the discussion on the issue of gritting of Blindsight Lane could go no further and that the questioners could go to the Local Government Ombudsman if they were not

satisfied.

5.2.4 Public Questions Concerning Household Waste Recycling Centres

Dave May asked what the Council's view was on the structure of the charitable company running the Household Waste Recycling Centres, Salvaire, where the Chair of the charity is also the chair of the trading subsidiary, Green Co, delivering the service and is also 100% shareholder of a printing and marketing company that charges tens of thousands of pounds in consultancy fees.

Sharon Lowrie stated that she was the former Green Co Finance Director who had challenged this structure and value for money internally at Board meetings. She said that, in a telephone call to Councillor Scott on 30 May, she shared some good news stories about the recycle service, the fact that a living wage settlement had been reached with the workforce and plans to open the recycle centres for longer, all within budget. She said that she had now been sacked and a further 3 colleagues were subsequently sacked or bullied out of their jobs. She asked if the Council believed that this was pure coincidence.

Geoffrey Broomhead (supported by Jim Rodgers) stated that he had worked the Household Waste Recycling Centres for 14 years, he was partially deaf and had learning difficulties. Together with others, he had walked out for 2 hours when another disabled worker was bullied to breaking point by the management team 2 weeks ago. As a consequence, Geoff and these workers had been disciplined for gross misconduct and they were likely to be sacked. He asked the Council's view of the bullying of these workers, who had done no more than to stand up for a disabled and vulnerable colleague.

Andrew Whitehead stated that in the past two years, the former management had developed employment services for some of the most hard to reach young people in the community, some of whom were in work and in attendance at this meeting. He said the workforce were united and committed to delivering a service to the people of Sheffield and keeping funds in the City for the benefit of Sheffield. He commented that the GMB supported that plan, but clearly Veolia and the charity, Salvaire did not. He asked whether the Council [supported the plan] and if it would intervene in the dispute.

Pete Davies stated that since the former management team have been sacked or forced out of their jobs, this has affected pay and health and safety. Wages had been incorrect and COTC cover was below contract specifications. The 3 sites that remained open were being run by (according to Veolia) friends family and volunteers of the new management team and Salvaire Chair. He stated that he had met yesterday with Veolia. Their response had been to train agency staff to break the dispute. He commented that anyone could be working on these public sites and asked did the Council care and, if so, when will it intervene.

Anthony Robshaw stated that the entire workforce have expressed a formal vote of no confidence in the Salvaire Chair. He asked how the dispute could be resolved whilst such a breakdown in this working relationship exists and how this is in the interests of the Council.

Gordon Parkes stated that part of the dispute concerned the lack of investment in welfare facilities at Deepcar and Highgreen. He asked if the dispute was being used as a smokescreen to justify the complete and permanent closure of these two sites.

Councillor Jack Scott, the Cabinet Member for Environment, Recycling and Streetscene stated that it was considered that a charity structure was an appropriate model for the procurement of the Household Waste Recycling Service. He stated that the Chair of the Charity was due to stand down. The perception of the service was very positive and there was nothing wrong in principle in using a charity to which to sub-contract work.

He said that he would not comment on the circumstances of Sharon Lowrie's dismissal, as it would not be fair to her or to others and he did not have the full facts of the case. The Council was not the employer in this case and there were a range of factors that led to a breakdown in director and management relationships. It was the Council's policy to make sure allegations of bullying were investigated and he had tasked the Council's Chief Executive to investigate the allegations of bullying.

The Council had said that it would look at all options and all of the parties in the dispute would need to sit down and discuss matters and analyse the situation. Councillor Scott stated that he wanted a fair resolution to the dispute.

With regards health and safety, Council Officers inspected sites to make sure they complied with safety and contract standards. If there was evidence of a breach, this should be reported immediately to the Council's Waste Management Team.

In the context of cuts to the Council budget, no services could be entirely protected. The dispute was not a "smokescreen" and the Council wanted to resolve it fairly, quickly and amicably.

The matter could only be resolved by all parties understanding the issues, through consultation and looking at long-term solutions to providing a good service, good jobs, especially for vulnerable people and everyone needed to sit down together and discuss the matter as soon as possible.

5.2.5 Public Questions Concerning the Supported Living Service

Alistair Tice asked whether the Council was aware of the consequences of the privatisation of Supported Living Services in Doncaster some 15 months ago which had resulted in pay cuts and diminished conditions of employment for former Doncaster Council staff. He commented that some experienced staff had been forced to leave their employment because of the pay cuts and had been replaced by staff with a lack of training.

Councillor Mary Lea, the Cabinet Member for Health, Care and Independent Living responded that she was aware of the circumstances in Doncaster involving

Care UK. Sheffield now had a Supported Living Provider Framework and 27 organisations had been successful out of 64. 10 organisations had bid for the Supported Living provision in Handsworth out of which 4 had been shortlisted (this did not include Care UK). The process of deciding which of the 4 organisations would provide Supported Living in Handsworth would include residents and their families. There were already independent providers operating services in the City and they provided good services. The Council was robust in the way it monitored services and had a good relationship with service providers.

5.2.6 Public Questions Concerning Adoption of Land, Community Engagement Minutes of Meetings and Community Rooms

Winnie Smith stated that she was from the Arbourthorne Tenants and Residents Association (TARA) and that the Committee of the TARA would like to speak with someone about adopting the island outside of the Jury's Inn on Arundel Gate/Charles Street, including the use of a gardener, so it could be properly maintained and made to look decent.

Secondly, she asked why the community engagement team did not have to take proper minutes of meetings and whether the TARAs could do the same short record without getting deregistered. She said there was no proof of what had been said and what had been agreed.

Thirdly, Winnie Smith asked why the Council was conducting a survey of community rooms and other places and asked if it was another step to 'get rid of' TARAs. She also commented on the heating in the venue used by the TARA.

With regards to the adoption of the Island on Arundel Gate/Charles Street, Councillor Harpham said that, if this was possible it is something which could happen as the Council was interested in getting local groups to look after local spaces.

As regards the minutes of meetings, Councillor Harpham stated that he would speak with the Engagement Team concerning keeping records of meetings.

In relation to community rooms, the Council needed to know the condition of community rooms in the City. He stated that TARAs were invaluable as part of driving the development of a first rate housing service in Sheffield.

Councillor Harpham stated that he would contact Winnie Smith with regard to the other issues which she had raised.

5.2.7 Public Question Concerning Federation for Housing

Ken Turton stated that he had not received a reply to questions concerning a Federation for Housing Recognition. He said that the Council had established posts of liaison officer in 8 areas, to perform tasks which the Federation could do for free. He asked why the Liaison Officers were doing work that the Federation could do and referred to questions which had been raised with the Cabinet Member, which he stated, had not been answered.

Councillor Harry Harpham, Deputy Leader of the Council and the Cabinet Member for Homes and Neighbourhoods, responded to the questions. He stated that Mr Turton had raised questions in September and he had met with him 2 or 3 weeks later at which time he had asked him to leave his details. A letter had been sent to the Chair of the Federation. He stated that he and Councillor Tony Damms had also met with the Federation.

The Council supported the idea of an independent and democratic tenants' federation. Funding had been given for 6 months and the process by which more funding could be obtained had been set out. A federation could not be said to be independent if it was funded entirely by the Council and to be truly independent, the federation must be supported by the City's TARAs and tenants' movements. A democratic structure was needed at the top of the federation and, at the present time, the steering committee was not stable with members of the committee leaving and returning to posts. Therefore, it could not be said to be either democratic or accountable. Neither did the federation have the support of many TARAs.

If the federation met certain criteria, including that it was independent, democratic and transparent, then Councillor Harpham stated that he would support such an organisation, which would be good for the City.

5.2.8 Public Question Concerning Compensation due to Road Works

Neale Barker stated that he was a Director of Barkers Furniture in Hillsborough and expressed concerns at the adverse effect of road works which were taking place in the area. He had sent correspondence relating to the contractor for Sainsbury's that was undertaking the works and pointed to the delays in completing the road works. He asked for advice on how financial compensation could be obtained.

Councillor Leigh Bramall, the Cabinet Member for Business, Skills and Development replied that there were two sets of works, firstly, the pinch-point scheme nearer to the City Centre, which was a City Council and Passenger Transport Executive scheme and which was ahead of schedule. Secondly, there was the work relating to Sainsbury's. It appeared that the subcontractors for the Sainsbury's related works had caused some delays. The City Council had no power to force Sainsbury's to compensate but would write to local traders to explain what options might be open to traders.

5.2.9 Public Question Concerning Devolution Proposals

Nigel Slack referred to the announcements concerning new powers to northern cities, including Manchester, Sheffield and Leeds. He made reference to an article in The Guardian newspaper concerning the establishment in Manchester of a directed elected Mayor.

Mr Slack asked the following questions:

1. How does the Council think of Manchester jumping ship on the other Northern cities?
2. Do the Council agree with the approach that gives business leaders a chance to vote on these devolution proposals but no vote for the public that will pay for them?
3. With reference to a summit to be held on 4 November in Leeds to debate the issue he asked which experts and business leaders from Sheffield will be attending?
4. Do the two remaining councils involved see the trap that Manchester is being led into?
5. Does the Council agree with the potential imposition of a directly elected Mayor that we rejected in 2012?
6. Will the Council accept administering the hateful welfare to work programme?

Councillor Leigh Bramall, the Cabinet Member for Business, Skills and Development, stated that he believed that devolution in some form was beneficial to cities and Sheffield had demonstrated that it could implement projects better than central government was able to do and he cited the example of the government led Work Programme, which he said, had failed. Successful projects led by the City included getting people into work, the 100 Apprenticeship Programme and the City Deal programme. There may be opportunities to do further projects as part of wider devolution proposals.

However, he said that devolution should not be something which was imposed but rather it should be discussed and there should be agreement as to which powers were relevant. He agreed that an elected mayor should not be imposed and said that devolved powers should not be tied to the concept of an elected mayor. He did not wish to speak for people in Manchester. Devolution should not be about passporting budget cuts to local areas and a fair approach should be taken. He referred to the disparity between transport spending per head in London and Sheffield. A proper discussion on devolution and devolved powers was required, including the issue of flexibility.

5.2.10 Public Question Concerning the Planning Process

Nigel Slack stated that the planning system was mired in controversy and poor public relations and two particular proposals are causing the bulk of the problems. Whilst he refrained from referring to specific applications, Mr Slack asked the following questions in general terms:

1. When a planning application on the Council's website indicates a determination deadline date, what does that mean?
2. Where a planning guideline indicates a ratio of different usage types within an area, i.e. between A1 and A3 uses, will the recommendation by officers and the decision of the Planning Committee on this aspect of the proposal be based on the current guidelines, guidelines proposed but rejected by the Council on some previous occasion or a developer's feeling as to the likely

future guidelines yet to be tabled or put to a Council decision making process?

Councillor Leigh Bramall, the Cabinet Member for Business, Skills and Development, replied that he did not necessarily agree with the premise of the question relating to poor public relations. Planning should be a proper process and not necessarily about public relations. Consideration must be given to the facts set before an elected body, namely the Planning and Highways Committee which would make decisions in accordance with current guidelines.

Councillor Bramall stated that he would send further detail to Mr Slack by email.

5.2.11 Public Question Concerning the Police and Crime Commissioner By-election

Nigel Slack stated that the Police and Crime Commissioner election was neither a particularly legitimate expression of democracy with less than 15% turnout; and a winner with less than 8% of the electorate voting for them. Nor was it a value for money exercise costing approximately £11.50 per vote cast. He said that, in addition, Doncaster reported that of their electorate only 3.5% voted at the ballot box, the remaining 11.5% being postal votes. He asked the following:

1. What was the ratio of postal to ballot box votes in Sheffield?
2. With 86% of the electorate not voting, no party was in a position to take the moral high ground about who did or did not publicly support voting. The supporters of all parties stayed away from the ballot box and it seems unlikely they listened to any of the politicians pro or anti voting in this particular election. Can the Council please urge all politicians to act more responsibly over such issues?

Councillor Julie Dore, the Leader of the Council, replied that she would ask the Returning Officer to provide a response for Mr Slack on the ratio of postal votes to ballot box votes.

She stated that she was not in Sheffield on the day of the Police and Crime Commissioner By-election but said that she had campaigned and had a postal vote. In terms of acting responsibly, Councillor Dore made reference to the Notice of Motion on the Summons for this meeting concerning the proposed extension of voting age to those aged between 16 and 18 years. She emphasised the importance of people exercising their right to vote, especially if they were themselves a politician; and if necessary they should make sure they had a postal vote.

5.2.12 Public Questions Concerning Good Samaritans

Martin Brighton stated that the Metro newspaper had reported that Sheffield has been named as the country's top city for having good Samaritans. He asked what will this Council do to maintain this starring accolade.

In response, Councillor Julie Dore, the Leader of the Council stated that Sheffield was the top City for having good Samaritans and there were stories of such acts

on daily basis, a fact which had now been recognised and she said the Council would look at what could be done to maintain this situation.

5.2.13 Public Question Concerning Safeguarding

Martin Brighton stated that six years ago to the day, in this chamber, he raised the issue of the Council's failure to ensure that organised activities for children were supervised by adults who had undergone what were then known as CRB checks. He stated that the explosive reaction of the Council, and the consequential fireworks, are now a matter of public record. Mr Brighton asked what progress has this Council made since then in this regard.

Councillor Jackie Drayton, the Cabinet Member for Children, Young People and Families, responded to the question. She said that she could not remember the occasion to which Mr Brighton referred so she had looked at the minutes of the Council meeting held on 5 November 2008 and found the question from Mr Brighton and the subsequent response from the Leader of the Council at that time, former Councillor Paul Scriven.

Councillor Drayton stated that the Council took accusations very seriously, especially matters relating to safeguarding. The CRB regime had now been replaced by the Disclosure and Barring Service. Eligibility criteria had changed. Regulated activity relating to children included, teaching, training, care, supervision and advice or guidance on wellbeing. Exceptions to regulated activity included family and personal relationships.

A great deal of work had been done in the City regarding the discharge of responsibilities relating to safeguarding and she referred to the work of the Safeguarding Children Board in developing a learning and improvement framework for organisations working with children. Background checks were performed if an individual had unsupervised contact with children, which might include sports activities. Parents were advised to check anyone running activities for children and to ask for evidence of such checks.

Councillor Julie Dore, the Leader of the Council, stated that Council had recently considered a Motion concerning safeguarding and protection and it was hoped that the issue would be considered again at the meeting of Council in January 2015.

5.2.14 Public Question Concerning Responses to Questions

Martin Brighton asked if there was any reason why questions put in writing at meetings of the Council cannot be answered appropriately, or written follow-ups processed in keeping with the FoIA (Freedom of Information Act) such that the information sought is provided.

Councillor Julie Dore responded that she believed that the questions which Mr Brighton asked were answered appropriately and, if there was an occasion when she had not done so, she requested Mr Brighton to point it out to her.

5.2.15 Public Question Concerning Complaints

Martin Brighton stated that in this chamber, elected members have heard that some of those who originally made anonymous complaints about him must come forward or be named. He thanked people for their replies. He asked what possible objection could there be to the naming and shaming of the local self-ascribed politicians who have used anonymity on the Internet to insult and otherwise 'throw proverbial bangers' and attack him.

Councillor Julie Dore responded with regard to anonymous complaints that whilst she was aware that some people used the internet and social media to insult or abuse others in writing, she did not use the internet or social media herself and she would condemn such misuse of social media. She believed that if someone had something to say then they should stand up and account for what they had said.

5.2.16 Public Question Concerning Member Conduct

Mr Brighton asked if the Council believed, as applied to elected members, albeit euphemistically in these modern times, that those who live by the sword should die by the sword, especially their own, or don heat-resistant gloves and be content with charges of hypocrisy.

Councillor Julie Dore replied that if Mr Brighton believed that she was hypocritical, he should point this out to her.

5.2.17 Public Question Concerning Democratic Process

Mr Brighton stated that the opinion of the Council Leader on the 'gunpowder and plot' tactics that pass for local democracy has been duly noted. He asked did this chamber collectively agree with the Council Leader that all democratic processes should be free from secret plots and manipulations.

Councillor Dore stated that with regard to the Gunpowder Plot, she believed that all democratic processes should be free from manipulation.

5.2.18 Public Question Concerning Policy Documents

Mr Brighton asked whether, given the Council Leader's announcement that all policy documents should be made freely available, can we now expect to see a stellar fountain of documents, or will we again get burnt.

Councillor Dore replied that most of the City Council policy documents were made available on the Council's website and may have also been subject of consultation and publicity. If Mr Brighton could not find a particular policy document, she suggested that he informs the Council and she said she was sure that access could be obtained to the documents in an appropriate form.

5.2.19 Public Question Concerning the Learning Disability Service

Jane Irvin stated that she was attending the Council meeting to represent her sister who was a resident at the Handsworth residential home and on behalf of other relatives of residents.

She said that her sister had down syndrome and had been diagnosed as being at the severe end of the scale. She had no spoken language and was also physically disabled. She explained that the policy with regard to Supported Living would mean that the people who had effectively been her sister's family and support for 28 years would be no longer. It was felt that the policy was a cost-cutting exercise and she wanted the Council to be aware of the human cost. When her sister woke, she would not know who the people looking after her were. She described the trauma which her sister experienced last time there was such a change. This had caused her to self-harm. Whilst she could not speak, her sister still had feelings. She asked how with the trauma which her sister would undoubtedly suffer as a result of the proposed changes would be dealt with?

Councillor Mary Lea, the Cabinet Member for Health, Care and Independent Living stated that she did not know the individual circumstances of Jane Irvine's family. However, the community support which we know today did not used to exist for people with learning disabilities and people were often placed in hospital care. Much had changed since that time. It seemed likely that Ms Irvine's sister had also made that journey through the changing care settings and that she had had a difficult time.

There was a transition process as part of the Supported Living model of care and she assured her that her sister would receive the right care and would not simply find that a new carer had been put in place. A decision making process had taken place on 4 November and if there was a change of provider, that provider would know a lot about the people who were resident in the Handsworth home. Care would be taken to make sure things were done in a careful way and that there was dignity in the process of change. Councillor Lea said that she was sure that the carers understood her sister and how to care for her. She stated that individual carers may have changed over time, but that people were able to make the transition. The changes would be carefully monitored at each stage.

5.3 Petitions

5.3.1 Petition Requesting Additional Litter/Dog Waste Bins around High Green

The Council received a petition containing 194 signatures requesting additional litter/dog waste bins around High Green.

There was no speaker to the petition. The Council referred the petition to Councillor Jack Scott, Cabinet Member for Environment, Recycling and Streetscene.

5.3.2 Petition Opposing the Potential Privatisation of the Disability Learning Service

The Council received an electronic petition containing 18 signatures opposing the

potential privatisation of the Disability Learning Service.

There was no speaker to the petition. The Council referred the petition to Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living.

5.4 Petition Opposing the Potential Privatisation of the Learning Disability Service

The Council received a petition containing 5,294 signatures opposing the potential privatisation of the Learning Disability Service.

As the petition contained more than 5000 signatures and, at the request of the lead petitioner, under the Council's Petitions Scheme, the petition was subject to a public debate by the Council.

The wording of the petition was as follows:-

"We the undersigned are opposed to the potential privatisation of the learning disability service in Sheffield. This service has been run for nearly 40 years by the health service to a high standard and should not be auctioned off to the lowest tender. We call upon Sheffield City Council to drop proposals to outsource this service and instead work with the health service to maintain these high standards of care and further improve upon them where possible. If you agree, we would highly appreciate your signature."

Representations on behalf of the petitioners were made by Charlie Carruth. He stated that UNISON had been running a campaign on the issue of the Learning Disability Service for some 9 months and had attempted to be fair and amicable. However, he stated that some of the statements which had been made were not borne out by the information that was being provided to people. He said there was a choice not to outsource the provision. He said the Health and Social Care Trust had indicated that they would sit down with UNISON and discuss the issue.

He stated that the budget situation was understood. The service users in question were people with learning disabilities or might have mental health or other needs all of whom were vulnerable people and they should not be put in a position where they were unsure as to what was happening and who would care for them in future. He said that the idea that the contract could be changed and at the same time there could be continuity was false. The transfer of provision presently at Handsworth would take place on 5 January 2015 and a satisfactory handover would not be likely as there was a potential liability on the NHS if it helped to provide a reasonable transition.

Council officers had said that the payment of the Living Wage by provider organisations was an aspiration and not policy and it would take some time to implement. He said that this did not reflect the content of the Fairness Commission report relating to the Living Wage.

There would, he said, be casualties arising from the changes and the UNISON campaign related both to people's concerns and to the consultation process. People had been told that this will happen and had, it was felt, been patronised

and had not been listened to. He asked that the process was halted and referred to the relevant Scrutiny Committee of the Council so that a debate could take place about the service users in order that they received respect and obtained the services that they deserved.

In accordance with Council Procedure Rule 13.1 (b), the Cabinet Member for Health, Care and Independent Living made an initial response to the petitions, followed by the Shadow Cabinet Member for Health, Care and Independent Living.

Councillor Mary Lea, the Cabinet Member for Health, Care and Independent Living, responded to the petition. She stated that the decision concerning Learning Disability Services was a difficult decision to make. It had been agreed that the proposed model would provide the best possible care and support for people and the changes would improve their lives. The decision to adopt the Supported Living model had actually been taken some time ago and Supported Living was a recognised national model. There were records of the consultation meetings that had been held. The intention was for people to have more choice, control and independence, such as what time to get up or have breakfast and what to wear. People could also claim benefits if they were living independently. In the past, there were not the community care options that were now available and residential care was the primary option. Some changes will have occurred over time as some carers had moved on over time.

Councillor Lea outlined the process by which 64 organisations had applied to be part of the Supported Living Framework and 27 had been successful, including Sheffield Health and Social Care Trust. Quality was the most important factor and taking that into account, the organisations which had been shortlisted would have been shortlisted regardless of cost.

There were independent advocates who would make home visits and work closely with families. The process would be closely monitored and the Council wanted to ensure high quality and cost effective services, supported by a strong ethos and values and good management. There was confidence that the providers who were part of the Framework would be able to deliver and achieve the best outcomes for people with learning disabilities.

Members of the City Council then debated the issues raised by the petition. The points made by Members during the debate are summarised below:

- It was expected that support would be given to people during the transition and Councillors also had a role as scrutineers of change and process. The way that people were cared for had changed considerably over time including from institutional to community settings.
- The deep concern that people had about the effect of changes on people with learning disabilities including a new home and possibly a new carer was recognised. The aim was for people to have personalised services. Many services were delivered by the independent or voluntary sector and these were of equal quality and verified by the Care Quality Commission.

- The question of whether there had been adequate consultation on the decision to contract out services was important. Quality of care was of the utmost importance.
- The UNISON Ethical Care Charter considered the conditions for people working in home care settings and the care they offered to service users. The Charter set out standards for commissioning including those relating to the length of home visits, continuity of care and not using zero hour contracts and payment of the Living Wage.
- We should insist upon high standards of care and service users and their families need to be confident in the ability of providers and that quality of care was paramount. The transition should be carried out in a supported way and any meetings which were part of this process should involve everyone who needed to be heard.
- People should be supported to live a healthy and enriching life. Most of the funding for Learning Disabilities Services related to social care and came from local authority budgets, which had been cut by approximately half over 5 years. The Council therefore had to do the best with the resources that were available and Supported Living was a model of care which was being used to support people with learning disabilities. Parents and family members would be concerned to know who will provide support when they were not there.
- It was recognised that change was difficult for people with learning disabilities, their families and staff. Staff worked in difficult circumstances on relatively low pay and may not feel valued. More funding was needed for social care. The Council wanted people with learning disabilities to develop greater independence and to make sure that services for them were the best they could possibly be with individualised care packages.
- The process of change had begun in 2010 and the Council wanted the outcomes to be the best for all of those involved. The way that people were cared for was now more enlightened but it was appreciated that it was difficult for people to move from an existing to a new system. There were also concerns about the TUPE arrangements, payment of a Living wage and preservation of employee conditions. In the long term, the system should be one which best provided for people with learning disabilities.

Charlie Carruth, the Lead Petitioner, exercised a right of reply to the matters raised in the debate. He stated that whilst some changes were welcome, people wanted the service to be provided by the NHS and not the independent or private sector. He stated that the matter should be discussed and taken before the Council's Scrutiny Committee before it progresses further. Care UK, he said, was a private organisation set up to make money from providing care services.

He stated that 4 providers in the process for the Handsworth contract were

offering support workers £7 per hour and he said that experienced, qualified care staff would not be recruited at such rates of pay. He said that he would like the vote on this debate to be recorded. He asked what would happen if, when service users and their families were consulted, they did not wish to use any of the 4 prospective organisations.

Councillor Mary Lea responded to issues raised during the debate. She acknowledged that this was a difficult and emotive subject. She said that consultation had run from 2010 to 2012, although there had been a period during which it had stopped.

Service users would be reassessed to understand their individual needs and this information would inform the bulk contract. There were many organisations in the independent sector which were now part of the Supported Living Framework.

The service users at the heart of the changes needed all of the relevant information and they would be supported through the independent advocacy service. There were also some rumours and myths which existed and it was most important that people had the correct information. She understood that such change was difficult for people.

The following composite outcome was agreed:-

It was RESOLVED: on the Motion of Councillor Mary Lea, seconded by Councillor Julie Dore, that the petition now submitted containing over 5,000 signatures opposing the potential privatisation of the learning disability service in Sheffield be referred for consideration by the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee which is to receive an update on the consultation process at its meeting to be held on 17th December 2014, and the City Council (a) directs that the Scrutiny Committee takes into account Unison's Ethical Care Charter and (b) re-affirms its commitment to paying the Living Wage and not making use of zero-hours contracts, in accordance with the Fairness Commission's principles.

The votes on the Motion were ordered to be recorded and were as follows:

- For the Motion (76)
- The Deputy Lord Mayor (Councillor Talib Hussain) and Councillors Julie Dore, Mike Drabble, Jack Scott, Simon Clement-Jones, Roy Munn, Richard Shaw, Helen Mirfin-Boukouris, Chris Rosling-Josephs, Ian Saunders, Denise Fox, Bryan Lodge, Karen McGowan, Jayne Dunn, Stuart Wattam, Brian Webster, Jackie Drayton, Ibrar Hussain, Jillian Creasy, Robert Murphy, Sarah Jane Smalley Anne Murphy, Geoff Smith, Harry Harpham, Mary Lea, Joe Otten, Colin Ross,

Martin Smith, Pauline Andrews, Steve Wilson, Joyce Wright, Penny Baker, Roger Davison, Diana Stimely, Chris Weldon, Sue Alston, Andrew Sangar, Cliff Woodcraft, Steve Jones, Cate McDonald, Tim Rippon, Ian Auckland, Steve Ayriss, Denise Reaney, Bob Johnson, George Lindars-Hammond, Josie Paszek, Jenny Armstrong, Terry Fox, Pat Midgley, David Barker, Isobel Bowler, Tony Downing, Nasima Akther, Nikki Bond, Qurban Hussain, Lynn Rooney, Paul Wood, Peter Price, Sioned-Mair Richards, Leigh Bramall, Tony Damms, Gill Furniss, David Baker, Katie Condliffe and Vickie Priestley, Jack Clarkson Richard Crowther, Philip Wood, Olivia Blake, Ben Curran, Neale Gibson, John Booker, Adam Hurst and Ray Satur.

Against the Motion (0) - Nil.

Abstained on the Motion (1) - The Lord Mayor (Councillor Peter Rippon).

(Note: Having both declared disclosable pecuniary interests in the above item, Councillors John Campbell and Mick Rooney left the meeting and took no part in the debate or vote thereon.)

6. MEMBERS' QUESTIONS

5.1 Urgent Business

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

5.2 Questions

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

5.3 South Yorkshire Joint Authorities

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

7. REPRESENTATION, DELEGATED AUTHORITY AND RELATED ISSUES

RESOLVED: On the Motion of Councillor Pat Midgley, seconded by Councillor Gill Furniss, that (a) approval be given to the following changes to the memberships of Boards, etc:-

- | | | |
|--|---|---|
| Licensing Committee | - | Councillor Joyce Wright to replace Councillor Jenny Armstrong |
| Planning and Highways Committee | - | Councillor Tony Damms to fill a vacancy |
| Planning and Highways Committee Substitute Members | - | Councillors Ian Auckland, Vickie Priestley and Diana Stimely to fill vacancies |
| | | Remove Councillor Tony Damms to create a vacancy |
| Scrutiny Committee Substitute Members | - | Councillors Vickie Priestley, Diana Stimely and Andrew Sangar to fill vacancies |
| Corporate Parenting Board | - | Councillor Penny Baker to replace Councillor Martin Smith |

(b) Representatives be appointed to serve on other bodies as follows:-

- | | | |
|---|---|--|
| Allotments and Leisure Gardens Advisory Group | - | Councillors Tony Downing and Karen McGowan to fill vacancies |
| Anne Reresby Trust, High Green | - | Councillor Joyce Wright to replace Councillor Phillip Wood |

8. NOTICE OF MOTION GIVEN BY COUNCILLOR JAYNE DUNN

Homelessness

It was moved by Councillor Jayne Dunn, seconded by Councillor Anne Murphy, that this Council:-

- (a) regrets that after falling sharply for six years, the number of statutory homelessness acceptances across England has risen every year since 2010 and substantially by 34% overall since 2009/10;
- (b) notes that under the previous Government, statutory homeless fell by 70% from 2003/4 to 2009/10;

- (c) opposes the Conservative Party's plans to restrict access to housing benefit for 18-21 year olds and believes that to present homelessness as choice for young people reveals how out of touch they are;
- (d) notes that 40% of homeless young people who approach local authorities and housing providers are forced to do so because their parents are no longer willing to accommodate them;
- (e) agrees with the view of Centrepoin that the Rt. Hon. David Cameron MP's policy to axe housing benefit could "do series harm to young people's futures";
- (f) notes that rough sleeping has increased by around a third since this Government took office in 2010;
- (g) supports Roundabout's plan for a "sleep out" on 6th November 2014 to be held at St Andrew's Church, Psalter Lane, noting that this event will raise both money for this venerable charity and awareness of youth homelessness;
- (h) thanks the organisations in Sheffield that work to prevent, tackle and reduce homelessness in our City; and
- (i) resolves to continue to work with partners and other organisations to help prevent and tackle homelessness in Sheffield.

Whereupon, it was moved by Councillor Steve Ayris, seconded by Councillor Penny Baker, as an amendment, that the Motion now submitted be amended by:-

1. the deletion of paragraphs (a) and (b) and the addition of new paragraphs (a) and (b) as follows:-
 - (a) notes that homeless acceptances in England have more than halved, and in Yorkshire & the Humber fallen by two-thirds, since 2003 and that the latest Department for Communities and Local Government figures for 2013/14 show a further fall, despite the downturn in the housing market post 2007;
 - (b) recognises that the key to housing solutions to tackle homelessness in the longer term lies in the provision of an adequate supply of affordable homes;
2. the deletion of paragraph (f) and the addition of a new paragraph (f) as follows:-
 - (f) notes that rough sleeping has increased markedly since the introduction of new counting methodology in 2010, prior to which only 76 out of 354 councils contributed to the total count for England;

3. the re-lettering of paragraphs (g) to (i) as new paragraphs (i) to (k) and the addition of new paragraphs (g) and (h) as follows:-

- (g) welcomes the provisional Homelessness Prevention Grant allocation of £517,066 to Sheffield City Council for 2013/14 and 2014/15;
- (h) welcomes the cross-ministerial working group set up in 2011 by the Coalition Government, which has since led to:
 - (i) expansion of the “No Second Night Out” initiative to prevent rough sleeping, of which this Council is subscribed to;
 - (ii) changes in the Localism Act 2011 to give greater freedoms and flexibilities to local authorities to meet the housing needs of homeless families, reducing the need for long waits in temporary accommodation;
 - (iii) the Government-funded Streetlink website alerting local authorities in England about rough sleepers in their area; and
 - (iv) the £20 million Homelessness Transition Fund which has seen a total of £288,905 awarded to local charities Roundabout, ASSIST and the Cathedral Archer Project;

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

After a Right of Reply by Councillor Jayne Dunn, the original Motion was then put to the vote and carried, as follows:-

RESOLVED: That this Council:-

- (a) regrets that after falling sharply for six years, the number of statutory homelessness acceptances across England has risen every year since 2010 and substantially by 34% overall since 2009/10;
- (b) notes that under the previous Government, statutory homeless fell by 70% from 2003/4 to 2009/10;
- (c) opposes the Conservative Party’s plans to restrict access to housing benefit for 18-21 year olds and believes that to present homelessness as choice for young people reveals how out of touch they are;
- (d) notes that 40% of homeless young people who approach local authorities and housing providers are forced to do so because their parents are no longer willing to accommodate them;
- (e) agrees with the view of Centrepoin that the Rt. Hon. David Cameron MP’s policy to axe housing benefit could “do series harm to young people’s futures”;

- (f) notes that rough sleeping has increased by around a third since this Government took office in 2010;
- (g) supports Roundabout's plan for a "sleep out" on 6th November 2014 to be held at St Andrew's Church, Psalter Lane, noting that this event will raise both money for this venerable charity and awareness of youth homelessness;
- (h) thanks the organisations in Sheffield that work to prevent, tackle and reduce homelessness in our City; and
- (i) resolves to continue to work with partners and other organisations to help prevent and tackle homelessness in Sheffield.

(Note: Councillors Simon Clement-Jones, Richard Shaw, Joe Otten, Colin Ross, Martin Smith, Penny Baker, Roger Davison, Diana Stimely, Sue Alston, Andrew Sangar, Cliff Woodcraft, Ian Auckland, Steve Ayris, Denise Reaney, David Baker, Katie Condliffe and Vickie Priestley voted for paragraphs (c) to (e) and (g) to (i) and against paragraphs (a), (b) and (f) of the Motion and asked for this to be recorded.)

9. NOTICE OF MOTION GIVEN BY COUNCILLOR MAZHER IQBAL

Government's Support to People with Disabilities

It was moved by Councillor Robert Johnson, seconded by Councillor Tony Downing, that this Council:-

- (a) condemns the comments of Conservative Welfare Minister, Lord Freud, that people with disabilities are "not worth the minimum wage";
- (b) condemns the Rt. Hon. David Cameron MP's failure to sack Lord Freud, which shows his complete lack of leadership and unwillingness to protect the vulnerable in our society;
- (c) believes that Lord Freud's actions are worse than his words, such as the closure of the Independent Living Fund, a lifeline for 18,000 people with disabilities;
- (d) believes the Government have failed disabled people, as shown in a report by the Centre for Welfare Reform which states that austerity and cuts are hitting disabled people nine times harder than other groups;
- (e) welcomes the Labour Party's promise to abolish the "Bedroom Tax", a policy which is a further example of this Government's attack on people with disabilities; and

- (f) calls for the resignation of Lord Freud.

Whereupon, it was moved by Councillor Joe Otten, seconded by Councillor Andrew Sangar, as an amendment, that the Motion now submitted be amended by the deletion of paragraphs (b) to (f) and the addition of new paragraphs (b) to (d) as follows:-

- (b) notes that guidance from the Labour Government in 2003 analysed scenarios in which it may be possible to make payments below the minimum wage for work-like activity that may be considered beneficial to a disabled person;
- (c) notes that Lord Freud was also an adviser to former Prime Minister Tony Blair; and
- (d) believes all workers should be paid at least the minimum wage without exception.

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

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

RESOLVED: That this Council:-

- (a) condemns the comments of Conservative Welfare Minister, Lord Freud, that people with disabilities are “not worth the minimum wage”;
- (b) condemns the Rt. Hon. David Cameron MP’s failure to sack Lord Freud, which shows his complete lack of leadership and unwillingness to protect the vulnerable in our society;
- (c) believes that Lord Freud’s actions are worse than his words, such as the closure of the Independent Living Fund, a lifeline for 18,000 people with disabilities;
- (d) believes the Government have failed disabled people, as shown in a report by the Centre for Welfare Reform which states that austerity and cuts are hitting disabled people nine times harder than other groups;
- (e) welcomes the Labour Party’s promise to abolish the “Bedroom Tax”, a policy which is a further example of this Government’s attack on people with disabilities; and
- (f) calls for the resignation of Lord Freud.

(Notes: 1. Councillors Simon Clement-Jones, Richard Shaw, Joe Otten, Colin Ross, Martin Smith, Penny Baker, Roger Davison, Diana Stimely, Sue Alston, Andrew Sangar, Cliff Woodcraft, Ian Auckland, Steve Ayriss, Denise Reaney, David Baker, Katie Condliffe and Vickie Priestley voted for paragraph (a) and

against paragraphs (b) to (f) of the Motion and asked for this to be recorded.

2. Councillors Jillian Creasy, Robert Murphy, Sarah Jane Smalley and Brian Webster voted for paragraphs (c) to (e) and abstained on paragraphs (a), (b) and (f) of the Motion and asked for this to be recorded.)

10. NOTICE OF MOTION GIVEN BY COUNCILLOR STEVE AYRIS

Tenant Evictions by Private Landlords

It was moved by Councillor Steve Ayris, seconded by Councillor Ian Auckland, that this Council:-

- (a) notes that privately-rented housing in Sheffield has more than doubled in size since 2001, with some 35,670 Sheffield households now living in private-rented housing, and that nine million people now live in rented housing in England;
- (b) notes with concern that in England some landlords use legitimate possession powers to evict their tenants for speaking up about bad conditions;
- (c) is alarmed that Shelter estimates that 200,000 tenants have been evicted in these circumstances in the past year;
- (d) is dismayed that Shelter's research suggests that one in twelve private tenants have avoided asking for repairs in case they are evicted;
- (e) believes that the law needs to be changed to end such evictions, and to give renters back the confidence they need to ask for basic repairs;
- (f) welcomes the Tenancies (Reform) Bill, presented by Liberal Democrat MP, Sarah Teather, which will, if enacted, change the law to stop landlords issuing an eviction notice when the tenant has made a legitimate complaint about conditions;
- (g) notes that the bill will have its second reading on 28th November 2014;
- (h) therefore expresses its support for the Bill; and
- (i) instructs that a copy of this motion be sent to all Sheffield MPs.

Whereupon, it was moved by Councillor Harry Harpham, seconded by Councillor Tony Damms, as an amendment, that the Motion now submitted be amended by:-

1. the insertion of a new paragraph (b) as follows, and the re-lettering of all subsequent paragraphs accordingly:-
 - (b) condemns the appalling record of the present Government on

housing, particularly with regards to social housing, and notes the article in last week's Independent newspaper entitled 'Great council house sell-off scandal: Right-to-buy council houses leave nowhere for poor to live' which stated that "the Government's new initiative to encourage councils to sell their houses is having a disastrous effect."

2. the insertion after the words "Sarah Teather" in original paragraph (f) of the words "and supported by Labour MP, the Rt. Hon. John Healey,"; and
3. the insertion of a new paragraph (j) as follows, and the re-lettering of the new paragraph (j) as a new paragraph (k):-
 - (j) welcomes the actions of the present Administration on private sector housing standards, particularly the Selective Licensing Scheme;

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

(Note: 1. Councillors Jillian Creasy, Robert Murphy, Sarah Jane Smalley and Brian Webster voted for paragraphs 2 and 3 of the amendment and abstained on paragraph 1, sub-paragraph (b) and asked for this to be recorded.

2. Councillors Pauline Andrews, Jack Clarkson and John Booker voted for paragraph 3, sub-paragraph (j) and voted against paragraphs 1 and 2 of the amendment and asked for this to be recorded.)

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

RESOLVED: That this Council:-

- (a) notes that privately-rented housing in Sheffield has more than doubled in size since 2001, with some 35,670 Sheffield households now living in private-rented housing, and that nine million people now live in rented housing in England;
- (b) condemns the appalling record of the present Government on housing, particularly with regards to social housing, and notes the article in last week's Independent newspaper entitled 'Great council house sell-off scandal: Right-to-buy council houses leave nowhere for poor to live' which stated that "the Government's new initiative to encourage councils to sell their houses is having a disastrous effect";
- (c) notes with concern that in England some landlords use legitimate possession powers to evict their tenants for speaking up about bad conditions;
- (d) is alarmed that Shelter estimates that 200,000 tenants have been evicted in these circumstances in the past year;
- (e) is dismayed that Shelter's research suggests that one in twelve private

- tenants have avoided asking for repairs in case they are evicted;
- (f) believes that the law needs to be changed to end such evictions, and to give renters back the confidence they need to ask for basic repairs;
 - (g) welcomes the Tenancies (Reform) Bill, presented by Liberal Democrat MP, Sarah Teather and supported by Labour MP, the Rt. Hon. John Healey which will, if enacted, change the law to stop landlords issuing an eviction notice when the tenant has made a legitimate complaint about conditions;
 - (h) notes that the bill will have its second reading on 28th November 2014;
 - (i) therefore expresses its support for the Bill;
 - (j) welcomes the actions of the present Administration on private sector housing standards, particularly the Selective Licensing Scheme; and
 - (k) instructs that a copy of this motion be sent to all Sheffield MPs.

(Notes: 1. Councillors Simon Clement-Jones, Richard Shaw, Joe Otten, Colin Ross, Martin Smith, Penny Baker, Roger Davison, Diana Stimely, Sue Alston, Andrew Sangar, Cliff Woodcraft, Ian Auckland, Steve Ayris, Denise Reaney, David Baker, Katie Condliffe and Vickie Priestley voted for paragraphs (a), (c) to (i) and (k); and against paragraphs (b) and (j) of the Substantive Motion and asked for this to be recorded.

2. Councillors Jillian Creasy, Robert Murphy, Sarah Jane Smalley and Brian Webster voted for paragraphs (a) and (c) to (k) and abstained on paragraph (b) of the Substantive Motion and asked for this to be recorded.)

11. NOTICE OF MOTION GIVEN BY COUNCILLOR GEOFF SMITH

Voting Age

It was moved by Councillor Geoff Smith, seconded by Councillor Mike Drabble, that this Council:-

- (a) welcomes the successful participation of 16-17 year olds in the referendum on Scottish Independence, in which over 109,000 16-17 year olds registered to vote;
- (b) notes that currently 16 and 17 year olds are eligible for service in our armed forces, eligible for tax credits and welfare, and eligible to pay income tax and national insurance, yet are barred from electing their representatives;
- (c) notes that 16 year olds are already able to vote in the Isle of Man, Jersey and Guernsey, as well vote at many levels of government in other countries

such as Austria, Germany and Norway;

- (d) notes that a survey by the Electoral Commission found 74% of respondents to be in favour of lowering the age at which the franchise is awarded at age 16;
- (e) believes that votes at 16 will make politics more democratically accountable and will empower a voiceless section of our society;
- (f) welcomes the decision of the Sheffield Youth Cabinet to make Votes at 16 in UK parliamentary and local elections a priority for 2015;
- (g) welcomes the Labour Party's pledge to include votes at 16 in its 2015 manifesto; and
- (h) directs that a copy of this Motion be forwarded to the Sheffield Youth Cabinet, Sheffield Youth Council and Sheffield Members of the Youth Parliament.

Whereupon, it was moved by Councillor Colin Ross, seconded by Councillor Andrew Sangar, as an amendment, that the Motion now submitted be amended by the insertion after the word "welcomes" in paragraph (g) of the words "the longstanding Liberal Democrat commitment to".

On being put to the vote, the amendment was negatived.

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

RESOLVED: That this Council:-

- (a) welcomes the successful participation of 16-17 year olds in the referendum on Scottish Independence, in which over 109,000 16-17 year olds registered to vote;
- (b) notes that currently 16 and 17 year olds are eligible for service in our armed forces, eligible for tax credits and welfare, and eligible to pay income tax and national insurance, yet are barred from electing their representatives;
- (c) notes that 16 year olds are already able to vote in the Isle of Man, Jersey and Guernsey, as well vote at many levels of government in other countries such as Austria, Germany and Norway;
- (d) notes that a survey by the Electoral Commission found 74% of respondents to be in favour of lowering the age at which the franchise is awarded at age 16;
- (e) believes that votes at 16 will make politics more democratically accountable and will empower a voiceless section of our society;

- (f) welcomes the decision of the Sheffield Youth Cabinet to make Votes at 16 in UK parliamentary and local elections a priority for 2015;
- (g) welcomes the Labour Party's pledge to include votes at 16 in its 2015 manifesto; and
- (h) directs that a copy of this Motion be forwarded to the Sheffield Youth Cabinet, Sheffield Youth Council and Sheffield Members of the Youth Parliament.

12. NOTICE OF MOTION GIVEN BY COUNCILLOR NIKKI BOND

Violence Against Women

It was moved by Councillor Nikki Bond, seconded by Councillor Nasima Akther, that this Council:-

- (a) welcomes the campaign of the United Nations Secretary General to UNiTE to End Violence Against Women on the 25th of each month;
- (b) further welcomes that 25th November is the International Day for the Elimination of Violence against Women and also marks the start of 16 days of Activism Against Gender-Based Violence;
- (c) believes an International Day to End Violence Against Women is important because:
 - (i) violence against women is a human rights violation;
 - (ii) violence against women is a consequence of discrimination against women, in law and also in practice, and of persisting inequalities between men and women;
 - (iii) violence against women impacts on, and impedes, progress in many areas, including poverty eradication, combating HIV/AIDS, and peace and security;
 - (iv) violence against women and girls is not inevitable; prevention is possible and essential; and
 - (v) violence against women continues to be a global pandemic; up to 70 per cent of women experience violence in their lifetime;
- (d) supports the efforts of One Billion Rising – Sheffield, to raise awareness of violence against women and support them with their plans for a flash mob in the Peace Gardens on 14th February 2015;
- (e) welcomes the decision of the Labour Party to appoint a Shadow Minister

for Violence against Women and Girls and a commitment to include a Violence against Women and Girls Bill with national standards for tackling the issue in the first Queen's speech if they are elected to Government in 2015;

- (f) thanks the efforts of Sexual Health Sheffield in their community engagement work in educating young people on issues of consent and healthy relationships, which no doubt link to violence against women and girls and recognises that Sheffield is the only city with a Sexual Health Champion;
- (g) urges everyone to take responsibility for tackling violence against women and girls; and
- (h) calls on all Councillors to sign the petition by the European Women's Lobby calling on the future European Commission President to establish 2016 as the European year to end violence against women and girls.

Whereupon, it was moved by Councillor Sue Alston, seconded by Councillor Penny Baker, as an amendment, that the Motion now submitted be amended by the re-lettering of paragraphs (f) to (h) as new paragraphs (g) to (i) and the addition of a new paragraph (f) as follows:-

- (f) welcomes Liberal Democrat Minister, the Rt. Hon. Lynne Featherstone MP's work opposing female genital mutilation (FGM), including measures to identify and prevent FGM in the UK and the securing of a £35m programme expected to reduce FGM by 30% in at least 10 priority countries within 5 years.

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

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

RESOLVED: That this Council:-

- (a) welcomes the campaign of the United Nations Secretary General to UNiTE to End Violence Against Women on the 25th of each month;
- (b) further welcomes that 25th November is the International Day for the Elimination of Violence against Women and also marks the start of 16 days of Activism Against Gender-Based Violence;
- (c) believes an International Day to End Violence Against Women is important because:
 - (i) violence against women is a human rights violation;
 - (ii) violence against women is a consequence of discrimination against women, in law and also in practice, and of persisting inequalities

- between men and women;
- (iii) violence against women impacts on, and impedes, progress in many areas, including poverty eradication, combating HIV/AIDS, and peace and security;
 - (iv) violence against women and girls is not inevitable; prevention is possible and essential; and
 - (v) violence against women continues to be a global pandemic; up to 70 per cent of women experience violence in their lifetime;
- (d) supports the efforts of One Billion Rising – Sheffield, to raise awareness of violence against women and support them with their plans for a flash mob in the Peace Gardens on 14th February 2015;
 - (e) welcomes the decision of the Labour Party to appoint a Shadow Minister for Violence against Women and Girls and a commitment to include a Violence against Women and Girls Bill with national standards for tackling the issue in the first Queen's speech if they are elected to Government in 2015;
 - (f) welcomes Liberal Democrat Minister, the Rt. Hon. Lynne Featherstone MP's work opposing female genital mutilation (FGM), including measures to identify and prevent FGM in the UK and the securing of a £35m programme expected to reduce FGM by 30% in at least 10 priority countries within 5 years;
 - (g) thanks the efforts of Sexual Health Sheffield in their community engagement work in educating young people on issues of consent and healthy relationships, which no doubt link to violence against women and girls and recognises that Sheffield is the only city with a Sexual Health Champion;
 - (h) urges everyone to take responsibility for tackling violence against women and girls; and
 - (i) calls on all Councillors to sign the petition by the European Women's Lobby calling on the future European Commission President to establish 2016 as the European year to end violence against women and girls.

13. NOTICE OF MOTION GIVEN BY COUNCILLOR IAN AUCKLAND

Free Car Parking During the Christmas Trading Period

It was moved by Councillor Ian Auckland, seconded by Councillor Richard Shaw, that this Council:-

- (a) recognises the vital importance to local retail business in the City Centre and District Shopping Centres, of the Christmas Trading period;
- (b) notes nearby competing shopping centres such as Rotherham and Chesterfield are offering free car parking incentives in the run up to Christmas;
- (c) therefore calls on the Administration to offer free Christmas Parking incentives applicable to the City Centre and district centres, during the forthcoming Festive Season; and
- (d) believes that this can be financed this year by using savings made during the recent industrial action.

Whereupon, it was moved by Councillor Leigh Bramall, seconded by Councillor Jayne Dunn, as an amendment, that the Motion now submitted be amended by the deletion of paragraphs (c) and (d) and the addition of a new paragraph (c) as follows:-

- (c) therefore welcomes the article in last week's Star newspaper, 'Sheffield will have free parking in festive countdown' and looks forward to the details of the scheme being announced shortly.

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

It was then moved by Councillor Colin Ross, seconded by Councillor Martin Smith, as a further amendment, that the Motion now submitted be amended by:-

1. the deletion of paragraph (c) and the addition of a new paragraph (c) as follows:-
 - (c) welcomes the reported announcement by the Administration that car parking incentives will be offered in the run up to Christmas, but believes that dither and delay once more points to their "anti-car" attitude;
2. the addition of a new paragraph (e) as follows:-
 - (e) notes that there are only 49 shopping days to Christmas!

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

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

RESOLVED: That this Council:-

- (a) recognises the vital importance to local retail business in the City Centre and District Shopping Centres, of the Christmas Trading period;

- (b) notes nearby competing shopping centres such as Rotherham and Chesterfield are offering free car parking incentives in the run up to Christmas; and
- (c) therefore welcomes the article in last week's Star newspaper, 'Sheffield will have free parking in festive countdown' and looks forward to the details of the scheme being announced shortly.

(Note: Councillors Jillian Creasy, Robert Murphy, Sarah Jane Smalley and Brian Webster voted for paragraphs (a) and (b) and against paragraph (c) of the Substantive Motion and asked for this to be recorded.)

14. NOTICE OF MOTION GIVEN BY COUNCILLOR SARAH JANE SMALLEY

City Centre Economy

It was moved by Councillor Sarah Jane Smalley, seconded by Councillor Jillian Creasy, that this Council:-

- (a) welcomes the ongoing public debate about the future of the city centre which is important to the people who live and work in it as well as visitors from the rest of Sheffield, the city region and beyond;
- (b) recognises the calls for:-
 - (i) a greater focus on micro and small independent businesses;
 - (ii) more residential development which caters for a wider mix of households;
 - (iii) more green spaces;
 - (iv) a more coordinated approach to balancing the night time entertainment with the need to sleep; and
 - (v) ongoing support for the vulnerable people who gravitate to the city centre;
- (c) notes that the Cultural Industries and Devonshire Quarter Action Plans set out just such a vision and specifically sought to protect and promote the businesses and communities which created them;
- (d) notes that elements of these plans have been carried through into the 2010 draft City Policies and Sites and 2013 draft City Centre Masterplan, both of which have been approved by Cabinet;
- (e) therefore welcomes recent initiatives which foster these aims, for instance:

- (i) the support by the Council and Sheffield University for “meanwhile” use of buildings in the city centre;
 - (ii) the Star newspaper’s call for an overhaul of the business rates system which is crippling small traders;
 - (iii) the Inside-Out festival on 25th October 2014 organised by Sheffield City Centre Residents Action Group to celebrate community in the city centre;
 - (iv) the proposed development and application for funding for a wildflower meadow at Love Square on West Bar; and
 - (v) the efforts to improve joint working between Planning, Licensing and the public to ease issues around late night opening and alcohol related problems, including the Central Local Area Partnership public meeting on 4th November 2014; and
- (f) asks officers to reconsider the City Centre vibrancy measures used by Sheffield City Council in order to broaden the definition of vibrancy; currently these measures focus on spend and visitors including footfall in the main shopping streets, visits to the largest galleries and hotel occupancy, and it is suggested that they be broadened to include measures around the variety of businesses, for example measuring size by turnover, “localness” (i.e. registered in city region or outside) and at what times the organisations are open for business.

Whereupon, it was moved by Councillor Leigh Bramall, seconded by Councillor Neale Gibson, as an amendment, that the Motion now submitted be amended by:-

1. the insertion of new paragraphs (a) to (c) as follows, and the re-lettering of all subsequent paragraphs accordingly:-
 - (a) believes that Sheffield City Centre lies at the heart of the Sheffield City Region economy and the development of the city centre will play a crucial part in creating more jobs and growth in the city and city region as a whole;
 - (b) acknowledges the importance of creating more jobs in the city centre, particularly noting recent research illustrating that Sheffield only has 33,780 private sector jobs in the city centre, the lowest of the Core Cities and significantly below 96,917 in Manchester, 91,356 in Birmingham and 72,689 in Leeds, and notes research for the Local Enterprise Partnership which suggested that strengthening Sheffield City Centre is essential to improving the overall performance of the city region’s economy;
 - (c) unequivocally supports the case for a city centre HS2 station and believes that this is fundamental to the future of both the city centre,

the city and wider city region's economy and is extremely disappointed with the recent report of HS2 Ltd's Chairman, David Higgins, which continued to back Meadowhall despite the overwhelming evidence in favour of a city centre station;

2. the addition of the words "which was initiated by Labour Councillors" at the end of original sub-paragraph (e)(v); and
3. the addition of the words "whilst ensuring that any changes do not detract from the crucial aim of supporting the development of the city centre economy" at the end of original paragraph (f).

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

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

RESOLVED: That this Council:-

- (a) believes that Sheffield City Centre lies at the heart of the Sheffield City Region economy and the development of the city centre will play a crucial part in creating more jobs and growth in the city and city region as a whole;
- (b) acknowledges the importance of creating more jobs in the city centre, particularly noting recent research illustrating that Sheffield only has 33,780 private sector jobs in the city centre, the lowest of the Core Cities and significantly below 96,917 in Manchester, 91,356 in Birmingham and 72,689 in Leeds, and notes research for the Local Enterprise Partnership which suggested that strengthening Sheffield City Centre is essential to improving the overall performance of the city region's economy;
- (c) unequivocally supports the case for a city centre HS2 station and believes that this is fundamental to the future of both the city centre, the city and wider city region's economy and is extremely disappointed with the recent report of HS2 Ltd's Chairman, David Higgins, which continued to back Meadowhall despite the overwhelming evidence in favour of a city centre station;
- (d) welcomes the ongoing public debate about the future of the city centre which is important to the people who live and work in it as well as visitors from the rest of Sheffield, the city region and beyond;
- (e) recognises the calls for:-
 - (i) a greater focus on micro and small independent businesses;
 - (ii) more residential development which caters for a wider mix of households;
 - (iii) more green spaces;

- (iv) a more coordinated approach to balancing the night time entertainment with the need to sleep; and
- (v) ongoing support for the vulnerable people who gravitate to the city centre;
- (f) notes that the Cultural Industries and Devonshire Quarter Action Plans set out just such a vision and specifically sought to protect and promote the businesses and communities which created them;
- (g) notes that elements of these plans have been carried through into the 2010 draft City Policies and Sites and 2013 draft City Centre Masterplan, both of which have been approved by Cabinet;
- (h) therefore welcomes recent initiatives which foster these aims, for instance:
 - (i) the support by the Council and Sheffield University for “meanwhile” use of buildings in the city centre;
 - (ii) the Star newspaper’s call for an overhaul of the business rates system which is crippling small traders;
 - (iii) the Inside-Out festival on 25th October 2014 organised by Sheffield City Centre Residents Action Group to celebrate community in the city centre;
 - (iv) the proposed development and application for funding for a wildflower meadow at Love Square on West Bar; and
 - (v) the efforts to improve joint working between Planning, Licensing and the public to ease issues around late night opening and alcohol related problems, including the Central Local Area Partnership public meeting on 4th November 2014 which was initiated by Labour Councillors; and
- (i) asks officers to reconsider the City Centre vibrancy measures used by Sheffield City Council in order to broaden the definition of vibrancy; currently these measures focus on spend and visitors including footfall in the main shopping streets, visits to the largest galleries and hotel occupancy, and it is suggested that they be broadened to include measures around the variety of businesses, for example measuring size by turnover, “localness” (i.e. registered in city region or outside) and at what times the organisations are open for business whilst ensuring that any changes do not detract from the crucial aim of supporting the development of the city centre economy”.

(Note: Councillors Jillian Creasy, Robert Murphy, Sarah Jane Smalley and Brian Webster voted for paragraphs (d) to (i) and abstained on paragraphs (a), (b) and (c) of the Substantive Motion and asked for this to be recorded.)

15. NOTICE OF MOTION GIVEN BY COUNCILLOR PAULINE ANDREWS

Highways Works on Penistone Road

It was moved by Councillor Pauline Andrews, seconded by Councillor John Booker, that this Council:-

- (a) notes with disappointment that since the start of roadworks taking place in the vicinity of Halifax Road / Leppings Lane, this appears to have had a catastrophic effect to local businesses and residents alike;
- (b) recognises the stress and the loss of business to traders i.e. lack of income, due to no 'right turn' into Leppings Lane, resulting in highway users having to travel towards Owlerton Stadium before enabling them to turn around, and travel back towards Catch Bar Lane;
- (c) believes that there has been a lack of urgency by the Administration to deal with this issue by challenging the contractors appointed by Sainsbury's;
- (d) notes that a visit by a UKIP Councillor to business premises along Leppings Lane has highlighted that there has been an apparent lack of ongoing consultation with business owners / managers, and residents, resulting in a total lack of understanding of the needs of local businesses and residents by the contractors appointed to the scheme;
- (e) notes that what was proposed as a two week closure of Leppings Lane, now appears to have over run its course, resulting in even more hardship for local traders and residents;
- (f) believes that inconsiderate and inconvenient working practices have resulted in local residents suffering sleep deprivation, due to the constant noise throughout the early hours of the morning and evenings, and whilst it is appreciated that this work has to be carried out, more consideration and pre-planning for local people should have been put at the forefront;
- (g) calls on the contractors to compensate traders for loss of business;
- (h) believes it is important that the Council keep local people updated as to how the works are progressing, which would minimize disruption; and
- (i) notes the impact on daily commuters whilst travelling on a main arterial road towards and away from Sheffield, who use this route, who are often delayed for excessive periods of time whilst trying to get to work.

Whereupon, it was moved by Councillor Jack Clarkson, seconded by Councillor John Booker, as an amendment, that the Motion now submitted be amended by the re-lettering of paragraphs (g) to (i) as new paragraphs (h) to (j) and the addition of a new paragraph (g) as follows:-

- (g) queries whether the Administration considered introducing penalty clauses for delayed completion of the highways works;

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

It was then moved by Councillor Leigh Bramall, seconded by Councillor Jack Scott, as an amendment, that the Motion now submitted be amended by the deletion of all the words after the words "That this Council" and the addition of the following words therefor:-

- (a) supports the improvements that are currently being made on Penistone Road and notes that existing businesses on and around Penistone Road itself often suffer because of local traffic congestion and therefore believes that, in addition to improving journey times along the A61 corridor, the pinch point scheme will help to improve access to local businesses and facilities, thereby encouraging economic growth;
- (b) welcomes that the new Sainsbury's being built off the road in Wadsley Bridge will bring 250 jobs to the city and that Sainsbury's agreed to make changes to Penistone Road as part of the development, including replacing the roundabout at the junction of Penistone Road, Leppings Lane and Herries Road with a traffic light-controlled crossroads;
- (c) believes that these works are important, however, agrees that disruption should be kept to a minimum and is concerned by the reports that the works have taken too long to complete and of the impact this may have had on businesses and commuters using the road;
- (d) regrets that the delays are causing frustration for everyone affected and notes that these have been caused by a subcontractor and they have ignored efforts by Council officers to contact them for an explanation about the delays;
- (e) asks officers to investigate if the businesses who have been impacted qualify for compensation under existing statutory guidelines; and
- (f) resolves to write to the contractor asking them to contact the local businesses who have been impacted by the works, to apologise for the disruption that has been caused and to provide a more complete explanation for the length of time this has taken.

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

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

RESOLVED: That this Council:-

- (a) supports the improvements that are currently being made on Penistone Road and notes that existing businesses on and around Penistone Road itself often suffer because of local traffic congestion and therefore believes that, in addition to improving journey times along the A61 corridor, the pinch point scheme will help to improve access to local businesses and facilities, thereby encouraging economic growth;
- (b) welcomes that the new Sainsbury's being built off the road in Wadsley Bridge will bring 250 jobs to the city and that Sainsbury's agreed to make changes to Penistone Road as part of the development, including replacing the roundabout at the junction of Penistone Road, Leppings Lane and Herries Road with a traffic light-controlled crossroads;
- (c) believes that these works are important, however, agrees that disruption should be kept to a minimum and is concerned by the reports that the works have taken too long to complete and of the impact this may have had on businesses and commuters using the road;
- (d) regrets that the delays are causing frustration for everyone affected and notes that these have been caused by a subcontractor and they have ignored efforts by Council officers to contact them for an explanation about the delays;
- (e) asks officers to investigate if the businesses who have been impacted qualify for compensation under existing statutory guidelines; and
- (f) resolves to write to the contractor asking them to contact the local businesses who have been impacted by the works, to apologise for the disruption that has been caused and to provide a more complete explanation for the length of time this has taken.

(Note: Councillors Jillian Creasy, Robert Murphy, Sarah Jane Smalley and Brian Webster voted for paragraph (e), against paragraphs (a) and (b) and abstained on paragraphs (c), (d) and (f) of the Substantive Motion and asked for this to be recorded.)

16. NOTICE OF MOTION GIVEN BY COUNCILLOR LEIGH BRAMALL

Northern and TransPennine Rail Routes – Driver Only Trains

It was moved by Councillor Leigh Bramall, seconded by Councillor Chris Weldon, that this Council:-

- (a) registers its opposition to the Northern and TransPennine Express franchise requirement for driver only trains, and the Government's plans to make driver only trains mandatory;

- (b) supports the RMT (National Union of Rail, Maritime and Transport Workers') campaign to protect on-board conductors on the Northern and TransPennine routes and hundreds of essential rail jobs;
- (c) believes that, if implemented, the plan would result in cuts to funding, fare rises, service and timetable cuts and the loss of hundreds of essential rail jobs;
- (d) also believes that in addition to the loss of skilled jobs, passenger service and passenger safety will be worsened by this plan to remove guards and conductors from services and introduce Driver-Only-Operation;
- (e) notes that these proposals come on top of rail fare hikes and the pre-existing understaffing of many stations and the closure of ticket offices, making guards and on-board conductors even more essential to passenger safety;
- (f) believes that protecting and increasing staffing levels are the most effective way of improving security and passenger safety;
- (g) notes that the driver is responsible for safe operation of the train and the on-board conductor for the protection of passengers;
- (h) notes that currently, guards and on-board conductors are fully trained in operational safety, route knowledge, including safely securing doors, protecting the train and acting in emergencies such as driver incapacity;
- (i) believes that these types of cuts to rail services particularly have an impact on disabled, older and women passengers, and go against the wishes of passengers who value proper staffing of trains and stations; and
- (j) urges the Government and Rail North to protect passengers and the communities who rely on these rail services by withdrawing these proposals and instead hold meaningful consultations to deliver properly funded, properly staffed and affordable railways in the North.

Whereupon, it was moved by Councillor Ian Auckland, seconded by Councillor Richard Shaw, as an amendment, that the Motion now submitted be amended by:-

1. the substitution in paragraph (a) of the word "option" for the word "requirement", and the deletion of the words "and the Government's plans to make driver only trains mandatory" from that paragraph; and
2. the deletion of paragraph (j) and the addition of a new paragraph (j) as follows:-
 - (j) urges the RMT union to negotiate more flexibly with the train operators, especially with regard to ticket sales and revenue protection, in order to put forward a positive case to the Department for Transport and Rail North, for

continued driver and conductor staffing of trains.

On being put to the vote, the amendment was negatived.

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

RESOLVED: That this Council:-

- (a) registers its opposition to the Northern and TransPennine Express franchise requirement for driver only trains, and the Government's plans to make driver only trains mandatory;
- (b) supports the RMT (National Union of Rail, Maritime and Transport Workers') campaign to protect on-board conductors on the Northern and TransPennine routes and hundreds of essential rail jobs;
- (c) believes that, if implemented, the plan would result in cuts to funding, fare rises, service and timetable cuts and the loss of hundreds of essential rail jobs;
- (d) also believes that in addition to the loss of skilled jobs, passenger service and passenger safety will be worsened by this plan to remove guards and conductors from services and introduce Driver-Only-Operation;
- (e) notes that these proposals come on top of rail fare hikes and the pre-existing understaffing of many stations and the closure of ticket offices, making guards and on-board conductors even more essential to passenger safety;
- (f) believes that protecting and increasing staffing levels are the most effective way of improving security and passenger safety;
- (g) notes that the driver is responsible for safe operation of the train and the on-board conductor for the protection of passengers;
- (h) notes that currently, guards and on-board conductors are fully trained in operational safety, route knowledge, including safely securing doors, protecting the train and acting in emergencies such as driver incapacity;
- (i) believes that these types of cuts to rail services particularly have an impact on disabled, older and women passengers, and go against the wishes of passengers who value proper staffing of trains and stations; and
- (j) urges the Government and Rail North to protect passengers and the communities who rely on these rail services by withdrawing these proposals and instead hold meaningful consultations to deliver properly funded, properly staffed and affordable railways in the North.

(Note: Councillors Simon Clement-Jones, Richard Shaw, Joe Otten, Colin Ross, Martin Smith, Penny Baker, Roger Davison, Diana Stimely, Sue Alston, Andrew

Sangar, Cliff Woodcraft, Ian Auckland, Steve Ayriss, Denise Reaney, David Baker, Katie Condliffe and Vickie Priestley voted for paragraphs (b) to (i) and against paragraphs (a) and (j) of the Motion and asked for this to be recorded.)

17. NOTICE OF MOTION GIVEN BY COUNCILLOR RICHARD SHAW

Mental Health Services

It was moved by Councillor Richard Shaw, seconded by Councillor Sue Alston, that this Council:-

- (a) notes that:-
 - (i) an estimated one in four people will experience a mental health problem in their lives;
 - (ii) there is often a relationship between mental health problems and issues such as housing, employment and family problems; and
 - (iii) when the previous Government introduced waiting times for physical health, mental health conditions were excluded;
- (b) welcomes:-
 - (i) the announcement by the Deputy Prime Minister and MP for Sheffield Hallam, The Rt. Hon. Nick Clegg, MP, that treatment for mental health conditions will be brought into line with other NHS services with the introduction of waiting time standards;
 - (ii) the additional investment in psychiatric services in acute hospitals for people admitted via Accident and Emergency Departments to ensure that these patients receive the most appropriate treatment; and
 - (iii) the £7 million investment into mental health services for children and young people;
- (c) believes that:-
 - (i) all Councillors can play a positive role in championing mental health issues on an individual and strategic basis; and
 - (ii) Councillors should use every opportunity to tackle discrimination on grounds of mental health and promote positive mental health in schools, colleges and places of employment.

Whereupon, it was moved by Councillor Mary Lea, seconded by Councillor Julie Dore, as an amendment, that the Motion now submitted be amended by:-

1. the deletion of sub-paragraph (a)(iii) and paragraph (b);
2. the addition of new paragraphs (b) and (c) as follows, and the re-lettering of original paragraph (c) as a new paragraph (d):-
 - (b) welcomes any positive actions taken to improve treatment for mental health, however regrets that yet again the Deputy Prime Minister's record does not match his warm words and reminds the main opposition group of reports in 2012 by leading mental health charities that spending on mental health had fallen under this Government for the first time in a decade;
 - (c) notes that during the Deputy Prime Minister's time in Government there are thousands fewer mental health nurses and hundreds fewer mental health doctors in the NHS, and a recent Health Service Journal survey found 3,640 fewer nurses and 213 fewer doctors working in mental health in April this year compared to staffing levels two years ago.

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

(Note: Councillors Jillian Creasy, Robert Murphy, Sarah Jane Smalley and Brian Webster voted for paragraph 2 and voted against paragraph 1 of the amendment and asked for his to be recorded.)

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

RESOLVED: That this Council:-

- (a) notes that:-
 - (i) an estimated one in four people will experience a mental health problem in their lives;
 - (ii) there is often a relationship between mental health problems and issues such as housing, employment and family problems; and
- (b) welcomes any positive actions taken to improve treatment for mental health, however regrets that yet again the Deputy Prime Minister's record does not match his warm words and reminds the main opposition group of reports in 2012 by leading mental health charities that spending on mental health had fallen under this Government for the first time in a decade;
- (c) notes that during the Deputy Prime Minister's time in Government there are thousands fewer mental health nurses and hundreds fewer mental health doctors in the NHS, and a recent Health Service Journal survey found 3,640 fewer nurses and 213 fewer doctors working in mental health in April this year compared to staffing levels two years ago; and

- (d) believes that:-
- (i) all Councillors can play a positive role in championing mental health issues on an individual and strategic basis; and
 - (ii) Councillors should use every opportunity to tackle discrimination on grounds of mental health and promote positive mental health in schools, colleges and places of employment.

(Note: Councillors Simon Clement-Jones, Richard Shaw, Joe Otten, Colin Ross, Martin Smith, Penny Baker, Roger Davison, Diana Stimely, Sue Alston, Andrew Sangar, Cliff Woodcraft, Ian Auckland, Steve Ayris, Denise Reaney, David Baker, Katie Condliffe and Vickie Priestley voted for paragraphs (a) and (d) and against paragraphs (b) and (c) of the Substantive Motion and asked for this to be recorded.)

18. NOTICE OF MOTION GIVEN BY COUNCILLOR CLIFF WOODCRAFT

Talking Buses

It was moved by Councillor Cliff Woodcraft, seconded by Councillor Ian Auckland, that this Council:-

- (a) welcomes the campaign by the Guide Dogs for the Blind Association to install equipment to provide audio announcements of bus stops on buses; so called "Talking Buses";
- (b) notes that in surveys, drivers too often forget to inform blind bus users when they reach their destination, and that this has sometimes had serious repercussions for the passenger;
- (c) notes that some parts of the country already have talking buses, notably London, of which 100% are talking, but also Nottinghamshire, Reading, Coventry, Birmingham and others;
- (d) welcomes the competition launched by Liberal Democrat Transport Minister, Baroness Kramer, to invite students to devise more cost effective ways of providing such equipment;
- (e) agrees that this facility will not only benefit the blind, but improve the travelling experience for all bus users, and that this will encourage use of buses over cars, with associated environmental impact; and
- (f) therefore calls on the Chief Executive to write to South Yorkshire Passenger Transport Executive, First Bus Company and Stagecoach encouraging them to implement talking buses as soon as practicable.

Whereupon, it was moved by Councillor Leigh Bramall, seconded by Councillor Chris Rosling-Josephs, as an amendment, that the Motion now submitted be

amended by the deletion of paragraph (d) and the addition of a new paragraph (d) as follows:-

- (d) welcomes that the campaign run by The Guide Dogs for the Blind Association to equip all new buses with audio visual announcements has been supported cross party and welcomes any attempts by students or other groups to improve the equipment needed to facilitate this development.

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

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

RESOLVED: That this Council:-

- (a) welcomes the campaign by the Guide Dogs for the Blind Association to install equipment to provide audio announcements of bus stops on buses; so called "Talking Buses";
- (b) notes that in surveys, drivers too often forget to inform blind bus users when they reach their destination, and that this has sometimes had serious repercussions for the passenger;
- (c) notes that some parts of the country already have talking buses, notably London, of which 100% are talking, but also Nottinghamshire, Reading, Coventry, Birmingham and others;
- (d) welcomes that the campaign run by The Guide Dogs for the Blind Association to equip all new buses with audio visual announcements has been supported cross party and welcomes any attempts by students or other groups to improve the equipment needed to facilitate this development;
- (e) agrees that this facility will not only benefit the blind, but improve the travelling experience for all bus users, and that this will encourage use of buses over cars, with associated environmental impact; and
- (f) therefore calls on the Chief Executive to write to South Yorkshire Passenger Transport Executive, First Bus Company and Stagecoach encouraging them to implement talking buses as soon as practicable.

19. NOTICE OF MOTION GIVEN BY COUNCILLOR JOHN BOOKER

National Health Service

It was moved by Councillor John Booker, seconded by Councillor Jack Clarkson, that this Council:-

- (a) notes the continuing problems within the National Health Service that affects all those who work and who are treated within it;
- (b) recognises that GP's have had a pay increase of 40%, and have been released from their out of hours contracts, while the rank and file staff within the service are expected to work harder and harder without a pay increase;
- (c) regrets that midwives and nurses are striking for a miserly 1% pay increase, recommended by the independent pay body, which the Coalition Government is refusing to pay;
- (d) further notes that people can wait for up to ten days to see a GP, waiting times for physiotherapy can take up to three months, operations are cancelled on a regular basis, there is low morale across the NHS, plus a deficit of £30 Billion;
- (e) is saddened by a weekly influx of over 5000 people into this country, which puts immense pressure on this service, and believes that however bad it is today, it will be worse tomorrow;
- (f) realises money in this Country is very tight, yet the European Union demands an extra £1.7 billion from the UK tax payers to be paid by December 2014;
- (g) is staggered to note that the Labour Party sides with the Conservatives and the Liberal Democrats, to start once again hostilities in the Middle East, depriving much needed monies that could indeed go towards the easing of problems in the NHS;
- (h) wishes for once in this Country we could try 'welfare not warfare'; and
- (i) confirms its belief that the NHS should always be free at the point of admission, and regrets the campaign of disinformation emanating from the media and main political parties.

Whereupon, it was moved by Councillor Mary Lea, seconded by Councillor Harry Harpham, as an amendment, that the Motion now submitted be amended by the deletion of paragraphs (b) to (i) and the addition of new paragraphs (b) to (g) as follows:-

- (b) believes that under this Government, the NHS is going backwards, as one in four people don't get to see a GP within a week and over three million people are on the waiting list for treatment;
- (c) supports the policy of the Shadow Secretary of State for Health, the Rt. Hon. Andy Burnham MP, to raise £2.5bn for an NHS Time to Care Fund by ensuring that tax avoiders play by the rules, and asking those at the top to pay more;

- (d) welcomes that this money will be used to ensure the NHS is fit for the 21st Century and will deliver 20,000 more nurses, 3,000 more midwives, 8,000 more GPs and 5,000 extra home care workers by the end of the next Parliament;
- (e) believes it was wrong for the Government to single out NHS staff by refusing to implement the 1% pay increase which was recommended by an Independent Body and is being awarded by the Government to other public sector workers;
- (f) regrets that this Government wasted £3 billion on the unwanted and unnecessary top down reorganisation of the NHS; and
- (g) fully supports the NHS and therefore completely opposes the comments by UKIP's Deputy Leader, Paul Nuttall MEP, posted on his website, "I would like to congratulate the Coalition Government for bringing a whiff of privatisation into the beleaguered National Health Service".

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

(Notes: 1. Councillors Jillian Creasy, Robert Murphy, Sarah Jane Smalley and Brian Webster voted for paragraphs (b), (e) and (f) and abstained on paragraphs (c), (d) and (g) of the above Amendment, and asked for this to be recorded.

2. Councillors Pauline Andrews, Jack Clarkson and John Booker voted for paragraphs (b) to (f) and against paragraph (g) of the above Amendment and asked for this to be recorded.)

It was then moved by Councillor Colin Ross, seconded by Councillor Martin Smith, as an amendment that the Motion now submitted be amended by the deletion of all the words after the words "That this Council" and the addition of the following words therefor:-

- (a) believes that the NHS should remain free at the point of use;
- (b) recognises the dedication and hard work of staff within the NHS;
- (c) notes that in many parts of the country, the NHS relies on highly skilled and qualified health care professionals recruited from overseas;
- (d) recalls with alarm the words of UKIP's Deputy Leader, Paul Nuttall MEP, "the very existence of the NHS stifles competition....as long as the NHS is the "sacred cow" of British politics, the longer the British people will suffer with a second rate health service"; and
- (e) welcomes the pre-manifesto commitment made by the Liberal Democrats of "Guaranteeing the NHS budget will rise by at least inflation".

On being put to the vote, the amendment was negatived.

(Notes: 1. Councillors Jillian Creasy, Robert Murphy, Sarah Jane Smalley and Brian Webster voted for paragraphs (a), (b) and (c) and abstained on paragraphs (d) and (e) of the above Amendment, and asked for this to be recorded.

2. Councillors Pauline Andrews, Jack Clarkson and John Booker voted for paragraphs (a) to (d) and against paragraph (e) of the above Amendment and asked for this to be recorded.)

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

- | |
|---|
| <p>RESOLVED: That this Council:-</p> <ul style="list-style-type: none">(a) notes the continuing problems within the National Health Service that affects all those who work and who are treated within it;(b) believes that under this Government, the NHS is going backwards, as one in four people don't get to see a GP within a week and over three million people are on the waiting list for treatment;(c) supports the policy of the Shadow Secretary of State for Health, the Rt. Hon. Andy Burnham MP, to raise £2.5bn for an NHS Time to Care Fund by ensuring that tax avoiders play by the rules, and asking those at the top to pay more;(d) welcomes that this money will be used to ensure the NHS is fit for the 21st Century and will deliver 20,000 more nurses, 3,000 more midwives, 8,000 more GPs and 5,000 extra home care workers by the end of the next Parliament;(e) believes it was wrong for the Government to single out NHS staff by refusing to implement the 1% pay increase which was recommended by an Independent Body and is being awarded by the Government to other public sector workers;(f) regrets that this Government wasted £3 billion on the unwanted and unnecessary top down reorganisation of the NHS; and(g) fully supports the NHS and therefore completely opposes the comments by UKIP's Deputy Leader, Paul Nuttall MEP, posted on his website, "I would like to congratulate the Coalition Government for bringing a whiff of privatisation into the beleaguered National Health Service". |
|---|

(Note: 1. Councillors Simon Clement-Jones, Richard Shaw, Joe Otten, Colin Ross, Martin Smith, Penny Baker, Roger Davison, Diana Stimely, Cliff Woodcraft, Ian Auckland, Steve Ayris, Denise Reaney, David Baker, Katie Condliffe and Vickie Priestley voted for paragraphs (a) and (g) and abstained on paragraphs (b) to (f) of the Substantive Motion and asked for this to be recorded.

2. Councillors Jillian Creasy, Robert Murphy, Sarah Jane Smalley and Brian Webster voted for paragraphs (a), (b), (e) and (f) and abstained on paragraphs (c), (d) and (g) of the Substantive Motion and asked for this to be recorded.)

3. Having both declared a disclosable pecuniary interest, Councillors Sue Alston and Andrew Sangar took no part in the discussion or vote on the above item.

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SHEFFIELD CITY COUNCIL Full Council

Report of: Director of Public Health

Date: 3rd December 2014

Subject: Director of Public Health Report for Sheffield 2014

Author of Report: Jeremy Wight

Summary:

Directors of Public Health have a statutory duty to produce an annual report on the health of the local population. This year's report focuses on what the World Health Organisation has described as the greatest threat to public health and the defining issue of the 21st century – the impact of climate change on health, principally through increased greenhouse gas emissions. The report firstly describes the scale of the challenge and then draws attention to the actions that can be taken to mitigate, or adapt to, the impact of climate change. As well as reducing greenhouse gas emissions, these actions also benefit health.

The report concludes by making recommendations about improving the health of the Sheffield population by addressing issues that affect climate change. These recommendations are directed towards particular organisations or groups.

Recommendations:

To note the information contained in the report.

Background Papers:

The summary and full text versions of the report may be accessed online at www.sheffield.gov.uk/publichealthreport . *(Please note this will not be available until after December 3rd)*. All councillors are being sent a printed copy of the summary report.

Category of Report: OPEN

Statutory and Council Policy Checklist

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

**REPORT TITLE: Climate Change and Health:
Director of Public Health Report for Sheffield 2014**

1.0 SUMMARY

- 1.1 Directors of Public Health have a statutory duty to produce an annual report on the health of the local population
- 1.2 This year's report focuses on what the World Health Organisation has described as the greatest threat to public health and the defining issue of the 21st century – the impact of climate change on health, principally through increased greenhouse gas emissions. The report firstly describes the scale of the challenge and then draws attention to the actions that can be taken to mitigate, or adapt to, the impact of climate change. As well as reducing greenhouse gas emissions, these actions also benefit health.
- 1.3 The report concludes by making recommendations about improving the health of the Sheffield population by addressing issues that affect climate change. These recommendations are directed towards particular organisations or groups.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

- 2.1 If unaddressed, continued global warming has the potential to increase the likelihood of floods, storms, heatwaves and severe cold weather. Sheffield is already experiencing increasing average temperatures This in turn has the potential to threaten the availability of clean water supply and affordable food. The risk of disease is also increased. Changes at the global level have an impact on the sustainability of local resources and infrastructure. The most vulnerable in society are likely to be those most affected.
- 2.2 Sheffield people should expect organisations responsible for their health and social care to have plans in place to address the impact of increased greenhouse gas emissions on their health

3.0 OUTCOME AND SUSTAINABILITY

- 3.1 The report makes fifteen key recommendations for taking up a number of opportunities for responding to climate change whilst at the same time improving health for people in Sheffield.

4.0 MAIN BODY OF THE REPORT

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

- 4.1 The full report may be accessed from www.sheffield.gov.uk/publichealthreport A summary version is also available to download from this website. *(Please note this will not be available until after December 3rd)* All councillors have been sent a printed copy of the summary report.

5.0 ALTERNATIVE OPTIONS CONSIDERED

5.1 Not applicable

6.0 REASONS FOR RECOMMENDATIONS

6.1 It is good practice for Director of Public Health reports to contain recommendations aimed at improving the health of the population. This year's report makes fifteen such recommendations based on identifying the co-benefits of responding to climate change and improving health.

7.0 REASONS FOR EXEMPTION (if a Closed report)

7.1 Not applicable

8.0 RECOMMENDATIONS OF THE DIRECTOR OF PUBLIC HEALTH'S REPORT

8.1 The Council should develop and implement a programme of signposting walking routes with the time it takes to reach the destination.

8.2 Sheffield people should consider traveling short distances on foot or by bicycle rather than by car, and sign up to 'Move More' at www.movemoresheffield.com.

8.3 The Council should commit to increasing the number of 20 mph zones within the City as quickly as possible.

8.4 Sheffield City Council and local hospital Trusts should develop their food purchasing arrangements to reflect environmental and health factors, including reduced reliance on meat and dairy in menus.

8.5 Sheffield people should consider reducing the amount of meat they eat by adopting at least one meat free day per week.

8.6 The Council's forthcoming fuel poverty strategy should include steps to increase the standards of insulation in the private rented sector, so that the average SAP for the sector is 65 by 2020, and the minimum SAP is 65 by 2025.

8.7 Health and care professionals should systematically identify the people and properties most vulnerable to fuel poverty, and ensure that advice and assistance is available to them to address that.

8.8 Sheffield City Council and the Local Enterprise Partnership should work to implement the findings of the *Mini-Stern Review* and explore opportunities for low carbon infrastructure investment and the

development of low carbon technologies.

- 8.9 Sheffield City Council, working with voluntary sector and other organisations, should continue work to develop social capital in local communities.
- 8.10 The Health and Wellbeing Board, and Sheffield's NHS Foundation Trusts, should adopt an explicit sustainability policy aimed at ensuring that Sheffield meets its carbon reduction obligations by 2020. This should be underpinned by the adoption of a sustainability manifesto for the health and social care system in the City.
- 8.11 The Health and Wellbeing Board should give urgent consideration to the ways in which the implications for carbon emissions of different approaches to the delivery of health and social care in the City can be evaluated. A system of carbon accounting needs to be developed.
- 8.12 The Health and Wellbeing Board should consider how to enforce and report on actions set out in the Heatwave Plan for health and social care facilities such as care homes before next summer.
- 8.13 All organisations should promote uptake of The Environment Agency's 'Floodline Warnings Direct' service <https://fwd.environment-agency.gov.uk/app/olr/home> for local residents and businesses to help preparedness for flooding. This could be promoted by providing a link to sign up for the alerts on organisations internet sites.
- 8.14 The Local Health Resilience Partnership (LHRP), and Local Resilience Forum (LRF), should audit local organisations' plans for dealing with the health consequences of severe weather events, and ensure that they are adequate.
- 8.15 The Council should ensure that health issues are built into local development and regeneration plans and integrating adaptation principles into the local planning framework

9.0 **RECOMMENDATIONS**

- 9.1 The Council is recommended to note the information contained in this report.

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Climate Change and Health: Director of Public Health Annual Report for Sheffield 2014

Sheffield DPH Report
Sheffield City Council
Town Hall
Pinstone Street
Sheffield
S1 2HH

October 2014
Ref:DPHR14
Version: Final

Version History

Title	Climate Change and Health – Sheffield DPH Report 2014
Reference	DPHR14
Status (Draft / Issued)	
Version	Final
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Comments	N/A

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Acknowledgements

Reports such as this are always the result of many people's work. I am particularly grateful this year to the contributors from outside the City who have written sections. In addition to the named authors I would also like to thank Bernd Hoermann, Mark Daly, John Clephan, David Caulfield, Ed Highfield and Mark Whitworth for their help with different sections, and to Cathy Read for comments on the overall report. Particular thanks are due to John Skinner and Louise Brewins for their work in editing the text, and to the Sheffield City Council Communications team. Final responsibility for the content rests with me.

Jeremy Wight, Director of Public Health, October 2014.

1 Introduction: why climate change is the biggest Public Health challenge of the 21st century

Introduction

Climate change is the defining public health issue of this century. In this report I hope to show you why, how it may affect Sheffield, and what we can do, and already are doing about it.

In the medium to long term, climate change is significantly more threatening to public health than any of the other problems we spend our time dealing with. Although smoking, physical inactivity, alcohol and so on are all major public health issues that we have to address, they are not universal in their impact, and they do not threaten the fundamentals of human society. We quite rightly spend a lot of time and energy seeking to ensure the Best Start for our children, and ensuring they are safe, but if we do not tackle climate change effectively, their future will be very bleak. There are however links between present public health problems and the kind of steps we have to take to tackle climate change. Many of the things we need to do to reduce greenhouse gas emissions will benefit our health in the short term, too. We describe some of those things.

Climate change is caused by global warming, which in turn is caused by the accumulation of greenhouse gases in the atmosphere. Chief amongst these is carbon dioxide (CO₂) released by the burning of fossil fuels, but other gases also contribute. Average global temperatures have risen by about 0.5 degrees centigrade (°C) in the last 50 years, and by 0.8°C from pre-industrial times. Each of the last three decades has been hotter than the previous one, by about 0.2°C¹. The Intergovernmental Panel on Climate Change (IPCC) says it is virtually certain that human influence has warmed the global climate system, and extremely likely that more than half of the observed increase in global temperature is related to human activity.

Global warming changes the climate in a number of different ways. As well as increasing average temperatures, it increases the frequency and severity of heatwaves. Warmer air carries more water vapour, so global warming increases rainfall, particularly in storms. Storms contain more energy and so are more intense, as well as being more frequent. In addition global warming is causing melting of the permafrost, glaciers and arctic sea ice, all of which have the effect of further increasing the warming of the planet. The sea level is rising, and the sea itself becoming more acidic. This is a real problem when fish feed so much of the world.

All of these changes are happening already. What happens in future depends primarily on the trajectory of global greenhouse gas emissions, but also changes in agriculture, diet, land use, rates of economic development and population growth. The development and use of carbon capture and storage may also play a part. But first we need to recognise that because carbon dioxide is a very long lived atmospheric pollutant, we are already committed to significant further global warming based simply on the amount already in the atmosphere.

The Intergovernmental Panel on Climate Change has described four different scenarios for different trajectories of greenhouse gas emissions up to the year 2100². The best case scenario assumes a radical reduction of emissions starting almost immediately, which leads to a slow rate of temperature increase that levels off at about 1 degree increase over current levels by the middle of this century. By contrast, in the worst case scenario, with unabated greenhouse gas emissions, average temperatures will rise by 2 degrees by the middle of the century and nearly 4 degrees by the end. A summer like that of 2003 would be a cool one.

The Long Range Weather Forecast for Sheffield

- Hotter, drier summers

- Milder, wetter winters

- More frequent extreme high temperatures

- Decrease in annual rainfall

- More frequent heavy downpours

- Lower summer soil moisture content

- Greater number of days when temperatures above 5°C leading to longer growing / breeding season

- Higher wind speeds during storms

- Reduced cloud cover leading to increased bright sunshine

- Cooler and wetter in the west of Sheffield.

- Higher temperatures and lower rainfall in the east of Sheffield

Sheffield Local Climate Impacts Profile (Weston Park data) and the *South Yorkshire Weather Trends* report (UKCP09 data)

What does all of this mean for health? This report outlines briefly how climate change can threaten the health of our population. All of the key social determinants of health – food, water, shelter, even the normal function of human society - are threatened by climate change. How bad the effects will be will depend on how much global warming happens, which in turn depends primarily on how effectively we can collectively control greenhouse gas emissions. How we do this is the most important challenge facing human civilisation.

If, globally, we achieve the rapid reduction in greenhouse gas emissions necessary for the IPCC's best case scenario, the public health consequences of climate change will still be significant, but manageable. On the other hand if we continue with business as usual, leading to a four degree centigrade increase in global temperatures, the public health consequences could well be catastrophic. The Lancet has recently warned that it would lead to a "discontinuity in the long term progression of humanity"³. In other words, a breakdown of society, and the loss of what humankind has built up over centuries to make life worth living.

Unfortunately at the moment global carbon dioxide emissions are increasing. Burning more than a quarter of known fossil fuel reserves would release enough CO₂ to put the world on a trajectory to over 4 degrees of warming. It is therefore perhaps not surprising that the World Health Organisation (WHO) Director General Margaret Chan has stated that climate change is the greatest threat to public health and the defining issue of the 21 century⁴. She is supported in this conclusion by both the Lancet⁵ and the British Medical Journal⁴, which now states that the WHO should declare a public health emergency.

However there are signs that increasing numbers of people are recognising the dangerous position we are in, and exploring ways in which a global economy has to change^{6,7}, including the establishment of the Green Commission here in Sheffield. In addition there are many things that we can do, and are already doing, that would be beneficial both to health and to the climate.

On the 16 September 1948, Aneurin Bevan, the founder of the NHS, said in a speech to the Society of Medical Officers of Health (the forerunners of Directors of Public Health) that they should be "like some watcher of the skies – for portents, not merely of epidemic disease, but of anything likely to have an adverse effect on health"⁸. Climate change is certainly one such portent.

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1. The science of anthropogenic climate change: what every doctor should know. McCoy D., Hoskins B. *BMJ* 2014: 349: g5178.
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2 How will a changing climate affect health in Sheffield?

2.1 Direct health effects of climate change and global warming

Stephen Morton and Angie Bone, Public Health England

The potential impacts of climate change have been well summarised by the Intergovernmental Panel on Climate Change¹. In the House of Commons, the Energy and Climate Change Committee concluded 'there is no reason to doubt the credibility of the science or the integrity of the scientists involved'². The UK Climate Change Risk Assessment (2012) concluded that the most significant risks to health in the UK are likely to be from increased summer temperatures and overheating in buildings, and flooding³.

Heatwaves

The prolonged high temperatures in August 2003 caused 2000 excess deaths in England⁴, with elderly people with chronic heart and lung disease being most at risk. Projections indicate that heat-related deaths may increase to 7000 per year by 2050⁵.

Overheating in buildings is thought to be an important factor in heat-related illness and death. Purpose-built or top floor flats and terraced houses are most at risk, particularly un-insulated loft conversions in pre-1919 properties, and flats built after the 1960s⁶. In the relatively cool summer of 2007, 21% of bedrooms were found to be overheated⁷. Overheating in hospitals is also a significant concern, with one study suggesting that 90% of wards are prone to overheating⁶.

During heatwaves there can be considerable temperature variation, especially within urban areas. Urban heat islands are caused when natural surfaces (vegetation and soil) are replaced by built surfaces consisting of non-reflective and water resistant construction materials⁸. This leads to higher daytime temperatures, and night time temperatures not falling. Sheffield has some protection from this because of the large amount of green space within the City boundaries⁹.

Floods and storms

Direct deaths and injuries occur in Britain from floods and storms; mainly from drowning, or being crushed by falling trees and masonry, but the biggest health impacts are due to the disruption and distress caused by

these events. During the summer storms of 2007, two people in South Yorkshire were drowned, many hundreds were rescued by boat or helicopter, and 700 people, who lived near the Ulley reservoir, were evacuated¹⁰. A report on the psychological impact of the 2007 floods found that ‘the prevalence of all mental health symptoms was significantly higher among individuals who reported flood water in the home’¹¹. Symptoms of psychological distress, anxiety, depression, and post traumatic stress disorder were greater among the unemployed and elderly.

Sheffield’s topography means that severe rain in the Peak District is channelled downstream into water courses constrained by over a century of building and development. Some of this burden can be mitigated by sustainable urban drainage systems.

Severe cold weather

Whilst severely cold weather is likely to become less frequent³ we may still experience very cold winters. Winter morbidity and mortality are predicted to remain a problem¹². Excess winter deaths can be expressed as the number of extra deaths that occur in the winter compared to the non-winter months, expressed as a percentage. The majority of these deaths are from cardiovascular, respiratory diseases, and dementia. The number may be exacerbated by poor air quality.

Around 30% of excess winter deaths may be attributed to living in a cold home¹³. Fuel poverty is certainly an important contributor to this, but other factors such as occupant attitudes, behaviour and ability to operate heating also play an important role. Sheffield has higher levels of fuel poverty (measured as the ‘low income – high cost’ (LIHC) indicator – the percentage of households that have high fuel costs and low incomes) than the England average, but lower levels than many other core cities (Table 1). We have lower levels of excess winter deaths than the England average, and the lowest of all the Core Cities.

Table 1 Three year all age excess winter death index and fuel poverty indicators

City	3 year EWDI 2009-2012 (all age)	Fuel poverty LIHC indicator (2012)
Sheffield	12.7 (9.0 -16.6)	11.3 (11.2-11.4)
Nottingham	15.1 (9.6 – 20.9)	18.4 (18.1 – 18.6)
Birmingham	15.6 (12.7 – 18.7)	20.1 (20.0-20.3)
Newcastle	15.7 (10.3 – 21.3)	13.4 (13.2 – 13.6)
Bristol	16.0 (11.3 – 20.8)	11.1 (10.9-11.2)
Manchester	16.2 (11.7-20.9)	15.9 (15.7 – 16.0)
Leeds	16.5 (13.1-19.9)	11.6 (11.5-11.7)
Liverpool	16.8 (12.7 – 21.0)	14.4 (14.3 – 14.6)
England	16.5 (16-16.9)	10.4 (10.4 – 10.4)

Source: Public Health Outcomes Framework online tool <http://www.phoutcomes.info/>

Win-win opportunities in adaptation for climate change

There are a number of strategies to reduce the direct effects of climate change that would have potentially wider public health benefits.

- The planting of more trees and shrubs in the City could be part of sustainable urban drainage systems¹⁰ and reduce heat island effects¹⁴. They can also attract wildlife and contribute to recreational green space, thus benefitting physical and mental health¹⁵.
- Schemes to improve energy efficiency can reduce fuel poverty in low income households, reduce the harmful health effects of cold homes, and also reduce the emission of greenhouse gases¹⁶. Insulation is also important in protecting against heat, as long as ventilation is also considered¹⁷.
- Good neighbour schemes can reduce the risks of isolated and elderly or disabled people from cold related illnesses and also improve social capital in an area. Indeed asset based community development is potentially a very useful tool for improving sustainability and tackling the risks of climate change.

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2.2 Indirect health effects of climate change

Ruth Speare, Public Health England

Changes in temperature and an increased frequency of extreme weather events not only have immediate effects on health and infrastructure but also indirect impact on the availability of food and water, and on the distribution of disease. While these changes are more difficult to predict, the threats they pose to our health and wellbeing are potentially greater, and need to be recognised and addressed.

Food and water supply

Predicting the effects of climate change on food and water security is difficult. Although in the United Kingdom we may be less vulnerable than elsewhere, we will still be affected. Food security involves producing enough food globally and getting the produce to those who need it at an affordable price. All of these factors are likely to be affected by climate change.

Approximately half of the food consumed in this country is produced here. Climate change may impact on food supply by affecting the length of the growing season¹. It may now be possible to grow crops that previously could not be grown in northern climates, because of increased temperatures. However crop production is vulnerable to the extreme weather associated with climate change. Drier spells increase demand for irrigation, which places a strain on water supplies, so a significant shortfall in water supply for farming in the UK is predicted by the 2020s². Conversely heavy rain or floods may damage crops and cause soil erosion, leading to poorer soil quality and reduced yields. Climate change is likely to increase the spread of existing and emerging crop pests, which may encourage greater use of pesticides. Livestock will probably benefit from milder winters but could be harmed by hotter summers. Fish stocks will decline as a result of ocean acidification.

The UK relies heavily on overseas markets both for food for human consumption as well as animal foodstuff, in particular soybean protein³. Extreme weather events, such as drought, storms and floods elsewhere are likely to impact on food security in the UK by reducing yields and by disrupting the infrastructure needed to harvest, process and transport food⁴.

Global population growth and failure of crops elsewhere will contribute to food insecurity and scarcity in the UK. Scarcity of food globally, where demand outstrips supply, will drive up food prices, even for UK produced crops. A poor global harvest in 2008 led to wheat prices doubling. Rising costs of fuel and efforts

to curb greenhouse gas emissions will also affect food prices. This will impact more on those already in food poverty, reducing their ability to sustain a healthy, balanced diet. This is likely to particularly affect low income families, the elderly and those whose health is already poor. Costs of other commodities that are largely imported, including energy, are also likely to rise and again will place a disproportionate burden on vulnerable people.

The IPCC Working Group 2 stated that temperature increases of more than 2 °C are projected to lead to a decline in production of major crops, at a time of increasing global demand. Modelling world food production shows that from 2030 the number of scenarios in which there is a net fall in food production is significantly greater than those where there is an increase. There is also increased likelihood of year on year variability. Global temperature increases of more than 4 °C would pose large risks to food security globally and regionally⁵.

Freshwater supplies will also be threatened, through drought, contamination of water supplies by flooding, or the drying up of melt waters when the glaciers disappear⁵.

Water-borne disease

The risks of water-borne diseases are strongly affected by flooding and warmer temperatures. Water-borne diseases are spread when soil, water or food becomes contaminated with animal or human faeces. Heavy rain and water run-off can wash pathogens into water courses, or overwhelm sewerage systems, leading to contamination of water supplies⁶. Studies of outbreaks in the UK due to water-borne diseases, for example Cryptosporidiosis and Vero cytotoxin-producing Escherichia Coli (VTEC), have shown them to be linked to heavy rainfall⁷. Flooding may also cause rodents to be displaced from their normal habitats, and lead to a greater likelihood of disease transmission to humans. Increased incidence of Leptospirosis has been associated with episodes of flooding⁷.

Disease causing organisms can also contaminate recreational water and people can become infected whilst swimming or taking part in water sports. Conversely periods of drought reduce the amount of water in river and lake systems available to dilute the concentration of pathogens, and this has also been shown to be associated with disease outbreaks⁸. Warmer houses and warmer water, combined with increased use of air conditioning or other cooling equipment, is likely to cause an increase in cases of Legionnaire's disease⁷.

Food-borne infections

Many of the infectious organisms that cause illness in humans, for example Salmonella, thrive in warm water and weather⁹. Warmer temperatures lead to faster replication so that the threshold of numbers required to cause infection is reached more quickly¹⁰.

Warmer weather and milder winters will encourage flies and other pests to multiply, which can also affect food safety by spreading disease. Warmer, wetter weather increases the reproductive potential of rats and other rodents¹¹, leading to increased risk of disease transmission to humans⁷.

Insect-borne disease

Other infectious diseases are caused by arthropods, such as mosquitos and ticks carrying and transmitting disease through their bites. One such disease is Lyme disease, which is normally associated with mild flu-like symptoms but can also affect the nervous system. Around 2,000 to 3,000 cases of Lyme disease occur in the UK per year, and the number of cases is rising both here and in Europe¹².

There is evidence that changes in weather patterns and extreme weather events affect the transmission of these diseases¹³. In other parts of Europe, increased international travel, trade and transportation in combination with climate change have allowed new arthropods to become established in areas where they have been absent in recent years¹². Climate change may make the UK more suitable for the establishment of tick populations, as they are carried by animals and birds from other countries, and also allow the re-introduction of mosquito borne illness¹⁴.

Ticks are found in woodlands, grassland, moorland, heathland but also some urban parks and gardens. This may be an increasing concern in Sheffield because of its proximity to the Peak District and its many green spaces. Flood alleviation schemes and adaptation measures such as the establishment of wetlands, will also alter the distribution and abundance of mosquitoes and ticks, and this may increase the incidence of associated diseases already present in the UK¹⁴.

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2.3 Social and demographic impacts of climate change

David McCoy, Queen Mary University London

Climate change and the other effects of greenhouse gas (GHG) emissions (such as ocean acidification) are truly global phenomena. It is an issue that connects and binds all peoples and all nations.

People in the UK are connected to all who suffer the effects of climate change because of our contribution to global warming, both in the past and now. The way we eat, travel, commute, relax, shop, cook, bathe and warm ourselves is generally done in a way that far exceeds our 'fair share' of the earth's capacity to absorb GHG emissions without causing catastrophic global warming.

Earlier this year, the IPCC's second Working Group (IPCC-WG2) published its latest report on the current and projected impacts of climate change¹⁻⁴. The report describes how most of the worst effects of climate change will be experienced by countries and communities that are poorest, and which have made the least contribution to global warming. The burden of the negative consequences of global warming that we will bear in the UK will be much lower than a 'fair share'.

The impacts of climate change will vary across regions and will depend on many factors, including what are called 'non-climate stressors' (things that will aggravate the effects of climate change including continued deforestation, rapid population growth and war), as well as the extent to which societies are able to mitigate or adapt. Of particular note in the latest IPCC-WG2 report was its emphasis on the potential for climate change to precipitate systemic crises and wholesale social disruption, including large-scale migration as well as conflict (between countries or within countries).

Among the 'key risks' (defined as risks with potentially severe or irreversible adverse consequences, or risks for which there is limited potential to avert through adaptation or mitigation) identified by IPCC-WG2 were extreme weather events leading to breakdown of infrastructure networks and critical services such as electricity, water supply, and health and emergency services; and the breakdown of food and water systems. Some places will become uninhabitable or prone to emergencies and disasters, undermining livelihoods and breaking down social solidarity. Although the future cannot be predicted with certainty, there is a sound, scientific basis for highlighting the potential of climate change to lead to significant chaos, violence and suffering.

One example of the potential for climate change to do this is the link that has already been made between drought in eastern Europe and the subsequent reduction in the Russian grain harvest in 2010. The rise in wheat and hence bread prices that followed are thought to have helped precipitate the ‘Arab spring’, and the subsequent political instability in the region. This in turn aggravated existing tensions and conflicts, including the armed conflict that now engulfs Syria and Iraq – a situation which will ultimately affect the security and well being of people in Britain, and Sheffield.

While the direct negative impacts of climate change may well be greater in other parts of the world than in northern Europe, this provides little comfort. Europe will also experience the direct effects of climate change and global warming (flooding and extreme weather events), but it will also be affected by the effects of climate change elsewhere. Drought, extreme heat and social disruption will affect the production of basic commodities on which we all depend. New wars over scarce resources will contribute to further global warming and ecological degradation, which will affect our single and shared global weather system. War is not only harmful locally where it is occurring, but also further afield. Mass migration, including of refugees, will inevitably place greater social pressures on countries in western Europe.

Sheffield is proud to be a City of Sanctuary that welcomes refugees and asylum seekers. It cares for the health of new arrivals to the City, which is sometimes made worse by the journeys they have endured, though it is aware that this can place a strain on our services. Climate change will cause more civil conflict and war, and more displacement of peoples and mass migration. Whether we’re living in Sheffield or Shanghai, Doncaster or Dacca, we share one world.

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3 What should we be doing about it?

3.1 Adaptation or mitigation?

David Pencheon, Director, NHS Sustainable Development Unit, NHS England / Public Health England

Recent commentators have focused attention on the problems that make climate change the most important threat to health for this century¹⁻³. The first part of this report has described the damage that climate change could do to health and wellbeing in our communities in Sheffield if we continue business as usual.

We now turn to the solutions - what we need to do, especially what we need to do now. There are five principles which underpin the necessary actions.

1. The first observation derives from the scale of the challenge facing us. This means that almost every effective action that helps us both adapt to and mitigate climate change is needed. Instead of wasting time deciding if we should take one action or another, we should spend time and effort understanding how to do all of those we know to be effective.
2. Secondly, the actions are only likely to be effective at sufficient pace and scale if we help each other (organisationally and personally) do them together. Hence the importance of sectors like the health and care sector, groups such as Health and Wellbeing Boards, serving, and being served by, strong, resilient, well led and well supported communities.
3. Thirdly, the public sector has an important duty to set a highly visible example in the way it behaves, and the way it expects others to behave from whom it buys products or commissions services. The public sector, especially local government and the NHS, can, in their own operations, save money, reduce waste, improve legal compliance, and improve the quality of services in sustainable ways by taking very visible and practical actions in a more integrated and collaborative way.

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4. Fourthly, as we shall see, one piece of good news is that many of the actions that help both adapt to and mitigate climate change also offer immediate health benefits too: the food we eat, the way we travel, the homes we live in and the air we breathe...
 5. Lastly, we do not have much time left, so we should not wait for yet more evidence about exactly how harmful unrestrained climate change will be to health and wellbeing, before we start ambitious actions now.

As the climate changes, it is important to prepare for the inevitable: more extreme weather events, heat waves, storms, warmer wetter summers, and drier winters. But we need to take actions in ways that adapt to inevitable change without making the longer term even worse. For instance, we do not need universal air conditioning, but we do need almost universal passive warming and cooling of our schools, hospitals, workplaces, and homes. We must manage natural water supplies in a way that provides water every day, but avoids flooding and droughts over months, years, and decades ahead. We must develop strong local communities which are good places to live and work, but are also resilient assets for themselves in times of stress and crisis.

In the health and social care system, the greatest sustainable (and usually the most cost effective) health benefits come from preventing unnecessary mental and physical illness. This includes addressing the conditions that cause them, and cause them to be distributed so unfairly. A more integrated city wide approach to developing the most important asset we have (ourselves as citizens) can lead to more appropriate models of care, creating the conditions where health, wellbeing, fairness and resilience flourish naturally, helping us to live lives we have reason to value. This means valuing and rewarding people, organisations and systems that actively contribute to preventing the preventable, rather than simply paying isolated parts of the health and care system for treating what should have been prevented. A shared vision, with shared leadership and shared rewards is fundamental to this approach. Health and care professionals and organisations such as primary care centres, GPs, nurses, and social workers have an important chance here to re-frame how we help each other.

The following sections of this report give examples of the actions that we must take now - where actions have additional and almost immediate benefits: "co-benefits". Making the right choices about how we feed ourselves and how we move about can improve health now, and also mitigate climate change in the longer term. For instance, local government and the NHS together can actively stimulate a local

food economy which creates more fulfilling jobs, produces fresh, healthy and tasty food, and strengthens local social links on which our future community resilience depends. This would make our diets more healthy and enjoyable, make tasty food more accessible and affordable, and help to prevent harmful climate change.

Local government and the NHS together account for the movement of many people, goods and services. Many more services can be delivered closer to home using technology better. Improving access to active travel (walking and cycling) and public transport increases physical activity and social connections, improves physical and mental health, helps people stick to a healthy weight, and reduces harmful air pollution and greenhouse gas emissions.

The remainder of this report shows how preventing the preventable, adapting to inevitable changes that have already been set in motion, and ensuring we do not continue to make the problem worse, can all create both immediate *and* longer term benefits.

Every city and community, in every generation, is faced with challenges that are both life threatening and life affirming. Our responsibility is to create the right conditions to help people live lives worth living. This depends on us all taking an active and responsible approach to our physical and social environment. If we want to leave a fair and healthy legacy we can be proud of, then tackling climate change and embedding sustainable development at every level and in every area of our lives is that challenge now.

Adaptation consists of managing the unavoidable. Mitigation involves avoiding the unmanageable. We must do both, we must do them together, and we must do them now.

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3.2 Active travel:

Dawn Lockley, Duncan McIntyre and Mark Daly, Sheffield City Council

Why is this important?

Changes to the way in which we travel can lead to a reduction in air pollution and physical inactivity and the burden of ill health and early death associated with these, as well as a reduction in greenhouse gas emissions. Health and the climate would both benefit.

Our over-reliance on fossil fuelled cars and buses increases both carbon emissions and non CO₂ air pollution. Exposure to air pollution, particularly of vulnerable people, increases the risk of acute and chronic diseases such as heart attacks and strokes, lung cancer and asthma¹. Equally, lack of physical activity, including for many people making even the shortest of journeys by car rather than walking or cycling, contributes to the rise in obesity in the City. Physical inactivity and obesity are associated with a range of medical conditions including type 2 diabetes, heart disease, strokes, certain cancers, arthritis, and poor mental health².

Promoting active travel – walking and cycling - therefore plays an important role in responding positively to climate change and improving health.

Current position

Domestic transport use currently accounts for 21% of the UK's CO₂ emissions, with more than half of this coming from the use of private cars³. The total emissions from transport (measured in kilo tonnes of CO₂ (KtCO₂)⁴ declined in Sheffield between 2005 and 2012 (from 585.0 to 530.0 KtCO₂). Emissions per person due to transport use are estimated to have reduced from 1.1 to 1.0 tonnes of CO₂ during the same period⁵. We have also seen modest reductions in mortality attributed to air pollution caused by fossil fuelled transport, but the current figure of approximately 500 deaths per year, is still unacceptably high⁶.

In Sheffield only 55% of adults self-report achieving 150 minutes of moderate physical activity a week (the recommended level). 30% report not even achieving 30 minutes a week⁷. Whilst it is not known how many car journeys are made in Sheffield for short distances (under 2 miles), if these journeys were made on foot or by bicycle, the potential for reducing the level of disease associated with physical

inactivity would be significant⁸. Currently only 3% of the population report using a bicycle as a means of travel.

What can we do?

There are many reasons why people continue to rely on motorised transport rather than on more active travel. Perceived barriers include the terrain (too many hills), fears about road safety, over estimation of distances and the physical effort needed to cover them, and the requirements for showers in workplaces. There are a number of ways in which we can encourage and support people to overcome these barriers.

Sheffield's commitment to active travel was outlined in our 2010 strategy 'A vision for excellent transport in Sheffield'. This set out an approach where transport would contribute to a competitive low carbon economy and a better environment, create a culture where the car would not always be the first choice, and most importantly lead to a healthier population⁹.

In addition, the recently published 'Move More' plan sets out a 5 year framework for increasing physical activity and reducing sedentary lifestyles in Sheffield¹⁰. One of the key aims of the Plan is to support the creation of active environments which make it easier for people to build physical activity into their daily lives. For example, the Streets Ahead project provides the City with the opportunity to build new road layouts within the existing road network, creating more cycle paths on roads and, where possible, shared walking and cycling paths¹¹. Signposting walking routes, with times taken to walk to the destination, which is often overestimated, rather than distances, would encourage more people to walk.

In response to the Department of Health's 'Get Britain Cycling' report, the Economic and Environmental Wellbeing Scrutiny and Policy Development Committee conducted a cycling inquiry earlier in the year to review the impact of cycling on the local economy, environment and health. The inquiry endorsed the aim of the Get Britain Cycling report, to increase the proportion of all local journeys undertaken by bicycle to 10% by 2025 and 25% by 2050¹¹, along with implementing a range of other measures to support an increase in cycling. This was then endorsed by Cabinet in July 2014¹².

Reducing speed limits on roads will also contribute to a modal shift away from car usage to more walking and cycling. Sheffield currently has seven 20 mph zones, and there is a commitment to increase

this number to 108 over time¹³. Whilst improved road safety alone justifies 20 mph limits, air pollution and traffic noise drop when speed is reduced and streets become more pleasant and attractive places. Increased use of shared public space contributes to an increase in social capital.

Recommendations

- The Council should develop and implement a programme of signposting walking routes with the time it takes to reach the destination.
- Sheffield people should consider traveling short distances on foot or by bicycle rather than by car, and sign up to 'Move More' at www.movemoreshffield.com.
- The Council should commit to increasing the number of 20 mph zones within the City as quickly as possible.

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3.3 Reducing meat consumption

Jess Wilson, Sheffield City Council

Why is this important?

The amount of meat we eat has risen significantly over the past few years. Meat production and transport is a major cause of greenhouse gas emissions, and excess meat consumption, particularly processed meat consumption, is bad for health. Changing our diet can therefore benefit both climate and health.

Current position

Global meat production is predicted to more than double between 2000 and 2050¹, driven in large part by economic growth and increasing population. For many people meat is now artificially cheap and plentiful due to agricultural subsidies. Where historically meat would have been regarded as a treat, it is now a staple part of many people's diet². In 2009 meat consumption in the UK was 84kg per person per year, compared to a worldwide average of 42kg³.

Meat production is a driver of deforestation and land use change which generates greenhouse gas emissions and destroys valuable carbon sinks and wildlife habitat⁴. It produces significantly more greenhouse gases than vegetable production. For example, producing beef releases 30 kg of CO₂ per kg, while carrots, potatoes and rice produce 0.42, 0.45 and 1.3 kg respectively⁵. 14.5% of greenhouse gas emissions can be attributed to livestock. Beef and milk production account for the majority of the sector's emissions, respectively contributing 41% and 20%, while pork contributes a further 9% and poultry and eggs 8%⁶.

Compared to growing crops for direct consumption, rearing animals for food uses large areas of agricultural land (30% of the world's land surface is used to feed livestock⁴) and vast quantities of water (almost 50 times more water is needed to produce 1 kg of beef than is needed to produce 1 kg of vegetables⁷). This creates both environmental and social justice arguments for eating less meat.

Over consumption of meat in the west is contributing to the obesity epidemic, whilst many people in the developing world experience drought and famine that could be alleviated if more food were grown for

human direct consumption. For example the grain that is currently grown to feed livestock would be enough to feed about 840 million people following a vegetarian diet⁸.

More than 10 times the amount of fossil fuel energy is used to produce 1 Kcal of meat based protein than is used to produce 1 Kcal of grain based protein⁹. Because of this, it is estimated that if everyone in the UK abstained from eating meat for just one day a week it would save 13 million tonnes of carbon per year – a greater saving than taking 5 million cars off the road⁶.

A diet that consisted of less meat, particularly processed meat, and less highly processed food would be more healthy and sustainable. This change should incorporate eating more fruit and vegetables, less fat, salt and sugar, and eating seasonal and locally produced (i.e. fresher) food². Switching to a healthier diet would lead to a reduction in cardiovascular disease, fewer cancers (especially bowel cancer) and in conjunction with being more physically active, contribute towards an overall reduction in obesity and premature mortality in the City¹⁰. Overall, diet in Sheffield is poor. Only 25% of Sheffield adults eat five or more portions of fruit or vegetables a day, lower than the national average of 28%. An estimated 580 deaths in Sheffield a year could be prevented if diets complied with national nutritional guidelines¹¹.

What can we do?

Whilst there is little evidence about how to effectively reduce meat consumption *per se*, the effectiveness of strategies to change eating habits is well reported^{12,13}. To reduce meat consumption we need to encourage individuals to *choose* to eat less meat by raising awareness of the health benefits, including lower risk of cancer, and environmental impact, and also influence the cultural norms that serve as barriers to behaviour change. Changing socially constructed ideas of what constitutes a 'normal' meal, for example the belief that it must contain meat in addition to vegetables and carbohydrates, will also be necessary¹⁴.

Social marketing and pricing mechanisms could be used to bring about change in meal choices by challenging conventions of sociable dining, or intervening in the form and content of meal routines. Local level interventions might include hospitals, schools and workplace canteens promoting meat free options, or excluding meat on some days each week. Any diet related work, such as teaching cooking skills, or weight management interventions, is an opportunity to promote meat free options.

Sheff Steak-Out is a city-wide campaign to encourage the citizens of Sheffield to adopt a meat-free day to help minimise the human impact on the environment. The campaign has a 5-point plan to help raise awareness of eating and living more sustainably through:

- Eating less meat
- Shopping locally and buying locally grown and sourced produce
- Growing your own, from herbs to veg to fruit
- Reducing reliance on ready meals
- Reducing waste by buying only what you need and saying no to excessive packaging

Ultimately, our aim is for people to have a better knowledge and understanding of the true value of food and the benefits for everyone when more sustainable choices are made.

Helen Davies, Sheff Steak-Out
Twitter @SheffSteakOut

Recommendations

- Sheffield City Council and local hospital Trusts should develop their food purchasing arrangements to reflect environmental and health factors, including reduced reliance on meat and dairy in menus.
- Sheffield people should consider reducing the amount of meat they eat by adopting at least one meat free day per week.

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3.4 Warmer homes

Chris Shaw, Robert Almond, Sheffield City Council

Why is this important?

In 2012 31% of total carbon emissions in England came from the domestic sector¹, most of which comes from heating of homes. At the same time fuel poverty, and cold damp housing, are significant causes of poor health. Homes that are better insulated are healthier, cheaper to heat (so reducing fuel poverty), and their heating involves lower carbon emissions.

Current position

The Government's 2011 Carbon Plan² was clear that, if we are to mitigate climate change and reach our target of cutting our greenhouse gas emissions by 80% by 2050, 'energy efficiency will have to increase dramatically across all sectors'.

It set out four possible scenarios for 2050, relative to 1990, which imply a per capita energy demand reduction of between 31% and 54%. 80% of the buildings which will be occupied in 2050 have already been built, so reliance on improved buildings standards for new-build homes is not enough. The rate of refurbishment and adaptation for the current stock has to accelerate.

Increasing summer temperatures will increase the risk of building overheating especially in UK cities, increasing the health risk associated with heat stress³.

Rising indoor temperatures increase mortality and morbidity from respiratory and cardiovascular diseases, an effect made worse by heat exhaustion and air pollution. High temperatures and strong sunlight lead to high levels of ozone and increased levels of aeroallergens, both damaging to health.

Fuel poverty and health impacts of under-heating

Although climate change predictions suggest an increase in average winter temperatures, they also point to greater extremes during periods of cold weather. Investment in house insulation and more efficient heating should lead to warmer homes and reduce excess seasonal mortality and morbidity.

However currently the greatest weather related health risk is that of illness due to cold weather, caused by a significant proportion of our housing stock being old and poorly insulated, and by high energy prices and low incomes. The adverse health consequences of overheating are not likely to exceed those

of cold in the foreseeable future, although this will be an increasing risk as heatwaves become more frequent and more intense.

Sheffield was already reducing emissions from domestic property between 1995 and 2005 through property adaptation and improvement, despite increasing demand for power for electrical appliances and higher indoor living temperatures, with a fall of 4% over that decade. (Average indoor temperatures have risen from 12C in 1970 to 18C in 2007.)⁴

Since then, domestic CO₂ emissions per capita have fallen faster, with a 20% drop, from 2.5 tonnes to 2.0 tonnes over the period 2005-12. This compares with a fall from 2.5 tonnes to 2.2 tonnes for England as a whole in the same period⁵.

The Council has invested in local initiatives that make the most of national funding programmes for energy efficiency upgrades in housing, such as the Decent Homes Programme for social housing and the Free Insulation Scheme. This ran from 2009-2012, and reached 80% of private sector properties in the city, generating savings of over 28,000 tonnes of carbon emissions per year.

This illustrates the positive outcomes from large scale domestic retrofit programmes for heating and insulation. The current council-endorsed Sheffield Heat & Save partnership offers discounted prices on heating and insulation, weighted towards the most vulnerable households, but national changes are affecting its impact.

The Sheffield Housing Company (SHC) is currently building 305 homes across 3 development sites in north and south Sheffield. Two key objectives for these developments are **environmental sustainability** and **future adaptability**. They respond to climate change and contribute to improved public health in a number of different ways: Each of the properties in this first phase achieves Code for Sustainable Homes level 3. The Code ensures that; the building fabric conforms to high energy efficiency standards, all white goods are designed for low water usage, the homes reduce energy demands and provide a healthier living environment by being orientated to maximise light and solar gain, and each home is a lifetime home which ensures generous space standards and flexibility for a good quality of life whatever your circumstances or needs. Cycle stores are provided for every property to make it easier to use healthier, more sustainable, methods of transport. 30% of the properties are fitted with rain water harvesting tanks, and 10% of their energy requirements will come from photovoltaic panels.

While advances have also been made in energy efficiency in the private rented sector, it lags behind other tenures. Furthermore, the private rented sector is growing, having doubled in the past ten years with one in five houses now privately rented. According to the Homes & Communities Agency⁷, the

average energy rating (Standard Assessment Procedure, SAP) in the social sector has risen from 47 to 57, while in the private sector it has risen from 41 to only 47.

What can we do?

It is important that the City continues to improve the thermal efficiency of the existing stock, on a targeted basis, aiming to maximise the impact of schemes designed primarily as ‘carbon reduction’ initiatives, on health.

There is a challenge in Sheffield to insulate older, typically solid-wall or hard to treat cavity wall, homes. Internal wall insulation (dry lining) of 6cm would typically reduce the u-value of a solid wall from 2.1 to 0.45. External cladding is also possible in many cases.

The average SAP rating for a council owned property in Sheffield now exceeds 70. There is already a target for the City under the Home Energy Conservation Act (1995) to raise the minimum rating of viable council housing to SAP 65 by 2023/24. This is the minimum SAP rating that will take a household out of fuel poverty.

Although improved thermal efficiency will reduce cold related illness and fuel costs, and may help the building to remain cool in hotter weather, it may also increase the risk of overheating during periods of hot weather as it can reduce heat loss from buildings. Ventilation must be maintained to avoid this, to prevent a rise in indoor air pollutants, and condensation, dampness and mould. Thermal insulation has been shown to have a considerable impact on indoor temperatures in London dwellings⁶. Combined retrofitting of roof insulation and window upgrades reduces daytime living-room temperatures during the warmest periods, while internal retrofitting of wall and floor insulation increased daytime living-room temperatures.

There is also an imminent opportunity within the domestic private rented sector. The Tenant’s Energy Efficiency Improvement Regulations will be in force by 1 April 2016, and will empower tenants in the sector to request consent for energy efficiency measures to be installed, that may not unreasonably be refused. We need to incentivise landlords to invest in the energy efficiency of their properties in line with the legislation.

Recommendations

- The Council's forthcoming fuel poverty strategy should include steps to increase the standards of insulation in the private rented sector, so that the average SAP for the sector is 65 by 2020, and the minimum SAP is 65 by 2025.
- Health and care professionals should systematically identify the people and properties most vulnerable to fuel poverty, and ensure that advice and assistance is available to them to address that.

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3.5 Strengthening the local economy and increasing social capital

Jeremy Wight, Chris Shaw and Chris Nield, Sheffield City Council

Why is this important?

Sheffield is part of a globalised economy that is dependent on cheap oil and ever increasing consumption of natural resources, both of which are major contributors to carbon emissions and climate change. Globalisation of the economy, and the increasing dominance of multinationals, has a tendency to lead to poorer working conditions, lower wages and increased inequality¹.

Socio-economic inequality is not only bad for the health of the less well off, but also the health of the better off¹. It leads to disconnection at local level, lack of connectedness and erosion of social capital. This leads to reduced levels of mental wellbeing and increased levels of physical illness.

Current position

Sheffield rightly has an ambition to be a 'Competitive City of European Significance'². There has been major international investment into the City, in particular into the advanced manufacturing park. We will shortly have one of the most advanced factories in the world within the City's boundaries³.

However the industrial and commercial sector generated 1.3Mt CO₂ in 2012, which though down from 1.8Mt CO₂ in 2005, still accounted for 41% of the City's emissions⁴.

Sheffield has not yet recovered from the global economic crisis of 2007-8, with unemployment, underemployment and poor quality employment still a significant social problem. This is undoubtedly a major driver for poor health, and lies behind the 8 year gap in life expectancy across the City, as well as the other aspects of health inequality⁵.

What can we do?

A city such as Sheffield cannot divorce itself from the global economy, and nor should it seek to. But we do need the economy to develop in a way that is good both for the climate and health. The Stern Review⁶ in 2006 argued that the economic costs of addressing climate change were significantly less than the cost of not doing so. Locally, the 'Mini-Stern Review' of the Sheffield City Region (SCR) looked at options for de-carbonising the economy⁷. It found that the SCR could reduce its carbon emissions by 16.5% by 2022 (compared to 1990) through investment in energy efficiency measures and small scale renewables. This would require investment of £7.8Bn, but generate annual savings (in energy bills) of

£1.02Bn, giving a payback time of 7.7 years, and annual savings for the lifetime of the measures. If external factors, including reduced consumption consequent on increased energy prices, and the decarbonisation of the national electricity supply are included, an overall drop of 44% could be achieved.

More recently, the New Climate Economy Report: *Better Growth, Better Climate*⁸ has argued that ‘countries at all levels of income now have the opportunity to build lasting economic growth at the same time as reducing the immense risks of climate change’, and set out a ten point plan to do so. The report recognises that cities are the engine of economic growth, but argues that the way they are developing has to change. Two particular recommendations that could have resonance for Sheffield are that there should be a substantial reduction in the capital cost of low carbon infrastructure investment, and that innovation in low-carbon and climate-resilient technologies should be scaled up. Sheffield should build on its cutting edge engineering capabilities to develop further the low carbon industries of the future, including carbon capture and storage. The low carbon sector group of the Local Enterprise Partnership (LEP) clearly has a potential role to play here.

Sheffield is leading the region on increasing uptake of low emission vehicles. We are working with businesses to provide subsidised electric vehicles and charging points, as well as establishing a network of public access points for rapid charging and fast charging of electric vehicles across South Yorkshire. Work is also underway on setting up infrastructure to use natural gas, bio-methane and hydrogen as a vehicle fuel. These alternative fuels produce less air pollution and carbon emissions, benefitting both the environment and health.

At the same time, we must make sure that the way the local economy develops is one that increases rather than undermines social capital, building on the ideas of the *Transition Towns* movement⁹. This places emphasis on small scale local projects in areas of food, transport, energy, and housing, among other things, as a means of shifting away from high energy, high carbon, climate damaging economies to ones that are more locally based, resilient, and nurturing of social capital and health. Sheffield’s ‘Successful Centres’ policy of promoting local shopping centres and encouraging independent traders contributes towards this. We should also question our overall consumerist lifestyles, not least since there is scant evidence that above a certain threshold increasing material wealth and consumption leads to greater wellbeing.

Recommendations

- Sheffield City Council and the Local Enterprise Partnership should work to implement the findings of the *Mini-Stern Review* and explore opportunities for low carbon infrastructure investment and the development of low carbon technologies.
- Sheffield City Council, working with voluntary sector and other organisations, should continue work to develop social capital in local communities.

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3.6 Developing a low carbon health and social care economy

Jeremy Wight, Sheffield City Council, and Tim Furness and Marion Sloan, NHS Sheffield CCG

Why is this important?

Health and social care comprises about 10% of the economy of the City, and just over 10% of the City's carbon emissions. Being responsible for the health and wellbeing of the City must mean not only preventing ill health and treating illness, but also striving to ensure that the way the health and social care system is managed and run, does as little damage as possible to the climate, and so to the health of people in the future.

Current position

The NHS Sustainable Development Unit has estimated that the carbon footprint of the NHS, public health and social care system in England was 32 mega tonnes of CO₂ equivalent (Mt CO₂e) in 2012¹. This suggests that the figure for Sheffield would be about 320 kilo tonnes of CO₂, just over 10% of the City's overall carbon footprint of 3.055 Mt CO₂e. Of this, approximately half is attributable to the activities of Sheffield Teaching Hospitals, though this has reduced significantly in recent years².

The NHS generates three quarters of the carbon footprint of the health and social care system, with social care generating 22% and public health activity the remaining 3%. However public health and social care services can help reduce the demand for NHS care, and therefore have an impact on the overall carbon footprint of the health and care system that is more than simply attributable to their own activities.

57% of the health and social care system's carbon footprint is attributable to embedded carbon in goods and services procured, including 16% to pharmaceuticals and 9% to medical instruments. 15% of the overall footprint is attributable to building energy use and services commissioned from outside the public sector, and 13% due to travel. Applying these national proportions to Sheffield would suggest that pharmaceuticals account for 51Kt CO₂e, medical instruments 29Kt CO₂e, building energy use 48Kt CO₂e and travel 42Kt CO₂e. (All figures are annual)

Overall, the health and social care system accounts for approximately 40% of the public sector's carbon footprint. NHS Trusts are actively encouraged by the NHS nationally to reduce carbon usage and have

set targets to do so. The joint incentive of protecting the environment and reducing expenditure means that organisations are committed to achieving their targets.

What can we do?

The health and social care system is clearly a significant contributor to carbon emissions overall, and any reduction will contribute to the necessary reduction in overall carbon emissions. There are a number of ways in which this can be done that would lead to better health.

First, any activity that reduces the demand for health and social care, whether this is in the form of health improvement programmes or changes to care pathways, will reduce activity and hence CO₂ emissions. It will also save money. Clearly the overall impact on CO₂ emissions will depend on how any resources that are released, are redeployed. The nett effect will clearly be different if the same overall resource is used on preventive activity that is overall less carbon intensive, as compared to changing care pathways in a way that reduces activity and saves money, but then allows that money to then be reinvested in alternative health care which is more carbon intensive.

Secondly, increased efficiency of management and business processes is likely to lead to both reduced cost and reduced carbon emissions. For example, greater efficiency of building energy use, e.g. through insulation, or better heating systems, will save both money and carbon. Again, the overall carbon footprint of the health and social care system will depend on how any saved resources are used. Increased efficiency can also include a reduction in travel and transport where it is possible to do this without compromising clinical outcomes, through for example care pathway redesign.

Thirdly, substitution, innovation and adoption of new technologies can help increase efficiency and reduce cost and carbon emissions. For example the use of new technologies in telecare and telehealth should reduce the need for travel, and may be expected to improve clinical outcomes overall. It has to be said, however, that the empirical evidence on this is not very strong to date.

Fourthly, there are changes in behaviour among staff, patients and clients which could improve both their health and reduce carbon emissions. In particular a move towards active travel or public transport, rather than the use of private motorised transport, and reduction in the consumption of meat and animal products. These are dealt with elsewhere in this report.

What needs to happen next?

The Climate Change Act of 2008 requires a reduction in carbon emissions of 80% by 2050 based on a 1990 base line, with reductions of 34% by 2020 and 50% by 2025. The carbon footprint of the health and social care system in England in 1990 was 35Mt CO₂e, so the 2012 figure of 32Mt CO₂e represents a fall of less than 9%. Significant further reductions, of the order of a further 28% of the 2012 figure, will be required if the 2020 targets are to be met. This will require concerted actions by all commissioners and providers within the health and social care system in the City.

Actions should include the following.

First, there needs to be an explicit recognition, at the highest level, that further significant step changes in the way that health and social care is planned, commissioned for, and delivered, will be necessary in order to achieve further significant reductions in carbon dioxide emissions. The Health and Wellbeing Board should take a lead on this, but it will require clinicians and practitioners throughout the health and social care system to change what they do.

Secondly, the principles of sustainable development should be considered throughout the commissioning cycle and procurement process. This would mean that considerations for sustainability were given equal weight to financial and clinical considerations in commissioning policy. This shift of emphasis then needs to be built into the monitoring and evaluation of services.

Thirdly, health and social care providers need to be encouraged further to consider carbon hot spots (those elements of the health and social care system that are accountable for particularly high levels of carbon emissions) in their businesses. Health and social care providers also need to adopt a whole lifecycle and responsible sourcing approach to the procurements of goods. This should include the 4 steps in the “procuring for carbon reduction hierarchy of interventions” approach, namely reducing demand, increasing efficiency, substitution and innovation, and supply chain management.

Finally, leaders of the health and social care system in the City have a duty to be exemplars of sustainable behaviour. General Practitioners in particular are visible members of the community, and their adoption of active travel, public transport, and other low carbon work-styles could be influential.

Adopting these approaches do not guarantee that the necessary reduction in the carbon footprint of the

health and social care system will be achieved, but without taking them it is highly unlikely that significant progress will be made.

The Yorkshire Ambulance Service (YAS) has been leading the nation's ambulance services on a carbon reduction strategy. YAS established the Green Environmental Ambulance Network (GrEAN) in 2011 with the aim of bringing together the 13 UK ambulance services to deliver cost savings and carbon reductions that result in improved patient care. The network encompasses fleet, estates, ancillary services, finance, procurement as well as paramedics and other staff. Overall its aims are to:

- Raise awareness of carbon consumption
- Reduce the impact of the ambulance service on air emissions, carbon emissions and public spending
- Share information on trials being carried out across the country
- Quantify the amount of money and carbon that can be saved through the carbon management and reduction programme
- Improve ambulance fuel economy and aerodynamics
- Network effectively to reduce the carbon footprint of the British ambulance services
- Save money through carbon reduction

For more information see: - <http://aace.org.uk/implement-a-carbon-management-programme-in-your-organisation-with-green/>

Recommendations

- The Health and Wellbeing Board, and Sheffield's NHS Foundation Trusts, should adopt an explicit sustainability policy aimed at ensuring that Sheffield meets its carbon reduction obligations by 2020. This should be underpinned by the adoption of a sustainability manifesto for the health and social care system in the City.
- The Health and Wellbeing Board should give urgent consideration to the ways in which the implications for carbon emissions of different approaches to the delivery of health and social care in the City can be evaluated. A system of carbon accounting needs to be developed.

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3.7 Preparing for extreme weather events

Ruth Granger, Sheffield City Council, and Peter Whitwam, Rotherham Borough Council

Why is this important?

A first step to adaptation to future climate change has to be to reduce the vulnerability and exposure of populations to the climate variability that they are already experiencing.

Current position

In the UK, the most significant early impacts of climate change are likely to be increases in the frequency and severity of extreme weather events¹. An extreme event can be defined as any weather event or hazard which has the potential to adversely impact on human health. This can include drought, heatwaves or cold weather, storm events, flooding, earthquakes and volcanic ash release. Climate change will be a factor in the severity, timing or frequency of extreme weather events. Summer temperatures are projected to increase, with more frequent hot spells, which could be exacerbated by heat island effects. Whilst winter temperatures are also projected to increase, there will still be cold spells, and winter rainfall will increase, as will the number of storms and floods.

Public Health England have calculated that since 2002-03 there have been on average 26,500 excess winter deaths a year in England, with the UK having approximately twice the rate of excess deaths compared to some colder countries such as Finland². This will have included excess winter deaths in Sheffield. The 2003 heatwave caused excess deaths (extra deaths that would otherwise have not occurred) across Europe, including approximately 2000 excess deaths in England. Urban areas like Sheffield are more likely to feel the effects of heatwaves due to the density of buildings.

Floods cause substantial harm to property, business and livelihoods, as we are well aware in the City. Two people died in the Sheffield floods of 2007, and the social and well being impacts were significant¹. All groups are affected, but the negative effects tend to fall disproportionately on the most vulnerable and disadvantaged in society. Disadvantaged groups also have fewer resources to be able to protect themselves against the effects of extreme weather and to recover from extreme weather events^{3,4}. Our population is ageing and therefore is becoming more susceptible to both heat and cold related events.

What can we do?

First, we need to help our communities to become more resilient to climate change. This will require both physical adaptive measures as well as steps to increase the social capital and resilience of communities themselves. Physical measures include works such as river channel clearance to reduce the risk of floods, and increasing sustainable urban drainage. Green spaces and water features help to reduce high temperatures in urban areas, and provide cooling in summer. Sheffield City Council has recently been successful in securing funding for further flood defence schemes in the Lower Don Valley and elsewhere.

As part of its Flood Risk Management Strategy (2013) the Council has successfully registered 6 schemes for Government flood grant in aid funds for the period 2014 to 2021. This programme aims to improve the standard of flood protection to around 6,000 households and 2,000 commercial properties as well as providing capacity to support the building of thousands of homes across the City over the coming years. The schemes seek to address flooding from the City's main rivers including the River Sheaf and River Don – the source of devastating flooding in 2007. A Lower Don Valley Flood Protection scheme is scheduled to begin construction in late 2014 with further schemes being planned for the Upper Don towards Stocksbridge and the Sheaf catchment including the Porter Brook. A sustainable drainage scheme will also support new house building in the Manor and a flood protection scheme for the Upper Blackburn Brook. The programme will also provide opportunities to regenerate riverside locations and deliver wider environmental benefits through habitat creation and improved water quality.

We also need to take steps to protect people, in particular the vulnerable, from overheating. Currently one fifth of homes in England could experience overheating even in a cool summer. 90% of hospital wards are vulnerable to overheating. Cost effective cooling of existing homes is possible, and passive cooling should be built into new homes⁵.

Social measures should include steps to increase social capital, thus ensuring that people, families and communities have a suitable level of mental and physical health, wellbeing and connectedness to be resilient to sudden and disruptive events. Individuals and communities can be equipped with the skills and tools to help them to help themselves and others, particularly the most vulnerable people in the community. This could be developed through the *Community Wellbeing Programme* and provided by local voluntary and community sector organisations.

The national Cold Weather⁶ and Heatwave Plans⁷ are helpful frameworks for action by public sector

organisations during extreme weather. These are implemented in Sheffield by local organisations. These plans include using alerts from the Meteorological Office to determine when to cascade information to staff about anticipated cold weather or heatwave events. However there are some concerns that current measures to prevent flooding and reduce the health risks from overheating do not appear to be keeping pace with the growing risks from climate change.

Public sector organisations have emergency planning arrangements in place to respond to hazards including those that arise as a result of climate change. The Civil Contingencies Act provides a strong framework for emergency preparedness. Organisations in Sheffield have responsibilities under the Civil Contingencies Act to prepare and respond to emergencies including those caused by extreme weather events. In addition the Council's Major Incident Plan, which documents how the organisation will respond to any emergency, includes specific plans on responding to extreme weather incidents such as flooding. However we need to improve the way we help communities to prepare themselves for extreme weather emergencies, for example by encouraging households to sign up to alerts about weather warnings including floods.

Local Health Resilience Partnerships (LHRPs) have been established to oversee the health service's plans for emergency preparedness. The LHRP has a key role to ensure that climate resilience is embedded in the health and social care system. It must also lead the health sector's contribution to wider multi-agency planning for extreme weather events undertaken by the Local Resilience Forum.

Recommendations:

- The Health and Wellbeing Board should consider how to enforce and report on actions set out in the Heatwave Plan for health and social care facilities such as care homes before next summer.
- All organisations should promote uptake of The Environment Agency's 'Floodline Warnings Direct' service <https://fwd.environment-agency.gov.uk/app/olr/home> for local residents and businesses to help preparedness for flooding. This could be promoted by providing a link to sign up for the alerts on organisations internet sites.
- The Local Health Resilience Partnership (LHRP), and Local Resilience Forum (LRF), should audit local organisations' plans for dealing with the health consequences of severe weather events, and ensure that they are adequate.

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3.8 Designing healthy urban spaces and places

Louise Brewins and Jeremy Wight, Sheffield City Council

Why is this important?

The design of our urban environment has a critical role to play in helping the people of Sheffield to adopt lifestyles that are both healthier and have a lower carbon footprint, both as a result of that behaviour change as well as through more carbon efficient infrastructure. By improving the quality of our urban environment we can help to deliver a greener, stronger and healthier Sheffield. Our City needs to become a place that is not only resilient to the adverse effects of climate change, but also one that encourages behaviour that improves health and the environment. We need to develop and strengthen the City's 'green infrastructure' by ensuring that the design and development of land, open spaces, water and public buildings in Sheffield contributes directly to reducing CO₂ emissions, increases resilience to extreme weather effects and promotes healthier places in which to live and work.

Current position

The European Commission defines green infrastructure as 'the use of ecosystems, green spaces and water in strategic land use planning to deliver environmental and quality of life benefits. It includes parks, open spaces, playing fields, woodlands, wetlands, road verges, allotments and private gardens. Green infrastructure can contribute to climate change mitigation and adaptation, natural disaster risk mitigation, protection against flooding and erosion as well as biodiversity conservation.'¹

The Green Infrastructure Strategy for South Yorkshire (2011) shows that the green capital of South Yorkshire (i.e. natural assets and resources) has the potential to become one of the strongest and most distinctive features of the area, but it is currently falling short of reaching this potential². Key gaps in policy and provision could be acting as barriers to future development. Two major aspects of development include de-centralised energy generation and sustainable urban drainage systems.

What can we do?

In the UK, and in Sheffield, our energy systems are largely centralised and reliant on imported fossil fuels. We want to be the first decentralised energy city in the UK, to be self-sufficient in energy, derived

from low carbon sources, and to offset all emissions³. The City is recognised as a leader in the field of decentralised energy, as a result of its well established city centre district energy network connected to the Energy Recovery Facility at Bernard Road, and the numerous smaller scale community heating schemes across the City. Nevertheless we also need to encourage other renewable energy systems, whether these are at the domestic or larger scale, and the work of organisations such as *Sheffield Renewables*. Planning policies should facilitate this.

Modern cities struggle to cope with heavy rainfall, which can lead to serious flooding. Most rainwater that is diverted into our drains does so as a result of the amount of paving and hard surfaces in the area. Our sewers are not large enough to cope with the amount of water that runs off our roofs. Sustainable urban drainage systems (SUDs) offer an alternative to traditional underground drains that will alleviate pressure on the existing drainage system and reduce flash flooding. Measures include controlling rainwater at source (through installing water butts in gardens, increasing the number of homes and buildings with green roofs, and using permeable paving), building infiltration trenches, filter drains, swales and basins and creating more ponds and wetlands. The planting of more trees and shrubs in the City could be part of sustainable urban drainage systems and reduce heat island effects⁴. They can also attract wildlife and contribute to recreational green space, thus benefitting physical and mental health^{5,6}.

As discussed elsewhere in this report, a major shift from motorised transport to active travel, and from private cars to public transport, could both reduce greenhouse gas emissions (and other forms of air pollution) and improve health. Our planning policies should therefore prioritise public transport over private car use, and walking and cycling over both.

Sharrow primary school is an excellent example of a small project on a single public building that was designed to have maximum environmental and community benefits. A key feature is the School's green roof which helps to alleviate extreme rainfall, humidity, noise, pollution and to provide insulation. The roof was designed to be multi-functioning, requiring low input, no artificial fertiliser or irrigation, to use locally sourced re-cycled materials, create a garden and be resilient to the local climate. The roof was declared a local nature reserve in 2009.

Recommendations

There are many actions we can and should be taking to promote a greener, healthier and resilient environment for Sheffield residents to live and work in, but in particular:

- The Council should ensure that health issues are built into local development and regeneration plans and integrate adaptation principles into the local planning framework.

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4 Recommendations

Each year the DPH report makes recommendations about improving the health of the local population and directs these recommendations towards particular organisations or groups. In this chapter we begin by looking at the progress made against the recommendations in the previous DPH report (2013). This is followed by a list of the recommendations made in the individual sections of this year's report (2014).

4.1 Progress on 2013 Recommendations

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	The Council should:	Progress
1	use proposals developed as part of the <i>Fulfilling Lives: A Better Start</i> bid to inform focussed investment in evidence based prevention and early intervention in the early years.	<p>SCC's Early Years Strategy (now named Sheffield's Best Start strategy), sets out plans city-wide to transform early years' services in alignment with the Best Start Sheffield principles.</p> <p>Key to the Best Start Strategy is an expanded, integrated model of universal and targeted prevention and early help which is being delivered through Best Start teams, wrapped around Children's Centres. The model involves community based voluntary and paid staff and seeks to deliver excellence in the Healthy Child Programme, including providing the foundations for effective early learning.</p> <p>A new Best Start volunteer programme will also be commissioned, expanding and integrating existing arrangements alongside peer support. The model will include baseline training, co-ordinated support for volunteers and for specialist activities. It will provide a structured pathway for volunteers to help build their experience and skills, and assist volunteering in early years' settings to establish a solid foundation and achieve maximum outcomes.</p>
2	ensure the Children and Young People's Joint Commissioning Group leads the redesign and	Comprehensive Emotional Wellbeing and Mental Health – Health Needs Assessment completed and universal prevention pilot completed at Park Academy. This pilot has been extensively evaluated and has resulted in approval to go ahead with the procurement of an extension to support work across 3 further families of schools, linking with MAST and the citywide targeted counselling resource in Community Youth Teams.

	commissioning of a universal prevention and early intervention emotional wellbeing and mental health service	
3	ensure all its portfolios provide appropriate representation at the Sexual Health Planning and Commissioning Group, and contribute towards the development of a citywide sexual health commissioning strategy	Work has been underway to develop the Sexual Health Integration Board to ensure representation from relevant providers and commissioners of sexual health services. A sexual health clinical advisory group has also been established and a review of the Sheffield Sexual Health Service is currently underway. This external peer review includes scrutiny of current reporting and governance arrangements and is expected to make recommendations about the future development of a broader sexual health commissioning group. The report will be finalised during October 2014.
4	systematically prioritise initiatives to encourage Sheffield people to 'Move More', making being physically active the norm by building physical activity into their daily life.	<p>The Move More Board, (a partnership of VCF groups, statutory organisations, individuals and professionals) has now been established, and an officer appointed in May 2014 with responsibility for facilitating the implementation of the Move More plan. The plan will create a culture change in physical activity over the next five years. It has six outcomes, giving a holistic approach to increasing and building physical activity into daily life.</p> <ul style="list-style-type: none"> • Empowered Communities • Active Environments • Active People and Families • Activity as Medicine • Active Schools and Active Pupils • Active Workplaces and Active Workforce. <p>Work is being progressed in each of the areas with significant engagement being made in some areas already. As part of the Tour de France Legacy, Sheffield City Council has entered into partnership with British Cycling, thus increasing opportunities for Sheffield residents to join organised cycle rides throughout the year. The partnership also saw Sheffield hold its first mass participation bike ride in 2014 which was attended by 2,000 people. For further information on Move More please visit www.movemoresheffield.com</p>

5	fully support a citywide programme to reduce the availability and supply of illicit tobacco, which will include targeted enforcement action by Trading Standards.	A programme to reduce availability and supply of illegal tobacco is a key part of the citywide strategic ambition to reduce smoking prevalence amongst adults; children aged 15 years of age and pregnant women. An action plan outlining key actions to reduce the availability and supply of illegal tobacco 2012-15 is in place. Progress is monitored twice yearly via the citywide Tobacco Control Programme Accountable Board. Key actions included in the plan are; (i) Developing partnerships and engagement, strategic and tactical with local and regional agencies, (ii) engaging health and community workers to raise awareness of the programme, (iii) generating and sharing intelligence to identify the extent of illegal tobacco use within the City and (iv) marketing and communications. In addition a small team of Tobacco and Alcohol Enforcement Officers are based in Sheffield City Council Trading Standards Team.
6	use the Care Homes Well Being Needs Assessment, to inform commissioning priorities for people who live in care homes.	<p>A recommendation that has been taken forward from the Needs Assessment in 2013 is the Care Homes Settings Approach. Residential care homes for older people have been asked to choose activities to support residents with dementia, residents at risk of falls or new residents. This is a practical, 'plan-do-review' approach and at a meeting in September 2014 nine care homes signed up for a pilot period until March 2015. The following steps are being taken forward:</p> <ul style="list-style-type: none"> • The Settings Approach is being led by the Care Home Activities Group • Care Homes will use their existing qualitative and quantitative data that they feel is relevant to the wellbeing of their residents. Capturing this data will enable the Activities Group to decide which wellbeing priority is the most pertinent to the care home at this time. <p>The purpose of the 'REVIEW' phase is to:</p> <ul style="list-style-type: none"> • evaluate achievement of outcomes; • review, share and celebrate improvements in residents wellbeing; • and review care home's provision for residents' wellbeing. <p>Care Homes will look back at their action plans and assess what outcomes were achieved. They should also consider what they have learnt from the process. This pilot will contribute to adult social care commissioning by working in partnership with Providers to understand market decisions and input into key strategic decisions to make sure older people in residential care get the best on offer.</p>
7	seek to enhance the	SCC developed a social model of public health recognising the wider determinants of health and the need to

<p>resilience and social capital of the most deprived communities in Sheffield by:</p> <ul style="list-style-type: none"> • using the skills and experience of the Healthy Communities staff in the new locality model • increasing the capacity of lay workers and volunteers, by working in collaboration with the Voluntary, Community and Faith sector • enhancing the ability of mainstream services to promote community resilience through developing their public health skills. 	<p>develop social capital to address health inequalities.</p> <p>The Community Wellbeing Programme (CWP), previously known as the Healthy Communities Programme, will have a greater focus on social capital. This programme aims to challenge health inequalities by working with voluntary sector Providers in neighbourhoods and with communities who experience the poorest health. The Public Health team will continue to work closely with appropriate Council staff, including Locality, Library and Housing teams. The team will further develop links between local communities and the NHS, particularly with regard to the Integrated Health and Social Care agenda.</p> <p>The Sheffield 'Communities Got Talent' conference was widely recognised as being very successful in demonstrating the value of using an asset based approach. It was attended by over 180 delegates including national and local speakers and presentations from GPs and local people.</p> <p>The CWP supports delivery of the Health Trainers and Health Champions programmes. Evaluation reports indicate increased confidence, self- esteem and motivation for individuals involved; these factors are the foundation for improving health and building community resilience.</p> <p>Progress with regard to increasing the capacity of lay workers and volunteers in specific programmers includes:</p> <ul style="list-style-type: none"> • The Health Trainers Programme has extended to cover additional areas gaining national recognition. This is mainly funded through the CCG, • Practice Champions were successfully introduced as a new development from the existing Health Champions' project. This lottery funded project is as a partnership between a VCF Provider and 4 GP Practices, • The Community Health Champions provided by Sheffield Cubed and funded through the Public Health grant. This successful approach continues to act as a good model for other volunteer health initiatives. <p>Community resilience has been promoted:</p> <ul style="list-style-type: none"> • by enhancing the public health skills of front line staff delivering mainstream services in Housing and Social Care, • through the creation of a Public Health Learning and Development post to support the development of public health skills across the council, • from securing additional resources through the STH charitable trust, in conjunction with SCHARR and CLAHRC, to develop the role of frontline staff and Make Every Contact Count. • through the Community Development and Health course which now offers a range of training opportunities to build community resilience. A comprehensive study of the Social Return on Investment has illustrated the benefits of this course
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8	through the implementation of the Health and Wellbeing Strategy work programme, <i>Building mental wellbeing and emotional resilience</i> , invest in public mental health, and instigate a renewed approach to improving mental wellbeing in the City.	The programme working group has begun to meet, with lots of interest and commitment from partners. An action plan will follow, aiming to raise awareness of the 5 ways to wellbeing: Connect; Give; Be active; Take notice; Keep learning ; and to maximise opportunities to influence individual wellbeing and community resilience. While delivering a programme for the Joint Health and Wellbeing Strategy, this work will be overseen and supported by the Mental Health Partnership Board.
9	use its outreach to raise awareness of, and promote, schemes such as the Fixed Penalty Notice Waiver, and ensure that all parts of the organisation that have an influence on alcohol consumption and related harm.	In 2013/14 224 individuals successfully completed an alcohol assessment, brief advice and education session, following being issued with a fixed penalty notice as part of a local waiver scheme; this was an 87% completion rate. 1,327 individuals received Identification and Brief Advice through assertive outreach. 2,025 individuals received an alcohol triage assessment through the Single Entry and Assessment Point for access to community alcohol services. 1,810 treatment places were used in 2013/14: 680 individuals took up the offer of extended brief interventions (3-12 sessions of 'talking treatment'); 473 individuals took up the offer of psychosocial interventions (6-12 sessions of 'talking treatment'); and 657 individuals received a medical prescribing intervention in the community. 55 offenders, where alcohol was implicated in their offending, successfully completed a community sentence (Alcohol Treatment Requirement).
10	increase employment opportunities by removing health barriers, especially for those affected by mental health conditions and where appropriate, for the same group, seek to develop employment as a way out of poor health.	Secured £175,000 to deliver £400k pilot project with SCC Learning and Skills team, Job Centre Plus and GPs in North Sheffield to increase employment rates of residents on Employment Support Allowance with a mental health condition. Specification agreed, currently out to tender and due to commence October /November 2014 for two years Currently reviewing supported employment provision across the City and Adult Social Care, the CCG and VCF sector. Initial review completed. Consultation planned in partnership with Adult Social Care in October /November 2014. Pathway to be designed by December 2014 and the Commissioning Strategy by Spring 2015. Revised provision in place late summer 2015.

		“Employer of Choice’ award being developed as part of our Fairness Commission delivery. The Award criteria will include provision for employees with disabilities or Mental Health conditions. Launch due Autumn 2014.
11	<p>contribute towards improved uptake of the Health Check through:</p> <ul style="list-style-type: none"> • encouraging employees to take up their Health Check • using contracting mechanisms to ensure Council contractors are encouraged to support their employees to take up their Health Check invite • using existing outreach into disadvantaged communities to encourage the uptake of Health Check 	<p>Health checks have been included in the CCG’s ‘basket of services’ to ensure universal coverage of all GP practices across Sheffield. Practices serving the most disadvantaged communities have been offered additional support in setting up and running the health check programme. There are current discussions at the SCC Employee Health and Wellbeing Steering Group about how health checks can be offered to employees in the workplace.</p>

4.2 Recommendations for 2014

1. The Council should develop and implement a programme of signposting walking routes with the time it takes to reach the destination.
2. Sheffield people should consider traveling short distances on foot or by bicycle rather than by car, and sign up to 'Move More' at www.movemoreshffield.com.
3. The Council should commit to increasing the number of 20 mph zones within the City as quickly as possible.
4. Sheffield City Council and local hospital Trusts should develop their food purchasing arrangements to reflect environmental and health factors, including reduced reliance on meat and dairy in menus.
5. Sheffield people should consider reducing the amount of meat they eat by adopting at least one meat free day per week.
6. The Council's forthcoming fuel poverty strategy should include steps to increase the standards of insulation in the private rented sector, so that the average SAP for the sector is 65 by 2020, and the minimum SAP is 65 by 2025.
7. Health and care professionals should systematically identify the people and properties most vulnerable to fuel poverty, and ensure that advice and assistance is available to them to address that.
8. Sheffield City Council and the Local Enterprise Partnership should work to implement the findings of the *Mini-Stern Review* and explore opportunities for low carbon infrastructure investment and the development of low carbon technologies.
9. Sheffield City Council, working with voluntary sector and other organisations, should continue work to develop social capital in local communities.

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10. The Health and Wellbeing Board, and Sheffield's NHS Foundation Trusts, should adopt an explicit sustainability policy aimed at ensuring that Sheffield meets its carbon reduction obligations by 2020. This should be underpinned by the adoption of a sustainability manifesto for the health and social care system in the City.
 11. The Health and Wellbeing Board, should give urgent consideration to the ways in which the implications for carbon emissions of different approaches to the delivery of health and social care in the City can be evaluated. A system of carbon accounting needs to be developed.
 12. The Health and Wellbeing Board should consider how to enforce and report on actions set out in the Heatwave Plan for health and social care facilities such as care homes before next summer.
 13. All organisations should promote uptake of The Environment Agency's 'Floodline Warnings Direct' service <https://fwd.environment-agency.gov.uk/app/olr/home> for local residents and businesses to help preparedness for flooding. This could be promoted by providing a link to sign up for the alerts on organisations internet sites.
 14. The Local Health Resilience Partnership (LHRP), and Local Resilience Forum (LRF), should audit local organisations' plans for dealing with the health consequences of severe weather events, and ensure that they are adequate.
 15. The Council should ensure that health issues are built into local development and regeneration plans and integrating adaptation principles into the local planning framework.

5 Glossary

Adaptation (Climate change)	Any change made to natural or human systems in response to climatic changes which reduces risks or exploits beneficial opportunities.
Aeroallergens	Any airborne substance, such as pollen or spores, which triggers an allergic reaction (e.g. hay fever).
Arthropods	An invertebrate animal having an external skeleton, a segmented body, and jointed appendages. Arthropods include insects, spiders, and crustaceans.
Biodiversity	The degree of variation of life.
Carbon accounting	The processes used to "measure" amounts of carbon dioxide equivalents emitted by organisations or systems of organisations.
Carbon capture (and storage)	The process of capturing waste carbon dioxide from large sources, such as fossil fuel power plants, transporting it to a storage site, and depositing it where it will not enter the atmosphere, normally underground.
Carbon footprint	The "total" amount of greenhouse gas emissions caused by an organisation, event, product or person.
Carbon sink	A natural or artificial reservoir that accumulates and stores some carbon-containing chemical compound for an indefinite period.
Cryptosporidiosis	A parasitic disease that affects the intestines and is typically an acute short-term infection that is often spread through contaminated water.
Deforestation	Removal of a forest or stand of trees where the land is thereafter converted to a non-forest use. Examples include conversion of forestland to farms or for housing.
Fossil fuels	Energy sources formed by natural processes such as decomposition of buried dead organisms. They contain high percentages of carbon and include coal, petroleum, and natural gas.
Global warming	The observed rise in the average temperature of the Earth's climate system.
Greenhouse gas	A gas in the atmosphere that absorbs and emits radiation within the thermal infrared range. The main greenhouse gases in the Earth's atmosphere are water vapor, carbon dioxide, methane, nitrous oxide, and ozone. Greenhouse gases greatly affect the temperature of the Earth.
Infiltration trenches	A shallow, excavated ditch that has been filled with rubble or stone to create an underground reservoir.
Legionnaire's disease	A serious lung infection caused by legionella bacteria. The bacteria are commonly found in sources of water, such as rivers and lakes. However, they can rapidly multiply if they find their way into artificial water supply systems such as air conditioning systems.
Leptospirosis	A type of bacterial infection spread by soil or water contaminated with the urine of animals (commonly rodents). In its most severe form, leptospirosis is also known as Weil's disease.

Lyme disease	A bacterial infection spread to humans by infected ticks. Ticks are tiny arachnids found in woodland areas that feed on the blood of mammals, including humans.
Mitigation (Climate change)	Strategies to reduce or prevent human induced emission of greenhouse gases and enhance carbon sinks (e.g. new technologies, renewable energy, changing consumer behaviour)
Passive cooling	Building design approach that focuses on heat gain control and heat dissipation in a building in order to improve the indoor thermal comfort with low or nil energy consumption.
Pathogens	In the broadest sense a pathogen is anything that can produce disease. Typically the term is used to mean infectious agents such as bacteria or viruses.
Permafrost	Soil at or below the freezing point of water for two or more years and mostly located in high latitudes such as land close to the North and South poles.
Resilience	An individual's or community's ability to properly adapt to stress and adversity.
Salmonella	A group of bacteria that can cause food poisoning. Foods such as eggs, chicken, pork and dairy produce can carry salmonellas. Fruit and vegetables can also become contaminated if they have been in contact with livestock, manure or untreated water.
Social capital	The pattern and intensity of networks of people and the shared norms, values and understandings that arise from and facilitate co-operation within and among those networks.
Standard assessment procedure (SAP)	The methodology developed by the Building Research Establishment in 1992 to assess and compare the energy and environmental performance of dwellings. The SAP quantifies a dwelling's performance in terms of energy use per unit floor area, a fuel-cost-based energy efficiency rating and emissions of CO ₂ . The higher the SAP rating the better.
Sustainable urban drainage system	A sequence of management practices and control structures designed to drain surface water in a more sustainable fashion than some conventional techniques.
Swales and basins	Swales are grassed depressions which lead surface water runoff from the drained surface to a storage or discharge system, such as a basin, typically using the green space that may run alongside a road or development. A basin is a dry or wet pond designed to attenuate storm water runoff for a few hours and to allow the settlement of solids.
Telehealth and telecare	Technology such as personal alarms and health-monitoring devices used to help people live more independently at home. They help to reduce the number of regular visits someone may need to make to the GP or hospital.
Thermal efficiency	How well a device, such as a boiler or refrigerator, converts energy into heat.
U-Value	A measure of heat loss in a building element such as a wall, floor or roof. A low U value usually indicates high levels of insulation.

Urban heat islands	A metropolitan area that is significantly warmer than its surrounding rural areas due to human activities. The main cause of the urban heat island effect is from the modification of land surfaces, which use materials that effectively store short-wave radiation.
Verocytotoxin producing E-Coli (VTEC)	A group of bacteria that cause infectious gastroenteritis. The main source for VTEC is cattle and other ruminants. Transmission to humans occurs through consumption of contaminated food or water, or exposure to a contaminated environment involving direct or indirect contact with animals or their faeces.
Wetlands	Land area that is saturated with water, either permanently or seasonally, such that it takes on the characteristics of a distinct ecosystem. Main types include swamps, marshes, bogs and fens.

More information

This report can be downloaded from:

<https://www.sheffield.gov.uk/caresupport/health/director-of-public-health-report-2014.html> (Full Report of the Director of Public Health for 2014)

A summary version of this report can be downloaded from the same website.

Your Views

We are keen to hear your views on this report. If you would like to make any comments, please contact the Director of Public Health:

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DIRECTOR OF
PUBLIC HEALTH
REPORT FOR
SHEFFIELD
2014



Climate Change and Health

DIRECTOR OF PUBLIC HEALTH REPORT FOR SHEFFIELD 2014

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THE BIGGEST PUBLIC HEALTH CHALLENGE.



1 Introduction

Why climate change is the biggest public health challenge of the 21st century.

Climate change is the defining public health issue of this century. In this report I hope to show you why, how it may affect Sheffield, and what we can do, and already are doing about it.

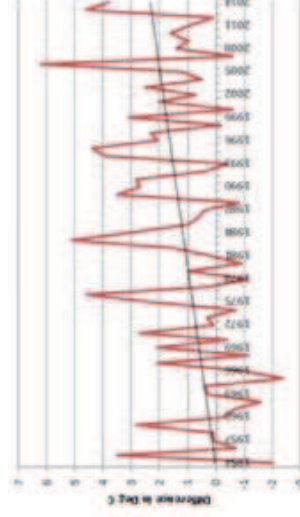
In the medium to long term, climate change is significantly more threatening to public health than any of the other problems we spend our time dealing with. Although smoking, physical inactivity, alcohol and so on are all major public health issues that we have to address, they are not universal in their impact, and they do not threaten the fundamentals of human society. We quite rightly spend a lot of time and energy seeking to ensure the Best Start for our children, and ensuring they are safe, but if we do not tackle climate change effectively, their future will be very bleak. There are however links between present public health problems and the kind of steps we have to take to tackle climate change. Many of the things we need to do to reduce greenhouse gas emissions will benefit our health in the short term, too. We describe some of those things.

Climate change is caused by global warming, which in turn is caused by the accumulation of greenhouse gases in the atmosphere. Chief amongst these is carbon dioxide (CO₂) released by the burning of fossil fuels, but other gases also contribute. Average global temperatures have risen by about 0.5 degrees centigrade (°C) in the last 50 years, and by 0.8°C from pre-industrial times. Each of the last three decades has been hotter than the previous one, by about 0.2°C. The Intergovernmental Panel on Climate Change (IPCC) says it is virtually certain that human influence has warmed the global

climate system, and extremely likely that more than half of the observed increase in global temperature is related to human activity. Global warming changes the climate in a number of different ways. As well as increasing average temperatures, it increases the frequency and severity of heatwaves. Warmer air carries more water vapour, so global warming increases rainfall, particularly in storms. Storms contain more energy and so are more intense, as well as being more frequent. In addition global warming is causing melting of the permafrost,

glaciers and arctic sea ice, all of which have the effect of further increasing the warming of the planet. The sea level is rising, and the sea itself becoming more acidic. This is a real problem when fish feed so much of the world.

Figure 1: Difference in average July daily maximum temperatures from 1953, Sheffield



<http://www.metoffice.gov.uk/climatechange/science/monitoring>

All of these changes are happening already. What happens in future depends primarily on the trajectory of global greenhouse gas emissions, but also changes in agriculture, diet, land use, and population growth. The development and use of carbon capture and storage may also play a part. But first we need to recognise that because carbon dioxide is a very long lived atmospheric pollutant, we are already committed to significant further global warming based simply on the amount already in the atmosphere.

The Intergovernmental Panel on Climate Change has described four different scenarios for different trajectories of greenhouse gas emissions up to the year 2100. The best case scenario assumes a radical reduction of emissions starting almost immediately, which leads to a low rate of temperature increase that levels off at about 1 degree increase over current levels by the middle of this century. By contrast, in the worst case scenario, unabated greenhouse gas emissions, average temperatures will rise by 2 degrees by the middle of the century and nearly 4 degrees by the end. A summer like that of 2003 would be a cool one.

What does all of this mean for health? This report outlines briefly how climate change can threaten the health of our population. All of the key social determinants of health – food, water, shelter, even the normal function of human society - are threatened by climate change. How bad the effects will be will depend on how much global warming happens, which in turn depends primarily on how effectively we can collectively control greenhouse gas emissions. How we do this is the most important challenge facing human civilisation.

UNFORTUNATELY AT THE MOMENT GLOBAL CARBON DIOXIDE EMISSIONS ARE INCREASING.

Figure 2: The Long Range Weather Forecast for Sheffield

- ▶ Hotter, drier summers
- ▶ Milder, wetter winters
- ▶ More frequent extreme high temperatures
- ▶ Decrease in annual rainfall
- ▶ More frequent heavy downpours
- ▶ Lower summer soil moisture content
- ▶ Greater number of days when temperatures above 5°C leading to longer growing / breeding season
- ▶ Higher wind speeds during storms
- ▶ Reduced cloud cover leading to increased bright sunshine
- ▶ Cooler and wetter in the west of Sheffield.
- ▶ Higher temperatures and lower rainfall in the east of Sheffield

Sheffield Local Climate Impacts Profile (Weston Park data) and the South Yorkshire Weather Trends report (UKCP09 data)

If, globally, we achieve the rapid reduction in greenhouse gas emissions necessary for the IPCC's best case scenario, the public health consequences of climate change will still be significant, but manageable. On the other hand if we continue with business as usual, leading to a four degree centigrade increase in global temperatures, the public health consequences could well be catastrophic. The Lancet has recently warned that it would lead to a "discontinuity in the long term progression of humanity". In other words, a breakdown of society, and the loss of what humankind has built up over centuries to make life worth living.

Unfortunately at the moment global carbon dioxide emissions are increasing. Burning more than a quarter of known fossil fuel reserves would release enough CO2 to put the world on a trajectory to over 4 degrees of warming. It is therefore perhaps not surprising that the World Health Organisation (WHO) Director General Margaret Chan has stated that climate change is the greatest threat to public health and the defining issue of the 21st century. She is supported in this conclusion by both the Lancet and the British Medical Journal, which now states that the WHO should declare a public health emergency.

THERE ARE MANY THINGS WE CAN DO THAT WOULD BE BENEFICIAL TO HEALTH AND TO THE CLIMATE.



However there are signs that increasing numbers of people are recognising the dangerous position we are in, and exploring ways in which a global economy has to change. This includes the establishment of the 'Green Commission' here in Sheffield. In addition there are many things that we can do, and are already doing, that would be beneficial both to health and to the climate.

On the 16 September 1948, Aneurin Bevan, the founder of the NHS, said in a speech to the Society of Medical Officers of Health (the forerunners of Directors of Public Health) that they should be "like some watcher of the skies – for portents, not merely of epidemic

Jeremy Wight
Director of Public Health



Acknowledgements

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Jeremy Wight
Director of Public Health
October 2014

2 The impact of climate change: how will a changing climate affect health in Sheffield?

Section 2 of this report looks at how the changing climate affects peoples' health. Heatwaves, storms & floods, and extreme cold weather each have a direct impact on a population's morbidity and mortality. At the same time, climate change affects food production and water supply and thereby has an indirect impact on health, through the availability of food and water and the spread of disease. This section goes on to discuss the global impacts of climate change, showing how breakdown in local infrastructure in one part of the world has social and demographic consequences elsewhere.

2.1 Direct health effects of climate change and global warming

Stephen Morton and Angie Bone, Public Health England

The potential impacts of climate change have been well summarised by the Intergovernmental Panel on Climate Change. In the House of Commons, the Energy and Climate Change Committee concluded 'there is no reason to doubt the credibility of the science or the integrity of the scientists involved'. The UK Climate Change Risk Assessment (2012) concluded that the most significant risks to health in the UK are likely

to be from increased summer temperatures and overheating in buildings, and flooding.

Heatwaves

The prolonged high temperatures in August 2003 caused 2000 excess deaths in England, with elderly people with chronic heart and lung disease being most at risk. Projections indicate that heat-related deaths may increase to 7000 per year by 2050.

Overheating in buildings is thought to be an important factor in heat-related illness and death. Purpose-built or top floor flats and terraced houses are most at risk, particularly un-insulated loft conversions

in pre-1919 properties, and flats built after the 1960s. In the relatively cool summer of 2007, 21% of bedrooms were found to be overheated. Overheating in hospitals is also a significant concern, with one study suggesting that 90% of wards are prone to overheating.

During heatwaves there can be considerable temperature variation, especially within urban areas. Urban heat islands are caused when natural surfaces (vegetation and soil) are replaced by built surfaces consisting of non-reflective and water resistant construction materials. This leads to higher daytime temperatures, and night time temperatures not falling.

Sheffield has some protection from this because of the large amount of green space within the City boundaries.

Floods and storms

Direct deaths and injuries occur in Britain from floods and storms; mainly from drowning, or being crushed by falling trees and masonry, but the biggest health impacts are due to the disruption and distress caused by these events. During the summer storms of 2007, two people in South Yorkshire were drowned, many hundreds were rescued by boat or helicopter, and 700 people, who lived near the Ulley reservoir, were evacuated. A report on the

psychological impact of the 2007 floods found that 'the prevalence of all mental health symptoms was significantly higher among individuals who reported flood water in the home'. Symptoms of psychological distress, anxiety, depression, and post-traumatic stress disorder were greater among the unemployed and elderly.

Sheffield's topography means that severe rain in the Peak District is channelled downstream into water courses constrained by over a century of building and development. Some of this burden can be mitigated by sustainable urban drainage systems.

Severe cold weather
Whilst severely cold weather is likely to become less frequent we may still experience very cold winters. Winter morbidity and mortality are predicted to remain a problem. Excess winter deaths can be expressed as the number of extra deaths that occur in the winter compared to the non-winter months, expressed as a percentage. The majority of these deaths are from cardiovascular, respiratory diseases, and dementia. The number may be exacerbated by poor air quality. Around 30% of excess winter deaths may be attributed to living in a cold home. Fuel poverty is certainly an important

BIGGEST RISKS ARE OVERHEATING AND FLOODING.



SHEFFIELD HAS A HIGHER LEVEL OF FUEL POVERTY THAN THE ENGLAND AVERAGE.

contributor to this, but other factors such as occupant attitudes, behaviour and ability to operate heating also play an important role. Sheffield has higher levels of fuel poverty (measured as the 'low income - high cost' (LIHC) indicator – the percentage of households that have high fuel costs and low incomes) than the England average, but lower levels than many other core cities (Figure 3). We have lower levels of excess winter deaths than the England average, and the lowest of all the Core Cities.

Win-win opportunities in adaptation for climate change
There are a number of strategies to reduce the direct effects of climate change that would have potentially wider public health benefits.

- The planting of more trees and shrubs in the City could be part of sustainable urban drainage systems and reduce heat island effects. They can also attract wildlife and contribute to recreational green space, thus benefiting physical and mental health.

Food and water supply
Food security involves producing enough food globally and getting the produce to those who need it at an affordable price. Because only about half of our food is produced in this country, we are reliant on global food markets. Crop production is vulnerable to the extreme weather associated with climate change. Drier spells increase demand for irrigation, which places a strain on water supplies, so a significant shortfall in water supply for farming in the UK is predicted by the 2020s. Conversely heavy rain or floods may damage crops and cause soil erosion, leading to poorer soil quality and reduced yields. Climate change is likely to increase the spread of existing and emerging crop pests. Livestock will probably benefit from milder winters but could be harmed by hotter summers. Fish stocks will fall as a result of ocean acidification.

The UK relies heavily on overseas markets both for food for human consumption as well as animal foodstuffs, in particular soybean protein. Extreme weather events, such as drought, storms and floods elsewhere are likely to impact on food security in the UK by reducing yields and by disrupting the infrastructure needed to harvest, process and transport food.

Scarcity of food globally will drive up food prices in the UK. This is likely to particularly affect low income families, the elderly and those whose health is already poor. Costs of other commodities that are largely imported, including energy, are also likely to rise and again will place a disproportionate burden on vulnerable people.

The IPCC Working Group 2 stated that temperature increases of more than 2°C are projected to lead to a decline in production of major crops, at a time of increasing global demand. There is also increased likelihood of year on year variability. Global temperature increases of more than 4°C would pose large risks to food security globally and regionally. Freshwater supplies will also be threatened, through drought, contamination of water supplies by flooding, or the drying up of melt waters when the glaciers disappear.

Water-borne disease

The risks of water-borne diseases are strongly affected by flooding and warmer temperatures. Heavy rain and water run-off can wash pathogens into water courses, or overwhelm sewerage systems, leading to contamination of water supplies. Studies of outbreaks in the UK due to water-borne diseases,

for example Cryptosporidiosis and *Vero* cytotoxin-producing *Escherichia Coli* (VTEC), have shown them to be linked to heavy rainfall. Flooding may also cause rodents to be displaced from their normal habitats, and lead to a greater likelihood of disease transmission to humans. Increased incidence of *Leptospirosis* has been associated with episodes of flooding.

Disease causing organisms can also contaminate recreational water and people can become infected whilst swimming or taking part in water sports. Conversely periods of drought reduce the amount of water in river and lake systems available to dilute the concentration of pathogens, and this has also been shown to be associated with disease outbreaks. Warmer houses and warmer water, combined with increased use of air conditioning or other cooling equipment, is likely to cause an increase in cases of Legionnaire's disease.

Food-borne infections

Many of the infectious organisms that cause illness in humans, for example *Salmonella*, thrive in warm water and weather. Warmer temperatures lead to faster replication so that the threshold of numbers required to cause infection is reached more quickly.

Figure 3:

Three year all age excess winter death index and fuel poverty indicators

City	3 year EWDI 2009-2012 (all age)	Fuel poverty LIHC indicator (2012)
Sheffield	12.7 (9.0 - 16.6)	11.3 (11.2 - 11.4)
Nottingham	15.1 (9.6 - 20.9)	18.4 (18.1 - 18.6)
Birmingham	15.6 (12.7 - 18.7)	20.1 (20.0 - 20.3)
Newcastle	15.7 (10.3 - 21.3)	13.4 (13.2 - 13.6)
Bristol	16.0 (11.3 - 20.8)	11.1 (10.9 - 11.2)
Manchester	16.2 (11.7 - 20.9)	15.9 (15.7 - 16.0)
Leeds	16.5 (13.1 - 19.9)	11.6 (11.5 - 11.7)
Liverpool	16.8 (12.7 - 21.0)	14.4 (14.3 - 14.6)
England	16.5 (16 - 16.9)	10.4 (10.4 - 10.4)

Source: Public Health Outcomes Framework online tool <http://www.phoutcomes.info/>

THERE ARE A NUMBER OF STRATEGIES TO REDUCE THE DIRECT EFFECTS OF CLIMATE CHANGE.

THE WORST EFFECTS OF CLIMATE CHANGE WILL BE EXPERIENCED BY COMMUNITIES THAT ARE THE POOREST.

Warmer weather and milder winters will encourage flies and other pests to multiply, which can also affect food safety by spreading disease. Warmer, wetter weather increases the reproductive potential of rats and other rodents, leading to increased risk of disease transmission to humans.

Insect-borne disease

Other infectious diseases are caused by arthropods, such as mosquitoes and ticks, carrying and transmitting disease through their bites. One such disease is Lyme disease, which is normally associated with mild flu-like symptoms but can also affect the nervous system. Around 2,000 to 3,000 cases of Lyme disease occur in the UK per year, and the number of cases is rising both here and in Europe.

There is evidence that climate change is changing the distribution of diseases, and may make the UK more suitable for the establishment of tick populations, or new arthropods, as they are carried by animals and birds from other countries. It may also allow the re-introduction of mosquito borne illness.

Tricks are found in woodlands, grassland, moorland, heathland but also some urban parks and gardens. This may be an increasing concern in Sheffield because of its proximity to the Peak District

effects of climate change will be experienced by countries and communities that are poorest, and which have made the least contribution to global warming. The impacts of climate change will vary across regions and will depend on many factors, including what are called 'non-climate stressors' (things that will aggravate the effects of climate change including continued deforestation, rapid population growth and war), as well as the extent to which societies are able to mitigate or adapt. Of particular note in the latest IPCC-WG2 report was its emphasis on the potential for climate change to precipitate systemic crises and wholesale social disruption, including large-scale migration as well as conflict (between countries or within countries).

2.3 Social and demographic impacts of climate change

David McCoy, Queen Mary University London

Climate change and the related effects of greenhouse gas emissions (GHG) are truly global phenomena. It is an issue that connects and binds all peoples and all nations.

People in the UK are connected to all who suffer the effects of climate change because of our contribution to global warming, both in the past and now. The way we eat, travel, commute, relax, shop, cook, bathe and warm ourselves is generally done in a way that far exceeds our 'fair share' of the earth's capacity to absorb GHG emissions without causing catastrophic global warming.

The IPCC's second Working Group (IPCC-WG2) recent report on the current and projected impacts of climate change describes how most of the worst

breaking down social solidarity. Although the future cannot be predicted with certainty, there is a sound, scientific basis for highlighting the potential of climate change to lead to significant chaos, violence and suffering. One example of the potential for climate change to do this is the link that has already been made between drought in Eastern Europe and the subsequent reduction in the Russian grain harvest in 2010. The rise in wheat and hence bread prices that followed are thought to have helped precipitate the 'Arab spring', and the subsequent political instability in the region. This in turn aggravated existing tensions and conflicts, including

the armed conflict that now engulfs Syria and Iraq – a situation which will ultimately affect the security and wellbeing of people in Britain, and Sheffield. Europe will itself experience the direct effects of climate change and global warming but it will also be affected by the effects of climate change elsewhere. Drought, extreme heat and social disruption will affect the production of basic commodities on which we all depend. New wars over scarce resources will contribute to further global warming and ecological degradation, which will affect our single and shared global weather system. War is not only harmful locally where



it is occurring, but also further afield. Mass migration, including of refugees, will inevitably place greater social pressures on countries in Western Europe. Sheffield is proud to be a City of Sanctuary that welcomes refugees and asylum seekers. It cares for the health of new arrivals to the City, which is sometimes made worse by the journeys they have endured, though it is aware that this can place a strain on our services. Climate change will cause more civil conflict and war, and more displacement of peoples and mass migration. Whether we're living in Sheffield or Shanghai, Doncaster or Dacca, we share one world.

the armed conflict that now engulfs Syria and Iraq – a situation which will ultimately affect the security and wellbeing of people in Britain, and Sheffield. Europe will itself experience the direct effects of climate change and global warming but it will also be affected by the effects of climate change elsewhere. Drought, extreme heat and social disruption will affect the production of basic commodities on which we all depend. New wars over scarce resources will contribute to further global warming and ecological degradation, which will affect our single and shared global weather system. War is not only harmful locally where

SHEFFIELD IS PROUD TO BE A CITY OF SANCTUARY THAT WELCOMES REFUGEES AND ASYLUM SEEKERS.

3 What should we be doing about it?

Section 3 of this report draws attention to the actions we can take to mitigate, or adapt to, the impact of climate change. In addition to reducing greenhouse gas emissions, these actions also benefit our health. They include: promoting more active forms of travel; reducing our consumption of meat; making sure our homes are heated appropriately; and developing social capital in communities. The importance of underpinning plans to implement a sustainable carbon reduction policy and to prepare for extreme weather events is discussed. Finally, the section notes the contribution which urban design can make to improving the climate and our health.

3.2 Adaptation or mitigation?

David Pencheon, NHS Sustainable Development Unit

The first part of this report has described the damage that climate change could do to health and wellbeing if we continue business as usual. We now turn to the solutions. Five principles underpin the necessary actions.

1. The scale of the challenge is immense. Instead of wasting time deciding if we should take one action or another, we should understand how to do all of those actions we know to be effective.
2. The actions are only likely to be effective if they are based on well-coordinated collaboration between health and care sectors, Health and Wellbeing Boards, and local communities.

3. The public sector needs to set an example in how to improve the quality of services in sustainable ways by taking very visible and practical actions.
4. Many of the actions that help both adapt to and mitigate climate change also offer immediate health benefits.
5. We do not have much time left, so we should not wait for yet more evidence before we start actions now.

Adaptation must not compromise mitigation. For instance, universal air conditioning to deal with overheated homes would increase carbon emissions, and we do not need it, but we do need almost universal passive warming and cooling of our buildings. We must manage natural water supplies in a way that provides water every day, but avoids flooding and droughts. We must develop

strong local communities which are good places to live and work, but are also resilient in times of stress and crisis.

The following sections of this report give examples of the actions that we must take now - where actions have additional and almost immediate benefits: "co-benefits". Making the right choices about how we feed ourselves, and how we move about, can improve health now, and also mitigate climate change in the longer term. For instance, local government and the NHS together can actively stimulate a local food economy which creates more fulfilling jobs, produces fresh, healthy and tasty food, and strengthens local social links on which our future community resilience depends. This would make our diets more healthy and enjoyable, make tasty food more accessible and affordable, and help to prevent harmful climate change.



BUSINESS AS USUAL IS NOT AN OPTION: WE NEED TO FOCUS ON THE SOLUTIONS.



PHYSICAL INACTIVITY AND OBESITY ARE ASSOCIATED WITH A RANGE OF MEDICAL CONDITIONS.

Local government and the NHS together account for the movement of many people, goods and services. Many more services can be delivered closer to home using technology better. Active travel (walking and cycling) and public transport increases physical activity and social connections, improves physical and mental health, helps people stick to a healthy weight, and reduces harmful air pollution and greenhouse gas emissions.

The remainder of this report shows how preventing the problem, adapting to inevitable changes that have already been set in motion, and ensuring we do not continue to make the problem worse, can all create both immediate and longer term benefits.

Every city and community, in every generation, is faced with challenges that are both life threatening and life affirming. If we want to leave a fair and healthy legacy we can be proud of, then tackling climate change and embedding sustainable development at every level and in every area of our lives is that challenge now.

Adaptation consists of managing the unavoidable. Mitigation involves avoiding the unmanageable. We must do both, we must do them together, and we must do them now.

3.2 Active travel

Dawn Lockley, Duncan McIntyre and Mark Daly, Sheffield City Council

Why is this important?

Changes to the way in which we travel can reduce greenhouse gas emissions and increase physical activity, thereby reducing the burden of ill health and early death associated with these. Consequently, both health and the climate benefit.

Our over-reliance on fossil fuelled cars and buses increases both carbon emissions and non CO₂ air pollution. Exposure to air pollution, particularly of vulnerable people, increases the risk of acute and chronic diseases such as heart attacks and strokes, lung cancer and asthma. Equally, lack of physical activity, including for many people making even the shortest of journeys by car rather than walking or cycling, contributes to the rise in obesity in the City. Physical inactivity and obesity are associated with a range of medical conditions including type 2 diabetes, heart disease, strokes, certain cancers, arthritis, and poor mental health.

Promoting active travel – walking and cycling – therefore plays an important role in responding positively to climate change and improving health.

WE WANT TO MAKE IT EASIER TO BE PHYSICALLY ACTIVE.

These include hilly terrain, fears about road safety, over estimation of distances, physical effort, and the requirements for showers in workplaces. There are a number of ways in which we can encourage and support people to overcome these barriers.

Sheffield's commitment to active travel was outlined in our 2010 strategy 'A vision for excellent transport in Sheffield'. This outlined how transport would contribute to a competitive low carbon economy and a better environment, create a culture where the car would not always be the first choice, and most importantly lead to a healthier population.

In addition, the recently published 'Move More' plan sets out a 5 year framework for increasing physical activity and reducing sedentary lifestyles in Sheffield. A key aim of the Plan is to support the creation of active environments which make it easier for people to build physical activity into their daily lives. For example, the Streets Ahead project provides the City with the opportunity to build new road layouts within the existing road network, creating more cycle paths on roads and, where possible, shared walking and cycling paths. Signposting walking routes, with times taken to walk to the destination, which is often overestimated,

rather than distances, would encourage more people to walk. In response to the Department of Health's 'Get Britain Cycling' report, the Economic and Environmental Wellbeing Scrutiny and Policy Development Committee conducted a cycling inquiry earlier in the year to review the impact of cycling on the local economy, environment and health. The inquiry endorsed the aim of the Get Britain Cycling report, to increase the proportion of all local journeys undertaken by bicycle to 10% by 2025 and 25% by 2050, along with implementing a range of other measures to support an increase in cycling. This was then endorsed by Cabinet in July 2014.

Reducing speed limits on roads will also contribute to a modal shift away from car usage to more walking and cycling. Sheffield currently has seven 20 mph zones, and there is a commitment to increase this number to 108 over time. Whilst improved road safety alone justifies 20 mph limits, air pollution and traffic noise drop when speed is reduced and streets become more pleasant and attractive places. Increased use of shared public space contributes to an increase in social capital.

Recommendations

- The Council should develop and implement a programme of signposting walking routes with the time it takes to reach the destination.
- Sheffield people should consider travelling short distances on foot or by bicycle rather than by car, and sign up to 'Move More' at www.movemoresheffield.com.
- The Council should commit to increasing the number of 20 mph zones within the City as quickly as possible.

3.3 Reducing meat consumption

Jess Wilson, Sheffield City Council

Why is this important?

Meat production and associated transport is a major cause of greenhouse gas emissions, and excess meat consumption, particularly processed meat consumption, is bad for health. Changing our diet can therefore benefit both climate and health.

Current position

Global meat production is predicted to more than double between 2000 and 2050. For many people meat is now artificially cheap and plentiful due to agricultural subsidies. Once regarded as a treat, it is now a staple part of many

A DIET OF LESS MEAT AND LESS HIGHLY PROCESSED FOOD WOULD BE HEALTHY AND SUSTAINABLE.

people's diet. In 2009 meat consumption in the UK (84 kg/person) was double that of the worldwide average (42 kg/person).

Meat production is a driver of deforestation and land use change which generates greenhouse gas emissions and destroys valuable carbon sinks and wildlife habitat. It produces significantly more greenhouse gases than vegetable production. For example, producing beef releases 30 kg of CO₂ per kg, while carrots, potatoes and rice produce 0.42, 0.45 and 1.3 kg respectively. 14.5% of greenhouse gas emissions can be attributed to livestock. Beef production account for 41% of the sector's emissions.

Compared to growing crops for direct consumption, rearing animals for food uses large areas of agricultural land (30% of the world's land surface is used to feed livestock) and vast quantities of water (almost 50 times more water is needed to produce 1 kg of beef than is needed to produce 1 kg of vegetables). This creates both environmental and social justice arguments for eating less meat.

Overconsumption of meat in the west is contributing to the obesity epidemic, whilst many people in the developing world experience drought and famine that could be alleviated if more

food were grown for human direct consumption. For example the grain that is currently grown to feed livestock would be enough to feed about 840 million people following a vegetarian diet.

More than 10 times the amount of fossil fuel energy is used to produce 1 Kcal of meat based protein than is used to produce 1 Kcal of grain based protein. It is estimated that if everyone in the UK abstained from eating meat for just one day a week it would save 13 million tonnes of carbon per year – a greater saving than taking 5 million cars off the road.

A diet consisting of less meat and less highly processed food would be more healthy and sustainable. This change should incorporate eating more fruit and vegetables, less fat, salt and sugar, and eating seasonal and locally produced food. Switching to a healthier diet would lead to a reduction in cardiovascular disease, fewer cancers (especially bowel cancer) and in conjunction with being more physically active, contribute towards an overall reduction in obesity and premature mortality in the City. Overall, diet in Sheffield is poor. Only 25% of Sheffield adults eat five or more portions of fruit or vegetables a day, lower than the national average of 28%. An estimated 580 deaths in Sheffield a year

could be prevented if diets complied with national nutritional guidelines.

What can we do?

Whilst there is little evidence about how to effectively reduce meat consumption per se, the effectiveness of strategies to change eating habits is well reported. To reduce meat consumption we need to encourage individuals to choose to eat less meat by raising awareness of the health benefits, including lower risk of cancer, and environmental impact, and also influence the cultural norms that serve as barriers to behaviour change. Changing socially constructed ideas of 'what constitutes a 'normal' meal, for example the belief that it must contain meat in addition to vegetables and carbohydrates, will also be necessary.

Social marketing and pricing mechanisms could bring about change in meal choices by challenging conventions of sociable dining, or intervening in the form and content of meal routines. Local level interventions might include hospitals, schools and workplace canteens promoting meat free options, or excluding meat on some days each week. Any diet related work, such as teaching cooking skills, or weight management interventions, is an opportunity to promote meat free options.

ONLY 25% OF SHEFFIELD ADULTS EAT FIVE OR MORE PORTIONS OF FRUIT OR VEGETABLES A DAY.



- **Sheff Steak-Out** is a city-wide campaign to encourage the citizens of Sheffield to adopt a meat-free day to help minimise the human impact on the environment. The campaign has a 5-point plan to help raise awareness of eating and living more sustainably through:
 - Eating less meat
 - Shopping locally and buying locally grown and sourced produce
 - Growing your own, from herbs to veg to fruit
 - Reducing reliance on ready meals
 - Reducing waste by buying only what you need and saying no to excessive packaging

Ultimately, our aim is for people to have a better knowledge and understanding of the true value of food and the benefits for everyone when more sustainable choices are made.

Helen Davies, Sheff Steak-Out
Twitter @SheffSteakOut

Recommendations

- Sheffield City Council and local hospital Trusts should develop their food purchasing arrangements to reflect environmental and health factors, including reduced reliance on meat and dairy in menus.
- Sheffield people should consider reducing the amount of meat they eat by adopting at least one meat free day per week.

3.4 Warmer homes

Chris Shaw, Robert Almond, Sheffield City Council

Why is this important?

In 2012 31% of total carbon emissions in England came from the domestic sector, mainly from heating homes. Fuel poverty, and cold damp housing, are significant causes of poor health. Homes that are

better insulated are healthier, cheaper to heat (so reducing fuel poverty), and their heating involves lower carbon emissions. At the same time rising indoor temperatures in summer months increase mortality and morbidity from respiratory and cardiovascular diseases, an effect made worse by heat exhaustion and air pollution. High temperatures and strong sunlight lead to high levels of ozone and increased levels of aeroallergens, both of which are damaging to health.

Current position

The Government's 2011 Carbon Plan was clear that, if we are to reach our target of cutting our greenhouse gas emissions by 80% by 2050, 'energy efficiency will have to increase dramatically across all sectors'.

As 80% of the buildings which will be occupied in 2050 have already been built, the rate of refurbishment and adaptation

DOMESTIC CO₂ EMISSIONS ARE FALLING.

for the current stock has to accelerate.

Investment in house insulation and more efficient heating should lead to warmer homes and reduce excess seasonal mortality and morbidity. Currently the greatest weather related health risk is that of illness due to cold weather, caused by a significant proportion of our housing stock being old and poorly insulated, and by high energy prices and low incomes.

Sheffield was already reducing emissions from domestic property between 1995 and 2005 through property adaptation and improvement. Since then, annual domestic CO₂ emissions per capita have fallen faster, with a 20% drop, from 2.5 tonnes to 2.0 tonnes over the period 2005-12. This compares with a fall from 2.5 tonnes to 2.2 tonnes for England as a whole over the same period.

The Council has invested in local initiatives that make the most of national funding programmes for energy efficiency upgrades in housing, such as the Decent Homes Programme for social housing and the Free Insulation Scheme. This ran from 2009-2012, and reached 80% of private sector properties in the City, generating savings of over 28,000 tonnes of carbon emissions per year.

This illustrates the positive outcomes from large scale domestic retrofit programmes for heating and insulation. The current Council-endorsed Sheffield Heat & Save partnership offers discounted prices on heating and insulation, weighted towards the most vulnerable households, but national changes are affecting its impact.

The Sheffield Housing Company (SHC) is currently building 305 homes in north and south Sheffield. The properties achieve Code for Sustainable Homes level 3 ensuring that; the fabric conforms to high energy efficiency standards, white goods are designed for low water usage, the homes reduce energy demands and are orientated to maximise light and solar gain, and each home is a lifetime home which ensures generous and flexible space standards. Cycle stores are provided for every property. 30% of the properties are fitted with rain water harvesting tanks, and 10% of their energy requirements will come from photovoltaic panels.

While advances have also been made in energy efficiency in the private rented sector, it lags behind other tenures. According to the Homes & Communities Agency, the average energy rating (Standard Assessment Procedure, SAP) in the social sector has risen from 47 to 57,

while in the private sector it has risen from 41 to only 47.

What can we do?

It is important that the City continues to improve the thermal efficiency of the existing stock. The challenge is to insulate older, typically solid-wall or hard to treat cavity wall, homes. The average SAP rating for a council owned property in Sheffield now exceeds 70. There is already a target for the City under the Home Energy Conservation Act (1995) to raise the minimum SAP rating of viable council housing to 65 (the minimum necessary to take a household out of fuel poverty) by 2023/24.

Although improved thermal efficiency will reduce cold related illness and fuel costs, and may help the building to remain cool in hotter weather, it may also increase the risk of overheating during periods of hot weather. Ventilation must be maintained to prevent a rise in indoor air pollutants, and condensation, dampness and mould.

There is also an imminent opportunity within the domestic private rented sector. The Tenant's Energy Efficiency Improvement Regulations will be in force by 1 April 2016, and will empower tenants in the domestic private rented sector to request consent for energy efficiency measures



THE COUNCIL'S FUEL POVERTY STRATEGY SHOULD INCLUDE STEPS TO INCREASE THE STANDARDS OF INSULATION.

SHEFFIELD RIGHTLY HAS AN AMBITION TO BE A 'COMPETITIVE CITY OF EUROPEAN SIGNIFICANCE'.

to be installed, that may not unreasonably be refused.

Recommendations

- The Council's forthcoming fuel poverty strategy should include steps to increase the standards of insulation in the private rented sector, so that the average SAP for the sector is 65 by 2020, and the minimum SAP is 65 by 2025.
- Health and care professionals should systematically identify the people and properties most vulnerable to fuel poverty, and ensure that advice and assistance is available to them to address that.

3.5 Strengthening the local economy and increasing social capital

Jeremy Wight, Chris Shaw and Chris Nield, Sheffield City Council

Why is this important?

Sheffield is part of a globalised economy that is dependent on cheap oil and ever increasing consumption of natural resources, both of which are major contributors to carbon emissions and climate change. Globalisation of the economy, and the increasing dominance of multinationals, has a tendency to lead to poorer working conditions, lower wages and increased inequality.

Socio-economic inequality is not only bad for the health of the less well off, but also the health of the better off. It leads to disconnection at local level, lack of connectedness and erosion of social capital. This leads to reduced levels of mental wellbeing and increased levels of physical illness.

Current position

Sheffield rightly has an ambition to be a 'Competitive City of European Significance'. There has been major international investment into the City, in particular into the advanced manufacturing park. We will shortly have one of the most advanced factories in the world within the City's boundaries. However the industrial and commercial sector generated 1.3Mt CO₂ in 2012, which though down from 1.8Mt CO₂ in 2005, still accounted for 41% of the City's emissions.

Sheffield has not yet recovered from the global economic crisis of 2007-8, with unemployment, underemployment and poor quality employment still a significant social problem. This is undoubtedly a major driver for poor health, and lies behind the 8 year gap in life expectancy across the City, as well as the other aspects of health inequality.

What can we do?

A city such as Sheffield cannot divorce itself from the global economy, and nor should it seek to. But we do need the economy to develop in a way that is good both for the climate and health. The Stern Review in 2006 argued that the economic costs of addressing climate change were significantly less than the cost of not doing so. Locally, the 'Mini-Stern Review' of the Sheffield City Region (SCR) looked at options for de-carbonising the economy. It found that the SCR could reduce its carbon emissions by 16.5% by 2022 (compared to 1990) through investment in energy efficiency measures and small scale renewables. This would require investment of £7.8Bn, but generate annual savings (in energy bills) of £1.02Bn, giving a payback time of 7.7 years, and annual savings for the lifetime of the measures, if external factors, including reduced consumption consequent on increased energy prices and the decarbonisation of the national electricity supply are included, an overall drop of 44% could be achieved.

More recently, the New Climate Economy Report: Better Growth, Better Climate has argued that 'countries at all levels of income now have the opportunity to build lasting economic growth at the same time as reducing

SHEFFIELD IS LEADING THE REGION ON INCREASING UPTAKE OF LOW EMISSION VEHICLES.

the immense risks of climate change', and set out a ten point plan to do so. The report recognises that cities are the engine of economic growth, but argues that the way they are developing has to change. Two particular recommendations that could have resonance for Sheffield are that there should be a substantial reduction in the capital cost of low carbon infrastructure investment, and that innovation in low-carbon and climate-resilient technologies should be scaled up. Sheffield should build on its cutting edge engineering capabilities to develop further the low carbon industries of the future, including carbon capture and storage. The low carbon sector group of the Local Enterprise Partnership (LEP) clearly has a potential role to play here.

Sheffield is leading the region on increasing uptake of low emission vehicles. We are working with businesses to provide subsidised electric vehicles and charging points, as well as establishing a network of public access points for rapid charging and fast charging of electric vehicles across South Yorkshire. Work is also underway on setting up infrastructure to use natural gas, bio-methane and hydrogen as a vehicle fuel. These alternative fuels produce less air pollution and carbon emissions, benefiting both the environment and health.

At the same time, we must make sure that the way the local economy develops is one that increases rather than undermines social capital, building on the ideas of the Transition Towns movement. This places emphasis on small scale local projects in areas of food, transport, energy, and housing, among other things, as a means of shifting away from high energy, high carbon, climate damaging

economies to ones that are more locally based, resilient, and nurturing of social capital and health. Sheffield's 'Successful Centres' policy of promoting local shopping centres and encouraging independent traders contributes towards this. We should also question our overall consumerist lifestyles, not least since there is scant evidence that above a certain threshold increasing material wealth and consumption leads to greater wellbeing.

Recommendations

- Sheffield City Council and the Local Enterprise Partnership should work to implement the findings of the Mini-Stern Review and explore opportunities for low carbon infrastructure investment and the development of low carbon technologies.
- Sheffield City Council, working with voluntary sector

and other organisations, should continue work to develop social capital in local communities.

3.6 Developing a low carbon health and social care economy

Jeremy Wight, Sheffield City Council and Tim Furness and Marion Sloan, NHS Sheffield CCG

Why is this important?

Being responsible for the health and wellbeing of the City means not only preventing ill health and treating illness, but also striving to ensure that the way the health and social care system is managed and run, minimises damage to the climate, and thereby to the health of people in the future.

Current position

The carbon footprint of the NHS, public health and social care system in Sheffield has been estimated at about 320 kilo tonnes of CO₂, just over 10% of the City's overall carbon footprint. Of this, approximately half is attributable to the activities of Sheffield Teaching Hospitals, though this has reduced significantly in recent years.

Public health and social care services can help reduce the demand for NHS care, and therefore have an impact on the overall NHS carbon footprint.



reduced carbon emissions. For example, greater efficiency of building energy use, e.g. through insulation, or better heating systems, will save both money and carbon. Increased efficiency can also include a reduction in travel and transport where it is possible to do this without compromising clinical outcomes.

Thirdly, new technologies can help increase efficiency and reduce cost and carbon emissions. For example the appropriate use of telecare and telehealth should reduce the need for travel.

Fourthly, behaviour changes among staff, patients and clients could improve both their health and reduce carbon emissions. For example, more active travel and reduction in the consumption of meat and animal products.

Nationally, 57% of the health and social care system's carbon footprint is attributable to embedded carbon in goods and services procured, including 16% attributable to pharmaceuticals and 9% to medical instruments. 15% of the overall footprint is attributable to building energy use and services commissioned from outside the public sector, and 13% due to travel.

What can we do?

First, any activity that reduces the demand for health and social care, will reduce activity and hence CO₂ emissions, as well as save money. However the overall net reduction in emissions will depend on how the resources that are released, are redeployed.

Secondly, increased efficiency of management and business processes is likely to lead to both reduced cost and

The Climate Change Act of 2008 requires a reduction in carbon emissions of 80% by 2050 based on a 1990 base line, with reductions of 34% by 2020 and 50% by 2025. The carbon footprint of the health and social care system in England in 1990 was 35Mt CO₂e, so the 2012 figure of 32Mt CO₂e represents a fall of less than 9%. Significant further reductions, of the order of a further 28% of the 2012 figure, will be required if the 2020 targets are to be met. Actions should include the following.

First, there needs to be an explicit recognition, at the highest level, that further significant step changes in the way that health and social care is planned, commissioned for, and delivered, will be necessary to achieve further significant reductions in carbon dioxide emissions.

ADOPT A SUSTAINABILITY MANIFESTO FOR HEALTH AND SOCIAL CARE.

Secondly, the principles of sustainable development should be considered throughout the commissioning cycle and procurement process. This should mean that sustainability considerations were given equal weight to financial and clinical considerations.

Thirdly, health and social care providers need to be encouraged further to consider carbon hot spots in their businesses. Their procurement of goods should include the 4 steps in the “procuring for carbon reduction hierarchy of interventions” approach, namely reducing demand, increasing efficiency, substitution and innovation, and supply chain management.

Finally, leaders of the health and social care system in the City have a duty to be exemplars of sustainable behaviour. General Practitioners in particular are visible members of the community, and their adoption of active travel, public transport, and low carbon work-styles could be influential.

The Yorkshire Ambulance Service (YAS) has been leading the nation's ambulance services on a carbon reduction strategy. YAS established the Green Environmental Ambulance Network (GrEAN) in 2011 with the aim of bringing together the 13 UK ambulance services to deliver cost savings and carbon reductions that result in

improved patient care. The network encompasses fleet, estates, ancillary services, finance, procurement as well as paramedics and other staff. Overall its aims are to:

- **Raise awareness of carbon consumption**
- **Reduce the impact of the ambulance service on air emissions, carbon emissions and public spending**
- **Share information on trials being carried out across the country**
- **Quantify the amount of money and carbon that can be saved through the carbon management and reduction programme**
- **Improve ambulance fuel economy and aerodynamics**
- **Network effectively to reduce the carbon footprint of the British ambulance services**
- **Save money through carbon reduction**

For more information see: - <http://aacc.org.uk/implementation-a-carbon-management-programme-in-your-organisation-with-green/>

Recommendations

- The Health and Wellbeing Board, and Sheffield's NHS Foundation Trusts, should adopt an explicit sustainability policy aimed at ensuring that Sheffield meets its carbon reduction obligations by 2020. This should be underpinned by the adoption of a sustainability manifesto

for the health and social care system in the City.

- The Health and Wellbeing Board should give urgent consideration to the ways in which the implications for carbon emissions of different approaches to the delivery of health and social care in the City can be evaluated. A system of carbon accounting needs to be developed.

3.7 Preparing for extreme weather events

Ruth Ganger, Sheffield City Council and Peter Whitwam, Rotherham Borough Council

Why is this important?

A first step to adaptation to future climate change has to be to reduce the vulnerability and exposure of populations to the climate variability that they are already experiencing.

Current position

In the UK, the most significant early impacts of climate change are likely to be increases in the frequency and severity of extreme weather events. An extreme event can be defined as any weather event or hazard which has the potential to adversely impact on human health. This can include drought, heatwaves or cold weather, storm events, flooding, earthquakes and volcanic ash

WE NEED TO HELP OUR COMMUNITIES TO BECOME MORE RESILIENT TO CLIMATE CHANGE

What can we do?

First, we need to help our communities to become more resilient to climate change.

This will require both physical adaptive measures as well as steps to increase the social capital and resilience of communities themselves.

Physical measures include works such as river channel clearance to reduce the risk of floods. Sheffield City Council has recently been successful in securing funding for further flood defence schemes in the Lower Don Valley and elsewhere.

As part of its Flood Risk Management Strategy (2013) the Council has successfully registered 6 schemes for Government flood grant in aid funds for the period 2014 to 2021. This programme aims to improve the standard of flood protection to around 6,000 households and 2,000 commercial properties as well as providing capacity to support the building of thousands of homes across the City. The schemes seek to address flooding from the City's main rivers. A Lower Don Valley Flood Protection scheme is scheduled to begin construction in late 2014 with further schemes being planned for the Upper Don. A sustainable drainage scheme will also support new house building in the Manor and a flood protection scheme for the Upper Blackburn Brook. The programme will also provide opportunities

to regenerate riverside locations and deliver wider environmental benefits.

We also need to take steps to protect people, in particular the vulnerable, from overheating. 90% of hospital wards are vulnerable to overheating. Cost effective cooling of existing homes is possible, and passive cooling should be built into new homes.

Social measures should include steps to increase social capital, thus ensuring that people, families and communities have a suitable level of mental and physical health, wellbeing and connectedness to be resilient to sudden and disruptive events.

The national Cold Weather and Heatwave Plans are implemented in Sheffield by local organisations and use alerts from the Meteorological Office to determine when to cascade information to staff about anticipated cold weather or heatwave events.

Public sector organisations have emergency planning arrangements in place. Organisations in Sheffield have responsibilities under the Civil Contingencies Act to prepare and respond to emergencies including those caused by extreme weather events. In addition the Council's Major Incident Plan, which documents how the organisation will

WE NEED TO DEVELOP AND STRENGTHEN THE CITY'S GREEN INFRASTRUCTURE.

respond to any emergency, includes specific plans on responding to extreme weather incidents such as flooding. However we need to improve the way we help communities to prepare themselves for extreme weather emergencies, for example by encouraging households to sign up to alerts about weather warnings including floods.

Local Health Resilience Partnerships (LHRPs) have been established to oversee the health service's plans for emergency preparedness. The LHRP must also lead the health sector's contribution to wider multi-agency planning for extreme weather events undertaken by the Local Resilience Forum.

Recommendations:

- The Health and Wellbeing Board should consider how to enforce and report on actions set out in the Heatwave Plan for health and social care facilities such as care homes before next summer.
- All organisations should promote uptake of The Environment Agency's 'Floodline Warnings Direct' service <https://fwd.environment-agency.gov.uk/app/oir/home> for local residents and businesses to help preparedness for flooding. This could be promoted by providing a link

to sign up for the alerts on organisations' internet sites.

- The Local Health Resilience Partnership (LHRP), and Local Resilience Forum (LRF), should audit local organisations' plans for dealing with the health consequences of severe weather events, and ensure that they are adequate.

3.8 Designing healthy urban spaces and places

Jeremy Wight and Louise Brewins, Sheffield City Council

Why is this important?

The design of our urban environment has a critical role to play in helping the people of Sheffield to adopt lifestyles that are both healthier and have a lower carbon footprint, both as a result of that behaviour change as well as through more carbon efficient infrastructure. By improving the quality of our urban environment we can help to deliver a greener, stronger and healthier Sheffield. Our City needs to become a place that is not only resilient to the adverse effects of climate change, but also one that encourages behaviour that improves health and the environment. We need to develop and strengthen the City's 'green infrastructure' by ensuring that the design and development of land, open

spaces, water and public buildings in Sheffield contributes directly to reducing CO₂ emissions, increases resilience to extreme weather effects and promotes healthier places in which to live and work.

Current position

The European Commission defines green infrastructure as 'the use of ecosystems, green spaces and water in strategic land use planning to deliver environmental and quality of life benefits. It includes parks, open spaces, playing fields, woodlands, wetlands, road verges, allotments and private gardens. Green infrastructure can contribute to climate change mitigation and adaptation, natural disaster risk mitigation, protection against flooding and erosion as well as biodiversity conservation.'

The Green Infrastructure Strategy for South Yorkshire (2011) shows that the green capital of South Yorkshire (i.e. natural assets and resources) has the potential to become one of the strongest and most distinctive features of the area, but it is currently falling short of reaching this potential. Key gaps in policy and provision could be acting as barriers to future development. Two major aspects of development include decentralised energy generation and sustainable urban drainage systems.

WE WANT TO BE THE FIRST DECENTRALISED ENERGY CITY IN THE UK

What can we do?

In the UK, and in Sheffield, our energy systems are largely centralised and reliant on imported fossil fuels. We want to be the first decentralised energy city in the UK, to be self-sufficient in energy, derived from low carbon sources, and to offset all emissions. The City is recognised as a leader in the field of decentralised energy, as a result of its well established city centre district energy network connected to the Energy Recovery Facility at Bernard Road, and the numerous smaller scale community heating schemes across the City. Nevertheless we also need to encourage other renewable energy systems, whether these are at the domestic or larger scale, and the work of organisations such as Sheffield Renewables. Planning policies should facilitate this.

Modern cities struggle to cope with heavy rainfall, which can lead to serious flooding. Most rainwater that is diverted into our drains does so as a result of the amount of paving and hard surfaces in the area. Our sewers are not large enough to cope with the amount of water that runs off our roofs. Sustainable urban drainage systems (SUDs) offer an alternative to traditional underground drains that will alleviate pressure on the existing drainage system and reduce

flash flooding. Measures include controlling rainwater at source (through installing water butts in gardens, increasing the number of homes and buildings with green roofs, and using permeable paving), building infiltration trenches, filter drains, swales and basins and creating more ponds and wetlands. The planting of more trees and shrubs in the City could be part of sustainable urban drainage systems and reduce heat island effects. They can also attract wildlife and contribute to recreational green space, thus benefitting physical and mental health.

As discussed elsewhere in this report, a major shift from motorised transport to active travel, and from private cars to public transport, could both reduce greenhouse gas emissions (and other forms of air pollution) and improve health. Our planning policies should therefore prioritise public transport over private car use, and walking and cycling over both.

Sharrow primary school is an excellent example of a small project on a single public building that was designed to have maximum environmental and community benefits. A key feature is the School's green roof which helps to alleviate extreme rainfall, humidity, noise, pollution and to provide insulation. The roof was

designed to be multi-functioning, requiring low input, no artificial fertiliser or irrigation, to use locally sourced re-cycled materials, create a garden and be resilient to the local climate. The roof was declared a local nature reserve in 2009.

Recommendations

There are many actions we can and should be taking to promote a greener, healthier and resilient environment for Sheffield residents to live and work in, but in particular:

- The Council should ensure that health issues are built into local development and regeneration plans and integrate adaptation principles into the local planning framework.

4 Recommendations

Each year the DPH report makes recommendations about improving the health of the local population and directs these recommendations towards particular organisations or groups. In this chapter we begin by looking at the progress made against the recommendations in the previous DPH report (2013). This is followed by a summary of the recommendations made in the individual sections of this 2014 report.

4.1 Progress on 2013 Recommendations

The Council should:

focus investment in evidence based prevention and early intervention in the early years.

Progress

Early years services are aligned with Best Start Sheffield principles to deliver a universal and targeted model of prevention and early help based around Children's Centres. A new Best Start volunteer programme will be commissioned to include baseline training, co-ordinated support for volunteers and for specialist activities. It will provide a structured pathway to help volunteers maximise outcomes from volunteering opportunities.

redesign and commission a universal prevention and early intervention emotional wellbeing and mental health service.

A Health Needs Assessment of Comprehensive Emotional Wellbeing and Mental Health and a universal prevention pilot at Park Academy have been completed. This pilot has been extensively evaluated and resulted in approval to go ahead with the procurement of an extension to support work across 3 further families of schools, linking with MAST and the citywide targeted counselling resource in Community Youth Teams.

progress the development of a sexual health commissioning strategy.

Progress has been made to ensure appropriate representation on the Sexual Health Integration Board. A sexual health clinical advisory group has been established and a review of the Sheffield Sexual Health Service is underway. This external peer review includes scrutiny of current reporting and governance arrangements and is expected to make recommendations about the future development of a broader sexual health commissioning group by October 2014.

The Council should:

prioritise initiatives to make being physically active the norm by building physical activity into daily life.

Progress

The 'Move More' Board has been established to facilitate a culture change in physical activity over the next five years. Significant engagement is being made through its holistic approach to increasing and building physical activity into daily life. As part of the Tour de France Legacy, Sheffield City Council has entered into partnership with British Cycling. The partnership also saw Sheffield hold its first mass participation bike ride in 2014 which was attended by 2,000 people.

fully support a citywide programme to reduce the availability and supply of illicit tobacco.

An action plan outlining key actions to reduce the availability and supply of illegal tobacco 2012-15 is in place. Key actions are: Developing partnerships and engagement with local and regional agencies; engaging health and community workers to raise awareness of the programme; generating and sharing intelligence to identify the extent of illegal tobacco use; and marketing and communications. A small team of Tobacco and Alcohol Enforcement Officers are based in Sheffield City Council Trading Standards Team.

identify commissioning priorities for people who live in care homes.

Following the 2013 Needs Assessment, residential care homes for older people have been asked to choose activities to support residents with dementia, and residents at risk of falls or new residents. Nine care homes have signed up for a pilot period until March 2015. The Care Home Activities Group will use existing data to decide which wellbeing priority is the most pertinent to the care home at this time. Care homes will be asked to evaluate the achievement of outcomes relating to residents' wellbeing.

seek to enhance the resilience and social capital of the most deprived communities in Sheffield.

The Community Wellbeing Programme addresses the wider determinants of health inequalities by developing social capital. It supports delivery of the Health Trainers and Health Champions programmes. Practice Champions were successfully introduced as a new development from the existing Health Champions' project. Community resilience has been promoted by: enhancing the public health skills of front line staff; creating a Public Health Learning and Development post; the 'Make Every Contact Count' approach; and the Community Development and Health course.

renew its approach to improving mental wellbeing in the City.

The programme working group now meets, with lots of interest and commitment from partners. An action plan will follow, aiming to raise awareness of the 5 ways to wellbeing: **Connect; Give; Be active; Take notice; Keep learning** and to maximise opportunities to influence individual wellbeing and community resilience. While delivering a programme for the Joint Health and Wellbeing Strategy, this work will be overseen and supported by the Mental Health Partnership Board.

promote schemes to ensure all parts of SCC exert influence to address alcohol harm.

224 individuals (87%) completed an alcohol assessment after being issued with a Fixed Penalty Notice. 1,327 received identification and brief advice and 2,025 received alcohol triage assessment through the community based Single Entry and Assessment Point. The 1,810 treatment places included extended brief interventions, 'talking treatments' and community based prescribing. 55 offenders completed a community sentence as part of their alcohol treatment.

The Council should:

increase employment opportunities especially for those affected by mental health conditions.

Progress

Secured funding to deliver a pilot with SCC Learning and Skills team, Job Centre Plus and GPs in North Sheffield to increase employment of residents on Employment Support Allowance with a mental health condition. Reviewing supported employment provision across the City and Adult Social Care, the CCG and VCF sector. Consultation planned in October and November 2014, pathway to be designed by December 2014 and the Commissioning Strategy by Spring 2015.

contribute towards improved uptake of the Health Check.

Health Checks have been included in the CCG's 'basket of services' to ensure universal coverage of all GP practices across Sheffield. Practices serving the most disadvantaged communities have been offered additional support in setting up and running the Health Check programme. There are current discussions at the SCC Employee Health and Wellbeing Steering Group about how Health Checks can be offered to employees in the workplace.

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4-Recommendations in 2014

- The Council should develop and implement a programme of signposting walking routes with the time it takes to reach the destination.
- Sheffield people should consider traveling short distances on foot or by bicycle rather than by car, and sign up to 'Move More' at www.movemoresheffield.com.
- The Council should commit to increasing the number of 20 mph zones within the City as quickly as possible.
- The Council and local hospital Trusts should develop their food purchasing arrangements to reflect environmental and health factors, including reduced reliance on meat and dairy in menus.

5. Sheffield people should consider reducing the amount of meat they eat by adopting at least one meat free day per week.

infrastructure investment and the development of low carbon technologies.

- The Council, working with voluntary sector and other organisations, should continue work to develop social capital in local communities.
- The Health and Wellbeing Board, and Sheffield's NHS Foundation Trusts, should adopt an explicit sustainability policy aimed at ensuring that Sheffield meets its carbon reduction obligations by 2020. This should be underpinned by the adoption of a sustainability manifesto for the health and social care system in the City.
- The Health and Wellbeing Board should give urgent consideration to the ways in which the implications for carbon emissions of different

6. The Council's forthcoming fuel poverty strategy should include steps to increase the standards of insulation in the private rented sector, so that the average SAP for the sector is 65 by 2020, and the minimum SAP is 65 by 2025.

- Health and care professionals should systematically identify the people and properties most vulnerable to fuel poverty, and ensure that advice and assistance is available to them to address that.
- The Council and the Local Enterprise Partnership should work to implement the findings of the Mini-Stern Review and explore opportunities for low carbon

7. Health and care professionals should systematically identify the people and properties most vulnerable to fuel poverty, and ensure that advice and assistance is available to them to address that.

- The Council and the Local Enterprise Partnership should work to implement the findings of the Mini-Stern Review and explore opportunities for low carbon

8. The Council and the Local Enterprise Partnership should work to implement the findings of the Mini-Stern Review and explore opportunities for low carbon

- The Council and the Local Enterprise Partnership should work to implement the findings of the Mini-Stern Review and explore opportunities for low carbon



PROGRESS IS BEING MADE IN SHEFFIELD BUT THERE IS STILL A LOT MORE TO DO.

- The Local Health Resilience Partnership (LHRP), and Local Resilience Forum (LRF), should audit local organisations' plans for dealing with the health consequences of severe weather events, and ensure that they are adequate.
- The Health and Wellbeing Board should consider how to enforce and report on actions set out in the Heatwave Plan for health and social care facilities such as care homes before next summer.
- All organisations should promote uptake of The Environment Agency's 'Floodline Warnings Direct' service <https://fwd.environment-agency.gov.uk/app/olr/home> for local residents and businesses to help preparedness for flooding. This could be promoted by providing a link to sign up for the alerts on organisations' internet sites.
- The Council should ensure that health issues are built into local development and regeneration plans and integrating adaptation principles into the local planning framework.

5 Glossary

Adaptation (Climate change)	Any change made to natural or human systems in response to climatic changes which reduces risks or exploits beneficial opportunities.
Aeroallergens	Any airborne substance, such as pollen or spores, which triggers an allergic reaction (e.g. hay fever).
Arthropods	An invertebrate animal having an external skeleton, a segmented body, and jointed appendages. Arthropods include insects, spiders, and crustaceans.
Biodiversity	The degree of variation of life.
Carbon accounting	The processes used to "measure" amounts of carbon dioxide equivalents emitted by organisations or systems of organisations.
Carbon capture (and storage)	The process of capturing waste carbon dioxide from large sources, such as fossil fuel power plants, transporting it to a storage site, and depositing it where it will not enter the atmosphere, normally underground.
Carbon footprint	The "total" amount of greenhouse gas emissions caused by an organisation, event, product or person.
Carbon sink	A natural or artificial reservoir that accumulates and stores some carbon-containing chemical compound for an indefinite period.
Cryptosporidiosis	A parasitic disease that affects the intestines and is typically an acute short-term infection that is often spread through contaminated water.
Deforestation	Removal of a forest or stand of trees where the land is thereafter converted to a non-forest use. Examples include conversion of forestland to farms or for housing.
Fossil	Energy sources formed by natural processes such as decomposition of buried dead organisms. They contain high percentages of carbon and include coal, petroleum, and natural gas.
Global warming	The observed rise in the average temperature of the Earth's climate system.
Greenhouse gas	A gas in the atmosphere that absorbs and emits radiation within the thermal infrared range. The main greenhouse gases in the Earth's atmosphere are water vapor, carbon dioxide, methane, nitrous oxide, and ozone. Greenhouse gases greatly affect the temperature of the Earth.
Infiltration trenches	A shallow, excavated ditch that has been filled with rubble or stone to create an underground reservoir.
Legionnaire's disease	A serious lung infection caused by legionella bacteria. The bacteria are commonly found in sources of water, such as rivers and lakes. However, they can rapidly multiply if they find their way into artificial water supply systems such as air conditioning systems.

Leptospirosis	A type of bacterial infection spread by soil or water contaminated with the urine of animals (commonly rodents). In its most severe form, leptospirosis is also known as Weil's disease.
Lyme disease	A bacterial infection spread to humans by infected ticks. Ticks are tiny arachnids found in woodland areas that feed on the blood of mammals, including humans.
Mitigation (Climate change)	Strategies to reduce or prevent human induced emission of greenhouse gases and enhance carbon sinks (e.g. new technologies, renewable energy, changing consumer behaviour).
Passive cooling	Building design approach that focuses on heat gain control and heat dissipation in a building in order to improve the indoor thermal comfort with low or nil energy consumption.
Pathogens	In the broadest sense a pathogen is anything that can produce disease. Typically the term is used to mean infectious agents such as bacteria or viruses.
Permafrost	Soil at or below the freezing point of water for two or more years and mostly located in high latitudes such as land close to the North and South poles.
Resilience	An individual's or community's ability to properly adapt to stress and adversity.
Salmonella	A group of bacteria that can cause food poisoning. Foods such as eggs, chicken, pork and dairy produce can carry salmonellas. Fruit and vegetables can also become contaminated if they have been in contact with livestock, manure or untreated water.
Social capital	The pattern and intensity of networks of people and the shared norms, values and understandings that arise from and facilitate co-operation within and among those networks.
Standard assessment procedure (SAP)	Methodology developed by the Building Research Establishment to assess and compare the energy and environmental performance of dwellings. The SAP quantifies a dwelling's performance in terms of energy use per unit floor area, a fuel-cost-based energy efficiency rating and emissions of CO ₂ . The higher the SAP rating the better.
Sustainable urban drainage system	A sequence of management practices and control structures designed to drain surface water in a more sustainable fashion than some conventional techniques.
Swales and basins	Swales are grassed depressions which lead surface water runoff from the drained surface to storage or a discharge system (e.g. a basin) typically using the green space that may run alongside a road or development. A basin is a dry or wet pond designed to attenuate storm water runoff for a few hours and to allow the settlement of solids.
Telehealth and telecare	Technology such as personal alarms and health-monitoring devices used to help people live more independently at home. They help to reduce the number of regular visits someone may need to make to the GP or hospital.
Thermal efficiency	How well a device, such as a boiler or refrigerator, converts energy into heat.
U-Value	A measure of heat loss in a building element such as a wall, floor or roof. A low U value usually indicates high levels of insulation.
Urban heat islands	A metropolitan area that is significantly warmer than its surrounding rural areas due to human activities. The main cause of the urban heat island effect is from the modification of land surfaces, which use materials that effectively store short-wave radiation.
Verocytotoxin producing E-Coli (VTEC)	A group of bacteria that cause infectious gastroenteritis. The main source for VTEC is cattle and other ruminants. Transmission to humans occurs through consumption of contaminated food or water, or exposure to a contaminated environment involving direct or indirect contact with animals or their faeces.
Wetlands	Land area that is saturated with water, either permanently or seasonally, such that it takes on the characteristics of a distinct ecosystem. Main types include swamps, marshes, bogs and fens.

Your views

We are keen to hear your views on this report. If you would like to make any comments please contact the Director of Public Health:

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More information

An online version of this report,
and the full report with references, is available at:
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