

# Council

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**Wednesday 4 November 2015**

**2.00 pm**

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

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

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## COUNCIL

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**Wednesday 4 November 2015, at 2.00 pm**  
**Council Chamber, Town Hall, Pinstone Street, Sheffield, S1 2HH**

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

### MEMBERS OF THE COUNCIL

THE LORD MAYOR (Councillor Talib Hussain)  
THE DEPUTY LORD MAYOR (Councillor Denise Fox)

1	<i>Arbourthorne Ward</i> Julie Dore Mike Drabble Jack Scott	10	<i>Dore &amp; Totley Ward</i> Joe Otten Colin Ross Martin Smith	19	<i>Mosborough Ward</i> David Barker Isobel Bowler Tony Downing
2	<i>Beauchief &amp; Greenhill Ward</i> Julie Gledhill 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 Mohammad Maroof
3	<i>Beighton Ward</i> Helen Mirfin-Boukouris Chris Rosling-Josephs Ian Saunders	12	<i>Ecclesall Ward</i> Penny Baker Roger Davison Shaffaq Mohammed	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 Garry Weatherall	22	<i>Shiregreen &amp; Brightside Ward</i> Peter Price Sioned-Mair Richards Peter Rippon
5	<i>Broomhill Ward</i> Jayne Dunn Aodan Marken 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 Chris Peace	24	<i>Stannington Ward</i> David Baker Katie Condliffe Vickie Priestley
7	<i>Central Ward</i> Lewis Dagnall Robert Murphy Sarah Jane Smalley	16	<i>Graves Park Ward</i> Ian Auckland Steve Ayris Denise Reaney	25	<i>Stocksbridge &amp; Upper Don Ward</i> Jack Clarkson Richard Crowther Keith Davis
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> Dianne Hurst 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 Zoe Sykes
				28	<i>Woodhouse Ward</i> Mick Rooney Jackie Satur Ray Satur

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John Mothersole

Chief Executive

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Contact:

Paul Robinson, Democratic Services

Tel: 0114 2734029

[paul.robinson@sheffield.gov.uk](mailto:paul.robinson@sheffield.gov.uk)

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## **PUBLIC ACCESS TO THE MEETING**

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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](http://www.sheffield.gov.uk). You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. 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.

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## **FACILITIES**

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

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

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**COUNCIL AGENDA  
4 NOVEMBER 2015**

**Order of Business**

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**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 7<sup>th</sup> October 2015 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 (2015)**

To receive a presentation by Stephen Horsley, Interim Director of Public Health, on his annual report for 2015 on the health of the people of Sheffield.

A background report is attached. An electronic version of the Interim Director's Annual Report has been published with this agenda, and a copy of the Report will be provided to all Members of the Council prior to the meeting.

**8. NOTICE OF MOTION GIVEN BY COUNCILLOR GEORGE LINDARS-HAMMOND**

That this Council:-

- (a) is appalled by the Government's decision to cut tax credits which will reduce the incomes of over 3 million working families, including 27,000 in Sheffield, by an average of £1,300 a year from April 2016;
- (b) believes the Government's decision to cut tax credits clearly shows that the Conservatives are not on the side of working people, and that attempts to rebrand themselves as the 'workers' party' are nothing more than empty rhetoric;
- (c) notes that there was no mention of cutting tax credits in the Conservative Party manifesto and recalls that the Prime Minister explicitly ruled out cuts to tax credits in the run up to the General Election on BBC Question Time on 30th April 2015;
- (d) notes research from the Resolution Foundation which found that the proposed cuts to tax credits will immediately push a further 200,000 children into poverty;
- (e) further notes comments made by Paul Johnson, Director of the Institute for Fiscal Studies, who said it was "arithmetically impossible" for the increase in the minimum wage to compensate for the loss in tax credits;
- (f) believes that these cuts to the income of working families on low wages are unjustifiable, particularly given cuts to inheritance tax and to the top rate of income tax; and
- (g) calls on the Government to heed the House of Lords' opposition to these cuts and to reverse in full the proposed reductions to tax credits.

**9. NOTICE OF MOTION GIVEN BY COUNCILLOR TERRY FOX**

That this Council:-

- (a) notes with sadness the announcement of the closure of the Redcar blast furnace and the news that Tata Steel is to cut 1,200 jobs across the UK, including many within Sheffield City Region;
- (b) further notes:
  - (i) the huge contribution the steel industry makes to the UK economy, employing 34,500 people across the sector and countless more in supply chains, and achieving exports worth £6bn in 2014;
  - (ii) the challenging global steel market, in particular an over-supply of steel on the international market, which has pushed prices down; and
  - (iii) that UK Steel, trade unions and Members of Parliament have been calling for months for the Government to act to protect the industry;
- (c) condemns the Government for their inaction and their willingness to let British industry bear the brunt of global economic headwinds without protection;
- (d) believes the Government's inaction shows they lack an industrial strategy and have no interest in supporting strategic national industries like steel; and
- (e) calls on the Secretary of State for Business, Innovation and Skills to intervene directly to save steel plants at risk of closure in the short term, and to develop an active industrial strategy to support the UK steel industry over the long term.

**10. NOTICE OF MOTION GIVEN BY COUNCILLOR SHAFFAQ MOHAMMED**

That this Council:-

- (a) regrets the Government's plan to slash Tax Credits from 1st April 2016;
- (b) notes that despite massive public opposition, and opposition from Conservative backbenchers, the Government attempted to press ahead with these unnecessary ideological cuts that will hit the working poor hardest;
- (c) notes that if the proposed changes to Tax Credits were

implemented:-

- (i) 25,000 families in Sheffield are set to lose out an average £750 a year in Tax Credits; and
- (ii) 40,000 children in our area would be forced to live in poorer households, reducing their life chances and making it harder for their parents to make ends meet;
- (d) notes that cutting Tax Credits was not in the Conservative Party manifesto, and the Prime Minister explicitly ruled them out during the General Election campaign, meaning the Government does not have a mandate to carry this out;
- (e) regrets that these Government proposals have got to this stage after the Welfare Reform and Work Bill passed through the House of Commons, which 184 Labour MPs failed to oppose, including 4 of the 5 Sheffield Labour MPs;
- (f) notes that the Labour Party has repeatedly wavered on their position on tax credit cuts and two Shadow Cabinet Ministers, MPs Diane Abbott and Seema Malhotra, have been unable to say that the Labour Party would reverse the cuts;
- (g) believes the Labour Lords amendment which was passed on Monday 26th October 2015 to delay the cuts by three years and implement 'transitional measures' is a step in the right direction but it does not go far enough and will be of little solace to hardworking people on low incomes when the Government's proposals are implemented in three years' time;
- (h) notes that the Liberal Democrat peers tabled a 'fatal motion' to kill off Tax Credit changes for good but this was defeated because Labour members in the House of Lords did not support it; and
- (i) therefore, calls on the Council to write to The Baroness Smith of Basildon, Shadow Leader in the House of Lords, regretting the decision of Labour peers to only delay Tax Credit cuts.

## **11. NOTICE OF MOTION GIVEN BY COUNCILLOR LEIGH BRAMALL**

That this Council:-

- (a) welcomes this Administration's efforts to develop Sheffield's outdoor economy, including The Outdoor City Strategy currently out for public consultation;
- (b) is proud that Sheffield hosted the European Outdoor Summit at the City Hall between 13<sup>th</sup> to 15<sup>th</sup> October 2015, attended by more than 300 delegates from across the globe;

- (c) recognises the potential of the outdoor economy to help to attract and retain people with the knowledge and skills to drive our key industries, including advanced manufacturing;
- (d) believes that:
  - (i) Sheffield has the potential to establish itself as a leader in outdoor recreation, given its unique natural assets, high rate of participation in outdoor activities, and high number of outdoor businesses; and
  - (ii) developing the 'Outdoor City' brand will help to boost tourism and attract people to the city; and
- (e) notes research carried out last year by the Sport Industry Research Centre at Sheffield Hallam University which found that outdoor recreation in Sheffield generates more than £53m in economic output a year, in addition to engaging people in outdoor activity and generating significant health benefits.

## **12. NOTICE OF MOTION GIVEN BY COUNCILLOR JACKIE DRAYTON**

That this Council:-

- (a) notes with regret that the Government has cut adult education spending by 24% this year, and that this is on top of a £1bn reduction in real terms between 2013/14 and 2009/10 under the Liberal Democrat Secretary of State for Business, Innovation and Skills, which resulted in 17% fewer adult learners;
- (b) believes that:
  - (i) adult education and skills is life-changing for many people; as well as helping people into employment, it improves health and wellbeing, contributes to social inclusion, and helps to build more resilient communities;
  - (ii) strategic, long-term investment in adult education and skills is needed to improve the skills base to drive productivity growth;
  - (iii) by making further cuts to adult education and skills, the Government would be closing the door in the face of people trying to improve their prospects; and
  - (iv) further cuts in post-16 education will have a disproportionate impact on disadvantaged groups, which will increase disadvantage and undermine equality of opportunity;



- (c) is concerned that the cuts suggested for the Department for Business, Innovation and Skills of between 25-40% as part of the Government's upcoming Comprehensive Spending Review will have a serious impact on the sustainability of adult education in Sheffield and across the UK; and
- (d) calls on the Government to protect the adult education budget, in particular Adult and Community Learning, from further cuts.

### **13. NOTICE OF MOTION GIVEN BY COUNCILLOR ANDREW SANGAR**

That this Council:-

- (a) notes the loss of over 4,000 jobs in the steel industry during this year, most recently due to cuts from Tata Steel, which axed 1,200 jobs last week, including 550 in South Yorkshire, and the closure of the SSI plant in Redcar which meant 1,700 job losses;
- (b) notes the UK steel industry is in crisis due to a number of factors, including the influx of cheap steel from China, rising energy costs, and a strong pound;
- (c) notes the British steel industry's close relationship with Sheffield, renowned as the 'Steel City' due to its historic role in the development of the manufacturing of steel, and that jobs in the steel industry are still important to the City Region;
- (d) notes that during the Coalition, the Government got permission from the European Commission to compensate steel companies for high energy costs, and further notes the comments of the former Business Secretary, Vince Cable, on 21st October 2015 that 'The Treasury is sitting on [this] money.';
- (e) believes that if the UK is to maintain its strategic capacity to manufacture steel, the Government must act fast;
- (f) regrets the lack of action by the Government in recent months and believes that the recent announcement of a £3 million contribution towards re-training workers laid off by Tata Steel in Scunthorpe and £80 million towards redundancy and re-training for steel workers in Redcar is tokenistic and will do nothing to prevent further closures;
- (g) believes that Labour Shadow Chancellor, John McDonnell MP's proposal to nationalise the steel industry is ideological, irresponsible and unnecessary, and that efforts to help the steel industry should be focussed on levelling the playing field for the UK steel industry to compete internationally;
- (h) calls on the Government to:-

- (i) use the UK's diplomatic relationship with China to address the issue of over production of steel; and
  - (ii) pass on the money agreed with the European Commission to compensate steel companies for high energy costs to alleviate some of the pressure on the industry; and
- (i) requests that a copy of this motion be forwarded to the Chancellor of the Exchequer, the Rt. Hon. George Osborne MP.

#### **14. NOTICE OF MOTION GIVEN BY COUNCILLOR BRIAN WEBSTER**

That this Council:-

- (a) notes that on 2nd October, 2015 the Leader of the Council joined other local authority leaders from South Yorkshire, and the Chancellor of the Exchequer, in signing a 'devolution deal' for the Sheffield City Region;
- (b) notes that among the reported benefits of this deal is a pledge of an extra £900m over 30 years from central government for the Sheffield City Region, equating to £30m per year, but notes that this amount is not nearly enough to offset the substantial cuts that central government has imposed on Sheffield and other local authorities in the SCR over the past five years;
- (c) notes that as part of the 'devolution deal', it is proposed that there will be an elected Mayor for the Sheffield City Region from 2017, and believes that this is regrettable and a backwards step for local democracy;
- (d) recalls that in a 2012 referendum the people of Sheffield voted decisively against having an elected Mayor for Sheffield City Council, and believes that this demonstrates strong public feeling in this city against the centralisation of executive powers in the hands of a single individual;
- (e) notes comments by the Labour Shadow Secretary of State for Communities and Local Government (reported in the Yorkshire Post on 13<sup>th</sup> October 2015) that the imposition of a Mayor on the Sheffield City Region and other areas is "what you would imagine in a dictatorship, not a democracy", and agrees with the sentiment that elected Mayors should not be imposed on either local authorities or cross-authority areas without clear public support, for example via referenda;
- (f) therefore considers it disappointing that local authorities across the Sheffield City Region, including those that are Labour-led, are failing to stand up to what this Council believes to be the Chancellor of the Exchequer's unreasonable demands with respect to the

imposition of a City Region Mayor;

- (g) believes that while radical devolution of power to local authorities and cross-authority areas is necessary to counter the traditional concentration of power at Westminster, the current proposals for Sheffield City Region represent a step in the wrong direction both for the future of the local area and for local democracy;
- (h) welcomes the 'Democracy Matters' initiative of the Electoral Reform Society and a number of UK universities, including the University of Sheffield, which will see two pilot 'Citizens' Assemblies' "[debating] a range of options for Britain's constitutional future", is proud that Sheffield has been chosen to host one of these two pilot Assemblies, and believes that these provide a far more positive model for future discussions over devolution than the negotiations that the Administration conducted behind closed doors in agreeing the Sheffield City Region devolution deal with central government; and
- (i) therefore:
  - (i) calls upon the Administration to rethink its plans to accept the imposition of a City Region Mayor without a further referendum having established this as the will of the people of Sheffield;
  - (ii) calls upon central government to ensure that, wherever devolution deals with local authorities call for the establishment of elected Mayors, central government funding is provided to cover the costs of holding referenda to determine whether this has the support of local people; and
  - (iii) given the significant and far-reaching implications that this deal is likely to have on the development of Sheffield's economy and governance for decades to come, urges all political groups on Sheffield City Council to demonstrate their commitment to democracy by giving Members a free vote on the Sheffield City Region devolution deal when that deal comes before this Council for debate and approval.

## **15. NOTICE OF MOTION GIVEN BY COUNCILLOR JOHN BOOKER**

That this Council:-

- (a) regrets that, over the last two decades, consecutive governments have seemingly conspired to support failing energy policies that do nothing to reduce global emissions, but bring hardship to British families, and that their "green" agenda does not make them friends of the earth, but enemies of the people;

- (b) further regrets Britain's major global competitors - USA, China, India - are switching to low-cost fossil fuels, while we are forced to close perfectly good coal-fired power stations to meet unattainable targets for renewable capacity;
- (c) notes the 2008 Climate Change Act drives up costs, undermines competitiveness, hits jobs and growth, and that this is the most expensive piece of legislation in British history, with the Government's own figures putting the cost of the Act at £18 billion a year over 40 years, or £720 billion between 2010 and 2050;
- (d) further notes the European Union's Large Combustion Plant Directive and the planned Medium Combustion Plant Directive both have the effect of closing down secure, reliable and economical electricity generation;
- (e) also notes that the British coal industry once employed one million miners, yet now all three remaining deep coal mines are set to close by 2016, at a cost of 2,000 jobs, despite having many years of productive life left and regardless of Britain's continuing need for coal, and further notes that 30 per cent of our electricity is still produced from coal and we will be dependent on fossil fuels for many more years to come;
- (f) believes a commission should be set up to investigate ways to assist and rejuvenate the coal industry and seek to secure the survival and expansion of Britain's indigenous coal industry in the form of deep, opencast, and drift mining, and that the carbon floor tax should be abolished on the basis that production for coal-fired power stations is combined with carbon capture and storage;
- (g) recalls that in 2014, the Government forced energy companies to add nearly £3.2 billion onto energy bills to finance their energy and climate change policies, and notes that these costs are expected to increase to a staggering £9.8 billion by 2020, amounting to an extra £197 going onto our average domestic fuel bills;
- (h) demands that the Government finds a fairer way of paying our bills, by stopping energy companies charging extra for customers who use prepayment meters; and
- (i) further believes Britain is sleepwalking into an energy crisis, that political doctrines, ideologies and party before the people policies will not keep the lights on, and that we all have a duty to avert this real problem and work towards a sustainable solution to our country's energy needs.

**16. NOTICE OF MOTION GIVEN BY COUNCILLOR NASIMA AKTHER**

That this Council:-

- (a) notes the enormous contribution that local, small independent businesses make to our economy and understands that small businesses are at the heart of local communities;
- (b) welcomes the steps the current Administration is taking to support small businesses in Sheffield, including the Re:New scheme, and investment to revamp and improve the London Road area;
- (c) believes that in the critical Christmas period, small businesses will benefit from the support of Small Business Saturday - a national campaign to encourage people to buy local and support small and independent businesses; and
- (d) encourages Elected Members to support Small Business Saturday on 5th December 2015, which is expected to be the busiest shopping day of the year, by attending a celebratory event in the Sheffield Moor Market at 2.30pm on that day.

**17. NOTICE OF MOTION GIVEN BY COUNCILLOR PAT MIDGLEY**

That this Council:-

- (a) celebrates the 10th anniversary of the City of Sanctuary movement, which was founded in Sheffield in October 2005;
- (b) is proud that Sheffield became the UK's first 'City of Sanctuary' for asylum-seekers and refugees in September 2007 with the support of the City Council and over 70 local community organisations;
- (c) believes we are a city that takes pride in welcoming people in need of safety; and
- (d) is committed to improving the experiences and opportunities of refugees and asylum seekers living in Sheffield, and enabling them to make a positive contribution to their local neighbourhoods and the city.

**18. NOTICE OF MOTION GIVEN BY COUNCILLOR JOE OTTEN**

That this Council:-

- (a) believes thriving high streets across Sheffield's communities are vital to both the City's economy and its wellbeing;
- (b) welcomes the actions taken by the previous Administration to support local high streets through the Thriving Local and District Centres programme;
- (c) recognises the vital importance to local retail business in the City

Centre and District Shopping Centres, of the Christmas Trading period;

- (d) notes nearby competing shopping centres such as Rotherham and Chesterfield are offering free car parking incentives in the run up to Christmas;
- (e) recalls the main opposition group's 2015/16 budget amendment, which, if passed, would have provided funding for reduced parking charges and investment in district centres; and
- (f) therefore calls on the Administration to offer free Christmas Parking incentives applicable to the City Centre and district centres, during the forthcoming Festive Season.

#### **19. NOTICE OF MOTION GIVEN BY COUNCILLOR MARTIN SMITH**

That this Council:-

- (a) believes that the Freedom of Information Act is an essential part of our democracy and enables citizens to hold local and national government to account;
- (b) agrees that Freedom of Information laws should be extended to cover private companies delivering public services and major contracts;
- (c) believes that the Freedom of Information Act is under threat from the Government, with proposals to:-
  - (i) introduce charges for requests;
  - (ii) make it easier to refuse requests on cost grounds; and
  - (iii) strengthen Ministers' powers to veto disclosures;
- (d) notes that Sheffield City Council issued refusals, either wholly or partially, on 22% of FOI requests in 2014/15, compared to 11% by Bristol City Council and 18% by both Leeds City Council and Manchester City Council;
- (e) notes Sheffield City Council's refusal to answer its own Opposition Councillors' Freedom of Information requests and reveal the 117 sites either wholly or partially in the Green Belt that were submitted as part of the Call for Housing Sites;
- (f) notes that unlike other Councils, such as Leeds, Sheffield City Council does not publish FOI data on a regular basis including the number of requests received and refused;

- (g) regrets that Sheffield City Council has been refusing to answer tree-related FOI requests, many from people who have never previously made a request under the Freedom of Information Act, instead branding the topic as 'vexatious'; and
- (h) therefore calls on the Council to:-
  - (i) publish data on FOI requests on a monthly basis;
  - (ii) answer tree-related FOI requests; and
  - (iii) write to the six Sheffield MPs requesting that they resist any attempt by the Government to water-down the provisions within the Freedom of Information Act.

A handwritten signature in black ink, appearing to read "John Rocher", with a horizontal line underneath it.

Chief Executive

Dated this 27 day of October 2015

**The next ordinary meeting of the Council will be held on 2 December 2015 at the Town Hall**

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## ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

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

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

You **must**:

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

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

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

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

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

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

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

You have a personal interest where –

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

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

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

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

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

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

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# 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 7 October 2015, at 2.00 pm, pursuant to notice duly given and Summonses duly served.

## PRESENT

THE LORD MAYOR (Councillor Talib Hussain)  
THE DEPUTY LORD MAYOR (Councillor Denise Fox)

1	<i>Arbourthorne Ward</i> Julie Dore Mike Drabble Jack Scott	10	<i>Dore &amp; Totley Ward</i> Joe Otten Colin Ross Martin Smith	19	<i>Mosborough Ward</i> David Barker Tony Downing
2	<i>Beauchief &amp; Greenhill Ward</i> Julie Gledhill 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 Mohammad Maroof
3	<i>Beighton Ward</i> Helen Mirfin-Boukouris Chris Rosling-Josephs Ian Saunders	12	<i>Ecclesall Ward</i> Penny Baker Roger Davison Shaffaq Mohammed	21	<i>Richmond Ward</i> John Campbell Paul Wood
4	<i>Birley Ward</i> Denise Fox Bryan Lodge Karen McGowan	13	<i>Firth Park Ward</i> Sheila Constance Alan Law Garry Weatherall	22	<i>Shiregreen &amp; Brightside Ward</i> Peter Price Sioned-Mair Richards Peter Rippon
5	<i>Broomhill Ward</i> Jayne Dunn Aodan Marken 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 Chris Peace	24	<i>Stannington Ward</i> David Baker Katie Condliffe Vickie Priestley
7	<i>Central Ward</i> Lewis Dagnall Robert Murphy Sarah Jane Smalley	16	<i>Graves Park Ward</i> Ian Auckland Steve Ayris Denise Reaney	25	<i>Stocksbridge &amp; Upper Don Ward</i> Jack Clarkson Richard Crowther Keith Davis
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> Dianne Hurst Mazher Iqbal Mary Lea	18	<i>Manor Castle Ward</i> Terry Fox Pat Midgley	27	<i>West Ecclesfield Ward</i> John Booker Adam Hurst Zoe Sykes
				28	<i>Woodhouse Ward</i> Mick Rooney Jackie Satur Ray Satur



**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Jenny Armstrong, Isobel Bowler and Lynn Rooney.

Due to the absence of the Lord Mayor during the first part of the meeting, the Deputy Lord Mayor (Councillor Denise Fox) took the Chair.

**2. DECLARATIONS OF INTEREST**

Councillor Robert Murphy declared a Disclosable Pecuniary Interest in the item numbered 11 on the Summons (Notice of Motion concerning energy efficiency of housing) on the grounds that he is employed in the solar energy industry.

Councillor Terry Fox declared a personal interest in the item numbered 10 on the Summons (Notice of Motion concerning the Trade Union Bill) as he was the National President of NACODS (National Association of Colliery Overmen, Deputies and Shotfirers).

Councillor John Campbell declared a Disclosable Pecuniary Interest in the item numbered 10 on the Summons (Notice of Motion concerning the Trade Union Bill) as he was Unison Staff Side Chair, Sheffield Teaching Hospitals.

Councillor Richard Crowther declared a personal interest in the item numbered 16 on the Summons (Notice of Motion concerning the Ecclesall Road Sorting Office).

Councillor Nasima Akther declared a personal interest in the item numbered 9 on the Summons (Housing Of Asylum Seekers: G4S' Performance on the Home Office's Compass Contract) as a Trustee of the City of Sanctuary.

Councilor Katie Condliffe declared a personal interest in the item numbered 17 on the Summons (Women's Institute Centenary) as a member of the Women's Institute.

Councillor Julie Dore declared a personal interest in the relation to the Public Questions item on the subject of Driver Only Trains, as she was a Director of Rail North.

**3. MINUTES OF PREVIOUS COUNCIL MEETING**

**RESOLVED:** On the Motion of Councillor Gill Furniss, seconded by Councillor Peter Rippon, that the minutes of the meeting of the Council held on 2 September 2015 be approved as a true and accurate record.

**4. PUBLIC QUESTIONS AND PETITIONS AND OTHER COMMUNICATIONS**

4.1 Cabinet Member for Neighbourhoods

The Leader of the Council (Councillor Julie Dore) announced that she had appointed Councillor Sioned-Mair Richards to act as Cabinet Member for Neighbourhoods during the period of absence of Councillor Isobel Bowler.

4.2 Victoria Cross Commemoration

The Deputy Lord Mayor (Councillor Denise Fox) announced that the laying of a commemorative stone to remember Acting Sergeant John Crawshaw Raynes (Royal Field Artillery) who was awarded the Victoria Cross in 1915 for his actions during the First World War, would take place on Monday 12 October 2015 at 11.00am at the War Memorial in Barker's Pool.

4.3 Petitions

4.3.1 Petition Opposing the Proposed Closure of the Sheffield South West Delivery Office

The Council received an electronic petition containing 839 signatures opposing the proposed closure of the Sheffield South West Delivery Office on Ecclesall Road.

Representations on behalf of the petitioners were made by Steph Gale who stated that she had begun the petition on 'change.org' to raise awareness in relation to the proposed closure of the Sorting Office. The petition had now collected over 800 signatures and messages of support. There had been no publicity concerning the proposed closure. The Delivery Office was well used by people to collect parcels and was well located for public transport and parking.

The proposed alternative facility was at Pond Street, which it was considered would not be convenient for people who used the Delivery Office on Ecclesall Road and would not be as accessible for people who were elderly or disabled people due to its location and opening hours and would contribute to congestion and pollution in the city centre. She expressed concern that the issues of cost were being put ahead of services to customers and also stated the proposals were short sighted if the Royal Mail sought to protect its parcel delivery service as other delivery companies delivered parcels. She asked the Council to support the petition expressing concern at the proposal by Royal Mail to close the South-West delivery office on Ecclesall Road, and requesting that, should the closure go ahead, suitable arrangements are made for local residents to collect parcels from an alternative site in the Ecclesall area.

The Council referred the petition to Councillor Leigh Bramall, Cabinet Member for Business, Skills and Development and Deputy Leader. Councillor Bramall stated that there was a Notice of Motion concerning the proposed closure of the Ecclesall Road Delivery Office, which was to be considered at this meeting of the Council and which supported the position taken by the petition. The Council would do what it could to raise the issue and to get the right result.



4.3.2 Petition Opposing the Cuts to Concessionary Travel for Children, Elderly and Disabled

The Council received a petition containing 365 signatures opposing cuts to concessionary travel for children, elderly and disabled.

Representations on behalf of the petitioners were made by Jeremy Short who stated that further cuts to services were planned. There had been inadequate consultation and relatively few people were aware of the proposed changes. This had not been announced by the South Yorkshire Passenger Transport Executive on 1<sup>st</sup> September. It was acknowledged that the Passenger Transport Authority had a difficult task and that a significant number of its staff posts which might have undertaken consultation and engagement, had been made redundant. The consultation questionnaire asked people to identify where and relation to which groups, cuts should be made, but there was not an option in the questionnaire for 'no cuts'. The City Region Devolution Deal, whilst it would include additional funding, represented little in the context of the cuts which had already been made. He asked the Council to stand up to the government in relation to the cuts and to suspend any further cuts pending real consultation in relation to the transport network.

The Council referred the petition to Councillor Terry Fox, Cabinet Member for Environment and Transport. Councillor Fox stated that the Passenger Transport Executive had lost approximately 50 percent of its staff in the past few years. An announcement was made concerning consultation at the Combined Authority Transport Committee meeting on 1<sup>st</sup> September and there would be opportunity for the public to address the Committee at the forthcoming meeting on 12<sup>th</sup> October. There had been 1,500 replies to the consultation, to date and Members would take into account the results of the consultation. He said that the representations made at this meeting would be included as part of the responses to consultation and that he would also speak with the Interim Director General of the Passenger Transport Executive, David Young.

4.3.3 Petition Requesting Warm Homes, Good Jobs and Safe Pensions

The Council received a joint electronic and paper petition containing 803 signatures requesting warm homes, good jobs and safe pensions.

Representations on behalf of the petitioners were made by Joan Miller, who stated that the Council should make it a priority to undertake a targeted programme of home insulation in Sheffield given the knowledge of the effects of climate change, which were already becoming apparent. There was he said enough carbon to result in a two percent increase in temperatures in 17 years. The matter concerned humanity and was urgent. He said that it was in cities that much of the action relating to the climate would take place. There was a lot of evidence that investing in climate action will be good for health, employment and the economy, whilst contributing to savings on energy bills. He said that fuel poverty was a scandal which impacted upon people's health and wellbeing and that one of the benefits of home insulation was that it would help improve health, particularly of vulnerable people and help them save money on energy costs. It was suggested

that a financial instrument was created to bring about action on climate change and the local pension fund should be used to invest in buildings and transport for the future.

The Council referred the petition to Councillors Jayne Dunn, Leigh Bramall and Ben Curran, Cabinet Members for Housing, Business, Skills and Development and Finance and Resources, respectively.

Councillor Ben Curran stated that the issues which had been raised concerning the effects of climate change becoming apparent were very important. He acknowledged the campaign for the pension fund to divest from fossil fuels and that alternatives to such investment needed to be found. The South Yorkshire Pensions Authority was also concerned with its fiduciary duty. Pension funds could also have a role in investing in infrastructure and he made reference to the Canadian pension fund which had invested in Birmingham International Airport. He believed there was resource in the pensions fund and he had asked officers to look at infrastructure works which were required and to put those to the Pensions Authority.

Councillor Leigh Bramall stated that jobs would be created through investment and it was important that the economy grew and there were skilled jobs, including in the area of improving energy efficiency and that he agreed with the premise of the case which the petitioners had made.

Councillor Jayne Dunn stated that the Green Commission was examining issues such as fuel poverty and there were things that could be done collectively to deal with actions relating to climate change and fuel poverty. The Council had invested £100 million in replacing roofs on housing in the City and would install heat meters in 6,000 homes. The private housing sector also needed to take similar action.

#### 4.3.4 Petition Requesting the Council to Increase the Number of Syrian Refugees Welcomed to the City

The Council received a petition containing 33 signatures requesting the Council to increase the number of Syrian refugees welcomed to the City.

Representations on behalf of the petitioners were made by Mr Phillis Andrew. He requested that the Council match the generosity shown by Sheffield people to refugees by significantly increasing the number of Syrian refugees welcomed to Sheffield, as a City of Sanctuary, under the Government's Vulnerable Persons Relocation Scheme over the next 5 years. It was planned to welcome 400 people to the City over five years, and the Council was asked to increase that number. The Council was also asked to request the Government to take a fair share of refugees who were already in Europe and who had fled the circumstances of war and persecution in Syria. He noted that donations had been made by people in Sheffield and South Yorkshire to help support refugees. The petitioners requested the Council to write to the Prime Minister and call upon the Government to give protection to refugees at Calais to be admitted to the UK to make their claims for protection and asylum. A rally and march would be held on Saturday 10 October at 11am.

The Council referred the petition to The Leader of the Council, Councillor Julie Dore. Councillor Dore stated that in relation to the number of Syrian refugees that the UK Government was prepared to welcome, it was right to put pressure on the Government to increase the overall number of people that they would accept. The Council was offering to resettle Syrian refugees and further reference to this issue was set out at Notice of Motion 9 on the Summons for this meeting of the Council. Sheffield was a friendly and welcoming city with an exemplary reputation with regard to resettling refugees who had fled war and persecution. The City had a good relationship with the civil service, Migration Yorkshire, third sector organisations and others. The most recent crisis involving refugees from Syria had put the issue at the top of the agenda and Sheffield was an example of best practice from which other places sought to learn and realise the benefits which resettled peoples brought to the city. Whilst the efforts of the Government were welcomed in so far as they went, the Council had made representations to Government in respect of the numbers of refugees that should be resettled in the UK over 5 years.

The Council would resettle refugees in the Sheffield, within available capacity and would also make sure they are properly supported by appropriate funding. The number of people to be resettled would be extended, if possible. The Home Office had written to the Council and would guarantee the first 12 months of funding for the resettlement of Syrian refugees and would provide additional funding. The Council was clear that people who were refugees had often gone through experiences which meant they needed support beyond a 12 month period or continuous support. Councillor Dore said that the contributions of those organisations supporting the petition were welcomed and that the Council would continue to work with them.

#### 4.4 Public Questions

##### 4.4.1 Public Questions Concerning Syrian Refugees

John Grayson asked if the petitioners could invite councillors and officers of the Council present to join them on a march up the Moor and rally on the Town Hall steps on Saturday 10 October at 11.00am saying "Sheffield welcomes refugees". He asked if they might also invite the Lord Mayor of Sheffield, the City of Sanctuary, to say a few words to those who marched and would rally on 10<sup>th</sup> October.

A question was asked as to whether the Council agreed that migrants and refugees have helped to build Sheffield, working in hospitals and NHS, care homes, universities, schools, factories and businesses and if the Council also agreed, in representing the City of Sanctuary in the UK, that immigration by refugees, migrant workers and international students has been good for Sheffield.

Councillor Julie Dore referred to her previous answer and said that there were great and positive benefits and contributions brought to Sheffield by immigrants and refugees who settled in the City. The Lord Mayor would determine whether or not he would be able to attend the march and rally on 10<sup>th</sup> October. She said that

she would speak with Cabinet Members to see whether a representative would be able to attend that event.

Councillor Mazher Iqbal, the Cabinet Member for Public Health and Equality commented that he believed families who had migrated to the City made a very valuable contribution. He commented on a recent speech made by the Home Secretary on 6 October, which he stated was a retrograde step. He supported the comments made by Councillor Dore.

#### 4.4.2 Public Questions Concerning Trees

Phil Shaddock asked the following questions on behalf of John Dryden:  
Minutes were produced for the first meeting of the Tree Forum. However, no minutes were produced in respect of the second Tree Forum meeting in September. He asked the reason for this and why the public were not informed that no minutes would be taken.

Ariane Brumwell asked why the Council felt that trees in some parts of Nether Edge should be pulled up and asked for a written response.

Councillor Terry Fox, the Cabinet Member for Environment and Transport, stated that he would provide a written response to the question from Ariane Brumwell. With regards the Tree Advisory Forum, minutes were taken of the first Forum meeting and it had been difficult to reach consensus as to what comprised an agreed version of those minutes which could be said to be an accurate record of the meeting. At the second Forum in September, he had said that this issue would be addressed later at that meeting. However, unfortunately this did not happen in the context of the presentations on the agenda at that Forum meeting. Councillor Fox proposed that, for the third meeting of the Forum, there would be a different format. He said that he would meet again with presenters and others to make sure what they intended to say was properly captured. He had also received correspondence with regard to the second Forum expressing alternative views.

#### 4.4.3 Public Question Concerning Fuel Poverty

Jenny Patient asked whether, in terms of public health outcomes, the Council's research had discovered any better programme of investment than home insulation to reduce fuel poverty.

Councillor Mazher Iqbal, the Cabinet Member for Public Health and Equality, stated that the recommendations of the Green Commission were awaited. There had been an earlier report entitled 'Out of the Cold into the Warm'. The Council was developing a fuel poverty strategy this year and the Marmot review had said that 25 percent of deaths were attributable to living in cold homes. The Council had worked with South Yorkshire Energy Centre to identify and to support vulnerable households, including the giving of debt and welfare advice. He confirmed that he would provide a written response to the question.

#### 4.4.4 Public Question Concerning Air Pollution

Dave Dilner stated that a report published on 18<sup>th</sup> February 2013 by Sheffield First Partnership showed that respiratory disease caused by air pollution in Sheffield resulted in over 500 premature deaths and had cost the local economy £160 million per year. Sheffield had one of highest incidence of child respiratory disease. An article in the Yorkshire Post had said that Sheffield was on the danger list in relation to air pollution. He asked what the Council had to say about these issues and commented on the contribution to an increase in air pollution of the loss in urban tree canopy cover.

Councillor Terry Fox, the Cabinet Member for Environment and Transport, stated that he suffered from a respiratory disease. He made reference to the earlier petition which had been submitted to the Council in respect of climate change. The nature of the action by the Council was generational. In 2006, it had been highlighted that the City would potentially loose up to 75 percent of its trees, if no action was taken. In 2015, the Council had planted 50 thousand trees and created 17 new woodland areas for the future. There were other initiatives which were being developed, including a bid for electric vehicles, low emission zones, an air quality action plan and work by the Combined Authority on integrated transport. The Council took the issue of air pollution seriously and was working with others in this regard.

#### 4.4.5 Public Questions Concerning Devolution

Martin Brighton stated that a document would shortly be released comprising the public record quotes of senior elected members and especially the Council Leader, expressing their opposition to an elected executive mayor, praising the electors for rejecting an elected executive mayor in a local referendum, and praising that the LEP (Local Area Partnership) proposal would continue without the imposition of an elected executive mayor.

Mr Brighton asked the following questions:

1. At what meeting, attended by whom, and when, and why, was the decision taken to abandon its core democratic principles, go against their own public policies, betray the wishes of their electors who once trusted them, and surrender to the Tory financial blackmail by accepting the conditions to get what is, in the bigger scheme of things over 30 years, not a big deal?
2. How can the Local Enterprise Partnership imposition be described as devolution if, conditional upon that claimed devolution, the expressed wishes of those to whom power is falsely alleged to be devolved are being ignored and what does this say about the political integrity and respect for democracy of the national and local political parties?

Councillor Julie Dore, the Leader of the Council, stated that as regards her position on the referendum for an elected city mayor, she did oppose that, because all of the power would be placed in the hands of an individual and, with the proposal for a city mayor, there were no corresponding increased powers, responsibilities or funding beyond what the Council already had. Whereas, the proposals as recently announced with regard to devolution were very different.

The Sheffield City Region, comprised areas including South Yorkshire Authorities and some authorities in Derbyshire and Nottinghamshire. The proposals were that the City Region would gain certain additional powers, funding and responsibilities, which would be passed from the Government. Under the proposals, the local authorities within the City Region would not cede powers to the elected mayor as it was considered that each local authority was best placed to decide upon local matters.

Councillor Dore said that the Government position was that the City Region would need an elected mayor, whilst the City Region local authorities believed that the Combined Authority represented an effective way of delivering the various devolution proposals, without the need for an elected mayor. However, the Government had said that the establishment of an elected mayor was a condition of the proposed additional powers and funding for the City Region and this was the basis of the negotiations with them.

It was considered that the City Region had at this time, extracted as much power and funding as possible from the negotiations. A democratic process would take place and the final devolution deal would be subject to approval by Council and a major consultation with other stakeholders and Councillor Dore said that she looked forward to people participating in that process.

#### 4.4.6 Public Questions Concerning BME Network

Mr Brighton stated that another apparently abandoned central tenet of this administration is that it claims to devolve democracy to the communities and support self-management, self-determination and community empowerment.

Mr Brighton asked in reference to the BME (Black and Minority Ethnic) Network as one example:

1. Why, with what authority and under which Council policy, can an elected member arbitrarily decide to impose its own leadership on a community group, attempt to financially cash-starve the organisation into submission, disempower the community the group represents, exclude the community group from engagement in the 'partnership' consultative decision-making processes, exclude the group from consideration to deliver contracts, and make top-down dictatorial decisions as to the structure and financing of the group?

2. With BME unemployment for the under 25's at 56%, and a BME population in affected areas up to 19.6%, has the Council carried out an impact assessment for its decision, such as the effect of removing the voice and influence of the BME Network, the long-term effect of acting contrary to the wishes of the members of the BME Network, and the effective exclusion from the £6million Council-controlled Big Lottery funds?

Councillor Mazher Iqbal, the Cabinet Member for Public Health and Equality, stated that he would provide written responses to Mr Brighton's questions. He stated that the Council did not control money relating to grants from the Big Lottery as community groups could apply for such grants. With reference to the

Work Programme, Councillor Iqbal stated that he was looking at people who were furthest from the labour market, including groups such as BME communities, carers and people with learning disabilities. It was hoped that the devolution deal would contribute to this outcome as well. As with any grant, there were conditions. If these conditions are not adhered to, problems would need to be rectified and a decision made as to whether funding should continue or be terminated. A further conversation would be needed between him and that organisation.

#### 4.4.7 Public Question Concerning School Places

Kaltun Elmi stated that there was a problem of less school places in Burngreave and families were forced to send their children to schools far away. Single mothers struggled to manage taking young children to different schools and there were some children who were not offered places at all. She asked what was being done to address the issue.

Councillor Jackie Drayton, the Cabinet Member for Children, Young People and Families, stated that the birth rate in the city which was significantly higher than the national average. There was pressure on school places in the North East and South West areas of the city. Unfortunately, families were in the position of having to send their children to schools outside the catchment area. Consultation was being undertaken on expanding capacity in those areas.

Regarding children not in school, she explained that there was an independent appeals process through which parents could appeal in respect of school places. She was aware that some families were still waiting for their case to be heard.

Councillor Jackie Drayton said that every child should have been offered a school place. She stated that if names and details were provided of children who had not been offered a place, she would follow up these cases to ensure they had been offered a place.

She stressed that every child should be in school, even if it was not the school which the parents initially wanted.

#### 4.4.8 Public Question Concerning Driver Only Trains

Craig Johnston stated that he represented the RMT (National Union of Rail, Maritime and Transport Workers) and he asked, in relation to the Council's involvement with the Rail North project, whether the Council supported Government proposals to introduce driver only trains and to scrap guards on a large proportion of trains as part of the Northern Rail franchise. He asked if the Council would support rail workers and proposed that meetings of Rail North should be held in public.

Richie Veitch stated that in the proposals for the new Northern Rail franchise, there was a the recommendation to remove guards from fifty percent of services as there are occasions when guards allegedly cause delay to services because of revenue collection duties. He asked how many minutes' delay is caused to rail services because of this.

Councillor Julie Dore, the Leader of the Council, stated that she was a Director of Rail North. Proposals had been submitted to the Department of Transport by political leaders in northern local authorities to give local people greater power to control the quality and price of rail franchises. Although the Government declined this initial proposal, it did propose that they work with the Government on issues such as timetables, fares and infrastructure.

Councillor Dore stated that personally she wished to see more guards on trains and the best possible journeys for passengers. She explained that Rail North was not responsible for contract specification and it was the Department for Transport which would agree the contract for the Northern Rail franchise and decide the contract specification. Rail North was seeking a chairperson and that group was tasked with ensuring that it continued to strive for better quality and that services were managed and maintained.

#### 4.4.9 Public Question Concerning Green Jobs and Climate Change

Susannah Diamond asked if it was possible for the Council to make use of existing Council reserves to provide low interest loans to Sheffield householders to improve energy efficiency, reduce fuel poverty and the associated health issues, and provide individuals with more money in their pockets to contribute to a viable local economy.

Councillor Ben Curran, the Cabinet Member for Finance and Resources, stated that the use of Council reserves was probably not possible. The Audit Commission had recommended that between 3-4 percent represented a prudent reserve. The City Council held 2.4 percent back in reserve, which was lower than in other core cities and he referred to the financial context of Government funding cuts. There was some merit in the proposal, but the use of the Council reserves was in place to respond to emergency circumstances and not the right way to achieve the improvements relating to energy efficiency. Sheffield Money offered low interest loans to individuals.

#### 4.4.10 Public Questions Concerning Post Trauma Stress Disorders

Rev Dr Leonora Charles Loughred stated that people who were refugees or those seeking asylum had often been the subjects of horrendous experiences and were vulnerable to post trauma stress disorders. Research was needed into this condition and consideration given to the treatment of people that experienced post-traumatic stress disorder. She asked what the Council was doing about this issue.

Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living, responded that this was a serious problem, particularly in relation to people who were refugees or asylum seekers. Abuse or other traumatic experience could result in psychosis or post trauma stress disorder. There was research in this regard. Health and social care services could provide treatment and support, including in some cases, an individual budget to support them. The Health and Wellbeing Board had a work stream relating to emotional resilience and wellbeing



which was looking at services and support in this area. Councillor Lea said that she would make sure that the issues relating to post trauma stress disorder in refugees and asylum seekers was raised with the relevant bodies.

Councillor Jackie Drayton, the Cabinet Member for Children, Young People and Families, stated that people who were refugees or asylum seekers would be supported by the Gateway project in respect of housing, health, education and language support. It was also recognised that ongoing support was required for people, including for children as there was evidence that children who had experienced trauma could be affected in their adulthood. There had been a school pilot in relating to low level mental health support, early intervention and prevention, which was also being undertaken in other schools.

#### 4.4.11 Public Questions Concerning Mount Pleasant Development on Sharrow Lane

Jonny Douglas asked a number of questions concerning the Mount Pleasant development on Sharrow Lane and in particular relation to the declared status of the exclusivity contract, which had been cited as preventing talks or receipt of information; a moratorium on proceeding until the matter was investigated properly and all interested parties given a fair hearing and the chance to have proposals properly considered.

Nigel Slack also asked questions concerning the Mount Pleasant House development and what he referred to as an apparent contradiction between information given at Cabinet on 22<sup>nd</sup> July 2015 and a subsequent email of 24 September.

Councillor Ben Curran, Cabinet Member for Finance and Resources, stated that the matter and procedure adopted was to be examined by the Council's Internal Audit team, who were independent to those already involved and he would not predetermine the outcome of the audit but gave an assurance that the matter would be followed up. He said that the three week period of reprieve could be extended beyond the meeting date of 3<sup>rd</sup> November. It was important he said that people went ahead with the application for an asset of community value.

Councillor Jayne Dunn, the Cabinet Member for Housing stated in relation to Mr Slack's question that the use of the word 'terms' at Cabinet on 22 July had referred to heads of terms or a non-binding agreement. Contracts relating to land and property would have to be made in writing.

#### 4.4.12 Public Question Concerning an Integrated Transport System

Jennifer Carpenter stated that, in view of the announcement of devolved powers to the Combined Sheffield City Region Authority, will the City Council press for an integrated transport system that is reliable, minimally polluting and offers an attractive alternative to car transport.

Councillor Terry Fox, the Cabinet Member for Environment and Transport stated that this would be the case and the Council would work with many partners to deliver those things.

#### 4.4.13 Public Question Concerning Recording of Meetings

Nigel Slack stated that at the Cabinet meeting on the 16<sup>th</sup> September he was accused by a Council Officer of supplying "...misinformation..." to another member of the public putting a question that day. He said this was done in a forum where neither he nor the questioner was able to challenge the accusation. He referred to an e-mail from a Cabinet Member supporting the accusation. He asked whether, as a result of this and with reference to a Council Officer saying one thing in public and something contradictory in private, did the Council think it appropriate for members of the public to record meetings wherever possible.

Councillor Julie Dore responded that she did not recollect the conversation referred to by Mr Slack at the 16 September meeting of the Cabinet and had also looked at the minutes of that meeting. With regard to the recording of meetings, people were permitted to record at Council meetings such as Cabinet, Council and scrutiny meetings. If there was a move away from people recording at the discretion of the chair account would need to be taken of the nature of business and the audience and including when others did not wish for their contribution to be recorded, so a balanced approach was required.

#### 4.4.14 Public Question Concerning Devolution

Nigel Slack stated that, following the signing of initial agreement to the Chancellor's so called 'devolution' deal for the City Region:

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1. Could the Council confirm whether there will be a full debate in this chamber in respect of the deal?
2. Will Councillors get a free vote on the issue or will the whip be employed?
3. Will the Council's decision be binding on the Leader when at the Sheffield City Region Combined Authority meetings?
4. Did the Leader feel as uncomfortable as she looked when sat next to grinning Gideon?”

Councillor Julie Dore stated that in view of the magnitude of the decision relating to devolution, collective responsibility would need to be taken by Members and such a decision would not be subject of a free vote. The proposals document stated that any decision was subject to Council approval.

Councillor Dore stated that she did feel somewhat uncomfortable on that occasion, but that it was her job to get the best deal for the people of Sheffield and it did not actually matter if she was uncomfortable.

#### 4.5.1 Petition

Petition Requesting Speed Reduction Measures on Loxley Road

The Council received an electronic petition containing 13 signatures requesting speed reduction measures on Loxley Road.

The petition was referred to Councillor Terry Fox, Cabinet Member for Environment and Transport.

## **5. 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**

Councillor Shaffaq Mohammed asked questions relating to the South Yorkshire Fire and Rescue Authority and concerning (a) under which financial standing order a payment of overtime was made to senior officers and (b) whether there had been any discussion of those payments in the Policy Development Group and, if so, was this before the response to a Freedom of Information Request had brought to light the payments.

Councillor Sioned Mair Richards, Chair of the South Yorkshire Fire Authority Audit Committee responded that the Audit Committee of the South Yorkshire Fire Authority had requested that an inquiry be held with regard to all of the issues by the Authority's Internal Audit. Members of the Audit Committee had been kept apprised of the action taken in respect of this matter and a report would be made to the Fire Authority Audit Committee by the end of November 2015.

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

## **6. REPRESENTATION, DELEGATED AUTHORITY AND RELATED ISSUES**

RESOLVED: That on the Motion of Councillor Pat Midgley, seconded by Councillor Gill Furniss (a) the following changes to the memberships of Boards, etc. be approved:

Children, Young People and Family Support Scrutiny and Policy Development Committee - Councillor Sheila Constance to replace Councillor Steve Jones

Safer and Stronger Communities Scrutiny and Policy Development Committee - Remove Councillor Sheila Constance to create a vacancy

Emergency Planning Shared Services Joint Committee - Councillor Terry Fox to fill a vacancy

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

Transport 4 All - Councillor Tony Downing to fill a vacancy

- Councillor Ian Auckland to fill a vacancy

Sheffield Waterways Strategy Group - Councillor Tony Downing to fill a vacancy

Football Association Trust - To appoint Councillor Anne Murphy

(c) it be noted that the Leader of the Council had appointed Councillor Sioned-Mair Richards to act as Cabinet Member for Neighbourhoods.

## **7. CHANGES TO THE CONSTITUTION**

RESOLVED: On the Motion of Councillor Pat Midgley, seconded by Councillor Gill Furniss, that this Council adopts the changes to the Financial Procedure Rules (Financial Regulations) in Part 4 of the Constitution, as set out in the report of the Chief Executive now submitted, and its Appendices A and B, and notes the minor/ consequential changes to the Constitution made by the Director of Legal and Governance, in consultation with the Lord Mayor, under delegated authority, as outlined in the report and its Appendix C.

(Note: the Lord Mayor (Councillor Talib Hussain) took the Chair from this point in the meeting).

## **8. NOTICE OF MOTION GIVEN BY COUNCILLOR JOHN BOOKER**

## **European Union Membership**

It was moved by Councillor John Booker, seconded by Councillor Keith Davis, that this Council:-

- (a) believes that UKIP's position has been quite unfairly and misleadingly labelled 'anti-Europe', but that the Party is not 'anti-Europe', although it is firmly opposed to political integration within Europe;
- (b) regrets that, back in 1972, British citizens were told we were joining a 'common market', but that what we actually joined was a supranational political union where, we believe, we have lost our rights of self-government in the stealth creation of a united states of Europe, which has its own flag, national anthem, parliament, central bank, court of justice, a vast civil service, and fledgling military and police forces;
- (c) notes that the tentacles of the European Union stretch into almost every area of our national life, for example, the EU has significant influence over British financial services, fishing, energy and trade; it seeks to dictate UK business and employment legislation and immigration rules; and it seeks greater control over our law enforcement services, our foreign affairs and tax policy;
- (d) further notes that there is a significant momentum behind plans for a EU-wide army and police force, and that the EU 'shares' responsibility with Britain for many other policy areas, including animal welfare, consumer protection, public health, space programmes, social policy, humanitarian aid and vocational training, to mention but a few;
- (e) further regrets that on these and many other issues, our elected Westminster politicians are effectively impotent; and believes they pretend to have the power to influence these matters, but actually they have none, and it is what this Council believes to be an out-of-sight, unaccountable, pan-European bureaucratic elite which has the final say and they do not consider Britain's best interest; and
- (f) expresses the wish for Great Britain to be a free and fair, independent, sovereign democracy, to leave the EU and re-join the world, and believes that Britain has nothing to lose and everything to gain by this action.

Whereupon, it was moved by Councillor Jack Scott, seconded by Councillor Nikki Bond, as an amendment, that the Motion now submitted be amended by the deletion of all the words after the words "That this Council" and the addition of the following words:-

- (a) believes that Britain should remain a member of the European Union (EU);
- (b) notes that the EU accounts for nearly half the UK's exports and believes

Britain's membership of the EU is vital for the future success of this country's economy;

- (c) further notes the economic benefits membership of the EU has brought to Sheffield, including provision of funding through the European Regional Development Fund;
- (d) believes that Britain's membership of the EU also helps to tackle issues that transcend national borders, such as climate change, terrorism, tax havens and the current refugee crisis;
- (e) fears the Prime Minister's renegotiation with other EU leaders will result in a poorer deal for British workers; and
- (f) calls on the Prime Minister to use his renegotiation to pursue a social Europe, including the strengthening of employment rights and an end to the exploitation of migrant workers.

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

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

- (a) believes that Britain stands taller in the world when we stand tall among our neighbours by playing a leading role in the European Union (EU), as we did with the development of the Single Market;
- (b) notes that as the European Union has developed, the powers of nation states have only been pooled where the nation states themselves identified a strong national interest in doing so, and that unanimous agreement of the governments of member states is, and will remain, the basis for any powers exercised by EU institutions;
- (c) welcomes the Single Market and the free movement of labour for making a positive contribution to the prosperity of, and opportunities available to, the British people;
- (d) further welcomes EU action in fighting crime, and protecting consumers, workers and the environment, and investment in infrastructure and science and technology, recognising that in all these areas we can achieve more working together than we can alone;
- (e) acknowledges that there is no need for, and there are no plans for, an EU army, and recognises the benefits of NATO membership and of the Organization for Security and Co-operation in Europe, and the cost and capability benefits of bilateral co-operation with France on defence procurement and operations;

- (f) acknowledges that the EU is not perfect, but in order to change, reform and improve the institution, we must remain an active member;
- (g) regrets the failure of the UK parliament to use all the powers available to it for the scrutiny of EU legislation, and the poor attendance record of UKIP MEPs when matters affecting British interests are being debated; and
- (h) fears that Britain leaving the EU would lead to the break-up of the UK, as Scotland and Northern Ireland will vote to stay in, and the marginalisation of "little England" in a world dominated by large trading blocs, and calls instead for greater unity in the free world; supporting the EU as a beacon of peace, freedom, democracy, human rights and prosperity in a world contested by warring and oppressive forces.

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

(Note: The above amendment was carried in addition to the earlier amendment (moved by Councillor Jack Scott, seconded by Councillor Nikki Bond). Accordingly, paragraphs (a) to (h) of the above were renumbered as additional paragraphs (g) to (n) in the Substantive Motion.)

Whereupon, it was moved by Councillor Aodan Marken, seconded by Councillor Rob Murphy, as an amendment, that the Motion now submitted be amended by the deletion of all the words after the words "That this Council" and the addition of the following words:-

- (a) welcomes the fact that there will be an opportunity for the people of the UK to democratically settle the question of the UK's continued membership of the European Union (EU), via a referendum;
- (b) does not believe it is reasonable to lay the blame for all the UK's ills on the EU, but does believe that it has been decisions by successive UK governments that have left this country with, for example: a lax tax policy system that allows multinational corporations to pay a smaller percentage of income than most British citizens; marketization in the NHS; and a tripling of tuition fees;
- (c) believes that membership of the EU is on balance positive for the UK, including by making possible cross-border regulation to protect people's health, the environment, and consumers, and hopes that UK citizens will decide to remain within the EU;
- (d) notes the benefits that EU membership brings to the city of Sheffield, including by providing funding for projects like the Community Network Programme, Grey to Green Phase 1 and the Remediation of Don Valley Stadium, through the European Regional Development Fund;
- (e) celebrates all EU students that make, and have made, Sheffield their home for the duration of their study, and the contribution that they make to the city's economic and cultural vibrancy;

- (f) believes that, despite these benefits, the EU in its current form is an undemocratic and unaccountable institution, and that if it is to survive the EU must be significantly reformed so that it becomes more democratic, more transparent, and better at supporting the needs of all citizens of Europe; and
- (g) will work to enfranchise as many Sheffield residents as possible before the EU referendum to ensure that they can vote on this crucial issue, and will aim to significantly improve on the low turnout of 35.82% during the EU Parliament elections in May 2014.

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) believes that Britain should remain a member of the European Union (EU);
- (b) notes that the EU accounts for nearly half the UK's exports and believes Britain's membership of the EU is vital for the future success of this country's economy;
- (c) further notes the economic benefits membership of the EU has brought to Sheffield, including provision of funding through the European Regional Development Fund;
- (d) believes that Britain's membership of the EU also helps to tackle issues that transcend national borders, such as climate change, terrorism, tax havens and the current refugee crisis;
- (e) fears the Prime Minister's renegotiation with other EU leaders will result in a poorer deal for British workers;
- (f) calls on the Prime Minister to use his renegotiation to pursue a social Europe, including the strengthening of employment rights and an end to the exploitation of migrant workers;
- (g) believes that Britain stands taller in the world when we stand tall among our neighbours by playing a leading role in the European Union (EU), as we did with the development of the Single Market;
- (h) notes that as the European Union has developed, the powers of nation states have only been pooled where the nation states themselves identified a strong national interest in doing so, and that unanimous agreement of the governments of member states is, and will remain, the basis for any powers exercised by EU institutions;



- (i) welcomes the Single Market and the free movement of labour for making a positive contribution to the prosperity of, and opportunities available to, the British people;
- (j) further welcomes EU action in fighting crime, and protecting consumers, workers and the environment, and investment in infrastructure and science and technology, recognising that in all these areas we can achieve more working together than we can alone;
- (k) acknowledges that there is no need for, and there are no plans for, an EU army, and recognises the benefits of NATO membership and of the Organization for Security and Co-operation in Europe, and the cost and capability benefits of bilateral co-operation with France on defence procurement and operations;
- (l) acknowledges that the EU is not perfect, but in order to change, reform and improve the institution, we must remain an active member;
- (m) regrets the failure of the UK parliament to use all the powers available to it for the scrutiny of EU legislation, and the poor attendance record of UKIP MEPs when matters affecting British interests are being debated; and
- (n) fears that Britain leaving the EU would lead to the break-up of the UK, as Scotland and Northern Ireland will vote to stay in, and the marginalisation of "little England" in a world dominated by large trading blocs, and calls instead for greater unity in the free world; supporting the EU as a beacon of peace, freedom, democracy, human rights and prosperity in a world contested by warring and oppressive forces.

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

- For the Motion (77)
- The Lord Mayor (Councillor Talib Hussain), The Deputy Lord Mayor (Councillor Denise Fox) and Councillors Julie Dore, Mike Drabble, Jack Scott, Julie Gledhill, Roy Munn, Richard Shaw, Helen Mirfin-Boukouris, Chris Rosling-Josephs, Ian Saunders, Bryan Lodge, Karen McGowan, Jayne Dunn, Aodan Marken, Brian Webster, Jackie Drayton, Ibrar Hussain, Lewis Dagnall, Robert Murphy, Sarah Jane Smalley, Rob Frost, Anne Murphy, Geoff Smith, Diane Hurst, Mazher Iqbal, Mary Lea, Joe Otten, Colin Ross, Martin Smith, Steve Wilson, Joyce Wright, Penny Baker, Roger Davison, Shaffaq Mohammed, Sheila Constance, Alan Law, Garry Weatherall, Sue Alston, Andrew Sangar, Cliff

Woodcraft, Steve Jones, Cate McDonald, Chris Peace, Ian Auckland, Steve Ayris, Denise Reaney, Bob Johnson, George Lindars-Hammond, Josie Paszek, Terry Fox, Pat Midgley, David Barker, Tony Downing, Nasima Akther, Nikki Bond, Mohammad Maroof, John Campbell, Paul Wood, Peter Price, Sioned-Mair Richards, Peter Rippon, Leigh Bramall, Tony Damms, Gill Furniss, David Baker, Katie Condliffe, Vickie Priestley, Richard Crowther, Olivia Blake, Ben Curran, Neale Gibson, Adam Hurst, Zoe Sykes, Mick Rooney, Jackie Satur and Ray Satur.

Against the Motion (3) - Councillors Pauline Andrews, Keith Davis and John Booker.

Abstained the Motion (0) - Nil.

**9. NOTICE OF MOTION GIVEN BY COUNCILLOR JULIE DORE**

**Syrian Refugees**

RESOLVED: On the Motion of Councillor Julie Dore, seconded by Councillor Colin Ross, that this Council:-

- (a) notes that:
  - (i) more than 4 million Syrians have been forced to flee their homeland over the last five years as a result of the Syrian war; and
  - (ii) although the vast majority of Syrian refugees are living in temporary camps in neighbouring countries such as Turkey, Lebanon and Jordan, increasing numbers are seeking sanctuary in Europe;
- (b) believes the Government's response to the refugee crisis has been grossly inadequate and calls on the Government to do more;
- (c) is proud of Sheffield's reputation as the 'City of Sanctuary', having participated in the Government's Gateway Protection Programme for the last 11 years;
- (d) believes Sheffield has a strong tradition of helping those fleeing war and persecution, and believes our city should play its part in the current crisis;
- (e) welcomes the Council's offer to the Government to resettle Syrian refugees this year and notes that the costs involved in supporting these families for the first year will be met by the Government;

- |  |
|--|
| <ul style="list-style-type: none"><li>(f) is in dialogue with the Government about meeting any additional costs of resettlement, if the needs of the new arrivals require;</li><li>(g) thanks local people for their generosity in donating items at the Town Hall including tents, sleeping bags and winter clothing for vulnerable people stranded in refugee camps in France; and</li><li>(h) thanks the volunteers, voluntary sector, and those who give funding to them to help refugees in our city, including Voluntary Action Sheffield, Assist, City of Sanctuary, Northern Refugee Centre and many others.</li></ul> |
|--|

(Note: Councillors Pauline Andrews, Keith Davis and John Booker voted for Paragraphs (a), (b), (d) and (f) to (h) and abstained on Paragraphs (c) and (e) of the Motion and asked for this to be recorded.)

## **10. NOTICE OF MOTION GIVEN BY COUNCILLOR PAUL WOOD**

### **Trade Union Bill**

It was moved by Councillor Paul Wood, seconded by Councillor Bob Johnson, that this Council:-

- (a) objects to the proposed amendment to the Trade Union Bill, which it believes is an unnecessary attack on workers' rights and civil liberties that undermines the collective bargaining powers of trade unions;
- (b) is totally opposed to this draconian proposal;
- (c) notes that this country has a proud tradition of liberty and democracy built up over many years, of which trade unions play a key role;
- (d) believes that these proposals indicate the Government's intention to weaken trade unions, resulting in making it easier to attack workers' rights and pay and conditions of employment; that the Bill clearly demonstrates that this Government is not on the side of working people; and that the proposals would weaken the ability for workers to have a voice that is heard and represented by their trade union in the negotiation and protection of their terms and conditions of employment;
- (e) further believes that these are unfair and undemocratic changes and will make it much harder for public sector workers, who have suffered many years of pay restraint, to ever take industrial action over pay or challenge the behaviour of bad employers, and that it will make it more difficult for trade unions to organise, protest and reflect their members' points of view, and therefore the proposals represent attacks on civil liberties; and
- (f) calls on the Government to think again and reconsider these plans.

Whereupon, it was moved by Councillor Ian Auckland, seconded by Councillor Roger Davison, as an amendment, that the Motion now submitted be amended by the addition of a new paragraph (f) as follows, and the re-lettering of original paragraph (f) as a new paragraph (g):-

- (f) notes that these proposals were blocked by the Liberal Democrats in the last Government.

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

Following a Right of Reply by Councillor Paul Wood, the original Motion was then put to the vote and carried, as follows:-

RESOLVED: that this Council:-

- (a) objects to the proposed amendment to the Trade Union Bill, which it believes is an unnecessary attack on workers' rights and civil liberties that undermines the collective bargaining powers of trade unions;
- (b) is totally opposed to this draconian proposal;
- (c) notes that this country has a proud tradition of liberty and democracy built up over many years, of which trade unions play a key role;
- (d) believes that these proposals indicate the Government's intention to weaken trade unions, resulting in making it easier to attack workers' rights and pay and conditions of employment; that the Bill clearly demonstrates that this Government is not on the side of working people; and that the proposals would weaken the ability for workers to have a voice that is heard and represented by their trade union in the negotiation and protection of their terms and conditions of employment;
- (e) further believes that these are unfair and undemocratic changes and will make it much harder for public sector workers, who have suffered many years of pay restraint, to ever take industrial action over pay or challenge the behaviour of bad employers, and that it will make it more difficult for trade unions to organise, protest and reflect their members' points of view, and therefore the proposals represent attacks on civil liberties; and
- (f) calls on the Government to think again and reconsider these plans.

(Note: Councillor John Campbell, left the meeting during consideration of the above item, having declared a Disclosable Pecuniary Interest and took no part in the debate or voting thereon.)

## **11. NOTICE OF MOTION GIVEN BY COUNCILLOR COLIN ROSS**

### **Energy Efficiency Of Housing**

It was moved by Councillor Colin Ross, seconded by Councillor Steve Ayris, that this Council:-

- (a) notes that under Liberal Democrat Secretary of State for Energy and Climate Change, the Rt. Hon Ed Davey MP, the previous Coalition Government advanced the cause of green energy;
- (b) regrets that much of this good work is being undone by the present Government;
- (c) specifically, notes that financial incentives for the installation of solar panels on the roofs of Council houses are being cut from January 2016;
- (d) understands that there are approximately 1,200 Council houses due to have new roofs in the time frame and this provides an ideal opportunity for the solar panels to be installed at the same time;
- (e) believes this would enable Council tenants to benefit from a renewable carbon free energy source and save on their energy bills; and
- (f) therefore calls upon the Administration to act rapidly to make use of the window of opportunity before the financial incentives are withdrawn.

Whereupon, it was moved by Councillor Jayne Dunn, seconded by Councillor Karen McGowan, as an amendment, that the Motion now submitted be amended by the deletion of all the words after the words "That this Council" and the addition of the following words:-

- (a) notes that the previous Coalition Government, of which the Liberal Democrats were a part:
  - (i) cut funding for the Warm Front scheme and the Energy Company Obligation scheme;
  - (ii) abandoned a pledge to make all new homes "zero-carbon" by 2016, allowing housebuilders to pay their way out of their full obligations; and
  - (iii) failed to reduce our dependence on fossil fuels and introduced what this Council believes to be extraordinarily generous tax allowances for companies getting into exploration for fracking in the 2014 Budget;
- (b) is committed to improving the energy efficiency of Sheffield's housing stock to reduce bills, prevent health problems related to cold and damp housing and cut CO2 emissions;
- (c) welcomes the Administration's ambition to increase Sheffield's energy generating and distribution capacity, including decarbonised, locally generated energy sources, to give Sheffield a competitive advantage over

other locations and support future economic growth; and

- (d) recalls progress made on energy efficiency under the previous Labour Government, in particular through the Decent Homes programme for social housing and Warm Front, which helped over 2 million households improve their energy efficiency and insulation.

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

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

RESOLVED: That this Council:

- (a) notes that the previous Coalition Government, of which the Liberal Democrats were a part:
  - (i) cut funding for the Warm Front scheme and the Energy Company Obligation scheme;
  - (ii) abandoned a pledge to make all new homes "zero-carbon" by 2016, allowing housebuilders to pay their way out of their full obligations; and
  - (iii) failed to reduce our dependence on fossil fuels and introduced what this Council believes to be extraordinarily generous tax allowances for companies getting into exploration for fracking in the 2014 Budget;
- (b) is committed to improving the energy efficiency of Sheffield's housing stock to reduce bills, prevent health problems related to cold and damp housing and cut CO2 emissions;
- (c) welcomes the Administration's ambition to increase Sheffield's energy generating and distribution capacity, including decarbonised, locally generated energy sources, to give Sheffield a competitive advantage over other locations and support future economic growth; and
- (d) recalls progress made on energy efficiency under the previous Labour Government, in particular through the Decent Homes programme for social housing and Warm Front, which helped over 2 million households improve their energy efficiency and insulation.

(Note: Councillors Richard Shaw, Rob Frost, Joe Otten, Colin Ross, Martin Smith, Penny Baker, Roger Davison, Shaffaq Mohammed, Sue Alston, Andrew Sangar, Cliff Woodcraft, Ian Auckland, Steve Ayris, Denise Reaney, David Baker, Katie Condliffe and Vickie Priestley voted for paragraph (b) and against all remaining paragraphs of the Substantive Motion and asked for this to be recorded.)

## 12. NOTICE OF MOTION GIVEN BY COUNCILLOR MARY LEA

### **Mental Health**

It was moved by Councillor Mary Lea, seconded by Councillor Nasima Akther, that this Council:-

- (a) notes that:
  - (i) 1 in 4 people will experience a mental health problem in any given year;
  - (ii) the World Health Organisation predicts that depression will be the second most common health condition worldwide by 2020;
  - (iii) mental ill health costs some £105 billion each year in England alone;
  - (iv) people with a severe mental illness die up to 20 years younger than their peers in the UK; and
  - (v) there is often a circular relationship between mental health and issues such as housing, employment, family problems or debt;
- (b) believes that:
  - (i) as a local authority we have a crucial role to play in improving the mental health of everyone in our community and tackling some of the widest and most entrenched inequalities in health;
  - (ii) mental health should be a priority across all the local authority's areas of responsibility, including housing, community safety and planning; and
  - (iii) all Councillors, whether members of the Executive or Scrutiny and in our community and casework roles, can play a positive role in championing mental health on an individual and strategic basis; and
- (c) resolves to:
  - (i) sign the Local Authorities' Mental Health Challenge run by Centre for Mental Health, Mental Health Foundation, Mental Health Providers Forum, Mind, Rethink Mental Illness, Royal College of Psychiatrists and YoungMinds;
  - (ii) commit to appoint an elected member as 'mental health champion' across the Council;
  - (iii) seek to identify a member of staff within the Council to act as 'lead officer' for mental health;

- (iv) support positive mental health in our community, including in local schools, neighbourhoods and workplaces;
- (v) work to reduce inequalities in mental health in our community; and
- (vi) work with local partners to offer effective support for people with mental health needs.

Whereupon, it was moved by Councillor Richard Shaw, seconded by Councillor Roger Davison, as an amendment, that the Motion now submitted be amended by the addition of a new paragraph (b) as follows, and the re-lettering of original paragraphs (b) and (c) as new paragraphs (c) and (d):-

- (b) welcomes the steps taken under the previous Coalition Government by Liberal Democrat Health Minister, the Rt. Hon. Norman Lamb MP, to tackle inequalities in treatment between physical and mental health, such as:
  - (i) introducing the first waiting time targets for mental health treatment;
  - (ii) putting an extra £1.25bn into children and adolescent mental health services;
  - (iii) improving access to talking therapies and early intervention; and
  - (iv) improving diversion of people with mental health problems from the criminal justice system;

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) notes that:
  - (i) 1 in 4 people will experience a mental health problem in any given year;
  - (ii) the World Health Organisation predicts that depression will be the second most common health condition worldwide by 2020;
  - (iii) mental ill health costs some £105 billion each year in England alone;
  - (iv) people with a severe mental illness die up to 20 years younger than their peers in the UK; and
  - (v) there is often a circular relationship between mental health and issues such as housing, employment, family problems or debt;



- (b) believes that:
- (i) as a local authority we have a crucial role to play in improving the mental health of everyone in our community and tackling some of the widest and most entrenched inequalities in health;
  - (ii) mental health should be a priority across all the local authority's areas of responsibility, including housing, community safety and planning; and
  - (iii) all Councillors, whether members of the Executive or Scrutiny and in our community and casework roles, can play a positive role in championing mental health on an individual and strategic basis; and
- (c) resolves to:
- (i) sign the Local Authorities' Mental Health Challenge run by Centre for Mental Health, Mental Health Foundation, Mental Health Providers Forum, Mind, Rethink Mental Illness, Royal College of Psychiatrists and YoungMinds;
  - (ii) commit to appoint an elected member as 'mental health champion' across the Council;
  - (iii) seek to identify a member of staff within the Council to act as 'lead officer' for mental health;
  - (iv) support positive mental health in our community, including in local schools, neighbourhoods and workplaces;
  - (v) work to reduce inequalities in mental health in our community; and
  - (vi) work with local partners to offer effective support for people with mental health needs.

**13. NOTICE OF MOTION GIVEN BY COUNCILLOR JAYNE DUNN**

**Housing Of Asylum Seekers: G4s' Performance On The Home Office's Compass Contract**

RESOLVED: on the Motion of Councillor Jayne Dunn, seconded by Councillor Karen McGowan, that this Council:

- (a) notes concerns raised by South Yorkshire Migration and Asylum Action Group about G4S' performance in their implementation of the Home Office's commercial contract COMPASS to house asylum seekers in Sheffield;
- (b) is pleased that the practice of forced bedroom sharing between unrelated

adults in G4S-managed properties will be stopped following changes to the Council's Houses of Multiple Occupation policy, which is currently out for consultation; and

- (c) asks the Chief Executive to write to the Rt. Hon. James Brokenshire MP, the Minister of State for Immigration, to express the Council's strong concerns at the reported treatment of asylum seekers covered by the COMPASS contract, and call for a review of COMPASS with the well-being and fair treatment of those claiming asylum being its clear priority.

#### **14. NOTICE OF MOTION GIVEN BY COUNCILLOR IAN AUCKLAND**

##### **Sheffield Retail Quarter**

It was moved by Councillor Ian Auckland, seconded by Councillor Penny Baker, that this Council:-

- (a) welcomes that progress is being made and that three potential developers for the Sheffield Retail Quarter have been announced;
- (b) welcomes that a planning application has been made;
- (c) fully supports the concept of enhancing the city centre and retail offer for Sheffield;
- (d) notes that the Council has had high level professional advice to get to this stage, which has resulted in substantial costs for the Council; and
- (e) therefore would expect that we have now reached a stage where the scheme is close to being finalised and would expect no more delays or major alterations to the scheme which would incur further costs.

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:-

- 1. the replacement in paragraph (d) of the word "Council" by the word "Project" in both uses in that paragraph;
  - 2. the addition of the following words at the end of paragraph (d) " , as would be appropriate in any project of this nature and believes it would be improper not to do so and could lead to significant risks to the whole project"; and
  - 3. the deletion of paragraph (e) and the addition of a new paragraph (e) as follows:-
- (e) confirms that all costs being incurred are being treated as development costs and therefore the plan is that these will be recovered by the Council

when the development value in the scheme is realised, and that the scheme will only be finalised once the development partner is taken on board and major tenants signed up, for obvious reasons.”

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 that progress is being made and that three potential developers for the Sheffield Retail Quarter have been announced;
- (b) welcomes that a planning application has been made;
- (c) fully supports the concept of enhancing the city centre and retail offer for Sheffield;
- (d) notes that the Project has had high level professional advice to get to this stage, which has resulted in substantial costs for the Project, as would be appropriate in any project of this nature and believes it would be improper not to do so and could lead to significant risks to the whole project; and
- (e) confirms that all costs being incurred are being treated as development costs and therefore the plan is that these will be recovered by the Council when the development value in the scheme is realised, and that the scheme will only be finalised once the development partner is taken on board and major tenants signed up, for obvious reasons.

(Notes: 1. Councillors Richard Shaw, Rob Frost, Joe Otten, Colin Ross, Martin Smith, Penny Baker, Roger Davison, Shaffaq Mohammed, Sue Alston, Andrew Sangar, Cliff Woodcraft, Ian Auckland, Steve Ayris, Denise Reaney, David Baker, Katie Condliffe and Vickie Priestley voted for Paragraphs (a) to (d) and against paragraph (e) of the Substantive Motion and asked for this to be recorded.

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

## **15. NOTICE OF MOTION GIVEN BY COUNCILLOR BRIAN WEBSTER**

### **Climate Change**

It was moved by Councillor Brian Webster, seconded by Councillor Robert Murphy, that this Council:-

- (a) believes that climate change is one of the most significant challenges facing

the world today, and that policy-makers and elected representatives at all levels of government have a moral responsibility to take the necessary actions to mitigate it;

- (b) notes that vital international climate talks ('COP21') are scheduled to start in Paris, France on 30th November 2015, and believes that citizen pressure on all national governments will be crucial to ensure they put forward strong commitments to action on climate in order to help create a zero-poverty, zero-carbon world;
- (c) therefore, calls upon central government to approach the COP21 talks with a commitment to adopting substantial cuts to UK emissions in the short term, taking into account the UK's position as a leading global emitter of greenhouse gases both historically and today, with a view to reaching a global agreement to limit global temperature rises to below 2 degrees Celsius;
- (d) recalls that there is huge job potential from climate action, with the third edition of the 'One Million Climate Jobs' report (supported by trade unions and environmental groups) demonstrating how 150 million new jobs could be created worldwide by an effective mitigation programme, or 1 million in the UK, which could equate to 10,000 jobs in Sheffield;
- (e) believes that city-level action is feasible and can be significant, as shown by Climate Smart Cities worldwide, and that action taken in Sheffield could also contribute towards addressing many other priorities including fuel poverty, poor air quality and local economic regeneration;
- (f) instructs officers to use appropriate opportunities (for example responses to relevant consultations, and discussions on any 'devolution deal') to encourage central government to act on reducing UK emissions, especially calling for government to enable and fund large-scale local energy-savings schemes and renewable energy generation led by local councils;
- (g) urges the Administration to examine how a large-scale climate action programme in Sheffield of home insulation, public transport, energy efficiency and renewable energy generation could help to deliver the Council's priorities on health, economy and fairness, and to plan how to achieve these benefits;
- (h) believes that the Council should take the opportunity of news coverage of COP21 to increase awareness and interest locally in the need for, and potential benefits of, climate action in Sheffield and nationally, by:
  - (i) responding with energy and imagination to the report of the Green Commission, and publicising how climate action can help Sheffield's citizens; and
  - (ii) using appropriate avenues to publicise the 'Time for the Climate' event on Saturday 28th November 2015, being run by Sheffield

Climate Alliance, to all Council employees, for example through a suitable public display (e.g. a banner on the Town Hall), and in media releases;

- (i) calls on Members to consider participating in the 'Time for the Climate' event on 28th November, and to help to raise awareness of this and the national 'Time to Act' demonstration in London on 29th November, through their networks and with their constituents; and
- (j) instructs officers to send a copy of this motion to the Secretary of State for Energy and Climate Change.

Whereupon, it was moved by Councillor Terry Fox, seconded by Councillor Tony Downing, as an amendment, that the Motion now submitted be amended by:-

1. the deletion of paragraph (g) and the addition of a new paragraph (g) as follows:-

(g) looks forward to the findings and recommendations of the Green Commission, which will examine a range of factors, including the role of home insulation, energy efficiency and renewable energy generation, and hopes for cross-party consensus to enable the Administration to progress this important agenda; and

2. the addition of a new paragraph (h) as follows, and the re-lettering of original paragraphs (h) to (j) as new paragraphs (i) to (k):-

(h) was disappointed that the previous Coalition Government cut funding for the Warm Front scheme – an initiative which made a significant contribution to reducing carbon emissions and tackling fuel poverty;

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

(Note: Councillors Aodan Marken, Brian Webster, Robert Murphy and Sarah Jane Smalley voted for part 2 and against part 1 of the amendment and asked for this to be recorded.)

It was then moved by Councillor Joe Otten, seconded by Councillor Colin Ross, as an amendment, that the Motion now submitted be amended by the addition of new paragraphs (b) and (c) as follows, and the re-lettering of original paragraphs (b) to (j) as new paragraphs (d) to (l):-

- (b) notes that under Liberal Democrat Secretary of State for Energy and Climate Change, the Rt. Hon Ed Davey MP, the previous Coalition Government advanced the cause of green energy through measures such as:
  - (i) investing £37 billion in renewable energy, supporting half a million jobs, reducing our carbon emissions and improving Britain's energy

security;

- (ii) setting up Britain's first Green Investment Bank; and
  - (iii) establishing the first Community Energy Strategy, setting out the role that communities can play in helping to meet the UK's energy and climate change challenges, including supporting a sustainable and secure energy system, reducing UK greenhouse gas emissions, and lowering consumer bills;
- (c) regrets that much of this good work is being undone by the present Government;

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

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 climate change is one of the most significant challenges facing the world today, and that policy-makers and elected representatives at all levels of government have a moral responsibility to take the necessary actions to mitigate it;
  - (b) notes that vital international climate talks ('COP21') are scheduled to start in Paris, France on 30th November 2015, and believes that citizen pressure on all national governments will be crucial to ensure they put forward strong commitments to action on climate in order to help create a zero-poverty, zero-carbon world;
  - (c) therefore, calls upon central government to approach the COP21 talks with a commitment to adopting substantial cuts to UK emissions in the short term, taking into account the UK's position as a leading global emitter of greenhouse gases both historically and today, with a view to reaching a global agreement to limit global temperature rises to below 2 degrees Celsius;
  - (d) recalls that there is huge job potential from climate action, with the third edition of the 'One Million Climate Jobs' report (supported by trade unions and environmental groups) demonstrating how 150 million new jobs could be created worldwide by an effective mitigation programme, or 1 million in the UK, which could equate to 10,000 jobs in Sheffield;
  - (e) believes that city-level action is feasible and can be significant, as shown by Climate Smart Cities worldwide, and that action taken in Sheffield could also contribute towards addressing many other priorities including fuel poverty, poor air quality and local economic regeneration;
  - (f) instructs officers to use appropriate opportunities (for example responses to

relevant consultations, and discussions on any 'devolution deal') to encourage central government to act on reducing UK emissions, especially calling for government to enable and fund large-scale local energy-savings schemes and renewable energy generation led by local councils;

- (g) looks forward to the findings and recommendations of the Green Commission, which will examine a range of factors, including the role of home insulation, energy efficiency and renewable energy generation, and hopes for cross-party consensus to enable the Administration to progress this important agenda;
- (h) was disappointed that the previous Coalition Government cut funding for the Warm Front scheme – an initiative which made a significant contribution to reducing carbon emissions and tackling fuel poverty;
- (i) believes that the Council should take the opportunity of news coverage of COP21 to increase awareness and interest locally in the need for, and potential benefits of, climate action in Sheffield and nationally, by:
  - (i) responding with energy and imagination to the report of the Green Commission, and publicising how climate action can help Sheffield's citizens; and
  - (ii) using appropriate avenues to publicise the 'Time for the Climate' event on Saturday 28th November 2015, being run by Sheffield Climate Alliance, to all Council employees, for example through a suitable public display (e.g. a banner on the Town Hall), and in media releases;
- (j) calls on Members to consider participating in the 'Time for the Climate' event on 28th November, and to help to raise awareness of this and the national 'Time to Act' demonstration in London on 29th November, through their networks and with their constituents; and
- (k) instructs officers to send a copy of this motion to the Secretary of State for Energy and Climate Change.

(Note: Councillors Richard Shaw, Rob Frost, Joe Otten, Colin Ross, Martin Smith, Penny Baker, Roger Davison, Shaffaq Mohammed, Sue Alston, Andrew Sangar, Cliff Woodcraft, Ian Auckland, Steve Ayris, Denise Reaney, David Baker, Katie Condliffe and Vickie Priestley voted for paragraphs (a) to (g) and (i) to (k) and against paragraph (h) of the Substantive Motion and asked for this to be recorded.)

**16. NOTICE OF MOTION GIVEN BY COUNCILLOR ROGER DAVISON**

**Ecclesall Road Sorting Office**

RESOLVED: On the Motion of Councillor Roger Davison, seconded by Councillor Shaffaq Mohammed, that this Council:

- (a) notes the announcement from the Royal Mail on the proposed closure of the Ecclesall Road sorting office;
- (b) believes the alternative sorting office on Pond Street in the City Centre would lead to difficulties collecting undelivered post and parcels for those in S11 with disabilities or problems with transport arrangements;
- (c) is also worried about parking arrangements for private transport users at the Pond Street office; and
- (d) therefore calls on the Council to:
  - (i) ask the Royal Mail to consider the difficulties the residents of S11 would experience by moving the collection and distribution of mail presently carried out at the above sorting office to Pond Street; and
  - (ii) ask that Royal Mail consults with local people, Council representatives and the local MPs before taking any action.

**17. NOTICE OF MOTION GIVEN BY COUNCILLOR SUE ALSTON**

**Women's Institute Centenary**

RESOLVED: On the Motion of Councillor Sue Alston, seconded by Councillor Penny Baker, that this Council:

- (a) congratulates the Women's Institute on their Centenary Year and wishes them every success in the future;
- (b) acknowledges the positive impact they have made to the lives of women and families throughout the Country; and
- (c) requests that a copy of this Notice of Motion be forwarded to the National Federation of Women's Institutes.

**18. NOTICE OF MOTION GIVEN BY COUNCILLOR SARAH JANE SMALLEY**

**Highway Trees**

It was moved by Councillor Sarah Jane Smalley, seconded by Councillor Robert Murphy, that this Council:-

- (a) recalls that, following the submission of a petition of over 10,000 signatures to the full Council meeting on July 1st, the Cabinet Member for Environment and Transport established a 'Tree Forum' to discuss issues around street



trees in Sheffield;

- (b) further, recalls that the petition that was presented cited the signatories' concerns:
  - (i) over the management of trees in the course of the Streets Ahead contract with highways contractor Amey, especially as it related to the felling of mature, healthy street trees and planting of new tree sapling programme, and;
  - (ii) that there had been insufficient public consultation around the tree felling and replacement programme, including its implementation on individual streets;
- (c) therefore regards the establishment of the Tree Forum as a potential first step in restoring public faith and trust in Sheffield City Council's management of the City's tree stock, including street trees;
- (d) however believes that, under current arrangements, the Tree Forum has not lived up to its potential, and in fact risks serving to validate the current tree felling and replacement policy rather than offering the opportunity for genuine changes to the Council's policy direction to be made;
- (e) notes that the topic of the first Tree Forum on 23rd July 2015 was the Council's 'six Ds' criteria for tree felling, and that the topic of the second Tree Forum on 2nd September was 'sensitive engineering solutions', and further believes that, although these are worthy topics for public discussion and debate as well as expert engagement, it is deeply concerning that they may not have been settled to the Administration's satisfaction prior to the first two and a half years of the Streets Ahead Programme (including mass street tree felling) being conducted;
- (f) therefore urges the Administration to revisit its attitude towards the Tree Forum and to seize the opportunity that further meetings of the Forum could present for genuine and positive engagement with the public on issues surrounding trees, including street trees; and
- (g) further, urges the Administration to ensure that the Tree Forum and the wider public have the opportunity to have a genuine voice in the development of the forthcoming Tree Strategy for Sheffield, whose development was announced by the Cabinet Member for Environment and Transport on 8th June 2015.

Whereupon, it was moved by Councillor Terry Fox, seconded by Councillor Tony Downing, as an amendment, that the Motion now submitted be amended by the deletion of paragraphs (d) to (g) and the addition of new paragraphs (d) to (f) as follows:-

- (d) notes that the Highway Tree Advisory Forum provides a platform for an open discussion about the issues that affect highway trees and to open the

Council to public scrutiny over decisions relating to highway trees;

- (e) further notes that it has provided over 200 members of the public over two meetings with an opportunity to convey their points of view and to hold the Council to account over the highway trees stock, including the Council's 'six Ds' criteria for tree felling and sensitive engineering solutions; and
- (f) remains committed to working with residents and communities to deliver this transformational project, Streets Ahead.

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

It was then moved by Councillor Joe Otten, seconded by Councillor Shaffaq Mohammed, as an amendment, that the Motion now submitted be amended by the addition of a new paragraph (c) as follows, and the re-lettering of original paragraphs (c) to (g) as new paragraphs (d) to (h):-

- (c) (i) believes that a great many of the trees that are condemned on the grounds of "damage to surface" could be spared by sensitive excavation of the roots and modest ramping of the rebuilt footway; and
- (ii) suggests that rigorous application of national guidelines regarding the acceptable limits of ramping on footways is not appropriate, and indeed may look ridiculous next to even the more modest natural gradients of Sheffield;

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) recalls that, following the submission of a petition of over 10,000 signatures to the full Council meeting on July 1st, the Cabinet Member for Environment and Transport established a 'Tree Forum' to discuss issues around street trees in Sheffield;
- (b) further, recalls that the petition that was presented cited the signatories' concerns:
  - (i) over the management of trees in the course of the Streets Ahead contract with highways contractor Amey, especially as it related to the felling of mature, healthy street trees and planting of new tree sapling programme, and;
  - (ii) that there had been insufficient public consultation around the tree felling and replacement programme, including its implementation on individual streets;

- (c) therefore regards the establishment of the Tree Forum as a potential first step in restoring public faith and trust in Sheffield City Council's management of the City's tree stock, including street trees;
- (d) notes that the Highway Tree Advisory Forum provides a platform for an open discussion about the issues that affect highway trees and to open the Council to public scrutiny over decisions relating to highway trees;
- (e) further notes that it has provided over 200 members of the public over two meetings with an opportunity to convey their points of view and to hold the Council to account over the highway trees stock, including the Council's 'six Ds' criteria for tree felling and sensitive engineering solutions; and
- (f) remains committed to working with residents and communities to deliver this transformational project, Streets Ahead.

(Note: 1. Councillors Richard Shaw, Rob Frost, Joe Otten, Colin Ross, Martin Smith, Penny Baker, Roger Davison, Shaffaq Mohammed, Sue Alston, Andrew Sangar, Cliff Woodcraft, Ian Auckland, Steve Ayris, Denise Reaney, David Baker, Katie Condliffe and Vickie Priestley voted for Paragraphs (a), (b), (c) and (f) and against Paragraphs (d) and (e) of the Substantive Motion and asked for this to be recorded.

2. Councillors Aodan Marken, Brian Webster, Robert Murphy and Sarah Jane Smalley voted for Paragraphs (a), (b) and (c) and against Paragraphs (d), (e) and (f) of the Substantive Motion and asked for this to be recorded.)

## **19. NOTICE OF MOTION GIVEN BY COUNCILLOR BRIAN WEBSTER**

### **Independent Living Fund**

It was moved by Councillor Brian Webster, seconded by Councillor Aodan Marken, that this Council:-

- (a) notes with regret the Government's decision to abolish the centrally administered Independent Living Fund (ILF), effective from 1st July 2015, and that responsibility for any continuance of payments to former ILF recipients now lies with local authorities;
- (b) recalls that the ILF had been established in 1988 to help people with disabilities to live independently rather than relying on residential care;
- (c) notes with dismay reports from the disability charity Scope that "the closure of the Independent Living Fund ... [is] likely to lead to fewer disabled people being able to live independently.", and from Disabled People Against Cuts that the impact of the closure of the ILF would be "devastating" to disabled people;

- (d) believes that, wherever appropriate, individuals with disabilities who wish to live independently should be given the support they need to do so;
- (e) therefore believes that, locally, ILF money should be ring-fenced to those individuals who are both eligible for adult social care and who need support to live independently;
- (f) further, calls upon the Government to:
  - (i) reinstate the Independent Living Fund as a centrally administered and paid fund for the support of disabled individuals who wish to live independently; and
  - (ii) failing clause (f)(i) above, to maintain the central government payment to local authorities for the administration of localised ILF payments at at least the 2015 level for at least the duration of the current Parliament; and
- (g) instructs that a copy of this motion be sent to the Secretary of State for Work and Pensions.

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 paragraph (e) and the addition of a new paragraph (e) as follows:-
  - (e) regrets that the funding passed down from Government is not recurrent and consequently the Council is projecting funding pressures from 2016/17 as a result of the Government's decision to abolish the Independent Living Fund;
2. the addition of a new paragraph (f) as follows, and the re-lettering of original paragraphs (f) and (g) as new paragraphs (g) and (h):-
  - (f) further notes that social care staff are visiting all individuals who previously received ILF funding and are reviewing their overall needs so that they continue to get the care and support that is right for them and for which they are eligible;

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

It was then moved by Councillor Roger Davison, seconded by Councillor Richard Shaw, as an amendment, that the Motion now submitted be amended by the deletion of paragraph (f) and the addition of a new paragraph (f) as follows:-

- (f) further, calls upon the Government to maintain the central government payment to local authorities for the administration of localised ILF payments at at least the 2015 level for at least the duration of the current Parliament; and

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

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

RESOLVED: That this Council:

- (a) notes with regret the Government's decision to abolish the centrally administered Independent Living Fund (ILF), effective from 1st July 2015, and that responsibility for any continuance of payments to former ILF recipients now lies with local authorities;
- (b) recalls that the ILF had been established in 1988 to help people with disabilities to live independently rather than relying on residential care;
- (c) notes with dismay reports from the disability charity Scope that "the closure of the Independent Living Fund ... [is] likely to lead to fewer disabled people being able to live independently.", and from Disabled People Against Cuts that the impact of the closure of the ILF would be "devastating" to disabled people;
- (d) believes that, wherever appropriate, individuals with disabilities who wish to live independently should be given the support they need to do so;
- (e) regrets that the funding passed down from Government is not recurrent and consequently the Council is projecting funding pressures from 2016/17 as a result of the Government's decision to abolish the Independent Living Fund;
- (f) further notes that social care staff are visiting all individuals who previously received ILF funding and are reviewing their overall needs so that they continue to get the care and support that is right for them and for which they are eligible;
- (g) further, calls upon the Government to:
  - (i) reinstate the Independent Living Fund as a centrally administered and paid fund for the support of disabled individuals who wish to live independently; and
  - (ii) failing clause (g)(i) above, to maintain the central government payment to local authorities for the administration of localised ILF payments at at least the 2015 level for at least the duration of the current Parliament; and
- (h) instructs that a copy of this motion be sent to the Secretary of State for Work and Pensions.

(Note: Councillors Aodan Marken, Brian Webster, Robert Murphy and Sarah Jane Smalley voted for Paragraphs (a) to (e), (g) and (h) and abstained on Paragraph

(f) and asked for this to be recorded.)



## SHEFFIELD CITY COUNCIL Full Council

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**Report of:** Interim Director of Public Health

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**Date:** 4<sup>th</sup> November 2015

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**Subject:** Director of Public Health Report for Sheffield (2015)

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**Author of Report:** Stephen Horsley

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### 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 has the main theme of 'Transforming Public Health' where the emphases are on reviewing how Sheffield's health and wellbeing measures up to other core cities and the rest of England and then identifying a number of examples where all the resources of the Council (rather than just the small public health grant) can be brought to bear on achieving our aspiration of improving health and wellbeing in Sheffield to be amongst the best in the Country.

The report identifies a number of priorities for action over the next 12 months. Specifically, it makes three recommendations on improving the health of the local population by using the full range of skills, resources and influence that the Council can bring to bear on these issues.

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### Recommendations:

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

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### Background Papers:

The online version of the report may be accessed at [www.sheffield.gov.uk/publichealthreport](http://www.sheffield.gov.uk/publichealthreport) . All councillors will receive a printed copy of the report.

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**Category of Report:** OPEN

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## Statutory and Council Policy Checklist

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



## **REPORT TITLE: Transforming Public Health: Director of Public Health Report for Sheffield (2015)**

### **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 has the main theme of 'Transforming Public Health' where the emphases are on reviewing how Sheffield's health and wellbeing measures up to other core cities and the rest of England and then identifying a number of examples where all the resources of the Council (rather than just the small public health grant) can be brought to bear on achieving our aspiration of improving health and wellbeing in Sheffield to be amongst the best in the Country.
- 1.3 The main section of the report describes how a number of public health programmes and initiatives connect with the priorities identified in the Corporate Plan (2015-2018). These programmes have the potential to transform health and wellbeing in the City and are based on clear evidence that local authorities can have a major impact on health. The report explains why each of these areas is so important to health and wellbeing, what the Council can do (and is doing) about it, the likely impact on a range of public health outcomes and priorities for action over the next 12 months.
- 1.4 Underpinning the report is the idea that good Public Health principles can be applied through optimising the resources of the Council to improve health of people in Sheffield and extend some of the creative initiatives already underway to improve this position. The report makes the case for using the full breadth and reach of the Council to make lasting improvements in health and wellbeing in Sheffield.
- 1.5 In addition to the priorities for action, the report makes three specific recommendations on improving the health of the Sheffield population.

### **2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE**

- 2.1 Although life expectancy for both women and men has improved it is still below that for England and the health inequalities associated with life expectancy persist. When we look at the wider determinants of health we have too many children living in poverty, we need to improve school readiness and reduce school pupil absence. In addition we need to continue to reduce the number of 16-18 year olds not in education,

employment or training. In relation to health improvement, we have too many people smoking and almost 60% of the adult population is overweight or obese. We are making some progress on increasing exercise in the City but we need to become much fitter and we still drink too much alcohol.

- 2.2 Although public health outcomes in Sheffield are improving, the report shows there are a number of areas where a step change in improvement will be required if we are to achieve a long-held ambition of being one of the healthiest cities in the Country and reduce the health inequalities that continue to blight our City.

### **3.0 OUTCOME AND SUSTAINABILITY**

- 3.1 In addition to a number of priorities for action, the report makes three key recommendations on improving health 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](http://www.sheffield.gov.uk/publichealthreport)  
All councillors have been sent a printed copy of the 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 three such recommendations.

### **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 Health and Wellbeing Board should establish a local baseline measure of wellbeing for the City and use this to track change over time and variation across the different communities in Sheffield.

8.2 The Council should provide products which assist residents to reduce the cost of their home energy and the amount they use by:

- Progressing the business case for a local Energy Service Company to present opportunities to generate local energy, create lower priced energy and address the inequalities balance in fuel poverty – for example by providing prepayment meters with electricity at an uninflated price
- Assist residents to improve their homes thermally by delivering more attractive financial products than the current ECO and Green Deal, for example by offering a revolving loan scheme

8.3 It is everyone's responsibility to engage with the Move More message; from creating environments which make being physically active the easiest choice to the individual responsibility of building physical activity into daily lives and just moving more! The Health and Wellbeing Board should ensure schools in Sheffield give all children the opportunity to participate in appropriate exercise.

## 9.0 **RECOMMENDATIONS**

9.1 The Council is asked to note the information contained in this report and to support the three recommendations it makes, as set out in Section 8 above.

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# **Transforming Public Health: Director of Public Health Report for Sheffield 2015**

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





## Version History

Title	Transforming Public Health– Sheffield DPH Report 2015
Reference	DPHR15
Status (Draft / Issued)	Issued
Version	Final
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Approved By	Stephen Horsley
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## 1 Introduction:

This is my first annual report as Interim Director of Public Health for Sheffield. It is a great privilege to have the opportunity to contribute to improving health and wellbeing in the City which has a long and distinguished history of working to reduce health inequalities and promote an environment which helps everybody to improve their own quality of life.

The report this year has the main theme of Transforming Public Health with the emphasis of looking at where we are at the present time in Sheffield. There are a number of basic statistics on how we look at health and assess what progress has been made. These are covered in Section 2.

The 2015 health profile for Sheffield and the Public Health Outcomes Framework provide detailed information on the health status of the population of Sheffield. Broadly speaking we have not reduced health inequalities and although life expectancy for both women and men has improved it is still below that for England. When we look at broader determinants of health we have too many children living in poverty, we need to improve school readiness and reduce school pupil absence. In addition we need to reduce teenage unemployment. In relation to health improvement we have too many people smoking, and almost 60% of the adult population is overweight or obese. We are making some progress on increasing exercise in the City but we need to become much fitter and we still drink too much alcohol.

The report then looks at how we can improve this situation by applying good Public Health principles. We need to bring all the resources of the Council not just the small Public Health Grant to bear on improving this situation and we have some creative initiatives already underway to improve the position. These are outlined in more detail in Section 3.

I believe that although Sheffield has made progress in improving health when comparing itself with other Core Cities (as shown in Table 1) now is the time to be much more ambitious and consider how we compare with England as a whole. Our aim should be to improve health and wellbeing in Sheffield to be amongst the best in the Country. Given the move regarding devolution to City Regions it may be appropriate to explore the development of a Public Health Deal for Sheffield with Public Health England to take this aspiration forward.



**Table 1: Comparison of Sheffield with other Core Cities**

	England	Sheffield	Birmingham	Bristol	Leeds	Liverpool	Manchester	Newcastle	Nottingham	Sheffield rank*
Male Life Expectancy 2011-2013	79.4	78.8	77.6	78.2	78.3	76.2	75.5	78.2	77	1
Female Life Expectancy 2011-2013	83.1	82.4	82.2	82.8	82.1	80.5	80.0	81.8	81.7	2
Male Healthy Life Expectancy 2011-2013	63.3	60.8	58.8	63.0	60.6	57.2	58.0	57.8	58.8	2
Female Healthy Life Expectancy 2011-2013	63.9	59.1	60.5	62.6	62.5	59.6	56.8	59.9	59.8	7
Under 18 Conception rate, 2013, per 1000	24.3	27.9	25.9	25.7	31.6	34.1	36.5	26.8	37.5	4
New Cases of TB, 2011-2013, per 100,000	14.8	16.7	38.1	20.6	13.8	9.3	37.2	14.4	20.3	4
Mortality from Cancer < 75, 2011-2013, per 100,000	144.4	159.9	163.1	156.9	163.5	195.2	198.9	173.6	177.2	2
Mortality from Cardiovascular Disease < 75, 2011-2013, per 100,000	78.2	89.6	101.0	88.8	91.1	108.8	137.0	96.9	108.0	2
Mortality from Respiratory Disease < 75, 2011-2013, per 100,000	33.2	33.0	44.9	39.8	41.6	65.2	74.0	43.8	54.9	1
Mortality from Liver Disease < 75, 2011-2013 per 100,000	17.9	18.1	23.4	20.1	19.6	33.9	35.7	24.0	28.6	1

\*1 = best, 8= worst

Source: Public Health Outcomes Framework

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There are a number of Priorities for Action outlined in the report and I would expect to see these taken forward and included in action plans but I have specifically only identified three which I would recommend the Council actively supports in 2016-2017.

1. Establish a local baseline measure of wellbeing for the City and use this to track change over time and variation across the different communities in Sheffield.
2. The Council should provide products which assist residents to reduce the cost of their home energy and the amount they use by:
  - Progressing the business case for a local Energy Service Company to present opportunities to generate local energy, create lower priced energy and address the inequalities balance in fuel poverty – for example by providing prepayment meters with electricity at an uninflated price
  - Assist residents to improve their homes thermally by delivering more attractive financial products than the current ECO and Green Deal, for example by offering a revolving loan scheme.
3. It is everyone’s responsibility to engage with the Move More message; from creating environments which make being physically active the easiest choice to the individual responsibility of building physical activity into daily lives and just moving more! The Health and Wellbeing Board should ensure schools in Sheffield give all children the opportunity to participate in appropriate exercise.

Stephen Horsley, Interim Director of Public Health  
Sheffield City Council

### Acknowledgements

Reports such as this are always the result of many people’s work. I am grateful this year to the following contributors: Magda Boo, Anna Brook, Ruth Granger, Dawn Lockley, Chris Nield, Bethan Plant, Chris Shaw, Janet Southworth, Julia Thompson, Dawn Walton and Jessica Wilson. Thanks are also due to John Skinner, Louise Brewins and Olufunke Adedeji for their work in editing the text and Ann Richardson for data analysis. Final responsibility for the content rests with me.

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## 2 A picture of health

### Introduction

In each DPH report we look at a number of national and local indicators to provide an update on health in Sheffield. This year we have based this overview on a national set of indicators produced by Public Health England (PHE) covering various aspects of health at local authority level, known as the Public Health Outcomes Framework (PHOF).<sup>1</sup>

The PHOF concentrates on a number of high level outcomes (related to life expectancy) and then groups further indicators into four domains that cover the spectrum of public health work in the Council: the wider determinants of health, health improvement, health protection and preventable mortality. Taken together, these indicators provide a detailed picture of how long people live and how healthy they are at all stages of life.

In addition to the PHOF, Public Health England produces an annual summary profile of health for each local authority in the Country. We therefore start our overview of health and wellbeing in the City by considering what the most recent profile for Sheffield tells us.<sup>2</sup>

### 2.1 Profile of health and wellbeing in Sheffield

Summary profiles of health for each local authority in England have been produced annually since 2006, with the latest profiles published in 2015. A total of thirty two health outcomes are now included in the profile although only 16 remain directly comparable over this 10 year history. Looking at these 16 outcomes, Sheffield's position relative to the rest of the Country has remained virtually unchanged over the period 2006 to 2015. That is to say although we have seen often quite large improvements on all of the outcomes considered, our position is no better or worse than the England average now than it was 10 years ago except in relation to infant mortality and road traffic injuries and deaths, where our position relative to the England average is better than it was. For the majority of outcomes, Sheffield's health remains significantly below average. These outcomes are considered in more depth in the subsequent sections.

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<sup>1</sup> You can browse the indicators and data for all local authority areas in England at the following Public Health England website: <http://www.phoutcomes.info/>

<sup>2</sup> <http://www.apho.org.uk/resource/view.aspx?RID=50215&REGION=50152&SPEAR=>

In relation to the latest position, the Public Health England health profile for 2015 shows that there are 15 indicators where Sheffield remains significantly worse than the England average, as summarised in Table 2.

**Table 2: Health indicators from PHE Health Profiles 2015 where Sheffield is worse than England <sup>3</sup>**

Outcome Indicator	Sheffield	England	Sheffield rank amongst Core Cities*
Deprivation - % of people in the area living in 20% most deprived areas in England (2013)	34.9%	20.4%	n/a
Children in poverty - % of children under 16 in families receiving means tested benefits and low incomes (2012) PHOF 1.01(ii)	23.7%	19.2%	3
Statutory homelessness – crude rate per 1000 households (2013/14)PHOF 1.5(i)	3.4	2.3	6
GCSE achievement - % GCSE achievement (5A*-C including English and Maths) 2013-14	53.9%	56.8%	n/a
Long term unemployment – crude rate per 1000 population aged 16-64 (2014)	11.4	7.1	n/a
% of women smoking at time of delivery (2013/14) PHOF 2.03	13.8%	12%	5
Under 18 conception rate per 1000 girls aged 15-17 (2013) PHOF 2.04	27.9	24.3	4
Hospital stays for alcohol related harm – directly age standardised rate per 100,000 population (2013/14) PHOF 2.18	718	645	3
Prevalence of opiate and/or crack use – crude rate per 1000 population aged 15-64 (2011/12)	11.5	8.4	n/a
Incidence of TB – crude rate per 100,000 population (2011-2013) PHOF 3.05(ii)	16.7	14.8	4
Life expectancy at birth in years – Males (2011-13) PHOF 0.1(ii)	78.8	79.4	1
Life expectancy at birth in years – Females (2011-13) PHOF 0.1(ii)	82.4	83.1	2
Smoking related deaths – directly age standardised rate per 100,000 population aged 35 or more (2011-13)	320	288.7	n/a
Under 75 mortality from cardiovascular disease – directly age standardised rate per 100,000 population (2011-13) PHOF 4.04(i)	89.6	78.2	2
Under 75 mortality from cancer – directly age standardised rate per 100,000 population (2011-13) PHOF 4.05(i)	159.9	144.4	2

\*Where 1= best and 8= worst

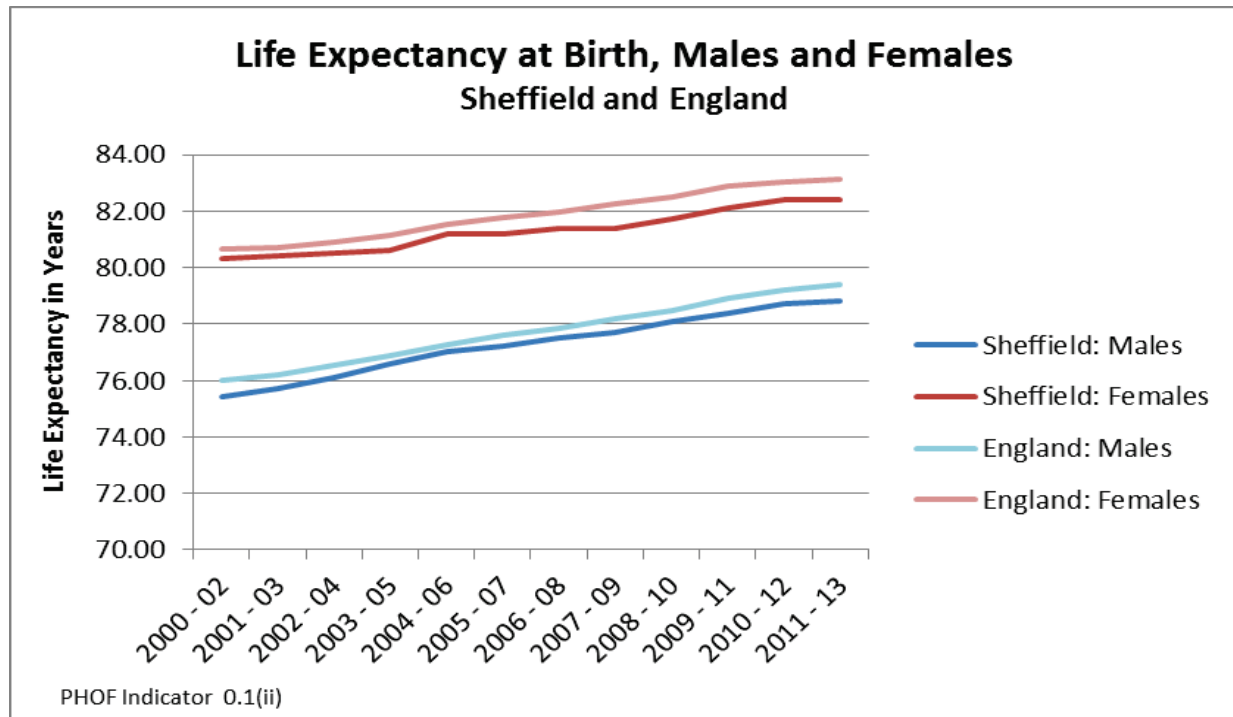
<sup>3</sup> Public Health England Health Profiles [http://www.apho.org.uk/default.aspx?QN=HP\\_FINDSEARCH2012](http://www.apho.org.uk/default.aspx?QN=HP_FINDSEARCH2012) The table shows which indicators are also included in the PHOF indicator set.

## 2.2 Life expectancy and healthy life expectancy

### 2.2.1 Life expectancy

Life expectancy for both men and women in Sheffield is improving year on year and the gender gap is narrowing. For men (in the three years 2011-2013) average life expectancy at birth was 78.8 years and 82.4 years for women. As the graph in Figure 1 shows however, life expectancy in Sheffield still falls short of the England average of 79.4 years for men and 83.1 years for women.

Figure 1



When we compare ourselves with the other major cities in England however, as shown in Figures 2 and 3, life expectancy for both men and women in Sheffield is amongst the best.

Figure 2

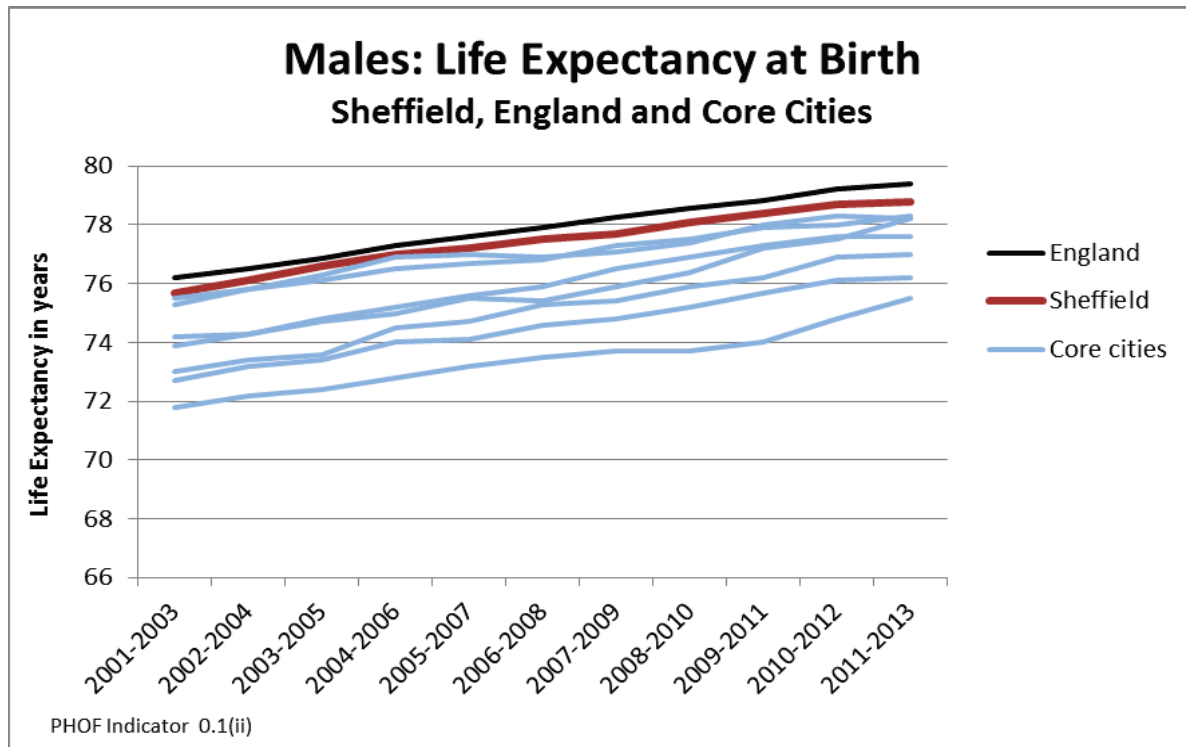
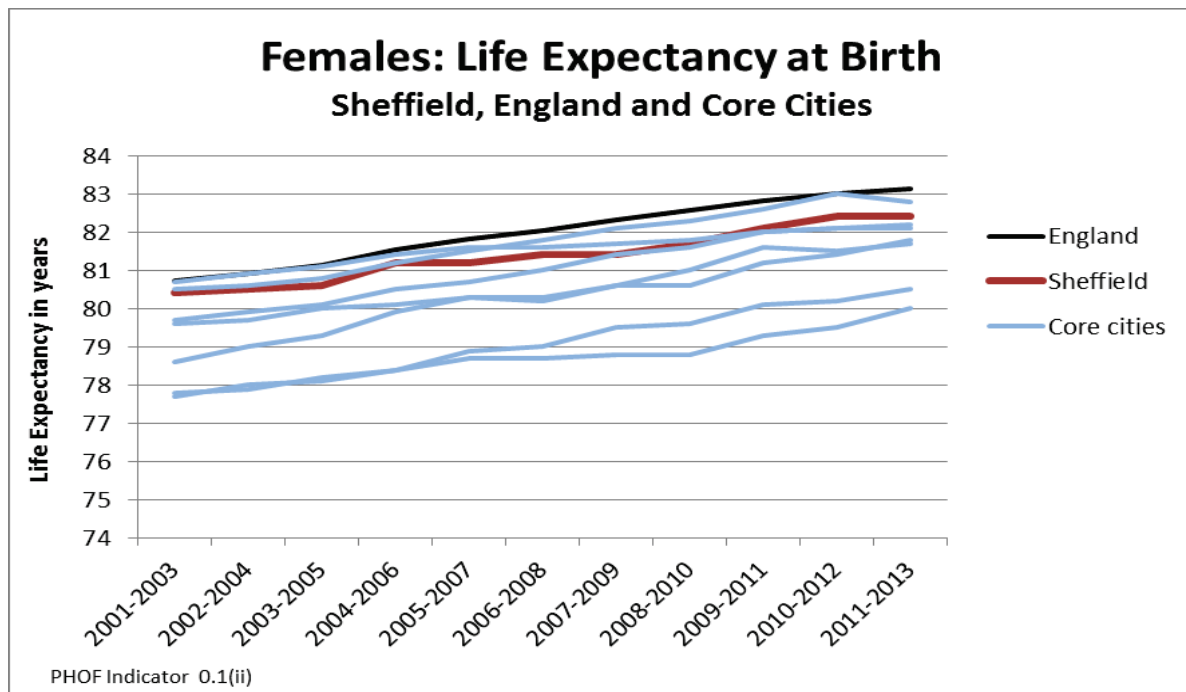


Figure 3



A different picture of health begins to emerge when we look at the gap (or inequality) in life expectancy between the most and least deprived people in Sheffield. This indicator is known as the ‘slope index of inequality in life expectancy’. Figure 4 shows the gap in life expectancy between the most and least deprived men in Sheffield and Figure 5 the gap between the most and least deprived women. For men the gap has narrowed over the previous period and now stands at 9.8 years (2011-2013). For women, the gap has also narrowed over the previous period and currently stands at 6.9 years (2011-2013). Although the gap tends to widen or narrow from year to year, over the last ten years it has remained stubbornly unchanged for both men and women. In 2002-2004 for example, the gap was 9.8 years for men and 6.8 years for women.

Figure 4

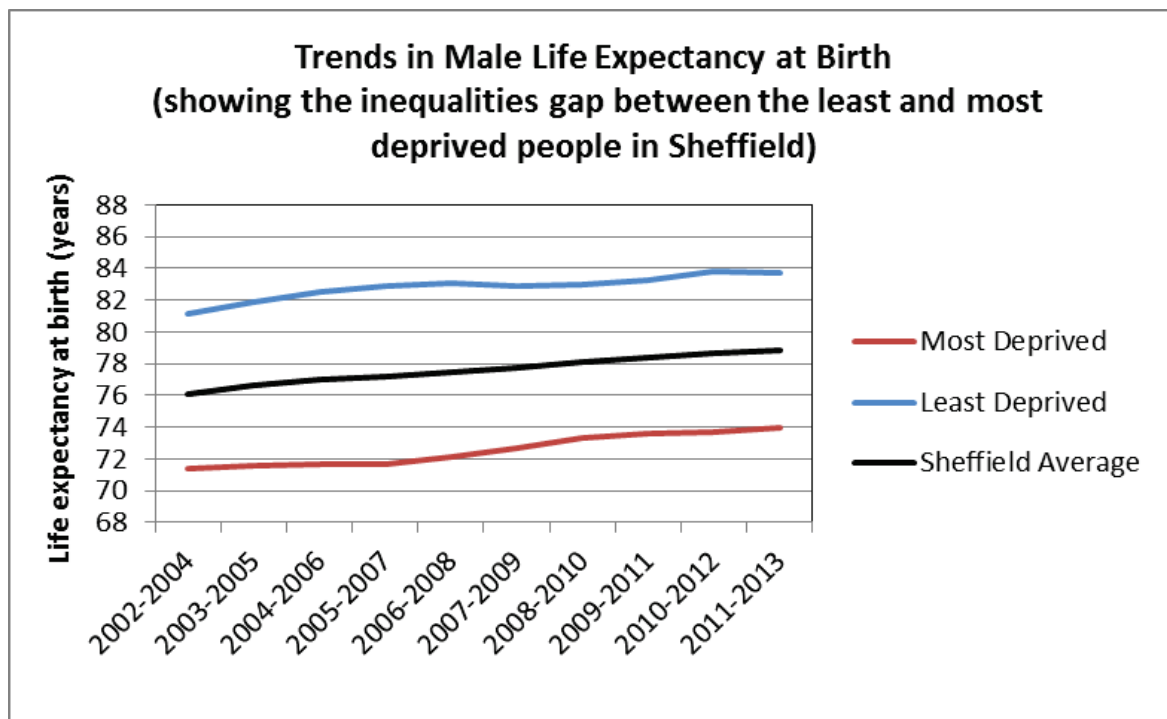
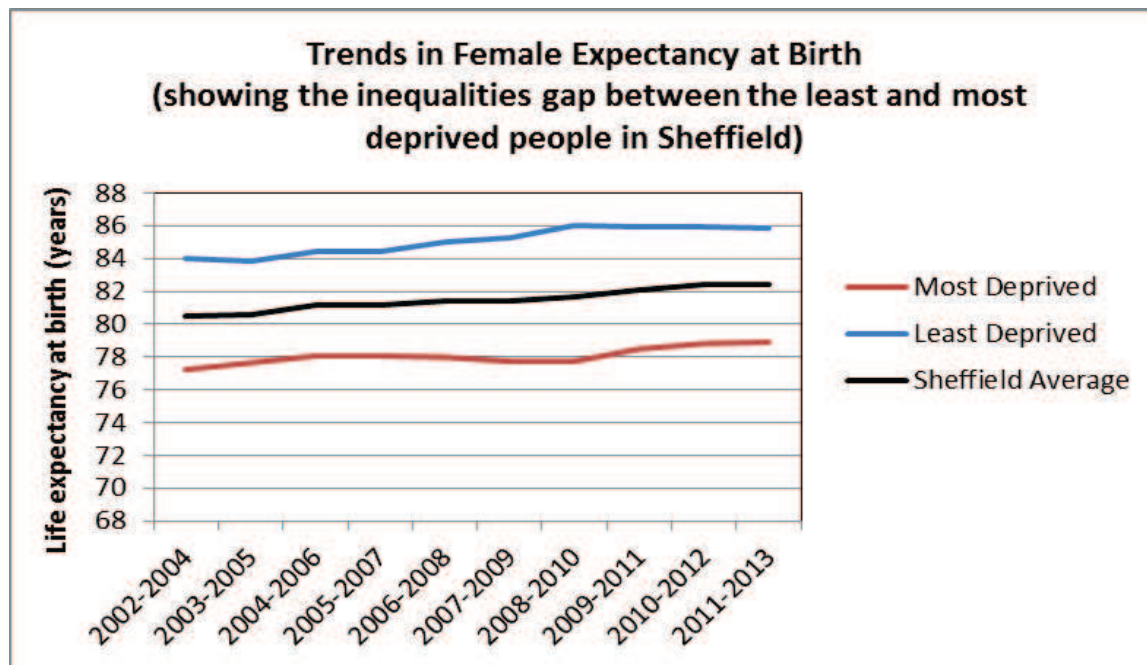


Figure 5



Sheffield, like the rest of the Country, is very unequal. Socioeconomic differences between different sectors of the population are the root cause of health inequalities. This is why Sheffield’s Fairness Commission (2013), and the report it produced, is a key document for public health in the City.<sup>4</sup>

### 2.2.2 Healthy life expectancy

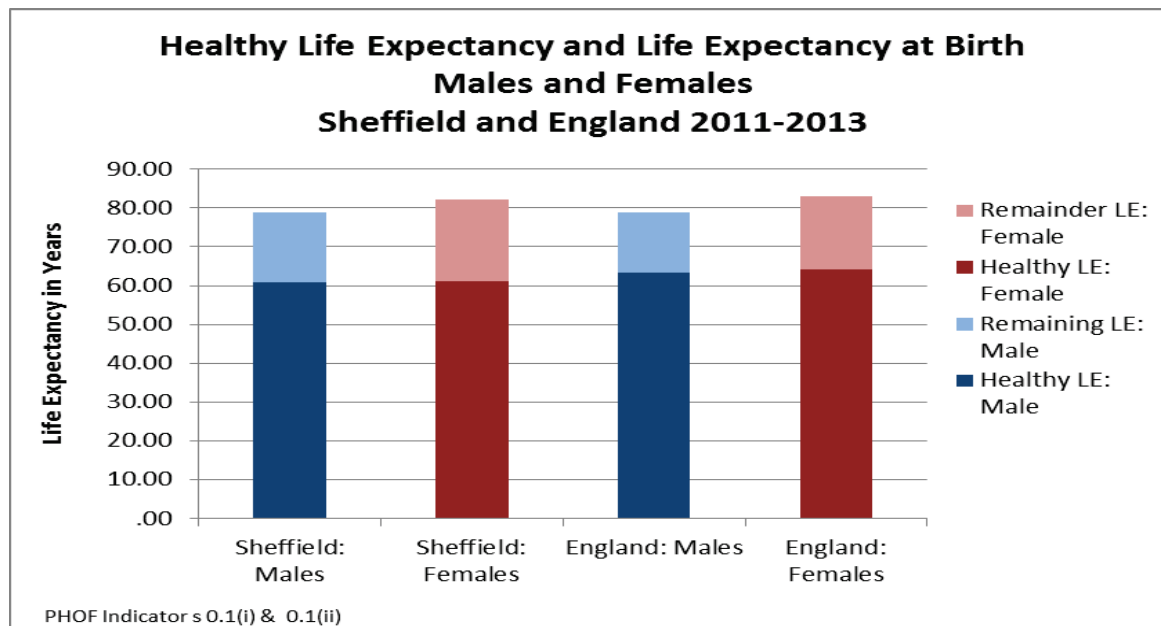
As well as looking at how long we live, we must also take account of how healthy it is. One way of doing this is to consider ‘Healthy Life Expectancy’.

Healthy life expectancy is the average number of years that a person can expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. In Sheffield, healthy life expectancy for men indicates that on average they can expect to live in good health until approximately age 61. Overall life expectancy for men is almost 79 years. This means that men can expect to live the remaining 18 years of their life in poorer health – almost a quarter of their life. For women the figures are approximately 59 years for healthy life expectancy, and around 82 years for life expectancy overall. This means Sheffield women can expect to live the last 23 years of their life in poor health. Figure 6 illustrates these differences.

<sup>4</sup> The Fairness Commission’s report (published in 2013) and the 2014 review report may be accessed from the Council’s website at the following link: <https://www.sheffield.gov.uk/your-city-council/policy--performance/fairness-commission.html>



Figure 6



We are all too familiar with the differences in life expectancy that exist across the different communities in the City, but the differences in healthy life expectancy are significantly greater, more than double in fact. This means that not only do people from disadvantaged communities die earlier than those from better off backgrounds, but they experience a considerably longer period of poor health before dying.

### 2.3 Wider determinants

The wider determinants of health are concerned with the broader socio-economic factors that can influence health either negatively or positively. They include: poverty, educational attainment, employment, crime and safety, the physical environment and housing. Overall Sheffield is on a par with the England average across the range of wider determinants and is performing well in regard to housing for vulnerable groups of people including those with learning disabilities or mental health problems. There are a number of other areas however where we want to see further improvement.

#### 2.3.1 Child poverty

Child poverty is defined as the proportion of children living in households where income is less than 60% of median household income, before housing costs. One of the conclusions of the Marmot Review (2010) was that childhood poverty leads to premature mortality and poor health and wellbeing

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outcomes for adults.<sup>5</sup> In addition, the Joseph Rowntree Foundation (Money Matters 2013)<sup>6</sup> demonstrated the causal impact of low income on children's educational and wellbeing outcomes. In particular it identified how financial stress and diminishing family resources can impact adversely on the type of parenting support that is most helpful to child development as well as loss of enrichment activities.

The latest figures (2012) indicate that almost 23% of all Sheffield children live in poverty compared with 18.6% nationally. Although the local position is improving slightly, our level of childhood poverty remains significantly higher than the national average, and this gap is widening. Research undertaken by Sheffield Hallam University (2013) suggests the recent changes to welfare benefits will impact most severely on those already hardest hit (i.e. those on less than 60% median income), especially families with children.<sup>7</sup> This means Sheffield could experience an increase in childhood poverty over the next few years and this in turn could impact negatively on overall health and wellbeing outcomes in the City.

We have developed a new Tackling Poverty Strategy for Sheffield (2015-2018) to meet the growing need in our City in the context of welfare reforms, austerity, continuing difficult economic circumstances and Government cuts to public sector funding.<sup>8</sup> The key elements of the Strategy include how to make things better for children, young people and adults who are struggling and experiencing poverty now and what we can do to tackle some of the root causes of poverty to give our children and young people the best chance of a poverty-free future. We also acknowledge that we need to go further than the commitments we have made so far and have identified a number of areas for further development with our city-wide partners over the lifetime of the Strategy.

### 2.3.2 School readiness

School readiness is a key measure of early years development across a range of areas. One such area is the extent to which a child, at the end of its first year of formal education (Year 1: 5-6 year olds) is able to understand the sounds that letters and combinations of letters make. This is known as the phonics screening check. The latest figures for Sheffield (2013/14) show that 69.9% of eligible children in Year 1 achieved the required standard in the phonics screening check compared with 74.2% for England.

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<sup>5</sup> The Marmot Review (2010) Fair Society Healthy Lives. UCL Institute of Health Equity. London

<sup>6</sup> Cooper and Stewart (2013) Money Matters. Joseph Rowntree Foundation. York

<sup>7</sup> Beatty, C. and Fothergill, S. (2013) Hitting the poorest places hardest: The local and regional impact of welfare reform. Centre for Regional Economic and Social Research, Sheffield Hallam University.

<sup>8</sup> <https://www.sheffield.gov.uk/your-city-council/policy--performance/what-we-want-to-achieve/corporate-plan/tackling-inequalities/tackling-poverty-strategy.html>

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Moreover, children with free school meal status achieved only 57.1% in Sheffield compared with 61.3% nationally. Children from poorer backgrounds are more at risk of poorer development and evidence shows that differences by social background emerge early in life and can persist into adulthood. Such differences clearly exist in Sheffield.

The period from conception through to the early years is a crucial phase of human development and is the time when focussed attention can bring rewards for society. Infants thrive when they feel safe, secure and loved. Therefore the foundations for children's communication, social and emotional development and nutrition lie in the quality of the parent-infant relationship, and the interactions they experience. Supporting parent-infant relationships is a priority for Sheffield and it is why efforts to ensure the best start in life represent such an important aspect of public health work for the Council.

### 2.3.3 Pupil absence

The proportion of half days missed (authorised and unauthorised) by primary and secondary school pupils in 2012/2013 was 5.87% in Sheffield compared with 5.26% in England. This represents a recent increase over what had been a steadily reducing trend, both locally and nationally.

Regular attendance at school (or otherwise) is clearly the first step in ensuring a child receives a suitable education. In turn, educational attainment is influenced both by the quality of education received and socio-economic background. Educational achievement can determine an individual's life chances in terms of employment, income and housing as well as other material resources. These factors are strongly related to health outcomes and health inequalities. Improving attendance at school therefore represents an important element of ensuring a child achieves its potential and in contributing to improving health and tackling health inequalities.

### 2.3.4 16-18 year olds not in education, employment or training

Young people who are not in employment, education or training are at greater risk of a range of negative outcomes including poor health, depression or early parenthood. Reducing the number can therefore make a lasting difference to individual lives.

6.6% of Sheffield's 16-18 year olds were not in education, employment or training ('NEETs') in 2013 compared with 5.3% nationally. Nevertheless, the proportion of NEETs is reducing year on year in

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Sheffield and at a faster rate than nationally, such that the gap is narrowing. Along with a general need to tackle long term unemployment, youth unemployment is identified as a key priority in our Joint Health and Wellbeing Strategy (2013)<sup>9</sup> and recent local developments, such as the Sheffield Apprenticeship Programme and the new UTC (University Technical College) Sheffield, will make a positive contribution to continuing to improve outcomes in this regard.

#### 2.3.5 Violent crime (including sexual violence)

The rate of emergency hospital admissions for violence is increasing in Sheffield, running counter to the trend for England. Currently the Sheffield rate stands at 66.8 per 100,000 population (2011/2012 to 2013/2014) compared with 52.4 for England. Nevertheless, Sheffield's rate is the second lowest of the eight core cities in England with Liverpool the highest at 148.2 per 100,000 population and Birmingham the lowest at 65.6.

#### 2.3.6 Fuel poverty

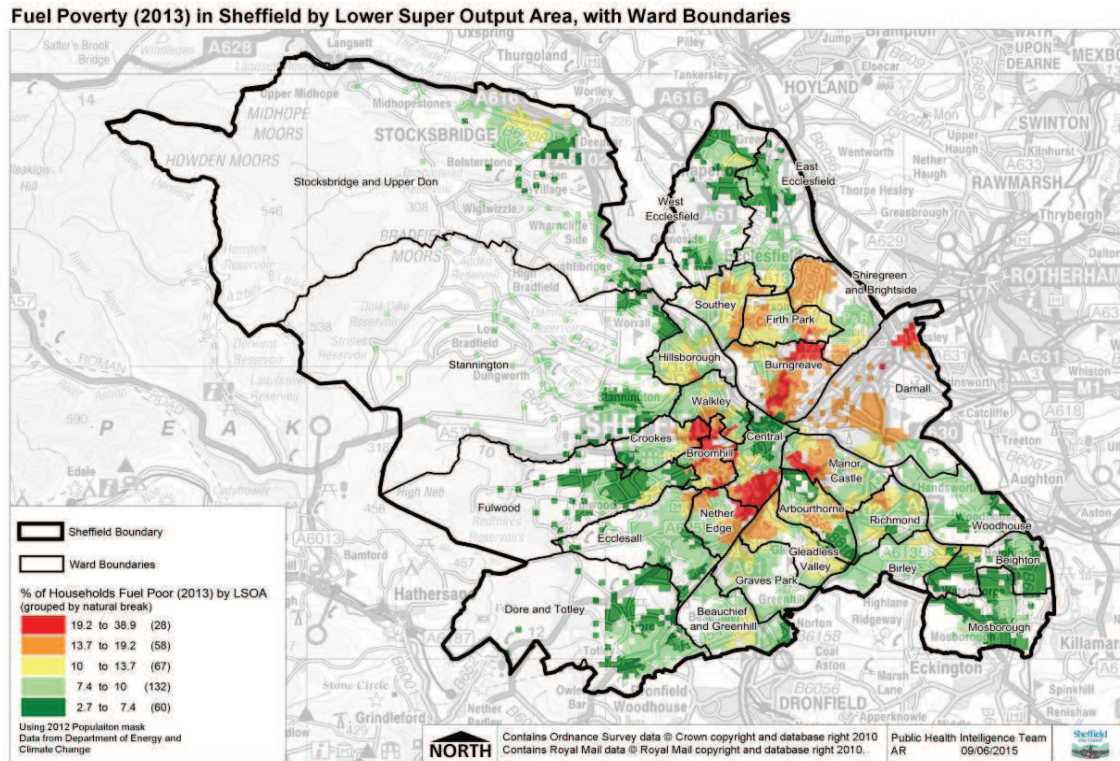
Fuel poverty is a real issue for the City and is directly linked to living at low temperatures in the home. Living in a cold home can damage people's health as well as being a potentially significant problem or risk factor in relation to winter deaths, children, young people and adults with chronic health conditions, and mental ill-health. The elderly, children and those with long term limiting conditions (which keep them at home a lot) are especially vulnerable. In 2012, 11.3% of households (26,604) in Sheffield experienced fuel poverty, compared with 10.4% in England. This varies considerably across the City and as the map in Figure 7 shows, represents a significant health inequality.

The key contributory factors to fuel poverty are low incomes, fuel prices, household fuel requirements, and property-related energy efficiency. Looking forward, the negative drivers are that fuel prices will continue to rise, household incomes are falling or are set to fall at the lower end; and climate change. More positively, property-related and behaviour-related energy efficiency is improving and there is increasing co-ordination of fuel poverty initiatives in the City to maximise their impact. Realistically, fuel poverty is unlikely to be eradicated and therefore the aim should be to hold the rate of fuel poverty where it is or even reduce it by some percentage points and to ensure that interventions prioritise those households whose health is most adversely affected.

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<sup>9</sup> <https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/joint-health-and-wellbeing-strategy.html>

Figure 7



## 2.4 Health improvement

Health improvement is concerned with healthy lifestyle choices and mental wellbeing across the key stages of life (i.e. birth, childhood, young people, working age adults and post retirement).

For most of the areas covered in this domain, Sheffield is achieving similar or slightly better than average outcomes (2013) than the rest of the Country. In relation to infants and children this includes higher breastfeeding rates and lower levels of childhood obesity. Nevertheless, the overall prevalence of childhood overweight and obesity in Sheffield is too high and there are still only around one in two babies being breastfed. There is a similar picture for adults which shows that although rates of smoking, physical inactivity and obesity are similar to the average for England, levels are much too high. We must ensure we achieve further dramatic improvement in healthy behaviours within the population given that these play such a crucial role in helping to prevent ill health and early death.

There are also a number of areas where Sheffield must take further improvement action.

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#### 2.4.1 Smoking during pregnancy

Smoking during pregnancy has well known adverse effects on the growth and development of the baby and on the health of the mother. On average, smokers experience more complications during pregnancy and labour and a greater risk of miscarriage, premature birth, still birth, low birth weight and sudden unexpected death in infancy.

The proportion of Sheffield mothers smoking at the time of the birth of their baby is consistently higher than the national average (12% in 2013-2014), and is currently 15.1% (2014/2015) which is the highest it has been for several years. Nationally comparable figures are not yet available for 2014/2015 so we cannot say whether this latest figure is part of a wider trend or local to Sheffield. Nevertheless, it is a significant concern and one that we will need to address, as part of our Tobacco Control Programme, as a matter of urgency.

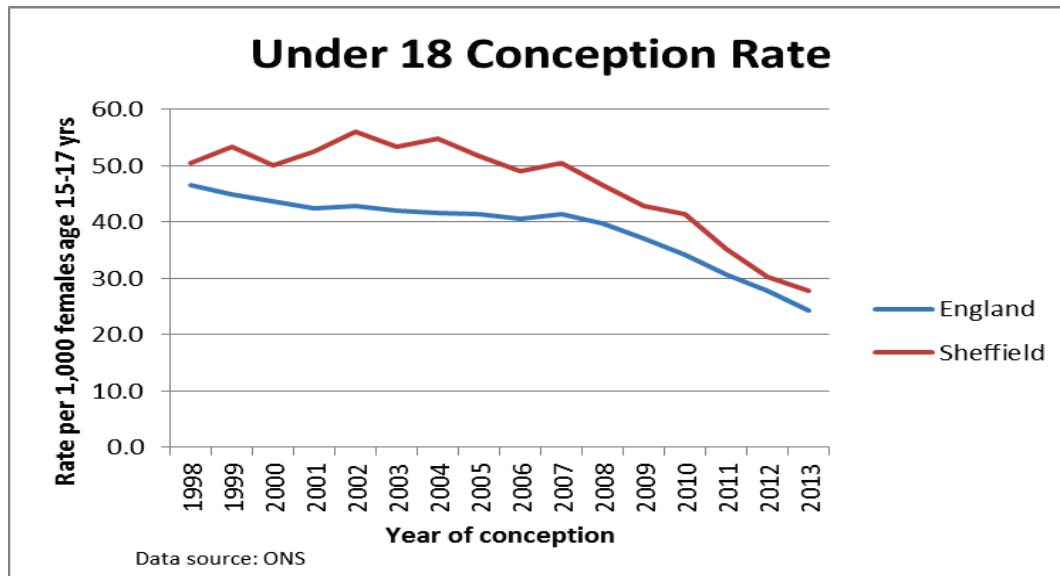
#### 2.4.2 Teenage conceptions

As a result of continued implementation of Sheffield's Teenage Pregnancy Action Plan, the City has seen a substantial and sustained reduction in the rate of conceptions in girls under the age of 18 years from 52.6 per 1000 girls aged 15-17 years in 2001 to 27.9 per 1000 in 2013, as Figure 8 shows.

Despite this progress, Sheffield's rate remains significantly higher than the national average (24.3 per 1000). Moreover, the rate varies significantly across Sheffield's wards with around 6.5 per 1000 in Ecclesall to 59.9 per 1000 in Manor Castle. It is important therefore that this remains a priority area for health improvement and tackling health inequality in the City.



Figure 8



#### 2.4.3 Successful completion of drug treatment

The percentage of opiate drug (i.e. heroin or other opiate drugs) users aged 18-75 years that left drug treatment successfully who did not re-present to treatment within six months has reduced in Sheffield for the second year in a row and now stands at 5.8% compared with 7.8% for England (2013). It should be noted however that successful completion of treatment for non-opiate drug users is much greater at 35.3% (37.7% nationally).

Although the local trend mirrors the national one, it is nevertheless a concern given that successful treatment represents significant potential for improved health outcomes including: better physical and mental health, longer life expectancy, improved parenting skills and reduced transmission of blood-borne viruses. It is also strongly linked with reductions in offending behaviour. Nevertheless, local treatment services have around 2,000 people engaged in opiate treatment at the current time, many of whom will be experiencing the improved health outcomes of being successfully engaged in treatment, before having been successfully discharged from the service.

#### 2.4.4 Alcohol related admissions to hospital

Alcohol misuse is linked to over sixty different medical conditions including liver disease, mouth, throat and other cancers, neurological conditions (including dementia), poor mental health, reduction in fertility, as well as acute conditions resulting from accidents, self-harm and violent assault.

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One indicator used to measure the extent to which alcohol misuse and related harm may be a problem is hospital admissions that involve an alcohol related primary diagnosis or an alcohol related cause. In Sheffield the number of alcohol related hospital admissions per 100,000 population is increasing and in 2012/2013 was 706 per 100,000 population, significantly higher than the England rate of 637. Nevertheless, Sheffield's rate was the third lowest of the eight English core cities after Leeds (683 per 100,000) and Birmingham (691 per 100,000).

A Sheffield Alcohol Strategy (2015-2019) is currently being written and will be consulted on widely before a final version is agreed later in the year. This strategy will address these issues specifically and action plan to reduce alcohol related hospital admissions and the harms caused by alcohol use and misuse.

#### 2.4.5 New born blood spot screening

There are a number of health screening programmes in the UK that are undertaken at different stages of life that can have a significant impact on health and wellbeing of the population. One of these is the new born blood spot screening programme (also known as the 'heel prick test') which is used to identify babies (under 17 days) who may have rare but serious conditions that respond to early treatment, such as cystic fibrosis or sickle cell disease.

The benefits of screening may only be realised however if coverage rates are maintained at high enough levels. In Sheffield the coverage rate for new born blood spot screening was 83% in 2013/2014. This was significantly lower than the average for England at 93.5%. Improvements have been put in place to address this however and more recent local data indicate that our performance is now consistently over 90%, which represents a significant improvement.

#### 2.4.6 Health checks

The national 'Health Checks' programme aims to prevent heart disease, stroke, diabetes and kidney disease by inviting everyone aged between 40 and 74 years, who does not already have one of these diseases, to have their risk of developing such diseases assessed and to be referred on to appropriate services as required. The two indicators in the PHOF related to this area measure the cumulative proportion of the eligible population offered a health check, and the cumulative proportion of those who receive it.



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In 2013/2014, 17.3% of the eligible population were offered a health check (compared with 18.4% nationally) and 46.9% received it (49% nationally). This means we are currently identified as being significantly below the national average on both indicators although our position relative to England has improved since the programme commenced in Sheffield in July 2012.

## **2.5 Health protection**

The third domain of the Public Health Outcomes Framework is concerned with protecting the population's health from major communicable diseases and environmental threats to health. The majority of this domain is concerned with the childhood vaccination and immunisation programme, which provides protection against serious infections such as hepatitis, mumps and meningitis. Sheffield consistently achieves better than average coverage rates for virtually all areas of the programme. There are however two aspects of health protection, largely related to adults, where further improvement action is required.

### **2.5.1 Late presentation of HIV**

The proportion of people presenting with HIV at a late stage of infection is included as an indicator within the PHOF as a measure of avoidable disease and the effectiveness of sexual health promotion and treatment services. Just over half of all patients newly diagnosed with HIV in Sheffield are diagnosed late (51%), which is significantly higher than the figure nationally (45%).

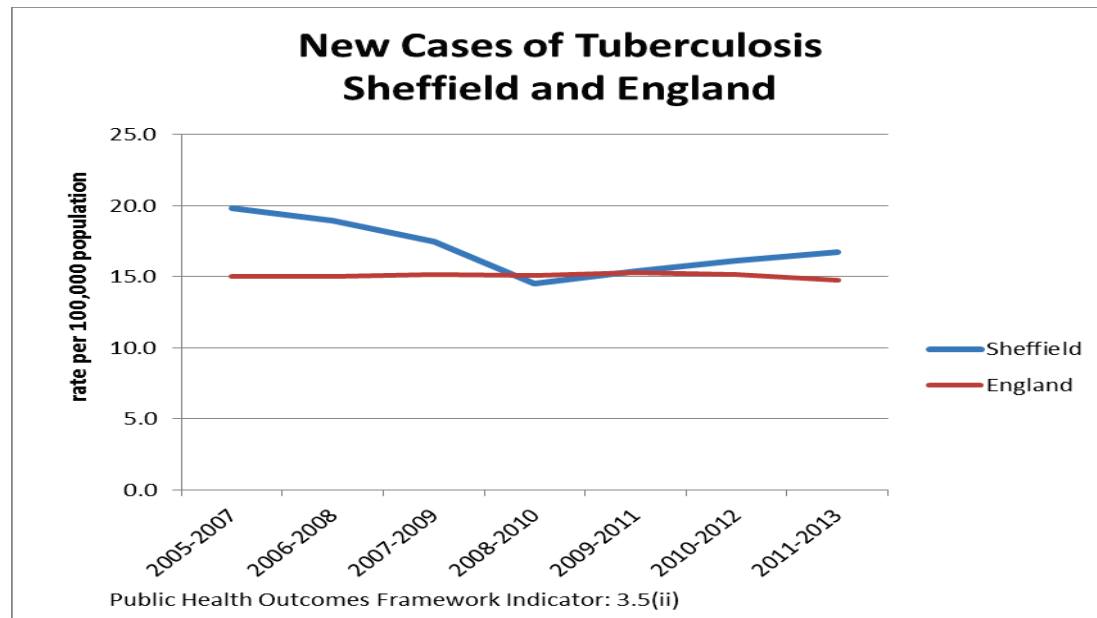
Approximately 90% of deaths among HIV positive individuals within one year of diagnosis are among those diagnosed late. Late diagnosis can lead for the individual patient to higher risk of death in the short term and poorer health in the longer term, as well as the risk of onward transmission (thus further avoidable cases of HIV) and higher healthcare costs.

### **2.5.2 Tuberculosis**

Perhaps thought of as a disease of the past, Tuberculosis (TB) has re-emerged as a serious public health problem over the last two decades, both nationally and locally. The incidence of TB in Sheffield has increased from 10.5 new cases per 100,000 population in the early 1980s to 16.7 per 100,000 in 2011-2013 (approximately 90 new cases per year). This is significantly higher than the average rate for England which currently stands at 14.8 per 100,000 population. As Figure 9 shows, the TB rate reduced

over the period 2005-2010 in Sheffield but more recent data show the disease is on the rise again. This is a dynamic situation that could change significantly in the future. For example in 2010 10% of our TB cases were accounted for by university students who have previously been considered a low risk group.

**Figure 9**



TB is a bacterial infection that is slow to develop and it usually takes several months for symptoms to appear. Left undiagnosed, a person with infectious TB can infect between 10-15 other close individuals over a 12 month period. Timely and fully completed TB treatment is therefore crucial to saving lives and preventing long-term ill health as well as reducing new infections and drug-resistance. In terms of the percentage of people completing TB treatment within 12 months, the current standard is 85%. In Sheffield we achieved 74.7% in 2012 compared with 83.3% nationally so it is clear we have some way to go. A new national TB strategy has recently been published<sup>10</sup> and in response, Sheffield is seeking to develop a city-wide latent TB screening programme to help reduce the rate of active TB disease in the area.

## 2.6 Preventable mortality

The fourth and final domain of the PHOF focuses on the various aspects of mortality (death) and morbidity (ill health) and related healthcare activity that are considered preventable. Sheffield is on a

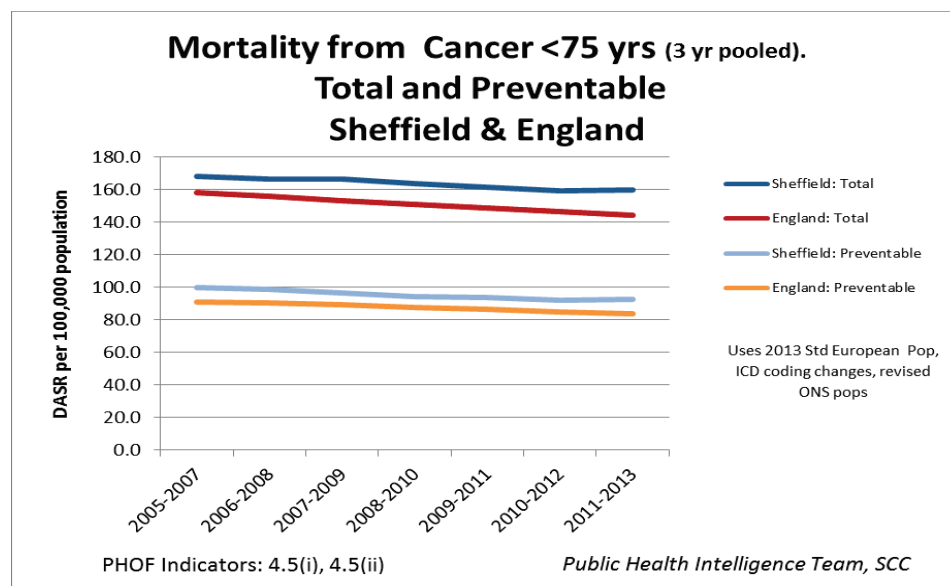
<sup>10</sup> Collaborative Tuberculosis Strategy for England 2015 to 2020. January 2015  
<https://www.gov.uk/government/publications/collaborative-tuberculosis-strategy-for-england>

par with the rest of England in terms of indicators related to preventable healthcare activity and recording of key aspects of preventable ill health, but does less well in terms of reducing preventable premature mortality (deaths in people under the age of 75 years) from cancer, cardiovascular disease (CVD), respiratory disease and liver disease. In addition, there is an aspect of preventable healthcare activity (emergency readmissions to hospital) where further improvement is required.

### 2.6.1 Preventable mortality from cancer

Each year, almost 42% of all premature deaths in the City are caused by cancer. This makes it the leading cause of death in people under 75, as is also the case nationally. Moreover, despite a reduction over the last 10-20 years, Sheffield’s premature mortality rate from cancer at 159.9 per 100,000 population (2011-2013) remains significantly higher than the national average (144.4 per 100,000 population) as Figure 10 illustrates.

Figure 10

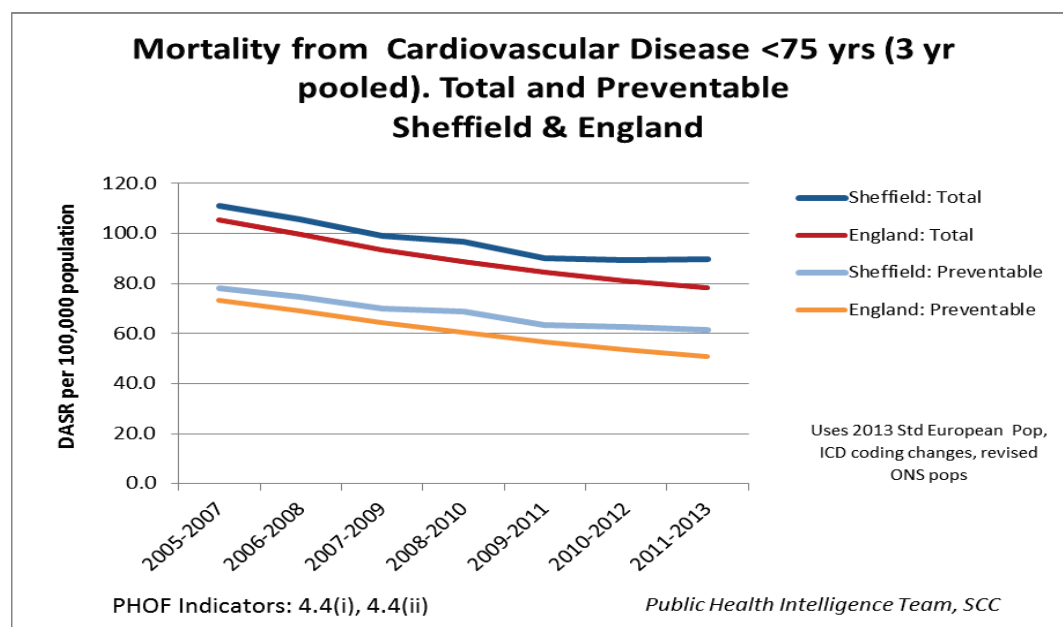


Approximately 58% of all premature deaths from cancer in Sheffield are considered preventable, which would equate to almost 380 deaths a year. This is higher than the proportion nationally that are considered preventable, also shown in Figure 10. Common causes of cancer are smoking, poor diet and physical inactivity. A large number of cancer deaths before age 75 could therefore be prevented by changes in lifestyle, maintaining good coverage of the three cancer screening programmes (breast, bowel and cervical) and earlier detection and treatment.

### 2.6.2 Preventable mortality from cardiovascular disease (CVD)

Widespread changes in lifestyle, systematic identification of people at risk, and better treatment for cardiovascular disease (heart attacks and strokes) has resulted in the premature mortality rate falling year on year in Sheffield, and at a faster pace than nationally. Currently CVD accounts for around a quarter of all premature deaths in Sheffield. Although the gap between Sheffield and rest of the Country has narrowed, our rate at 89.6 per 100,000 population (2011-2013) remains significantly higher than the average for England (78.2 per 100,000 population), as shown in Figure 11.

**Figure 11**



Over two thirds of premature mortality associated with CVD in Sheffield is considered preventable, as shown in Figure 11. This equates to almost 250 premature deaths per year. The lifestyle factors that contribute to cancer are also key contributors to CVD. As already noted in relation to the role of the 'Health Checks' programme, together with the range of other actions we are taking to ensure timely prevention and early intervention in relation to chronic disease, we anticipate further improvements in this area over the next few years.

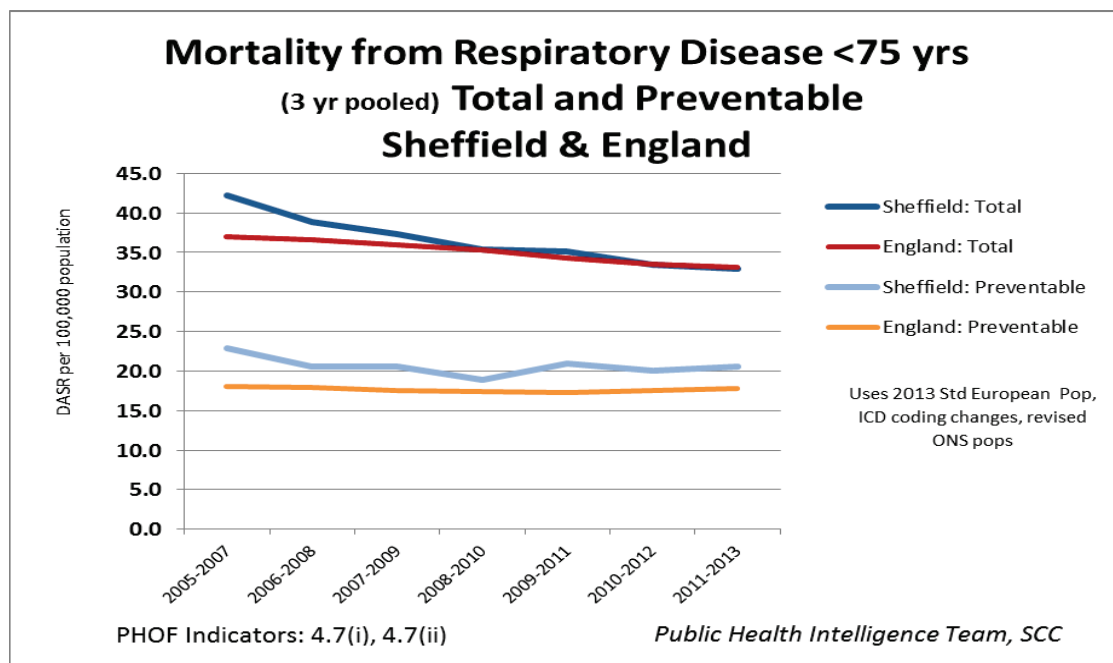
### 2.6.3 Preventable mortality from respiratory disease

Respiratory disease is a general term used to cover a range of lung conditions including asthma and chronic obstructive pulmonary disease (COPD). Respiratory disease is the third leading cause of

premature death in Sheffield (after cancer and cardiovascular disease) and COPD the main cause of respiratory mortality.

The premature mortality rate from respiratory disease is reducing in Sheffield and at a faster rate than nationally, as illustrated in Figure 12. Currently (2011-2013) Sheffield’s rate is 33 per 100,000 population compared with 33.2 for England. COPD is a progressive yet largely preventable disease, with around 85% of cases being caused by smoking. In Sheffield, approximately 70 respiratory deaths in people under the age of 75 could be avoided each year if the prevalence of smoking reduced to among the lowest levels in the Country.

**Figure 12**



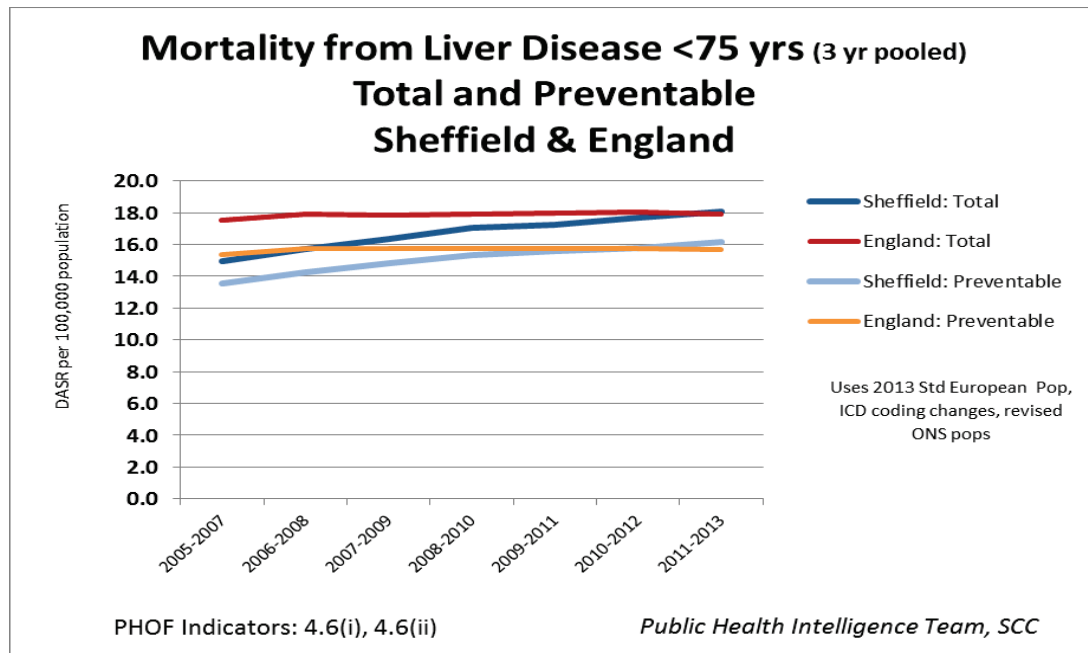
#### 2.6.4 Preventable mortality from liver disease

Liver disease is the only major cause of premature death for which the rate is increasing (locally and nationally) although it has recently begun to level off, as shown in Figure 13. People are also dying from it at younger ages.

Premature mortality from liver disease in Sheffield now accounts for almost 80 deaths per year in people under the age of 75 years. Over 90% of these deaths are considered preventable. The common avoidable causes of liver disease are alcohol consumption and obesity, both of which are amenable to

public health interventions. The Sheffield Alcohol Strategy (2015-2019) will directly address liver disease prevalence and mortality in Sheffield.

Figure 13



### 2.6.5 Emergency readmissions to hospital

Emergency readmissions to any hospital within 30 days of previous discharge are an important indicator of how well health and social care interventions, designed to help people recover from illness and remain independent, are working. Services such as rehabilitation, recuperation and re-ablement play a significant role in supporting people, especially older people, to return home after a period of time in hospital and to regain their independence, thus avoiding crisis in the short term.

In Sheffield the percentage of people readmitted to hospital after 30 days following discharge has been increasing year on year for the past 10 years from 10.6% in 2002/2003 to 12.5% in 2011/12. This is now higher than the national average of 11.8% although this has not always been the case. This is a key priority identified in our Joint Health and Wellbeing Strategy (2013) and more recently in our ambitious 'Better Care Fund' health and social care improvement programme.

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## Conclusion

Although public health outcomes in Sheffield are improving on the whole, it is clear there are a number of areas where a step change in improvement will be required if we are to achieve a long-held ambition of being one of the healthiest cities in the Country and reduce the health inequalities that continue to blight our City.

Since the implementation of the 2012 Health and Social Care Act it is now the Council's responsibility to take the necessary steps to improve health and wellbeing in the population. Through using the full range of skills, resources and influence that a local authority can bring to bear on these issues, we have identified a number of developments, as part of our Corporate Plan (2015-2018), that we believe will enable us to achieve this step change in key public health outcomes in the City.<sup>11</sup> These are considered in more detail in the next section.

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<sup>11</sup> <https://www.sheffield.gov.uk/your-city-council/policy--performance/what-we-want-to-achieve/corporate-plan.html>

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## 3 Transforming public health

The opportunities offered by public health in local authorities have the greatest potential to impact on public health outcomes.<sup>12</sup> We are therefore seeking to use the full breadth and reach of the Council to make lasting improvements in health and wellbeing in Sheffield. As part of our Corporate Plan (2015-2018) we have identified a number of public health programmes and initiatives that we believe have the potential to transform health and wellbeing in the City and for which there is strong and clear evidence that local authorities can have a major impact on health.<sup>13</sup> For each area we set out why the area is so important to health and wellbeing, what, as a local authority, we can do about it and the likely impact on a range of public health outcomes.

### 3.1 More children ready for learning and life

#### 3.1.1 What is this about?

Children's experiences from conception make a significant difference to their lifelong health, wellbeing and life chances. From birth to age 18 months connections in the brain are created at a rate of one million per second. Earliest experiences shape a baby's brain development, and have a lifelong impact on the baby's mental and emotional health, and capacity for learning. Investment during this period has considerable benefits in terms of potential health gains.<sup>14</sup>

The preschool years involve children undertaking a number of important developmental tasks relating to their physical development, social and emotional development and language and cognitive development. In these early years, children are laying down the foundations for higher mental processes, including the cognitive skills which optimise learning – such things as the ability to focus, be motivated, have self-belief, flexibility in thinking, working memory, logical thinking and empathy (known as Executive Function Skills). Alongside self-regulation these are the key skills children need to access learning, enjoy fulfilling relationships and maximise their life chances.

If babies experience significant adversity and their stress response systems are chronically over activated this can profoundly affect their responses to stress in later life. Early stress can come from the

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<sup>12</sup> Due North: Report of the inquiry on health equity in the north. University of Liverpool and Centre for Local Economic Strategies (September 2014)

<sup>13</sup> Buck, A. and Gregory, S. (2014) Improving the Public's Health: A resource for local authorities. King's Fund. London

<sup>14</sup> The 1001 Critical Days. 'The Importance of the Conception to Age Two Period' All Parliamentary Group Report 2015



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primary caregiver who may be experiencing a range of problems such as poverty, mental health problems, domestic violence or substance/alcohol dependency.<sup>15</sup> Attachment is the bond between baby and its caregiver. There is long standing evidence that a baby's social and emotional development is strongly affected by the quality of their attachment. Children growing up in healthy, stable and nurturing family environments are more likely to be better prepared for school and life and to experience better outcomes.

International studies show that when a baby's development falls behind the norm during the first year of life, it is more likely to fall even further behind in subsequent years, than to catch up with those who have a better start. At least one loving, sensitive and responsive relationship with an adult caregiver can protect the baby's developing brain and reduce the risk of long term problems in learning, behaviour and mental health.

Parenting is the key factor influencing children's social and emotional development and there is a clear link between parenting practice and anti-social behaviour.<sup>16</sup> Positive parenting in particular is associated with high child self-esteem and social and academic competence and is protective against later disruptive behaviour and substance misuse. Parental sensitivity, engagement and verbal stimulation in interaction has been shown to be important in terms of early speech, language and learning.

### 3.1.2 What are we doing about it?

There are 33,600 children under the age of 5 in Sheffield and of these about 70% will thrive with support from universal services. 30% (around 10,000 children) however, are more vulnerable and need additional, tailored help to achieve good outcomes.

The Best Start Sheffield Strategy 2015-2017 has been developed by the Council and Sheffield Clinical Commissioning Group to provide a city wide vision for early years and identifies further collaborative action to improve existing provision. Whilst it is designed to support all families with children under the age of 5, its focus is on tackling inequalities linked to social disadvantage. The strategy includes the following eight priorities:

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<sup>15</sup> Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays

<sup>16</sup> Best Start Sheffield 'A strategy for a great start in life' May 2015

- 
- Improve access to and coordination of health and wellbeing initiatives for children and families
  - Empower parents, families and carers to provide healthy, stable and nurturing family environments in order to reduce the risk of child maltreatment and promote secure attachment
  - Improve prevention, early identification and early intervention for vulnerable children and families
  - Engage families in local communities to influence and play a positive role in shaping activities and services
  - Reach into our communities and ensure service provision is accountable to local communities and responsive to community need and demand
  - Provide accessible, flexible and high quality effective early learning and childcare for all children
  - Narrow the attainment gap especially for children in the most deprived areas
  - Support organisations and child-minders across the sector to work together to ensure the early years' workforce has the knowledge, skills and support that will enable children to reach their full potential.

A Best Start Delivery Board has been established to recommend key decisions, advise on programme progress, highlight risks and issues and influence other strategies. The Board has wide representation from partners which include health, private, voluntary, independent and community sectors, social care and safeguarding. It will steer the content of the Strategy and develop the action plan. Three workstream pathways have been established to take forward actions in relation to the agreed priorities. The pathways are: Enhanced Attainment, Vulnerable Care and Social Mobility. The Board will monitor and review progress and feed into the Children's Health and Wellbeing Board.

### 3.1.3 What difference will it make?

Sheffield's Best Start Strategy is designed to impact on a range of outcomes and key performance indicators across the early years. These are summarised in Table 3.

**Table 3: Best Start Strategy Outcomes**

Key Indicator	Impact of effective early years services
Reducing conceptions in under 18s by 14% by 2018 (reporting in 2020) from baseline in 2009 to achieve a rate of 37.1/1000 by 2020	Can be reduced, e.g. health visitors supporting teenage mothers to take up contraception and avoid future pregnancies
Reduce the City's infant mortality rate below the national average by 2020, and reducing inequalities across localities in the City	Can be improved through antenatal work with mothers to support quitting smoking and substance misuse and maintaining a healthy weight. Safe sleep advice eLearning package included a feature of all early years staff induction.
Reducing the rate of smoking in pregnancy year on year to achieve a rate of 8% by 2020 with a maximum rate of 14% in any community area	Can be improved through antenatal work with mothers to support quitting smoking
Increasing the rate of breastfeeding at 6-8 weeks with the lowest rates to be a minimum of 70% by 2020	Can be increased through antenatal and postnatal support and by early identification and responsiveness to a mother's concerns. Non-breastfeeding mothers targeted to encourage and support breastfeeding of second and subsequent children. Vulnerability information collated to inform targeting.
Reduce the number of children aged 5 with one or more decayed, missing or filled teeth	Can be reduced through encouraging breastfeeding and healthy weaning in line with the guidelines, as well as healthy family nutrition. Working with dentistry to target patterns of decay and identify key interventions.
Reduce the percentage of children who are obese or overweight (in Reception) aged 4-5 years across all wards	Can be improved through encouraging breastfeeding and healthy weaning in line with the guidelines, as well as healthy family nutrition.
Reduce inequality gap in achievement across the early years goals to achieve the national average by 2016	Can be supported through the delivery of evidence-based parenting programmes and close working with Children's Centres and Best Start Early Years teams.
Increase availability of flexible accessible childcare (based on number of provisions registered)	Improve accessibility to flexible childcare available at point of need. Include toddler groups and child minding.
Increase average attainment of pupils in the lowest 20% at the end of the Foundation Stage	High quality early learning provision and effective and consistent transition arrangements in schools and the private sector.
Increase take up of Free Early Learning for 2, 3 and 4 year olds	Implementation of a city wide training programme for the delivery of free early learning to be made available to all sectors

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As part of the Best Start strategy an integrated performance framework is being developed to support monitoring of these outcomes, in particular to give a better overall assessment of performance across care pathways and organisational boundaries and to focus commissioner/provider dialogue on overall system wide improvements.

#### 3.1.4 Priorities for action

We have identified the following three actions as priorities for the next 12 months:

- (i) Developing a focused approach to delivering evidenced based maternal mental health interventions including:
  - Early assessment of perinatal mental health to identify those at risk
  - A strategic approach to families who are not engaged
  - Local information sharing agreement to target support effectively
  
- (ii) Establishing local integrated teams based on:
  - Agreed framework for local screening and triage
  - Streamlined support at a local level for domestic abuse
  - Integrated approach to data and information analysis
  
- (iii) Ensuring timely access to quality early learning and childcare for all those eligible for free childcare and for those wishing to enter employment or training including:
  - Proactively encouraging those eligible for provision to take-up local places
  - Increasing take-up of 2 year old provision
  - Introducing employment advice in all early years settings
  - Introducing an Early Years quality framework and auditing tool.

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## 3.2 Improved mental and emotional wellbeing

### 3.2.1 What is this about?

The term 'emotional' wellbeing is often used interchangeably with 'mental' wellbeing. Some people prefer this use of language as the term 'mental' often makes people think of psychiatric conditions. To experience emotional wellbeing is to feel positive about today and to have hope about the future, to feel reasonably confident about being able to manage life's stresses and problems, and that mostly life is fulfilled and rewarding.

The concept of wellbeing comprises two main elements: feeling good and functioning well. Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life. Equally important for wellbeing is our functioning in the world. Experiencing positive relationships, having some control over one's life and having a sense of purpose are all important attributes of wellbeing.<sup>17</sup>

Resilience is strongly connected with mental wellbeing and both are significant factors to protect and increase. Resilience refers to an individual's, or a community's, ability to cope with the ups and downs of life, with challenging circumstances, and to recover from difficulties. We can help develop resilience by: promoting wellbeing; building social capital; and developing individual psychological coping strategies. The ability to be resilient can be built up during life, especially during infancy and childhood but it can also be lost if not protected.<sup>18</sup>

Emotional wellbeing is a valuable resource for individuals, families, communities and the City as a whole. Improved wellbeing is associated with better physical and mental health, reduced inequalities, improved social relationships and healthier lifestyles. It can help people of all ages achieve their potential, realise ambitions, cope with adversity, work productively and contribute to their community and society. Therefore this work is important in the context of the health inequalities evident in Sheffield, including those in respect of mental illness. For example, the Disability Rights Commission has reported on serious inequalities experienced by people with serious mental ill health. Evidence suggests

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<sup>17</sup> Huppert F (2008) *Psychological well-being: evidence regarding its causes and its consequences* (London: Foresight. Mental Capital and Wellbeing Project 2008).

<sup>18</sup> Foresight Reports (2008) Mental Capital through Life: future challenges; Wellbeing and Work: future challenges. Final Project Reports. [www.foresight.gov.uk/OurWork/ActiveProjects/Mental%20Capital/ProjectOutputs.asp](http://www.foresight.gov.uk/OurWork/ActiveProjects/Mental%20Capital/ProjectOutputs.asp)

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that people with serious mental ill health die between 15 and 25 years earlier than the average for the general population.<sup>19</sup>

The foundations of emotional wellbeing develop in early childhood, and multiple social, psychological, health, material and situational factors determine a person's mental health and wellbeing at any point in time. Risk, vulnerability and protective factors all impact on emotional wellbeing. A wide range of factors such as creative opportunities, cultural, lifelong learning, leisure and physical activities, housing and jobs play a key role in protecting and promoting mental wellbeing. A number of plans are already in action across Sheffield to influence these factors.

The adverse impact of risk factors for emotional wellbeing is most significant in more unequal societies, when people are made to feel of no account, and the stark inequalities undermine social cohesion and the quality of civic society. It is also acknowledged that we are currently living through difficult economic times which pose additional challenges for the health and wellbeing of individuals, families and communities.

Our mental and physical wellbeing are interconnected. There is strong evidence that investment in the protection and promotion of mental wellbeing improves quality of life, life expectancy, educational achievement, productivity and economic outcomes, and reduces violence, antisocial behaviour and crime. This can result in significant economic savings in health, social care, criminal justice and other public sectors.<sup>20</sup>

Currently we do not have good information on emotional wellbeing in Sheffield. This is true nationally. The Office for National Statistics (ONS) has undertaken a national survey on adult self-reported wellbeing in 2011 and 2014. Four of the questions from this survey are included in the Public Health Outcomes Framework and cover satisfaction with life; how worthwhile life feels; feelings of happiness; and feeling anxious. Unfortunately the results of the survey, and specifically, the responses to these four questions, are only available at a sub-regional level which in Sheffield's case equates to South Yorkshire. The results show a highly mixed picture making it difficult to draw any practical conclusions. Overall the

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<sup>19</sup> The PHOF indicator for excess mortality in people with serious mental ill health shows that there is an inequality both nationally and in Sheffield.

<sup>20</sup> Joint Commissioning Panel for Mental Health (2012) Guidance for Commissioning Public Health Mental Health Services. [www.jcpmh.info](http://www.jcpmh.info)

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figures suggest that wellbeing in South Yorkshire (and therefore probably Sheffield) is not as good as it could or should be.

### 3.2.2 What are we doing about it?

Mental wellbeing is enhanced the more people, families and communities have a sense of control over the things that matter to them. Promoting mental wellbeing and resilience in the whole population is central to Sheffield's Joint Health and Wellbeing Strategy's mission to ensure the health and wellbeing of the people of Sheffield is improving and that health inequalities are reducing. The key way in which we are seeking to take this forward is through a city-wide approach known as the **5 ways to wellbeing**. The national centre for well-being (New Economics Foundation)<sup>21</sup> was commissioned by the Government to develop a set of evidence-based actions to improve personal well-being. A whole range of factors determine an individual's level of personal well-being but evidence indicates that the things we do and the way we think can have the greatest impact. A generic set of actions, the **5 ways to wellbeing**, was established as a result.

Connect...

Be active...

Take notice...

Keep learning...

Give...

The **5 ways to wellbeing** supports an asset-based approach which focuses on the skills, talents, strengths and aspirations of individuals and communities, rather than simply on their needs. Our aim is to promote understanding of a range of actions, appropriate for all ages, offering options to suit different people at different times. Understanding the **5 ways to wellbeing** offers people an additional tool to look after themselves, a bit like eating your 5 a day.

Although designed for individuals, the **5 ways to wellbeing** can also be used as a framework for strategic planning, service design and commissioning. In this way we aim to maximise the opportunities to support action which promotes and protects mental wellbeing, and supports healthy lifestyles, an empowering approach and the development of social capital.

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<sup>21</sup> [www.neweconomics.org](http://www.neweconomics.org)

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Our **5 ways to wellbeing** approach in Sheffield will continue to focus on developing a range of universal and targeted approaches across the lifespan. This includes;

- Pilot work in three sets of schools to deliver emotional wellbeing services through a locality hub model. These will include promoting resilience and improving emotional wellbeing, preventing mental health problems from arising and providing early support where they do. Evidence shows that a whole school approach to wellbeing can have a positive impact on both physical and mental health outcomes.
- A training programme around emotional wellbeing for universal staff in children's and young people's services
- Running campaigns to raise awareness of the **5 ways to wellbeing** with Council staff
- Incorporating **5 ways to wellbeing** thinking in our approach to commissioning, for example when we develop specifications for carers' services or drug and alcohol services
- Continued development of our Community Wellbeing Programme, supporting the growth of social capital through a community development approach in our more deprived neighbourhoods
- Collaboration with library services as community hubs
- Using **5 ways to wellbeing** as part of our plans to train the wider Council workforce in public health approaches
- Supporting our voluntary sector partners in rolling out **5 ways to wellbeing** understanding and approaches
- Additional capacity to deliver Mental Health First Aid training in collaboration with the Sheffield Health and Social Care Foundation Trust, Sheffield Hallam University and the Voluntary sector. To date we have trained around 1,300 Mental Health First Aiders
- Develop links through our Lifelong Learning and Skills team, with the Community Adult Learning Sector, with the aim of increasing access to and normalising opportunities to learn about emotional wellbeing and skills
- Aiming to increase access to social prescribing, developing from the examples of good practice in the City.

Our role within the Council has offered opportunities to develop this approach, but we need our partners alongside, to influence and bring about change on a much wider scale. It is critical to the



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potential success of this approach, that we influence our strategic leaders in understanding the value of growing emotional wellbeing as a resource for individuals, families and communities. We have started this discussion at the Health and Wellbeing Board, and will continue to develop the narrative.

### 3.2.3 What difference will it make?

Given that emotional and mental wellbeing underpins good health throughout life, we would expect our approach to impact across a number of Public Health Outcomes, especially those concerned with life expectancy and healthy life expectancy, preventing premature death (including excess mortality in people with serious mental ill health) and illness and improved mental health. In addition, we are working with our two local universities to develop tools that will help us to identify, measure, and track progress of the wellbeing impact of our approach on both individuals and communities. This will cover impacts such as social capital and community resilience.

### 3.2.4 Priorities for action

We have identified the following three actions as priorities for the next 12 months:

- (i) Embed the development of mental wellbeing and emotional resilience in the commissioning and delivery of services
- (ii) Facilitate the engagement of a range of partners in promoting **5 ways to wellbeing** and identify the ways in which they can contribute to taking it forward
- (iii) Establish a local baseline measure of wellbeing for the City and use this to track change over time, and variation across the different communities in Sheffield.

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### 3.3 Better housing conditions

#### 3.3.1 What is this about?

Poor housing costs the NHS at least £2.5 billion a year in treating people with illnesses directly linked to living in cold, damp and dangerous homes. The Kings Fund<sup>22</sup> describes three aspects of housing that can have a significant impact on improving health:

**Preventing accidents in the home among children** – Home accidents are the most common cause of death in children over the age of 1 year. More than 1 million children under the age of 15 experience accidents in and around the home every year that result in a visit to A&E, with children aged 0–4 years at highest risk.<sup>23</sup> Figures suggest there are between 800-1000 admissions of this type per year in children aged 0-14 years in Sheffield (lower than average).

**Making homes warmer** - Each winter in England and Wales between 25,000 and 30,000 more people die in winter than in the summer.<sup>24</sup> There is quite wide variation from year to year in terms of the number of excess winter deaths in Sheffield ranging from around 150 to 350 – but the key point is that these are largely preventable, particularly in those over the age of 65 years. Much of this is due to living in a cold house with an increased risk of cardiovascular disease, respiratory illnesses and stroke. Just under 2.4 million homes were considered ‘fuel poor’ in England in 2011.<sup>25</sup> Warmth and energy improvements in poorer households with children can reduce respiratory problems and even improve mental health. Although the graph in Figure 14 indicates a recent reduction in fuel poverty, there are those who suggest the Government’s recent change in definition has had a lessening effect on the numbers. 11.3% of Sheffield’s households experience Fuel Poverty<sup>26</sup>, this is well above the UK average of 10.4% and is the fourth worst in Yorkshire and Humberside.

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<sup>22</sup> Buck, A. and Gregory, S. (2014) Improving the Public’s Health: A resource for local authorities. King’s Fund. London

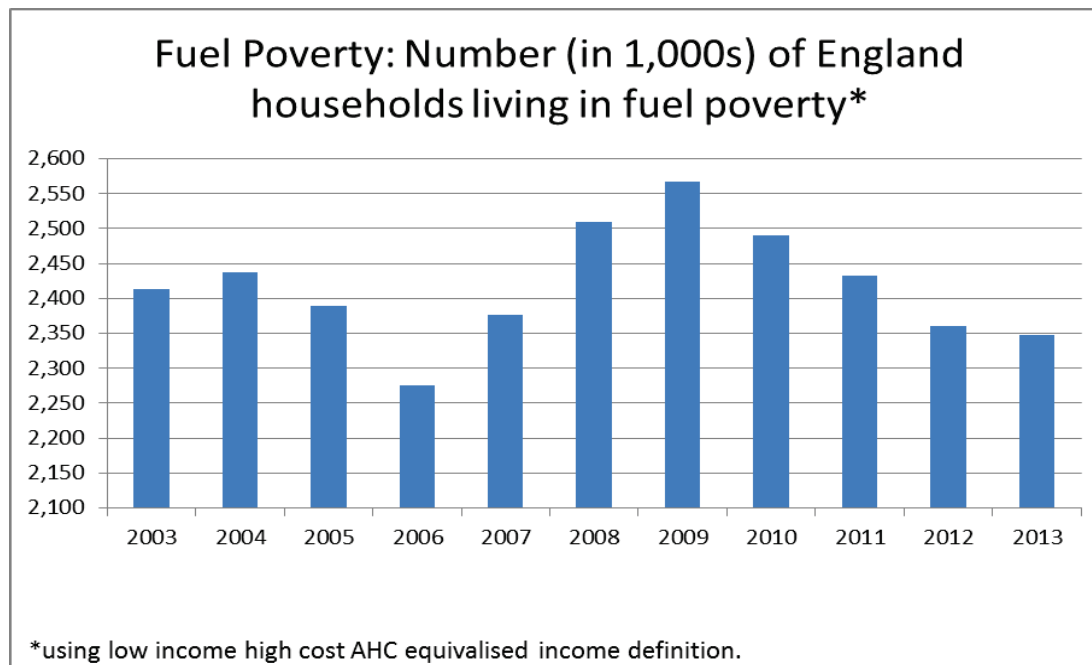
<sup>23</sup> RoSPA (2013) Facts and Figures, <http://www.rospa.com/home-safety/advice/general/facts-and-figures/>

<sup>24</sup> Department of Health 2013; Office for National Statistics 2013

<sup>25</sup> Department of Energy & Climate Change 2013

<sup>26</sup> Department of Energy and Climate Change, 2012 statistics <https://www.gov.uk/government/collections/fuel-poverty-sub-regional-statistics>

Figure 14



Source: data from <https://www.gov.uk/government/statistics/fuel-poverty-trends-2003-2013> Table 1

**Preventing falls among older people** - The nearest thing to a measure of this in Sheffield is the Public Health Outcome Framework indicator concerned with hospital admission rate for injuries due to falls in people aged 65 years and over. The rate (expressed as the number per 100,000 population) has increased in Sheffield and tends to be much higher in the older age groups (i.e. 80+) but is consistently lower than the England average. Clearly not all of these injuries will have occurred in the home but the issue is that they lead to hospital admissions and potentially subsequent loss of independence and decrease in quality of life for older people and yet, in large part, are preventable. As part of their social care responsibilities, local authorities have a role to play in making homes safer. More than one in five homes pose risks to the people living in them. Adaptations and mobility or other aids help people live independently for longer, yet only 2% of owner-occupied homes have been adapted to meet people's needs. About a quarter of people with a serious medical condition living in rented accommodation say their homes are unsuitable for their needs.<sup>27</sup>

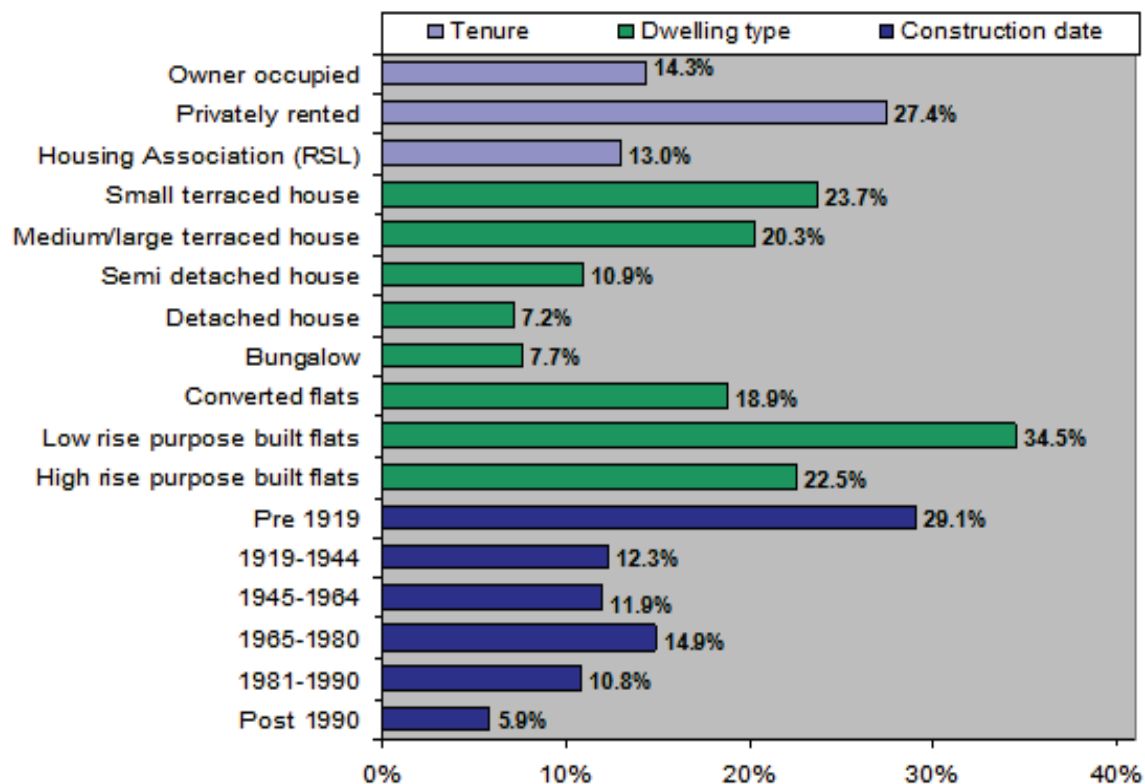
In Sheffield all three of these issues are of relevance, but looking at current performance and cost benefit analysis from the King's Fund<sup>28</sup> we have identified making homes warmer as critical to

<sup>27</sup> Adams, S. and Ellison, M. (2009), Time to Adapt, Nottingham Care and Repair

<sup>28</sup> Buck, A. and Gregory, S. (2014) Improving the Public's Health: A resource for local authorities. King's Fund. London

supporting improved health outcomes and reducing health inequalities. This creates particular emphases; for example, there is an increasing reliance on private rented sector properties for poorer residents changing from socially rented 20 years ago. Although not all private rented stock has poor thermal efficiency, a significant proportion does. In Sheffield the sector has more than doubled in size between 2001 and 2011 and makes up 16% of our housing stock, accommodating some 35,670 households in the City, the majority of which (91%) rent from a private landlord or letting agency.<sup>29</sup> According to recent projections, buy to let landlords will continue to drive the growth of the private rented sector in coming decades. Some estimates predict the rate of homeownership will fall from the current rate of 65% (April 2015) to 50% by 2032 while the rate of private sector renting will increase from 17% to 35% over the same period. The chart in Figure 15 shows the proportion of various property types in Sheffield that fall below a set ‘thermal comfort’ standard.

**Figure 15**



Source: Private Sector House Condition Survey, Sheffield City Council, 2009

<sup>29</sup> Sheffield Housing Market Bulletin Supplement January-June 2014

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There are a number of other factors that we need to take into account:

- The increasing use of prepayment meters in private rented and owner occupied properties is increasing the inequality of fuel poverty
- An increasing number of the worst off individuals and families are spending an increasing proportion of their income on heating or sacrificing it (usually for food) and risking cold related illness, thus exacerbating health inequalities
- There are no really effective drivers of high energy efficiency standards in the private rented sector; this is often attributed to the ‘split incentive’ in that the landlord sees no benefit in reducing energy costs for the tenant and the tenant is not motivated to invest in measures to improve the landlord’s property
- The energy market is substantially deregulated and tariffs are confusing, leading to some households spending more than they need to on energy. Currently there are over 1,000 tariffs and over 12 suppliers
- The new energy efficiency grants and loans system is very complex, and not all have been viewed as highly successful
- Reducing local authority budgets have affected regulatory control of cold homes in the private rented sector. The Housing Health and Safety Rating System has the potential to address fuel poverty in the private rented sector in England and Wales if action and enforcement could be more widely applied. However, financial constraints on local authorities have meant that use of this mechanism has been minimal

### 3.3.2 What are we doing about it?

Public Health in the Council is currently seeking to address this across three fronts:

- **Helping those currently affected:** by funding organisations to identify those in fuel poverty and assist them with their bills, their tariff, the efficiency of their property and the operation of their heating system (e.g. by Health Champions in communities or through organisations with expertise in energy such as the South Yorkshire Energy Centre)
- **Influencing other organisations to consider the issue and help them address it:** by collaborating with other organisations and departments to influence their operation and delivery e.g. the Council’s own Warm Homes Team, Shelter, etc. to ensure fuel poverty is addressed in their overall operating model

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- **By working to develop new models of energy provision to reduce the numbers affected and re- balance the unfair burden of energy costs on those least able to pay:** by working with colleagues to develop new ways of providing energy through locally owned energy service companies. We are currently trying to develop a collaboration with energy companies and community business organisations to develop local, affordable energy production. We will also produce a Fuel Poverty Strategy in 2015 and develop Sheffield’s response to the NICE guidance on ‘Excess Winter Deaths and Cold Related Illness’.<sup>30</sup>

As a Council we will also need to make sure landlords and tenants are aware of their rights and responsibilities under the Energy Efficiency (Private Rented Property) Regulations 2015. These regulations force landlords (within reason) to bring their properties up to a certain standard. We must also continue to find ways of reducing the cost of energy and increasing ability to pay (both bills and for insulation) for the most vulnerable in the City, be they owners or tenants.

There is also an important role that the NHS can play. While senior management in both the primary healthcare and public health sectors can be highly committed to reducing excess winter deaths and tackling fuel poverty, this commitment is not yet being translated into action by frontline staff such as District Nurses who have access to some of the most vulnerable members of our society. In part this is due to the health sector linking excess winter deaths and fuel poverty to extreme cold weather conditions which are then interpreted as a public health crisis requiring a reactive response. As a result, the link between health and housing disappears from the health sector’s radar outside of severe cold snaps. Whilst senior management may understand that energy efficiency interventions can improve public health, and in the long-term make their patients more resilient to extreme cold weather events, frontline staff have yet to integrate this understanding into their day-to-day working practices and energy efficiency is perceived to be a housing specialisation beyond the remit of the health profession.

### 3.3.3 What difference will it make?

In the short term our aim is to identify and impact on 200 households who are worst affected by March 2016. In the longer term our aim is to ensure every resident lives in a house which they can afford to heat; where they understand and can operate its controls effectively; and is on a tariff system that does not disadvantage less well households.

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<sup>30</sup> <http://www.nice.org.uk/guidance/ng6>

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### 3.3.4 Priorities for action

We have identified the following three actions as priorities for the next 12 months:

- (i) Implementing NICE guidance on excess winter deaths and morbidity and the health risks associated with cold homes including (but not exclusively):
  - A single point of contact health and housing referral service for individuals and families living in cold homes
  - Tailored solutions via the single point of contact health and housing referral service for all people living in cold homes
  - Identifying people of all ages at risk of ill health from living in a cold home
  - Making every contact count by assessing the heating needs of individuals and families who use primary health and home care services
  - Non-health and social care workers who visit children, young people and adults at home should assess their heating needs
  - Discharging vulnerable children, young people and adults from health or social care settings to a warm home
  - Train health and social care practitioners to help people of all ages whose homes may be too cold.
  
- (ii) Providing products which assist residents to reduce the cost of their energy and the amount they use by:
  - Progressing the business case for a local Energy Service Company to present opportunities to generate local energy, create lower priced energy and address the inequalities balance in fuel poverty – for example by providing prepayment meters with electricity at an uninflated price
  - Assist residents to improve their homes thermally by delivering more attractive financial products than the current ECO and Green Deal, for example by offering a revolving loan scheme.
  
- (iii) Taking every reasonable opportunity to reduce the number of landlords who fail to ensure their properties have affordable heating.

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### 3.4 Tackling the underlying causes of health inequalities

#### 3.4.1 What is this about?

Inequalities are a major feature of the health and social care landscape in Sheffield. The Council's Corporate Plan (2015-2018), the Fairness Commission (2013) and the Joint Health and Wellbeing Strategy for Sheffield (2013) all recognise this and the need to prioritise actions to address them. Health inequalities are a matter of life and death and are fundamentally rooted in social inequality. Lifestyles are shaped by socio-economic conditions; in order to influence these wider conditions, it is important to engage children, young people and adults from disadvantaged backgrounds in the planning and delivery of community interventions designed to improve their health and wellbeing. In addition, we must do all we can within our local control to tackle the structural barriers faced by those experiencing poverty and disadvantage. The health and social care 'offer' also needs to be re-focused so that there is greater support for self-care and links with community interventions and promoting wellbeing.

When there are inequalities in society, we all suffer. *"For each of eleven different health and social problems; physical health, mental health, drug abuse, education, imprisonment, obesity, social mobility, trust and community life, violence, teenage pregnancy and child wellbeing, outcomes are significantly worse in more unequal rich countries"* (Picket and Wilkinson, 2010).<sup>31</sup> In other words, nobody benefits from inequality and it is therefore in all our interests to tackle the inequalities that exist in Sheffield.

The WHO European review of social determinants<sup>32</sup> recommends strengthening the capabilities and assets of communities to support empowerment. Building community and individual resilience can also contribute to the development of integrated health and social care and local devolution as well as reduce inequalities, promote wellbeing and encourage economic development.

There is now a widely understood need for new solutions that focus on reducing demand for services as opposed to reducing costs. A community asset based approach is particularly pertinent as demands for services rise while grants from Government fall. In the context of an ageing population and a corresponding increase in demand for services it makes sense to invest in community led, co-produced

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<sup>31</sup> Picket, K. and Wilkinson, R. G. (2010) *The Spirit Level: Why equality is better for everyone*. Penguin. London.

<sup>32</sup> UCL Institute of Health Equity, 2013, Review of social determinants and the health divide in the WHO European Region, Copenhagen: WHO <http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/review-of-social-determinants-and-the-health-divide-in-the-who-european-region.-executive-summary> Accessed August 19 2014



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solutions that serve to create more engaged and active communities. The shift to a focus on demand reduction as well as optimising supply allows us to potentially build sustainable longer term solutions, improve quality and availability of services and enhance impact on those who need them most.

Communities therefore have a vital contribution to make to improving health and wellbeing and tackling the underlying causes of health inequalities. The importance of work to engage individuals and families with and through their communities in improving the health of the population is also recognised in the NHS Five Year Forward View (2014)<sup>33</sup> which notes that:

- We are unlikely to narrow the health gap in England without actively involving those most affected by inequalities
- The assets within communities, such as skills, knowledge and social networks, are the building blocks for good health and cannot continue to be ignored
- Health behaviours are determined by a complex web of factors including influences from those around us
- Community engagement and outreach are often a vital component of behaviour change interventions and the support from peers who share similar life experiences can be a powerful tool for improving and maintaining health
- Social isolation and loneliness is a major public health issue, associated with higher risks of mortality and morbidity but people can ‘recover’ from loneliness through improved social connections
- Wellbeing is a key concept for a functioning and flourishing society and community life, social connections, and active citizenship are all factors that enhance wellbeing
- A flow of new ideas and intelligence from local communities is needed to give a full picture of what works and what is needed.

Communities who can play a part in tackling some of the root causes of ill health and keeping people out of care are an effective way of making the public health pound go further and creating sustainable solutions to some of the key issues arising through inequalities and poverty.

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<sup>33</sup> <http://www.england.nhs.uk/ourwork/futurenhs/>

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### 3.4.2 What are we doing about it?

The transfer of Public Health to the Council provided a significant opportunity to develop our community based approach to improving health and wellbeing and tackling health inequalities. Specifically the Community Wellbeing Programme and the Best Start Sheffield Programme work with the most deprived communities in the City to reduce inequalities by focussing on resilience, social capital and emotional and mental wellbeing<sup>34</sup>. We have also created a companion programme to develop the public health knowledge, skills and competencies of both communities and the Council's workforce. These key areas of work involve working closely with the voluntary, community and faith (VCF) sector, valuing this sector's expertise in working with communities.

The main elements of the Community Wellbeing Programme include Health Trainers, Health Champions, Community Development and Health Programme and the Public Health Workforce Development Programme. This involves a partnership approach including work with locality teams, libraries, housing, and social care providers leading to a holistic community approach. The Best Start Programme is described in more detail in section 3.1 above. Table 4 summarises the key elements of the Community Wellbeing Programme.

The Sheffield First Partnership<sup>35</sup> has also led a collaborative process aimed at understanding how organisations in Sheffield can work together in relation to communities. This process has resulted in the production of a set of principles focussed on strengthening the resilience of communities. The Community Wellbeing Programme is using these principles to structure its work with other partners and to develop community resilience further. In addition the Community Wellbeing Programme forms an integral part of the City's ambitious integrated health and social care programme (Better Care Fund) which seeks to place people's wellbeing at the centre.<sup>36</sup> A core work stream of the Better Care Fund – Keeping People Well Closer to Home, is focussed on mobilising the community to improve health and wellbeing and reduce demand on services.

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<sup>34</sup> These programmes are being developed alongside a number of other programmes designed to provide a comprehensive approach to tackling poverty and inequality in Sheffield; this section focuses on those programmes focussed on social capital and resilience.

<sup>35</sup> <https://www.sheffieldfirst.com/> An organisation concerned with the regeneration of the City, set up to bring together the public, private and not-for-profit sectors to work together to make Sheffield a better place to live and work.

<sup>36</sup> The Better Care Fund is a national programme set up to facilitate a transformation in integrating health and social care services in local areas.

**Table 4: Summary of the Community Wellbeing Programme and Related Programmes**

Community Wellbeing Programme	Community Development & Health Training
<p>There are 14 Community Wellbeing Programmes covering 41 of the most deprived neighbourhoods in the City. The Programme uses an asset based approach to reduce health inequalities and improve health and wellbeing by increasing social capital. It provides a framework for the other community initiatives to ensure a holistic approach within the community. It aims to tackle the wider determinants of health, remove barriers to making healthier lifestyles choices and increase appropriate access to services. Key outcomes are increased skills and capacity and employability of individuals. There is a ripple effect on family, friends and the wider community. In 2014-2015 there were 21,258 beneficiaries and 68,173 points of contact</p>	<p>The existing transformational learning programme training has been in place for many years and has empowered over 1000 participants benefitting more than 10,000 people. The approach involves community based learning which enables participants to gain confidence, build on their strengths and resilience. Participants complete the training with critical awareness and motivation to take action and instigate changes in their neighbourhood. As part of this programme, an Asset Based Community Development project has commenced with initial work in two communities facing high levels of poverty - Winn Gardens and High Green. This represents an acknowledged mechanism for garnering the involvement of local people using “what they bring” as a starting point.</p>
Health Champions	Practice Champions
<p>These are volunteers recruited from disadvantaged communities. They draw on their own local knowledge and life experience to undertake community interventions or provide one to one support to improve health, wellbeing and social connectedness. These activities are organised and delivered in their own communities, giving local people the opportunity to make a difference amongst their families, friends and neighbours. The experience of being a Health Champion gives volunteers transferable skills which many use to gain employment. Between 2009-2013 the total number of Health Champions was 500 supporting over 19,500 people.</p>	<p>These are patients and community members who work with GP practices to improve access and uptake of services in the area. They support patients with non-clinical needs to access community services and establish new activities such as self-help groups. Four GP practices have engaged in the first phase of the programme. The GP practices and voluntary organisations jointly recruited and trained 160 volunteers. Our aim is to extend the programme to more practices in 2015-2016. GPs involved report that this programme has changed the relationship with their communities.</p>

Health Trainers	Workforce Development
<p>Health Trainers support people to improve their health and wellbeing and manage long term conditions by building confidence and skills. Enabling people to access appropriate clinical and community services reduces unscheduled (emergency) care. Other outcomes include more appropriate use of NHS services, less visits to GPs, less use of medication and discontinuation of use of anti-depressants. The Health Trainers national data base indicates that the Sheffield Programme performs at a higher level than other programmes in England. In 2014-2015 Health Trainers supported over 1,200 people. Health Trainers are employed by voluntary sector organisations.</p>	<p>This programme involves working with colleagues across the Council to develop brief training interventions that will provide staff with an understanding of how health and wellbeing is influenced by wider determinants and the role they can play in addressing this. Our aim is to roll out the training to all front line staff and to develop wider public health training for all staff as part of a core training offer so that contacts the Council has with the people of Sheffield act to promote their wellbeing.</p>

### 3.4.3 What difference will it make?

The over-arching indicator for this area of public health is the slope index of inequality in life expectancy at birth. This measures the gap (in years) in life expectancy between the most and least deprived people in the City. Although the figures fluctuate from year to year, long term trends show that the gap in Sheffield is little changed for both men and women. The picture is similar for healthy life expectancy although the gap between the most and least deprived people is wider. These are the gaps we are aiming to narrow through our community based asset approach and wider strategies to reduce inequalities and poverty.

### 3.4.4 Priorities for action

We have identified the following three actions as priorities for the next 12 months:

- (i) Continuing to strengthen and develop the Community Wellbeing Programme and related infrastructure in the most disadvantaged communities, co-ordinated between different workforces, agencies and local citizens

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- (ii) Ensuring reducing health inequalities and an asset based community development approach is explicitly embedded in transformational programmes such as the Integrated Commissioning Programme, strengthening the role of Health Trainers, Health Champions, Practice Champions and lay workers as a key workforce to support this
  - (iii) Equipping the wider public health workforce with the knowledge, skills and competence to address community-level factors and for the public health knowledge and intelligence workforce to strengthen the voice of communities and citizens in public health evidence and intelligence.

### **3.5 Helping people who face barriers to get a job**

#### **3.5.1 What is this about?**

It is widely acknowledged that appropriate work is generally good for young people and adults, and that unemployment can often have a negative impact on health.<sup>37</sup> There is strong evidence that access to work and meaningful activity has a therapeutic value, especially for people with severe and enduring mental health conditions<sup>38</sup> and of a positive association between work and good health, including mental health. At the same time, it is acknowledged that work should be appropriate to the individual, in relation to qualifications, skills and experience, health and (dis)ability. By failing to ensure we provide appropriate employment opportunities we are contributing to health inequalities and if we could change this, we will help to reduce health inequalities.

Currently there is a wide gap between the health and employment systems which leaves those with a disability or health condition caught between the two with the health system doing little to help them secure appropriate employment and the employment system providing little assistance to remove the health barriers or to assist entry into or prompt return to work if health and disability barriers exist. This places a drain on the health system (as unemployment can often lead to other poor health outcomes), a drain on the welfare system, almost requiring people to prove their incapability in order to receive

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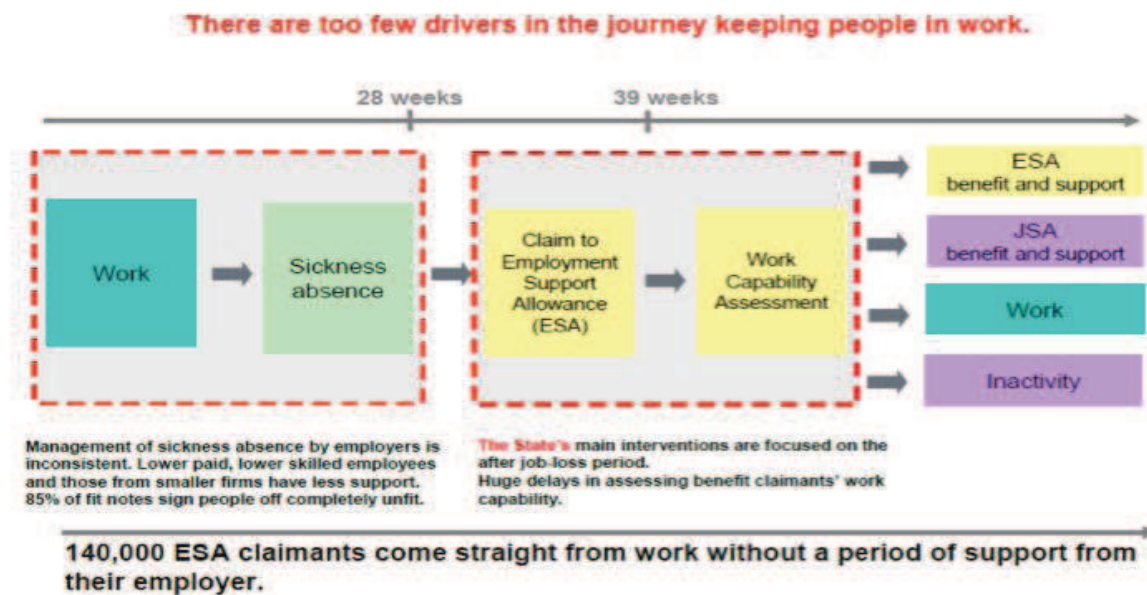
<sup>37</sup> Waddell, G. and Burton, A. (2006), Is work good for your health? DWP

<sup>38</sup> McLean, C. and Carmona, C. (2005), Worklessness and health – what do we know about the causal relationship, Evidence Summary Review, Health Development Agency

welfare support, and a person losing confidence, capability and inclination to be productive and potentially entering a downward spiral of poor health.

With the NHS under pressure and the austerity measures impacting on the most disadvantaged this is an important point to address. Equally with the devolution proposals likely to include a more localised approach to this long standing problem, it is important that Public Health provides evidence on what works and a link into the wider health system and seeks to be at the centre of a system change and bridging the gap between the employment and health systems. The diagram in Figure 16 illustrates the problem

**Figure 16**



Source: Presentation of “Health at Work – an independent review of sickness absence”<sup>39</sup>

### 3.5.2 What are we doing about it?

In June 2015 there were over 25,000 people in Sheffield claiming Employment Support Allowance (ESA) who were unemployed due to a health condition - in the main common mental health issues such as anxiety or depression.

<sup>39</sup> Black, C. and Frost, D. (2011), presentation slides from Health at work – an independent review of sickness absence, <https://www.gov.uk/government/publications/review-of-the-sickness-absence-system-in-great-britain>

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The national employment rate for people with learning disabilities is 6.7%. This is 65.1% below the rate of the overall population<sup>40</sup> At the same time we know about 70% of people with learning disabilities actually want to work, but the system is actually depriving them of that opportunity. The gap is 65-70 % in Sheffield for people with a learning disability or a moderate to severe mental health condition so their employment rates are around 3-7 %.

There are a number of organisations commissioning 'employment' support within Sheffield, from a variety of different perspectives, with varied levels of success, but performance across the City is below the Region average and getting worse.

We are addressing the issue on five different levels:

- Delivering (jointly with Job Centre Plus and the Council's Employment and Skills team in the Children, Young People and Families portfolio) a £400,000 pilot project aiming to bring people on employment support allowance back into employment by removing the health barriers
- Working to develop a pathway into employment from the Health system ( particularly GP surgeries) where GPs can refer patients into a pathway which will move them into, or towards employment and improve the communication and data sharing between the health and employment systems
- Reviewing locally commissioned Supported Employment provision to make sure it is effective, and is connected to both local and national health and employment provision, so that people and organisations know how to access the support and increase progression of people receiving employment support, to enable them to move into mainstream employment provision whenever possible
- Encouraging employers to provide 'good work' for the City's population, for example paying a living wage reduces zero hours provision where possible and keeps employees healthy, (both physically and mentally) to reduce absenteeism and the 'in work – out of work ' cycle
- Working with colleagues across the City, the City Region and the Core Cities to ensure the employment and disability barriers are addressed in any devolution proposals for the welfare/ employment system.

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<sup>40</sup> Bill Gunnyeon Medical Officer DWP 2013 ' Health, Work and Wellbeing 2012 and Beyond' Health Work and Wellbeing Conference Birmingham 2012

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### 3.5.3 What difference will it make?

By 2018 we aim to support 7,000 people into sustained employment by developing a local 'Progress to Work' programme that works with communities, employers and employees to support those facing the greatest barriers to find work. We want this support to double the number of disabled people and those with mental health conditions moving into employment.

Although this may only be an increase of 2-300 people with those specific conditions or disabilities, the wider aim is to create an employment/ health infrastructure which makes it easier for people who want to work to be able to work. Within the social model of public health we believe this will in turn enable people to make choices which have a positive impact on their health and wellbeing and impact across a far wider range of public health measures. It is important to recognise the fact that the unemployment issue in Sheffield, as in the rest of the UK is disproportionately affecting young people, and therefore focussing opportunities on young people not in employment, education or training (NEETs) is obviously key within this. It will also ensure that the devolution proposals address the issue at Local Economic Partnership <sup>41</sup> level and increase productivity and reduce the welfare costs across the Region. We will ensure the public health contribution to this is delivered.

### 3.5.4 Priorities for action

We have identified the following three actions as priorities for the next 12 months:

- (i) Working jointly with colleagues in the Employment and Skills team in:
  - Commissioning locality based programmes to move people towards work
  - Commissioning employment support which is evidence based and works with employers as well as employees
  - Providing in work support that helps employers to provide 'good work' and which is designed to reduce the fall in and out of employment.
  - Working with GPs and Job Centre Plus to develop clear pathways into good employment for patients where employment would be beneficial.

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<sup>41</sup> The voluntary partnership between business and City Region local authorities to determine local economic priorities and lead economic growth and job creation within the City Region



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- (ii) Developing and agreeing a citywide commissioning framework (covering the Council, NHS, VCF sector and the Local Economic Partnership) focussed on increasing employment for those with health conditions and disabilities (including a target for achievement) to encourage resource allocation and to create a shared endeavour. This will greatly assist any devolution proposals for ESA clients.
  - (iii) Ensuring all Council, LEP and NHS investment aimed at supporting this objective is either part of, or closely linked to the City's 'Pathways to Employment Programme'<sup>42</sup> with the aim of moving participants into mainstream employment provision whenever possible. This could be a shared commissioning approach, across health, local authority and the LEP.

### **3.6 Maintaining a healthy weight throughout life**

#### **3.6.1 What is this about?**

Obesity is a medical condition in which excess body fat accumulates to the extent that it may have an adverse effect on health, leading to increased health problems and reduced life expectancy. A number of health conditions are associated with being overweight and obese including: type 2 diabetes, hypertension, coronary heart disease and stroke, osteoarthritis and cancer.

Maternal obesity is an established risk factor for increased complications during pregnancy and in the post-natal period compared to their counterparts who have a healthy weight. Findings from the Centre for Maternal and Child Enquiries observational study showed a correlation between increasing levels of obesity and an increase in hypertension, gestational diabetes, instrumental delivery, caesarean section, induced labour, postpartum haemorrhage, foetal abnormality, stillbirth and special care baby unit admissions.<sup>43</sup> Obese women are more likely to spend more days in hospital and the increased levels of complications in pregnancy increases the cost of antenatal care compared to women within the healthy weight range. Babies born to obese mothers have an increased risk of admission to neonatal intensive care compared to babies born to mothers of a normal weight.<sup>44</sup>

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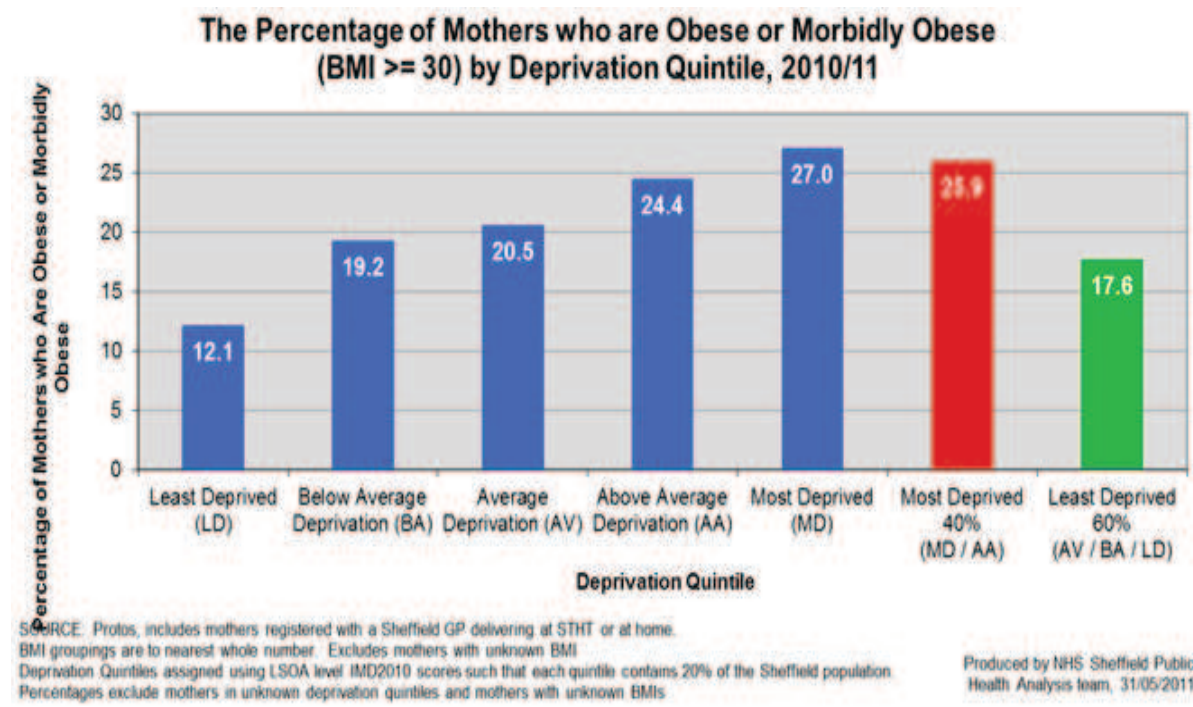
<sup>42</sup> The Council's mainstream local employment programme.

<sup>43</sup> Maternal obesity in the UK: findings from a national project. (2010),CMACE,UK. (page 7)

<sup>44</sup> NICE public health guidance 27, Weight management before, during and after pregnancy, July 2010.

Local data for 2011-2012 on the percentage of pregnant women who were overweight or obese at the time of ante-natal booking gives a figure of 67.9%.<sup>45</sup> The antenatal data also highlights which areas we should be concentrating prevention work on; for example, there is a clear correlation between deprivation and excess weight gain, as shown in Figure 17, as well as ethnicity and parity.

Figure 17



In 2013/2014 just under a fifth of children aged 4-5 years (YR) were overweight or obese (19%), rising to around one third (33.4%) of children aged 10-11 years. Prevalence of overweight in 4-5 year olds in Sheffield is significantly better than the England average. At 10-11 years (Y6) the figures are not significantly different. In general the rate of childhood overweight and obesity combined in Sheffield is improving. However, the relationship between deprivation and overweight and obesity in both YR and Y6 is significant, with higher rates of combined overweight and obesity correlated with greater deprivation. The inequality between the most and least deprived in the City is widening in Y6. (NCMP 2013/2014 academic year).

<sup>45</sup> Data obtained from the Clinical Commissioning Group (CCG) locally commissioned Public Health Births extract from Sheffield Teaching Hospital Trust. The numbers relate to births to Sheffield residents only, not the total number of deliveries which take place in the SHT as this includes non-Sheffield residents.

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Excess weight is a term used for overweight including obesity and is defined as an adult body mass index (BMI) of  $\geq 25\text{kg/m}^2$ .<sup>46</sup> Public Health England excess weight data shows that 59.9% of Sheffield's adult population was overweight or obese in 2012 compared to the England average of 63.8%.<sup>47</sup>

The costs of obesity to both health services and wider society are significant. In Sheffield, the estimated annual direct cost of treating obesity and its consequences is £11.5 million. There are also wider costs, for example, the estimated annual cost of obesity related sickness absence in Sheffield is £14.5 million and it is estimated that by 2015, obesity and its consequences will cost Sheffield £165 million per year.<sup>48</sup>

It has been widely predicted that obesity levels will continue to increase over the coming years and this makes the task of preventing and tackling obesity in Sheffield a priority both in the short and longer term.

### 3.6.2 What are we doing about it?

Weight gain occurs when you regularly eat more calories than you use through normal bodily functions and physical activity. There are complex behavioural and societal factors that combine to contribute to the causes of this weight gain and that can explain the increasing prevalence of overweight and obesity that has been seen in recent decades. The Foresight Report (2007)<sup>49</sup> referred to a “*complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain*” as illustrated in Figure 18. The report presented an obesity system map with energy balance at its centre.

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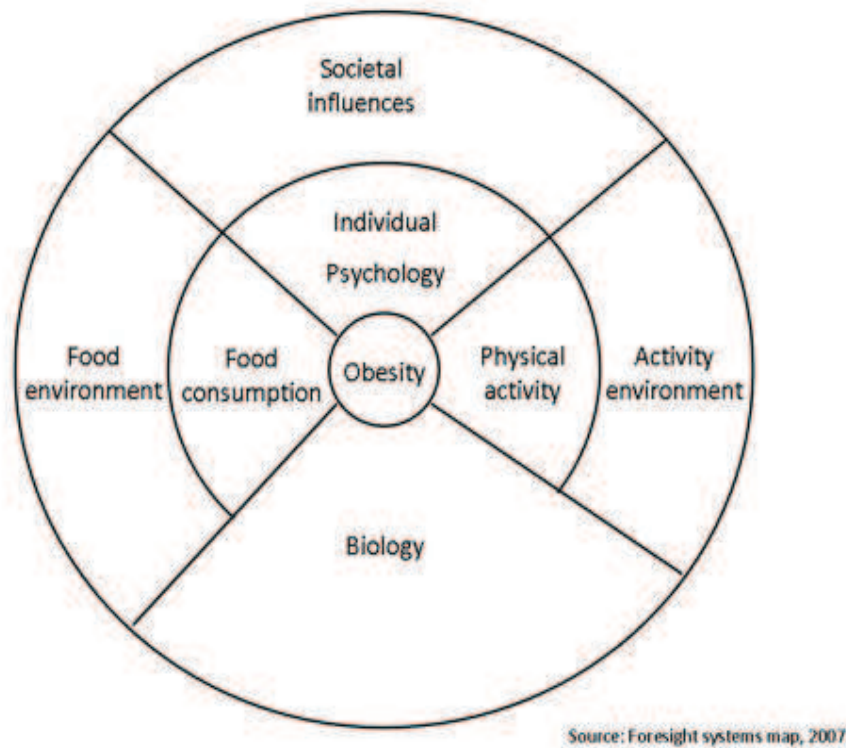
<sup>46</sup> Body Mass Index (BMI) is calculated by dividing an individual's weight in kilograms by the square of the height in metres.

<sup>47</sup> Public Health England Yorkshire and Humber press release, Tuesday 4<sup>th</sup> February 2014.

<sup>48</sup> Health and Social Care Select Committee 2006

<sup>49</sup> Foresight Programme (2007) 2<sup>nd</sup> Edition. Tackling Obesity: Future Choices – project report. Government Office for Science.

Figure 18



Society has changed rapidly in recent generations, with major changes to the way we work, the way we move and travel, the food that is available, the way we consume food, and the leisure activities we choose to take part in. These changes have exposed an underlying biological tendency, possessed by many people (of all ages), to put on weight and retain it. Although personal responsibility plays a crucial part in weight gain, human biology is being overwhelmed by the effects of today's 'obesogenic' environment, with its abundance of energy dense food, motorised transport and sedentary lifestyles (taken from Foresight report, 2007). For example, as a nation our portion sizes have increased, average intakes of fat and sugar are above recommended levels and the periods of time we spend sitting and being physical inactive have increased significantly. This behaviour change is demonstrated when we consider children walking to school. This has steadily declined for decades and is now at an all-time low with fewer than half of all primary school children now walking to school and 43% travelling by car.<sup>50</sup>

<sup>50</sup> ONS <http://www.statistics.gov.uk/cci/nugget.asp?id=1576>

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In response to these issues, Sheffield has invested in a number of new services that support people to achieve and maintain a healthy weight. The services are:<sup>51</sup>

- Pre-conception and ante-natal pilots as part of the Tier 2 adult healthy weight management service (based on the antenatal information shown above)
- Early Years Programme for children and families (0-4 years)
- Children, Young People and Family Healthy Weight Service delivering family weight management programmes for overweight children and young people aged 5-17 and obesity prevention support to schools
- Adult Tier 1 and Tier 2 Healthy Weight Service delivering obesity brief interventions training to frontline staff and providing weight management programmes for overweight adults including a specific focus on pre-conception and maternal excess weight
- Adult Tier 3 Specialist Weight Management Service delivering specialist weight management using a multi-disciplinary team approach for adults with very high BMIs and/or more complex needs and/or accessing bariatric surgery

Whilst the above services have a role to play in tackling obesity and are of benefit to those who use them, the evidence on obesity is clear that such services will not be enough to address the scale of the problem. Significant effective action to prevent obesity at a population level is required and evidence shows that a ‘whole system’ approach is critical – from production and promotion of healthy diets, to redesigning the built environment to promote walking, together with wider cultural changes to shift societal values around food and activity. This will require action by many partners including national and local government and by industry.

It is important that if we are to reverse the trend in excess weight gain and encourage healthy behaviour change, particularly amongst children and young people, the environment in which we live needs to change to make being physically active the easiest option. By making 20mph the default speed limit wherever individuals and families live, work or play; encouraging playing out schemes in local neighbourhoods; investing in more sustainable safe walking and cycling routes to school; and creating parking and drop off exclusion zones within the school areas can all contribute to reversing obesity.

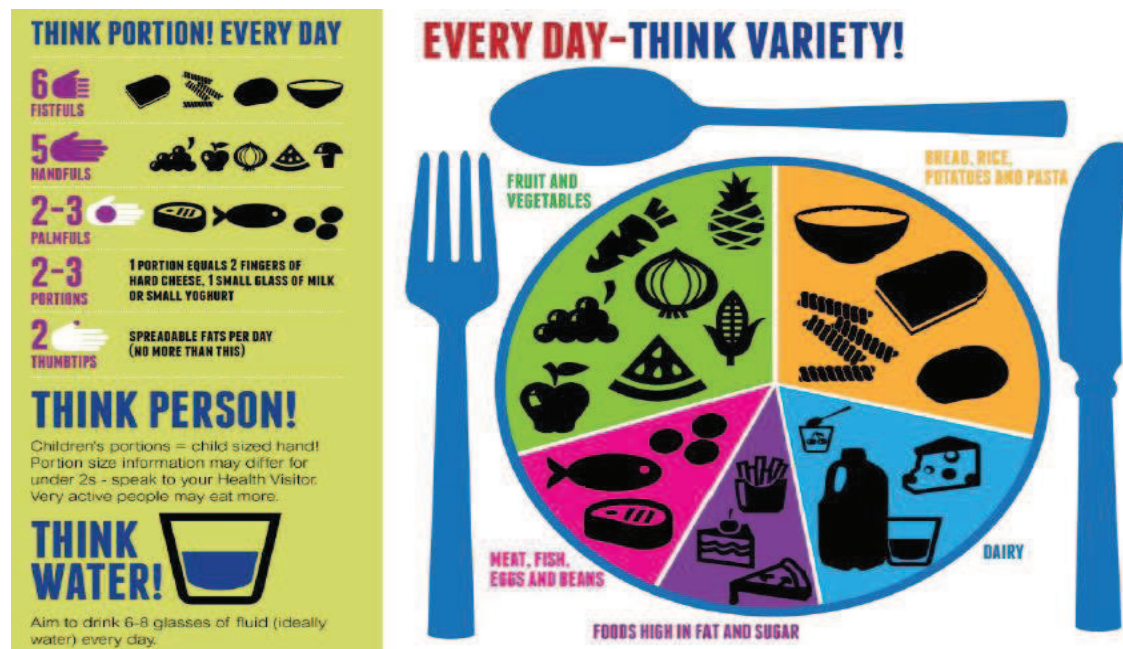
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<sup>51</sup> The 0-4 Children and Families service is delivered by the Children and Young People and Families Public Health Team. All other services are delivered by Why Weight Sheffield

In terms of creating an environment that encourages healthier eating and increasing physical activity, the Sheffield Food Strategy and Move More Plan<sup>52</sup> identify a number of areas for local action across both areas. These include developing initiatives for those in food poverty that can improve the accessibility of affordable and nutritious food; working with schools to encourage school meal uptake; providing education on what makes up a healthy balanced diet (see the illustration in Figure 19); food preparation skills working with fast food outlets to improve the nutritional content of the food on offer; and encouraging public sector organisations and partners to procure and provide healthier food to staff, service users and the general public.

In addition to the local action that is being taken there is also the need for intervention at a national level. Actions such as the recent national school food standards are an example of where this can be of benefit. There is evidence that further regulation such as tax on unhealthy foods, further restricting advertising to children, and improving consumer-friendliness of food labelling would also have benefits.<sup>53</sup> The Move More plan includes six outcomes which focus on creating active environments, empowering communities, creating active workforces, schools and families; using physical activity as medicine.

Figure 19



Source: Sheffield City Council portion size guide<sup>54</sup>

<sup>52</sup> <https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/priorities/work-programmes/food-physical-activity.html>

<sup>53</sup> Lancet, 2015 <http://www.thelancet.com/series/obesity-2015>

<sup>54</sup> <https://www.sheffield.gov.uk/caresupport/health/lifestyle/eat-well.html>



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### 3.6.3 What difference will it make?

There are a number of Public Health Outcomes that we can use to help us track whether our actions are making a difference and the impact we can have on levels of obesity, healthy eating and physical activity.

- **Percentage of children in YR (age 4-5) overweight or obese and percentage of children in Y6 (age 10-11) overweight or obese:** These indicators are reducing in Sheffield which is positive. Our aim is to continue to reduce the overall prevalence of overweight and obesity in Sheffield. We also aim to close the gap between the most and least deprived children in Y6 as this has widened in recent years. Targets are in the process of being agreed
- **Fruit and vegetable consumption: Percentage of adults eating '5-a-day':** This is a new measure so we do not yet know whether Sheffield is improving or not. Nevertheless, Sheffield has a significantly lower percentage of people reporting eating five or more portions of fruit and vegetables a day than the England average so our aim should be to improve to at least the national average
- **Excess weight in adults:** The percentage of adults who are overweight or obese in Sheffield is 59.9% compared to the England average of 63.8%. Sheffield's rate is also significantly better than other areas of South Yorkshire such as Barnsley (70.5%); Doncaster (74.4%) and Rotherham (65.3%).
- **Proportion of physically active and inactive adults:** Sport England data show an upward trend of people who are physically active in Sheffield and we should seek to maintain this positive trend.

### 3.6.4 Priorities for action

We have identified the following three actions as priorities for the next 12 months:

- (i) It is everyone's responsibility to engage with the Move More message; from creating environments which make being physically active the easiest choice to the individual responsibility of building physical activity into daily lives and just moving more! The Health and Wellbeing board should ensure schools in Sheffield give all children the opportunity to participate in appropriate exercise.

- 
- (ii) Continuing to monitor the impact of food poverty and developing a broad range of support for individuals and families experiencing food poverty to ensure that everyone in Sheffield is able to access a diet that is safe, affordable and that benefits their health and wellbeing.
  
  - (iii) Agreeing local targets for reducing childhood obesity, noting that these are likely to focus on: reducing the overall prevalence of overweight and obesity and closing the gap between the most and least deprived children in Y6.



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## 4 Progress on recommendations from 2014

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 section we report on the progress made on the recommendations of the DPH Report for 2014.

### Recommendation 1

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

#### Progress

There was no funding allocated to the sign posts so it has not been possible to progress this recommendation to date.

### Recommendation 2

Sheffield people should consider traveling short distances on foot or by bicycle rather than by car, and sign up to 'Move More'

#### Progress

The Move More website is up and running and well used. There has been a plethora of activity relating to promoting cycling in Sheffield and the partnership with British Cycling is now in its second year. An asset mapping exercise to discover where people are currently cycling has been carried out and we are working to address the barriers to cycling in some communities. The actual number of people cycling in the City is difficult to capture but the perception is that there has been a step change and more people do appear to be using cycling as active sustainable travel.

### Recommendation 3

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

#### Progress

Funding to accelerate this work was not supported. The Council is progressing the work as planned but without additional resource. We are also looking at how we can connect initiatives for 20mph zones, playing out areas, active travel (cycling and walking), the 'streets ahead' programme and road closing.

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**Recommendation 4**

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.

**Progress**

Food for Life accreditations<sup>55</sup> have been achieved by Sheffield Teaching Hospitals Foundation Trust and the school meals provider, endorsing their progress in using fresh ingredients free from undesirable additives and trans fats, which are better for animal welfare and comply with national nutrition standards. Caterers at the University of Sheffield are considering working towards Sustainable Restaurant Association Accreditation. A recently issued contract for running two new leisure venues in Sheffield stipulates a requirement for provision of a healthy food offer to customers. Sheffield International Venues continue to work towards Change4Life healthy leisure centre catering guidance.

**Recommendation 5**

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

**Progress**

It has not been possible to assess whether people are aware of or are trying to reduce their meat consumption.

**Recommendation 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.

**Progress**

The strategy has not been drafted due to uncertainties in national direction as well as local resourcing - setting a strategy to increase SAP ratings through a programme of insulation is difficult when current Green Deal and Eco Programmes are under review. The Council is seeking to address some of these issues however, for example by developing a revolving loan scheme for residents which will work better than current national schemes. It is also looking to develop its own Energy Service Company to develop local energy production and delivery programmes. The selective licencing scheme is also underway to help landlords provide quality rented accommodation across the City.

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<sup>55</sup> <http://www.sacert.org/catering>

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**Recommendation 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.

**Progress**

The City has fed into recently produced NICE guidance (NG6) on excess winter deaths and cold related illness and this is now published, and will be included within the approach to Fuel Poverty. Public Health has also funded local VCF sector organisations to develop the basis of this approach, with some success. This will be further refined in the next 12 months.

**Recommendation 8**

The Council and the Local Enterprise Partnership (LEP) 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.

**Progress**

The author of the Mini-Stern Review, Professor Andy Gouldson, gave evidence to the Sheffield Green Commission on 21 April 2015. The Report was submitted as part of the information for the LEP. Low carbon emerged as a key theme of the LEP's European Funding Strategy and £21.4m has been allocated to funding low-carbon infrastructure development/low carbon technologies. £12m of 'calls' have been developed as at June 2015. The Council has funded a comprehensive review of the renewable energy potential in the City and agreed to fund up to 6,000 solar panel installations on council housing and is investigating funding for wider implementation. It is also part of two Horizon 2020 bids covering heat network schemes and has stated its intention in the Corporate Plan to form a Sheffield Energy Company. There is interest in identifying a former industrial site as a sustainable development area potentially using the Sheffield City Region Investment Fund to support the infrastructure. The Council is also working to pilot the generation of heat through a second biomass power plant in the South of the City.

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**Recommendation 9**

The Council, working with the voluntary sector and other organisations, should continue work to develop social capital in local communities.

**Progress**

The Community Wellbeing Programme, Health Trainers and Health Champions have continued to develop resilience by mobilising the community, building on individual and community assets and skills. Current contracts give VCF providers more freedom to develop social capital and resilience in their communities. The Community Development and Health training programme has been shown to make a real difference to health and wellbeing at the individual, family and community level. Sheffield First has led a collaborative process aimed at understanding how organisations develop resilience, resulting in a set of principles currently being considered by the Sheffield Executive Board in order to develop a single city approach to community empowerment. The Local Area Partnerships have identified key priorities to develop resilience in each area by tackling social isolation and financial inclusion. Public health training for Council frontline staff will equip them with the skills and confidence to support people to have more control over choices impacting on their health and wellbeing.

**Recommendation 10**

The Health and Wellbeing Board and Sheffield's NHS 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.

**Progress**

The Clinical Commissioning Group Sustainability & Carbon Management Group, with the Council are undertaking a mapping of sustainability measures/initiatives of NHS providers across the City with the aim of showcasing good practice and identifying gaps where support is needed. This group is also canvassing NHS and social care for their views on the development of a Sustainability Manifesto. An initial scoping exercise will determine the scale of the task and the required capacity/commitment of resource from NHS/social care.

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**Recommendation 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.

**Progress**

The Council is liaising with the NHS Sustainable Development Unit regarding well-regarded/tested approaches to carbon accounting in health & social care. Based on the recommendations from the NHS SDU, options to take this forward will be appraised and presented to the Health & Wellbeing Board.

Ways to take this forward include:

- Using Nottingham City CCG's methodology for average carbon intensity assessments
- Using NAO report on carbon in the NHS to tackle carbon hotspots e.g. procurement, pharmaceuticals, medical instruments
- Looking at the Models of Care Health and Well Being toolkit on SDU website and use a demonstration site to look at comparative carbon accounting approaches (e.g. a detailed 'deep dive' or a clinical audit)

**Recommendation 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.

**Progress**

Local NHS Trusts have put in place heatwave plans for 2015. Under Care Quality Commission regulations and requirements, care homes are expected to have a Business Continuity Plan that makes reference to heat waves and what action staff should take regarding care of residents in relation to hydration, ventilation and sun protection (e.g. curtains, blinds, sun cream, hats etc.)

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**Recommendation 13**

All organisations should promote uptake of The Environment Agency's 'Floodline Warnings Direct' service 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.

**Progress**

The Council, Environment Agency and the Sheffield Chamber of Commerce and Industry have led schemes to protect the Lower Don Valley from flooding. Significant freeboard measures to allow for global warming through physical structures and the maintenance and cleaning of the river channel have been introduced. South Yorkshire Housing Association has mapped flood risk whilst Amey, the Council's strategic partner for the provision of Highway Services, receive half hourly updates about weather, and also has a climate change adaptation plan that identifies key risks from flooding. The Living Highways Project has a focus around sustainable urban drainage and helping to prevent flooding through better management of verges. Sheffield Hallam University require all landlords to have a major incident response plan and all university new builds are required to comply with flood resilience.

**Recommendation 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.

**Progress**

Rather than focussing on the consequence of adverse weather events, the LHRP and LRF have this year been concentrating on the two higher priority issues of Ebola and Pandemic Influenza. This included a number of exercises to test whether plans to deal with potential cases of Ebola in South Yorkshire were robust. Exercise Alberio was held in April 2015 testing plans to deal with an influenza pandemic. Both exercises showed areas of strength in plans and preparations as well as highlighting areas that could be refined or enhanced. Work is now underway to amend plans based on these exercises.

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**Recommendation 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.

**Progress**

Information has been provided on health issues and health inequalities in the development of the sustainability framework of the Local Plan for Sheffield. This has included approaches that can minimise inequalities in health and information that can provide a base line for evaluating the effectiveness of the Local Plan. Awareness of the importance of public health to the Local Plan and planning procedures has been raised through, for example, regular updates to the Council's Public Health Team and inviting the planning team to make a presentation on the Local Plan to the local Public Health Network, contributing information to a workshop on the development of the new Local Plan for Sheffield and contributing information to the Age Friendly Cities Policy.





## 5 Your Views

**Feedback form:** Please help us to improve future reports by filling in and returning the questionnaire below:



1. Was the layout clear and well designed? Yes  No

If No, please state reason:

2. Were the topics selected appropriate for Sheffield? Yes  No  Unsure

If No, please state reason:

3. Did the report, in your view, make reasonable recommendations? Yes  No  Unsure

If No, please state reason:

4. Were there issues or subjects that you would have liked to have included? Yes  No  Unsure

If No, please state reason:

5. Was the report the right length? Too long  just right  too short  unsure

6. Will you be using this report in your work with partner organisations? Yes  No  not applicable

If No, please state reason:

7. Do you have any suggestions for improving this report for the next time?

8. Please indicate the organisation you work for:

Thank you for taking the time to complete this form. Please return to:

Stephen Horsley, Interim Director of Public Health  
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This report can be downloaded from:

<https://www.sheffield.gov.uk/caresupport/health/director-of-public-health-report-2015.html> (Full Report of the Director of Public Health for 2015)

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