Public Document Pack

Cabinet

Wednesday 21 September 2016 at 2.00 pm

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

The Press and Public are Welcome to Attend

Membership

Councillor Julie Dore	(Leader of the Council)
Councillor Leigh Bramall	(Deputy Leader/Cabinet Member for Business and Economy)
Councillor Ben Curran	(Cabinet Member for Finance and Resources)
Councillor Jackie Drayton	(Cabinet Member for Children, Young People & Families)
Councillor Jayne Dunn	(Cabinet Member for Housing)
Councillor Mazher Iqbal	(Cabinet Member for Infrastructure and Transport)
Councillor Bryan Lodge	(Cabinet Member for Environment)
Councillor Mary Lea	(Cabinet Member for Culture, Parks and Leisure)
Councillor Cate McDonald	(Cabinet Member for Health and Social Care)
Councillor Jack Scott	(Cabinet Member for Community Services and Libraries)

Sheffield City Council

Sheffield
City Council

PUBLIC ACCESS TO THE MEETING

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

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

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

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

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

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

FACILITIES

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

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

CABINET AGENDA
21 SEPTEMBER 2016

Order of Business

1.	**Welcome and Housekeeping Arrangements**	
2.	**Apologies for Absence**	
3.	**Exclusion of Public and Press** To identify items where resolutions may be moved to exclude the press and public	
4.	**Declarations of Interest** Members to declare any interests they have in the business to be considered at the meeting	(Pages 1 - 4)
5.	**Minutes of Previous Meeting** To approve the minutes of the meeting of the Cabinet held on 20 July 2016.	(Pages 5 - 18)
6.	**Public Questions and Petitions** To receive any questions or petitions from members of the public	
7.	**Items Called-In For Scrutiny** Call-In of Cabinet Decision on Primary School Places in Ecclesall To consider a report of the Children, Young People and Family Support Scrutiny and Policy Development Committee.	(Pages 19 - 22)
8.	**Retirement of Staff** Report of the Director of Legal and Governance	(Pages 23 - 26)
9.	**New Bannerdale Secondary School Update** Report of the Executive Director, Children, Young People and Families	(Pages 27 - 34)
10.	**Young Peoples Substance Misuse Service** Report of the Executive Director, Children, Young People and Families	(Pages 35 - 44)
11.	**A Matter of Life and Healthy Life - Director of Public Health Report for Sheffield 2016** Report of the Director of Public Health	(Pages 45 - 86)
12.	**Sheffield Alcohol Strategy 2015-2020** Report of the Executive Director, Communities	(Pages 87 - 144)

13.	**Sheffield Advocacy Hub** Report of the Executive Director, Communities	(Pages 145 - 186)
14.	**Voluntary, Community and Faith Sector Grant Aid Funding 2017-18 Onwards** Report of the Executive Director, Communities	(Pages 187 - 224)
15.	**Revenue Budget and Capital Programme Monitoring 2016/17 Month 3 as at 17 August 2016** Report of the Executive Director, Resources	(Pages 225 - 290)

NOTE: The next meeting of Cabinet will be held on Wednesday 19 October 2016 at 2.00 pm

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

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

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

You **must**:

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

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

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

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

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

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

You have a personal interest where –

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

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

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

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

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

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

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

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SHEFFIELD CITY COUNCIL

Cabinet

Meeting held 20 July 2016

PRESENT: Councillors Ben Curran, Jackie Drayton, Jayne Dunn, Mazher Iqbal, Mary Lea, Cate McDonald and Jack Scott

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1. APPOINTMENT OF CHAIR

1.1 **RESOLVED**: that in the absence of the Chair and the Deputy Chair, Councillors Julie Dore and Leigh Bramall, Councillor Ben Curran be appointed Chair of Cabinet for the duration of the meeting.

2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Councillors Julie Dore, Leigh Bramall and Bryan Lodge.

3. EXCLUSION OF PUBLIC AND PRESS

3.1 The Chair reported that (i) Appendices Two and Four of agenda item 11 'Corporate Statutory Servicing and Repairs (CSSR) Service – Delivery Options Post-March 2017'; and (ii) Part 2 to the Report and Appendices B and C of agenda item 12 'Sheffield Retail Quarter – Delivery of First Phase'; were not available to the public and press because they contained exempt information described in Paragraph 3 of Part 1 of Schedule12A of the Local Government Act 1972 (as amended) relating to the financial or business affairs of any particular person; and that if Members wished to discuss the above appendices relating to those items, the public and press would need to be excluded from the meeting.

4. DECLARATIONS OF INTEREST

4.1 There were no declarations of interest.

5. MINUTES OF PREVIOUS MEETING

5.1 The minutes of the meeting of Cabinet held on 22 June 2016 were approved as a correct record.

6. PUBLIC QUESTIONS AND PETITIONS

6.1 Public Question Concerning Hate Crime

Nigel Slack stated that the answer to a question from a member of the public at the last Full Council meeting may have been based on a somewhat disingenuous response from the Police. He referred to the following comment, which was attributed to them in the Star newspaper:

"*The force said there had not been an increase in hate crimes since the referendum on June 23, but there has been a 'slight increase' in hate incidents.*
In Sheffield, there were 35 hate crimes and 23 hate incidents last month, compared to 28 hate crimes and 15 hate incidents in June 2015. Last month also saw 22 hate crimes in Rotherham, 20 in Doncaster and 17 in Barnsley.
Detective Chief Inspector Sarah Poolman, force lead for hate crime, said: "South Yorkshire Police did not see an increase in the number of hate crimes reported to us following the EU Referendum vote on 23 June with a racial/religious aggravating factor.
"*We did however see a slight increase in the number of hate incidents reported following the vote." "*

Mr Slack said that comment indicated a 25% rise in hate crimes and an 87% rise in hate incidents. He said that whilst this may be starting from a low base, it was still a significant change. He asked whether the Council had any further comment on this situation.

In response, the Cabinet Member for Housing, Councillor Jayne Dunn, stated that she would not be able to comment on what the Police had said. The issue of hate crime was something that was subject to scrutiny. Increasingly, people were encouraged to report incidents of hate crime and it was partly expected that, as a result, there would be an increase in the number of incidents reported. The level of incidents would be monitored by the Safer and Sustainable Communities Partnership Board and the Cohesion and Migration Board and the Police had brought the issue to the agenda. Council officers on the ground, including those working in Housing, City Ambassadors and Community Safety, were not reporting additional incidents at the present time.

6.2 Public Question Concerning University Places

Nigel Slack stated that Aberystwyth University had reported over 100 European Union student cancellations for next year. He asked whether the Council had any indication from the Sheffield Universities as to their current intake and the impact this may have on Sheffield's knowledge economy.

Councillor Mazher Iqbal, the Cabinet Member for Infrastructure and Transport, stated that a written response would be provided to the question.

6.3 Public Question Concerning Investment

Nigel Slack referred to the new Chancellor allegedly touting for Sheffield in China this week. He asked whether the Council found it ironic that, having voted narrowly to leave one supposedly undemocratic institution in the form of the European Union, the City was expected to accept investment from what he said was an actual undemocratic nation like the People's Republic of China.

Councillor Ben Curran, the Cabinet Member for Finance and Resources stated that the European Union and China were both very different and personally, he would like to see investment from both of them. Sheffield was a City which was open for business and investment and it needed investors to come here.

6.4 Public Question Concerning Sheffield Retail Quarter

Nigel Slack said that he was happy to see an initial proposal for the start of the first phase of the Sheffield Retail Quarter, based on an agreed tenant and therefore a secure investment (as much as anything can be) for the City's money. He stated that he was a little more concerned by the proposal to dish out nearly £27 million to 'advisors', since this would create no return on the investment (in a tangible sense). He asked if the Council would at least make every effort to ensure these advisors are local, in order to retain at least some of that money within the City.

Councillor Mazher Iqbal, the Cabinet Member for Infrastructure and Transport, responded that technical advice and expertise was required in relation to the Sheffield Retail Quarter and Queensbury Real Estate, the Council's Strategic Development Partner was working with the Council.

6.5 Public Question Concerning Smithy Wood

Nigel Slack stated that the potential destruction of the ancient Smithy Wood continued to rumble on. He said that a recent post on social media by 'Sheffield environmental' had suggested that, despite the developer's claims of wanting to save lives on the motorway, this would not be a 'full service' site and therefore the entire range of supposedly vital comforts for the weary driver would not be there 24/7. He asked if the Council could confirm that this is the case.

Councillor Mazher Iqbal, the Cabinet Member for Infrastructure and Transport, stated that he would provide a written response to the question.

6.6 Public Questions Concerning Devolution

Nigel Slack referred to the appointment of Sajid Javid MP to the Department of Communities and Local Government (DCLG). He asked how confident the Council was that the devolution process would continue to have any impetus behind it.

Mr Slack said that he had been to two different devolution consultation events in the past week, namely the Centre for Cities, attended by Lord David Blunkett and Insider Magazine on 19 July 2016 with the business community. He said that it seemed clear that those two events foresaw a very different role for the upcoming Mayor. He asked, with this disparity between business and political/academic spheres, who will win?

Councillor Mazher Iqbal, the Cabinet Member for Infrastructure and Transport, stated that Sajid Javid MP had only very recently been appointed to the post of Secretary of State for Communities and Local Government and there was nothing up to now to suggest that devolution would not happen.

Councillor Ben Curran, the Cabinet Member for Finance and Resources, stated that at a recent meeting of the LGA (Local Government Association) there was

confidence that initiatives such as the localisation of Business Rates and the growth agenda would continue, although the Ministers now responsible for Business, Innovation and Skills and Communities and Local Government had changed, effectively swapping roles.

6.7 Public Questions Concerning School Places in Ecclesall

Alex Miller asked the following questions concerning primary school places in Ecclesall:

1. During the consultation process, there had been frequent clams of support of governing bodies. However, support was conditional on significant investment in the Junior School. Has the Council agreed with this investment? If not, he stated, was it not grossly misleading to claim support of governing bodies?

2. Removing premises used at the infants school for wrap around care seemed contrary to the duty of the Local Authority to promote wrap-around care. Why get rid of this building? Will you replace it?

3. The consultation claims 'through' primary schools are better. He asked for the evidence to support this claim but had not seen it. Can you share this evidence?

4. If he did not get answers to his questions who should he take this up with?

Councillor Jackie Drayton, the Cabinet Member for Children, Young People and Families, responded to the questions put by Mr Miller. She said that she had met with the Governing Bodies of the schools. One was a Voluntary Aided School and the other a Community school. She said that the Council wanted all three schools to be great, successful schools and would work with both the Diocese and respective Governing Bodies. There were limited play facilities on the Junior School site and mobile buildings could be removed to create more space for such facilities. The Diocese owned the land and the buildings.

The Council wished to talk with the Governing Bodies and work together to decide what was best for the Junior School. The Council had also said it would look at ways to provide support. However, the context in relation to school maintenance was a £100 million backlog in maintenance of school buildings, mostly relating to primary schools, with secondary schools having benefited from an investment programme prior to 2010. The Council had £3.4 million annually for the maintenance of all schools (for work such as new boilers, roofing and windows) and whilst schools had certain budgets, the Council needed to support that through its own prioritisation programme, but it was not able to offer a blank cheque.

The school that was created had to be a good school which people wanted their children to go to and it was important that discussions and dialogue continued so that ideas could be put forward and it was also necessary to ensure that parents

and carers were kept informed and were involved in the process.

In relation to whether 'through' primary schools were better and the evidence relating to this issue, Councillor Drayton said that there was likely to be evidence pointing either way overall as was often the case with such change. Councillor Drayton stated that she would respond to Mr Miller with details of the evidence relating to 'through' primary schools and how this related to the situation in Ecclesall.

A lot of schools did find it difficult to pay for senior staff and were considering ways of working with other schools to strengthen their financial viability.

On the issue of wrap around care, Councillor Drayton said that she knew that the school and parents were keen to have wrap around care, which (although it was not the Council's job to provide such support) the Council would wish to support. She believed there was no doubt that there would be wrap around care in the school.

Councillor Drayton stated that as regards the detailed design of school, the statutory planning process would be followed and parents and carers would be able to become involved in that process and she expressed the hope that people would become involved and would feel that their views were heard during the process. The plan would need to fully consider traffic and highways issues and options.

In relation to Mr Miller's fourth question, the Chief Executive stated that the questions which Mr Miller had submitted to Cabinet had been responded to verbally and a written response could also be provided. The Council had a complaints procedure and ultimately matters could be taken to the Local Government Ombudsman.

Councillor Drayton confirmed that she would be pleased to speak to Mr Miller further regarding the questions and matters which he had raised.

7. ITEMS CALLED-IN FOR SCRUTINY

7.1 There were no items called-in for Scrutiny since the last meeting of the Cabinet.

8. RETIREMENT OF STAFF

8.1 The Chief Executive submitted a report on Council staff retirements.

8.2 **RESOLVED:** That this Cabinet:-

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

Name	Post	Years' Service

Children, Young People and Families

Maureen Bradder	Senior Business Support Officer	36
Jacqueline Cottom	Headteacher, Dobcroft Junior School	36
Ruth Crookes	Assistant Curriculum Leader of Maths, Birley Community College	30
Ann Hall	Curriculum Specialist, Lound Infant School	45
Carol Holmes	Curriculum Leader of Art, Birley Community College	22
Jayne Iles	Senior Teaching Assistant Level 3, Owler Brook Primary School	25
Joan Leckey	Senior Teaching Assistant (Special) Level 3, Talbot Specialist School	20
Yvonne Palmer	Senior Teaching Assistant Level 3, Owler Brook Primary School	28

Communities

Brenda Allen	Business Support Officer	24
Patricia Parkin	Housing Co-ordinator	31

Place

Vivien Fella	Personal Assistant	37
Maura Gallagher	Secretary to Head of Service	30

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

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

9. SCHOOL PLACES CONSULTATION: ECCLESALL

9.1 The Executive Director, Children, Young People and Families submitted a report providing feedback on the consultation which had taken place on proposals to increase the number of primary school places in the Ecclesall area and seeking a decision on whether to proceed with the proposals in light of the issues raised during the consultation.

9.2 **RESOLVED:** That Cabinet:-

(a) approves the proposal to increase the capacity and upper age range at Ecclesall Infant School as described in the statutory proposals. The lower age range would remain and would not change. This approval is conditional on the granting of planning permission before 1st July 2017; and

(b) agree the commitments and actions outlined in paragraph 4.2 of the report.

9.3 **Reasons for Decision**

9.3.1 Providing sufficient primary school places is a statutory duty of the Council. This will mean that Sheffield children reaching primary school age in 2017 and beyond will continue to have a school place in the area of the city in which they live. The option outlined is the best use of capital and sites in this part of the city and the best way to provide great local primary school places for the long term.

9.4 **Alternatives Considered and Rejected**

9.4.1 The most common alternative option suggested was to create junior places at Clifford through purchasing the house next door on Psalter Lane. This proposal would address the need for places. However, the expansion would require the purchase of a house that is not currently for sale and would leave the Clifford site extremely constrained with little prospect of addressing this in the future. It would not address the current constraints of the Ecclesall Junior site and therefore would not be the best long-term use of the Council's available capital and assets.

9.4.2 Overall there was broad support for providing additional primary school places in this area and it is anticipated that the places are needed for the foreseeable future.

10. REVENUE BUDGET AND CAPITAL PROGRAMME MONITORING 2016/17 MONTH 2 AS AT 20 JULY 2016

10.1 The Acting Executive Director, Resources, submitted a report providing the Month 2 monitoring statement on the City Council's Revenue and Capital Budget for 2016/17.

10.2 **RESOLVED:** That Cabinet:-

(a) notes the updated information and management actions provided by this report on the 2016/17 Revenue Budget position;

(b) in relation to the Capital Programme:-

(i) approves the proposed additions to the Capital Programme listed in Appendix 5.1, including the procurement strategies and delegations of authority to the Director of Commercial Services or nominated Officer, as appropriate, to award the necessary contracts following stage approval by Capital Programme Group;

(ii) approves the proposed variations, deletions and slippage in Appendix 5.1;

(iii) notes the variations on Appendix 5.1 approved within the delegated authority of the Executive Management Team (EMT);

(iv) notes the variations authorised by directors under the delegated authority provisions; and

(v) notes the latest position on the Capital Programme.

10.3 **Reasons for Decision**

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

10.4 **Alternatives Considered and Rejected**

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

11. CORPORATE STATUTORY SERVICING AND REPAIRS (CSSR) SERVICE - DELIVERY OPTIONS POST-MARCH 2017

11.1 The Acting Executive Director, Resources submitted a report in relation to the Corporate Statutory Servicing and Repairs (CSSR) Service – Delivery Options Post-March 2017.

11.2 **RESOLVED:** That Cabinet:-

(a) approves the proposal in the report to insource the Corporate Buildings

Statutory Servicing & Repairs Service from 1st April 2017;

(b) gives its approval for the in-sourcing to be done based on the principles and assumptions described in section 9 of this report, and taking into account the risks and mitigations as set out in section 10, including the potential sub-contracting-out of a proportion of the service;

(c) gives its approval for the budget required to cover the one-off implementation and set-up costs, as described in section 8.9 of this report;

(d) notes that the Acting Executive Director, Resources, in consultation with the Cabinet Member for Finance and Resources and the Cabinet Member for Housing, shall ensure that all necessary steps to progress and implement the insourcing of the service are taken in accordance with his current delegations under the Leader's Scheme of Delegations. These steps may include:

- At the appropriate time, commencing formal consultation with staff and Trade Unions regarding the transfer of staff from Kier into the Council (in consultation with the Director of Human Resources as necessary).

- Developing the structure and agreeing the timescales needed to deliver an in-house corporate repairs service (in consultation with the Director of Human Resources as necessary).

- Undertaking a more detailed assessment of which elements of the service are more appropriate to be contracted out, rather than directly delivered by the Council, and what the impact of this will be and how that will need to be managed (in consultation with the Director of Commercial Services and the Director of Human Resources as necessary).

- Approving the procurement strategy and contract award, agreeing contract terms, entering into the contracts with appropriate contract management arrangements in line with the Council's Intelligent Client model, for all necessary goods and services. This will apply to both the development / implementation work required prior to the insourcing, and for in-house delivery of the service itself (including any elements of the service which it is agreed will be contracted out by the Council) once it is brought back into the Council (in consultation with the Director of Commercial Services and the Director of Legal and Governance as necessary).

- Any other work required for the effective preparation for and implementation of the insourcing of the CSSR Service.

(e) to the extent that the Acting Executive Director, Resources does not already have authority under the Leader's Scheme of Delegation, delegates authority to the Acting Executive Director of Resources to

approve the procurement strategy and contract award, and agree contract terms and enter into the contracts, for necessary goods and services (in consultation with the Director of Commercial Services and the Director of Legal and Governance as necessary);

(f) notes that the Acting Executive Director, Resources will work with the Executive Director of Communities, who is responsible for insourcing the Housing Repairs and Maintenance Service, to explore potential efficiencies; and

(g) requests that a further report is presented to Cabinet if the underlying strategy for the future of the Service cannot be achieved, or if any unforeseen significant risks emerge which may prompt Cabinet to re-consider its decision.

11.3 **Reasons for Decision**

11.3.1 Insourcing the Statutory Servicing and Repair Service will give the Council more control, flexibility and accountability in managing the Service, enabling the service to be fully integrated into the Council and to work in close partnership with other relevant key Council services. This will help to ensure that the Service is delivered in a way which fully supports the Council's corporate objectives and enables the Council to more easily make further changes in future.

11.3.2 Bringing the CSSR Service in-house for direct delivery by the Council will also help to bring about an alignment of culture in the Service to that of the Council, as well as its approach to customers.

11.3.3 Based on all information known to date, and after the initial upfront costs of transferring the service, the insourced option is expected to generate sustainable year-on-year revenue savings. In addition, once fully integrated into the Council there will be further opportunities to reduce duplication and increase efficiency within the Service and by exploring the degree of joint-working possible with the HR&M (Housing Repairs and Maintenance) Service potentially enabling it to improve outcomes within available budgets.

11.3.4 Insourcing also brings with it the potential to expand the service's external-trading function, which already generates £700,000 - £800,000 revenue from work for schools. This could include undertaking statutory servicing and repairs work on behalf of other organisations, as well as increasing the amount of work done for schools.

11.3.5 Directly delivering the service in-house, with some elements of it being outsourced to locally-based contractors wherever possible, would help support the concept of the 'Sheffield Brand'. Materials would be purchased from local suppliers wherever possible (subject of course to the usual procurement rules and Council policies), and the workforce would be predominantly local. The supply chain would also, where possible, be tailored to the bespoke needs of SCC Corporate Buildings to reduce material lead in times and improve service delivery.

11.3.6 Independent research by APSE (the Association for Public Service Excellence) has also identified a number of potential benefits of insourcing services, based on actual case-studies and local authority experiences:

- Improved performance
- Stronger links to corporate strategic objectives
- Greater flexibility, and more responsive to local and national policy changes
- Efficiency savings
- Improved customer satisfaction
- Enhanced local supply chains
- Better integration and joining-up with other relevant key services
- New development and employment opportunities for the workforce transferred in

11.3.7 There are of course risks associated with the option to insource the service (as indeed there are with the other alternative delivery options discussed in the report submitted), and some of these risks are significant. However, measures are and will continue to be in place to mitigate these risks, and if any of these risks significantly escalate, or any significant new risks (including financial ones) emerge, a further report would be brought back to Cabinet before progressing the transfer any further.

11.4 **Alternatives Considered and Rejected**

11.4.1 The alternative options were outlined in the report of the Acting Executive Director, Resources.

12. SHEFFIELD RETAIL QUARTER - DELIVERY OF FIRST PHASE

12.1 The Executive Director, Place submitted a report seeking approval for the Council to commence delivery of the first phase of the Sheffield Retail Quarter development on the site of the former Grosvenor Hotel block as shown on the plan attached to the report (hereinafter referred to as the HSBC/Retail Block), and to work with its Strategic Development Partner to work up a deliverable and commercially viable wider Sheffield Retail Quarter scheme.

12.2 **RESOLVED:** That Cabinet:-

(a) approves the strategy outlined in this report for the delivery of the next stage of the Sheffield Retail Quarter to December 2017;

(b) delegates authority to the Executive Director, Place in consultation with the Cabinet Member for Business and Economy, the Cabinet Member for Finance & Resources, the Acting Executive Director of Resources, the Director of Legal & Governance; and the Director of Capital and Major Projects, to:

• Negotiate and agree the terms of an Agreement for Lease and Lease with HSBC for their new office development within the Sheffield Retail Quarter site and all other necessary legal documentation consistent with the contents of this report as he believes are reasonable in all circumstances;

• Negotiate, and agree the terms of an Agreement for Lease(s) for the retail units within the HSBC/Retail Block and all other necessary legal documentation;

• Submit detailed a planning application for the development of the HSBC/Retail Block and adjoining public realm improvement works and to secure all necessary consents to enable delivery to proceed;

• Continue the appointment of the full professional team to undertake detailed design work on the HSBC/Retail Block and the Sheffield Retail Quarter public realm improvement works and to progress the wider Sheffield Retail Quarter planning permission;

• Procure construction services and enter into contracts for pre-construction services for the Sheffield Retail Quarter development in accordance with the Councils usual procurement process and any applicable laws relating to procurement with contract values not exceeding the project financial authority;

• Commission and agree terms with any other specialist consultants to advise the Council as necessary throughout the course of the Sheffield Retail Quarter project;

• Upon completion of the Agreement for Lease and Lease with HSBC to let the construction contract(s) for the development of the HSBC/Retail Block and the public realm improvement works together with any retail/food and beverage kiosks/units, subject to the Councils usual procurement process and any applicable laws relating to procurement with the total cost not exceeding the project authority;

• Negotiate, agree and enter into conditional Agreement for Lease(s) and Lease(s) for the remainder of the retail units within the Sheffield Retail Quarter together with all other associated office residential food and beverage and leisure units;

• Determine the most appropriate disposal strategy for the Council and if necessary sell the whole or any part of the HSBC/Retail Block as an investment and if necessary use the Councils covenant to underwrite the

financial viability;

• Amend the Councils VAT Partial Exemption reporting policy to maximise the recovery of VAT on expenditure relating to the HSBC/Retail Block and liaise with HMRC accordingly; and

• To instruct the Director of Legal & Governance to complete all necessary legal documentation required to document the terms of any transactions agreed in accordance with the approvals delegated pursuant to this report.

Subject to compliance with the Council's budget processes, financial regulations and Capital Approval processes.

(c) That in the absence of the Executive Director of Place due to annual leave or illness, the Director of Capital and Major Projects is authorised to exercise the powers given to the Executive Director of Place by Cabinet in this report;

(d) approves:-

• The budget as set out in this report to deliver the HSBC/Retail Block and all necessary public realm improvement works of up to a maximum of £90m;

• For this budget to be funded through Prudential Borrowing and be subject to the phasing of the spend going through the Council Capital Approval process;

• To earmark any business rates uplift to repay any balance of the Prudential Borrowing; and

• The application for Sheffield City Region Investment Fund (SCRIF) funding to be applied in accordance with any obligations or restrictions that the funding is subject to.

(e) approves the additional £35.8m budget as set out in this report to progress the wider Sheffield Retail Quarter development up to December 2017, to be funded through Prudential Borrowing; and

(f) delegates authority to the Acting Executive Director of Resources in consultation with the Executive Director, Place to approve the release of the budget on the satisfactory completion of each of the relevant milestones.

12.3 **Reasons for Decision**

12.3.1 As outlined in the Report, there is a still a very clear strategic and economic case to justify the Sheffield Retail Quarter development, and in order to maintain project momentum given that there is now a major office tenant to accommodate

the Council will need to continue to act as developer/investor until such time as the scheme will be ready for the investment market. This will be when the Council has completed the designs, obtained construction tenders and achieved a required level of pre-lets to secure an income stream.

12.3.2 The reasons for the recommendations are to provide a way forward for the Council to deliver the Sheffield Retail Quarter.

12.4 **Alternatives Considered and Rejected**

12.4.1 The do nothing option i.e. cease both the delivery of the first phase (the HSBC/Retail block) and work on the wider Sheffield Retail Quarter scheme has been considered, but has many negative outcomes for the Council.

12.4.2 The status of the City Centre will continue to diminish, the Council's long term economic aspirations for the City and the city centre will become less feasible, there will be a lack of confidence for other projects and the reputation of both the City and Council will also suffer.

12.4.3 The Council will also make a loss if the Sheffield Retail Quarter is not delivered as its investment to date in working up the scheme will be lost.

Author/Lead Officer of Report: Diane Owens, Policy & Improvement Officer

Tel: 0114 27 35065

Report of:	Children, Young People & Family Support Scrutiny & Policy Development Committee
Report to:	Cabinet
Date of Decision:	21st September 2016
Subject:	Call-In of decision by Cabinet on "Primary School Places in Ecclesall"

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

Which Cabinet Member Portfolio does this relate to? Children, Young People & Families

Which Scrutiny and Policy Development Committee does this relate to? Children, Young People & Family Support Scrutiny & Policy Development Committee

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

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

Does the report contain confidential or exempt information?	Yes		No	x

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

*"The (**report/appendix**) is not for publication because it contains exempt information under Paragraph (**insert relevant paragraph number**) of Schedule 12A of the Local Government Act 1972 (as amended)."*

Purpose of Report:

This paper reports the outcome of the Scrutiny Committee meeting held on 3rd August 216 where a Call-In on the decision of Cabinet on 20th July 2016 regarding ""Primary School Places in Ecclesall" was considered.

Recommendations:

That Cabinet:

a) Notes the decision of the Children, Young People & Family Support Scrutiny Committee.

Background Papers:

Cabinet Report: Primary School Places in Ecclesall
http://sheffielddemocracy.moderngov.co.uk/ieListDocuments.aspx?CId=123&MId=6281&Ver=4

<table>
<tr><th colspan="3">Lead Officer to complete:-</th></tr>
<tr><td rowspan="4">1</td><td rowspan="3">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: (Insert name of officer consulted)
n/a</td></tr>
<tr><td>Legal: (Insert name of officer consulted)
n/a</td></tr>
<tr><td>Equalities: (Insert name of officer consulted)
n/a</td></tr>
<tr><td colspan="2">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td>EMT member who approved submission:</td><td>(Insert name of relevant Executive Director)
n/a</td></tr>
<tr><td>3</td><td>Cabinet Member consulted:</td><td>(Insert name of relevant Cabinet Member)
n/a</td></tr>
<tr><td rowspan="3">4</td><td colspan="2">I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.</td></tr>
<tr><td>Lead Officer Name:
Diane Owens</td><td>Job Title:
Policy & Improvement Officer</td></tr>
<tr><td colspan="2">Date: 8/9/2016</td></tr>
</table>

Called-In Decision – Outcome of Scrutiny Committee Meeting

1. Cabinet Decision

1.1 At its meeting on 20th July 2016 the Executive Director for Children Young People & Families, Jayne Ludlum submitted a report to Cabinet in relation to Primary School Places in Ecclesall.

1.2 Cabinet took the following decision, to:

i. Approve the proposal to increase the capacity and upper age range at Ecclesall Infant School as described in the statutory proposals. The lower age range would remain and would not change. This approval is conditional on the granting of planning permission before 1st July 2017.

ii. Agree the commitments and actions outlined at 4.2 in the report (as below)

"4.2 There were some very strong feelings aired during the consultation. The most common overall response was to raise issues and many of these were around how the proposals would be implemented. Many called for further opportunities to understand, comment on, and shape the proposals if they are to proceed. In order to address the specific issues raised during consultation and to allow for that further consultation, we would propose the following:

- *Transition: that Cabinet makes a commitment that the Local Authority will support work led by the three governing bodies and the Diocese to come together during the Autumn Term, in partnership with families, to put together clear transition plans to address the issues raised during this consultation, including consideration of a 2019 start for transition and the extent to which Ecclesall CE Junior classes could be taught in the new buildings, whilst taking into account the implications for the Junior school and the future children from Clifford who would transfer.*
- *Traffic & parking around Ecclesall Infant: in acknowledging the strength of feeling around existing issues relating to traffic and parking it is proposed that agreement to proceed is subject to the scheme being acceptable in planning terms, following further engagement and consultation, including work around traffic impact.*
- *Design: further work would be required working towards detailed design, with further opportunities for residents and parents to engage, contribute and see what is planned before designs are finalised as well as engagement around ensuring that construction is undertaken considerately*
- *Ecclesall Junior site: that Cabinet makes a commitment that the Local Authority will support Governors and the Diocese to ensure that work takes place on the Ecclesall Junior site to create a good environment for a smaller number of pupils, within the constraints of the current financial position facing the Local Authority, school, and the Diocese.*
- *Clifford I & Ecclesall J: that Cabinet makes a commitment that the Local Authority will support work led by the two governing bodies and the Diocese to come together during the Autumn Term in partnership with families to put together clear plans around future leadership and timing.*

- *Sustainability: the Council's commitment to supporting the long-term success and sustainability of these three local schools and their neighbours*
- *Early Years: there was little support for this development during the consultation, the need in terms of places is currently unclear, and we would not wish to destabilise existing local provision. Should the need develop in the future then this could be a possibility and would be subject to fresh consultation"*

2. Scrutiny

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

2.2. The Children, Young People & Family Support Scrutiny Committee considered this call-in at a meeting held on 3rd August 2016.

2.3. The Committee heard from the relevant Cabinet Member, Council Officers, Councillors who called-in the decision, and members of the public. The issues discussed included, the consultation process, options considered, transition arrangements and the role of governors, the diocese and planning.

2.4. The Scrutiny Committee:

(a) agreed to take no action in relation to the called-in decision

3. Recommendations:

That Cabinet:

a) notes the decision of the Children, Young People & Family Support Scrutiny Committee

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

Tel: 27 34014

Report of:	*Acting Executive Director, Resources*
Report to:	*Cabinet*
Date of Decision:	*21 September 2016*
Subject:	*Staff Retirements*

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

Which Cabinet Member Portfolio does this relate to? *N/A*

Which Scrutiny and Policy Development Committee does this relate to? *N/A*

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

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

Does the report contain confidential or exempt information?	Yes	☐	No	x

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

Purpose of Report:

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

Recommendations:

To recommend that Cabinet:-

(a) place on record its appreciation of the valuable services rendered to the City Council by the above-mentioned members of staff in the Portfolios stated;

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

(c) direct that an appropriate extract of the resolution now made under the Common Seal of the Council be forwarded to those staff above with over 20 years' service.

Background Papers: None
(Insert details of any background papers used in the compilation of the report.)

1. PROPOSAL

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

Name	Post	Years' Service
Children, Young People and Families		
Janet Bowler	Teacher, Malin Bridge Primary School	20
Carol Dale	Education Psychologist	37
Patricia Daley	Education Psychologist	27
Sandra Flaherty	Residential Child Care Officer, Mossbrook Primary School	30
Eileen Kehoe	Team Manager	26
Raqia U-Din	Social Worker	32
Communities		
David Allen	Support Worker	31
Karen Fox	Support Worker	34
Jaqueline Lomas	Support Worker	34
Diane O'Brien	Support Worker	24
Anne Seaton	Support Worker	29

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Author/Lead Officer of Report: Joel Hardwick

Tel: 35476

Report of:	*Jayne Ludlam*
Report to:	*Cabinet*
Date of Decision:	*21 September 2016*
Subject:	*New Bannerdale School Development Update*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes		No	x
- Expenditure and/or savings over £500,000				
- Affects 2 or more Wards				
Which Cabinet Member Portfolio does this relate to? *Children, Young People & Families*				
Which Scrutiny and Policy Development Committee does this relate to? *Children & Young People*				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	X	No	
If YES, what EIA reference number has it been given? EIA 948				
Does the report contain confidential or exempt information?	Yes		No	X

Purpose of Report:

To update Cabinet on plans for a new secondary school on the Bannerdale site and seek approval to vary the location of the build reported to Cabinet in February 2016.

Recommendations:

i. In accordance with the Cabinet decision of February 2016 to reiterate its approval for the Executive Director, Children, Young People and Families to take all necessary steps to open a new school on part of the Bannerdale site and to note the option described in the report to locate the new school buildings to the western side of the access road as the current preferred option, subject to the formal planning application process.

Background Papers:

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: *Paul Schofield* Legal: *Nadine Wynter* Equalities: *Bashir Khan*
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.	
2	**EMT member who approved submission:**	*Jayne Ludlam*
3	**Cabinet Member consulted:**	*Cllr Jackie Drayton*
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: *Joel Hardwick*	**Job Title:** *School Organisation Manager*
	Date: *9/9/16*	

1. PROPOSAL

1.1 In February 2016 Cabinet approved the commissioning of a new secondary school on part of the Bannerdale site. The report described the preferred location of the new school building as the former car park area. This report describes the design work that has taken place since February and the latest thinking to vary the location of the new building and retain the existing car park.

1.2 The new school is a key part of a wider programme to meet the Council's statutory duty to ensure sufficient school places. The location of the school has been one of the key issues discussed in the process to date. During consultation there was a clear view that the secondary school should be located away from the neighbouring primary schools (Holt House Infants and Carterknowle Juniors) and there were more general concerns and issues around how the new school would work on the Bannerdale site in relation to the proposed housing and the open space.

1.3 These issues were considered in the Cabinet report in February. In response the Council committed to making a success of the location in terms of an outstanding school facility that supports and enhances local green and recreation space for the local community, alongside the housing development. This included aspects such as retaining informal green and open space for the local community; flexible design of buildings to allow community use including possible shared changing facilities; and, the protection of trees especially the ancient woodland. It also included consideration of traffic, parking, air quality and environmental impact.

1.4 At that early stage in the process the former car park area was seen as the likely location for the school buildings. The primary reason being that it was large enough to accommodate a building whilst appearing most likely to retain the open aspect of the remaining site to the west of the access road.

1.5 The design work that followed has considered this option in more detail. It remains a viable proposition although it does have some specific limitations that designs to date have not been able to ameliorate:

- the access road would cut through the school site dividing the main building from other parts of the school (likely to be the sports block) and the pitches
- the available area limits the school building and design on the car park area to a 'superblock' – a single large rectangular structure
- the limits on space mean that the car parking would likely be located on the western side of the access road, with a trade-off between retaining open space and providing adequate space for parking, drop-off, turning circle that would ensure traffic is taken off the local roads

- this would be the furthest part of the site from the sports pitches
- the car park area has the deepest landfill – whilst possible to build, this provides an additional cost pressure that would have to be managed within the overall scheme

1.6 A variation to the location to the western side of the access road would address these issues:

- the school buildings could all be provided within one zone with easy access to sports pitches and no road to divide the educational facilities
- Broadens the design possibilities to allow for the best educational layout whilst also allowing parts of the building to be zoned for community use out of hours
- retaining the existing car park, with improved landscaping, allows for sufficient parking with a drop-off and turning circle that should serve to reduce the traffic impact on the local roads - best access for community, housing and to keep traffic off the main road, including a potential drop-off point for neighbouring Holt House Infant school to alleviate existing issues

1.7 From the work done so far through consultation the likely key concern with this option is the extent of the building on what is currently open green space. We understand the importance of retaining the parkland character and this option has the potential to support that overall goal:

- Reduced overall land take/footprint – building on the car park area is likely to occupy more space (both in footprint and enclosed site area).
- Reduced visual obstruction due to natural screening provided by topography and mature trees.
- Open and inviting frontage on to the current access road.
- Secure boundaries discretely hidden in natural features.

1.8 There are still elements that would require ongoing consideration as part of securing the most successful overall proposal for the school, site and open space:

- Further engagement work done through the planning process
- Consideration given to existing uses such as the slopes used for sledging
- Continued review of the Green Spaces Framework to ensure that the parkland and associated recreational facilities, school and housing site fit well together with good cross-site access and connectivity.

1.9 The design and location of facilities within the site remains subject to further design and formal planning application process. It is important for Cabinet to note the latest work around the design in advance of that further work, particularly given the February cabinet report which identified the former car park area as the preferred location at that time.

Taking all of the above factors into consideration the variation to create the school buildings on the western side of the access road is the option most likely to meet the overall vision for the school and the site and is therefore the recommended option to go forward into the planning permission process.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 Creating an outstanding school facility that is best-placed to support and enhance local green and recreation space is part of the Council's priority to create and maintain thriving neighbourhoods and communities. The new school should contribute to people's pride in where they live; enable local families to access a great, inclusive school that acts a community amenity; whilst supporting access to high quality sports facilities and green space.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 The consultation in Autumn 2015 allowed for many views to be expressed around the sites and location. This played a key part in establishing the overall steers for the start of design. Work since the February Cabinet decision has reflected these steers and led to the current approach outlined in this report. This approach has been the subject of a discussion with local stakeholder groups and would be the subject of full public consultation through the formal planning application process.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 <u>Equality of Opportunity Implications</u>

4.1.1 Decisions need to take into account the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010. This is the duty to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it
- To help evidence meeting the requirements of the duty, we have carried out a full Equality Impact Assessment (EIA) and which is attached as Annex 2.

4.1.2 The Equality Act 2010 identifies the following groups as a protected characteristic:

- age

- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

4.1.3 An EIA has been carried out and highlights a 25% increase in Sheffield births since 2002 with 1000 more children per year now coming into Reception. The development of a new school for South West Sheffield will have a positive impact on young people aged 11-18 who will be able to access places at a school in their community.

4.2 Financial and Commercial Implications

4.2.1 The Council is embarking on a substantial programme of school expansion to provide the extra places needed across the city. As the February Cabinet report indicated (section 9.3 to 9.9), this does create some pressure on the Council's financial resources as cost will be incurred in advance of receiving the central government grant to provide the places. This creates some financial risk in that a change in government policy could lead to the Council funding the programme out of its own resources and therefore reprioritising capital spend.

4.2.2 The proposed option outlined in the report does represent better value for money. Moreover, the proposed option will also favour the disposal of the neighbouring former Bannerdale Centre site (referred to below in 4.5.1) and generate a capital receipt for the Council's capital programme.

4.3 Legal Implications

4.3.1 The legal implications relating to the proposal to commission a new secondary school on the car park area of the former Bannerdale site were considered in the Cabinet report in February 2016. There are no further legal implications.

4.4 Planning Implications

4.4.1 Any proposals will be subject to due planning process including appropriate consultation and achieving planning permission. The Council's planning service has been consulted on the principle and layout of the development options. To achieve a planning consent, proposals will be required to consider all planning policies relating to elements such as the development of formal open space and the impact on air quality. Proposals would need to show how these issues could be mitigated and demonstrate the overall benefits of the proposal.

4.4.2 Planning application proposals should be submitted demonstrating that

there are significant public benefits to the scheme that outweigh any policy conflicts. These benefits could include the provision of the school and ancillary facilities available for both educational and community use, and the improvement of, and granting of public access to, the open space surrounding the school development.

4.5 Property Implications

4.5.1 The Council as Local Planning Authority has previously granted outline planning consent for residential development of the neighbouring former Bannerdale Centre site. The preferred developer of this site has confirmed that the proposed location of the new school would be preferable from their perspective compared with the location previously approved on the car park site which would directly adjoin the proposed residential development.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 The main alternative location for the building would be the former car park area or the former Bannerdale centre site area that is now earmarked for housing. The report outlines the reasons for a move away from the former car park area. The Bannerdale centre site area was part of the February Cabinet decision that reaffirmed the Council's commitment to providing a site for housing and realising the capital receipt.

6. REASONS FOR RECOMMENDATIONS

6.1 The proposal to create the school buildings on the western side of the access road is the option most likely to meet the overall vision for the school and the site. It allows for the best possible layout and design for the school buildings; it ensures that capital is targeted at the school building and site, rather than ameliorating the ground conditions; it allows a design that is sympathetic to the park setting and supports easy access to the pitches for both the school and community; and, it allows for a better parking and drop-off arrangement to take traffic away from local roads.

APPENDIX A: Site Outline

Author/Lead Officer of Report: Carol Fordham
Vulnerable Children and Young People's commissioning Manager
Tel: 0114 2057493

Report of:	Jayne Ludlam, Executive Director of Children's Services
Report to:	Cabinet
Date of Decision:	21 September 2016
Subject:	Young People's Substance Misuse Service

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

Which Cabinet Member Portfolio does this relate to? CYPF

Which Scrutiny and Policy Development Committee does this relate to? Children, Young People and Family Support Scrutiny and Policy Development Committee

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

If YES, what EIA reference number has it been given? *(971)*

Does the report contain confidential or exempt information?	Yes		No	x

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

*"The (**report/appendix**) is not for publication because it contains exempt information under Paragraph (**insert relevant paragraph number**) of Schedule 12A of the Local Government Act 1972 (as amended)."*

Purpose of Report:

The report sets out the need for the young people's substance misuse service, which is coming to the end of a 4 year commissioning cycle. The proposal is to recommission for 2+1 years from April 2017 on a tapered budget. The proposed changes to the specification are in response to the stakeholder consultation and to adapt to changes in profile and the developments within children's services.

Recommendations:

That approval is given to retender the Young People's Substance Misuse Service 2013 - 2017 for 2 years, with an optional one year extension period;

That approval is given to a reduction in contract value to reflect the reducing Public Health Grant and reductions made previously to other contracts;

That approval is given to the proposed changes to the service specification set out in bullet points within the report at paragraph 6 Reasons for Recommendations;

That authority be delegated to the Director of Commercial Services to approve the procurement strategy for the tender for the Young People's Substance Misuse Service 2017-2019; and

That authority be delegated to the Director of Commercial Services to agree contract terms and approve a contract award following the tender process.

Background Papers:
(Insert details of any background papers used in the compilation of the report.)

- NHS National Treatment Agency for Substance Misuse Guidance on Commissioning Specialist Substance Misuse Services
- NDTMS (National Drug Treatment Monitoring System) database
- Current Young Peoples Substance Misuse Service Specification

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance / Commercial: Judith Simons / Paul Rayton
		Legal: Louise Bate
		Equalities: Bashir Khan
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.	
2	**EMT member who approved submission:**	*Jayne Ludlam*
3	**Cabinet Member consulted:**	*Jackie Drayton*
4	I confirm that all necessary approval has been obtained in respect of the implications indicated	

	on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Carol Fordham	**Job Title:** *Vulnerable Children and Young People's Commissioning Manager*
	Date: *25/08/16*	

1. PROPOSAL

This report sets out the intention to retender the young people's substance misuse service, with the agreement of the cabinet member and executive director for children's services. The current contract is coming to an end in March 2017 and this report is intended to inform Cabinet of future commissioning proposals. It is seeking endorsement from Cabinet to progress with a re-specification and procurement of a new service.

The proposed changes to the service specification reflect:

- The changing context of developing access to vulnerable young people's services
- The changing profile of need
- A reduction in contract value and the impact of potential future budget cuts

The young people's substance misuse service in Sheffield provides a coordinated and effective response to the needs of young people, and additional support for vulnerable young people. The service provides early help and prevention through workforce development; offering training, consultation and resources to front line staff in schools and other organisations working with children and young people across the voluntary and statutory sectors.

In line with the National Treatment Agency definition, the service provides a harm reduction model of care planned targeted and specialist interventions aimed at alleviating current harm caused by young people's substance misuse.

Referrals are received from partner agencies including statutory and voluntary children and young people's services, schools, South Yorkshire Police, young people, and parents or carers, to:

a) access harm reduction advice, specialist support and targeted treatment for identified need
b) for referral on to in-patient provision.

The proposed service offer shall include:

- Assessment and intervention with young people age 8-18;
- Training for professionals working with children and young people to support identification of need and increase awareness of the referral pathway;
- Interventions on an individual or group work basis, related to a specific substance and targeting a particular group, e.g. young people using cannabis who are at risk of reoffending;
- Resources to build capacity in schools including a drugs policy and screening tool

- Volunteer involvement with training and support
- Development of a substance misuse service as a partner of the Youth Information Advice and Counselling Service (YIACS) where vulnerable young people can directly or a through partner agency referral access a range of emotional wellbeing and practical support services up to the age of 25

1.1 Provision of a young people's specialist service is good practice and is supported by the Government Drug Strategy, the National Treatment Agency (NTA), and the National Institute for Clinical Excellence (NICE) Guidance. The local young people's substance misuse service has a track record of engaging young people across the age range with effective interventions; responding to referrals quickly; communicating well with referrers; and supporting positive harm reduction outcomes for service users. The service delivers against Public Health Outcome Framework targets.

The incumbent provider, The Corner received 154 referrals in 2015-16 representing a decrease in numbers referred over the previous year, in line with national trends. National Drug Treatment Monitoring System (NDTMS) data shows a steady decline since 2009:

- The highest numbers of referrals were of 16 and 17 year olds and most referrals were of young people between the ages of 13 and 18, with only 2 at age 12 and one at age 11
- 30% of referrals were girls and young women and 70% were boys and young men, no other gender definitions were recorded
- 29% of the cohort were from black and minority ethnic populations (statistics provided by the current provider).

The Youth Justice Service consistently refers by far the greatest number of young people, with 2 substance misuse workers located in the multi-agency team. Education refers the second highest number of young people. There have been a growing number of referrals from South Yorkshire Police located in Community Youth Teams who are increasingly using out of court restorative justice disposals for substance misuse amongst young people. Interventions by the specialist substance misuse service are effective in diverting young people from prosecution, and help to prevent reoffending and school exclusions. A school drug policy has been developed in consultation with education and safeguarding, which supports a safeguarding rather than enforcement approach and provides information to schools on how to access services. This resource will continue to be available if there is a change of provider.

Cannabis remains the most widely reported substance used by young people; alcohol is the second most used substance; and legal highs, or new psychoactive substances (NPS) the third most used substance. Significantly lower numbers of young people are reported using any other substance. Steroid use was only reported twice in 2015-16, although many young people using performance enhancing drugs are unlikely to access the service unless they are also using other substances. There was only one report of opiate use in 2015-16, compared to 5 reports in the previous year. Use of cocaine appeared to be a growing trend in 2014-15 with 9 young people using, but there

have only been 6 reports in 2015-16. These trends fit broadly with the national data from NDTMS.

2. HOW DOES THIS DECISION CONTRIBUTE ?

The young people's substance misuse service addresses inequalities associated with vulnerable young people with substance misuse as part of a profile of need, by supporting them to reduce the harm and access treatment. It supports partnership working to address a range of risks and vulnerabilities with statutory and voluntary agencies. Successful intervention reduces the physical and psychological risks associated with substance use and the economic impact of future treatment. It improves access to employment and financial independence.

2.1 Cross-cutting themes include the development of the local Liaison and Diversion scheme to ensure the health and social needs of people prosecuted for criminal offences are addressed as part of the national programme led by NHS England; the local multi-agency group tackling youth violence and gang activity; and Building Successful Families. Effective partnership working through the integrated model supports a team around the child approach with information sharing and referrals to Child and Adolescent Mental Health Service, Child Sexual Exploitation, Children's Social Care, Targeted Youth Support, Sexual Health Sheffield and Sheffield Children's Safeguarding Board. The young people's substance misuse service is a key delivery partner for the New Psychoactive Substances (NPS) strategy providing workforce development, education and interventions to young people affected.

3. HAS THERE BEEN ANY CONSULTATION?

A range of stakeholders have been consulted on their experience of the service including service users, referring agencies (Youth Justice Service, Community Youth Team Officers from South Yorkshire Police and schools) and strategic partners (Sheffield Children's Safeguarding Board and Trading Standards). Findings from the consultation have been incorporated into the revised service specification.

3.1 All the feedback on interventions, staff training, screening toolkits and specialist knowledge was very positive and reflects a very high level of satisfaction with the quality of provision and outcomes of referrals. A number of providers of substance misuse services both locally and nationally are likely to compete for the contract.

Young Commissioners trained and supported by Chilypep (Children and Young People's Engagement Project) will be fully involved in the commissioning process, including leading on peer consultation, helping shape the new service specification and involvement in the evaluation of bids and monitoring of the contract.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 <u>Equality of Opportunity Implications</u>

The young people's substance misuse service contributes to the emotional wellbeing agenda by building resilience through to adulthood and supporting self-care to reduce the burden of mental and physical ill health over the whole

life course reducing the cost of future interventions, improving economic growth and reducing health inequalities.

4.1.1 Decisions need to take into account the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010. This is the duty to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it
- To help evidence meeting the requirements of the duty, we have carried out a full Equality Impact Assessment.

The Equality Act 2010 identifies the following groups as a protected characteristic:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

The summary of the EIA highlights:

That there will be a positive impact on young people due to the age specific scope of the contract, with improved access to employment and financial independence for young people, for Black and Minority Ethnic (BME) young people who formed 29% of the referrals in 2015-16 and on boys and young men who account for 70% of service users. In addition, successful harm reduction interventions contribute to young people experiencing improved health and well-being by diverting them from anti-social and offending behaviour. This improves their resilience and helps prevent behaviour or activity that impacts negatively on community cohesion.

4.2 Financial and Commercial Implications

The young people's substance misuse contract is currently held by The Corner, CGL (Change Grow Live, previously CRI, Crime Reduction Initiatives) and is in the final year of the commissioning cycle.

The proposal is to retender the provision for 2 years from April 2017 , with the option to extend for a further year. The total budget is £620,000 for the initial two years plus £300,000 if the decision is taken to extend the contract for its

third year once the Public Health Grant is no longer ring fenced from 2020.

The proposed budget value represents a saving of £50,000 from the existing contract: 2017/18 £30,000 saving and 2018/19 a further £20,000 saving (plus third year subject to budget review).

The current budget for 2016/17 is £350,000:

- 2017/18 £320,000 (subject to budget reductions across PH contracts)
- 2018/19 £300,000 (subject to budget reductions across PH contracts)
- 2019/20 £300,000 (option to extend following changes to budget arrangements and subject to reductions)

These are maximum budget values.

The value of this contract means that a full competitive tender process in accordance with procurement legislation (including the Public Procurement Regulations 2015) must be followed. The procurement process to be followed shall be compliant with the legislation, and the procurement exercise will be conducted by Commercial Services with a dedicated procurement professional lead in conjunction with the Commissioning Manager and other relevant stakeholders.

4.3 Legal Implications

4.3.1 The Local Authority has a duty under section 11 of the Children Act 2004 to make arrangements to ensure its functions are discharged having regard to the need to safeguard and promote the welfare of children.

The Local Authority also has a duty under section 12 of the Health and Social Care Act 2012 to take such steps as it considers necessary to improve the health of people in its local area. Such steps that may be undertaken in meeting this duty are set out in section 12 (3) of the Act and include providing information and advice; providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way); and providing services or facilities for the prevention, diagnosis or treatment of illness.

The Young People's Substance Misuse Service has operated as part of the Council's Local Offer since 2004, to ensure compliance with the statutory duties set out above. The Local Offer provides a directory of health and wellbeing services to children and families, as part of a broader offer of local services, activities, advice and information.

Failure to meet a statutory duty leaves the Authority vulnerable to legal challenge by way of judicial review.

4.4 Other Implications

TUPE implications are currently being assessed and the incumbent provider has been asked to advise on any potential TUPE eligible staff. This shall be taken into consideration through the procurement process. This will most likely

be contractor-to-contractor TUPE, although should work be brought back in-house to align with the broader youth offer under development, there is a small chance there will be TUPE implications for the Council.

5. ALTERNATIVE OPTIONS CONSIDERED

The alternative to commissioning a substance misuse service for children and young people would be to have universal GP (Tier 1) and hospital treatment (Tier 4) with no specialist community provision (Tier 2 and 3). Schools and organisations working with vulnerable young people, including children in care, would need to draw on their own resources to meet the needs of this cohort of young people without the benefit of targeted specialist resources to support their needs through workforce development and capacity building training, and providing interventions to young people.

5.1 If the decision was not to recommission the young people's substance misuse service it is likely that vulnerable young people with substance misuse as part of a range of needs would be more likely to be excluded from school and enter the criminal justice system. This would contribute to an increase in risk, vulnerability and poor life outcomes and potentially impact on community safety and cohesion.

6. REASONS FOR RECOMMENDATIONS

The service will be a delivery partner for the development of a Youth Information Advice and Counselling Service (YIACS) model at Star House, led by Sheffield Futures and building on the co-location of services to provide a co-ordinated one stop shop for young people with access to substance misuse assessment and treatment as part of a wider offer of health and wellbeing needs.

The substance misuse service will also be involved in delivery of targeted youth support through the development of a broader youth offer. Whilst the integration of drugs workers into the Youth Justice Service and Community Youth Teams remains an effective model to target need, and provide flexibility to respond to the demand of universal access through YIACS, the youth offer requires the referral pathway to be direct to the provider from a range of referring partners, and for resources to be mobile in response to need.

As Public Health funding diminishes, commissioners are responding with innovative partnerships between public, voluntary and private sector partners to continue to meet the needs of vulnerable young people.

Following consultation with the incumbent provider, referring partner agencies and service users, the following changes are proposed within the new service specification:

- Staff located in services are integrated into the developing YIACS (Youth Information Advice and Counselling Service) model and aligned to the broader youth offer
- Development support for families of young people who misuse substances through a whole family approach
- Development of specialist support for young people involved in gangs

Cabinet is asked:

- That approval is given to retender the Young People's Substance Misuse Service 2013-17 for 2 years, with an optional one year extension period.

- That approval is given to a reduction in contract value to reflect the reducing Public Health grant and reductions made previously to other contracts.

- That approval is given to the proposed changes to the service specification set out in bullet points within the report at paragraph 6 Reasons for Recommendations

- That authority be delegated to the Director of Commercial Services to approve the procurement strategy for the tender for the Young People's Substance Misuse Service 2017-2019; and

- That authority be delegated to the Director of Commercial Services to agree contract terms and approve a contract award following the tender process.

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

Tel: 0114 2057463

Report of:	Greg Fell
Report to:	Cabinet Member for Health, Care and Independent Living
Date of Decision:	21st September 2016
Subject:	A Matter of Life and Healthy Life - Director of Public Health Report for Sheffield, 2016

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

Which Cabinet Member Portfolio does this relate to?
Director of Public Health Office (CEX)

Which Scrutiny and Policy Development Committee does this relate to?
Healthier Communities and Adult Social Care

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

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

Does the report contain confidential or exempt information?	Yes		No	X

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

*"The (**report/appendix**) is not for publication because it contains exempt information under Paragraph (**insert relevant paragraph number**) of Schedule 12A of the Local Government Act 1972 (as amended)."*

Purpose of Report:

Directors of Public Health have a statutory duty to produce an annual report on the health of the local population and to make recommendations as to how local health may be improved. This year's report makes four such recommendations, three of which are addressed to the Council (among others). The report is due to be presented to full Council on 5th October 2016 and Cabinet is asked to seek any clarification on the topics, issues and recommendations raised in it.

Recommendations:

1. **The Health and Wellbeing Board** should take forward a series of learning events / appreciative enquiry on different approaches to health and wellbeing to explore what optimising "health and wellbeing" could look like in a number of key policy areas.
2. **The Council and other stakeholders**, as part of Public Sector Reform, should consider a healthy population and minimising health inequalities as a core infrastructure investment for a prosperous economy.
3. **The Council and the CCG** should explore the development of a 'Heart of Sheffield' structural model to coordinate and shape a policy approach to improving living well options (such as increasing physical activity and reducing smoking) in the City.
4. **The Council and the CCG** should develop a joint neighbourhood delivery system with a broad model of primary care as the main delivery mechanism for services.

Background Papers:

A copy of the report is attached. Please note: the report and related information will not be published on our website until 6th October 2016 after it has been considered by full Council on 5th October.

<table>
<tr><td colspan="4">Lead Officer to complete:-</td></tr>
<tr><td rowspan="4">1</td><td colspan="2" rowspan="3">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: N/A</td></tr>
<tr><td>Legal: N/A</td></tr>
<tr><td>Equalities: N/A</td></tr>
<tr><td colspan="3">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td colspan="2">EMT member who approved submission:</td><td>John Mothersole</td></tr>
<tr><td>3</td><td colspan="2">Cabinet Member consulted:</td><td>Cate McDonald</td></tr>
<tr><td rowspan="3">4</td><td colspan="3">I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.</td></tr>
<tr><td colspan="2">Lead Officer Name:
Greg Fell</td><td>Job Title:
Director of Public Health</td></tr>
<tr><td colspan="3">Date: 12th September 2016</td></tr>
</table>

1. PROPOSAL

1.1 Directors of Public Health have a statutory duty to produce an annual report on the health of the local population. This year's report focuses on how we can maximise improvements in health and wellbeing and reductions in health inequalities by capturing the impact of work across the whole of the Council and its partners rather than focusing solely on the Public Health Grant or health and social care services.

1.2 The report is attached. It will be published as an interactive PDF on our website on 6th October 2016 following full Council on 5th October 2016, alongside other related information. All members and other relevant stakeholders will be emailed a copy of the report and link to the website.

1.3 The Sheffield JSNA is in the process of being updated and the following four key themes have been drawn from this programme of work to support development of the report:

- **Population** – projections updated based on ONS Mid 2014 estimates and latest profile (mid 2015) to show how Sheffield's population is changing and how it compares with elsewhere. Demonstrates that the population growth we have been experiencing for the last few years is slowing down and will continue to do so for the next few years although Sheffield is likely to continue to become more ethnically diverse. Overall, the City remains demographically similar to most other major cities in the UK
- **Headlines** – life expectancy and healthy life expectancy, mortality and morbidity indicators have all been updated with the latest figures to help identify the key health improvement challenges facing the City, the extent of health inequalities (and whether they are improving or not) and how Sheffield compares with the rest of the country as well as other major cities. This analysis shows that overall we must focus on improving Healthy Life Expectancy, especially for women
- **Life course** indicators covering starting well, living well and ageing well have been analysed to help prioritise the specific aspects of health and wellbeing we need to focus on, the level of improvement we need to make and whether there are groups in the population we need to target our efforts on. Mental health, smoking, physical activity, diet and alcohol consumption feature across the entire life course as priorities for action
- **Ward and neighbourhood** health and wellbeing quilts have been produced to summarise, at a glance, the geographical variation in health and wellbeing in Sheffield. These serve to reinforce the message that children and adults in the poorest parts of the City experience the greatest burden of ill health, disability and early death.

All the latest JSNA data topics will be uploaded to our Open Data platform. The ward and neighbourhood health and wellbeing tools will also be updated. This work is due for completion by December 2016.

1.4 The first main section of the report (What the JSNA is telling us) focuses on the main health and wellbeing headlines for Sheffield. The key messages from this section are: Sheffield's population continues to grow, albeit very slowly; healthy life expectancy is a major challenge for the City and we have more preventable deaths per head than England as a whole; and health inequalities continue to blight our City. This is what is driving health and social costs rather than ageing per se.

1.5 The second section looks in detail at the case for prevention. In particular it promotes developing the economic case for improving health and reducing health inequalities as the key way forward as well as setting out some of the key elements of the local NHS sustainability and transformation plan for Sheffield (Shaping Sheffield).

1.6 The third section sets out the key health and wellbeing priorities across the life course – starting well, living well and ageing well including identifying the areas where we need to improve and the broader policy and service interventions that we should and are taking to improve healthy life expectancy as well as longer life.

1.7 The report concludes by advocating for a broad, policy-based approach that seeks to maximise the health "dividend" or return on the work of both the Council and wider economy of Sheffield. The main thrust is therefore concerned with how best to optimise the use of our existing commitments and change the nature and shape of those commitments over time rather than how to spend new resources. In doing so it makes four recommendations as to how we might start to take that forward.

2. HOW DOES THIS DECISION CONTRIBUTE ?

2.1 Although life expectancy (for both men and women) continues to improve in Sheffield, healthy life expectancy (how long we can expect to live in good health) is static, significantly worse than the national average and other core cities and the gap between the worst and best off is wide.

2.2 It is the high and unequal distribution of poor health and disability in our population that is driving demand for costly health and social care services, widening inequalities and potentially impacting adversely on our broader aims and aspirations for our City.

2.3 The report considers a number of evidence based policies, initiatives and approaches, focused on the social and commercial determinants of health that would help to prevent or reduce poor health in Sheffield, especially in vulnerable groups of people.

2.4 In the context of continuing economic austerity and reducing resources, the report is concerned with how best to optimise the use of our existing

commitments and change the nature and shape of those commitments over time rather than how to spend new resources.

2.5 It suggests that only by maximising the health return on investment of this wider spend will we improve the trajectory of health and wellbeing outcomes in Sheffield. Nevertheless, it acknowledges that where new resources are available they should be focused on what will make most progress on narrowing the health inequalities gap. New resources, as and where they are available, should be focused on where the need is greatest.

2.6 A number of priorities, actions and approaches are identified that could and are being taken to achieve required improvements in health and wellbeing outcomes over the coming months and years. Specifically four priorities are recommended for early adoption (i.e. within the next 6 to 12 months) given that they focus on the key strategic themes that underpin the change in thinking and approach to public health proposed within the report.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 The Council is not obliged to consult on the report although feedback and dialogue is facilitated following publication.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 N/A

4.2 Financial and Commercial Implications

4.2.1 N/A

4.3 Legal Implications

4.3.1 N/A

4.4 Other Implications

4.4.1 This is the Director of Public Health report for 2016. Directors of Public Health have a statutory duty to produce an annual report on the health of the local population.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 N/A

6. REASONS FOR RECOMMENDATIONS

6.1 It is good practice for DPH reports to contain recommendations aimed at

improving the health of the local population, addressed to a number of partners and stakeholders as required.

6.2 In addition it should also report on progress made on the recommendations from the previous year's report. Appendix A to this paper provides a progress report on the three DPH report recommendations from 2015.

Appendix A: Progress on recommendations from the DPH report 2015

Each year the Director of Public Health Report makes a set of recommendations for improving health and tackling health inequalities within the local population. Here we summarise the progress made on the recommendations from last year's report.

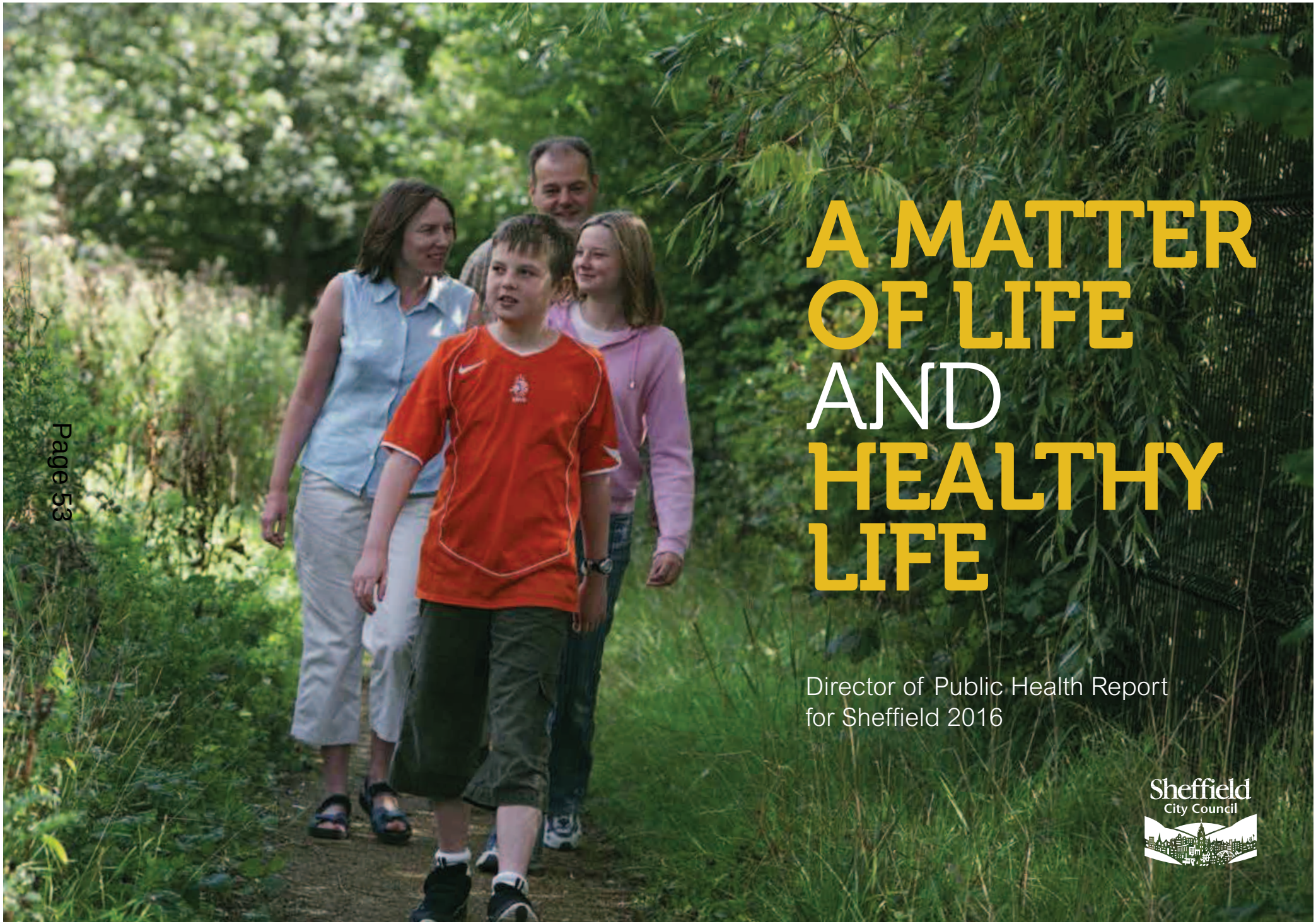
The Council should establish a local baseline measure of wellbeing for the City and use this to track change over time and variation across the different communities in Sheffield.	**The Council** should provide products which assist residents to reduce the cost of their home energy and the amount they use.	**The Health and Wellbeing Board** should ensure schools in Sheffield give all children the opportunity to participate in appropriate exercise.
For the last 10 years the Every Child Matters Survey has been used to track change and variation in the emotional wellbeing of children and young people in Sheffield and this continued with the launch of the 2016 survey in September[1]. For adults, we continue to use the four wellbeing indicators included in the Public Health Outcomes Framework to track change over time and to support comparison with the national average[2]. In terms of mapping variation across the population we use the 'mood and anxiety' indicator from the Index of Multiple Deprivation (2015)[3] as well as estimated prevalence of common mental health problems, produced by Public Health England[4].	A business case for a Local Energy Company is in development in partnership with neighbouring authorities who have similar ambitions. £400,000 NEA funding secured to improve heating in properties where health is affected by the cold home. A SCC Housing Services workshop to be held in the autumn (2016) to look at how the range of fuel poverty/cold home support projects could be better coordinated to provide greater protection for the most vulnerable. A SCC 'Warm, Healthy Homes Unit' is being set up to deliver NICE Guidance on cold related illness.	Approximately 95% of schools in Sheffield are now signed up to the School Sport Partnership model. This means that schools are prioritising the investment of their school sports premium to focus on quality, competition and opportunities for pupils to be involved in physical activity.

[1] https://www.sheffield.gov.uk/education/about-us/plans-partnerships/pupil-and-parent-voice/every-child-matters-survey.html

[2] The four indicators measure self-reported feelings of satisfaction with life and whether life is worthwhile, and levels of happiness and anxiety in people aged 16 years and over who responded to an annual population survey http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015

[3] This information is included in our neighbourhood and ward health and wellbeing analyses which can be downloaded from the following link: https://www.sheffield.gov.uk/caresupport/health/director-of-public-health-report.html

[4] http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders



A MATTER OF LIFE AND HEALTHY LIFE

Director of Public Health Report
for Sheffield 2016

Sheffield City Council

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Interactive PDF - User instructions

Page advancement

Click and drag the mouse over any page corner for a page-turning curl action to be activated. Hold and drag to turn the page. A simple click in any corner will also move the pages forward and backwards.

▶ Click on any image above - or on a specific chapter title (right) - and this PDF will advance to that selected chapter.

Figures 1-9

With this button clicked the selected chart within this report can be viewed in more detail.

Click the CLOSE button to return to the full page report view.

Hyperlinks

All the footnotes (highlighted pink) are hyperlinks to the related information so please select and click to automatically load weblink.

1. Introduction

This is my first Annual Report as the new Director of Public Health for Sheffield and in producing it I am aware that I am continuing a long tradition of annual reports on the health of the population stretching back nearly 150 years.

This year, I have chosen to combine the refresh of the Joint Strategic Needs Assessment (JSNA) with the DPH Annual Report. In this way I can take stock of current and likely future needs and assess some priority themes for the future in one place. I have deliberately chosen to focus the JSNA in a way that reflects the main stages of life - starting out, working age and the ageing population. The JSNA should always be "strategic" and cannot focus on a large number of topics or specific issues. Thus the JSNA is focused on broad themes across the whole population. It will not tell us "what to do in Smith Street next week", nor should it. What it does tell us is that:

- Sheffield's population continues to grow, albeit slowly, and is increasingly diverse
- Healthy life expectancy remains a major challenge for our City and we have more preventable deaths per head than England as a whole
- Health inequalities continue to exist in Sheffield, are not improving, and impact on a geographical basis as well as on specific groups of people.

With this and the associated challenges in mind, the transfer of public health from the NHS to local government should be seen in context. It is still relatively fresh in historic terms, and offers incredible opportunities. In all respects local government has always had an important role to play in improving health and wellbeing. What many call "the social determinants of health" are core policy and service roles of local government. This has always been the case. What is new to local authorities though is the transfer of staff with specific skills and competencies around evidence based policy and investments, assessing health need and evaluation as well as a set of responsibilities for public health transferred to local government from the NHS that are additive to local government's existing duty to promote wellbeing. In historic terms it is worth noting that public health has been a part of local government for considerably longer than it was part of the NHS. This is, in my view, right and reflects where many of the determinants of health can be best influenced.

My report aims to set out how we can build on this opportunity to develop a broad approach focused on prevention, based on a good start in life, living well and ageing well, to deliver health benefits across the life course. This is not just about a narrow view of health, but about how good health and wellbeing contributes to the economy, and vice versa.

continued overleaf ▶

The position of public health within the local authority gives us a major opportunity to influence a broad range of policy areas to maximise the health dividend from Council activity, and indeed activity within the wider economy. This report makes some initial recommendations as to how we might take this forward: it will be up to us to do so, and to continue to build on these steps over the coming years.

Greg Fell
Director of Public Health for Sheffield

Acknowledgements

Reports such as this are always the result of many people's work.

I am grateful this year to the following contributors: Amy Buddery, Ruth Granger, Susan Hird, Jason Horsley, Helen Phillips-Jackson, Dan Spicer, Julia Thompson and Alan Walker and to the Editorial Group: Barbara Carlisle, Tom Finnegan-Smith, Mark Gamsu, Judy Robinson and Dawn Walton.

Thanks are also due to Louise Brewins for editing the report, Ian Baxter and Dale Burton for data analysis and infographics and Sarah Stopforth and the SCC Communications Team for the report's design and publication. Final responsibility for the content rests with me.

2. What the JSNA is telling us

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How is the Sheffield population changing?

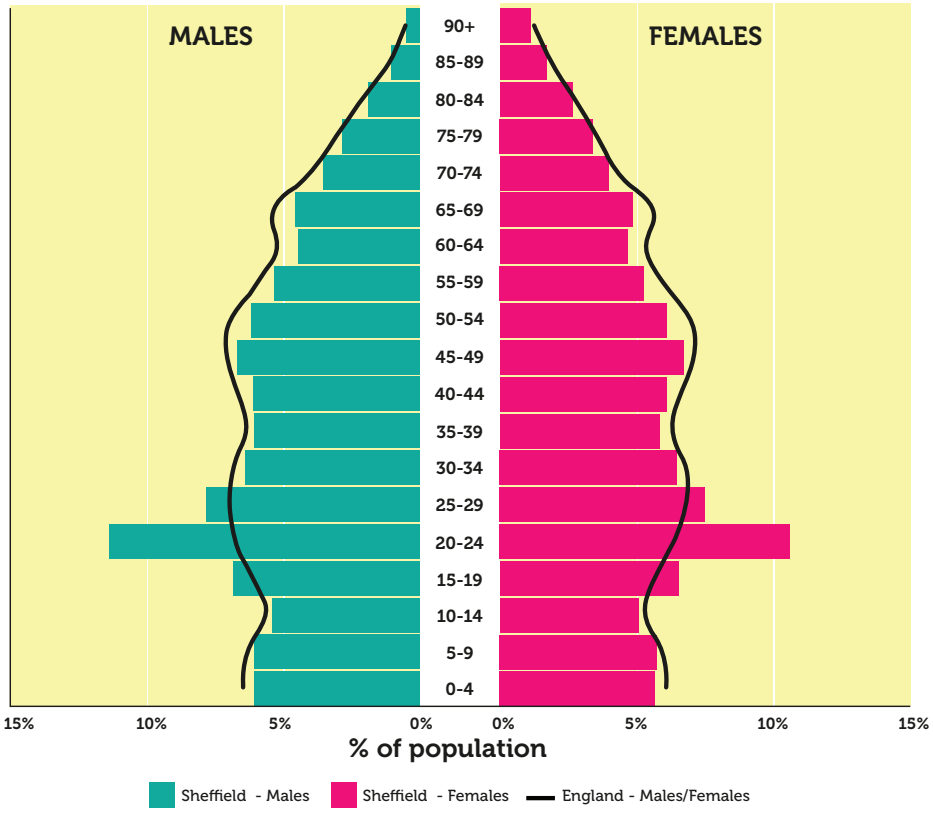
Sheffield is the third largest city in England (outside London) with a total population of 563,750 people. It's fairly typical of any large, urban population in the Country, including the population "bulge" in 20-24 year olds (linked to university students). This means we can be reasonably confident that any national estimates of rates of health or disease (for example from national surveys) will apply to Sheffield.

Sheffield's population is growing very slowly following a long period of decline. The factors that drive population growth are birth rate and international (inward) migration. Sheffield is also a highly diverse population with around 17% of people from black and minority ethnic communities. This is likely to increase further over the coming years.

Changes in population size, age profile and level of ethnic diversity vary from ward to ward and year to year, making it difficult to forecast future population with real accuracy. Following a period of increase, the Sheffield birth rate is beginning to level off - there is a similar trend across Yorkshire and the Humber. The growth in our total population will further slow as a result.

Overall, Sheffield's population is expected to increase by around 1% per year over the next 5 to 10 years.

Figure 1: Population by sex and 5 year age groups (2015) Sheffield and England



Source: ONS Mid 2015 Population Estimates

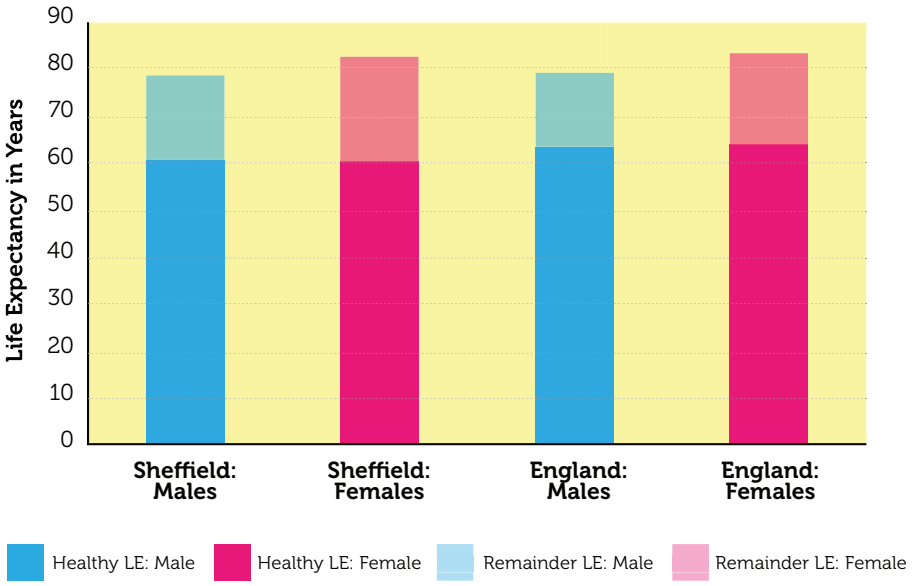
What's more important - living longer or living healthier?

Life expectancy continues to increase in Sheffield and now stands at 78.9 years for men and 82.5 years for women. This compares favourably with the other major English cities but still falls short of the England average of 79.5 years for men and 83.2 years for women.[1] A more important measure of overall health and wellbeing however is "Healthy Life Expectancy". It reflects both the length and quality of life and represents the number of years someone can expect to live in good health. When healthy life expectancy is taken into account, a different picture of health and wellbeing emerges.

For men in Sheffield healthy life expectancy is currently 60.8 years which means around the last 18 years of their life will be spent in poor health. For women it's worse; healthy life expectancy is 60.3 years so the last 22 years of their lives are likely to be spent in poor health. This does not compare well with the other core cities and is significantly worse than the England average. Moreover, whilst life expectancy is increasing, healthy life expectancy is not and this represents a key challenge for the City.

It is this overall level of illness and disability in a population that drives demand for health and social care services rather than whether we're living longer. It's what makes life worth living that counts rather than how long we live.

Figure 2: Life expectancy and healthy life expectancy, males and females in Sheffield and England (2012-14)



PHOF Indicator s0.1(i) & 0.1 (ii)

Public Health Intelligence Team, SCC

[1] You can view all public health indicators for Sheffield via - http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000049/pat/6/par/E12000003/ati/102/are/E08000019

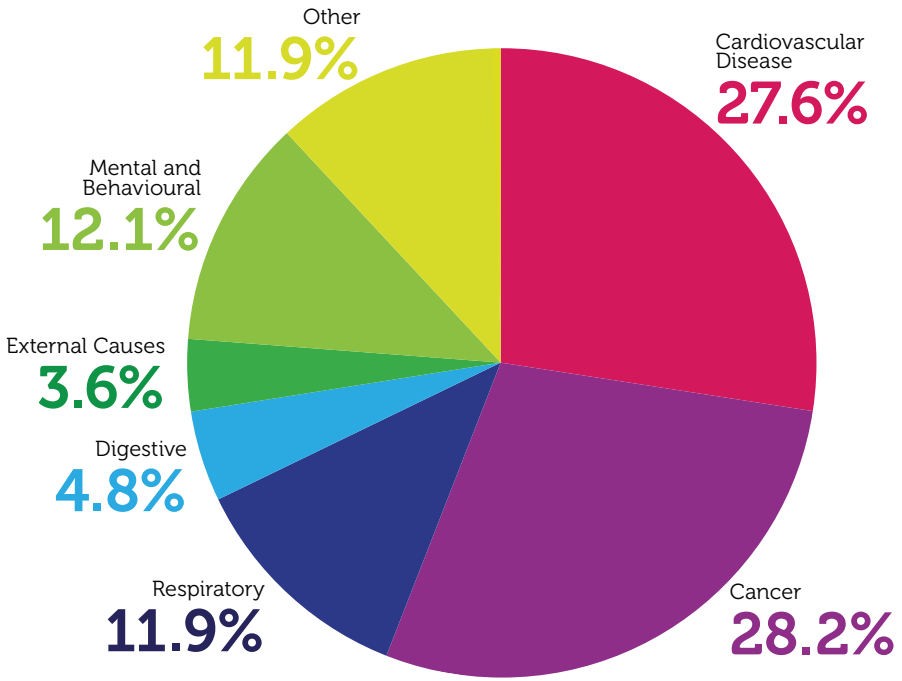
What's killing us?

The two main causes of death in Sheffield people are cancer and cardiovascular disease (heart attacks and strokes) which together account for more than half of all deaths each year. When causes of death in men and women are considered separately, dementia is the third main cause of death in women whilst respiratory disease is the third main cause of death in men.

Although death rates are reducing in Sheffield they remain higher than England with the exception of deaths from certain infectious and parasitic diseases.

Of greater concern is the number of deaths that are considered preventable. Overall it is estimated that around 20% of all deaths in Sheffield could be prevented each year - that's equivalent to around 900 deaths every year. This is significantly higher than for England. The main direct causes of preventable deaths are high blood pressure, obesity, high cholesterol, smoking, alcohol consumption and lack of physical activity. Addressing these causes saves lives and livelihoods.

Figure 3: Main causes of death in Sheffield (all ages) 2012-2014



Source: Public Health England Segment Tool

What's making us ill?

Figure 4: Causes of years lost to disability (YLD)

Source: World Health Organisation Global Burden of Diseases, Injuries and Risk Factor Study 2010
http://www.who.int/healthinfo/global_burden_disease/gbd/en/

As well as looking at how long we live and what we die of, we also need to examine what causes unhealthy life expectancy. Over half of all the years spent in poor health (both in Sheffield and nationally) can be attributed to musculoskeletal conditions (such as chronic back pain) and mental ill health.

Good mental health and wellbeing protects our overall health and increases our healthy life expectancy. When it's poor it is often seen in combination with long term physical health conditions (such as heart disease) adding to the burden of years spent in poor health.

Diabetes is also an important factor in healthy life expectancy because it can lead to serious complications such as heart disease, kidney disease, blindness or limb amputation. Around 6% of the Sheffield population has diabetes, similar to the national average.

Dementia is an increasingly important factor as we age. Although prevalence of dementia in Sheffield is not significantly different from the national picture, as we have seen, it's a particularly important factor in older women's healthy life expectancy.

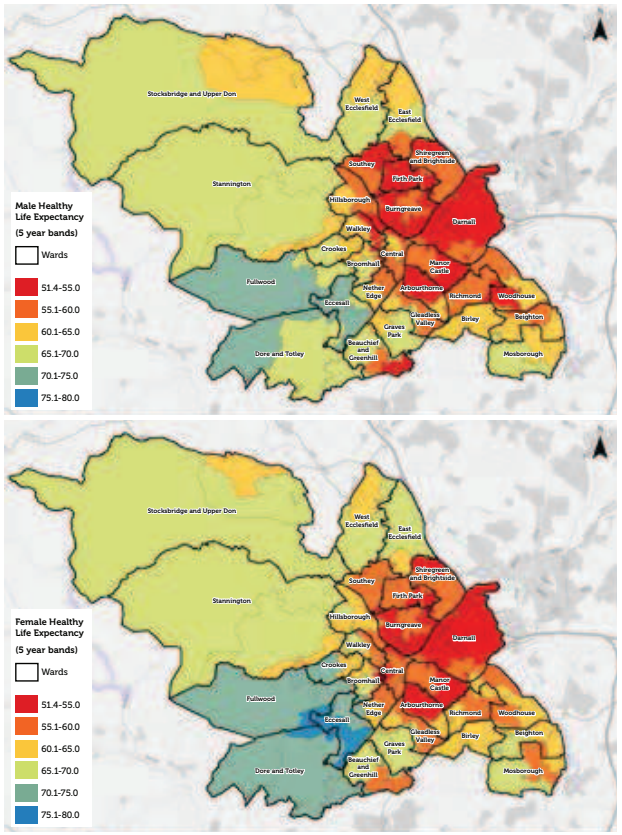
Are we in this together?

Health inequalities continue to blight our City. Recent data on life expectancy and related social causes of poor health and wellbeing show that over the last 10-20 years little has changed in terms of the size of the gap between the most and least deprived people in Sheffield.[2]

The gap in life expectancy between the most and least deprived men in Sheffield is still around 10 years while it is almost 7 years for women. The gaps are greater when we consider Healthy Life Expectancy: there remains over a 20 year difference between the most and least deprived men (72.1 years versus 50.2 years) and 25 years for women (75.6 years versus 50.8 years). In the context of continuing economic austerity and further cuts to public sector funding, these health inequalities could worsen significantly in the future.

The gap in healthy life expectancy is not just geographically based; there is a similar gap for people with serious mental illness and those with a learning disability. Children and adults in the more deprived parts of the City suffer a greater burden of ill health, disability and early death than those who are born and live in the less deprived areas. We know that a significant proportion of deaths and ill health are preventable. Stepping up our actions to prevent premature death, disability and ill health in our more deprived and vulnerable communities represents economic sense as well as being the right thing to do.

Figure 5: Map of healthy life expectancy by Sheffield MSOA (2009-2013) and deprivation (males and females shown separately)



Males

Females

[2] Take a look at our summary health and wellbeing neighbourhood and ward quilts. These show the level of variation in health and wellbeing across Sheffield's communities: https://www.sheffield.gov.uk/caresupport/health/director-of-public-health-report.html

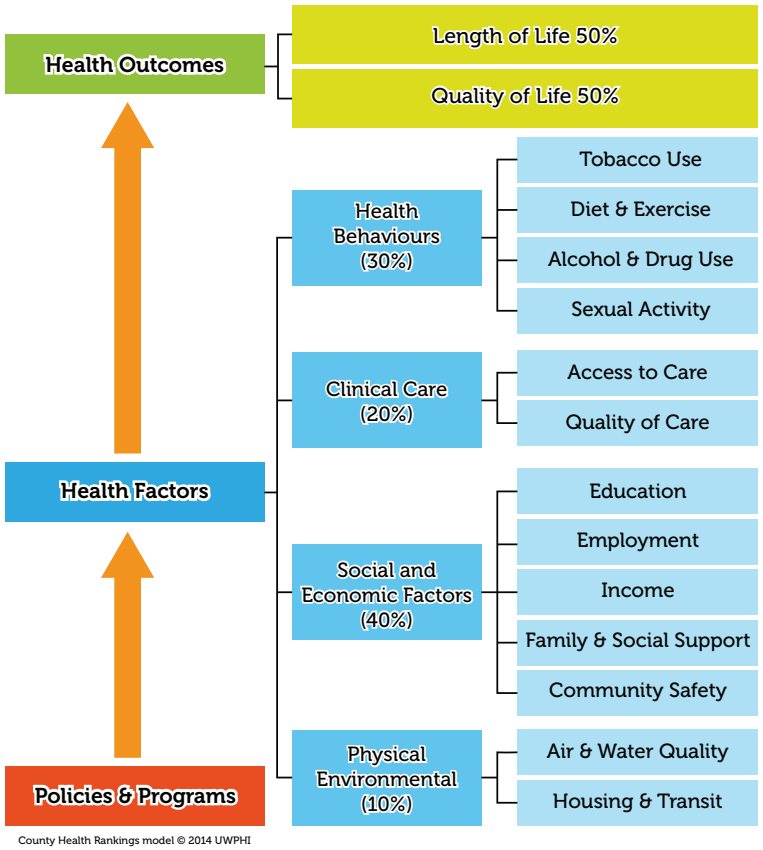
What causes poor health and wellbeing?

The single biggest cause of ill health, early death and health inequalities are socio-economic factors such as unemployment, lack of income, low educational attainment and poor quality housing; but these are not the only factors. Collectively they account for around 40% of health and wellbeing outcomes.

The other 60% is accounted for by: lifestyles (such as smoking, lack of physical exercise, poor diet and alcohol consumption); communicable and infectious diseases (such as HIV/AIDS or tuberculosis); the quality and availability of health care (particularly primary, preventative and early intervention health services such as GP practices); and environmental threats to health (including excess winter deaths from living in a cold home and death and ill health due to pollution from traffic).

Action on just one or two of these factors won't be enough to achieve the improvements in health and wellbeing outcomes or sustainability of our health and social care services that we need to see in Sheffield. That's why our approach must focus on: maximising people's life chances; optimising healthy behaviours throughout the life course; protecting people from communicable and environmental threats to their health; and increasing the health and wellbeing value that health and social care services deliver.

Figure 6: The determinants of health



http://www.countyhealthrankings.org/Our-Approach

3.

The case for a radical upgrade in prevention

Why do we need a radical upgrade in prevention?

Health in Sheffield has improved considerably over the last few decades but there are still significant inequalities. Life expectancy in Sheffield is improving, but healthy life expectancy is not; the gap in life expectancy between vulnerable groups of the population (such as people with learning disabilities or severe mental health problems) and the rest of the population is around 20 years. There is also a 10 to 15 year difference in the age of onset of multi-morbidity: only 8.3% of the most affluent people in Sheffield have developed one or more health conditions by the age of 50-54 compared to 36.8% of the most deprived.

Sixteen years ago, Derek Wanless' health review warned that unless the Country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded - and public services are on the hook for the consequences.[3]

Only about 5% of the entire healthcare budget is spent on prevention but Local Government Association (LGA) research on a range of local prevention schemes suggests that investment in prevention could yield a net return of 90%.[4] The current social care and health system will struggle to meet demand unless we re-engineer our planning and service provision to promote healthy choices, protect health, prevent sickness and intervene early to minimise the need for costly hospital treatment. Trying to fix this by focusing on treatment alone is not the answer. We need preventative strategies that deliver better outcomes for individuals and as a result mitigate or defer the need for costly interventions.

But when considering the cost of that illness it is not just the bill for the treatment and care that should be taken into account. The economic consequences of premature death and preventable illness are considerable too. These can include loss of productivity in the workplace and the cost of crime and antisocial behaviour.

"If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments and care will be crowded-out by the need to spend billions of pounds on wholly avoidable illness."

Simon Stevens, Chief Executive of the NHS

[3] Five Year Forward View https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

[4] Prevention: a shared commitment. LGA 2015 http://www.local.gov.uk/documents/10180/6869714/Prevention+-+A+Shared+Commitment+(1).pdf/06530655-1a4e-495b-b512-c3cbef5654a6

What would a radical upgrade in prevention look like?

So what would a radical upgrade in prevention in Sheffield look like? How would we invest our resources differently, and what would the impact be for Sheffield, public service spend, and the local economy?

Good life chances, healthy lifestyles and easy access to expanded high value health and social care services all play a crucial role in preventing or delaying the onset of avoidable illness. There is significant potential for population-level gain from improvement in these three areas. There is certainly more to do on tobacco control, nutrition and obesity, physical activity and alcohol because these are the main direct causes of the majority of avoidable illness, alongside poor mental health.

It's difficult to be precise about the scale of the impact of a diffuse set of interventions but evidence from the UK[5] and the USA[6] is clear that it's the number of people who are ill that's driving cost growth, not the average cost per ill person (which is relatively stable). This underscores the need for prevention. There are some obviously tricky balances between personal responsibility and state intervention. Personal responsibility for health-related choices is a critical element of any programme, as is support and encouragement for individuals to change (e.g. stop smoking services). However there is also a need for population policies that shape our choices, particularly so when considering factors such as price, advertising and availability of unhealthy products. Our so-called free choices are influenced by commercial, economic, environmental and social cues. For example, choosing what to eat is not an unfettered personal choice. Poor diets have become the default behaviour in a perversely structured society.

Looking overseas, it's worth noting that one of the principal drivers for the initiatives in New York during the 2000s related to economic and productivity concerns rather than health concerns. There are direct health service impacts and also downstream social care consequences of our failure to prevent, such as social care costs of post-stroke disablement. There is huge potential for links to employment and economic regeneration and sustainability agendas such as Green Gym or Green Car-type schemes. Recent analysis in Sheffield has demonstrated that getting to a smoking prevalence of 10% would equate to 45,000 fewer smokers, approximately 50% reduction in associated avoidable illnesses in these smokers, significant improvements in economic productivity, less money (c£150m) being spent on cigarettes and likely more on other local goods and services, with obvious economic impact.

[5] Centre for Health Economics, University of York. http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP127_medical_spending_hospital_inpatient_England.pdf

[6] Farley, T. (2015) Saving Gotham: A Billionaire Mayor, Activist Doctors and the Fight for Eight Million Lives. W.W. Norton & Company Inc., New York. In 2002, a dynamic doctor named Thomas Frieden became health commissioner of New York City. With support from the new mayor, billionaire Michael Bloomberg, Frieden and his health department team prohibited smoking in bars, outlawed trans fats in restaurants, and attempted to cap the size of fizzy drinks, among other ground-breaking actions. The initiatives drew heated criticism, but they worked: by 2011, 450,000 people had quit smoking, childhood obesity rates were falling, and life expectancy was growing.

The upgrade will only happen if we make it happen

Sheffield City Council, NHS Sheffield CCG and other partners in the City are currently developing the 'Shaping Sheffield Plan', a five year strategy for transforming health and social care in Sheffield. The Plan is based on the following prevention priorities:

Improve life chances by

Expanding and developing new supported employment pathways for people furthest from the labour market. These will be focused on mental health and individual placement and support, musculoskeletal conditions and links to the City's Move More programme. Pathways will be simplified, enabling referrals in both directions between employment and health systems

A new Vulnerable Young People's service will be established, providing targeted support focused on early intervention and prevention through integrated, multi-agency teams combining youth and health workers, police officers and a range of advice and support services to improve outcomes and life chances for a cohort of approximately 1,000 teenagers and young adults per year.

A single point of contact for health professionals to make patients' houses warmer by reducing costs, increasing ability to pay or increasing energy efficiency.

Achieve healthier lives by

A 'Heart of Sheffield' programme which will deliver healthy public policies and services at scale including:

- Smoking and alcohol brief intervention at all points in customer interactions, including clinical pathways
- Review of current 'lifestyle services' (e.g. stop smoking service) and develop an affordable level of support to everyone particularly focused on high risk groups
- Implement healthy public policy initiatives around healthy lifestyles making the healthy choice the default and the easiest choice
- Cardiovascular Disease (CVD) clinical risk factor management initially focused on secondary prevention (management of cholesterol and blood pressure, atrial fibrillation and anticoagulation).

Enhance neighbourhood & GP services by

Developing primary care-led urgent care centre(s) to make it easier for people to get urgent care outside a hospital setting, increasing bed provision and home support capacity to support people intensively for short spells and new home care support arrangements that are personalised, flexible, local, and responsive.

Introducing social prescribing so it becomes as easy to prescribe non medical interventions as it is to prescribe a pill and developing community assets based on social prescribing conversations - identifying what's missing and what we can put in place that will make a difference (including for early years and families).

Introducing a key worker approach for people and families in need of more intensive support, a medicines hit squad to drive down unit costs and tackle over-use of medication and secondary care consultant support to primary care to deliver better patient outcomes.

Increasing access to talking therapies, peer support groups and "5 Ways to Wellbeing" to improve mental health.

4.

Health and wellbeing for life

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Why does getting the right start matter?

The first years of life are crucial for brain development and provide the foundations for the emotional and social skills needed for future success at school and in life. A child's development at 22 months old can give an accurate prediction of their educational outcomes at the age of 26 years.

Where children grow up with secure relationships, safe home and learning environments, adequate housing and have good nutrition, the probability of lasting positive health and wellbeing is high. Conversely, adverse experiences in the early years such as poverty, child abuse and neglect or parental substance misuse not only impact negatively on children's health and wellbeing at that time, but can effect a wide range of long term outcomes including learning, anti-social behaviour and premature ill-health and death.

Development before birth matters too - a baby's health is vitally affected by the health and wellbeing of its mother. Maternal health, including stress, diet, drug, alcohol and tobacco use during pregnancy has significant impact on foetal and early brain development. Low birth weight in particular is associated with poorer long-term health and educational outcomes.

Getting the right start in life matters for the rest of your life; it has to be our top health and wellbeing priority.

Where is Sheffield doing well and where does it need to improve?

Keep up the good work

- Infant mortality in Sheffield is now on a par with the rest of England and continuing to reduce. In previous years the rate was significantly higher than average.
- Breastfeeding rates in Sheffield at delivery are some of the highest in the Country at around 80% compared with an England average of 74.3%
- Good early access to maternity care is provided in Sheffield providing important benefits for both mother and baby during pregnancy and birth
- The rate of obesity amongst 4-5 year olds in 2014/15 was 8.3% compared to the England average of 9.1%, although 21% are classed as overweight
- 95% of three to four year olds accessed free early learning in line with the national average
- More children in Sheffield than any other major UK city achieve the expected level of development at 5 years (school readiness), and this increased from 51% to 65% between 2013 and 2015
- Overall Sheffield performs well in terms of uptake across the range of childhood vaccination and immunisation programme although there is still a little room for improvement in relation to uptake of DTaP/IPV (diphtheria, tetanus, pertussis and polio) in 5 year olds

Room for improvement

- 23.5% of children in Sheffield are living in poverty and as a result face significant risks of adverse long term health and poor academic outcomes
- Maternal smoking is a cause for local concern and too many women take up smoking again after having their first child
- Excess weight and obesity among 10 and 11 year olds in Sheffield is now similar to the average for England whereas previously it has been lower
- Children in Sheffield have higher levels of decayed or extracted teeth than the national average. 35.8% had one or more decayed, filled or missing teeth in 2014/15 compared to the England average of 27.9%
- Although conceptions in girls under the age of 18 years continue to reduce in Sheffield our rate at 27.9 per 1000 girls aged 15-17 years is still significantly higher than the England average of 22.8 per 1,000.

What does the evidence say we should focus on?

GOOD ANTENATAL CARE

Good early access to maternity care is provided in Sheffield, providing closer monitoring and earlier help during pregnancy. This supports reductions in infant mortality and low birth weight.

NOT SMOKING DURING PREGNANCY

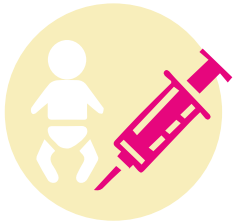
Smoking rates during pregnancy impacts both the mother and the baby for life. Sheffield's rate of smoking at the time of delivery is 15%, which is much higher than the England average of 11.4%.

BREASTFEEDING

Breastfeeding provides important health benefits for mum and baby. 80% of Sheffield's women breastfeed at delivery compared to the England average of 74.3% but only 50% are continuing to breastfeed at 6-8 weeks.

SAFE SLEEPING

Access to evidence-based, safer, sleep advice is crucial so that parents can make the best choice for their baby's sleeping arrangements and reduce the risks associated with sudden infant death.



VACCINATION AND IMMUNISATION

Targeted approaches to vaccination and immunisation uptake for mothers, babies and children reduce the spread of childhood infectious diseases such as measles or mumps and the health complications associated with these diseases.

PARENTAL/FAMILY SUPPORT

Good maternal mental health is important for bonding and child development. Health professionals and children's centre teams provide important emotional and social support for families, including early access to specialist services if required.

MAINTAINING A HEALTHY WEIGHT

Parenting styles and eating practices have a big impact on risks of obesity. Community based programmes which promote healthy eating and active lifestyles can help families gain the confidence and skills to adopt effective approaches to maintaining healthy weight

ORAL HEALTH

Good oral health in the early years is important. In Sheffield there are high levels of tooth decay amongst children under 5 years. Parents can help by tooth-brushing with flouride toothpaste as soon as their child's teeth appear and cutting back on sugary drinks and food.

What should we be doing?

All the available evidence nationally and internationally demonstrates the impact of effective investment in the early years, from pre-conception to school age. It is widely understood that there is a higher return on investment and effort at this stage than at any other point in the life course. In Professor Michael Marmot's 2010 report 'Fair Society, Healthy Lives'[9] he identified the importance of support in the early years for reducing health inequalities and creating a fairer society. A focus on early intervention and prevention which is targeted to help the most vulnerable families is vital both in terms of improving overall health and wellbeing outcomes and reducing health inequalities.

Sheffield has well established working partnerships amongst professionals and communities including midwives, health visitors, GPs, early learning providers, children's centres, voluntary organisations, parents and carers. These partnership arrangements, working at a community level, must continue to maintain progress and make improvements in some of our most challenging areas (such as maternal smoking). By offering high quality, evidence based support which is targeted to meet the needs of our most vulnerable and disadvantaged families and young children we have the best possible chance of improving outcomes and raising aspirations overall within our City. Not only is this good for Sheffield's potential, there is a high probability that this approach will release significant savings across all sectors in later years.

[9] http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Why does living well matter?

We measure the rate at which people die below the age of 75 as an indicator of the proportion of people who die early. The good news is that this rate has steadily been coming down for both men and women in Sheffield.

The problem is that Sheffield's rate is not coming down as fast as the rest of the Country for men, which suggests we could be doing more. The rate at which men die prematurely is 9% higher than the average for England. For women the rate was drifting away from the national average but has recently improved although it remains 4% higher.

There is no simple solution to reducing premature mortality but some of the most important factors that will help people in Sheffield to live longer, happier and healthier lives are: improving life chances; helping people improve lifestyles; and providing high quality care services, especially primary care.

Figure 7: Premature mortality from all causes Sheffield and England - Males and Females (2002-04 to 2012-14)

Source: Public Health England http://fingertips.phe.org.uk/profile/health-profiles

The healthy choice should be the easy choice

The priority for living well remains the need to provide an environment that supports and enables us to be as healthy as we possibly can be. Before he was the director of the USA Centre for Disease Control, the then DPH for New York City, Dr Tom Frieden, was asked his view of the single most important measure to describe the health of a population. His response was the number of smokers and how quickly this number is changing. His approach was one of scaled up support to help people stop smoking on an individual basis but also bold public policy initiatives to change the environment to increase the incentives to stop, and to not start. As an example, if we were to be similarly aspirational, we would need to reduce the proportion of Sheffield people who smoke from the current level of almost 18% to 10% over the next 5 years.

Using public policy changes to make the healthy choice the easy choice (and maybe the default choice) is the most evidence based, efficient and equitable way to support healthier lifestyles, including better diet and nutrition, being more physical active, consuming less alcohol, reducing drug misuse and practising safe sex. In doing so, there is a need to balance both policy level interventions and services to support individuals. For example, 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. There is significant short and medium term health gain here. One way of characterising this approach would be to think about the "commercial determinants of health" rather than "unhealthy lifestyles", in much the same way as we think about upstream factors as the "social determinants of health".

Much of the evidence base to support this approach is already well established and four examples, currently being developed in Sheffield, are outlined overleaf.[10]

[10] http://www.kingsfund.org.uk/projects/improving-publics-health

Creating the environment for living well

Active travel

We are taking forward our Move More strategy, which is based on the principle of active travel[11]. Although Sheffield is leading the way on this there are still lessons to be learned from other cities as to how they plan transport networks and spatial layout to maximise walking and cycling as part of everyday travel. The benefits of this approach include impacts such as healthier weight, better air quality, lower travel costs and safer streets. The key issue is about broadening the way in which we consider cost and return on our investment in transport and planning to include social and health returns.[12]

Employment and Health

We are implementing a programme of interventions to help those people who are currently unable to work as a result of ill health to move back into the labour market. We know that by doing so we will not only be able to improve the health and wellbeing of the individuals themselves but we will also be helping the economy of Sheffield. We could extend this concept further by thinking of healthy people as the core infrastructure investment for the economy.

Neighbourhoods

The way in which we plan neighbourhoods can have lasting health impacts. Recent work in Glasgow highlighted the long term impact of social regeneration decisions of the past.[13] It is important to learn from this social research and apply it to addressing the key drivers of overall poor health - poverty and deprivation, and seek to narrow the widening gaps in income, power, wealth and therefore health. Our approach to neighbourhood development is asset based where the emphasis is placed on strengthening and enhancing the resources and assets individuals and communities already have to support sustainable development.

Self-Care

We have made a great start in terms of beginning to develop a personalised model of care and self-care. One way in which we are seeking to support this shift is through the use of digital technology. For example Sheffield Flourish[14] is a digital well-being community hub designed to help people living with mental health conditions to find the resources and connections they need to build the lives they wish to lead. Both digital and human based approaches are needed however and we should continue to maximise the potential of citizen and service user contacts to improve health through making every contact count[15] and similar approaches.

[11] http://www.movemoresheffield.com/#everyminutecounts

[12] www.rbkc.gov.uk/pdf/air_quality_cost_effective_actions_full_report.pdf

[13] http://www.understandingglasgow.com/indicators/poverty/overview

[14] http://sheffieldflourish.co.uk/

[15] http://www.makingeverycontactcount.co.uk/

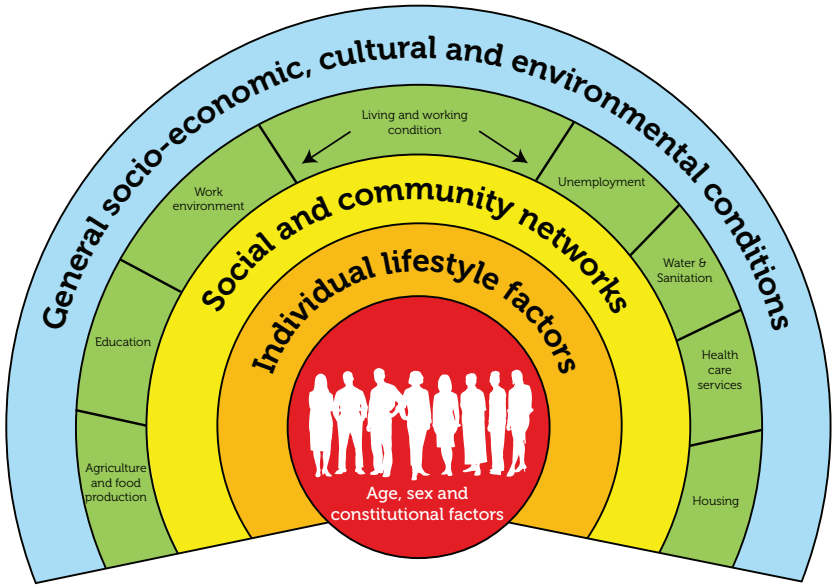
We're not alone

As we have seen, the determinants of health and wellbeing include lifestyles, social and economic factors, access to services and the environment in which we live work and play as well as the genes we are born with. The models of a medically and a socially focused approach to improving health and reducing health inequalities are not mutually exclusive and different stakeholders may put differential emphasis on one approach or the other. Different approaches are effective for achieving goals over different timeframes. Getting this balance right requires constant attention because there isn't a single intervention that will address the overall challenge.

We need to encourage new partnerships and new stakeholders to be involved in the pursuit of improved health and wellbeing in Sheffield, many of whom may not have been explicitly involved in the past. These include, but are not limited to, the fire service, the police, trade unions, business leaders and incorporating the knowledge that rests within the universities and higher education sector. In Sheffield for example we have world class academic institutions on our doorstep and we should capitalise on this.

For all the above areas, data is an important enabler. We have a great history and reputation in Sheffield for generating and using data across public, private and academic domains. But we haven't yet operationalised the advantages of "big data" to enable deeper insights into social and other problems. One way in which we could make real progress in this regard would be by linking health and care data into other sources of data to improve our health and wellbeing intelligence.

Figure 8: The determinants of health



Source: Dahlgren, G. and Whitehead, M. (1991)
http://www.esrc.ac.uk/about-us/50-years-of-esrc/50-achievements/the-dahlgren-whitehead-rainbow/

Why does ageing well matter?

Sheffield is not ageing well. The City is below the average for all local authorities in England on a number of key indicators for both men and women:

- Life expectancy at birth
- Life expectancy at 65
- Proportion of life spent in 'good' health
- Disability-free life expectancy at 65
- Health related quality of life for those aged 65 and over

In addition Sheffield has a higher than average proportion of those aged 65 and over who are not in good health and of those whose daily activities are limited by ill health or disability. The City ranks in the bottom one-fifth of local authorities for the prevalence of heart failure, stroke and heart attacks.

Sheffield does better than the national average on some indicators, such as people with total hip or knee osteoarthritis, and better than similar authorities with regard to some others, such as the rate of sight loss due to macular degeneration[16], life expectancy at 65 for men and disability-free life expectancy for men. The overall picture, however, is as the Sheffield Fairness Commission[17] reported 3 years ago: on average people in the City, women in particular, are ageing less well and, for some, this means much less well than would be expected. As we have already seen, the gap in healthy life expectancy between the least and most deprived parts of the City are a staggering 20 years for men and 25 years for women. Preventable deaths follow this pattern of affluence and deprivation and are higher than the national average.

What these figures tell us about ageing is that it is variable across the population. If Sheffield could increase the ageing well rate among the least well-off to that of the better-off, hundreds of lives would be saved and many of the chronic conditions that restrict people in later life and reduce their quality of life would be prevented. In addition, as our own analysis has shown, the biggest cost to the health and care system comes from people who are ill, not people who are old per se. So, increasing the ageing well rate would also save us money.

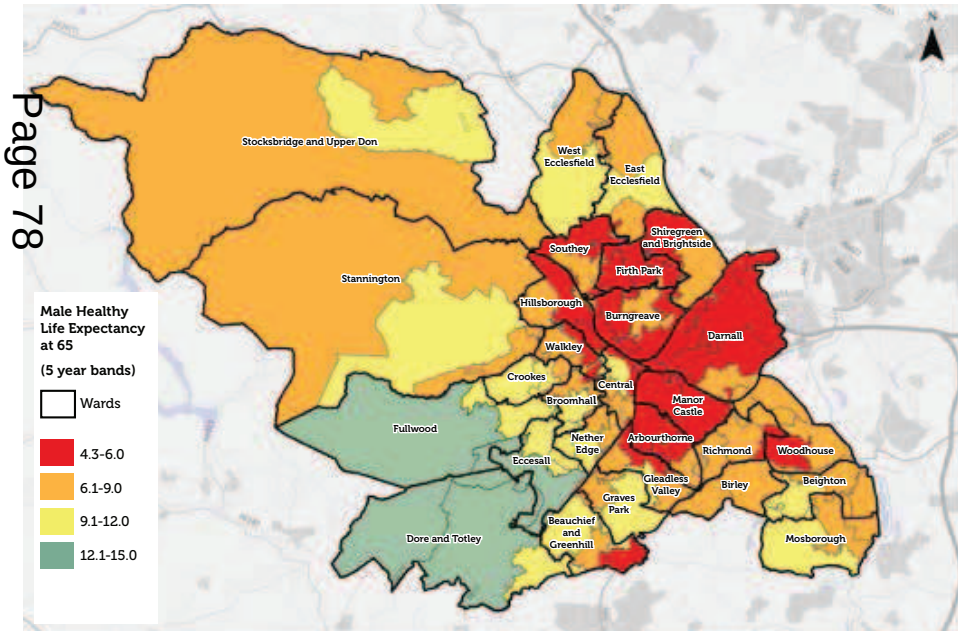
[16] The macula is part of the retina at the back of the eye. It is only about 5mm across but is responsible for all of our central vision, most of our colour vision and the fine detail of what we see. Age related macular degeneration usually affects people over 60, but can happen earlier. It is the most common cause of sight loss in the developed world.

[17] https://www.sheffield.gov.uk/your-city-council/policy--performance/fairness-commission.html

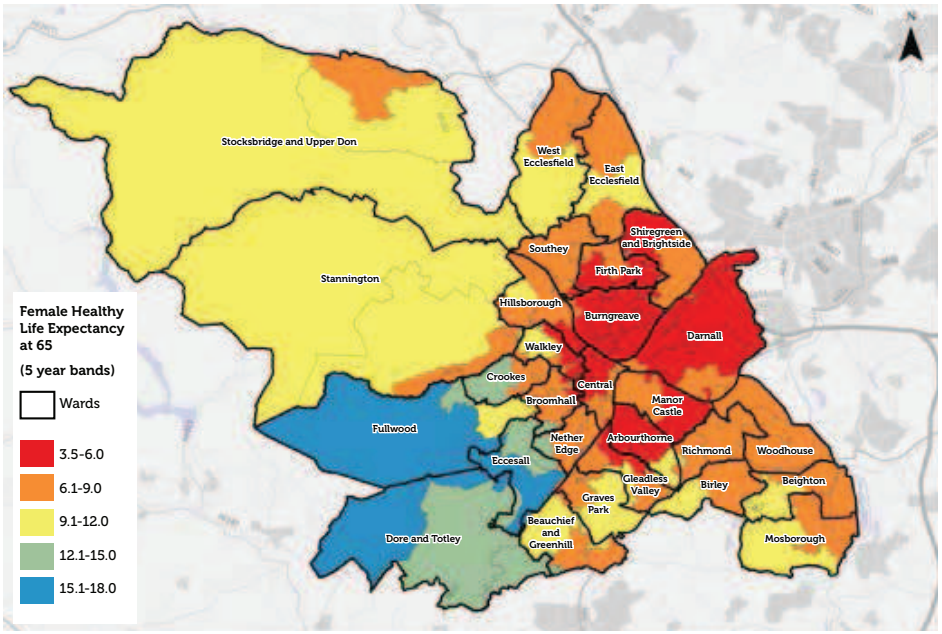
How does ageing well vary across Sheffield?

Figure 9: Map of Healthy Life Expectancy at age 65 years in Sheffield - Males and Females (2009-2013)

Males



Females



What's the point at my age?

Despite the clear evidence of huge inequalities in life expectancy and healthy life expectancy there is a common tendency to lump all older people together and to regard the ageing process as a game of chance. Indeed fatalism about growing old is deeply ingrained in our culture. Older people themselves often minimise limitations with 'what can you expect at my age?' or 'What's the point of giving up smoking at my age?' Policy makers are not immune to it, and frequently expect later life, especially advanced old age, to be a time of senescence.

The Department for Work and Pensions almost automatically awards the higher rate of attendance allowance to those over 90. But, as famous nonagenarians like the Queen and David Attenborough demonstrate, there are some in the oldest age group who are perfectly able to take care of themselves, while others require round-the-clock care or have already died prematurely.

The logic of fatalistic myths about old age has been blown apart by new research, much of which happens to have been based in Sheffield. *'Together the UK New Dynamics of Ageing Programme'*[18] and the pan-European *'Mobilising the Potential of Active Ageing in Europe'*[19] provide the scientific basis for a new policy approach designed to enable everyone to age well, from birth to death.

What this new research tells us is that, while ageing is inevitable, it is also plastic. Our ageing is governed by a complex set of processes in which genes interact with environmental risk factors which, in various ways, inflict damage on the body's cells and metabolism. It is this damage that causes the impaired functioning that is biological ageing.

Most importantly in these interactions genes play a minor role, probably only about 20%; which means that the environmental risk factors are dominant. The classic causes of ill-health, as we have already discussed, top the list: smoking, poor diet, lack of physical exercise, poverty and deprivation, stress and arduous employment. These risk factors lie behind all of the chronic conditions associated with old age: coronary heart disease, stroke, type 2 diabetes even common cancers. It is these conditions that result in the functional limitations that beset many people in later life but their causes occur earlier in the life course. Income, social class and occupation are key to the variable exposure people have to the risk factors behind these chronic conditions. The result is the huge inequalities in healthy life expectancy that we see in Sheffield and elsewhere.

[18] http://www.newdynamics.group.shef.ac.uk/

[19] http://mopact.group.shef.ac.uk/

How can we reduce the impact of chronic conditions?

While it is interesting to understand the drivers of ageing, the most powerful and potentially far-reaching lesson from recent research is that it is possible to slow the ageing process and, therefore, reduce the disabling impact of chronic conditions on individuals and society.

There are various interventions with robust research evidence behind them. These include calorie restriction (without malnutrition), which prevents or delays the onset of degenerative chronic diseases, including cancer. Physical exercise, for example aerobic exercise, has proven benefits to the cardiovascular system and is associated with reductions in the incidence of stroke and type 2 diabetes, but recent research also indicates that a programme of moderate exercise can improve cognitive function in those who already have mild cognitive impairment, and mental stimulation which improves brain function. In fact, it appears that the human brain gains protection from mental stimulation in a similar fashion to the prevention of the loss of bone and muscle mass caused by physical exercise.

There are other cognition related factors too such as sleep and meditation or mindfulness. While these modest preventative measures could be easily implemented, the biggest impact on the chronic conditions behind ageing would be a substantial reduction in inequality and the eradication of poverty. Cutting air pollution (a major factor in cancer and heart and lung diseases) is also essential.

In short, there is a range of cheap and easy interventions, as well as some substantially more expensive ones, that could be taken to ensure that many more people reach old age in a fit and healthy condition. In both personal and policy terms the key is to approach ageing as a lifelong process not just something that happens in later life. As well as improved life expectancy and quality of life there are huge potential cost savings for the NHS (over two-thirds of acute and primary care spending goes on chronic conditions).

Of course there is a limit to what Sheffield can do on its own to ensure that its citizens can age well, especially in the context of austerity and low levels of public investment. What it can do, as the Fairness Commission argued, is to target resources on the areas of greatest need, introduce a programme of primary care-based health promotion work (including the promotion of good mental health) and encourage physical activity at all ages. It is crucial too, that as early as possible, children are taught about how to age well.

5.

The health dividend

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A prosperous economy depends on healthy people

There are a number of valid perspectives from which to make a case that preventing the preventable is a good thing including the traditional economic case of the health care costs that can be avoided; and the moral and ethical case that health and wellbeing is a basic human right. Increasingly however there is a broader case to be made for prevention focused on the productivity of a society in economic terms. The core emphasis of public health is on reducing avoidable illness and early death and tackling health inequalities. At an absolute minimum 40% of current illness may be preventable or "delay-able" yet, as we have seen, investment in prevention equates to only about 5% of the total healthcare budget.

Following the transfer of responsibility for public health to local government in 2013 the Government cut the budget for public health (known as the Public Health Grant) by 7% in 2015 -16 with further cuts of 3.9% planned each year from 2016-17 up to 2020-21. In 2016-17 the Public Health Grant for Sheffield is worth £34 million. This level of investment in preventative approaches cannot address all the challenges we have in Sheffield around health and wellbeing, so we need to think differently about our approach.

From a macro perspective, the critical question is one of whether the economy as a whole is delivering the health and wellbeing return, or "dividend" that we would want to see. This is not to suggest that the whole economy is the public health budget. Instead this is about suggesting that most, if not all, activities within the economy have a health and wellbeing impact and that the health and wellbeing of a population is a critical infrastructure investment for the economy - it is a symbiotic relationship.

Economic growth is important and a healthy population helps to achieve this; inclusive growth is important because it helps to redress inequality and a healthy population helps that; and economic growth contributes to a healthy population by providing good quality employment and decent incomes which are the major determinants of health and wellbeing. In terms of the cost of poor health and wellbeing, this is far wider felt than in the NHS. The cost is to society as a whole, to individuals and communities alike and especially the most vulnerable and to the economy, in terms of lost productive time. The Council has set out its ambition to be a public health organisation. The challenge is therefore to optimise the use of its £1.4 billion budget. The more proactive approach we take to capturing the health dividend from all policy areas, the more likely we will be able to help ensure the individuals, families and communities who make up the population of Sheffield can thrive.

The agenda for change

To help meet this challenge we need to change our way of thinking about health and wellbeing in three important ways:

1. Health and wellbeing isn't only about the NHS or even "just" health and social care. We need to start thinking more about the policies and services across the public, private and voluntary sectors that can maximise life chances and create environments that ensure healthy choices are the easiest
2. Good health and wellbeing should be seen as providing the core infrastructure for a prosperous and sustainable economy and broader society. It is a social good such that health and wellbeing should be seen as an investment rather than a cost
3. Maintaining and promoting good health and wellbeing is a key responsibility of local government, not just the NHS

This means there are a number of changes we need to make in our approach, as a City, to improving health and wellbeing and tackling health inequalities. Leadership of this agenda is currently a shared responsibility with a number of individuals and groups playing a part. Sheffield's Health and Wellbeing Board[20] is the body best placed to lead the development of the new approach as a whole.

- Realise the potential of including health in all policies and programmes, with a particular emphasis on inequality
- Develop and agree a strategy for public health that allows the Council to realise its aspiration of being a public health organisation, with the support of stakeholders
- Develop a set of measures that allow all parties to identify their tangible commitment to prevention and an upstream approach
- Re-examine health of the public from a complex system perspective, focussing in particular on cross sector investment and return on investment including over long time periods
- Place health and wellbeing outcomes on the same organisational footing as achieving financial balance
- Shift the way we pay for prevention by basing this on value based payments and a slow move of resources from cure to prevention
- A radical upgrade in prevention will not happen unless we collectively make it happen. This may require investment.

[20] https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board.html

Recommendations

Overall, the conversation is perhaps better framed as how best to optimise the use of existing commitments and change the nature and shape of those commitments over time rather than how to spend new resources.

Only by maximising the health return on investment of this wider spend will we capture the health dividend and improve the trajectory of health and wellbeing outcomes in Sheffield. Nevertheless, where new resources are available they should be focused unequivocally on what will make most progress on narrowing the health inequalities gap. New resources, as and where they are available, should be focused on where the need is greatest.

There are as many priorities for delivery as there are divergent views as to what those priorities should be. A small number won't solve the problem and there is no magic bullet. There is instead a need for a change in our thinking and our approach. There are some early priorities which we could take over the next 6 -12 months however, to start us on this path.

1. **The Health and Wellbeing Board** should take forward a series of learning events / appreciative enquiry on different approaches to health and wellbeing to explore what optimising "health and wellbeing" could look like in a number of key policy areas.
2. **The Council and other stakeholders**, as part of Public Sector Reform should consider a healthy population and minimising health inequalities as a core infastructure investment for a prosperous economy.
3. **The Council and the CCG** should explore the development of a 'Heart of Sheffield' structural model to coordinate and shape a policy approach to improving living well options (such as increasing physical activity and reducing smoking) in the City.
4. **The Council and the CCG** should develop a joint neighbourhood delivery system with a broad model of primary care as the main delivery mechanism for services.

Where do I get more information from and how do I feedback?

You can view or download this report from our website:

https://www.sheffield.gov.uk/caresupport/health/director-of-public-health-report.html

You can read a short progress report on last year's DPH Report (2015) recommendations here:

https://www.sheffield.gov.uk/caresupport/health/director-of-public-health-report.html

You will also be able to access various data referred to throughout this report along with more in-depth analyses (health needs assessments) on a range of topics from the links in the report or by visiting our website at

https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/JSNA.html

We're keen to hear your views on this report and in particular on the themes and issues we've raised. Please complete our online feedback sheet available from our website at

https://www.sheffield.gov.uk/caresupport/health/director-of-public-health-report.html

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DP19407

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Author/Lead Officer of Report: Helen Phillips-Jackson, Strategic Commissioning Manager – Drugs and Alcohol

Tel: 53926

Report of:	*Laraine Manley, Executive Director of Communities*
Report to:	*Cabinet*
Date of Decision:	*Wednesday 21st September 2016*
Subject:	*Sheffield Alcohol Strategy 2016-2020*

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

Which Cabinet Member Portfolio does this relate to? *Cabinet Member for Health and Social Care – Cate McDonald*

Which Scrutiny and Policy Development Committee does this relate to? *Healthier Communities and Adult Social Care*

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

If YES, what EIA reference number has it been given? **EIA673**

Does the report contain confidential or exempt information? Yes [ ] No [x]

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

*"The (**report/appendix**) is not for publication because it contains exempt information under Paragraph (**insert relevant paragraph number**) of Schedule 12A of the Local Government Act 1972 (as amended)."*

Purpose of Report:

This report sets out the work undertaken by Sheffield Drug and Alcohol Co-ordination Team (DACT) to develop a new alcohol strategy for Sheffield covering the period from October 2016-October 2020 – a four year strategy.

The report includes background on former alcohol strategies in the city and the current context for the development of this specific piece of work, including the specific themes covered in the strategy and how it is expected the implementation of the strategy will benefit the residents of Sheffield, by reducing alcohol related harm, increasing access to

information about the impact of alcohol use, and ensuring treatment is accessible to everyone.

This report proposes that the final version of the Sheffield Alcohol Strategy 2016-2020 is agreed at the Cabinet Meeting of 21st September 2016 and then implemented by Sheffield DACT and partners during the four year strategy period from sign off.

Recommendations:

Members are asked :

- That the Content of this report is noted and approval is given to the Sheffield Alcohol Strategy 2016-2020;
- That the Director of Commissioning be authorised to terminate contracts relevant to the delivery of the strategy and in accordance with the terms and conditions of the contracts.
- That in accordance with the high level commissioning strategy and this report, authority be delegated to the Director of Commissioning to:
- In consultation with the Cabinet Member for Health and Social Care, the Director of Commercial Services and the Director of Public Health, approve the procurement strategy for any service delivery during the period of the strategy;
- In consultation with the Cabinet Member for Health and Social Care, the Director of Commercial Services and the Director of Legal and Governance award, vary or extend contracts for the provision of services procured in implementation of the strategy;
- In consultation with the Director of Legal and Governance and the Director of Commercial Services make awards of grants;
- That the Director of Commissioning in consultation with the Cabinet Member for Health and Social Care, the Director of Public Health, the Director of Legal and Governance and the Director of Commercial Services is authorised to take such other steps as he deems appropriate to achieve the outcomes in this report.

Background Papers:

Final EIA Alcohol Strategy.docx

FINAL Alcohol Strategy 2016_2020.

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where	Finance: ***Liz Gough*** *- Assistant Director of Finance*
		Legal: ***Louise Bate*** *– Interim Lawyer - Governance*

	required.	Equalities: ***Liz Tooke*** *– initial and* ***Simon Richards****- sign off*
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.	
2	**EMT member who approved submission:**	*Laraine Manley – Executive Director of Communities*
3	**Cabinet Member consulted:**	*Cllr Cate McDonald*
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: *Helen Phillips-Jackson*	**Job Title:** *Strategic Commissioning Manager – Drugs and Alcohol*
	Date: *31 August 2016*	

1. PROPOSAL

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

1.1 This report sets out the work undertaken by Sheffield Drug and Alcohol Coordination Team (DACT) in developing a Sheffield Alcohol Strategy 2016-2020 to guide strategic direction of work reducing alcohol related harm and providing an effective response to alcohol related issues in the city of Sheffield.

The report includes reference to previous strategies and their achievements, and how DACT propose to build on this good work during the next 4 year strategy period.

The report will include details of the process DACT undertook to ensure the strategy being presented is fit for purpose, effective, and has had the involvement and sign off necessary by key stakeholders and professionals in the field of alcohol related work to make it legitimate, evidence based and clear strategy.

This report proposes that Cabinet approve this strategy to be implemented for a four year period from October 2016.

There is not a legal obligation to have a local alcohol strategy but in order to achieve a reduction in alcohol related harm and improve outcomes in Sheffield; a full strategy is considered the best way to implement this.

Evidence from local experts and stakeholders, local needs assessment processes and national policy guidance and statistics have been used to evidence the need for action.

2. HOW DOES THIS DECISION CONTRIBUTE ?

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

2.1 The Sheffield Alcohol Strategy 2016-2020 will provide Sheffield City Council and its partner organisations in multi-agency working a strategic direction with which to address alcohol use, misuse, and harms in Sheffield.

Nationally, the harms caused by alcohol are reported in the mainstream media often; on many occasions presenting a negative picture of the impact has on society. Often the harms alluded to are accurate, however, a pragmatic and consistent approach to reducing health related harms is required at a local level in order to successfully balance the right and preference of residents of Sheffield to use alcohol, the duty to educate individuals about what their alcohol intake could mean for them, and the duty to commission effective treatment services in order than individuals experiencing alcohol related harms can seek swift, effective and clinically appropriate support through treatment.

A lot was achieved in the two previous strategy periods:

2007-2010 – this strategy oversaw the DACT (formerly DAAT) when it was based in the PCT take over the formal commissioning of alcohol treatment in Sheffield. This strategy period saw a re-design of services into contracts for assessment and brief advice, specialist prescribing and psychosocial interventions which all have a strong evidence base, and the commencement of robust performance monitoring of these services.

2010-2014 – with a stable treatment system in place, this strategy period saw an expansion of the aims for Sheffield into the balance of a successful night time economy and reducing alcohol related harms, ensuring Sheffield offered a safe but successful night time economy. This strategy period saw the introduction of Best Bar None in Sheffield, accreditation for the city under Purple Flag safe night time economy scheme, and the roll out of measures increasing safety in the licenced premises of Sheffield such as provision of poly-carbonate glasses for premises to use during large events or for those with outside areas, reducing the risk of harm from incidents. Successful work was also undertaken addressing illegal and illicit alcohol, through Trading Standards and DACT joint working projects.

However, despite the successes of the previous strategies:

<u>There is evidence of alcohol related harm in Sheffield</u>:

- 19.5% (1 in 5) of the Sheffield population are estimate to drink at levels increasing the risk of alcohol related illness, including individuals who are physically dependent on alcohol;
- 7.2% (1 in 14) drink at higher risk of alcohol related illness;
- 26.9% admit to binge drinking.[1]

In addition, there are seven measures on which Sheffield performs worse than the England average[2] and the strategy responds to these issues through recognition and actions to improve them – these include alcohol specific mortality and alcohol related hospital admissions.

The strategy specifically addresses, evaluates and plans actions to support improvement of all of the above indicators, most specifically in the first two themes of the strategy: Alcohol and Health and Alcohol, Treatment and Recovery.

In addition, the strategy recognises the good work and achievements from previous strategy periods, and plans the continuation of this work in order to keep standards high and address those areas requiring improvement.

The alcohol strategy will plan work with the intended outcomes of improving the health and well-being of Sheffield residents related to their alcohol consumption, and have a positive impact on the performance measures by which we are monitored as a city such as the proportions of alcohol related hospital admissions of the population, and prevalence of alcohol related illnesses.

[1] Sheffield DACT alcohol needs assessment data refresh – 2015
[2] Local Alcohol Profiles England, 2015

As well as health, the strategy addresses in four other broad themes alcohol treatment and recovery, licensing and the night time economy, alcohol and crime, and vulnerable groups/individuals and community responses.

See main body of the report for details.

The intended outcomes of the alcohol strategy are numerous and stated in the strategy document. The strategy is formed across five main themes which have higher level outcomes, and actions that will be carried out on an operational level to ensure the outcomes are met:

Theme 1 – Alcohol and health

Outcomes – increased awareness of the mental and physical health impacts of alcohol use, an educated general population, alcohol screening available easily in universal health services, and a reduction in alcohol related hospital admissions and alcohol related ill health. This relates to a healthier local population in the city of Sheffield.

Theme 2 – Alcohol, Recovery and Treatment

Outcomes – continued commissioning of effective alcohol treatment, early intervention and screening, promoting Sheffield as a city with an active and vibrant recovery community, engaging in research with Sheffield Hallam University regarding treatment effectiveness and recovery approaches. Positive treatment outcomes, and sustained recovery with no requirement for re-presentation to treatment. This offers a positive customer experience for those needing to seek help with these issues.

Theme 3 – Licensing, trading standards and the night time economy

Outcomes – a vibrant night time economy which successfully balances economic success with safety and the wellbeing of its users. On-going Best Bar None and Purple Flag schemes, highlighting to the public what Sheffield can offer. Work with licensing and trading standards to reduce under age sales and sales of illicit alcohol. Lower rates of alcohol related anti-social behaviour and a night time economy made up of responsible retailers. This will contribute to the positive offer currently made by the night time economy and hopefully contribute to increased profitability and footfall.

Theme 4 – Alcohol and Crime

Outcomes – Reduced alcohol related crime, increased uptake of criminal justice treatment sentence options, ensuring there are systems in place to recognise the links between alcohol and offending and ensuring where appropriate, that treatment is used as part of the justice process. Links between alcohol and specific kinds of crime to be explored and processes to address put in place.

Theme 5 – Communities and vulnerable individuals and groups

Outcomes – raise awareness of the impact of alcohol on groups and individuals with specific vulnerabilities, and address the impact on communities. Address alcohol and health inequalities, particularly in relation to the disproportionate ill effects of alcohol on males from more deprived socio-economic groups.

The strategy is not seeking a large financial investment in order to implement it; rather, to change some working practice, continue that which works, and ensure that innovation in and promotion of the agenda of alcohol is present within Sheffield and can support better performance in outcome indicators, numbers in treatment, and reducing the harms from alcohol use and misuse. As such, the outcomes are likely sustainable in the long term, as they do not require specific non-recurrent or recurrent financial investment to affect change.

3. HAS THERE BEEN ANY CONSULTATION?

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

3.1 Yes. Stakeholders were invited to an initial 'expert group' event where the themes for the strategy were formulated and intelligence was sought on the issues that should be addressed as part of the strategy.

The first draft was written based on this event.

The first draft was sent out to stakeholders for comment for a 6 week period. A number of suggestions/corrections were taken which formed the final draft of the strategy which is being presented to Cabinet.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 All equality of opportunity implications have been considered by the EIA embedded above.

4.2 Financial and Commercial Implications

4.2.1 There are no financial or commercial implications of this strategy. No specific funding is attached to its implementation nor contract being commissioned for its delivery.

4.3 Legal Implications

4.3.1 Implementation of the Sheffield Alcohol Strategy 2016-2020 will assist the Council in meeting its relevant legal duties and exercising its appropriate legal powers:

Duty to improve public health – s2B of the National Health Act 2006 (as

amended) states that the Council must take such steps as it considers appropriate for improving the health of the people in its area. The steps that may be taken include:

a) Providing information and advice;
b) Providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
c) Providing services or facilities for the prevention, diagnosis or treatment of illness;
d) Providing financial incentives to encourage individuals to adopt healthier lifestyles;
e) Providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;
f) Providing or participating in the provision of training for persons working or seeking to work in the field of health improvement; and
g) Making available the services of any person or any facilities.

Duty to formulate and implement strategies – s6 of the Crime and Disorder Act 1998 states that the Council must formulate and implement

a) A strategy for the reduction of crime and disorder in the area (including anti-social and other behaviour adversely affecting the local environment);
b) A strategy for combatting the misuse of drugs, alcohol and other substances in the area; and
c) A strategy for the reduction of re-offending in the area.

Duty to safeguard and promote the welfare of children – s11 of the Children Act 2004 states that the Council must ensure that

a) Its functions are discharged having regard to the need to safeguard and promote the welfare of children; and
b) Any services provided by provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need.

Homelessness duty – The Council has a duty under Part VII of the Housing Act 1996 to provide advice and assistance (and in certain circumstances accommodation) to eligible persons who are homeless or threatened with homelessness. Advice and information about homelessness and the prevention of homelessness must be available free of charge to any person in the area.

The Council has a power under section 11A of the Housing Act 1985 to provide welfare services in connection with the provision of accommodation of social housing.

Public Sector Equality duty – s149 of the Equality Act 2010 states that the Council must, in the exercise of its functions have regard to the need to:

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

characteristic and persons who do not share it.

These duties and powers have been taken into account when drafting the Sheffield Alcohol Strategy 2016-2020.

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

4.4.1

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 The 'do nothing' option would be to not have any form of alcohol strategy in place. However, Sheffield has had a strategy in place since 2007 that has guided the direction and work done to address alcohol use and misuse. Therefore not having a strategy would not support this approach.

Refreshing the 2010-2014 strategy – this would have been a shorter piece of work, however, the former strategy had a lot of focus on the night time economy and, whilst this is relevant and a lot was achieved during the last period of work, there have been a lot of changes since 2010 and areas on which the strategy needs to focus, so a new strategy was appraised as the most appropriate option.

6. REASONS FOR RECOMMENDATIONS

6.1 The strategy has been written based on robust local and national evidence.

The strategy has been widely consulted on, both before and after the first version was written – it has been inputted to by a vast range of agencies and professionals who have an expertise in alcohol related treatment and issues.

The strategy aims to reduce the harms

Sheffield Alcohol Strategy 2016-2020

CONTENTS

Executive Summary

While many people enjoy alcohol as part of their lives, alcohol can cause a number of harms. Some of these are direct harms to health such as increasing the risk of cancer, stroke and liver disease. But alcohol also lowers people inhibitions and this can cause harm too. We need to consider wider harms to society and the economy that can result from alcohol use, including neglect, antisocial behaviour, violence and theft that can harm those who drink and those impacted by the behaviour.

For some people, alcohol related harms will be the direct cause of their death. Sometimes this happens quickly (for example in a car accident where alcohol is a factor) but more often it happens slowly due to years of accumulated damage to health. This means there are often multiple opportunities to prevent this.

These issues are extremely complex. To try and break them down to areas where we can coordinate actions, this strategy uses five subject headings:

1. **Alcohol and Health**
2. **Alcohol, Treatment and Recovery**
3. **Licensing, Trading Standards and the night time economy**
4. **Alcohol and Crime**
5. **Communities and vulnerable groups and individuals**

These themes are all interrelated, and this strategy recognises that they cannot be addressed individually.

We need to be able to help people who are addicted to using alcohol regularly. We need to be able to recognise people who are developing a problem early so that we can help them recognise and address it before it causes harm to themselves, those they love, and the wider society.

Also by considering how and when alcohol is available we can influence how the population tends to use it. We aim to encourage people to see alcohol as part of having a good time, rather than the only way to have a good time. We recognise that it has an important place in a vibrant night time economy for the city, but that if it is the only component of the night time offer then it can cause damage to the economy and result in people avoiding certain areas for fear of confrontation or antisocial behaviour.

Citizens and professionals are often reluctant to discuss an individual's alcohol use. It can be deeply personal and require us to think about how our choices affect not only ourselves, but the lives of those around us. There is significant stigma around being seen as "an alcoholic" which often makes the problems harder to fix.

This strategy is designed to balance the right of people to enjoy using alcohol with the need to minimise the harms it can cause. It looks at how Sheffield compares to the rest of the country, but is also ambitious in considering how we can make a great city even better.

Where are we now?

Compared to similar cities in the UK, Sheffield has relatively low rates of alcohol related hospital admissions and crime. However, alcohol related admissions to hospital are increasing and putting considerable strain on the health system at a time when it has to do ever more with limited resources. Alcohol related mortality continues to rise, although it is difficult to say if this is a result of the increased availability of cheaper high strength alcohol or if it is a consequence of the increases in drinking in the 1990s which have caused gradual effects on health over decades. Sheffield offers good, responsive services in the community, but the number of people accessing these is probably much lower than the number who could benefit from them.

Nationally alcohol is increasingly more affordable, and consumption has increasingly moved from pubs and clubs into homes. Total consumption peaked in 2004, but has decreased in recent years[1]. This is partly related to a fall in alcohol consumption by young people, but may also reflect an increase in consumption of homemade or illegally imported alcohol.

Where do we want to be, and how will we get there?

The over-arching ambitions for Sheffield as a result of this strategy are as follows:

- To reduce the harms related to alcohol use in Sheffield
- To promote a vibrant night time economy in Sheffield which offers something for everyone
- We will reduce the health and social harms by:

a) Helping people to understand the health and social harms of alcohol;
b) Making it easier to identify people at risk of harm early by:

i. Normalising the conversation about alcohol – (removing stigma and for professionals and citizens to allow open and frank discussions);
ii. Supporting professionals to start the conversation about alcohol;
iii. Screening as widely as possible and providing brief interventions which have a strong evidence base;
iv. Ensuring that SCC continues to commission services that are quickly available, and which help people to address the problems that they may have in their own drinking;
v. Improving the integration of hospital and community services to help reduce hospital admissions and reduce where possible the burden on health services;
vi. Ensuring services SCC commissions are well supported by other aspects of the recovery community;
vii. Targeted and intensive work into communities where harms are high.

c) We will improve the night time economy and address problems such as crime and antisocial behaviour by:

i. Exploring options to use licencing and planning powers to help shape a night-time economy which has a number of offers in addition to alcohol, and which promotes development of retailers who offer other entertainment options in addition to alcohol (music or other live entertainment, food, social interactions etc.);
ii. Continuing to promote and support schemes such as Best Bar None which recognises and rewards licensed premises for responsible licensing practice;
iii. Exploring which options can help to reduce the fall in on-licence sales and arrest the switch to increasing off-licence alcohol sales;
iv. Working with law-enforcement and licencing colleagues to explore options that will help reduce the availability of cheap high strength alcohol in parts of the city where alcohol related crime and violence are the worst.

[1] Source-British Beer and Pub Association Data. Available at http://www.ias.org.uk/Alcohol-knowledge-centre/Consumption/Factsheets/Total-consumption-in-the-UK.aspx

The Sheffield Alcohol Strategy 2016-2020 provides a detailed analysis of the issues presented by alcohol use and misuse in the city, a summary of the strategic intentions to address these, and a thorough action plan that will be implemented by a Strategy Implementation Group chaired by the Director of Public Health.

Section 1: Introduction

1. Through these themes the work done as part of implementing the strategy will address three over-arching strategic aims for the city:

   - To prioritise whole population approaches to education, identification and screening with the knowledge that in the long term this will impact on most significantly on alcohol consumption levels;
   - To reduce the harms from alcohol use and misuse;
   - To ensure quick access to appropriate support and recovery opportunities where alcohol misuse is identified.

1.1. Throughout these themes, the strategy will oversee different approaches which address the impact of alcohol use on the individual, the family, and society as a whole. It will also seek to implement a range of harm reduction strategies through prevention approaches to alcohol use disorders as described below[2]:

Primary prevention: population wide education, screening and awareness, as well as strategies to address alcohol use and potential misuse in known high risk areas in Sheffield;

Secondary prevention: early identification of higher risk alcohol use, through identification and screening, and delivery of brief interventions.

Tertiary prevention: provision of effective treatment which reduces or eliminates the long term harms, health impacts, and mortality impact of dependent alcohol use disorders and supports recovery from addiction.

1.2. The strategy will seek to have maximum impact on the alcohol consumption and harms across Sheffield by employing a range of actions that cover policy changes, challenging the structural norms and attitudes towards alcohol use, using universal services that the population has regular contact with, and ensuring there are quality services for the very high risk cases.

The strategy has been informed by Sheffield DACT's Alcohol Needs Assessment 2015 document, as well as wide consultation with stakeholders and experts in the field of alcohol related harm[3].

1.3. Sheffield DACT is responsible for commissioning adult treatment services on behalf of SCC and therefore the predominant focus of this strategy is adults. However, DACT and the commissioning body for young people's services work closely together to ensure seamless transitions between services, and each theme references issues related to young people as well as impacts on the individual, the family, and wider society.

1.4. Alcohol use and misuse presents numerous complex issues and requires a balanced approach between the acceptance of alcohol use as social norm and the impact of this on approaches to identify alcohol use disorders, the autonomy of the individual to make decisions about their alcohol

[2] http://www.healthknowledge.org.uk/public-health-textbook/research-methods/1c-health-care-evaluation-health-care-assessment/epidemiological-basis-pstrategies

[3] Contributors listed at Appendix 2 of this document.

consumption, the duty to inform and educate people about potential alcohol related harm, and the need to respond to alcohol misuse in an effective manner.

1.5. What the data tells us about Sheffield

1.5.1. Data indicates alcohol use in Sheffield is similar to the national picture, with an estimated 73.2% of the population drinking within NHS guidelines, or abstinent. After abstainers, 19.5% (1 in 5) of the population drink at increasing risk (at increasing risk of alcohol-related illness[4]), 7.2% (1 in 14) at higher risk (at high risk of alcohol related illness[5] - this includes alcohol dependent individuals), and 26.9% (1 in 4) admit to binge drinking (drinking twice the daily recommended units in one day). While in the data below, Sheffield performs similarly to the England average on a number of indicators, the overwhelming trend is an increase in alcohol related admissions (both broad and narrow) which is contributing to rising healthcare costs resulting from this.

1.5.2. Alcohol costs Sheffield as a city an estimated £205.4 million per annum, with £38m[6] spent by the NHS, £67.8m spent by criminal justice agencies and licensing, £81.5m lost to the workplace/wider economy, and £20.6m on Children, Young People and Families on services for children and families affected by alcohol misuse.

1.5.3. The Local Alcohol Profiles for England data (LAPE) In the Local Alcohol Profiles for England (LAPE)[7] data (2015) gives an illustration of how Sheffield performs on alcohol related indicators compared to the rest of the country:

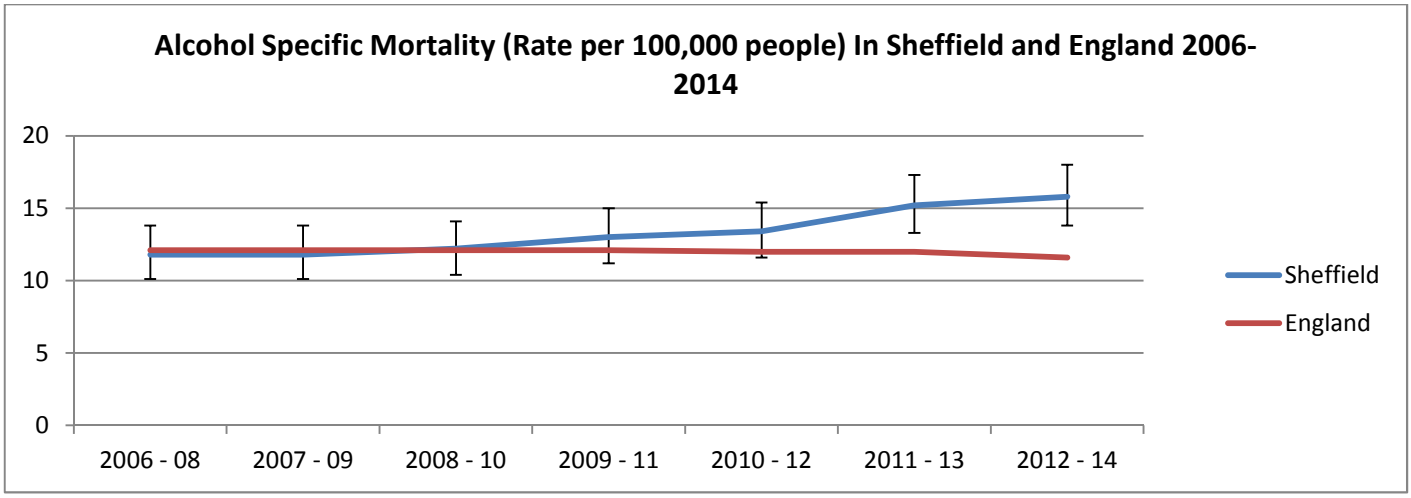
We perform <u>similarly</u> to the England average on the following indicators:

- Alcohol related mortality;
- Admission episodes for alcohol related conditions (broad) (however, these are on an upward trajectory, particularly among the 40-60 age group);
- Alcohol specific mortality among females (however, this is on an upward trajectory and potentially could soon be measured as statistically worse than the England average);
- Mortality from chronic liver disease (all persons) (however, this is also on an upward trajectory);
- Alcohol related mortality (all persons).

We perform <u>significantly worse</u> than the England average on the following two indicators:

- Alcohol specific mortality (for all persons, and males specifically);
- Admission episodes for alcohol related conditions (Narrow, all persons and females specifically).
- The alcohol specific mortality indicator has shown a worrying trajectory upwards in the past eight years (see diagram below):

[4] Men who regularly drink more than 3-4 units a day, women who drink more than 2-3 units a day – Alcohol Learning Centre – 2010.
[5] Men who regularly drink more than 8 units a day, women who regularly drink more than 6 units a day – Alcohol Learning Centre-2010.
[6] Health costs are calculated using a combination of the 2008 methodology 'The cost of alcohol harm to the NHS in England'.
[7] Local Alcohol Profiles for England (LAPE). www.lape.org.uk , 2015 data



Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid-Year Population Estimates

We perform <u>significantly better</u> than the England average on the following indicators:

- Persons admitted to hospital for alcohol specific conditions (contrasting with our high rate of alcohol specific mortality);
- Persons under 18 admitted to hospital for specific conditions;
- Persons admitted to hospital for alcohol related conditions;

1.6. The strategy will seek to implement work to improve Sheffield's performance against these measurable indicators across the period of the strategy, as evidence of the effectiveness of actions taken relating specifically to alcohol related health harms. Further detail of Sheffield's performance against LAPE measures can be found in the embedded document below.

LAPE 2015 data.pdf

The strategy will link to Sheffield's other local strategies and plans, most notably the relevant objectives in the Sheffield Corporate Plan, 2015-18[8], and the Sheffield Joint Health and Well-being Strategy, 2013-18[9].

The 'alcohol agenda' in Sheffield

1.7. It is important to note that responsibility for identifying alcohol misuse lies with all organisations working with the population of Sheffield. This strategy will therefore seek to ensure that organisations are equipped with the information and ability to educate, identify issues and support people to access the most appropriate form of support to prevent further deterioration.

1.8. The agenda of 'making every contact count'[10] is essential in the implementation of this strategy: alcohol impacts on numerous areas of a person's life and its presenting harms may not always be

[8] http://www.sheffield.gov.uk/your-city-council/policy--performance/what-we-want-to-achieve/corporate-plan.html
[9] http://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/joint-health-and-wellbeing-strategy.html
[10] http://www.makingeverycontactcount.co.uk

identifiable in the most obvious places. Sheffield must aim to be a city where the recognition of alcohol related harm is embedded in the practice of both universal and specialist services.

Implementation

1.9. The implementation of the Sheffield Alcohol Strategy 2016-2020 will be overseen by Sheffield DACT on behalf of SCC through an action plan monitoring all actions identified through the five themes of the strategy. The implementation board will be chaired by the Director of Public Health for Sheffield City Council.

1.10. The Department of Health[11] issued new alcohol consumption guidance in January of 2016. These are set out below. All educational materials, screening tools and guidance issued to individuals through the actions of this strategy will reflect this guidance:

- You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.
- If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
- The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.
- If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

All specific actions, outcomes, and milestones are captured in Appendix 1, the Alcohol Strategy Implementation Plan.

Section 2: Theme 1 – Alcohol and Health

2.0. The aim of the strategy is to educate individuals about the impact of alcohol on their health (both physical and mental) in order that they can make informed decisions about their alcohol consumption; promote widespread screening to identify issues as early as possible for those experiencing alcohol related health issues and approaching universal services and primary healthcare organisations for support. The over-arching aim of this theme of the strategy is to reduce the prevalence of alcohol related ill health, reduce hospital admissions, and alcohol specific mortality. This can be achieved through primary, secondary, and tertiary prevention processes. Success against these aims will be measured by using annual LAPE data to track improvement across the 4 year strategy period (see action plan at Appendix 1).

2.1. Aside from the financial impact referenced in the introduction there is a need to explore the personal costs to the individuals and communities of ill health caused by alcohol use. Stakeholders consulted on the issue of alcohol and health commented that a lack of comprehension about the harm alcohol does to health contribute significantly to the amount of alcohol people drink.

2.2. Alcohol use is linked to a number of attributable health problems; some 'unexpected' due to lack of awareness of the impact of alcohol on the body. The table below shows health conditions that can be

[11] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf

caused or exacerbated by alcohol use, and how Sheffield ranks against the England average for incidences of and / or hospital admissions related to the conditions[12]:

Condition	Rank against England Average for related Hospital admissions	Trend
Liver disease	Better than average.	Increasing
Cancer (alcohol has a causal relationship with 7 types of cancer including: mouth, throat, bowel and breast cancer – smoking and drinking alcohol increases risk)	Similar	Stable
Heart conditions and hypertension	Better than average.	Increasing
Diabetes	No LAPE data.	Unknown
Alcohol poisoning (including deliberate self-poisoning)	Similar to average.	Stable after period of increase
Mental ill health/behavioural disorders	Worse than average.	Stable
Dementia/alcohol related brain damage	No LAPE data.	Unknown

2.3. It is important that people understand the risk that excess alcohol use poses to their health and wellbeing. The strategy should lead the way in citywide education and screening. People can only make informed decisions about their alcohol use if they are equipped with the knowledge of the impact it has on health and wellbeing.

2.4. There is a need for identification and early intervention to prevent alcohol use becoming misuse, and this can be delivered in a range of settings; however, healthcare settings offer key opportunities for successful engagement.

2.5. Universal and targeted alcohol screening - alcohol screening tool[13]

2.5.1. A number of screening tools are used throughout the UK to assess alcohol use; either universally or targeted to a certain group of individuals. In Sheffield the current commissioned treatment service has developed a screening tool (piloted in pharmacies in 2012 and rolled out to all treatment services, 31 GP practices, and a number of other health and social care settings). The tool offers a direct referral to treatment if needed, as well as personalised harm reduction advice tailored to the individual being screened. To date, over 2000 individuals have been screened in Sheffield – 1,178 of them during 2015/16 evidencing the growing use of the tool among Sheffield agencies.

2.5.2. The effectiveness of alcohol screening and brief intervention is evidence based (SIPS 2010[14]) The agenda of early intervention is supported by Sheffield's Joint Health and Wellbeing Strategy which states the following: 'We will prioritise upstream activity, support early intervention and prevent issues escalating at the earliest opportunity.' The screening tool's further use and development offers the opportunity to use an existing resource to more widely raise the profile of alcohol on the city's agenda. Plans are in place to develop the tool further to allow self-screening across the population of Sheffield using the tool in an electronic format, so that it can be used in a whole population approach to

[12] https://www.drinkaware/co/uk/check-the-facts/health-effects-of-alcohol
[13] http://www.alcoholscreeningsheffield.co.uk/ - created by Sheffield Health and Social Care, 2012
[14] Screening and Intervention Programme for sensible drinking (SIPS),2010

awareness, education, and early identification. The following healthcare settings are identified as offering excellent opportunities to engage with the wider population on the issue of alcohol:

2.6. **Pharmacies** - offer a unique opportunity to engage individuals that may have not yet approached their GP but are seeking some form of medical advice. Community pharmacies in particular have significant footfall and as such offer the opportunity to engage large numbers of people; the expansion of the Healthy Living Pharmacy programme has given these pharmacies greater capacity.

2.7. **GP Practices** - GP surgeries see high volumes of individuals – 'problem' drinkers are estimated to present at their GP twice as often as non-problematic drinkers. Therefore screening and directing people to the right place support would, in the long term, reduce the burden alcohol use disorders place indirectly on primary care. NICE Guidance[15] recommends universal screening: however, this is not practical within GP surgeries due to the length of appointments. Where universal screening is not possible, targeted screening can be used to efficiently screen where there may be a higher risk of the problem being present. For example, in primary care this could involve screening those who present with conditions with a likelihood of relating to alcohol misuse: anxiety and depression, hypertension, gastric reflux issues. Work is on-going with the Sheffield Clinical Commissioning Group (CCG) and Sheffield Teaching Hospitals (STH) to make screening a priority in health care settings.

2.8. From 1 April 2015 it became a contractual requirement for GPs to identify newly registered patients aged 16 and over drinking at increased or higher risk levels. However, as this solely involves new patients this will not capture enough people in the practice's community and further reach is required. 31 (27%) surgeries in Sheffield currently have a licence to use the electronic screening tool. Expansion of the proportion of GP surgeries utilising the tool will be a focus of the strategy period. Community Support Workers (CSWs), employed by SCC, work into the majority of GP surgeries across the city. All CSWs will be trained to use, and given a log in to access, the alcohol screening tool. Utilising their support in population screening will remove some of the burden of time pressure from GPs, and spread the knowledge of the alcohol screening tool further.

This work would fulfil aims of the 'Healthy Conversations' and 'Making Every Contact Count' agenda which has an evidence base towards improved outcomes for the individual, family, and society[16].

2.9. **NHS Health Checks** also offer an additional opportunity to address the issue of alcohol; the check should be offered every five years, to all 40-75 year olds, by their GP surgery. In 2013/14, alcohol screening was added as a requirement. However, not all surgeries are utilising the screening tool to deliver this. This is a priority action for the strategy period.

2.10. **Links to smoking** - As smoking and increased risk alcohol use can pose a higher risk of developing specific conditions such as mouth and throat cancer, it is important to link the work of services supporting alcohol users and smokers. One of the actions for the strategy will be to scope out joint working approaches between the SCC commissioned alcohol services for including exploration of the use of the alcohol electronic screening tool within smoking cessation services and ensuring alcohol services monitor smoking status and offer referral and support and encourage them to access smoking cessation interventions. The current provider of alcohol treatment services in Sheffield, Sheffield Health and Social Care (SHSC), went fully smoke free from 31 May 2016: this includes their inpatient detoxification provision. As such, people accessing their services are required to be smoke free on

[15] Alcohol Use Disorder: Preventing Harmful Drinking, PH 24, 2010

[16] http://www.ahpf.org.uk/files/AHP%20Public%20Health%20Strategy.pdf – A strategy to develop the capacity, impact and profile of allied health professionals in public health 2015-2018.

site, and will be offered nicotine replacement therapy alongside their inpatient treatment. This increases the opportunity to address alcohol and nicotine use together.

2.11. Hospital admissions and A and E attendances

2.11.1. In England around 7% of all hospital admissions are due to alcohol-related conditions; accounting for around 1 in 8 NHS bed days and day cases. In addition, 35% of A and E attendances are alcohol related (rising to 70% at peak times between the hours of midnight and 5am). England alcohol-related and specific admissions to hospital have increased between 2008/09 and 2013/14 and Sheffield trends mirror this.

This strategy aims to put in place initiatives that will support improvement in these areas. However, it is worth noting that there is a two year lag on national LAPE data so the actions put in place in 2016/17 will not translate into performance data until 2018.

2.11.2. Large numbers of individuals with alcohol misuse issues are likely to be found in all wards of STH further information in hospital based initiative section) having been admitted for numerous reasons, but with alcohol as a contributory or causal factor. This should be utilised as an opportunity to screen, offer a brief intervention, and a referral where necessary to access alcohol support services: ultimately preventing re-admissions to hospital for alcohol related and specific issues, and supporting sustainable health outcomes. Not all individuals admitted to hospital with alcohol use disorders are identified if their condition is not clearly attributable to alcohol misuse; however, evidence suggests that for those whose conditions are clearly attributable there is a high rate of relapse post discharge and re-admission to hospital. A local study[17] illustrates this. Of 142 patients admitted with alcohol use disorders and subsequently discharged the readmission rate was 50%, relapse rate was 80% by 100 days post discharge and 100% within 1-2 years. After 2 years, 31 had died, and 100% had been re-admitted at least once. When asked why they had relapsed, 53 could give no particular reason or trigger, suggesting the post discharge offer requires evaluation in terms of this particular cohort of patients; those with regular hospital admissions due to alcohol use disorders, and experiencing high relapse rates.

2.11.3. SCC commissions an Alcohol Liaison Nurse (ALN) role in its community treatment transition to community treatment. It is widely accepted that this resource (supported by an alcohol worker from the community service as well), is not sufficient when compared to the prevalence of this issue in STH admitted patients. Unfortunately there is no further resource to allocate to this work stream, therefore the community treatment provider has been asked as part of the recent re-tender of alcohol services to re-scope the offer with a view to making it more effective, however, this involves the support from colleagues in STH. The aim is to standardise screening across STH sites, in order that STH staff identify the patients with an alcohol related issue.

2.11.4. Once identified, then the ALN and team will take responsibility for engaging the patient, assessing them, and brokering further support and treatment requirements in the community. Once this is in place, it should impact positively on readmission rates for alcohol conditions: as it is, of those referred to in the study above, 43% received a brief intervention from an alcohol worker during their admission, and 39% went on to attend the community alcohol service: neither of these interventions impacted on eventual readmission to hospital. Therefore, the ALN will work closely with Sheffield Alcohol Support Service (SASS) who are offering a peer based in reach initiative to STH for those with alcohol related

[17] Study completed by Professor D Gleeson, Consultant, Hepatology, NGH, 2014 (based on patients admitted during October 2012 and March 2013.

admissions: they will provide support and guidance to the patient through the discharge process and support them practically by accompaniment to community treatment appointments etc. It is hoped this 'end to end' approach within hospitals will impact on reducing alcohol admissions, and preventing re-admission, making sustainable recovery more likely for the individual.

2.11.5. A role has also been identified for Community Support Workers to support this aim: they can potentially be informed of someone's discharge from hospital and provide one to one support to that individual when they are back in the community supporting them to access their community treatment and providing more generic support to make a more positive outcome likely.

2.12. Alcohol and Liver Disease

2.12.1. PHE data[18] indicates deaths from Liver Disease (LD) are increasing in England, in contrast to most other EU countries. Alcohol is the most common cause of LD in England, responsible for over a third of cases. In Sheffield there is a rate of 10.2 deaths per 100,000 populations which is on a par with the Yorkshire and Humber average but higher than the 8.7 per 100,000 England average.

2.12.2. PHE Longer Lives website[19] recommends GPs be supported to carry out early risk assessment for liver disease, using a validated tool such as the Southampton Traffic Light (STL) Calculator[20]. Sheffield's Joint Health and Wellbeing Plan has identified a 'worrying upward trend in ill health due to liver disease', and as such, this strategy should seek to support the early identification of liver disease alongside the work to screen for alcohol misuse. The risk of LD may potentially make the difference for individuals when deciding whether to accept a referral to treatment or not, as a tangible health risk. However, the STL has not been independently validated and as such, it may be more useful for local clinicians to develop an index of alcoholic liver disease.

2.12.3. PHE Longer Lives guidance recommends the use of awareness raising campaigns specifically addressing the dangers of alcohol and the 'silent nature' of liver disease. Alcohol Concern[21] state 'when your liver is damaged, you generally won't know about it – until things get serious'.

2.13. Alcohol Related Brain Injury (ARBI) and links to dementia

2.13.1. Studies have confirmed that excessive and long term alcohol use can permanently damage the structure and function of the brain.[22] Of the 142 patients from the local study, 56% had brain atrophy. A small number were due to thiamine deficiency; causing Wernicke's encephalopathy and Korsakoff's psychosis (WKS). The main symptoms are loss of memory, confusion, drowsiness, loss of spontaneity and poor balance - symptoms of the condition are often mistaken for intoxication, or mental ill health. It is a treatable condition; however, identification is a problem. The majority of ARBI is caused by the direct toxic effects of alcohol on the brain.

2.13.2. It is likely that individuals suffering from ARBI may be perceived as unwilling to engage with services, or unwilling/unable to keep appointments with providers, and responsiveness to 'talking therapies' may be limited because of this. This should be considered when planning support interventions for this group and how community treatment can be effective for them.

[18] http://fingertips.phe.org.uk/profile/liver-disease
[19] http://longerlives.phe.org.uk/health-interventions/liver#are/E08000019/par/E92000001
[20] http://livertrafficlight.info/stl/
[21] https://drinkaware.co.uk/check-the-facts/health-effects-of-alcohol
[22] Alcohol related dementia – an update to the evidence – Ridley, Draper and Withal, Alzheimer's Research and Therapy, 2013

2.14. Alcohol Related Deaths

2.14.1 Following the pattern of alcohol related health issues, alcohol related mortality among males in Sheffield is of particular concern; these continue on an upward trajectory.[23] LAPE data estimates there were 130 deaths wholly due to alcohol misuse in Sheffield in 2012/13, of which 100 were males. LAPE records Sheffield as 'worse than the national average' for the indicator 'alcohol specific mortality – males'. The highest levels are among deprived populations; there is a specific focus in the Community Responses and Vulnerable Groups theme of the strategy on working to improve alcohol related outcomes for males in deprived areas of the city.

There is no national guidance for Local Authorities on monitoring alcohol related deaths as there is for drug related deaths and as such, Sheffield does not have a formal process in place at present.

2.15. Yorkshire Ambulance Service

Yorkshire Ambulance Service (YAS) has an alcohol referral pathway running county-wide which supports paramedics to refer patients to specialist alcohol services across the region after assessment using the CAGE[24] tool, and delivery of IBA. During quarter 1 of 2013/14, YAS attended 10,178 calls where alcohol use was suspected: 5.9% of total calls received. Joint working with YAS is essential to ensure that alcohol misuse is addressed where alcohol has contributed to an emergency call out and discussions are planned about the feasibility of using the screening tool.

2.16. Young people (16s and under attending children's A and E)

Sheffield Children's Hospital (SCH) has confirmed that specific data is not collected on alcohol ingestions in this age group beyond their standard admission coding. Intelligence from staff suggests this is a rare occurrence, and that there is information about the young people's substance misuse treatment service available at SCH. It would be advisable to formalise a pathway for when incidents such as this occur, with the support of the Sheffield Safeguarding Children's Board (SSCB) Substance Misuse Safeguarding Team. It should also be noted that a number of 16 year olds present at adult A and E, and the Community Youth Team (CYT) have agreed a pathway with Northern General Hospital to ensure those individuals are offered appropriate support at the point of discharge.

2.17. Pregnancy and alcohol

There is conflicting information about alcohol and pregnancy available; however, the Department of Health (DoH) recommends that pregnant women avoid alcohol completely. STH's maternity provision screens expectant mothers for substance misuse, and midwives monitor for alcohol use among this cohort as standard. From August 2016, the electronic screening tool will be embedded into the tablets used by midwives, and every pregnant woman in Sheffield will be screened using the tool. If an issue is identified, there will be an automatic referral to the vulnerabilities midwives and intensive support and treatment offered. This will impact positively on the woman's health, and that of her unborn child and the family unit. It will support early intervention and as such is likely to impact positively on rates of Foetal Alcohol Syndrome (FAS), and the number of babies of alcohol misusing women being subject to social care procedures.

[23] www.lape.org.uk

[24] CAGE is an internationally used assessment instrument for identifying alcoholics, with a total of 4 questions. Developed by Dr John Ewing, founding Director of the Bowles Centre for Alcohol Studies, University of North Carolina at Chapel Hill. CAGE is an internationally used assessment instrument for identifying alcohol dependence. http://www.patient.co.uk/doctor/cage-questionnaire.

Section 3: Theme 2 – Alcohol Treatment and Recovery

3.1. Sheffield's Joint Health and Wellbeing Strategy states the following as an action:

Action 2.6: 'Commission appropriate interventions to reduce harm and promote pathways to structured treatment services for those abusing alcohol or misusing illicit or illegal substances, including reducing the 'hidden harm' to children living in households where adults abuse alcohol or drugs.'

3.2. Since Sheffield DACT formally took over the commissioning of alcohol treatment for Sheffield in 2007 significant progress has been made in commissioning a robust, easy access treatment system with no waiting times. The current community treatment service offers a 'walk in' provision, and those telephoning or being referred for an appointment are offered one within a maximum of 5 days. There is considerable evidence to the harms being caused by alcohol misuse in Sheffield.

3.3. In 2014/15, 75% of assessments commissioned were utilised. In 2015/16, it was 69%. As such, Sheffield is in a position where demand for treatment does not equal the need for treatment. As well as screening more widely and 'finding' more individuals needing an intervention, the strategy period will also oversee the increase in engagement tools used to offer people an intervention that meets their needs, for example the increased use of telephone assessments to offer a flexible support intervention where someone is unwilling or unable to attend the service in person.

3.4. The 'front door' to alcohol treatment in Sheffield is through the Single Entry and Assessment Point (SEAP) which is a single contact access point. Self-referrals and referrals by GPs are the largest source of referrals. High levels of self-referral are encouraging; indicating that SEAP is well promoted and has an identity in the city, and information about it is easily accessible. Services offer a range of interventions, staged by intensity in line with NICE guidance, including: assessment, identification and brief advice, extended brief interventions, psychosocial interventions, and specialist prescribing for alcohol misuse in the community (community detoxification, nutritional prescribing and prescribing for relapse prevention).

3.5. Alcohol screening tool – originating from the treatment service, the tool has been essential in increasing screening across agencies in Sheffield. Multi Agency Support Team (MAST) workers now use this as standard on any parents they are working with, and, as described above, this will be standard practice within midwifery. MAST referrals to alcohol treatment have increased by 150% since the use of the tool was standardised. Even where people do not consent to a referral, there is an evidence base[25] suggesting that the brief intervention consisting of the conversation and the personalised harm reduction advice issued as a result of the screening outcome, will impact on people's behaviours going forward: the ultimate aim of the tool is not to refer everyone to treatment, but to offer a staged approach depending on the individual's response.

3.6. SCC and Sheffield CCG negotiated during 2015/16 that one of the Commissioning for Quality and Innovation (CQUIN)[26] frameworks will be the application of the alcohol screening tool for all new mental health assessments in Sheffield. In quarter 4 of 2015/16, 45 Community Mental Health Nurses were trained in the use of the tool and their screening and referral activity has increased immediately.

[25] http://www.shef.ac.uk/polopoly_fs/1.43285!/file/Alcohol-2_2.pdf - Alcohol Use Disorders: Preventing Harmful Drinking, School of Health and Related Research (SchHARR) – University of Sheffield.
[26] http://www.partnershipincare.co.uk/what-are-cquins

3.7. Hidden Harm – the children of alcohol misusing parents

3.7.1. The welfare of the children of substance misusing parents is widely recognised as a priority. SCC commissions a specific service to address this: SSCB Safeguarding Children Substance Misuse Service, which provides specialist advice, consultancy and support to alcohol (and drug) treatment providers to ensure that the welfare of children with substance misusing parents remains paramount and safeguarding concerns are identified and addressed. The service provides a liaison role, tracking all cases pertaining to children of individuals in substance misuse treatment services through safeguarding, and sharing information between agencies. This service works with the treatment provider's named safeguarding lead and service managers. The service is available for support and enquiries from the treatment provider, and will provide feedback on quality within the service. Sheffield DACT and the SSCB Safeguarding Children Substance Misuse service both conduct annual safeguarding audits within all commissioned treatment providers, and the outcomes of the audit are shared for learning. Further use of the screening tool in agencies working with the whole family will be key in identifying alcohol misuse impacting on family life and relationships, and the welfare and safety of children in the home.

3.7.2. In a recent themed audit on cases of children living with alcohol misusing parents, case workers stated the tool enabled them to have a difficult conversation with parents much more easily. The two ultimate recommendations of the audit were that a) the use of the tool should be rolled out further into other agencies working with the family, and b) that earlier engagement with treatment services led to better outcomes and should be promoted. These recommendations will be rolled out through the subsequent learning practice group.

3.8. Inpatient detoxification

3.8.1. Inpatient detoxification (IPD) is used for a number of reasons, including as preparation for residential rehabilitation, or as an alternative to community detoxification where there are too many risks to carrying out the detox in the community. Currently, substance misuse IPD is provided from one of five beds located on Burbage Ward. There is always a high demand for alcohol detoxification in the specialist provision. Even more[27] individuals receive alcohol detoxification on wards of STH following an unplanned admission where the patient has been found to be alcohol dependent. This is placing significant resource pressures on STH. Protocols for STH to identify patients on site, and direct them to the liaison workers will be prioritised during this strategy period. Rapid access back to community treatment provision is a key area for focus in addressing this particular issue, as well as prevention of admissions and readmissions through actions identified in Theme 1. The audit carried out on the sample of 142 patients of the gastroenterology ward that were admitted with alcoholic liver disease for detoxification and treatment, indicated a significant proportion were readmitted within a year, and relapsed (see Section 1).

3.9. Residential rehabilitation

Sheffield DACT manages the annual budget for purchasing substance misuse related residential rehabilitation on behalf of SCC. Places are spot purchased on a case by case basis.

[27] STH estimates this to be around 800 per annum as a minimum.

3.10. **Treatment outcomes** - NICE guidance[28] states commissioning should focus the on outcomes of treatment, which supports the Government's Alcohol Strategy 2012 aim to increase the effectiveness of treatment for dependent drinkers. However, there is an on-going debate both nationally and locally about what constitutes successful outcomes from alcohol treatment and whether this is based solely on a successfully completed treatment episode, or should be a longer term measure including not re-presenting to treatment within a set time period. The PHOF indicator for substance misuse measures re-presentation within a 6 month period.

3.10.1. From 1 October 2016 community treatment services will be required to seek consent from people successfully discharged from treatment to contact them at 3 and 6 months post treatment to check whether they have remained in recovery. This data will be collected during the strategy period to build a local evidence base for the efficacy of treatment interventions.

3.11. Mutual aid and recovery in Sheffield

3.11.1. Mutual aid is peer led, open access support which is used by those who do not wish to attend formal structured treatment, in addition to formally commissioned treatment, or by those who have completed treatment for relapse prevention and on-going recovery. Sheffield currently offers over 47 discrete mutual aid groups including AA and SMART Recovery. Links to all mutual aid groups are available on DACT website and the list is updated regularly[29].

3.11.2. Mutual aid is not formally commissioned, therefore SCC does not have a commissioner / provider relationship with these groups, nor does it have any responsibility for the governance of these services. However, the benefits of mutual aid for recovery are numerous, and the Advisory Council on the Misuse of Drugs wrote to the Government in 2013[30] and asked 'that the roles of recovery community organisations and mutual aid, including Alcoholics Anonymous… and SMART Recovery, are to be welcomed and supported as evidence indicates they play a valuable role in recovery'. Work is currently being undertaken by SCC in partnership with other stakeholders, to create a vibrant recovery culture in the city of Sheffield, for all recovering and recovered individuals with substance misuse issues. Engagement with these groups and the recovery offer in the city gives individuals the opportunity to build emotional wellbeing and resilience, which in turn increase the chance of sustainable recovery.

3.11.3. DACT chairs a regular Service User Recovery Reference Group (SURRG), which brings together service users and providers; this now has regular attendance from mutual aid group leads in Sheffield. Part of the remit of this group is to plan recovery activity for Sheffield to ensure it remains visible and inspiring. They also attend Sheffield Addiction Research Recovery Group (SARRG) which is a peer led group aiming to support recovery focus groups and promote their activities. SARRG's longer term vision is that Sheffield becomes known as the recovery capital of the UK, providing a model of advanced recovery research and action for others to follow[31].

3.11.4. SCC and its commissioned providers have strong links with Sheffield Alcohol Support Service (SASS), a third sector provider working specifically on alcohol and recovery. The Alcohol Recovery Community (ARC) is an established recovery community in Sheffield and SASS is supportive of commissioned

[28] Services for the identification and treatment of hazardous drinking , harmful drinking and alcohol dependence in children, young people and adults – commissioning guide – NICE
[29] http://sheffielddact.org.uk/drugs-alcohol/help-and-support/mutual-aid-support-groups-for-drugs-and-alcohol
[30] Letter from the Advisory Council on the Misuse of Drugs (ACMD) to Norman Baker MP, 28 November 2013
[31] www.shu.ac.uk/faculties/ds/slc/sarrg.html

treatment services, attending monthly Provider and Referrer Group meetings and planning joint work to ensure service users are offered formal treatment interventions and mutual aid.

3.12. Young people and alcohol treatment

3.12.1. Treatment for young people aged 18 and under is provided by 'The Corner'. Alongside the specialist substance misuse support and treatment offered in partnership with the Youth Justice Service and Community Youth Teams to under 18s, the service provides education and support to young people as part of the prevention agenda in young people's services. This includes delivery of targeted educational group work sessions in schools, youth clubs and community centres focusing on alcohol and its effects alongside the range of other drugs as relevant to the young people concerned. During 2014-15, 556 young people accessed targeted group work programmes. The service also delivered the alcohol awareness agenda as part of 'Crucial Crew', the personal safety educational programme delivered to Key Stage 2 pupils in Year 6 of primary school (10 and 11-year-olds) at the Lifewise Centre in Rotherham. During 2014-15, 5,835 young people received this intervention. Going forward this will no longer be delivered by the Corner, however, this will be picked up by Police Community Support Officers (PCSOs) supported by the service.

3.12.2. The Corner and adult substance misuse services have an agreed transitions protocol to manage the transition from young people's to adult services if and when this is required. Between 2011/12 and 2012/13 there was a 22% reduction in the total number of young people treated for alcohol misuse. The trend in numbers reducing for young people presenting for treatment is also seen nationally.

Section 4: Theme 3 – Licensing, Trading Standards and the Night Time Economy

4.1 Throughout this theme there will be a balance between supporting Sheffield to achieve the strong economy identified as a goal in the Corporate Plan (which will be encouraged by a night time economy which diversifies itself), and minimising harms from alcohol use in the night time economy, to ensure the health and well-being of its citizens. Below are some examples of what has already been achieved in this area in Sheffield:

4.2 **Purple Flag** - In 2011, Sheffield was the first city in Yorkshire to be awarded 'Purple Flag' status. This is a national accreditation status given to 'town centres that meet or surpass the standards of excellence in managing the evening and night-time economy'[32].

4.3. **Best Bar None** is a Home Office supported accreditation scheme for responsible practice by licensed premises, and its assessment is based on the principles of licensing practice. Currently in its 7th year, 39 premises are accredited. In 2016, Sheffield was awarded 'Best Overall Scheme' and 'Most Innovative Scheme' at the national Best Bar None awards.

4.4. Intelligence gathered at the March 2015 expert group indicated that one of the concerns about the work being done in the night time economy and alcohol in Sheffield is not visible enough. Addressing this is a priority for the Business Improvement District (BID) work[33].

4.5. Work on alcohol and the night time economy (NTE) in Sheffield must be pragmatic: people use alcohol as part of their leisure time and social life, to discourage this completely would be unrealistic. What is realistic, however, is to influence overall reductions in alcohol consumption in the city by implementing

[32] http://www.atcm.org/programmes/purple_flag/WelcometoPurpleFlag
[33] www.sheffieldbid.com

high level policy changes, for example, through work with Licensing on a number of policy areas, and reducing alcohol related harm.

4.6. **Pre-loading**

4.6.1 This is a term applied to the consumption of alcohol prior to visiting licensed premises. Often this can be a cheaper option. Intelligence from local license holders suggests that the impact of pre-loading on their businesses is significant: people buy fewer drinks, but are just as intoxicated as if they had been drinking all night; this then creates a risk for the venue to manage that they have not been instrumental in creating.

4.7. **Anti-social behaviour** has an impact on the night time economy in Sheffield – this is covered in Theme 4 – Alcohol and Crime. However, it is worth noting that during 2013/14 the main location that incidents took place outside of the home, was at a bar or club (reporting 503 incidents across the year). Harm reduction measures such as the provision of polycarbonate glasses have had some success: glassing related incidents reduced in the last strategy period from 44 in 2011/12 by 52% to 23 in 2013/14. The majority of incidents take place on Friday, Saturday and Sunday evenings (83%), between the hours of 10pm and 3am. The victim is usually aged between 18-29 years of age, and over half are male.

4.8. **Alcohol and new psychoactive substances**

4.8.1. Public Policy Exchange[34] suggests there is a newly emergent night time economy in the UK, where the focus is the use of New Psychoactive Substances (NPS) or 'legal highs' alongside alcohol, rather than solely excessive/competitive alcohol consumption as has been seen in the past. Evidence is cited from the Office of National Statistics[35] (ONS), suggesting there has been a marked reduction in binge drinking among 18-24 year olds, with 40% more of this age group stating they did not drink alcohol when asked in 2013, than the same group when asked in 2005.

4.8.2. There is very little data available about prevalence of NPS use either nationally or locally, however, anecdotal information from licensees, drug treatment services and the popularity of 'head shops' in the city indicate use is prevalent. On completion of a recent audit provided by PHE on what action local drug and alcohol teams are taking addressing NPS, the importance of out-reach into the night time economy and licensed premises, taking information to where users are, was highlighted. This will be an action in the implementation plan. Sheffield Trading Standards continues to work to seize NPS sold in Sheffield retailers. There is new legislation being implemented during 2015 on NPS and the strategy will reflect the national work on this.

4.9. **Licensing and alcohol**

4.9.1. Anyone operating premises or holding events involving the sale or supply of alcohol must have a licence. SCC's Licensing Service administers the Licensing Act 2003 and requires by law that licensed premises are compliant with licensing legislation. DACT have input into the regular 'Statement of Licensing Policy' prepared by Licensing. In summer 2016 Licensing advised it had been asked by Cabinet to prepare a 10 year Citywide Licensing Strategy and would be holding workshops to consult with key stakeholders on the content of said strategy. The content of the Licensing Strategy should be

[34] http://www.publicpolicyexchange.co.uk/

[35] http://www.ons.gov.uk/ons/rel/ghs/opinions-and-lifestyle-survey/adult-drinking-habits-in-great-britain-2013/stb-drinking-2013.html

informed by the Sheffield Alcohol Strategy and key members of the strategy implementation group should be involved in the work to ensure the agenda of licensing policy and its impact on alcohol related harms remains a priority.

4.9.2. The purpose of the system of licensing is to promote four fundamental objectives ("the licensing objectives").

Those objectives are –

- The prevention of crime and disorder;
- Public safety;
- The prevention of public nuisance;
- The protection of children from harm.

4.9.3. There are a number of 'responsible authorities' under the Licensing Act 2003; public bodies that must be notified of applications and are entitled to make relevant representations in relation to applications. They include the local area police, the fire service, the environmental health authority, the enforcing authority under the Health and Safety at Work etc. Act 1974, the local authority's Director of Public Health and the Safeguarding Children Board, amongst others.

4.9.4. There should be much more joint work between Licensing, DACT and Public Health during the strategy period. Current processes are not adequately joined up: licensing oversee much of the activity taking place in the night time economy, and the strategy being implemented is dependent on an access point to influence licensing activity. A shared strategic direction would be useful in long term planning about management of the night time economy and those implementing this strategy would seek to lobby for implementation of policy tools to reduce alcohol related harm. For example, local approaches to cumulative impact policy (CIP) will be determined through these processes and there is a strong evidence base to suggest that CIPs are effective in impacting whole population alcohol consumption and also positively impacting on alcohol related health harms, anti-social behaviour and crime, and other impacts of alcohol use[36]. At present, Sheffield does not implement a CIP.

4.10. **Cumulative Impact Policy (CIP)**

4.10.1. The issue - A high density of premises selling alcohol or providing late night refreshment can lead to alcohol related harms and nuisance. These problems occur as a result of large numbers of drinkers being concentrated in an area, for example when leaving premises at peak times or when queuing at fast food outlets or for public transport. CIPs are not referred to in the 2003 Licencing Act specifically but in Home Office guidance issued under the Act. The Act requires a licensing authority to publish a statement of licensing policy at least 5 yearly, and the statement can (following consultation), include a CIP.

4.10.2. The response - The planned work on a 10 year Licensing Statement would be an opportune time to evaluate such a proposal for Sheffield. In order to do so, robust data would need to be provided by key organisations to evidence a need, and acquiring buy in from those agencies would be an action for the implementation group. The Licensing Act 2003 presumes that any application for a new licence/variation on an existing licence will be granted unless to do so would contravene the licensing objectives. A CIP 'creates a rebuttable presumption' that applications for licences which are likely to

[36] Alcohol:cumulative impact policies, Briefing Paper July 2015, fileL///C:/Users/HP028280/Downloads

add to the existing cumulative impact will be refused or subject to limitations 'unless the applicant can demonstrate that there will be no negative cumulative impact on the licencing objectives'. However, it should also be noted that a special policy can never be absolute and should allow for the circumstances of each application to be considered properly, and every application must be considered individually. There is a significant process to implement in order to evidence need for, and consult on a CIP and ensure it is implemented fairly and legally, and it should be the aim of this strategy to explore all options regarding this as a policy response to alcohol harms in Sheffield.

4.11. **Minimum Unit Pricing and Reducing the Strength**

4.11.1. The issue - In 2012 the Government committed to introducing a minimum unit price (MUP) for alcohol[37]. This means a baseline price for alcohol, below which it legally couldn't be sold. This approach targets predominantly high strength alcoholic drinks that are sold very cheaply, and that are often consumed by high risk drinkers and younger people. The Government called for a minimum unit price of 45p per unit, however, organisations such as Alcohol Concern cite 50p per unit as being more likely to reduce consumption and therefore harm. The Government has not introduced the MUP, despite a consultation being held nationally on it at the time of the proposal. As such it is left to local authorities to decide on their approach to this issue.

4.11.2. The response – Given that the Government has not introduced a national minimum unit price at this time, one of the actions of the Sheffield strategy will be to explore alternative policy measures to achieve the same objectives. We are aware that other areas have considered a range of policy approaches to achieve this and we will consider these on their merits and the available evidence during the strategy implementation period.

4.12. **Test purchasing**

4.12.1. The issue - South Yorkshire Police, Trading Standards, young people's services and the Licensing Project Manager from Sheffield's Safeguarding Children Board deliver training for staff working in licensed premises in the city in relation to underage/proxy sales and the need to safeguard children from harm. This training also aims to educate those selling alcohol about the importance of responsible sales due to the harms caused by alcohol. There is often a high turnover of staff in licensed premises, which does pose a challenge. Staff of any new premises granted a license are offered the training. Sheffield also has a 'Children's Charter' created through joint working, challenging irresponsible licensing behaviour.

4.12.2. The response - Regular test purchasing is carried out to ensure that underage young people are not able to buy age restricted products in Sheffield. Criteria to select premises include being a new business, in a 'hotspot area', not having been tested for a period of time, or having recently failed a test purchase and being re-tested. Test purchasing can also be done in response to complaints or intelligence. Regular sharing of data on outcomes of test purchasing would allow DACT to oversee levels of underage sales in the city.

4.13. **Festivals, sports and major city events** - In most cases, large events in Sheffield will engage the Safety Advisory Group (SAG), a multi-agency group established to provide specialist advice and guidance in relation to safety at concerts, festivals and other events. SYP have substance misuse on the agenda for event organisers to consider and an organiser pack is given out which includes a risk assessment template – this is good practice and unique to Sheffield. Conditions are attached to the

[37] http://www.alcoholconcern.org.uk/what-we-do/campaigns/minimum-unit-pricing/

granting of a temporary licence to run an event where appropriate, which may include attending training. This allows Safeguarding Children to influence the event's running and ensure it is adequately protective of young people, and SYP to ensure it is protecting all potential attendees. Often commissioned substance misuse treatment providers will attend large organised events to promote awareness and education about substance misuse and encourage engagement with treatment where needed.SCC's Health and Safety enforcement team will review applications to hold an event and where necessary advise to ensure safety issues such as alcohol related harm are covered.

4.14 **Responsible retailers** - This scheme has been running since 2001 and recognises responsible retailers, providing education and staff training on avoiding illegal sales. Retailers that meet the criteria and have approval from South Yorkshire Police receive certificates of merit. The scheme is a benefit to participants as it allows access to staff training, and recognises positive behaviour. It has also been proven to discourage requests for underage sales in shops where the scheme has been in place for some time.

4.15. **Illicit / Counterfeit alcohol**

4.15.1. The issue - Trading Standards also work on the issue of illicit alcohol– this is either fake alcohol that is being sold in counterfeit bottles replicating known brands, or genuine branded alcohol that is being sold without any payment of duty. Counterfeit alcohol can be very dangerous to the individuals drinking it, as it contains substances used in industrial alcohol that are not fit for human consumption. Over 2000 bottles were seized in Sheffield between April and August 2013, and targeted work has been carried out to address this risk.

4.15.2. The response - In 2012/13 Sheffield DACT worked with Trading Standards on a campaign named 'Stamp it Out' to raise awareness of counterfeit alcohol and prevent its sale and use. The campaign focused on both retailers and consumers and sent a clear message about the risks being posed by selling or using this counterfeit project. This work has been effective: 21% of premises inspected in 2011/12 having illicit alcohol seized, compared with 8.3% in 2014/15.[38] No counterfeit alcohol was found either most recently. This project was shortlisted for a Ministry of Justice award in 2015 in the Trading Standards and Environmental Health category.

4.16. **Impact of alcohol on the Sheffield workforce and overall economy**

4.16.1. The issue - In addition to the significant impact alcohol use has in and on the night time economy of a city, the general economy is also impacted. Survey data suggests that in recent years, an increasing proportion of working people have been drinking above recommended guidelines. Impact assessment work has calculated that lost productivity due to alcohol in the UK costs the economy around £7.3bn per year. Up to 17 million working days are lost annually because of alcohol-related sick leave, at a cost of £1.7bn. This also links to the night time economy due to a study identifying a causal link between 'opening hours and absence' in the last decade. Nationally, a third of employees taking part in a survey admitted to having been to work with a hangover. 77% of the employers interviewed identified alcohol as a 'major threat' to employee wellbeing, and impacting on sickness absence levels.[39]

[38] Data provided by Sheffield City Council Trading Standards, 2015
[39] www.ias.org.uk/.../Alcohol%20in%20th%20workplace%20factsheet%2...

4.16.2. The response - Work must be undertaken locally to address the impact of alcohol use on employees, employers, and the economy locally by engaging large employers in the city and raising their awareness of the issues, ensuring they have appropriate substance misuse workforce policies, and supporting them to intervene and support their employees to the right support if they need it.

Section 5: Theme 4 – Alcohol and Crime

5.1. There is a direct link between amounts of alcohol used and offending, and, an 'Offending Crime and Justice' survey found that adults who binge drink were significantly more likely to have offended in the past 12 months than other groups – a smaller scale study supporting this showed that individuals 'pre-loading' before they went out, were 2.5 times more likely to be involved in violence. Alcohol and crime are part of Local Alcohol Profiles for England (LAPE) performance indicators: Sheffield has levels of alcohol related crime record (in 2014 – last available data) at 5.37 per 100,000 populations – ranked 200 out of 326 cities.

5.2. Local responses to reducing incidents of crime, but ensuring reporting is encouraged, and there is the need to maintain awareness of the following issues[40]: the more alcohol consumed will increase the likelihood of violence and that violence will lead to more serious injury, alcohol misuse can be used as a tool to prepare for violence, and alcohol consumption can change cognitive behaviours which impacts the ability to recognise warning signs of violence. The aims of this section of the strategy are to prevent where possible, reduce, and address alcohol related crime with appropriate interventions.

5.3. In Sheffield the highest levels of alcohol related crime[41] occur in Central Sheffield (646 incidents in 2013/14), Burngreave (129 incidents), Firth Park (124 incidents), Walkley (107 incidents) and Southey (105 incidents). By far the majority of alcohol related crime takes place in Central Sheffield – this is the area with the highest concentration of licensed premises, retailers selling alcohol, and offers the main leisure opportunities involving alcohol. Targeted work has been done to address alcohol related anti-social behaviour and associated crimes in community settings:

5.4. Designated Public Place Orders (DPPOs)

5.4.1. Currently in place in the city centre, Woodhouse and Shiregreen, and made under s13 (2) or the Criminal Justice and Police Act 2001. A DPPO permits South Yorkshire Police (SYP), where they have reasonable belief that a person is or has been consuming intoxicating liquor in a designated public place, to require the person not to consume anything which they believe to be alcohol and/or to surrender the alcohol. It further permits SYP to dispose of the alcohol. Anyone failing to comply with this is committing an offence and will likely be issued a fine.

5.4.2. The power to make DPPOs was revoked by the Anti-Social Behaviour, Crime and Policing Act 2014. The 2014 Act gave the Council a new power to make Public Space Protection Orders (PSPO). PSPOs restrict the consumption of alcohol in a public place if it has, or is likely to have a detrimental effect on the quality of life of those in the locality. In the event of a future PSPO the order would allow SYP to issue those failing to comply with a Fixed Penalty Notice or to prosecute.

[40] Protecting People Promoting Health, 2012, citing Chaplin.R/et al,2011.
[41] 2013/14 full year data – alcohol needs assessment.

5.4.3. Intelligence from officers enforcing the DPPO is that it has been a useful tool in reducing alcohol related incidents in areas that they work; particularly during the hours the night time economy is operational. In the city centre it can be difficult to separate problematic 'street drinking' incidents from those general night time economy incidents. However, the city's response to a particularly vulnerable group must be specialist and account for the cohort's vulnerabilities – therefore this is addressed under Theme 5 – Community Responses and Vulnerable Groups.

5.5. Substance Misuse Steering Groups - These multi-agency groups are held in Sheffield wards where substance misuse has been identified as a priority. The DACT chair the group which provides a coordinated partnership response. Issues covered include street drinking, underage drinking, anti-social behaviour and illegal alcohol.

5.6. **Alcohol, domestic abuse and sexual offences** - Alcohol has links to domestic and sexual violence. ONS data published from the Crime Survey of England and Wales for 2013/14 suggested that 36% of victims of domestic violence and 36% of victims of sexual offences believed the perpetrator was under the influence of alcohol at the time of the offence. Recent local analysis of domestic abuse cases discussed at the Multi Agency Risk Assessment Conferences (MARAC – system of managing domestic abuse cases where this high risk of serious harm or homicide) showed 22% of victims had alcohol misuse issues: 50% of these were in treatment, but 50% of the perpetrators had alcohol misuse issues, of which only 20% were in treatment.

5.7. **Perpetrators of domestic abuse** - In 2014, the Institute of Alcohol Studies[42] estimated between 25-50% of perpetrators of domestic abuse had been drinking at the time they attacked their victim, and that in cases where severe violence is inflicted are twice as likely to involve alcohol. Alcohol is more strongly linked to physical violence than emotional abuse or coercive control. At the time of writing the strategy there is no voluntary perpetrator programme in Sheffield however, a business case is under consideration. There is a court mandated programme, Building Better Relationships (BBR), provided by the Community Rehabilitation Company (CRC). Numbers attending the BBR programme will be significantly fewer than those who can potentially be identified as being under the influence of alcohol as a perpetrator among domestic abuse calls that the police attend.

5.7.1. SYP record an 'intoxication flag' for the perpetrators of domestic abuse crimes and incidents. Where the substance is an aggravating factor, this is recorded in 100% of crimes. In 2013/14 723 Sheffield domestic abuse offences were recorded as being aggravated by alcohol. Work is ongoing with SYP to implement a 'consent to contact' scheme whereby the victim and / or perpetrator in a domestic abuse incident will be offered a follow up phone call from alcohol services if they consent.

5.7.2. Alcohol is NOT the cause of domestic or sexual abuse, however, for perpetrators who have alcohol misuse issues that are not being recognised or addressed; identification and support offered at the time of an incident or as part of a sentence could provide a constructive way of addressing a potential aggravating factor. It is also important to note that being abused or assaulted while under the influence of alcohol does not make the victim culpable; it is always the perpetrator that must be held responsible as it is their choice to target an individual made more vulnerable through being intoxicated. Integrated Offender Management (IOM) criteria is being expanded in Sheffield during 2015 to include the perpetrators of domestic abuse. This will also offer an opportunity for joint working between domestic abuse, criminal justice, and substance misuse treatment agencies.

[42] Institute of Alcohol Studies, 'Alcohol, Domestic Abuse and Sexual Violence', 2013.

5.8. **Victims of domestic and sexual abuse** - An increased likelihood of domestic abuse victims misusing alcohol is supported by NICE guidance[43] on domestic violence and abuse. It is important to recognise this and the impact it is likely to have on victims at all stages from a first incident to receiving support from domestic abuse services, or entering a refuge. In 2014, Sheffield's commissioned alcohol treatment service provided an induction to domestic abuse services on the use of the tool with the aim of increasing awareness for the need to screen victims for alcohol misuse. However, no referrals have been made into alcohol treatment.

5.8.1. Commissioners will address this issue with domestic abuse services as part of performance management and the induction into alcohol screening will be extended to local sexual abuse services. It is particularly key that this is addressed due to the identified 'Trilogy of Risk' identified by Ofsted in families with safeguarding children issues – the common combination of mental health issues, substance misuse and domestic abuse led to situations of high risk and potential harm for young people (see Theme 5 – Community Responses and Vulnerable Groups).

5.8.1. NICE guidance on domestic abuse recommends the following with regard to alcohol misuse:

- Domestic abuse support services should refer victims to relevant alcohol support services;
- Substance misuse support services are able to identify and refer appropriately victims of domestic abuse into support services for the abuse.

5.8.2. It is also important to look at the impact of alcohol use on both victims and perpetrators of cases that meet the threshold for Adult Safeguarding interventions. Local intelligence indicates that there are a significant number of cases in which an adult causing harm has alcohol misuse issues, as well as victims of financial abuse, sexual abuse or self-neglect with alcohol misuse issues. At the time of writing the strategy, SCC and South Yorkshire Police are exploring a 'consent to contact' scheme for officers to offer to both victims and perpetrators of domestic abuse when attending alcohol aggravated incidents.

5.9. **Criminal Justice routes to alcohol treatment** - There are a number of schemes in place in Sheffield to ensure that individuals committing alcohol related offences have access to treatment. These have been implemented during the last strategy period as a response to alcohol related offending. The schemes work well, but there is further development work to ensure the schemes are more widely known about, applied by criminal justice agencies, and complied with.

5.9.1. **Fixed Penalty Notice Waiver (FPNW)** - applied by SYP for incidents of low level alcohol related anti-social behaviour (for example, drunk and disorderly). The offender must pay a £90 fine or attend a one hour session with SCC's commissioned treatment provider. The scheme has a completion rate of 92% and allows access screening and advice among a cohort who would be unlikely to approach treatment. Repeat issue of tickets is low, and indicates a preventative success. At present the scheme is only operated in the city centre. Some force areas will cease to allow disposals such as this from 2015 onwards; should this happen in South Yorkshire, alternative approaches for addressing low level alcohol related offending will be sought.

[43] NICE, 'Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively', 2014

5.9.2. **Alcohol Conditional Bail (ACB)** -applied in cases of more serious alcohol related offences (for example, assault and drink driving). When bailed from the custody suite, the offender is made an appointment with the alcohol treatment provider who will assess for alcohol misuse / dependence and make a recommendation as to whether the offence was linked and further interventions are required. This recommendation can then be used in the sentencing process and further treatment can be mandated. ACB has an 80% attendance rate when applied, but numbers commencing structured treatment as a result are low, as are the number issued by South Yorkshire Police.

5.9.3. **Alcohol Treatment Requirements (ATR)** - used for offenders with severe alcohol misuse or dependency who are at high risk of re-offending because of their alcohol use. Individuals are identified by the probation service (now provided by Community Rehabilitation Company and National Probation Service) and their alcohol misuse is assessed while awaiting a court appearance; the treatment providers' recommendation is then included in the pre-sentence report and an ATR can be mandated as part of a community sentence. The treatment element of the ATR is delivered by the alcohol treatment provider in the form of psychosocial interventions. Probation Officers are likely to have contact with a significant number of individuals that have alcohol misuse issues; often this may not have been previously identified. Senior officers for the CRC have expressed a willingness to embed the electronic screening tool in their routine practice.

5.9.4. **Bailment scheme** for young offenders using false identification - Security and retail staff have been trained to scrutinise ID offered at the point of sale/admission to licensed premises and to recognise and report false documentation. A restorative justice process is in place to refer young offenders to the Police and Safeguarding Children Board so they are educated about the health and personal safety risks of underage drinking and then potential legal consequences of using false ID.

5.9.5. **Restorative justice South Yorkshire** - Work is being done via the local Criminal Justice Board and the Office of the Police and Crime Commissioner to offer victims of crime the opportunity to self-refer to restorative justice interventions if they feel this would help them recover. It would be useful to offer access to screening and support.

5.9.6. **Custody Suites** - Staff working for Sheffield's Arrest Referral team provide custody suite cover on a daily basis working with offenders who test positive for drugs. These workers also screen those individuals they work with for alcohol use, using the electronic screening tool. They also conduct 'cell sweeps' in quiet times to identify substance misuse issues among those in custody who were not referred to them after a positive drug test, to identify any missed cases. Sheffield is currently developing a Liaison and Diversion service which will be delivered from the new custody suite covering both Sheffield and Rotherham Districts, which aims to ensure that any person (of any age) coming into contact with the criminal justice system has access to appropriate health assessment and associated support services.

5.9.7. **Prison** - The Institute of Alcohol Studies states[44] that there is a failure within the prison service to address alcohol misuse in prisons, despite warnings by the Prison Reform Trust about its harmful impact on re-offending rates and alcohol related crime. In a sample of 13,000 prisoners, 19% reported having an alcohol misuse issue when they entered prison. However, they also identified that in each stage of a prison sentence, the alcohol related needs of a prisoner were less likely to be assessed or

[44] http://www.ias.org.uk/Alcohol-Knowledge-centre/Crime-and-social-impacts/Factsheets/Alcohol-and-prison-services.aspx

addressed, than needs relating to illicit drug use. Whereas individuals with drug misuse issues in prison are released back to priority community drug treatment appointments, there is no such provision for prisoners with alcohol misuse issues. There will be Sheffield residents serving sentences in local prisons with alcohol misuse issues that need identification and support, and may need referral to treatment post release in order to prevent relapse and re-offending.

5.9.8. **Victims of crime** - It is likely that there are individuals who start to misuse alcohol in the aftermath of a crime committed against them. A study[45] has indicated that victims of crime will often increase their use of alcohol (or drugs), without realising. Many participants responded that they were using the alcohol to try and control the feelings of trauma after the incident. Rather than focusing purely on the perpetrators of crime, the study recommends an equal focus on addressing substance misuse among victims. Victim support services provide support to victims of crime in Sheffield. The 'Witness' Service in addition provides support to witnesses of crime. Both of these services will be seeing individuals that are misusing alcohol wholly or in part due to their involvement with the criminal justice system as a non-offender.

Section 6: Theme 5 – Community Responses and Vulnerable Groups / Individuals

6.1. There are numerous vulnerabilities which make certain groups or individuals more likely to drink, misuse alcohol, or be disproportionately adversely affected by the harms caused by alcohol misuse. It is impossible to capture every one of them in a strategy, and one of the overarching principles of this strategy is that it should be responsive to emerging issues, and flexible enough to change its focus should priorities change during the four year strategy period. As such, and reflected in other themes; the initial action for this theme is for alcohol awareness and routes to support interventions being rolled out to organisations working with vulnerable groups and individuals, so that they may effectively support the agenda. That being said, there are some specific groups that have been identified for the 2016-2010 strategy that will be looked at specifically.

6.2. **'Street Culture'** - Historically referred to as 'street drinkers', this group of individuals have multiple and complex needs including, though not limited to, poly substance use, treatment resistance, rough sleeping and begging. The term 'street culture' for individuals engaged in these behaviours acknowledges the issue is wider than solely alcohol use, and this group presents a particular challenge in Sheffield. Multiple issues make this group difficult to engage and responses must be tailored to their needs. Sheffield DACT has commenced a piece of work in 2015 which provides a targeted response to this group and involves a regular meeting of core agencies, and planning their support in an holistic manner through partnership working and information sharing. This includes an anti-begging campaign for Sheffield launched in September 2015 as part of National Recovery Month. The majority of individuals who meet the criteria for this group have alcohol misuse issues, which is why it is essential the strategy supports and promotes the use of this group and the partnership working. The Sheffield Vulnerable Adults Risk Management Model (VARMM) supports the management of risks for this group.

6.3. Whilst some of the individuals in the group are referred to as 'treatment resistant', further exploration is needed about the specific barriers to treatment and recovery for those in this group. For example, individuals who are chronic alcohol misusers and engaged in a street based lifestyle may not be 'refusing' treatment, but rather, are not equipped to accept or engage in it for numerous reasons, including the likelihood of alcohol related brain injury (covered in Theme 1) or the impact of other

[45] http://www.abc.net.au/news/2015-04-06/study-finds-crime-victims-rely-on-more-alcohol-drugs/6373422

physical health problems. Often individuals are given information on the right service to access, but feel unable to access without any support, and the support role, or advocacy, does not fit into any agency role. Advocacy and support for individuals involved in street culture could make a big difference in engagement levels.

6.4. This issue also links to alcohol and homelessness; individuals presenting as homeless or requiring supported accommodation regularly present with alcohol misuse issues, and complex individuals that are difficult to house, such as the cohort above, in particular. Approaches to management of alcohol within general needs level homelessness and management of complex cases/support provision should be reviewed during the strategy period with SCC ensuring that alcohol misuse is prioritised for action in the new Homelessness Strategy being scoped at the time of writing this strategy.

6.5. **Young People** - Young people have been referred to in each of the previous sections as for every theme there is a specific tailored response that should be in place for younger people. However, it is worth noting that there is a particular vulnerability among young people using alcohol which are the legal implications of using fake identification for buying alcohol, anti-social behaviour, physical health issues developed early due to misusing alcohol, and the associated risks of unplanned sexual contact (though this is applicable to all age groups and not solely young people – see action plan). Sheffield's LAPE measure for under 18s alcohol related hospital admissions are significantly better than the England average; this is positive and work should continue.

6.6. **Children and young people living with alcohol misusing parents / inter-generational alcohol misuse** - The misuse of alcohol by parents negatively affects the lives and harms the wellbeing of more children than the misuse of illegal drugs does. However, parental alcohol misuse is often not taken as seriously in spite of alcohol being addictive, easier to obtain, and legal. The effects of parental alcohol misuse on children may be hidden for years, whilst children try to cope with the impact on them and manage the consequences for their families.[46]

6.6.1. Sheffield's Safeguarding Children Board Manager chairs a quarterly meeting on 'Hidden Harm'. This specifically addresses the issue of safeguarding children and young people who live in households with parental/family member substance misuse.

6.6.2. Much of the work of Sheffield's services, including substance misuse services, in relation to hidden harm and supporting children and young people whose parents misuse drugs and alcohol is contained in the Sheffield Hidden Harm Strategy 2013-2016.[47] This strategy is currently being updated and it will be linked directly to this strategy through its strategic and specific aims for alcohol misusing parents, families, and the children in those households.

6.6.3. In Sheffield (2013/14), around 20% of child protection conferences had parental alcohol misuse as a significant factor in the family. In addition, 18% of pregnant mothers disclosing drug and alcohol misuse that were discussed at the SSCB Multi-Agency Pregnancy Liaison and Assessment Group (MAPLAG) were known to be misusing alcohol; it is recognised that this is likely to be lower than the true number. Ofsted noted in their evaluation[48] of Serious Case Reviews that the most common combination of issues within families for the parents were domestic abuse, mental health and substance misuse. This combination is considered to suggest a risk of harm and in a sample of

[46] Silent Voices, 2012, http://www.google.co.uk/#q=silent+voices+report+2012
[47] www.safeguardingsheffieldchildren.org.uk/welcome/sheffield-safeguarding-children-board/safeguarding-children-substance-misuse-service/hidden-harm.html
[48] https://www.safeguardingsheffieldchildren.org.uk/.../SSCB%20Annual%20Report%20..

national cases the issues were present as a 'significant' factor as follows and are referred to as the 'Trilogy of Risk':

- 63% cases had parental mental health problems;
- 53% cases had domestic abuse in the home;
- 33% cases had parental substance misuse in the home.

The Theme 5 action plan will be written with attention to identifying this trilogy of risk in a family situation.

6.7. **Mental ill health** - There is strong evidence linking alcohol misuse and mental ill health, with alcohol misuse among those with a psychiatric disorder twice as high as within the general population[49]. Individuals with mental ill health and alcohol misuse problems are described as having a 'dual diagnosis', and this group are traditionally seen as difficult to treat. Almost half (47%) of individuals with a mental health issue will abuse alcohol or drugs at some point, and it is estimated that 1 in 5 people diagnosed with depression will have recently abused drugs or alcohol.

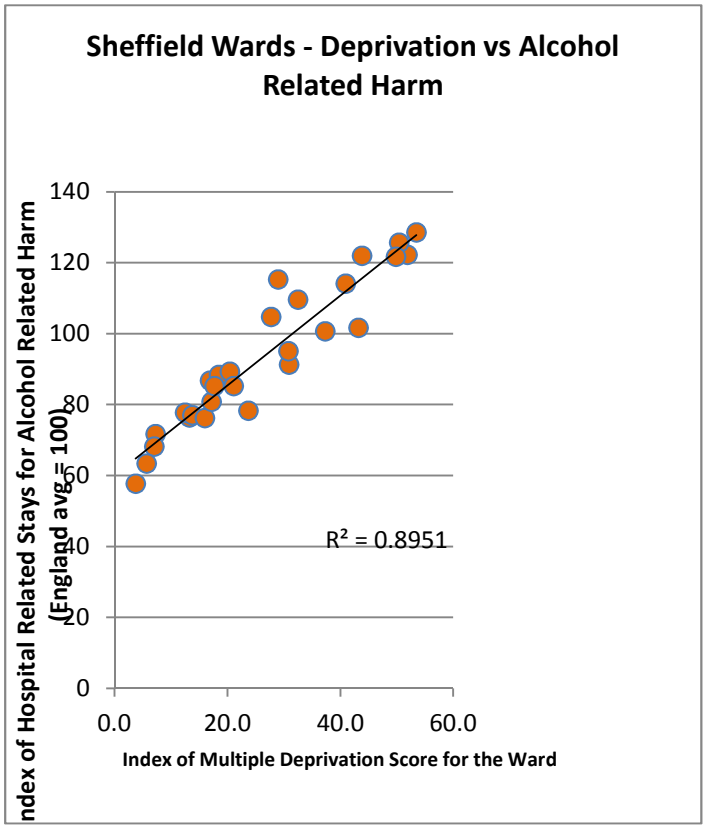
6.7.1. It is important that this message is conveyed widely in Sheffield as part of the alcohol strategy – individuals dealing with mental health symptoms and diagnoses are particularly vulnerable to the use of substances to self-medicate their symptoms, and awareness should be raised both among individuals with mental health issues and practitioners involved in their support. LAPE data from 2015 also tells us that Sheffield performs worse than the England average for admission episodes for alcohol related mental and behavioural disorders so am improvement in performance against this indicator will evidence effectiveness of planned interventions.

6.8. **Poly substance use** - During 2014/15, 31.4% of new alcohol treatment journeys were for individuals that stated they used an illicit drug alongside their primary alcohol misuse. The most common drug of misuse alongside alcohol was cannabis. This is a significant proportion of those seeking treatment for their alcohol misuse, and as such it would be safe to acknowledge the probability that there is a significant amount of poly-substance use on-going among those who have not yet, or don't plan to, seek support for alcohol misuse. All of the services have thorough assessment provision to allow for identification of the substance of primary misuse and where an individual will be best treated. Commissioned drug services carry out the electronic screening tool as part of their assessment process.

6.9. **Responding to alcohol misuse in communities** - NICE Guidance issued in 2015[50] provides four guiding statements about best practice in addressing alcohol misuse in communities. These are as follows:

- Use of local crime and related trauma data to map the extent of alcohol-related problems to inform policy;
- Trading Standards, the Safeguarding Children Board and the police to identify and take action against premises that sell alcohol to people under the age of 18;
- Schools and colleges to ensure that alcohol education is included in the curriculum;
- Schools and colleges involve parents, carers, children and young people in initiatives to reduce alcohol use.

[49] Mental Health Foundation, 'Understanding the relationship between alcohol and mental health', 2013
[50] NICE, 'Alcohol: preventing harmful alcohol use in the community', March 2015



6.10. **Alcohol misuse and socio economic status** - Health inequalities impact alcohol misuse and its harms[51] – evidence shows that wealthier socio-economic groups consume more alcohol overall, however, individuals in more deprived socio-economic groups who consume higher levels of alcohol have more alcohol related health issues. Hospital admissions related to alcohol and deprivation levels by area in Sheffield, as illustrated in the diagram to the left, indicate a direct correlation between deprivation and alcohol related health harms: this requires action.

The World Health Organisation (WHO)[52] reports higher levels of alcohol related harm in deprived socio economic groups. In the UK, the number of alcohol related deaths for males is high among deprived groups, creating a social gradient. In Sheffield this is mirrored, with one of the worst performing indicators in Sheffield being 'alcohol related deaths – males' and 'alcohol related admissions-males' and with a significant proportion of the deaths being from deprived areas. PHE[53] ranks Sheffield as a '4' on health inequalities deprivation ranking where '5' is most deprived.

6.12. **Older People** - It is estimated that 1.4 million individuals in the UK aged over 65 exceed alcohol unit recommendations, and that 3% of men and 0.6% of women between the ages of 65-74 are dependent drinkers. 39% of the Sheffield treatment population are males aged between 45-64. LAPE 2015 data indicated that for the 2014/15 period, Sheffield performed significantly worse than the England average for hospital admissions for all persons aged 40-64 for alcohol related conditions. In quarter 1 of 2015/16, 9.1% of individuals in alcohol treatment were aged over 60 years. Sheffield has been selected as a demonstration area for the Big Lottery funded 'Drink Wise Age Well' project, which aims to reduce alcohol related harm in the over 50s by awareness raising and campaigning, resilience building activities and age appropriate alcohol interventions and support.

6.13. **Diversity and alcohol treatment** - Commissioned alcohol services are all expected to provide a flexible, sensitive treatment package to individuals based on their own unique needs. As such, there is no specific alcohol treatment commissioned for any one group of demographics in Sheffield. 85% of the alcohol treatment population in Sheffield identify as 'white British', which is similar to national

[51] 2014, Sheffield DACT, Alcohol Needs Assessment
[52] World Health Organisation, 'Alcohol and Inequalities:Guidance for addressing inequalities in alcohol related harm', 2012
[53] PHE, Longer Lives, Healthier Lives, 2012

figures. Sheffield drug treatment services do work into BME communities and have specific links to community leaders and groups. Embedding screening for alcohol misuse as standard into universal settings is the best way to ensure that screening is applied fairly and will provide a 'catch all' assessment of alcohol misuse within different cohorts. The annual needs assessment carried out by Sheffield DACT identifies the demographics of the treatment population and identifies any gaps that need to be addressed.

Appendix 1 - Action Plan- Alcohol Strategy 2016-2020

The action plan below will form the working plan for the Alcohol Strategy Implementation Group to be formed after the strategy has been through Cabinet: the group will be chaired by the Director of Public Health and will have membership across all key organisations and agencies identified as having actions in the strategy period.

Action number	Action	Outcome/indicator of success	Deadline	Owner
The outcomes below highlighted in grey are outcomes measures which can reflect the successes of actions taken in the implementation of the alcohol strategy through national data published annually – ***Local Alcohol Profiles for England (LAPE).*** *All of the actions below these will impact either directly or indirectly on these. However, there will be some actions for which the outcomes will be difficult to quantify, for example, universal screening can be justified through the strong evidence base, but difficult to prove the outcome of in terms of numbers accessing further interventions or not, etc.* ***Therefore the measures monitored by LAPE give the most reliable indication of longer term city wide health outcomes from the culmination of actions across all 5 themes of the strategy and work undertaken in delivery of the strategy.***				
	Improve Sheffield rates of **alcohol specific mortality** which are currently significantly worse than the England average (for all persons and specifically males).	**LAPE data to indicate Sheffield rate at similar to or better than the England average.**	End of strategy period 2020 LAPE data published June 2020	Strategy implementation group (SIG)
	Improve Sheffield rates of **alcohol admission Episodes** which are currently significantly worse than the England average (for all persons and specifically females).	**LAPE data to indicate Sheffield rate at similar to or better than the England average.**	End of strategy period 2020 LAPE data published June 2020	SIG
	Improve Sheffield rates of alcohol **admissions by the age group 40-64** (for all persons, males and females) which are currently significantly worse than the England average.	**LAPE data to indicate Sheffield rate as similar to or better than the England average.**	End of strategy period 2020 LAPE data published June 2020	SIG
	Improve Sheffield's performance on the following indicators from 'similar to the England average': *** Alcohol related mortality;** *** Admission episodes for alcohol related**	**LAPE data to indicate Sheffield rate at better than the England average.**	End of strategy period 2020. LAPE data published June 2020	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	conditions (broad); *** Alcohol specific mortality among females;** *** Mortality from chronic liver disease;** *** Alcohol related mortality (all persons)**			
	Improve Sheffield's rates of **'Admission episodes for mental and behavioural disorders due to use of alcohol conditions'** from significantly worse than the England average.	**LAPE data to indicate Sheffield rate at similar to or better than the England average.**	End of strategy period 2020. LAPE data published June 2020	SIG
	Improve Sheffield's rate of **'benefit claimants due to alcohol use disorder'** from significantly worse than the national average.	**LAPE to indicate Sheffield rate at similar to or better than the England average.**	End of strategy period 2020. LAPE data published June 2020	SIG
	Maintain Sheffield's ranking as significantly better than the national average on the following indicators: *** Persons admitted to hospital for alcohol specific conditions;** *** Persons under 18 admitted to hospital for specific conditions;** *** Persons admitted to hospital for alcohol related conditions.**	**LAPE to indicate Sheffield rate at similar to or better than the England average.**	End of strategy period 2020. LAPE data published June 2020	SIG
	Set up **'Alcohol Strategy Implementation Group'** with Director of Public Health and key implementation stakeholders represented including: Public Health, DACT, Licensing, Trading Standards, SHSC, STH, CCG, YAS, SYFR, primary care, pharmacy etc.	Membership agreed with Chair. First meeting of group and terms of reference agreed.	December 2016 January 2017	HPJ and Chair

Action number	Action	Outcome/indicator of success	Deadline	Owner
1	**Health Awareness Campaigning** Implement Sheffield wide health awareness campaigns about the physical and mental health impacts of alcohol use. Include condition specific campaigns and reference to current renewed Department of Health guidance.	Number of campaigns run during strategy period. Geographical spread of campaigns across the city to prioritise deprived socio-economic areas experiencing high levels of alcohol related hospital admissions.	Routinely throughout the strategy period 2016-2020.	SIG
2	**Links between ill health from alcohol and tobacco use** Explore the opportunity for smoking cessation services in Sheffield to offer as standard, screening for alcohol use using the electronic screening tool and covering tobacco use during alcohol screening.	Standardised screening in smoking services. Number of individuals screened. Number of individuals receiving a brief intervention. Number of individuals referred to treatment services.	April 2017 On-going	DACT
3	**Community pharmacies and alcohol** Implement pharmacy based screening and brief interventions using the alcohol screening tool to access a wider reach of individuals that are self-managing health problems.	Agreed screening protocol. Numbers of individuals screened. Numbers of individuals receiving a brief intervention. Number of individuals referred to treatment services.	January 2018 On-going	SIG
4	**Pathways to support** Publicity exercise to ensure primary healthcare and other universal providers are aware of the opportunity to use the screening tool and the referral pathway to access community services.	100% pharmacies receive pathway. 100% GP surgeries receive pathway. Increased contacts and referrals from pharmacy and GP settings.	January 2017 On-going	DACT
5	**Renew Alcohol Liaison Nurse offer** During mobilisation of the community alcohol treatment contract: create revised offer based on winning bid for service, in agreement with Sheffield Teaching Hospitals and implement.	Revised liaison offer in place. Feedback from SHSC and STH on effectiveness of liaison pathway.	October 2016 On-going	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	Implement protocol for STH to identify individuals requiring support from liaison team through standard screening processes.	Increase in patients identified and routed to Alcohol Liaison Team.	July 2017	
6	**Rapid access back to community treatment** Agree protocol between STH and community treatment for staff to identify individuals who could be medically discharged from hospital and into community treatment either before or during an unplanned inpatient detoxification.	Protocol in place. Numbers accessing community treatment subject to the protocol.	April 2017 On-going	SIG
7	**Reduce readmission and relapse rates among patients receiving detoxification at STH** Focused work on post discharge offer from community services, community support workers and peer mentor schemes to improve levels of sustained recovery post discharge and reduce levels of disengagement with community treatment post discharge.	Implement agreed post discharge protocol. Re-audit a cohort of patients discharged 6 months after protocol is implemented.	July 2017 February 2018	SIG
8	**Alcohol related deaths** Explore the feasibility of implementing a local alcohol related deaths process in Sheffield if national guidance is released to support this.	National guidance issued. Local process agreed.	Open – ended during 4 year strategy period.	SIG
9	**Yorkshire Ambulance Service** Agreed data sharing with YAS to give the SIG intelligence on alcohol related call outs in Sheffield.	Invite YAS to sit on SIG. Receipt of regular data.	December 2016. July 2017.	SIG
10	**Young people admission notification** Notification process to be agreed between Sheffield Children's Hospital and young people's substance misuse treatment services where alcohol related admissions occur.	Invite SCH to sit on SIG with Hidden Harm SGC Substance Misuse Manager. Oversee implementation of notification system.	December 2016 September 2017	SIG
11	**Alcohol screening for pregnant women** Standardised screening of all pregnant women in Sheffield using electronic screening tool. All	Standard screening in place. Monitor impact on potential reduced	September 2016 End of strategy period 2020.	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	indicated to be referred to Vulnerabilities midwives.	child protection processes instigated through life of strategy.		
12	**Hospital data sharing** Agree data sharing protocol between SIG and STH to allow access to accurate and timely alcohol related admission data to inform needs assessment and allow responsive action during the strategy period.	Agree data sharing protocol. Focus activity in action plan in response to data picture of admissions in a 'real time' manner.	April 2017 On-going	SIG
13	**Local alcoholic liver disease index** Scope local clinician led alcoholic liver disease index for use in identification of LD across Sheffield health services.	Lead clinician identified Index agreed and consulted on Index implemented across health services.	January 2017 September 2017 January 2018	SIG
14	**Health checks** Mandatory health checks for the over 40s in Sheffield offers an opportunity to screen using local tools, thousands of individuals in an 'at risk' age group and provide brief interventions and onward referral.	Agreement with CCG to deliver alcohol screening as part of health checks using local screening tool. Implementation of screening during health checks.	April 2017 To be decided.	SIG
15	**Development of electronic screening tool** Develop the electronic screening tool to be utilised as a self-screening tool (web based) for the wider Sheffield population as a Public Health campaign to self-screen, receive brief interventions and advice, and to keep an alcohol diary/monitoring record.	Development of tool capacity. Roll out as local Public Health campaign using PH's dedicated Communications team encouraging people to self-screen and recommend to others. Evaluate the use of the tool as a response to this over an agreed period and impact on referrals to treatment / numbers self-screening and their feedback on the tool.	September 2017 2018 After self-screening is launched.	SIG
16	**Research into screening and health harms**	Invite representative of SCHaRR to sit	December 2016	

Action number	Action	Outcome/indicator of success	Deadline	Owner
	Explore partnership working with the University of Sheffield's School of Health and Related Research (SCHaRR) in evaluating the widespread policy impact of screening and brief intervention, and using data to map alcohol harms across Sheffield to choose targets for intensive screening and BI.	on the SIG. Agree terms of evaluations and mapping. Target interventions accordingly in response to evidenced need.	 2017 Throughout 4 year strategy period.	
17	**Workforce impacts of alcohol harm** Initiate engagement with large employers in Sheffield in order to offer support to: - Understand the impact of alcohol on productivity in the workforce; - Support fit for purpose workforce policy; - Screen and BI across workforces.	Number of employers receiving information, training policy advice. Numbers of individuals screened through workforce initiatives.	Throughout 4 year strategy period.	
Theme 2 – Alcohol, Treatment and Recovery				
18	**New alcohol community contract** period to be used to build a local evidence base for the efficacy of treatment by implementing 3 and 6 month post successful discharge outcome checks and collating the evidence over the contract period.	Commence collection of post discharge clients in all successful treatment exits. Annual summary reports to be prepared and submitted to SIG. Outcome to influence future service commissioning plans.	1 October 2016 Annually at the end of each full contract year. Current contract period ends September 2021.	SIG
19	**On-going commissioning of Safeguarding Children's Substance Misuse Service** : working with treatment providers in Sheffield to prioritise the safeguarding of the children of substance misusing parents or 'Hidden Harm' and involvement with the Hidden Harm Board.	Strategic Commissioning Manager to continue to sit on Hidden Harm Board. Hidden Harm Strategy and Alcohol Strategy to identify the same strategic aims addressing parental alcohol use and its impact on children.	On-going December 2016 (both Alcohol Strategy and Hidden Harm Strategy currently being reviewed)	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
		Further implementation of the use of electronic screening tool in services such as MAST and health visiting to prioritise the needs of the family through identifying parental alcohol misuse.	On-going through 4 year strategy period.	
20	**Inpatient detoxification for alcohol dependency** Review commissioning arrangements for the 5 substance misuse specialist inpatient detox beds currently based on Burbage Ward at the Michael Carlisle Centre to evaluate how Sheffield offers this provision and could offer better outcomes.	Review commissioning process and make a recommendation. Implement recommendations for inpatient detox. provision (planned)	By beginning end of 2017/18 2018/19	SIG
21	**Recovery community** Continue to develop and enhance the 'recovery community' in Sheffield and work with Sheffield Hallam University's 'Sheffield Addiction Recovery Research Group' to achieve their goal of making Sheffield the recovery capital of the UK through:	Attendance at SARRG meetings Regular recovery events and meetings Annual recovery month activities (each September) to raise the profile of recovery in Sheffield. Promotion of mutual aid, peer mentor schemes, and 'visible' recovery in treatment and universal settings in the city.	On-going On-going September 2016, 2017, 2018, 2019 On-going	SIG
22	**Sustainable recovery in the community:** work to improve the recovery capital of individuals leaving treatment or hospital to maximise successful outcomes by linking them with Community Support Workers in their locality who can support them to attend their follow up community treatment appointments but in addition broker access to other community initiatives and activities making lapse and relapse less likely.	Agree discharge protocol between community services/hospital and Community Support Workers (with consent). Implement protocol. Monitor impact on sustainable recovery outcomes.	April 2017 July 2017 On-going	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
Theme 3 – Licensing, Trading Standards and the Night Time Economy				
23	Continued implementation of successful **night time economy based initiatives**: 1. Best Bar None 2. Purple Flag accreditation 3. Re-publicise BBN app to increase downloads and increase access to safe licensed premises identified through the BBN scheme.	Maintain Sheffield reputation from National BBN awards 2016 Promote a safe, profitable and diverse night time economy. Number of app downloads during strategy period.	Annually 2016/17 2017/18 2018/19 On-going	SIG
24	Evaluate approaches to and explore implementation of **policy measures** in Sheffield to support reduced alcohol consumption across the Sheffield population.	Evaluate potential as part of work with Licensing.	On-going	SIG
25	**Explore Cumulative Impact Policy/Zone** implementation in Sheffield in response to its evidence base in reducing alcohol related harm and overall population consumption within all appropriate guidance. Use crime, anti-social behaviour, hospital and ambulance data to evidence where there is a need for a CIP to be considered.	Gather relevant data from authorities to evidence an area/s where a CIP may be effective in Sheffield. Explore this during work on the 10 year Licensing Strategy.	January-April 2017 January – April 2017	SIG
26	**New Psychoactive Substances and alcohol** Raise the issue of poly alcohol and NPS use at the NPS Strategy group and explore actions in response to this, including outreach by staff based in the Non-Opiate treatment service into night time economy venues to engage people and raise awareness of	Ensure linkage between NPS and alcohol strategy. Number of outreach operations delivered/individuals worked with.	January 2017 On-going	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	health harms.	Roll out of the DUDIT (Drug Use Disorders Identification Tool) across agencies with access to the electronic screening tool (offered on same IT platform) to allow city wide screening for both alcohol and non-opiate drugs. Numbers of individuals screened, given a brief intervention and referred into treatment where a need is identified.	2017 On-going	
27 Page 136	**Involvement in 10 year licensing strategy and statements of intent** Key members of the Alcohol Strategy Implementation Group to attend consultations and working group forming the 10 year licensing statement to ensure all of the actions regarding licensing in this plan are kept on the agenda and fully explored and evaluated.	Full involvement in consultation process. Full involvement in working groups/policy groups. Implementation of Licensing based responses to reducing alcohol related harm and cross population health harms.	2016/17 2016/17 onwards On-going	SIG
28	**Public Health and Licensing applications** As standard, new license applications are sent to the LA office of PH. At present there is not standard response / consideration process to ensure all applications are considered fully from a PH point of view. Agree a meaningful protocol through which this can be achieved which is acceptable to both Licensing and Public Health.	Agenda item at Strategy Implementation Group and consultation for 10 year licensing policy. Agree protocol. Protocol implemented.	January 2017 June 2017 July 2017	SIG
29	**Test purchasing** Under the South Yorkshire Police Test Purchase protocol for multi-agency working, undertake on-	On-going test purchasing operations. Intelligence shared and reported at	On-going Quarterly throughout strategy	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	going test purchase operations and intelligence sharing to target high risk retailers selling alcohol to underage individuals or selling illicit/counterfeit alcohol.	Strategy Implementation Group meetings. Reduction in positive test purchase outcomes as a proportion of operations conducted on an annual basis.	period 2017/18 2018/19 2019/20	
30	**Reduce the Strength** Evaluate the need for a 'Reduce the Strength' pilot in Sheffield. Encourage voluntary participation through increasing awareness of alcohol related harm among retailers in Sheffield.	Evaluation completed and conclusions drawn. Implemented if agreed.	December 2017 Post evaluation	SIG
31	**Increased fines for licensing breaches** Support Trading Standards to lobby for increased fines for retailers that breach their license conditions to act as a deterrent to breaching conditions.	Method to challenge low fines to be agreed. Impact on increased fines.	2017/18 If lobbying is successful.	SIG
Theme 4 – Alcohol and Crime				
32	**Ward based meetings** SCC Communities Officer to continue to co-ordinate multi-agency meetings in communities to respond quickly to locality based alcohol related anti-social behaviour issues.	Meetings held quarterly	On-going	SIG
33	**Domestic abuse perpetrators** Any funded domestic abuse perpetrator programme to include education about the impact of alcohol, identification of alcohol misuse and referrals to support or treatment where indicated. Address domestic abuse among offenders through	All domestic abuse perpetrators attending the programme to be screened using the alcohol screening tool. 100% of attendees to receive information on the impact of alcohol use on their offending.	To be confirmed – domestic abuse perpetrator funding is currently being sourced. On-going once implemented.	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	new Integrated Offender Management (IOM) arrangements.	Protocol agreed for addressing DA perpetration through IOM case management.	2017	
34	**Domestic abuse incidents attended by SYP officers** Agree a 'consent to contact' protocol where officers attending a domestic abuse incident aggravated by alcohol offer the victim and/or perpetrator a call back from alcohol services to talk about their alcohol use. This will offer an opportunity to engage people who may not ordinarily approach services.	Protocol agreed between SCC and SYP Protocol implemented force-wide. 100% of individuals at these incidents offered a callback. Monitor numbers accepting referral and translation onto treatment caseload.	April 2017 Summer 2017 On-going after implementation On-going	
35	**Domestic abuse victims and alcohol** Offer refresher training on use of electronic screening tool to staff of domestic abuse services and implement service wide screening where appropriate.	Refresher training completed. 100% of appropriate (i.e. once risk management has been addressed) victims of domestic abuse to be screened for alcohol use.	July 2017 September 2017 onwards.	SIG
36	**Fixed penalty notice waiver** Expand the fixed penalty notice waiver scheme outside of the city centre and into localities to address low level alcohol related offending in communities, increasing access to education and awareness.	Invite SYP to sit on implementation group. Agree localities for expanding scheme. Implement expansion Monitoring of use and outcomes of those issued with a fixed penalty notice.	December 2016 July 2017 October 2017 On-going from implementation - quarterly	SIG
37	**Alcohol conditional bail** Review alcohol conditional bail, develop to include	Review the current offences included in the alcohol conditional bail scheme.	July 2017	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	more offences and ensure the system is implemented in the sole custody suite for Sheffield and Rotherham, Shepcote Lane.	Renew the scheme's conditions. Implement at Shepcote Lane in agreement with alcohol treatment and CJIT provider. Monitoring of use rates and trends to inform local intelligence on alcohol and offending.	September 2017 January 2018 Ongoing from January 2018	
38	**Standardised screening of offenders on license** Embed the electronic screening tool into National Probation Service (NPS) and Community Rehabilitation Company (CRC) standard assessment/initial appointment processes to identify alcohol misuse among offenders and address re-offending risk associated with substance misuse.	Agreed standardised screening with NPS and CRC. Implementation of process. 100% on caseload screened. Reduced re-offending rates among screened positive offenders.	September 2017 January 2018 January 2018 onwards Data for 2019 and 2020	SIG
39	**Local prisons** Develop protocols between community treatment and regional prisons to ensure prisoners with alcohol use disorders are identified, receive support during their sentence and are referred into community treatment on release in the same structured manner as they are if they are opiate using substance misusers.	Identify key link person working in regional prison provision. Scope what is offered to current prisoners with alcohol misuse issues including how this is identified. Agree protocol for Sheffield residents being released from prison with identified alcohol use disorders to allow them access to community support on release and reduce the risk of alcohol related reoffending.	January 2017 Summer 2017 January 2018	SIG
40	**Victims of crime**			SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	Explore screening of victims / witnesses of crime accessing support services in order to gain access to a cohort of individuals vulnerable to alcohol misuse but likely under-identified. Scope out the offer of alcohol discussions/screening with victims of crime engaged in restorative justice interventions.	Identify key link person in agencies. Agree process/pathway. Implement pathway and monitor number of individuals screened and prevalence of those meeting threshold and referred.	September 2017 January 2018 April 2018 onwards	
Theme 5 – Community Responses and Vulnerable Groups and Individuals				
41	**Vulnerable individuals entrenched in 'street culture'** Continue to oversee case management conferences for vulnerable alcohol users entrenched in 'street culture' in Sheffield through multi agency case conferencing and trouble-shooting to improve outcomes. Continue anti-begging campaign work and promotion of 'positive giving' in Sheffield.	On-going risk management and case resolution for vulnerable alcohol users engaged in 'street culture' in the city centre. On-going promotion of this campaign which seeks to encourage 'positive' giving to charities supporting this cohort rather than giving money directly. Reduction in street begging activity and increased charitable giving.	On-going, bi-monthly On-going	DACT DACT
42	**Social Impact Bond funding** Scope opportunities to use social impact funding to provide up front intensive interventions to vulnerable alcohol users who are frequent users of costly interventions across the NHS and Local Authority in order to minimise use of services and ensure there is a community/closer to home offer they can access	Identify social impact bond project. Apply for funding and identify deliverable outcomes. Secure funding and implement.	This is an open ended action which could be used during the life of the strategy.	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	when in crisis.	Evaluate outcomes.		
43	**Alcohol and sexual health** Explore opportunities to promote safe alcohol use and screen individuals seeking support with sexual health related matters such as: Emergency contraception; GUM clinic.	Agreed screening process and standard screening / educational information issued on safe alcohol use.	2017/18	SIG
44	**Trilogy of risk** Prioritise intensive intervention planning for families subject to the 'trilogy of risk' where substance misuse, domestic abuse and mental health are identified within the family unit, include linking into 'Building Successful Families' project work where appropriate.	To be decided at Strategy Implementation Group as this requires a number of departments involved.	To be decided.	SIG
45	**Alcohol and mental health / liaison psychiatry** Standardise screening of all individuals accessing support from Community Mental Health teams to identify any contributory alcohol related factors to mental health presentations. Promote pathway awareness and screening to professionals delivering IAPT interventions. When the CCG commissioned Liaison Psychiatry service starts in Jan 2017, SIG members should be included on their working group and be able to feed into the process of ensuring alcohol is given the attention it needs across hospital sites by those delivering the Liaison Psychiatry service.	100% screening rate across CMHTs. Active signposting from IAPT to alcohol screening and support. SIG involvement in Liaison Psychiatry action plan and a member of the management of Liaison Psychiatry to be offered a place on the strategy implementation group.	October 2017 October 2017 January 2017	SIG
46	**Socio economic deprivation and alcohol harms** Work with SCHaRR to map health harms by socio-	Invite SCHaRR to sit on SIG.	January 2017	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	economic status across Sheffield and target specific actions listed above in particularly deprived areas.	Accurate profile of health harms in most deprived areas in Sheffield agreed. Targeted interventions agreed in response.	September 2017 September 2017 onwards (see specific interventions above)	
47	**Alcohol and older people** Continue partnership work with Drink Wise Age Well and support referrals to and from treatment and vice versa. Explore screening in settings with access to older and retired cohorts in Sheffield.	Increased targeted support offered to over 50s with alcohol use disorders which can be tailored to the age group. Implement screening and early identification, ultimately will reduce alcohol related ill health among this cohort and should reduce alcohol admissions in the 40-64 age bracket on which Sheffield performs worse than the national average.	On-going October 2017	SIG
48	**Alcohol and housing services** Facilitate access to screening for housing support staff and staff working in floating support, supported housing provision and other specialist housing provision to support them identify alcohol use disorders early, screen, deliver brief interventions and refer to support where indicated.	Invite Housing/Housing Independence Service representation onto SIG. Implement housing wide awareness and screening across the city, again with a focus on deprived areas.	January 2017 On-going	SIG

Appendix 2 – Attendees at Alcohol Strategy Expert Group and core consultation group – 30 March 2015

Ian Ashmore – Trading Standards – Sheffield City Council

Julie Colleyshaw – Team Manager – Community Rehabilitation Company

Benita Mumby – Force Licensing Lead – South Yorkshire Police

Sue Smith – Ben's Centre

Daryl Bishop – Ben's Centre

Dr Jeremy Wight – Director of Public Health

Dr Dermot Gleeson – Consultant Hepatologist – Sheffield Teaching Hospitals

Dr David Best – Professor and Recovery lead – Sheffield Hallam University

Dr Gurjit Barn – General Practitioner, special interest alcohol

Dr Karen O'Connor – General Practitioner

Sergeant Sowerby – South Yorkshire Police

Mike Simms – Alcohol Liaison Nurse – SHSC

Nick Simmonite – city centre licensee and chair of 'U-Night' group

Quentin Marris – Service Manager – Addaction DIP

Emma Wells – Service Manager – Drink Wise Age Well

Councillor Geoff Smith – Chair of Licensing Board – Sheffield City Council

Susan Hird – Public Health Consultant – Sheffield CCG

Theresa Ward – Service Manager – High Risk Domestic Abuse Services

Rachel Dillon – Commissioning Manager – Sheffield CCG

Josie Soutar – Chief Executive, Sheffield Alcohol Support Service (SASS)

Carl Cundall – Alcohol Recovery Community Manager – SASS

Elise Gilwhite – Public Health – Sheffield City Council

Sam Pryor – Cathedral Archer Project

Dr Olawale Lagundoye – Clinical Director for substance misuse services – SHSC

Chris Wood – Service Manager, SHSC substance misuse services

Adele Rowett – Service Manager, SHSC Opiate Service

Wendy Fowler – Team Leader, SHSC Alcohol Service

Julie Woodhead – Helpline Team Leader, Sheffield Domestic Abuse Outreach Service

Carol Fordham – Commissioning Manager for Young People – Sheffield City Council

Loretta Keenan – Ben's Centre

Danny McDonald – Ben's Centre

Abdul Abas – Ben's Centre

DACT team members

Helen Phillips-Jackson – Commissioning Manager

Alison Higgins - Domestic Abuse Strategy Manager

Simon Finney – Criminal Justice Services Manager

Linda Darwent – Commissioning Officer

Tracey Ford – Communities Officer

James Newcomb – Information and Performance Analyst

Bradley Spencer – Information and Performance Assistant

Andrew Rodgers – MARAC administrator

Suzanne Williams – Senior Business Support Officer

**** Invitations were issued to a number of individuals who were unable to attend. All invitees were e mailed the presentation after the event and given a two week period within which to submit feedback.***

Author/Lead Officer of Report: Andy Hare, Strategic Commissioning Manager

Tel: 0114 2057139

Report of:	Laraine Manley
Report to:	Cabinet
Date of Decision:	*[EMT – 16/8/16]*
Subject:	Sheffield Advocacy Hub

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

Which Cabinet Member Portfolio does this relate to?
Health and Social Care

Which Scrutiny and Policy Development Committee does this relate to?
Healthier Communities and Adult Social Care

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

If YES, what EIA reference number has it been given? 891

Does the report contain confidential or exempt information?	Yes		No	X

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

Purpose of Report:

To seek approval to proceed with the development, procurement and implementation of the “Sheffield Advocacy Hub”.

The Hub will be a single point of contact dealing with all enquiries and referrals for advocacy. It will fulfil SCC’s statutory duty to arrange independent advocacy in a variety of situations, as well as enabling access to ”non-statutory” advocacy to the citizens of Sheffield. The new arrangement will start in April 2017.

Recommendations:

It is recommended

- that from April 2017, Sheffield City Council (SCC) commissions a comprehensive, integrated advocacy service using a “Hub” format as described in this paper. The new service will be known as “The Sheffield Advocacy Hub”

- that the authority to initiate the tender process and award the contract to the most suitable bidder for a period of 5 years is delegated to the Director of Commissioning.

- that the necessary funding is transferred from existing budgets into a new single business unit to facilitate payment processes and forecasting in time for the start of the new arrangements. The total funding over 5 years is estimated to be £4,465,695.

- that the existing advocacy contracts are terminated in line with their notice periods from the date the new arrangement starts.

Background Papers:
NA

<table>
<tr><th colspan="3">Lead Officer to complete:-</th></tr>
<tr><td rowspan="3">1</td><td rowspan="3">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: Jane Wilby 28/7/16</td></tr>
<tr><td>Legal: Janusz Siodmiak / Nadine Sime 29/7/16</td></tr>
<tr><td>Equalities: Liz Tooke 9/8/16</td></tr>
<tr><td>2</td><td>EMT member who approved submission:</td><td>[Laraine Manley]</td></tr>
<tr><td>3</td><td>Cabinet Member consulted:</td><td>Cate McDonald</td></tr>
<tr><td rowspan="3">4</td><td colspan="2">I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.</td></tr>
<tr><td>Lead Officer Name:
Andy Hare</td><td>Job Title:
Strategic Commissioning Manager</td></tr>
<tr><td colspan="2">Date: EMT – 16/8/16</td></tr>
</table>

1. PROPOSAL

Local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, support them in weighing up their options, and assist them in making their own decisions.

Advocacy has a key role to play in carrying out this duty. Timely access to good quality advocacy can empower and enable individuals to have their voice heard, thus enhancing their control over assessment processes and expressing meaningful choices around decisions being taken about them at key moments in their lives. Legal duties to arrange advocacy services align with Portfolio priorities to support people to be independent safe and well.

This paper describes the commissioning plan for the future provision of Independent Advocacy – The Sheffield Advocacy Hub. The new arrangement will start in April 2017.

A Hub model procured via a Cost and Volume (Block plus spot) payment model is proposed as the best way forward toward achieving the outcome of having in place a reliable supply of Independent Advocacy to:

a) meet the need for advocacy support of Sheffield citizens, and

b) fulfil SCC's statutory duties under the Care Act and mental health legislation.

Sheffield City Council has contracts with several organisations to deliver advocacy services (see Introduction below)

Two coinciding factors have prompted a review of the contracting arrangements for advocacy:

a) A number of the existing advocacy contracts are ending in March 2017, and

b) There is a new statutory duty to arrange advocacy services which was placed on Local Authorities by the Care Act 2014. This came into effect in April 2015.

Consolidating the current provision into a centralised, integrated contract will result in the following improvements for service users and their carers:

a. A single, identifiable point of contact
b. More effective and easier communication
c. Consistent standards
d. Efficiencies of scale including lower back-office costs

e. Capacity is consolidated; best practice can be shared
f. Better access to non-statutory advocacy,

The main benefits of a “Cost and Volume” approach are:

a. The block element offers some assurance for providers and allows up-front investment in training and development.
b. Allows flexibility for SCC to purchase services above the minimum levels

1.1 Introduction

The proposals in this paper will deliver a simplified and accessible arrangement for advocacy services in a way which will offer opportunities to deliver services in Sheffield which should meet people’s needs and hopefully make the city stand out as a beacon of excellence in this area.

Advocacy services are currently provided by a number of different organisations.

Independent Mental Capacity Advocacy (IMCA)	Sheffield Mental Health Advocacy Service (SMHAS)
Independent Mental Health Advocacy (IMHA)	SMHAS
NHS Complaints Advocacy	Voiceability
Paid Reps (DOLS)	SMHAS
Learning Disability Advocacy (non-statutory)	Cloverleaf

Notes:

- The Mental Capacity Act 2005 (MCA) created the Independent Mental Capacity Advocate (IMCA) service. IMCAs support people who lack capacity and who have no family or friends to support them when serious decisions are taken in their lives; The Relevant Person’s Representative (Paid Rep) role also derives from the MCA 2005.

- The Mental Health Act 2007 requires that arrangements must be made to provide independent Mental Health Advocates (IMHA) for 'qualifying' patients in England;

- All providers are aware of SCC’s intentions and all contracts will be ended in line with contract terms and conditions.

The intention is to replace these arrangements, and to include the new "Care Act" advocacy, with one contract for a service called "The Sheffield Advocacy Hub". The contract will have a five year period with a review break after three.

A number of models were explored but an options appraisal strongly favoured a hub model, funded via a flexible cost and volume contract. This is discussed further in section 5.

This paper will set out in principle how the Sheffield Advocacy Hub will work and then describe how and why the proposals have been arrived at including aspects of consultation, demand forecasting and financial implications.

Precise details of the final model will be developed during the course of the specification writing.

1.2 Operation of the Hub

1.2.1 The Hub will be a single point of contact dealing with all enquiries and referrals for advocacy. It will be accessible to relevant workers as well as individual members of the public.

1.2.2 A triage process will determine the pathway and priority of each referral or enquiry. Requests for "statutory" services or advocacy around pre-agreed situations (e.g. Learning Disability re-provision) will be referred or subcontracted to specialist providers, or delivered by the hub organisation as appropriate and depending on the proposal submitted in the successful tender.

1.2.3 The Hub Provider will be required to facilitate a flow of work which delivers the support required to individuals but also ensures that capacity is available to meet timescales for new referrals. This may require managing expectations of individuals who may want more support than they actually need.

1.2.4 People making requests for non-statutory requests will be offered information and advice about where they can get help or "low level" advocacy.

1.2.5 The Hub will also have a leading role in offering information, training and awareness-raising about the advocacy role and will have a major profile in the city across all health and social organisations including the independent sector.

1.2.6 The Hub provider will be required to provide information regularly to Healthwatch so that they can carry out their role of scrutinising local services (this is particularly relevant for the NHS Complaints Advocacy).

1.2.7 The Hub organisation will have sole responsibility for delivery of the contract and will be required to monitor and assure the quality of any

services it subcontracts and take timely action in the event of performance problems. The Hub will be expected to feedback information to commissioners to inform future strategy and developments.

1.3 Service Quality

The advocacy services currently being delivered under contract are of a good standard. Anecdotally, the overall quality of advocacy provision in Sheffield does not give any cause for concern. After April however, there may be a new provider in place and, even if a current provider(s) wins the contract, there will be some risk to service quality as the new service beds in, TUPE transfers go ahead and the new model is tested. In order to mitigate these risks, a full three month implementation period has been built into the procurement timeline which should allow each party to become familiar with expectations of the others.

Furthermore, a robust monitoring regime will be developed and implemented which, in the first few months of the contract, will be particularly vigilant in ensuring that quality standards are being attained and maintained.

1.4 Outcomes and sustainability

Sheffield City Council needs to develop a solution which delivers all required statutory advocacy and, according to what resources allow, consolidates and develops "non-statutory" advocacy services for Sheffield citizens.

1.4.1 A Sheffield Advocacy Hub, provided as a Cost and Volume model is the best way to ensure that future demand for advocacy services can be met whilst at the same time ensuring the best value for money for the citizens of Sheffield.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 Advocacy frequently crops up as an important issue when talking to people from every service user group. There have been several consultations over the years which tend to highlight similar themes. Views from these consultations have been updated during the current commissioning process.

2.2 Public feeling about advocacy has been expressed vociferously. For example, in early 2014, a commissioned service held with a popular LD provider was changed. This gave rise to public protests around the Council's reputation which brought in local MPs and press; although this did not change the ultimate decision, senior Councillors were required to make public statements about the Council's commitment to supporting and properly resourcing "non-statutory advocacy".[1]

[1] "Anger after Sheffield Charity Axed" – Sheffield Star 20/1/14

2.3 Delivering a high quality, value for money solution is vital to establish and maintain Sheffield citizens' confidence in future arrangements.

3. HAS THERE BEEN ANY CONSULTATION?

People who have used advocacy and their carers have been consulted in a variety of ways in the run up to the procurement. Further triangulation of the issues and concerns is planned over the next few weeks. This has already and will continue to inform the specification development Consultation has been undertaken as follows;

- Collation of output from previous consultations on advocacy
- Meetings with individual service users and local advocacy organisations.
- "Citizen Space" questionnaire on the Sheffield City Council website (45 service user responses)
- Feedback from Service Improvement Forums
- Workshop with potential providers to inform the development of the service specification (12 attendees)
- Discussions with other Local Authorities who are using Hub models are have taken place and a summary of this is included as Appendix 2 of this report.
- <u>Key issues have been:</u>
- Consistency needed in the quality and accessibility of advocacy
- Make the right person available at the right time – delays can be problematic – get rid of long waiting lists
- A central point of access to and information about advocacy.
- Need an advocate answering the phone
- Need specialist advocates who are well-trained and knowledgeable.
- Must be simple to access for individuals and carers
- Clearer recognition of advocacy's role in the Prevention agenda
- Linking funding of advocacy to quality
- Service cuts have increased the need for advocacy

- Advocacy can help to protect the most vulnerable people from abuse.
- Need clear eligibility criteria
- Better publicity/promotion of advocacy is needed

3.1 These outcomes and features will be built into the service specification for the new service.

3.2 The consultation also highlighted the need for a clear approach to managing people's expectations about what the service can realistically deliver. Several comments were about other types of support and advice services.

3.3 As the procurement process moves forward, service user involvement will continue. There will be at least one question in the tender documents which service users or their representatives will write and then evaluate.

3.4 Regular feedback from users of the new service will be sought as part of performance monitoring and quality assurance of the new arrangements

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

Because these advocacy services are mainly statutory duties, they must be properly resourced. A failure to deliver on these duties cannot be defended by an argument citing a lack of resources.

4.1 Financial and Commercial Implications

The major issues around delivery of services such as Independent Mental Capacity Advocate (IMCA) and Paid Reps have been around a dramatic increase in demand caused by changes to case law which has not been matched by a timely increase in market capacity. This has resulted in waiting lists and delays to assessment and discharge processes. There has been a necessary ad hoc response to this which has included negotiating contract volume increases with the incumbent providers.

The uncertainties associated with an estimate of the total cost of the project are provided below. Although the funding over 5 years is estimated to be £4,465,695, factors used to quantify the estimate may change (see 4.1.1).

Projections of costs below are made for the first 3 years of the contract. Discussions with the officers with knowledge of likely future need and providers have led to the figures in Table 1. (see 4.2 for some commentary on this)

The resulting estimated projections for activity in 2017/18 are 9% higher than current activity and a further 8.3% higher in 2018/19. If that trend continues, we can assume for the sake of argument (and acknowledging a

considerable margin of error) that demand will continue to grow, but at a slower rate each year. i.e. 2019/20 increase 7.6%; 2020/21 increase 6.9% etc.

4.1.1 The estimates of future demand has a number of factors which add to uncertainty. For example:

a) The take up of "Care Act" advocacy has been slow nationally and this is reflected in the Sheffield. Estimates indicate that there may eventually be a plateau in referrals at a level 300% higher than at present once the new duty has fully bedded in.
b) The Law Commission is currently reviewing the current arrangements for DOLS[2] . It is still not clear how the law will change as a result, or what effect there might be on referrals.

4.1.2 Table 1 shows estimates of activity and costs over the next three years.

4.1.3 If demand for the existing contracted services is as forecast, and demand for Care Act Advocacy grows by 100% next year, we can forecast a cost to SCC of £757,200 in 2017/18.

[2] Deprivation of Liberty Safeguards

Table 1 Sheffield Advocacy Hub – Demand Projection and budget requirements (see 4.2 for explanation)

Service	Current Activity	2017		2018		2019	
		Hours	Cost[3]	Hours	Cost	Hours	Cost
IMCA	5681	7500	225,000	9000	270,000	10500	315,000
IMHA	3100	3100	93,000	3100	93,000	3100	93,000
Paid Reps	5300	5300	159,000	5300	159,000	5300	159,000
NHS Complaints	-	-[4]	144,000	-	144,000	-	144,000
LD Advocacy	3540	3540	106,200	3805	114,165	4090	122,711
Care Act Advocacy	500	1000[5]	30,000	1500	45,000	2000	60,000
Total			**£757,200**		**£825,165**		**£893,711**

[3] Assumption £30 per hour in line with current market rates. Tender may deliver a lower rate.
[4] NHS Complaints funded on block payment basis
[5] Estimate – see 4.2.5

4.2 Commentary on Table 1

4.2.1 **Independent Mental Capacity Advocate (IMCA)**
This contract as it stands is a three way arrangement between the Sheffield City Council, Rotherham MBC and Doncaster MBC. The joint arrangement will end on 31/1/17. The projections are based purely on Sheffield activity and take into account the waiting lists which have caused some delays to assessment and planning processes.

Changes to case law and practice have driven demand for IMCA way above the levels anticipated even two years ago. Based on the hours completed in 2015-16 of 5681 plus a planned full time employee to be added to the current staffing and devoted to Sheffield Teaching Hospitals, actual hours delivered by the end of this year could reach 7,500 and this has been used as the forecast for year 1 of the new contract.

However, this in itself may not clear the waiting list which currently stands at 50. Average time per case has been previously calculated to be 12 hours, suggesting that those clients currently on the waiting list would require 600 hours, or 0.4 full time employee IMCA for one year.

Trends in levels of referrals

Whilst the level of referrals has fluctuated significantly in Sheffield in 2015-16, it remains the case that the level of referrals for Serious Medical Treatment decisions remains much lower than expected. Referrals from GPs are very low; whilst referrals do come from Sheffield Teaching Hospital, it is unclear as to whether these reflect every case where there is a statutory requirement to involve an IMCA.

There are around 800 Deprivation of Liberty Safeguards cases awaiting assessment by Sheffield City Council, of which a proportion would require IMCA involvement either in the assessment stage, or in supporting family relevant person representatives (RPRs).

Independent Mental Capacity Advocate (IMCA) referrals for hospital discharge and change of accommodation are at the expected levels.

We have some anecdotal evidence that cases are becoming increasingly complex. This is partly due to the aging population, not least because relatives of some older clients are themselves elderly and sometimes inappropriate to consult as a result of their own health conditions. Individual cases are likely to take longer to complete.

Prediction of hours required after April 2017

As the new duties around Care Act advocacy, it is entirely feasible that referrals for IMCA will increase as a result. Advocates in this role are likely to highlight more cases where IMCA involvement is required, where a referral would not necessarily have been made otherwise.

4.2.2 **Independent Mental Health Advocacy (IMHA)**
This is a straightforward projection; activity will continue at current levels over the next three years.

4.2.3 **Paid Representatives**
Current activity is around 5300 hours per year and this is expected to carry forward into the new Hub model. There is a waiting list but no firm projections of changing demand in future can be confidently made.

4.2.4 **NHS Complaints Advocacy**
This contract underpins the statutory duty around Healthwatch. It has a distinct well defined role and has been purchased via a block contract since its inception. Assuming this investment remains committed; some of this money could support the hub function and be part of the block payment.

4.2.5 **Care Act Advocacy**
Care Act Advocacy is currently delivered via interim arrangements with a number of known providers. The service is purchased one case at a time at an agreed hourly rate.

Take up of Care Act advocacy has been much lower than anticipated both locally and nationally and forecasting demand is fraught with potential errors. Current activity equates to around 500 hours a year although there is some anecdotal evidence that referral rates are starting to increase. The figure in the table is one that projects a 100% increase in 2017-18; 50% more in 2018-19 and then a further 33% in 2019-20.

Of all the elements being brought together into the Hub, this presents the greatest difficulty in terms of projecting demand with any degree of confidence.

4.2.6 **Learning Disability (LD) Advocacy**
The current usage is 295 hours per month (averaged over 12 months to 31 March 2016). 71% of this is generic, 25% is deregistration, 3% is right-sizing and 1% is carers.

Commissioners in the LD team believe that the generic service could have been better promoted by the provider and they suggest that the new arrangement should improve this outcome and result in a 15% increase in activity over the next three years. For the purposes of the projections, this has been split evenly across the period. There is obviously a margin of error here.

The de-registration programme will come to an end but any change of provision, accommodation or support may require an advocate. Reviews and reassessments following deregistration will continue until at least May 2017. So the end of the de-registration process does not necessarily signal a reduction in demand.

Planned LD commissioning activity which may provoke a demand for advocacy:

- Re-provision of Sheffield Health and Social Care Trust (SHSCT) Supported Living 2016-2018. 80 people affected
- Sheffield City Council Provider Services review. 2016-18. 45 people affected.
- Respite and Day Services are due for review and re-provision over next year. This is likely to produce a demand for advocacy input although it is difficult to quantify
- Supported Living Framework re-provision by 2017. Up to 109 people affected.

4.3 Payment Model. An options appraisal (see section 5) identified a "Cost and Volume" payment structure whereby an agreed amount is paid to cover infrastructure and an agreed number of hours. Activity over and above this is paid on an hour-by hour basis via invoicing.

4.3.1 The split between the block and spot elements of the payment will be decided once the CCG's contribution has been confirmed. It will be set at a point which allows the provider to set up a robust infrastructure and offers them some security but also offers sufficient flexibility for SCC. For example waiting lists are kept to a minimum but SCC only pay for actual service received.

4.4 Budget Consolidation. There are a number of different Communities budgets from which payments to current providers are drawn. The new arrangement will require a single monthly payment to a single provider and it will therefore be preferable to create a new business unit with sufficient funds transferred from existing business units. Activity against each specific type of advocacy will be routinely recorded so that if any additional funding is required, it can be drawn from the correct budget. Conversely, any underspend can be repatriated to the relevant business unit.

4.5 Savings.
The new model should offer opportunities for savings which will arise from economies of scale e.g. the need for only one management and support structure. This should be reflected in the tender bids. Benchmarking has shown for example that Manchester achieved an hourly rate of £25 during a similar recent tender. If this were achieved in Sheffield, a potential saving to SCC of around £126,000 per year may be possible. However until the actual contract price is known, this cannot be guaranteed.

	Activity in Hours			
	Current	**2017**	**2018**	**2019**
TOTAL	**22,921**	**25,240**	**27,505**	**29,790**
Potential Saving @ £5ph	**£ 114,605**	**£126,200**	**£ 137,525**	**£148,950**

4.6 Legal Implications

4.6.1 The Care Act 2014 provides the legal framework against which care services must be provided. Local authorities have a temporary duty to ensure needs where any business providing the services has failed. The duty does not apply if the business continues to run, but is inefficient.

Local Authorities must provide a universal information and advisory service on care and support. It must be available to its whole population, not only to those already registered within the system. The Council must also help people to benefit from independent financial advice, so they can plan and prepare for the future costs of care.

When buying and arranging services, Local Authorities must consider how they affect individual's wellbeing. The consideration includes supporting and promoting of the wellbeing.

4.6.2 Procurement process should be exercised as stipulated in Public Contracts Regulations 2015. Projects with an estimated value equivalent to or over EUR 750,000 (including extensions of a contract) are subject to "light touch regime". The procurement does require advertisement in the Official Journal of the European Community (OJEC), run a fair and transparent process to select a provider, and to issue a contract award notice.

4.6.3 Notice Period for Current Contracts

Existing contractors will be issued with written notice of termination in accordance with the individual contract terms and conditions.

IMCA	6 months
IMHA	3 months
Paid Representatives	3 months
NHS Complaints	3 months
Learning Disability	3 months

4.7 Equalities Implications

As a Public Authority, we have legal requirements under Section 149 and 158 of the Equality Act 2010. These are often collectively referred to as the 'general duties to promote equality'. To help us meet the general equality duties, we also have specific duties, as set out in the Equality Act 2010 (Specific Duties) Regulations 2011.

We have considered our obligations under this duty in this report and the Council is committed to ensuring that all citizens, particularly those who are most vulnerable, have access to the information and support they need to access services and make decisions about their lives. This is pursuant to the aim of ensuring that all the services we procure are

appropriate for our diverse community.

Notwithstanding our legal responsibilities under the Equality Act, we believe that it is critically important that we understand how the difficult decisions taken by the Council impact on different groups and communities within the city, and that we take action to mitigate any negative impacts that might be highlighted.

Tackling inequality is crucial to increasing fairness and social cohesion, reducing health problems, improving wellbeing and helping people to have independence and control over their lives. It underpins all that we do.

The EIA is recorded on the EIA Sharepoint ref 891

5. ALTERNATIVE OPTIONS CONSIDERED

A range of alternative options for contract and payment structure were considered.

5.1 Contract Structure

Individual contracts for each type of advocacy
Framework contract
Single Provider delivering all services
Hub Model – **PREFERRED OPTION**

5.2 Payment model

Block contract- fixed payments based on forecast activity
Spot purchase - all advocacy bought on a case buy cases basis at a tendered hourly rate
Cost and Volume – (block plus spot) – **PREFERRED OPTION**

6. REASONS FOR RECOMMENDATIONS

6.1 A paper to Communities JLT in 2015 initiated a series of consultations culminating in an options appraisal which strongly recommended that a "Hub" model is developed using a "cost and volume" contract. Details are included in Appendix 1 but the main arguments in favour of the Hub model are:

- A single, easily accessed point of contact
- More effective and easier communication
- Consistent standards
- Economies of scale including lower back-office costs

- Capacity is consolidated; best practice can be shared
- More efficient use of statutory advocacy hours coupled with a more robust system of sign-posting to alternative sources of support.

The main arguments supporting a Cost and Volume approach are:

- The block element offers some assurance for providers and allows up-front investment in training and development.
- Allows flexibility for purchaser above the minimum levels

Appendix 1

Options Appraisal Score Advocacy V 2.5

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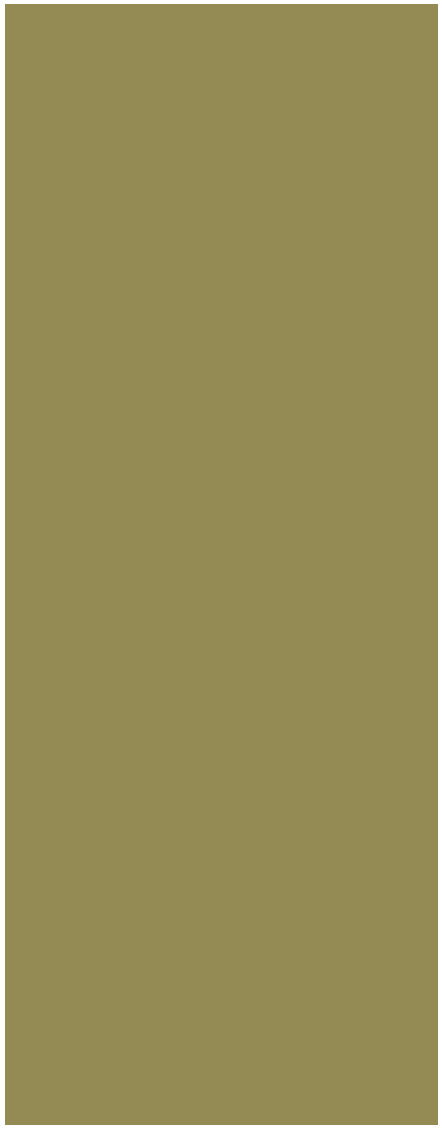
Advocacy

Options Appraisal

7th December 2015



Participants

Andy Hare - Commissioning (not scoring)
Andrew Wheawall (Head of LD/MH/Transition) APOLOGIES
Claire Edgar (LD)
Janet Kerr (LD) DELEGATED
Sara Storey (Head of Access and Prevention)
Sharon Honeycombe, Commissioning
Cath Erine, Safeguarding Manager APOLOGIES
Dave Kingston (Commercial Services)
Melanie Hall (Commissioning)
Kath Horner (Public Health) APOLOGIES
Louisa King (Commissioning)
Liz Howard (Practice Development)
Gillian Hallas (Safeguarding)
Amelia Stockdale (Commissioning)

The Process

Using the outcomes, set out below to:

- Consider the proposed options - sense check
- Change options if necessary
- Discuss and agree weightings
- Consider these options and score 0=min; 10=max
- Discuss further
- Produce recommendations to inform busniess case and future proposals.

Outomes

· Is affordable
· Minimises risk for service users
· Complies with quality standards
· Promotes provider success and avoids failure
· Easy for users and carers to understand
· Supports assessors in identifying the right option to meet an identified need throug

Contract Model

Claire Edgar (LD)
Janet Kerr (LD) DELEGATED
Sara Storey (Head of Access and Prevention)
Sharon Honeycombe, Commissioning
Cath Erine, Safeguarding Manager APOLOGIES
Dave Kingston (Commercial Services)
Melanie Hall (Commissioning)
Kath Horner (Public Health) APOLOGIES
Louisa King (Commissioning)
Liz Howard (Practice Development)
Gillian Hallas (Safeguarding)
Amelia Stockdale (Commissioning)

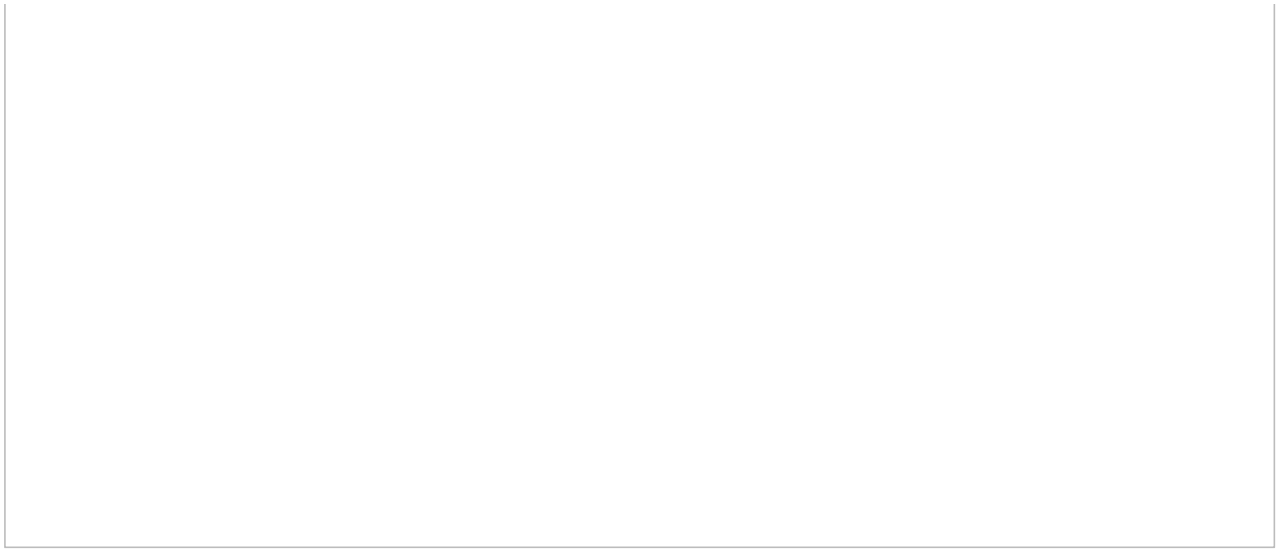
gh clear pathways

Agreed Weighting for Benefit Criteria

Following discussion, the group allocated the following weightings to benefit criteria derived from the objectives:

Benefit criteria	Weighting
Financial	18
High Quality Service	28
Impact on Market	18
Commercial	18
Responsiveness	18
Total	100

For explanation of criteria - see notes document



CONTRACT MODEL

		Option 1C		Option 2C		Option 3C		Option 4C	
Variation Description		Separate Contracts		Framework		Integrated Contract (Single Provider)		Integrated (Hub)	
Benefit Criteria	**Weight**	**Score**	**Weight x Score**	**Score**	**Weight x Score**	**Score**	**Weight x Score**	**Score**	**Weight x Score**
Financial	**18**	**3.5**	**63**	**3.2**	**57.6**	**6.3**	**113.4**	**7.6**	**136.8**
High Quality Service	**28**	**4**	**112**	**4.2**	**117.6**	**5.5**	**154**	**7.4**	**207.2**
Impact on Market	**18**	**4.7**	**84.6**	**4.2**	**75.6**	**3.6**	**64.8**	**6.6**	**118.8**
Commercial	**18**	**4.3**	**77.4**	**2.8**	**50.4**	**4.3**	**77.4**	**6.1**	**109.8**
Responsiveness	**18**	**4.5**	**81**	**5.2**	**93.6**	**4.9**	**88.2**	**6.8**	**122.4**
Totals	100	21	**418**	19.6	**394.8**	24.6	**497.8**	34.5	**695**

NOTES

Separate contract - as now - e.g. IMCA, IMHA, Care Act have their own contracts
Framework - a number of providers offer the same services - e.g. several choices to go to for Care Act, IMCA etc.
Integrated Contract - a single provider is awarded some or all advocacy roles
Integrated Hub - a single provider operates an advcacoy hub whicah acts as a referral point. Subcontracts specialist work

Integrated Hub - a single provider operates an advocacy hub which acts as a referral point. Subcontracts specialist work

NOTES FROM SESSION:

FINANCIAL MODEL

		Option 1F		Option 2F		Option 3F	
Variation Description		Spot Purchase (case at a time)		Cost and Volume (part block; part on activity)		Block (fixed each year)	
Benefit Criteria	**Weight**	**Score**	**Weight x Score**	**Score**	**Weight x Score**	**Score**	**Weight x Score**
Financial	18	3.8	68.4	6.6	118.8	4.1	73.8
High Quality Service	28	4.4	123.2	6	168	4.4	123.2
Impact on Market	18	3.8	68.4	6.5	117	5	90
Commercial	18	5	90	5.9	106.2	3.8	68.4
Responsiveness	18	4.7	84.6	6	108	3.8	68.4
Totals		21.7	**434.6**	31	**618**	21.1	**423.8**

NOTES

Spot purchase - all advocacy bought on a case buy cases basis at a tendered hourly or referral rate
Cost and Volume - a minimum block of activity is paid for at an agreed rate whether it's used or not. Additional work is bought on a case by case basis (can be at a different price)
Block - An agreed sum is paid regardless of activity (can be re-negotiated)

Block - All agreed sum is paid regardless of activity (can be re-negotiated)

NOTES FROM SESSION:

Recommendations and Comments

Final recommendations follwing collation of weighted scores:

Integrated Hub Model funded via a cost and volume

Discussion around using Alliance Contract model - to be explored further

SCORING
Contract Model

	Separate Contracts	Framework	Integrated contract (single provider)	Integrated (Hub)
Financial				
DK	4	3	9	7
Sara Storey	4	8	6	10
Louisa	2	1	5	7
Amelia	3	2	6	7
Mel	2	2	6	8
Richard	6	6	5	7
Sharon	5	3	7	9
Gillian	3	2	6	6
Liz	3	2	6	7
Claire	3	3	7	8
Total	35	32	63	76
Ave	3.5	3.2	6.3	7.6
SD	1.27	2.15	1.16	1.17
Quality				
DK	3	3	5	9
Sara Storey	2	4	6	8
Louisa	3	3	6	8
Amelia	3	4	5	7
Mel	6	4	4	7
Richard	7	8	7	8
Sharon	6	4	5	6
Gillian	3	4	6	6
Liz	2	4	6	8
Claire	5	4	5	7
Total	40	42	55	74
Ave	4	4.2	5.5	7.4
SD	1.83	1.40	0.85	0.97
Impact on Market				
DK	4	5	4	6
Sara Storey	4	8	2	6
Louisa	5	4	4	8
Amelia	5	4	3	6
Mel	5	2	2	8
Richard	7	6	4	8
Sharon	4	3	5	6
Gillian	6	3	5	6
Liz	5	5	3	7

Claire	2	2	4	5
total	47	42	36	66
Ave	4.7	4.2	3.6	6.6
SD	1.34	1.87	1.07	1.07

Commercial

DK	3	1	5	6
Sara Storey	6	2	4	4
Louisa	3	2	5	7
Amelia	6	3	4	6
Mel	4	3	5	8
Richard	5	5	4	5
Sharon	4	3	6	7
Gillian	6	2	3	6
Liz	4	3	3	7
Claire	2	4	4	5
total	43	28	43	61
Ave	4.3	2.8	4.3	6.1
SD	1.42	1.14	0.95	1.20

Responsiveness

dk	5	8	5	5
Sara Storey	6	8	4	10
Louisa	2	4	5	8
Amelia	5	5	4	5
Mel	2	3	4	9
Richard	7	7	7	6
Sharon	4	3	6	8
Gillian	3	4	6	6
Liz	7	6	4	7
Claire	4	4	4	4
total	45	52	49	68
Ave	4.5	5.2	4.9	6.8
SD	1.84	1.93	1.10	1.93

Financial Model

	Spot	C&V	Block
Financial			
DK	4	5	2
Sara Storey	2	4	6
Louisa	3	7	5
Amelia	2	6	4
Mel	3	8	3
Richard	7	8	6
Sharon	4	7	5
Gillian	6	7	2

Liz	4	6	5
Claire	3	8	3
Total	38	66	41
Ave	3.8	6.6	4.1
SD	1.62	1.35	1.52

Quality

DK	4	5	6
Sara Storey	4	6	2
Louisa	3	6	5
Amelia	4	4	3
Mel	6	9	4
Richard	7	7	7
Sharon	3	5	6
Gillian	5	7	4
Liz	5	4	3
Claire	3	7	4
Total	44	60	44
Ave	4.4	6	4.4
SD	1.35	1.56	1.58

Impact on Market

DK	3	8	8
Sara Storey	4	6	2
Louisa	3	7	5
Amelia	3	5	6
Mel	4	6	2
Richard	5	8	7
Sharon	4	6	9
Gillian	2	7	2
Liz	5	6	7
Claire	5	6	2
total	38	65	50
Ave	3.8	6.5	5
SD	1.03	0.97	2.79

Commercial

DK	5	6	5
Sara Storey	6	2	4
Louisa	6	6	4
Amelia	7	5	3
Mel	4	7	2
Richard	6	7	4
Sharon	4	7	6
Gillian	2	7	4
Liz	5	6	4

Claire	5	6	2
total	50	59	38
Ave	5	5.9	3.8
SD	1.41	1.52	1.23

Responsiveness

DK	5	7	4
Sara Storey	2	6	5
Louisa	3	4	3
Amelia	5	6	2
Mel	4	6	2
Richard	7	7	5
Sharon	4	6	5
Gillian	6	7	4
Liz	7	6	5
Claire	4	5	1
total	47	60	36
Ave	4.7	6	3.6
SD	1.64	0.94	1.51

CONTRACT MODEL

	Option 1C	Option 2C	Option 3C	Option 4C
Variation Description	Separate Contracts	Framework	Integrated Contract (Single Provider)	Integrated (Hub)
Benefit Criteria	**Score**	**Score**	**Score**	**Score**
Financial				
High Quality Service				
Impact on Market				
Commercial				

NOTES

Separate contract - as now - e.g. IMCA, IMHA, Care Act have their own contracts
Framework - a number of providers offer the same services - e.g. several choices to go to for Care Act, IMCA etc.
Integrated Contract - a single provider is awarded some or all advocacy roles
Integrated Hub - a single provider operates an advcacoy hub which acts as a referral point. Subcontracts specialist work

NOTES FROM SESSION:

FINANCIAL MODEL

	Option 1F	Option 2F	Option 3F	JOINT
Variation Description	SPOT	C and V	BLOCK	JOINT fuind with CCG?
Benefit Criteria	**Score**	**Score**	**Score**	**Score**
Financial				
High Quality Service				
Impact on Market				
Commercial				

Spot purchase - all advocacy bought on a case buy cases basis at a tendered hourly or referral rate
Cost and Volume - a minimum block of activity is paid for at an agreed rate whether it's used or not. Additional work is bought on a case by case basis (can be at a different price)
Block - An agreed sum is paid regardless of activity (can be re-negotiated)

NOTES FROM SESSION:

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Appendix 2

	Salford	Lincolnshire	Manchester
Rates Standard/Spot	£20 per hour	N/A	£24.75 – block price £19ph – additional spot price
Block or Cost and volume	Contract was issued on hours only: IMHA 3500/IMCA 2500/Care Act 8000/NHS Complaint 1000/Non stat 4500 – Total 19500. Any additional hours also at £20 per hour.	Contract was offered as a block based on the existing budgets. Additional budget of £15k was allocated to take into account additional demand related to Dols advocacy	Block with option to purchase more
How many hours in block	See above		18,500 for all statutory advocacy Currently using 15,000 so council will lose out in short term
Discrete payment for hub or all in hours	N/A	Budget was given as a block with tender companies invited to say how much they would allocate to the Hub and the hours.	All included in block hours
One organisation or sub-contracted	One Organisation MIND Salford deals with all types of advocacy	Contract was given to a single company Voiceability who fulfill most of the advocacy but sub-contract the hub administration to Lincs Advice centre and Children's advocacy to Barnardos.	Consortium of 2 VCS providers
Other info.	Just completed first quarter, results good, some problems in first month or so unravelling the previous advocacy arrangements but now settled	6 or 7 tenders received all with a hub and sub-contract approach. Hub has been live for 12 months, review was that more training was required on Care Act advocacy to increase referral rate.	3 year contract Not included "non-statutory" this time. CCG not part of it but maybe will be next time

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Author/Lead Officer of Report: Alex Shilkoff, Community Services Manager: Voluntary Sector Development & Relationships

Tel: 0114 27 35140

Report of:	Laraine Manley
Report to:	Cabinet
Date of Decision:	21st September 2017
Subject:	Voluntary Sector Grant Aid Strategy 2017-2020

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

Which Cabinet Member Portfolio does this relate to? Cabinet Member for Libraries and Community Services

Which Scrutiny and Policy Development Committee does this relate to? *Safer & Stronger Communities*

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

If YES, what EIA reference number has it been given? EIA 943

Does the report contain confidential or exempt information?	Yes		No	X

Purpose of Report:

This report seeks approval for a new three-year grant funding strategy for Sheffield's voluntary, community and faith (VCF) sector from the Council's corporate grant aid budget for the period 1st April 2017 to 31st March 2020. The strategy will replace the current corporate grant aid arrangements which operate an annual cycle of grant awards.

The intention behind the strategy is to be clearer about how the Council wishes to use its limited grant aid to achieve a mix of grant award opportunities for the local

VCF sector. It aims to:

- ensure that there is a stable, multi-year position on the Council's grant funding available to support services and activities provided by the local VCF sector.

- deliver on a previously agreed review of the structure, processes and criteria of grant aid and better align its priorities to support outcomes within in Council's Corporate Plan, Sheffield's Poverty Strategy and Better Health and Wellbeing Strategy (People Keeping Well in their Community).

- allow the opportunity for additional Council resources, that currently support the VCF, to be allocated and complement the new grant aid proposals.

To respond to the challenges the city faces requires a range of partners working together, with the people of Sheffield. No one organisation or sector can deliver that solution alone. The VCF sector is a key partner at a neighbourhood and city level in identifying solutions to the numerous challenges, by supporting communities to develop connections and promoting inclusivity. Many VCF services and activities are complementary to council delivery and help to achieve the corporate plan deliveries and outcomes.

Even in these financially challenging times it is important to ring-fence a budget of both medium to large grants awarded to the voluntary sector at city-wide level and will complement the local smaller grants of the Ward Pots.

The city-wide investment that the council makes in the VCF sector helps to release a volunteer dividend and also enables VCF organisations to lever in additional resources.

The recent Sheffield State of the Voluntary and Community Sector 2016 report[1] estimated that the sector contributes £487 million to the Sheffield economy each year and £323M of this figure is volunteer time. 261,600 hours of volunteer time are contributed per week in the city and each year there are 7.2 million interventions with clients, users or beneficiaries.

Having a more stable, multi-year position affords the Council the opportunity to offer greater financial stability to the sector through multi-year grant funding agreements. The sector has previously stated that agreements beyond one year would provide more security and allow a greater opportunity and impact for their services.

Recommendations:

[1] Sheffield State of the Voluntary and Community Sector 2016: A report on social and economic impact, Sheffield Hallam University

Cabinet is requested, having had due regard to the provisions of Sections 149 and 158 of the Equality Act 2010 and Section 17 of the Crime and Disorder Act 1998 and to the issues raised within those provisions, to endorse a three-year year grant funding strategy for Sheffield's voluntary, community and faith (VCF) sector from the Council's corporate grant aid budget for the period 2017 to 2020, as described in this report.

In particular Cabinet is asked to:

1. approve the grant aid budget and grant fund structure for 2017-2020 as detailed at paragraph 4 and contained in Appendix 3 and Table 1 (para 4.1).

    1.1. Whilst the total grant aid budget is subject to approval by full Council each financial year the Executive Director of Resources has advised that a minimum figure can be guaranteed for the subsequent budgets in years 2 and 3 based on 80% and 75% respectively of the total budget in year 1.

    1.2. The actual budgets in years 2 and 3 will depend on what is agreed at full Council at the annual budget discussions, so may be more but not less than the guaranteed minimum up to a maximum of 100% of the award.

2. agree the principle of offering three-year grant awards for all successful grant applicants as standard, offered on the basis that in years 2 and 3 grant recipients are guaranteed a minimum of 80% and 75% of the value of the initial award in year 1.

    2.1. Note: an exception to this proposal are the grant awards made from the Lunch Club Fund, which will be awarded for 2 years as it is proposed that this funding will be reviewed during 2018-19 (see below).

    2.2. Note: in all cases, the relevant delegated decision maker will retain the discretion to award single year grants or multi-year grants of less than 3 years if circumstances warrant it and there is a clear rational for doing so.

    2.3. The actual value of the grant awards in years 2 and 3 of any multi-year agreements will depend on what is agreed at full Council. If the Grant Aid budget in years 2 and 3 allows for awards of more than the guaranteed minimum, an increase to the award will be automatically applied equally (in % terms) across all existing multi-year agreement recipients.

3. approve the list of organisations prioritised for a Core Service Grants to start from April 2017 as detailed in Appendix 4 and the process for agreeing the value and length of each grant funding agreement.

4. agree a minimum and maximum range of £850,000 to £876,000 for the value of the strategic Core Service Grant to Sheffield Citizen's Advice, included in Appendix 3 and delegate authority to the Cabinet Member for Community Services to enable them to exercise their discretion, within the range, to agree

actual grant award value to start from April 2017.

5. approve the proposals at section 1.4, to establish and deliver two new open Grant Funds – the Infrastructure Grant Fund of circa £190,000 and the Tackling Inequalities Fund of circa £107,674 and their eligibility criteria detailed in Appendix 5.

6. approve the proposals outlined at section 1.8 and Appendix 6 to establish and deliver the Lunch Club Fund totalling £189,000, which combines financial support to individual lunch clubs and infrastructure support specific to lunch club development with a review this funding pot during 2018-19 in order to consider how this funding could better support the outcomes of the People Keeping Well in their Community Partnerships within the city.

7. approve the proposals at paragraph 1.5.10, to establish a Grant Recommendation Panel, who will consider appropriately delegated officer assessments of applications to all open Grant Funds within the new Grand Aid structure and to make recommendations to the relevant decision maker for individual grant awards.

8. agree to transfer £14,000 from the Grant Aid budget permanently to the City Centre Management team to commission a mobility scheme for the city centre.

9. agree to transfer £30,000 from the Grant Aid budget permanently to the Head of Libraries and Community Services to support the delivery of community cohesion work.

10. authorise the Executive Director of Communities to agree, in consultation with Legal Services, the terms of any funding agreements or other agreements entered into by the Council in relation to awards from the new Fund.

11. take specific note of a shift in the decision making route of individual grant awards from the Grant Aid budget which will apply until 2020. Previously the Leader's Scheme of Delegation was not used and Cabinet approved all awards over £20,000. To progress with applications and awards in a timely manner and for continuity of funding arrangements where it is needed, the decision making routes for all grant awards made from the Grant Aid budget will default to adhering to the relevant delegations outlined in the Leaders Scheme.

    In short, this means:

    - the Executive Director of Communities has the delegated authority to decide all grant awards from the Grant Aid budget up to the value or £49,999, in

consultation with the Cabinet Member for Community Services

- the Cabinet Member for Community Services has the delegated authority to decide all grant awards from the Grant Aid budget of over £50,000.

When making grant award decisions the appropriate decision maker will adhere to all relevant grant processes agreed in this report and act in accordance with the Leader's Scheme of Delegations.

Note: for multi-year agreements, the grant value levels above apply to the total maximum amount that could be awarded over the length of the grant agreement. For example, if an award is £10,000 for one year and the agreement is for 3 years the total maximum value of the award would be £30,000.

The delegations outlined in the Leader's Scheme also apply when agreeing the amounts, purposes and recipients of any individual grants awarded from the grant aid budget during 2017-18 to 2019-20 including any additional sums received or returned or unpaid grants. They also apply when considering the withdrawal of grants where; (a) a change of circumstance affects the ability of an organisation to deliver the purpose of the grant awarded or (b) the relevant decision maker considers the performance of the organisation to be below an acceptable standard or (c) an organisation has breached any of the award conditions contained in their funding agreement.

12. agree the indicative figures for each of the new grant aid funds. As the grants award from each fund are finalised, as per timetable, in paragraph 1.4.2 this will affect the amount of funding available for the Tackling Inequalities and Better Health & Wellbeing fund and the remaining money will become that fund. Cabinet is asked to authorise the delegation of allocating available money in the open fund to the Executive Director of Communities in consultation with the Cabinet Member for Community Services. Using the recommendation panel as appropriate and in line with authorisation limits.

13. note that, for the three-year period that this strategy applies the Equality and Fairness Grants and the BME Older People's fund will be administered using the grant process proposed in this paper but budgets will still be held by the current budget holders.

Background Papers:
(Insert details of any background papers used in the compilation of the report.)

February 2016 Grant Aid Cabinet Report
http://sheffielddemocracy.moderngov.co.uk/ieListDocuments.aspx?CId=123&MId=5951

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Liz Gough
		Legal: Henry Watmough-Cownie
		Equalities: Liz Tooke
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.	
2	**EMT member who approved submission:**	Laraine Manley
3	**Cabinet Member consulted:**	Cllr Jack Scott
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Alex Shilkoff	**Job Title:** Community Services Manager: Voluntary Sector Development and Relationships
	Date: September 2016	

1. PROPOSAL

1.1 This report outlines a new three-year grant funding strategy for Sheffield's voluntary, community and faith (VCF) sector from the Council's grant aid budget for the period 1st April 2017 to 31st March 2020. The strategy is borne out of a review of Council Corporate Grant Aid requested by Cabinet in February 2014. The review which looked at Grant Aid structure, criteria and processes along with a wider assessment of how the Council invests in the VCF, continued this year and culminated with consultation events with VCF in summer 2016.

1.2 Grant Aid Budget 2017-2020

1.2.1 The proposed Grant Aid budget for 2017-18 is £1,620,100, subject to approval of the Council budget in March 2017.

1.2.2 The Executive Director of Resources has advised that a minimum figure can be guaranteed in years 2 and 3 of this strategy based on 80% and 75% of the budget in year one respectively as per the following table.

Table 1	Year 1 2017-18	Year 2 2018-19 (guaranteed minimum)	Year 3 2019-20 (guaranteed minimum)
Main Grant Aid budget	£1,620,100	£1,296,080	£1,215,075
Equality & Fairness Grants (Equality Hub Development & Support)	75,000	75,000	75,000
BME Older People's Activity Fund	30,000	30,000	30,000
TOTAL	1,725,100	1,401,080	1,320,075

1.2.3 The actual budget in years 2 and 3 will depend on what is agreed at Council following the annual budget discussions so may be more than the guaranteed minimum

1.2.4 The Equality & Fairness grants and BME Older People's grants will be 100% in all 3 years. The Lunch Club fund will be 100% for years 1 & 2 and then

reviews for year 3. This brings the total available to the voluntary sector to £1,725,100 in 2017/18.

1.3 Multi-year Funding Agreements

1.3.1 Central to this three-year strategy is a move away from the existing annual cycle of grant giving to the introduction of multi-year grant agreements as standard. It is intended that the majority of grant funding awarded will be for three years. However, where there is a clear rationale for an exception to be made, grants may still be awarded for 1 or 2 years.

1.3.2 The benefits of the Council offering multi-year funding agreements are well known with the VCF repeatedly calling for their introduction because they provide:

- Improved stability and therefore ability to do better forward planning
- A more attractive offer to other funders if they can see there is some guaranteed income
- Time to develop ideas more strategically than a one-year agreement.

1.3.3 In line with proposals for the overall Grant Aid budget (see section 1.4), multi-year agreements will be offered on the basis that in years 2 and 3 grant recipients are guaranteed a minimum of 80% and 75% of the value of the award in year one respectively, in line with the overall budget. The actual value of the grant awards in years 2 and 3 will depend on what is agreed at full Council. If the Grant Aid budget in years 2 and 3 allows for awards of more than the guaranteed minimum it is intended that an increase to the minimum award will be automatically applied.

1.4 Structure of Grant Aid 2017-20

1.4.1 The proposed Grant Aid structure for 2017-2020 is illustrated in Appendix 3 and can be compared with a diagram of the existing structure also in Appendix 3. It is proposed that Grant Aid will offer four distinct funding streams made up of three separate grant funds; The Infrastructure Fund, the Tackling Inequalities and Better Health & Wellbeing Fund and the Lunch Club Fund and a cluster of individual grants called Core Service Grants.

There will also be two additional grant funds from other Council service budgets that complement what is being delivered by Grant Aid; the Equality Hub Fund and the BME Elders Fund that will run in parallel.

The new funding streams aim to strike a balance between providing an ongoing commitment to key services provided by the local VCF and providing wider access to grant opportunities through an advertised competitive grant process.

1.4.2

Fund	Application process	Application Forms available	Deadline	Decision	Funding Agreement finalised	Grant Award Starts (payment in advance)
Core Service Grants	Invitation to apply (up to 3 yr funding)	w/c 10th Oct	21st Nov	End Jan 2017	End Feb 2017	1st April 2017
Infrastructure (incl. Equality Hub support)	Open Fund (up to 3 yr funding)	w/c 10th Oct	21st Nov	End Jan 2017	End Feb 2017	1st April 2017
Lunch Club Fund (incl. BME Older People's fund)	Invitation to apply (up to 2 yr funding)	w/c 2nd Jan 2017	31st Jan 2017	End Feb 2017	March 2017	1st April 2017
Tackling Inequalities	Open Fund (up to 3 yr funding)	Early 2017	March 2017	April 2017	April 2017	April 2017

1.5 Core Service Grants

1.5.1 The Council currently funds a number of services via grant aid that provide key services in the city and have therefore, been funded for many years. Whilst the Council has no statutory duty to commission these services, they are of high quality, great value to the city and support the Council's own objectives. Under the existing grant aid structure these organisations have received an annual Voluntary Sector Grants Fund (VSGF) grant.

1.5.2 The new structure provides the Council the opportunity to award, at its discretion, a small number of Core Service Grants from April 2017, which would prioritise a limited number of existing grant funded organisations providing them with a stable funding source for 3 years. The Council cannot

afford and indeed does not wish to commit ongoing funding to all of the existing VSGF recipients.

1.5.3 With this in mind, the Cabinet Member for Libraries and Community Services is proposing the 8 organisations listed in Appendix 4 are prioritised for continued funding via a Core Service Grant from April 2017. In formulating the list, the Cabinet Member considered a number of factors including, each organisation's track record, quality of service and management, value and fit with Council priorities, opportunities for income generation and accessing other funding, uniqueness of service and the degree of dependency, if any, the Council has on the services delivered.

1.5.4 The views of relevant commissioning and specialist officers were sought and consideration was given to whether alternative funding routes were available within the Council and elsewhere. The impact, both on communities of interest, in line with the Council's equality duties, and Council Services, was considered if funding was no longer available following the end of existing VSGF grant agreements in March 2017. The organisations' provided detailed impact forms which helped to inform these considerations as well as historical monitoring. Each organisation's potential for income generation and alternative sources of funding was also included as part of the evaluation.

1.5.5 Cabinet are asked to endorse the list of organisations prioritised to apply for a Core Service Grant detailed in Appendix 4. Following approval of this report each organisation will be asked to submit a proposal for grant funding which will include a 3-year service plan, budget and outcome measures.

These will be assessed by officers who will then formulate a grant funding recommendation to be considered by the Executive Director of Communities or the Cabinet Member for Libraries and Community Services as per the Leaders Scheme.

All grant decisions, including the value and length of each Core Service Grant will be published on the Council's website and will be subject to the relevant scrutiny procedure. Individual funding agreements will then be negotiated between officers and the successful organisations with the intention that the new Core Service Grants will begin from April 2017.

It should be noted that it is not the intention to simply roll forward the existing Voluntary Sector Grant Fund grant amounts that the organisations receive now into 2017. Each applicant will have their grant value reviewed as part of this application process. See the table at 1.4.2 for further timetable details.

1.5.6 Sheffield Citizen's Advice and Law Centre (SCA) is included in the list of organisations to be invited for a Core Service Grant. The Council has a clear commitment, as stated in the Corporate Plan, that a citywide advice service is critical to the city, in particular to address outcomes linked to the city's Poverty Strategy. In the current context of welfare reform and austerity the city having

a good quality advice service is essential. The current grant to Sheffield Citizens Advice is £876,000.

A grant of this size constitutes a key decision in itself and requires explicit Cabinet approval. It is proposed that Cabinet agree a minimum and maximum range of £850,000 to £876,000 for the value of this proposed Core Service Grant and then delegates authority to the Cabinet Member and Community Services to enable them to exercise their discretion, within this range, when agreeing the actual grant award following their application.

1.5.7 It is intended that all Core Service Grants will be awarded for three years. The exceptions to this are St Vincent de Paul and St Wilfred's. St Vincent de Paul's work has close links with the Local Assistance Scheme. Sheffield's Local Assistance Scheme is about to be reviewed and therefore it makes sense to assess the outcome of the review before entering into a longer-term agreement. Therefore, the proposal is to have a one year agreement with St Vincent de Paul that is reviewed and then suitable arrangements made following the review.

1.5.8 The indicative amount of grant aid identified for this cluster of Core Service Grants is £1,133,426. The budget is indicative to allow for flexibility when finalising the actual value of each Core Service Grant as outlined in paragraph 1.5.5 above.

1.5.9 During the process of prioritising organisations for Core Support Grants two opportunities were identified for transferring Grant Aid funding to other Council Services:

- It is proposed that the £14,000 currently grant aided to Shopmobility Sheffield be permanently transferred to the City Centre Management Team from April 2017. This transfer of funds recognises that a service of this kind is best commissioned rather than grant funded and that the City Centre Management Team are best placed to carry out the commissioning process. They are already exploring opportunities for any newly commissioned service to be match funded and have access to subsidised premises. Any commissioning process will dovetail into mobility arrangements for other city centre developments.

- It is also proposed that £30,000 is transferred to the Head of Libraries and Community Services to deliver community cohesion work.

1.5.10 All awards made from the Infrastructure Fund and Tackling Inequalities Fund will be following recommendations from the Grants Advisory Panel to the Cabinet Member and Executive Director.

Having a Grants Advisory Panel allows for additional input from stakeholders

to the awards and gives the decision makers different perspectives. The Grants Advisory Panel will consider the application assessments carried out by officers and will make a grant recommendation for consideration by the appropriate decision maker. The Panel and will consist of the following:

- the Cabinet Member for Community Services (or the Cabinet Member with responsibility for Grant Aid provision) .
- up to three other Councillors
- The Executive Director of Communities (or named delegated representative)
- A representative of the VCF Sector (that has no conflict of interest), and / or other Funding Body
- Senior Officer from any council service that has added resource into the Grant Aid budget, to run a specific fund.
- Officers that have completed assessments will attend the panel to assist them in considering all the available information

Individuals may be invited with the agreement of the Cabinet Member for Community Services prior to the commencement of the first panel meeting. Terms of Reference for the Panel will be agreed prior to the first meeting.

1.6 Infrastructure Fund

1.6.1 This would be open to organisations that support the development of the voluntary sector to thrive and deliver by building capacity and capability in organisations and communities. There will be approximately £190,000 for this fund.

Infrastructure support is vital to a strong, well-managed voluntary sector that can adapt to a changing world. The Council's support for infrastructure organisations enables capacity building across the sector as a whole. The consultation helped to set the priorities / outcomes of this Fund as well as research in the 2016 Sheffield State of the Sector Report.

1.6.2

1.7 Tackling Inequalities Fund

1.7.1 This fund will support a small number of VCF organisations with existing service delivery where there is a proven track record and clear evidence of impact or to support new ideas where there is evidence to support need. The consultation helped to set the priorities of supporting marginalised and vulnerable groups for this fund. Awards will be recommended by the Grants Advisory Panel in line with the Terms of Reference at Appendix 7. There will be approximately £107,674 in this fund but the final amount will be dependent on the amounts allocated in the other funds.

1.7.2 Running in parallel with the Tackling Inequalities Fund will be the Fairness & Equality Grants to support the delivery and development of the Equality Hub

Network. The total available for this fund is £75,000 per year.

1.8 Lunch Club Fund

1.8.1 The decision to combine financial support to individual lunch clubs with the infrastructure support specific to lunch club development is a strategic one allowing grant investment in lunch club delivery and support to be considered as a whole. The total available for this fund is £189,000.

1.8.2 Grants to individual clubs will be extended and offered on a 2-years basis and then reviewed. This is to see how the People Keeping Well in their Community Partnerships develop and then see how this fund might further support those outcomes in the future. The lunch club development service will also be invited to put forward a two-year proposal.

1.8.3 Running alongside the Lunch Club Fund will be the BME Older People's Fund. This fund is for existing or new projects that help to deliver the People Keeping Well outcomes for BME Older People. Past experience indicates that Lunch Clubs have not always worked for all BME communities and this fund is to give BME VCF organisations that chance to try different activities that will still reduce loneliness and isolation and help people to make new friends and connections. The total available for this fund is £30,000.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 The allocation of this funding to VCF organisations will fundamentally contribute to the Priorities of the Council's Corporate Plan 2015-18. In particular; Tackling Inequalities and Better Health & Wellbeing

In addition, the allocation of this funding will contribute to the Fairness Commission's recommendations around -

- Health & Wellbeing for All
- Fair Access to High Quality Jobs and Pay
- Fair Access to Benefits and Credit
- Housing and a Better Environment
- A Safe City
- What Citizens and Communities can do

2.2 Delivery of this three year strategy will mean grant funding will continue to be available to support activities and services that will directly benefit a wide range of vulnerable local citizens. Beneficiaries from the proposed Core Service Grants detailed in Appendix 4, the Lunch Club Fund and the BME Elders Fund will include the following groups of vulnerable local people –

- Those in need of advice and advocacy services
- Households in financial need
- Older people including BME Older People
- Homeless people

- Ethnic minority women
- Refugees, asylum seekers and new arrivals
- Mental health / learning disability service users
- Street drinkers

2.3 This range of beneficiaries is likely to broaden further as the new Tackling Inequalities Fund begins awarding grants from early 2017-18. The consultation has informed these priorities and will give organisations not previously funded through Grant Aid the opportunity to apply.

2.3.1 The beneficiaries of the new Infrastructure and Fairness & Equality Grants are anticipated to be a wide range of VCF groups in the city and we will ask for the four priorities in the consultation to be the outcomes.
The Fairness & Equality Grants will support the delivery and development of the city's 7 equality hubs and give under-represented groups in Sheffield a voice on issues that matter to them and influence on decisions that affect them.

2.3.2 All grant recipients will be asked to monitor service use, evidence positive impact on beneficiaries, provide a diversity profile of their service users and report how they manage their user consultation and involvement.

2.3.3 The recommendation to transfer current Grant Aid investment of £14,000 into Shopmobility Sheffield to City Centre Management, in order for them to commission a new mobility scheme for the city centre means a continued support for adults with limited mobility who are unable to get out and about to engage in activities and services.

2.3.4 It is proposed that funding that has currently supported cohesion outcomes will be transferred to the Community Services Manager for Cohesion to commission relevant work from the VCF sector that supports cohesion outcomes. £30,000 will be transferred from the city-wide grant aid budget for this purpose.

2.3.5 The majority of grants to be awarded within the strategy will also:

- encourage significant opportunities for local people to contribute to the wellbeing of their communities by engaging in volunteering. They will support organisations providing quality training and the opportunity to gain experience that will enhance volunteers' skills and employability.

- enable local people to engage in active citizenship as trustees and management committee members shaping and guiding the development of these organisations and the services they provide.

- provide employment opportunities for local people by helping to sustain organisations that employ paid staff.

3.0 HAS THERE BEEN ANY CONSULTATION?

3.1 Summaries of the 2014 is on the council website and a summary of the 2016 consultation will be published shortly at https://www.sheffield.gov.uk/in-your-area/grants/grantsfund.html. Details can be found at 5.3 of how the consultation has informed the proposals. Details of the consultation will also be made available to prospective applicants where it may help them design their proposals.

3.2 In addition to the engagement already completed ongoing support will be available. Libraries & Community Services will provide support and guidance on completing the forms for all applicants and will work with a VCF sector partner to support groups in building up evidence of their impact that can be used for applications to this fund and their own service development.

4.0 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

Equality of Opportunity Implications

4.1.1 Overall the impact of the proposals will be positive. However, new applications will have to be assessed for impact when they are submitted. This means that all organisations will be asked to demonstrate their anticipated impact for different groups in the city. Due to the size of the open application pot not all currently funded organisations will continue to be funded beyond their current agreements to 31/3/2017.

4.2 Financial and Commercial Implications

4.2.1 There could be a reduction over the 3 years in line with the above described minimum guarantees of 80% in year 2 and 75% in year 3 of the year 1 budget. Where possible 100% of the year 1 amount will be funded in years 2 and 3.

4.2.2 Some organisations currently funded will not continue to be funded and some will have a reduction in grant. Others will benefit from a longer term agreement which may be more or less than their current award.

4.2.3 The new grant awards will be in line with criteria prioritised for grants and will provide an opportunity for organisations not currently funded to apply for grants.

4.2.4 All grants awarded will be monitored and funds withheld if the agreed terms and conditions are not met or if the money is not used in accordance with the application.

4.3 Legal Implications

4.3.1 The legal power for the Council to establish, administer and make awards from the various grant funds as described in this report is provided by the general

power of competence contained in Section 1 of the Localism Act 2011. Subject to certain statutory restrictions, none of which apply in this case, Section 1 gives the Council "power to do anything that individuals generally may do".

4.3.2 In considering this report Cabinet must be mindful of the requirements imposed by the public sector equality duty enacted in Section 149 of the Equality Act 2010. Some of the proposals in this report involve the taking of action to assist persons sharing 'protected characteristics' within the meaning of the 2010 Act to overcome or minimise disadvantage or otherwise meet their needs. This is permitted by Section 158 of the 2010 Act. More details are set out above in section 4.1 of this report.

4.3.3 Cabinet must also have due regard to the likely effect of the proposals on, and the need to do all that it reasonably can to prevent, crime and disorder, the misuse of drugs, alcohol and other substances and re-offending in its area (Section 17 of the Crime and Disorder Act 1998).

4.4 Other Implications

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

No Human Resources or Property implications

4.4.1 The grant aid money will contribute to the delivery of Public Health priorities in the city, including tackling health inequalities.

In terms of current Public Health priorities the proposals would particularly support improvements for Sheffield people relating to:

- Access to Services; helping those with the greatest needs access services
- Social and economic factors; particularly supporting people into education

Mental Wellbeing; especially helping reduce isolation and improve people's sense of control

5.0 ALTERNATIVE OPTIONS CONSIDERED

5.1 The current grants regime has been running since 2012. Since then there has been a new corporate plan and the context public services, including the voluntary sector operates in has been changing. There is a desire to open up opportunities for different groups to offer their ideas and support them with grant aid.

The council could have run an entirely advertised pot. However, there are some groups that strategically it makes sense to continue to support with grant aid because of their links to council services and corporate outcomes. It is preferable for the council to be clear about intentions in this regard rather than have an entirely advertised pot.

5.2 The council could have run an entirely invite pot. However, this would have excluded new organisations and / or new ideas for the grant aid fund.

5.3 The consultation has helped to refine the proposals. The responses to the consultation have given a steer to the following decisions:

- Agreements will be for 3-years, unless a sound reason for them to be shorter
- If a fund is over-subscribed then rather than splitting money across multiple organisations the strongest applications will be awarded the full amount asked for
- Have a VCF representative on recommendation panels where no conflict of interest is presented
- The priorities for the infrastructure fund were broadly even, so infrastructure organisations will be asked to consider how best to meet all four priorities
- The fund will be prioritised for work with the most vulnerable and marginalised groups in the city
- Organisations previously receiving money from this fund can still apply
- Feedback will inform how outcome measures are agreed with successful applicants.

REASONS FOR RECOMMENDATIONS

6.0

6.1 The proposed grant aid structure of a mixture of invites and advertised funds allows the council to ask prioritised groups to come forward with ideas for how they could use a 3-year grant award to continue and develop their services and the benefits to Sheffield people; as well as giving an opportunity for new ideas or groups not funded before to come forward with ideas that they believe will have a positive impact for Sheffield people.

6.2 The priorities link to the Corporate Plan outcomes and emphasis on demonstrating impact in the application forms and monitoring will help assure value for money.

APPENDICES

APPENDIX 1: Grant Aid Review Overview
APPENDIX 2: Consultation Information Note
APPENDIX 3: Structure Charts
APPENDIX 4: Core Service Grant Organisations
APPENDIX 5: Eligibility Criteria
APPENDIX 6: Lunch Club Fund Criteria and Application Process
APPENDIX 7: Equality Impact Assessment

APPENDIX 1: Grant Aid Review Overview

In 2014 the VCF sector was consulted with to gather ideas for how grant aid could be best used and ideas for change.

In 2016 further investigation was completed with existing grant recipients to examine the impact of their work in relation to the 2015 Corporate Plan and priorities.

Also in 2016 existing grant recipients and the wider sector were consulted about priorities for and methods for collecting evidence to demonstrate impact.

The review has tried to balance a desire to open up opportunities to new organisations as well as being clear about where numerous links and dependencies exist with certain groups and therefore an invitation to put 3-year proposals is to be offered.

APPENDIX 2: Consultation Information Note

Information Note of Grant Aid proposals 2017-2020 for consultation

Purpose of Corporate Grant Aid

Grant Aid is the funding that Sheffield City Council allocates for grants for the Sheffield VCF (Voluntary, Community and Faith) sector for city-wide work. The proposed and current structure of Grant Aid are set out in appendices 1 and 2. This fund is for substantial, city-wide activity as there are other pots of money for local activities, for example, Ward Pots.

Grant funding is a way of the council supporting the work VCF organisations are doing, or identify a need for, in their communities. It is distinct from commissioning, where the Council determines what needs to be done and tenders for this, through open market procurement processes.

The Council recognises that the voluntary sector makes a highly valued and unique contribution to life in Sheffield and that we have a shared vision and aspirations. The Council's financial support for the voluntary sector can enable organisations to secure even more resources for the benefit of people in Sheffield.

The current grant aid regime has been running since 2012 and the context for the council and sector has been constantly changing in that time. The government's unprecedented funding cuts mean that the Council is unable to provide the voluntary sector with as much money as we would like. However, the Council is still committed to providing grant funding to the voluntary sector by providing dedicated corporate grant aid and is committing to longer agreements than previously to mitigate against less financial resource. Central to the proposed changes to grant aid is the introduction of multi-year funding agreements with the majority of grants awarded for 3 years. This will give successful organisations the ability to plan beyond the existing 1-year cycle and achieve even greater impact for people in Sheffield. It is unlikely that all currently funded groups will continue to be funded.

There are also proposed changes to the funds within the grant aid budget, principally the introduction of Core Service Grants to organisations with an evidenced record for delivering key services, Tackling Inequalities and Better Health & Wellbeing Fund and the incorporation of Fairness & Equality Grants alongside the Infrastructure grants.

Budget amounts are indicative at this stage and are estimates based on information known at the moment. Financial information is subject to Cabinet approval and may have to be adjusted depending on other budget pressures. However, the proposal to cabinet is that as part of the 3-year agreement deal the council will guarantee 80% of the year 1 amount in year 2 and 75% of the year 1 amount in year 3. When possible the council will fund 100% of the amounts.

The Funds

Core Service Grants

Purpose: SCC currently funds a number of organisations via grant aid which provide key services in the city. They are of high quality, great value to the city, support the council's objectives but with limited opportunities for other funding for core costs.

The proposed new structure for grant aid provides the Council the opportunity to award a small number of *invitation only* grants which would prioritise a limited number of existing grant funded organisations, providing them with a stable funding source for 3 years. The Council will invite the organisation directly to apply for a grant.

Indicative Amount: c.£1.1M per year

Who Can Apply & Exclusions: These grants will be by invitation only. We are not consulting on which organisations will be invited as this will be considered by officers and Councillors and approved by Cabinet.

Assessment & Approvals Process: Prioritised organisations will be asked to submit a 3-year service plan, budget and outcome measures. These will be assessed by officers and a grant award figure will be agreed by the Cabinet Member Community Services.

Timescale: Organisations that Cabinet approve for these grants will be invited to apply after Cabinet in September and Officers will negotiate funding agreements with organisations from January 2017. Grant awards will commence from 1st April 2017.

Infrastructure Grants

Purpose: This would be open to organisations that support the development of the voluntary sector to thrive and deliver by building capacity and capability in organisations and communities.

Infrastructure support is vital to a strong, well-managed voluntary sector that can adapt to a changing world. The Council's support for infrastructure organisations enables capacity building across the sector as a whole.

We are looking for the consultation to help set the priorities / outcomes of this Fund.

Applicants will need to demonstrate a commitment to develop and market a joint customer pathway with other successful infrastructure grant recipients, so that VCF organisations are clear how to access services and their needs can be met.

Partnership applications are particularly welcome.

Running in parallel with the Infrastructure Fund will be the Fairness & Equality Grants to support the delivery and development of the Equality Hub Network.[1]

Indicative Amount: c.£190,000 Infrastructure and £75,000 Fairness & Equality, both per year

Length of Award: 3-years for both Infrastructure and Fairness & Equality

[1] The Equality Hub Network aims to strengthen the voice and influence of under-represented communities in the City. There are 7 Hubs: age, carers, disability, LGBT, BME, religion/belief, women.

Who Can Apply & Exclusions: These grants are only open to infrastructure organisations and organisations that wish to support the delivery and development of the Equality Hubs.

Assessment & Approvals Process: Assessment by officers and consideration by a Grants Advisory Panel with recommendations made for authorisation by the Cabinet Member for Community Services.

Timescale: This fund will be advertised after Cabinet in September with a likely application deadline of end of November. Successful applicants will be notified in February for grants to commence in April 2017.

Lunch Clubs Fund

Purpose: To support the delivery and development of lunch clubs for older people to reduce loneliness and isolation and increase connections to friends and community. Whist retaining the same name, this Fund sees the small grant funding for individual clubs brought together with the funding for lunch club development.

Indicative amount: c.£189,000 per year split between the grants to individual lunch clubs and the VAS lunch club development service.

Length of Award: Grants to individual clubs will be extended and offered on a 2-years basis and then reviewed. This is to see how the People Keeping Well in their Community Partnerships develop and then see how this fund might further support those outcomes in the future. The VAS lunch club development service will also be invited to put forward a two-year proposal.

Who Can Apply & Exclusions: It is anticipated that approximately 55-60 existing clubs will be funded with some scope to fund new lunch clubs where further need is identified and funds available.

Assessment & Approvals Process: Applications from individual clubs will be Assessed by officers and approved by the Executive Director of Communities.

Timescale: As in previous years, existing lunch clubs will be invited to submit applications in January 2017 for grants to commence in April 2017.

BME Older People's Fund

Purpose: Running alongside the Lunch Club Fund will be the BME Older People's Fund. This fund is for existing or new projects that help to deliver the People Keeping Well outcomes for BME Older People. The People Keeping Well in their Community outcomes can be found at appendix 3.

Indicative amount: £30,000 per year

Length of Award: 3-years

Who Can Apply & Exclusions: Any organisation that has an evidenced proposal for how their idea will reach isolated BME older people and help build community assets to support and engage BME Older People.

Assessment & Approvals Process: Assessment by officers and consideration by a Grants Advisory Panel with recommendations made for authorisation by the Cabinet Member for Community Services.

Timescale: This fund will be advertised after Cabinet in September with a likely application deadline of end of November. Successful applicants will be notified in February for grants to commence in April 2017.

Tackling Inequalities Fund

Purpose: To support a small number of VCF organisations with existing service delivery where there is a proven track record and clear evidence of impact or to support new ideas where there is evidence to support need.

We are looking for the consultation to help set the priorities/ outcomes of this Fund. The priorities / outcomes must link to the Sheffield City Council Corporate Plan[2] outcomes of Tackling Inequalities and Better Health & Wellbeing which can be found at appendix 4.

Indicative Amount: c. £120,000 per year (dependent on final amounts in the other funds)

Size of award: c.£15,000-£50,000 per annum for up to 3-years depending on the application proposal

Who Can Apply & Exclusions: Organisations that can meet the basic criteria and demonstrate a contribution to the principles of tackling inequality and keeping people well may apply. We are consulting on whether organisations currently in receipt of a Voluntary Sector Grants Fund grant should be excluded from applying.

Assessment & Approvals Process: Assessment by officers and consideration by a Grants Advisory Panel with recommendations made for authorisation by the Cabinet Member for Community Services.

Timescale: It is intended that this fund will be advertised once the other grant aid funds have been finalised, so that a final fund budget can be set. This is likely to be in the first quarter of 2017-18.

INFO NOTE: Corporate Plan Outcomes of Tackling Inequalities and Better Health & Wellbeing

[2] https://www.sheffield.gov.uk/your-city-council/policy--performance/what-we-want-to-achieve/corporate-plan.html

Tackling inequalities

To make it easier to overcome obstacles by investing in the most deprived communities and supporting individuals to help themselves and achieve their full potential

Working with others we will:

- Work towards Sheffield being a Living Wage city; promoting the benefits to employers, including our contractors and persuading the city's public sector organisations to sign up by 2018
- Work with communities to strengthen our approach to cohesion and tackling stigmatisation
- Support Sheffield Money to provide 5,000 local people with affordable loans
- Support up to 2,000 teenagers and young adults to access education, employment and training
- Help those who face obstacles to find lasting work, including young people, disabled people and those with mental health conditions
- Proactively work with others to deliver our Tackling Poverty Strategy and break the link between being poor as a child and growing up to live in poverty as an adult

Better health and wellbeing

To promote good health, prevent and tackle ill-health by providing early help, earlier in life; particularly for those at risk of illness or dying early

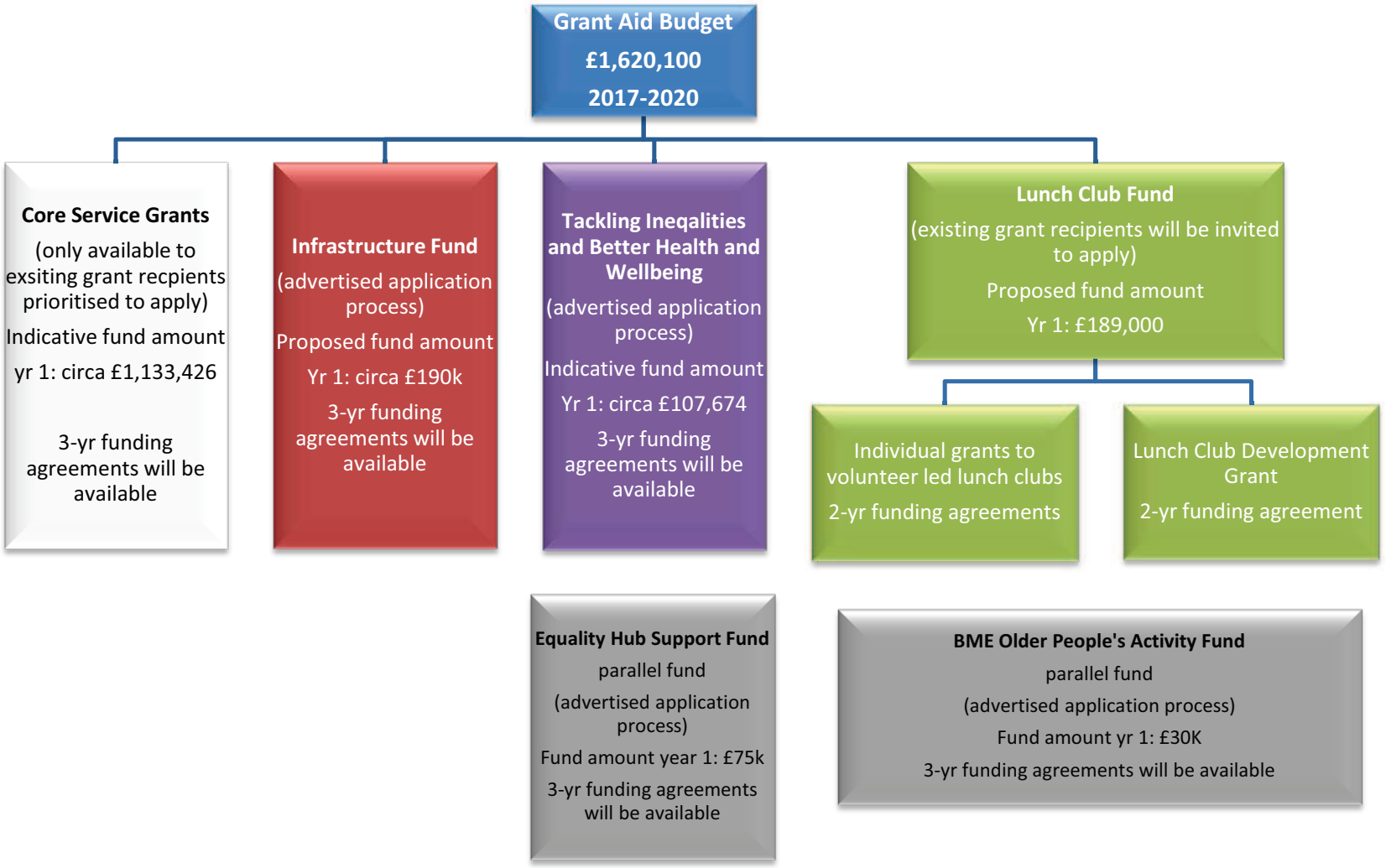
Working with Sheffield's Joint Health and Wellbeing Board we will:

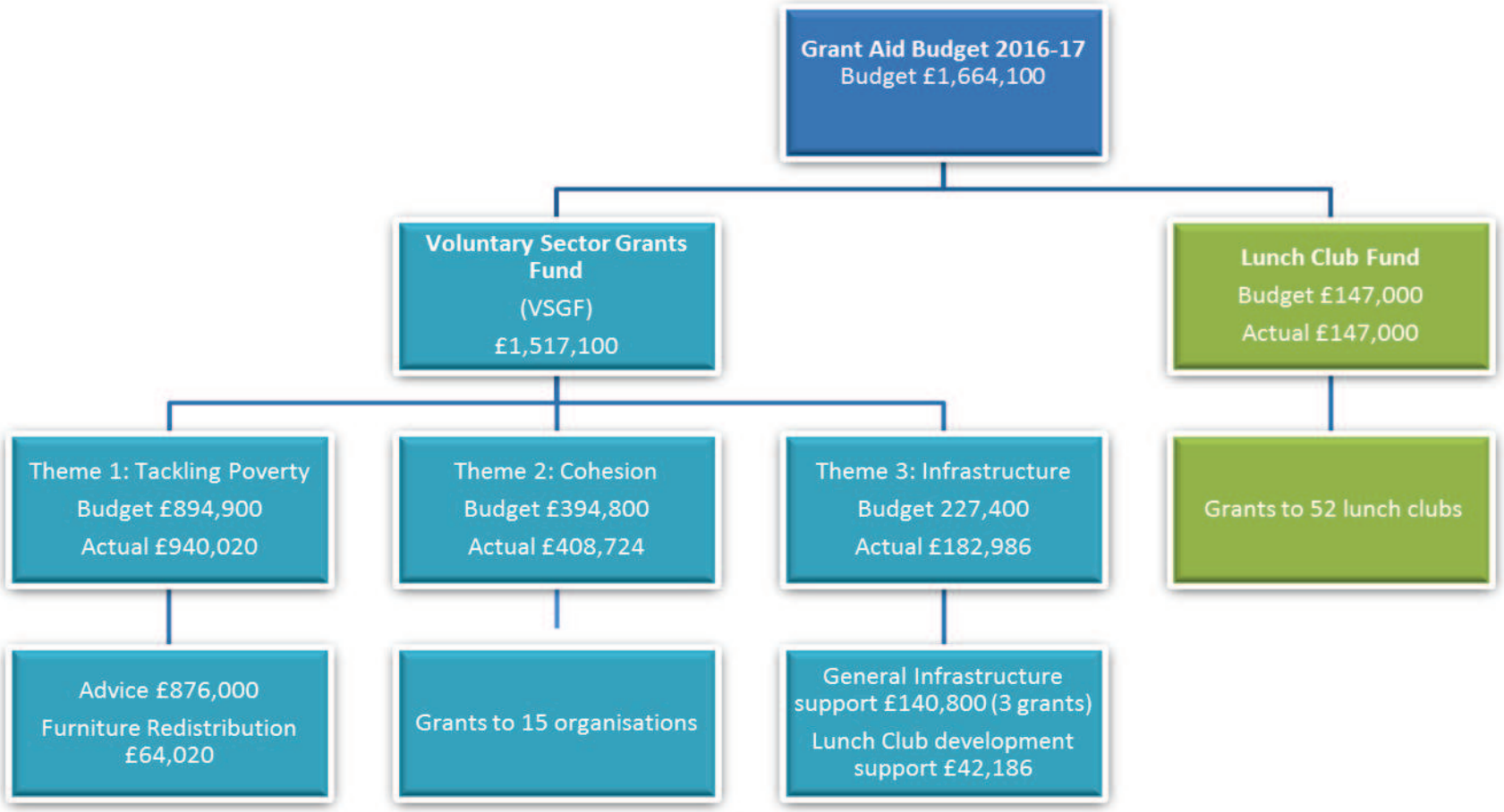
- Help thousands of people achieve a greater level of wellbeing
- Stand by our commitment to keep all children safe
- Work with others to keep adults at risk of abuse and neglect safe
- Help hundreds more children in Sheffield have a great start and be ready for learning and life
- Support children and young people with special educational needs and disabilities to live happy, healthy, fulfilling lives
- Help thousands of people to get early help and access services to remain independent, reducing hospital admissions
- Make sure people can access the care and support they need to live fulfilling lives
- Introduce 'Five Ways to Wellbeing' to help people improve their mental and emotional wellbeing and reduce loneliness and isolation
- Provide direct support to more carers than ever before

Full plan is available at: https://www.sheffield.gov.uk/your-city-council/policy--performance/what-we-want-to-achieve/corporate-plan.html

APPENDIX 3: Structure Charts

Proposed and current


Grant Aid Budget
£1,620,100
2017-2020
Core Service Grants
(only available to exsiting grant recpients prioritised to apply)
Indicative fund amount
yr 1: circa £1,133,426
3-yr funding agreements will be available
Infrastructure Fund
(advertised application process)
Proposed fund amount
Yr 1: circa £190k
3-yr funding agreements will be available
Tackling Ineqalities and Better Health and Wellbeing
(advertised application process)
Indicative fund amount
Yr 1: circa £107,674
3-yr funding agreements will be available
Lunch Club Fund
(existing grant recipients will be invited to apply)
Proposed fund amount
Yr 1: £189,000
Individual grants to volunteer led lunch clubs
2-yr funding agreements
Lunch Club Development Grant
2-yr funding agreement
Equality Hub Support Fund
parallel fund
(advertised application process)
Fund amount year 1: £75k
3-yr funding agreements will be available
BME Older People's Activity Fund
parallel fund
(advertised application process)
Fund amount yr 1: £30K
3-yr funding agreements will be available


Grant Aid Budget 2016-17
Budget £1,664,100
Voluntary Sector Grants Fund
(VSGF)
£1,517,100
Lunch Club Fund
Budget £147,000
Actual £147,000
Theme 1: Tackling Poverty
Budget £894,900
Actual £940,020
Theme 2: Cohesion
Budget £394,800
Actual £408,724
Theme 3: Infrastructure
Budget 227,400
Actual £182,986
Grants to 52 lunch clubs
Advice £876,000
Furniture Redistribution £64,020
Grants to 15 organisations
General Infrastructure support £140,800 (3 grants)
Lunch Club development support £42,186

APPENDIX 4: Core Service Grant Organisations

Name	
Ben's Centre	Charitable limited company founded in 1996. Managed by a Committee of 6. Provides a service for street drinkers offering a safe accessible environment where users can get food, clean clothes and information and advice about access to other services. Also provides activities and support to enable users to develop skills and become rehabilitated into the community.
City of Sanctuary	Charitable limited company founded in 2005 and based in Victoria Hall on Norfolk Street. Managed by a Committee of 7. Co-ordinates a weekly city centre drop-in service, bringing together a comprehensive range of multi-agency services for asylum seekers and new arrivals. Also provides awareness raising and cross cultural activities with the help of refugee and asylum seeker volunteers to encourage a culture of welcome, hospitality and mutual understanding.
Roshni	Registered charity founded in 1992 and based in own shop front premises on London Road. Managed by a committee of 7. Provides a resource centre for Asian women across the city where women of all ages can access a varied programme of services and activities, including a mentoring service, information, advice and support sessions, advocacy, training, youth provision, cultural events and health and well-being activities.
Sheffield Citizens Advice & Legal Centre	Charitable limited company founded in 2013 from the merger of 12 independent advice centres. Managed by a committee of 15. Provides a citywide advice service including drop-in services at outlets across the city, an appointment and home visiting service and an advice assessment phone line operating Monday – Friday 9-5pm.

Sheffield Association for the Voluntary Teaching of English	Charitable limited company founded in 1999 and based at the Circle building on Rockingham Lane. Managed by a Committee of 6. Recruits and trains volunteers to teach English as a second language. Provides individual tuition for people unable to access mainstream provision and supports learners to progress from one-to-one tuition to group based learning.
St Vincent de Paul	Local branch of international charity founded in 1986 located in diocese owned premises on Queens Road. Managed by a Committee of 10. Provides free furniture to families in need across the city. Referrals are accepted from registered statutory and voluntary sector organisations, including the Council, advice centres and NHS. The council is currently reviewing the Local Assistance Fund which has links to the type of work St Vincent's does. Therefore, the agreement will be reviewed after a year to ensure that there is still a strategic fit.
Voluntary Action Sheffield (New Beginnings)	Charitable limited company founded in 1925 and based in its own premises at The Circle, Rockingham Lane. Managed by a committee of 10. Provides a range of infrastructure support services for voluntary, community and faith sector groups and organisations across the city. New Beginnings is a project developed by the VAS Volunteer Centre to assist the integration of refugees and support them to contribute to the life of the city by engaging in volunteering opportunities with local community organisations.
St Wilfred's Centre	Registered charity administered by the Diocese of Hallam Trust and based in its own premises on Queen's Road. Managed by a committee of 11. Provides welfare support and a wide range of activates for homeless and vulnerable people the majority of whom have mental health problems. The award will be initially for 1 year and then reviewed following new management arrangements at the charity.

APPENDIX 5: Eligibility Criteria

Eligibility Criteria: Tackling Inequalities and Better Health & Wellbeing and Infrastructure Funds

Applications for Tackling Inequalities and Infrastructure grants can only be considered from organisations that meet the eligibility criteria below and are not excluded.

Organisations **must be**

- either a
    - Registered charity or,
    - Charitable Incorporated Organisation (CIO) or,
    - Limited company with charitable status or
    - Industrial and provident society

- based in Sheffield or accountable at a local level within Sheffield to users, stakeholders or residents. Organisations with a registered base outside Sheffield must demonstrate how they are locally accountable in both service delivery and governance.
- in full compliance with the document filing requirements of the Charity Commission or Companies

Types of organisation not eligible for funding

- Other City Council departments.
- Public bodies such as Parish or Town Councils, hospitals or health bodies.
- Educational establishments including schools, universities and colleges.
- Registered social landlords.
- Businesses other than not for profit enterprises with charitable status
- Consultants.
- Arts organisations.
- Animal charities.
- Organisations whose core function is to provide training.
- Organisations whose annual turnover is under £10,000.

Types of activity or costs that will not be covered by a grant

Certain activities or costs cannot be met by a Tackling Inequality grant or an Infrastructure grant. If proposals are submitted that include ineligible costs or ineligible activity, either the application will be rejected or the ineligible costs will not be considered when considering a grant award

- Activity not in Sheffield
- Activities or services restricted to a particular geographical area of Sheffield rather than offered on a city wide basis or as part of a citywide offer.

- Activity not consistent with an organisation's stated charitable purposes
- Set up costs for new organisations
- Economic development and employment training activities.
- Activities aimed at promoting religious or political beliefs.
- Youth-work activities for children and young people.
- Activities that are a statutory obligation or replace statutory funding.
- Applications to support activity already being delivered by another organisation unless there is a clear need for additional capacity.
- Capital or equipment costs including works or repairs to buildings, community minibuses, etc.
- Festivals and any one off events.
- Costs already covered by another funder or income stream.
- Costs that appear to be unreasonably high.
- Costs which have already been incurred.
- Loans, debts or endowments.

Other reasons applications are unlikely to be successful

- Applicants with current unrestricted reserves equal to or more than 12 months running costs.
- Applications for less than £10,000
- Applications that are incomplete (i.e. with questions unanswered, requested documents not included, or with vague budgets) –
- Applications that do not demonstrate existing effective measuring of client outcomes.

APPENDIX 6: Lunch Club Fund Criteria and Application Process

The purpose of this fund is to promote the Council's strategy to support the independence, health and wellbeing of older people by making available a fund offering grants to lunch clubs. Evidence shows that an active and positive old age reduces the likelihood of reliance on statutory services. The majority of lunch clubs are self-help groups run by and for older people and provide a forum to socialise, share a meal and undertake group activities. Membership comprises mainly people aged over 70 and increasing numbers of people in their 80s and 90s including a few aged over 100. The clubs take self-referrals and referrals from relatives and health and social care professionals. In 2015-16 almost 2,000 older people attended a lunch club and the clubs delivered nearly 70,000 hot meals.

Applications to the Lunch Clubs Fund are invited from clubs on a year on year basis in advance of each financial year. All awards are under £10,000 and decisions are delegated to the Executive Director of Communities, in consultation with the Cabinet Member for Community Services.

Authority is delegated to:

- Determine how the grants are calculated and to vary awards from this Fund during the year because of a change in a lunch club's circumstances.
- Make additional awards to lunch clubs in year to run activities for members from any unallocated spend within the budget
- Make new awards from any unallocated spend within the budget to clubs setting up.

A full report of the awards made from this Fund is produced after the end of each financial year. This is published on the Council's website.

The support for lunch clubs to thrive and develop is also to be on an invitation basis to Voluntary Action Sheffield

All lunch club related awards will be for two years and then reviewed

APPENDIX 7: Equality Impact Assessment

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Author/Lead Officer of Report: Dave Phillips, Interim Head of Finance

Tel: 0114 273 5872

Report of:	*Eugene Walker*
Report to:	*Cabinet*
Date of Decision:	*21 September 2016*
Subject:	*Revenue and Capital Budget Monitoring 2016/17 – As at 30t June 2016*

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

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

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

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

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

Does the report contain confidential or exempt information?	Yes		No	✓

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

*"The (**report/appendix**) is not for publication because it contains exempt information under Paragraph (**insert relevant paragraph number**) of Schedule 12A of the Local Government Act 1972 (as amended)."*

Purpose of Report:

This report provides the month 3 monitoring statement on the City Council's Revenue and Capital Budget for 2016/17.

Recommendations:

To formally record changes to the Revenue Budget and gain Member approval for changes in line with Financial Regulations.

Please refer to paragraph 26 of the main report for the recommendations.

Background Papers:

<table>
<tr><th colspan="4">Lead Officer to complete:-</th></tr>
<tr><td rowspan="4">1</td><td colspan="2" rowspan="3">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: Dave Phillips</td></tr>
<tr><td>Legal: Sarah Bennett</td></tr>
<tr><td>Equalities: No</td></tr>
<tr><td colspan="3">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td colspan="2">EMT member who approved submission:</td><td>Eugene Walker</td></tr>
<tr><td>3</td><td colspan="2">Cabinet Member consulted:</td><td>Ben Curran</td></tr>
<tr><td rowspan="3">4</td><td colspan="3">I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.</td></tr>
<tr><td colspan="2">Lead Officer Name:
Dave Phillips
  </td><td>Job Title:
Interim Head of Finance</td></tr>
<tr><td colspan="3">Date: 9th September 2016</td></tr>
</table>

1. PROPOSAL

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

1.1 *This report provides the month 3 monitoring statement on the City Council's Revenue and Capital Budget for 2016/17.*

2. HOW DOES THIS DECISION CONTRIBUTE?

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

2.1 *To formally record changes to the Revenue Budget and gain Member approval for changes in line with Financial Regulations.*

Please refer to paragraph 26 of the main report for the recommendations.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 *No*

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 *No*

4.2 Financial and Commercial Implications

4.2.1 *Yes. Cleared by Dave Phillips*

4.3 Legal Implications

4.3.1 *No*

4.4 Other Implications

4.4.1 *No*

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 *A number of alternative courses of action are considered as part of the process undertaken by Officers before decisions are recommended to Members. The recommendations made to Members represent what Officers believe to be the best options available to the Council, in line*

with Council priorities, given the constraints on funding and the use to which funding is put within the Revenue Budget and the Capital Programme.

6. REASONS FOR RECOMMENDATIONS

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

REVENUE BUDGET & CAPITAL PROGRAMME MONITORING AS AT 30th JUNE 2016

Purpose of the Report

1. This report provides the Month 3 monitoring statement on the City Council's Revenue Budget and Capital Programme for May 2016. The first section covers Revenue Budget Monitoring, and the Capital Programmes are reported from paragraph 20.

REVENUE BUDGET MONITORING

Summary

2. For the purpose of this report, we have presented the Council's financial position in two elements, namely the underlying position on the services commissioned/provided by the Council, and the position on services that are commissioned and funded jointly with the health service. This is on the basis that the approach to achieving a balanced outturn for 2016/17 will require parallel strategies.

3. The latest monitoring position at month 3 for the services commissioned / provided by the Council shows the potential for a forecast overspend of £7.0m to the year end. It should be stressed that this is the forecast position before any additional mitigating savings are found, and that mitigating savings plans are currently being identified. It is anticipated that the impact of some of these plans will be reflected in the next monitoring report as at month 5. It is therefore considered to be the worst case scenario and does not represent an overspend currently incurred. The position is summarised in the table below:

Portfolio	FY Variance: £000s
CYPF	2,593
COMMUNITIES	2,826
PLACE	785
POLICY, PERFORMANCE & COMMUNICATION	525
RESOURCES	357
CORPORATE	(52)
GRAND TOTAL	**7,034**

4. In terms of the month 3 overall forecast position of £7.0m overspend, the key reasons are:

   - Children, Young People and Families (CYPF) based on trends to date are forecasting to overspend by £2.6m. This is primarily reported in Fieldwork Services, resulting from pressures on social workers as a result of increased number of caseloads costing an additional £392k, increased transport costs and contact time for Looked After Children of £450k and 180k overspend on services to unaccompanied children over and above the Government grant received. Additional pressures include delayed savings of £582k on Short Break and Direct Payments and £237k on integrated residential and disability services with health.
   - Communities based on trends to date, shows a forecast overspend of £2.8m, due to demand pressures in Care and Support relating to Learning Disability Services and Long Term Support.
   - Place are showing a forecast overspend of £785k. This forecast overspend is primarily due to in-year budget pressures and a potential shortfall on delivering budget savings.
   - Policy, Performance and Communications are showing a forecast overspend of £525k due to lower than anticipated advertising income as a result of contract delays.
   - Resources are showing a forecast overspend of £357k due mainly to £274k of additional employee costs as a result of the Customer Engagement Programme being unachievable in this financial year and £304k of additional pressure within Transport and Facilities Management arising from additional costs on Burngreave New Deal for Communities Property and reduced income to support the Voluntary Registration of Land project. These overspends are partly offset by £156k reduction in spending within Central Costs due mainly to lower than anticipated Former Employee Pensions costs.

5. In parallel to the above position, the Council faces a series of significant challenges in delivering savings in conjunction with the health care system. Since the 2016/17 revenue budget was set, various cost pressures and risks to funding levels have emerged. These challenges are as follows.

   - Children, Young People and Families (CYPF) are showing a forecast overspend of £750k as a result of not yet securing agreement to joint contributions with the CCG for children's services.

- Communities are showing a forecast overspend of £4.0m, due mainly to an emerging overspend against Commissioned Mental Health Services of £3.5m and £500k of pressures arising from CCG activity in the Learning Disability Service, as the profile of demand has shifted to costs funded by SCC and not the NHS. A more integrated approach is being urgently explored.
- Corporate are showing a forecast overspend of £5.8m, which is due to an anticipated shortfall in the Better Care Fund (BCF). We and the CCG agreed when the BCF was set up that £9.3m of funds would be made available in total by the two partners. The NHS would fund £5m, and the Council would fund £4.3m as a one-off in 2015/16, with the aim that the BCF would identify savings to eliminate the need for this contribution after 2015/16, or the CCG would identify a source of funds for it. However we now have a significant concern that slippage on this approach is occurring without the underlying savings yet emerging on a joint budget of £280m. SCC is the junior financial partner in this arrangement. Consequently the £4.3m is now a corporate pressure, and in addition the CCG is currently only able to guarantee £3.5m of the £5m of its share of the funding. We and the CCG continue to discuss the funding and management of the BCF.

6. The combined impact of the forecast potential overspends in Council-run services and in services run jointly with the NHS is that the latest monitoring position at month 3 is a forecast overspend of £17.6m. The combined position is summarised in the table below.

Portfolio	Outturn £000s	FY Budget £000s	FY Variance £000s	Movement from Month 2
CYPF	70,338	66,995	3,343	⇧
COMMUNITIES	143,706	136,880	6,826	⇔
PLACE	145,886	145,101	785	⇩
POLICY, PERFORMANCE & COMMUNICATION	2,492	1,967	525	⇧
RESOURCES	52,661	52,304	357	⇧
CORPORATE	(397,498)	(403,247)	5,748	⇔
GRAND TOTAL	**17,585**	**(0)**	**17,585**	⇧

7. Although the latest position shows what is currently believed to be the worst case scenario, a significant amount of work will be required to bring forecast expenditure into line with budget. This is being approached at this stage in two parallel strands, namely revenue budget management to contain the position outlined in paragraph 3, and

bringing to a conclusion the discussions on the joint funding arrangements with the NHS. The forecast position would be an unsustainable outturn when compared to a General Fund reserve of £12.6m.

Commentary

8. The main variations since Month 2 are:

- **CYPF** are forecasting an adverse movement of £1.1m since Month 2. This is due predominantly to an estimated £438k of additional costs on placements, £260k increase in non-staffing costs for transport and contact time for Looked After Children and £258k of additional costs relating to Social Worker activity as a result of increased case loads.

- **Place** are forecasting an improvement of £210k, which is due predominantly to one-off cost reductions on the Streets Ahead contract.

- **Policy, Performance & Communications** are forecasting an adverse movement of £544k due to the aforementioned lower than anticipated advertising income as a result of contract delays.

- **Resources** are forecasting an adverse movement of £143k due mainly to the withdrawal of funding for the Voluntary Registration of Land project from New Homes Bonus of £254k. This adverse movement has been partly offset by an improvement within the Finance service relating to staff savings and the aforementioned reduced funding requirement for Former Employee Pensions.

9. Full details of all reductions in spend, overspends and movements from the previous month within Portfolios are detailed in **Appendix 1**.

Approval Requests

10. See Recommendations section of **Appendix 7** for further details.

Public Health

11. The Public Health ring-fenced grant is currently forecasting a £47k underspend against the original grant allocation. Further details of the forecast outturn position on Public Health are reported in **Appendix 2**.

Housing Revenue Account

12. The 2016/17 budget is based on an assumed in year surplus of £13m which is to be used to fund the ongoing HRA Capital Investment Programme. In accordance with the HRA's financial strategy any further in-year funds generated by the account will be used to provide further funding for the future HRA Capital Investment programme.

13. As at month 3, early indications suggest a £2.2m improvement in the full year outturn position. As such, the funding contribution to the capital investment programme will be revised from £13m to £15.2m. Further details of the HRA forecast outturn can be found in **Appendix 3** of this report.

New Homes Bonus Fund

		£m
Income	Reserves as at 1/04/16	-7.1
	Anticipated 16/17 NHB Grant	-9.3
	Total Income	-16.4
Expenditure	2016/17 Spend to Date	0.4
	Forecast to Year End	1.1
	Future Years' Approved Commitments	2.5
	Total Expenditure	4.0
	Funds Available for Investment	**-12.4**

14. Most of the expenditure to date has been on capital schemes improving London Road shop fronts and redeveloping the Arbourthorne area. Officers are working on a number of substantial projects which will utilise the unspent balance and accelerate housing development and regeneration. These will be brought forward for approval by Members when ready.

15. A review is currently being undertaken of the application of NHB so that it is directed to the Council's strategic priorities especially the promotion of growth within the city. One option would be to add the unallocated NHB to other capital funds to create a Growth Investment Fund with the capacity to fund substantial projects which would enable, and drive growth forward.

Collection Fund

16. As at the end of Quarter 1 the Collection Fund is forecasting an overall surplus of £0.8m made up of a £1.1m surplus on Council Tax and a £0.3m deficit on Business Rates.

17. The Valuation Office (VOA) is currently in the process of revaluing all the business properties in the country. This will form the basis of the rating list for 2017 onwards. However, as a result of this work there has been a slowdown in the processing of appeals. It is anticipated by the VOA that they will begin tackling the backlog in appeals in the second half of the year, which could have a negative impact upon the outturn position for Business Rates.

18. Further details about the Quarter 1 performance of the Collection Fund can be found in **Appendix 4**.

Corporate Risk Register

19. The Council maintains a Corporate Financial Risk Register which details the key financial risks facing the Council at a given point in time. The most significant risks are summarised in **Appendix 5** along with any actions being undertaken to manage each of the risks.

Capital Summary

20. The forecast for 2016/17 has been increased by £1m on the Month 2 forecast to £235.4m. The Approved programme budget is £250.8m, a difference of £15.4m. The majority of the variation is in the Housing programme which is forecasting an underspend of £14.3m split equally between acquiring or building new council housing stock and refurbishment of existing properties.

21. Further details of the Capital Programme monitoring and projects for approval are reported in **Appendices 6 and 6.1**.

Implications of this Report

Financial implications

22. The primary purpose of this report is to provide Members with information on the City Council's Budget Monitoring position for 2016/17,

and as such it does not make any recommendations which have additional financial implications for the City Council.

Equal opportunities implications

23. There are no specific equal opportunity implications arising from the recommendations in this report.

Legal implications

24. There are no specific legal implications arising from the recommendations in this report.

Property implications

25. Although this report deals, in part, with the Capital Programme, it does not, in itself, contain any property implications, nor are there any arising from the recommendations in this report.

Recommendations

26. Cabinet are asked to:

(a) Note the updated information and management actions provided by this report on the 2016/17 Revenue Budget position.

(b) Approval the additional funding required to support the implementation of the Refine project.

(c) In relation to the Capital Programme:

i) Approve the proposed additions to the Capital Programme listed in Appendix 6.1, including the procurement strategies and delegations of authority to the Director of Commercial Services or nominated Officer, as appropriate, to award the necessary contracts following stage approval by Capital Programme Group;

ii) Approve the proposed variations, deletions and slippage in Appendix 6.1; and note

iii) the variations authorised by directors under the delegated authority provisions and the latest position on the Capital Programme.

Reasons for Recommendations

27. To record formally changes to the Revenue Budget and the Capital Programme and gain Member approval for changes in line with Financial

Regulations and to reset the capital programme in line with latest information.

Alternative options considered

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

Dave Phillips
Interim Head of Finance

PORTFOLIO REVENUE BUDGET MONITORING AS AT 30th JUNE 2016

Children Young People and Families (CYPF)

Summary

1. As at month 3 the Portfolio is forecasting a full year outturn of a £3.3m overspend. The key reasons for the forecast outturn position are:

    - **Business Strategy** - £207k forecast overspend, the key reason is a forecast overspend of £117k on Transport, due to increased demand.
    - **Children and Families** - £3m forecast overspend, the key reasons are:
        - Fieldwork Services - a forecast overspend of £1.1m. This is mainly due to a forecast overspend on fieldwork staffing budgets of £392k, due to pressures on social workers and an increase in the number of caseloads, the planned tapering down model of social workers has been delayed and a number of temporary staff have been recruited to meet this increase in demand. £450k forecast overspend on non-staffing budgets, due to increased transport costs and contact time for Looked After Children and £180k overspend on services to unaccompanied children over and above the Government grant received.
        - Health Strategy – a forecast overspend of £582k on Short Break and Direct Payments, due to the delay in anticipated savings due in year.
        - Provider Services – a forecast overspend of £237k, due to delays in anticipated savings on integrated residential and disability services with health, due in year.
        - Early Intervention and Prevention – a forecast overspend of £550k due to anticipated savings of £245k on uncommitted contracts, offset by a reduced expected contribution of £750k from the CCG, leaving a net overspend of £550k
        - Placements – forecast overspend of £596k, this represents the overspend to date based on the number of placements and the costs of these placements.

Financial Results

Service	Forecast Outturn £000s	FY Budget £000s	FY Variance £000s	Movement from Month 2
BUSINESS STRATEGY	2,592	2,385	207	⇧
CHILDREN & FAMILIES	60,874	57,875	2,999	⇧
INCLUSION & LEARNING SERVICES	13	(35)	48	⇔
LIFELONG LEARN, SKILL & COMMUN	6,859	6,770	89	⇔
GRAND TOTAL	**70,338**	**66,995**	**3,343**	⇧

DSG

2. The following is a summary of the position on DSG budgets at month 3:

	Month 2 £000	Month 3 £000
Business Strategy	(145)	(172)
Children and Families	(25)	42
Inclusion and Learning Services	312	679
Lifelong Learning, Skills and Communities	16	16
	158	**565**

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Commentary

3. The following commentary reports of the main movements from the month 2 position.

Business Strategy

4. A forecast £207k overspend (shown in the table above) relating to cash limit and £172k forecast reduction in spend on DSG. This is a movement of £112k on cash limit and the DSG position is consistent with month 2.

5. The main reason for the movement on cash is due to an increase in the forecast Transport overspend of £117k, this is due to an increase in demand for these services.

Children and Families

6. A forecast £3m overspend (shown in the table above) relating to cash limit and a £42k overspend on DSG. This is a £969k movement from month 2 on cash limit and the DSG position remains consistent with month 2.

7. The main reasons for the movement on cash limit is due to:

   - Fieldwork Services - a movement in the forecast overspend of £502k, this is due to an increase in the forecast overspend on fieldwork staffing budgets of £258k, due to pressures on social workers and an increase in the number of caseloads, the forecast now includes a number of temporary staff who have

been recruited to meet this increase in demand and a £260k increase in non-staffing costs, due to an increase in transport costs and contact time for Looked After Children.

- Placements – an increase of £438k in the forecast overspend, this represents the overspend to date based on the current number of placements and the costs of these placements.

Inclusion and Learning Service

8. A forecast £48k overspend (shown in the table above) relating to cash limit and £679k forecast overspend on DSG. The cash limit position is consistent with the month 2 position, the DSG forecast overspend has increased by £367k from month 2.

9. The main reason for the movement on DSG is due to an increase in the forecast overspend of £339k on SEN placements, this is due to an increase in the number of placements from the month 2 numbers and the extension of 1 high cost placement during month 3.

Lifelong Learning Skills and Communities

10. A forecast £89k overspend (shown in the table above) relating to cash limit and £16k forecast overspend on DSG. There are no significant movements from the month 2 position.

Communities Portfolio

Summary

11. As at month 3 the Portfolio is forecasting a full year outturn of an overspend of £6.8m. The key reasons for the outturn position are:

Performance, Information and Planning an underspend of £95k:

- The underspend position for PIPS is mainly due to reduction in spend on mail and insurance contracts of £150k and a small underspend of £22k on the Quality Service. These underspends are offset by additional cost on software licences and the Whole Family Case Management project of £69k. £250k of expenditure is also profiled for the BCF project which currently has no budget.

Care & Support overspend of £3.1m:

- Access, Prevention and Reablement forecasts a net underspend of £27k. There is a forecast overspend of £23k mainly as a result of use of agency social work staff, this is partly offset by an underspend of £49k due to pay savings in Occupational Therapy and Minor Works/Adaptations.

- A budget adjustment is required in Month 4 to allocate the Continuing Health Care income, currently recognised as over achievement of income in Contributions to Care, to the additional cost in Learning Disabilities and Long Term Care. The current treatment is inflating the overspend in these two areas which the budget adjustment will address.
- Learning Disabilities returned an outturn of £2.8m overspend. This is made up of:-
    - Purchasing LD is forecasting an overspend of £2.6m. This overspend is made up £1.7m of new client costs that have emerged in 2016/17 together with £50k of expected further growth, £664k of forecast unachieved savings, net of reduction in roll forward client costs from 2015/16 of £538k.
    - LD Assessment and Care Management is forecasting an overspend of £491k due to full year cost of additional review teams.
    - LD Provider Services is forecasting an underspend of £319k due to reductions in client hours and the subsequent reduction in use of agency staff and bank staff.
- Long Term Support is showing an overspend of £1.6m. This comprises the net position of an overspend in Adult Purchasing of £1.7m, with an underspend across the remainder of the service of £100k; this underspend is predominantly the saving against Forge Centre of £66k due to reduction in contracts along with a small net saving in social work costs.
- Provider Services is reporting an underspend against budget of £233k. The underspend is due to a £263k reduction in spend on Carers in the Adult Placement Shared Lives Service and combined underspends on salaries against Care4You Business and Performance £209k, Head of Service £7k and Community Support Services £145k. This is netted down by a reported overspends against City Wide Care Alarms £391k as a result of lower income than budgeted. Reablement Services report a position which is balanced to budget as a result of drawdown of corporate funding to cover salary costs until full implementation of the MER.
- Contributions to Care has an overachievement of income of £1.0m against budget. This figure is made up of overachievements in CHC income which will be addressed by the aforementioned budget adjustment to be actioned in Month 4, Integrated Charge income of £232k and Residential of £306k, offset by an underachievement of

£242k in Property Income and a further underachievement in CHC income of £397k together with a variance to budget on Public Health Direct payments of £52k.

Commissioning overspend of £3.5m:

- A forecast reduction in spend of £290k is reported by Commissioned Housing which is mainly due to slight delay in implementation of new Housing Related Support contracts coupled with annualised contracted savings.
- An overspend against Commissioned Mental Health Services of £3.4m. This is made up of a £3.9m overspend in Mental Health purchasing and £80k overspend in the S75 Mental Health contract offset by forecast underspends on the Older People Mental Health contract of £403k and the Partnership and Grant Aid budget of £104k. Further negotiations are on-going with the Care Trust to determine the cost of the S75 contract but the forecast overspend reflects current activity. There is an on-going conversation with the CCG to enable joint planning to be done in order to bring the overspend down within 2016/17. Future forecasting will be reflective of outcomes in this work.
- An overspend on Public Health Drug and Alcohol (DACT) of £147k. The majority of this is due to a forecast overspend on non-contract treatment costs of £130k.
- Social Care Commissioning Service forecasts an overspend of £158k. There is a forecast overspend of £234k on the British Red Cross contract for Independent Living Solutions (Equipment and Adaptations) partly offset by an underspend in quality contracts of £46k and a £46k saving due to vacancies.

Community Services overspend of £492k:

- There is an overspend of £200k in Locality Management, mainly as a result of Voluntary Sector overspend of £172k, £57k of which is due to £119k unachieved 15/16 savings on grants offset by a temporary saving of £62k which has been found this year. The remainder is a staffing overspend on Health and Social Care Integration budget of £56k and loss of income from Sheffield Teaching Hospitals of £57k.
- Locality Area is overspent by £28k as result of £45k unachieved 15/16 saving offset by £17k of temporary vacancy savings.
- Library Services are forecasting to overspend by £11k. The Libraries and Archives over recovery of income of £48k is eliminated by loss of

World Metal Index income £52k with the associated cost of redundancies (Service closes in July 2016).

- Public Health budgets are overspent by £282k as a result of contract values exceeding the budget by £55k, the remainder of £227k is as a result of an overspend on staffing due to slippage on the MER.

Housing General Fund underspend of £166k:

- Business Planning is showing a £2k underspend – a vacancy in Social Landlords creates a £19k underspend, reduced by a £16k shortfall in budget in Full Time Union Work. Remainder split in small amounts across other cost centres.
- Citywide Housing shows a £169k underspend. Within this, Local Assistance Scheme is £111k underspent due to low uptake of service, HRS Management is £33k underspent due to service manager vacancy following MER, increased income due to funding from Building Successful Families £26k and smaller variances across other lines.
- Neighbourhood Intervention is showing a £88k underspend created by £26k of extra income from Water Rates Commission, an overachievement of income of £644k and underspend against supplies of £74k. This is reduced by staffing costs and third party payment overspends - £212k and £440k respectively – and small variances in other areas.
- Sustainable City is showing a £93k overspend. This is a result of a underachieved recovery of income/prior year savings targets against a target of £113k and £19k underspend on staffing costs.

Financial Results

Service	Forecast Outturn £000s	FY Budget £000s	FY Variance £000s	Movement from Month 1
PIP	5,167	5,261	(95)	⇧
CARE AND SUPPORT	100,173	97,035	3,138	⇩
COMMISSIONING	27,802	24,345	3,456	⇩
COMMUNITY SERVICES	6,911	6,418	493	⇧
HOUSING GENERAL FUND	3,654	3,820	(166)	⇩
GRAND TOTAL	**143,706**	**136,880**	**6,826**	⇔

Commentary

12. The following commentary concentrates on the changes from the previous month.

PIPS

13. A forecast £95k reduction in spend. This is a worsening position of £361k from the previous month.

14. The adverse movement this month is due to spend against the BCF project which currently has no budget and was not forecast in previous month £250k, budget removal for a post £90k and additional cost against the Whole Family Case Management project £20k.

Care and Support

15. A forecast £3.1m overspend. This is an improvement of £264k from the previous month.

16. The improvement this month is mainly due to an improvement in salary forecasting against Provider Services following June payroll in Reablement Services of £173k and a reduction in forecast Agency Spend in Access, Prevention and Reablement of £64k.

Commissioning

17. A forecast £3.5m overspend. This is an improvement of £142k from the previous month.

18. The improvement this month is mainly due to savings in Housing Commissioning on the slippage of projects for Homelessness, Single and Housing First saving of £200k this month and savings in Older People's Mental Health due to spot purchasing above the Hurfield contract of £304k. This is offset by the forecast trend of overspend in Independent Living Solutions overspend of £119k this month and Mental Health Purchasing due to inclusion of unbilled clients £360k.

Community Services

19. A forecast £493k overspend. This is a worsening movement of £183k from the previous month.

20. The adverse movement this month is mainly due to anticipate additional cost following slippage on the Public Health MER and increased contract costs of £228k netted down by a slight improvement in Libraries due to additional income of £38k.

Housing General Fund

21. A forecast £166k underspend. This is an improvement of £144k from the previous month.

22. The improvement is due to the following Citywide Housing Service £23k additional income, further underspend against the Local Assistance

Scheme of £38k and staff vacancies of £35k. Also Neighbourhood Intervention & Tenant Support improved bad debt provision of £36k in Private Sector Housing.

Place Portfolio

Summary

23. As at month 3 the Portfolio is forecasting a full year outturn of a £785k overspend, an improvement of £211k on the previous month. The key reasons for the forecast outturn position are:

- **Planned Budget Savings £432k overspend** – reflects a relatively small shortfall against the £9.9m planned savings approved at March Council.
- **Other Net Pressures £353k overspend** – includes a shortfall against planned income within the Moor market of £325k.

Financial Results

Service	Forecast Outturn £000s	FY Budget £000s	FY Variance £000s	Movement from Month 1
BUSINESS STRATEGY & REGULATION	32,657	32,341	316	⇔
CREATIVE SHEFFIELD	3,024	2,669	355	⇔
CULTURE & ENVIRONMENT	30,040	29,997	43	⇔
DEVELOPMENT SERVICES	80,165	80,094	71	⇩
GRAND TOTAL	**145,886**	**145,101**	**785**	⇩

Commentary

24. The following commentary concentrates on the key risks and variances since last month.

Development Services

25. As at month 3 there is a £71k forecast overspend, which shows an improvement of £136k on the previous month as a result of one-off cost reductions on Streets Ahead.

26. However, it should be noted that this position assumes the delivery of £1.5m of approved budget savings within the Streets Ahead of £1.2m and Car Parking activities of £300k, which are forecast to be implemented in the second half of the financial year. Any slippage in these timescales for delivery would have a significant impact on the current reported position.

Resources Portfolio

Summary

27. As at month 3 the Portfolio is forecasting a full year outturn of an overspend of £357k, an adverse movement of £141k from the month 2 position. The key reasons for the forecast outturn position are:

- An overspend of £274k in Customer Services due to the Customer Engagement Programme being unachievable in this financial year and incurring additional employee costs in order to maintain operational KPIs.
- An overspend of £304k in T & FM due mainly to the Voluntary Registration of Land project no longer being eligible for funding from the New Homes Bonus and no alternative funding having been approved, together with rising costs in relation to the operation of Burngreave New Deal for Communities (BNDfC) for which no funding has been identified.
- A reduction in spending of £156k in Central Costs due mainly from reduced numbers requiring funding in relation to Former Employee Pensions.

Financial Results

Service	Forecast Outturn £000s	FY Budget £000s	FY Variance £000s	Movement from Month 1
BUSINESS CHANGE & INFORMATION SOLUTIONS	1,007	1,034	(27)	⇔
COMMERCIAL SERVICES	694	715	(21)	⇔
COMMERCIAL SERVICES (SAVINGS)	(2,068)	(2,068)	0	⇔
			0	⇔
CUSTOMER SERVICES	2,798	2,524	274	⇔
FINANCE	4,524	4,536	(12)	⇩
HUMAN RESOURCES	3,425	3,450	(25)	⇔
LEGAL SERVICES	3,514	3,530	(16)	⇔
RESOURCES MANAGEMENT & PLANNING	210	174	36	⇔
TRANSPORT AND FACILITIES MGT	16,323	16,019	304	⇧
TOTAL	30,427	29,914	513	⇧
CENTRAL COSTS	21,828	21,984	(156)	⇩
HOUSING BENEFIT	406	406	(0)	⇔
GRAND TOTAL	**52,661**	**52,304**	**357**	⇧

Commentary

28. The following commentary concentrates on the changes from the previous month.

Finance

29. A forecast £12k reduction in spending. This is an improvement of £171k from the previous month.

30. The improvement this month is due to savings from vacancies for two Assistant Director posts of £96k and further income from the 60 day bad debt of £76k.

Transport and Facilities Management

31. A forecast £304k overspend, due to funding issues for the Voluntary Registration of Land project and BNDfC. This is an adverse movement of £254k from the previous month.

32. The adverse movement this month is due mainly to the withdrawal of funding for the Voluntary Registration of Land project from New Homes Bonus (agreed as part of the 2015/16 BIPS) and approval not yet being given to an alternative funding source.

Central Costs

33. A forecast £156k reduction in spending due mainly to a decrease in the forecast for Former Employee Pensions costs. This is an improvement of £103k from the previous month.

34. The improvement this month is due to decreased costs forecast for Former Employee Pensions of £52k and to the forecasting of income streams on the Capita ICT Core from H drive and mailbox charges of £56k.

Policy, Performance and Communications Portfolio

Summary

35. As at month 3 the Portfolio is forecasting a full year outturn of an overspend of £525k, an adverse movement of £544k from the month 2 position. The key reasons for the forecast outturn position are:

    - £545k overspend on Communications mainly due to the Clear Channel small format advertising contract still not being completed and delays to the JC Decaux contract means that no income will now be received in relation to the large format advertising until January 2017.

Financial Results

Service	Forecast Outturn £000s	FY Budget £000s	FY Variance £000s	Movement from Month 1
ACCOUNTABLE BODY ORGANISATIONS	0	0	0	⇔
POLICY, PERFORMANCE & COMMUNICATION	2,627	2,102	525	⇧
PUBLIC HEALTH	(135)	(135)	0	⇔
GRAND TOTAL	**2,492**	**1,967**	**525**	⇧

Commentary

36. The following commentary concentrates on the changes from the previous month.

Policy, Performance & Communication.

37. A forecast £525k overspend, due to under recovery of income in relation to the advertising contracts within the Communications Service. This is an adverse movement of £544k from the previous month.

38. The adverse movement this month is due to a £548k under recovery of income now forecast from the delays in agreeing the advertising contracts. This represents an in-year cash flow issue, rather than an underlying structural problem with the budget. In order to improve the position for Month 4, the Service are progressing discussions in the following areas:

    - Clear Channel have been approached with a view to them buying back at an agreed percentage the advertising space they have given to the Council for the Council's own use. Initial conversations with Clear Channel have indicated that this is something they are willing to consider.
    - Approval of a small I2S from Strategic Finance as there is recognition that the income shortfall is the result of cash flow delays in the small and large format income rather than a budget issue.
    - Reviewing the service as a whole for any economies, and identifying any additional sources of income.
    - Place have already had a number of budget issues resolved as a result of the transfer of the advertising budget to PPC. A further, late call on the advertising income budget of £232k from the City Centre Events Strategy may need to be renegotiated for this year, although this will be a last resort if the other measures detailed above are not successful.

Corporate

Summary

39. As at month 3, the Corporate portfolio is forecasting a full year outturn of a £5.8m overspend.

- **Corporate Expenditure:** Corporate wide budgets that are not allocated to individual services / portfolios, including capital financing costs and the provision for redundancy / severance costs.
- **Corporate income:** Revenue Support Grant, locally retained business rates and Council tax income, some specific grant income and contributions to/from reserves.

Financial Results

40. The table below shows the items which are classified as Corporate and which include:

Service	Forecast Outturn £000s	FY Budget £000s	FY Variance £000s
CAPITAL FINANCING	34,125	34,205	(80)
CORPORATE ITEMS	(431,624)	(437,452)	5,828
GRAND TOTAL	(397,498)	(403,247)	5,748

41. Corporate are showing a forecast overspend of £5.8m, which is due to the anticipated shortfall in the Better Care Fund (BCF). We have a significant concern that after 18 months the BCF has not realised any savings on a joint budget of £280m.

PUBLIC HEALTH BUDGET MONITORING AS AT

30th June 2016

Purpose of the Report

1. To report on the 2016/17 Public Health grant spend across the Council for the month ending 30th June 2016.
2. The report provides details of the forecast full year spend of Public Health grant compared to budget.
3. The net reported position for each portfolio/service area would normally be zero as public health spend is matched by a drawdown of public health grant. For the purposes of this report, and in order to identify where corrective action may be necessary, we have shown actual expenditure compared to budget where there is an underspend position.

Summary

4. At month 3 the overall position was a forecast underspend of £47k which is summarised in the table below.

Portfolio	Forecast Full Year Expenditure	Full Year Expenditure Budget	Full Year Variance at m3	FY Variance Forecast at m2	Movement from Prior Month
CYPF	17,408	17,408	(0)	(3)	3
Communities	12,324	12,333	(9)	(10)	1
Place	2,787	2,783	4	(55)	59
Director of PH	2,121	2,163	(42)	155	(197)
Total Expenditure	34,640	34,687	(47)	87	(134)

5. Key reasons for the forecast under spend are:
    - CYP forecast to budget
    - £9k underspend in Communities virtually forecast to budget
    - £4k overspend in Place virtually forecast to budget

- £42k under spend in Director of PH due to reduced spend around GP Health Checks

6. Key Reason for month on month changes are:

- £197k improvement in the position is due to the overspend of £155k reported last month against PH contingency has now been re-profiled and drawn down. The remaining balance is offset by savings on vacant post.

HRA BUDGET MONITORING AS AT 30th JUNE 2016

Purpose of this Report

1. To provide a summary report on the HRA 2016/17 revenue budget for the month ending 30 June 2016, and agree any actions necessary.
2. The content of this report will be used as the basis of the content of the budget monitoring report to the Executive Management Team and to Members.

Summary

3. The HRA Business Plan is based on the principle of ensuring that investment and services required for council housing is met by income raised in the HRA.
4. The 2016/17 budget is based on an assumed in year position of £13m which is to be used to fund the ongoing HRA Capital Investment Programme. In accordance with the HRA's financial strategy any further in- year funds generated by the account will be used to provide further funding for the future HRA Capital Investment programme.
5. As at month 3 early indications suggest an improved full year outturn position of £2.2m. As such, the funding contribution to the capital investment programme will be revised from £13m to £15.2m (shown in the table). This is in line with the HRA Business Plan which sets out the Council's plans and priorities for council housing over the next five years. Capital investment is to be made on improving council housing with a focus on works such as replacement heating systems, insulation and energy efficiency, new roofs, improvements to communal areas as well as building or buying new/replacement council housing.
6. Main areas contributing to the outturn include a net increase in income of £254k primarily as a result of a reduced level of bad debt provision offset by a higher turnover of vacant properties; an increase in other income of £89k mainly due to an increase in service charge income; a reduction in overall running costs of £1.7m and a reduction of £161k due to revised borrowing assumptions.

Financial Results

Housing Revenue Account (excluding Community Heating)	FY Outturn £000's	FY Budget £000's	FY Variance £000's
1.NET INCOME DWELLINGS	(147,004)	(146,750)	(254)
2.OTHER INCOME	(6,613)	(6,524)	(89)
3.HOMES-REPAIRS & MAINTENANCE	32,865	32,870	(5)
4.DEPRECIATION-CAP FUND PROG	39,436	39,436	(0)
5.TENANT SERVICES	51,124	52,855	(1,731)
6.INTEREST ON BORROWING	14,969	15,130	(161)
Total	**(15,223)**	**(12,983)**	**(2,240)**
7.CONTRIBUTION TO CAP PROG	15,223	12,983	2,240

Community Heating

7. The budgeted position for Community Heating is a draw down from Community Heating reserves of £293k. As at month 3 the forecast position is a contribution to reserves of £10k, an improvement of £303k.

8. This is due to a delay in the metering project together with lower than expected usage due to the mild weather and a reduction in overall energy costs.

Community Heating	FY Outturn £000's	FY Budget £000's	FY Variance £000's
Income	(2,861)	(2,723)	(138)
Expenditure	2,851	3,016	(165)
Total	**(10)**	**293**	**(303)**

Housing Revenue Account Risks

9. There are a number of future risks and uncertainties that could impact on the 30 year HRA business plan. As well as the introduction of Universal Credit and changes to Housing Benefits, the Government has announced a number of further changes in the Housing and Planning bill and Welfare Reform and Work bill. These include a revision to social housing rent policy, which will reduce rents for the next three years. This will have a considerable impact on the resources available to the HRA. In addition, the Government's "Pay to Stay" proposals and other changes in the Housing and Planning bill will impact on both tenants and the HRA business plan. Work is continually ongoing to assess the financial impact of these. Other identified risks to the HRA are:

   - **Interest rates:** fluctuations in the future levels of interest rates have always been recognised as a risk to the HRA. These are managed through the Council's Treasury Management Strategy.

- **Repairs and Maintenance:** existing and emerging risks within the revenue repairs budget include unexpected increased demand (for example due to adverse weather conditions) and future changes to contractual arrangements.

Collection Fund 2016/17 – Quarter 1 Monitoring

Summary

1. In 2016/17 approximately £286.5m of SCC expenditure is forecast to be financed directly through locally collected taxation. This taxation is initially collected by the Council and credited to the Collection Fund.

2. The Government receives 49.4% of the Business Rates collected (the Central Share) and uses this to finance grant allocations to local authorities. The Fire Authority receives 1%, 0.6% of the business rates are retained to fund the Designated Areas and the Council retain the remaining 49% as below in table 2.

3. Council Tax is distributed approximately 86% to SCC, 10% to the Police and Crime Commissioners Office and 4% to the Fire Authority. The SCC share is detailed below.

Income Stream	Budget 2016/17 £m	Year to Date £m	Forecast Year End Position £m	Variance £m
Council Tax	-179.9	-51.5	-181.0	-1.1
Business Rates Locally Retained	-106.6	-33.8	-106.3	0.3
TOTAL	**-286.5**	**-85.3**	**-287.3**	**-0.8**
RSG/Business Rates Top Up Grant	-119.7	-29.9	-119.7	0.0
TOTAL	**-406.2**	**-115.2**	**-407.0**	**-0.8**

4. As at the end of Quarter 1 the local share of the Collection Fund Income Stream is forecasting an overall in-year surplus of £0.8m made up of a £1.1m surplus on Council Tax and a £0.3m deficit on Business Rates.

Council Tax

5. The forecast year end Gross Income chargeable to dwellings is £0.6m over budget due to a growth in the Council Tax Base (CTB) forecasts.

6. Exemptions and reductions are currently £2.4m under budget year to date. However it has been prudently forecast that this will drop to £0.5m under budget by year end. The forecast year end position is primarily due to a decrease in single person discount granted of £0.3m. A review of these exemptions is currently being undertaken to determine if this year-end position will be met.

Business Rates

7. The year to date position for Gross Rates Income Yield shows a deficit of £0.5m, whereas there is a surplus on Reliefs of £4.5m and a surplus on losses on appeals and losses on collection of £4.7m.

8. Appeals are proving to be an extremely problematic area to forecast both locally and nationally due to the current revaluation preparation that is taking place for 2017. The Valuation Tribunal has prioritised this over appeals and so the back log has increased with very few appeals settled in quarter 1, 2016. The valuation office has indicated that there will be a concerted effort to clear appeals from September onwards and so this is reflected in the anticipated increase in losses on appeals in the forecast position.

Collection Fund - Business Rates	Budget 2016/17 £m	Year to Date £m	Forecast Year End Position £m	Variance £m
Gross Business Rates income yield	-260.4	-259.9	-260.4	0.0
LESS Estimated Reliefs	37.1	32.6	37.1	0.0
Transitional Relief	0.0	0.0	0.0	0.0
Losses and Cost of Collection	2.8	0.9	2.8	0.0
Losses on Appeals re Current Year Bills	3.4	0.6	4.3	0.9
Increase (Decrease) due to appeals / bad debt provisions	0.0	0.0	-0.9	-0.9
Net Collectable Business rates	**-217.1**	**-225.8**	**-217.1**	**0.0**
Appropriation of net business rates:				
49.0% Sheffield City Council	-106.3	-110.4	-106.3	0.0
1.0% SY Fire Authority	-2.1	-2.2	-2.1	0.0
49.4% Government	-107.4	-111.8	-107.4	0.0
0.6% Designated Areas	-1.3	-1.3	-1.3	0.0
Total SCC Appropriations	**-217.1**	**-225.8**	**-217.1**	**0.0**

Gross Rates Income Yield

9. The Gross Business Rates Income Yield has, to date, decreased by £0.5m compared to total budget. There are a number of properties due to enter the ratings list toward the end of quarter 2 which should raise the yield up to the budgeted position.

10. The remaining health centres have not been settled to date however these have a provided for in the appeals provision and should not have a significant impact on the overall appropriations.

Reliefs and Discounts

11. The total level of reliefs awarded to the end of quarter 1 amounts to £32.6m which is £4.5m below the £37.1m assumed in the budget. These are expected to rise to £37.1m by year end.

12. Most reliefs and discounts are generally awarded in full at the point of billing at the start of the year. To date there are significant variations in relation to Empty Property Reliefs, Discretionary Relief and Mandatory Charity Relief. The reduction in Empty Property Relief granted which is £1.9m underutilised against budget appears to be an upturn in occupations at the lower end of the market however there are significant businesses that have recently entered administration such as Polestar and BHS which will attract relief from quarter 2.

13. The Discretionary Relief awarded has been reduced by the elimination of Retail Relief however there are a number of relief schemes that were announced as part of the budget that have not had significant take up to date. It is anticipated that there will be further promoting of these from quarter 2 onwards which will increase the utilisation.

Reliefs	Budget 2016/17 £m	Year to Date £m	Forecast Year-End Outturn £m	Variance £m
Small Business Rates Relief	5.4	5.5	5.4	0.0
Mandatory Charity Relief	21.6	20.3	21.6	0.0
Discretionary Relief	1.8	0.4	1.8	0.0
Empty Property / Statutory Exemption	7.9	6.0	7.9	0.0
Partly Occupied Premises Relief	0.3	0.2	0.3	0.0
New discretionary reliefs	0.1	0.2	0.1	0.0
	37.1	**32.6**	**37.1**	**0.0**

Appeals

14. Appeals are notoriously difficult to forecast due to the lack of available information. The 2016/17 Council budget anticipated £3.3m of refunds in year resulting from appeals. This was based on historical trend analysis.

15. Losses on Appeals are anticipated to be £0.9m over budget by year end. The levels of refunds currently granted stands at only £0.6m for the first quarter however it is anticipated that the VOA will increase the processing of appeals once revaluation work has been completed.

16. There is a provision of £23.7m carried forward into 2016/17. There have been no new significant appeals lodged in 2016/17 however several significant national appeals that emerged in previous years are still outstanding. There has been a reduction in the number of appeals at the moment given that it is the final year before revaluation. We are still awaiting the settlement of a number of cases for health centres but these have been provided for already. The current issues with regards to ATM's and Virgin Media have still not been settled but again these have been provided for in the above provision.

17. Health centres have cost £4.5m in refunds to date but a further £3.5m is expected. The likely removal of ATM's from the rating list is anticipated to cost around £2.5m. If Virgin Media is removed from the list a further £3.7m is at risk. Given these major individual factors and the fact around a third of RV in total is under appeal it is deemed prudent to increase the appeals provision significantly to account for this.

Conclusion

18. Whilst the forecast position of a £0.8m surplus is welcome, there are significant issues that could impact on this during the next 9 months. With regards to business rates, the length of time taken to complete the 2017 revaluation process could see a delay in the settling of appeals and lead to a greater appeals provision required. If the anticipated take up of reductions is not witnessed on Council Tax then we could see an improved position on this.

CORPORATE RISK REGISTER

This Appendix provides a brief overview of the main financial risks facing the Council in 2016/17. A more detailed schedule of these risks will be monitored by the Executive Management Team to ensure that the risks are mitigated.

Corporate Risks

2016/17 Budget Savings & Emerging Pressures

1. There will need to be robust monitoring in order to ensure that the level of savings required for a balanced budget in 2016/17 are achieved, especially given the cumulative impact of £300m of savings over the last five years (2011-16), and furthermore the backdrop of continuing reductions in Government grant from 2016/17 onwards.

2. Whilst preparing the budget 2016/17, officers identified numerous pressures which, if left unchecked, could lead to significant overspends in 2016/17 and beyond. The following pressures have been highlighted because they present the highest degree of uncertainty.

   Capital financing costs

3. The Council currently maintains a substantial but prudent under borrowed position to help support the revenue budget and mitigate residual counterparty default risk on cash investments. In operating with an under borrowed position the Council exposes itself to interest-rate risk. Recognising this, Treasury maintain a regular dialogue with the Director of Finance and the Executive Director of Resources to monitoring the risk and review mitigation opportunities.

   Business Rates

4. Following the advent of the Government's Business Rates Retention Scheme in April 2013, a substantial proportion of risk has been transferred to local government, particularly in relation to appeals, charitable relief, tax avoidance, hardship relief and negative growth. The issue of appeals dating as far back as the 2005 rating list is the greatest risk causing concern across all authorities.

5. As at 30th June 2016, there were over 1600 properties with a rateable value of approximately £215m under appeal in Sheffield. There have been a large number of appeals lodged in the last two years relating to GP Surgeries, ATM's and Virgin Media. The decision by the Valuation Tribunal to significantly lower the rateable value of GP's Surgeries in

addition to the Government announcement to move to full academisation of schools will have a material impact on the business rates revenues collectable by Sheffield City Council in 2016/17 and beyond.

6. Not all of the £215m rateable value noted above is at risk and not all the appeals will be successful. However due to the uncertainty around these factors a prudent provision was taken during 2016/17 to mitigate the loss of income as a result of successful appeals. Actual trends on appeals were monitored in 2015/16, with any revised estimates of the impact of appeals forming part of the 2016/17 budget process. The imminent revaluation by the VOA which will take affect from April 2017 means that there is potential for a large amount of appeals in the years to follow.

7. The 2017 revaluation process being undertaken by the VOA has seen a slowdown in the number of appeals processed so far in 2016/17. It is anticipated that this will increase towards the second half of the year.

Implementation of savings proposals

8. The risk of delivering savings in 2016/17 in specific areas such as adult social care and waste management is considerable, given the increasing demand pressures and the levels of savings that have been achieved in previous years. To mitigate this, officers are working on the safe and legal implementation of budget proposals by:

- Ensuring that there is a thorough understanding of the impact of proposals on different groups and communities, including undertaking Equality Impact Assessments for budget proposals and discussed with Cabinet Members
- Carrying out appropriate, meaningful consultation activity with affected communities and stakeholders, and ensuring that where the proposal affects a supplier or provider, that they undertake appropriate consultation and equalities work with service users.
- Discussing budget proposals with affected members of staff in advance of them being made public, and putting in place MER processes where required, in consultation with HR.

Medium Term Financial Position

9. On 14 October 2015 Cabinet considered a report of the Executive Director of Resources entitled Medium Term Financial Strategy (MTFS) 2016/17 to 2020/21. This report provided an update of the Council's MTFS to reflect the budget decision of the Council for 2015/16 and the potential impact on the next 5 years of the Government's plans for deficit reduction. This report sets the planning scenarios for the medium term.

10. The report on the MTFS indicated that there would be ongoing reductions in Revenue Support Grant (RSG) of 20% or £23.2m per annum over the five year period to 2020/21. Following the autumn statement released in December 2015, the actual RSG cuts have been identified as circa £79m by 2019/20.

11. The Council's financial position is significantly determined by the level of Business Rates and Council Tax income. Each of these may be subject to considerable volatility and will require close monitoring and a focus on delivering economic growth to increase our income and on delivering outcomes jointly with other public sector bodies and partners.

12. The Medium Term Financial Strategy for the next five years covering 2017/18 – 2021/22 is currently being reviewed and will be presented to Cabinet in September 2016.

Pension Fund

13. Bodies whose Pension liability is backed by the Council are likely to find the cost of the scheme a significant burden in the current economic context. If they become insolvent the resulting liability may involve significant cost to the Council.

14. As at March 2013 the triennial review for pensions highlighted the total liability underwritten by the Council for external bodies was £17.2m. However more up to date information from the pension fund seems to suggest that these liabilities may have increased as a result of universally low bond yields in the fund. The full liability will be known following the results of the triennial review which is currently being undertaken.

Economic Climate

15. There is potential for current adverse economic conditions to result in increased costs (e.g. increased homelessness cases) or reduced revenues.

16. The Council seeks to maintain adequate financial reserves to mitigate the impact of unforeseen circumstances.

External Funding

17. The Council utilises many different grant regimes, for example central government and EU. Delivering projects that are grant funded involves an element of risk of grant claw back where agreed terms and conditions are not stringently adhered to and evidenced by portfolios. In order to

minimise risk strong project management skills and sound financial controls are required by Project Managers along with adherence to the Leader's Scheme of Delegation to approve external funding bids.

18. As SCC funding reduces, portfolios are increasingly seeking out new sources of external funding, both capital and revenue. EU funding contracts have more complex conditions, require greater evidence to substantiate expenditure claims and are less flexible on timescales and output delivery targets. This increases the inherent risk in projects which are EU funded. Furthermore as the Council reduces its staff resources a combination of fewer staff and less experienced staff increases the risk of non-compliance with the funding contract conditions and exposes the authority to potential financial claw back.

19. Moreover, the pressure on the General Fund means that Service Managers are forced to seek more external funding such that the general level of risk associated with grants is increasing because of the additional workload this creates amongst reduced and potentially inexperienced staff.

20. The result of the recent referendum on EU membership does not in the short term change the risk profile of EU grants.

Treasury Management

21. The Council has been proactively managing counter-party risk since the credit crunch of 2008. Counterparty risk arises where we have cash exposure to bank and financial institutions who may default on their obligations to repay to us sums invested. Counterparty risk had diminished over the last financial year as banks have been obliged to improve their capital funding positions to mitigate against future financial shocks. However, the UK's decision to leave the European Union has the potential to intensify these risks as the UK's decision to exit the EU creates significant political, economic, legislative and market uncertainty which is unlikely to be resolved in the short term. The Council is continuing to mitigate counterparty risk through a prudent investment strategy, placing the majority of surplus cash in AAA highly liquid and diversified funds.

22. As part of the 2016/17 budget process, we are developing the Treasury Management and Investment Strategies, both of which were based on discussions with members and senior officers about our risk appetite. This will include a review of our counter-party risk to ensure it is reflective

of the relative risks present in the economy. A cautious approach will be adopted whilst the uncertainties created by the exit from the EU are resolved and the level of market volatility returns to normal levels. Given the profound nature of the exit from the EU, we may need to review our Treasury Management and Annual Investment Strategies to ensure we have the ability to respond appropriately to market volatility

23. The Council is also actively managing its longer term need for cash. Cash flow requirements show that the Council will require new borrowing in the coming years to finance capital investment. Interest rates on borrowing have been affected by the EU referendum and the Council has drawn down some loans to lock into historically low rates where the expenditure is anticipated within the current financial year. The uncertainties caused by the UK exit from the EU will require the Council to remain vigilant to interest-rate risk, and will draw down loans in a timely manner to militate against borrowing costs rising above our target rates.

24. The Council is continuing its efforts to ensure full compliance with the increasingly stringent requirements of Payment Card Industry Data Security Standard (PCI DSS). PCI DSS is a proprietary information security standard for organizations that handle branded credit cards from the major card schemes including Visa, MasterCard and American Express.

25. As part of the 15/16 and 16/17 savings challenge, we have undertaken a small number of early payments to some of its major suppliers in return for a saving on the contract cost. To date agreements have been reached with 3 suppliers and others are being considered. There is a risk to the Council that having received payment that these companies may fail to deliver the services. This is mitigated by the existing contract protections, financial evaluations of the companies and parent company guarantees.

Welfare Reforms

26. In April 2013, the government began to introduce changes to the Welfare system, which have had and will continue to have a profound effect on Sheffield residents including council taxpayers and council house tenants. The cumulative impact of these changes is significant. They include:

- **The Abolition of Council Tax Benefit:** replaced with a local scheme of local Council Tax Support from April 2013. The Council approved the replacement scheme, based on the reduced funding available from Government, and set up a hardship fund in January 2013, but there are risks to council tax collection levels and pressures on the hardship fund which are being closely monitored.
- **Housing Benefit Changes:** Since 2013 the Government has introduced, and will continue to introduce various changes to the Housing Benefit System. These changes aim to reduce the level of benefit paid and hence potentially impact on the recipient's ability to pay rent and council tax. Consequently there may be an adverse impact in the level of arrears particularly as a result of the introduction of Universal Credit.
- **Introduction of Universal Credit:** The roll out of UC for claimants in Sheffield started in January 2016 and initially only applies to new single jobseekers. Roll out of any other type of claimant will not take place until DWP move to their "Digital Platform" for which there is no known date for Sheffield. The migration of existing working age Housing Benefit claimants will follow but this is not expected until 2022/23. The Government has recently revisited the issue of discounting Housing Benefit for pensioners and has advised that no changes will be made until after Universal Credit has been fully introduced. There are no known plans to discontinue Housing Benefit for pensioners in the meantime future funding arrangements to cover administration and awards are still uncertain.
- Potentially the biggest impact of the introduction of UC is on the HRA and collection of rent. Support towards housing costs is currently paid through housing benefit direct to the HRA; in future this will be paid through UC direct to individuals. It is estimated that this could double or even treble the cost of collection and increase rent arrears by £12m by the end of 2020/21. However, impacts are uncertain at present as there is limited data available therefore estimates will be reined as we learn from the roll out. There will also be an impact on the current contract with Capita and internal client teams.

Children, Young People and Families Risks

Education Funding

27. As part of the Spending Review and Autumn Statement 2015, the Government has announced savings of £600 million to be made from Education Services Grant (ESG), including phasing out the additional funding schools receive through the ESG. The government has launched a consultation on changes to policy and funding proposals from 2017, this will reduce the Council's ESG by £3.3m, with only funding being received for retained duties only which is currently £1.1m, but changes to policy could impact on this funding.

28. Schools are entitled to receive a proportion of the Council's Dedicated Schools Grant (DSG) which schools forum have decided can be de-delegated back to CYPF to fund central services. Academies can on conversion choose whether to buy into those services thus creating a potential funding gap. Up to £500k could be at risk to centrally funded services should Academies choose not to buy back those services funded from de-delegated DSG from the local authority.

29. If an academy is a sponsored conversion then the Council will have to bear the cost of any closing deficit balance that remains in the Council's accounts. In 2016/17 this cost to the Council is estimated at around £300k and remains a risk for any future conversions, especially with the expansion of the academy conversion programme.

30. Also as part of the Spending Review and Autumn Statement 2015, the government announced that it will introduce a national funding formula for schools, high needs and early years. The government had planned to introduce this new funding formula from 2017/18; however, the new system will now apply from 2018/19. The government has launched a detailed consultation; further details and the financial impact for Sheffield are expected later in 2016.

Communities Risks

31. In 2015/16 a recurrent gap of £9.3m in the council's funding was bridged using £5m of CCG funding and council reserves. For 2016/17, the CCG contribution so far identified is £3.5m. As with last year, the remainder will need to be funded from temporary sources until such time as sustainable savings proposals are developed from within the Better Care Fund in order to balance the budget for future years. Work to identify these remains ongoing.

32. There has been increasing pressure in recent months on Mental Health purchasing budgets as a result of some changes to care packages managed by the Care Trust. Whilst these changes are the right thing to do from a system wide perspective, they have a disproportionate impact on SCC. Work is currently underway to assess the viability of managing these budgets under a pooled arrangement within the Better Care Fund.

Place

2016/17 Revenue Budget savings

33. The Place budget comprises three significant contracts - Streets Ahead programme, waste management contracts and the South Yorkshire Passenger Transport Levy – which together absorb 80% of the General Fund support. The Portfolio cannot meet projected reductions in local authority funding by cutting only the remaining 20% of the budget without a significant reduction in services. Thus in the 2015-16 Business Planning round, the Portfolio's strategy was based on reducing the cost of these contracts to preserve the other services.

34. The South Yorkshire Transport Levy has been successfully reduced but not the Streets Ahead or waste management contracts. The Portfolio has now embarked on a review of all the other services seeking a business-like approach to service delivery. Realising the efficiencies and opportunities within this review is crucial to maintaining the current Place savings. The review is at an early stage and requires swift implementation, along with a number of other strategic interventions, if the necessary revenue budget savings are to be realised in 2017/18. Failure to so do will very probably create an overspend for the Council.

35. In light of the above risks, a review of waste services has taken place with a staged strategy agreed. As with any service change, there is a risk to the continuity of service delivery and in the longer term there is a potential financial risk if the expected investment does not result in better value services. There is also a risk to the short term achievement of the 2016/17 budget savings if the project timetable slips. In order to mitigate the risks a robust governance structure has been put in place to review progress and issues and make decisions to ensure that the optimum solution is achieved.

Housing Revenue Account Risks

Housing Revenue Account (HRA)

36. There are a number of future risks and uncertainties that could impact on the 30 year HRA business plan. Major changes for social housing have been set out in the Welfare Reform and Work Bill and the Housing and Planning Bill. The full details and resource implications of the policy changes on the HRA are still emerging. In particular changes to the extension of Right to Buy to Housing Association tenants funded by the sale of "high value" council homes as they fall vacant, Pay to Stay proposals – Higher Rents for High Earners, the introduction of fixed term tenancies and further Welfare Reform changes. The impacts on the HRA are continually being assessed.

Other identified risks to the HRA are:

- **Interest rates:** fluctuations in the future levels of interest rates have always been recognised as a risk to the HRA. These are continually re-assessed as part of the overall debt HRA strategy.
- **Repairs and Maintenance:** existing and emerging risks within the revenue repairs budget include unexpected increased demand (for example due to adverse weather conditions). The ongoing programme of proactive repair and improvement on roofing and heating systems in particular should help to mitigate this particular risk. This may be mitigated to some extent in the longer term by the insourcing of the Repairs and Maintenance service scheduled for April 2017.

Capital Programme Risks

Capital Receipts and Capital Programme

37. Failure to meet significant year on year capital receipts targets due to reduced land values reflecting the depressed market and the impact of the Affordable Housing policy. This could result in over-programming / delay / cancellation of capital schemes.

<u>Housing Regeneration</u>

38. There is a risk to delivering the full scope of major schemes such as Park Hill because of the instability in the housing market. This could result in schemes 'stalling', leading to increased costs of holding the sites involved.

Olympic Legacy Park

39. The Council supports the development of the Olympic Legacy Park to regenerate the Lower Don valley. Some parts of the infrastructure need private party or external funding to realise the vision. The Council has an obligation to provide a number of facilities to the educational establishment facilities on site against a very tight timescale. If the other site developments do not proceed in time, the Council may have to step in with funding which will place additional strain on the funding of the capital programme.

Bus Rapid Transit (BRT) North

40. The project is significantly over budget and a year behind schedule due to the discovery of asbestos on land which was previously thought to have been decontaminated, and, an unchartered sewer which has had to be relocated. The latest estimate of the unfunded spend is £1.3 m. A number of options are being pursued, including litigation against those at fault and allocation of anticipated future planning related development fees.

Sheffield Retail Quarter

41. The Council has committed to incur around £60m to acquire land, secure planning consent, and appoint a development manager to deliver the new retail quarter in the city centre. The scheme is being funded through prudential borrowing which will be repaid from the increased Business Rates that the completed scheme will produce (known as Tax Incremental financing (TIF). The financing costs are being capitalised while the scheme is in development. There is a risk that if the scheme ceases to be active that the financing costs of circa £3m pa will have to be provided for from existing budgets. There is also a longer term risk that if the scheme does go ahead that the business rates generated are not sufficient to cover the financing costs. In order to mitigate these risks the Council is working closely with its advisors and potential tenants to ensure that a viable scheme is being developed. It is also ensuring that the level of TIF is set at a prudent level.

42. In addition to the £60m already committed, the Council may in future have to invest substantial sums (potentially several hundred million pounds) to create the public realm and develop a proposition which an external investment developer would take forward. This may also involve the construction of buildings on a speculative basis with only part of the

building pre let. The Council has recently approved a further £86m for the construction of the first building in the Retail Quarter on this basis.

Schools Expansion programme

43. In February 2016 the Cabinet approved a report setting out the need to provide additional places in primary, secondary and Sixth Form establishments. The immediate demand for places in the next three years will require the Council to commit funds ahead of receipt from central government. In subsequent years it expects to receive sufficient funding to repay the cash flow by 2020/21. In March 2016 the Government announced its intention to convert all schools to academies by 2020. The detailed plans are not yet clear, but if this policy reduced the financial support available to local authorities' capital programmes, the Council would very probably be faced with an affordability gap in the Schools' capital programme.

CAPITAL PROGRAMME MONITORING AS AT 30th JUNE 2016

Summary

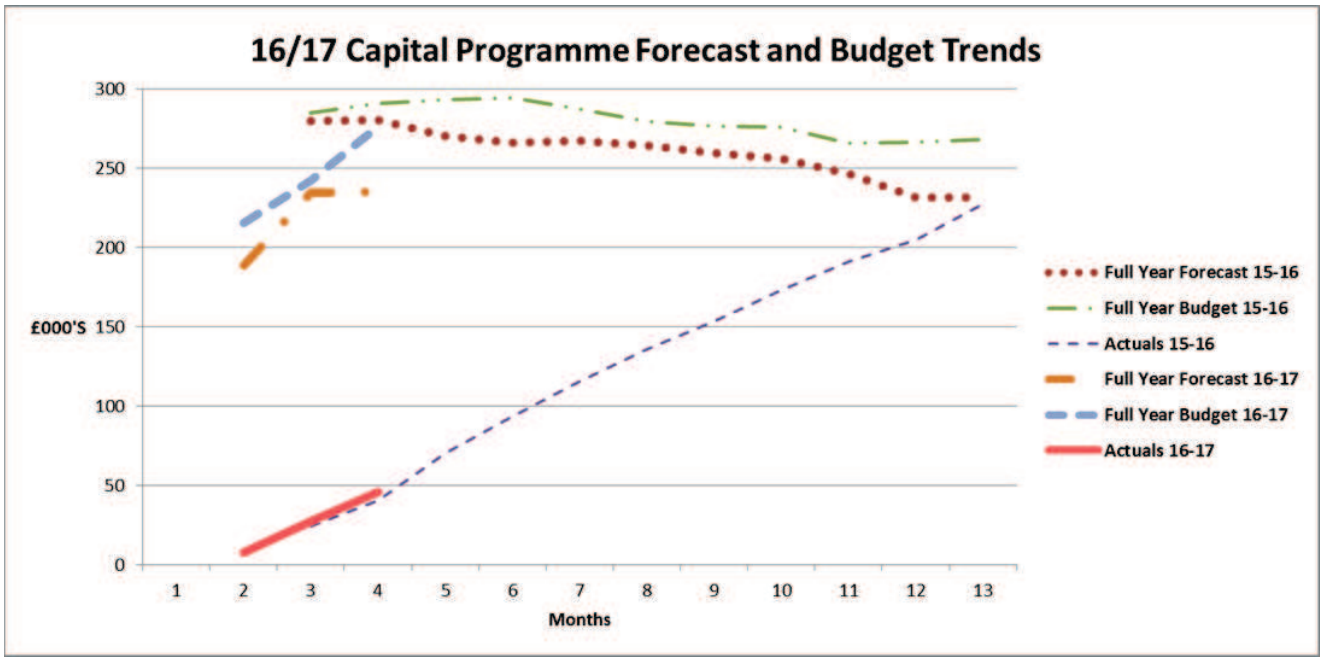
1. The forecast for 2016/17 has been increased by £1m on the Month 2 forecast to £235.4m. The Approved programme budget is £250.8m, a difference of £15.4m. The majority of the variation is in the Housing programme which is forecasting an underspend of £14.3m split equally between acquiring or building new council housing stock and refurbishment of existing properties.
2. The current forecast shortfall against budget includes £0.7m of cost savings against the approved budgets. When deducted from the £15.4m, this leaves a slippage figure of £14.7m which is 5.6% of budget.
3. The table below shows that at Month 3, the year to date spend is £5.6m table below programme, reflecting the forecast variances in the Housing programme but a further £4.8m is in projects outside the Top 20 projects.

Financials 2016/17

Portfolio	Spend to date	Budget to Date	Variance to date	Full Year forecast	Full Year Budget	Full Year Variance on Budget
	£000	£000	£000	£000	£000	£000
CYPF	4,479	6,566	(2,087)	34,009	36,064	(2,055)
Place	13,793	14,261	(468)	59,059	60,452	(1,392)
Housing	17,676	18,987	(1,311)	91,320	105,587	(14,267)
Highways	1,983	2,012	(30)	10,792	8,522	2,270
Communities	(8)	35	(43)	282	325	(43)
Resources	667	2,365	(1,698)	12,761	12,710	51
Corporate	7,080	7,080	0	27,182	27,182	0
Grand Total	**45,669**	**51,306**	**(5,636)**	**235,405**	**250,841**	**(15,436)**

Forecast trends

4. The chart below shows that capital programme spend rates in 2016/17 are almost identical to 2015/16 where the Outturn was £232m, very close to the current forecast of £235.4m.



Movement in the Capital Programme

Capital Programme	2016-17 £m	2017-18 £m	Future £m	Total £m
Month 2 Approved Budget	217.0	151.0	217.7	585.7
Additions	-0.3	0.3	0.1	0.1
Variations	0.1	3.5	10.6	14.1
Slippage & Acceleration	33.6	-2.4	0.0	31.2
Month 3 Approved Budget	250.4	152.4	228.3	631.1

5. The latest programme shows a net increase of £46.4m from the Month 2 position comprising £33.6m of slippage from uncompleted projects in 2015/16, £2.5m of additional investment in communal areas in Council Housing stock and £10.6m of additional investment in school capacity reflecting a recent grant award from the Department for Education.

PROJECT MANAGEMENT

6. From the start of 2016/17 the Council has introduced an improved system of reporting and monitoring project delivery. This will collect in one place all project highlight reports which will be accessible to all users and, from August, provide the basis for workflow driven meeting agendas for each stage of the Gateway Approval process. The progress of a project will be readily evident.

7. This should give better visibility of performance and lead to improved project controls because:

- Project Managers will create their monthly highlight reports in SharePoint - showing key issues, risks and items for the Sponsor to review - and these will be visible to all as well as providing a central repository which can be used in future audit work from external funders;

- Project sponsors can review and approve the reports within SharePoint; and

- Programme Boards will receive a "dashboard" report showing the status of projects. This should lead to improved supervision, better control and thus improved delivery performance of projects.

Commentary

8. The key forecast variances from Budget at Month 3 include:

- Housing programme is forecasting to be £14.3m below budget by the year end with the shortfall split equally between the New Build Council Housing/acquisitions programmes and refurbishing of the existing stock. The main contractor who was initially appointed to build the new houses went into administration. The new contractor is yet to submit its programme of works at which point a more realistic budget profile will be put in place;

- The Highways programme is forecasting to be £2.2m above budget pending approvals of a number of schemes which will be submitted for approval to Cabinet in due course;

- The CYPF programme is forecast to be £2.1m below Budget of which £1.4m is due to anticipated final costs being below the

approved budget. Significant variances are at Pipworth Plant Room (£476k) and Rainbow Forge Heating replacement (£210k), where the tenders were below budget.

- Of the £5.6m year to date variance, £2.1m and £1.3m is on the Schools and Housing programme for the same reasons as the forecast variance above. There is a further £1.7m shortfall against budget on the Resources Fire Risk Assessment programme which requires reprofiling to reflect the latest physical delivery plan.

Approvals

9. A number of schemes have been submitted for approval in line with the Council's agreed capital approval process.

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

    - 11 additions to the capital programme with a value of £3.8m.
    - 10 variations to the capital programme amounting to a net increase of £1.7m.

11. Further details of the schemes listed above can be found in **Appendix 6.1.**

Finance

September 2016

Scheme Description	Approval Type	Value £000	Procurement Route
THRIVING NEIGHBOURHOODS AND COMMUNITIES			
GREAT PLACE TO LIVE :-			
Highways			
Bus Rapid Transit North The BRT North project will provide a high speed Bus Link between Sheffield and Rotherham. The project was originally authorised at £26.6m in April 2014. Following the discovery of asbestos and a sewer running through the site, the authority was increased to £33.2m in July 15. The project is currently forecast to overspend by a further £1m over and above the last approved position bringing the overall increase on the original full delivery phase budget to £7.6m. The latest additional cost has been incurred due to various issues that have led to more costs and further delay. The Main issues are listed below: • Network Rail permit issues causing access restrictions - £188k • Additional Statutory undertakings work required – Videophone - £114k. • Change to Fitzwilliam bridge, deck parapet pour sequencing and mitigation measures to achieve best date. - £278k • Design amendments / fee's (Amy) - £75k • Additional drainage works at Sheffield Road - £50k • Additional site supervision fee's (Amy) due to the delay £100k • Legal costs £24k • Additional traffic signalling and works required. -£60k • Alterations to iron work Sheffield Road. - £20k Various minor variations below £10k - £90k The project was originally intended to be funded by grants from Department of Transport, the European Regional Development Fund and contributions from developers in the area. The accountable body for the grants is South Yorkshire Passenger Transport Executive but SCC is bound by a back-to-back agreement to abide by the terms of any grants and reimburse SYPTE for any	Variation	1,016	

clawback. The responsibility for funding overspends lies with the authority carrying out the works but, with the agreement of the parties, there are provisions to move underspends elsewhere in the project to mitigate the overspend. This variation seeks approval for sufficient additional expenditure to complete the project at the current expected level of costs and includes £207k contingency. The total increase in expenditure is currently expected to be funded by a mix of potential funding sources including: - Litigation claims against those responsible for the unchartered sewer - Underspends elsewhere in the overall project - Sheffield City Region Investment Funding - Additional Section 106 receipts - A contribution from Sheffield's Local Transport Plan funding allocation. Cabinet has agreed that any shortfall on funding will be met by the Community Infrastructure Levy (CIL) receipts. This figure could be as high as £1.6m. CIL has been charged on developments from July 2015 and the latest estimate from Planning is that it could yield £2m+ per year in the near future. Therefore it is possible that the first years of CIL receipts may be required to fund BRT rather than other infrastructure projects. To mitigate this, officers are also examining using future years' Local Transport Plan funds in place of CIL.			
CCTV Parking Enforcement (of Loading & Waiting Restrictions) - Local Network Mgt This project will deliver small scale locally requested programmes that help manage the highway to improve the reliability/consistency of journey times and reduce incidents that will cause delay on the highway. Traffic management through parking restrictions and their enforcement contributes to the management of traffic in the city. Enforcement (leading to Penalty Charge Notices – PCNs) is a key element in ensuring traffic flows are not impeded by inconsiderate parking. The Council's Civil Enforcement Officers enforce parking restrictions across the city. Enforcement is carried out via foot patrols and, since October 2013, via a camera enforcement vehicle (for certain restrictions only). The camera enforcement vehicle can be used to enforce school entrance	Variation	96	Signs and lines designed, manufactured and installed by Amey through single source tender in accordance with Schedule 7 of the PFI contract.

markings, loading and waiting restrictions within bus lanes and bus stop clearways. Many arterial routes have bus lanes and bus stops clearways that could benefit from this type of enforcement and maintaining the flow of traffic and minimising delays to other road users. Market research in 2013 showed a high level of understanding as to why we used cameras to enforce restrictions as well as 91% of residents thinking that cars, vans and lorries parking and loading in places where they are not meant to is a problem at least some of the time (65% thinking it was a problem all of the time). 86% of residents supported the need to keep the highways clear through fines for parking or driving in areas which are restricted. In this scheme the main interventions are to take place on Penistone Road, Neepsend Road, London Rd/Abbeydale Road. Funded by Revenue Budget Contributions to the Capital Budget.			
Double Yellow Lines (New Loading & Waiting Restrictions) - Local Network Management This project will deliver small scale locally requested programmes that help manage the highway to improve the reliability/consistency of journey times and reduce incidents that will cause delay on the highway. Traffic management through parking restrictions and their enforcement contributes to the management of traffic in the city. Enforcement is a key element in ensuring traffic flows are not impeded by inconsiderate parking. Many of these schemes are derived from local requests and are very small in their nature. However, it is a vital area of work where we can respond positively to public requests. There are currently have on record requests for over 1,100 single and double yellow lines. Taking an average request for a short length of lining, the implementation cost of each site will be around £860 . Loading and waiting restrictions are applied for may reasons: • Improving sightlines at junctions (this is the main area of request) • Safeguarding access to private driveways (parking outside and opposite) • Ensuring access to business premises (usually for deliveries) • Protecting dropped crossing for pedestrians – a very small minority	Variation	62	Signs and lines designed, manufactured and installed by Amey through single source tender in accordance with Schedule 7 of the PFI contract.

For implementation 10 to 20 schemes are batched together on a single Traffic Regulation Order. Management costs are high as objections are commonplace as these schemes as taking away parking places, is often very emotive. These small scale schemes will be delivered at various locations across the city. Funded by Local Transport Plan grant			
Heavy Goods Vehicle (HGV) Routing - Local Network Mgt This project will deliver small scale locally requested programmes that help manage the highway to improve the reliability/consistency of journey times and reduce incidents that will cause delay on the highway. The Council regularly receives complaints about the noise, emissions and safety concerns, arising from HGVs using 'unsuitable' or 'inappropriate' roads. Freight movements are key in facilitating business in and around the City. Dealing with these conflicts in a piecemeal fashion can simply move the problems elsewhere. The Council has sought a way of dealing with such complaints on a city- wide basis that takes into account the legitimate use of the road network by hauliers and the concerns of residents where the routes used are not suitable. Better management of HGV routes has the potential to reduce maintenance costs too. The Council has been a member of the South Yorkshire Freight Partnership (SYFP) for around five years. This has enabled us to negotiate with the freight industry as well as local communities to resolve such problems through joint action across the City Region. This request for funding will deliver a HGV ban at Strines and allow investigation into other existing HGV hotspots and development of solutions. Funded by Local Transport Plan funding.	Variation	49	Following standard orders: Feasibility (leading to zone boundaries) - TTaPS Subsequent design and build would be through Amey (schedule 7 of PFI contract) for works in the highway Software and data entry via other consultancy and suppliers
Taxi Facilities - Local Network Mgt This proposal will deliver small scale locally requested programmes that help manage the highway to improve the reliability/consistency of journey times and reduce incidents that will cause delay on the highway. Licensing and other Council policy recognises the role of taxis as part of the overall transport network. These vehicles provide access to central areas, facilitate shorter distance trips for local	Variation	31	Internal design (Traffic Regulations) build by Amey

shopping and other purposes, interchange with bus and rail, supplement provision to areas poorly served by public transport and are available in unsociable hours. A report by OVE Arup in 2005 identified the fact that some areas of the city centre had an overlapping supply of taxi ranks and there are also some areas lacking in taxi rank provision. The principal aim of the study was to improve taxi facilities and access in the city centre. The study proposed improvements (either to the number of bays or operational hours) at a number of sites. This approval will allow for improvements at the following locations: • High Street • Arundel Gate • Ecclesall Road • West Street (two separate ranks) Funded from Local Transport Plan Funding			
Housing			
Garage Strategy - Demolition £564k is requested to demolish 563 garages on 75 garage locations across the city including the clearance of the sites, boundary reinstatement, resurfacing where necessary and parking bay creating where possible and sites left safe and secured. The garage stock has suffered from a lack of investment over the years with dwellings taking a higher priority. The majority of garages and sites have not benefitted from a programme of major works and responsive repairs have been significantly curtailed. Many garages are in a state of disrepair, aesthetically poor due to a lack of decoration and a significant proportion have asbestos roof sheets which if damaged means garages cannot be let. The impact of this lack of investment has led to a lack of demand due to condition and can lead to the garages becoming run down and a magnet for anti-social behaviour. Vacant garage numbers have increased considerably over the last few years and this is impacting on the amount of rent collected and if not stemmed will have an impact on the Housing	Addition	564	Existing demolitions contract

Revenue Account business plan. The procurement route for this work will be via the existing Housing Demolition contract. saving time and additional tendering costs. The completion of this work will result in clearance of un-slightly unoccupied garage sites, with no demand for the garages, avoiding Anti-Social Behaviour and reducing Health & safety risks. It will also provide land for new build or capital receipts, when the demolitions are complete.			
Q00090 Garage Strategy HRA This submission is to drawdown £563k to fund the demolition of 563 garages in the project detailed above.	Variation	-564	
97838 Fire Safety - Compartmentalisation This is for work to ensure that properties are not in breach of the 2005 Regulatory Reform, (Fire Safety Act). This submission is for an additional £278k for the Compartmentalisation work to complete the project. Additional works in roof voids and an increase in both the number of doors and the cost of the doors to be fitted following the tender. The details of costs which make up the £278k have not yet been supplied. This work is being funded by HRA, drawn down from the funds allocated to Council Housing Essential Investments.	Variation	278	Continuation Existing Contract
Q00084 Essential Investments CHS This submission is to draw down a total of £314,216 from the funds allocated to Council Housing Essential Investments. Of this total £278,083 is for Fire Safety - Compartmentalisation business unit and £36,133 is for Fire Detection as detailed above.	Variation	(314)	
Fire Detection The 2015/16 Fire Risk Assessment (FRA) programme commissioned by Transport and Facilities Management (T&FM) has identified a number of potential non-compliant sites that require a capital solution. Kier FM have provided T&FM with estimates to install hard wired fire detection and emergency lighting to the properties listed below • Eskdale Community Centre - £5k	Addition	36	3 quotes

• Sky Edge Community Centre - £10k • Verdon Street Store - £12k • Spital Lane Store - £3k • Liberty Close Store. - £5k **Total Budget £36k (including 5% contingency)** SCC has a statutory responsibility under the Regulatory Reform (Fire Safety) Order 2005 (RRO) to manage fire safety. The order applies to virtually all premises and covers nearly every building type, structure and open space. For example care homes, community halls, shared communal areas, Offices and Schools. T&FM have been commissioned to carry out fire risk assessments (FRA) on the behalf of Housing Neighbourhood Services these assessments have identified a number of issues that not only render the properties non-compliant from the Fire regulations point of view, but also present a significant risk to the building occupants and the physical assets. The project is required for the reasons listed below: □ SCC has a duty of care to all employees and those who may be affected by the consequences of fire. □ Under Health and Safety at Work act 1974, the employer must provide a safe place of work, safe systems of work and safe access and egress to and from their place of work. □ Installing the control measures reduces the risk of exposure to prosecution, litigation etc. from third parties such as the HSE, Fire Authority and anyone affected by the consequences of fire. □ Provision of a means of alerting residents above the stores/welfare cabins in the event of fire when the stores are not in use; and □ insufficient funding is not seen by the HSE as a valid reason for not introducing control measures identified in the fire risk assessment. The contract for these works will be let through 3 quotes as required by Standing Oredrs for work of this value. The result of this work is to reduce the threat to life and property from a fire related incident occurring			

in a SCC property.			
Parks			
Greenhill Park Improvements Greenhill Park is a 12 ha District Park, located 7km from the City Centre, on the southern boundary of Sheffield. Acquired by the Council in 1956, its facilities currently include: a playground, a skate and BMX park, bowling green and pavilion, multi-use games area, football pitches and wildlife areas. Greenhill Park is home to the annual Lowedges Festival, a community managed festival which attracts 12,000 -15,000 people, run by the Friends of Greenhill Park and the local Tenants and Residents Association. This project was initiated by the Friends of Greenhill Park, who support the development and management of the park. They have raised funds to invest in the playground. In January 2016 the Parks service supported the Friends to consult with local people. The equipment which will be delivered by this project was chosen as a result of this consultation. The improvements delivered will be the installment of a zip wire, basket swing and climbing frame; along with the associated play surfacing.	Addition	28	3 Quotes approaching specialist contractors from the UK
Graves and Millhouses Parks Tennis Courts Graves and Millhouses parks are two of Sheffield's popular parks and green spaces. An opportunity has arisen to lever in Lawn Tennis Association (LTA) grant to refurbish the tennis courts and improve the city's recreational facilities in line with the city's Outdoor Sports strategy. In addition to providing better facilities the new courts should have lower annual maintenance costs. The project will be funded by a combination of LTA Grant (£85k), section 106 Planning agreement payments (£42k) and reinvesting capital receipts from the sale of charitable parks surplus assets. Procurement will be sourced via specialist contractors from the LTA's framework agreements. This is a condition of the funding.	Addition	145	LTA framework of specialist contractors
STRONG ECONOMY			
Knowledge Gateway The Council is developing a number of projects to transform the city centre's commercial, retail and entertainment offer to complement those already completed. These are substantial schemes	Addition	443	In house services and competitive

requiring several million pounds of investment which is beyond the current resources of the Council. The Knowledge Gateway scheme will improve the public realm from Fitzallan Square, along Pond Street, Paternoster Row, and Brown Street through to Matilda Street. It will complement third party investments such as those by Sheffield Hallam University in the former Head Post Office site in Fitzallan Square and, through the improved public realm, provide a setting for further investment in the area by the private sector which will increase employment and business rates for the city. The full cost of the scheme could be up to £5.6m which would be funded by a bid to the Sheffield City Region Investment Fund (£3.8m), private sector contributions (£1.4m) and some investment from the Council (£0.4m). In order to prepare the bid, authority is sought to fund the necessary work using Corporate Resource Pool funds. The CRP will be repaid on being granted the SCRIF funding.			sourcing in accordance with Standing Orders.
SUCCESSFUL YOUNG PEOPLE : -			
Basic Need Block Allocation This represents funding received from the Department for Education (DfE) for assisting the Council in its statutory duty to provide sufficient school places to meet the changes in demand across its estate. Accordingly, the following amounts, totaling £4.390m are to be distributed to the specific projects as described in more detail below: -£ 1.91m to North East New Secondary School -£ 0.60m to Southwest 6/8 Form New Secondary School - Bannerdale -£ 0.08m for Greystones Primary School Expansion -£1.796m (50%) for Mechanical Replacement MTC	Variation	-4,390	N/A
North East New Secondary School -Woodside This project aims to deliver a new 2 Form Entry Primary, 5FE Secondary and 6th Form School in the north east area of Sheffield on the site of the former Pye Bank Nursery & Infants School. Initial feasibility and scope of works will be undertaken before embarking on a final build solution at Woodside, that the cost could be in the order of £29m. Continued monitoring of future pupil place demand originally identified a need for expanded educational secondary provision in the north east area of Sheffield. The project now requires a variation for a budget increase of £1.9m for the Stage 2 Design works and Enabling Works (Groundworks and sub-station relocation), prior to any future construction. This will be a new build and refurbishment of an existing Grade 2 Listed building. Work is starting now to	Addition	1,911	Mini-competition under YORbuild Framework

engage in a collaborative design approach with the contractor allowing sufficient time to negotiate the contract and complete necessary accommodation for Sep 2018. The additional funds will be met from the DfE Basic Need grant allocation. The project will deliver a new secondary education provision at the former Pye Bank N&I site in the north east.			
Southwest 6/8 Form New Secondary School - Bannerdale This project aims to deliver a new 8FE secondary school in the south west area of Sheffield. Initial feasibility and scope of works will be undertaken before embarking on a final build solution at the Bannerdale site, that could be in the order of £26m total cost. Continued monitoring of future pupil place demand originally identified a need for expanded educational secondary provision in the south west area of Sheffield. The project now requires a variation for a budget increase of £607k to cover RIBA stage 3 services, including full design services, surveys and fees in line with the current programme, to deliver additional pupil places from September 2018. The additional funds will be met from the DfE Basic Need grant allocation. The project will deliver a new secondary education provision at the Bannerdale site in the south west.	Addition	607	Design Stage – In House delivery
Greystones Primary School Expansion This project will deliver an extension and refurbishment of the school dining room and construction of a 6 classroom new block with staffroom, toilets, offices, music room and library. Feasibility and scope of works have been completed to design a solution to meet pupil place provision requirements in this area and construction works are now nearly complete. Continued monitoring of future pupil place demand originally identified need for expanded educational provision in the Greystones area. Additional places are required by September 2015 although pupil phasing means building works can be completed by September 2016. The project has been delivered through the YORBuild Framework, using a competitive tender exercise. Additional funds of £77k (2% of original £4.05m budget) are now required to cover the final account in meeting previously unforeseeable cost pressures, resulting in this request to apply additional funding from the DfE Basic Need grant allocation. The project will deliver an expanded educational provision at the Greystones Primary school site.	Variation	77	N/A
Aldine House Secure Children's Home This site provides a highly secure accommodation facility, with a specialised learning environment, in which very high risk young people who cannot always mix with the other residents can live and develop safely. The unit has a very good reputation with the Department for Education (DfE) based on its previous standards of care and safety offered and, although currently at full capacity from			

demand from Sheffield LA, it is able to operate as a commercial service providing secure accommodation to other Authorities if required. The additional work will provide a flexible space offering multi-level security and independence, thus being able to enhance the quality of life of its residents. Listed below are brief details of three projects that have been successful in receiving DfE Secure Accommodation grant funding and which now wish to move to the build stage following any feasibility works: **- 2 Bed Extension:** This project will design and build a two bedroom corridor for accommodating either high or low risk young people. This variation represents a stepped increase to spend a further £675k on construction works, on top of an already allocated amount of £28.5k for feasibility work. The extension will be largely self-contained with a kitchenette /living area included. It will be useful in managing very high risk young people who cannot always mix with the other residents, or as a step-down provision to increase independence and life skills, such as cooking. **- Undercroft Area 2**: The creation of new rooms at the Aldine House secure children's home, including a new sleeping-in room, a medical room, a staff workroom, a large room for mixed use (staff and residents) and also an extension to the dining room. This variation represents a stepped increase to spend a further £655k on construction works, on top of an already allocated amount of £31k for feasibility work. It will enhance the capacity of the accommodation unit and specifically, be largely self-contained with a kitchenette /living area included. **- Security Minder:** Upgrade the Minder System to integrated DECT handsets to improve emergency response times, thus providing a safer working environment and accommodation residence for the young people at the Home.	Addition Addition Addition	675 655 136	Mini-competition under Rebuild Framework for Construction …as above … Competitive Tender
ESSENTIAL BUILDING WORKS			
Replacement Heating Measured Term Contract This programme will provide a Measured Term Contract to deal with emergency heating replacement requirements across the SCC estate (including schools). It will allow major heating replacement projects to be released in batched call off orders to a main contractor, allowing economies of scale and anticipated programmes of work to benefit the successful contractors by gearing up and planning ahead for the work, and so resulting in lower final contract costs for Sheffield City Council. The project sites will be identified based on priority need from Transport & Facilities Management (T&FM) Condition Surveys. This request is for an additional £3.591m on top of an already authorised	Addition	3,591	Full Competitive Tender

£9k for initial feasibility, bring the total cost to £3.6m , The extra £3.6m work will comprise £3.2m contractor costs, £360k fees and £40k direct cost. The work will be funded from Corporate Resource Pool and CYPF DfES Condition Grant sources. The desired outcome of this programme is to ensure that we continue to have fit for purpose buildings that have adequate heating and hot water. Efficiencies are expected to be gained from the use of an MTC, from reduced overheads and avoiding multiple tender exercises for individual projects.			
FRA (Fire Risk Assessment) Works 15-16 This programme covered Fire Risk Assessment works for 2015-16 at various sites across the SCC estate. The works, including the installation of a full audible fire detection system, emergency lighting, fire doors and improvements to fire compartments, have previously been approved by Cabinet for finance and procurement as an overarching programme of works. A variation is requested here to transfer the remaining £410k balance on this programme to a similar programme for the 2016-17 FRA works now that a more efficient MTC (Measured Term Contract) procurement route is to be used by the Council going forward.	Variation	-410	N/A
FRA (Fire Risk Assessment) Works 16-17 This programme covers Fire Risk Assessment works across the SCC estate as noted in the 2015-16 programmes above, but with the key difference being the use of an MTC (Measured Term Contract) for procurement in 2016-17 and beyond. This programme has previously been approved by Cabinet and this request is to move £410k of funding from the 2015-16 to the 2016-17 programme, in order to allow future FRA works to be more efficiently procured under an MTC arrangement.	Variation	410	Full Competitive Tender
PROCUREMENT STRATEGY			
King Edwards (Upper) School - Revised Procurement Strategy (Retaining Wall) This project will address the rebuilding work required to complete the retaining wall at King Edwards (Upper) School. The work is necessary to finish off further construction works to the wall in order to make it safe in the longer term, following an earlier emergency repair. The project is to be delivered using a full competitive tender exercise. No additional funds are required, as it proposed to use remaining funds in the Building Schools for the Future programme. The project will finalise the safe permanent construction of the retaining wall at the King Edward (Upper) School site.	Procurement Strategy		Full Competitive Tender

DIRECTOR VARIATIONS:- (Note only)			
Key Bus Route Sheffield-Woodhouse The Woodhouse Key Bus Route has been developed in discussion with SYPTE and bus operators. The aim being to improve bus reliability & punctuality along one of most frequent bus routes in Sheffield (52). Construction took place at Hands worth Rd/Parkway; Hands worth Rd/Richmond Rd; Badger Rd, Hands worth Grange/Bellfield Drive; Bellfield Drive/Redford Rd; as well as 'real-time detection' at all traffic signals ensuring restrictions can be enforced (signs and lines check) & improving accessibility at about 100 bus stops. This variation confirms £8k funding slipped from 2015/16 and an additional £4k to deliver Road Safety Audits Funded by Local Transport Plan Funding	12	N/A	N/A

Refine Resourcing and Business Case Update

Purpose

To gain Cabinet approval for additional implementation costs on the Refine Business Case via the budget monitoring report and officer delegations.

Summary

Cabinet approval in May 2015 for ReFine Programme to implement the Council's replacement Finance and Procurement System –Capita IBS Integra.

A significant and complex change programme impacting on all areas of the Council, our suppliers and our customers. It is critical that the final design meets the Council's requirements, the programme is resourced with the right expertise and users are supported to use the new functionality effectively when it goes live.

When Cabinet approved the business case the aspiration was to achieve full system implementation by 1st April 2016; this is now forecast for the first phase go live by 5th September 2016 and final go live by 12th December 2016.

Cashable benefits have increased from £2.63m to £3.12m over a 10 year period.

Project implementation costs have increased from £2.58m to £3.82m (an increase of £1.24m) which includes a further £200K contingency and proposals for meeting these costs are provided below. Ongoing costs have largely been protected.

As a contingency measure notice of termination for the Velocity contract has not yet been given so a further £110K is also required to provide cover until end March 2017. This may be less depending upon when confidence is sufficient to serve notice but assumes this would be by no later than end September 2016.

The business case remains positive with pay-back achieved after 6 years.

Cabinet approval is required for the additional project implementation costs, which are now recognised as necessary to deliver the new system successfully.

The Cabinet Member for Finance has been briefed on the revised business case and taking the update to Cabinet via the budget monitoring report and seeking officer delegations.

Options considered and recommendation

Abandoning the Programme at this stage is not recommended due to sunk costs, further cost implications of terminating the contract with Capita and the likely high cost of renewal with Velocity. A move to any alternative solution would incur the costs above as well as further costs in procuring and implementing a new solution.

As the programme is now well advanced with the first go live imminent with greater confidence in the time and costs for successful completion and as the business case remains positive the recommendation is that funds be found to allow the programme to deliver in line with the revised plan and forecast.

EMT are asked to note the status of the ReFine Programme Business case and agree that Cabinet approval for this is secured from Cabinet through the budget report and that officer delegations be sought.

Annex A

Implementation Costs	Original Business Case	March Forecast	Latest forecast	Variance since March
Licence and setup costs	£830K	£1.040m	£1.064m	£24K
Internal resources	£994K	£1.190m	£1.343m	£153K
External resources	£521K	£1.049m	£1.212m	£163K
Contingency	£234K	£200K	£200K	£0
Total	**£2.58m**	**£3.48m**	**£3.82m**	**£340K**

Running costs (pa)	Original Business Case	March Forecast	Latest forecast	Variance since March
FSSG	£390K	£390K	£390K	£0
Development	£47K	£47K	£47K	£0
Licences and hosting	£187K	£204K	£200K	£-4K

Benefits (10 year period)	Original Business Case	March Forecast	Latest forecast	Variance since March
Cashable	£2.63m	£3.16m	£3.12m	£-40
Non-Cashable	£2.94m	£2.12m	£2.12m	£0

Payback Period	Original Business Case	March Forecast	Latest forecast	Variance since March
No of Years	5	6	6	0

Funding	Original Business Case	March Forecast	Latest forecast	Variance since March
HRA Contribution	£300k	£300k	£390k	£90K
OEO Upgrade Reserve *	£2.28m	£2.4m	£2.4m	£0
Finance Contingency	0	£486k	£486k	£0
2015/16 Finance Contribution	0	0	£229k	£229K
Total	£2.58m	£3.186m	£3.505m	£319K
Implementation Gap to Fund**	n/a	**£294k**	**£315k**	**£21k**
Running cost 16/17 Gap to Fund***	n/a	**£0**	**£110K**	**£110K**
Total Gap to Fund**	n/a	**£294**	**£425K**	**£131K**

* Note: In the original business case funding was to be made from the I2S Reserve. A transfer was made from the I2S reserve at the end of 2014/15 to the OEO Upgrade Reserve to earmark funding.

**Note: the gap includes £200k contingency. Figures may be revised up when Capita send RFC which will also increase the contingency sum.

*** Note: This is in effect a contingency for 3 months of Velocity time. The cost may be less than this depending upon when notice can be given with confidence about exit timing.