

Sheffield City Council

Budget 2018-19 Equality Impact Assessment

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Purpose

1. The purpose of the Revenue Budget report is to:
 - Approve the City Council's revenue budget for 2018/19, including the position on reserves and balances;
 - Approve a 2018/19 Council Tax for the City Council, and;
 - Note the levies and precepts made on the City Council by other authorities.

Background

2. Section 149 of the Equality Act 2010, the Public Sector Equality Duty states that a Public Authority must, in the exercise of its functions, have due regard to:
 - Eliminating discrimination, harassment, and victimisation.
 - Advancing equality of opportunity.
 - Fostering good relations
3. Having due regard to these involves:
 - Removing or minimising disadvantage suffered by persons.
 - Taking steps to meet the needs of persons with different characteristics.
 - Encouraging people to participate in public life.
 - Tackling prejudice and promote understanding.
 - Taking steps to take account of a person's disabilities.
4. This is with regard both to people who share Protected Characteristics under the Act and those who don't. The Duty means we need to understand the effect of our policies and practices have on inequality. To do this we will examine the available evidence and work with staff and service users to consider the impact of Council activity and actions on the people who share protected characteristics. One of the ways we do this is through conducting Equality Impact Assessments (EIAs).
5. The Council-wide EIA and the individual service EIAs on budget proposals that underpin it are focussed on the impact on the protected characteristics in the Equality Act 2010. These are age, disability, race, marriage and civil partnership, sex, sexual orientation, religion/belief, gender reassignment, pregnancy & maternity.
6. In Sheffield, we have decided to go beyond our statutory duty under the Equality Act 2010. We also assess the impact on health and wellbeing, the Voluntary and Community Sector (VCS), poverty and financial exclusion, carers, armed forces and cohesion. We believe that this gives us a wider understanding than the statutory framework would without these additions.

7. This Equality Impact Assessment is based upon the EIAs completed by services for each budget saving proposal. The individual EIA is not however a one-off task; instead it is an ongoing process that develops as the budget saving proposal develops and evolves over time. So, for example, an EIA may identify the need to consult with a particular section of the community and the outcome of this may mean the EIA needs to be updated and change the way the proposal is to be implemented. The EIA should be a record of the process not just the ultimate outcome. Through our 'live' EIA process we will be monitoring closely any adverse equality impacts as reductions and changes in provision occur during the next year.
8. As a consequence not all EIAs are currently complete and therefore this assessment should be seen as a reflection of our current understanding of the impact but not necessarily how the impact may look in three or nine months' time. Therefore, it's important to ensure that all equality impacts are fully considered when services report on the specific implementation plans for their Budget Saving Proposals.
9. All reports outlining a budget reduction proposal include an outline of the key findings of the EIA undertaken for that Budget Saving Proposal. This should describe:
 - The main impacts anticipated if any;
 - How this has been assessed and the evidence used;
 - How the views of those impacted have been sought;
 - What options for mitigation should be considered as part of the proposal, and;
 - How the actual impact will be reviewed after implementation.
10. A list of EIAs available is attached and can be requested individually or as a group.
11. It is possible that some decisions will have a disproportionate impact on some groups in comparison to others. The impact assessments help us identify, and avoid or mitigate, these impacts. There could, for example, be disproportionate impacts on certain geographic locations or different parts of the population, such as younger or older people, women or men, disabled people, Black, Asian and Minority Ethnic (BAME) communities or lesbian, gay, bisexual, and transgender (LGBT) communities etc. It's also important that we consider the cumulative effect of any decisions made on these groups. This could be cumulative, year on year or different proposals on the same group. EIAs also help us identify and make positive changes wherever possible.
12. A commitment to tackling inequality, ensuring fairness and increasing social justice is at the heart of the Council's values. We have a [Corporate Plan](#) for 2015-18 which includes tackling inequalities as one of the Council's five key priorities. We have also supported the [Fairness Framework](#) and the [Fair City Campaign](#). The Tackling Poverty Partnership, of which the Council is a part of, has produced a Sheffield wide [Tackling Poverty Strategy](#). The Fairness Framework, as well as our Corporate Plan and Tackling Poverty Strategy, have influenced our priorities and decision making across the Council.
13. The savings we are required to make this year amount to £44million, which is in addition to the £195 million of government grant savings already made over the past 7 years.

This saving reduction is a result of grant reduction of £15m, plus demand and cost pressures. This 'budget gap' grows to £94m by 2021/22.

14. All of the Council's services are affected in some way by demand, pay or price inflation, as well as by legislative changes. One of our biggest cost pressures arises from the need to continue to provide key services for the growing and ageing population of Sheffield, particularly in social care. We are also facing increased demand and complexity of support needs, increase in national pay awards for staff and increasing prices e.g. energy.
15. It is not possible to balance the budget by making percentage cuts across the Council, whilst still protecting our front-line services. So we have sought to concentrate on finding savings from a smaller number of areas through larger, multi-year changes. Our approach to meeting the challenge is based on prioritising:
 - **Prevention and early intervention:** A unified approach across the Council to drive a focus on prevention in all areas. We know that working with people to help them avoid a crisis in their life, such as going into hospital, or intervening early when we identify an issue, is better for the individual and costs us less. To do this means redesigning public services to work in a more integrated and preventative way.
 - **Targeted solutions:** For the most vulnerable including offering the right support and advice when people need it.
 - **Inclusive Growth:** Councils currently keep 50% of the business rates raised locally. By 2020, Councils will keep 75% of business rates.
 - At the same time Government are further reducing the main Revenue Support Grant and allocating new responsibilities to Councils. This means we need to encourage business and housing growth in the city in order to meet changing population needs and aspirations and to increase our tax base so that we can continue to provide the services that people rely on.
16. Inequality is widening, and growing numbers of people are experiencing financial insecurity. Sheffield City Council needs to meet the needs of an increasingly diverse population, in a context of public services austerity, and the need to continue to attract and retain diversity. The Council also needs to ensure that different groups of people get services that are appropriate and meet their needs, such as older people accessing timely care and support And that groups, including disabled people, people from BAME backgrounds, young people and women are more able to access better quality employment. All organisations in Sheffield need to work together better, so that the city can become a fairer and more just place. The State of Sheffield report notes that growing inequality threatens the cohesion and success of Sheffield.
17. The issue of inequality is fundamental to the Council and is considered throughout our proposals. One of the strongest mitigations is that we continue to prioritise those in greatest need, targeted solutions, prevention and inclusive growth.

18. The substantial reductions in funding mean our work to tackle inequality will prioritise supporting those at risk or in need, and will focus on ensuring we do not slide backwards or lose ground in tackling existing persistent areas of inequality. However, it is inevitable when funding levels are cut year on year that there will be an impact on the services we deliver, including some of the work we do with people who are most vulnerable. As far as practically possible within the confines of a cumulatively reduced financial settlement, we have tried to minimise the impact on those in greatest need and most at risk. However, these are extremely challenging choices and difficult decisions have to be made.
19. Impact analysis is started early in the process of considering service changes, to ensure we involve all relevant individuals and groups, such as those who use the services. This also gives us time to understand and consider any evidence we have about the potential impact of any proposal. The action plans for individual EIAs are designed to ensure that the services concerned implement changes with as little negative impact as possible. There will be careful management control of each proposal. The impact analysis process helps to shape both proposals which are not included in the budget and those that are.
20. We have tried as far as possible to achieve savings through changes to the way we work, including with other partners, by redesigning and restructuring our services and support teams, and by restructuring our contracts, but it is inevitable that there will be some negative impact on service delivery for those in greatest need and on those who share protected characteristics under the Equality Act.
21. The size and pace of the financial challenge means that efficiency savings alone will not enable us to balance our budgets, so we will continue to reduce the Council's investment in services next year and in future years. Many of these reductions or changes in provision began in previous years and will continue. Therefore the impacts on individuals and groups will be monitored to ensure that any potential negative impact is reduced as far as possible. EIAs are 'live' documents and will be subject to change, as proposals or evidence of impact changes.
22. Elected Members have ensured that they are familiar with the equality implications of proposals and consider the aggregated impact on different communities. Impact assessments are made available to all Council Members in advance of any decision being taken at Cabinet or Full Council. Cabinet Members have been briefed on impact assessments related to proposals in their area of responsibility.
23. We are confident that our budget proposals mean that services for those that most need our help and support will be prioritised. However this does mean significantly reduced universal provision. This reduced universal offer may impact especially on those households who, although not in the greatest need, are still struggling financially and may not be able to pay for alternative provision.

Evidence: what we already know – Sheffield demographics

24. As well as consultation evidence, we have used monitoring information we already hold to help us identify possible impacts and to help shape and inform the EIA process. To help us identify possible impacts requires an understanding of how the city is made up and the issues people face. The [2011 Census](#), [Sheffield Facts and Figures](#), [State of Sheffield](#), and [Community Knowledge Profiles](#) show:

- Sheffield's population has grown at the same rate as the national average and above that of the City Region, rising from 513,100 in 2001, to 552,700 at the time of the 2011 census, and 575,400 by 2016. This is projected to increase to around 588,000 by 2020. This has resulted from increases in births, net inward migration, and longer life expectancy.
- Sheffield is a diverse city and the ethnic profile continues to change. The proportion of residents classifying themselves as BAME (Black, Asian and Minority Ethnic includes everyone except for those who classify themselves as White British) has grown from 11% in 2001 to 19% in 2011. BAME adults make up 17% of the population and BAME children 29%.
- The Pakistani community, at 4%, is the second largest ethnic group in Sheffield after the White British category. Sheffield's BAME population is increasingly dispersed across the city, although there remain geographical areas with high proportions of BAME people. These areas tend to correlate with the areas of the city which are also the most economically deprived. More than a third of the BAME population live in areas that are amongst the 10% most deprived in the country and for some groups this is higher. This is above the citywide average of 23%.
- Sheffield has a higher proportion of its population aged 65 years or over (16 % or 93,000 people) than the other English Core Cities. This is projected to increase to 19.2% by 2034, with the largest increase in the number of people aged over 85.
- The age group that has increased the most from 2001 to 2011 is the 16– 24 group; 16.6% of our population is in this group and a further 18.1% is under 16. The factors which are having the most impact on this changing city profile are increasing numbers of university students and the inward migration of households with young families.
- Sheffield has a geographical pattern of communities that experience differing levels of deprivation and affluence. Generally, the most deprived communities are concentrated in the north and east of the city whilst the most affluent are located in the south and west.
- There are currently approximately 51,600 households who receive Council Tax Support, and of these approximately 30,300 are of working age
- Fuel poverty is slightly higher than the national average in Sheffield, at 12.3% of households, thereby impacting 28,700. National statistics suggest that this rises to 28% of unemployed households and 22% of lone parent households with dependent children.

- However there is also increased polarisation of deprivation. Over 23% of small areas, as defined by indices of multiple deprivation, are now within the most deprived national category, and over 10% of small areas are within the least deprived national category.
 - While the pay gap between men and women has been reducing on average, there is still evidence that, on average, men are paid more than women; the average gender gap in median incomes in Sheffield was £8,675 in 2017.
 - Single female pensioners tend to have a lower income than male pensioners. Other issues which cannot be separated from experiences of financial exclusion and poverty include age, ethnicity, sexuality, disability and domestic abuse etc.
 - People within some groups can be disproportionately affected by disadvantage and inequality. For example, children are more likely to live in poverty if they are from a BAME background; 48.9% of Somali and 46.8% of Yemeni children in Sheffield are eligible for Free School Meals compared to 22.4% of all children in Sheffield. Children with Special Educational Needs (SEN) are also more likely to live in poverty; 36.4 % of children with SEN Support, Educational Health Care (EHC) Plan or Statement in Sheffield are eligible for Free School Meals.
 - There are 100,000 people with a long term limiting illness, equivalent to 19% of the population, with 9% saying this limits their activity a lot. This is the closest estimate it's possible to reach of disabled people living in the city.
 - Although the city is becoming healthier for most people, health inequalities across the city remain, and are in some cases are widening in particular for those living in areas of higher deprivation and those with learning disabilities and mental illness.
 - Life Expectancy in the city is 79.0 years for men and 82.6 years for women. However the healthy life expectancy for women is declining and is now 3.7 years below the national average.

Evidence: what we already know – Welfare Reform and poverty

25. Although not within the scope of our budget proposals, the impacts of welfare reform are affecting financial inclusion in the city, including the roll-out of Universal Credit. In 2014 Sheffield City Council commissioned some research from Sheffield Hallam University. [Research/cresr/impact-welfare-reform](#)
26. It considered all the planned welfare reforms and whilst some changes have been made since it was carried out, the findings remain very relevant, with many of the reforms already implemented.
27. The report shows that in Sheffield overall, it is estimated that the city will lose nearly £170m a year in benefits and tax credits. This is equivalent to £460 a year for every adult of working age in the city. Also that:

- Some communities will see five times the level of reductions from welfare reform than others.
- Just under half of the loss from welfare reform, £75m a year falls on working households
- Couples with children will lose an average of nearly £1,700 a year and lone parents will lose an average of over £2,000 a year
- Disabled people and those with health problems or disabilities will be significantly affected.

28. Also although our understanding of the impacts of the introduction of Personal Independence Payment in Sheffield so far is anecdotal. Sheffield Citizens Advice published a report in 2017 which found:

- There are winners who receive more and those whose benefit is reduced, often substantially.
- More restrictive Personal Independence Payment (PIP) criteria have adversely affected many disabled people with severe walking problems, with older people more likely to be adversely affected.
- A growing cohort of older people has no opportunity for a review of their benefit if their condition worsens.¹
- The assessment process presents specific access problems for deaf clients and places particular strain on people with mental health issues.
- There is a question over the quality of decision making and the PIP process is far from easy to understand.

29. Sheffield's Child Poverty report in 2017 shows the proportion of children living in families in receipt of out of work benefits, or in receipt of tax credits where their reported income is less than 60% of UK median, has increased. In line with other Core City and national trends, the most up-to-date data) shows 31.31% or 35,820 children, after housing costs (AHC) of children in Sheffield are living in poverty in Sheffield. However, the figure masks the wide and well-documented variation between different parts of Sheffield. In Ecclesall Ward, 7.8% (AHC) of children were living in poverty, whilst in Burngreave the figure was much higher at 51.19% and Central and Firth Park at 49% in poverty.

30. In 2017, 17 of the Sheffield's 28 wards had more than 20% of children living in relative poverty (AHC). There are clearly multiple causes of child poverty; however, it is likely that national welfare reforms are a significant driver of changes seen.

¹ This is due to a quirk of the system: although people first assessed for PIP before turning 65 have the opportunity to get the Mobility component reassessed at a later date if their walking ability deteriorates, those whose first PIP assessment comes at age 65 or over must remain permanently on the Mobility rate they are awarded at that time, or with no Mobility award at all, with no subsequent opportunity for review or re-assessment, no matter how much worse their mobility becomes.

Managing impact – mitigation

31. A commitment to tackling inequality, ensuring fairness and increasing social justice is at the heart of the Council's values. We have considered the Fairness Commission and the resultant Fair City Campaign. We have also considered the Tackling Poverty Strategy, Equality Objectives, and our Corporate Plan. These have influenced our priorities and decision making across the Council. The five priorities of our corporate plan are:
- An in-touch organisation: This means listening; being connected and being responsive to a range of people. Better understanding the increasingly diverse needs of individuals in Sheffield, so the services we and our partners provide are designed to meet these needs. Also to empower individuals to help themselves, so they and their communities are increasingly independent and resilient.
 - Strong economy: This means creating the conditions for local businesses to grow. We want local people to have the skills they need to get jobs and benefit from inclusive economic growth.
 - Thriving neighbourhoods and communities: This means neighbourhoods where people are proud to live, with communities that support each other and get on well together. It means places with access to great, inclusive schools. We want people living in Sheffield to feel safe. We will work with communities to support them and to celebrate the diversity of the city.
 - Better health and wellbeing: This means helping people to be healthy and well, by promoting and enabling good health whilst preventing and tackling ill-health because health and wellbeing matters to everyone. We will provide early help and look to do this earlier in life, to give every child the opportunity to have a great start in life.
 - Tackling inequalities: This means making it easier for individuals to overcome obstacles and achieve their potential. We will invest in the most deprived communities; supporting individuals and communities to help themselves and each other, so the changes they make are long-lasting. We will work, with our partners, to enable fair treatment for individuals and groups, taking account of disadvantages and obstacles that people face
32. Our overall approach as noted above is to protect services for those in greatest need, develop preventive solutions for the longer term, and to make savings by changing how we manage and deliver services. This will have an impact on what the Council can continue to deliver, and especially on the Council's universal offer.
33. This year represents a real financial challenge again, we have achieved large cost savings, but 2018/19 will be the eighth year of the Government's austerity agenda, and so ways of reducing budgets across the board are harder to find whilst protecting our frontline services. We have continued the approach adopted in 2017/18 of concentrating on finding savings from a smaller number of discrete areas. This means continuing

delivery of a four-year programme of transformative strategic changes, intended to release sufficient savings, to enable our budget to be balanced in the immediate and medium term. This programme is supplemented by a Council-wide and continuing search for lower level specific reductions in expenditure, where we identify that there is scope for further efficiencies in individual services.

34. The year on year reductions and the scale of the savings required mean there will be impacts which affect the people of Sheffield, including those in greatest need and groups that share equality characteristics. Most impacts relate to age, both younger and older people, disabled people and their carer's, women and households on lower incomes. In all of these areas mitigating actions have been identified and will be implemented as part of EIA action plans. We are:

- Assessing all proposals in line with the Fairness Framework and the cities Tackling Poverty Strategy.
- Working with external providers to achieve savings in our large contracts, and as far as possible achieving this through non front line service functions.
- Working with the private sector to encourage the support of activities/ events to promote Sheffield.
- Working to increase our income through fees and charges, debt collection, full cost recovery, and increased trading of our services (for example schools purchasing services from us,
- Continuing where possible with successful schemes from last year that impacted positively, such as the apprenticeship schemes and employability programmes.
- Continuing to invest in prevention, early intervention and delivering targeted support for those most vulnerable.
- Improving the conversations we have with people when they first contact adult social care to help them find the right support.
- Continuing to encourage people to be independent, safe and well through both children's and adult social care, and continuing to reduce reliance on institutional or restrictive care in Sheffield and expensive provision outside of the city.
- Reviewing care and support arrangements, focusing on the outcomes people want to achieve, and re-tendering services where applicable to ensure fair contributions and value for money.
- Working in partnership with the NHS Clinical Commissioning Group to develop the Better Care Fund to provide more efficient and joined up services.
- Restructuring management and services to increase efficiencies and create simpler routes of access.
- Continuing to invest in Public Health, but shifting the focus to address the root causes of ill health, to help reduce health inequalities.

- Continuing to invest in the Voluntary and Community Sector through Grant Aid, although at a reduced level, by recognising the value of frontline organisations that help tackle inequality; and protecting our investment in Lunch Clubs across the Council.
 - Continuing to support those at risk of financial hardship through a Council Tax Support Scheme and Hardship Fund, Local Assistance Scheme and Local Independence Grants.
 - We also administer the Discretionary Housing Payment (DHP) scheme, funded by the Department for Work and Pensions (DWP), to provide assistance to households who are receiving Housing Benefit and are experiencing financial hardship as a result of a result of welfare changes such as the benefit cap and bedroom tax. In Sheffield, we have always spent the full amount allocated by DWP which was £1,453,560 in 2017/18.
35. Although there are very difficult choices to make, our impact assessments illustrate our commitment to fairness principles and to mitigate negative impacts where possible. Through our 'live' EIA process we will monitor closely for any adverse equality impacts as reductions and changes in provision occur during the next year.

Consultation and evidence to support EIAs

36. 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.
37. 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 Fairness Framework has guided the approach we have taken in developing these proposals such as:
- Those in greatest need should take priority.
 - Those with the most resources should make the biggest contributions.
 - The commitment to fairness must be a long-term one.
 - The commitment to fairness must be city-wide.
 - Prevention is better than cure.
 - Be seen to act in a fair way as well as acting fairly.
 - Civic responsibilities among residents contribute to the maximum of their abilities and ensuring all citizens have a voice.
 - Open a continuous campaign for fairness in the city.
 - Fairness must be a matter of balance between different groups, communities and

generations.

- The city's commitment to fairness must be both demonstrated and monitored
- As part of the development and testing of options for the 2018/19 budget, the Council ran a budget conversation between December 2017 and February 2018. This included a range of consultation activity with local people and partner organisations. This has helped us to ensure that the proposals we are putting forward, have been shaped by people who may be affected by decisions taken as part of the budget, and that they have had an opportunity to put forward ideas for consideration.

38. Our budget consultation activity consisted of two main strands this year:

- An online survey supported by social media, supplemented by three Cabinet Member hosted events in the north and south of the city and the city centre. These looked at the financial challenge and the council-wide approach, and provided opportunities for residents to have their say on priorities, investment in services and capital projects, and our proposals for Council Tax and the social care supplement.
- Consultation on particular topics and specific proposals, including meetings with the VCF and Businesses. This will inform longer term thinking and Equality Impact Assessments.

39. Budget priorities have also been shaped by consultation activity undertaken over recent years that has consistently confirmed public support for prioritising services for the most vulnerable. Indeed, responses to this year's survey have been even more explicit about this.

40. Our consultation material noted that our approach this year is based on focussing on finding savings from a smaller number of areas and delivering larger changes that take several years to implement but deliver better results and services in the long run. It specifically highlighted approaches around social care noting the focus on prevention, supporting more adults to be independent, use of technology and supporting children and families. In terms of other services it noted the focus on prevention so that services prevent problems getting worse and better meet the needs of people in Sheffield, supporting growth through investing in economic and housing growth in Sheffield to create more jobs, more and better homes, better transport, and delivering good value services.

41. Over a 6 week period during December and January we ran an online survey asking people about their views on the approaches we are taking to meet the financial challenge as well as our proposals for a suggested increase in Council Tax and our approach to the Social care precept.

42. We also asked people about their priorities; areas where they thought we should spend more, less or the same to balance the budget; and areas where the Council should invest capital resource. We also asked people whether they had comments or

suggestions on how the Council could increase income, reduce costs or make savings to support the budget. We received 340 responses and key findings include:

- Social care (47%) and education and skills (32%) were highlighted as the top two priorities that the Council should spend money on, followed by housing (15%), and environmental protection (15%) and roads/highways (planning, traffic and congestion, and safety (14%)
 - People would like the Council to spend more on adult social care (60%), children's social care (56%), and education and skills (52%).
 - The most important council services to people were social care (212 respondents out of 336), education (154), followed by transport & highways (102) and waste & recycling (96).
 - The majority of people responding supported raising Council Tax (56%) and agreed with proposals for a social care precept (78%).
 - 46% of people supported raising fees and charges with 39% favouring keeping them the same. There was a low level of support for cutting more services.
 - Over 50% of all respondents felt it was important for the Council to invest in the areas it currently does with the most important areas being health and well-being (e.g. adaptations to help people live independently) and affordable housing (e.g. building new affordable homes).
43. We received an extensive range of comments and suggestions on how the Council could increase income, reduce costs or make savings to support the budget, ranging from long term investments to immediate changes in policy and services.
44. Ideas for increasing income included revaluing properties for Council Tax; local procurement and investing in the local economy and improved transport; stronger enforcement and Council Tax collection; introducing a Sheffield Lottery; maximising the use and promotion of council services and assets; lobbying government; and introducing new revenue streams. Suggestions to reduce costs included merging services (locally and regionally); reducing bureaucracy and reviewing the use of consultants and agency staff; joining with other city organisations for economies of scale; encouraging people to help their communities and working more with civil society organisations; reviewing staffing costs and premises; and working more closely with service users. A number of respondents put forward renegotiating or ending external contracts and PFI schemes, alongside reducing unused assets, and changing refuse collections as ways of making savings.
45. We also held several smaller events piloting a more conversational approach to talking about the budget. These were led by the Cabinet Member for Finance supported by several Cabinet colleagues. At each event the overall financial challenge and approach was outlined followed by question and answer sessions.
46. Topics discussed included finance issues such as the extent to which Revenue Support Grant has reduced; the discretion the Council has with spend; dealing with the locked in

demand; how anticipated pressures from wages, inflation, energy have been built in; levels of reserves; how school funding works; and the cost of PFI schemes. The discussions also covered prioritising where to spend and save; maintenance of statutory services; increasing levels of demand for social care; shared budgets with the National Health Service; and the importance of maintaining arts, culture, leisure, and economic growth to support our income, lever in other funding, and support the wellbeing of the city.

47. There were also comments relating to supporting the local economy, increasing Council Tax; contract management; demand for social care, affordable housing, parking, and charges.
48. Alongside our corporate budget consultation, we consulted people about proposals in particular areas. This consultation has taken different forms, depending on both the nature of the proposals and which providers, service users and communities are likely to be affected. This has included consultation with employees where we are proposing staffing reductions.
49. In the **People Portfolio (Children's and Young Peoples' and Families)** services have identified a potential need for dialogue with Sheffield Futures if the youth recommissioning doesn't meet the September 2018 deadline and as part of the recommissioning of youth services, services are asking prospective providers to make documentation effective. Consultation has taken place on changes to Public Health, including the three year contract reduction for Health Visiting and School Nursing that started in 2016. In 2017, the Health Visitor consultation was extended for 2 weeks to give coverage to areas with poor response rates. GP's were consulted over the impact of changed/reduced well baby clinics and the role on school nurse. The Public Health Early Years Volunteering contract reduction has seen the provider being informed of the proposal and we working with the provider on a method to inform volunteers.
50. Work has taken place with Adult Social Care customers to help design the functions of the new First Contact team – a multi-disciplinary service that is now having more fulfilling conversations with people when they get in touch, helping them to find networks and support. Services are focussing ever more on the quality of conversations with our customers, and will be seeking feedback on the differences our approach is making to people. Testing out thinking on developments in Adult Social Care with the Customer Service Improvement Forums will continue.
51. Services are also working alongside NHS Sheffield Clinical Commissioning Group (CCG) with carers to find ways for resources to go further for short breaks and other forms of carer support, and to align this with the conversation-based approach in Adult Social Care. We know that effective customer communication is essential to making our plans a success and discussion will take place with customers and carers about how assistive technology could enhance independence at home in a less intrusive way.
52. Voluntary, Community and Faith organisations providing Community Services to adults are already aware of plans to reduce grant aid and these organisations have been surveyed recently to check on the impact. The feedback has informed the way plans will

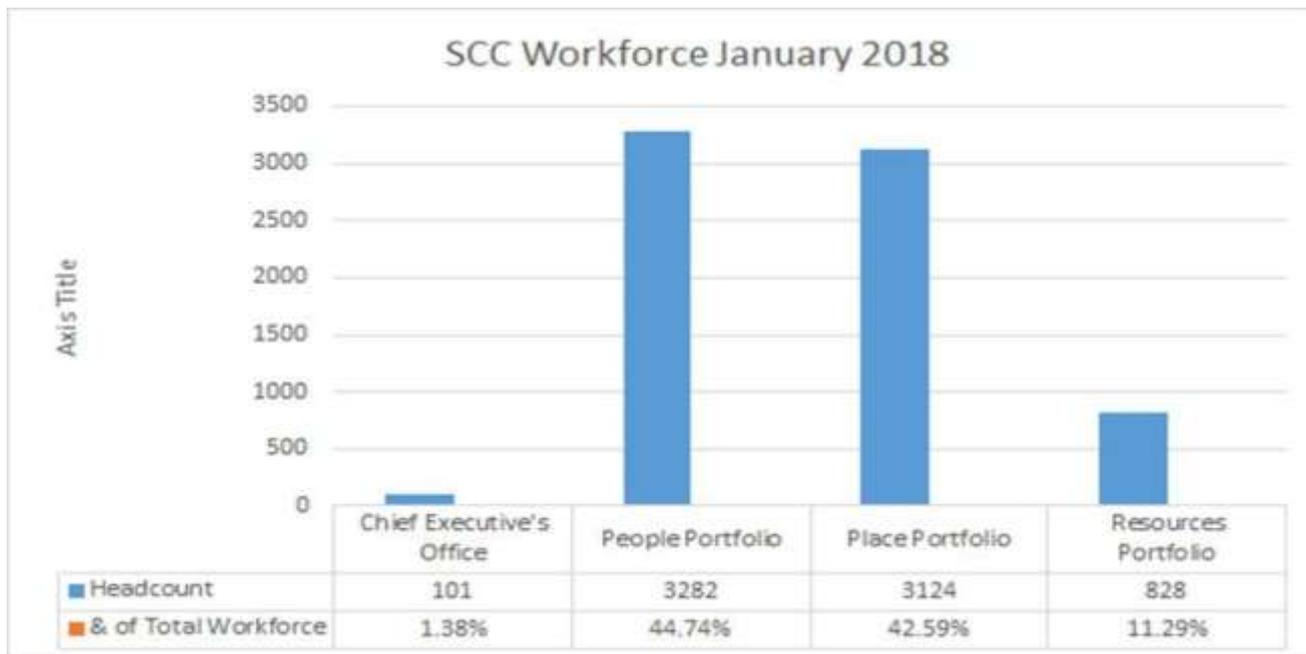
be implemented and the intention to limit the financial impact on those organisations providing direct, front-line services. We will engage with providers of housing-related support to review and assess the potential impact of any options before implementing any changes. There will also be more engagement with people who use mental health services or learning disabilities services about the option of supported living. As plans for 2018-19 continue to develop, consultation and coproduction will help shape the development of services.

53. Within **Place Portfolio**, many of the 18/19 proposals are internally focussed or with partners, with no significant equalities impact on frontline delivery of services. Where consultation has taken place, officers and members have, and will continue to, carefully review the feedback received before making final budget decisions.
54. The Council is also consulting with representatives of the Business community, Voluntary, Community and Faith sector, and the Equality Hub Network – each to get a specific take on potential impact and concerns.
55. Consultation on proposals will not stop once the budget has been agreed with Members. Further consultation with those affected individuals, groups, organisations and staff will take place throughout the forthcoming year as decisions are taken through the Council's governance process. Where appropriate, equality impact assessments on specific budget proposals include details about our approach to consulting people.
56. This information has been considered by officers and members in developing and refining the budget proposals, and in looking forward to how future engagement around the budget will take place. Reports on the consultation activity will be made available on the Council's consultation hub and the Council's budget webpages.

Impact analysis overall

57. Inevitably when funding is reducing year on year at the scale and pace that we are experiencing, there will be an impact on the front-line services we deliver, on those in greatest need and on some of the work we do with groups who share equality characteristics under the Equality Act 2010. We have tried to minimise the impact on the most vulnerable and those in greatest financial hardship as far as possible, however we have to make some really difficult choices. This year the savings and demand pressures that are required mean that we are less able to protect frontline services than before.
58. These substantial reductions in funding mean that progress on work to tackle inequality is much more focussed on ensuring fairness and that we do not slide backwards and lose ground in tackling persistent areas of inequality.
59. We have tried to minimise the impact on front line services to customers as far as possible by finding more efficient ways to deliver services, including by reducing costs of:
 - Management, offices and corporate services such as legal services

- Renegotiating contracts, and increased partnership working
 - Focussing on prevention and early intervention
 - Transformational projects/creative and innovative change.
60. We know that working with people to help them avoid a crisis in their life (such as going into hospital), or intervening early when we spot an issue is better for the individual and costs us less. To do this means redesigning public services to work in a more integrated and preventative way. However this takes time and we have had to make some really difficult choices. We are being guided in these choices by our values, commitment to fairness, and by our priorities as outlined in the Corporate Plan such as tackling inequality.
61. Our approach to the budget is in Portfolio Areas which correspond to the way Council is structured:
- People
 - Place
 - Resources
 - Chief Executive's
62. **People** Services is the largest portfolio and has had a £14.6million increase in budget and it covers: Children, Young People and Families; social care, youth scheme; Education Lifelong and Community Learning Skills and employment; care and support for adults; housing & neighbourhood services and libraries & community services.
63. **Place** has had a £3.3 million budget reduction and it covers: waste management; environmental regulation and licensing; sports, culture and the environment; transport, infrastructure and economic development; housing & neighbourhood services and transport & facilities management.
64. **Resources** is the smallest Portfolio and together with PPC, has seen a £0.7 million budget reduction. Resources covers: information technology; finance and commercial services; customer services; human resources and legal & governance.
65. **Chief Executive's** (inc. Policy, Performance and Communications and Public Health) is very small, it has less than 100 staff and covers the corporate services of Policy; Research; Communications; Public Health Intelligence; Elections; Equality/involvement and Scrutiny. Public Health is distributed across the Council with the addition of a Director and small central team in Chief Executive's.



66. The approach we adopted to balance the 2017/18 budget, did not identify sufficient amounts to balance the budget, requiring a number of corporate areas to be identified to bridge the gap (for example savings from the early payment of pension contributions, reduction in the ITA Levy and additional specific grant income).
67. 2018/19 will be the eighth year of the Government's austerity agenda, and so any ways of reducing budgets across the board are harder to find whilst protecting our frontline services so we have continued the approach adopted in 2017/18 of concentrating on finding savings from a smaller number of discrete areas. This means continuing the delivery of a four-year programme of transformative strategic changes in individual services, intended to release sufficient savings and enable our budget to be balanced in the immediate and medium term. This programme is supplemented by a Council-wide and continuing search for lower level specific reductions in expenditure, where we identify that there is scope for further efficiencies in individual services.
68. The 3% Social Care Precept does not fully cover our requirement to increase pay to providers so they can fulfil their obligations to pay staff the National Living Wage. Areas with similar socioeconomic backgrounds to Sheffield, where there are a high proportion of people dependent on Council-funded care and a smaller Council Tax base, will doubtless be in a similar situation. However, the introduction of the National Living Wage has had a positive impact on our local care market, driving up the attractiveness of working in the sector and therefore increasing the security and stability of our providers. The precept is not enough to cover all the funding pressures but it does help, so this year in line with government rules the precept will increase by a further 3% or 55p per week extra as well as an additional 2.99% increase in Council tax, which gives a 5.99% increase overall.
69. The 'Improved Better Care Fund' (IBCF) was a new grant in 2017/18 to support authorities with social care responsibilities; it rises from £2.2m in 2017/18 to around £22million in 2019/20. The funds available are £12.6m in 2018/19, an increase of

£10.5m from last year. There is also a one off 'Better Care Fund Grant' of £7.7million in 2018/19 and £3.8m in 2019/20, this element will not continue past next year. See the budget for further details of spending, grants and funding.

70. In line with their longer term plans Portfolios have undertaken an initial impact analysis on all budget proposals. Where the risk of disproportionate impact has been identified an in-depth impact assessment has been undertaken and mitigations sought. The impact analysis shapes proposals which do not make it forward into the budget proposals as well as those that do. See the website for more detail on the [Council budget and how we spend it](#).
71. The **Place Portfolio** has completed 17 Budget EIAs on savings totalling £7.4m for 2018/19. Overall, the proposals are a mix of:
 - Savings achieved through internal reorganisation of some services and by ensuring they operate within the principles of the Place Change Programme: better, quicker, easier and more affordable
 - Working with our delivery partners to ensure we achieve maximum value for money through renegotiating our contractual agreements e.g. Veolia
 - Working with partners to retain services with reduced funding and/or securing partnership funding
 - Reviewing existing charges and introducing new ways of generating income
 - As a last resort, stopping some activities altogether
72. A range of evidence including data and consultation, where appropriate, has been used to identify if there are any differential impacts of the proposals.
73. Where consultation has taken place, Officers and Members have, and will continue to carefully review the feedback received before making final budget decisions. Areas where consultation is in progress / may be required:
 - Place Change Programme, staff consultation will be ongoing throughout the Programme.
 - Specific consultation in regard to proposed changes will be carried out with staff.
74. Some of the proposals will result in a reduction in posts across the Portfolio and the usual Council employee consultation framework will apply. Until further detail is known as to where the reductions will be, there is no identified disproportionate impact on a specific group.
75. In 2017/18, Place portfolio increased in size due to Transport and Facilities Management and Housing & Neighbourhood Services, becoming part of the portfolio. This change, combined with workforce reductions in some areas, has not had a significant impact on the workforce profile and the workforce profile has shown steady improvement for the majority of characteristics.

Equalities impacts

76. As identified in 17/18, the year on year key impacts remain in relation to socio economic issues, partners and staffing. A number of budget savings have been implemented with no significant equalities impacts. The Portfolio has consulted with public and partners to inform these approaches and will continue this engagement throughout 2018/19 to inform decisions in 19/20 and beyond.

People services

77. In the **People Portfolio**, 56 EIAs have been carried out in relation to the business planning savings proposals. The areas these cover are summarised below, according to whether they apply mainly to services for adults or children, young people and families.

People services (Adults)

78. 33 EIAs cover the business planning savings proposals developed by Care & Support; Commissioning (including Public Health); Libraries & Community Services; Business Strategy (PIPS). In some cases, EIAs cover more than one proposal, reflecting where there is close synergy and natural links between the proposals. The EIAs follow the Improvement and Recovery Plan and community services themes set out in the main body in this report:

- **Increasing the independence and inclusion of adults of working age.** Several EIAs are grouped together under this key theme, highlighting our coordinated approach to re-abling people; promoting greater independence; and seeking fairness in the distribution of resources. We will take these proposals forward through conversations with people who use these services, with a focus on the outcomes they want to achieve. For example, we are looking for more consistency and value for money each time we review Direct Payment arrangements or carry out joint reviews with Sheffield CCG.
- **Carers remain a priority for us.** In 2018/19, we are looking to do more to prevent crises from occurring by intervening earlier and helping carers to plan ahead. At the same time, we need to ensure more consistency and equity in the way carers access support, particularly in relation to short breaks. Helping people to develop the capacity for greater independence and to plan for employment, volunteering and other community, social and universal opportunities is a key priority. Two proposals around this, one focusing on young people approaching adulthood, the other adults of working age, have their own specific EIAs. Changes in the way we work, through locality and specialist teams, and with new IT systems will help to support our approach.
- **Increasing the proportion of adults who are able to live at home.** To support greater independence for people, we plan to continue to reduce the number of admissions to care homes in Sheffield. This will build on an encouraging recent trend to bring Sheffield more in-line with similar places. A major priority, linked to this theme, is our focus on preventing admissions to hospital and earlier discharge from hospital back home. We will continue to work closely with our

partners, including Sheffield CCG and Sheffield Teaching Hospitals. In a similar theme, we are working with our health partners to deliver integrated change in mental health. This includes more focus on support for people in their community and in their own home, away from restrictive care settings. These approaches show where outcomes for people can be improved, through support to be active at home, at the same time as delivering financial savings associated with acute and secondary care.

- **Increasing the shift to prevention.** Our First Contact team, co-designed and introduced in 2017, has been successful in supporting people who get in touch with Adult Social Care to access alternative networks and support. This preventative approach is helping in our legal duties to prevent, reduce and delay the development of people's support needs. We will be building on this progress further during 2018/19, and finding out more about what difference this has had for people. We will also be doing more to promote assistive technology as an empowering alternative to at-home support. And we will be developing a broader approach to prevention, which could include addressing inhibiting issues like social isolation, mobility/transport problems, falls and continence management; and better and more timely intervention in the areas of dementia support and stroke rehabilitation.
- **Developing a sustainable provider market.** EIAs under this theme reflect a need to secure maximum value for money to achieve outcomes for vulnerable people. We will be introducing more efficient processes to help people with learning disabilities find supported living accommodation more quickly and to further speed up our turnaround of vacant properties. 2018/19 sees some planned further reductions in funding to support people with dementia and their families, and financial pressures mean we are not able to commit additional Public Health investment. Similar pressures are also preventing new investment in the carers' budgets.
- **Mental Health.** We are implementing a joint five-year Integrated Mental Health Plan with our health partners, which promotes community-based support and primary care in order to reduce the need for more restrictive, expensive and/or acute care. One of our priorities is to support people currently in residential care to access the benefits of supported living.
- **Fairer charging.** In 2018/19, we will continue to optimise income by charging for Adult Social Care services in-line with annual benefit increases. We will also ensure the contributions people pay are in-line with national rules and take into account the actual cost of living increases that people face. We will do more to backdate contributions owed to us and take stronger enforcement action where justified to help protect Adult Social Care budgets. But we will also strive to ensure people who use services are able to access Continuing Healthcare funding, which is free at the point of need. We will raise revenue by inviting more people to sign-up for Citywide Care Alarms, a key preventative measure. Also by

expanding our in-house appointeeship service, we will be increasing revenue whilst lowering the costs to individuals.

- **Equalities impact.** Much of the work in People Services, such as Adult Social Care, housing support services and VCF Grant Aid provides or supports services to vulnerable, disabled or older people. There is a risk that the savings being put forward could potentially impact negatively on these protected groups. Where there is a risk of negative impact, full EIAs have been carried out and as far as possible, mitigations have been identified to minimise the impact. The EIAs will be updated and developed continually to inform the way the proposals are implemented.

79. We are also aware of the cumulative impact that ongoing changes in services and broader public policy could have. In 2018/19, we will work across the council and with partners to develop a shared understanding of the impact of these changes on groups with protected characteristics.

Workforce

80. Where Managed Employee Reductions are required, we will work to minimise the impact on direct provision. We will try to ensure that this will not have a disproportionate impact on any group already under represented within the staffing profile.

People Portfolio - Children Young People and Families

81. Within the **People Portfolio (Children, Young People, and Families)** services have produced a total of 23 Equality Impact Assessments (EIA) across the Portfolio. We have had to manage both the pressure of budget cuts due to reductions in grant funding, along with a significant and growing level of demand in need. Levels of need have increased in areas such as special educational needs and emotional health and wellbeing. Poverty also has an impact, particularly on our greatest challenges, which is an overall increase in demand for children's services. We will address this challenge through early identification of children with additional needs, and by delivering high quality preventative and supportive services to enable children to continue living successfully and safely with their families and communities.

82. In addition, changes in legislation and policy will impact on the way in which we operate, and on the expectations children, young people and families have of us. These demands and changes in legislation result in a financial pressure of £5,835m across Children, Young People and Families for 18/19.

83. Our ambition is that all children, young people and families in Sheffield achieve their full potential in all aspects of their lives, that they have a great start in life, go to great schools, and are safe, strong and healthy, active, informed and engaged in society.

84. The strategies that underpin our ambition for successful children, young people and families are shaped in three main areas:

- Keeping children, young people and families safe, healthy and strong and giving every child a great start in life.

- Developing skills for life and work and encouraging active, informed and engaged young people into further education, employment, training and their journey to independence.
 - Supporting schools, children and young people's education, lifelong and community learning and being the champion and advocate for children, young people and their families, improving the quality of learning outcomes, raising attainment and enabling enriching experiences.
85. The scale of financial challenge facing children's' social care is significant and cannot be resolved in the short term. An improvement and recovery plan has been produced which focuses on delivery of new initiatives to support families and to improve the practice. Our improvement and recovery plan is structured under three themes.
- Demand Management: We are working to reduce referrals to social care and the number of children entering the care system by delivering early help and intervention and the development of several evidence based programs.
 - Supply Management: We are redesigning and investing in the availability of resources within Sheffield to ensure the right resources are available for maintaining Children's Services.
 - Performance management: Having the right number and appropriately- trained workforce is critical in improving the quality of service delivery.
86. The strategy to manage the potential impact of our budget proposals helps us with:
- Prevention, early help and intervention
 - Partnership working
 - Transformational projects/creative and innovative change, and
 - Continuing to reduce costs where we can
87. This enables us to:
- Re-design Public Health services.
 - Recommission youth services.
 - Establish the skills hub.
 - Invest in change and have a continued focus on prevention and whole life planning and progression into independence;
 - Plan for young people's progression into adulthood;
 - Ensure that the needs of vulnerable pupils are met;
 - Have a whole family approach to supporting children, young people and parents/carers;
 - Work collaboratively to ensure every child has a school place, that the needs of vulnerable pupils are met; and act as champions for parents and families, and;

- Reduce costs where we can.

Workforce

88. The year on year workforce reduction has resulted in a positive impact on the workforce diversity profile in the **People Portfolio**, as well as across the Council. There have been steady improvements in the workforce profile for the majority of the characteristics that are monitored by the Council.

Equalities impacts

89. Wherever possible, we have sought to minimise the impact that changes to **People Portfolio** services will have on children, young people and their parents/carers. We recognise that some children, young people and their families use more than one service that has been subject to changes since 2010. This includes adult services provided by People Portfolio and services provided by our partners. We recognise that some people will have received a changed or a reduced service as we focus on the most in need and at risk and wherever possible we have sought to mitigate this. However, this may have impacted on those families who are struggling financially, but who are not in the most need.

Public Health

90. There are a number of EIAs which relate to Public Health spending, which is approximately £33 million and is integrated throughout the Portfolios. More detail on the use of our Public Health grant is given in the portfolio sections. Overall there will be a reduction in investment in this area of 2.6% or £880k to reflect Central Government cuts. We are reviewing how and where the funding is spent to ensure that it is targeted to tackle the root causes of ill health and to have the maximum impact on reducing inequalities. This may mean that we will need to save on existing activities in order to reinvest in other areas which have been prioritised.

91. The proposals which involve more cost effective delivery, the retendering of contracts, earlier intervention leading to prevention, internal restructuring, and staff reductions will have fewer equality impacts. Two of the main areas that we will continue to support are advice and information, so the impact of the overall investment will be positive on the groups within the EIA.

92. The outcomes expected of the Public Health Grant will continue to be assessed under the Public Health Outcomes Framework (PHOF), and broadly fall into the following categories:

- Health and wellbeing is built into all that we do.
- To protect people from preventable infections and environmental hazards to health.
- To reduce health inequalities.
- To support people to live healthier lives.

93. As we target the households in most need there will be an inevitable impact on those who are still struggling financially but are not on the lowest incomes and who will be not eligible for targeted programmes. The biggest impact is likely to be on families with

dependent children.

Resources

94. In the **Resources Portfolio** there are 12 EIAs which cover all budget proposals for 2018/19. These proposals are predominantly around staff savings through vacancy management or Managing Employee Reduction (MER) processes. Every service is meeting all or part of its savings target through a staff saving and this covers Business Change and Information Solutions (BCIS), Finance and Commercial Service (FCS), Legal and Governance, Customer Service and Human Resources.
95. Alongside the staff savings there a few additional savings being offered:
- Savings in Procurement by creating a Sourcing Desk to reduce the costs of goods and services
 - Insourcing of the HR Connect service from Capita
 - Insourcing of the 101 Out of Hours service from South Yorkshire Police
 - To keep the same Council Tax Support (CTS) system this year.
 - To continue to offer to the Council Tax Hardship Scheme, and to increase spending by 20%.
 - An increase in Council Tax of 5.99%. This includes an additional 3% to cover part of the funding gap in adult social care.
96. It is not anticipated that there will be any disproportionate impacts on staff or customers however the impacts will continue to be monitored through the EIA process and action plans will be developed to mitigate impacts where appropriate.

Workforce

97. Some of the proposals will result in a reduction in posts across the Portfolio. However, there is no identified disproportionate impact on a specific group.
98. A number of Voluntary Severance/Voluntary Early Retirement schemes across **Resources** will result in voluntary staff reductions and changes. It may be necessary in some areas to conduct Managing Employee Reduction processes to achieve non-voluntary staff reductions. In both instances, there is a possibility of wider workforce impact through increased workload and the impact on health and wellbeing of staff.

Equalities impact

99. The greatest impact will be in relation to the increase in Council Tax, including the Social Care Precept. See detail later in the report and mitigation through the increased Hardship Scheme.

Chief Executive's including Policy, Performance and Communications

100. In **Policy, Performance and Communications (PPC)** there are less than 100 staff overall and only 2 EIAs. These proposals are a Communications Service internal restructures, and reduction in spending on supplies and services, changes to these areas are not likely to have any customer impact.

Key themes

101. In summary there are a number of key themes that run through the proposals:

- The restructuring and integrating of services and teams to increase efficiency and effectiveness.
- Developing solutions for the longer term.
- Taking preventative action and intervening earlier.
- Stopping some functions or activities and working with partners so they can be delivered by others where possible.
- 'Managing Employee Reductions' processes to reduce the number of staff employed, especially in non -front line roles.
- Targeting of resources and prioritising support to those who need it most and those at risk.
- Helping people to be independent, safe and well and to make their own choices.
- Better value for money in the services we commission or purchase, including joint funding.
- Working with other partners to avoid duplication, so people get co-ordinated help and support.
- Fairer contributions and charges to ensure full cost recovery and as a way to maintain services.
- Increasing commercialisation and traded services such as with schools.
- Investing and supporting the Voluntary Community Sector, with a renewed focus on frontline services that directly work with people who face financial hardship and /or with protected equality characteristics.
- Reducing public health investment and shifting the focus to address the root causes of ill health.
- Spending more time with those in contact with Adult Social Care to see how we can enable people to find the right support to lead better lives, and to manage demand on services.
- Continuing with changes made in the past year to have full year effect.
- Continuing to monitor the impact of changes over the coming year.

102. Furthermore, we will continue to fund a Local Assistance Scheme and to have a Council Tax Support Scheme at 77% for working age customers despite Government funding cuts in these areas. We will also mitigate the impact of the 2.99% increase (55p) in Council Tax and an additional 3% Social care precept to (55p), by increasing the Council Tax Hardship Scheme in 2018/19 by 20% (200k). There are currently approximately 51,600 households who receive Council Tax Support, and of these

approximately 30,300 are of working age.

103. In 2013/14, the Council made awards from the Council Tax Hardship Scheme totalling £410,000. The hardship fund has increased steadily each year and was £1.0m in 2017/18. Due to the increase in 2018/19 of Council Tax (2.99%) and Adult Social Care (3%), the budget for the Council Tax Hardship Scheme has increased to £1.2m. The under occupancy rules were introduced in April 2013 in Sheffield; approximately 5,000 households are currently affected by the changes, with approximately 4,000 of these being subject to the 14% reduction, and approximately 800 subject to the 25% reduction. The numbers of those affected in the city are staying quite steady over time.
104. Many of the people affected by under-occupancy rules are supported by Discretionary Housing Payments (DHP) funded by a grant we receive from the Department of work and Pensions DWP. However, the introduction of the revised benefit cap has placed additional demands on the DHP budget.
105. In Sheffield, 623 households are having their Housing Benefit reduced as a result of the benefit cap. The split by tenure is: Council tenants 42%; Housing Association 26%; and Private-rented tenants 32%. In total, those households who are affected by the reduced benefit cap contain 2,371 children. The total annual reduction in Housing Benefit for those households is around £1.6m (£31,169 per week). This amounts to an average weekly reduction of £50.03 per household.
106. Sheffield City Council also provides grant funding to several organisations which support the financial resilience of people in the city, including Sheffield Citizens Advice (see above). Much of the work of the council also impacts on financial inclusion, including that of social work, Housing+ (support for Council Housing tenants), the People Keeping Well Programme and Trading Standards work with the regional Illegal Money Lending Team.
107. Overall, this year the proposals do have the potential to impact negatively in some areas and service EIAs have sought to mitigate this, however there are also positive impacts which have been identified. Further details of the impacts are contained in individual service EIAs.
108. Our impact assessments identify and provide mitigations for any potential impacts in services for younger people, older people, disabled people, BAME, women and men, religion and belief, sexual orientation, voluntary community and faith sector, cohesion and financial inclusion/ poverty (there is over representation within this last group of people financially excluded or in poverty of disabled people, carers, young people, some women and some BAME communities for example 11% of BAME males are unemployed compared to the city average of 7% and BAME females 8% compared to city average of 4%). Further details of the impacts are contained in individual service EIAs which are listed at the end.

Age – older people

109. In 2011 Sheffield had a higher proportion of its population aged 65 years or over (16.7 % or 85,700 people) than the other English Core Cities. The proportion of Sheffield's population aged over 65 is also projected to increase, with the largest increases in the number of people aged over 85.
110. Across all Portfolios impacts on age have been identified; however for older people the impacts are largely in People Services. In 2016/17, more than half of the people who used Adult Social Care services were aged 65 and over. We will continue to focus on keeping older people independent, safe and well at home, and delaying or avoiding their need to go into permanent care. A key priority for us is to ensure older people are able to leave hospital as soon as they are able, to recover in the familiar surroundings of home, and with assessment and support built around them. We will ensure that our conversations with customers about the outcomes they want to achieve are applied equally to older people, including carers. We will recognise the changing needs of disabled people as they reach older age. We will think in particular about older people and other isolated citizens as we develop our approach to prevention. And we will encourage older people to sign-up to Citywide Care Alarms.
111. Each of the above proposals aims to create changes that enhance people's wellbeing, support and experience. However, there will be an inevitable impact from such changes and, where possible, we will mitigate any negative consequences of these proposals. The EIA process provides critical information to enable us to target our approach carefully.
112. We are faced with having to reduce the overall budget for Grant Aid to the local voluntary sector, and this means that services for specific age groups will be affected. However, we are ensuring that our investment is directed at those organisations that provide frontline services, including for those at risk of financial exclusion. And we are continuing to support lunch clubs to help reduce isolation in older people.
113. In the present financial environment, and in order to protect services to vulnerable people, the Council has to explore all options to optimise income, which includes service-users' contributions for the care they receive. As in each year, in 2018-19 we will raise contributions to reflect increases in Government benefits; because of the 'triple-lock' guarantee, state pensions (and therefore older people's contributions) will rise proportionately higher than benefits and contributions for working-age service-users. We will also do more to make sure we receive contributions from people in care homes when they become liable (e.g. after a property they own becomes empty). Financial pressures mean we are not able to commit additional public health investment into dementia support. But we will work with our partners to review the Dementia Strategy in Sheffield and seek to create a single support pathway. We are also expanding our in-house appointeeship service to increase the availability and affordability of this essential service for older people and other vulnerable groups.
114. In **Place** the potential negative impact on older people of introducing shared containers

in waste management in some neighbourhoods is mitigated through the provision of the assisted bin collection service. Older people that qualify for this service would have their containers collected from the point of storage at their property, emptied and returned.

115. The new commissioning Food and Wellbeing Strategy may have a negative impact on some adults as there will be fewer resources directed at initiatives and schemes aimed at adults, as the focus will be on children and young people and adult support will be targeted at the most deprived. To mitigate the impact of a reduced budget the weight management service will be re-procured with the objective of obtaining the service at a reduced unit cost.
116. **People Portfolio (Children's, Young People and Families), Resources and PPC** have few proposals which impact directly on older people.
117. In **Resources**, the changes to the Council Tax Support Scheme are likely to have a low impact in this area as regulations prescribe that current claimants of a pensionable age continue to receive at least the same level of support as they would under the former Council Tax Benefit regulations. This means that if they are eligible for support, the amount of support that they receive is based on 100% of their net Council Tax liability. Those who receive Pension Guarantee Tax Credit will currently have their full Council Tax charge covered by CTS (less any non-dependant deductions), and this will still be the case if Council Tax increases.

Age – young people

118. The age group that has increased the most from 2001 to 2011 is the 16–24 groups. We now have 16.7% of our population in this group and a further 18.2% of the city's population is under 16. 28% of BAME residents are aged Under 16. Around 20% of people in Sheffield will live in relative poverty at any one time. In 2012 this included 23% of all Sheffield children and almost a third of all children under 10.
119. In **People Portfolio (Children, Young People and Families Services)** many of the proposals and subsequent EIA's relate to responding to demand led and loss of grant pressures. The proposals with the main differential impact are summarised below:
- The reshaping of Youth Services started in 2012 and in 18/19 a significant change programme to strategically recommission youth services for the next 3-5 years will be implemented. The current service delivery by Sheffield Futures will be maintained until 30th September 2018.
 - It is proposed to scale down the planned contribution to the Youth Enrichment Fund to £100k from the original £250k; this fund is for positive activities for young people.
 - Lifelong Learning, Skills and Communities will be mitigating pressures and continuing to support the employment of vulnerable and disadvantaged learners as apprentices. It established the initial phase of the Skills Hub; its updated core team to work on employment projects and apprenticeships. Mitigations of

pressures and the initial phase of establishing the Skills Hub will positively impact on young people accessing the labour market.

- The service model for both Home Visitor and School Nursing may change, however those using the service should experience limited change to what is provided.
- We are supporting children and young people who are in care to travel independently. This will have a longer term positive impact on them as it will equip the young person with skills that can be utilised in further study, wider access to the labour market, and independent living.
- We are working through key demand management projects such as using Multi Systemic Therapy (MST), Family Group Conferencing (FGC) Fresh Start, Domestic Abuse, Parenting and Reunification with the aim of reducing the number of children entering the care system and also to facilitate the reunification of families where it is safe to do so.
- Proposals plan to increase the number and range of suitable places available within the city. Leading to vulnerable young people having a better chance of placement suitability and stability which would lead to better outcomes for the young persons which are more likely to enhance a sense of belonging and engagement with society

120. Since 2010, there has, due to the reducing budget and change in Government policy, been a cumulative reduction in the universal youth offer. This is likely to impact on young people and their families who have a lower income and would struggle to pay for additional activities/ services that are available through the independent sector.

121. In **People Services (Adults)**, we are also looking at how we can do more to prepare young people with special educational needs and disabilities for adulthood; we will develop transition plans with a stronger focus on employment, independence, community participation and good health. Young people are a key vulnerable group so will ensure that as we review provision we maintain the right level of provision to meet needs, including ensuring young people have access to dedicated accommodation options specifically for their age group. But we will also ensure that the support we commission better matches the actual demand from these services from young people and other groups.

122. In **Resources** and **PPC**, there are mainly none to low impacts, as most of the EIAs relate to internal restructuring. The main areas of customer impact are Council Tax. In relation to Council Tax, it is clear from the collection rates that under the CTS scheme some working age households have found (and will continue to find) it harder to meet their Council Tax liability than others, though the overall collection rate amongst Council Tax Support recipients has increased.

123. We are proposing this year to continue to keep the same Council Tax Support (CTS) scheme. The CTS scheme continues to be based on the principles of the old Council Tax Benefit (CTB) regulations and provides for the maximum financial support being

made available to those with the greatest financial need. They protect some of the income of the disabled and of families whilst providing assistance to those people who move off benefits into paid employment. The Council recognises, however, that requiring all working age customers to pay a minimum of 23% of their Council Tax has caused financial hardship amongst some households. There are currently approximately 51,600 households who receive Council Tax Support, and of these approximately 30,300 are of working age.

124. As a result, we have a Council Tax Hardship Scheme (CTHS) to offer additional support to those in severe financial need. Analysis of the awards made under the CTHS scheme show that over 90% of awards have been made to working age taxpayers, the group most adversely affected by the introduction of CTS. We increased the hardship scheme significantly in 2013/14, the Council made awards totalling £410,000. The hardship fund has increased steadily each year and was £1.0m in 2017/18. Due to the increase in 2018/19 of Council Tax (2.99%) and Adult Social Care (3%), the budget for the Council Tax Hardship Scheme has increased to £1.2m.
125. In **Place**, the new commissioning Food and Wellbeing Strategy will have a positive impact on young children, particularly those in the 20% most deprived areas of Sheffield, as it aims to:
- Reduce the levels of tooth decay in 5-year-old schoolchildren;
 - Reduce the levels of obesity in children aged 4-5 years and 10-11 years
126. Where we have worked closely with partners e.g. the Trusts and Arts Council England to identify a level of grant reduction that is manageable and has minimal impact on visitors. This includes continuing with a pricing policy that encourages participation from the widest possible range of audiences e.g. work with schools across the city and the Peoples Theatre and free entry for students of Drama.

Disability

127. There are over 110,000 adults with a long term limiting illness in Sheffield, equivalent to around 20% of the population, with 9% saying this limits their activity a lot. Service EIAs have identified a potential risk of negative impact on disabled people, both directly and indirectly, through impacts on people on a low income and noted mitigations to be put in place. Over a third of disabled people in Sheffield live in areas which are in the 10% of the most deprived areas in the country, which is 10% higher compared to 23% which is the overall average in Sheffield. See [Community Knowledge Profiles](#).
128. When the extra costs of disability are partially accounted for, half of all people in poverty are either disabled, or in a household with a disabled person.
129. Impacts on disability have been considered across all Portfolios; however the main impacts are in the **People Portfolio**. The nature of Adult Social Care means most service-users are disabled, and therefore, will be impacted more by some of the changes in the service. In 2016-17, there were 8,241 adults in Sheffield who received

care and support. We will continue to work to make sure the support in place for people helps them to be as independent as possible, meets their needs and offers value for money. As in previous years, we have identified particular groups of service-users we want to work with and review. This includes using occupational therapy as part of a wider approach to improving the social inclusion, skills and confidence of some disabled working- age adults, to help them progress towards greater independence. We will monitor this approach, and the cumulative impact of ongoing change in Adult Social Care. In doing so, we will review how we continue to meet our duties under the Care Act, and do all we can to help prevent, delay or reduce people's needs for care and support developing.

130. We believe that, in some areas like this, savings can be achieved by finding more person-centred and progressive support for disabled people. We will continue to promote the positives of supported living in comparison to residential care (for people who use learning disabilities or mental health services). By increasing access to assistive technology, we see the potential for less intrusive support for people with learning disabilities. And we plan to work at an earlier stage with carers to help them plan ahead for the future.
131. In conducting the review we will review and assess the potential impact of any options before implementing any changes. We will continue to prioritise people with high needs for housing-related support, and enable others with lower needs to access mainstream accommodation services where possible. We will carefully consider the effect on people across all protected characteristics of moving on to new types of support.
132. We will continue to make use of our Adult Social Care service-user forums, which cover physical disability / sensory impairment, learning disability, mental health, carers and safeguarding. These are invaluable sounding boards and co- production vehicles to help us develop and test out our plans.
133. We will use and develop our Equality Impact Assessments throughout the year to review the effect of the proposals. There are some proposals which were implemented following last years' budget, where the reductions did not fully take effect until this year. We have reviewed and updated EIAs from last year to make sure that we have implemented EIA action plans and identified next steps.
134. In **People's Portfolio (Children, Young People and Families)**, there are no impacts on services for disabled children and young people, other than through the Skills Hub employment projects, which will have a positive impact through making significant inroads into long-term unemployment, particularly for disabled jobseekers and those with health conditions. Employment programmes, which are targeted, will positively impact on disabled people's opportunities to continue accessing opportunities.
135. In **Place** the potential negative impact on people with reduced mobility, of shared waste containers in some neighbourhoods is mitigated through the provision of the assisted bin collection service. Disabled people that qualify for this service would have their containers collected from the point of storage at their property, emptied and returned.

136. The new commissioning Food and Wellbeing Strategy will have a negative impact on people, who experience morbid obesity as the proposal plans to decommission the specialist adult weight management services, diverting these resources to focus on the factors that influence people to gain weight initially. To mitigate the impact of decommissioning this service, Sheffield City Council will liaise with Sheffield Clinical Commissioning Group to explore ways of maintaining access to weight loss surgery for eligible people.
137. There are low impacts on disabled people in **Resources**. Most changes are internal restructures or relate to contracts, which will not impact directly on customers except for Council Tax.
138. The Council recognises that changes to Council Tax may cause hardship for some customers in this group as there are there are in excess of 12,000 taxpayers with a disability who are in receipt of CTS. However by continuing to closely align our CTS scheme with the principles of the old National Government CTB scheme customers in receipt of disability benefits will continue to receive the highest possible level of CTS.
139. To continue to offer the highest possible support to all disabled customers, the Council intends to continue to disregard as income for calculating eligibility for CTS, Attendance Allowance (AA), Personal Independence payment (PIP) & Disability Living Allowance (DLA), and War Disablement Pensions/Armed Forces Compensation Scheme.
140. In recognition of the impact that the change to CTS has on disabled taxpayers the Council introduced, and in 2018/19 proposes to maintain with increased funding, a Council Tax Hardship Scheme (CTHS) to offer additional support to those in severe financial need. This will increase by 20%, or £200k, this year.
141. Analysis of the CTHS shows that approximately 55% of all awards are made to customers in receipt of employment support allowance disability benefit.
142. This underlines a key aim of the CTHS, which is to prioritise support to those in financial need who are least able to change their circumstances. It also supports the council's original understanding, when setting up the CTHS scheme, that hardship is not linear within customers with a shared protected characteristic, nor is it uniform across different customer groups and that targeted assistance, as opposed to blanket exemption, is an effective way of providing assistance to those taxpayers in most financial need. Under our CTHS, we do not take account of DLA (care or mobility components) or PIP (daily living element or mobility component) as income when calculating entitlement to assistance.

Race

143. Sheffield is a diverse city and the ethnic profile continues to change, with the proportion of residents of working age classifying themselves as BAME (Black, Asian and Minority Ethnic which includes everyone except for those who classify themselves as White British) growing from 11% in 2001 to 19.2 % in 2011. BAME adults make up 16% of the

population and BAME children make up 29% of the BAME population as a whole. The largest group is the Pakistani community and the biggest proportional increases are occurring in the Arabic, East European, Indian and Chinese communities. Sheffield's BAME population is increasingly dispersed across the city, although there remain geographical areas of the city with high proportions of BAME people, these tend to correlate with areas of higher deprivation. See [Community Knowledge Profiles](#) for more details on this.

144. There were very few impact assessments which highlighted a direct medium/high impact on race. There are more indirect impacts identified; this is mainly in the areas of impacts on young people and people on low incomes. Mitigation strategies have been identified and put in place in individual service EIAs.
145. In **People's Portfolio (Children, Young People and Families)** the proposals will not impact on BAME (Black and Asian Minority Ethnic) groups. Employment projects, for example protecting apprenticeships and employment programmes, will positively impact on BAME groups as well as others.
- Some BAME communities may see a positive impact through the re- design of Health Visiting and School Nursing as part of contract reductions, with a shift from a universal approach to ensure that those in greatest need do not face any adverse impact.
 - The Domestic Abuse Project highlights that access will be based on need.
 - We will engage with wider families and the community by delivering restorative practice techniques (Family Group Conferences, Multi Systemic Therapy) for young people to stay with their families wherever possible instead of entering into the care system. This will positively impact on BAME backgrounds where a gradual increase in all children in care has been noted, though there has been an increase in BAME children in the general population as well.
146. Our proposals in **People Services (Adults)** that relate to adults have been carefully thought through to minimise the impact on BAME communities, although the financial challenge on the council means there will be an inevitable impact on all groups. As an example, we are aiming to mitigate the effect of reductions in Grant Aid funding to the VCF sector on frontline services, with prioritisation where there is high service-use amongst BAME communities. We are not expecting any of our proposals to have a disproportionately negative impact on people on the grounds of race. However, we will continue to monitor the impacts of the changes we introduce.
147. There are no identified negative disproportionate impacts in **Place**. There may be some positive impact with the ring fenced money for areas of high deprivation in the Food and Wellbeing Strategy which correlates to areas with a high BAME population.
148. In **Resources**, the proposal to increase Council Tax will affect all working age taxpayers. It is clear from analysing overall collection rates that some households from across the City have found it more difficult to meet their Council Tax liability. As the CTS caseload is representative of the City's differing ethnic make- up, it is reasonable to

assume households from different ethnic backgrounds will form part of the overall group of CTS taxpayers who are struggling financially. Also BAME communities are more likely to be working age taxpayers rather than of pension age. However, there is no evidence available which would suggest that taxpayers from differing ethnic backgrounds will be disproportionately affected by an increase.

149. In recognition of the potential impact that the change to CTS will have on taxpayers we propose to maintain, with increased funding a Council Tax Hardship Scheme (CTHS) to offer additional support to those taxpayers from differing ethnic backgrounds who are in severe financial need.
150. Access to the scheme is open to all taxpayers in receipt of CTS. Analysis of our CTS caseload shows that 25% of all applicants are from a BAME background whilst 26% of all awards made under the CTHS are made to BAME households.

Religion/belief

151. According to the [2011 Census](#) the largest religion/belief held in the city is Christian (52.5%), followed by no religion (31%), Muslim (7.7%) and no religion stated (6.8%). Few service impact assessments have detailed any disproportionate impacts in this area.
152. There are no identified disproportionate impacts in **People Portfolio (Children, Young People and Families or Adults)**, **Resources, Place**, or **PPC**.

Sex – including men, women, pregnancy and maternity

153. Sheffield has a population overall which is approximately 51% female and 49% male with some variations at different ages. 58% of carers are women and 89% of lone parents. While the pay gap between men and women has been reducing, there is still evidence that, in general, men are paid more than women; the gender pay gap in Sheffield is 17.5%. 55% of women are economically active compared to 65% of men. See [Community Knowledge Profile](#) for more information on this.
154. Few impact assessments have noted clear direct disproportionate impacts on gender. However, as women have lower incomes overall, are a larger proportion of adult social care service users, carers and lone parents, there will therefore be an indirect impact from multiple proposals such as increasing in charging, changes in Adult Social Care, and Council Tax. See the sections on older people, disability and carers for the potential of indirect impact due to multiple disadvantages in the **People Portfolio**.
155. In **People Portfolio (Children, Young People and Families)** the client group of the School Nursing and Health Visitor contract is predominately female, however the end user will see no changes as a result of the reduction.
 - The Domestic Abuse Project will work with survivors and perpetrators of abuse regardless of gender, with a focus on early intervention and prevention. However as most victims of domestic and sexual abuse are female this will have a

disproportionate impact.

- The Fresh Start Project will work with those most at risk of having a child removed, this will include women with substance misuse issues, mental health problems and teenage mothers. The project will primarily work with women however where they are with a partner we will work with them as a couple wherever we can and link to the Domestic Abuse Project if needed.
- The Parenting Project highlights increasing areas of support specific to fathers and works with those families in need of support.

156. In **People Services (Adults)**, although no proposals directly relate to people on grounds of sex, there could be indirect impacts on women, who, for example, form the majority of Adult Social Care customers and carers; and who use, volunteer and work in the VCF sector in higher proportions overall. Women and families are likely to have higher demand for housing-related support. In conducting the review we will review and assess the potential impact of any options before implementing any changes. We will continue to prioritise people with high needs for housing-related support, and enable others with lower needs to access mainstream accommodation services where necessary.
157. In **Place**, the newly commissioned Food and Wellbeing Strategy will have a positive impact for pregnancy and maternity, as it aims to intensify efforts on pregnancy and early years to encourage a good maternal diet, breastfeeding and healthy weaning.
158. There are no identified direct impacts on gender in **Chief Executive's/PPC**. However, across Portfolios, women are more likely to be unemployed and have lower incomes. Any changes impacting on people on a low income, will more indirectly impact on women.
159. In **Resources**, pregnant customers claiming CTS have their award based on 77% rather than 100% of their Council Tax Liability. By continuing to closely align our CTS scheme with the principles of the revoked CTB scheme, once these customers give birth their change in circumstances will be positively reflected in the level of CTS that they will receive. The Council will also continue to disregard child benefits as income when assessing a customer's eligibility to CTS. In recognition of the impact that the CTS has on pregnant taxpayers or new parents the Council proposes to maintain with increased funding of 20%, the Council Tax Hardship Scheme (CTHS) to offer additional support to those in severe financial need. By maintaining the scheme in its present format, it will continue to include in calculating entitlement to support, the family premium for working age customers, which the Government removed from Housing Benefit entitlement decisions in 2016, and which we have replicated in our CTS scheme in 2018/19.
160. Further, the Government proposed to reduce Housing Benefit entitlement for families or single parents who have a third child after April 2017. We could also have incorporated this change into our CTS scheme and reduce support for working age customers, but by choosing not to do so we will continue to be able to offer the maximum possible support to families with more than 2 children. This is particularly relevant given that the

second phase of the Government's "Benefit Cap" was introduced in 2017. Unlike the first phase, which predominantly affected families with 4+ children, the reduced benefit income allowed under this phase of the cap will affect households with 3 children and some 2.

161. In Sheffield, there are currently just over 600 households who are affected by the benefit cap. The benefit cap, until a household moves on to Universal Credit, reduces the weekly Housing Benefit received, thus increasing the amount of rent these households have to pay. The average Housing Benefit reduction in Sheffield is £48.03 per week. By maintaining the CTS scheme in its current format, we will not be increasing the net amount of Council Tax these households have to pay, at a time when for most their rent payments will significantly increase. By increasing the funding available for the CTHS we will increase our ability to offer, where appropriate, priority financial assistance to these families, as demand for assistance from this group of customers increases.
162. It is recognised that lone parents in receipt of CTS, the majority of whom tend to be female, are likely to be affected not just by the advent of CTS but by other welfare reforms, such as the removal of the family premium in Housing Benefit calculations, which we are proposing not to replicate for working age CTS customers, and the introduction of the benefit cap. As such, by maintaining the CTS scheme in its present format and proposing to maintain and increase the funding for the CTHS, the Council will continue to offer financial assistance to single parents.

Sexual orientation

163. The [Community Knowledge Profiles](#) note that approximately 5 to 7% of people identify nationally as LGB (lesbian, gay or bi-sexual), although we do not have more local information. We estimate though that Sheffield is likely to have a similar proportion of people who identify as LGB+ as the national average, so approximately 28,000 to 38,000 people. The proportion of younger people Identifying as LGB+ is usually higher than the national average.
164. In **People Portfolio (Children, Young People, and Families)** the domestic abuse project on prevention and early intervention has a positive impact and recognises support includes people who may be attracted to or are in a same sex relationship. In 2017-18, LGBT+ young people were a specific group for consultation for the youth services recommissioning and support for LGB young people, a particularly vulnerable group continues to be maintained for 2018-19.
165. Overall, across the Council, in **Place, Resources** or **PPC** we do not think there will be a negative disproportionate impact for LGB+ people, but information on our service users in this area is limited. In the past year we have integrated appropriate monitoring into key areas like social care. Further monitoring will be undertaken as part of individual EIAs to assess this as appropriate.
166. In **Resources** there is no evidence to suggest that assessing CTS based on 77% of

Council Tax liability has had a greater or lesser impact on customers purely as a result of their sexual orientation. It is clear from analysing overall collection rates that some households from across the City have found (and will continue to find) it more difficult to meet their Council Tax liability. As the CTS caseload is representative of the City's differing make up, it is reasonable to assume taxpayers of different sexual orientation will form part of the overall group of CTS taxpayers who are struggling financially. Therefore the CTHS will help to mitigate the impact of CTS amongst the most financially vulnerable regardless of sexual orientation.

Transgender

167. There are nationally approximately 0.6% of the population that are trans, and so we would expect there to be similar numbers in Sheffield, which equates to 3,300 people.
168. Few service impact assessments have detailed any disproportionate impacts in this area except in the **People Portfolio (Children, Young People and Families)** which notes that the Domestic Abuse Project will have a positive impact as it recognises that trans people also face domestic abuse within a relationship. In 2017-18, LGBT+ young people were a specific group for consultation for the youth services recommissioning and support for transgender young people, a particularly vulnerable group continues to be maintained for 2018-19.
169. Overall, across the Council in **Place, Resources** or **PPC** we do not think there will be negative disproportionate impact on trans people. However we do not have a sufficient amount of monitoring information about our service users in a lot of services, so further monitoring will be undertaken as part of individual EIAs to assess impact as relevant and appropriate.

Financial exclusion and poverty

170. Sheffield's Child Poverty report in 2017 shows the proportion of children living in families in receipt of out of work benefits, or in receipt of tax credits where their reported income is less than 60% of UK median, has increased. In line with other Core City and national trends, the most up-to-date data) shows 31.31% or 35,820 children, after housing costs (AHC) of children in Sheffield are living in poverty in Sheffield. However, the figure masks the wide and well-documented variation between different parts of Sheffield. In Ecclesall ward, 7.8% (AHC) of children were living in poverty, whilst in Burngreave the figure was much higher at 51.19% and Central and Firth Park at 49% in poverty.
171. In 2017, 17 of the Sheffield's 28 wards had more than 20% of children living in relative poverty (AHC). There are clearly multiple causes of child poverty; however, it is likely that national welfare reforms are a significant driver of changes seen.
172. Joseph Roundtree Foundation (JRF) research ([Monitoring poverty and social exclusion 2016 report](#)) notes 'While overall levels of poverty have remained fairly static over the

last 25 years, risks for particular groups have changed. Income poverty among pensioners fell from 40% to 13%, while child poverty rates remain high at 29%, and poverty among working-age adults without dependent children has risen from 14% to around 20%. The number of people in poverty in a working family is 55%. Four-fifths of the adults in these families are themselves working, some 3.8 million workers. Those adults that are not working are predominantly looking after children.

173. Between 2008 and 2014 the cost of essentials went up three times faster than average earnings and the cost of essentials went up twice as fast as general inflation. At the same time, average earnings were stagnant and benefits that low-income households rely on (both in and out of work) were cut in real terms. The face of poverty has also changed in other ways:
- Pensioners are now less likely to be in poverty than previously, but other groups are more likely to be in poverty. Poverty amongst pensioners is directly linked to their experience in earlier life.
 - Nationally, poverty rates for disabled people have reversed, with poverty increasing.
 - When the extra costs of disability are partially accounted for, half of all people in poverty are either disabled, or in a household with a disabled person.
 - People from minority ethnic backgrounds are more likely to be in poverty.
 - People in poverty face reduced and falling financial resilience. For example, 69% of the poorest fifth have no savings whatsoever, an increase from 58% in 2005/06.
 - Care leavers, and carers (both young carers and adult carers) are at increased risk of poverty.
 - Children in large or single parent families are at greater risk of poverty. Almost two thirds of children living in single parent families live in poverty; they are also one of the groups hardest hit by the new benefit changes.
174. The Government's commitment to make a further £12bn reduction in welfare spending will be achieved in part through increased employment and wages, in part through reducing and limiting specific welfare benefits, and in part through a dramatic reduction in the resources available to offer employment support that will accompany the termination of the Work Programme in 2017. A detailed analysis of the impact of the planned reductions in welfare spending is being carried out by Sheffield Hallam University and can be found at <http://www.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/welfare-reform-2016.pdf>.
175. Sheffield City Council's budget reductions, coupled with issues above like welfare reform, mean that preventing inequality from worsening or not widening is one of the main aims of the assessments.
176. **Across all Portfolios** we have tried to minimise the impact as far as possible,

especially on those that are in greatest need or at risk, such as those that face financial exclusion and poverty. We have also aimed to ensure the budget proposals are in line with the Fairness Commission Principles and our priorities outlined in our [Corporate Plan](#) such as tackling inequality.

177. We have considered the key drivers of poverty and its effects (short, medium, and long term). Our proposals therefore reflect the Council's intention to tackle poverty and reduce inequality, as outlined in the [Tackling Poverty Strategy](#) 2015. The strategy notes three ways we will make an impact:
- Changing the way we do things so that tackling poverty is always a priority.
 - Taking action to make things better for children and adults who are struggling and in poverty now (including providing advice, reducing the cost of essentials and reducing crime).
 - Tackling some of the root causes of poverty and giving our children the best chance of a poverty-free future (including improving skills and employability, increasing the supply of good quality jobs, giving children a great start in life and a good education, improving health and tackling health inequalities and providing more affordable, decent homes).
178. **In People Services**, we recognise that our proposals will inevitably have a financial impact on communities, but we have thought carefully about mitigating this wherever possible. As we implement reductions in our overall Grant Aid budget, we will ensure that, as far as possible, support to enable people to manage their finances and to cope with welfare reform is maintained.
179. While we aim to make sure that people who use Adult Social Care services pay the right contributions for care, we will also ensure they are receiving the right level of benefits, and we will disregard their disability-related expenditure and recognise actual cost of living increases. Rises the cost of care could lead to higher service-user contributions; but this will support providers to pay the National Living Wage and so help to promote the financial inclusion of staff in the social care industry.
180. Debt collection enforcement will be targeted so as not impact on users of Adult Social Care. We are looking to increase the independence, social connectivity, health and skills of working-age adults and young people with lower support needs – something which will support their longer-term employability and financial security. We will further develop our impact analysis and review our EIAs to ensure that any negative impacts are mitigated.
181. **In Place** there are a number of proposals with an impact on financial inclusion and poverty:
- We have worked with our Sports and Culture trusts partners, to identify a level of year on year grant reduction that is manageable. This involves a minimal impact on visitors, which includes a pricing policy that encourages participation from the widest possible range of audiences e.g. reduced prices for particular groups,

work with schools across the city and the Peoples Theatre, free entry for students of Drama etc.

- Residents will be required to pay for new or replacement green and general waste bins. Replacement or new recycling containers will be free of charge and no charge will be made if the bin is damaged during the collection activity.
- A broad range of potential impacts may result from the Place Change Programme. For example changing or reviewing how we do things.
- The new commissioning Food and Wellbeing Strategy will have a positive impact on poverty as it will ring-fence a proportion of the budget to create opportunities for people living in the most deprived areas of the city to eat healthier diets. This will involve working with the voluntary and community sector to develop a range of initiatives that will improve the availability to healthy food for those on low incomes.

182. The proposal will also re-commission evidence-based Tier 2 healthy weight services for adults that include a universal offer and intensely targeted services towards deprived areas which have the highest prevalence of overweight and obese people.

183. Children in the most deprived areas of Sheffield have tooth decay levels four times higher than those living in the least deprived areas (Public Health England, 2017). Therefore, by focusing on the wider determinants of health and reducing the availability of sugar in the environment, the proposal aims to reduce oral health inequalities.

184. **In People Portfolio (Children, Young People and Families)**, there are a number of proposals with an impact on financial inclusion and poverty including:

- Protecting targeted support to children and young people and employment projects, such as protecting apprenticeships and employment programmes, will positively impact on reducing financial exclusion and poverty.
- A targeted approach to those in greatest need through the re-design of 0- 19+ Healthy Child & Young Person Strategy will have longer term positive impact on children at a higher risk of financial exclusion and poverty.
- Supporting children and young people who are in care to travel independently will equip them with the skills which they can utilise in further study and to get wider access to the labour market, therefore increasing their opportunities for improved financial inclusion.
- Proposing to offer improved rates of pay to foster carers, over a period of time this will bring them in line with the rate paid in the local region.
- More foster carers in the city will lead to greater placement choice for children in care, improved placement stability and better long term outcomes for children in care.
- The Domestic Abuse Project investments note that factors such as poverty act as a fuel for domestic violence in low-income families.

- The Fresh Start Project will work with those most at risk of having a child removed, and this will include teenage mothers. Care leavers and young parents are amongst those most vulnerable to poverty.

185. **The Council** administers the following schemes which have an impact on financial inclusion, including:

- Local Assistance Scheme (LAS)- provides and grants for those in greatest need as a result of an emergency or crisis, or in order to establish themselves in the community (after, for example, a lengthy hospital stay).
- Council Tax Support Scheme (CTS) – this was established in April 2013, when the Government abolished Council Tax Benefit. It provides some support for people to pay their Council Tax who are eligible due to low income or being in receipt of particular benefits.
- Council Tax Hardship Scheme (CTHS) – this scheme helps people who receive Council Tax Support and who are in severe hardship.
- Discretionary Housing Payments – funded by the DWP these payments provide assistance to households who are receiving Housing Benefit and who are experiencing financial hardship as a result of a shortfall between their Housing Benefit and Rent.

186. **In Resources** it is intended that the CTS scheme continues to be closely aligned with the principles of the revoked CTB regulations. These regulations provide for the maximum financial support being made available to those with the greatest financial need. They protect some of the income of the disabled and of families whilst providing assistance to those people who move off benefits into paid employment. However, the Government in pursuing its Welfare Reform agenda has made changes to the Housing Benefit scheme which reduces support to certain working age customer groups. If we replicate those changes in our CTS scheme we will also reduce support under our scheme to those customers. It is proposed not to incorporate those changes into our CTS scheme. By taking this decision we will continue to provide the maximum available support under our scheme.

187. The Council recognises however that requiring all working age customers to pay a minimum of 23% of their Council Tax may cause financial hardship amongst these households. Therefore the Council is proposing to continue to operate the Council Tax Hardship Scheme (CTHS) in 2018/19 and to increase the assistance available under the scheme by 20% or 200k, in order to continue to offer assistance to the most financially vulnerable households. By doing so we will be able to target assistance to those customers in the greatest financial need. Further the Council also maintains a Local Assistance Scheme which can provide additional financial support to certain CTS taxpayers in financial difficulties.

188. However we will increase Council Tax by 2.99% (approx. 55p per week for most households), plus the social care precept of 3% (55p) so £1.10 overall to enable us to continue to protect services to those who are in greatest need and at risk.

189. The Local Assistance Scheme (LAS) is run by the Council and replaces the Crisis Loans and Community Care Grants that were previously available from the DWP. The LAS provides grants to help people as a result of an emergency or crisis, or to help them establish themselves in the community or to ease exceptional pressure, and can be awarded for household furniture and other essentials.
190. The LAS was reviewed in 2017 and the following changes have been made to the scheme:
- Instead of providing crisis loans via Sheffield Credit Union, LAS now provides Sheffield Crisis Grants, which follow the same criteria as the Local Assistance Loans except that they do not have to be repaid.
 - Local Assistance Grants have been renamed Sheffield Independence Grants. Individuals under exceptional pressure are now considered in addition to families for these grants. Applications from customers who are assessed to have insufficient income, including those not in receipt of a qualifying benefit, are now considered (previously customers had to be receiving certain benefits to qualify).
191. The Council provides funding to Sheffield Advice and Law Centre as well as providing other organisations with grants to support people who are living in poverty or who are at the risk of poverty. The Revenues and Benefits service also has close links with this sector, particularly with advice agencies and supported housing providers. The service will continue to engage with them where appropriate to review and refine the scheme in order to ensure that it continues to be fit for purpose. By proposing to maintain the scheme in its current format and therefore not making it less generous, the Council is ensuring that during a challenging period of change for many low income households, it will provide continuity for those already claiming CTS.

Carers

192. According to the Carers Community Profile (see [Community Knowledge Profiles](#)) and [2011 Census](#) there are 57,373 residents who provide unpaid care, including 4,559 young people under age 25. 58% of carers are women. Few impact assessments have noted clear direct negative impacts on carers. However, as carers overall have lower incomes and, by definition, care for a large proportion of adult social care service users, there will be an indirect impact from multiple proposals.
193. In the sections on older people and disability, under People Services Portfolio, we have described some measures which could have an indirect impact on carers due to multiple disadvantages this group faces.
194. We want to reduce costs associated with unplanned, emergency care by working at an earlier stage with carers to help to plan ahead. We know that a small minority of carers for adults with learning disabilities could be affected as we look to improve consistency and equity in the way short breaks are considered as options to support carers. We are now not able to go ahead with additional Public Health investment into the carers grant,

and will need to rely on existing services and support networks to work together to deliver support, information and advice for carers. To support our obligations under the Care Act, Sheffield Carers Centre now carries out independent assessments of carers' support needs.

195. The Better Care Fund partnership with the NHS CCG will continue in, with the aim to deliver better joint commissioning, to ensure people get the right care when and where they need it. This should also lead to more effective and efficient services which will lead to positive impacts for disabled people and their carers. However the Better Care Fund is not enough to support both adult social care and the NHS to work differently. There is still a need to deliver significant change in how services are planned, commissioned and delivered in Sheffield.
196. There are some proposals which were implemented following last year's budget, where the reductions did not fully take effect until this year. We have reviewed and updated EIAs from last year to make sure that we have implemented EIA action plans and identified next steps.
197. **In People Portfolio (Children, Young People and Families)**, recruitment of Foster Carers by Sheffield City Council may impact on other organisations ability to recruit as potential carers will come from the same or similar cohort.
198. **In Place and PPC** there are few impacts on carers highlighted.
199. **In Resources** there is no evidence to suggest that assessing CTS based on 77% of Council Tax liability has had a greater or lesser impact on carers. The revoked CTB scheme provided maximised financial assistance to eligible carers. By basing the current scheme on the revoked CTB scheme we will ensure that the CTS scheme continues to offer carers the maximum support they are entitled to. In addition carers may apply for support from the CTHS scheme. As carers are often amongst those who are least likely to be able to change their financial situation, through for example increasing income via employment, they are one group to whom support under the CTHS is, where appropriate, prioritised.

Voluntary and Community and Faith Sector

200. When considering the impact on the VCFS, the importance of 'social value' is recognised by the 'Best Value' guidance², which was published by the previous Government in September 2011. This states that authorities have a duty³ to consider the impact of budget reductions on VCF or other organisations that have a 'social value'. The Public Services (Social Value) Act⁴ requires us to take social value into

² <https://www.gov.uk/government/publications/best-value-statutory-guidance--4>

³ The Best Value Statutory Guidance has statutory force and must therefore be taken into account in the exercise of funding decisions. It is issued under section 3(4) Local Government Act 1999 which states that, in deciding how to fulfil its Best Value duty (section 3(1) LGA 1999), local authorities have to take into account guidance issued by the Secretary of State which may cover the form, content and timing of consultations <http://www.ncvo-vol.org.uk/news/civil-society/helping-you-understand-new-best-value-guidance>

⁴ <http://www.legislation.gov.uk/ukpga/2012/3>

consideration when we commission services. In order to do this effectively we will continue to monitor the impact of changes over the next year on service changes as well as the knock on effects of reductions on other providers, and continue detailed consultation with customers and other stakeholders as specific activities are implemented.

201. In **People Services (Adults)**, we have three-year grant awards in place which allow for reductions in the award in years two and three. We are proposing a range of funding reductions up to the maximum 20% allowed, although most organisations will see a 10% reduction. We recognise that a reduction in funding will have an impact on the people who use services in the sector and those who work or volunteer in it. To minimise this impact, we are prioritising frontline services. Particular consideration is being given to reducing the impact on BAME communities and disabled service-users; supporting financial inclusion; and enabling people to cope with the effects of welfare reform. To this end, the key role of Citizens Advice is specifically recognised, with a much lower percentage funding reduction proposed.
202. Since 2010 there has been a 51% reduction in budgets to £9.5m. The Council has taken a strategic approach to commissioning over the last 8 years and significant efficiencies have been achieved through contract renegotiation. We will consult with contracted providers of housing related support and with key stakeholders across the council, to review and assess the potential impact of the £1 million reduction in budget before implementing any changes. The proposals are likely to change the mix of support. Final plans will seek to reduce overall impact on the most vulnerable and at risk groups.
203. In Adult Social Care, we propose to pay inflationary increases in fees that will help to support the National Living Wage and higher staff costs. And by doing more to help people to receive care at home for longer, and to leave hospital sooner, there will be sustained business for social care providers. Our overarching value-for-money approach will have an impact on providers as we look for service options that deliver support outcomes for people at reasonable costs. However, we also welcome opportunities for new providers and more diversity to enter the market.
204. In **People's Portfolio (Children, Young People and Families)**, delays in the youth recommissioning strategy means that we may not have new services (including the enrichment fund) in place for September 2018. This would result in a further extension to the current Sheffield Futures contract with a £75k reduction coming out of the contract.
205. The Youth Enrichment Fund will be established for universal positive activities for young people, although at a reduced level of £100k.
206. The proposed remodelling of the Public Health Early Years Volunteering contract which ends in March 2018 will result in a 25% reduction to Public Health Contribution to the contract.
207. Recruitment of Foster Carers by Sheffield City Council may impact on other

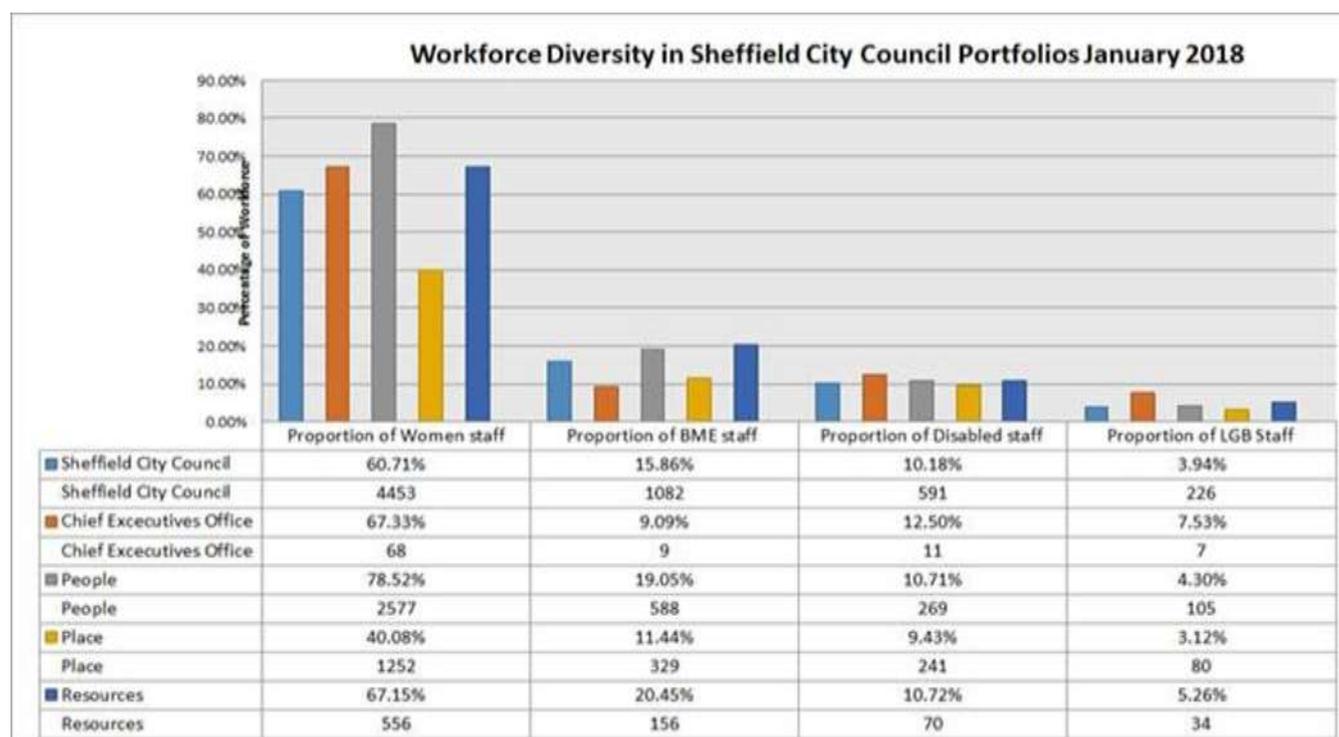
organisations' ability to recruit as potential carers will come from the same or similar cohort and there are a limited number of individuals interested in becoming Foster Carers.

208. In Public Health, Central Government reductions have meant a cut to our budget of 2.6% or £880,000. However we are continuing to address the root causes of ill health by supporting community groups that help people improve their health and wellbeing. These contracts are being reviewed to ensure value for money and this may result in reduced contract values for some organisations.
209. It is possible that the combination of cumulative budget reductions over the last few years may have the unintended effect of destabilising some organisations that the Council and communities value. We are however working to mitigate this, including by ensuring no reduction to Grant Aid this year. Therefore this impact in this area will be low this year and not disproportionate.
210. There are no identified disproportionate impacts in **Place** or **PPC**.
211. The Council provides funding to Sheffield Citizens Advice as well as providers to support people who are living in poverty or who are at risk of poverty. The Revenues and Benefits service in **Resources** has close links with this sector, particularly with advice agencies and housing providers. The service will continue to engage with them where appropriate to review and refine the Council Tax and Hardship Schemes in order to ensure that it continues to be fit for purpose. By proposing to maintain the scheme in its current format and therefore not making it less generous, the Council is ensuring that during a challenging period of change for many low income households, it will provide continuity for those already claiming CTS and ensure that no additional confusion or disruption is brought about which otherwise may result in significant additional pressures being put on the Voluntary, Community and Faith sectors as customers seek advice and assistance in order to deal with changing financial circumstances.
212. Spending in Public Health is integrated throughout the Portfolios, so more detail on the use of our Public Health grant is given in the specific EIAs. Overall there may be a negative impact which reflects National Government cuts of 2.6% (£880k) in this grant. We are reviewing how and where the funding is spent to ensure that it is targeted to tackle the root causes of ill health and to have the maximum impact on reducing inequalities. This may mean that we will save on some activities in order to reinvest in other areas which have been prioritised.
213. The outcomes expected of the Public Health Grant will continue to be assessed under the Public Health Outcomes Framework (PHOF), and broadly fall into the following categories:
- Health and wellbeing is built into all that we do
 - To protect people from preventable infections and environmental hazards to health
 - To reduce health inequalities

- To support people to live healthier lives

214. Overall however as we target the households in most need there will be an inevitable impact on those who are still struggling financially but are not on the lowest incomes and who will be not eligible for targeted programmes. The biggest impact is likely to be on families with dependent children.

Council staffing implications, including workforce diversity



215. Staffing costs through the expected cost of the increments and the ongoing commitment to paying the foundation living wage is around £3.7m greater than the 2017/18 budget. Staffing costs include an assumption that savings from pay will be achieved and a 4 day mandatory unpaid leave proposal for 2018/19 is being consulted upon.

216. In all Portfolios the budget proposals include reduction on staffing budgets. The reductions arise from proposals to manage or deliver services in a different way. In all cases we will seek to manage employee reductions through voluntary early retirement, voluntary severance and by actively supporting staff that are vulnerable to redundancy to find alternative employment. The Council has also taken measures to minimise the impact on frontline staff where possible and appropriate.

217. Additionally we have introduced a stronger emphasis on workforce planning to ensure that our resourcing models and choices, including agency arrangements, are well planned and cost effective. Unfortunately, despite all our efforts and mitigations, there may be the need for compulsory redundancies, although this has been limited to ten in the last 12 months. There was a further 181 employees left

on voluntary redundancy schemes (including Voluntary Early Retirement).

218. We continue to promote employee led measures such as voluntary reductions in hours, career breaks and annual leave purchase schemes to further contribute to savings on staffing budgets and we have seen an increase in the popularity of these options each year. We are committed to continue to pay a 'Living Wage' to Council employees and to extend this to our contracted providers where possible.
219. The Council believes that the composition, skills and commitment of the workforce are vital factors in our ability to deliver effective, efficient responsive and personalised services. We continue to monitor workforce issues within Portfolios and across the Council, and are aware of the need to address:
- The degree of occupational segregation within the workforce, such as a high proportion of women in the **People** workforce and a high proportion of men in the **Place** portfolio, and;
 - Under-representation of disabled, BAME and lesbian, gay, bisexual (LGB) people in the workforce compared to the city average.
 - There is also an under-representation of disabled, women, LGB and BAME staff at Chief Officer and senior levels.
220. Given the amount of internal restructuring as a result of the budget proposals, and possible staff reductions of up to a further 172 FTE positions 2018/19, a significant number of workforce EIAs within Portfolios have been completed.
221. The monitoring of the MER and VER/VS schemes in previous years has showed no negative disproportionate impact on people who share a protected characteristic. However in the last year analysis shows a downward trend on our Disabled workforce profile due to the fact that 2% of our disabled workforce left in 16/17 through MER and VER/VS schemes. Given our disabled staff are also more likely to be older, above aged 46; this is likely to continue to impact this group. We will measure this in the 17/18 Workforce Equality report.
222. We will continue to work within our Recruitment and Selection policy and associated procedures to promote workforce diversity to reflect the demographics of the city. We currently hold Disability Confident at Level 2 with a view to move onto Level 3 next year and are a Stonewall Diversity Champion.
223. We are also working with managers, staff and trade unions to ensure the workforce is viable and appropriate to the council's future operating and service needs, with a balance of skills and experience.

Cumulative impact

224. We have looked back at the cumulative impact of changes over the last few years to inform our decision making this year, and found that service transformation, including staff reductions and joined up services, and the prioritisation of those in most need have

been the most effective ways to mitigate the negative impact of budget reductions and increased cost pressures.

225. The groups which are impacted across EIAs and portfolios are disabled people, older and young people, women, carers and people on low incomes. Disabled people, some women such as lone parents and female pensioners, carers, young people tend to have lower incomes and some BAME groups (who are more likely to be unemployed) and are more likely to be cumulatively impacted. See [Community Knowledge Profiles](#) for details.
226. Some people who previously received a service will receive a changed, reduced or no service, as we focus services on those most in need. The reduction in universal provision is likely to impact on those who are not in the greatest need, but who are struggling financially and may find it difficult to pay for alternative provision. Areas where this is likely to cause an impact are youth provision, sport, leisure and culture, and for disabled people and carers as a result of changes to care and support.
227. We are continuing to work with partners to be more efficient and joined up. For example, we are working with the CCG to develop a single pooled budget for Health and Social Care. We are also continuing to work across the region where appropriate to help save costs and to enable better joined up services.
228. A further impact across a range of proposals will be the transition from one provider to another, which may include moving from one location to another. These changes have the potential for significant impact on those individuals affected by the change. We will take this into account in any changes, undertake risk assessments where necessary and provide support for users and carers.
229. There will be an impact on the workforce across all areas given the amount of internal restructuring as a result of the budget proposals, and there are possible staff reductions of up to a further 172 posts in 2018/19. A significant number of workforce EIAs are ongoing and a Council wide MER EIA has been completed. Over the last few years changes to staffing have resulted in a positive impact on workforce diversity.
230. It is difficult to quantify the cumulative level of impact as mitigations have been highlighted in all EIAs. External factors, such as welfare reform, are also impacting negatively on some of the same groups.

Summary

231. There are over 80 EIAs on proposals and the groups most likely to be impacted negatively by individual proposals and cumulatively are disabled people, young and older people, women and individuals and families on a low income.
 - Many services are continuing to comprehensively restructure services and teams and as a result we have saved money on offices and technology. Staffing levels across the council have also reduced. Last year the majority of changes were managed through voluntary severance schemes. In 2018/19 we will be reducing

the workforce by approximately 172 further posts.

- Services will continue to look at how they collect income and how debt is recovered. We will increase charges where appropriate and continue with the work to apply costs fairly. We understand that, increasing charges will impact more heavily on individuals and families struggling on a low income.
- Central Government have given local authorities the power to raise additional Council Tax to pay for the increased costs of Adult Social Care. Therefore as part of the proposed budget, it is intended to levy the Social Care precept again by the 3% (55p) permitted, to offset some of the increased costs of Adult Social Care. This will help us protect those who most need our support and at risk, especially older and disabled people.
- It is clear from the respective collection rates that under the Council Tax Support (CTS) scheme some working age households have found (and will continue to find) it harder to meet their Council Tax liability than others. However, collection rates from CTS customers have increased in 2017/18.
- We have a Council Tax Support scheme at 77% despite Government cuts in these areas. However we will overall increase Council Tax by 5.99% (£1.10) (this includes the 3% dedicated precept to support adult social care noted above). This will enable us to continue to protect services for people in greatest need and at risk. As above, we will mitigate the impact of this by increasing the Council Tax Hardship scheme by £200k or 20% in 2018/19. Analysis of awards made under the CTHS scheme shows that well over 90% of awards have been made to working age taxpayers and 55% of all awards are made to customers in receipt of a sickness or disability benefit.
- Public Health spending is integrated throughout the Portfolios. Overall there has been a significant reduction in funding from Central Government of 2.6% £880,000 so our investment in this area has reduced. In line with what was agreed last year we are reviewing staffing and how and where the funding is spent to ensure that it is targeted to tackle the root causes of ill health and to have the maximum impact on reducing inequalities. This means that we will save on existing activities including reducing contract and staffing costs and encouraging efficiencies in order to reinvest in other areas.
- 2015 saw the start of the Better Care Fund between the Council and the NHS Clinical Commissioning Group (CCG) to create a combined budget in Adult Social Care to develop joined up services. This approach aims to ensure people receive the right care when and where they need it, but it will also create efficiencies in processes. It focuses on supporting people at home where possible to help increase independence and to delay access to Health and Social Care services.

The Council currently receives

- £12.4m of funding via the NHS to meet the costs of providing adult social care. In addition, the Council has pooled its adult social care budget with that of the local CCG. The Better Care Fund is not enough to support both adult social care and the NHS to work differently. While we continue to work with our CCG partners and have a joint budget, there is still a need to deliver significant change in how services are planned, commissioned and delivered in Sheffield.
- We continue to develop and implement major transformative projects to take forward our proposals. Through our work with health partners, we plan to enable more people to move from care into their own home, to live in their own home for longer and to return home sooner from hospital.
- We are implementing changes in Adult Social Care through a renewed focus on the quality and outcomes of our contact with people. Promoting independence and inclusion is a key ambition. Our bases in localities throughout Sheffield should allow us to connect people better to their communities.
- When considering the impact on the VCF, the importance of 'social value' is recognised by the 'Best Value' guidance⁵, which was published by the Government in 2011. This states that authorities have a duty⁶ to consider the impact of budget reductions on VCF or other organisations that have a 'social value'. The Public Services (Social Value) Act⁷ requires us to take social value into consideration when we commission services. In order to do this effectively we will continue to monitor the impact of changes over the next year on service changes as well as the knock on effects of reductions on other providers and continue detailed consultation with customers and other stakeholders as specific activities are implemented.
- We are continuing to invest in the Voluntary and Community Sector including through Grant Aid and Public Health albeit at reduced levels.
- We are continuing to target resources at those who most need our support and are at risk, help people to become more independent, where possible intervene earlier and do more preventative work, get even better value for money from the services we purchase and pursue innovative approaches in service commissioning and design.

⁵ <https://www.gov.uk/government/publications/best-value-statutory-guidance--4>

⁶ The Best Value Statutory Guidance has statutory force and must therefore be taken into account in the exercise of funding decisions. It is issued under section 3(4) Local Government Act 1999 which states that, in deciding how to fulfil its Best Value duty (section 3(1) LGA 1999), local authorities have to take into account guidance issued by the Secretary of State which may cover the form, content and timing of consultations <http://www.ncvo-vol.org.uk/news/civil-society/helping-you-understand-new-best-value-guidance>

⁷ <http://www.legislation.gov.uk/ukpga/2012/3>

- We are continuing to develop our approach to commercialisation, including pursuing external funding where possible to help invest in innovative services including redesigned Youth Services that will be recommissioned in 2018-19 as current commissioning arrangements will come to an end and continuing to develop employment schemes for vulnerable and disadvantaged people especially those aimed at young and disabled people.
- We are continuing with restructures of Council services and are both internalising and externalising services where appropriate.
- We are continuing to get value for money from our contracts. This is with our major strategic providers but also across Portfolios such as with our, housing commissioning, learning disability services, youth services and Trusts.
- We are continuing to work regionally where appropriate to save costs but also to enable better joined up services.

232. The Impact Assessment also highlights some positive implications of budget proposals. Examples include improving the process of assessment and supporting planning for existing and future social care customers whilst ensuring choice and control over support to meet their eligible needs, and reshaping transport to provide services which promote independence. We will have better targeted and joined up pathways and services. Also, as we restructure services there should be clearer and more efficient ways to contact services.

233. Although we are confident that our budget proposals will mean services for those that most need our help and support will be prioritised, it will mean cumulatively significantly reduced universal provision such as in areas like youth services, leisure, culture and sport. This reduced universal offer may impact especially on those households not in the greatest need, but who are still struggling financially and not able to pay for alternatives. Growing inequality is likely to therefore impact on stability and cohesion, this will need further monitoring.

234. A list of EIAs available is attached and can be made available on request.

EIA Action Plan

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed
Overall and for specific issues relating to communities sharing characteristics under the Equality Act 2010	<p>Individual proposals have had detailed EIAs and specific mitigation has been devised wherever possible. These will contain the detail of the actions required be monitored as appropriate.</p> <p>In some cases as proposals are developed further and implemented alongside consultation, some impact assessments will be revisited or updated.</p> <p>Continued focus on applying corporate priorities, the Fairness Framework</p> <p>Randomly sample 10% of EIAs in the year across portfolios to assess progress and effectiveness.</p>	<p>Service Managers within Portfolios as noted in EIAs.</p> <p>Performance monitoring within Portfolios - Directors of Business Strategy.</p> <p>Strategic Equality and Inclusion Board to examine in more detail the cumulative impact of the budget cuts made on Sheffield over the last 6 years.</p>
Poverty and financial exclusion	<p>Analyse, assess and monitor:</p> <ul style="list-style-type: none"> • The impact and effectiveness of the Fairness Principles and poverty proofing as part of the EIA budget process. • The impact of the reduction in universal provision especially in culture, leisure, sport and young people. • The use and impact of the Council Tax Hardship Scheme. 	<p>The Tackling Poverty Group to develop further monitoring and analysis arrangements within the year which seek to assess the issues highlighted.</p>
Workforce	<p>The corporate workforce EIAs will be monitored annually.</p>	<p>Director of HR, annually at the Strategic Equality and Inclusion Board.</p>

Approved (Lead Officer): John Mothersole: February 6th 2018

Approved (EIA Lead Officer): Adele Robinson: February 6th 2018

Equality Impact Assessment List 2018/19

www.sheffield.gov.uk/equality

EIA No.	Title	Portfolio
	People (Children's, Young People and Families)	
30	0-19 Healthy Child Programme Re-design.	People - CYPFS
59	Portfolio Savings (Investing in Young People)	People - CYPFS
38	Skills Hub	People - CYPFS
145	Portfolio Savings (Reduction in running costs across the service)	People - CYPFS
69	Strengthening Families Change Programme- Demand Management (Fresh Start)	People - CYPFS
67	Strengthening Families Change Programme- Demand Management (Domestic Abuse Project)	People - CYPFS
195	Strengthening Families Change Programme- Demand Management (Parenting Support Programme)	People - CYPFS
208	Strengthening Families Change Programme- Demand Management (Family Group Conferencing)	People - CYPFS
197	Strengthening Families Change Programme- Demand Management (Multi Systemic Therapy)	People - CYPFS
210	Strengthening Families Change Programme- Demand Management (Reunification Programme)	People - CYPFS
198	Strengthening Families Change Programme- Demand Management (Moorland Residential Home)	People - CYPFS
119	Strengthening Families Change Programme Supply Management-Local Foster Care (Fostering)	People - CYPFS
159	Strengthening Families Change Programme- Additional Funding from Partners	People - CYPFS
183	Strengthening Families Change Programme – Review of Children in Care Transport	People - CYPFS
146	Portfolio Savings (Reduction in running costs across the service)	People - CYPFS
184	Skills Hub (Review)	People - CYPFS
182	Business Support	People - CYPFS
158	Public Health Saving	People - CYPFS
162	Public Health	People - CYPFS
157	Business strategy Integration	People - CYPFS
166	Council wide Approach to Prevention	People - CYPFS
165	Successful Families Grant	People - CYPFS
164	Youth Enrichment	People - CYPFS

EIA No.	Title	Portfolio
	People (Adults)	
72	Supported Living voids and vacants supply	People
153	Improving independence and inclusion	People
167	Contributions from Capital Assets	People
170	Support working age adults to be more independent	People
172	Housing Related Support and Housing Benefit Subsidy	People
187	First Contact	People
189	Support independence in young adults	People
190	In House Appointeeship	People
191	Improved Debt Collection	People
192	Increased contributions from benefits uplift and higher benefit take-up	People
193	Locality Areas	People
203	Use of Assistive Technology	People
205	Realign care packages	People
206	Dementia funding (Public Health)	People
207	Mental Health purchasing	People
209	In house LD supported living	People
211	Review of Carers Provision	People
212	Voluntary Sector Grant Aid and Ward Pot budgets	People
213	Supported Living vacancies and payments processes	People
214	Care Home Admissions	People
215	Public Health Staff saving	People
216	Reduction in Senior Management	People
217	Service Review (Care and Support)	People
218	Contract cease (Mental Health)	People
219	Shared Lives Contingency	People
220	Learning Disability Case Register	People
221	Release of Commissioning Service contingency budget	People
223	Continuing Health Care funding	People
224	Prevention Strategy	People
225	Citywide Care Alarms Review	People
240	Floating Support for Older People	People
241	Joint working with Health (Better Care Fund)	People
242	Increased contributions from higher service cost	People
243	Floating Support for Older People (Public Health)	People

EIA No.	Title	Portfolio
	Place	
362	Integrated Transport Authority levy - identify levers to release levy savings	Place
232	Portfolio wide review	Place
756	Reduction in Sports Facility Costs	Place
363	Changes to Household Waste Collection Service	Place
1039	Parks & Countryside - reduced management and support staff.	Place
1042	Reduce Ranger Service.	Place
1045	Partnership Funding of Off the Shelf Events.	Place
1046	CCTV - reduce off peak monitoring 6am - 12 from 2 members of staff to 1 (half year saving shown).	Place
1051	Places for People contract payment for Graves, Thorncliffe and Wisewood.	Place
1114	Public Health Achieving Change	Place
200	10% grant reduction to culture trusts	Place
202	Reduced grant to Upperthorpe	Place
136	Selected partnership with Amey on bins and graffiti	Place
231	Further reduction in management overheads	Place
201	Review of leisure / housing and highways green space maintenance - focusing on operational efficiencies, charging strategies and service standards	Place
233	Further ITA Savings	Place
141	Food and Wellbeing Strategy	Place
	Resource & Chief Execs	
27	BCIS Vacancy Management	Resources
35	FCS Procurement & Supply Chain MER	Resources
36	FCS Sourcing Desk Savings (Tailspend)	Resources
74	Legal Services MER	Resources
75	Members Allowance budget reduction	Resources
61	HR Vacancy Management	Resources
28	HR Connect Insourcing	Resources
62	Customer Services Structural Changes	Resources
33	Insourcing 101 service	Resources
36	SCC wide Sourcing Desk Savings	Resources
85	PPC Supplies and Services reduction	Chief Execs
42	PPC Communications New Approach	Chief Execs