

## **CABINET**

**Venue: Town Hall, Moorgate  
Street, Rotherham. S60  
2TH**

**Date: Wednesday, 14 March 2012**

**Time: 10.30 a.m.**

## **A G E N D A**

1. To consider questions from Members of the Public.
2. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
3. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
4. Minutes of the previous meeting held on 8th February, 2012 (copy supplied separately)
5. Minutes of a meeting of the Members' Training and Development Panel held on 16th February, 2012 (herewith) (Pages 1 - 6)
  - Strategic Director of Resources to report.
6. Minutes of meeting of the Rotherham Local Development Framework Steering Group held on 17th February, 2012 (herewith) (Pages 7 - 11)
  - Strategic Director of Environment and Development Services to report.
7. Public Health Transition Paper (report herewith) (Pages 12 - 47)
  - Director of Public Health to report.
8. Rotherham's Olympic Legacy Project (report herewith) (Pages 48 - 67)
  - Strategic Director of Resources to report.
9. Key Stage 4/GCSE Results (report herewith) (Pages 68 - 76)
  - Strategic Director of Children and Young People's Services to report.
10. Academy Development/Free Schools (report herewith) (Pages 77 - 81)
  - Strategic Director of Children and Young People's Services to report.
11. Queen Elizabeth II Fields Challenge - Deed of Dedication for the Herringthorpe Leisure Site (report herewith) (Pages 82 - 87)
  - Strategic Director of Environment and Development Services to report.

12. Corporate Risk Register (report herewith) (Pages 88 - 96)
  - Strategic Director of Resources to report.
  
13. Rationalisation of Property Assets - Former Garage Site, Oaks Lane/Redscope Crescent, Kimberworth Park, Rotherham (report herewith) (Pages 97 - 101)
  - Strategic Director of Resources to report.
  
14. Exclusion of the Press and Public.  
The following items are likely to be considered in the absence of the press and public as being exempt under Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006 – information relates to finance and business affairs).
  
15. Rationalisation of Property Assets - International Centre, Simmonite Road, Kimberworth, Rotherham (report herewith) (Pages 102 - 106)
  - Strategic Director of Resources to report.
  
16. Rationalisation of Property Assets - The Fitzwilliam Centre, Doncaster Road, East Dene (report herewith) (Pages 107 - 111)
  - Strategic Director of Resources to report.
  
17. Rationalisation of Property Assets - Millside Centre, Doncaster Road, Dalton, Rotherham (report herewith) (Pages 112 - 117)
  - Strategic Director of Resources to report.
  
18. Rationalisation of Property Assets - Park Lea, Doncaster Road, Clifton, Rotherham (report herewith) (Pages 118 - 122)
  - Strategic Director of Resources to report.
  
19. Rationalisation of Property Assets - Reresby House, Bow Bridge Close, Rotherham (report herewith) (Pages 123 - 128)
  - Strategic Director of Resources to report.

**Extra Items:-**

20. Education Catering Service Review (report herewith) (Pages 129 - 131)
  - Strategic Director of Resources to report.
  
21. Ending the Commissioning of Children's Centres (report herewith) (Pages 132 - 134)
  - Strategic Director of Resources to report.

**ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS**

<b>1.</b>	<b>Meeting:</b>	<b>CABINET</b>
<b>2.</b>	<b>Date:</b>	<b>14<sup>TH</sup> MARCH, 2012</b>
<b>3.</b>	<b>Title:</b>	<b>MEMBERS' TRAINING AND DEVELOPMENT PANEL MINUTES</b>
<b>4.</b>	<b>Directorate:</b>	<b>RESOURCES</b>

**5. Summary**

To consider Members' training matters.

**6. Recommendations**

To receive the minutes of the meetings of the Members' Training and Development Panel held on 16<sup>th</sup> February, 2012.

**7. Proposals and Details**

To ensure implementation of the Council's Training and Development Policy in accordance with the meeting's Terms of Reference.

**8. Finance**

The Panel has its own training budget.

**9. Risks and Uncertainties**

Without proper training and support being in place there is a risk that Members' capacity to make decisions is not soundly based.

**10. Policy and Performance Agenda Implications**

To consider best practice in relation to Member training and development.

The aim is for every Elected Member to be given suitable opportunities for development and training to help support all aspects of their role.

**11. Background Papers and Consultation**

A copy of the minutes of the meeting of the Members' Training and Development Panel held on 16<sup>th</sup> February, 2012, are attached.

**Contact Names:-**

Tracey Parkin, Human Resources Manager, Resources Directorate  
01709 823742 [tracey.parkin@rotherham.gov.uk](mailto:tracey.parkin@rotherham.gov.uk)

Caroline Webb, Senior Scrutiny Adviser, Resources Directorate  
01709 822735 [caroline.webb@rotherham.gov.uk](mailto:caroline.webb@rotherham.gov.uk)

**MEMBERS' TRAINING AND DEVELOPMENT PANEL  
THURSDAY, 16TH FEBRUARY, 2012**

Present:- Councillor Stone (in the Chair); Councillors Buckley, Dodson, Lakin, Pickering, Sharman, Steele and Whelbourn.

Apologies for absence were received from Councillors Gosling, Rushforth, G. A. Russell, Wootton and Mrs. C. Cockayne.

**74. MINUTES OF THE PREVIOUS MEETING HELD ON 15TH DECEMBER, 2012**

The minutes of the previous meeting held on 15<sup>th</sup> December, 2011, were agreed as a correct record.

**75. CIVIC HEADS' TRAINING SEMINAR**

Consideration was given to a Civic Heads' Training Seminar to be held on 6<sup>th</sup> March, 2012, in Bradford City Hall. The seminar was aimed at prospective ceremonial Lord Mayors, Mayors, Consorts, Deputies, Chairpersons and Civic Office support staff.

Agreed:- That the newly elected Deputy Mayor and Mayoress plus 2 officers attend the Seminar.

**76. IMPROVING THE STANDARD OF REPORT WRITING WITHIN ROTHERHAM BOROUGH COUNCIL**

Tracy Holmes, Head of Corporate Communications and Marketing, presented a proposal to raise awareness amongst managers across the Council about the need to improve their report writing skills particularly with regard to the provision of information in support of Elected Member. It would complement existing operational guidance e.g. the Plain English Guide.

It had been identified on a number of occasions that the standard of report writing needed to be improved. Appendix 1 of the report submitted provided Managers with guidance on how they could personally improve their skills and referenced other operational documents which were also available to provide support. It was proposed that the document be reviewed and refreshed with immediate effect.

Discussion ensued with the following issues raised:-

- The development need was not simply about the need to use plain language but rather about a number of questions to be asked before a report was prepared – outlined in the report
- A technical report e.g. Planning Board should include a simple plain English summary
- Expand the use of electronic means rather than hard copies

Agreed:- (1) That the draft Report Writer's Guidance be supported.

(2) That the guidance be circulated across the Council as a Manager Briefing

to highlight the need for the standard of report writing to be improved, particularly with regard to the use of plain English.

(3) That the guidance be included in the Member Induction booklet.

(4) That a report be submitted in 6 months on the perceived impact of the guidance on reports received by Elected Members.

## 77. DRAFT SPRING PROGRAMME - 2012

Consideration was given to an outline Member Development Programme for Spring, 2012.

Based on the review of learning needs and the outcomes of the personal development interviews, Council priorities and other emerging issues, the Programme was likely to comprise of:-

### Ward/individual

- Case work/E-case work
- Emergency Planning
- Health and Safety
- Chairing skills
- Role of Councillors as Corporate Parents
- Safeguarding
- Ethical Frameworks
- Understanding the 'new' local government agenda (localism, health, policing)
- Role of Councillors as Community Leaders

### Portfolio

- Leadership
- Finance and budgets
- Familiarity with areas of responsibility
- Understanding the 'new' local government agenda related to portfolios and leadership roles

### Overview and Scrutiny Select Commissions

- Chairing meetings
- Effective questioning
- Localism
- Finance
- Health Reforms
- Performance management and self-regulation
- 
- Regulatory
- Updates on new Legislation/developments relevant to:-
  - Licensing
  - Planning
  - Standards
  - Audit Committee

## Partnership

- Representation on other bodies
- Working in the community

## ICT and inter-personal skills

- New forms of media and electronic communications
- Utilisation of all forms of technology
- Social media and community leadership
- Handling the media/public speaking
- Handling difficult situations

Discussion took place on the need for Members to have an understanding of Health and Wellbeing and Public Health agendas.

Agreed:- (1) That the proposed Spring programme 2012 be agreed.

(2) That workshops on the changing Health and Well-Being and Public Health agenda be organised.

(3) That a further report be submitted to the next meeting.

**78. NEW MEMBER INDUCTION 2012**

Consideration was given to the draft Members' Induction Programme circulated by Caroline Webb, Senior Scrutiny Adviser.

The aim of the induction programme was to help new Members familiarise themselves with the Authority and their new role and covered 3 main areas:-

- Getting to know the Council
- Getting to know your Areas
- Getting to know your Role

As in previous years, Lead Members would be invited to make an input to the relevant sessions.

Alongside 'in-house' programme the LGA was planning a 'New Councillor Roadshow'. Details were to be confirmed but likely to be regional events in July or September.

Agreed:- (1) That the information be noted and the draft programme be approved.

(2) That the timetable be circulated when completed.

**79. OVERVIEW OF TRAINING ACTIVITY 2011- 12**

Consideration was given to the Member Development and Training activity that had taken place since May, 2011, which included:-

- Refresher training on fraud and corruption
- Local Development Framework
- New Localism

- Corporate Parenting
- Safeguarding (Children)
- Safeguarding (Adult)
- E-Casework
- Health and Safety
- Project Argus

Unfortunately few evaluation forms had been received, therefore, difficult to judge the effectiveness of the courses on offer. However, informal feedback and comments given in Personal Development Plans had been largely favourable.

The majority of Members (approximately 69 out of 63) had taken up at least 1 organised training or development opportunity since May, 2011 with many Members attending multiple courses. This did not take account of e-learning, information sessions with officers or attendance at Member Seminars.

The majority of Members (approximately 69 out of 63) had taken up at least 1 organised training or development opportunity since May, 2011 with many Members attending multiple courses. This did not take account of e-learning, information sessions with officers or attendance at Member Seminars.

Agreed:- That the report be noted.

#### **80. ANY OTHER BUSINESS**

##### **(1) Conferences**

A free regional conference entitled "Think Local Act Personal" was to be held on 30<sup>th</sup> March, 2012.

Agreed:- That details be supplied to the Health and Wellbeing Board, Cabinet Member and advisors for Health and Wellbeing and the Health Select Commission.

A LGA Housing and Planning Master Class to be held on 15<sup>th</sup> March, 2012. Details had been supplied to members for expressions of interest.

##### **(2) Dates/Times of Meetings**

Agreed:- That consideration be given to the date and time of meetings during the 2012/13 Municipal Year.

#### **81. DATE AND TIME OF NEXT MEETING**

Agreed:- That a further meeting be held on Thursday, 26th April, 2012 at 2.00 p.m. in the Town Hall.



<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
--

<b>1.</b>	<b>Meeting:</b>	<b>CABINET</b>
<b>2.</b>	<b>Date:</b>	<b>14<sup>TH</sup> MARCH, 2012</b>
<b>3.</b>	<b>Title:</b>	<b>MINUTES OF A MEETING OF THE LOCAL DEVELOPMENT FRAMEWORK (LDF) MEMBERS' STEERING GROUP HELD ON 17<sup>TH</sup> FEBRUARY, 2012</b>
<b>4.</b>	<b>Programme Area:</b>	<b>ENVIRONMENT AND DEVELOPMENT SERVICES</b>

### **5. Summary**

In accordance with Minute No. B29 of the meeting of the Cabinet held on 11<sup>th</sup> August, 2004, minutes of the Local Development Framework Members' Steering Group are submitted to the Cabinet.

A copy of the minutes of the LDF Members' Steering Group held on 17<sup>th</sup> February, 2012 is therefore attached.

### **6. Recommendations:-**

**That progress to date and the emerging issues be noted, and the minutes be received.**

## **7. Proposals and Details**

The Council is required to review the Unitary Development Plan and to produce a Local Development Framework (LDF) under the Planning and Compulsory Purchase Act 2004.

The proposed policy change of the new Coalition Government should be noted re: the Localism Bill and implications for the LDF.

## **8. Finance**

The resource and funding implications as the LDF work progresses should be noted.

## **9. Risks and Uncertainties**

- Failure to comply with the Regulations.
- Consultation and responses to consultation.
- Aspirations of the community.
- Changing Government policy and funding regimes.

## **10. Policy and Performance Agenda Implications**

There are local, sub-region and regional implications. The Local Development Scheme will form the spatial dimension of the Council's Community Strategy.

## **11. Background Papers and Consultation**

Minutes of, and reports to, the Local Development Framework Members' Steering Group.

Attachments:-

- A copy of the minutes of the meeting held on 17<sup>th</sup> February, 2012.

**Contact Name : Karl Battersby, Strategic Director,  
Environment and Development Services  
Ext 3801  
[karl.battersby@rotherham.gov.uk](mailto:karl.battersby@rotherham.gov.uk)**

**ROTHERHAM LOCAL DEVELOPMENT FRAMEWORK STEERING GROUP  
17th February, 2012**

Present:- Councillor Smith (in the Chair); Councillors Dodson, Jack, Lakin, McNeely, Pickering, Walker and Whelbourn.

**13. INTRODUCTIONS/APOLOGIES**

Introductions were made and apologies for absence submitted from Councillors Rushforth, G. A. Russell, Hughes and Whysall.

**14. MINUTES OF THE PREVIOUS MEETING HELD ON 16TH DECEMBER 2011**

Consideration was given to the minutes of the previous meeting.

Agreed:- That the minutes be approved as a true record.

**15. MATTERS ARISING.**

Councillor Whelbourn expressed disappointment that the Neighbourhood Planning Consultation Document had not been responded to and that the chance to influence policies had not been taken.

**16. JOINT WASTE DPD ADOPTION**

Consideration was given to a report presented by Bronwen Knight, Planning Manager, which stated that the Barnsley, Doncaster & Rotherham (BDR) Joint Waste Plan had been produced by the three authorities in order to provide policies to determine planning applications for waste management facilities until 2026. This was a formal Development Plan Document (DPD), which formed part of the Local Development Framework for the Metropolitan Borough of Rotherham. It also allocated four strategic sites to accommodate major waste facilities in the future:

- (1) Sandall Stones Road, Kirk Sandall, Doncaster
- (2) Hatfield Power Park, Stainforth, Doncaster
- (3) Bolton Road, Manvers, Rotherham
- (4) Reserve Site at Aldwarke Steel Works, Parkgate, Rotherham (in the event that the others are not developed).

The BDR Joint Waste Plan was formally submitted to the Secretary of State in July 2011, for the purpose of an Examination in Public completed by an independent Planning Inspector. The outcome of the Examination was that the BDR Joint Waste Plan had been found to be 'Sound' (fit for purpose and met statutory requirements), subject to making a number of accepted changes.

Resolved:- That the forthcoming adoption of the Joint Waste Plan by the Council be noted.

**17. LOCAL BROWNFIELD STRATEGY**

Consideration was given to a report presented by Ryan Shepherd, Senior Planning Officer, which stated that the Council, with funding through the Homes and Communities Agency, has produced a Local Brownfield Strategy. This

**2 ROTHERHAM LOCAL DEVELOPMENT FRAMEWORK STEERING GROUP - 17/02/12**

provided improved intelligence on the availability and deliverability of brownfield sites, how to address the obstacles to their development, and would help to prioritise and target future interventions. The report provided further information on the Strategy which would form part of the evidence base for preparing the Local Development Framework.

The Local Brownfield Strategy contributed to the robust evidence base for preparing the Local Development Framework (LDF). This evidence base was vital in ensuring that LDF documents assessed at Independent Examination satisfy the tests of soundness set out by the Planning Inspectorate.

Members expressed the view that action was needed in regard to the Eastwood Trading Estate and that a category of 'Mixed Use' would lead to improvements in the area.

It was agreed that this would be reviewed and that Ward Councillors would be invited to attend a site visit.

It was noted that a consultation exercise would take place on this Review.

Resolved:- That the report and the Local Brownfield Strategy be noted.

**18. GREEN BELT REVIEW METHODOLOGY**

Consideration was given to a report presented by Ryan Shepherd, Senior Planning Officer, which stated that Counsel's advice had been received to inform ongoing preparation of the Local Development Framework. A key recommendation of this advice was that an explicit Green Belt Review should be undertaken as a matter of urgency to avoid potential challenges to soundness of the Core Strategy at its examination.

Counsel's advice received from Simon Bird QC was clear that the Council should undertake a Green Belt Review and that the lack of such a review was a potentially unsound approach to Core Strategy preparation. It was therefore vital that a review is undertaken expediently to avoid a significant risk to Core Strategy adoption.

Resolved:- That the reported be noted.

**19. ROTHERHAM STRATEGIC HOUSING LAND AVAILABILITY ASSESSMENT**

Consideration was given to a report presented by Nicholas Ward, Planner, which stated that Rotherham's Strategic Housing Land Availability Assessment was a key part of the evidence base which would support and inform preparation of the Local Development Framework, and planning decisions. Assessing what land was available to meet future housing needs.

As with any evidence, there was a risk that elements of the study could be questioned. However, the involvement of a number of key stakeholders in agreeing the methodology and in the production of the study, particularly the Home Builders Federation, should ensure that it was robust.

Resolved:- That the report and the findings of the Strategic Housing Land Availability Assessment be noted.

**20. NEXT MEETING**

Agreed:- That the next meeting be held on Thursday, 15th March, 2012 at 2.30 p.m.

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
--

<b>1.</b>	<b>Meeting:</b>	<b>Cabinet</b>
<b>2.</b>	<b>Date:</b>	<b>14<sup>th</sup> March, 2012</b>
<b>3.</b>	<b>Title:</b>	<b>Public Health Transition</b>
<b>4.</b>	<b>Directorate:</b>	Public Health

**5. Summary:**

As part of the Government's changes to the NHS set out in the Health and Social Care Bill, Public Health responsibilities are moving to Local Authorities from April 2013. This paper describes these changes, statutory responsibilities and a transition plan to support this move. The Government is aiming to establish a new Public Health service through Public Health England (PHE) and Local Authority Public Health departments. Its aim is to embed Public Health as a core responsibility throughout Local Government. The budgetary implications of this are not yet fully clear but it is anticipated that the service will be fully funded by the ring-fenced Public Health grant from the Department of Health to Local Authorities and will be at no cost to the local rate payer.

The transfer of responsibility from Public Health from the NHS to Councils will lead to a greater impact being had on the root causes of ill health, and so improve health for the people of Rotherham. At the same time it will be important to ensure that strong links remain between specialist public health functions and the commissioning of health services, so as to ensure they best fit the needs of Rotherham people.

The biggest public health gain to be obtained from the new arrangements will be realised if Public Health influences everything the Council does, so that the whole organisation becomes a public health driven organisation, and every contact that the Council has with the people of Rotherham helps to promote health and wellbeing.

Transition will be in two phases: shadow form from April 2012 to full transition in April 2013.

**6. Recommendations:**

That RMBC:

- Note the proposed new powers and statutory responsibilities with respect to the Health and Social Care Bill (subject to passage) detailed in Appendix 1.
- Support the Public Health transition plan (Appendix 2) which sets out assurances that RMBC will meet these new powers and responsibilities.
- Support the Memorandum of Understanding regarding provision of Public Health advice to NHS commissioning in Rotherham by the Clinical

Commissioning Group (CCG) (Appendix 3). In the Transition year this will be an agreement between NHS Rotherham and the CCG.

- Note the proposed health and wellbeing priorities and indicators set out in the Public Health Outcomes Framework (Appendix 4) which gives an indication of the extent of the new responsibilities.

## **7. Proposals and Details:**

### Background

In planning for this transition of Public Health leadership from the NHS to the Council, we are building on existing strong local joint working. The current joint appointment between the NHS Rotherham and RMBC of the Director of Public Health has and will continue to strengthen joint working on local health priorities. We also have the advantage of having a unitary authority and co-terminosity between the Council and the Primary Care Trust (and the CCG). A Public Health Transition Steering Group will be established, chaired by the Director of Public Health, to take forward the transition plan (Appendix 2) and detailed planning of the transfer in order to ensure an efficient transfer process.

### Timescales

Although formal transfer (phase 2) will not occur until April 2013, it is recommended that financial year 2012-13 is a 'transition year' (phase 1) during which shadow arrangements will be in place and we will be working as though the new arrangements were in place. In anticipation of this, a restructuring of the existing Public Health team within NHS Rotherham is taking place, so as to align the team appropriately with the planned future arrangements in the Council and most importantly in order to address the statutory responsibilities and to ensure that there is appropriate management and delivery of the key priorities and Public Health outcomes.

### Public Health in RMBC

The statutory Public Health responsibilities, commissioning responsibilities and health protection and resilience functions that are proposed to transfer to RMBC subject to passage of new legislation are set out in Appendix 1. There are two types of commissioning responsibility. Mandatory responsibilities include access to sexual health services, health protection, ensuring NHS commissioners receive advice and the provision of NHS health checks. Additionally, Local Authorities will be responsible for a range of discretionary Public Health services such as those for drug and alcohol misuse, obesity prevention and stop smoking.

The transfer of Public Health functions into RMBC is a once in a generation change and opportunity for a new way of working for Public Health in Rotherham. There is still much to be done in terms of improving the health and wellbeing of the people of Rotherham and driving down inequalities. Having Public Health leadership and resources for a local area led from RMBC should make it easier to address some of the root causes of ill health which are more easily influenced by Local Authorities than the NHS. These include, among other things, housing, the environment, education and employment, transport, benefits and poverty measures and special planning.

Although the underlying Public Health problems for the population in Rotherham are not changing significantly, with the transfer to new arrangements, the options available for addressing them will. The new priorities for Public Health need to



influence the new Health and Wellbeing Strategy for Rotherham and have already influenced the RMBC Corporate Plan.

### NHS commissioning support

In addition to maximising opportunities within RMBC, it is vital and a proposed statutory arrangement that Public Health will continue to support the NHS commissioning of health service provision. The RMBC Public Health team will have to work closely with both Public Health England (PHE) and the local CCG.

It is proposed that PHE will have responsibility for screening, vaccination and immunisation programmes, commissioning health visitors and maternity services and some aspects of emergency planning; however, the detail of these responsibilities is not yet clarified. For all responsibilities there will need to be close liaison between PHE and Public Health to ensure a local fit and because the Director of Public Health will retain responsibility for them at a local level. We do not yet know the local arrangements for PHE, so planning this joint working is not yet possible.

It will also be important to have close working with the NHS Rotherham CCG to influence their commissioning of health services, as well as with individual GP practices in their role as providers of health services locally. 'Healthcare Public Health and preventing premature mortality' remains a core domain in the Public Health Outcomes framework (see below). A 'core offer' between Public Health and NHS Commissioners has been published by the Department of Health and this has been used to set out a 'Memorandum of Understanding' between RMBC Public Health and NHS Rotherham CCG for the provision of Public Health advice to NHS commissioning in Rotherham (Appendix 3).

Shared responsibility for NHS emergency planning will go to the NHS Commissioning Board and a lead Director of Public Health. Responsibility for Public Health emergency planning and health protection (including on-call arrangements for out-of-hours work) will transfer to RMBC. This will need to be effectively integrated with existing Local Authority emergency planning functions and is noted in the Public Health transition plan (Appendix 2).

### **8. Finance:**

The Public Health budget will be taken from the NHS and allocated to Local Authorities. The final details of the financial allocations for local areas has been delayed nationally and is now not expected until June 2012. The Public Health function within the Council will be funded from this and at no cost to the local rate payer.

### **9. Risks and Uncertainties:**

#### Legal Implications

The report contains a summary of the relevant provisions of the Bill. The Bill is still being debated and may be subject to change. The implementation date for the provisions is also subject to change. Regulations and guidance may be issued when

the Bill becomes an Act, which will need to be considered before arrangements are finalised.

#### 'Health premium' and funding allocation

The Rotherham Public Health budget is currently fully committed, so that whilst the Council will wish to review the detail of the spend, it will not be possible to commission any additional public health activity without decommissioning existing activity.

The Public Health White Paper describes a 'health premium.' This is an incentive payment to award Local Authorities that make significant progress in addressing health inequalities. It will be funded from the Public Health grant by holding back money from the grant and allocating it in subsequent years on the basis of performance. Concerns about this have been expressed as part of the consultation process, so it is now not known how the Department of Health will now implement this.

### **10. Policy and Performance Agenda Implications:**

#### Public Health Outcomes Framework

It will be for Local Authorities in partnership with Health and Wellbeing Boards to demonstrate improvements in Public Health outcomes through achieving progress against those indicators that best reflect local health need. This need should be set out in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. The use of data within the Public Health Outcomes Framework for benchmarking will also be an essential tool alongside the NHS, Adult Social Care and other sectors' frameworks for driving local improvements to health and wellbeing. Subject to the passage of the Health and Social Care Bill, Local Authorities will have a statutory duty to have regard to the Public Health Outcomes Framework document.

### **11. Background Papers and Consultation:**

- Appendix 1: Public Health responsibilities and functions
- Appendix 2: Public Health Transition Plan
- Appendix 3: Memorandum of Understanding – The provision of Public Health advice to commissioning in Rotherham.
- Appendix 4: Public Health Outcomes Framework – Overview of outcomes and indicators

Background papers:

- Health and Social Care Bill draft:  
<http://www.publications.parliament.uk/pa/bills/lbill/2010-2012/0119/2012119.pdf>
- Public Health White paper: Update and way forward:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_128120](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128120)
- Department of Health Public Health in Local Government guidance fact sheets: <http://healthandcare.dh.gov.uk/public-health-system/>
- Local Government Association Public Health workforce issues: Local government transition guidance: <http://www.dh.gov.uk/health/2012/01/public-health-workforce/>
- Director of Public Health job description:  
[http://www.fph.org.uk/job\\_descriptions](http://www.fph.org.uk/job_descriptions)
- Public Health Outcomes Framework:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_132358](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358)

**Contact Name:**

Dr John Radford, Joint Director of Public Health  
Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY  
Tel. 01709 302161 Email: john.radford@rotherham.nhs.uk

Gilly Brenner, Specialty Registrar in Public Health  
Tel: 01709 302171 Email: gilly.brenner@rotherham.nhs.uk

## Appendix 1: Public Health responsibilities and functions

### Public Health responsibilities and functions

#### 1.0 Statutory Public Health Responsibilities

Statutory guidance on the responsibilities of the Directors of Public Health will be issued subject to Royal Assent of the Health and Social Care Bill. Subject to Parliament, Directors of Public Health will be added to the list of statutory chief officers in the Local Government and Housing Act 1989.

The Director of Public Health as a public health specialist will be responsible for all the new public health functions of local authorities, including any conferred on local authorities by regulation. The Health and Social Care Bill will in addition make it a statutory requirement for the Director of Public Health to produce an annual report on the health of the local population, and for the local authority to publish it. Directors of Public Health will also be statutory members of health and wellbeing boards, and will wish to use the boards as the key formal mechanism for promoting integrated, effective delivery of services.

*(Source: Public Health in Local Government, December 2011)*

The public health duties below are those which are described within current statutory instruments. *(Source: East Midlands DPHs)*

#### 1.1 Health Protection

- DPH is responsible individually and severally with the HPA for all infection issues outside of hospital.
- Section 47 of the National Assistance Act 1948/1951 (compulsory admission of patients to hospital with non psychiatric chronic conditions).
- All Health Impact Assessments of local environmental programmes such as IPPC applications (Integrated Pollution Prevention and Control).
- Health protection cover out of hours on call rota.
- Proper Officer role for the Local Authorities.
- Emergency Planning category 1 responder (Civil Contingencies Act 2004).
- Vaccination and Immunisation targets – overall programme management (e.g. childhood, swine flu, seasonal flu, pneumococcal Hep B – all at population level), the duty is to ensure vaccination is offered in line with JCVI recommendations.

#### 1.2 Health Improvement

- DPH post is joint with the local authority; DPH responsible for effective NHS partnership working with council.
- Duty to cooperate with other NHS bodies and local authorities in the development of health improvement plans (e.g. 5 year Strategic Plan).
- Support for Children's Partnerships (e.g. Children's Trust).
- Community Safety Partnerships – the PCT is a "responsible authority" under the Crime and Disorder Act 1998, and the Criminal Justice Act 2003, and has a duty to cooperate on all aspects of the crime and disorder agenda e.g. implementation of national drugs and alcohol strategies, improving the health of prisoners (including prison death reviews), youth offending, and violent or sexual offenders.

## Appendix 1: Public Health responsibilities and functions

- Production of the Joint Strategic Needs Assessment (JSNA) (joint statutory duty with Director for Children's Services and Director of Adult Social Services).
- The SHA hold the DPH responsible for all population health outcome targets that are formally performance managed (life expectancy, teenage pregnancy, cancer rates, suicide rates, smoking, exercise, obesity, breast feeding, Vaccination and Immunisation, Screening QA and incidents etc).
- Support for the statutory Overview and Scrutiny function of local authorities.
- Periodic Provision of information in relation to HIV / AIDS (AIDS Control Act 1987).

### 1.3 Healthcare commissioning

- Responsible officer role for Controlled Drugs (post Shipman Enquiry)
- Public Health representation on child death review processes (part of Children's Trust process).
- Clinical effectiveness – assurance that mandatory NICE Technology appraisals are implemented (via Area Prescribing Committee).
- National clinical audits e.g. diabetes.
- Public Health reports – the DPH has a duty to ensure the PCT Board is aware of the health needs of the population, and that strategies are in place to meet those needs within resources available.
- Pharmaceutical Needs assessment.

## 2.0 **Public Health Commissioning Responsibilities**

(Source: *Public Health in Local Government, December 2011*)

### 2.1 Mandatory

The mandatory services and steps that were identified in '*Healthy Lives, Healthy People: update and way forward*' included:

- Appropriate access to sexual health services;
- Steps to be taken to protect the health of the population, in particular, giving the Local Authority a duty to ensure there are plans in place to protect the health of the population;
- Ensuring NHS commissioners receive the public health advice they need;
- The National Child Measurement Programme;
- NHS Health Check assessment.

### 2.2 Discretionary

Local Authorities will also be responsible for:

- Tobacco control and smoking cessation services;
- Alcohol and drug misuse services;
- Public Health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all Public Health services for children and young people);
- Interventions to tackle obesity such as community lifestyle and weight management services;

## Appendix 1: Public Health responsibilities and functions

- Locally-led nutrition initiatives;
- Increasing levels of physical activity in the local population;
- Public mental health services;
- Dental public health services;
- Accidental injury prevention;
- Population level interventions to reduce and prevent birth defects;
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions;
- Local initiatives on workplace health;
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes;
- Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention);
- Local initiatives to reduce excess deaths as a result of seasonal mortality;
- Public Health aspects of promotion of community safety, violence prevention and response;
- Public Health aspects of local initiatives to tackle social exclusion;
- Local initiatives that reduce public health impacts of environmental risks.

The commissioning of these services will be discretionary, guided by the Public Health Outcomes Framework, the local Joint Strategic Needs Assessment (JSNA) and the joint Health and Wellbeing Strategy.

The list of commissioning responsibilities above is not exclusive. Local Authorities may choose to commission a wide variety of services under their health improvement duty, and indeed we would hope to see much innovation as local authorities embrace their new duties. This freedom is deliberately wide, to encourage the kind of locally-driven solutions that lie at the core of localism, underpinned by a robust analysis of the needs and assets of the local population.

Public Health England (PHE) will promote this local innovation through encouraging peer sharing of best practice and learning experiences, and through supporting rigorous evaluation of new approaches to improving and protecting public health.

### 3.0 Health Protection and Resilience Functions

*(Source: DPH Job Description, Faculty of Public Health 2011)*

Broadly, to lead a team within the Local Authority responsible for the development of a strategic needs assessment for the local population and for the delivery of:

- Dealing with infectious disease threats including food and water borne disease supported by local Public Health England;
- Preparing for emergencies including pandemic influenza;
- Advising on environmental threats including pollution, noise and contaminated land.

## **Appendix 1: Public Health responsibilities and functions**

Defined competency areas:

- To take responsibility for safeguarding the health of the population in relation to communicable disease, infection control and environmental health, including delivery of immunisation targets.
- To ensure that effective local arrangements exist for covering the on call rota for the effective control of communicable disease, environmental hazards to health and emergency planning, as detailed in local health protection agreements.
- To communicate effectively and diplomatically with a wide audience including the media and the public to change practice in highly challenging circumstances such as communicable disease outbreaks, chemical incidents, immunisation and screening.

More work will take place in the coming months to develop operational guidance for the system-wide emergency preparedness, resilience and response model, including exploring how Public Health England and Local Government will work together to protect the health of local populations.

### **4.0 Public Health Advice to Local Government**

*(Source: Public Health in Local Government, December 2011)*

The Director of Public Health acting as the lead officer in a Local Authority for health and championing health across the whole of the authority's business. Thus the Director of Public Health will be the person elected members and other senior officers will consult on a range of issues, from emergency preparedness to concerns around access to local health services.

Often the Director of Public Health will not be personally responsible for the problem, but he/she will know how to resolve it through engaging with the right people in the new system.

He/she will be able to promote opportunities for action across the "life course", working together with local authority colleagues such as the Director of Children's Services and the Director of Adult Social Services, and with NHS colleagues.

The Director of Public Health will work with local criminal justice partners and the new Police and Crime Commissioners to promote safer communities.

And he/she will engage with wider civil society to enlist them in fostering health and wellbeing.

In short, the Director of Public Health will be a critical player in ensuring there are integrated health and wellbeing services across the locality.

With regard to the ring-fenced grant, formal accountability rests with the Chief Executive of the Local Authority, but we would expect day-to-day responsibility for the grant to be delegated

## Appendix 1: Public Health responsibilities and functions

The Director of Public Health's new role offers a great opportunity to build healthier communities. But to make the most of this Directors of Public Health will need to:

- Be fully engaged in the redesign of services that address the coming challenges;
- Influence and support colleagues who have a key role in creating better health, such as planning officers and housing officers;
- Facilitate innovation and new approaches to promoting and protecting health, while bringing a rigorous approach to evaluating what works, using the resources of Public Health England;
- Contribute to the work of NHS commissioners, thus ensuring a whole public sector approach.

### 5.0 Public Health Advice to NHS Commissioners

(Source: *Public Health in Local Government, December 2011*)

Public Health Advice to NHS Commissioners	Examples
<b>Strategic Planning: assessing needs</b>	
Supporting clinical commissioning groups to make inputs into the joint strategic needs assessment and to use it in their commissioning plans	Joint strategic needs assessment and joint health and wellbeing strategy with clear links to clinical commissioning group commissioning plans
Development and interpretation of neighbourhood/locality/practice health profiles, in collaboration with the clinical commissioning group and local authorities	neighbourhood/locality/practice health profiles with commissioning recommendations
Providing specialist public health input to the development, analysis and interpretation of health related data sets including the determinants of health, monitoring of patterns of disease and mortality	Clinical commissioners support to use health related datasets to inform commissioning
Health needs assessment for particular conditions/disease groups – including use of epidemiological skills to assess the range of interventions from primary/secondary prevention through to specialised clinical procedures	Health needs assessments for condition/disease group with intervention/commissioning recommendations
<b>Strategic Planning: reviewing service provision</b>	
Identifying vulnerable populations, marginalised groups and local health inequalities and advising on commissioning to meet their health needs. Geo-demographic profiling to identify association between need and	Vulnerable and target populations clearly identified; public health recommendations on commissioning to meet health needs and address inequalities



**Appendix 1: Public Health responsibilities and functions**

utilisation and outcomes for defined target population groups, including the protected population characteristics covered by the equality duty	
Support to clinical commissioning groups on interpreting and understanding data on clinical variation in both primary and secondary care. Includes public health support to discussions with primary and secondary care clinicians if requested	Public health recommendations on reducing inappropriate variation
Public health support and advise to clinical commissioning groups on appropriate service review methodology	Public health advice as appropriate
<b>Strategic Planning: deciding priorities</b>	
Applying health economics and a population perspective, including programme budgeting, to provide a legitimate context and technical evidence base for the setting of priorities	Review of programme budget data  Review of local spend/outcome profile
Advising clinical commissioning groups on prioritisation processes – governance and best practice	Agreed clinical commissioning group prioritisation process
Work with clinical commissioners to identify areas for disinvestment and enable the relative value of competing demands to be assured	Clear outcomes from clinical commissioning group prioritisation
Critically appraising the evidence to support development of clinical prioritisation policies for populations and individuals	Clinical prioritisation policies based on appraised evidence
Horizon scanning: identify likely impact of new National Institute for Health and Clinical Excellence guidance, new drugs/technologies in development and other innovations within the local health economy and assist with prioritisation	Public health advise to clinical commissioners on likely impacts of new technologies and innovations
<b>Procuring Services: designing shape and structure of supply</b>	
Providing public health advice on the effectiveness of interventions , including clinical and cost-effectiveness (for both commissioning and de-commissioning)	Public health advice on focusing commissioning on effective/cost-effective services
Providing public health specialist advice	

**Appendix 1: Public Health responsibilities and functions**

on appropriate service review methodology	
Providing public health specialist advice to the medicines management function of the clinical commissioning group	Public health advice to medicines management, for example ensuring appropriate prescribing policies.
<b>Procuring Services: planning capacity and managing demand</b>	
Providing specialist input to the development of evidence-based care pathways, service specifications and quality indicators to improve patient outcomes	Public health advice on development of care pathways/specifications/quality indicators
Public health advice on modelling the contribution that interventions make to defined outcomes for locally designed and populated care pathways and current and future health needs	Public health advice on relevant aspects of modelling/capacity planning
<b>Monitoring and evaluation: supporting patient choice, managing performance and seeking public and patient views</b>	
Public health advice on design of monitoring and evaluation frameworks, and establishing and evaluating indicators and benchmarks to map service performance	Clear monitoring and evaluation framework for new intervention/service public health recommendations to improve quality, outcomes and best use of resource
Working clinicians and drawing on comparative clinical information to understand the relationship between patient needs, clinical performance and wider quality and financial outcomes	
Providing the necessary skills and knowledge, and population relevant health service intelligence to carry out health equity audits and to advise on health impact assessments	Health equity audits  Public health advice on health impact assessments and meeting the public sector equality duty
Interpreting service data outputs, including clinical outputs	Public health advice on use of service data outputs



# ROTHERHAM PUBLIC HEALTH TRANSITION PLAN

## Contents

	<b>Workstream</b>	<b>Page</b>
1	Model	2
2	Health and Wellbeing Board	4
3	Human Resources	4
4	Finance	6
5	Corporate	7
6	Public Health Intelligence	8
7	Mandatory Commissioning Arrangements	8
8	Key Discretionary Programmes	10
9	Public Health Functions and Commissioning Arrangements migrating to NCB and PHE	11
10	Performance Management	11

## Appendix 2: Public Health Transition Plan

### ROTHERHAM PUBLIC HEALTH TRANSITION PLAN

RAG	Leads	Deliverables	Timescale	Progress	Next key Steps	Issues	Risks
<b>WORKSTREAM 1: MODEL</b>							
G	John Radford/ Matt Gladstone	1.1 Agree statement of scope/function for Public Health in Rotherham for Transition Phase to April 2013	Feb-12	Paper for NHSR OE, Cluster Board and SLT/Cabinet to be produced	Martin Kimber	Requires agreement to be reached on high level staffing structure. Discussions are continuing.	PH budget may be less than anticipated.
G		1.2 Agree statement of scope/function for Public Health in Rotherham from April 2013 as an RMBC service	Apr-13	To follow on from transition discussions.	Martin Kimber	Need to dovetail together structure/functions of PH and existing RMBC services.	RMBC finance pressures. Potential impact on achievement of public health outcomes.
G		1.3 Design of new Public Health staff structures in RMBC to support transition function.	Apr-12	In progress.	Staff consultation and HR leads.	Maintaining staff morale and focus on outcomes during transition.	PH budget may be less than anticipated. Alignment of structure and function needed.
G		1.4 Director of Public Health accountability arrangements.	April-12	Regular priority setting meetings with RMBC CE. Regular Cluster Meetings with Cluster CE.	Maintain and develop further schemes of delegation.	None.	Non alignment of priorities
G		1.5 Director of Public Health accountability arrangements.	Apr-13	In progress.	Appointment arrangements.	DPH accountable to Chief Executive at the moment, needs formal agreement.	Agreement of accountability arrangements between partners.
G		1.6 Cabinet Members briefed.	Ongoing	Cabinet lead(s) briefed on a regular basis	Continue.	Complex system and new arrangements in constant flux.	Meet development needs of Councillors in understanding system.
G		1.7 Discussion with other internal and external stakeholders.	Ongoing	Consultation with CCG, and LSP members.	Joanna Saunders to take forward.	Need to secure a date.	Developing understanding and ownership of public

## Appendix 2: Public Health Transition Plan

RAG	Leads	Deliverables	Timescale	Progress	Next key Steps	Issues	Risks
							health issues.
G		1.8 Agree work programme for PH with Cabinet.	Ongoing	Paper written for Cabinet detailing statutory responsibilities and transition plan.	John Radford to take forward.	None foreseen.	Developing understanding and ownership of public health issues.
G		1.9 Lead DPH for Emergency Planning	Ongoing	Agreed DPH Sheffield.	Awaiting further national guidance.	None.	Awaiting further national guidance.
A		1.10 Arrangements for emergency preparedness included in design of new system.	To be confirmed – national guidance expected shortly.	PH responsibilities incorporated into JD of replacement for head of combined Rotherham/Sheffield LA EP team.	Awaiting national guidance.	Need clarity about the role of PHE, and exact nature of PH EP responsibilities within the LA.	PHE operating framework may be delayed or insufficiently detailed.
G		1.11 Restructure Public Health Directorate to deliver running cost savings and in preparation for transfer to RMBC.	Ongoing	Running cost savings released. NHSR VR scheme 3 <sup>rd</sup> round initiated.	VR submissions.	Cluster-led VR scheme.	PH budget still unknown. Need to maintain sufficient skills and capacity to deliver outcomes.
A		1.12 Deliver agreed efficiency and cost savings for 2012/13.	Apr-12	In progress.	Progress monitored.	Cluster-led cost saving requirement.	Need to maintain sufficient skills and capacity to deliver outcomes.
A		1.13 Review existing Directorate to identify functions that will transfer to RMBC, those that will go to CCGs/CSU/PHE, those that will go to external providers.	Ongoing	Largely done, though to be finalised as part of 'alignment' exercise within NHSR. Final responsibility is not clear for some staff.	Some more work needed on (small number of) posts/ functions that may transfer to external	Has implications, in some cases significant, for some individuals in post. Will require significant HR input and careful management of	Mismatch between alignment and budgets.

## Appendix 2: Public Health Transition Plan

RAG	Leads	Deliverables	Timescale	Progress	Next key Steps	Issues	Risks
					providers.	personnel issues.	
A		1.14 Ensure all staff are properly supported to continue to do their jobs properly, and offer appropriate training for future roles.	Ongoing	Transition interviews to be completed by the end of January 2012.	Support within NHSR continues, through regular staff briefings.	Need to retain staff and maintain motivation.	Continuing lack of certainty about details, especially with regard to HR issues.
<b>WORKSTREAM 2: HEALTH AND WELLBEING BOARD</b>							
G	RMBC CE	2.1 Health and Wellbeing Cabinet member appointed	Sept-11	Health and Wellbeing Board is meeting regularly.	Develop Health Watch representation on the Board.	Awaiting national guidance on Health Watch.	National funding for Health Watch undetermined.
G	Members of Health and Wellbeing Board	2.2 Agreed work programme for Board.	Jan-12	Agreed by Board 18-01-12.	Implementation	None.	None implementation.
G		2.3 Joint Strategic Needs Assessment and Health and Wellbeing Strategy	Jan-12	Part of work programme agreed by Board 18-01-12.	Revision of JSNA	Alignment of JSNA and prioritisation of 11 most deprived areas in Rotherham.	Matching local priorities with outcomes frameworks.
<b>WORKSTREAM 3: HUMAN RESOURCES</b>							

## Appendix 2: Public Health Transition Plan

RAG	Leads	Deliverables	Timescale	Progress	Next key Steps	Issues	Risks
A*	Peter Smith/ Phil Howe/ Cluster (Debbie Hillditch)	3.1 Work through HR implications of design of new Public Health function within RMBC, including TUPE arrangements, line management arrangements, specialist register status etc in line with PH HR Concordat.	Ongoing	Initial bilateral HR discussion January 2012, awaiting further national guidance.	To schedule a meeting to discuss the recently updated training needs analysis for PH, and any actions necessary to support this.	Need to clarify funding stream for professional development (Masters level linked to 'learning beyond registration') - agreed national issue to be picked up at regional level in the first instance - any risks associated with transfer to be highlighted.	* Terms of transfer determine RAG status - need further clarity.  Non-compliance with PH Human Resources Concordat.
G		3.2 Formal consultation with staff and unions (both within NHR and RMBC) relating to transfer arrangements	Ongoing	Work already commenced.	Awaiting publication of further guidance nationally but informal consultation on-going.	Awaiting further details from national guidance.	Delayed publication of national guidance. Disagreement with unions may delay process.
A		3.3 Relocation to Riverside House	TBC - Dependent on negotiation of release from Oak House	Formal consultation with staff.	Agree terms of transfer between Cluster and RMBC.	Staff concerns about new building and arrangements.	3 months notice needed for staff consultation of move could delay process.
A		3.4 Implement employment transfers, including formal consultation period on TUPE transfers as required.	TBC	Not able to progress until further guidance received.	Awaiting national guidance.	Awaiting further details from national guidance.	Delayed publication of national guidance. Disagreement with unions may delay process.

## Appendix 2: Public Health Transition Plan

RAG	Leads	Deliverables	Timescale	Progress	Next key Steps	Issues	Risks
A*		3.5 Induction process for staff moving from NHR to RMBC.	TBC	To be agreed – including Riverside induction.	Timescales for relocation to be confirmed.	Disagreement with unions may delay process.	* Transfer time will dictate timescales
G		3.6 Ensure staff are kept well informed, including communication with RMBC staff and members.	Ongoing	Communications plan to be drafted by Alison Iliff in partnership with Tracy Holmes.	Begin communication plan with RMBC staff.	Awareness of RMBC staff around new roles and responsibilities being transferred.	RMBC staff concerns related to RMBC finance arrangements whilst undergoing transfer.
G	Phil Howe/ John Radford	<b>3.7 Induction:</b> Induction timetable and programme to be agreed including Worksmart.	Ongoing	Discussion held at PH all staff meetings.	Programme to be agreed.	Programme to be developed for Council staff (i.e. what you can do for Public Health).	Capacity for induction programme whilst focussed on achieving outcomes.
<b>WORKSTREAM 4: FINANCE</b>							
A	John Doherty and Andrew Bedford	4.1 Clarify NHR expenditure on different identified elements of Public Health as per the funding consultation document.	Feb-12	Revised DH submission was sent in September 2011. The information was shared between NHR and RMBC SLT. Awaiting national formula.	More work and discussion is to take place around the apportionment of overheads.	Link in with the Corporate workstream to gain an understanding of Public Health IT systems and running costs etc.	Inconsistencies on a national level may have a knock on effect in terms of delay to Shadow Budgets for April 2012.



## Appendix 2: Public Health Transition Plan

RAG	Leads	Deliverables	Timescale	Progress	Next key Steps	Issues	Risks
A		4.2 Clarify likely amount of ring fenced Public Health budget to come through Public Health England.	TBC 2012	As above. The re-submission was intended to eliminate any variances nationally. We are now waiting for feedback from the DH.	Awaiting further guidance from the DH.	Delay in publication of national guidance is hindering planning process.	If the DH uses a percentage of recurrent resource limit to allocate resources to LA's rather than agreed value.
A		4.3 Consider mechanisms for shadow management of Public Health funds directly from NHSR to RMBC prior to establishment of 'ring fenced' budget above.	Apr to Oct-12	Await national guidance following re-submission exercise.	Await national guidance following re-submission exercise.	Potential tension between Cluster and RMBC due to misalignment between legal and functional responsibilities during shadow period.	Further delay in the passing of the Bill. Slippage in the allocation of shadow budgets and the final list of services to transfer to LA's.
<b>WORKSTREAM 5: CORPORATE</b>							
A	Richard Waller/ John Radford / Cluster (Andy Buck)/ John	<b>5.1 Legal Services:</b> Including scope of service, legal documentation to transfer, resources (staff/budgets).	Ongoing	Awaiting further clarity from national guidance.	Establish Project Group Terms of Reference to be agreed	Need clarity of expected national 'People Transitions' paper in respect of associated support personnel and if they are part of the transfer.	A lack of national guidance may hinder process clarity.

## Appendix 2: Public Health Transition Plan

RAG	Leads	Deliverables	Timescale	Progress	Next key Steps	Issues	Risks
A	Doherty	<b>5.2 Procurement/Contract Management:</b> Including scope of service, current contract register and contract documentation, current spend analysis, procurement forward plans, resources (staff /budgets)	Ongoing	Contract stock-take being undertaken.	Develop new Operating Model for service delivery through RMBC.	Need new Operating Model within RMBC to finalise new service delivery arrangements.	Services may need to be 'seen' as NHS service by the public. Procurement systems may not be aligned.
A		<b>5.3 Estates &amp; Facilities:</b> Including any potential property transferring, scope of service, resources (staff & budgets), accommodation requirements	Ongoing	Current 'weeding' of paperwork ongoing.	Worksmart arrangements to be led by RMBC.	Need storage capacity for legal document storage. Current storage available for public publications / leaflets etc.	Risk of lack of storage capacity for legal document storage or time for electronic storage of current paperwork.
A		<b>5.4 ICT:</b> to be discussed as part of Riverside transfer.	Ongoing	Data-sharing agreement being reviewed.	Data-sharing review led by John Radford.	Need to ensure access to NHS and patient data as RMBC staff. Need for emergency phone systems to remain in use.	Different legal status and systems may hinder current access to data.
		<b>5.4a Documents and records management (Nagpal Hoysal)</b>	Ongoing	Draft records management top tips issued to PH staff. Training provided by RMBC to 4 members of PH staff.	Identify PH records currently held on PCT systems and plan for transfer to RMBC systems. Develop file plan and security model.	Need to implement electronic documents and records management. Some teams maintain bespoke databases on the PCT 'MyPortal.'	Loss of Public Health corporate knowledge.

## Appendix 2: Public Health Transition Plan

RAG	Leads	Deliverables	Timescale	Progress	Next key Steps	Issues	Risks
A		<b>5.5 Governance:</b> Including governance links with Health & Wellbeing Board.	Ongoing	Health and Wellbeing Board established.	Governance arrangements to be clarified.	Public Health accountabilities shared between RMBC, H&WB Board, PHE.	Lack of clarity or mismatch in priorities of accountable organisations.
A		<b>5.6 Communication Services:</b> Includes providing specialist support in terms of producing, specifying etc, communications programmes using a range of external channels and promotional documentation.	Ongoing	Discussions taken place between RMBC Communications team and NHSR Comms and CMS.	Continue discussions.	Not transfer of all Comms capacity to RMBC therefore requirement to use existing RMBC Comms team.	Public Health requires specialist comms skills around supporting behaviour change.
A		<b>5.7 Complaints Handling:</b> Includes the provision of a corporate external complaints handling and reporting service/ system.	Ongoing	To be initiated.	Agreement needed on complaints system and process during and post-transition.	New service provision commissioned through PH transferred into RMBC, therefore subject to complaints process.	Stakeholders need to be clear on new complaints processes.
<b>WORKSTREAM 6: PUBLIC HEALTH INTELLIGENCE</b>							
A	John Radford/ Robin Carlisle	6.1 Full description of current delivery model (including budget/resources schedule).	Ongoing	Member of staff identified for transfer into PH.	Incorporation into PH staff structure for transition.	Further PH Financial Return has clarified some of the budget issues but need further clarity on what is/isn't included in support costs.	Underestimate the level of resource/nature of dependencies - working with Finance and IT colleagues to mitigate.

## Appendix 2: Public Health Transition Plan

RAG	Leads	Deliverables	Timescale	Progress	Next key Steps	Issues	Risks
A		6.2 Arrangements for access to NHS data.	Ongoing	More national guidance may be produced to support this.	SLA to be agreed.	Legal and access implications mean this may be complex process.	Hindered access to NHs data will impact on ability to deliver service and outcomes.
<b>WORKSTREAM 7: MANDATORY COMMISSIONING ARRANGEMENTS</b>							
G	Nagpal Hoysal/ David Tooth/ Andy Buck	<b>7.1 RMBC Public Health Offer to Rotherham CCG / SY Cluster/ CSU</b>	Apr to Oct-12	Full description of model of public health advice to NHS Commissioners.	SLAs in place.	Will need to include the cooperation arrangement that will be in place to enable PH to provide advice to commissioners.	Agreement over details of provision arrangements.
G	Jo Abbott	<b>7.2 Appropriate access to sexual health services</b>	Ongoing	SLA developed for CASH and GUM services. CASH/GUM services redesigned to be more responsive to public needs.	Awaiting national guidance on Sexual Health Strategy.	Awaiting national guidance on Sexual Health Strategy.	Clarification over budget to be transferred for all sexual health services (acute, primary care, community, and voluntary e.g. SHIELD) Clarification over who is to commission LES e.g. Chlamydia /LARC.
G	Kathy Wakefield	<b>7.3 Plans in place to protect the health of the population (including infection control and prevention)</b>	Ongoing	Comprehensive outbreak control plans in place agreed with RMBC. Joint surveillance with HPA. Out of hours rota fully operational. HAI control plans in place at Rotherham Hospital.	Continue.	Linking emergency response between local and Cluster-led provision.	Continuing system required to work during transition phase.

## Appendix 2: Public Health Transition Plan

RAG	Leads	Deliverables	Timescale	Progress	Next key Steps	Issues	Risks
G	Joanna Saunders / Carol Weir	<b>7.4 National Child Measurement Programme</b>	Ongoing	Programme delivered by School Nursing Service as part of existing contract. Specified within the SLA.	Unclear whether SN service will move out of NHS commissioning, therefore need to monitor as SLA or service is reviewed.	No funding identified within the SN contract or PH budgets.	If NCMP is taken out of SN contract and PH expected to fund – there is no identified funding.
A	Jo Abbott	<b>7.5 NHS Health Check assessment</b>	Oct-12	Existing programme funding secure until October 2012. Transition plan in progress towards meeting national targets.	Continue.	The Rotherham programme is well established with good uptake. It is anticipated the national programme will commence 2012/13.	Future funding of the programme. Despite plans for it to become a National programme, it will be funded locally.
<b>WORKSTREAM 8: KEY DISCRETIONARY PROGRAMMES</b>							
G	Nagpal Hoysal	<b>8.1 Screening programmes</b>	Ongoing	National programme for transition of responsibility for screening programmes to PHE. 2012/13 commissioning intentions for programmes published, currently being implemented locally.	Continue.	Some of the commissioning intentions are unfunded.	Need to ensure safe and secure operation during transition year. Continued uncertainty over destination of staff currently responsible for screening programmes.

## Appendix 2: Public Health Transition Plan

RAG	Leads	Deliverables	Timescale	Progress	Next key Steps	Issues	Risks
G	Kathy Wakefield	<b>8.2 Immunisation programmes</b>	Ongoing	Vaccination and Immunisation steering group, SY Immunisation group and designated member of staff to support vaccination programme oversight and performance management.	Continue.	Communication to stakeholders of transition to ensure awareness of responsibilities within RMBC.	Patient information systems required.
A	Anne Charlesworth	<b>8.3 Drug Services</b>	Year end position , and quarterly	Improve performance on treatment exits.	Improvement in last quarter.	High levels of long term methadone maintenance patients and low social capital make full recovery a challenge.	20% minimum of budget performance related. Budget reductions still to take full effect.
A	Anne Charlesworth	<b>8.4 Alcohol Prevention and Services</b>	Aug-11	Complete national PBR pilot.	On target.	Begin analysis of data.	That tariff makes clear lack of adequate investment in this area.
A	Alison Iliff	<b>8.5 Tobacco Control</b>	Mar-13	South Yorkshire PBMA work to determine best spread of commissioned activity to deliver prevalence reduction underway and due to report by Sept 2012.	Continue PBMA work. Review service spec for stop smoking services for 2012/2013.	SY work may suggest joint commissioning of some services across region. Clarity on medicines budget and what does/does not get transferred.	Focus on quitters not reducing prevalence but national targets remain 4-week quits. This leads to increasing medication bills that could easily overspend.
A	John Radford	8.6 Secure arrangements for delivery of Rotherham Occupational Health Service (ROHAS) and Health Trainer programme.	Oct-12	Core funding for ROHAS agreed. Health Trainer programme funding agreed until Oct-12.	Allocation of funding from public health grant or CCG.	Provider service.	Funding.

## Appendix 2: Public Health Transition Plan

RAG	Leads	Deliverables	Timescale	Progress	Next key Steps	Issues	Risks
<b>WORKSTREAM 9: PUBLIC HEALTH FUNCTIONS AND COMMISSIONING ARRANGEMENTS MIGRATING TO NCB AND PHE</b>							
<b>G</b>	Andy Buck	9.1 Commissioning functions transferred.	Apr-13	DPH regular meetings with Cluster CE.	Identification of funding streams as part of finance and contract reviews.	Complex disentanglement of contracts according to new accountability arrangements.	Maintain service during transition.
<b>WORKSTREAM 10: PERFORMANCE MANAGEMENT</b>							
<b>A</b>	John Radford	<b>10.1 Public Health Outcome Indicators:</b> Oversight of performance	Ongoing	JSNA and data repository system to be established to monitor performance.	Develop profiles in line with PH outcomes.	Data transfer between different organisations to be negotiated.	Capacity pressures on RMBC research team or new responsibilities.

**Appendix 3: Memorandum of Understanding – The provision of Public Health advice to commissioning in Rotherham.**

**MEMORANDUM OF UNDERSTANDING**

**THE PROVISION OF PUBLIC HEALTH ADVICE TO NHS COMMISSIONING IN  
ROTHERHAM**

1. Parties to the agreement:

Rotherham Metropolitan Borough  
Council (“the Council”)

NHS Rotherham Clinical Commissioning  
Group (“the CCG”)

NHS South Yorkshire and Bassetlaw  
 (“the Cluster/NCB”)

collectively known as “the NHS  
Commissioners”

2. Date of agreement:

3. Term of agreement:

- a. The agreement will commence from 1 April 2012
- b. The agreement is indefinite; however, the agreement will be subject to annual review.
- c. The agreement will be reviewed in March 2013.
- d. The parties will honour agreed commitments either via the accepted arrangements or suitable alternatives negotiated at that point.

4. Acknowledgements:

- a. With thanks to NHS Doncaster, NHS Nottingham and NHS Nottingham City, NHS Worcestershire, NHS Lincolnshire and NHS Bradford and Airedale public health directorates who developed previous versions of this document.

5. Compensation details:

- a. Subject to the passage of the Health and Social Care Bill, Local Authorities will be mandated to provide Public Health advice to NHS Commissioners.
- b. The costs associated with the responsibilities of the Council for providing public health advice will be borne fully by the Council from the Department of Health, Public Health grant at no cost to rate payers in Rotherham.
- c. The costs associated with the responsibilities of the NHS Commissioners for cooperation will be borne fully by the NHS Commissioners.



**Appendix 3: Memorandum of Understanding – The provision of Public Health advice to commissioning in Rotherham.**

- d. Any support to NHS Commissioners outside the scope of this MoU (such as commissioning support) will be subject to separate negotiation and agreement.
6. This Memorandum of Understanding establishes a framework for the provision of Public Health advice to NHS commissioners (the CCG and the Cluster/NCB) in relation to the population resident within the boundaries of the borough of Rotherham. The framework sets out the responsibilities of all that are party to this agreement and the expected level of service.
7. The aim of this agreement is to facilitate the efficient and effective commissioning of NHS, PHE and Council services within Rotherham in order to improve and maintain the health and well-being of people living within the borough and hence deliver the Public Health, NHS and Social Care outcomes frameworks.
8. Responsibilities of the Council:
  - a. The overall responsibility for the provision of advice rests with the Director of Public Health.
  - b. The Council will ensure that an appropriately skilled, qualified, experienced and credible specialist public health workforce (Advisors) will be maintained and supported to allow delivery of the technical and leadership skills required of the function. This will include:
    - i. The entire specialist staff will be subject to all existing NHS clinical governance rules, including those for continued professional development
    - ii. The entire specialist staff will, as necessary, contribute to the developing Commissioning Support arrangements and link geographically to support functions at different population levels which may be wider than a local CCG / LA base, including working with PHE and the NHS CB as required as part of the overall support function for the CCG and health community
    - iii. Public health consultants within the specialist workforce will be appointed according to AAC rules including a rigorous assessment centre process for all candidates to run in parallel and inform that process. In addition, they will be required to be on the GMC Specialist Register/GDC Specialist List/UK Voluntary Register (UKPHR) for Public Health Specialists.

**Appendix 3: Memorandum of Understanding – The provision of Public Health advice to commissioning in Rotherham.**

- c. The Council will provide the NHS Commissioners with contact details for the Advisors and their sub-specialist lead areas.
  - d. The Council agrees to provide and/or facilitate access to public health data sets aggregated by Lower Layer SOA, GP Practice and/or borough.
  - e. The Council will ensure that the Advisors have freedom to provide impartial and professional advice and recommendations to NHS Commissioners based on the available evidence and in good faith.
  - f. Some public health tasks are delivered most effectively and efficiently at larger geographical level than one CCG e.g. screening or emergency planning, and as such will be delivered by teams that may work across existing boundaries. Public Health will deliver the following for the CCG
    - i. Coordination of Health Protection planning and response,
    - ii. Implementation of Health Improvement initiatives, and
    - iii. Healthcare public health encompassing provision of Public Health intelligence, rigorous framework for clinical effectiveness, and sustainable approach to prioritisation
  - g. The Council will provide advice within the scope of the core offer from Public Health to the NHS Commissioners detailed in Appendix 1.
  - h. The Council will provide Public Health advice whenever it has been reasonably sought and accepted except where there is mutual agreement with the NHS Commissioners that it is not required.
  - i. Acceptance of requests for advice, prioritisation and timelines for completion of work will normally be left to the discretion of Advisors to negotiate; where there is a dispute, the Director of Public Health will retain the overriding responsibility and right to prioritise the workload of Advisors and decide whether advice is required for a particular issue.
9. Responsibilities of the NHS Commissioners:
- a. The NHS Commissioners agree to cooperate with the Council so that it can be provided with effective public health advice as detailed in the core offer from NHS Commissioners to Public Health at Appendix 2.
  - b. The NHS Commissioners will provide and/or facilitate access to intelligence and capacity to the analysis of health related data sets such as (but not restricted to) that from SUS, QOF, PbR, local surveys, performance data and data held on GP systems aggregated by Lower Layer SOA, GP Practice,

**Appendix 3: Memorandum of Understanding – The provision of Public Health advice to commissioning in Rotherham.**

Secondary/Tertiary care and Mental Health service providers and/or NHS Commissioners (as appropriate).

- c. NHS Commissioners will obtain Public Health advice in relation to any commissioning, redesign or decommissioning decisions it intends to make.
- d. NHS Commissioners will obtain Public Health advice on an ongoing basis in the management of existing services.
- e. The level and quantum of Public Health advice will be determined through negotiation subject to paragraph 8.i above.
- f. For issues where Public Health advice has been sought, the NHS Commissioners agree to engage with the Advisors in an open and transparent manner so that the advice received is impartial.
- g. The NHS Commissioners agree to uphold the rights of the Advisor in relation to the protection of whistleblowers as if the Advisor was their own employee.

10. Administrative arrangements:

- a. Public Health advice to NHS Commissioners will normally be available Monday – Friday, 0900 – 1700.
- b. Out of hours provision will normally provide response to public health emergencies only.

Mr Martin Kimber  
Chief Executive  
RMBC

Mr Chris Edwards  
Chief Operating Officer  
NHS Rotherham

Mr Andy Buck  
Chief Executive  
NHS South Yorkshire and  
Bassetlaw

Dr John Radford  
Director of Public Health  
RMBC/NHS Rotherham

Dr David Tooth  
Chair of the CCG  
NHS Rotherham

**Appendix 3: Memorandum of Understanding – The provision of Public Health advice to commissioning in Rotherham.**

**Abbreviations in use within this document:**

SUS – Secondary Uses Service

QOF – Quality and Outcomes Framework

PbR – Payment by Results

SOA – Super Output Area

CCG – Clinical Commissioning Group

NCB – NHS Commissioning Board

NHS – National Health Service

PHE – Public Health England

AAC – Appointments Advisory Committee

LA – Local Authority

GMC – General Medical Council

GDC – General Dental Council

UKPHR – United Kingdom Public Health Register

GP – General Practice

JSNA – Joint Strategic Needs Assessment

**Appendix 1 – the Core Offer from Public Health to NHS Commissioners**

**1. Health improvement**

- a. Refresh delivery and lead role in current health improvement strategies and action plans to improve health and reduce health inequalities, with input from the CCG
- b. Maintain and refresh as necessary metrics to allow the progress and outcomes of 'preventive' measures to be monitored, particularly as they relate to delivery of key NHS and LA strategies
- c. Support primary care with health improvement tasks appropriate to its provider healthcare responsibilities - for example by offering training opportunities for staff, targeted behaviour health change programmes and services
- d. Lead health improvement partnership working between the CCG, local partners and residents to integrate and optimise local efforts for health improvement and disease prevention

**Appendix 3: Memorandum of Understanding – The provision of Public Health advice to commissioning in Rotherham.**

- e. Embed public health work programmes around improving lifestyles into frontline services towards improving outcomes and reducing demand on treatment services

2. Health Protection

- a. Lead on and ensure that local strategic plans are in place for responding to the full range of potential emergencies – e.g. pandemic flu, major incidents and provide assurance to PHE regarding the arrangements
- b. Ensure that these plans are adequately tested
- c. Ensure that the CCG has access to these plans and an opportunity to be involved in any exercises
- d. Ensure that any preparation required – for example training, access to resources - has been completed
- e. Ensure that the capacity and skills are in place to co-ordinate the response to emergencies, through strategic command and control arrangements
- f. Ensure adequate advice is available to the clinical community via Public Health England and any other necessary route on health protection and infection control issues

3. Strategic planning: assessing needs

- a. Supporting clinical commissioning groups to make inputs to the joint strategic needs assessment and to use it in their commissioning plans
  - i. Developing a JSNA and Health and Well-being Strategy
- b. Development and interpretation of neighbourhood/locality/practice health profiles, in collaboration with the clinical commissioning groups and local authorities
  - i. Support the compilation, assimilation and synthesis of multiple sources of knowledge in order to translate knowledge into action
  - ii. Local knowledge of health inequalities, their drivers and effective interventions
- c. Providing specialist public health input to the development, analysis and interpretation of health related data sets including the determinants of health, monitoring of patterns of disease and mortality
- d. Health needs assessments for particular conditions/disease groups – including use of epidemiological skills to assess the range of interventions from primary/secondary prevention through to specialised clinical procedures

**Appendix 3: Memorandum of Understanding – The provision of Public Health advice to commissioning in Rotherham.**

4. Strategic planning: reviewing service provision
  - a. Identifying vulnerable populations, marginalised groups and local health inequalities and advising on commissioning to meet their health needs. Geo-demographic profiling to identify association between need and utilisation and outcomes for defined target population groups, including the protected population characteristics covered by the equality duty
  - b. Support to clinical commissioning groups on interpreting and understanding data on clinical variation in both primary and secondary care. Includes public health support to discussions with primary and secondary care clinicians if requested
  - c. Public health support and advice to clinical commissioning groups on appropriate service review methodology
5. Strategic planning: deciding priorities
  - a. Applying health economics and a population perspective, including programme budgeting, to provide a legitimate context and technical evidence base for the setting of priorities
  - b. Advising clinical commissioning groups on prioritisation processes – governance and best practice
  - c. Work with clinical commissioners to identify areas for disinvestment and enable the relative value of competing demands to be assessed
  - d. Critically appraising the evidence to support development of clinical prioritisation policies for populations and individuals
  - e. Horizon scanning: identifying likely impact of new National Institute for Health and Clinical Excellence guidance, new drugs/technologies in development and other innovations within the local health economy and assist with prioritisation
6. Procuring services: designing shape and structure of supply
  - a. Providing public health specialist advice on the effectiveness of interventions, including clinical and cost-effectiveness (for both commissioning and de-commissioning)
  - b. Providing public health specialist advice on appropriate service review methodology
  - c. Providing public health specialist advice to the medicines management function of the clinical commissioning group
7. Procuring services: planning capacity and managing demand

**Appendix 3: Memorandum of Understanding – The provision of Public Health advice to commissioning in Rotherham.**

- a. Providing specialist input to the development of evidence-based care pathways, service specifications and quality indicators to improve patient outcomes
  - b. Public health advice on modelling the contribution that interventions make to defined outcomes for locally designed and populated care pathways and current and future health needs
8. Monitoring and evaluation: supporting patient choice, managing performance and seeking public and patient views
- a. Public health advice on the design of monitoring and evaluation frameworks, and establishing and evaluating indicators and benchmarks to map service performance
  - b. Working with clinicians and drawing on comparative clinical information to understand the relationship between patient needs, clinical performance and wider quality and financial outcomes:
    - i. Leadership and advice on the management of Quality within contracted healthcare services including chairing/participating in routine contract quality meetings.
    - ii.
  - c. Providing the necessary skills and knowledge, and population relevant health service intelligence to carry out health equity audits and to advise on health impact assessments
  - d. Interpreting service data outputs, including clinical outputs.

**Appendix 2 – the Core Offer from NHS Commissioners to Public Health**

1. Health Improvement:
  - a. Contribute to strategies and action plans to improve health and reduce health inequalities
  - b. Ensure that constituent practices maximise their contribution to disease prevention – for example by taking every opportunity to address smoking, alcohol, and obesity in their patients and by optimising management of long term conditions
    - i. Ensure primary and secondary prevention is incorporated within commissioning practice

**Appendix 3: Memorandum of Understanding – The provision of Public Health advice to commissioning in Rotherham.**

- ii. Commission to reduce health inequalities and inequity of access to services
- iii. Support and contribute to locally driven public health campaigns

2. Health protection:

- a. Contribute to and support the borough health protection plan
- b. Familiarise themselves with strategic plans for responding to emergencies
- c. Participate in exercises when requested to do so
- d. Ensure that provider contracts include appropriate business continuity arrangements
- e. Ensure that constituent practices have business continuity plans in place to cover action in the event of the most likely emergencies
- f. Ensure that providers have and test business continuity plans and emergency response plans covering a range of contingencies
- g. Assist with co-ordination of the response to emergencies, through local command and control arrangements
- h. Ensure that resources are available to assist with the response to emergencies, by invoking provider business continuity arrangements and through action by constituent practices

3. Healthcare public health

- a. Consider how to incorporate specialist public health advice into decision making processes, in order that public health skills and expertise can inform key commissioning decisions.
- b. The CCG to publish its commissioning intentions in line with PH priorities including the areas outlined in Healthy Lives Healthy People Update and way forward (DH 2011)
- c. Utilise specialist public health skills to target services at greatest population need and towards a reduction of health inequalities
- d. Contribute intelligence and capacity to the production of the JSNA



## Appendix 4: Public Health Outcomes Framework – Overview of outcomes and indicators

**Public Health Outcomes Framework – Overview of Outcomes and Indicators**

<b>Vision</b> To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest. <b>Outcome measures</b> Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life. Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).	
<b>1 Improving the wider determinants of health</b>	<b>2 Health improvement</b>
<b>Objective</b> Improvements against wider factors that affect health and wellbeing and health inequalities	<b>Objective</b> People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
<b>Indicators</b> <ul style="list-style-type: none"> <li>• Children in poverty</li> <li>• <i>School readiness (Placeholder)</i></li> <li>• Pupil absence</li> <li>• First time entrants to the youth justice system</li> <li>• 16-18 year olds not in education, employment or training</li> <li>• People with mental illness or disability in settled accommodation</li> <li>• <i>People in prison who have a mental illness or significant mental illness (Placeholder)</i></li> <li>• Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness</li> <li>• Sickness absence rate</li> <li>• Killed or seriously injured casualties on England's roads</li> <li>• <i>Domestic abuse (Placeholder)</i></li> <li>• <i>Violent crime (including sexual violence) (Placeholder)</i></li> <li>• Re-offending</li> <li>• <i>The percentage of the population affected by noise (Placeholder)</i></li> <li>• Statutory homelessness</li> <li>• Utilisation of green space for exercise/health reasons</li> <li>• Fuel poverty</li> <li>• <i>Social connectedness (Placeholder)</i></li> <li>• <i>Older people's perception of community safety (Placeholder)</i></li> </ul>	<b>Indicators</b> <ul style="list-style-type: none"> <li>• Low birth weight of term babies</li> <li>• Breastfeeding</li> <li>• Smoking status at time of delivery</li> <li>• Under 18 conceptions</li> <li>• <i>Child development at 2-2.5 years (Placeholder)</i></li> <li>• Excess weight in 4-5 and 10-11 year olds</li> <li>• Hospital admissions caused by unintentional and deliberate injuries in under 18s</li> <li>• <i>Emotional wellbeing of looked-after children (Placeholder)</i></li> <li>• <i>Smoking prevalence – 15 year olds (Placeholder)</i></li> <li>• Hospital admissions as a result of self-harm</li> <li>• <i>Diet (Placeholder)</i></li> <li>• Excess weight in adults</li> <li>• Proportion of physically active and inactive adults</li> <li>• Smoking prevalence – adult (over 18s)</li> <li>• Successful completion of drug treatment</li> <li>• People entering prison with substance dependence issues who are previously not known to community treatment</li> <li>• Recorded diabetes</li> <li>• Alcohol-related admissions to hospital</li> <li>• <i>Cancer diagnosed at stage 1 and 2 (Placeholder)</i></li> <li>• Cancer screening coverage</li> <li>• Access to non-cancer screening programmes</li> <li>• Take up of the NHS Health Check Programme – by those eligible</li> <li>• Self-reported wellbeing</li> <li>• Falls and injuries in the over 65s</li> </ul>
<b>3 Health protection</b>	<b>4 Healthcare public health and preventing premature mortality</b>
<b>Objective</b> The population's health is protected from major incidents and other threats, while reducing health inequalities	<b>Objective</b> Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities
<b>Indicators</b> <ul style="list-style-type: none"> <li>• Air pollution</li> <li>• Chlamydia diagnoses (15-24 year olds)</li> <li>• Population vaccination coverage</li> <li>• People presenting with HIV at a late stage of infection</li> <li>• Treatment completion for tuberculosis</li> <li>• Public sector organisations with board-approved sustainable development management plans</li> <li>• <i>Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)</i></li> </ul>	<b>Indicators</b> <ul style="list-style-type: none"> <li>• Infant mortality</li> <li>• Tooth decay in children aged five</li> <li>• Mortality from causes considered preventable</li> <li>• Mortality from all cardiovascular diseases (including heart disease and stroke)</li> <li>• Mortality from cancer</li> <li>• Mortality from liver disease</li> <li>• Mortality from respiratory diseases</li> <li>• <i>Mortality from communicable diseases (Placeholder)</i></li> <li>• <i>Excess under 75 mortality in adults with serious mental illness (Placeholder)</i></li> <li>• Suicide</li> <li>• <i>Emergency readmissions within 30 days of discharge from hospital (Placeholder)</i></li> <li>• Preventable sight loss</li> <li>• <i>Health-related quality of life for older people (Placeholder)</i></li> <li>• Hip fractures in over 65s</li> <li>• Excess winter deaths</li> <li>• <i>Dementia and its impacts (Placeholder)</i></li> </ul>

<b>ROTHERHAM BOROUGH COUNCIL - REPORT TO CABINET</b>
--

<b>1.</b>	<b>Meeting:</b>	Cabinet
<b>2.</b>	<b>Date:</b>	14 <sup>th</sup> March, 2012
<b>3.</b>	<b>Title:</b>	Rotherham's Olympic Legacy Project
<b>4.</b>	<b>Directorate:</b>	Resources Commissioning, Policy & Performance

### **5. Summary**

The 2012 London Olympic Games will create an enthusiasm never seen before across the UK, bringing excitement and a reason for celebration. We want the people of our borough to be part of that and recognise that the games could influence their lives for years to come.

Working with Members and partners Rotherham Metropolitan Borough Council will deliver a programme of Olympic associated events and activities that will encourage people to live healthier lives, will see more of our residents joining clubs, volunteering and learning to coach and becoming more involved in social and cultural events.

This report will highlight progress to date in respect of;

- Forging an Olympic partnership with the London Borough of Barking & Dagenham
- Planning and initiating a wide range of Olympic focussed events during 2012

### **6. Recommendations**

Cabinet are asked to;

- Note the progress made in forging a partnership with the London Borough of Barking & Dagenham during the Olympic year and beyond
- Note the progress made in planning and initiating a wide range of Olympic focussed events during 2012
- Review and approve the outline joint events calendar (Appendix 1)
- Agree next steps in respect of Rotherham's Olympic Legacy Project
- Consider the sustainability of the Rotherham's Olympic Legacy Project

## **7. Proposals and details**

A project team made up of officers from both Rotherham Metropolitan Borough Council and partners have been working closely with the Leader, Cllr Rushforth and Cllr Wyatt to co-ordinate Rotherham's approach to the Olympics 2012.

Encouraging progress has been made in recent months and further information on planning can be found below.

### **7.1 Partnership working with the London Borough of Barking & Dagenham**

Following discussions between the London Borough of Barking & Dagenham's Leader and Chief Executive with Cllr Roger Stone it was agreed that a partnership would be beneficial to both authorities in inspiring our communities during the Olympic year and beyond. This relationship was also encouraged Yorkshire Gold / Welcome to Yorkshire.

The London Borough of Barking and Dagenham is one of six host London boroughs which include Hackney, Newham, Greenwich, Tower Hamlets and Waltham Forest, with the London Borough of Newham forging a relationship with Barnsley Metropolitan Borough Council.

Informal partnership working arrangements have been in place for a few months now and this has enabled us to develop a detailed outline joint events calendar (Appendix 1), this will be outlined further in section 7.2

A draft memorandum of understanding (Appendix 2) has been developed by ourselves that formalises partnership working arrangements and focuses on aims, shared responsibilities and the partnerships structure. This is currently with colleagues at London Borough of Barking and Dagenham and they are in the process of reviewing and amending this prior to final sign off by both authorities.

It is anticipated that the memorandum of understanding, which has been approved by the Leader, will be finalised and signed off by the 20<sup>th</sup> of February 2012.

### **7.2 Outline Joint Events Calendar**

Working with partners including; NHS Rotherham, Rotherham United, Rugby Clubs, Sports Clubs, DC Leisure, Schools and Colleges, South Yorkshire Sports Partnership, Chamber of Commerce and the London Borough of Barking and Dagenham a detailed outline events calendar has been developed, please see appendix 1.

The calendar of events is in the process of being finalised with named lead officers currently being identified to ensure the event is delivered on time and too budget.

Many of the events will offer RMBC residents the opportunity to get involved in either sports related or cultural events either in Rotherham or Barking & Dagenham.

Rotherham's leg of the "Torch Relay" will form a pivotal point in the events calendar, the Torch will pass through the borough on the morning of the 26<sup>th</sup> of June 2012. The Torch Relay will be seen as a "celebratory" day with members of the public being encouraged to line the route in both the Town Centre and Clifton Park. Many events are currently being planned to celebrate this momentous day including a Mini Olympics at Clifton Park.

There are a number of projects/events that as yet have not been included in the calendar as they are being explored further or are in the early stages of planning, these include;

- Walk for Health (in Rotherham)
- Rugby Events – including hospitality at a Titans Game and arranging a Junior Competition
- Youth Exchange between Rotherham Metropolitan Borough Council and London Borough of Barking and Dagenham
- Look at utilising and increasing the promotion of outward bounds property
- History of Olympics Lessons to be delivered by Rotherham United
- Linking to launch of Community Stadium – October 2012

London Borough of Barking and Dagenham are also exploring a number of events that may provide collaborative opportunities.

As well as promoting new events and projects existing initiatives will also be promoted on Rotherham's Olympic Legacy webpages (currently in development), these will include;

- British Heart Foundation Heart Town
- Gallery Town
- Rotherham's Olympians and Beyond – Clifton Park Museum Exhibition
- Bike to Work Programme
- Cycle Maps
- Walking Maps
- Summer Reading Challenge
- Children's Festival
- Rother Valley Country Park
- Volunteering Opportunities

### **7.3 London 2012 Inspire Programme**

Rotherham Metropolitan Borough Council's approach to the Olympics has been recognised by London 2012's Inspire programme.

A revised application, which included our events programme, was submitted in mid January and we received confirmation that we had been awarded the coveted Inspire mark in late January.

As a successful applicant we will be able to use the Inspire mark on our marketing, subject to licence.

## 7.4 Next Steps

Next steps for the project team include;

- Finalise Memorandum of Understanding / partnership agreement with the London Borough of Barking & Dagenham
- Finalise joint events calendar and further explore potential projects/events
- Initiate media activity to include promotion of partnership working with the London Borough of Barking & Dagenham and promotion of all relevant events
- Replace existing Olympic webpages with new pages that highlight events and related projects  
Rotherham's 2012 Legacy  
[http://www.rotherham.gov.uk/info/885/sports-development/1380/rotherhams\\_2012\\_legacy/1](http://www.rotherham.gov.uk/info/885/sports-development/1380/rotherhams_2012_legacy/1)

## 8. Finance

All events and projects where possible will be delivered within current budget capabilities, however where funding is an issue external funding streams will be researched.

## 9. Risks and Uncertainties

Promoting the Olympics and the associated projects/initiatives that Rotherham Metropolitan Borough Council and partners are undertaking over the coming months is extremely important in encouraging healthy lifestyles and cultural experiences. Not taking advantage of this unique juncture in time would be a missed opportunity to harness the enthusiasm the Olympics are inevitably going to create and the impact it could have on our communities for years to come.

**10. Policy and Performance Agenda Implications**

Joint health and wellbeing strategy, currently being developed.  
Rotherham Health Inequalities Action Plan, yet to be approved.

**11. Background Papers and Consultation**

N/A

**12. Contact**

Matt Gladstone

Director

Commissioning, Policy & Performance

[Matthew.gladstone@rotherham.gov.uk](mailto:Matthew.gladstone@rotherham.gov.uk)

01709 822791

Laura Brown

Corporate Improvement Officer

Commissioning, Policy & Performance

[Laura.brown@rotherham.gov.uk](mailto:Laura.brown@rotherham.gov.uk)

01709 823816

## APPENDIX 1

### LBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

#### Outline of Projects/Events

**Colour Key:** Collaborative event hosted by London Borough of Barking and Dagenham  
 Collaborative event hosted by Rotherham Metropolitan Borough Council  
 Rotherham Metropolitan Borough Council / London Borough of Barking and Dagenham event only  
**ACTION POINTS**

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
<b>JANUARY 2012</b>				
Sat 28 <sup>th</sup>	Dagenham & Redbridge FC vs. Rotherham United FC.	Allocation of free tickets by Dagenham and Redbridge FC to school/community groups.	<p><b>LBBB EVENT</b>            Ideal situation is that children and guardians from both areas will meet at event and be seated together.</p> <p>Potential for Councillors and Officers from both authorities to meet, soft partnership launch.</p>	Alex Jeremy / Danny Caine - LBBB  Laura Brown Corporate Improvement Officer 01709 823816 <a href="mailto:Laura.brown@rotherham.gov.uk">Laura.brown@rotherham.gov.uk</a>
Mon 30 <sup>th</sup>	Sports Hall Athletics (Secondary Schools)		<p><b>RMBC EVENT</b>            Discussions have taken place but different formats and timescales do not lend themselves to a joint event but exploring ways in which results could be shared, pairing schools from both areas etc.</p>	Louise White Schools Game Organiser Rawmarsh 07826 525554 <a href="mailto:rcsl.White@rgfl.org">rcsl.White@rgfl.org</a>  Elaine Burgess School Sports Manager Barking and Dagenham SSP 020 8724 1125 <a href="mailto:burgesse@babbey.bardaglea.org.uk">burgesse@babbey.bardaglea.org.uk</a>
<b>FEBRUARY 2012</b>				
Tues 14 <sup>th</sup>	Young Peoples Voice & Influence Conference	Event to be held at MyPlace Olympic Theme	<p><b>RMBC EVENT</b>            A group of young people from Rotherham will be brought together at this event that will link with young people from LBBB in the future.</p>	Christine Brodhurst-Brown Youth Services Manager 01709 822485 <a href="mailto:christine.brodhurst-brown@rotherham.gov.uk">christine.brodhurst-brown@rotherham.gov.uk</a>  Eric Stein Group Manager for Engagement &

## APPENDIX 1

### LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
				Extended Services 0208 227 3163 <a href="mailto:erik.stein@lbbd.gov.uk">erik.stein@lbbd.gov.uk</a>
Tues 21 <sup>st</sup>	Sports Hall Athletics (Secondary Schools)		<b>RMBC EVENT ONLY</b>	Louise White Schools Game Organiser Rawmarsh 07826 525554 <a href="mailto:rsl.White@rgfl.org">rsl.White@rgfl.org</a>
Tues 28 <sup>th</sup>	Sports Hall Athletics (Primary Schools)		<b>RMBC EVENT ONLY</b>	David Walker School Games Organiser Wickersley 01709 731213 <a href="mailto:dwalker@wickersley.net">dwalker@wickersley.net</a>
Wed 29 <sup>th</sup>	Sports Hall Athletics (Primary Schools)		<b>RMBC EVENT ONLY</b>	Louise White Schools Game Organiser Rawmarsh 07826 525554 <a href="mailto:rsl.White@rgfl.org">rsl.White@rgfl.org</a>
<b>MARCH 2012</b>				
Sat 17 <sup>th</sup>	Water Polo Tournament	Becontree Heath Leisure Centre.	<b>LBBB EVENT</b> Potential for Rotherham team to be represented.	Geoff Wade Aquatics Development Manager 0208227 3217 <a href="mailto:geoff.wade@lbbd.gov.uk">geoff.wade@lbbd.gov.uk</a>  Katy Butterfield Swimming Co-ordinator DC Leisure 01709 722555 <a href="mailto:katybutterfield@dcleisure.co.uk">katybutterfield@dcleisure.co.uk</a>
TBC	School's Disability Gala	TBC	<b>LBBB EVENT ONLY</b>	Emma Gillan Sports Development Manager 020 8227 3980 <a href="mailto:emma.gillan@lbbd.gov.uk">emma.gillan@lbbd.gov.uk</a>



## APPENDIX 1

### LBBD and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
TBC	Women's Day	Crèche will be provided.	<b>LBBD EVENT ONLY</b>	Danielle Robson Community Sport & Physical Activity Officer 020 8227 3982 <a href="mailto:danielle.robson@lbbd.gov.uk">danielle.robson@lbbd.gov.uk</a>
<b>APRIL 2012</b>				
Sat Apr - June	BMX Saturday Masterclasses	<p>Marcus Broomfield BMX Olympic Champion will deliver 10 weeks worth of "BMX Saturday Masterclasses" at Winterhill BMX track.</p> <p>The events include tricks and tips, diet and exercise, bike safety etc.</p> <p>Being delivered by the Youth Service detached team who have linked up with Groundwork, Area Assemblies and Rotherham North SNT for this piece of work.</p>	<b>RMBC EVENT ONLY</b>	Rachel Barraclough (01709) 334939 Mobile 07876138671 <a href="mailto:rachel.barraclough@rotherham.gov.uk">rachel.barraclough@rotherham.gov.uk</a>
Tues 17 <sup>th</sup> April – Monday 18 <sup>th</sup> June	Schools Torch Relay	Schools are creating a Rotherham Torch which is due to leave Thrybergh on 17 April and will pass through every school in the authority ending up at Magna on 18 June to open the Children's Festival.	<b>RMBC EVENT ONLY</b>	Fiona Radford SES Business Manager 01709 740226 <a href="mailto:fiona.radford@rotherham.gov.uk">fiona.radford@rotherham.gov.uk</a>

**APPENDIX 1**

**LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events**

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
<b>MAY 2012</b>				
Tues 17 <sup>th</sup> April – Monday 18 <sup>th</sup> June	Schools Torch Relay	Schools are creating a Rotherham Torch which is due to leave Thrybergh on 17 April and will pass through every school in the authority ending up at Magna on 18 June to open the Children's Festival.	<b>RMBC EVENT ONLY</b>	Fiona Radford SES Business Manager 01709 740226 <a href="mailto:fiona.radford@rotherham.gov.uk">fiona.radford@rotherham.gov.uk</a>
??	Competitive cross country	To be explored	??	Louise White Schools Game Organiser Rawmarsh 07826 525554 <a href="mailto:rcsl.White@rgfl.org">rcsl.White@rgfl.org</a>  Elaine Burgess School Sports Manager Barking and Dagenham SSP 020 8724 1125 <a href="mailto:burgesse@babbey.bardaglea.org.uk">burgesse@babbey.bardaglea.org.uk</a>
<b>JUNE 2012</b>				
Mon 4 <sup>th</sup> June – Thu 5 <sup>th</sup> July	Big Dance Programme	Dance groups and schools from Rotherham to participate through targeted sessions, activities and performances. B&D community groups to go to Rotherham to prepare. 'Mums Can Dance' project too.	<b>LBBB EVENT</b>	Michael McCormack Arts Development Manager 0208227 8797 <a href="mailto:Michael.McCormack@lbbd.gov.uk">Michael.McCormack@lbbd.gov.uk</a>  Lizzy Alageswaran Principal Officer Community Arts 01709 823636 <a href="mailto:lizzy.alageswaran@rotherham.gov.uk">lizzy.alageswaran@rotherham.gov.uk</a>
Sat 9 <sup>th</sup> – Sun 10 <sup>th</sup>	Family Sports Day	TBC	<b>LBBB EVENT ONLY</b>	? – LBBB
Tues 17 <sup>th</sup> April – Monday 18 <sup>th</sup> June	Schools Torch Relay	Schools are creating a Rotherham Torch which is due to leave Thrybergh on 17 April and will pass through every school in the authority ending	<b>RMBC EVENT ONLY</b>	Fiona Radford SES Business Manager 01709 740226 <a href="mailto:fiona.radford@rotherham.gov.uk">fiona.radford@rotherham.gov.uk</a>

**APPENDIX 1**

**LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events**

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
		up at Magna on 18 June to open the Children's Festival.		
Tues 26 <sup>th</sup> 07:36 - 9:29	Torch Relay	<p>Various plans currently in the planning stage.</p> <p>Liaising with various groups who could animate the town centre when torch relay passes through and also liaising with sports co-ordinators regarding an event in Clifton Park on 26th June.</p>	<b>RMBC EVENT ONLY</b>	<p>Marie Hayes Events and Promotions Manager 01709336883 <a href="mailto:marie.hayes@rotherham.gov.uk">marie.hayes@rotherham.gov.uk</a></p>
Tues 26 <sup>th</sup>	Learning Community Sports Day	<p>Collaboration project with Children's Festival (?), School Sport Partnerships &amp; Rotherham Utd Community Sports Trust. Looking at 26th June when torch is in Rotherham for a multi sport 'mini Olympic day'.</p>	<p><b>RMBC EVENT</b></p> <p><b>ACTION:</b> Louise White &amp; Elaine B to discuss LBBB sending youngsters to this event.</p>	<p>Louise White Schools Game Organiser Rawmarsh 07826 525554 <a href="mailto:rsl.White@rgfl.org">rsl.White@rgfl.org</a></p> <p>Fiona Radford SES Business Manager 01709 740226 <a href="mailto:fiona.radford@rotherham.gov.uk">fiona.radford@rotherham.gov.uk</a></p> <p>Jamie Noble Head of Community Rotherham United 07943 611112 <a href="mailto:jamie.noble@rotherhamunited.net">jamie.noble@rotherhamunited.net</a></p> <p>Elaine Burgess School Sports Manager Barking and Dagenham SSP 020 8724 1125 <a href="mailto:burgesse@babbey.bardaglea.org.uk">burgesse@babbey.bardaglea.org.uk</a></p>

**APPENDIX 1**

**LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events**

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
Tues 26 <sup>th</sup>	Young People's Street Party	"Street Party" to be hosted in the grounds of Dalton Youth Centre.	<b>RMBC EVENT ONLY</b>	Christine Brodhurst-Brown Youth Services Manager 01709 822485 <a href="mailto:christine.brodhurst-brown@rotherham.gov.uk">christine.brodhurst-brown@rotherham.gov.uk</a>
TBC	Junior Football Competition	To be hosted at Dagenham United FC.	<b>LBBB EVENT</b>	Susan Masey Senior Community Sport and Physical Activity Officer 0208227 3984 <a href="mailto:susy.masey@lbbd.gov.uk">susy.masey@lbbd.gov.uk</a>  Jamie Noble Head of Community Rotherham United 07943 611112 <a href="mailto:jamie.noble@rotherhamunited.net">jamie.noble@rotherhamunited.net</a>
TBC	Over 50s Games	TBC	<b>LBBB EVENT</b> Mini Olympic approach. Open invite for Rotherham representatives to attend.  <b>ACTION:</b> Danielle Robson & Chris Siddall to discuss opportunities.	Danielle Robson Community Sport & Physical Activity Officer 020 8227 3982 <a href="mailto:danielle.robson@lbbd.gov.uk">danielle.robson@lbbd.gov.uk</a>  Chris Siddall Team Leader Leisure and Green Spaces 01709 822478 <a href="mailto:chris.siddall@rotherham.gov.uk">chris.siddall@rotherham.gov.uk</a>
TBC	Triathlon and Bad 5 (B&D fun run)	TBC	<b>LBBB EVENT</b> Potential for a number of places to be reserved for Rotherham representatives.  <b>ACTION:</b> Emma Gillan and Joanne Edley to discuss, there is the potential for a reciprocal visit to Rother Valley Country Park triathlon in September.	Emma Gillan Sports Development Manager 020 8227 3980 <a href="mailto:emma.gillan@lbbd.gov.uk">emma.gillan@lbbd.gov.uk</a>  Joanne Edley Events and Promotions Manager Rother Valley Country Park <a href="mailto:JoanneEdley@RVCP.co.uk">JoanneEdley@RVCP.co.uk</a> 0114 2471452 ext 1

**APPENDIX 1**

**LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events**

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
<b>JULY 2012</b>				
Mon 4 <sup>th</sup> June – Thu 5 <sup>th</sup> July	Big Dance Programme	Dance groups and schools from Rotherham to participate through targeted sessions, activities and performances. B&D community groups to go to Rotherham to prepare. 'Mums Can Dance' project too.	<b>LBBB EVENT</b>	Michael McCormack Arts Development Manager 0208227 8797 <a href="mailto:Michael.McCormack@lbbd.gov.uk">Michael.McCormack@lbbd.gov.uk</a>  Lizzy Alageswaran Principal Officer Community Arts 01709 823636 <a href="mailto:lizzy.alageswaran@rotherham.gov.uk">lizzy.alageswaran@rotherham.gov.uk</a>
Sat 7 <sup>th</sup>	Big Dance Event	Town Centre Dance Event	<b>RMBC EVENT</b> Potential linkages to be explored ASAP, Lizzy liaising with relevant colleagues in LBBB.  Could we include a "Dance Off" between ICE & Diversity?  <b>ACTION: Linkages to be explored ASAP.</b>	Laura Brown Corporate Improvement Officer 01709 823816 <a href="mailto:Laura.brown@rotherham.gov.uk">Laura.brown@rotherham.gov.uk</a>
Fri 20 <sup>th</sup>	Rotherham Wide Fun Olympics – Clifton Park	The Central Youth Work Team is holding a Rotherham wide fun Olympics in Clifton Park supported by Rotherham United and a variety of voluntary organisations. Taking place will be:- <ul style="list-style-type: none"> <li>• Skate Rink from YMCA White Rose</li> <li>• Inflatable Human Table Football.</li> <li>• Wellie Throwing</li> <li>• Football</li> <li>• Rounder's</li> <li>• Volley Ball</li> <li>• Plus team games</li> </ul> <p>The events will take place from 3pm to 9pm and will end with a</p>	<b>RMBC EVENT ONLY</b>	Rachel Barraclough (01709) 334939 Mobile 07876138671 <a href="mailto:rachel.barraclough@rotherham.gov.uk">rachel.barraclough@rotherham.gov.uk</a>

**APPENDIX 1**

**LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events**

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
Sun 22 <sup>nd</sup>	Dagenham Town Show Parade	<p>community BBQ</p> <p>Invitation for Rotherham to enter a float in the parade.</p> <p>This would tie in with the celebration of the Olympic Torch passing through the borough (Day 65).</p>	<p><b>LBBB EVENT</b></p> <p><b>ACTION:</b> Christine Brodhurst-Brown and Lizzy Alageswaran exploring the possibilities.</p>	<p>Janice Hunte Events Manager 0208227 3093 <a href="mailto:janice.hunte@lbbd.gov.uk">janice.hunte@lbbd.gov.uk</a></p> <p>Julia Pearson Events Coordinator 0208227 3591 <a href="mailto:julia.pearson@lbbd.gov.uk">julia.pearson@lbbd.gov.uk</a></p> <p>Christine Brodhurst-Brown Youth Services Manager 01709 822485 <a href="mailto:christine.brodhurst-brown@rotherham.gov.uk">christine.brodhurst-brown@rotherham.gov.uk</a></p> <p>Laura Brown Corporate Improvement Officer 01709 823816 <a href="mailto:Laura.brown@rotherham.gov.uk">Laura.brown@rotherham.gov.uk</a></p>
Sun 22 <sup>nd</sup>	Dagenham Town Show Sports Day	Central Park	<p><b>LBBB EVENT</b></p> <p><b>ACTION:</b> Rotherham to send children/a team? Almost exchange approach with the Learning Community Sports Day Rotherham are hosting on the 26<sup>th</sup> June.</p>	<p>Elaine Burgess School Sports Manager Barking and Dagenham SSP 020 8724 1125 <a href="mailto:burgesse@babbey.bardaglea.org.uk">burgesse@babbey.bardaglea.org.uk</a></p> <p>Janice Hunte Events Manager 0208227 3093 <a href="mailto:janice.hunte@lbbd.gov.uk">janice.hunte@lbbd.gov.uk</a></p> <p>Julia Pearson Events Coordinator 0208227 3591 <a href="mailto:julia.pearson@lbbd.gov.uk">julia.pearson@lbbd.gov.uk</a></p>

**APPENDIX 1**

**LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events**

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
				Louise White Schools Game Organiser Rawmarsh 07826 525554 <a href="mailto:rcsl.White@rgfl.org">rcsl.White@rgfl.org</a>
Fri 27 <sup>th</sup> July – Sun 12 <sup>th</sup> August	Sexual Health Initiative  Project name TBC	Sexual health education and awareness campaign to prevent sexually transmitted infections and unwanted pregnancy.	<b>RMBC EVENT ONLY</b>	Christine Brodhurst-Brown Youth Services Manager 01709 822485 <a href="mailto:christine.brodhurst-brown@rotherham.gov.uk">christine.brodhurst-brown@rotherham.gov.uk</a>
TBC	Swimming Gala	To be hosted at Becontree Heath Leisure Centre.	<b>LBBB EVENT</b> Open invitation to Rotherham representatives.	Geoff Wade Aquatics Development Manager 0208227 3217 <a href="mailto:geoff.wade@lbbd.gov.uk">geoff.wade@lbbd.gov.uk</a>  Katy Butterfield Swimming Co-ordinator DC Leisure 01709 722555 <a href="mailto:katybutterfield@dcleisure.co.uk">katybutterfield@dcleisure.co.uk</a>
<b>AUGUST 2012</b>				
Fri 27 <sup>th</sup> July – Sun 12 <sup>th</sup> August	Sexual Health Initiative  Project name TBC	Sexual health education and awareness campaign to prevent sexually transmitted infections and unwanted pregnancy.	<b>RMBC EVENT ONLY</b>	Christine Brodhurst-Brown Youth Services Manager 01709 822485 <a href="mailto:christine.brodhurst-brown@rotherham.gov.uk">christine.brodhurst-brown@rotherham.gov.uk</a>
Thu 30 <sup>th</sup> – Fri 31 <sup>st</sup>	Joint Summer Games Event	Two one day events to be held at Herringthorpe Stadium and the other potentially at Maltby Leisure centre.  Event will be made up of Olympic events and part	<b>RMBC EVENT</b> Opportunity to invite young people from LBBB to take part.	Chris Siddall Team Leader Leisure and Green Spaces 01709 822478 <a href="mailto:chris.siddall@rotherham.gov.uk">chris.siddall@rotherham.gov.uk</a>  Emma Gillan Sports Development Manager

## APPENDIX 1

### LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
		<p>Paralympic events. The second day will be in the pool with events such as diving, water polo and swimming.</p> <p>Will be promoted as part of the Children's Festival.</p> <p>Age range 5 – 16yrs, 5 – 7yrs must be accompanied by an adult.</p>		<p>020 8227 3980  <a href="mailto:emma.gillan@lbbd.gov.uk">emma.gillan@lbbd.gov.uk</a></p>
<b>SEPTEMBER 2012</b>				
<b>OCTOBER 2012</b>				
TBC	'Older People's Day'	TBC	<p><b>LBBB EVENT</b>                      Open invitation to Rotherham representatives.</p>	<p>? Still TBC - LBBB</p> <p>Chris Siddall                      Team Leader Leisure and Green Spaces                      01709 822478  <a href="mailto:chris.siddall@rotherham.gov.uk">chris.siddall@rotherham.gov.uk</a></p>
<b>NOVEMBER 2012</b>				
<b>DECEMBER 2012</b>				
TBC	International Day for Disabled People	TBC	<p><b>LBBB EVENT</b>                      Open invitation to Rotherham representatives.</p>	<p>? Still TBC - LBBB</p> <p>Chris Siddall                      Team Leader Leisure and Green Spaces                      01709 822478  <a href="mailto:chris.siddall@rotherham.gov.uk">chris.siddall@rotherham.gov.uk</a></p>



## APPENDIX 1

### LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

#### Olympic Events Calendar 2012

Colour Key: **LBBB Event** / **RMBC Event**

<u>JANUARY 2012</u>	<u>FEBRUARY 2012</u>	<u>MARCH 2012</u>	<u>APRIL 2012</u>
<p><b>Sat 28<sup>th</sup> - Dagenham &amp; Redbridge FC vs. Rotherham United FC</b></p> <p><b>Mon 30<sup>th</sup> - Sports Hall Athletics</b> Secondary Schools</p>	<p><b>Tue 14<sup>th</sup> - Young Peoples Voice &amp; Influence Conference</b></p> <p><b>Tue 21<sup>st</sup> - Sports Hall Athletics</b> Secondary Schools</p> <p><b>Tue 28<sup>th</sup> - Sports Hall Athletics</b> Secondary Schools</p> <p><b>Wed 29<sup>th</sup> - Sports Hall Athletics</b> Primary Schools</p>	<p><b>Sat 17<sup>th</sup> - Water Polo Tournament</b></p> <p><b>TBC - School's Disability Gala</b></p> <p><b>TBC - Women's Day</b></p>	<p style="text-align: center;"><b>April – June 2012</b> <b>BMX Saturday Masterclasses</b></p>
			<p style="text-align: center;"><b>17<sup>th</sup> April – 18<sup>th</sup> June 2012</b> <b>Schools Torch Relay</b></p>
<u>MAY 2012</u>	<u>JUNE 2012</u>	<u>JULY 2012</u>	<u>AUGUST 2012</u>
	<p><b>Tue 26<sup>th</sup> – Torch Relay</b> <b>Mini Olympics Event</b> <b>Young People's Street Party</b></p> <p><b>TBC - Junior Football Competition</b></p> <p><b>TBC - Over 50s Games</b></p> <p><b>TBC - Triathlon and Bad 5 (B&amp;D fun run)</b></p> <p><b>TBC – Family Sports Day</b></p>	<p><b>Sat 7<sup>th</sup> – Big Dance Event</b></p> <p><b>Fri 20<sup>th</sup> – Rotherham Wide Fun Olympics</b></p> <p><b>Sun 22<sup>nd</sup> - Dagenham Town Show</b> <b>Parade and Sports Day</b></p> <p><b>TBC – Swimming Gala</b></p>	<p><b>Thu 30<sup>th</sup> – Joint Summer Games</b></p> <p><b>Fri 31<sup>st</sup> Event</b></p>
<p style="text-align: center;"><b>17<sup>th</sup> April – 18<sup>th</sup> June 2012</b> <b>Schools Torch Relay</b></p>	<p style="text-align: center;"><b>4th June- 5<sup>th</sup> July 2012</b> <b>Big Dance Programme</b></p>	<p style="text-align: center;"><b>27<sup>th</sup> July – 12<sup>th</sup> August 2012</b> <b>Sexual Health Initiative</b> <b>Project name TBC</b></p>	
	<p style="text-align: center;"><b>April – June 2012</b> <b>BMX Saturday Masterclasses</b></p>		
<u>SEPTEMBER 2012</u>	<u>OCTOBER 2012</u>	<u>NOVEMBER 2012</u>	<u>DECEMBER 2012</u>
	<p><b>TBC – Older People's Day</b></p>		<p><b>TBC – International Day for Disabled People</b></p>

## APPENDIX 1

### LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

#### Events not currently listed on the ‘Calendar of Events’

The events outlined below are still in the relatively early stages of discussion. As a result, they have not been included in the outline events calendar.

LBBB	RMBC
<p>1. <u>Community and Sport</u></p> <ul style="list-style-type: none"> <li>- BMX track meet hosted by BAD BMX</li> <li>- Netball Rally – New Campell Netball Club</li> <li>- Bowls match – Short mat and Crown Green</li> <li>- Community and Disability Community Games</li> <li>- London Youth Games Select vs. Rotherham Select</li> </ul> <p>2. <u>Arts and Culture</u></p> <ul style="list-style-type: none"> <li>- Exhibit Exchange – local artists to showcase their work in the partner borough. Arts Development team to send invites to appropriate clubs in Rotherham.</li> </ul> <p>3. <u>Volunteers</u></p> <ul style="list-style-type: none"> <li>- LBBB will be inviting volunteers from Rotherham to help run and support a number of the events outlined above. This would provide residents Rotherham residents with an opportunity to work alongside some of our Olympic volunteers and gain further experience.</li> </ul>	<p>1. Walk for Health (in Rotherham) – funded through the More Active More Often Project (Sport England)</p> <p>Chris Siddall has arranged a meeting to map out provision and will be happy to act as the lead contact to progress this project.</p> <p>2. Rugby Events/Games</p> <p>Laura Brown is progressing arrangements with Rugby Club.</p> <p>3. Youth Exchange</p> <p>Christine Brodhurst-Brown has made contact with counterpart at LBBB and plans are progressing well. Specifics yet to be confirmed.</p> <p>4. Utilise/promote outward bounds property/ies – Exchange?</p> <p>CBB confirmed that during the Youth Exchange project the outward bounds properties will be utilised. CBB highlighted that some work would be undertaken on researching the potential to promote and market RMBC’s properties more effectively.</p> <p>5. History of Olympics Lessons to be delivered by Rotherham Utd Need to explore funding opportunities, heritage lottery fund? (£1500)</p> <p>Funding will be researched ASAP</p>

**APPENDIX 1**

**LBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events**

**Projects/initiatives that will be promoted during the Olympic Year**

LBB	RMBC
	<ol style="list-style-type: none"><li>1. British Heart Foundation Heart Town</li><li>2. Gallery Town</li><li>3. Rotherham's Olympians and Beyond – Clifton Park Museum Exhibition</li><li>4. Bike to Work Programme</li><li>5. Cycle Maps</li><li>6. Walking Maps</li><li>7. Summer Reading Challenge</li><li>8. Children's Festival</li><li>9. Rother Valley Country Park</li><li>10. Volunteering Opportunities</li><li>11. Youth Service - The Summer Holiday Projects</li></ol>

**Links between Rotherham and Barking and Dagenham  
Olympics and Paralympics 2012**

**MEMORANDUM OF UNDERSTANDING**

THIS MEMORANDUM OF UNDERSTANDING BETWEEN:

- (1) Rotherham Metropolitan Borough Council
- (2) London Borough of Barking and Dagenham

**Definition of Terms**

The Partnership:

Is a partnership of agencies that have shared aims and objectives, for the benefit of people in the Borough of Rotherham and the London Borough of Barking and Dagenham.

Strategic Partners:

- (1) Rotherham Metropolitan Borough Council and the London Borough of Barking and Dagenham.

(hereafter referred to as the Partners).

**1. Purpose**

This Memorandum of Understanding sets out the relationship between the Partners who have chosen to work together to meet shared aims and objectives and which are parties to this agreement. The Memorandum of Understanding will also identify the agreed responsibilities and commitments of each Partner.

**2. Aims**

- 2.1 The partnership will develop links and explore ways of benefiting from the potential legacy of the games, through sport, culture, business, tourism and education.
- 2.2 Partners will share challenges, experiences and good practice.
- 2.3 The Partners will aim to promote a range of activities and events including healthy lifestyles activities; culture, community and education initiatives; business, commerce and enterprise initiatives, fundraising and encouraging volunteers.
- 2.4 The Partners will aim to create opportunities to maximise experiences available for children and young people through a range of activities and opportunities.
- 2.5 The Partners will share the vision of the Olympics as a national event, not solely based on the capital, promoting the Olympic and encouraging participation in educational, physical and cultural activity.
- 2.6 The Partners will explore and promote a range of collaborative working opportunities focussing on healthy living and health improvements.
- 2.7 The Partners will seek to explore additional regional collaboration opportunities.
- 2.8 The Partners will seek to create a genuine legacy from the London Olympics by seeking to make this partnership a long term arrangement.
- 2.9 The Partners will operate at both strategic and operational levels in order to achieve the identified aims.

**Links between Rotherham and Barking and Dagenham  
Olympics and Paralympics 2012**

**MEMORANDUM OF UNDERSTANDING**

**3. Partners**

**These are shared responsibilities between both of the Partners**

The Partners agree to:

- 3.1 Work co-operatively with each other to achieve the aims identified in section 2.
- 3.2 Explore a range of collaborative working opportunities to support delivery.
- 3.3 Provide resources as available and appropriate for the furtherance of the Partnership.

**4. Partnership Structure**

- 4.1 Strategic Group – The business of the Partnership shall be overseen by a Strategic Group made up of selected officers and elected members of Rotherham Metropolitan Borough Council and the London Borough of Barking and Dagenham.
- 4.2 Project Team – Officers of Rotherham Metropolitan Borough Council, London Borough of Barking and Dagenham and key Partners will work together in the furtherance of the aims of the Partnership.
- 4.3 Working groups will be established within both authorities as and when required to assist in the delivery of the work programme.

**5. Review and termination**

- 5.1 The Memorandum of Understanding will be reviewed one year from commencement and annually thereafter should it continue.
- 5.2 The Memorandum of Understanding is an expression of shared aims and commitments. The Memorandum of Understanding is not a legally binding document and as such, any party can terminate their participation in the Partnership at any time.

**6. Signatures**

**Signed on behalf of Rotherham Metropolitan Borough Council**

Signature:

Date:

Print Name:

Position:

**Signed on behalf of London Borough of Barking and Dagenham**

Signature:

Date:

Print Name:

Position:

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
--

<b>1</b>	<b>Meeting:</b>	<b>Cabinet</b>
<b>2</b>	<b>Date:</b>	<b>14<sup>th</sup> March, 2012</b>
<b>3</b>	<b>Title:</b>	<b>GCSE Examination Results, 2011</b>
<b>4</b>	<b>Directorate:</b>	<b>Children and Young People's Services</b>

**5 Summary:**

The purpose of this report is to inform the Cabinet of the GCSE examination results for 2011 and how they compare to previous years, to the national average and to the results of our statistical neighbours.

**6 Recommendations:**

**That:**

- **The report is received.**
- **That Cabinet note the continued improved levels of performance across all indicators at the end of Key Stage 4.**
- **All schools are encouraged to continue to improve their results, and strive to achieve outcomes at least in line with the national rate of improvement.**
- **That Cabinet endorses the drive to:**
  - **remove the gap between Rotherham's performance and the national average performance especially in relation to 5+A\*-C including English and Maths;**
  - **continue to improve boys' attainment,**
  - **continue to improve the attainment of black, minority ethnic (BME) pupils and**
  - **continue to improve attainment for pupils eligible for FSM**

## **7. Proposals and Details**

### **A. Summary Overview**

- i. Performance at Key Stage 4 across the Local Authority (LA) rose for the ninth consecutive year. On the now critical 5+A\*-C including English and Mathematics indicator, the LA average increased by 5.9% to 56.7% against a national average increase of 5.4% to 58.9%. This has narrowed the gap to national averages to 2.2%.
- ii. The 5+A\*-C indicator rose by 8.5% against a national average increase of 4.1%. 81.8% of pupils achieved 5+A\*-C against a national average 79.5%. This is the first year that Rotherham averages have exceeded national averages for this threshold.
- iii. Performance at 5+A\*-G including English and Mathematics rose 1.1% to 94.8%. Rotherham now exceeds national averages at 5+A\*-G by 2.5% (Rotherham 96%, national averages 93.5%) and 5+A\*-G including English & Mathematics by 2.7% (Rotherham 94.8%, national averages 92.1%).
- iv. The Key Stage 2 to Key Stage 4 expected progress measures improved in English by 6% (Rotherham 72%, national averages 72%) and Mathematics by 5% (Rotherham 60%, national averages 65%).
- v. All Rotherham secondary schools are above the DFE floor standard of 35% 5+A\*-C including English and mathematics and / or above the national median progress in English and mathematics in 2011

### **B. Priority areas for action 2011/12**

- i. The collaborative programme focussed on 5+A\*-C including English and Mathematics performance led by a Consultant Headteacher working with senior leaders across the 16 schools has been sustained for a third year. In 2011 it again promoted significant improvement in targeted schools, well above national averages.
- ii. The culture of high expectations now pervasive across the secondary phase is exemplified in the aspirational targets set by schools for 2010 and 2011, which are consistently above the upper FFT 'D' and RAISE online estimates.
- iii. Improvement in the LA's most vulnerable schools – those with the highest proportion of children receiving Free School Meals (FSM) – remains a priority and has seen significant improvement over the last 3 years.

### **C. Strategic focus of School Effectiveness Service**

- i. Targeted support for underachievement is coordinated across the School Effectiveness Service (SES), Consultant Headteachers and the nominated three lead consultancy schools.
- ii. Programmes promoting the development of senior leadership capacity in the secondary phase are an area of excellence receiving regional and national recognition. The schools' senior leadership group is now working extensively with one of the country's most outstanding schools from Wolverhampton to study their practice

- iii. Core subject consultancy demonstrated significant impact in underperforming departments in 2011 especially in English. Maths remains the key target area for 2012 which would help drive up overall performance at the threshold
- iv. Partnership between schools and SES is close, responsive and productive. It has led to the establishment of the Rotherham School Improvement Partnership. Rotherham School Improvement Partnership Mission:
- all students making at least good progress;
  - no underperforming cohorts;
  - all teachers delivering at least good learning;
  - all schools moving to at least the next level of successful performance

#### D. Overall GCSE Results

**Table D1: Overall 5+ A\*-C GCSE Results 2008 - 2011**

GCSE results	Rotherham (R) %	National (N) %	% Diff between R and N	Statistical Neighbours (SN) %	% Diff between R and SN
<b>5+ A*-C</b>					
2008	58.3	65.3	-7.0	62.8	-4.5
2009	66.9	70.0	-3.1	69.2	-2.3
2010	73.3	75.4	-2.1	76.9	-3.6
2011	81.8	79.5	+2.3	81.3	+0.5

- The percentage of pupils attending special schools in the 2011 cohort was 1.5%.
- The percentage of pupils achieving 5+GCSEs at the higher grade A\*-C has increased from 73.3% in 2010 to 81.8% in 2011, against a national average of 75.4% in 2010 to 79.5% in 2011. Rotherham averages are above national and the average of statistical neighbours for the first time.

**Table D2: Performance at 5+ A\*-C (including English and Mathematics)**

GCSE results	Rotherham (R) %	National (N) %	% Diff between R and N	Statistical Neighbours (SN) %	% Diff between R and SN
<b>5+A*-C (inc English and maths)</b>					
2008	40.9	47.6	-6.7	42.8	-1.9
2009	47.1	49.8	-2.7	46.7	+0.4
2010	50.8	53.4	-2.6	52.0	-1.2
2011	56.7	58.9	-2.2	55.4	+1.3

- In 2011 56.7% of Rotherham pupils achieved 5+A\*-C (including English and mathematics), against a national average of 58.9% and a statistical neighbour average of 55.4%. Rotherham has reduced the gap to national averages to 2.2% and is above the average of statistical neighbours by 1.3%.
- In 2011:
  - 67.0% of pupils gained A\*-C in English (69.0% nationally). The LA average rose by 5% against the national average increase of 3.0%.
  - 62% of pupils gained A\*-C in Mathematics (65.0% nationally). The LA average rose by 4.7% against the national average increase of 4.0%.
  - 56.8% of pupils gained A\*-C in English and Mathematics combined (59.0% nationally). The LA average rose by 6.0% against a national average increase of 5.2%.



**Table D3: Performance at 5+ A\* - G (including English and Mathematics)**

<b>GCSE results</b>	<b>Rotherham (R) %</b>	<b>National (N) %</b>	<b>% Diff between R and N</b>	<b>Statistical Neighbours (SN) %</b>	<b>% Diff between R and SN</b>
<b>5+A*-G (including English and maths)</b>					
2008	90.3	87.4	+2.9	89.9	+0.4
2009	91.8	88.3	+3.5	90.8	+1.0
2010	93.7	88.7	+5.0	92.9	+0.8
2011	94.8	92.1	+2.7	93.8	+1.0

- 94.8% of Rotherham pupils gained 5+A\*-G (including English and Mathematics), an increase of 1.1% from 2010.
- This is against a national average of 92.1% which increased by 3.4% from 2010 and the statistical neighbour average of 93.8% which increased by 0.5% from 2010.
- Rotherham exceeds both national averages (by 2.7%) and the average of statistical neighbours (by 1.0%).

**Table D4: Performance – Any passes**

<b>GCSE results</b>	<b>Rotherham (R) %</b>	<b>National (N) %</b>	<b>% Diff between R and N</b>	<b>Statistical Neighbours (SN) %</b>	<b>% Diff between R and SN</b>
<b>Any passes</b>					
2008	98.0	98.6	-0.6	98.2	-0.2
2009	98.5	98.9	-0.4	98.5	0.0
2010	99.2	99.0	+0.2	99.1	+0.1
2011	99.4	99.2	+0.2	99.3	+0.1

- Only 0.6% of pupils in Rotherham left school in 2011 with no GCSE equivalent passes. Rotherham is slightly above national averages and the average of statistical neighbours.

**Table D5: Average Point Score (capped – i.e. results of the best 8 subjects taken)**

<b>GCSE results</b>	<b>Rotherham (R) %</b>	<b>National (N) %</b>	<b>% Diff between R and N</b>	<b>Statistical Neighbours (SN) %</b>	<b>% Diff between R and SN</b>
<b>APS (capped)</b>					
2008	292.9	308.6	-15.7	300.5	-7.6
2009	309.8	318.2	-8.4	313.3	-3.5
2010	324.6	327.6	-3.0	328.2	-3.6
2011	338.9	336.6	+2.3	336.8	+2.1

- The capped average points score is calculated from the best 8 GCSEs or equivalent.
- The average (capped) point score for pupils in Rotherham is 338.9, an increase of 14.3 in 2011 compared to a national average increase of 9.
- Rotherham averages are above National averages and the average of Statistical Neighbours in this critical area (now central to Ofsted inspections).

**E. Performance Profile of Individual Secondary Schools**

	Cohort	5+ A*-C inc E&M	5+ A*-C	5+ A*-G	Eng Bacc	Capped APS	Expected Progress English	Expected Progress maths
Aston Academy	291	79.1	97.0	100.0	12.3	368.6	89.0	69.0
Brinsworth Comprehensive	242	54.1	74.4	99.0	6.2	333.2	63.0	60.0
Clifton - A Community Arts	232	45.0	70.0	96.0	0	321.8	61.0	49.0
Dinnington Comprehensive	230	56.0	77.4	94.0	6.1	330.1	59.0	60.0
Maltby Academy	229	61.0	72.0	100	7.0	326.0	79.0	67.0
Oakwood Technology College	212	49.1	86.0	96.2	10.4	339.7	79.0	57.0
Rawmarsh Community School - A Sports College	178	42.1	78.0	97.0	7.0	334.0	56.0	41.0
Saint Pius X Catholic High	129	57.4	67.4	98.4	13.2	327.4	72.0	61.0
St Bernard's Catholic High	131	64.1	85.5	96.9	6.1	348.9	83.0	65.0
Swinton Community	150	56	81.0	96	8.0	331.4	69.0	55.0
Thrybergh School & Sports College	114	41.2	89.5	97.4	0	340.3	79.0	44.0
Wales High School	243	61.0	91.0	98.0	12.0	356.5	79.0	67.0
Wath Comprehensive	299	56.0	89	97.3	21.0	345.2	76.0	58.0
Wickersley School and Sports College	305	76.0	95	97	30.7	375.3	88.0	77.0
Wingfield Business & Enterprise College	158	46.0	76.0	94.0	3.0	332.8	62.0	51.0
Winterhill School	295	54.1	86.0	97	2.0	345.9	66.0	67.0
<b>LA Average</b>		<b>56.7</b>	<b>81.8</b>	<b>96.0</b>	<b>9.8</b>	<b>338.9</b>	<b>72.0</b>	<b>60.0</b>
<b>National Average</b>		<b>58.9</b>	<b>79.5</b>	<b>93.5</b>	<b>17.6</b>	<b>336.6</b>	<b>72.0</b>	<b>65.0</b>

DFE introduced the new floor standards in 2010 combining attainment and progress:

- less than 35% of pupils at the end of Key Stage 4 (KS4) achieving 5 or more GCSEs A\*-C (or equivalents) including English and maths GCSE; **and**
- below average % of pupils at the end of KS4 making expected progress in English (national median = 74%); **and**
- below average % of pupils at the end of KS4 making expected progress in maths (national median for 2010 = 66%)

All Rotherham secondary schools were above the DFE floor standards in 2011.

## F. Vulnerable Groups

**Table F1: Analysis of Performance by Gender - 5+A\*-C grades (including English and Mathematics)**

5+A*-C inc E&M	Boys		Girls		Difference	
	LA	Nat	LA	Nat	LA	Nat
2008	37.2	43.2	44.8	52.3	7.6	9.1
2009	44.0	45.7	50.3	54.1	6.3	8.4
2010	48.1	51.2	53.0	59.1	4.9	7.9
2011	52.9	55.2	60.9	62.8	8.0	7.6

- The gap between the performance of girls and boys at 5+A\*-C (including English and Maths) is 8.0% and increased by 3.1%. Boys' performance improved by 4.8%. Girls' performance improved by 7.9% between 2010/2011.
- The gap in national performance between girls and boys is 7.6%; the national gap is 0.4% below the LA gap.

**Table F2: Performance by Ethnicity 2008 – 2011**

		Number in Group	3+ A* to A	5+ A* to C inc Eng & Maths	5+ A* to C	5+ A* to G
2008	BME	262	14.5%	34.7%	56.9%	93.5%
	WBRI	3489	17.0%	42.0%	58.7%	92.8%
	ALL	3751	16.8%	41.5%	58.6%	92.9%
2009	BME	295	20.7%	42.4%	63.1%	94.2%
	WBRI	3282	22.2%	48.3%	68.2%	94.8%
	ALL	3616	22.0%	47.7%	67.7%	94.8%
2010	BME	389	22.4%	44.0%	67.1%	95.4%
	WBRI	3196	25.5%	52.4%	74.6%	96.3%
	ALL	3582	25.2%	51.6%	74.1%	96.7%
2011	BME	364	25.8%	50.0%	81.3%	95.1%
	WBRI	3123	29.7%	57.3%	81.7%	95.9%
	ALL	3497	29.3%	56.7%	81.8%	96.0%

(BME) Black and Minority Ethnic background

(WBRI) White British background

Data Source – NCER website

- The percentage of BME pupils has declined slightly from 10.8% in 2010 to 10.4% in 2011.
- The performance of BME pupils continues to improve, there is a significant improvement at 5+A\*-C in 2011 (14.2%) closing the gap to the LA average to 0.5%.

**Table F3: Performance by Free School Meals (FSM) Eligibility**

	5+A*-C in E&M	5+A*-C	1A*-G	A*-C English	A*-C Maths
2008	14.9	28.4	92.9	24.7	21.6
2009	20.8	39.2	93.3	30.1	27.7
2010	24.0	47.6	94.3	33.6	31.4
2011	29.3	61.2	97.1	39.8	36.5

FSM cohort average – 14.8%

- The performance of pupils eligible for FSM shows an increase for all indicators in 2011, there is a significant improvement on the percentage of pupils achieving 5+A\*-C with an increase of 13.6%.
- The key indicator is 5+A\*-C including English and mathematics, 29.3% against 56.7% for all pupils.

**Table F4: Gap between the performance of pupils eligible for FSM and pupils not eligible for FSM**

The following table shows the gap in attainment of pupils that are eligible for FSM and pupils that are not eligible for FSM. DfE are encouraging schools to compare the level of their FSM pupils' performance to the level of non-FSM performance with the intention of encouraging schools to set more ambitious achievement goals for their FSM pupils.

	5+A*-C in E&M	5+A*-C	1A*-G	A*-C English	A*-C Maths
2008	30.7	35.3	5.1	32.5	32.4
2009	30.7	32.2	4.9	33.1	30.3
2010	31.2	29.4	4.5	33.6	30.4
2011	32.0	24.1	1.9	32.0	30.0

- The performance at 5+A\*-C is encouraging as the gap is reduced by 5.3% in 2011.

## 8. Finance:

Resources to drive the school improvement agenda, are a combination of revenue budget, Dedicated Schools Grant and income:

## School Effectiveness Service

£M	Funded by :			
Total Budgeted Expenditure 2011/12	Dedicated Schools Grant (DSG)	Early Intervention Grant (EIG)	Revenue	Other
2,680	1,152	121	1,063	344
%	43	4	40	13

Compared to 2010/11 financial year the funding available to the School Effectiveness Service has reduced by £1.28m ( 37%). The capacity, therefore, of the central team to support all schools including secondary schools is very limited and the team now focuses on the statutory duties and horizon scanning to ensure we are aware of schools that are vulnerable.

For the financial year 2011/12, £1.044m of funding was realigned from Dedicated Schools Grant and Former Standards Fund Grant allocations to the newly formed Rotherham School Improvement Partnership which provides the school on school support and challenge. The LA is a key partner in this partnership.

### 9. Risks and Uncertainties:

The level of achievement of Rotherham pupils on leaving statutory education will have a major impact on the re-generation of the area. Schools, working with the LA, are setting challenging targets and are striving to drive up the standards of attainment for all pupils.

The coherent implementation of a range of nationally funded projects has been instrumental in achieving this improvement but they terminated at April 2011 and have been replaced by other locally designed and delivered approaches. This is a fundamental shift in practice and provision which must be managed successfully or students will be the losers. Failure to achieve the targets will limit the economic prospects of the young people and damage their life chances.

### 10 Policy and Performance Agenda Implications:

Any plans arising from an analysis of this report should be consistent with the Community Strategy, the Corporate Plan and the Children and Young People's Single Plan. The improvement actions should address the Corporate Priorities for:

- |                |  |
|----------------|--|
| Regeneration   | - improving the image of Rotherham;<br>- providing sustainable neighbourhoods of quality, choice and aspiration. |
| Equalities     | - promoting equality;<br>- promoting good community relations.   |
| Sustainability | - improving quality of life;<br>- increasing employment opportunities for local people.                          |

**11. Background Papers and Consultation:**

GCSE Examination Results - Report to Cabinet 2006 - 2010.

**Contact Name:**

Karen Borthwick

Head of School Effectiveness

T: 01709 740226

E: karen.borthwick@rotherham.gov.uk

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
--

<b>1</b>	<b>Meeting:</b>	<b>Cabinet</b>
<b>2</b>	<b>Date:</b>	<b>14<sup>th</sup> March, 2011</b>
<b>3</b>	<b>Title:</b>	<b>Academies and Free Schools</b>
<b>4</b>	<b>Directorate:</b>	<b>Children and Young People's Services</b>

### 5. Summary

The purpose of this report is to inform Cabinet about the local developments relating to Academies and Free Schools.

An academy is a state funded school, independent of the Local Authority and established and maintained under a funding agreement with the Secretary of State.

In Rotherham we currently have four Academies - Maltby, Wales, Brinsworth and Aston.

St. Bernard's Catholic High School is currently undergoing conversion to an Academy.

Free Schools are new schools established by a range of different groups such as parent groups, universities, charities, teachers, businesses and other education providers. Free Schools are non profit making state funded independent schools.

Currently there are no free schools in Rotherham.

### 6. Recommendations

**That:**

- **Cabinet endorse the proposals relating to primary school academies and note that from September 2012 there will be 3.**
- **Cabinet endorses the position that any academy development should commit to transforming Rotherham Learning Principles.**

## 7. Proposals and Details

Both Academies and Free Schools are key components of the governments change agenda.

An Academy is a state-funded school, independent of the local authority and established and maintained under a funding agreement with the Secretary of State.

The Coalition Government has begun to increase the pressure on schools deemed to be of concern (below floor standards especially on the 200/500 'list' / special measures or notice to improve) to convert to Academy Status, partnering with an existing Academy that is 'performing well'. The existing Academy Trust would act as a 'sponsor to the school'.

In Rotherham currently three primary schools are in the process of becoming Academies, 2 schools will be sponsored by the Academy within the Teaching school Alliance, Heath Park and the third school will be sponsored by Aston Academy, still to be approved by the Secretary of State.

### **Context:**

Rotherham has a strong and evolving record of school to school support and is committed to a partnership approach to improving performance in our most challenging and vulnerable schools. The alignment of the school led Rotherham School Improvement Partnership (RoSIP) to the Teaching School Alliance (TSA) and to the School Effectiveness Service leaves Rotherham and its wider partners well placed with both capacity and proven capability to meet the challenges ahead.

One of these key challenges is the need to rapidly improve, in fact transform, performance in the schools that have been identified by the DfE as 'Group 1 and Group 2 schools' (see below) and in those schools that are in danger of falling into these categories. The effectiveness of support to, and for, these schools will be the real test of our partnership work. In keeping with both Rotherham and DfE policy we will look first to the TSA and RoSIP partnership for support for these schools. This may take many forms, one of which may be what is termed a 'structural' solution. This is now invariably seen by the DfE as a school without its own internal capacity for transformation becoming a 'supported' Academy.

It is important that at the outset we put forward a set of principles that will govern both our approach and any ensuing process.

1. Any school or Academy providing support will sign up to the principles of Transforming Rotherham Learning:
  - We are all responsible for all Rotherham's children and young people.
  - All Rotherham learners will achieve; no one will be left behind.
  - Learning is the core business: investment, policy and strategy must be driven by opportunities for learners.
  - Learning communities will be rooted in and responsive to the needs of local people.



2. Any school/Academy that we engage in providing support must be able to clearly demonstrate outstanding performance within their own setting as judged by Ofsted and latest student outcomes. This will be tested and affirmed by our SES Consultant Headteachers and RoSIP Strategy Group members. Additionally, any school/Academy engaged to provide support will have needed to demonstrate their ability to accelerate student progress and outcomes in other schools with whom they work.
3. Any solution will involve those schools or Academies in signing up to the Rotherham Strategy for Inclusion, which means:-
  - (a) The welcoming of children with S.E.N. into its community.
  - (b) A commitment to avoiding the exclusion of pupils.
  - (c) Agreement to collaborate with all other schools so as to offer inclusive pathways to all Rotherham Students, from 0 to 19 and beyond
4. Any solution where a support school has a Children's Centre will be required to continue to offer the Children's Centre provision  
  
Any new Governance arrangements within schools will follow both the national code for Admissions and sign up to the Rotherham agreement on Fair Access to Schools.
5. Any support school/Academy must engage with the Council and Children and Young People's Services' strategies.
6. Any new Governance arrangements must ensure the school/Academy is fully engaged with the national and Rotherham's Every Child Matters Agenda, especially working in partnership with the integrated locality based teams.
7. Any new Governance arrangements will commit to ensuring all staff benefit from the same terms and conditions they already enjoy in addition to further opportunities arising from innovative staffing structures.

### **Success Criteria**

The engagement of any school or Academy to provide support of any type, including a structural solution will be tested by the ability of the new support arrangements to accelerate the effective delivery of the RoSIP Mission. We need to ensure that:

- All students making at least good progress
- No underperforming cohorts
- All teachers delivering at least good learning
- All schools moving to at least the next level of successful performance

### **Free Schools:**

In Rotherham while two expressions of interest have been put forward we currently have no Free School proposals being planned

Free Schools are new schools established by a range of different groups such as parent groups, universities, charities, teachers, businesses and other education providers. Free Schools are non-profit making state-funded independent schools.

## 8. Finance

### Funding for Academies

The principle of academies' funding is that academies should receive the same level of per-pupil funding as they would receive from the local authority (LA) as a maintained school. They also receive funding to meet their additional responsibilities that are no longer provided for them by the LA. The Government is clear that becoming an academy should not bring about a financial advantage or disadvantage to a school. However, academies have greater freedom over how they use their budgets, alongside the other freedoms.

In essence funding for academies taken from the Local Authority budgets comes from three sources:

- Recoupment of the budget share provided by the LA for the transferring school
- Local Authority Central Spend Equivalent Grant (LACSEG) - Recoupment of specific centrally managed budgets (funded by Dedicated Schools Grant (DSG) on a school by school basis
- Top slice of LA formula funding regardless of number of Academies

In 2011/12 the budget share for the transferring Rotherham Schools was £25.106 million. The value of the recoupment from relevant centrally managed DSG funded budgets was £141K and £729K was top sliced from the Local Authority Formula Grant Allocation.

### Funding for Free Schools

The annual revenue funding for Free Schools will be based on the average funding received by maintained schools and academies in the same local authority, using a simple and transparent formula. The key elements of funding are:

- a basic local funding unit for each pupil attending the school
- an additional local funding unit for each pupil attending the school who qualifies for free school meals
- the national pupil premium for each pupil attending the school who qualifies for free school meals
- a grant which compensates for the services that maintained schools receive free of charge from their local authority (known as local authority central spend equivalent grant or LACSEG)
- funding for sixth-form pupils, for Free Schools providing post-16 education
- a fixed sum of £95,000 for each primary or all-through school
- a grant to cover the cost of insurance
- additional funding, from the local authority, for pupils with statements of special educational needs.

## 9. Risks and Uncertainties

The potential risks to a LA if its schools become Academies or where Free Schools are established may include:

- loss of strategic leadership and planning role
- autonomous schools less likely to operate in partnership
- no right to intervene in under-performing academies
- loss of Council-owned assets (land and buildings) to academy trusts
- in Academies existing employees undergo TUPE transfers to new employers
- loss of central funding, capacity and expertise to support schools
- lack of curriculum coherence between schools (pupil transfers)

## 10. Policy and Performance Agenda Implications

Any plans arising from an analysis of this report should be consistent with the Community Strategy, the Corporate Plan and the Children and Young People's Single Plan. The improvement actions should address the Corporate Priorities for:

- |                |  |
|----------------|--|
| Regeneration   | - improving the image of Rotherham;<br>- providing sustainable neighbourhoods of quality, choice and aspiration. |
| Equalities     | - promoting equality;<br>- promoting good community relations.   |
| Sustainability | - improving quality of life;<br>- increasing employment opportunities for local people.                          |

## 11. Background Papers and Consultation:

Contact Name: Karen Borthwick  
Head of School Effectiveness  
Children and Young People's Services

T: 01709 740226  
E: [karen.borthwick@rotherham.gov.uk](mailto:karen.borthwick@rotherham.gov.uk)

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
--

<b>1.</b>	<b>Meeting:</b>	<b>Cabinet</b>
<b>2.</b>	<b>Date:</b>	<b>14<sup>th</sup> March 2012</b>
<b>3.</b>	<b>Title:</b>	<b>Queen Elizabeth II Fields Challenge – Deed of Dedication for the Herringthorpe Leisure Site</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Environment and Development Services</b>

### **5. Summary**

**This report provides a summary of investigations undertaken into the potential benefits offered by the Queen Elizabeth II Fields Challenge, which was undertaken in order to determine whether or not it can support the Council's plan to improve sport and recreation facilities at the Herringthorpe Leisure Site.**

### **6. Recommendations**

**1) That officers enter into negotiations with Fields in Trust with a view to establishing the Herringthorpe Leisure Site as a Queen Elizabeth II Fields Challenge site by means of a Deed of Dedication between the Council and Fields in Trust.**

**2) That a more detailed plan covering the area identified by the bright green line in Appendix A is drawn up as part of the legal process and used to define the site that would be covered by the Deed of Dedication.**

## 7. Proposals and Details

This report follows a report to the Cabinet Member for Lifelong Learning and Culture on 6<sup>th</sup> December 2011 regarding a petition asking the Council to make an application to Fields in Trust in respect of Herringthorpe Playing Fields and the Queen Elizabeth II Fields Challenge. The petition reflects a depth of local feeling to protect the Playing Fields

At the meeting on 6<sup>th</sup> December it was agreed that Leisure and Green Space Officers would investigate the potential benefits offered by the Queen Elizabeth II Fields Challenge (QEIIFC) in order to determine whether or not it can support the Council's plan to improve sport and recreation facilities at the Herringthorpe Leisure Site.

Investigations included the following actions.

- Meeting with Fields in Trust (FiT) on 5<sup>th</sup> January 2012
- Contact with the SITA Trust on 12<sup>th</sup> January 2012
- Contact with Sport England on 12<sup>th</sup> January 2012

The findings of the investigation are summarised below.

**Deed of Dedication** – The QEIIFC uses a Deed of Dedication as a means of protecting playing fields and other recreational areas. Most of the local authorities that have expressed an interest in QEIIFC to date have opted to follow a non-charitable rather than charitable deed of dedication as this is less complicated.

**Restrictions** - Dedicating a site restricts what can be done with it in the future. FiT have confirmed that the clause which defines the restrictions can be negotiated with them in order to take account of any current and future sport and recreation provision (e.g. changing rooms, all weather surfaces, floodlighting, grandstands, play areas, MUGAs, skate parks, BMX facilities, etc). FiT has also confirmed that they would not object to facilities being protected by fencing where this is necessary for effective management and maintenance. Other facilities (i.e. office space, café, car parking, etc) are also considered to be acceptable where they support the operation and sustainability of the sport and recreation facilities.

Colleagues in Legal services have advised that there are no restrictive covenants in the Council's title on the playing fields which are protected by statute under the Public Open Space Act and the Rotherham Corporation Act 1928. They are also protected under an original Agreement between FiT and Rotherham Borough Council made in 1928 when the Council first acquired the fields for playing fields and recreation. It is Legal's view that this latter agreement is sufficient protection.

**Management** – The Deed of Dedication does not make any reference to the day to day management or maintenance of the site. This is something that is determined locally.

**Other uses** (i.e. fairground, overflow car parking for Rotherham Show, etc) could be added to a schedule in order to be considered permitted use.

### **Associated External Funding Opportunities**

- FiT Counties Fund – this is not targeted towards South Yorkshire at present and nothing is planned though funding may become available in the future.
- SITA Trust - the final submission deadline for the larger fund (up to £25,000) is 23<sup>rd</sup> July and will be determined in October 2012. The final deadline for the volunteer fund (up to £5,000) has a submission deadline of 19<sup>th</sup> October 2012 and will be determined at the December Board. In order to proceed, applications must display the Deed of Dedication number.
- Sport England – It isn't necessary for a green space to be designated as a QEIIFC in order to access this funding. There are three remaining funding rounds this year. The next will be in the spring with a two month submission deadline followed by a twelve week determining period. Local authorities can bid for up to £150,000 for pitch improvements but must identify 50% match funding. If funding is granted it does not prevent bids to other Sport England funds.
- ASDA - present funding is to enable FiT to manage the QEII Fields Challenge and therefore it is not something a Council can currently apply to for funding.

### **Summary**

#### **QEIIFC**

- Will not restrict the Council's plans to improve sport and recreation facilities on the site as long as certain clauses are correctly worded.
- Will protect the site in perpetuity as a key open space leisure facility in the borough and give comfort to residents of the Council's wishes to protect and enhance it.
- Supports access to relatively small amounts of ring fenced external funding for site improvements but it is unlikely that the deadlines will match those of the Council's for the wider sport and recreation developments.
- Offers Publicity Opportunities – the Jubilee celebrations will raise the profile of the site locally and nationally. While there is no formal requirement to agree to hold a celebration event, it is encouraged.
- Will result in the site being limited in future to the defined activities that appear in the deed.
- Is likely to be well received by local residents who want to secure the future of the site.
- Adds a layer of (external) control
- Will incur legal and valuation costs estimated to be c£1000 to £1500

The Cabinet Member for Lifelong Learning and Culture, along with Local Ward Members, has expressed support for a QEIIFC application in respect of Herringthorpe Playing Fields. Local Ward Members have also expressed a desire to support the legal and valuation costs through the use of their community leadership funds.

It is therefore recommended that officers enter into negotiations with Fields in Trust with a view to establishing the Herringthorpe Leisure Site as a Queen Elizabeth II Fields Challenge site by means of a Deed of Dedication between the Council and Fields in Trust.

The bright green line marked on Appendix A provides an illustration of where a red line might be drawn in order to define the land that would be covered by the Deed of Dedication. A more detailed plan will need to be drawn up as part of the legal process.

## **8. Finance**

Colleagues in Finance and Land & Property Teams have advised that the restrictions would mean that the assets associated with Herringthorpe Playing Fields on the asset register would have little or no value and any potential future capital receipt would be greatly diminished.

To become a QEIIFC site, the Council will incur initial and perhaps further minor but ongoing costs. Legal and Land & Property Team establishment charges will be in the region of £1000 but may extend up to £1,500. There will also be minor costs associated with installing a plaque (provided by FiT). The Council may also incur charges for FiT's consideration of ongoing issues. The Green Spaces Service has no budget to cover any of these costs.

## **9. Risks and Uncertainties**

It will be important to ensure that definitions are clear and inclusive so that current and future sport and recreation activities and facilities are covered in any agreement. Care will need to be taken to specifically allow all the current uses, easements, rights, existing/pending leases, licences, & service use administered by the Council.

FIT is flexible on deadlines so long as an agreement can be completed this calendar year.

Advice will need to be sought from Legal and Land & Property Teams in respect of the inclusion of the land that is proposed for lease to Rotherham Rugby Club Limited.

## **10. Policy and Performance Agenda Implications**

N/A

**11. Background Papers and Consultation**

Cabinet Report, Wednesday, 3rd September, 2008

Cabinet Report Wednesday, 20th January, 2010

Cabinet Member Report, Tuesday 6th December, 2011

Madeleine Johnson, Legal Services

Robert Harrison, Finance

Sharon Langton, Land and Property

**Contact Name:**

Nick Barnes, Principal Project Development Officer, Streetpride, EDS, 01709  
822882, [nick.barnes@rotherham.gov.uk](mailto:nick.barnes@rotherham.gov.uk)



# Appendix A



FOR ILLUSTRATION PURPOSES ONLY  
 Green boundary line marks proposed QEII Fields in Trust red line boundary.

Proposed residential use



Play Area



Multi-Use Games Area



Full size pitch. All weather floodlit



Five a side football pitch. All weather floodlit



**Stadium** incorporating:  
 1,000 seats  
 changing facilities.  
 Indoor warm up track. storage facilities. Office accommodation

Including changing facilities for Football, Rugby and Cricket



## ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET

1.	<b>Meeting:</b>	Cabinet
2.	<b>Date:</b>	14 March 2012
3.	<b>Title:</b>	Corporate Risk Register
4.	<b>Directorate:</b>	Resources

**5. Summary**

Attached to this report is the current corporate risk register summary. The summary shows the risks associated with the Council's most significant priorities and projects, and actions being taken to mitigate these risks.

The Council's key current risks continue to relate to the financial pressures faced by the Council. The report summarises the management actions that are being taken to mitigate these and other risks in the register.

**6. Recommendations****Cabinet is asked to:**

- **note the corporate risk register summary attached at Appendix A**
- **confirm the current assessment of the Council's top four corporate risks**
- **indicate any further risks that it feels should be added to the risk register**

## 7 Proposals and Details

### 7.1 Format

This report contains the latest position on the Corporate Risk Register. The corporate risk register summary is attached at **Appendix A**. The corporate risk register summary reflects the current risk assessments for each corporate priority or project in the corporate risk register.

This covering report highlights the top four inherent risks.

There are 3 overall categories of risk (RED, AMBER, GREEN) representing varying degrees of exposure. Each category contains a range of risk scores, so there are varying degrees of risk within each category. Appendix A shows the risk category and score for each priority or project included in the register before and after risk mitigation actions.

### 7.2 Top four inherent risks

The risk register summary shows risks in descending inherent risk order, to emphasize the most significant risks faced by the Authority. The top four inherent risks are:

- Managing Government budget reductions - unable to maintain key services due to budgetary limits.

*Cabinet and Strategic Leadership Team (SLT) are meeting on a regular basis to consider the options available and, ultimately, Cabinet will make decisions that ensure the Council can provide priority services within available resources. Cabinet and SLT are close to identifying a budget for 2012/13 that will meet Government budget reductions.*

- Unable to deliver effective Children's Services within budget.

*Ongoing action is being taken by management to provide services within the budget available. Cabinet is being kept informed of the relevant financial challenges as part of the budget monitoring and budget setting processes and makes decisions accordingly.*

- Funding of the Digital Region Project to provide comprehensive broadband facilities across South Yorkshire

*The company (Digital Region Ltd), four South Yorkshire Councils and Government Department for Business, Innovation and Skills are continuing to assess options for the project.*

- Sustaining improvement in Children's Services post DFE intervention

*Relevant monitoring and scrutiny of progress is being conducted by Members and management, and action plans varied according to any emerging issues. Positive progress is being made and reflected in positive outcomes and inspection feedback.*

The summary at Appendix A provides more details of the actions being taken to mitigate these and other risks recorded in the corporate risk register.

### 7.3 Key developments / changes during the period

Significant developments and changes since the previous version of the corporate risk register are as follows:

- Realising benefits from the RBT Partnership

*The Council has reached agreement with BT over the early completion of the RBT partnership and the return of services to the Council, providing the Council with more flexibility to refine the services and develop shared services to the benefit of the Council. Consequently, the inherent and current risk scores have been reduced.*

- Civic Accommodation

*The completion of civic accommodation and relocation of staff into Riverside has been 'downgraded' from a corporate level risk to be managed as a Resource Directorate risk, as the work has now been substantially and successfully completed.*

- Property rationalisation / extension of Worksmart

*The Council can secure cost savings by reducing its ownership of property and maximising the use of retained properties. A strategic for achieving savings is being drafted and will require Members' approval if savings are then to be realised. The extension of Worksmart to all staff operating outside of central properties (eg Riverside and the service centres) will be a key facilitator of property rationalisation.*

## 8. Finance

The risks contained in the register require ongoing management action. In some cases additional resources may be necessary to implement the relevant actions or mitigate risks. Any additional costs associated with the risks should be reported to the SLT and Members for consideration on a case by case basis.

## 9. Risks and Uncertainties

It is important to review corporate risks on an ongoing basis, to ensure risks relating to the Council's key projects and priorities are effectively monitored and managed by the Strategic Leadership Team and Members.

## 10. Policy and Performance Agenda Implications

Risk Management is part of good corporate governance and is wholly related to the achievement of the objectives in the Council's Corporate Plan.

## 11. Background Papers and Consultation

This report reflects the latest updates provided by the respective 'lead officers'.

### Contact Names:

Colin Earl, Director of Audit and Asset Management, x22033

Andrew Shaw, Insurance and Risk Manager, x22088

## Appendices

### A Corporate Risk Register Summary

## APPENDIX A: SUMMARY CORPORATE RISK REGISTER

No	Risk	Pre Controls 1-25	<u>Lead officer</u> Key Actions/Updates	Post Controls 1 -25	Links to Corporate Priorities
0027	Managing Government budget reductions - unable to maintain key services due to budgetary limits	<b>25</b>	<u>Andrew Bedford</u> <ul style="list-style-type: none"> <li>• High priority, driven through Strategic Leadership Team and Cabinet</li> <li>• Further actions to mitigate budget reductions are being identified</li> </ul>	<b>16</b>	All Priorities
0022	Unable to deliver effective Children's Services within budget	<b>25</b>	<u>Joyce Thacker</u> <ul style="list-style-type: none"> <li>• Additional funding for 2011/12 resulting in a balanced budget</li> <li>• Continuing monitoring and review of pressures into 2011/12</li> <li>• Review of all service provision and structures continues.</li> <li>• Continuous monitoring of budget and reporting to SLT / Cabinet.</li> </ul>	<b>16</b>	Priority 2 - Providing quality education ... Priority 3 - Care and protection for those people who need it most ...
0033	Funding of the Digital Region Project to provide comprehensive broadband facilities across South Yorkshire	<b>20</b>	<u>Andrew Bedford</u> <ul style="list-style-type: none"> <li>• South Yorkshire Councils are adopting a proactive approach to the project, including support</li> <li>• Ongoing work with the Company and Central Government on options available</li> </ul>	<b>16</b>	Priority 1: No community left behind

No	Risk	Pre Controls 1-25	Lead officer Key Actions/Updates	Post Controls 1 -25	Links to Corporate Priorities
0021	Failure to sustaining improvement in Children's Services	20	<u>Joyce Thacker</u> <ul style="list-style-type: none"> <li>Unannounced inspection provided positive feedback</li> <li>Peer challenge taking place Oct2011</li> <li>Positive feedback received from the peer challenge. Action plan for the implementation of recommendations has been developed and is currently being actioned.</li> <li>Positive attainment results achieved in 2011</li> </ul>	12	<b>Priority 2</b> - Providing quality education ... <b>Priority 3</b> - Care and protection for those people who need it most ...
0004	Costs of Capital Programme-significant consequences on revenue budget	16	<u>Andrew Bedford</u> <ul style="list-style-type: none"> <li>Financial details within Medium Term Financial Strategy</li> <li>Regular monitoring, review and reporting taking place</li> </ul>	12	All Priorities
0030	Schools Collaboration- impact of schools commissioning on LA services	16	<u>Joyce Thacker</u> <ul style="list-style-type: none"> <li>A report has been taken to Cabinet to advise Members of the risk and possible implications</li> <li>The Strategic Director has communicated with Head Teachers and Chairs of Governors regarding implications of collaboration and purchasing</li> <li>Monitoring of schools appetite for change is ongoing.</li> </ul>	12	<b>Priority 2</b> - Providing quality education ...

No	Risk	Pre Controls 1-25	Lead officer Key Actions/Updates	Post Controls 1 -25	Links to Corporate Priorities
0031	Free Schools and other school arrangements could reduce LA provision and associated funding and could, therefore, adversely affect the Council's ability to support sustained improvement in attainment	16	<u>Joyce Thacker</u> <ul style="list-style-type: none"> <li>A report has been taken to Cabinet to advise Members of the risk and possible implications</li> <li>CYPS is currently 'mapping' future educational need based on proposed new free school in the borough.</li> </ul>	12	Priority 2 - Providing quality education ...
0003	Availability of resources to carry out Schools Capital Investment programme	16	<u>Andrew Bedford</u> <ul style="list-style-type: none"> <li>DfE decision on funding ensures that the Council can now allocate resources appropriately</li> <li>Awaiting analysis of further Government statements on funding</li> <li>Developing strategies for Capital Investment in conjunction with schools, academies, diocese and relevant government bodies</li> </ul>	9	Priority 2 - Providing quality education ...
0009	Failure to effectively implement personalisation in Adult Social Services	16	<u>Tom Cray</u> <ul style="list-style-type: none"> <li>Budget proposals and efficiency proposals are being put into place</li> </ul>	8	Priority 3 - Care and protection for those people who need it most ...

No	Risk	Pre Controls 1-25	<u>Lead officer</u>  Key Actions/Updates	Post Controls 1 -25	Links to Corporate Priorities
0012	Local Government Reform (LGR) implementation Plan – Failure to implement reforms	<b>16</b>	<u>Andrew Bedford</u> <ul style="list-style-type: none"> <li>• All current statutory requirements are being met</li> <li>• Many provisions of the Act are “enabling legislation”. Options will be explored through further Member development programme and sessions for relevant officers</li> <li>• Reports on Planning and Housing have been considered by Members</li> <li>• Impact for “Commissioning” will need to be assessed when draft Regulations are published covering Community Right to Challenge</li> <li>• Police Reform &amp; Social Responsibility Act will impact on governance and community safety following election of a Police Commissioner in the Autumn 2012</li> <li>• Health &amp; Social Care and Welfare Reform legislation will be enacted in the near future with implementation date of April 2013</li> <li>• Local Government Finance Bill published with expected commencement date of April 2013</li> </ul>	<b>6</b>	All Priorities



No	Risk	Pre Controls 1-25	Lead officer Key Actions/Updates	Post Controls 1 -25	Links to Corporate Priorities
0002	Failure to deliver the waste management strategy	12	<u>Karl Battersby</u> <ul style="list-style-type: none"> <li>PFI project plan in place</li> <li>Financial closure Summer 2011</li> <li>Outline planning permission on preferred site due autumn 2011</li> </ul>	6	Priority 5 Improving the Environment
0013	Failure to commission services that will meet the needs of communities effectively and / or achieve efficiency savings.	12	<u>Andrew Bedford</u> <ul style="list-style-type: none"> <li>High level reviews are being carried out</li> <li>Re-commissioning of Children's Services to achieve VFM and improved commissioning and procurement practice</li> </ul>	6	Priority 3 - Care and protection for those people who need it most ...
0019	Failure to fully realise benefits of the RBT partnership before completion	12	<u>Andrew Bedford</u> <ul style="list-style-type: none"> <li>Transition arrangements being discussed</li> <li>Developing new forward plan</li> </ul>	6	All Priorities
0024	Community Stadium – failure by RUFC to secure funding to develop the site and construct the stadium	12	<u>Karl Battersby</u> <ul style="list-style-type: none"> <li>Site purchased</li> <li>Construction by RUFC in progress</li> </ul>	6	Priority 4 Helping to create safe and healthy communities

No	Risk	Pre Controls 1-25	<u>Lead officer</u> Key Actions/Updates	Post Controls 1 -25	Links to Corporate Priorities
0029	Failure to maintain Highways to a sufficient standard	<b>12</b>	<u>Karl Battersby</u> <ul style="list-style-type: none"> <li>• Approval given for additional funding</li> <li>• Target of 5% increase in efficiency by May 2011</li> <li>• Implementation of new working arrangements wef 1 July 2011 is resulting in improvements in operational efficiency now being realised</li> <li>• £3m prudential borrowing in place which will be drawn down over 3 years</li> </ul>	<b>6</b>	<b>Priority 5</b> Improving the Environment
0035	<p>Failure to minimise property ownership and maximise the use of retained properties.</p> <p>Failure to maximise savings and benefits from the roll out of WorkSmart arrangements to all relevant staff.</p>	<b>12</b>	<u>Andrew Bedford</u> <ul style="list-style-type: none"> <li>• Asset management strategy being drafted</li> <li>• Future options for extending Worksmart to staff in non-central buildings, to facilitate further property rationalisation</li> </ul>	<b>6</b>	<b>Priority 5</b> Improving the Environment

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
--

<b>1.</b>	<b>Meeting:</b>	<b>Cabinet</b>
<b>2.</b>	<b>Date:</b>	<b>14 March 2012</b>
<b>3.</b>	<b>Title:</b>	<b>Rationalisation of Property Portfolio - Former Garage Site, Oaks Lane/Redscope Crescent, Kimberworth Park, Rotherham</b>  <b>Ward 8 Keppel</b>
<b>4.</b>	<b>Directorate:</b>	<b>Resources</b>

**5. Summary**

This report deals with the appropriation of the former Oakwood Swimming Pool as required in accordance with item 76, Appendix C of the Councils Financial Regulations.

**6. Recommendations**

That:-

- (1) an appropriation of the former garage site from the Department of Housing and Neighbourhood Services to the Department of Streetpride for their future use at a value of £60,000 is approved, as detailed in the report**
- (2) the Head of Legal and Electoral Services completes the necessary documentation.**
- (3) the Director of Finance amends the Council's financial records.**

## **7. Proposals and Details**

The Council's Depot Review involved the closure and re-location of depot facilities Borough wide. Accordingly, Oaks Lane Depot was retained to consolidate the remaining Streetpride functions from Greasbrough Road Depot and the formally leased accommodation at Barbot Hall. This saved on both rent payable to external landlords and associated revenue costs.

The adjacent garage site consists of 0.19 acres/0.07 hectares, shown edged red on the attached plan at Appendix 1. This asset is surplus to the requirements of the Director of Housing and Neighbourhood Services and in order to produce better and more cost effective service delivery at the Oaks Depot. I recommend an appropriation of this asset to the Department of Streetpride for its retention to accommodate the future service and staff requirements at the adjacent depot.

## **8. Finance**

The capital Value of the asset is £60,000

### **Estimated cost of review and appropriation**

Revenue Costs:     Review and legal - £250

## **9. Risks and Uncertainties**

There are no risks associated with an appropriation.

## **10. Policy and Performance Agenda Implications**

The proposal supports the principles of creating safer and healthy communities by promoting the re-use of an underused asset to improve existing facilities and to deliver front line services in the most cost effective way possible.

## **11. Background Papers and Consultation**

Consultation was carried out with Directors of Service involved as part of the development of Departmental Asset Management Plans.

Capital Strategy and Asset Review Team (CSART) on 06 August 2010 and Cabinet on 22 September 2010 Depot Review. CSART on 22 February 2012 made a recommendation to proceed with the appropriation.

All Directors of Service, appropriate Ward Members, and the appropriate Area Partnership Manager have been consulted; any response will be reported verbally.

Appendix 1 – Location and Site plan

**Contact Name:** Sharon Langton, Principal Estates Surveyor, ext 54037  
[sharon.langton@rotherham.gov.uk](mailto:sharon.langton@rotherham.gov.uk)

Ian Smith, Interim Asset Manager, ext 23850  
[ian-EDS.smith@rotherham.gov](mailto:ian-EDS.smith@rotherham.gov)



This map is based on the Ordnance Survey Land Line map with the sanction of the controller of Her Majesty's Stationery Office. Crown Copyright Reserved. Unauthorised reproduction infringes Crown Copyright and may lead to prosecution of CMI proceedings. Rotherham MBC licence No. 100040687

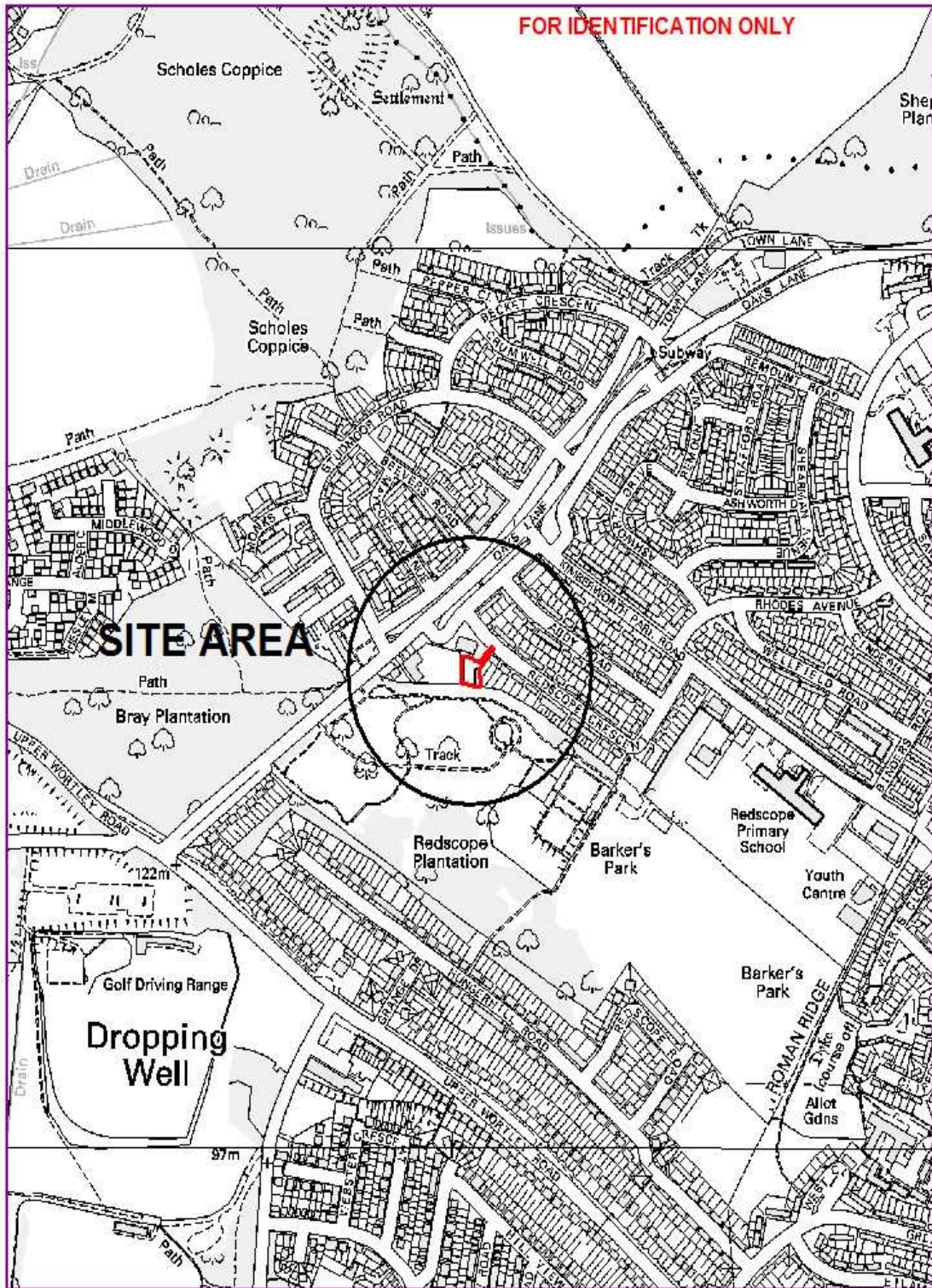
  
Scale 1:1250

**Vacant Garage Site  
Redscope Crescent  
Kimberworth Park  
Rotherham**

Rotherham MBC  
Executive Director: Karl Battersby  
Land Terrier, Strategic Property Team  
Environmental & Development Service  
Bailey House, Rawmarsh Road  
ROTHERHAM S60 1TD







Based upon the Ordnance Survey mapping with the permission of the Controller of Her Majesty's Stationery Office © Crown copyright.  
Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. Rotherham MBC Licence No. LA076287.

  
Scale 1:6000

Garage Site  
Redscope Crescent  
Kimberworth  
Rotherham

**FOR IDENTIFICATION ONLY**  
**NOT TO BE USED FOR**  
**DEED PLAN PURPOSES**

**Rotherham**   
Metropolitan  
Borough Council

Document is Restricted



Document is Restricted

Document is Restricted

Document is Restricted

Document is Restricted

Document is Restricted

Document is Restricted

Document is Restricted

Document is Restricted