

CABINET

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

Date: Wednesday, 25 April 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 11th April, 2012 (copy supplied separately)
5. Amendments to the Scheme of Delegation for the Director of Planning and Regeneration (report herewith) (Pages 1 - 3)
 - Strategic Director of Environment and Development Services to report.
6. Localism Act 2011 and Code of Conduct for Members and Co-opted Members (report herewith) (Pages 4 - 22)
 - Strategic Director of Resources to report.
7. Health Inequalities Scrutiny Review - BMI>50 (report herewith) (Pages 23 - 51)
 - Strategic Director of Resources to report.
8. Response to the "Scrutiny Report of the Winter Weather Review Group", October 2011 (report herewith) (Pages 52 - 71)
 - Strategic Director of Resources to report.
9. Extensions and Adaptations to Foster Carer Property (report herewith) (Pages 72 - 79)
 - Strategic Director of Children and Young People's Services to report.
10. Statutory Guidance for the Director of Children's Services and the Lead Member for Children's Services (report herewith) (Pages 80 - 95)
 - Strategic Director of Children and Young People's Services to report.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Cabinet Meeting
2.	Date:	Wednesday 25 April 2012
3.	Title:	Amendments to the Scheme of Delegation for the Director of Planning and Regeneration
4.	Programme Area:	Environment and Development Service

5. Summary

Proposed amendments to the Council’s Scheme of Delegation relating to powers delegated to the Director of Planning Regeneration and Culture in relation to the Development Control functions of the Service.

6. Recommendation

- (i) That Members note the proposed changes to the Scheme of Delegation**
- (ii) That the revised Scheme of Delegation be presented to the Council for formal approval, being a change to Council policy.**

7. Proposals and Details

The Scheme of Delegation was last amended by the Council in 2010 and the current report sets out a further change proposed to the Scheme. There is only one addition to the Scheme proposed, which would allow the withdrawal of Enforcement Notices to be determined by the Chairman and Vice Chairman of the Planning Board, in consultation with the Planning Manager (or delegated representative). There are currently approximately 500 Enforcement Notices that remain extant, dating back to the 1960s, many of which will have been complied with or are no longer relevant (as sites have been re-developed). Section 173A of the Town and Country Planning Act 1990, allows Local Planning Authorities to withdraw Enforcement Notices. Officers have been re-visiting sites to determine whether more recent Notices have been complied with in order that reports can be prepared recommending their removal from the Enforcement Register (and from Land Searches when carried out on sites.) These are factual reports that note that the Enforcement Notice has been complied with, or are no longer relevant, and can therefore be removed from the Register. It does not prevent a further Enforcement Notice being served if a fresh breach of planning occurs.

To reduce the burden on Planning Board and speed up the process it is recommended that the withdrawal of Enforcement Notices be agreed with the Chairman and Vice Chairman of the Planning Board. As such, it is recommended that Section 9 of the existing Scheme of Delegation (relating to decisions taken in consultation with the Chairman and Vice Chairman of the Planning Board) be amended at paragraph 9.3 to include the following wording (in bold):

9.3 The issue of a planning Enforcement Notice, Listed Building Enforcement Notice, Temporary Stop Notice or Stop Notice, **and the subsequent withdrawal of such Notices where appropriate.**

The amended Scheme was reported to the Cabinet Member for Town Centres, Economic Growth and Prosperity Delegated Powers meeting on 2nd April, 2012 and subsequently referred to the Planning Board on 5th April, 2012.

8. Finance

There are no financial implications relating to the proposed changes to the Scheme of Delegation.

9. Risks and Uncertainties

There are no risks or uncertainties relating to the proposed changes to the Scheme of Delegation.

10. Policy and Performance Agenda Implications

There are no Policy or Performance Agenda implications. The amendment proposed would allow a speedier response to requests to formally withdraw Enforcement Notices when received from members of the public/agents etc.

11. Background Papers and Consultation

No relevant papers/consultation..

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ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	Meeting:	Cabinet
2.	Date:	25 April 2012
3.	Title:	Localism Act 2011 and Code of Conduct for Members and Co-opted Members
4.	Directorate:	Resources

5. Summary

The current standards regime is set to end on 30 June 2012 and the following day the new standards regime under the Localism Act 2011 implemented. The Act sweeps away the current statutory provisions under the 2000 Local Government Act, including a requirement to have a statutory standards committee and a code of conduct based on a statutory model.

There will still however be a statutory duty to promote and maintain high standards of conduct by members and co-opted members and in discharging that duty the Council must adopt a code of conduct setting out what is expected of members when they are acting in that capacity.

It is largely for the Council to determine the composition of its new code of conduct with the only mandatory requirements being that it complies with the seven principles of public life (the Nolan Committee principles; see Appendix 1) and contains appropriate provisions for the registration of pecuniary and non-pecuniary interests. Disclosable pecuniary interests ("DPIs") are a key change which will be detailed in regulations issued by the Secretary of State. Members will be required to register DPIs and not take part in any discussion or vote on an item in which they have a DPI.

A member who has a DPI in an item of business will commit a criminal offence by failing to disclose it and taking part in the discussion and voting on that item. There will however not be a requirement to leave the room while the item is discussed. Consequently, it is recommended that the Council's Standing Orders be revised to include such a requirement.

There has been some delay in implementing the provisions of the 2011 Act that apply to standards and, in particular, the regulations defining what will constitute DPIs have not yet been published. Consequently, as the government's stated intention is to bring the new standards regime into force on 1 July, it is suggested that to avoid the possibility of the Council not having a code in place (the government may give a period of grace but this is not certain) the Cabinet recommend to full Council the re-adoption on the implementation date of the new standards regime the current *Code of Conduct for Members and Co-opted Members* as revised by the monitoring officer, in consultation with the Leader and Deputy Leader, to reflect the mandatory requirements of the 2011 Act in relation to standards.

The monitoring officer could thereafter review the revised Code and prepare a report and draft code for consideration by the Cabinet with a view to recommending the adoption of the code by the full Council.

6. Recommendations

That Cabinet

It is recommended that:

- a. the Cabinet recommend to full Council that, subject to any transitional period in relation to the new standards provisions, on the coming into force of the relevant provisions of Chapter 7 (standards) of the Localism Act 2011 the Council re-adopt the current *Code of Conduct for Members and Co-opted Members* as revised by the monitoring officer, in consultation with the Leader and Deputy Leader, to reflect the mandatory requirements of the Act;**
- b. the monitoring officer be instructed subsequently to review the revised Code and prepare and present to the Cabinet a draft code of conduct for recommending for adoption by the full Council.**
- c. the draft code should require registration and disclosure of interests which would today constitute personal and/or prejudicial interests, but only require withdrawal as required by the Act in relation to Disclosable Pecuniary Interests;**
- d. when the Disclosable Pecuniary Interests Regulations are published, the monitoring officer, in consultation with the Leader and Deputy Leader, add to the draft code provisions which she considers to be appropriate for the registration and disclosure of interests other than DPIs; and**
- e. the Cabinet recommend to full Council that a new sub-paragraph (4) should be inserted in standing order 28 (4) in the terms set out in this report and that sub-paragraphs (4) and (5) of standing order 28 be renumbered (5) and (6) respectively.**

7. Proposals and details

Background

The Code of Conduct

The current ten General Principles and statutory model code of conduct (see Appendix 2) will shortly be repealed, and members will no longer have to give an undertaking to comply with the *Code of Conduct for Members and Co-opted Members*. However, the Council will be required to adopt a new code of conduct governing elected and co-opted members' conduct when acting as members. The Council's new code of conduct must, viewed as a whole, be consistent with the following seven principles –

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership.

The Council has discretion as to what it includes within its new code of conduct, provided that it is consistent with these principles. However, regulations to be made under the Act will require the registration and disclosure of “Disclosable Pecuniary Interests” (DPIs), broadly equating to the current prejudicial interests. The provisions of the Act also require an authority's code to contain appropriate requirements for the registration (and disclosure) of other pecuniary interests and non-pecuniary interests.

The Council's new code of conduct will therefore have to deal with the following matters –

- general conduct rules, to give effect to the seven principles. This corresponds broadly with paragraphs 3 to 7 of the current Code of Conduct. In practise, the easiest course of action would be simply to re-adopt paragraphs 3 to 7 of the existing Code of Conduct. The Council can amend its code of conduct subsequently if the need arises; and
- registration and disclosure of interests other than DPIs – effectively, replacing the current personal interests provisions. The Act requires that the code contains “appropriate” provisions for this purpose, but, until the regulations are published, defining DPIs, it is difficult to suggest what additional disclosure would be appropriate.

There are a number of model draft codes of conduct currently circulating but as the regulations have not yet been published, it is not yet possible to draft code provisions which reflect the definition of DPIs. It is however possible to give an indicative view of what the Council might consider appropriate to include in the code in respect of

the totality of all interests, including DPIs, other pecuniary interests and non-pecuniary interests.

The Council has the option of revising its existing *Code of Conduct for Members and Co-opted Members* rather than adopting a completely new code, and it is suggested that this is done, at least in the short term, so that a more considered view can be taken as the position becomes clearer.

The Act prohibits members with a DPI from participating in council business, although it does not prohibit them from remaining in the room providing they take no part in the discussion on that item and do not vote. It is suggested however, that the Council amend standing order 28 (declarations of interest) by requiring a member with a DPI to withdraw from the meeting room including the public gallery whilst that item of business is considered. Standing order 28 might be amended by inserting a new sub-paragraph (4) as follows:

“28 (4) A member with a disclosable pecuniary interest in an item of business must not take part in the discussion or vote on that item and must withdraw from the meeting room including the public gallery before the item is considered by the meeting”.

8. Finance

There are no significant financial implications.

9 Risks and Uncertainties

Failure to have a code in place that meets the requirements of Chapter 7 (standards) of the Localism Act 2011 may put the Council in breach of its obligations under section 27 (duty to promote and maintain high standards of conduct) of the Localism Act 2011.

10 Policy and Performance Agenda Implications

None

11 Background Papers and Consultation

Localism Act 2011

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APPENDIX 1

THE SEVEN PRINCIPLES OF PUBLIC LIFE

SELFLESSNESS

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

INTEGRITY

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

OBJECTIVITY

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

ACCOUNTABILITY

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

OPENNESS

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

HONESTY

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

LEADERSHIP

Holders of public office should promote and support these principles by leadership and example.

ROTHERHAM METROPOLITAN BOROUGH COUNCIL
CODE OF CONDUCT FOR MEMBERS AND
CO-OPTED MEMBERS

PART 1

GENERAL PROVISIONS

Introduction and Interpretation

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ROTHERHAM BOROUGH COUNCIL

CODE OF CONDUCT FOR MEMBERS AND CO-OPTED MEMBERS

PART 1

General Provisions

Introduction and interpretation

1. (1) This Code applies to **you** as a member of Rotherham Borough Council ("the Council").
- (2) You should read this Code together with the general principles prescribed by the Secretary of State, which are set out at Annex 1 to this Code.
- (3) It is your responsibility to comply with the provisions of this Code.
- (4) In this Code:-

"meeting" means any meeting of—

- (a) the Council;
- (b) the executive of the Council;
- (c) any of the Council's or its executive's committees, sub-committees, joint committees, joint sub-committees, or area committees;

"member" includes a co-opted member and an appointed member of the Council.

Scope

2. (1) Subject to sub-paragraphs (2) to (5), you must comply with this Code whenever you:-
 - (a) conduct the business of the Council (which, in this Code, includes the business of the office to which you are elected or appointed); or
 - (b) act, claim to act or give the impression you are acting as a representative of the Council,and references to your official capacity are construed accordingly.
- (2) Subject to sub-paragraphs (3) and (4), this Code does not have effect in relation to your conduct other than where it is in your official capacity.

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- (3) In addition to having effect in relation to conduct in your official capacity, paragraphs 3 (2) (c), 5 and 6 (a) also have effect, at any other time, where that conduct constitutes a criminal offence for which you have been convicted.
- (4) Conduct to which this Code applies (whether that is conduct in your official capacity or conduct mentioned in sub-paragraph (3)) includes a criminal offence for which you are convicted (including an offence you committed before the date you took office, but for which you are convicted after that date).
- (5) Where you act as a representative of the Council:-
 - (a) on another relevant authority, you must, when acting for that other authority, comply with that other authority's code of conduct; or
 - (b) on any other body, you must, when acting for that other body, comply with this Code, except and insofar as it conflicts with any other lawful obligations to which that other body may be subject.

General obligations

3. (1) You must treat others with respect.
- (2) You must not:-
 - (a) do anything which may cause the Council to breach any of the equality enactments (as defined in Section 33 of the Equality Act 2006 and set out in Annex 2 hereto);
 - (b) bully any person;
 - (c) intimidate or attempt to intimidate any person who is or is likely to be:-
 - (i) a complainant,
 - (ii) a witness, or
 - (iii) involved in the administration of any investigation or proceedings,

in relation to an allegation that a member (including yourself) has failed to comply with this Code or any other relevant authority's code of conduct for members; or
 - (d) do anything which compromises or is likely to compromise the impartiality of those who work for, or on behalf of, the Council.

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4. You must not:-
 - (a) disclose information given to you in confidence by anyone, or information acquired by you which you believe, or ought reasonably to be aware, is of a confidential nature, except where:-
 - (i) you have the consent of a person authorised to give it;
 - (ii) you are required by law to do so;
 - (iii) the disclosure is made to a third party for the purpose of obtaining professional advice provided that the third party agrees not to disclose the information to any other person; or
 - (iv) the disclosure is:-
 - (aa) reasonable and in the public interest; and
 - (bb) made in good faith and in compliance with the reasonable requirements of the Council; or
 - (b) prevent another person from gaining access to information to which that person is entitled by law.
5. You must not conduct yourself in a manner which could reasonably be regarded as bringing your office or the Council into disrepute.
6. You:-
 - (a) must not use or attempt to use your position as a member improperly to confer on or secure for yourself or any other person, an advantage or disadvantage; and
 - (b) must, when using or authorising the use by others of the resources of the Council:-
 - (i) act in accordance with the Council's reasonable requirements;
 - (ii) ensure that such resources are not used improperly for political purposes (including party political purposes); and
 - (c) must have regard to any applicable Local Authority Code of Publicity made under the Local Government Act 1986.
7. (1) When reaching decisions on any matter you must have regard to any relevant advice provided to you by the Council's:-
 - (a) chief finance officer (the Strategic Director of Finance); or

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- (b) monitoring officer (the Assistant Chief Executive (Legal and Democratic Services)),

where that officer is acting pursuant to his or her statutory duties.

- (2) You must give reasons for all decisions in accordance with any statutory requirements and any reasonable additional requirements imposed by the Council.

PART 2

Interests

Personal interests

8. (1) You have a personal interest in any business of the Council where either:-

(a) it relates to or is likely to affect:-

(i) any body of which you are a member or in a position of general control or management and to which you are appointed or nominated by the Council;

(ii) any body:-

(aa) exercising functions of a public nature;

(bb) directed to charitable purposes; or

(cc) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union),

(dd) which is a private club or society, such as the Freemasons, a recreational club, working men's club or private investment club,

of which you are a member or in a position of general control or management;

(iii) any employment or business carried on by you;

(iv) any person or body who employs or has appointed you;

(v) any person or body, other than the Council, who has made a payment to you in respect of your election or any expenses incurred by you in carrying out your duties;

(vi) any person or body who has a place of business or land in the Council's area, and in whom you have a beneficial interest in a class of securities of that person or body that exceeds the nominal value of £25,000 or one hundredth of the total issued share capital (whichever is the lower);

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- (vii) any contract for goods, services or works made between the Council and you or a firm in which you are a partner, a company of which you are a remunerated director, or a person or body of the description specified in paragraph (vi);
 - (viii) the interests of any person from whom you have received a gift or hospitality with an estimated value of at least £25,
 - (ix) any land in the Council's area in which you have a beneficial interest;
 - (x) any land where the landlord is the Council and you are, or a firm in which you are a partner, a company of which you are a remunerated director, or a person or body of the description specified in paragraph (vi) is, the tenant;
 - (xi) any land in the Council's area for which you have a licence (alone or jointly with others) to occupy for 28 days or longer; or
- (b) a decision in relation to that business might reasonably be regarded as affecting your well-being or financial position or the well-being or financial position of a relevant person (see paragraph 8 (2) for definition of "relevant person") to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the electoral division or ward, as the case may be, affected by the decision.

(2) In sub-paragraph (1) (b), a relevant person is:-

- (a) a member of your family or any person with whom you have a close association; or
- (b) any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors;
- (c) any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000; or
- (d) any body of a type described in sub-paragraph (1) (a) (i) or (ii).

Disclosure of personal interests

9. (1) Subject to sub-paragraphs (2) to (7), where you have a personal interest in any business of the Council and you attend a meeting of the Council at which the business is considered, you must disclose to that meeting the existence and nature of that interest at the

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commencement of that consideration, or when the interest becomes apparent.

- (2) Where you have a personal interest in any business of the Council which relates to or is likely to affect a person described in paragraph 8 (1) (a) (i) or 8 (1) (a) (ii) (aa), you need only disclose to the meeting the existence and nature of that interest when you address the meeting on that business.
- (3) Where you have a personal interest in any business of the authority of the type mentioned in paragraph 8(1)(a)(viii) (i.e. a gift or hospitality of at least £25), you need not disclose the nature or existence of that interest to the meeting if the interest was registered more than three years before the date of the meeting.
- (4) Sub-paragraph (1) only applies where you are aware or ought reasonably to be aware of the existence of the personal interest.
- (5) Where you have a personal interest but, by virtue of paragraph 14, sensitive information relating to it is not registered in the Council's Register of Members' Interests, you must indicate to the meeting that you have a personal interest, but need not disclose the sensitive information to the meeting.
- (6) Subject to paragraph 12 (1) (b), where you have a personal interest in any business of the Council and you have made an executive decision in relation to that business, you must ensure that any written statement of that decision records the existence and nature of that interest.
- (7) In this paragraph, "executive decision" is to be construed in accordance with any regulations made by the Secretary of State under section 22 of the Local Government Act 2000.

Prejudicial interest generally

10. (1) Subject to sub-paragraph (2), where you have a personal interest in any business of the Council you also have a prejudicial interest in that business where the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice your judgement of the public interest.
- (2) You do not have a prejudicial interest in any business of the authority where that business:-
 - (a) does not affect your financial position or the financial position of a person or body described in paragraph 8;
 - (b) does not relate to the determining of any approval, consent, licence, permission or registration in relation to you or any person or body described in paragraph 8; or

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- (c) relates to the functions of the Council in respect of:-
 - (i) housing, where you are a tenant of the Council provided that those functions do not relate particularly to your tenancy or lease;
 - (ii) school meals or school transport and travelling expenses, where you are a parent or guardian of a child in full time education, or are a parent governor of a school, unless it relates particularly to the school which the child attends;
 - (iii) statutory sick pay under Part XI of the Social Security Contributions and Benefits Act 1992, where you are in receipt of, or are entitled to the receipt of, such pay;
 - (iv) an allowance, payment or indemnity given to members;
 - (v) any ceremonial honour given to members; and
 - (vi) setting council tax or a precept under the Local Government Finance Act 1992.

Prejudicial interests arising in relation to overview and scrutiny committees

11. You also have a prejudicial interest in any business before an overview and scrutiny committee of the Council (or of a sub-committee of such a committee) where:-
- (a) that business relates to a decision made (whether implemented or not) or action taken by the Council's executive or another of the Council's committees, sub-committees, joint committees or joint sub-committees; and
 - (b) at the time the decision was made or action was taken, you were a member of the executive, committee, sub-committee, joint committee or joint sub-committee mentioned in paragraph (a) and you were present when that decision was made or action was taken.

Effect of prejudicial interests on participation

12. (1) Subject to sub-paragraph (2), where you have a prejudicial interest in any business of the Council:-
- (a) you must withdraw from the room or chamber where a meeting considering the business is being held:—
 - (i) in a case where sub-paragraph (2) applies, immediately after making representations, answering questions or giving evidence;

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- (ii) in any other case, whenever it becomes apparent that the business is being considered at that meeting;

unless you have obtained a dispensation from the Council's Standards Committee;

- (b) you must not exercise executive functions in relation to that business; and
 - (c) you must not seek improperly to influence a decision about that business.
- (2) Where you have a prejudicial interest in any business of the Council, you may attend a meeting (including a meeting of the overview and scrutiny committee of the Council or of a sub-committee of such a committee) but only for the purpose of making representations, answering questions or giving evidence relating to the business, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise.

PART 3

Registration of Members' Interests

Registration of Members' Interests

13. (1) Subject to paragraph 14, you must, within 28 days of:-
- (a) this Code being adopted by the Council; or
 - (b) your election or appointment to office (where that is later),
- register in the Council's Register of Members' Interests (maintained under section 81 (1) of the Local Government Act 2000) details of your personal interests where they fall within a category mentioned in paragraph 8 (1) (a), by providing written notification to the Council's monitoring officer.
- (2) Subject to paragraph 14, you must, within 28 days of becoming aware of any new personal interest or change to any personal interest registered under paragraph (1), register details of that new personal interest or change by providing written notification to the Council's monitoring officer.

Sensitive information

14. (1) Where you consider that the information relating to any of your personal interests is sensitive information (as defined by paragraph 14 (3)), and the Council's monitoring officer agrees, you need not include that information when registering that interest, or, as the case may be, a change to that interest under paragraph 13.
- (2) You must, within 28 days of becoming aware of any change of circumstances which means that information excluded under paragraph (1) is no longer sensitive information, notify the Council's monitoring officer asking that the information be included in the Council's Register of Members' Interests.
- (3) In this Code, "sensitive information" means information whose availability for inspection by the public creates, or is likely to create, a serious risk that you or a person who lives with you may be subjected to violence or intimidation.

ANNEX 1

The Ten General Principles

Paragraph 1 (2)

Selflessness

1. Members should serve only the public interest and should never improperly confer an advantage or disadvantage on any person.

Honesty and integrity

2. Members should not place themselves in situations where their honesty and integrity may be questioned, should not behave improperly and should on all occasions avoid the appearance of such behaviour.

Objectivity

3. Members should make decisions on merit, including when making appointments, awarding contracts, or recommending individuals for rewards or benefits.

Accountability

4. Members should be accountable to the public for their actions and the manner in which they carry out their responsibilities, and should co-operate fully and honestly with any scrutiny appropriate to their particular office.

Openness

5. Members should be as open as possible about their actions and those of their authority, and should be prepared to give reasons for those actions.

Personal judgement

6. Members may take account of the views of others, including their political groups, but should reach their own conclusions on the issues before them and act in accordance with those conclusions.

Respect for others

7. Members should promote equality by not discriminating unlawfully against any person, and by treating people with respect, regardless of their race, age, religion, gender, sexual orientation or disability. They should respect the impartiality and integrity of the authority's statutory officers and its other employees.

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Duty to uphold the law

8. Members should uphold the law and, on all occasions, act in accordance with the trust that the public is entitled to place in them

Stewardship

9. Members should do whatever they are able to do to ensure that their authorities use their resources prudently and in accordance with the law.

Leadership

10. Members should promote and support these principles by leadership, and by example, and should act in a way that secures or preserves public confidence.

ANNEX 2

The Equality Enactments

Paragraph 3 (2) (a)

The equality enactments are defined in the Equality Act 2006 as: -

- the Equal Pay Act 1970
- the Sex Discrimination Act 1975
- the Race Relations Act 1976 race
- the Disability Discrimination Act 1995
- Part 2 of the Equality Act 2006 (discrimination on grounds of religion or belief)
- Regulations under Part 3 of the 2006 Act (discrimination on grounds of sexual orientation)
- the Employment Equality (Sexual Orientation) Regulations 2003
- the Employment Equality (Religion or Belief) Regulations 2003
- the Employment Equality (Age) Regulations 2006

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	Meeting:	The Cabinet
2.	Date:	25th April, 2012
3.	Title:	Health Inequalities Scrutiny Review – BMI>50
4.	Directorate:	Resources

5. Summary

Rotherham has been involved in a programme of work with the Centre for Public Scrutiny (CfPS) to look at the way in which scrutiny can be used to help tackle health inequalities at a local level.

Being part of this project involved undertaking a scrutiny review looking at an issue in relation to health inequalities; Rotherham chose to look at the quality of life and services provided for people with a BMI over 50.

The full report and recommendations are presented to Overview and Scrutiny Management Board for consideration and approval.

6. Recommendations

- **That the recommendations associated with the review and the methodology used are considered.**
- **That Cabinet determine what action they wish to take, if any, in light of the findings of the review.**
- **That the report be referred to the Health and Wellbeing Board for consideration.**

7. Proposals and details

The CfPS recognised the potential of scrutiny in better understanding local health concerns and set out to demonstrate the active and vital role that it can have in helping councils and their partners narrow the gaps and improve the health of local people through a programme of work looking at doing scrutiny reviews.

Following an initial phase of the programme, a document called 'Peeling the Onion' was published, which explores scrutiny as an important and effective public health tool and presents a practical toolkit for development areas to use and test out in the second phase of the programme. Six local authority areas were involved in the second phase, including Rotherham.

A review group made up of members and co-optees from the Health Select Commission agreed to undertake their review to look at people with a BMI over 50. The overarching aims of the review were agreed as the following:

- To improve the lives of people with a BMI over 50, ensuring they have dignity and respect and effective, equitable access to services
- To make recommendations for multi-agency consistency in relation to how people with a BMI over 50 and considered housebound are supported and cared for

Full details of the activity which took place, the findings and recommendations are included in the attached report. Members of OSMB are asked to consider the findings presented in the report and approve the recommendations prior to it going to Cabinet.

OSMB are also asked to note the reflection and learning gained from being part of this project and the scrutiny review methodology tested, and consider potential for using elements of this model when undertaking future reviews.

8. Finance

There may be financial implications associated with the some of recommendations, which it is proposed, will need to be considered by the liaison group identified under recommendation one of the review.

9 Risks and Uncertainties

As identified by the review findings, services in relation to people with a BMI >50 are not always as fully coordinated as they could be and there are issues with the sharing of data and information. If some of these issues could be addressed through simple measures, there could be a positive outcome and improved quality of life for people out in the community, as well as potential efficiency savings for organisations.

10 Background Papers and Consultation

Peeling the Onion – Learning, tips and tools from the Health Inequalities Scrutiny Programme (2011):

<http://www.cfps.org.uk/what-we-do/tackling-health-inequalities/>

[http://www.cfps.org.uk/userfiles/file/CfPSPeelingonionfin%5B1%5D\(1\).pdf](http://www.cfps.org.uk/userfiles/file/CfPSPeelingonionfin%5B1%5D(1).pdf)

Scrutiny Review of Health Inequalities: people with a BMI>50 – report of the Health Select Commission (attached)

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Scrutiny Review of Health Inequalities: Improving the quality of life and services provided for people with a body mass index > 50

Report of the Health Select Commission

February 2012

Scrutiny Review Group:

CLlr Brian Steele (Chair)

CLlr Hilda Jack

CLlr Judy Dalton

Peter Scholey (Co-optee)

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1. EXECUTIVE SUMMARY

Rotherham has been involved in a programme of work with the Centre for Public Scrutiny (CfPS) to look at the way in which scrutiny can be used to help tackle health inequalities at a local level. The CfPS recognised the potential of scrutiny in better understanding local health concerns and set out to demonstrate the active and vital role that it can have in helping councils and their partners narrow the gaps and improve the health of local people.

The programme was funded by Local Government Improvement and Development and the Department of Health to develop innovative solutions to long-standing inequalities. The programme was designed in two phases; phase one of the programme concluded in March 2011 with the publication 'Peeling the Onion' with the second phase, which Rotherham took part in, running from August 2011 to January 2012. The second phase was undertaken to test out the learning and scrutiny review model which was suggested by the development areas in the initial phase of the programme.

The objectives of stage two were:

- To promote the role of scrutiny as an effective public health tool and the use of the publication 'Peeling the onion' as a guide to undertaking a review of health inequalities
- To present scrutiny as a more outcome focused solution, with clear links to the Marmot¹ objectives and the wider determinants of health
- To demonstrate the ability to forecast the impact of recommendations and the value of scrutiny reviews through developing a rate of return on investment

1.1 Summary of Review Scope

The review was undertaken in a series of stages, which had been identified through the previous phase of the programme and included; shortlisting a range of topics to prioritising the issues, stakeholder engagement and actually undertaking the review.

A review group made up of members and co-optees from the Health Select Commission agreed to undertake their review to look at people with a BMI over 50. The overarching aims of the review were agreed as the following:

- To improve the lives of people with a BMI over 50, ensuring they have dignity and respect and effective, equitable access to services
- To make recommendations for multi-agency consistency in relation to how people with a BMI over 50 and considered housebound are supported and cared for

1.2 Summary of Key Findings

A range of activity took place to gather data and information from various organisations in terms of service provision and costs, as well as gathering the views and experiences of a range of professionals working in this field and individuals out in the community.

The key findings from the review are summarised below:

- As of 30 March 2011, 5,909 people had been identified on GP practice registers in Rotherham with BMI over 40 and 793 people had been recorded as having a BMI over 50
- There are likely to be additional cases with no recorded BMI, making the total numbers in Rotherham not entirely known

¹ Fair Society, Healthy Lives' Marmot Review of Health Inequalities, 2010

- It is not necessarily known where all the people are; there may be small numbers of people known to each organisation, but not all organisations know all the people – if information was shared, this could benefit organisations by increasing their knowledge of the issue within the community
- There is an issue around sharing data and information between organisations and data protection issues can prevent relevant information being shared
- There is inconsistency in the policies and procedures within all organisations in relation to this group of people; although there may be protocols in place these are not always joined up between services
- Although some services do have a system in place there is uncertainty around who coordinates this and how
- Assessments are generally only completed when there is a problem, meaning patients are often not identified until there is an emergency
- There needs to be a way of identifying and supporting people before they become isolated and their weight increases to this level
- The obesogenic² environment needs to be considered, particularly for certain groups such as people who are physically disabled or those with learning difficulties
- It is important to raise awareness of the healthy weight services available to people in Rotherham, particularly with professionals who may come into contact with individuals on a day to day basis – to encourage use of services
- Being unable to get out of the house unaided greatly affects a person's quality of life; always needing assistance could leave them isolated and unable to be spontaneous
- Being properly assessed and having the appropriate assistive equipment in a person's home could really improve a person's quality of life and independence

1.3 Summary of Recommendations

Recommendations were developed around three main themes:

1) Service Improvement

To establish a negotiation session to create a 'SMART'³ action plan to implement the recommendations of the review, including timescales, lead roles and reporting mechanisms, to report back to the Health Select Commission. The role of this group session would be to consider the following sub-recommendations:

- a) Develop a one-page tick-box form to obtain consent from individuals to share information and ensure professionals receive appropriate training on how to use this
- b) Develop protocols for joint working and local data-sharing which will ensure more integrated service provision
- c) Consider options for centrally coordinating this agenda, either through an appropriate central coordinator post or central database/ or way of sharing information
- d) Briefings for professionals to raise awareness of the range of services available locally for this target group of people

2) Securing Commitment

For Cabinet and the Health and Wellbeing Board to take a lead in securing commitment to action on recommendations and receive monitoring of implementation reports through an appropriate forum, i.e. NHSR led obesity group.

² 'Obesogenic' refers to an environment that promotes gaining weight

³ SMART criteria – Specific, measurable, attainable, relevant and timely

3) Prevention

To agree a joined-up approach to tackling obesity in Rotherham through the Health and Wellbeing Board, acknowledging that treatment and prevention need to work together and recommending that this features as a high priority in the joint Health and Wellbeing Strategy, based on evidence from the Joint Strategic Needs Assessment.

2. BACKGROUND TO REVIEW

The Centre for Public Scrutiny (CfPS) recognised the potential of scrutiny in better understanding local health concerns and set out to demonstrate the active and vital role that it can have in helping councils and their partners narrow gaps in health inequalities. With funding from Local Government Improvement and Development and the Department of Health, the Health Inequalities Scrutiny Programme was created to develop innovative solutions to long-standing inequalities. The programme was designed in two phases; with phase one of the programme concluding in March 2011.

The programme was created as traditionally scrutiny reviews have focused on tangible services; yet it was believed that scrutiny had a real role in helping an area better understand the inequalities that they faced and actions that they could take to tackle these issues. The programme had two main objectives which were to recruit Scrutiny Development Areas to help to develop solutions to long-standing inequalities and produce a document that showcased the learning from these areas and helped other councils to carry out similar reviews.

Following the first phase, the document 'Peeling the Onion' was published which explores scrutiny as an important and effective public health tool. It looked at the journey undertaken by each of the scrutiny reviews in phase one and presents the practical application of scrutiny for the development areas to use in phase two.

Rotherham was involved in phase two of the project. This phase built on the success of phase one, recognising the key role that local authorities will have for public health, health improvement and reducing inequalities, and ensure that scrutiny contributes to the evolution of Joint Strategic Needs Assessments and the production of joint health and wellbeing strategies.

The objectives of stage two were:

- To promote the role of scrutiny as an effective public health tool and the use of the publication - "Peeling the onion."
- To use "Peeling the Onion", as a guide to undertaking a review of health inequalities – understanding the key attributes of a review, what a good review needs to have and follow the stories of the ten original Scrutiny Development Areas (SDAs)
- To present scrutiny as a more outcome focused solution, with clear links to the Marmot objectives and the wider determinants of health
- To demonstrate the ability to forecast the impact of recommendations and the value of scrutiny reviews through developing a rate of return on investment

Six local authorities were involved in this stage in total, including:

Rotherham
Adur, Worthing and Arun Councils
Haringey
Liverpool
Sheffield
Tendring

The project took place between August 2011 and January 2012, with the conclusions of each of the development areas being presented at an action learning event early February 2012.

3. METHODOLOGY

The key attributes of a scrutiny review of health inequalities that were highlighted in 'Peeling the onion' included: leadership; vision and drive; local understanding; engagement; partnership; being systematic; and monitoring and evaluation. To incorporate all of these elements each of the reviews undertaken by the development areas were made up of four key stages:

Stage 1 – Shortlisting topics

Stage 2 – Prioritisation

Stage 3 – Stakeholder engagement

Stage 4 – Undertaking the review and calculating a rate of return (RoI)

This report discusses each stage in turn, looking at what was undertaken and learnt in relation to the chosen topic for Rotherham, as well as the learning from the actual process of undertaking the review using this model and a reflection on how well each stage worked.

3.1 Stage 1 - Shortlisting topics

A shortlisting meeting was held with the review-group members. Prior to this meeting taking place a number of documents such as the Joint Strategic Needs Assessment (JSNA) were circulated. The review-group members were asked to consider the available information in relation to health inequalities in Rotherham and come to the meeting with 2 or 3 topics they would like to look at for the purpose of the review.

The members came with a number of specific ideas including those from personal, family or constituent experience, for example the treatment of prostate cancer for older men and mental health. In total 6 issues were proposed and it was valuable to be able to build on the personal experience of review-group members. In order to make the prioritising stage manageable these were reduced to a final short-list of 3 topics:

- Drug and alcohol use in young people
- Alcohol and mental health
- Obesity – BMI>50

3.2 Stage 2 – Prioritisation

The second stage involved taking the 3 short-listed topics and developing 'impact statements' for each one, an example statement for the chosen topic is included as appendix A. The Impact Statements were based on the 6 policy objectives of Marmot:

- giving every child the best start in life
- enabling all children, young people and adults to maximize their capabilities and have control over their lives
- creating fair employment and good work for all
- ensuring a healthy standard of living for all
- creating and developing sustainable places and communities
- strengthening the role and impact of ill-health prevention

The review-group then used these impact statements to undertake scoring using a Scoring Matrix (appendix B). This impact statement indicated that looking at the issue of BMI > 50 would be likely to have the most impact among the 3, in terms of the specific, time-limited scrutiny review project.

The process of prioritising the topics enabled interesting and unusual aspects of the topics to emerge rather than the 'usual suspects'. The focus was therefore on a specific question to ask and impact to pursue, rather than just gathering information and it was useful to start thinking about impact and information sources at an early stage.

3.3 Stage 3 – Stakeholder engagement

Once the review-group had agreed their chosen topic, a stakeholder event was held to help scope out the review; looking at the broader issues and to consider the review's key lines of enquiry.

The event was well attended by a range of stakeholders, including:

- NHS Rotherham (PCT)
- Rotherham Foundation Trust
- Adult social care services (RMBC neighbourhoods and Adult Services)
- South Yorkshire Fire and Rescue
- Yorkshire Ambulance Service
- RDaSH (mental health services)
- Rotherham Institute of Obesity (GP lead)

3.3.1 Wider Determinants of Health Wheel

The purpose of all of the reviews undertaken as part of this programme was to address an aspect of health inequalities and part of this process was to consider the chosen topic in relation to the wider determinants of health. The wider determinants also known as the social determinants of health have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the health of individuals and populations. They include the conditions of daily life and the structural influences upon them. They determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet needs and deal with changes to their circumstances, and may include housing, physical environment, social networks amongst others things.

A 'wheel' was developed as part of the wider project with the CfPS to use when engaging with stakeholders and this was a new and innovative approach to undertaking scrutiny reviews. Stakeholders were invited to help scope the review at the very early stage, rather than simply being invited for an interview once the review scope had already been agreed – which could make it very difficult to build into the scope new issues and themes based on stakeholder experiences and views.

The wheel was used to ask the stakeholders what would be the 'helps' and 'hinders' in relation to the coordination of services for and the experience of, people with BMI > 50. The wheel included segments for each 'determinant' of health, including: education, housing, culture/leisure, environment, transport and employment, which were then divided into layers, for the individual, the community and organisations. Using post-it notes, stakeholders were asked to consider what the issues were and what could potentially help in relation to each segment, an example of these are described below:

- In relation to transport, issues were raised around getting to hospital, community services and GPs, as well as generally getting out and about which added to social isolation
- In relation to employment, the issues raised were around the high level of unemployment in this group due to mobility/health problems which often resulted in financial exclusion
- In relation to communities, the issue of social isolation and not being able to fully participate in the community was raised as a huge issue
- In relation to culture and leisure, because of isolation, mobility and transport issues and financial problems, many culture and leisure activities were not accessible for this group of people
- In relation to the natural environment, many people were unable to access outside and green spaces due to transport and mobility

The issues raised suggested a link between all the segments with each one being associated with another, and all add together to create a complex mix of problems which can really prevent an individual from accessing support and getting out and about.

Other issues were also raised in relation to the individual and their ability or readiness to change, including:

- A resistance to change and lack of motivation
- Lack of specialist psychological support for people
- Embarrassment associated with going out of the house
- Lack of stimulation and no purpose to get out and about
- Lack of personalised approaches to health and social care
- Lack of knowledge from the individual in relation to health risks and services available

Undertaking this activity and the discussions that followed began to draw out some potential issues and areas for consideration in relation to the chosen topic, including:

- Within the wider 'cohort' of people with a BMI>50, there were a number of smaller groups, including:
 1. Those who are immobile/housebound and known to service providers – but resist help
 2. Those who are immobile and known to service providers – and accept help
 3. Those who are isolated and not known to service providers
 4. Those not yet immobile but at risk of becoming so
- It was felt by stakeholders and the review group that it was crucial to decide which cohort the review wanted to focus on as different questions and witnesses would be required and there would be different measures of impact
- There was no obvious patient representative group in relation to this group of people (if looking at those who were considered housebound) and therefore contacting and getting the views and experiences from individuals could potentially be difficult

Based on these discussions, the review-group agreed that the cohort which was of particular interest for the purpose of this scrutiny review was those individuals with a BMI > 50 who were considered housebound (defined by those unable to get out to see their GP unaided).

Based on this defined group, a number of issues were considered, including:

- We don't necessarily know where all these people are – there are possibly 2/3rds not known to any service providers
- We only hear about people in a crisis situation, when the fire/ambulance service may be called out
- There is no monitoring or check-ups following specialist equipment going into someone's home, unless there is a problem
- There is a lack of data sharing between delivery organisations and there are no data sharing protocols specific to this group

The stakeholder engagement process also enabled participants to meet and hear from each other for the first time and created new relationships and commitments to get together and discuss the topic and issues further.

3.4 Stage 4 – Undertaking the review and calculating the rate of return

Following the engagement session with stakeholders and reflection of the review-group, the overarching review question and final review scope was agreed:

How can we improve coordination between services so as to improve the quality of life and care of people with a BMI>50 and who are housebound and unable to get out of their home unaided, and what would be the 'Return on Investment' of service coordination and improving their quality of life and care?

3.4.1 Scope of Review

The overarching aims of the review were agreed as the following:

- To improve the lives of people with a BMI over 50, ensuring they have dignity and respect and effective, equitable access to services
- To make recommendations for multi-agency consistency in relation to how people with a BMI > 50 and considered housebound are supported and cared for

The key objectives of the review, to deliver these aims, included:

- To understand what services were available to people with a BMI>50 and how they were delivered and coordinated
- To understand the relationships between organisations involved with this group
- To gather the views and experiences of individuals within the community, with a BMI>50, in relation to the services they received and their perceived quality of life
- To make recommendations based on the gathered information in relation to service delivery and improving the quality of life of individuals

To deliver on these objectives, a range of activity took place:

- Desk-based research and information gathering
- Review-group discussions and reflection
- Electronic questionnaires to professionals
- Face to face interviews with professionals from various organisations
- Interviews with individuals out in the community

3.4.2 Key Lines of Inquiry

Professionals

The review-group agreed they wanted to collate the views of professionals working in this field, asking them a number of questions in relation to service delivery, coordination and relationships between organisations. In an attempt to gather as many views as possible, an electronic questionnaire was sent to all the professionals who attended the stakeholder session. The questions or 'key lines of inquiry' were developed as a result of the stakeholder session and review-group reflection.

A number of professionals also expressed interest in attending a meeting with the review-group to talk through some of these questions and issues and felt they could offer their views much better in person than the electronic questionnaire. This was welcomed by the group, and resulted in some really valuable discussions which helped form the recommendations.

The key lines of enquiry for this group were as follows:

1. How are services for people with a BMI>50 coordinated at the moment and how could coordination be improved?
2. How are risks and information shared between organisations?
3. What are the relationships between the relevant organisations involved with this group of people?
4. What do you think would improve the quality of life for people with a BMI>50
5. How do you feel we can best measure such improvements?

Individuals

It was also considered key to the review to gather the views and experiences of individuals out in the community, who were part of this cohort. The key lines of inquiry for this group were as follows:

1. What would improve your environment?
2. What is your experience of accessing health/social care services?
3. What would improve your access to care?
4. What would improve your quality of life?

At the stakeholder session, it was highlighted that due to a lack of patient representative groups for this group of people, getting contact details and consent to contact individuals could be difficult. A way around this had originally been suggested; for professionals to ask for consent from people they were aware of through their profession and ask if they would be happy for an elected member to contact them to speak to them about their experiences and quality of life. Although it was deemed unnecessary to obtain ethical approval for this type of scrutiny review, there were still ethical issues in relation to consent and confidentiality and as a result only two interviews with individuals took place. These were with people out in the community who were known to members of the review group from their constituencies, and were willing to talk about their experiences and views. Consent was obtained from the individuals before an informal interview took place, and it was explained to them that their responses would be used for the sole purpose of the scrutiny review and in making recommendations for improving service provision and coordination. Their views have been anonymised for the purpose of this report.

4. FINDINGS

4.1 Obesity data and information

The review-group made the decision to look specifically at people who have a BMI of 50 or more, because of the likely health and lifestyle issues that this weight presented. Individuals with a BMI over 50 are considered likely to be housebound and require specialist care and support and are also very likely to experience social isolation due to not being able to get out of the house.

Obesity or a high BMI has a number of definitions used by various organisations which have been developed from the World Health Organisation values, from severe obesity to super obese, which includes those with a BMI over 50. The term 'Bariatric' is used to describe the field of medicine that focuses on the treatment of obesity and its associated diseases. A Bariatric patient can be defined as someone who has limitations in health and social care due to physical size, health, mobility and environmental access, and will have needs that are in excess of the safe working load and dimensions of any supporting surface, e.g. mattress, toilet frame or commode. The agreed Rotherham weight is at 127kgs (20 stones) for the purposes of moving and handling. Nationally the BMI is defined as being in excess of 40, or 35 with associated health problems.

As of 30 March 2011, 5,909 people had been identified on GP practice registers in Rotherham with BMI over 40 (3.7% of those with a recorded BMI), and 793 people recorded as having a BMI over 50 (0.5% of those with a BMI recorded). However there are likely to be additional cases with no recorded BMI, making the total numbers in Rotherham not entirely known. Obesity nationally and in Rotherham is predicted to rise, with projections indicating that by 2050 there will be around 50% of the population classed as obese (with a BMI of 30+), which suggests that numbers of people with a BMI over 40 or 50 plus will also continue to rise.

Obesity is covered in the Joint Strategic Needs Assessment in the chapter on 'Lifestyle and Risk Factors' and is therefore acknowledged as an important issue for Rotherham and there has been a large amount of work to date to reduce levels of obesity in adults and children. But, there has not been as much focus on obesity in relation to those who have a much higher BMI who are housebound. The Rotherham Institute of Obesity was established to form part of the middle tier of intervention for adults and children with weight problems, as part of the overall Rotherham obesity strategy. It has a multidisciplinary team approach to tackling weight by providing specialists in all aspects of the current thinking in weight management. The criteria for accessing this service are having a BMI > 40 or BMI > 30 with increased health risks. However, this service is in effect a 'walk-in' service, therefore does not currently reach out to those who would be considered housebound and who would need assistance getting into the centre.

4.2 Information and data from partner organisations in relation to service provision and costs

4.2.1 Yorkshire Ambulance Service bariatric capacity and data

Yorkshire Ambulance Service (YAS) have invested in new national specification ambulance vehicles with bariatric capability specifically for Accident and Emergency (A&E), currently there are 83 of these vehicles in service across Yorkshire.

YAS Patient Transport Service also has 19 bariatric-capable stretcher vehicles in use across Yorkshire, with a dedicated vehicle at Wakefield and Rotherham.

There is a single vehicle also based at Rotherham that is equipped with and capable of carrying a wheelchair which allows 245kg (40 stone) and a 600mm (24") seat.

YAS data shows that between April and September 2011 there were:

- 4 admissions to A&E (3 of them emergency admissions, 1 routine)
- 53 South Yorkshire patient transport service journeys, 2 of which were in Rotherham

YAS also highlighted that at times there may be 4-6 frontline and Patient Transport Service vehicles in attendance at one patient. This had huge implications for the service, not only in terms of cost for attendance to the patient, but also in relation to the resources being taken up which impacted on the next 999 call.

Responding to people who may have had a fall, but with no injuries, was also an issue being looked at by YAS. Often ambulances were called out to help lift a patient if they had fallen but if they did not need medical care, which could use vital resources. YAS have been working with PCTs, councils and provider services in relation to patient responses in this instance, as often patients need specialist equipment and carers to help prevent falls in the first place. Linking fall prevention with this patient group could help free up critical ambulance and fire service responses.

4.2.2 South Yorkshire Fire and Rescue

The call outs received by South Yorkshire Fire and Rescue (SYFR) are generally to assist YAS with the lifting and moving of people, this has in the past required the attendance of specially trained teams including the technical rescue team consisting of 5 staff who carry the required equipment. SYFR have also provided hydraulic platforms to rescue people from bedroom windows and in exceptional circumstances a forklift truck has had to be used. SYFR have never costed the call outs although suggest it would easily cost in the region of £1,000 to £2,000 depending on the time taken and equipment used.

SYFR have had a number of firefighters injured while carrying out such rescues, usually muscular skeletal injuries including back and muscle strains. As with any emergency situation the risk for injury to staff is minimised but the rescue of people in these circumstances tends to be problematic due to the limited space in traditional built houses especially in hallways and stairs. Between October 2009 and January 2012 there have been 5 reports of injury on duty through bariatric incidents, with the total days lost to sickness being 13, at a cost of £2115 in wages paid whilst on sick, which roughly equates to £423 per incident.

People with a high BMI are one of the groups most at risk from fire due to mobility problems. If information can be passed to SYFR they are able to carry out a home visit which can provide advice and equipment that will assist the individual should a fire occur. This visit would also assist with gathering information about the home that can be added to the SYFR emergency mobilising system to assist crews with information about the occupier and allow a degree of pre planning to take place especially around which crews to mobilise to the address in an emergency, saving vital minutes.

The cost of a home safety visit, including staff time and any equipment fitted is usually in the region of £170, and clearly the cost of prevention measures such as these greatly outweigh the cost of a response from an SYFR perspective.

4.3 Findings from Questionnaires and Interviews

4.3.1 Professionals

Nine questionnaires were received back, and included a good mix of views from a range of organisations and services. The review-group also undertook a number of interviews with professionals who had expressed an interest in speaking to the members in person, these included: the GP representative from Rotherham Institute of Obesity (RIO), a representative of South Yorkshire Fire and Rescue and the RMBC Director of Health and Wellbeing (adult services). A summary of their answers to the questions and the questionnaire responses are below:

Highlighted issues:

- There is inconsistency in the policies and procedures within all organisations in relation to this cohort; although there may be protocols in place these are not always joined up between services
- Although some services do have a system in place the replies highlighted the uncertainty around who coordinates this and how
- There is a risk assessment form specific to the needs of people with a BMI over 50 which has been developed previously within one partner organisation, however this is not used by all organisations and there is no central coordination of this to keep an accurate record and ensure confidentiality
- Assessments are generally only completed when there is a problem, meaning patients are often not identified until there is an emergency
- There is an issue around sharing data and information between organisations and data protection issues can prevent relevant information being shared
- Different data collection systems in organisations do not necessarily 'talk' to each other making sharing of information difficult
- There needs to be some sort of data collection to fully appreciate the extent of the issue – before any kind of education/awareness raising can be carried out fully
- If the fire service were aware of where people were they may be able to respond to emergencies much better/more appropriately
- There may be small numbers of people known to each organisation, but not all organisations know all the people – if information was shared, this could benefit organisations by increasing their knowledge of the issue within the community
- While social care staff are aware of those customers who have needs related to their weight, and risk assessments and care plans are developed accordingly, this issue is not recorded separately on the electronic records, SWIFT, so numbers cannot be easily ascertained electronically
- When a social care assessment takes place, information is currently shared appropriately with other partner agencies involved with the individual's care accordingly across organisations

Potential solutions:

- One point of contact/designated post to coordinate the management/care of patients to enable a personalised service
- Improved IT/Database of information which could be shared across organisations
- Obtaining consent from patients/individuals by use of a tick –box form could enable data sharing and a form has been produced in the past which has been used previously, but unsure as to whether this is still in use or being managed
- Dedicated unit to bridge the gap between hospital and home
- Early intervention, support and guidance

- Improved preventative care with pre-alerts to health carers
- Better coordination and continuity of services
- Drawing on experience from the 'Every Contact Counts' and 'Hotspots' initiatives, which ensures that whoever goes into see an individual shares the information where it is needed
- Ensuring information is available to all professionals to show who/which services should be contacted in certain situations, as well as to show what is available
- If a social care workers assessed an individual and their needs were in relation to their weight and mobility issues associated with that, then recording and sharing this information with emergency services could assist organisations in emergency situations, which does not currently happen as a matter of course
- Ensuring the relevant people were aware of groups/meetings to ensure multi-agency involvement
- Developing an appropriate care pathway for this group, to ensure they receive the right care and support when needed
- A data sharing protocol (agreed between all organisations), specific to this group would ensure information is shared respectfully and confidentially between organisations

Other issues discussed

- There needs to be a way of identifying and supporting people before they become isolated and their weight increases to this level
- The obesogenic environment needs to be considered, particularly for certain groups such as people who are physically disabled or those with learning difficulties
- There needs to be psychological support available for people who are isolated due to their weight
- It is important to raise awareness of the healthy weight services available to people in Rotherham, particularly with professionals who may come in to contact with individuals on a day to day basis – to encourage use of services
- It was also noted that this group are usually relatively young (under 65) and if they cannot be looked after in their own home for any reason, there are very few places for them to go; there is very little residential provision for the under 65s in terms of physical disabilities

4.3.2 Individuals

Two interviews took place with individuals in the community, their views and experiences were gathered by a face to face interview with an elected member (member of the review-group) which was scribed, and one interviewee also consented to a short video being made, which was also transcribed (the transcript of this is attached as appendix C). Their responses to the questions are summarised below:

- Interviewees' experiences of accessing care services was generally positive
- Having appropriate equipment in a person's home, such as a hoists, specialist beds, slide sheets and hand/support rails, are essential for promoting independence and quality of life
- Simple things such as easy access to a telephone are hugely important when a person is not very mobile, so that they are able to contact services/support when needed
- Other adaptations are also a huge benefit, such as having French doors fitted to enable easy access in and out of the house (due to larger wheelchairs etc), which is also a benefit to emergency services (ambulance/fire services)
- Pressure areas were suggested as more of a problem to one individual following a stay in hospital

- Being unable to get out of the house unaided hugely affects quality of life; always relying on assistance of other people getting into a wheelchair or out of the house for example meant everything has to be arranged in advance, leaving individuals isolated at times and unable to be “spontaneous”
- Getting out and about if they wished to was suggested as difficult due to cost of transport and leisure activities, although one had received support from RIO, they felt that if they didn't lose weight they would be “knocked” off the course

Obtaining the views of individuals was seen as an important element to this review, however because of the difficulties presented in gaining consent, it was not possible to interview more than two individuals. The main difficulty for this particular review was the lack of a patient-representative group which would have given the review-group a forum to contact individuals. The review-group have subsequently sought advice from NHS colleagues in relation to contacting individuals and aware that there are certain protocols and procedures which they need to follow and will consider other potential options when undertaking future reviews of this nature.

5. RECOMMENDATIONS

Based on the findings set out above, the review-group developed a set of recommendations to address some of the issues which have been presented. It was agreed that to accurately reflect the findings, the recommendations needed to be divided into three elements: service improvement, securing commitment and prevention.

An action plan for the recommendations is presented as appendix D to this report.

5.1 Recommendation 1) Service Improvement

This is the main recommendation resulting from the review, it was decided that there were a number of specific tasks needed to improve service coordination and information sharing, however there needed to be further consideration by the relevant representatives of organisations to look at how these could best be delivered.

In consultation with colleagues in NHS Rotherham, it was agreed to establish a one-off multi-agency negotiation session with key officers to create a ‘SMART’ action plan to implement the specific tasks being recommended by the review. This would need to include timescales, lead roles and reporting mechanisms and to report back to the Health Select Commission the best way to implement the actions.

This group would be asked to consider the following sub-recommendations:

- a) To develop a one-page tick-box form to obtain consent from individuals to share information and ensure professionals received appropriate training on how to use this, and to consider issues in relation to the various organisations' IT systems that do not ‘talk’ to each other and ways to deal with this.
- b) To develop protocols for joint working and local data-sharing specific to this group of people.
- c) To consider options for centrally coordinating this agenda, either through an appropriate central coordinator post or central database/ or way of sharing information
- d) To look at options for providing briefings for professionals to raise awareness of the range of services available locally for this target group of people

5.2 Recommendation 2) Securing Commitment

The second recommendation was to ensure commitment to this agenda through Cabinet and the Health and Wellbeing Board, asking them to take a lead in securing commitment to action on recommendations and receive monitoring of implementation reports through an appropriate forum.

It was noted through the review that an NHSR led obesity strategy group was already up and running. It is being recommended that further exploration of whether this group could take the lead for this agenda and provide regular reports back to the Health Select Commission and/or Health and Wellbeing Board as appropriate, as part of their existing reporting mechanisms.

5.3 Recommendation 3) Prevention

The scope of this particular review was to look at individuals with a high BMI and to support them through appropriate service provision to help improve their quality of life. However, undertaking the review and speaking to various experts and professionals in this field, it was clear that the prevention agenda needed to remain a strong focus and it was important not to lose sight of this. It is therefore being recommended the Health and Wellbeing Board agree a joined-up approach to tackling obesity in Rotherham, to ensure continuation of the successes made on the prevention agenda so far. It is also important to acknowledge that treatment and prevention need to work together and ensure that this features as a high priority in the joint Health and Wellbeing Strategy.

6. RETURN ON INVESTMENT

The CfPS programme was funded by the Department of Health to look at the value of doing scrutiny and come up with recommendations for developing a rate of return on investment of scrutiny reviews.

Producing a calculation for the rate of return proved difficult for this topic as there were a range of complex issues and potential costs associated with this issue and this meant it was difficult to suggest where the scrutiny review could really add value in terms of cost savings. An attempt to demonstrate the value of the review and recommendations is presented in the table below which shows potential impacts, savings and benefits in relation to the main recommendation around service improvement.

Recommendation 1. Service Improvement	Potential Impacts/Benefits/Savings
a) Develop a one-page tick-box form to obtain consent from individuals to share information	<ul style="list-style-type: none"> • organisational benefits/savings from better co-ordination using a paper form-based system plus a co-funded co-ordinator • savings from single rather than multiple assessments
b) Develop protocols for joint working and local data-sharing specific to this group of people.	<ul style="list-style-type: none"> • New /improved range of inter-agency contacts and ways of working • Greater awareness of issue at agency level • Multi-agency influence on budgets and workplans/priorities, resulting in efficiency savings

c) Consider options for centrally coordinating this agenda, either through an appropriate central coordinator post or central database/ or way of sharing information	<ul style="list-style-type: none"> • Improved service user experience and dignity through having a single point of contact • Better coordination of services by having a single contact to ensure continued joint working and savings from duplicated and/or inappropriate deployment of services
d) Briefings for professionals to raise awareness of the range of services available locally for this target group of people	<ul style="list-style-type: none"> • Improved quality of life score for individuals, through being supported to access more services available to them

However, what was noted was how the act of undertaking the review had created a platform for various representatives of organisations to discuss the potential issues and make contacts to help improve coordination of their services. This was seen as a huge value in doing scrutiny reviews and although difficult to quantify, it was still an extremely valuable outcome.

It was also suggested that through better coordination of services and better data/information sharing, a number of potential benefits and cost savings could be gained, although these would be long-term and difficult to relate directly to the undertaking of the review:

- Potential savings from wasted/duplicated call outs from ambulance/fire services
- Potential savings from lift injuries to fire and ambulance services
- Better system and pathway of care across all agencies could result in efficiency savings
- Potential bed days saved and the costs associated with that, through a better system and pathway of care to enable appropriate discharge from hospital

7. REFLECTION ON REVIEW MODEL

The review was undertaken to test out a model of doing scrutiny reviews, as well as to look at an issue which would be beneficial to Rotherham. A summary of the review-group reflection is therefore presented below which highlights some areas of potential good practice for undertaking future scrutiny reviews, as well as some of the issues.

7.1 What went well?

- The stakeholder event was a positive experience with good representation across all relevant organisations
- The session was innovative and an opportunity to fully explore potential issues and draw out areas for the review-group to look at
- The session was also an opportunity to help scope the review, which is not usually done and enabled partners to come together in a common environment to discuss issues and possible solutions

7.2 What could have gone better?

- Access to 'real' people/service users was a problem for this review and resulted in only one interview taking place
- There were ethical issues which needed to be explored further with the relevant officers from various organisations

7.3 Learning from this review

It has been agreed that the scope of reviews in relation to health and wellbeing will be taken to the Health and Wellbeing Board in future, to assist getting buy-in from all partner organisations – which may help ensure approval and support when contacting relevant officers and managers for reviews in future. A number of the issues highlighted above, such as accessing ‘real’ people and service users, ethical issues and the role and purpose of a scrutiny review, will also be raised at the Health and Wellbeing Board to help scrutiny built strong relationships with the relevant partners in the future.

The review model tested by this scrutiny review has also been acknowledged by the members as good practice for future reviews of a similar nature. The members of the review-group have suggested that various elements of the model could be used as and when it makes sense to use them and where they may add value, such as prioritising topics, impact statements and holding a stakeholder session.

The findings of this review were presented at an Action Learning event which took place in London on 3rd February, which was led by the Centre for Public Scrutiny. This event was an opportunity to share learning from each of the development areas and talk through some of the potential issues of undertaking scrutiny reviews in relation to health. The outcome of this event will be published in a document mid-2012.

8. THANKS

The review-group would like to thank all the professionals who took part in this review, through either completing the electronic questionnaire or attending for interviews. A special thank you also to the individuals in the community who gave consent to be interviewed. This review would not have been possible without the support and views given by all those involved.

The members would also like to acknowledge the hard work of the professionals working in this area and hope the agenda continues to develop through the implementation of their recommendations and the continued support of staff within all organisations.

9. CONTACT

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Appendix A – Impact Statement

Issue 1. Obesity – BMI >50

Questions to consider:

- How could you measure this?
- How could you measure the Marmot readiness indicator?
- Are measures / information available – very, reasonably or scarcely?
- How much influence do you think the review could have – High, Medium, Low.
- How could you structure dissemination to have most influence?

Key questions	Responses
Giving every child a good start in life?	NA
Enabling all children, young people and adults to maximise their capabilities and have control over their lives?	<p>It is likely that within a few years, being overweight or obese will overtake smoking as the major cause of preventable ill health.</p> <p>Obesity is an important risk factor for many chronic diseases, including heart disease, stroke and some cancers. It is a major cause of Type 2 diabetes and the psychological and social burden of obesity can be significant.</p> <p>Social stigma, low self-esteem and a generally poorer quality of life are common experiences for many overweight and obese people.</p> <p>Severely obese people are likely to be completely dependent on carers for all or most of their daily activities</p> <p>We have data relating to the whole of Rotherham by age group, however we have a lack of data at a lower Area Assembly/Ward level. We could try and get the data from GP's/NHS Rotherham. The Lifestyle survey area is available for the NRS target areas, ie. Deprived areas</p> <p>Data is available for those with BMI over 50 – would need to establish if they could be contacted</p> <p>This could make a big impact as the figures are high for obesity in the future. If we could reduce the figure by 10% for 2050 this will be 28,000 fewer obese people.</p>
Creating fair employment and good work for all?	<p>Likely to be out of work – tackling this issue and working to prevent obesity could have an impact on getting people into employment – but this is potentially a long-term outcome.</p> <p>‘Prevention’ of overweight and obesity could help prevent people going off on long-term sick in the first place – this could be measured through the economic plan and specific indicators relating to worklessness</p>

	<p>Low impact initially for this review – as it is a longer-term outcome</p>
<p>Ensuring a healthy standard of living for all?</p>	<p>Could measure % of overweight/obese people on means tested benefits - This data could be gathered reasonably, based on the known individuals with a BMI over 50</p> <p>Medium impact – could support those not receiving benefits to access and take them up, improving their quality of live.</p> <p>Ensuring all people with high BMI receive care services</p>
<p>Creating and developing healthy and sustainable places and communities?</p>	
<p>Strengthening the role and impact of ill health prevention?</p>	<p>This topic can be measured by deprivation and income levels, as the higher the level of economic deprivation the more likely people are to be obese.</p> <p>There is a lack of data at ward/SOA level which may be difficult to get hold of – although those with a BMI + 50 are known and could be contacted.</p> <p>Prevention interventions in these areas of deprivation could have a high influence and impact.</p>
<p>What ideas do you have about how you will measure the difference made by your scrutiny review?</p>	<p>Could influence more support and advice for those with severely high BMI levels – to help them reduce their weight and enable them to participate in society.</p> <p>Prevention at earlier stages of obesity to prevent people's weight rising – particularly focusing on area of deprivation, where they may be more likely to have a higher BMI. Could be measured by numbers of BMI + 40/50 in deprived areas</p> <p>Helping people to manage conditions associated with obesity; diabetes for example, could relieve pressure on services</p>
<p>What do you think would be the value of doing the review? High, medium, low.</p>	<p>Although only a small number of people across the whole borough – the impact could be high</p> <p>Could potentially look at ways of preventing these higher BMI rates in the first place and look at specific issues which these people face and how best to tackle and support them</p>

Appendix B – Scoring Matrix

Impact considerations for each topic shortlisted

Impact considerations	Topic 1 (obesity)	Topic 2 (Mental health & Alcohol use)	Topic 3 (Drug use in young people)
How high a priority is the topic within the JSNA? High, medium or low	High – obesity as a whole features strongly as an issue	High - For mental health broadly Alcohol specifically – not featured (but this could be a gap)	Low - This topic does not figure highly in the JSNA (which may indicate a gap in the JSNA)
How available are measures and Info (Very, Reasonably or Scarcely)	Very – lots of work already in relation to obesity issues and specific interventions	Scarcely for alcohol specific issues linked to mental health – would need more work to establish what is available	Scarcely-reasonably for some data and measures Very - available for NEETS info and data
How much influence is the scrutiny review likely to have? High, medium or low	High – although lots of interventions and work already going on, there is nothing focusing on those which BMI 50+	Low – due to the issues, complexities and nature of this type of review	Medium – although an important issue, not sure of the impact which would be made
Overall, what is the likely value of the review (High, medium or low)?	High	High - If a larger review could be done low In this instance	Low - Potentially too broad an issue to add real value

Appendix C – Transcripts from interviews with individuals in the community

I = Interviewer
P = Participant

Interview 1

I. Ok [name] tell me about what experience you have of accessing health and social care services

P. Well actually I haven't had much problems at all, I just get on the phone and ring numbers that I want, and they've always been quite good with me

I. and what about if you have to go into hospital, what happens then?

P. Now this is where I'm waiting now for an ambulance, cos they have to find me the bariatric ambulance

I. Ok, what's a bariatric ambulance?

P. It's for people over 25 stone, well 25 plus I think it is

I. Ok then, and so what happens when the ambulance gets here?

P. They are very good, they generally come and they use, bring their thing in and use a slide sheet to slide me from one bed to other

I. To the trolley, and is that, are they careful to cover you?

P. They are very careful, they cover me with, it's all done...I'm never uncovered at all.

I. That's wonderful isn't it, does it hurt you at all to be transferred like that?

P. I get...yes, but there's no other way of doin it

I. Ok, and what happens when you get to the hospital end?

P. Exactly the same thing, I, but I have not told you but sometimes they send for another ambulance so they have four people here instead of two. So, they are quite good

I. Oh that's really good, and then, so you're going into hospital this afternoon are you?

P. I am, in going in next, I should imagine, couple of hours

I. Ok and do you know which ward you're going on to?

P. No, I haven't a clue.

I. So do you think you're going to the accident and emergency?

P. I will go in that end yes, but they generally find me a ward by the time I get there

I. Ok, and how do you find it on the ward?

P. They've always been very good with me, I've not, never had no problems

I. Ok, and what happens to your care package when you go into hospital?

P. Er, it is always put to one side and I've always got the same girls back after, because there's always that chance...

I. that what?

P. That they've changed the carers when I come home, but otherwise it's just more-or-less same, they just come in for me when...

I. So do you see the social worker, do they help with the discharge?

P. Do you know, I don't know, I think hospital just ring [care provider] and let them know that I'm coming home

Interview 2

Individual weighed 26 stone previously and has since lost weight to around 20 stone.

I. What would improve your quality of life?

P. When I was heavier I lived in a house with no gas central heating, no rail on toilet or bath. Now I live here, rail by toilet and 2 on bath and an electric shower over bath. I struggle to get in and out of bath, but I can hold onto sink to steady myself, I used to have a strip wash instead. I used to get stuck in the bath. I had a fall at the old house, because there was a steep step to get in the front door.

I. What is your experience of accessing health/social care services?

P. I had to have an op. It was quite scary, they seem to feel that it was your fault you were fat, as if you were a burden or something. The medical area they have is great, staff are nice. There is a lift if you can't manage the stairs.

I was referred to RIO from diabetes nurse; first 3 or 4 months were quite helpful. I accessed a cooking course and a gym pass after that they just weigh you and if you don't lose weight they knock you off the course. They give you loads of leaflets but if you can't read very good it's not helpful. I lost 1.5 stone with RIO, but managed 4 stone by myself.

I. What would improve your access to care?

P. When I had my fall I just said to myself, I absolutely hate hospitals. I have a complete fear of dentists. I would go if I had no choice, but if I can see to myself I wouldn't bother.

I. What would improve your quality of life?

P. I didn't want to go out because people look at you and [I] think things are expensive like buses. Now I've got a bus pass. The kids used to go to the shops for me, but it was expensive if I didn't get to choose food, now I am more motivated. I would like to go to the leisure centre but it costs £30 a month, so it's expensive.

I wanted to have stomach bypass, but I was talked out of it, they [RIO] said the more you lose, you can do it yourself.

I felt at 26 stone I was on death row. I couldn't get past the gate, I was breathless. Now I just keep going steady and manage the pain.

It's my fault I'm like I am, so I didn't want to access the doctors, because there are people more poorly than me, but I want to do it quickly so I can play with my 8 year old.

Appendix D RECOMMENDATIONS

	Recommendation	Purpose	Lead	Completion Date	Review Date
1. Service Improvement					
	Establish a negotiation session to create a 'smart' action plan to implement the recommendations of the review, including timescales, lead roles and reporting mechanisms and to report back on this session to the Health Select Commission	To consider the recommendations of this review, looking specifically at a,b,c & d below and consider the most appropriate reporting route to ensure implementation (i.e. obesity group) To further explore options for coordination between services and information/data sharing	NHSR Obesity Lead & Scrutiny Officer	April 2012	January 2013
a)	Develop a one-page tick-box form to obtain consent from individuals to share information and ensure professionals receive appropriate training on how to use this <i>Or, consider rolling out and promoting more widely the previously developed bariatric risk assessment form</i> <i>Consider options to include as part of HotSpots assessment</i>	To enable data and information sharing between organisations	Joint Liaison Group to consider; could be role of Central Coordinator post	April 2012	January 2013
b)	Develop protocols for joint working and local data-sharing specific to this group of people.	To ensure key data and information is shared appropriately between organisations to enable better service provision, care and	Joint Liaison Group to consider who should lead this	June 2012	January 2013

		<p>support for individuals within the community, as well as better coordinated and therefore more cost effective service delivery.</p> <p>An agreed protocol would ensure data is shared respectfully and with a common purpose; being mindful of confidentiality.</p>			
c)	<p>Consider options for centrally coordinating this agenda, either through an appropriate central coordinator post or central database/ or way of sharing information</p> <p><i>Note: this does not need to be a new post, but for options to be considered to add this to an existing, appropriate post where resources would allow</i></p>	<p>To ensure this agenda continues to develop and provides a single point of contact for individuals and professionals to ensure all aspects are coordinated</p>	Joint Liaison Group	June 2012	January 2013
d)	<p>Briefings for professionals to raise awareness of the range of services available locally for this target group of people</p>	<p>This would ensure whoever goes into an individuals home is able to talk to them about other services which may be of benefit or interest to them</p>	Joint Liaison Group to consider options for leading this work	Ongoing from March 2012	March 2013
2. Securing Commitment					
a)	<p>For Cabinet and the Health and Wellbeing Board to take a lead in securing commitment to action on recommendations and receive monitoring of implementation reports through an appropriate</p>	<p>To raise awareness across all organisations, implement the recommendations and monitor improvements</p>	Chair of Review Group and lead Scrutiny Officer to report to Cabinet/HWBB	May 2012	April 2013

	forum, i.e. NHSR led obesity group				
b)	Report to go to Improving Lives	To raise awareness in terms of prevention of obesity (specifically in children – following on from the obesity review)	Chair of Review Group and lead Scrutiny Officer	May 2012	April 2013 (to be reviewed through Health Select Commission in the first instance)
3. Prevention					
	To agree a joined-up approach to tackling obesity in Rotherham through the Health and Wellbeing Board, acknowledging that treatment and prevention need to work together (i.e. treatment of overweight, should be seen as bariatric ‘prevention’) and ensuring this features as a high priority in the joint Health and Wellbeing Strategy	To ensure a continued focus on obesity prevention in children and young people to prevent them becoming obese adults, and to ensure that adults receive obesity prevention support as well as the bariatric treatment needed.	Health and Wellbeing Board	June 2012 (in line with the development of the local strategy)	April 2013

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET

1.	Meeting:	Cabinet
2.	Date:	25 April 2012
3.	Title:	Response to the “Scrutiny Report of the Winter Weather Review Group”, October 2011
4.	Directorate:	Resources

5. Summary

This report provides Cabinet with a response to the Scrutiny review of the Council’s response to the severe weather experienced by Rotherham and neighbouring districts in late November / early December 2010. The scrutiny review was presented to Cabinet on 22 February 2012.

The scrutiny review commended the efforts of officers and communities during the event, while raising a number of learning points. In addition to the scrutiny review, there has been a full de-brief of all agencies by the Local Resilience Forum (LRF). The LRF de-brief concluded that although a number of problems were experienced, the overall outcome was a success.

Both the scrutiny report and the report following the LRF de-brief make recommendations to further strengthen the agencies’ ability to respond to incidents of this nature. For its part, the Council implemented many actions in the period following the incident and will now take further actions to consolidate its preparedness for severe weather events. The Council will also continue to work with partner agencies to develop our collective resilience to similar incidents occurring in the future.

Attached to this report is an action plan that provides a full response to the recommendations made in the scrutiny report. The Emergency Planning Team is currently co-ordinating a refresh of the Emergency Plan and action based on scrutiny review recommendations will be taken on board as part of the refresh.

The response is scheduled to be presented to the Overview and Scrutiny Management Board on 27 April 2012.

6. Recommendations

6.1 Cabinet is asked to agree the proposed response to the Scrutiny report

7. Proposals and details

This report provides a response to the 'Scrutiny Report of the Winter Weather Review Group' dated October 2011, following the severe weather event of late November / early December 2010.

The scrutiny report, which was presented to Cabinet on 22nd February 2012, commended the efforts of many involved in responding to the incident. It stated:

"The review found that many officers, councillors, members of the public, emergency services and other partners worked extremely hard during this period to ensure that a minimum level of essential public services were provided across the Borough, in addition to assisting with the critical incident on the A57.

Without this effort & determination, the impact on individuals & communities would have been much greater than it was.

The high level of neighbourliness and community spirit in Rotherham was underestimated - one of the key conclusions to this review is that this community resilience needs to be harnessed by the Council to achieve a more co-ordinated response in similar adverse weather conditions..."

The report also indicated that communication and co-ordination could have been improved. The report suggests these and other benefits could have been helped through the activation of the Emergency Plan, although it acknowledged that "some officers directly involved in the co-ordination of services during the incident would not agree with this finding". The Emergency Plan was not activated during the response to this episode of severe weather. On this occasion, the Chief Executive, the Borough Emergency Coordinator and the Emergency & Safety Manager discussed its activation during the incident and agreed that the response was being adequately resourced and did not require the activation of the Plan. Officers will continue to seek to improve communication and co-ordination, while ensuring this is done in an efficient way and within an overall response which is proportionate to any particular incident.

The Local Resilience Forum (LRF) conducted a full de-brief quickly after the incident (on 6th January 2011), and a number of RMBC officers attended this debrief while other officers submitted written feedback, as did staff from many other agencies. The LRF report makes it clear that the various agencies saw:

"... the A57 rescue operation as being a complete success.... There were no fatalities or serious injuries suffered as a result of the incident.... The multi agency rescue operation was coordinated.... The dedication and hard work of all contributors, in exceptionally difficult circumstances, should be recognised."

Notwithstanding this, the LRF report highlighted various challenges that were mirrored in the scrutiny review.

A number of actions referred to in the scrutiny and/or LRF reports were implemented by officers during the period following the incident, including:

- A new system that will strengthen the recording and review of business continuity plans has been tested and will be rolled out shortly
- Strengthened liaison with partner agencies
- Revision and re-issue of an emergency plan template for parish councils
- Adjusting arrangements and preparations for Winter 2011/12
- Better provision and access to 4x4 vehicles
- Some extra provision of salting facilities
- Agreements with farmers for assisting in any future similar incidents.

Other areas where actions are being taken to further strengthen existing arrangements, having been signposted in the scrutiny and LRF reports, include:

- Working with the LRF on developing an overarching LRF Severe Weather Plan and the dovetailing of individual agency plans into it
- Working with partner agencies on developing a better understanding between all of terminology and using commonly agreed terms in a multi-agency response
- Developing and refining RMBC's own severe weather arrangements, both internally, in respect of coordinating our activities, and externally, improving multi-agency liaison arrangements
- Continuing to keep the Borough Emergency Plan and Business Continuity arrangements under review to address any developmental issues.

Additionally, various issues raised in the reports will need to be considered as part of a wider piece of work on community resilience, including developing and supporting the roles of parish councils, area assemblies, local groups and volunteers.

The full schedule of scrutiny recommendations is contained in **Appendix 1** to this Report, along with the response to the recommendations and the proposed further actions to be taken. The Council's newly appointed Emergency and Safety Manager will progress the recommendations in conjunction with the appropriate personnel from other departments.

The Emergency and Safety Manager will also work with LRF colleagues to implement multi-agency recommendations.

When significant updates have been completed, options for updating officers and Members with any changes will be considered including training and briefings.

8. Finance

There are no direct financial implications arising from this report.

9. Risks and Uncertainties

Low temperatures and heavy snow, as identified in the Emergency Planning Risk and Hazard Assessment for Rotherham and Sheffield, are risks for organisations and communities each year. These events cause many disruptions for the Council in maintaining service delivery, together with staffing issues, as many officers may be unable to travel to work or not be suitably prepared to work through agile means.

Provision of suitable responses within the Council's emergency and business continuity planning helps to mitigate the risks.

10. Policy and Performance Agenda Implications

Winter preparedness contributes to the Council's theme of helping to create safe and healthy communities.

11. Background Papers and Consultation

- 'A Scrutiny Report of The Winter Weather Review Group', Oct 2011
- South Yorkshire LRF 'Debrief of A57 Incident'
- Other Directorates have been consulted in the preparation of this report.

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Appendix 1

Recommendation	Comment/Action Taken	Further Action (if required)
<p>1. It is recommended that the Council work with partners to develop common agreement and compatibility with regard to the terms used in emergency planning arrangements. This is subject to differing organisational objectives and service requirements. To provide clarity, the Council's Borough Emergency Plan should set out a Glossary of Terms used by all partners in this regard.</p>	<p>The Local Authority works closely with its emergency response partners through the South Yorkshire Local Resilience Forum (LRF).</p>	<p>Terminology will be raised within the LRF.</p> <p>The Borough Emergency Plan will be amended to incorporate a Glossary of Terms commonly used within the LRF.</p>
<p>2. Linking to the above, it is recommended that consultation is undertaken across all directorates and with partners to revise the Borough Emergency Plan to enable a tiered system intrinsically linking corporate emergency planning arrangements to service business continuity plans.</p>	<p>A link between Emergency Planning and Business exists in the Emergency Plan.</p>	<p>A full review will be undertaken as part of a current refresh of the Borough Emergency Plan.</p>
<p>3. As part of this recommendation, roles & responsibilities are also reviewed with emphasis on clarifying the 'hierarchy' of roles within the plan.</p> <p>Specifically:</p> <ul style="list-style-type: none"> • Borough Emergency Co-ordinator • Strategic Liaison Officer • Forward Liaison Officer • Emergency & Safety Manager 	<p>The key emergency response roles and their responsibilities are documented in the Borough Emergency Plan. Staff recruited to these roles are provided with ongoing training.</p> <p>The Borough Emergency Coordinator has the overall strategic responsibility, in consultation and liaison with the Chief Executive, during both a Minor and Major Incident.</p>	<p>The recommendation will be implemented as part of the current refresh of the Borough Emergency Plan.</p>

Recommendation	Comment/Action Taken	Further Action (if required)
<p>4. The Council and its Partners develop a Severe Weather Plan that is activated in conjunction with emergency planning arrangements. Section 8 of the Plan currently makes reference to severe weather. The Severe Weather Plan should set out a number of key activities to be undertaken as part of our response:</p>	<p>The LRF has not yet progressed this issue in respect of a multi-agency plan.</p>	<p>The review of the Emergency Plan will incorporate the need for developing a RMBC Severe Weather Plan over and above its current incorporation into other plans.</p>
<ul style="list-style-type: none"> An agreed criteria between partners that puts the Borough onto an 'Alert Status', this should reflect the levels set out in the Cold Weather Plan for England; 	<p>The Cold Weather Plan for England is a specific plan for Health agencies and has not been adopted by the wider emergency response community either locally or nationally.</p> <p>However, the issue of the delay in alerting the Local Authority has been picked up in the LRF's A57 Debrief Report and assigned a recommendation to rectify this locally for any future incident.</p>	<p>Continue to work with LRF partners to implement the recommendations from the LRF's A57 Debrief Report.</p>
<ul style="list-style-type: none"> Once the alert is triggered, a meeting between partners to enable clarity in the event of a developing situation; 	<p>The LRF has produced a "Strategic Leaders Guide" which documents the process of instigating a Strategic Coordinating Group (SCG), including telephone conferencing options.</p> <p>It should be noted that during the response to the A57 Incident the Council was involved in a number of telephone conferences with partner agencies.</p>	<p>The Emergency Planning Service will ensure SLT members are aware of the Strategic Leaders Guide and invite Strategic Directors to LRF training.</p> <p>The Emergency Safety Manager will also raise with the LRF Partners the need for a Silver (Tactical Co-ordinating Group) Protocol to deal with events that may not warrant the declaration of a major incident but are still significant.</p>

Recommendation	Comment/Action Taken	Further Action (if required)
<ul style="list-style-type: none"> A written statement recording a range of anticipated problems that can be used as a briefing further down the ranks of each organisation; this document should be rationale based supporting subsequent decision making; 		<p>The recommendation will be considered during the current refresh of the Borough Emergency Plan, to include the provision of (a) briefing template(s).</p>
<ul style="list-style-type: none"> A range of locations identified as being suitable Control/Command centres; 	<p>The Council's Emergency Operations Room has recently relocated to Riverside House. In addition, the authority has a contingency base identified at Garden Rooms, Clifton Park.</p> <p>The Operations Room was not activated during the response to this episode of severe weather. The Chief Executive, the Borough Emergency Coordinator, and the Emergency & Safety Manager discussed its activation during the incident and agreed that the response was being adequately resourced and did not require the activation of the Operations Room. This decision was reinforced by the absence of a declaration of a 'major incident' by any other LRF responder.</p>	<p>Any further possible locations will be considered and, where appropriate, added to available resources.</p>
<ul style="list-style-type: none"> A contingency plan for all Forward Liaison Officers (FLOs) to set out roles, possible work locations and communication responsibilities; 	<p>These requirements are defined in an Action Card included in the Borough Emergency Plan.</p> <p>As part of supporting FLOs flexibility, and following the 2010 severe weather event, the Emergency Planning Shared Service has taken on the contract for the lease of the Land Rover therefore providing the FLO 24/7 access to this 4x4 vehicle.</p>	<p>Provisions for FLOs will be continuously reviewed, and training adapted accordingly.</p>

Recommendation	Comment/Action Taken	Further Action (if required)
<ul style="list-style-type: none"> In the event of worsening weather, the Network Management Team (Streetpride), work alongside the Emergency Planning Team and report back recommended action to the co-ordinating officer 	<p>There are good working relationships with Streetpride and these would/are used in an emergency.</p>	<p>The arrangements will be reflected in any severe weather plan</p>
<ul style="list-style-type: none"> An overview of protocol for staff regarding their roles & responsibilities if they cannot get into work or if they attend an alternative location to work; individual service managers would clarify detail as part of business continuity; 	<p>A HR protocol is in place that covers options for attending work in severe weather.</p>	<p>Services will be advised to cover attendance at work issues in business continuity plans, as appropriate.</p>
<ul style="list-style-type: none"> A requirement to instigate the Recovery Plan proportionately in relation to the incident; this will support communities to return to normal following severe weather; 	<p>It was determined that a Recovery Coordinating Group (RCG) was not needed on this occasion by the relevant officers and an RCG was not requested by partners.</p>	<p>Future BEC training will include an emphasis on recovery planning.</p>
<ul style="list-style-type: none"> Essential staff (to be identified by individual services) should be supported to ensure they have the right equipment in the event of severe winter weather. A 'Grab Bag' is one way of achieving this and would contain specific items as seen in the appendices. The Council could consider providing the bag itself as a corporate item & consider ways in which it can support staff in the provision of necessary equipment. This may take the form of advice or training for severe weather conditions and should be undertaken in conjunction with the Emergency Planning Team. 		<p>The Emergency Planning Team will support services with appropriate advice and training and will work with them to progress this issue.</p>

Recommendation	Comment/Action Taken	Further Action (if required)
<p>5. The proposed Severe Weather Plan should reflect action to be taken in relation to the scale of the identified severity. The Department of Health's Cold Weather Alert Service and the associated Cold Weather Plan for England should be utilised. For example, winter through planning & low level activity at levels 1-2; Business Continuity at levels 2-3; and the Council's Emergency Plan would kick in at levels 3-4.</p>	<p>There is some benefit in identifying trigger levels for emergency responses. However flexibility needs to be maintained to ensure decisions can reflect the circumstances in individual cases. The 'Cold Weather Plan for England' for instance has as a criterion for its highest trigger level "exceptionally severe weather or threshold temperatures breached for more than six days". However, as the A57 Incident has shown us, the impact of a snow related incident can happen over a very short space of time.</p>	<p>The Severe Weather Plan will aim to provide guidance on factors affecting actions to be taken.</p>
<p>6. A database is available on the Council's 'Yourself' system detailing all staff, where they live and work base, plus skills available in an emergency situation – however, arrangements to access this information during an emergency or incident needs to be agreed across the Council as part of business continuity arrangements as well as where emergency planning is activated.</p>		<p>The Emergency Planning team will work with HR and ICT on accessing relevant data.</p>
<p>7. That Business Continuity Plans are reviewed in light of recent reductions in staff numbers to ensure that a minimum of service delivery is viable.</p>	<p>A new system that will support business continuity planning has been tested and will be rolled out shortly to help services to refresh their plans.</p>	<p>The Emergency Planning Team will support services to refresh their business continuity plans using the new electronic system.</p>
<p>8. Further sharing of information across geographical boundaries needs to be implemented. This applies to the City Region to identify problem areas based on experience of this snow incident. For instance, Nottinghamshire & Bassetlaw Council's should be invited to participate in this exercise, particularly with regard to road & transport issues.</p>	<p>The Emergency Planning Shared Service is currently reviewing Mutual Aid arrangements with other Local Authorities. Sharing of information will be re-examined in this process.</p>	<p>The Emergency Planning Team will review information sharing arrangements with neighbouring Local Authorities.</p>

Recommendation	Comment/Action Taken	Further Action (if required)
9. We recommend greater joint working between the Council and the Ambulance Service to assess how the Streetpride Network Management Team can work with the service to assist with access for emergency vehicles in similar circumstances.	It is normal working practice for Streetpride to liaise with the Yorkshire Ambulance Service and vice versa.	The Emergency Planning team will liaise with Streetpride to ascertain any opportunities to further strengthen arrangements they have with the Emergency Services.
10. In accordance with the Community Resilience Agenda, Parish Councils should also be involved in any discussions and planning exercises to co-ordinate road clearance for emergency vehicles.	The Emergency Planning Shared Service has produced an Emergency Plan Template for Parish Councils. This has been recently revised and re-circulated in line with government Community Resilience Guidance.	The approach to developing further the practical involvement of parish councils will form part of work involved in developing Community Resilience.
11. Communication links have now been set up via a Facebook Account & internet websites for PCT staff, which is maintained by their Communications Team in the event of an emergency. The Council may wish to consider setting up a similar facility for use in an emergency planning context.	Social Media is an expanding and important source of information for the public. The council uses Twitter during day to day communications with the public as well as in an emergency.	The Emergency Planning Team will work with Communications Team to review how we use Social Media in an emergency.
12. The review group recommend to the PCT that they keep a register of locums who may be available to do prescriptions at identified locations in the event of an emergency – further work may need to be undertaken by the GP Consortium & the PCT to identify how pharmacy services could be provided in similar conditions. These arrangements would be integrated in to the Council & the PCT's Emergency Planning systems.	The future emergency Planning arrangements for the NHS, taking into account the major NHS change programme, are still to be determined. Once finalised, whichever NHS body becomes responsible for these arrangements would be expected to provide a single point of contact for GPs and other similar facilities which they can disseminate amongst the NHS community.	The Council will continue to work with the PCT and its successor on an ongoing basis.

Recommendation	Comment/Action Taken	Further Action (if required)
<p>13. The PCT recommend to the Council, that work is undertaken to ensure a joint agency approach on the coordination of 4x4 transport required in these conditions. It is proposed that one organisation is able and authorised to offer this service. The placement of these resources should be based upon incidence of vulnerability, need & risk to life.</p>	<p>This matter has been discussed through the LRF with partner agencies following the issues that arose in the winter of 2010. The PCTs were informed at the time that, whilst other agencies would assist where available, they should review their own Business Continuity arrangements, as Local Authority and other agencies' vehicles may be already be deployed delivering their organisations' critical services.</p>	<p>The issue will be revisited with the LRF to determine what co-ordinating arrangements are being / can be put in place.</p>
<p>14. Managers indicated that they preferred RMBC to provide a direct service in such extreme circumstances so that the Council could ensure that care services were co-ordinated. The review group support an agreement whereby the Council co-ordinate agency staff in a repeat situation.</p>		<p>Care services will be asked to provide for alternative options as appropriate in their business continuity plans.</p>
<p>15. Vulnerable locations need to be identified for clearance as recommended by the PCT & NHS Rotherham. This should also apply to identify locations where an emergency control room could be established.</p>	<p>This matter had been addressed by EDS, PCT and NAS in preparation for winter 2011-12.</p>	<p>Joint working will continue annually prior to the onset of winter / as and when required</p>

Recommendation	Comment/Action Taken	Further Action (if required)
<p>16. The review supports Adult Services requirement that a rota is in place for the use of available 4x4 vehicles to pick up and transport staff to locations where they are needed; this information to be included in the Emergency Plan and all Business Continuity Plans with each directorate making contribution to the cost of using these vehicles. This recommendation is also supported by the PCT.</p>	<p>The Council's 4x4 vehicles need to be prioritised to ensure the Council can deliver as many of its critical services as possible.</p>	<p>The Emergency Planning Shared Service will further review the Council's current planning arrangements for the use of the limited fleet of 4x4 vehicles during severe weather.</p>
<p>17. The review group identified a need to hire 4x4 vehicles to ensure the transportation of essential staff to specific locations. This has already been implemented via the Enabling Care Service which leases vehicles throughout the year. In the winter months, regular vehicles are replaced with 4x4's - staff have been trained to drive these vehicles in snow.</p>	<p>As per recommendation, action already taken.</p>	<p>No further action required.</p>
<p>18. It is recommended that service managers review how they send their service updates through to the Communications Team so that the Council website can be more dynamic and informative.</p>	<p>In an emergency the Emergency Planning team liaises with the Communications Team to ensure the public are kept informed, this can be via the website, social media and the local radio.</p>	<p>Links with Rec 11. The Emergency Planning Team will work with the Communications Team on methods of keeping all stakeholders informed.</p>

Recommendation	Comment/Action Taken	Further Action (if required)
<p>19. A list of phone numbers for building caretakers should be drawn up so that a group text can be sent informing them that staff may be looking to leave their buildings en masse, potentially leading building closure and security requirements. In return, staff should have clear communication & reporting mechanisms if they can't access a building. Additional key holders need to be nominated.</p>	<p>Facilities Management operate an 'out of hours' on-call Caretaker service through a dedicated mobile number. As the majority of council staff are now based in Riverside House this will become less of an issue.</p>	<p>The Emergency Planning Team will keep under review building and caretaking requirements and ensure these are adequately reflected in the Emergency Plan and relevant communications.</p>
<p>20. RMBC officers (especially the FLO) attending an incident must be more visible to other agencies, community groups & members of the public. A review of how to achieve this should be undertaken.</p>	<p>All Forward Liaison Officers and Assistant FLOs are provided with fluorescent clothing which identifies their role.</p>	<p>The Emergency Planning Team will consider any other requirements that need to be met.</p>
<p>21. In extreme snow conditions, discretion should be used around whether or not to provide salt bins to unadopted roads – this should specifically apply where it can be shown that vulnerable or elderly residents are located;</p>		<p>The Emergency Planning team will work with Streetpride to assess the extent to which this recommendation can be adopted</p>
<p>22. The Council should work with neighbouring authorities to ensure that where possible there are consistent levels of gritting on priority routes crossing county borders. We acknowledge that due to operational demands, this may not always be possible, but where achieved, this would enable emergency vehicles to travel safely during ice & snow incidents;</p>	<p>Streetpride has reciprocal agreements with all neighbouring authorities as outlined in the Winter Service Manual. Forecasting is provided at a local level (each authority) and salting is carried out to an appropriate point in a neighbouring authority.</p>	<p>Also, links with Rec 8. The Emergency Planning Team will continue to review mutual arrangements with neighbouring Local Authorities</p>

Recommendation	Comment/Action Taken	Further Action (if required)
<p>23. Where road humps are used, residents need to be advised of the technical difficulties re snow clearance. For future road design specifications, snow clearance should be a factor taken into consideration prior to construction;</p>	<p>In the Winter Service Manual on the salting network, roads with road humps are identified so drivers can maximise ploughing at these locations.</p> <p>Before install of new road humps Highways should consult winter maintenance. However, while planning for winter weather should be factor in the location of traffic calming measures, general day-to-day safety should be put first.</p>	<p>The Emergency Planning team will continue to keep arrangements under review.</p>
<p>24. Where difficulties arise with road access or clearance, alternative ways of managing snow & ice should be considered – such as utilising a snow warden service.</p>	<p>Streetpride has received 25 volunteers to assist with organising snow clearance. This group will be provided with appropriate training and are anticipated to be available to call on from the 2012/13 winter period.</p> <p>Under severe conditions Streetpride can revert to salting the 'Strategic Network'. This is a shorter network that has been agreed by partner organisations.</p> <p>The system has been improved since 2010 so that in the event of a 'whiteout' situation managers can be more proactive in using their staff to clear snow. Sections that would not be able to carry out their day-to-day activity (e.g. streetcleaning) have been allocated areas and key locations to salt, including schools and doctors' surgeries.</p>	<p>The Emergency Planning team will keep arrangements under review and support further initiatives to extend resources available for snow clearing.</p>
<p>25. It is recommended that the security of salt bins is improved to deter members of the public abusing the provision in these conditions. Colouring salt may be one idea to consider.</p>	<p>It should be noted that securing bins could result in members of the public being unable to access salt when they most need it.</p> <p>Any reports of commercial abuse (businesses using salt from council bins for their own premises) are reported to the Police.</p>	<p>Streetpride will investigate the feasibility of using coloured salt for the winter period 2012/13.</p>

Recommendation	Comment/Action Taken	Further Action (if required)
<p>26. Pick up points for grit could be established after the initial snowfall & clearance. These would be accessible only for parish councils, area assemblies, farmers & listed community groups to access. The review group accept that this is subject to salt stocks and that it shouldn't impact on the Council's primary duty to keep the highway safe.</p>	<p>Streetpride has entered into agreements with four Parish Councils, licensing Parish Council Salt Bins on the adopted highway. The bins complement the existing Streetpride salt bins that are strategically located throughout the Borough.</p> <p>Streetpride also makes provision of salt for SY Fire & Rescue, Yorkshire Ambulance Service and other council departments.</p> <p>Salt stocks are now kept at 2 satellite depots as well as the main stock at Hellaby Depot.</p>	<p>Streetpride will continue to look at other opportunities for provision.</p>
<p>27. With the assistance of the National Farmers Union, Area Assemblies & Parish Councils, service agreements should be put in place for a pool of farmers to assist with the clearance of heavy snowfalls. The Council will agree a suitable rate of payment for those farmers actively supporting the Council & communities in this way. The agreement would state the geographical boundary within which a farmer would operate.</p>	<p>Streetpride wrote to all local farmers to ask if they would be willing to assist where they had the capacity / resources to do so. Further discussions have been held with the farmers who responded and the farmers have agreed areas they could help salting / clearing.</p>	<p>The Emergency Planning team will continue to keep arrangements under review.</p>
<p>28. Where farmers agree to work with the Council, a subsidy should be provided to pay for equipment for tractors e.g. a plough front.</p>	<p>A payment agreement has been reached to cover any help provided by farmers. The majority of farmers have JCB's with snow clearing capabilities and do not require any subsidies.</p>	<p>The Emergency Planning team will continue to keep arrangements under review.</p>

Recommendation	Comment/Action Taken	Further Action (if required)
29. Assess the most cost effective solution to mitigate future freezing; i.e. consider the re-routing of external pipe work to an internal location where this is appropriate; the refit of boilers with a larger diameter condensate pipe; fitting internal taps to allow internal drainage in the case of freezing;	A small number of other installations where a high risk of future freezing has been identified have been re piped internally to minimise future risk. Internal piping of condensates is aimed for on all new installations and is current achieved on 80% of new installations.	The performance of heating systems will be kept under review and actions taken as appropriate to mitigate any risks of failure during cold weather.
30. Given the cost to re route pipe work – the council supply & fit lagging to vulnerable pipes as a medium term measure;	As recommendation 29	As recommendation 29
31. Consider advising tenants on optimum temperatures & duration for boiler usage to reduce the incidents of freezing pipes during severely cold weather – guidance should also relate to the external temperatures in relation to use of boiler;	Advice is to be disseminated to tenants annually in early October prior to the onset of Winter. In 2011, a Housing Services publication; 'Round Your Place' focused specifically on advice and guidance to tenants about keeping warm and avoiding issues caused by the cold.	Advice will continue to be provided to tenants as appropriate.
32. That information & advice relating to keeping warm & tackling fuel poverty is issued extensively to all tenants at the outset of winter. This will link to the Council's (with partners) Affordable Warmth Strategy. Also see recommendations under Elected Members.	As recommendation 31	As recommendation 31
33. Report to the Improving Places Select Commission setting out details of boiler repair & pipe replacement programme with rationale for action taken.		Neighbourhoods and Adult Services will be asked to provide an update to the scrutiny commission.

Recommendation	Comment/Action Taken	Further Action (if required)
34. That all Parish Councils are supported to further develop local emergency plans in line with the guidance on Community Resilience Planning; this should involve contributions from the Emergency Services, PCT & other partners to ensure all representations are included;	The Emergency Planning Shared Service has produced an Emergency Plan Template for Parish Councils. This has been recently revised and re-circulated in line with Government Community Resilience Guidance.	Further work on this issue will form part of work involved in developing Community Resilience.
35. The Area Assemblies should be a key partner in the above along with other identified community groups – such as local church groups/wardens;		Work on this issue will form part of work involved in developing Community Resilience.
36. As referenced above, the Council assist Parish Councils to be able to draw on a 'bank' of available farmers who already have in place an agreement to clear snow in severe conditions;	See Recommendation 27.	Details of the farmers agreeing to help in severe weather conditions will be provided to parish councils
37. The review group understand that Parish Council Clerks or their representative's are included as key contacts in the Borough Emergency Plan; therefore they must be automatically contacted in the event of severe weather to assess local circumstances.		Work on this issue will form part of work involved in developing Community Resilience. In the event of any severe weather in the meantime, Emergency Planning and Communications Teams will note the need to keep parish councils informed and act accordingly.

Recommendation	Comment/Action Taken	Further Action (if required)
38. That consultation takes place with Area Assembly staff to define their role in adverse weather or emergency incidents; this should be an integral part of the Emergency Plan;		Work on this issue will form part of work involved in developing Community Resilience.
39. Area Assemblies should be given the support & resources to develop a snow warden scheme for whom they are responsible & will co-ordinate their activities; this role should dovetail with the Network Management Team who will be focussed on road clearance in priority areas including vulnerable locations or residents within the community;		Work on this issue will form part of work involved in developing Community Resilience.
40. A communication role with other volunteers, engaging with local organisations and supporting local members in emergency incidents		Work on this issue will form part of work involved in developing Community Resilience.
41. In the event of adverse weather, churches/undertakers be able to phone a specific number to have routes cleared for a funeral cortege.	Information on routes and contact details should be made available and accessible to all parties. The needs of all people should be considered and addressed based on the respective priorities. Any specific demands will need to be considered against any other requirements.	The Emergency Planning team will assess whether existing arrangements could be strengthened.
41. Ensure that all learning points submitted by VAR are picked up by the relevant council directorates and captured into business continuity plans as appropriate to specific service delivery.		The Emergency Planning Team will ensure that any relevant lessons are built into revisions being made as part of the learning from the severe weather incident.

Recommendation	Comment/Action Taken	Further Action (if required)
42. Whilst this review focuses on extreme weather situations, some of these points may be relevant to the provision of adult social care at any time of the year. For example, where volunteers (ACR) are actively supporting the elderly & the vulnerable, either in extreme weather or other circumstance, that they have a clear referral point through which to highlight broader needs.	The scrutiny review report has been passed to the Director for Adult Services to consider and to work with the Emergency Planning Team on developing responses.	The Emergency Planning Team and Director of Adult Services will assess any social care specific lessons and implement relevant arrangements to address these.
43. The role of SLT along with Cabinet Members should be referenced within the emergency plan with particular emphasis on the importance of an emergency meeting to support strategic communication & decision making during adverse weather.	The role of the SLT will be to coordinate the Council's response to the overall multiagency LRF response as well as maintaining, as far as possible, 'business as usual' for normal Council activities. Cabinet Members have a role in communicating with, reassuring and supporting the public in any major incident.	These roles can be re-examined in the current refresh of the Borough Emergency Plan.
44. Emergency Planning Training for Members that simulates an adverse weather incident rather than a 'chalk & talk' exercise;	Some training has recently be made available for Councillors.	A further session is planned for June 2012.
45. A pack of relevant information including a who's who contact list detailing Parish & Area Assembly Contacts		To be considered as part of the refresh of the Borough Emergency Plan.

Recommendation	Comment/Action Taken	Further Action (if required)
<p>46. In the event of adverse weather or any incident that does not result in a control room being established, Members require a priority communication route for sending & receiving information updates. This could be either via a single phone number or an e mail address connecting to a centrally based co-ordinating officer. This recommendation should form part of the review of responsibilities within the emergency plan and business continuity plans.</p>		<p>To be established as part of a refresh of the Borough Emergency Plan.</p>
<p>47. It is recommended that a referral is made to the Member Training & Development Panel to identify training to enable Members to become 'Cold Weather Champions' for their Wards; this would involve distributing information (via council surgeries and other local meetings)) about cold weather projects, payments & grants and other appropriate advice. They would be supported by officers to undertake this role. This recommendation works alongside the principles within the Cold Weather Plan for England.</p>		<p>The Emergency Planning Team will liaise with relevant officers supporting the Members Training and Development Panel to identify relevant training and support for Members, additionally taking into account their role in the developing Community Resilience programme.</p>

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET

1.	Meeting:	Cabinet
2.	Date:	25th April 2012
3.	Title:	Extensions and Adaptations to Foster Carer Property
4.	Directorate:	Children and Young People's Services

5. Summary

The requests for extensions and adaptations generally come from two routes

- Foster carers who are able to increase capacity or who require an extension to provide greater living / bedroom space for their own children and those foster children placed
- Family members who can provide care for a child via a Residence Order or a Special Guardianship Order and therefore prevent the child remaining "looked after"

This report sets out the business case for investing in the 21 current applications in order to create additional foster care capacity and also improve the quality of life for current placements.

6. Recommendations

- That this report be agreed by Cabinet.
- To proceed with the 21 applications as listed above in the order given.
- That the 13 applications which would create additional capacity be prioritised.
- Further requests will be considered assuming the investment results in cost avoidance is over a period of less than 2 years.

7. Proposals and Details

In 2011, as part of the Placement Strategy, letters were sent to all foster carers asking them to consider whether they would like to consider an extension as a way of increasing overall capacity within the fostering service. In doing this consideration was given to the Fostering Services Regulations 2011 and the Children Act 1989 in that the limit for foster carers is no more than three in placement at any one time. Foster Carers reviews presented to Fostering Panel will make reference to foster carers skills and ability to increase capacity and the status of the application for an extension.

The Pathways to Care paper was presented at Corporate Parenting Panel, which sets out a transparent and robust process for decisions to be made about the feasibility of such requests and allows the Local Authority to retain some control over the building work by having designated contractors. The flow chart is included in appendix 2 and details the process for seeking planning permissions. The applications detailed in appendix 1 have all submitted the initial application and the building surveyors have been briefed. In some cases a site visit to discuss the feasibility has been undertaken. Therefore in respect of lead in time for the work to be commenced, some are further along the process than others and it will be a gradual process.

As a result of these initiatives there are currently (see appendix 1) 21 requests submitted for consideration.

These extensions or adaptations would give all a greater quality of life and support the placements continuing.

Of the 19 applications from foster carers, 13 would give the local authority greater capacity in terms of fostering placement , 6 would improve the quality of life and secure the placements long term.

Appendix 1 provides the level of prioritisation in respect of the work being completed. See the key at the bottom of the chart.

8. Finance

The combined cost of undertaking all of the adaptations proposed would be approximately £1.12m. This includes an estimated £911k direct adaptation costs, £118k Asset Management Costs, plus a cost of capital borrowing of approximately £91k

As a result of proceeding with these adaptations there would be an estimated £334k costs avoided this financial year based on the part year effect of 23 placements being paid at the lower average in house fostering rate of £285 per week instead of the average Independent Fostering rate of £878 per week. Future years full year effect of these avoided costs would be approximately £709k per year.

Assuming all of the adaptations went ahead in this financial year and in line with expected timescales the overall estimated Net Cost in the current year would be £785k. The total estimated costs avoided over 3 years to the end of March 2016 would be £633k.

Impact on Revenue Budget	£'000
Year 1 Cost	785
Year 2 Cost Avoided	-709
Year 3 Cost Avoided	-709
Estimate of Net Costs Avoided over 3 years	<u>-633</u>

9. Risk and Uncertainties

Any projects agreed are subject to legally binding contracts between the carer and Rotherham MBC with a sliding scale of payback should the increased capacity not be delivered or in the event of placement breakdown or carers terminating their registration

10. Policy and Performance Agenda Implications

There is a statutory requirement within the Children Act 1989 that from April 2011, local authorities working with their Children's Trust partners must be in a position to secure, where reasonably practicable, sufficient accommodation for looked after children in their local authority area.

Although the sufficiency duty is placed on the local authority, Section 10 of the Children Act 2004 requires that the authority makes arrangements to promote co-operation with relevant partners (health, schools, police, probation, third sector etc) with a view to improving the well being of children in the local authority area. Section 10 also requires the partners to co-operate with the local authority

Benefits of complying with this duty are that children are placed within their local communities enabling them to retain identity and cultural links. Savings can be achieved in terms of the time and money to support families maintaining contact. Additional savings are achieved in respect of social worker / independent reviewing officer time and cost of supporting the child in placement.

11. Background and Consultation

Report to corporate parenting panel

Report to SLT

Report author:

Howard Woolfenden, Director Safeguarding, Children and Families

Appendix 1 Extensions

Carer	Increased Capacity	Improve Quality of Life	Cost (k)	Comments
C	Yes by 2		52	
T	Yes by 2		45*	
H	Yes by 2		45*	
W		Yes	48*	2 children placed with additional needs who currently have to share
N		Yes	45*	Foster Child having to share with carers own daughter
S	Yes by 1		45*	
W	Yes by 1		48*	
M	Yes by 1		45*	
W	Yes by 1		40*	
D	Yes		32	Can only take a baby currently
E	Yes by 1		40*	
S / H	Yes by 1		42*	Families Together Carer – able to provide for children with disabilities
L	Yes by 1		40*	
R	Yes by 1		45*	
M		Yes	45	Daughter having to share parents room
S		Yes	52	Carer having to share with her daughter
F		Yes	48 / 38	3 long term placements provided currently – 2 having to share
C		Yes	60	2 long term placements provided – boys currently sharing
T			26	Family and Friends – RO /SGO
M			45	Family and Friends – RO / SGO
K			29	Not clear if their own children intend to continue to share which would increase capacity – further work required with carers as to intention
			Est £911k	

Key

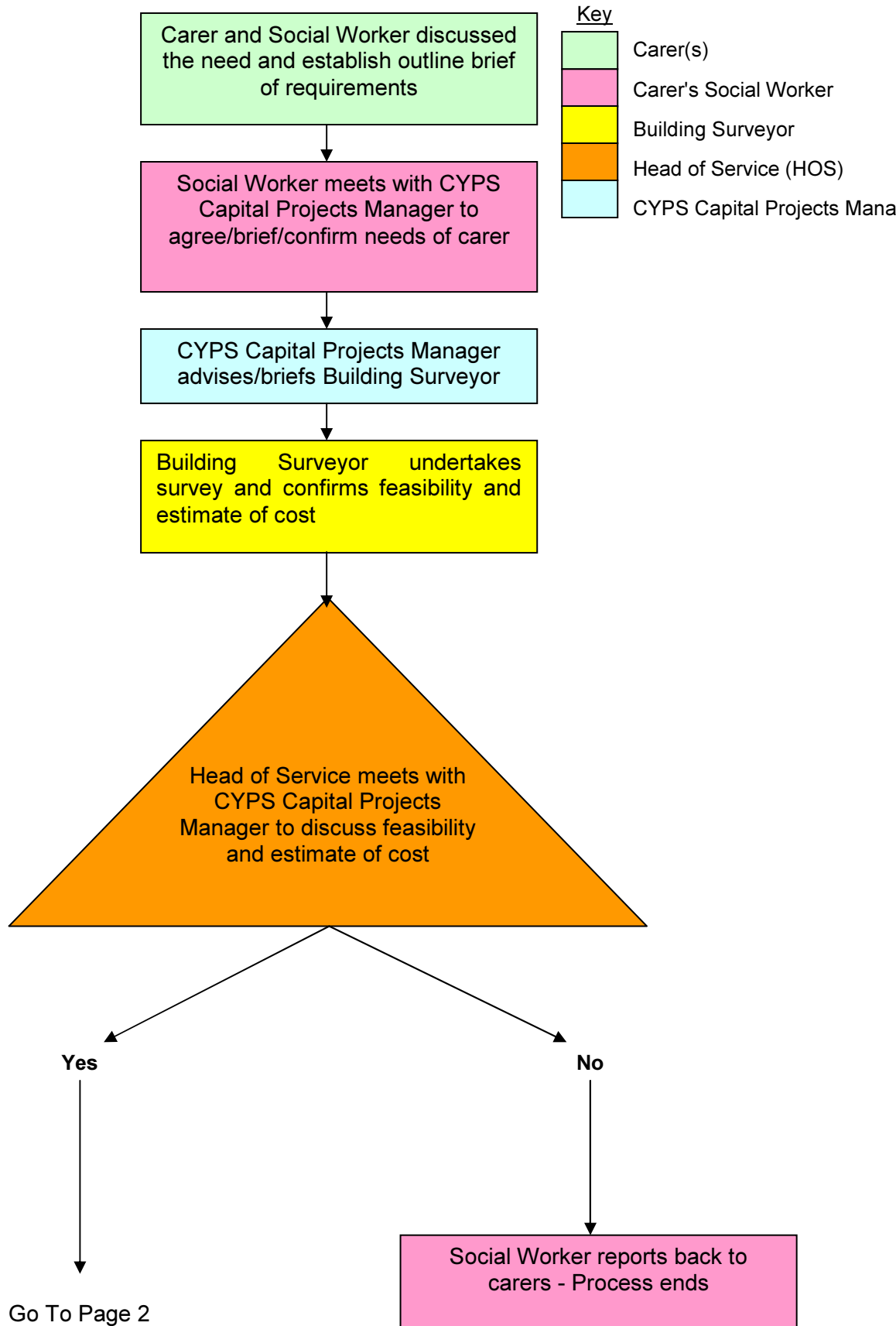
Figures in black – confirmed cost estimates

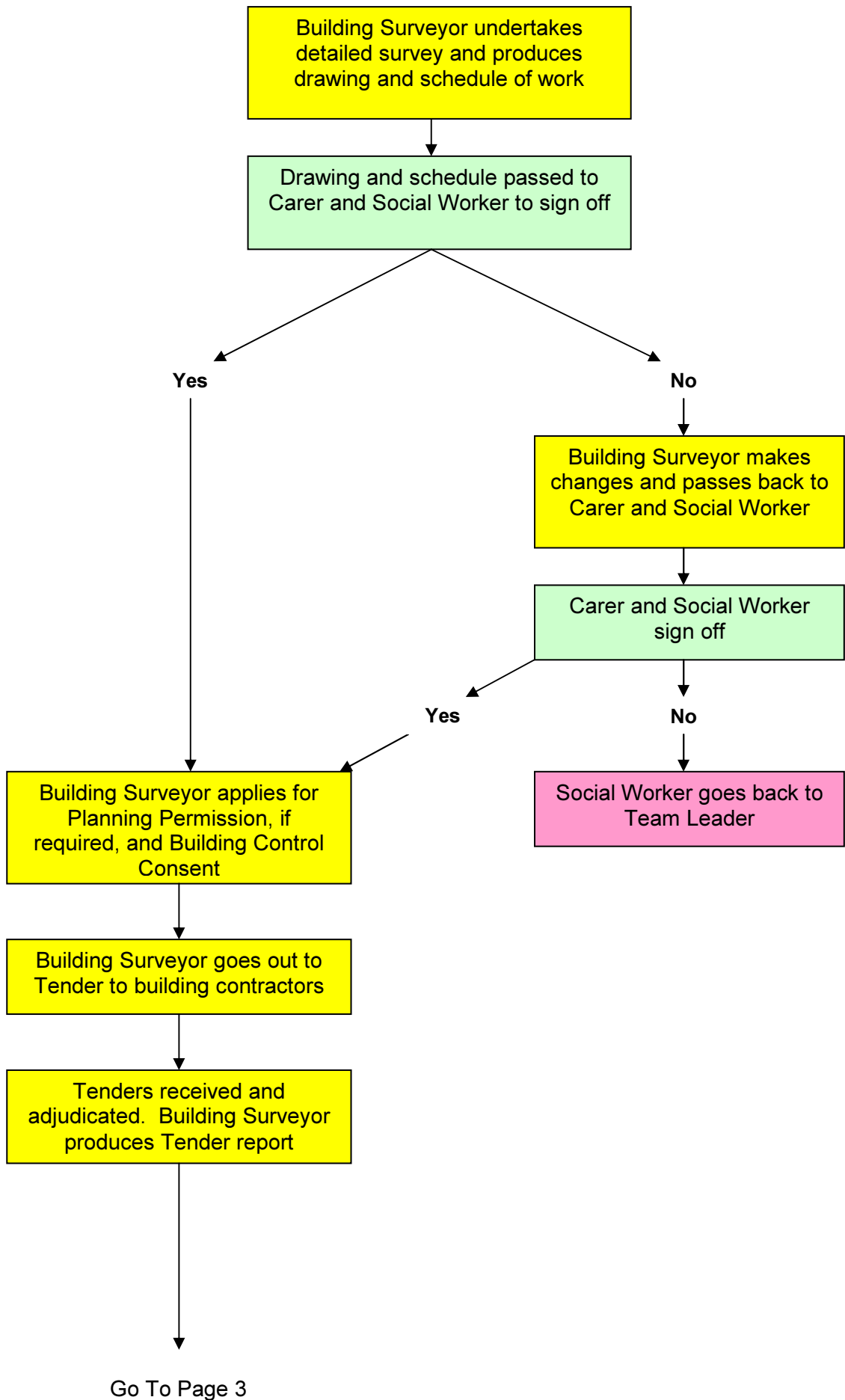
Figures in red – estimated cost following building surveyor

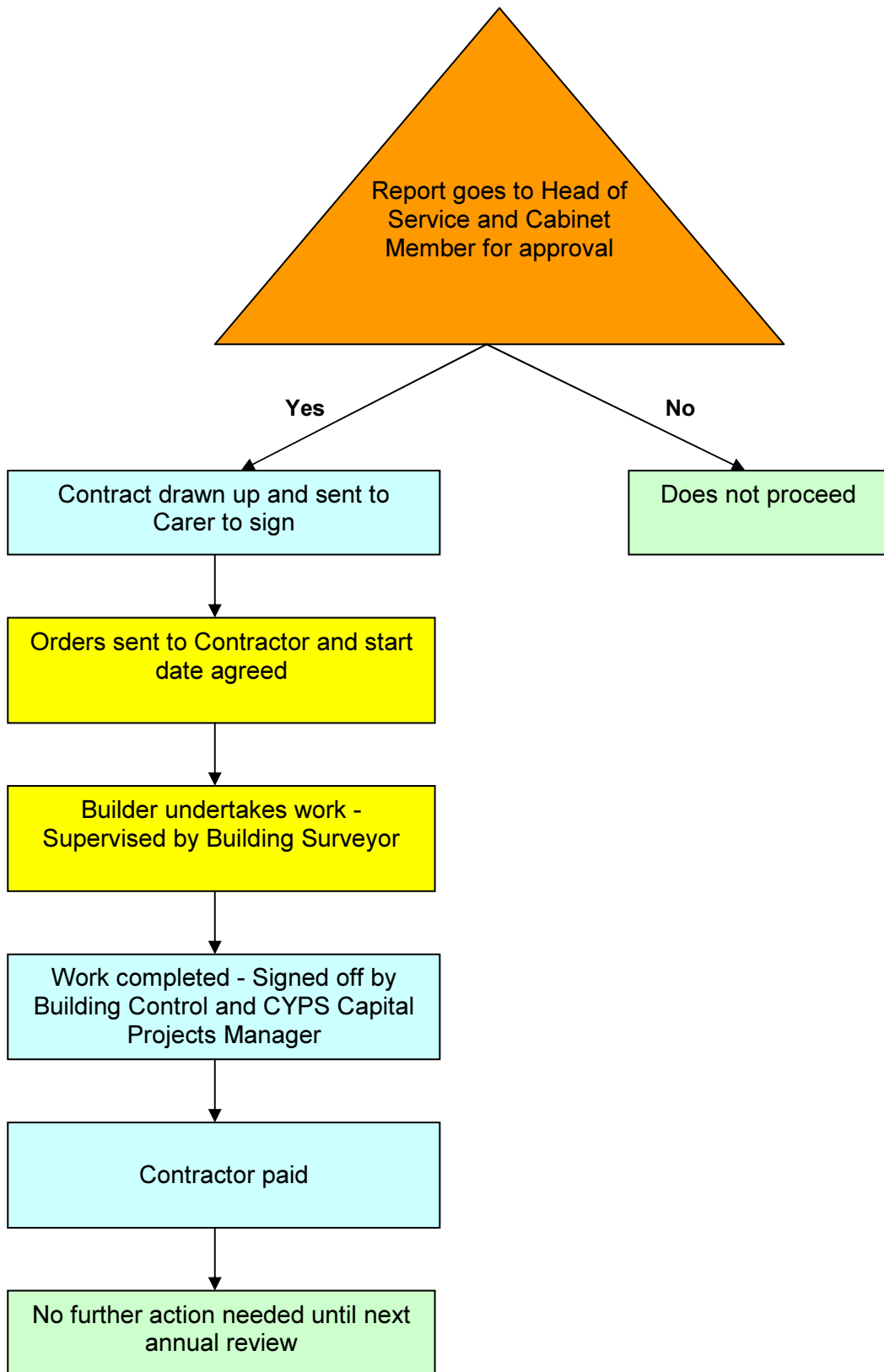
Figures in Red with * - ballpark figures of what we think it may cost

LOOKED AFTER CHILDREN'S SERVICE

PATHWAYS TO CARE – PROCESS FLOWCHART - DRAFT







ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET

1.	Meeting:	Cabinet
2.	Date:	25th April, 2012
3.	Title:	Statutory guidance for the Director of Children’s Services and the Lead member for Children’s Services
4.	Programme Area:	Children and Young People’s Services

5. Summary:

Revised statutory guidance on the ‘Roles and Responsibilities of the Director of Children’s Services and the Lead Member for Children’s Services’ was issued on 3rd April by the Department for Education. This report sets out the key changes from the previous statutory guidance of 2005 and 2009.

6. Recommendations:

- **That Cabinet note the key changes in the revised statutory guidance.**

7. Proposals and Details:

Local authorities in England must have regard to the statutory guidance in relation to the appointment of the Director of Children's Services (DCS) and the designation of the Lead Member for Children's Services (LMCS). The guidance covers the legislative basis for the two appointments, roles and responsibilities of the post holders and how this relates to the Government expectations about local authorities' role in education and children and young people's services.

The Children Act 2004 requires every upper tier local authority to appoint a DCS and designate an LMCS.

The key changes for the DCS role from 2009 is that the role '**is not limited to**' having responsibility for children and young people. The government state it is for local authorities to determine their own organisational structures but in doing so they must have clearly designated persons with DCS and LMCS responsibilities. Between them, the DCS and LMCS should provide a clear and unambiguous line of local accountability.

Local authorities should **assure** themselves through their usual decision making and scrutiny that their arrangements enable them to discharge their education and children's social care functions effectively. Local authorities should give serious consideration to protecting the discrete roles and responsibilities of the DCS and LMCS before allocating to them any additional functions other than children's services.

The DCS is a statutory member of the health and wellbeing board.

The LMCS should be a 'participating observer' of the LSCB.

The DCS and LMCS should actively promote a diverse supply of strong schools and where there is **need for a new school** seeking proposals for an Academy or Free School.

The DCS and LMCS should take rapid and decisive action in relation to poorly performing schools, including using their intervention powers and considering alternative structural and operational solutions; promote effective school to school collaboration.

8. Finance:

There are no additional financial pressures as a result of the revised guidance. There is an expectation that the DCS and LMCS will be able to secure sufficient provision for services which address the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers.

9. Risks and Uncertainties:

A key new issue in the revised guidance is the notion of 'local assurance' that is agreed within the Council. Assurance will be subject to self assessment within the local authority, and to peer challenge and review, as part of securing continuous sector led improvement in the quality of services.

10. Policy and Performance Agenda Implications:

Ofsted will assess the quality and effectiveness of local authority leadership and management, if they have concerns, they may decide to look at the quality and effectiveness of the authority's assurance process.

11. Background Papers and Consultation:

Statutory guidance in 2005, 2009 and 2012 (Appendix A)
The LA contributed to the governments consultation proposals on the revised guidance for 2012.

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Department
for Education

STATUTORY GUIDANCE ON THE ROLES AND RESPONSIBILITIES OF THE DIRECTOR OF CHILDREN'S SERVICES AND THE LEAD MEMBER FOR CHILDREN'S SERVICES

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About this Guidance

1. This is statutory guidance issued by the Secretary of State for Education. Local authorities in England must have regard to it in relation to the appointment of the Director of Children's Services (DCS) and the designation of the Lead Member for Children's Services (LMCS). This guidance covers the legislative basis for the two appointments, roles and responsibilities of the post holders, and how this relates to Government expectations about local authorities' role in education and children and young people's services.

Expiry/review date

2. This guidance replaces the previous versions, issued in 2005 and 2009. The guidance will be *reviewed* on an annual basis to check whether it is still fit for purpose; but it will only be *revised* if it is no longer considered to be fit for purpose. Annex A lists other sources of information and guidance and will be updated regularly.

What legislation does this guidance relate to?

3. This document is issued under sections 18(7) (Director of Children's Services) and 19(2) (Lead Member for Children's Services) of the Children Act 2004. This means that local authorities must have regard to it and, if they decide to depart from it, they will need to have clear reasons for doing so.

Who is this guidance for?

4. This guidance is for local authorities in England with responsibility for education¹ and children's social services functions.

Key points

- The *Children Act 2004* requires every upper tier local authority to appoint a Director of Children's Services and designate a Lead Member for Children's Services.
- The DCS and LMCS are appointed for the purposes of discharging the education and children's social services functions of the local authority. The functions for which they are responsible are set out in section 18(2) of the Children Act 2004. This includes (but is not limited to) responsibility for children and young people receiving education or children's social care services in their area and all children looked after by the local authority or in custody (regardless of where they are placed).
- Within this legal framework, it is for individual local authorities to determine their own organisational structures in the light of their local circumstances. However, local authorities must ensure that there is both a single officer and a single elected member each responsible for both education and children's social care. The DCS and LMCS

¹ References in this guidance to local authority "education" functions do not include further and higher education functions listed at section 18(3) of the Children Act 2004.

should each have an integrated children's services brief, ensuring that the safety and the educational, social and emotional needs of children and young people are central to the local vision. Between them, the DCS and LMCS provide a clear and unambiguous line of local accountability.

- The DCS has professional responsibility for children's services, including operational matters; the LMCS has political responsibility for children's services. Together with the Chief Executive and Leader or Mayor², the DCS and LMCS have a key leadership role both within the local authority and working with other local agencies to improve outcomes for children and young people.
- The DCS is a politically restricted statutory chief officer post; they should be a first tier officer and report directly to the Chief Executive.
- Local authorities should, as a matter of course, assure themselves that their arrangements enable them to discharge their education and children's social care functions effectively.
- Given the breadth and importance of children's services functions that the DCS and LMCS cover, local authorities should give due consideration to protecting the discrete roles and responsibilities of the DCS and LMCS before allocating to them any additional functions other than children's services.

² Local authorities that are considering adopting the committee system should take into account any implications for the DCS and LMCS roles.

The Director of Children's Services and Lead Member for Children's Services

The Director of Children's Services (DCS)

5. Section 18 of the Children Act 2004 requires every top tier local authority to appoint a Director of Children's Services. The DCS has professional responsibility for the leadership, strategy and effectiveness of local authority children's services and, as such, this post should be at first tier officer level. The DCS is responsible for securing the provision of services which address the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers. In discharging these responsibilities, the DCS will work closely with other local partners to improve the outcomes and well-being of children and young people. The DCS is responsible for the performance of local authority functions relating to the education and social care of children and young people. The DCS is responsible for ensuring that effective systems are in place for discharging these functions, including where a local authority has commissioned any services from another provider rather than delivering them itself. The DCS should have regard to the General Principles of the United Nations Convention on the Rights of the Child (UNCRC) and ensure that children and young people are involved in the development and delivery of local services.

6. The DCS is a politically restricted statutory chief officer post³. This means the post holder is prevented from taking part in certain political activities. In particular, the DCS is disqualified from being an elected member of the local authority. The DCS should report directly to the Chief Executive (Head of Paid Service), who in turn is accountable to the Council for the performance of its chief officers⁴. Local authorities are strongly encouraged to involve children and young people in the appointment of the DCS.

The Lead Member for Children's Services (LMCS)

7. Section 19 of the Children Act 2004 requires every top tier local authority to designate one of its members as Lead Member for Children's Services. The LMCS will be a local Councillor with delegated responsibility from the Council, through the Leader or Mayor⁵, for children's services. The LMCS, as a member of the Council Executive, has political responsibility for the leadership, strategy and effectiveness of local authority children's services. The LMCS is also democratically accountable to local communities and has a key role in defining the local vision and setting political priorities for children's services within the broader political context of the Council.

8. The LMCS is responsible for ensuring that the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers, are addressed. In doing so, the LMCS will work closely with other local partners to improve the outcomes and well-being of children and young people. The LMCS should have regard to the UNCRC and ensure that children and young people are involved in the development and delivery of local services. As politicians, LMCSs should not get drawn into the detailed day-to-day operational management of education and children's

³ Under section 2 of the Local Government and Housing Act 1989 (as amended).

⁴ See Schedule 1 to the Local Authorities (Standing Orders) (England) Regulations 2001 SI 3384.

⁵ In local authorities with executive governance models.

services. They should, however, provide strong, strategic leadership and support and challenge to the DCS and relevant members of their senior team as appropriate.

Ensuring a clear line of accountability

9. Integrating education and children's social care services under a single officer and a single member provides both a strategic and professional framework within which the safety and the educational, social and emotional needs of children and young people are considered together. The DCS and LMCS roles provide a clear and unambiguous line of political and professional accountability for children's well-being. The DCS and LMCS should report to the Chief Executive and to the Council Leader or Mayor respectively as the post holders with ultimate responsibility for the political and corporate leadership of the Council and accountability for ensuring that the effectiveness of steps taken and capacity to improve outcomes for all children and young people is reflected across the full range of the Council's business. The DCS and LMCS (in their respective roles) will also need to work closely with the Director of Public Health as the principal adviser on health to officials and members.

Additional functions not related to local authority children's services

10. It is legally permissible for the DCS and LMCS roles to be combined with other operational and political functions of the local authority. However, given the breadth and importance of children's services functions that the DCS and LMCS cover, local authorities should give due consideration to protecting the discrete roles and responsibilities of the DCS and LMCS before allocating any additional functions to individuals performing these roles. In particular, local authorities should undertake a local test of assurance so that the focus on outcomes for children and young people will not be weakened or diluted as a result of adding such other responsibilities (see paras 13-16 below). Given the demanding nature of the DCS and LMCS roles, local authorities should consider *all* aspects of any combined posts (e.g. the impact on both children and adult services where there is a joint DCS and Director of Adult Social Services post).

11. The DCS should report directly to the Chief Executive, so it is not appropriate for the Chief Executive also to hold the statutory role of DCS (except possibly as a temporary measure whilst the Council actively takes steps to fill a vacant DCS post and an alternative interim DCS appointment is not considered appropriate).

Joint DCS appointments

12. It is legally permissible for two or more local authorities to appoint a single joint DCS to cover children's services responsibilities across all the local authority areas concerned.

Local assurance

13. Local authorities will, as a matter of course, want to ensure their structures and organisational arrangements enable them to:

- fulfil their statutory duties effectively (including ensuring that children, young people and families receive effective help and benefit from high educational standards locally);

- be transparent about responsibilities and accountabilities; and
- support effective interagency and partnership working.

14. A local authority should carry out effective assurance checks, integrated as part of their usual decision-making and scrutiny work, of their structures and organisational arrangements. Once any new arrangements are in place, local authorities should review their arrangements regularly to satisfy themselves that they continue to be effective.

15. These assurances should be agreed within the Council. They should be subject to self-assessment within the local authority, and to peer challenge and review, as part of the process of securing continuous sector-led improvement in the quality of services. Where, as part of Ofsted's assessment of the quality and effectiveness of local authority leadership and management, inspectors identify an issue arising from the local authority's arrangements for discharging the DCS and LMCS functions, they may decide to look at the quality and effectiveness of the authority's assurance process.

16. It is for each local authority to determine the precise nature of its own assurance process and how to provide transparency for local communities about which individuals are fulfilling the statutory roles of DCS and LMCS, taking account of local circumstances. However, in doing so, the following elements are likely to be essential in assuring that effective arrangements are in place:

- clarity about how senior management arrangements ensure that the safety and the educational, social and emotional needs of children and young people are given due priority and how they enable staff to help the local authority discharge its statutory duties in an integrated and coherent way;
- clarity about how the local authority intends to discharge its children's services functions and be held accountable for them from political, professional, legal and corporate perspectives (including where, for example, services are commissioned from external providers or mutualised in an arms length body);
- the seniority of and breadth of responsibilities allocated to individual post holders and how this impacts on their ability to undertake those responsibilities (especially where a local authority is considering allocating any additional functions to the DCS and LMCS posts);
- the involvement and experiences of children and young people in relation to local services;
- clarity about child protection systems, ensuring that professional leadership and practice is robust and can be challenged on a regular basis, including an appropriate focus on offering early help and working with other agencies in doing so; and
- the adequacy and effectiveness of local partnership arrangements (e.g. the local authority's relationship with schools, the Local Safeguarding Children Board (LSCB), the courts, children's trust co-operation arrangements, Community Safety Partnerships, health and wellbeing boards, Youth Offending Team partnerships, police, probation, Multi-Agency Public Protection Arrangements and Multi-Agency Risk Assessment Conferences) and their respective accountabilities.

Roles and Responsibilities of the DCS and LMCS

17. Local authorities are bound by some 200 statutory duties covering education and children's social care. The way in which the roles and responsibilities of the DCS and LMCS are fulfilled will vary between different places and change over time. This guidance does not attempt to cover all these duties in detail but the key aspects of those roles are outlined below.

Leadership and partnership

18. The DCS and LMCS work together to provide strong, strategic local leadership and development of an increasingly autonomous and diverse education and children's services sector. Working with headteachers, school governors and academy sponsors and principals, the DCS and LMCS should support the drive for high educational standards for all children and young people, paying particular attention to the most disadvantaged groups. They should also ensure that children's services are integrated across the council, for example to support a smooth transition from children's to adults' services. The DCS and LMCS should involve and listen to parents, carers, children and young people. The DCS and LMCS have a key role in ensuring that the local voluntary and community sector, charities, social enterprises, the private sector and children and young people themselves are included in the scope of local authority planning, commissioning and delivery of children's services where appropriate.

19. Section 10 of the Children Act 2004 places a duty on local authorities and certain named partners (including health) to co-operate to improve children's well-being. The DCS and LMCS must lead, promote and create opportunities for co-operation with local partners (for example, health, police, schools, housing services, early years, youth justice, probation, higher and further education, and employers) to improve the well-being of children and young people. Local authorities must also (by virtue of the Child Poverty Act 2010⁶) establish local co-operation arrangements to reduce child poverty, prepare and publish a local child poverty needs assessment, and prepare a local child poverty strategy.

20. As a statutory member of local health and wellbeing boards, the DCS will have a clear role in driving the development of the local Joint Strategic Needs Assessment (JSNA) and joint health and wellbeing strategy. The DCS will promote the interests of children, young people and their families. The DCS will also help join up local commissioning plans for clinical and public health services with children's social care and education, where appropriate, to address the identified local needs through the JSNA and joint health and wellbeing strategy. The DCS will make a key contribution to ensuring effective working relationships between the health and wellbeing board and the LSCB. The DCS is responsible for any agreements made under section 75 of the National Health Service (NHS) Act 2006 between the local authority and NHS relating to children and young people – for example, pooled budgets for commissioning and/or delivering integrated services covering children's health, social care and education.

21. Local authorities must comply with the duties set out in the Equality Act 2010, which means that, as well as ensuring that they do not discriminate unlawfully, DCSs and

⁶ Although the local authority duties under the Child Poverty Act 2010 are not included in the section 18(2) definition of functions for which the DCS/LMCS are automatically responsible, local authorities may nonetheless consider it appropriate to assign them to the DCS/LMCS.

LMCSs must take into account the likely impact of their policies and decisions on specified groups. In doing so, particular consideration should be given to Article 2 of the UNCRC. Local authorities should also maintain an audit trail to demonstrate how equalities matters were considered as part of the decision-making process.

Safeguarding

22. Section 11 of the Children Act 2004 requires local authorities and other named statutory partners to make arrangements to ensure that their functions are discharged with a view to safeguarding and promoting the welfare of children. There is a similar requirement imposed on schools⁷. This should ensure that safeguarding is integral to all that local authorities, schools and other named partners do. The DCS and LMCS should ensure that there are clear and effective arrangements to protect children and young people from harm (including those attending independent schools). Local authorities are also required to set up a LSCB to coordinate the effectiveness of arrangements to safeguard and promote the welfare of children and young people in that area.

23. The DCS should always be a member of the LSCB and will be held to account for the effective working of the LSCB by their Chief Executive, including where the LSCB has an independent chair. The LMCS should be a “participating observer” of the LSCB; they may engage in discussions but not be part of the decision making process in order to provide the LMCS with the independence to challenge the DCS (and others) when necessary. The DCS also has a crucial role in ensuring collaboration and dialogue with the family courts so that high quality local authority assessments and other evidence contribute to effective and timely court processes for children.

Vetting and barring scheme

24. DCSs and LMCSs will not be in regulated activity in relation to children just by virtue of undertaking those posts⁸. The Government will publish detailed information about workplace safeguarding in good time for commencement of the new Vetting and Barring Scheme arrangements.

Vulnerable children and young people

25. Local authorities should work with partners to promote prevention and early intervention and offer early help so that emerging problems are dealt with before they become more serious. This will help to improve educational attainment, narrow the gaps for the most disadvantaged and promote the wider well-being of children and young people, including at key transition points.

26. More specifically, the DCS and LMCS in their respective roles:

- have a shared responsibility with all officers and members of the local authority to act as effective and caring **corporate parents for looked after children**, with key roles in improving their educational attainment, providing stable and high quality placements and proper planning for when they leave care;

⁷ In accordance with section 175 of the Education Act 2002 if they are maintained or the Independent School Standards set out pursuant to section 157 of that Act if they are independent schools, including Academies or Free Schools.

⁸ Subject to passage of the Protection of Freedoms Bill.

- must ensure that **disabled children** and those with **special educational needs (SEN)** can access high quality provision that meets their needs and fund provision for children with statements of SEN;
- must ensure arrangements are in place for **alternative provision for children outside mainstream education or missing education** (e.g. due to permanent exclusion or illness) to receive suitable full-time education;
- should ensure there is coherent planning between all agencies providing services for children involved in the **youth justice system** (including those leaving custody), secure the provision of education for young people in custody and ensure that safeguarding responsibilities are effectively carried out; and
- should understand local need and secure provision of services taking account of the benefits of **prevention and early intervention** and the importance of co-operating with other agencies to offer early help to children, young people and families.

Fair access to services

27. Local authorities should promote the interests of children, young people, parents and families and work with local communities to stimulate and support a diversity of school, early years and 16-19 provision that meets local needs. More specifically, the DCS and LMCS in their respective roles:

- must ensure **fair access to all schools for every child** in accordance with the statutory School Admissions and School Admissions Appeal Codes and ensure appropriate information is provided to parents;
- must ensure provision for suitable **home to school transport** arrangements;
- should actively promote a diverse **supply of strong schools**, including by encouraging good schools to expand and, where there is a need for a new school, seeking proposals for an Academy or Free School;
- should promote high quality **early years** provision, including helping to develop the market, securing free early education for all three and four year olds and for all disadvantaged two year olds⁹, providing information, advice and assistance to parents and prospective parents, and ensuring there are sufficient **Sure Start children's centre services** to meet local need and sufficient **childcare** for working parents;
- must secure access for young people to sufficient **educational and recreational leisure-time activities** and facilities for the improvement of their well-being and personal and social development;
- should promote children's and young people's participation in public **decision-making** so they can influence local commissioners; and
- should promote **participation in education or training of young people**, including by securing provision for young people aged 16-19 (or 25 for those with learning difficulties/disabilities).

⁹ The free entitlement to early education for disadvantaged two year olds will be statutory from 2013.

Educational excellence

28. Working with headteachers, school governors and academy sponsors and principals, local authorities should promote educational excellence for all children and young people and be ambitious in tackling underperformance. More specifically, the DCS and LMCS should in their respective roles:

- take rapid and decisive action in relation to **poorly performing schools**, including using their intervention powers with regard to maintained schools and considering alternative structural and operational solutions;
- develop robust **school improvement strategies**, including choosing whether to offer such services in a competitive and open school improvement market, working beyond local authority boundaries;
- promote high standards in education by supporting effective **school to school collaboration** and providing local leadership for tackling issues needing attention which cut across more than one school, such as poor performance in a particular subject area across a cluster of schools;
- support maintained schools in delivering an appropriate **National Curriculum** and early years providers in meeting the requirements of the **Early Years Foundation Stage** (as outlined in the EYFS Statutory Framework);
- establish a **schools forum** for their area, maintain a scheme for financing maintained schools and provide financial information; and
- undertake specified responsibilities in relation to **staffing and governance** of maintained schools.

Annex A – Further Sources of Information

You may be interested in the following links:

- Association of Directors of Children’s Services – www.adcs.org.uk
- Centre for Excellence and Outcomes in Children and Young People’s Services – www.c4eo.org.uk
- Child Health Profiles: www.chimat.org.uk/profiles
- Local Government Group – www.local.gov.uk
- National College for School Leadership – www.nationalcollege.org.uk
- Office for Standards in Education, Children’s Services and Skills – www.ofsted.gov.uk
- Society of Local Authority Chief Executives – www.solace.org.uk
- United Nations Convention on the Rights of the Child – www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/b0074766/uncrc

You may be interested in the following guidance:

- Code of Practice for Local Authorities on Delivery of Free Early Years Provision for 3 & 4 year olds (2010)
- Early identification, assessment of needs and intervention – The Common Assessment Framework (CAF) for children and young people: A guide for managers (2009)
- Equality Act 2010: Public sector equality duty what do I need to know? A quick start guide for public sector organisations (Home Office, 2011)
- Legal framework for working with looked after children: regulations and guidance (2011)
- School Admissions Code (2012) and School Admission Appeals Code (2012)
- Special Educational Needs Code of Practice (2001)
- Statutory Framework for the Early Years Foundation Stage (2012)
- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2010)



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