

## CABINET MEMBER FOR HEALTH AND WELLBEING

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

**Date:** Monday, 27th January, 2014

**Time:** 11.30 a.m.

### A G E N D A

1. To determine if the matters are to be considered under the categories suggested in accordance with Part 1 (as amended March 2006) of Schedule 12A to the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for Absence.
4. Declarations of Interest
5. Better Care Fund
  - Update by Kate Green, Policy Officer
6. Minutes of previous meeting (Pages 1 - 3)
7. Health and Wellbeing Board (Pages 4 - 14)
  - Minutes of meeting held on 27<sup>th</sup> November and 18<sup>th</sup> December, 2013
8. Suicide Prevention and Self Harm
9. Environment Climate Change Working Group (Pages 15 - 34)
  - Minutes of meetings held on 14<sup>th</sup> October, 2013 and 14<sup>th</sup> January, 2014
10. Winterbourne View Joint Improvement Programme (Pages 35 - 55)
11. Appointment of Partner Governor to RFT
12. Regional Health and Wellbeing Meeting
13. Date of Next Meeting
  - Monday, 10<sup>th</sup> February, 2014, commencing at **9.30 a.m.**

**CABINET MEMBER FOR HEALTH AND WELLBEING**  
**9th December, 2013**

Present:- Councillor Wyatt (in the Chair) and Councillor Buckley.

Apologies for absence were received from Councillors Tweed and Dalton.

**K44.       DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**K45.       MINUTES OF PREVIOUS MEETING**

Resolved:- That the minutes of the previous meeting held on 16<sup>th</sup> September, 2013, be approved as a correct record.

**K46.       HEALTH AND WELLBEING BOARD**

Consideration was given to the minutes of the meeting of the Health and Wellbeing Board held on 16<sup>th</sup> October, 2013.

Resolved:- That the contents of the minutes be noted.

**K47.       PHARMACEUTICAL NEEDS ASSESSMENT**

The Chairman reported that the Health and Wellbeing Board was required to produce a Pharmaceutical Needs Assessment (Minute No. S37 of the 11<sup>th</sup> September, 2013, meeting of the Health and Wellbeing Board refers).

Work had been commissioned together with a programme of work in place which would deliver a draft strategy which would then be subject to a 60 days consultation period. The draft would be submitted to the Cabinet Member and the Health and Wellbeing Board in the New Year.

Discussion ensued on the 6 campaigns pharmacies were funded to run each year and the possibility of working in conjunction with pharmacies with regard to the work taking place on the Heart Town, Stoptober etc.

Resolved:- (1) That the draft Pharmaceutical Needs Assessment be submitted to the Cabinet Member for Health and Wellbeing and the Health and Wellbeing Board in the New Year.

(2) That the Director of Public Health be requested to write to the Local Pharmaceutical Committee with regard to the 6 publicity campaigns and the possibility of joint working.

**K48. SOUTH YORKSHIRE FOREST PARTNERSHIP MEMBERS' STEERING COMMITTEE**

Further to Minute No. K24 of 16<sup>th</sup> September, 2013, authorising signing of the Memorandum of Understanding covering the period 2010-2015, correspondence had been received requesting approval to Sheffield City Council continuing to hold the budget reserves on behalf of the Partnership to cover core costs and that the reserves be carried forward until further notice.

Resolved:- That the request that Sheffield City Council continues to hold budget reserves on behalf of the South Yorkshire Forest Partnership to cover the Partnership's core costs and for the reserves to be carried forward until further notice be approved.

**K49. END OF LIFE CARE**

The Chairman reported receipt of a letter from Jeremy Hunt MP, Secretary of State for Health, which had been sent to all Health and Wellbeing Board Chairs, regarding the work being done nationally to improve End of Life Care Services and to highlight the importance of ensuring that people throughout the country had access to high quality services at the end of life.

He was keen to support Health and Wellbeing Boards in ensuring that locally-owned processes to develop Joint Strategic Needs Assessments and Joint health and Wellbeing Strategies fully considered end of Life Services.

It was noted that Rotherham's Health and Wellbeing Strategy included "Ageing and Dying Well" within its Life Course Framework.

Resolved:- That the correspondence be noted.

**(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING TO ENABLE MEMBERS TO BE FULLY INFORMED)****K51. LOCAL GOVERNMENT CHRONICLE AWARD**

The Chairman reported that Rotherham had been invited to submit evidence of its work with regard to Heart Town and defibrillators for the Local Government Chronicle Award.

Should the Local Authority successfully make the shortlist for the award, attendance would be required in London on 22<sup>nd</sup> January, 2014, to make a presentation.

Resolved:- That the report be noted.

**K52. SUICIDE PREVENTION AND SELF HARM WORKING GROUP**

The minutes of the meeting of the above Working Group held on 17<sup>th</sup> October, 2013, were noted.

**K53. DATE OF NEXT MEETING**

Resolved:- That a further meeting be held on Monday, 27<sup>th</sup> January, 2014, commencing at 11.30 a.m.

**HEALTH AND WELLBEING BOARD**  
**27th November, 2013**

**Present:-**

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing ( <b>in the Chair</b> )
Louise Barnett	Rotherham Foundation Trust
Karl Battersby	Strategic Director, Environment and Development Services
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	CCG
Ian Jerrams	RDaSH
Naveen Judah	Rotherham Healthwatch
Martin Kimber	Chief Executive, RMBC
Julie Kitlowski	CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Acting CI Paul McCurry	South Yorkshire Police
Shona McFarlane	Director of Health and Wellbeing
Dr. David Polkinghorn	CCG
Dr. John Radford	Director of Public Health
Laura Sherburn	NHS England
Joyce Thacker	Strategic Director, Children, Young People and Families
Janet Wheatley	VAR

**Also Present:-**

Kate Green	Policy Officer, RMBC
Tracy Holmes	Communications and Marketing, RMBC
Sarah Whittle	CC
Chrissy Wright	Commissioning, RMBC

Apologies for absence were submitted from Chris Bain, Jason Harwin and Brian Hughes.

**S51. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING**

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

Arising from Minute No. S47(4) (Healthwatch Rotherham), Naveen Judah reported that 7 responses had been received of which 2 had met the criteria.

1 project was the Development of an Integrated Health, Social Care and Education Service for Children with Disabilities and/or Special Educational Needs sponsored by Joyce Thacker.

The second project was a proposal by the CCG to identify methods of getting care leavers to access services in a more constructive manner.

Updates would be submitted to the Board as well as the work being performance managed and quality assured as part of the contract arrangements.

## **S52. COMMUNICATIONS**

The Chairman reported receipt of the following correspondence:-

“Think Pharmacy” – following on from the 2 successful events held in September, information packs were available.

Derbyshire Advocacy Service had submitted a funding application to the Big Lottery Fund.

Shaping our Lives – a partnership with Disability Rights UK and Change which included a brief guide to commissioning user-led services. It was agreed that the letter be forwarded to the Health and Wellbeing Steering Group for consideration.

## **S53. INTEGRATION TRANSFORMATION FUND**

Tom Cray presented information that had been received from NHS England with regard to the above Fund.

Planning guidance would be issued on 16<sup>th</sup> December, 2013, but 10 key points had been highlighted:-

- Improving outcomes
- Strategic and operational plans
- Allocations for CCGs
- Tariff
- Integration Transformation Fund
- Developing integration plans
- Working together
- Competition
- Local innovation
- Immediate actions

There was a real opportunity to create a shared plan for the totality of health and social care activity and expenditure that would have benefits beyond the effective use of the mandated pooled fund. The plan would start in 2014 and form part of a 5 year strategy. The £3.8B national pool brought together NHS and Local Authority resources that were already committed to existing core activity. The Council and CCG would, therefore, have to redirect funds from the activities to shared programmes that delivered better outcomes for individuals.

Discussion ensued with the following issues raised:-

- Discussions had commenced looking at how the Council and CCG could agree an intervention approach to transform services to keep people out of hospital and early discharge
- Of the £3.8B national fund Rotherham would receive approximately £20M, £10M of which was mandated funding streams. The remaining £10M would be for the CCG to identify, and agree with the Council, services that should be decommissioned and a plan developed to decommission and transformation
- A number of conditions attached to the Fund that had to be satisfied some of which gave clear indications as to what areas change and intervention was expected depending upon local conditions
- The Cabinet had agreed that a simple local vision be developed supporting the delivery of locally determined priorities and was consistent with the national definition
- Adopt a programme management approach with NHS Commissioners to produce a 5 year strategic plan informed by the priorities set out in the JSNA
- Joint review of the existing pooled budget arrangements to help agree a 2 year operational plan
- Develop a single framework that ensured the views of providers from the health and social care economy drove change
- Synchronicity of planning and commissioning arrangements that operated to similar timetables
- Understanding the operation of the different markets and developing a single market position statement to provide clarity on how the needs of the local population were met
- Development of a shared risk register
- All had to be consistent with the work of the JSNA and Health and Wellbeing Strategy
- Initial draft strategic plan had to be submitted by 14<sup>th</sup> February, 2014
- Other health communities in the region were at the same position as Rotherham

Laura Sherburn reported that NHS England would be responsible for the overall governance and assurance role. If agreement was not reached, NHS England would likely be put into a dispute resolution role so,

therefore, should not be involved in any Steering Group established but would need to see its Terms of Reference.

Resolved:- (1) That a Task and Finish Group, comprising 3 representatives from the CCG and 3 from the Local Authority, be established and meet as a matter of urgency.

(2) That NHS England be provided with a copy of the Task and Finish Group's Terms of Reference.

(3) That a Risk Register be developed and submitted to the December Board meeting.

#### **S54. PUBLIC HEALTH OUTCOMES FRAMEWORK**

Dr. John Radford reported that Public Health England monitored the Council's new statutory functions, including health protection and health improvement, through the Public Health Outcomes Framework (PHOF) which focussed on the causes of premature mortality. Rotherham's Health and Wellbeing strategy supported early intervention and prevention as part of improving performance against the PHOF and the key lifestyle factors that influenced avoidable mortality.

The Framework needed to be reviewed quarterly to drive improvements in performance. Public Health would lead the agenda and report to Cabinet by exception and agree with partners action plans to address under performance. Where indicators were significantly underperforming, discussion would take place at the Health and Wellbeing Board followed by a performance clinic to develop a remedial action plan to engage action by partners.

66 indicators had been identified, grouped into 4 domains to deliver the 2 high level incomes of increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities:-

- Improving the wider determinants of health (19)
- Health improvement (24)
- Health protection (7)
- Healthcare public health and preventing premature mortality (16)

Current performance against the England average had highlighted several areas where there was under performance and a downward trend. There needed to be an agreed reporting structure to ensure performance was monitored effectively.

There would be a comprehensive monitoring process initiated for those indicators off track including performance clinics to review change. The process would be directed by the multi-agency Health and Wellbeing Steering Group.



Discussion ensued with the following issues raised/clarified:-

- Public Health would examine each indicators and produce a report setting out where there were clear performance issues to be escalated to the Steering Group/performance clinic for action
- Should also consider if/what the trends were within the priorities
- Was the data compared against England data or other areas that Rotherham was always compared against?
- Were there areas that could be “quick wins?”
- Need to focus on issues that would make a difference in the 6 Priority areas

Resolved:- (1) That the proposed Framework to address under performance be approved.

(2) That mechanism to deliver the Health and Wellbeing Strategy aim of moving to Prevention and Early Intervention be supported.

(3) That the proposed Framework be submitted to the Cabinet for consideration.

#### **S55. FLU VACCINATION PROGRAMME**

Discussion ensued on the flu vaccination uptake this Winter as follows:-

- The Council had a programme for offering vaccination to all staff in high risk categories/customer facing - much better uptake this year to the offer which had been co-ordinated by Public Health
- Vaccination of pregnant women was above the national average but could be better – some general practices offered the vaccination alongside Midwifery and some were not
- 54.2% of RFT staff had taken up the vaccination – second highest in the region

Laura Sherburn reported that the first data collection (vaccines given in September and October) showed:-

Over 65s	63.6%
Under 65 at risk	41.8%
All pregnant women	31.6%
All 2 year olds	31.9%
TRFT Staff	54.2%

Rotherham had the best figures in South Yorkshire and Bassetlaw region currently for patient vaccination uptake and second best in the region for Trust staff uptake.

The Primary Care information was:-

GPs	55%
PNs	68%
Non-Qualified Clinical Support	65%
Other Qualified Healthcare Professionals/AHPs	14%
Admin/Reception	58%
Number of staff reported as Declined	101

Resolved:- That the report be noted.

#### **S56. FREQUENCY AND FORMAT OF BOARD MEETINGS**

Further to the discussion at the previous meeting (Minute No. S42 refers), it was felt that, due to the workload of the Board, that the Board continue to meet on a monthly basis. However, the Board would shortly be reviewing its governance arrangements when frequency of meetings would be considered.

It was felt that a reflective meeting would be useful and that there should be an annual public event.

Resolved:- That the Board's work programme and governance arrangements be submitted to the next meeting.

#### **S57. MATTERS ARISING FROM INFORMATION ITEMS CIRCULATED**

It was noted that the following items had been circulated for information prior to the meeting:-

Cost of Alcohol  
Autism Self Evaluation  
National Energy Action  
Woodlands Trust – Healthy Woods-Health Lives

#### **S58. DATE OF NEXT MEETING**

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 18<sup>th</sup> December, 2013, commencing at 1.00 p.m. in the Rotherham Town Hall.

**HEALTH AND WELLBEING BOARD**  
**18th December, 2013**

**Present****Members:-**

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing <b>(In the Chair)</b>
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Commissioning Officer, Rotherham CCG
Naveen Judah	Healthwatch Rotherham
Martin Kimber	Chief Executive, RMBC
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Acting CI Paul McCurry	South Yorkshire Police (rep Jason Harwin)
Dr. David Polkinghorn	Rotherham CCG
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director, Children, Young People and Families

**Also in Attendance:-**

Dr. Gunasekera	Rotherham CCG
David Hicks	RFT (rep Louise Barnett)
Brian Hughes	NHS England
Ian Jerrams	RDaSH
Gordon Laidlaw	Communications, Rotherham CCG
Shona McFarlane	Director of Health and Wellbeing, RMBC
Janet Wheatley	VAR
Chrissy Wright	Strategic Commissioning Manager, RMBC

Apologies for absence were submitted by Chris Bain, Louise Barnett, Karl Battersby, Jason Harwin and Tracy Holmes.

**S59. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING**

Resolved:- That the minutes of the meeting held on 27<sup>th</sup> November, 2013, be approved as a true record.

Arising from Minute No. S55 (Flu Vaccination Programme), Dr. John Radford reported that he had attended a meeting regarding 2014's Flu Vaccination Programme. The JCVI was proposing that the United Kingdom be the first country in the world to stop the transmission of flu. Over the last 10-15 years flu vaccination uptake in the elderly had been running at 60-70% and 50% in the at risk group. Although best performing country, it was not sufficient to interrupt the transmission. It was proposed to vaccinate all secondary aged children from September-December, 2014.

This would be a logistical challenge in terms of commissioning and delivery across the network.

Arising from Minute No. 56 (Frequency and Format of Meetings), it was noted that the work programme and review would be submitted to the January meeting.

## **S60. COMMUNICATIONS**

### **(a) Obesity Strategy Group**

The minutes of the above Strategy Group, held on 23<sup>rd</sup> October, 2013, were noted.

### **(b) Winter Pressures Grant**

Correspondence had been received from Sir David Nicholson, Chief Executive, NHS England, with regard to additional Winter Pressures monies that was being made available to the NHS to support effective delivery of Winter Plans. The Rotherham CCG would be receiving £1,228M.

The additional resources should be used to secure resilient delivery of the services to patients through the winter and would involve:-

- Schemes to minimise A&E attendance and hospital admissions
- Improvements to system flow through 7 day working across hospital, community, primary and social care with innovative solutions to tackle delayed discharges
- Specific plans to support high risk groups

It was noted that the Urgent Care Board had met that morning and considered bids submitted by the Local Authority, RFT and the Ambulance Service. All bids had been successful and funding secured.

### **(c) Yorkshire and the Humber Clinical Senate**

An update was provided on the development of the above Senate. In accordance with the national guidance, it would need to provide a broad, strategic view on the totality of healthcare with Yorkshire and the Humber, bringing together experts to understand the impact of any 1 single initiative, or group of initiatives, upon the wider geographical area. The aim was for it to be a well-respected organisation whose judgements were trusted by commissioners who would call upon the Senate on issues ranging from quality standards and inconsistencies, the development of care pathways or reconfiguration proposals.

The Yorkshire and the Humber was following the national proposed structure of a Senate Council and a Senate Assembly; the Council being a core multi-disciplinary group to oversee Senate business, receive objective data/information and co-ordinate the formation of advice and the Assembly being a diverse multi-professional forum providing perspectives, ideas and expert opinions encompassing the birth to death spectrum and providing a source of experts for the Senate Council to draw upon.

Interviews for the Senate Chair had been held on 10<sup>th</sup> December, 2013 with the successful appointment being announced shortly.

A nursing representative and a clinical commissioner from within South Yorkshire and Bassetlaw was being sought and would be encouraged to apply for a position on the Senate Council.

It was felt that consideration should be given to a South Yorkshire-wide Health and Wellbeing Board meeting be held in 2014 once the Senate was established.

(d) Award

The Chair reported that Rotherham had been listed for an award by a national organisation.

(e) 111 Centre

The Chair reported that he was to visit to the 111 Centre the following day.

#### **S61. JOINT STRATEGIC NEEDS ASSESSMENT - REFRESH**

Chrissy Wright, Strategic Commissioning Manager, submitted the final draft of the JSNA Refresh which included sections on user perspective and a Directory of Assets consisting of community assets, physical infrastructure and individuals and met the latest Government guidance on JSNA content

A web-based approach had been adopted – [www.rotherham.gov.uk/jsna/site](http://www.rotherham.gov.uk/jsna/site) - a presentation of which was given at the meeting. During 2014, as part of the Council's website refresh, the technology would be utilised to improve and enhance the JSNA website including the use of images.

There were 7 main headings, accessed via the tabs along the top of the page – People, Places, Economy, Staying Safe, Healthy Living, Ill Health and Services. In consultation with subject matter experts, analysis of the available information focussed on answering 3 key questions:-

- Why was this an issue?
- What was the local picture and how did we compare?
- What was the trend and what could we predict would happen over time?

This approach would enable the Board to easily identify and prioritise the key current and emerging issues affect health and wellbeing in the Borough.

If approved by the Board, there would then be a period of consultation with stakeholders from 30<sup>th</sup> December for 6 weeks. Any comments/amendments would be made with the final version submitted to the February Board meeting.

Discussion ensued on the document and the consultation that was to take place with the following issues raised/clarified:-

- Work would take place with the Communications Team with regard to the consultation
- The consultation questions would be appropriate to the audience concerned
- VAR was to help facilitate a consultation session with the voluntary and community sector
- The document needed to illustrate on the issues that now impacted on family life and how the population now presented with more complex needs

Resolved:- (1) That the draft JSNA be approved for consultation.

(2) That the final version be submitted to the February Board meeting.

## **S62. INTEGRATION TRANSFORMATION FUND**

Kate Green, Policy Officer, submitted the proposed Terms of Reference for the Task Group established at Minute No. S53 of the meeting held on 27<sup>th</sup> November, 2013 and Risk Register.

Brian Hughes, NHS England, reported that the draft guidance was expected the following day containing the funding allocations. It was a very detailed document setting out the expectations of what was now known as the "Better Care Fund".

The proposed Terms of Reference appeared to be in accordance with the guidance.

The completed Better Care template, as an integral part of the CCG's Strategic and Operational Plans, should be submitted to NHS England by 14<sup>th</sup> February, 2014. They would be aggregated to provide a composite report and any areas identified where it had proved challenging to agree plans for the Fund. The revised version of the Plan should be submitted, as an integral part of the CCG's Strategic and Operational Plans, by 4<sup>th</sup> April, 2014.

The guidance was not clear as to what happened if the Local Authority and CCG could not agree on the joint plan and who would be the arbitrator.

It was noted that the guidance was very prescriptive in terms of approval and the timeline would be quite challenging.

Resolved:- (1) That a special Board meeting be held in February to approve the joint plan for submission to NHS England.

(2) That the Better Care Fund be included on the agenda for the January meeting.

**S63. DATE OF NEXT MEETING**

Resolved:- That further meetings of the Health and Wellbeing Board be held as follows:-

Wednesday, 22nd January, 2014, commencing at 9.30 a.m.

Wednesday, 19<sup>th</sup> February, 2014, commencing at 1.00 p.m.

Wednesday, 26<sup>th</sup> March, 2014, commencing at 9.30 a.m.

Wednesday, 23<sup>rd</sup> April, 2014, commencing at 1.00 p.m.

in the Rotherham Town Hall.

## ROTHERHAM METROPOLITAN BOROUGH COUNCIL

## Environment and Climate Change Group

**14<sup>th</sup> October 2013 @ 12:30pm**  
**Conference Room 2, Town Hall**

**Present:**

Cllr K Wyatt ( <b>Chairperson</b> )	RMBC
Laura Mellor ( <b>Minutes</b> )	RMBC
Zafar Saleem	RMBC
David Rhodes	RMBC
Paul Smith	RMBC
Carolyn Jones	RMBC
Phil Gill	RMBC
Richard Pett	RMBC
Shirley Hallam	RMBC
Bronwen Knight	RMBC

		Action
1.	<b><u>Apologies for Absence</u></b>  Cllr Wallis & Cllr Watson	
2.	<b><u>Previous Minutes</u></b>  Cllr Wyatt gave an update on the LGA scheme Climate Local and RMBC's commitment and future actions.  DR stated that the Environment and Climate Change Strategy has been sent to the LGA with the signed commitment and annual updates will be required.	<b>All to note</b>  <b>DR</b>
3.	<b><u>Report on Environment and Climate Change Strategy key area and objectives "Built and Natural Environment"</u></b>	
	<b>2.1.1 Development of Site Management Plans - Phil Gill</b>  See attached Site Management Plans Report at Appendix A	<b>All to note</b>
	<b>2.1.2 Implementation of Rights of way improvement plan - Richard Pett</b>  A verbal report was given covering the following points: <ul style="list-style-type: none"> <li>• Ramblers; cyclists and landowners project work with £15,000 funding.</li> <li>• 16 specific objectives covering various projects.</li> </ul>	<b>All to note</b>
	<b>2.2 Improve street cleanliness by reducing litter, graffiti, fly tipping and other enviro-crime - Shirley Hallam</b>  A verbal report was given covering the following points: <ul style="list-style-type: none"> <li>• Budget cuts have resulted in reduced resources and a review of current and future work practices.</li> <li>• Litter bin review being carried out to identify those that are fit for</li> </ul>	<b>All to note</b>



	Action
<p>purpose; levels of use; misuse e.g. those used for household waste.</p> <ul style="list-style-type: none"> <li>• Plastic replacement bins cost £300 each hence a phased programme.</li> <li>• Schedules being reviewed and a new approach (named the Blitz) being trialled (involves the entire team doing one day a week in targeted areas). Early results are not positive due to a lack of staff to retain full borough reactive coverage. Lessons learnt will assist in developing alternative approaches.</li> <li>• Mechanical sweeper schedules under review due to an equipment reduction (3 to 2) to improve efficiency.</li> <li>• Awareness campaign reduced to a lack of resources.</li> </ul> <p>DR asked about photovoltaic compactor bins – SH explained the bins are only for lease not for sale and the company wanted a % of savings made hence the arrangement wasn't acceptable and didn't fit with Streetpride plans.</p>	
<p><b>2.3 Conserve existing biodiversity and reduce sources of harm;</b>  <b>2.4 Establish ecological networks through habitat protection, restoration and creation to create ecologically resilient and varied landscapes;</b>  <b>2.5 Maintain environmental evidence base to allow sound ecological decisions to be made;</b>  <b>2.9 Ensure Biodiversity Duty (NERC Act 2006) is implemented in line with recommended Best Practice - Carolyn Jones</b></p> <p>See attached Biodiversity Report at Appendix B</p> <p>Verbal update on:</p> <ul style="list-style-type: none"> <li>• Current work with the Biodiversity Forum looking at Council owned sites.</li> <li>• Work with the Countryside Team on a stewardship programme.</li> <li>• 10 year action plans have been set up for 5 sites – Throapham Manor, Ulley Country Park, Thrybergh Country Park, Forgemasters Tip and Warren Vale Nature Reserve.</li> <li>• Local Wildlife Site System is in place and the annual figure is improving 29% last year to 26% this year.</li> <li>• 42% of Council owned sites are in positive management.</li> </ul> <p>Cllr Wyatt commented on:</p> <ul style="list-style-type: none"> <li>• Benefits of the Rivers Project.</li> <li>• Asked about progress of the BEE Project - CJ said that they were in the very early draft stage but a meeting to progress the project has been arranged.</li> </ul>	<p><b>All to note</b></p>
<p><b>2.6 Manage Rotherham Woodland - Kevin Burke (Presented by Phil Gill)</b></p> <p>See attached Woodland Report at Appendix C</p> <p>DR to set up a meeting with KB to discuss wood management by-products and the RMBC biomass supply contract.</p>	<p><b>All to note</b></p> <p><b>DR/KB</b></p>

		<b>Action</b>										
	Cllr Wyatt requested an update on the ponds project – PG to discuss with KB.	<b>PG/KB</b>										
	<p><b>2.7 Ensure that asset portfolio's are sustainable by integrating sustainability into all capital and asset management strategies, plans, programmes and projects - Paul Smith</b></p> <p>See attached Estates Report at Appendix D</p> <p>PS commented that the Corporate Landlord goes online from April 2014.</p> <p>Phil Gill informed PS that the Biomass Boiler at Clifton Park was down again. DR said that Steve Cope had been out to have a look at it. DR to look into it.</p> <p>Cllr Wyatt enquired about an old, disused allotment site at Swinton. PG said that they are currently looking at how best to use these sites.</p>	<p><b>All to note</b></p> <p><b>DR</b></p>										
	<p><b>2.8 Employ planning policy to address climate change Bronwen Knight</b></p> <p>See attached Planning Report at Appendix E</p>	<b>All to note</b>										
<b>4.</b>	<p><b>Key Area Objectives to be reviewed at the next meeting:</b></p> <table border="1" data-bbox="336 1032 1182 1518"> <tr><td>1. Strategic Planning and Policy</td></tr> <tr><td><del>2. Built and Natural Environment</del></td></tr> <tr><td>3. Emergency Planning and Recovery, Social Care and Health</td></tr> <tr><td><del>4. Energy and Water</del></td></tr> <tr><td>5. Engagement, Education And Awareness Raising</td></tr> <tr><td><b>6. Housing</b></td></tr> <tr><td><b>7. Procurement and Resources</b></td></tr> <tr><td>8. Regeneration and Business</td></tr> <tr><td>9. Transport</td></tr> <tr><td>10. Waste and Recycling</td></tr> </table>	1. Strategic Planning and Policy	<del>2. Built and Natural Environment</del>	3. Emergency Planning and Recovery, Social Care and Health	<del>4. Energy and Water</del>	5. Engagement, Education And Awareness Raising	<b>6. Housing</b>	<b>7. Procurement and Resources</b>	8. Regeneration and Business	9. Transport	10. Waste and Recycling	<b>All to note</b>
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10. Waste and Recycling												
<b>5.</b>	<p><b><u>Any Other Business</u></b></p> <p>A meeting had been arranged with Tom Sweetman to discuss publicising the Climate Local commitment and benefits to Rotherham. DR requested that if anyone could think of any examples of good practice they would like to be communicated to send them through to him.</p>	<b>All to note</b>										
<b>6.</b>	<p><b><u>Date and Time of Next Meeting</u></b></p> <p>Monday 14<sup>th</sup> January 2014 - 12:30pm – 1:30pm, Town Hall</p>	<b>All to note</b>										

**Appendix A to ECCG Minutes 14<sup>th</sup> October 2013**

<b>key Area</b>	<i>BUILT AND NATURAL ENVIRONMENT</i>
<b>Reporting Officer</b>	<i>Phil Gill, Leisure and Green Spaces Manager</i>
<b>Date</b>	<i>September 2013</i>
<b>Objective 1:</b> 2.1 Manage and improve the quality and accessibility of parks, open spaces and public rights of way Key Action 2.1.1 Development of Site Management Plans	
<p>Management plans have been updated for 2 country parks (Rother Valley and Thrybergh) and 3 urban parks (Clifton, Bradgate and Rosehill). These have been independently scrutinised and approved as part of the Green Flag award scheme, all five parks having received the award in July 2013.</p> <p>Management plans are also in place for RMBC countryside sites; this is reported on separately under '<i>Objective 2.3 Conserve existing biodiversity and reduce sources of harm</i>'</p>	
<b>a. Links to national / local performance indicators</b>	
n/a	
<b>b. Obstacles</b>	
n/a	
<b>c. Resources</b>	
Management plans and green flag entries have been prepared from within existing resources	
<b>Next Steps and Future Actions</b>	
Review whether cost of applying for Green Flag can be justified in the context of reducing financial resources, including exploration of Natural England's 'Country Parks Accreditation' scheme as a lower cost alternative for the country parks.	

**Appendix B to ECG Minutes 14<sup>th</sup> October 2013**

<b>key Area</b>	<i>Built and Natural Environment</i>
<b>Reporting Officer</b>	<i>Carolyn Jones</i>
<b>Date</b>	<i>14 Oct 2013</i>
<b>Objective 1: 2.3 Conserve existing biodiversity and reduce sources of harm</b>	
<p>Rotherham's 2012 Biodiversity Action Plan is now adopted and available on the RMBC website; a delivery plan has been drafted to consider actions to be taken by RMBC and by other BAP partners.</p> <p>RMBC Green Spaces priority countryside sites are managed according to management plans; a small number of plans require updating and they will be reviewed during 2013. Management is being supported by a successful Higher Level Stewardship agreement with Natural England.</p> <p>The Local Wildlife Site system is in place to identify sites of substantive interest and to protect these sites within the planning system. An annual performance figure is calculated each year and submitted to Defra to show the proportion of Local Sites that are in positive conservation management; the 2012 figure was 29%, the 2013 figure will be calculated in September 2013.</p> <p>Biodiversity and geodiversity have strategic objectives for conservation within the Local Plan Core Strategy; development management policies for these areas have been prepared and included in the draft Sites &amp; Policies document.</p>	
<b>Objective 2: 2.4 Establish ecological networks through habitat protection, restoration and creation to create ecologically resilient and varied landscapes</b>	
<p>Green Infrastructure has been included in the Core Strategy and the draft Sites &amp; Policies document. We are currently relying on mapping and project coordination at a South Yorkshire level. There have been no resources identified at this stage for a Rotherham GI strategy or detailed mapping.</p> <p>RMBC has worked in partnership with the Wildlife Trust (Sheffield &amp; Rotherham) and the Environment Agency on a Rotherham Rivers project as part of the Living Don Programme. The project has been successful in agreeing funding with WREN and Natural England (£226,929.00 and £13,880.00 respectively) and will be delivered September 2013 to 2016 enhancing and connecting 11 river and wetland sites.</p> <p>Additional work is needed to adequately map and understand Rotherham's ecological networks and ecosystem functions.</p>	
<b>Objective 3: 2.5 Maintain environmental evidence base to allow sound ecological decisions to be made</b>	

The Rotherham Biological Records Centre service has been reduced from 1FTE to 0.6FTE in recent years. The BRC database currently holds over 1.5million records of wildlife in Rotherham and validation systems are in place to ensure the data is sound.

Data submitted is mostly from members of the public and in the main relates to publically accessible areas or residential gardens. Additional resources would enable focused ecological survey work to fill data gaps and monitor changes.

**Objective 4:** 2.9 Ensure Biodiversity Duty (NERC Act 2006) is implemented in line with recommended Best Practice.

NERC Act Biodiversity Duty promotion has been limited in the last year although most service areas are aware of the Duty and its implications for work.

**a. Links to national / local performance indicators**

SDL160 – Number of Local Sites in positive management

**b. Obstacles**

Limited staff time to cover the full extent of biodiversity work.

**c. Resources**

**Next Steps and Future Actions**

Continue to deliver Ecology and Biological Records work programmes.

**Appendix C to ECCG Minutes 14<sup>th</sup> October 2013**

<b>key Area</b>	Built and Natural Environment
<b>Reporting Officer</b>	Kevin Burke
<b>Date</b>	30 <sup>th</sup> Sept 2013
<b>Objective 1</b> 2.6.1 Manage Rotherham's Woodlands: Maintain, manage and conserve trees & woodlands in the borough.	
<p>Grant funding has be awarded by the Forestry Commission under the Woodland Grant Scheme. The fund of £11,000 covers a 5 year period. Its primary focus is:</p> <ul style="list-style-type: none"> <li>• to contribute to the additional costs of providing public benefits that arise from meeting the UK forestry standard for sustainable woodland management;</li> <li>• to protect, increase and maintain the area of woodland under sustainable management and;</li> <li>• to identify and address threats to woodland, prevent decline and increase the capacity for sustainable management.</li> </ul> <p>In addition funding by Natural England will support work at Throapham Manor (Throapham) and Birch Wood (Rawmarsh). The grant will be used to enhance the biological diversity of both woodlands.</p>	
<b>Objective 2:</b> 2.6.2 Identify local market for wood management by-products	
<p>This has not yet been achieved but visits to both Doncaster and Sheffield Council's woodland teams have indicated that there is potential to develop local markets. FCS certification is currently being reviewed.</p>	
<b>Objective 2</b> 2.6.3 Support woodland management projects for socially excluded communities	
<p>This objective is yet to be investigated and developed. However, events are planned for a number of woodlands which aim to encourage wider use by communities of the woodlands.</p>	
<b>a. Links to national / local performance indicators</b>	
<p>Corporate Priority Plan: Improving the environment, 24 planning to adapt to climate change, 27 Reduce CO2 emissions.</p>	
<b>b. Obstacles</b>	
<p>There has been a re structure of the Trees and Woodland Team. Woodland Management is now carried out by the Countryside and Ecology Manager. Individual tree and highway tree issues are managed by the Tree's team. The restructure has achieved a saving of £70,000. Due to the restructure there has been has been a period of resettlement and information gathering.</p>	

**c. Resources**

Countryside and Ecology Team

**Next Steps and Future Actions**

Investigate market for woodland products  
Assess woodland priorities  
Ensure aims of Woodland Grant Scheme and High level Stewardship are met.

**Appendix D to ECG Minutes 14<sup>th</sup> October 2013**

<b>key Area</b>	2. Built and Natural Environment														
<b>Reporting Officer</b>	Paul Smith														
<b>Date</b>	14 October 2013														
<b>Objective 1:</b> 2.7 Ensure that asset portfolio's are sustainable by integrating sustainability into all capital and asset management strategies, plans, programmes and projects															
<p>Key Actions:</p> <p>2.7.1 Promote sustainable design and construction through asset management and procurement practices.</p> <p>RMBC are members of the YORbuild contractors framework (construction framework for Yorkshire and Humber). The framework aims include:</p> <ul style="list-style-type: none"> <li>• Carbon reductions from the supply chain.</li> <li>• Reduce waste to landfill by 50%.</li> <li>• Providing Employment and Skills benefits aiming to increase local employment. A similar process has been adopted on other procurement/projects such as the Responsive Repairs and Maintenance contract with Morrisons</li> </ul> <p>Materials are sourced sustainably where appropriate – for example timber is purchased from sustainable sources and certified.</p> <p>Sustainable features within the design are heavily dependent on the client's budget. A whole-life costing model that could inform the project approval better is in the early stages of development.</p> <p>2.7.2 Adopt environmental sustainability measures within estates management.</p> <p>Sustainability within the management of Corporate property is ensured through:</p> <ol style="list-style-type: none"> <li>1. Energy and Green House Gas Emissions – Energy and water efficiency measures were reported to the group in July 2013, however since that report the RMBC Green House Gas Report has been submitted to DECC identifying year on year reductions: <table border="1" data-bbox="343 1473 1327 1621"> <thead> <tr> <th></th> <th>2010/11</th> <th>2011/12</th> <th>2012/13</th> </tr> </thead> <tbody> <tr> <td>Total Emissions</td> <td>44,586</td> <td>41,681</td> <td>38,718</td> </tr> <tr> <td>Emissions from Operational Buildings</td> <td>32,969</td> <td>30,110</td> <td>27,348</td> </tr> </tbody> </table> </li> <li>2. "Leaner and Greener" - The Westminster Sustainable Business Forum (WSBF) examined how the public sector could efficiently manage public sector estate to improve economic and environmental efficiency in a time of austerity whilst maintaining and improving service delivery. A further review focused on how savings could be achieved by improving workplace conditions and implementing more flexible ways of working, through reinvesting money saved in rationalising the property portfolio and improving the performance of the retained estate. Corporate Property Team has adopted the best practice recommendations of the 'Leaner Greener Report' through the adoption of Corporate Landlord and assessing and managing property as a resource for service delivery, economic growth and housing provision. Changes in property should be informed by long term service needs, condition and efficiency.</li> <li>3. Riverside House / Workstyle – Monitoring shows reductions in carbon emissions and</li> </ol>					2010/11	2011/12	2012/13	Total Emissions	44,586	41,681	38,718	Emissions from Operational Buildings	32,969	30,110	27,348
	2010/11	2011/12	2012/13												
Total Emissions	44,586	41,681	38,718												
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subsequently cost since staff moved into Riverside House and the old Town Centre Civic Buildings were closed. Figures show (2012):

Electricity kWh	Gas kWh	Total kWh	Floor Area m <sup>2</sup>	kWh / m <sup>2</sup>	Electricity	Gas	Total
Civic Buildings Pre Riverside							
6,181,495	5,674,042	11,885,537	45,449	260.85	£556,335	£170,221	£726,556
Civic Buildings inc. Riverside House							
4,965,962	2,057,042	7,002,967	30,167	232.8	£446,937	£61,710	£508,647

4. Environmental Management – Legal compliance and environmental improvements across Corporate property is driven and supported through Facilities Management and Corporate Environmental Team.

**a. Links to national / local performance indicators**

- Corporate Plan Outcome 27 - Reduce CO2 emissions and lower levels of air pollution
- Corporate Plan Outcome 24 - Rotherham is prepared for present and future climate change

**b. Obstacles**

1. Funding and budgets

**Appendix E to ECCG Minutes 14<sup>th</sup> October 2013**

<b>key Area</b>	Built and Natural Environment
<b>Reporting Officer</b>	Bronwen Knight – Planning Manager
<b>Date</b>	14 October 2013
<b>Objective 1:</b> Employ planning policy to address climate change	
<p>Rotherham's Core Strategy (a key element of the Local Plan) was submitted for independent examination by the Planning Inspectorate, which is scheduled to take place in late October through to early November 2013. Climate change is a broad aim that is referred to throughout the document, with numerous strategic policies identified that will serve to mitigate its impacts. These include green infrastructure, dealing with flood risk and renewable energy. Allied to this, a further round of public consultation took place during the summer of 2013 regarding the Sites &amp; Policies document, which identifies where new homes and businesses will be located and also establishes development management policies, which when considered alongside those found in the Core Strategy, will be the basis for the determination of planning applications.</p>	
<b>a. Links to national / local performance indicators</b>	
<p>National Planning Policy Framework Annual Monitoring Report as the main mechanism to assess the Local Plan's performance and effect</p>	
<b>b. Obstacles</b>	
<p>Viability of development Changes in Central government stance e.g. current consultation on housing standards review Transition towards integration in Building Regulations</p>	
<b>c. Resources</b>	
<p>Staff &amp; budgetary resources available from: Development Management Planning Policy Building Regulations Opportunities explored to utilise external knowledge base</p>	
<b>Next Steps and Future Actions</b>	
<p>In next 12 months: Examination &amp; Adoption of Rotherham's Core Strategy Continued progression of the Sites &amp; Policies document Production of Annual Monitoring Report Ongoing determination of Planning Applications as necessary</p>	

## ROTHERHAM METROPOLITAN BOROUGH COUNCIL

## Environment and Climate Change Group

**14<sup>th</sup> January 2014 @ 12:50pm**  
**Conference Room 1, Town Hall**

**Present:**Cllr K Wyatt (**Chairperson**)

Cllr E Wallis

Laura Mellor (**Minutes**)

David Rhodes

Tracie Seals

Tom Bell

Ian Blagg

Howard Tweed

		<b>Action</b>
<b>1.</b>	<p><b><u>Apologies for Absence</u></b></p> <p>Cllr Watson Cllr Roche Zafar Saleem</p>	<b>All to note</b>
<b>2.</b>	<p><b><u>Previous Minutes</u></b></p> <p>There were no issues raised with the previous minutes.</p>	<b>All to note</b>
<b>3.</b>	<p><b><u>Report on Environment and Climate Change Strategy key area and objectives:</u></b></p> <p><b><u>Housing</u></b></p> <p>A report (Appendix A) was presented by Tom Bell and Tracie Seals expanding on the following areas:</p> <p><b><u>Objective 1</u></b></p> <ul style="list-style-type: none"> <li>• SAP ratings are expected to continue to improve.</li> <li>• Cllr Wyatt commented that these measures must be helping towards fuel poverty. TB agreed that some of the measures are making a big difference and some households are saving a significant amount of money. Examples of these savings are: <ul style="list-style-type: none"> <li>○ External wall insulation. Potential saving of £440 – £490 per year for a 3 bed semi.</li> <li>○ Cavity/Loft insulation. Potential saving of £120 - £140 per year for a 3 bed semi.</li> </ul> </li> </ul> <p><b><u>Objective 2</u></b></p> <ul style="list-style-type: none"> <li>• The objective centres on improving access to information on energy efficiency for all Rotherham residents.</li> <li>• Paul Maplethorpe, RMBC Home Energy Officer is a main contact for Rotherham's residents for energy efficiency advice.</li> </ul>	

	Action
<ul style="list-style-type: none"> <li>• Brad Johnson offers energy advice to the schools including carrying out visits and training teachers and students.</li> <li>• DR mentioned that he went to a RMBC website drop-in sessions for the new Council website and the majority of the information that was uploaded on there is no longer visible. He has asked Paul Maplethorpe to attend the next drop-in session to look at this from a Housing point of view.</li> </ul> <p><u>Objective 3</u></p> <ul style="list-style-type: none"> <li>• RMBC have done very well at getting bids in early and obtaining funding from various sources.</li> </ul> <p><u>Objective 4</u></p> <ul style="list-style-type: none"> <li>• Housing is working closely with the Planning Department towards this objective.</li> <li>• Cllr Wallis asked what can/has been done to improve energy efficiency in flats. Tracie Seals said that Cavity Wall insulation can be installed in some flats with external walls. There have also been large roofing schemes taking places on several blocks of flats recently, this helps to improve the energy efficiency of buildings. In some of the communal areas there have been schemes to replace resident's doors.</li> </ul> <p><b><u>Procurement &amp; Resources</u></b></p> <p>A report (Appendix B) was presented by Ian Blagg and Howard Tweed expanding on the following areas:</p> <p><u>Objective 1</u></p> <ul style="list-style-type: none"> <li>• IB stated that Environmental and Sustainability questions are built into all pre-tender questionnaires.</li> </ul> <p><u>Objective 2</u></p> <ul style="list-style-type: none"> <li>• Cllr Wyatt enquired about whether meet the buyer events still take place. IB said that as far as he knew there hadn't been one in Rotherham in the last 2-3 years but they still took place in the SCR and he had attended one recently with Costco.</li> </ul> <p><u>Objective 3</u></p> <ul style="list-style-type: none"> <li>• DR stated that the WWF pledge for purchasing sustainable timber had been cancelled due to the WWF reporting requirements; lack of resources and in reality EU legislation prevented non sustainable timber from entering the market.</li> <li>• TB stated that there is collaboration between Housing and Procurement.</li> </ul>	

		<b>Action</b>										
4.	<p><b><u>Key Area Objectives to be reviewed at the next meeting:</u></b></p> <table border="1" data-bbox="316 259 1158 741"> <tr><td>1. Strategic Planning and Policy</td></tr> <tr><td><del>2. Built and Natural Environment</del></td></tr> <tr><td>3. <b>Emergency Planning and Recovery, Social Care and Health</b></td></tr> <tr><td><del>4. Energy and Water</del></td></tr> <tr><td>5. Engagement, Education And Awareness Raising</td></tr> <tr><td><del>6. Housing</del></td></tr> <tr><td><del>7. Procurement and Resources</del></td></tr> <tr><td>8. Regeneration and Business</td></tr> <tr><td>9. Transport</td></tr> <tr><td>10. Waste and Recycling</td></tr> </table>	1. Strategic Planning and Policy	<del>2. Built and Natural Environment</del>	3. <b>Emergency Planning and Recovery, Social Care and Health</b>	<del>4. Energy and Water</del>	5. Engagement, Education And Awareness Raising	<del>6. Housing</del>	<del>7. Procurement and Resources</del>	8. Regeneration and Business	9. Transport	10. Waste and Recycling	<b>All to note</b>
1. Strategic Planning and Policy												
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8. Regeneration and Business												
9. Transport												
10. Waste and Recycling												
5.	<p><b><u>Any Other Business</u></b></p> <p>The next scheduled meeting will focus on Adaptation to Climate Change including:</p> <ul style="list-style-type: none"> <li>• Emergency Planning and Recovery, Social Care and Health – adaption measures:</li> <li>• EU funded Camino project presentation – Andy Newton / John Blanksby, University of Sheffield.</li> <li>• Additional key areas that work directly with adaptation e.g. Drainage and Highways; Development Control.</li> </ul>	<b>All to note</b>										
6.	<p><b><u>Date and Time of Next Meeting</u></b></p> <p>Tuesday 15<sup>th</sup> April 2014; 12:30pm – 1:30pm, Rotherham Town Hall, Committee Room 1.</p>	<b>All to note</b>										

**Appendix A to ECCG Minutes dated 14<sup>th</sup> January 2014**

<b>key Area</b>	<i>Housing</i>
<b>Reporting Officer</b>	<i>Tom Bell</i>
<b>Date</b>	<i>14 January 2014</i>
<b>Objective 1:</b> Improve the energy efficiency of social housing as measured through the SAP rating	
<p><b>Actions and progress;</b></p> <p>The SAP rating across the stock has improved slightly during the year from 57.08 (Jan 2013) to 57.36 (Jan 2014) – This year we have been improving our data base to help provide more accurate investment information. Further work is underway with more Energy Performance Certificates being generated not only on void and Right to Buy properties, but also an exercise is currently being carried out utilising surveyors from Michael Dyson Associates, to perform up to 500 additional EPCs at East Dene, Harthill and Rawmarsh – targeting properties where our existing knowledge is not as comprehensive as it could be. The findings will inform the capital programme of works to be undertaken in 14/15.</p> <p><b>Improve insulation</b></p> <p>A significant amount of capital investment has been made during the year to improve the thermal efficiency of the Council's stock:</p> <ul style="list-style-type: none"> <li>• 168 homes are currently receiving external wall insulation in Wath, as are</li> <li>• 84 homes in Rawmarsh</li> <li>• 3 homes in Maltby</li> <li>• 168 non-trad homes also in Wath, and</li> <li>• 14 homes in Swinton</li> <li>• The total investment in these areas is over £2.6m</li> </ul> <p>We are also undertaking a number of thermal imaging surveys of External Wall Insulation and render works to non-trad homes to ensure that works have been carried out effectively and to demonstrate that savings are being made for the household.</p> <p>The Council has continued, albeit on a much reduced scale, to enable installation of cavity and loft insulation to Council homes; most properties have received insulation measures over the last few years and it is just a remaining few No access or households that have previously refused works which remain.</p> <p>A pilot programme to overhaul windows to Band A was completed (rather than take them out and replace with new) – the outcomes are being considered to determine whether this approach is feasible for large projects</p> <p><b>Improve heating systems</b></p> <p>308 Sedbuk Band A rated boilers have been installed so far this year with a budget of £2.8m</p> <p><b>3 Improve energy awareness</b></p> <p>See Objective 3</p>	

**Objective 2:** Improve and maintain access to information on energy efficiency for Rotherham residents

**Actions and progress;**

Rotherham Residents are able to access information via a variety agencies and formats.

1. Agencies offering advice include; Energy Saving Trust (EST), National Energy Action (NEA), Rotherham Age UK, Rotherham Stay Put (HIA) and the Council including Public Health
2. Many residents are referred directly on to the Councils Home Energy Officer, Paul Maplethorpe. He receives approximately 40 referrals per week from a variety of sources including; EST, Citizens Advice, Councillor and MP surgeries. NHS and Hot Spot referrals. Advice is tailored to the individual household circumstances and includes sending out fact sheets and home visits.
3. Public Health are marketing Keeping Warm in Later Life via partnerships with Rotherham Age UK and CAB using advice booklets. The Health and Wellbeing Board have recently been successful in drawing down funding from the NEA to provide community fuel poverty training, which will be completed by 31st March 2014.
4. Schools are engaged in home energy advice programmes with funding and an officer providing training for teachers and school children. This programme is externally funded and enables school visits to take place
5. A Warm Zone was established in the north of the Borough which enabled green doctors to go door to door offering energy advice
6. Websites continue to be a valuable source of information and the Council site is due to be updated to reflect the latest announcements on the Green Deal Programme

**Objective 3:** Obtain external funding to support energy efficiency initiatives

**Actions and progress;**

Promote ECO/Green Deal

Funding bids continue to be applied for, as and when available, to improve energy efficiency in the private sector. To date we have achieved or are working towards;

- CESP (2012/13): 1,209 (predominantly private) properties in 5 localities have received energy efficiency improvements, including solid wall insulation and boiler replacements equivalent to approx. £11m of investment. Savings experienced by residents are equivalent to £500/year.
- DECC LA Competition (2013/14) – fuel poverty: £400k was successfully received to provide loft and cavity wall insulation to private properties, which wouldn't benefit from ECO related schemes or Green Deal. The first phase delivered 108 measures and 120 measures have been identified for a second phase. It is anticipated that a third phase will be offered but it is unknown at present what amount of funding will be available to spend.
- DECC LA Communities Fund (2013/14): An application has been made for funding of £1.23m to promote Green Deal finance in areas with a high concentration of designated defective non-traditional private sector dwellings. It is anticipated that a decision regarding our submission, to target 182 households, will be known in mid-January 2014.
- NEA Fuel Poverty scheme (2013/14): We have been successful in receiving officer support (12 days) from the NEA to contribute towards reducing fuel

poverty in Wentworth/Harley and Brampton Bierlow and develop a programme of activity to engage CYPS in the issue of fuel poverty. This scheme will be complete by 31<sup>st</sup> March 2014

- Establishing a Green Deal partnership with three Green Deal Providers who will have responsibility for delivering Green Deal/ECO related schemes in determined geographical areas of the borough. A tender process has been completed and the top three providers are currently being considered for sign-up to a Rotherham Green Deal Partnering Framework. The scale of this partnership is unknown but initial calculations indicate an investment value of approx. £40m.

**Objective 4;** Aim to achieve zero carbon new residential development

**Actions and progress;**

Evaluate the outcome of the Government Building Standards review announced by Government October 2012, with expected changes in 2013 resulting in:

- Developing target(s) to achieve the objectives in line with changes to building standards.

Implement key actions to ensure compliance

- In terms of the private sector 'Waverley New Community' is a residential scheme of considerable size, around 3900 dwellings in total will be built, with the initial phases coming forward at Code level 4 – which is above building regulations targets for CO2 emissions. This site accounts for a large portion of new builds in Rotherham.
- There has been a push from central government to bring elements such as energy performance into building regulations rather than through supplementary planning documents and guidance. However Rotherham's Core Strategy has provisionally been given the green light by the planning inspectorate and is due to be formally adopted mid way through the year, and this makes the case for sustainable development with further specific policies on sustainability to come forward.
- Bassingthorpe Farm is another large scheme which may be coming to fruition on the back of an approved Core Strategy, designs are only indicative for the land parcels but aspirations are to meet Carbon Neutral targets set by the Government for 2016.
- There has been a planning approach to promote fabric first developments that can adapt and improve in terms of renewable at a later date; essentially what we are trying to do is reduce the demand for energy to a minimum before looking at renewables.
- RSL's have been hit by reduced grant funding and as such have had to scale back specifications to deliver carbon neutral schemes to ensure they have financially viable developments whilst still meeting current building regulations.
- Building regulations are to change this year, with an increased demand on Carbon reductions, comparable with code level 4 CO2 emissions.
- We have made progress by delivering RSL and council housing to a high level of the code (4 to 6), utilizing a range of different micro renewable methods, and will be exploring cost efficient ways to deliver passive house measures through the development of further new council housing.
- In spring 2014 the Renewable Heat Incentive will be open to custom/self builders, but no other form of new housing.



<b>a. Links to national / local performance indicators</b>
Nil
<b>b. Obstacles</b>
Funding & resources
<b>c. Resources</b>
Nil
<b>Next Steps and Future Actions</b>
Continued improvements sought
<b>Environment and Climate Change Group Comments</b>
Cllr Wyatt commented that there are many areas of good practice that should be communicated

**Signed: Tom Bell**

**Date: Jan 2014**

**Appendix B to ECCG Minutes dated 14<sup>th</sup> January 2014**

<b>key Area</b>	<i>Procurement</i>
<b>Reporting Officer</b>	<i>Simon Bradley</i>
<b>Date</b>	<i>07/01/2014</i>
<b>Objective 1:</b> Promote sustainability and environmental considerations through procurement activities	
Environmental and sustainability questions are built into all Pre-tender questionnaires (PTQ's) and are used to appraise an organisation on their fitness and ability to work with RMBC. The questions are appropriately weighted in accordance with their relevance and importance to the contract being tendered.	
<b>Objective 2:</b> Encourage procurement of local products and services	
<p>Local suppliers, voluntary &amp; community organisations, are actively encouraged to register on the YORtender procurement e-tendering portal used by 25 local authorities across the Yorkshire and Humber region.</p> <p>Procurement engages with the local supply base through forward plans, contracts register and prior market engagement is provided to support through training and workshops to local providers in readiness for submitting their tender documentation electronically on the YORtender portal.</p> <p>Meet the buyer events</p> <p>Breakdown of tenders into lots where appropriate to encourage more bids from local providers</p> <p>Longer term agreements in place to give a higher level of financial security to local providers</p> <p>Feedback to successful and unsuccessful bidders</p> <p>The invitation to tender documents (ITT) include where relevant to the contract, questions on the use of local labour and supply chains. The questions are appropriately weighted in accordance with their relevance and importance to the contract being tendered.</p> <p>Agreements are already in place providing apprenticeships opportunities and using local supply chains.</p>	
<b>Objective 3:</b> Where feasible, purchase goods and materials that can be manufactured and disposed of in an environmentally sustainable way	
<p>Procurement evaluates the goods and materials as part of the tender process to ensure they are fit for purpose and comply with all appropriate legislation (i.e. Chain of custody for Timber), EU standards and to the specifications required by the customer.</p> <p>Questions are asked in the ITT on the disposal of goods / materials at the end of life where appropriate.</p>	
<b>a. Links to national / local performance indicators</b>	
Nil	
<b>b. Obstacles</b>	

Smaller organisation sometimes do not put much focus on sustainability and environmental factors.
<b>c. Resources</b>
Current
<b>Next Steps and Future Actions</b>
Continue to work with the supply base to increase the focus on sustainability.
<b>Environment and Climate Change Group Comments</b>
Nil

**Signed:** .....

**Date:** .....



*Publications Gateway Reference 00498(s)*

To  
CCG Clinical Leads  
HWB Chairs  
L.A Chief Executives

Cc  
CCG Accountable Officers  
DASS  
DCS

Dear colleague,

### **Winterbourne View Joint Improvement Programme - Stocktake of progress**

Following the stocktake of progress document that you returned for analysis, I am pleased to enclose your report with specific analysis.

Firstly may I thank you for your stocktake return and the detail of your responses. With over 340 individual examples or practice of local activity sent in there is a wealth of material that will be disseminated over coming weeks. In addition, any requests for support and clarification that you made as part of your return will all be followed up.

The key next steps are:

- For you to review your analysis - ahead of the publication of the full national report.
- Receive an advance copy of the draft executive summary from the national report.
- Publication of the report on 17 October.
- Regional engagement to develop the Improvement offer with you and to support work you may already be doing.
- Individual contact with you responding to your request or to follow up on your analysis.

Your stocktake is clearly an important building block in developing your response at a local level to the Winterbourne View concordat and much good progress is reported. However as you will see in the attached report, progress is variable and in some places there is much to do.

The stocktake is your self analysis and I am sure you would want to use this with the analysis to support and inform discussions as necessary. In view of the role of the Health and Wellbeing Board you may think that is an appropriate setting to present this.

We have now appointed the Improvement team to work with you in the future and for ease of contact the regional links are:

- **East and West Midlands, East of England & Yorkshire & Humberside**  
Zandrea Stewart – [zandrea.stewart@local.gov.uk](mailto:zandrea.stewart@local.gov.uk) – 07900 931056
- **North East, South East & South West**  
Steve Taylor – [stephen.taylor@local.gov.uk](mailto:stephen.taylor@local.gov.uk) – 07920 061189
- **London & North West**  
Ian Winter CBE – [ianjwinter@gmail.com](mailto:ianjwinter@gmail.com) – 07963 144128

They will be in touch with you very shortly as set out in the improvement section of the report, but please feel free to contact them with any questions or suggestions.

The stocktake was designed to enable local areas to assess their progress against commitments in the Winterbourne View Concordat, share good practice and identify development needs. The report, published jointly by the Local Government Association and NHS England, is an analysis that covers all 152 Health and Wellbeing Board areas.

A letter was sent on 2 October from Norman Lamb, Minister of State for Care and Support, Cllr Sir Merrick Cockell, Chairman, Local Government Association and Jane Cummings, Chief Nursing Officer, NHS England which was sent out to Clinical Commissioning Groups Clinical Leads, NHS England Area Teams with responsibility for specialised commissioning, Council Leaders and Chief Executives. The letter, which can be found on the [LGA website](#), stresses the urgency of moving forward in knowing that the commitments we have all made are kept and also sets out in more detail the additional steps we will be taking through the Enhanced Quality Assurance programme.

Once again please accept my personal thanks for the evidence of progress so far and for I am sure your ongoing support for continued progress.

Best wishes,



Chris Bull  
Chair of the Winterbourne View Joint Improvement Board

**Winterbourne View Joint Improvement Programme**

**Stocktake of Progress**

**Local analysis:** Rotherham

Attached is your stocktake return with analysis  
This analysis is set out in 2 parts.

Set out below are comments taken from your narrative and summarised to form an outline of key strengths and potential areas for development.

The strengths are taken from the responses you have made and are significantly summarised.

Many of the development points are taken directly either from your specific requests for further information or support or your comments about work in progress. Often the strength and the development go hand in hand.

The spreadsheet sets out the original stocktake questions, your responses and the coding that was used to collate the responses. There is no scoring or grading. What all this provides is a comprehensive picture about some excellent progress and pointers to what the priorities are to work on now. This will be the basis for our developing work with you.

Thank you for your detailed responses and for any submission of material, which will be made available in coming weeks.

The JIP Team

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10<sup>th</sup> October 2013

Key Strengths	Areas for Development / Potential Development
<b>1 Models of partnership</b>	
There are clear local infrastructure, governance arrangements, and reporting mechanisms. The LD Partnership Board and the Health and Wellbeing Board are fully engaged with local arrangements for delivery and are receiving progress reports. Accountabilities are clear and understood. Partnership arrangements are an area of strength.	
<b>2 Understanding the money</b>	

It is evident from the response that costs and funding sources for current services are clearly understood. A pooled budget has been established with the joint Learning Disability service. There is a close working relationship between health and social care partners and forums in which the medium term strategy is considered.	
<b>3 Case management for individuals</b>	
The integrated community team is well established as part of the joint Learning Disability Service and it has the capacity to deliver the programme. Overall professional leadership of the programme is through service managers in the joint team, the Joint Commissioning Group to the Partnership Board. On the basis of the return, this appears to be an area of strength.	
<b>4 Current Review Programme</b>	
There is clear agreement about the numbers of people who will be affected by the programme and full information sharing is in place. Arrangements for review of people funded through specialist commissioning are clear. The Health Register is comprehensive and there is an identified co-ordinator in the joint service. All the required reviews have been completed.	
<b>5 Safeguarding</b>	
It appears from the return that all the necessary safeguarding arrangements are in place.	
<b>6 Commissioning arrangements</b>	
The return indicates that the appropriate commissioning arrangements are in place.	
<b>7 Developing local teams and services</b>	
-	
<b>8 Prevention and crisis response capacity</b>	
Recent and anticipated reconfiguration of local services have taken account of the need for enhanced crisis response and as a consequence IST has been strengthened.	
<b>9 Understanding the population who need/receive services</b>	
-	
<b>10 Children and adults – transition planning</b>	
Affective transition services are reported to be in place	
<b>11 Current and future market capacity</b>	
-	
<b>Other</b>	
<b>Dimensions of the stocktake about which you have requested support</b>	

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Winterbourne View Local Stocktake:				149 Rotherham
Q	1.Models of partnership	Codes Used Blank=NR	Coded as	Locality Response From Stocktake Return
1	1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	0 - No arrangement 1 - Included in existng arrangement local 2 - Included in existing arrangement with other(s) 3 - New arrangement	1	1.1 The Joint Health and Social Services Learning Disability Service has been established for over 10 years. This has been the foundation of this work which has ensured a joint delivery of this programme from the outset. The service is jointly commissioned by Rotherham Metropolitan Borough Council (RMBC) and Rotherham Clinical Commissioning Group (RCCG), with the local authority as lead commissioner, and is managed through a Learning Disability Commissioning Group and an effective Learning Disability Partnership Board.
2	1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	A positive score below assumes answer is Yes - include all identified. 0 - No 1 - Asc 2 -Children Services 3 -Housing 4 -Other Council Depts 5 - CCG(s) 6 -Specialist Commissioner s 7- Other providers	3,4,5,6	1.2 Close working relationships exist with care providers, Supporting People programme, and housing providers which are able to support the programme in Rotherham e.g. 40 supported living schemes already in Rotherham. Supporting People spend 13% of total budget on services for people with learning disabilities. Partners include Mencap, Golden Lane Housing, Voyage Care, RCCG, RMBC Housing Department, and specialist commissioners.

3	1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	0 - No 1 - Yes 2 - Not clear 3 - In development	1	1.3 We have a Learning Disability Commissioning Group and other planning groups which ensure that all service developments are planned and developed in partnership. The Commissioning Group reports directly to the Partnership Board and guides decision-making on future service investment and disinvestment, seeking to establish best quality services that can demonstrate value for money. It includes Commissioners from RMBC and RCCG and respective Finance Leads. Evidence from the CCG MH & LD QIPP Board (minutes & TOR) & Rotherham LD Board (Part A & B minutes & TOR). In the last year, an additional 6 supported living placements have been developed, in partnership, to support young people in transition and people living with older carers.
4	1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	0 - No 1 - Yes 2 - Yes (via SAF) 3 - Not clear 4 - Other arrangement 5 - In Progress	1	1.4 The LD Partnership Board consists of all major agencies, carers and service users who receive regular reports of the progress of the Joint Service and how it is delivering on this programme. The Board is chaired and co-chaired by a service user and carer. Evidence of monitoring can be found in the minutes from the LDPB
5	1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	0 - No 1 - Yes 2 - Not clear 3 - In process	1	1.5 The Health and Wellbeing Board are fully engaged with this agenda. They received an initial report for information regarding Winterbourne View. This Stocktake and the Annual report will be received by the HWB Board, giving the Board an up to date position. Regular update reports will be received on the resulting action plan. The HWB Board at its last meeting received and considered the recent letter from Norman Lamb the responsible government minister.
6	1.6 Does the partnership have arrangements in place to resolve differences should they arise.	0 - No 1 - Yes 2 - Not clear 3 - In process/discussion	1	1.6 Yes – the terms of reference of the LD Commissioning group are explicit regarding dispute resolution mechanisms. These include reporting through to the Adult Partnership Board (Joint Commissioning Board) and Chief Officers group

7	1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	1	1.7 The CCG is part of the NHS England LAT LD Group Chaired by Margaret Kitching, Director of Quality & Nursing (evidence – minutes). The membership of this group includes representation from Bassetlaw CCG, Doncaster CCG, Sheffield CCG, and Rotherham CCG & NHS England. Safeguarding Adults Board – Director of Health and Wellbeing (RMBC) reports to the Board with regard to the LA’s response to Winterbourne and the Joint Improvement Programme (JIP). CQC chair a monthly business meeting with Rotherham health and social care agencies and comprehensive intelligence on local activity in relation to quality assurance/ compliance/ and safeguarding is shared consistently at this meeting. A quarterly CQC strategic meeting looks in-depth at themes and trends, and considers the implications of Winterbourne, the Francis Report and Serious Case Reviews. This stocktake will be presented to the July Strategic Meeting. The Cabinet Member for Adult Social Services also receives the partnership Board minutes and other relevant reports.
8	1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	0 - No 1 - Yes 2 - Not clear	0	1.8 No issues at present
9	1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	0 - No 1 - Yes 2 - Not clear 3 - Other local support	1	1.9 It is not considered at present that additional support is required.
<b>2. Understanding the money</b>				
10	2.1 Are the costs of current services understood across the partnership.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	4	2.1 Health element – we have a joint register of health funded out of area placements. (Evidence – Health Funding Register). Similarly all placements and services are closely scrutinised within the Local Authority Budget monitoring. Spend against the Pooled Budget, which funds the Rotherham Learning Disability Service through a S75 Agreement, is monitored by the LD commissioning Group

11	2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	1	2.2. Yes, there is clarity about the funding sources. These include, in addition to joint funded costs (through the pool budget), CHC & S117 costs. These are detailed on the Health Funding Register (evidence Health Funding Register). Specialist Commissioning Bodies (NHS England) and CHC funded placements - this data is included on the Health funding Register and is monitored by the LD Commissioning Group and the RCCG QIPP Group Which has been established in order to ensure that NHS efficiencies are delivered in a clear and coherent way.
12	2.3 Do you currently use S75 arrangements that are sufficient & robust.	0 - No 1 - Yes 2 - Not clear 3- Informal arrangements 4 - Included in overall partnership agreement 5 - other methods 6 - In progress	1	2.3 Yes – A pooled budget has been established with the joint LD service and is monitored by the LD Commissioning Group and the LD partnership board
13	2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	0 - No 1 - Yes 2 - Not clear 3 - Alternative risk share agreement 4 - being put in place	1	2.4 The pooled is managed as above and is subject to a 3 yearly refreshed Partnership Agreement.
14	2.5 Have you agreed individual contributions to any pool.	0 - No 1 - Yes 2 - Not clear 3 - N/A 4 - being put in place	1	2.5 Yes

15	2.6 Does it include potential costs of young people in transition and of children's services.	0 - No 1 - Yes 2 - Not clear 3 - Included in ASC budget build 4 - Under review 5 - N/A	3	2.6 The pool contains the potential costs of young people who are identified as being in the process on transition to adult services. Transition costs are calculated on the basis of information from children's services and through transition planning. Additional funding from the LA for transitions has been included in this year's budget. RMBC Commissioning is a corporate function (with Children and Young Peoples commissioners sitting alongside Adults commissioners). This maximises the opportunity to pool expertise and knowledge in seeking the best choice for individuals.
16	2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	0 - No 1 - Yes 2 - Not clear 3 - in process/development	1	2.7 There is close working relationship between health and social care partners – forums in which the medium term strategy are considered exist– evidenced in CCG QIPP forum and LD Commissioning Group. QIPP group considers partner commissioning plans and considers the impact of partner efficiency programmes. The Council has a Medium Term Financial Strategy that collates intelligence from JSNA (and other information tools) and Service Plans to predict future demand for spend.
<b>3. Case management for individuals</b>				
17	3.1 Do you have a joint, integrated community team.	0 - No 1 - Yes 2 - Not clear 3 Co-located 4 - other arrangements	1	3.1 Yes- the Integrated community team is well established as part of the Joint LD Service– further evidence Service Specification included in the RDaSH Contract
18	3.2 Is there clarity about the role and function of the local community team.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	3.2 As above
19	3.3 Does it have capacity to deliver the review and re-provision programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	3.3 Yes – the review programme is person centred and individualised to the customer's assessed needs. There are relatively low numbers of patients involved – and they have consistently been monitored and reviewed – evidenced by ongoing review practise). There is also a CCG case manager in place who works closely with the LD Service.

20	3.4 Is there clarity about overall professional leadership of the review programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	3.4 Yes - operational management is led by the service managers in the joint service – who report progress of the JIP to the Joint Commissioning group and to the Partnership Board
21	3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates	0 - No 1 - Yes 2 - Not clear	1	3.5 Yes – all our customers and families are supported by named workers. Evidence – Care Co-ordinator & Case Manager Notes, The Health Funding Register, Social Care Assessments, a range of Commissioned Advocacy Services, including IMCA and IMHA, specialist advocacy, and peer advocacy. In addition, Speak Up offers a service user perspective in reviewing the quality of provision in Rotherham care homes, and has a routine presence on the Council's Overview and Scrutiny Committee.
<b>4. Current Review Programme</b>				
22	4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	0 - No 1 - Yes 2 - Not clear 3 - in part	1	4.1 There is clear agreement and full information sharing in place. There are currently 4 people in out of area specialist commissioned places, there are 4 people placed in hospital out of area through section 117 funding. There are 4 people currently appropriately placed in Rotherham ATU. Arrangements to support them include – Care co-ordinators (LD Community nurses), CCG Case Manager.
23	4.2 Are arrangements for review of people funded through specialist commissioning clear.	0 - No 1 - Yes 2 - Not clear 3 - Futher discussion / in process 4 Not applicable (i.e.none funded by specialist commissioning )	1	4.2 The arrangements for review are in place and clear. People's circumstances are regularly reviewed with specialist commissioning colleagues and allocated community nurses in joint learning disability team.

24	4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	0 - No 1 - Yes 2 - Not clear 3 - Further discussion / in process	1	4.3 Yes – the agreements around each individual are in place. All people placed out of area are engaged in the process. Any gaps are met by advocacy services commissioned by RMBC.
25	4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	0 - No 1 - Yes 2 - Not clear 3 - Registers but not as specified	1	4.4 There is full knowledge of everyone identified in 4.1 Evidence – the Health Register is in place, and is comprehensive.
26	4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	0 - No 1 - Yes 2 - Not clear 3 - In process (e.g. registers in place but need to confirm point of contact)	1	4.5 The Health Register has an identified co-ordinator in the Joint Service – who has close liaison with an identified case manager within the CCG. The first point of contact is the allocated worker within the Joint Service. These workers are all members of in the Community Learning Disability Team, which is managed within the Joint Service.
27	4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	0 - No 1 - Yes 2 - Not clear 3 - in process development	1	4.6 There are IMCA and IMHA arrangements in place which include advocacy support in relation to reviews and any safeguarding issues. Rotherham Advocacy Partnership provides professional issue based advocacy and Speak Up are funded to provide self/peer advocacy. In addition there are generic advocacy and advice services which work routinely with people with learning disabilities and mental health problems and will signpost people for more targeted support.

28	4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	0 - No process 1 - Process in place 2 - Not clear 3 - Work in progress	1	4.7 Reviews were undertaken in line with the guidance provided in February. In addition we are undertaking a case review/quality audit which will be completed by an independent Performance and Quality team by 31st July
29	4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	0 - No 1 - Yes 2 - Not clear 3 - in part / some instances	1	4.8 Yes – as an extra measure of assurance reviews to be audited by Performance and Quality Team against model of good practise issued.
30	4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed	0 - No 1 - Yes 2 - Not clear 3 - Most completed, timescales for completion 4 - Some completed, timescales for completion	1	4.9 Yes. There are no outstanding reviews.
<b>5. Safeguarding</b>				
31	5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	5.1 We are aware of and work to the ADASS Guidance. Care co-ordinating staff are aware of local protocols for out of area placements and liaise with local safeguarding strategies as appropriate. Where safeguarding issues arise in respect of people placed out of district, there is attendance at any strategy meetings and action plans would be implemented.



32	5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	0 - No arrangement 1 - Provider forum (or similar) 2 - Not clear 3 - being developed 4 - Done on case by case basis	1	5.2 Care Providers are invited to regular Shaping the Future (Provider Engagement) events to discuss future commissioning intentions, risk assessments will be reviewed as part of the holistic reviewing process and is part of the Contract Compliance Officer role alongside the Home from Home Quality assessment. A risk matrix has been developed that measures against contract compliance, QA, safeguarding activity, financial viability, business continuity etc. RMBC, RCCG and FTs share information routinely with CQC, including the gathering of more 'soft intelligence' arising from our Eyes and Ears processes. .
33	5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	0 - No 1 - Yes 2 - Not clear 3 - N/A	1	5.3 Yes – Rotherham ATU inspected by CQC on the 1st and 2nd November 2011. This was part of the 150 urgent inspections which were part of the immediate response to Winterbourne. Outcomes 4&7 were met but required improvements. Outcome 21 was not compliant. The issues identified regarding, in particular care plans and recording were subsequently improved following an immediate and detailed Action Plan being implemented by all partners involved. CQC acknowledged the improvement on their subsequent inspection on the 2nd March 2012 when the ATU was found to be fully compliant. ( Action plans – evidence) Ongoing quality assurance of ATU as part of RMBC contract and performance monitoring. ( evidence – minutes)
34	5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	0 - No 1 - Yes 2 - Not clear 3 - In process / being developed	1	5.4 Rotherham Adult Safeguarding Board has received Winterbourne reports and RMBC and NHS responses to it. The RSAB will review this Stocktake document and any future updates. There is a senior management representative from Children's services on the Adult Board, and adults service representation, on LSCB, both at Director level, which ensures an effective senior management link between the Boards. The LSCB will receive a copy of the stocktake and any subsequent reports.
35	5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	0 - No 1 - Yes 2 - Not clear 3 - In progress/ Being developed	1	5.5 The Assessment and Treatment Unit (ATU) _uses the BILD accredited RESPECT model of restraint – closely managed by Service Manager who is tasked to investigate and report any identified incident to Senior Management within RDASH. Out of Area – restraint processes/DOLS requirements are fully considered in reviewing process.

36	5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	0 - No 1 - Yes (Local) 2 - Not clear 3 - In progress/ Being developed 4 Yes, regional only	1	5.6 ATU in Rotherham is part of the Joint LD service and is able to share good practise and share training and information across the whole joint service. Evidence RDaSH's report on Winterbourne.
37	5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	0 - No 1 - Yes 2 - Not clear 3 - Considered / not required 4 - IN progress	1	5.7 There is a Vulnerable Persons Unit staffed by the Police and the Council with a remit to consider and act on oppression and Hate Crime, and to protect the interests of vulnerable people. Safer Neighbourhood Teams apply intelligence from VPU to their community safety activity and will actively support vulnerable tenants where indicated. Police representatives attend the Safeguarding Boards. Rotherham operates a 'Safe in Rotherham Scheme' with town centre traders, shops, and operators, which advertises where vulnerable people can go to receive welcome and support and a public place of safety.
38	5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns	0 - No 1 - Yes 2 - Not clear 3 - in development	1	5.8 Yes – all parties linked to safeguarding board. Monthly risk matrix completed and discussed directly with CQC (evidence (minutes and risk matrix's) in regular meetings where concerns are shared. The highlights from the risk matrix are presented to adult Safeguarding Board at each meeting. Commissioners receive alerts from CQC around planned visits, and CQC contact RMBC Safeguarding team direct where safeguarding issues are encountered during visits. Named officers are in regular contact. Where issues relate to care homes or care providers CQC attend Strategy meetings and Case Conferences.
<b>6. Commissioning arrangements</b>				

39	6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	1	6.1 Yes – work is underway to progress the recommissioning of the Rotherham ATU. This will reduce bed capacity to the level of demand and other changes to the community based support that is provided will ensure increase in capacity, to prevent further admissions and support the gradual reduction of bed base . Evidence – ATU & Psychiatry Review currently under way (evidence – minutes from the MH & LD QIPP Group, Rotherham LD Board). ATU reducing beds from 10 to 5 by September 2013. Review will assess whether this level of provision will continue to be provided – in conjunction with a strengthening of support in the community.
40	6.2 Are these being jointly reviewed, developed and delivered.	0 - No 1 - Yes 2 - Not clear 3 - In progress	1	6.2 The Joint Service Management Team and Commissioners ensure that commissioning intentions are clear and in line with Winterbourne JIP. Evidence as in 6.1 + TOR – membership of these groups included CG, RMBC, RDaSH (Mental Health Trust and lead provider NHS services). There is a Project Board in place which works jointly to ensure these plans are being delivered.
41	6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	0 - No 1 - Yes 2 - Not clear 3 - In progress	1	6.3 Health Funding Register includes all out of area placements that are funded by health (includes joint funding). There is clear agreement on the numbers of placements that are funded.
42	6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people	0 - No 1 - Yes 2 - Not clear 3 - Yes, though significant challenges 4 - IN progress	1	6.4 There is a planned reduction of Assessment and Treatment beds from 10 to 5 beds. All Out of Area Placements are subjected to rigorous examination. (Rotherham CCG Annual Commissioning Plan). Any Out of Area hospital placements have to be agreed with the CCG contract manager. There is an active position from RMBC to seek local community placements and least restrictive setting for everyone needing high level packages of care.

43	6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 Not applicable - e.g. none placed by specialist commissioners	1	6.5 Joint reviewing agreements have been in place for some time and the Joint Learning Disability team have worked consistently closely with specialist commissioners in returning people to Rotherham as, and when, appropriate.
44	6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	0 - No 1 - Yes 2 - Not clear 3 - In progress	1	6.6 Future costs are kept under review by LD Joint Commissioning Group.
45	6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	0 - No 1 - Yes 2 - Not clear 3 - In progress/ under review	1	6.7 Rotherham Advocacy Partnership and Speak Up SLA's have been reviewed in 2012/13 and provide sufficient advocacy. A consortium agreement exists for IMCA and there is sufficient capacity and IMHA services are adequately resourced. Services are regularly monitored and reviewed by the contracts team and provider Impact Assessments undertaken for any change in service delivery to make sure that service meets demand.
46	6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	1	6.8 Initial plans are in place for the S117 Health Funded placements. The 4 Secure Placements are currently considered appropriate and people will not be moving.

47	6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	0 - No 1 - Yes 2 - Not clear 3 - Timescales problematic / unrealistic 4 - Yes but challenging 5 - One or more people subject to court order	4	6.9 We are confident that all in patients have been reviewed and those identified as being appropriate to move back have been supported to move already. Currently there are 8 people in either Specialist provision or Out of Area Section 117 accommodation ATU and for whom an immediate return to Rotherham is not appropriate. However 2 or 3 people may be returned to Rotherham within the next 12 months, depending on their personal circumstances, and person centred plan. Within Rotherham the number of beds is reducing from 10 to 5 by September 2014 – with an intention to review further as resources shift to more intensive support for people in crisis within the community
48	6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	0 - None 1 - Financial 2 - Legal (e.g. MHA) 3 - other	0	None at present
<b>7. Developing local teams and services</b>				
49	7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	1	7.1 Same as 6.1
50	7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	0 - No 1 - Yes 2 - Not clear 3 - In part 4 - In progress	1	7.2 Advocacy is commissioned by RMBC – contracts are managed and reviewed by LD Commissioners and are regularly quality assured. (Evidence -Quarterly reporting mechanism).

51	7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	0 - No 1 - Yes 2 - Not clear 3 - In part	1	7.3 The care planning for individuals is undertaken on a person centred individualised approach. The relatively low numbers of potential people involved in this programme means that Rotherham will have capacity to meet this demand.
<b>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</b>				
52	8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	8.1 The commissioning plan on which the current service reconfiguration is taking place is based on an assessment of the capacity needed to respond to the needs of individuals once the service has been reconfigured. The Health part of the Joint Service has recently reconfigured its provision (including the reduction of ATU beds) – this has led to a strengthening of the Intensive Support Team (IST) which will strengthen the crisis response capacity in the service.
53	8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	3	8.2 this is being considered as Phase 2 of the ATU and Psychiatry review which will move onto examine further systems and services which will be aimed towards supporting and treating people in the community in crisis wherever possible.
54	8.3 Do commissioning intentions include a workforce and skills assessment development.	0 - No 1 - Yes 2 - Not clear 3 - In progress / development	3	8.3 Phase 2 will require a consideration of the skills and mixture of staff to achieve this
<b>9 Understanding the population who need/receive services</b>				

55	9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	3	9.1 The JSNA was been refreshed in 2012 in preparation for and to inform the Joint Health and Wellbeing Strategy and is in the process of review currently. The Market Position Statement from December 2013 will address the specific needs of people with complex needs and will link with the Adult Service Plan which is under development.
56	9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	0 - No 1 - Yes 2 - Not clear 3 - In part	1	9.2 Yes – the reviews consider all these issues where appropriate
<b>10. Children and adults – transition planning</b>				
57	10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	10.1 The Learning Disability Commissioning Group and Partnership Board receive periodic reports from the Service regarding funding for the number of young people identified in transition into adult services and commissioners work together to consider needs in transition.
58	10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	10.2 Yes. There is an effective transitions process in place, including person centred reviews in years 8 and 9. There is close liaison with Children’s services – quarterly meetings with them has ensured an accurate up to date list of those expected into adult LD services and likely costs and demands for the next 2 -3 years ( evidence – transitions document)
<b>11. Current and future market requirements and capacity</b>				

59	11.1 Is an assessment of local market capacity in progress.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	1	11.1 Yes –the Council has a Market Position Statement which is now being refreshed, supported by the IPC national development programme (Developing Care Markets for Quality and Choice).
60	11.2 Does this include an updated gap analysis.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Part completed	1	11.2 The existing market position statement includes a gap analysis as informed by the JSNA – this work will be refreshed this year in line with 11.1.
61	11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	0 - No 1 - Yes 2 - Not clear	1	11.3 The numbers of people in Rotherham identified in this stocktake are indicative of the consistent measures and approach of the LD service in endeavouring to support people at home and in their own community. The approach taken has been a person centred approach to ensure that services are individualised.