

THE FORMER CABINET - 2ND JUNE, 2004 - 4TH FEBRUARY, 2015

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

Date: Wednesday, 15 January 2014

Time: 10.30 a.m.

A G E N D A

1. Questions from Members of the Public
2. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
3. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
4. Declarations of Interest
5. Minutes of the previous meeting held on 18th December, 2013 (copy supplied separately)
6. Rotherham Local Plan Steering Group (Pages 1 - 7)
 - Strategic Director of Environment and Development Services to report.
7. Housing Rent Increase 2014/15 (Pages 8 - 13)
 - Strategic Director of Neighbourhoods and Adult Services to report.
8. District Heating Scheme Charges 2014/15 (Pages 14 - 17)
 - Strategic Director of Neighbourhoods and Adult Services to report.
9. Calculation of the Council Tax Base for 2014/15 (Pages 18 - 22)
 - Director of Finance to report.
10. Retained Business Rates Estimates 2014/15 (Pages 23 - 26)
 - Director of Finance to report.
11. Revenue Budget Monitoring for the period ending 30th November 2013 (Pages 27 - 39)
 - Director of Finance to report.
12. Lifestyle Survey 2013 (Pages 40 - 72)

- Strategic Director of Children and Young People's Services to report.
13. Child Obesity Scrutiny Review (Pages 73 - 76)
 - Director of Public Health to report.
 14. Charging Exemptions for Non Residential Care (Pages 77 - 80)
 - Strategic Director of Neighbourhoods and Adult Services to report.
 15. Setting Local Speed Limits - Changes to Guidance (Pages 81 - 91)
 - Strategic Director of Environment and Development Services to report.
 16. Street Lighting Invest to Save Initiatives (Pages 92 - 94)
 - Strategic Director of Environment and Development Services to report.
 17. Cycling in Rotherham Town Centre Vehicle Restricted Area and Change to Hours of Access for Loading/Unloading (Pages 95 - 104)
 - Strategic Director of Environment and Development Services to report.
 18. Public Health Outcomes Framework (Pages 105 - 124)
 - Director of Public Health to report.
 19. Proposed Extension of Planned Places at Newman Special School for Children with Special Educational Needs (Pages 125 - 132)
 - Strategic Director of Children and Young People's Services to report.
 20. Early Years and Child Care Services including Children's Centres (Pages 133 - 138)
 - Strategic Director of Children and Young People's Services to report.
 21. Integrated Health, Education and Social Care Service for Children, Young People and their Families (Pages 139 - 144)
 - Strategic Director of Children and Young People's Services to report.
 22. Budget Savings Proposals - Integrated Youth Support Services (Pages 145 - 147)
 - Strategic Director of Children and Young People's Services to report.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	CABINET
2.	Date:	15TH JANUARY, 2013
3.	Title:	MINUTES OF A MEETING OF THE ROTHERHAM LOCAL PLAN MEMBERS' STEERING GROUP HELD ON 12TH DECEMBER, 2013
4.	Directorate:	ENVIRONMENT AND DEVELOPMENT SERVICES

5. Summary

In accordance with Minute No. B29 of the meeting of the Cabinet held on 11th August, 2004, minutes of the Rotherham Local Plan Members' Steering Group are submitted to the Cabinet.

A copy of the minutes of the Rotherham Local Plan Members' Steering Group held on 12th December, 2013 is therefore attached.

6. Recommendations:-

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

7. Proposals and Details

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

The policy change of the coalition Government should be noted re: the Localism Act 2011 and implications for the Local Plan.

8. Finance

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

9. Risks and Uncertainties

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

10. Policy and Performance Agenda Implications

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

11. Background Papers and Consultation

Minutes of and reports to the Rotherham Local Plan Members' Steering Group.

Attachments:-

- A copy of the minutes of the meeting held on 12th December, 2013.

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ROTHERHAM LOCAL PLAN STEERING GROUP
Thursday, 12th December, 2013

Present:- Councillors Falvey, Godfrey, McNeely, Pickering and Whelbourn.

together with:- Bronwen Knight, Helen Sleight, Andrew Duncan, Neil Rainsforth and Ryan Shepherd (Planning Service) and Ann Todd (Corporate Communications and Marketing).

Apologies for absence were received from Councillors Clark, Dodson, Lakin, Rushforth, R. S. Russell and Smith.

12. APPOINTMENT OF CHAIRMAN

It was agreed that Councillor Whelbourn be appointed Chair of this meeting.

(Councillor Whelbourn in the Chair)

13. MINUTES OF THE PREVIOUS MEETING HELD ON 13TH SEPTEMBER, 2013

Consideration was given to the minutes of the previous meeting of the Rotherham Local Plan Steering Group, held on 13th September, 2013.

Agreed:- That the minutes of the previous meeting be approved as a correct record for signature by the Chairman.

14. ANNUAL MONITORING REPORT 2013

Consideration was given to a report presented by the Senior Research and Spatial Analysis Officer stating that the Planning and Compulsory Purchase Act 2004 requires the Council to prepare an Annual Monitoring Report, for the Local Plan, to be published by the end of each December. The Annual Monitoring Report is intended to cover progress in achieving the programme published in the Local Development Scheme, together with the monitoring of performance in implementing the policies supporting Rotherham's strategy for spatial development, as well as the findings of Sustainability Appraisal monitoring.

Members noted that Annual Monitoring Reports are required to cover the financial year preceding December publication - this ninth Annual Report covers the period 1st April 2012 to 31st March 2013. The Annual report sets out a monitoring framework which is evolving incrementally as the first round of planning documents and policies are prepared and additional ones are brought forward in the future. Accordingly, this ninth Annual report builds on some of the initial broad principles to guide the monitoring of the developing Local Plan, as well as a selection of performance indicators based on data that is most readily available.

There have been some significant changes from earlier years' Annual Monitoring Reports, because the requirements for reporting on regional and national indicators have been changed or removed completely (although a few core indicators do remain). The indicators are now aligned with local priorities and the core policies of the Core Strategy under the seven broad themes of 'Delivering Development in Sustainable Locations', 'Creating Mixed and Attractive Places to Live', 'Supporting a Dynamic Economy', 'Movement and Accessibility', 'Managing the Natural and Historic Environment', 'Creating Safe and Sustainable Communities' and 'Infrastructure'.

For all of the indicators measuring the strategic themes and policies contained in the Core Strategy, the performance throughout the year showed that:-

- 18 indicators have improved;
- 23 indicators have shown no significant change from the baseline or updated data is unavailable;
- 13 indicators have declined or are not on target.

An analysis of performance by the six broad themes and headings (excluding infrastructure, for which monitoring indicators will be determined as part of the infrastructure delivery plan) was contained within the report.

Information was provided about the principal proposed developments in the Rotherham Borough area : Rotherham town centre; Bassingthorpe Farm (Greasbrough); the Waverley development.

Local authorities are no longer required to submit the Annual Monitoring Report to central Government.

Members discussed the contents of the 2013 Annual Monitoring Report and highlighted the following issues:-

: development on brownfield sites within the Borough area (a suggestion was made that photographs of individual sites 'before and after' development ought to be published on the Council's internet web site);

: performance indicators and the need to improve those indicators which have not been performing well.

Agreed:- (1) That the report be received and its contents noted.

(2) That the publication of the 2013 Annual Monitoring Report be approved.

15. LOCAL PLAN CORE STRATEGY - EXAMINATION IN PUBLIC - UPDATE

Further to Minute No. 9 of the meeting of the Rotherham Local Plan

Steering Group held on 13th September, 2013, consideration was given to a report presented by the Senior Planning Officer providing an update about the Examination in Public of Rotherham's Local Plan Core Strategy.

The hearing sessions took place between 22nd October and 6th November 2013, at Riverside House. During these sessions, the Council and other participants had the opportunity to respond further to the questions set out by the Inspector and to respond to points made by other participants. Throughout the hearing sessions, the Council was represented by officers from the Planning Policy team with assistance from other programme areas (including housing, education, audit and asset management, leisure and green spaces and transportation) plus external consultants. Various site inspections were also undertaken after the hearing sessions had ended.

The report listed the key areas on which the Core Strategy had been challenged. The Inspector suggested a number of wording changes to policies and supporting text, or asked other participants (including the Council) to suggest changes. The various proposed changes and any responses to them will be considered by the Inspector, who will provide feedback through his preliminary findings or final report.

Members noted that, in order to minimise the risk of delay to the Inspector's report and subsequent adoption of the Core Strategy, delegated authority has been given to the Cabinet Member for Regeneration and Development to approve public consultation on main modifications to the Core Strategy following the Examination in Public (Minute No. C101 of the meeting of the Cabinet held on 16th November, 2013 refers). It was suggested that the views of the Local Plan Steering Group could also inform this process.

Reference was made to:-

: Policy CS3 - phasing policy for development sites, including development on brownfield sites; the Inspector had questioned the need for a phasing policy in the document;

: the practice of land being reserved for future development (often known as 'land-banking') is not a significant issue within the Rotherham Borough area;

: the distribution of development around the various settlements and towns in the Rotherham Borough area;

: the policy relating to the provision of affordable housing (CS7);

: the Minerals Policy (CS26);

: a suggested new policy to deal with issues of housing land supply – a draft policy has been submitted for consideration by the Inspector;

: the view of the Inspector that the Core Strategy should be adopted and implemented as soon as possible;

: the potential allocation of Bassingthorpe Farm as a strategic location within the Core Strategy, rather than as a broad location for growth;

: the possibility of the land allocations for housing purposes and for employment purposes having to be increased.

The Local Plan Steering Group placed on record its appreciation of the work undertaken by the Planning Policy Team and other local authority staff and the professionalism displayed during the Examination in Public process.

Agreed:- (1) That the report be received and its contents noted.

(2) That the report of the Inspector on the outcome of the Core Strategy Examination in Public, which is due to be received during January 2014, be awaited and submitted to this Steering Group for consideration.

(3) That, subject to the outcome of (2) above, the arrangements for the consultation process in respect of the main modifications to the Core Strategy be noted.

16. SITES AND POLICIES DEVELOPMENT PLAN DOCUMENT

Further to Minute No. 7 of the meeting of the Rotherham Local Plan Steering Group held on 13th September, 2013, consideration was given to a report, presented by the Senior Planning Officer, providing an update regarding the continuing preparation of Rotherham's emerging Sites and Policies Document.

The report stated that a Final Draft of the Sites and Policies Document is being prepared prior to Publication stage, in order to review and assimilate, as appropriate, all comments received during the last round of consultation. A detailed Green Belt Review is also being prepared, as supporting evidence for the proposed amendment of the Green Belt boundary. The Review proposes the removal of development sites or allocations from the Green Belt and their designation as development land to meet identified needs. There will also be amendments to and the updating of the designations on the emerging plan, to replace the current Unitary Development Plan Proposals Map, which will guide decision-making within the built areas. In future, this plan will be known as the Policies Map.

The Final Draft of the Sites and Policies Document will enable the Council to further refine the sites selected to meet its development targets. These targets are to be agreed after receipt of the Inspector's report into the Core Strategy and the subsequent adoption of the Core Strategy

Reference was made to:-

: the inclusion of Foers Wood, Aston in Rotherham's Local Wildlife Site series;

: sites which have significant archaeological value;

: the impact of the Sites and Policies document on conservation areas;

: the consultation process about the Sites and Policies document is scheduled for February 2014 and will include arrangements for comments to be submitted on-line to the Council (this process may be affected by the period prior to the Borough and European elections being held on Thursday 22nd May 2014, during which there are restrictions on local authority publicity imposed by Section 2 of the Local Government Act 1986).

Agreed:- (1) That the report be received and its contents noted.

(2) That the Cabinet be asked to note that the delay in receiving the Inspector's report on the outcome of the Core Strategy Examination in Public will produce a consequent delay in the start of the consultation process on the Sites and Policies document.

17. DATE AND TIME OF THE NEXT MEETING

Agreed:- That the next meeting of the Rotherham Local Plan Steering Group take place at the Town Hall, Rotherham on Friday, 17th January, 2014, commencing at 10.00 a.m.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet
2.	Date:	Wednesday 15th January 2014
3.	Title:	Housing Rent Increase 2014/15
4.	Directorate:	Neighbourhoods and Adult Social Services

5. Summary

The purpose of this report is to seek agreement from Cabinet for the proposed housing rent, new build rents, garage rent and communal facilities increases for 2014/15 to go forward for consultation, and subject to the outcome of that consultation to be presented at Cabinet for decision.

This year it is proposed to implement an annual increase of 3.2% for non-housing rent issues and 6.57% for rent in accordance with the prescribed formula issued by Government. Members are asked to also note the draft Housing Revenue Account Budget for 2014/15. In anticipation of a scrutiny recommendation being accepted by Cabinet, the proposed charges for district heating are considered within a separate report, considered elsewhere on this agenda.

6.0 Recommendations

That the Cabinet be requested to recommend to Council:-

- **An average rent increase of 6.57% in accordance with Central Governments (DCLG) Rent Formula which results in an average increase of £4.54 per week collected over 52 weeks.**
- **An average rent of £94.47 for new build (energy efficient) council properties.**
- **An increase in line with the Retail Price Index of 3.2% for garage rents, communal facility charges including where applicable laundry charges and the cooking gas charge.**
- **Note the draft Housing Revenue Account Budget for 2014/15**

7.0 Proposals and Details

Council Rent Setting

- 7.1 Wherever possible this authority has sought to restrain annual charge increases, and it should be noted that Rotherham rents still rank as some of the lowest in the country. Since 2002/03 DCLG has, however, required all authorities to use a prescribed Formula to calculate each tenants rent and to apply annual increases to actual rents to achieve the Formula Rent (Formula Rent is the rent set under rent restructuring). Applying this formula for 2014/15 produces an average rent increase for Council tenants of 6.57%. There would be major financial implications for the Council of not following this formula and these are addressed below.
- 7.2 The Government expects that all similar properties in the same local area will have equitable rent levels, even if properties are owned by different social landlords. This process is known as 'rent convergence'. The Government set a target for Authorities to achieve rent convergence by 2015/16.
- 7.3 The average rent for 2013/14 was £68.24 over 52 weeks (2013/14 being a 53 week year). The proposed 2014/15 average weekly rent using the government formula, collected over 52 weeks would rise to £72.78, an average increase of £4.54 per week.
- 7.4 Total housing rent income generated through the proposed revised weekly rents is estimated to be £77.428m in 2014/15 assuming 100 Right to Buy sales, and voids and rent adjustments at 2%.
- 7.5 The Council completed the building of 132 new energy efficient properties in 2011/12. For these dwellings, the funding model assumed that rents would be aligned to the Councils existing rent structure based on these dwellings having a higher property value (than existing stock). These rents are assumed to be fully converged and are therefore set higher than those of the existing Council stock. Consequently the proposed average rent to be charged across these properties will be £94.47 over 52 weeks based on the rent formula of Retail Price Index (RPI) plus 0.5%, an increase of £3.52 per week.

Housing Self Financing Determination

- 7.6 The Government replaced the former Housing Revenue Account (HRA) subsidy system with a devolved system of council housing finance called self-financing in April 2012. The purpose of which was to give local authorities the resources, incentives and flexibility they need to manage their own housing stock for the long term and give tenants greater transparency and accountability as to how the rent collected is spent on the services provided.
- 7.7 A 30 year Business Plan has been developed to give indicative income and expenditure for the short, medium and long term. Key to this Business Plan is the requirement to ensure that rents converge by the government's target by 2015/16 and increase in line with national guidelines of RPI + 0.5% thereafter. If the council

does not meet this convergence process there would be significant reputational and financial implications for the council. In particular it may lead DCLG to conclude that Rotherham does not need the rental income at the higher level, and cause them to revisit the settlement arrived at in introducing HRA self financing.

- 7.8 DCLG is currently consulting on changes to the current rent policy for social housing. The main proposal is to change the current rent formula from RPI plus 0.5% (plus up to £2 for social rents) to a revised formula of CPI + 1% with effect from 2015/16. If agreed this means that 2014/15 will be the final year to achieve rent convergence across all Council properties. Because of historical decisions to limit rent increases, Rotherham's rents were not scheduled to reach full convergence until 2016/17 on the existing formula. If the new proposed formula is applied from 2015/16 at current inflation rates, Rotherham would receive approximately £608k less income than planned under the convergence process. This shortfall would obviously be compounded over future years within the 30 year Business Plan, and will have a significant effect on the previously predicted surpluses within the plan.
- 7.9 From a financial perspective even minor changes in percentage increases have a significant effect on the income level the council recovers and our ability to offer tenants a high quality service. Every 1% reduction below the proposed rent increase results in a loss of rent income to the Council of £720k (or for tenants an average reduction of 73p per week over 48 weeks). This obviously compounds over time and would further significantly erode the anticipated long term viability of the 30 year business plan. In addition, not following the convergence formula this year, in what could be the final year, would increase the gap in achieving rent convergence.
- 7.10 As a comparator, this year's proposed average rent increase is approximately in line with last year and considerably below 2012/13 which was 9.45%.

Garage Rents

- 7.11 The Council has continued with its garage site improvement programme investing a further £500,000 in 2013/14. As with last year, for matters for which the council is not required to meet convergence it is proposed to increase the rents in line with RPI of 3.2%. This would increase garage rents from £4.87 to £5.03 per week in 2014/15 (an increase of 16p per week).

It is also proposed that garage plot sites are also increased by RPI, therefore for a surfaced site the charge would increase from £54.17 per annum to £55.90 in 2014/15 (an increase of £1.73 per annum) and for non-surfaced sites from £48.76 to £50.32 per annum (an increase of £1.56 per annum).

Cooking Gas

- 7.12 The Council also charges for cooking gas facility at 83p per week. It is proposed to increase the charge by RPI (3.2%), which in 2014/15 will increase to 86p per week (an additional 3p per week).

Communal Facilities

- 7.13 The Communal charge for Neighbourhood Centres was increased in 2013/14 by inflation to £4.62 (2.60%) per week to cover increased costs of the service. For 2014/15 it is proposed to increase the charge again by RPI (3.20%) taking the

standard charge to £4.77 (an increase of 15p per week). However, for centres with laundry facilities it is proposed to increase the laundry charge again by RPI (3.20%) from 82p to 85p (an increase of 3p per week), which will mean a total charge of £5.62 per week. It should be noted that a major review of neighbourhood centres is currently taking place with the aim of ensuring where possible that centres are retained where they are supported by the residents, well used and financially viable.

Housing Revenue Account Budget 2014/15

- 7.14 Appendix A of this report presents the 2014/15 detailed Draft Operating Statement which is effectively “The HRA Budget”.

The table below presents an overall summary position of the Income and expenditure budgets:-

	Proposed Budget 2014/15 £000
Expenditure	75,541
Income	-82,544
Net Cost of Service	-7,003
Interest Received	-70
Net Operating Expenditure	-7,073
Revenue Contribution to Capital Outlay	8,513
Transfer from Reserves	-1,440
Surplus for the Year	0

It can be seen that based on the proposals to increase the dwelling rent income and service charges outlined in this report the budgeted income of £82.544m is anticipated to be collected in 2014/15 and that this is offset by £75.541m of budgeted expenditure, which represents the net cost of delivering the service. As budgeted income is greater than the net cost of delivering the service, there is an overall net income of £7.003m to the service.

Once interest has been paid to the HRA, and a contribution of £8,513m has been made towards the Capital Programme, in accordance with the HRA Business Plan, there will be a requirement to use £1.440m of HRA reserves in order to set a balanced budget for 2014/15.

8.0 Risks and Uncertainties

The greatest risk and uncertainty surrounds the level of rent income received into the Housing Revenue Account. This is dependent upon the number of properties available to generate income.

The level of properties is directly affected by the level of sales and demolitions which may vary to those used in the budget assumptions. New rules regarding Right to Buy (RTB) receipts were implemented in April 2012 included increasing the discount cap to £75k. The new scheme assumes that the number of RTB sales will increase significantly as a result of the higher discount cap. Total sales in 2012/13 were 47, it is estimated that this will rise to 100 by the end of 2013/14 and the HRA Business Plan assumes 100 sales per annum over the next 5 years. However there is a risk that with the vigorous marketing campaign undertaken by central government which includes direct mail shots to Rotherham tenants, that this assumption will prove to be an under estimate, resulting in further lost income.

If the proposed changes to the current rent formula are agreed and implemented from 2015/16 the Council would receive less income than if rents were fully converged, therefore impacting on the 30 year business plan.

The Governments changes to welfare benefits from April 2013 may also impact on the level of rent income collected including the level of arrears and therefore be reflected in the Housing Revenue Account balances.

All budgets carry a certain level of risk in that unforeseen circumstances may arise, causing additional pressures on the level of resources applied.

DCLG have not issued any guidance at this stage to authorities on the level of limit rent for 2014/15. As Rotherham has not yet reached rent convergence we are assuming that the proposed rents for 2014/15 remain below the limit rent level.

9.0 Policy and Performance Agenda Implications

The proposals contained within this report are in line with Council priorities and policies, as established and set out in key planning documents. The aim is to deliver effective, value-for-money services for people within Rotherham.

10.0 Background Papers and Consultation

DCLG Guidance on Rents for Social Housing from 2015-16 – consultation – October 2013

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APPENDIX A

HRA - Draft Budget Operating Statement 2014/15 (6.57% Rent Increase)

Narrative	Full-year Budget 2013/14 £	Full-year Budget 2014/15 £	Change 13/14 to 14/15 £
Dwelling Rents	-74,245,061	-77,427,560	-3,182,499
Non-dwelling Rents	-792,280	-805,430	-13,150
Charges for Services and facilities	-3,601,649	-3,987,300	-385,651
Other fees and charges	-213,800	-273,300	-59,500
Leaseholder Income	-50,910	-50,900	10
Income	-78,903,700	-82,544,490	-3,640,790
Contributions to Housing Repairs Account	17,996,000	19,072,350	1,076,350
Supervision and Management	20,065,000	20,707,000	642,000
Rents, Rates, Taxes etc.	174,000	186,500	12,500
Provision for Bad Debts	742,500	967,800	225,300
Cost of capital Charge	14,602,200	14,491,700	-110,500
Depreciation of Fixed Assets	19,288,734	19,905,970	617,236
Debt Management Costs	222,000	210,000	-12,000
Expenditure	73,090,434	75,541,320	2,450,886
Net Cost of Services	-5,813,266	-7,003,170	-1,189,904
Interest received	-25,000	-70,000	-45,000
Net Operating Expenditure	-5,838,266	-7,073,170	-1,234,904
Appropriations:			
Revenue Contributions to Capital Outlay	8,437,000	8,513,030	76,030
Transfer to(+)/from(-)Reserves	-2,598,734	-1,439,860	1,158,874
Surplus/Deficit for the year	0	0	0

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet
2.	Date:	Wednesday 15th January 2014
3.	Title:	District Heating Scheme Charges 2014/15
4.	Directorate:	Neighbourhoods and Adult Social Services

5. Summary

The purpose of this report is to seek approval from Members for the proposed increase in charges for District Heating for 2014/15.

There are a range of heating schemes, but in general district heating charges are made up of two components, a weekly charge and a metered charge per kilowatt hour of heating used. Weekly charges for most schemes exceed the actual metered costs and hence 34% of all income received from weekly charges are returned to customers. This report recommends no increase in weekly charges but, an increase in kilowatt hour charges to more accurately reflect true costs. The impact of this on consumers of district heating is that they the vast majority will pay no more on a weekly basis, but some will receive less of a rebate once actual personal charges have been calculated following individual meter readings.

6.0 Recommendations

That the Cabinet be requested to recommend to Council:

- **That weekly charges are not increased.**
- **That the various proposed increases to the kilowatt hour charges outlined in section 7 of this report are approved as a means of achieving full cost recovery.**
- **That to assist tenants, increases in the kilowatt hour charge are phased, as agreed at Cabinet on 16 January 2013 (Minute C131(3)) and be achieved by 2016/17.**

7.0 Proposals and Details

7.1 The Housing Rent Setting Report in January 2012 highlighted that the current charges for District Heating do not recover the full cost of providing the service. Due to ongoing and significant increases in the prices of gas and utility charges the initial three year strategy for ensuring full cost recover has yet to be fully realised. The Self Regulation Select Commission agreed to undertake a review to explore how cost effective and fuel efficient provision of District Heating can be achieved. This review proved to be extremely helpful and is influencing a major change in the way in which District Heating will be delivered in the future. One of the recommendations within the report was to consider the review of district heating charges separately from the annual rent review. District heating improvements have been built into the three year capital plan, to ensure that infrastructure is modern and efficient.

7.2 The council operate three distinct District Heating schemes:

- A pooled metered scheme;
- An unmetered scheme at Beeversleigh; and
- Switch 2 card meter scheme at Swinton

Each scheme currently has a separate charging scheme, and the extent to which full cost recovery differs between the various schemes, and between the numerous metered schemes themselves. Overall in 2012/13 district heating cost the authority £1.058m and of this total cost, £645k was received as income.

Pooled metered schemes

7.3 Pooled metered schemes have a weekly pre-payment flat rate charge collected through the rent system, applied to all properties dependant upon the size of the property. The actual costs of each property's heating is determined by meter readings of the amount of kilowatt hours of heating actually used. In the vast majority of cases (76%) this results in a rebate. The current basis of kilowatt hour charges does not accurately reflect the actual costs of the pooled metered schemes. In order to achieve full cost recovery and ensure that charges are fair and affordable to tenants it is proposed that there is a phased approach to increasing unit costs of kilowatt hour charges, however, given the size of the actual rebates made, it is not necessary to increase the weekly prepayment charge for a second year.

7.4 The charges for the sixteen pooled schemes (1034 properties) including St Ann's in 2014/15 is proposed as follows:-

Pooled district heating charges			
	2014/15	% Increase	2013/14
Unit Cost KWh	7.93	10.00	7.21p
Pre-payment Charges per week			
Bedsit	£12.80		£12.80
1 Bed	£14.90		£14.90
2 Bed	£17.10		£17.10
3/4 Bed	£19.78		£19.78

- 7.5 In order to move towards recovering more of the costs of the service it is proposed to increase the unit rate charged from 7.21 pence per kWh to 7.93 pence per kWh, an increase of 10%. This level of increase to achieve full cost recovery is being phased as agreed by Cabinet.
- 7.6 St Ann's (74 properties) was added to the pooled scheme in 2011/12. The Council agreed to bring charges at St. Ann's into line with the pooled metered schemes over a three year period. This was fully achieved in 2013/14 and charges are now in line with all other pooled metered schemes.

Beeversleigh

- 7.7 The 48 properties at Beeversleigh are not metered and therefore not part of the pooled metered district heating scheme. Weekly charges are in line with the pooled schemes and currently income collected almost covers the full cost of the scheme.

It is therefore proposed not to increase the weekly charge for 2014/15. This will enable costs on this scheme to remain in line with other pooled schemes.

Beeversleigh	Proposed Charge 2014/15	Actual Charge 2013/14
One bed flat	£14.90	£14.90
Two bed flat	£17.10	£17.10

Swinton

- 7.8 A third category of district heating is the dwellings charged by the installation of "Switch 2" card meters at the 230 properties at Fitzwilliam, Swinton.

At present the income received from charges is significantly less (42% being recovered) than the full cost of the scheme. In 2012/13 the scheme cost £152,000, but recovered only £64,000 through income from charges. Heating charges in Swinton have been historically much lower than elsewhere. The average annual cost paid by the tenant for

heating a property in Swinton in 2012/13 was £276, compared to an average of £526 in other pooled metered schemes. To recover full costs on the Swinton scheme the average annual bill would need to rise to £662 at current prices. Seeking to recover the total cost in one go, would potentially create significant budgeting problems for tenants, and it is therefore proposed to phase the recovery to full cost as agreed by Cabinet. It was agreed at Cabinet in January 2013 to phase increases in the unit charge over a period of up to five years from 2013/14 to achieve full cost recovery for the scheme. It is therefore proposed to increase the unit charge for 2014/15 from 5.85 pence per Kwh to 7.61 pence per kWh. Whilst this amounts to a further increase of 30%, it is still below the actual cost for pooled schemes.

8.0 Risks and Uncertainties

The risk of not recovering the full cost of District Heating in the long term would have an adverse impact on the Housing Revenue Account business plan which assumes the principle of full cost recovery agreed by members. Any significant increase in the future prices of gas could also result in further increases in charges.

9.0 Policy and Performance Agenda Implications

The proposals contained within this report are in line with Council priorities and policies, as established and set out in key planning documents. The aim is to deliver effective, value-for-money services for people within Rotherham.

10.0 Background Papers and Consultation

Housing Rents Report 2013/14 – January 2013.

Self Regulation Select Commission – Review of RMBC's District Heating Schemes – November 2012.

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1.	Meeting:	Cabinet
2.	Date:	15th January 2014
3.	Title:	Calculation of the Council Tax Base for 2014/15
4.	Directorate:	Resources

5. Summary

This report provides details of the calculation of the Authority's proposed Council Tax base for the 2014/15 financial year. It should be noted that from April 2013 with the Localisation of Council Tax Support (now described by the Government as the Council Tax Reduction Scheme (CTRS)) the Council's Tax Base was significantly reduced compared to 2012/13. This is because under the Localisation of CTRS, eligibility to what was previously Council Tax Benefit, is treated as a discount and is therefore a reduction to the Tax Base.

The Council's proposed Scheme for 2014/15 was reported to Cabinet on 16th October 2013. It is proposed that the Council continue with its current Council Tax Reduction Scheme, subject to making annual benefit adjustments notified by the Department of Works and Pensions (DWP).

In determining the Council's Tax base for 2014/5 the sustained impact of the welfare reform changes on the Council Tax collection rate has also been allowed for – the allowance for losses on collection has been increased from 3% to 3.5% giving an estimated collection rate of 96.5%.

The calculation also reflects the number of newly built properties being constructed and the empty properties brought back into use.

In accordance with the Local Authorities (Calculation of Council Tax Base) Regulations 2012 governing its calculation, it is determined that the Council's Tax Base for the financial year 2014/15 is **64,179.01** Band D Equivalent Properties.

6 Recommendation

That Cabinet is asked to recommend that Council:

- **Adopt the current Council Tax Reduction Scheme for 2014/15 with the following revisions: a. adjust the applicable amounts for working age claims to mirror those used in 2014/15 for Housing Benefit and b. increase Non-Dependant deductions to mirror those in the Council Tax Reduction Scheme prescribed requirements.**
- **Resolves that the amount calculated by Rotherham Metropolitan Borough Council as its Council Tax Base and those of the Parish Councils shown at Appendix A for 2014/15 shall be a total of 64,179.01 Band D Equivalent Properties.**

7 Proposals and Details

- 7.1 Setting the Tax Base is a precursor within the Budget setting process to the determination of the Council Tax level. Regulations under the Local Government Finance Act 1992 require Full Council to approve the Council's annual Council Tax Base before 31 January in the preceding financial year. As in 2013/14, decisions on the Council's own Local Council Tax Reduction Scheme (CTRS) which must be made by Full Council affect the Council Tax Base calculation.
- 7.2 On October 16th Cabinet considered a report proposing to retain the Council's current Council Tax Reduction Scheme for 2014/15 with the following changes:
- Revision of the of the applicable amounts for working age claims to mirror those that will be used in 2014/15 for Housing Benefit; and
 - Increased Non-Dependent Deductions to mirror those in the Council Tax Reduction Scheme prescribed requirements.

With CTRS localisation, the DWP's and DCLG's annual changes apply only to the national core scheme which applies to pensioners. In addition, the DWP uprates annually the applicable amounts used to determine Housing Benefit. The Council needs to apply these adjustments to its local scheme, so that the provision for working age claimants in 2014/15 mirrors that for pensioners.

- 7.3 As in 2013/14, until the CTRS scheme for 2014/15 is formally approved it is not possible for the Council to determine its Council Tax Base. For this reason, the first recommendation in this report relates to the Council Tax Reduction Scheme.
- 7.4 The formula for calculating the Council's Tax Base is set out by the Local Authorities (Calculation of Council Tax Base) Regulations 2012 and the projected Tax Base is shown in Appendix A. The Council Tax Base is derived from the total number of properties within the Council's area as at the 1st December 2013, which, in the opinion of the Government's Valuation Office Listing Officer, were subject to Council Tax.
- 7.5 The impact of the CTRS on the Tax Base across the borough is determined by assessing the number and value of claims by Tax Band across the borough (including in parishes) and converting them to Band D Equivalent properties, which are then deducted from the Council Tax Base.
- 7.6 To compensate for the reduction in the Tax Base, the Council received grant of £17.51m in 2013/14 (the Police and Fire and Rescue Authorities also received grant funding). This funding has now been subsumed within RSG for 2014/15 and it is not possible to separately identify the 2014/15 grant allocation for CTRS – the consensus is that this funding has declined in line with central government grant reductions.
- 7.7 In addition, in 2013/14 the Council decided to take advantage of technical changes in Council Tax Regulations and review the discretionary discounts and exemptions awarded to empty properties and second homes. These changes allowed the Council to reduce the discounts awarded and in some cases charge tax premiums. The report to Cabinet dated 16th October 2013 agreed the rolling forward of these discounts at the same levels in 2014/15 as set in 2013/14.
- 7.8 Given the substantial changes in the system and in light of collection performance during 2013/14, collection rates have been reviewed for 2014/15, ongoing performance

monitoring indicates Council Tax Collection Rates have remained high during 2013/14 – and are expected to achieve the challenging 97% target. It should be noted however, that there is considered to be a greater sustained risk with collecting Council Tax income in future given the expected continuing effect of the economic downturn and ongoing welfare reform will have on both reduced levels of payments and increased default levels. The number of accounts requiring recovery action has increased and although the majority of the Council Tax is considered to be collectable, the delays in the process (for example through applying to the Magistrates Courts for a Liability Order and benefit deductions) may mean that these debts may not be collected in-year.

7.9 Determining a prudent view of future Tax Collection rates taking account of these factors, it is recommended that an adjustment of 3.5 % should be made in respect of non-collection. This increase of 0.5% over the provision for collection losses used in 2013/4 is not suggested lightly - but not increasing the estimated level of losses given the risks and pressures identified would place pressure on the Council's Collection Fund. The reduction in the collection rate has been fully reflected in the Council's MTFS.

7.10 The Council Tax Base in previous years has included estimates and projections reflecting the changes and adjustments in the tax base that occur during the financial year. These have included:

- The completion of new properties;
- Changes in banding as a result of adjustments and appeals;
- Discounts, exemptions and reliefs (for example, single person discounts, and reductions in liabilities for disabled persons).
- The ending of the discount period on empty properties or their reoccupation.

For 2014/15 it is estimated that some 907 new and reoccupied Band D Equivalent properties will be added to the Council Tax base - an increase of 1.4%. Overall the 2014/15 Tax base shows a net increase of just under 0.9% or 547.57 Band D equivalent properties compared with the 2013/14 Tax Base of 63,631.44 Band D Equivalents. .

7.11 The result of applying the 96.5% collection rate to the Band D Equivalents for each of the parishes within the Borough and for the Borough as a whole is shown in the final column of Appendix 1 attached.

7.12 The Tax Base for the Council as a whole (both parished and unparished areas) is made up as follows: allowing for the additions, discounts and reliefs the estimated property base is converted into Band D Equivalent properties, giving a total of **64,179.01** Band D Equivalents.

<u>Tax Band</u>	<u>Band D Equivalent Properties</u>
Band A	24,469.67
Band B	13,457.77
Band C	10,923.47
Band D	7,451.94
Band E	4,732.78
Band F	2,114.70
Band G	966.44
Band H	62.24
TOTAL	64,179.01

8 Finance

There are no direct implications arising from this report – however determining the Council Tax Base is a fundamental part of determining the amount of Council Tax income to be raised as part of the budget setting process, which comprises a significant element of the Council's resources for the coming financial year.

9 Risks and Uncertainties

As the Council Tax Base must be set by the 31 January 2014, it contains projections in respect of the additions, adjustments, discounts and reliefs to be granted before the 31 March 2014 and during 2014/15 and an estimate of future collection rates.

10. Policy and Performance Agenda Implications

The setting of the Council Tax Base is essential in underpinning all parts of the Council's activities.

11. Background Papers and Consultation

- The Localism Act 2011
- Local Government Finance Act 1992.
- Local Authorities (Calculation of Council Tax Base) Regulations 2012 (Statutory Instrument 2012 no 2914)
- Local Authorities (Calculation of Council Tax Base) Regulations (Statutory Instruments 1992 no.612 and 1999 no.3123).
- Local Authorities (Calculation of Council Tax Base/Supply of Information) Regulations 1992 (Statutory Instrument 2904).
- Section 84 of the Local Government Act 2003
- The Council Tax Reduction Schemes (prescribed requirements)(England)(Amendment) Regulations 2013
- Housing Benefit circular A24/2013
- Report to Cabinet 16 October 2013 – Council Tax Reduction Scheme 2014/15.

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ROTHERHAM MBC COUNCIL TAX BASE 2014/15

	Band A	Band B	Band C	Band D	Band E	Band F	Band G	Band H	Total	Loss%	Base
Anston	395.21	1,066.49	394.37	388.89	360.24	172.98	53.33	11.50	2,843.01	99.51	2,743.50
Aston	1,078.66	1,282.06	646.24	576.96	494.43	111.38	24.20	1.00	4,214.93	147.52	4,067.41
Bramley	581.20	400.04	650.13	418.07	203.92	13.00	5.80	1.00	2,273.16	79.56	2,193.60
Brampton Brierlow	536.27	154.58	105.66	249.96	138.37	0.00	1.70	0.00	1,186.54	41.53	1,145.01
Brinsworth	674.83	1,164.80	310.49	126.38	12.66	1.40	0.00	0.00	2,290.56	80.17	2,210.39
Catcliffe	255.14	125.24	101.63	68.52	10.70	0.70	0.00	0.00	561.93	19.67	542.26
Dalton	1,001.86	340.61	564.21	205.61	250.60	26.55	9.67	1.00	2,400.11	84.00	2,316.11
Dinnington	994.09	341.39	328.07	452.81	95.16	35.53	15.38	4.00	2,266.43	79.33	2,187.10
Firbeck	6.53	17.85	14.90	11.76	32.37	31.09	22.08	0.00	136.58	4.78	131.80
Gildingwells	2.36	0.82	1.60	8.00	11.04	17.00	1.70	0.00	42.52	1.49	41.03
Harthill	129.38	81.58	94.07	113.12	89.36	83.89	39.20	0.00	630.60	22.07	608.53
Hellaby	27.86	173.27	20.03	16.00	7.90	0.00	0.00	0.00	245.06	8.58	236.48
Hooton Levitt	4.07	7.20	1.80	4.50	14.70	15.37	6.70	1.00	55.34	1.94	53.40
Hooton Roberts	6.69	2.10	6.99	13.50	26.93	17.70	10.80	0.00	84.71	2.96	81.75
Laughton	82.59	55.55	40.94	108.23	75.80	54.48	25.80	0.00	443.39	15.52	427.87
Letwell	1.89	1.90	0.90	5.25	18.28	19.84	20.00	0.00	68.06	2.38	65.68
Maltby	2,003.12	630.65	642.05	542.86	91.24	31.10	37.50	2.00	3,980.52	139.32	3,841.20
Orgreave	22.64	166.37	32.01	19.05	0.90	1.40	0.00	0.00	242.37	8.48	233.89
Ravenfield	90.20	103.03	277.35	239.86	208.28	102.77	11.24	0.00	1,032.73	36.15	996.58
Thorpe Salvin	8.49	8.52	12.24	29.52	43.76	57.80	40.80	2.00	203.13	7.11	196.02
Thrybergh	555.96	45.12	48.24	51.34	40.42	38.61	12.90	0.00	792.59	27.74	764.85
Thurcroft	869.34	308.76	283.95	219.04	71.62	31.63	23.30	0.00	1,807.64	63.27	1,744.37
Todwick	30.88	66.80		251.09	135.71	51.76	47.01	0.00	583.25	20.41	562.84
Treeton	358.06	194.57	32.75	155.20	86.88	16.20	0.00	1.00	844.66	29.56	815.10
Ulley	8.39	8.80	10.93	7.50	13.81	7.90	6.70	0.00	64.03	2.24	61.79
Wales	756.98	366.59	400.16	240.88	115.60	60.48	23.80	0.00	1,964.49	68.76	1,895.73
Wentworth	30.88	93.63	105.16	103.02	102.82	64.98	43.14	4.00	547.63	19.17	528.46
Whiston	320.48	346.16	338.08	124.60	203.65	91.72	51.70	4.00	1,480.39	51.81	1,428.58
Wickersley	183.71	625.97	580.39	269.45	293.26	382.57	243.46	3.00	2,581.81	90.36	2,491.45
Woodsetts	61.73	184.34	129.68	90.89	59.42	36.82	29.20	8.00	600.08	21.00	579.08
Total Parished	11,079.49	8,364.79	6,175.02	5,111.86	3,309.83	1,576.65	807.11	43.50	36,468.25	1,276.39	35,191.86
Rotherham (unparished)	14,277.68	5,581.09	5,067.23	2,610.36	1,594.60	614.75	194.38	21.00	29,961.09	1,048.64	28,912.45
TOTAL	25,357.17	13,945.88	11,242.25	7,722.22	4,904.43	2,191.40	1,001.49	64.50	66,429.34	2,325.03	64,104.31
Less 3.5%	24,469.67	13,457.77	10,848.77	7,451.94	4,732.78	2,114.70	966.44	62.24	64,104.31		

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET
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1	Meeting:	CABINET
2	Date:	15th January 2014
3	Title:	Retained business rates estimate 2014/15
4	Directorate:	Resources

5 Summary

The Council is required to approve the retained business rates estimate as part of the Council's 2014/15 budget setting process. The estimate has to be certified and submitted on an NNDR 1 form to the Department for Communities and Local Government (DCLG) by 31 January 2014.

As the Council's share of retained business rates now represents a major proportion of the Council's overall revenue resources, Full Council is asked to approve the estimate after it has first been considered by Cabinet.

At this stage the 2014/15 NNDR 1 form and guidance for its completion has still to be finalised. The estimated retained business rate income of £34.9m in 2014/15 referred to in this report is therefore only provisional. Cabinet are therefore asked that the Director of Financial Services be granted delegated authority to finalise the estimate for presentation to Full Council on the 29 January 2014.

A key factor in determining the estimate is the assumed losses due to rating appeals. These are highly volatile and difficult to predict and therefore represent a major financial risk to the estimate being achieved.

6 Recommendations

Cabinet is asked to:

- **Note the contents of this report and approve its submission to Full Council on January 29th**
- **Grant delegated authority to the Director of Financial Services to finalise the estimate prior to its presentation to Full Council**

7. Proposals and Details

Background

7.1 2014/15 is the second year of the Business Rates Retention Scheme (“the Scheme”). Under the Scheme, the business rates income collected by the Council is shared between the Council, Central Government and South Yorkshire Fire and Rescue Authority in the following proportions:

- | | |
|---|-----------|
| • Central Government | 50% share |
| • Rotherham MBC | 49% share |
| • South Yorkshire Fire and Rescue Authority | 1% share |

The effect of this is that the Council shares the rewards of any growth in business rates income but also shares the risk of a reduction in business rate income.

7.2. The amount to be transferred by the Council to its General Fund and the amounts to be paid over to central government and the Fire Authority in any given year are determined before the start the year based on the Council’s estimate of its business rates income for that year. This estimate is provided on the NNDR 1 form which Regulations require to be certified by the 31 January as part of the budget setting process.

In arriving at the estimate, a key factor is the allowance made for losses due to rating appeals, business closures and other factors which impact on the overall Rateable Value of business properties within the Borough. These are highly volatile and difficult to predict which places a significant amount of uncertainty on the forecasts and hence financial risk. This risk is compounded by the fact that the transition to the new Scheme did not offer local authorities any protection in respect of back-dated appeals which, in many cases, date back to April 2010 and can therefore be sizeable.

The 2014/15 NNDR 1 form and guidance for its completion were only issued in draft form on 6 January 2014. The estimated retained business rates income for 2014/15 is therefore only provisional at this stage. Cabinet are therefore asked that the Director of Financial Services be granted delegated authority to finalise the estimate for presentation to Full Council on the 29 January 2014.

It should be noted that growth in business rates income in Enterprise Zones and business rates income from renewable energy schemes falls outside the Scheme and is wholly retained by the Council. The growth in business rate income in Enterprise Zones is being used to support the activities of the Sheffield City Region Local Enterprise Partnership.

2014/15 estimate

- 7.3 The Medium Term Financial Strategy assumed that the Council's 49% share of retained business rates income in 2014/15 would be £36.1m.

Using the latest available information on performance in the first 6 months of 2013/14 and taking account of the package of measures to support business announced on 5 December 2013 in the Autumn Statement, the current estimate is that the Council's 49% share of retained business rate income in 2014/15 will be £34.9m. However, the Government has said in its Autumn Statement that local authorities will be refunded for the loss in receipts as a result of the business support measures being introduced. The amount to be refunded will be based on information contained in the NNDR 1. This has not yet been fully evaluated but the indications are that the additional funding the Council might receive could be of the order of £1.2m, thereby bringing overall resources up to the £36.1m assumed in the Medium Term Financial Strategy.

This is however contingent on actual losses due to rating appeals lodged in 2014/15 matching that forecast of £1.75m and the amount of additional funding being that anticipated.

- 7.4 The overall resources available in 2014/15 from business rate income also need to take account of any surplus or deficit attributable to business rates in 2013/14 which is to be distributed or recovered in 2014/15.

The latest position reported in the 2013/14 mid year revised estimate is that the Council is on target to collect the £34.3m budgeted for. However, the position will be further reviewed to determine the final estimated outturn which is to be taken into account in the 2014/15 Revenue Budget and Council Tax Setting report and included on the NNDR 1.

- 7.5 Finally, where an authority's estimated business rates income is expected to fall significantly short of that assumed by government, an authority can apply for safety net payments on account during the course of the financial year to mitigate the impact of income being lower than anticipated. The provisional estimate of £34.9m is very much in line with the government's baseline estimate included in the provisional 2014/15 local government finance settlement of £35.0m. It is not therefore considered necessary to apply for such payments.

8. Finance

The financial issues are discussed in section 7 above.

9 Risks and Uncertainties

The 2014/15 retained business rates estimate and subsequent outturn are greatly influenced by the assumptions made for losses due to rating appeals. These are highly volatile and therefore difficult to predict and represent a major financial risk to budgeted income being achieved.

Any shortfall against budgeted income will result in a reduction in resources available for the following year. It is therefore recommended that this is taken into account in determining what level of General Fund balance is needed in the future to meet unforeseen costs and contingencies.

10. Policy and Performance Agenda Implications

None

11. Background Papers and Consultation

- The Local Government Finance Act 1988
- Non-Domestic Rating (Rates Retention) Regulations 2013

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1	Meeting:	CABINET
2	Date:	15th January 2014
3	Title:	Revenue Budget Monitoring for the period ending 30th November 2013
4	Directorate:	Resources (for all)

5 Summary

This report provides details of progress on the delivery of the Revenue Budget for 2013/14 based on performance for the first 8 months of the financial year. It is currently forecast that the Council will overspend against its Budget by £3.099m (+1.4%). This represents an improvement in the forecast outturn of -£1.526m since the October monitoring report. The main reasons for the forecast overspend continue to be:

- The continuing service demand and cost pressures for safeguarding vulnerable children across the Borough;
- Income pressures within Environment and Development and ICT Services;
- Continuing Health Care income pressures within Adult and Children's Services, with concern that this pressure is increasing further;
- Additional, one-off property costs relating to the continued rationalisation of the Council's asset portfolio as part of the efficiency drive to reduce operational costs; and
- Some savings targets are currently pending delivery in full in 2013/14.

The moratorium on all except 'essential' spend has been in place since 16th October and is contributing to the reduced forecast overspend. Services are continuing to explore opportunities to maximise the flexible use of grant funding, whilst ensuring grant conditions are complied with. Further, the recent opening of the offer for staff to apply for Voluntary Early Retirement/Voluntary Severance (VER/VS) is also generating savings which will contribute to both reducing the in year pressure and potentially contribute to closing the 2014/15 Budget Gap. These savings will become more evident in the next monitoring reports as applications are approved and are reflected in the revised forecast outturn.

Members are asked to note that meetings are taking place with the Clinical Commissioning Group (CCG) about concerns over access to and timely payment of Continuing Health Care income for clients with Continuing Health Care needs. An Action Plan is being developed and updates presented to a series of future meetings between early December and the end of the financial year. As the financial impact of these meetings becomes clearer, this will be reported through to Cabinet.

Recommendations

Cabinet is asked to note the current forecast outturn and significant financial challenge presented for the Council to deliver a balanced revenue budget for 2013/14 and the actions implemented to address the forecast overspend.

7.1 Proposals and Details

This report presents details of spending against budget by Directorate covering the first 8 months of the 2013/14 financial year – April 2013 to November 2013 – and forecast costs and income to 31st March 2014.

Resources Services which are currently being matrix-managed by Environment & Development Services and Neighbourhood & Adult Services are included within these respective Directorates.

7.2 The Overall Position

Directorate/Service	Annual Budget 2013/14	Projected Outturn 2013/14	Variance after Actions (over(+)/under(-) spend)	
	£'000	£'000	£'000	%
Children & Young People Services	46,108	47,349	+1,241	+2.7
Environment and Development Services	48,416	48,916	+500	+1.0
Neighbourhoods & Adult Services	79,060	79,622	+562	+0.7
Resources	11,830	12,069	+239	+0.2
Central Services	36,060	36,617	+557	+1.5
TOTAL	221,474	224,573	+3,099	+1.4
Housing Revenue Account (HRA)	73,090	72,190	-900	-1.0

Appendix 1 to this report provides a detailed explanation of the key areas of forecast over / underspend by Directorate. The summarised position for each Directorate is described below.

Children & Young People's Directorate (+£1,241k forecast overspend)

The forecast overspend for Children's Services has improved by -£104k since the last report. (+£1.345m in the October monitoring report). The forecast overspend position is largely due to pressures within the Children & Families Safeguarding Service. The number of looked after children requiring placements at the end of November 2013 was 376, a reduction of 22 since the end of March 2013.

Pressures on budgets for provision of Out of Authority Residential placements (+£1.367m), remand placements (+£180k) and the provision of independent Foster Care placements (+£263k) are the main service pressures. Although the number of Looked After Children has fallen since March 2013 the cost of placements has increased as children are presenting with more complex needs. The service is looking at how they can find suitable, alternative, value for money placements to meet the needs of these young people.

The Fostering & Adoption is projecting to have 30 new adopters by the end of March 2014 which is 9 above the Invest to Save target. The service is also projecting to be on target for the recruitment of new foster carers at a net gain of 21.

Forecast savings across other parts of the Directorate are helping to mitigate these key pressures. Details are shown in Appendix 1.

Children's Social Care services remain under pressure despite the services' proactive approach to drive down costs including:

- Continued operation and challenge by the Multi-Agency Support Panel
- Successful work undertaken by the Commissioning Team which has resulted in the commissioning and re-commissioning of service provider contracts with significant cost reductions/cost avoidance (£580k) to date in 2013/14.

Environment & Development Services including Internal Audit, Asset Management, ICT, Communications & Marketing and Policy & Planning (+£500k forecast overspend)

The Directorate is currently forecasting an overspend of +£500k largely due to pressures in Customer Services (+£238k) and Planning and Regeneration (+£265k), Asset Management (£203k). The Business Unit is reporting an underspend of -£55k and Streetpride a forecast underspend of -£151k.

The forecast overspend assumes that the Winter Pressures budget is sufficient to contain costs incurred over the Winter months (2013/14). It should however be noted that in 2012/13 this budget overspent by £466k. Details of the forecast overspend are included in Appendix 1.

Neighbourhoods and Adult Services including Commissioning, Procurement, Performance & Quality and Cohesion (+£920k forecast overspend) and Public Health (-£358k forecast underspend)

Overall the Directorate (including ring-fenced Public Health funded services) is forecasting an overspend of +£562k. Within this, Adult Services are forecasting an overspend (+£1.205m) and Neighbourhood services a forecast underspend of -£125k. Commissioning, Procurement, Performance & Quality and Cohesion services are forecasting a collective underspend of (-£160k). Key pressures include slippage on achieving budgeted income levels for clients with continuing health care needs (£1.5m) and the delays in implementing the restructure within in-house residential care services.

There are also recurrent budget pressures on demand for Direct Payments (Older People, Physical & Sensory Disability and Mental Health clients), Older People's domiciliary care, and day care provision for clients with Learning Disabilities.

Public Health Services are currently forecasting an underspend of -£358k. (Ring-fenced funding).

The forecast position for Neighbourhoods and Adult Services is made up of a number of under and overspends, detailed in Appendix 1.

Resources Directorate (+£239k forecast overspend)

Overall the Directorate is forecasting an overspend of +£239k. This is largely in respect of income pressures in the ICT service (+£575k) significantly mitigated by forecast savings elsewhere in the Directorate – most notably in respect of HR & Payroll reduced costs and increased income generation. The forecast position for Resources is made up of both forecast under and overspends, shown in Appendix 1.

Central Services (+£557k forecast overspend)

In setting the 2013/14 Budget, the Council proposed a recurrent savings target of £300k in respect of renegotiating Staff Terms and Conditions. Options for progressing this saving have been considered and rejected by the Unions. This target currently remains undelivered.

When the 2012/13 budget was agreed it included a £2m savings target for Commissioning Savings. Currently £387k of that target remains to be delivered. Progress against delivery of this balance will be reported in future Cabinet budget monitoring reports.

There is currently a forecast pressure of +£389k on the Land Bank due to the need to keep vacant council owned properties secure until they are sold or demolished.

There is also a forecast pressure of £81k in respect of Statutory Costs (eg Planning Notices and key investigations). In 2011/12 it was agreed that the earmarked reserve would be closed and in the event of any future pressure above the level of budget (£75k), this would be met from general reserves.

It is now considered prudent to release the unused Council Contingency Fund (-£600k) to mitigate the overall forecast outturn.

7.3 Housing Revenue Account (HRA) (Forecast underspend -£900k)

The Housing Revenue Account is forecasting a reduction in the transfer from reserves compared with the agreed budget. The HRA had budgeted to use £2.599m from reserves but current forecasts only require £1.699m, a reduction of -£900k.

7.4 Agency, Consultancy and Non-Contractual Overtime Costs

The forecast outturn position includes costs in respect of Agency staff, Consultancy and non-contractual overtime. Detailed below is the analysis by Directorate, including comparisons with 2012/13 financial year:

Agency

Directorate	Outturn 2012/13	Cumulative to Nov 2012	Cumulative to Nov 2013
	£'000	£'000	£'000
Children & Young People's Services	546	257	541
Neighbourhoods & Adult Services	530	220	254
Environment & Development Services	266	179	544
Resources	194	136	36
TOTAL	1,536	792	1,375

Agency staff have in the main, been used as a temporary measure to help introduce more robust and sustainable reductions to the overall staff cost base. This has shown a more marked increase this year to date compared to last year as a result of

meeting the demands of various reviews and restructures. These are being kept under close review.

Within Children's Services the increase in agency costs is a result of the need to cover vacant social work and team manager posts; the Interim Director of Safeguarding ; and sickness and maternity leave in residential care.

Two extra posts, over establishment, have also been recruited to, that are peripatetic with the intention of providing cover for emergent vacancies rather than using agency staff. The costs of the agency employed interim Director will also have an effect on these figures pending the recruitment of a permanent post holder. The unspent revenue budget for the unfilled Director post significantly mitigates the agency cost of the temporary Director.

In children's residential care there has been an unprecedented level of sick leave and maternity leave in three of the five homes, resulting in the use of high levels of agency staff cover to ensure the required staff ratios are met. A number of those staff are on phased returns to work. Recruitment to fill vacancies caused by turnover has taken place, and a further recruitment round will start in January.

There have also been six children in the Orchard Centre with high levels of need requiring additional staff to care for them safely; these children would otherwise have had to be placed in out of authority residential placements.

The use of agency staff in Adult Services has increased compared to November 2012 levels due to social work vacancies and the need to maintain essential cover in some services areas, and provision of cover arrangements pending the implementation of a revised timetable, agreed with the Council, for the new staffing structure in Residential Care.

Environment and Development Services agency costs are greater compared with the cumulative spend to November last year due to cover arrangements within Waste services pending the implementation of a new structure and resourcing additional Highway Maintenance capital works. Also, seasonal Grounds Maintenance work is now undertaken by a combination of seasonally employed staff and agency workers to minimise the cost of cover arrangements.

Agency spend also exists within ICT services where Agency staff are covering a key role (Senior Network Specialist) which the service has been unable to recruit to.

Consultancy

Directorate	Outturn 2012/13	Cumulative to Nov 2012	Cumulative to Nov 2013
	£'000	£'000	£'000
Children & Young People's Services	338	204	140
Neighbourhoods & Adult Services	0	0	23
Environment & Development Services	108	80	225
Resources	1	1	21
TOTAL	447	285	409

Consultancy spend within Children's Services for the first 8 months of 2013/14 has reduced considerably when compared with the same period last year. The consultancy expenditure predominantly relates to the School Effectiveness Service and services funded by external funding. School Effectiveness consultancy spend is funded from a combination of revenue budget, Dedicated Schools Grant (DSG) and earned income from Schools.

NAS Consultancy spend is within Neighbourhoods services and is in respect of Green Deal Housing energy advice. This spend is largely grant funded.

Consultancy costs within EDS predominantly relate to review of potential development sites and transportation links within the Local Development Plan.

Consultancy spend within the Resources Directorate is predominantly in respect of Legal Services associated with the investigation into sexual exploitation of children and specialist ICT Services.

Non-Contractual Overtime

Directorate	Outturn 2012/13	Cumulative to Nov 2012	Cumulative to Nov 2013
	£'000	£'000	£'000
Children & Young People's Services	84	58	84
Neighbourhoods & Adult Services	403	269	278
Environment & Development Services	499	319	362
Resources	139	93	71
TOTAL	1,125	739	795

Children's Services overtime is largely in respect of safeguarding in residential care homes. OfSTED requirements are that, if possible, agency staff are not used to cover vacancies, hence the reliance on overtime in the short term pending newly recruited staff taking up post.

Overtime spend within Adult Services is mainly due to the need to maintain statutory staffing levels in residential, home care, day care services and social work posts and represents cover for sickness and slippage in recruiting to vacant posts.

Environment and Development Services overtime spend is predominantly in respect of Streetpride Services – Highways, Network Maintenance, Street Lighting, Street Cleansing and Grounds Maintenance where work is often undertaken at times to avoid inconvenience and danger to the public. Planning and Regeneration Services and Waste Management Services for sickness and holiday cover. The Environment & Development Services overtime cost to end of November also includes provision of cover within Facilities Services (+£20k).

The Resources Directorate's overtime is predominantly in respect of Revenues and Benefits associated with the service carrying a number of vacancies and significant workload pressures primarily brought about by welfare reform changes that are resulting in additional customer contact and income collection and recovery activity (£51k), maintaining Financial systems (£1k), HR and Payroll Services (£7k), and Town Hall attendants (£11k).

Council Tax: Based on the first 8 months of 2013/14 collection rates indicate that the Council is on target to achieve the budgeted level of Council Tax - £78.3m. (97% Collection Rate).

Business Rates: The Council is currently on target to collect the budgeted level of business rates (£34.304m) as confirmed by a mid-year return for the DCLG.

This would be a considerable achievement – with regard to business rates, as previously reported, there has been considerable uncertainty over the number and value of appeals - particularly those backdated to earlier years – which can have a significant impact on the level of rates collectable going forward. Details of the number and value of appeals are held by the VOA which has only recently made this information available to authorities.

8. Finance

The financial issues are discussed in section 7 above.

Management actions need to be identified and implemented across all Directorates to bring projected spend in line with Budget limits by the end of March 2014.

9 Risks and Uncertainties

At a time of economic difficulty and tight financial constraints, managing spend in line with the Council's Budget is paramount. Careful scrutiny of expenditure and income across all services and close budget monitoring therefore remain a top priority if the Council is to deliver both its annual and medium term financial plans while sustaining its overall financial resilience.

Although both Council Tax and Business Rates collection levels are currently on target there remains a risk that this could change during the final months of the year.

The current forecast assumes that costs associated with the Winter Pressures will be contained within budget. In 2012/13 these costs exceeded budget by £466k.

10. Policy and Performance Agenda Implications

The delivery of the Council's Revenue Budget and Medium Term Financial Plan within the parameters agreed at the start of the current financial year is essential if the objectives of the Council's Policy agenda are to be achieved. Financial performance is a key element within the assessment of the Council's overall performance framework.

11. Background Papers and Consultation

- September Revenue Budget Monitoring Report – Cabinet 27th November 2013
- Revenue Budget and Council Tax for 2013/14 Report to Council 6th March 2013.
- Strategic Directors and Service Directors of the Council

Contact Name: Stuart Booth, Director of Financial Services, ext. 22034

Stuart.Booth@Rotherham.gov.uk

Key reasons for forecast over / underspends**Children & Young People's Services (+£1.241m forecast overspend)**

The key factors contributing to the forecast overspend are:

School Effectiveness (-£29K)

Rockingham PDC is achieving £1K of income above its £33K income target & the School Effectiveness Service has had delays in filling vacancies resulting in a £28K underspend.

Special Education Provision (+£39K)

Forecast overspends on Education Welfare (+£6k) due to loss of academy income caused by a change in legislation, SEN Assessment/Admissions Team (+£26k) due to additional hours to cover sickness & additional printing and SEN Complex Needs placements (+£37K) are all offset by staff savings from vacant posts in both Early Years ASD Support (-£7k), Learning Support Service (-£1K), children in Public Care (-£5K), Parent Partnership (-£1K) and Education Psychology Service (-£16k).

Safeguarding, Children and Families Service Wide (+£85k)

The forecast over spend on legal fees (+£108k), Agency costs (+£17k) and inspection consultancy costs (+£38K) is partially offset by staff cost savings (-£78k) in Business Support.

Children in Need Social Work Teams (+£105k)

This forecast overspend is in respect of (+£59K) Agency staff costs & additional staff appointments within the Children in Need North team & the Borough Wide team (+£46K) and a charge for call handling for the Out of Hours Team.

Looked After Children (+£1,355k)

The service is forecasting an overspend mainly due to the cost of out of authority residential placements (+£1,367k), remand placements (+£180k) and independent fostering placements (+£263k). Further details of placements are below:

- The number of children in residential out of authority placements as at 30th November is 26 (an increase of 1 since October). Since 2011/12 the average number of children in OOA residential placements per week has increased from 18 to 23.3 currently. Due to the increasing complexity of children's needs that are going into residential out of authority placements & despite successful negotiations by the Commissioning team to minimise the cost of these placements, the average cost per week of these has also increased over this period from £3,022 to £3,345;
- From 1 April 2013 children's remand placements are fully funded by the Local Authority & RMBC was provided with a national grant of £78k to cover these additional costs. The current projected cost of these placements is £258k which shows that the grant was grossly inadequate. There are currently no remand placements (a reduction of 1 since October).
- The number of children in Independent foster care as at 30th November is 106 (a reduction of 2 since October & a reduction of 12 since the end of March 2013). The average number of children in these placements has reduced from 125 per week in 2011/12 to 108 currently in 2013/14.
- The number of children in in-house fostering placements as at end of November is 153 (a reduction of 15 since 31 March 2013). Since 2011/12 the average number of children placed in in-house fostering placements per week has increased from 159 to

170 currently. The average cost per week of these has also increased over this period from £230 to £252.

- The number of looked after children was 376 at end of November, a reduction of 22 since 31st March 2013

Additional overspends in this area are (+£28k) Consultancy costs to review health care contributions towards children's continuing health care needs, (+£6K) court ordered care package, (+£15k) agency costs in respect of Contact workers. These pressures are partially offset by projected underspends in Children's Homes (-£89k) mainly due to not staffing the Silverwood annexe, Fostering Services (-£76k) due to a forecast underspend on fostering allowances, Residence Orders & Families together placements, (-£163k) due to the re-profiling of adoption placements and the impact of this on inter-agency adoption costs & maximising grant income, (-£50k) reduced use of transport for LAC children & (-£117k) in Leaving care on accommodation costs & a reduction in the number of weekly payments required.

Disability Services (+£53k)

This service is now forecasting an overspend mainly due to overtime & agency costs at Cherry Tree & Liberty residential homes due to needing to cover sickness & vacancies (+£66k) and an overspend on Direct payments (+£51k) partially offset by staff costs underspends within the Disability Team (-£64k). The over spend on Direct payments is due to providing carers to support families with children with extremely complex needs which would otherwise require OOA residential placements at a much higher cost.

Remaining CYPS Services (-£367k)

The overall CYPS overspend is also partially offset by projected under spends on Pension costs (-£7k) due to a reduction in numbers receiving pension payments, (-£137k) due to ceasing non essential spend & reallocation of funding in the Early Years service, (-£215K) staff cost savings, ceasing non essential spend & maximising grants in the Integrated Youth Support Service and a further contribution from the Education Catering Service (-£8K).

Environment & Development Services (+£500k forecast overspend)

The above forecast overspend assumes that the Winter Pressures budget is sufficient to contain costs incurred over the Winter period - In 2012/13 these costs exceeded budget by £466k.

Streetpride (-£151k forecast underspend)

Network Management is projecting a pressure of+£44k.

Network Management is projecting an improved position since last month. Parking is showing a pressure of +176k which is mainly due to a shortfall on income recovery where income targets were inflated on Parking Services budgets by 2.5%. Other service pressures (+£14k) within Drainage. These are being offset by increased income from Streetworks and Enforcements £62k- and reduced Street Lighting energy costs -£44k, and reduced costs on Highways Maintenance -£37k and in Public Rights of Way-£3k under spend..

Waste Services -£11k

Waste Management services have pressures primarily on income from sale of recyclables

as a result of a general reduction in waste volumes, and from commercial waste contracts which are still less than budgeted following the downturn in economic activity. Current projections show a pressure of +£312k, but Waste Disposal is projecting to be underspent by -£307k based on known changes to tipping locations, fluctuations in waste streams and an underspend of -£16k on the Waste PFI project.

Corporate Transport Unit is showing a forecast saving of £170k- mainly due to expected reduced costs on Home to School Transport. A surplus on Stores is now anticipated £50k- as a result of the materials issued, in the main for Street Lighting schemes

Leisure and Green Spaces +£109K.

Green Spaces position now shows a pressure +£92K, (£36K allotments saving proposal, £123K Country Parks due to VAT issue - -£7K under spend on recreational grounds, - £60K underspend on Urban Parks due to vacant posts and increased income from Play park inspections, this position has improved from last month due to a vacant post now not likely to be filled until 14/15. Leisure are reporting +£12K pressure : from Sports Development due to late implementation of saving at Herringthorpe Stadium, £2K vacancy factor pressure on Trees & Woodlands and £3K vacancy factor pressure on LGS Management & Admin.

Across the rest of Streetpride services an improved position is being reported, partially due in increased income from current transportation and highways work, -£153k which is offsetting some pressures within Community Services, mainly due to increased pressures regarding fly-tipping and a shortfall in income within grounds maintenance totalling +£79k.

Regeneration, Planning, Customer and Cultural Services (+£503k forecast overspend)

At April – October £663k overspend was reported. Some budgets from Communications and Marketing and Policy and Partnerships are now showing within this Service Area. The details below are the key pressures as at the end of November

Regeneration and Planning (+£265k) :

The key pressures within Regeneration and Planning are : +£375k from Planning due to reduced income from planning applications, additional required spend on the Local Development Plan and a VAT payment due from previous years, resulting from an audit. Smaller pressures are reported in Communications and Marketing (+£14k) and Markets (+£43k). These are being partially offset by identified savings -£104k from higher than expected occupancy levels at the Business Centres, and further savings of -£63k from other areas.

Customer and Cultural Services (£238k+) :

Within Customer and Cultural Services there is an overspend of £238k+. Within Customer Services there remains an unachievable saving from 2012/13 of (£80k+) and a further (£120k+) from the 2013/14 savings proposals and a further pressure (£26k+) within the Customer Contact Centre.

The change in venue for celebratory services has created a pressure of (£63k+), which is being partially mitigated by some staff savings (£30k-) across Heritage Services. A further saving of £7k- is being shown on museum stores having vacated a site earlier than anticipated. Across Theatres and Arts. there is a combined saving of (£15k-), due to some salaries savings, increased one-off income and due to the moratorium. Within Library Services some staffing pressures are being mitigated by under spends from the

Book Fund with further savings resulting from the moratorium.

These pressures continue to be reviewed, and wherever possible, the budget holders will look to reduce any costs to mitigate the forecast overspend.

Business Unit (-£55k)

The Business Unit is forecasting an underspend due to the moratorium, including suspension of non-essential training.

Asset Management (+£203k)

There are pressures across the Asset Management service: unbudgeted property disposal fees (+£80k), Land & Property income under-recovery (+£58k), operational costs of Community Buildings (+£32k), increased accommodation costs, including energy, (+£112k), pressure due to loss of income in Design and Corporate Projects (+£18k). Further savings have been declared within Facilities Services (-£87k) and Emergency Planning (-£10k).

Internal Audit – A forecast overspend of +£20k due to staff cost pressures.

Neighbourhoods & Adult Services (+£920k forecast overspend) and Public Health Services (-£358k forecast underspend)

Adult Services are currently forecasting an overspend of **+£1.205m**. The key underlying budget pressures include:

Older People (+£885k)

Forecast over spend on In-House Residential Care due to delays in implementing the 2013/14 budget savings target (+£375k), increase in Direct Payments over budget (+£575k) and overall forecast over spend on Domiciliary Care services (+£448k) due to an increase in demand for independent sector care.

There is also a forecast overspend on independent sector residential and nursing care (+£828k) due to lower than expected discharges than forecast (73 additional clients in placement than budgeted), this is after additional income from property charges is being received. These pressures are being partially reduced by a number of forecast underspends including: planned delays in developing dementia services (-£248k), carers breaks (-£183k) and additional income and delays in enhancements in Rothercare (-£130k). Higher than anticipated staff turnover within Assessment & Care Management and community support plus additional income from Health (-£618k), staff vacancies within Day Care services (-£73k), additional income in Extra Care Housing (-£23k) and Transport (-£40k) plus planned slippage on recruitment to vacant posts within locality services (-£26k).

Learning Disabilities (+£265k)

There is a forecast overspend on Day Care (+£204k) due to delays in implementation of the day care review including an increase in fees and charges, plus a recurrent budget pressure on transport. There is a forecast overspend in independent sector home care (+£102k) due to slippage in meeting an agreed budget saving plus additional costs due to staff cover within In House Residential care (+£38k). Additional discharges last month from residential care are resulting in a forecast underspend of -£24k. High cost placements within independent day care and community support are resulting in a forecast overspend of +£122k. These forecast overspends are partially mitigated by

slippage on developing Supported Living schemes plus additional funding from health (-£44k), efficiency savings on Service Level Agreements (SLA's) for advice and information (-£62k), lower than expected increase in demand for direct payments (-£25k) and planned delay in recruitment within Assessment & Care Management (-£46k).

Mental Health (-£239k)

There is a projected overspend on the residential care budget due to slippage on the budget savings plan to move clients into community support services and a continued pressure on the direct payments budget (+£68k). Additional staffing costs within Assessment & Care Management to cover vacant posts (+£60k). These are more than offset by forecast underspends in the community support budget (-£367k).

Physical & Sensory Disabilities (+£433k)

Further increase in demand for Direct Payments (+10 clients) together with recurrent cost pressure (+£645k) and a continued increase in demand for domiciliary care +£224k. These pressures are being partially offset by forecast underspends within residential and nursing care, day care, provision of equipment and savings on contracts (-£436k).

Adults Safeguarding (+£14k)

Forecast overspend due to lower than expected staff turnover and use of agency support.

Supporting People (-£86k)

Efficiency savings on subsidy contracts have already been identified against budget (-£86k).

Adults General (-£67k)

This includes the cross cutting budgets (Workforce planning and training, and corporate charges) which are forecasting an overall underspend based on the level of charges incurred last year plus savings on training budgets.

Neighbourhoods General Fund (-£125k)

The projected year end outturn position for Neighbourhoods shows a forecast underspend of (-£125k).

The main reason for the forecast underspend is higher than expected staff turnover within Trading Standards and Licensing, savings on non pay budgets due to the moratorium on non essential spend plus additional income from the Dignity contract. The overall forecast underspend includes underspends within the Members Community Leadership Fund (-£16k) and Dispersed Units Trading Account (-£47k) which are likely to be subject to a request for carry-forward at the year end.

Commissioning, Policy & Performance services are forecasting an underspend of -£145k mainly in respect of staff cost savings.

Procurement Team – a forecast underspend of -£15k in respect of staff cost savings.

Public Health (-£358k)

Public Health services were transferred from Health to Local Authorities on 1 April 2013.

The service is funded by a ring fenced specific grant from the Department of Health. For Rotherham this is £13.790m for 2013/14 and the service is currently forecasting an overall underspend of -£358k. The main reason is a variation in the sexual health contracts from the original budget. The grant conditions allow for any underspend at the year end to be carried forward in a Public Health Grant Reserve, however, this underspend will contribute to public health related expenditure within the NAS Directorate therefore reducing the overall Directorate overspend.

Housing Revenue Account (HRA)

The overall forecast as at end November 2013 is that the HRA will outturn on budget with a planned (budgeted) use of its working balance (reserves) of £1.699m a reduction of £900k from the original budget.

Currently forecasts show an over-recovery of income from charges for services and facilities together with under spends on the cost of borrowing.

Resources Directorate (+£239k forecast overspend)

ICT Services – A forecast overspend of +£575k due to the under-recovery of income as a result of lower than budgeted income because of reduced demand by Schools (relating to both Rotherham Grid for Learning and general IT provision); £300k and reduced spend on IT by Council services (£275k); the latter being partly as a result of the moratorium on non-essential spend.

Legal and Democratic Services – A forecast overspend of +£59k due to income and postage cost pressures.

Human Resources & Payroll are forecasting an underspend of -£308k largely in respect of staff cost savings and additional income generation.

Management savings are also forecast across the service amounting to -£71k.

Pension cost savings of -£16k are also forecast across the Directorate.

ROTHERHAM METROPOLITAN BOROUGH COUNCIL Report to Members

1.	Meeting:	Cabinet
2.	Date:	15th January 2014
3.	Title:	Lifestyle Survey Results 2013
4.	Directorate:	Neighbourhoods and Adult Services, Performance & Quality (CYPS)

5. Summary:

The report covers details of the 2013 Borough Wide Lifestyle Survey Report. It includes plans to distribute the lifestyle survey report to schools, the schedule for presenting the findings of the report, the communication plan and the on-going actions supporting the lifestyle survey results.

The Lifestyle survey is a valuable piece of consultation capturing the views of young people in years 7 & 10 at secondary school asking their opinions on -

- Food & Drink
- Health, Activities and Fitness
- Being In School
- Out of School
- Young Carers
- Bullying & Safety
- Smoking, Drinking & Alcohol
- Sexual Health
- Local Neighbourhood

Each year the results are shared with key stakeholders to ensure that activities are built into team plans to address any issues. Teams plan to make changes to improve the lives of young people and comparisons are made each year to see if the changes made are making a difference.

Secondary schools will receive a copy of the borough wide report and their individual school report, so they can see what pupils at their own school are saying. Healthy schools service will also receive a copy of the individual school reports, so they can identify which school needs support in specific areas.

6. Recommendations:

Members are requested to

- Note the 2013 Lifestyle Survey Report Appendix Item 1
- Approve the communication of this report to all 16 secondary schools
- Approve the timetable for communicating the survey results and distribution list

7. Proposals and Details:

The 2013 Lifestyle Survey saw all 16 secondary schools in Rotherham participate; this is the first time this result has been achieved, since the commencement of the survey in 2006. It is not mandatory for schools to participate. Overall in 2013, 3474 pupils participated, an increase of 2040 pupils, 142% from 2012.

The positive results in the survey in particular around healthy lifestyle

- Fruit is the most popular break time snack
- An increase in % of pupils feeling they are a healthy weight
- More pupils are taking part in regular exercise

Contributing to these results has been the work carried out by the Obesity Strategy Group. In the past 4 years 1,721 children have accessed tiered weight management services provided by MoreLife Clubs (DC Leisure), RIO (Rotherham Institute for Obesity and Residential Camps which on average have had an 87% success rate. Food and drink choices are integral part of the programmes offered

- More pupils responded that they are from a smoke free home
- More pupils responded that they had never tried smoking

Contributing to these results has been the work carried out by the Healthy Schools Team, promoting the benefits of non-smoking and confidence building with young people in schools to help them not to give in to peer pressure

Suggested areas for attention are similar to 2012

- Rotherham Town Centre and public transport were where pupils said they felt least safe
- More young people identified themselves as young carers
- Bullying rates remained same as in 2012, however the number of pupils reporting bullying has reduced
- Local shops were identified as the places where pupils purchase their cigarettes and alcohol
- Parents supplying their children with cigarettes and alcohol
- Pupils feeling good about themselves has reduced

Changes and improvements that have been made during the past 12 months to support these areas have included

- Young people are now attending a Rotherham Transport user group and putting forward their ideas to make safety improvements
- Rotherham Town Centre Voice and Influence Group has been established and their first meeting will be held early January 2014.
- Planned for 27th February 2014 Youth Cabinet will be holding their Children's Commissioner Day and will review SYPT issues from previous year and look at supporting work around self-harm
- There has been a Young Carers card developed, which will allow a register of young carers to be developed, which will allow schools to identify which young carers need support

- Schools are appointing anti-bullying ambassadors
- All schools have signed up to implement a national anti-bullying charter
- Trading standards are working locally to strengthen the policy around under age purchasing of cigarettes and alcohol
- Smoke-free policy has been implemented at all schools and support is offered from members of tobacco control and strategy group to establish the policy and ensure that staff, pupils, parents and carers are aware of the policy
- E-learning package around the issues of alcohol and in particular under-age drinking has been developed and is being promoted by Health and Well-Being Board
- Healthy schools coordinators are working in schools to improve image and feelings issues

Key stakeholders are involved identifying activities to address these issues; Lifestyle Survey Results Action Plan gives more detail of these. – Appendix Item 2.

Timetable for presenting findings

Date	Meeting	
26 th November	DLT – Joyce Thacker	✓
26 th November	Councillor Lakin Briefing	✓
9 th December	SLT	✓
17 th December	Leaders Meeting	✓
15 th January 2014	Full Cabinet Meeting	
19 th February 2014	Health & Well Being Board	
27 th February 2014	Children's Commissioner Day	
6 th March 2014	Safeguarding Board	
12 th March 2014	Improving Lives Scrutiny	

Distribution of the report with an offer to attend subsequent meetings will be made to

- Public Health
- School Effectiveness – Health Schools – Kay Denton-Tarn
- Safer Neighbourhood Partnership
- Health & Well Being Board
- Neighbourhood Crime Manager
- Anti-Bullying Officer
- Young Carers Provider – Barnardos
- Locality Teams (CYPS)
- School Nursing (RFT)
- Families for Change (CYPS)
- Youth Cabinet
- Communications Team

8. Finance:

The reduction in costs to produce the survey continued from the 2012 survey. All printing costs were removed, schools agreed that they would communicate lifestyle survey information with parents and school packs were sent electronically rather than printed and posted.

Staff time from Service Improvement Officer and Research Analyst

9. Risks and Uncertainties:

Confidence interval is rated at 1.1%, compared to a level of 2.3% in 2012.
A higher participation rate equates to an improved rate against inaccuracies.

Communications Team will work jointly with Service Quality, Police, Health and other key stakeholders to produce information for the press on the activities ongoing which supports the outcomes from this survey.

10. Policy and Performance Agenda Implications:

Key partners with actions in the Joint Health & Wellbeing Strategy, Corporate Plan and Carers Charter will need to note the results from this survey
Bulletins will be sent out to key stakeholders, highlighting the findings for them to address at future meetings.

11. Background Papers and Consultation:

Rotherham Secondary School Lifestyle Survey 2012
Joint Health & Well Being Strategy
Corporate Plan & Rotherham Joint Action Plan for Carers 2013-2016

**Contact Name: Bev Pepperdine – Service Improvement Officer
Elena Hodgson – Research Analyst**

**Appendix Item 1
Appendix Item 2**

**2013 Lifestyle Survey Report
Lifestyle Survey Results Action Plan**

Rotherham Secondary School
Lifestyle Survey
2013

Borough Wide Report

Contents

Section	Title	Page
1.	<u>Message from Cllr Lakin</u>	3
2.	<u>Demographic Information</u>	4
3.	<u>Food and Drink</u>	6
4.	<u>Sport and Exercise</u>	7
5.	<u>How Pupils Think and Feel</u>	8
6.	<u>In School</u>	9
7.	<u>Out of School</u>	10
8.	<u>Young Carers</u>	11
9.	<u>Bullying and Safety</u>	12
10.	<u>Smoking, Drinking and Drugs</u>	14
11.	<u>Sexual Health</u>	18
12.	<u>Your Local Neighbourhood</u>	20

Message from Cllr Lakin

Dear Head Teacher,

I am writing to personally thank you for participating in Secondary Lifestyle Survey in 2013. The 2013 survey has produced the highest participation rates of any year that the survey has run and for this I would like to praise every school for their effort in achieving this result.

Feedback from the consultation with schools, youth services, health and schools effectiveness team led to improvements being made to the survey and we would like to feel this has contributed to this increase in participation rate which this year has achieved 55%. Participation rate for 2012 was 23%.

As you know, there is a lot of interest both locally and nationally regarding seeking the views of children and young people about what matters to them and ensuring that appropriate changes are made. The 2013 survey has shown that all 16 secondary schools have participated in the survey and in total 3474 pupils have given their feedback.

The results of the survey have been analysed to produce the Rotherham wide report and the local authority and key partners will look at these results to work throughout the year to address issues raised, looking at key areas such as health, wellbeing, safety, caring and leaving school.

The information produced by the Lifestyle Survey has informed the development of the Children and Young People's Plan, Corporate Plan, Health & Well Being plan and teams such as Safer Neighbourhood Teams, Healthy Schools Team and NHS Rotherham have taken on board the results of the survey on young people perceptions and are making changes as a result of this survey.

The team working on the lifestyle survey will be contacting you soon to capture feedback about the 2013 survey and asking if any further improvements can be made. Please give them your feedback about the survey and the report you have received to ensure that continuous improvements are made for the 2014 Lifestyle Survey. I hope that you will continue to give your support to this important project.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Paul', with a stylized flourish at the end.

Cllr Lakin, Cabinet Member Children & Young People's Services

Demographic Information

All 16 secondary schools in Rotherham participated in the 2013 Lifestyle Survey, with 3,474 pupils completing the survey out of a possible 6,384 year 7 and year 10 pupils in Rotherham (55% participation rate). This is a significant increase of 2,040 from the 2012 survey which had 1,434 responses and 8 schools took part.

A number of secondary schools experienced problems with timetabling the survey last year and fitting it in to their lesson plans which impacted greatly on their ability to complete the survey in 2012 and resulted in a lower participation rate. This has been addressed in 2013 as schools were given the survey earlier in the term and were also given longer to complete it. This has had a positive impact as the number of schools and pupils participating this year has doubled.

The table below shows the Schools that participated in the survey and the numbers of pupils that took part from each School.

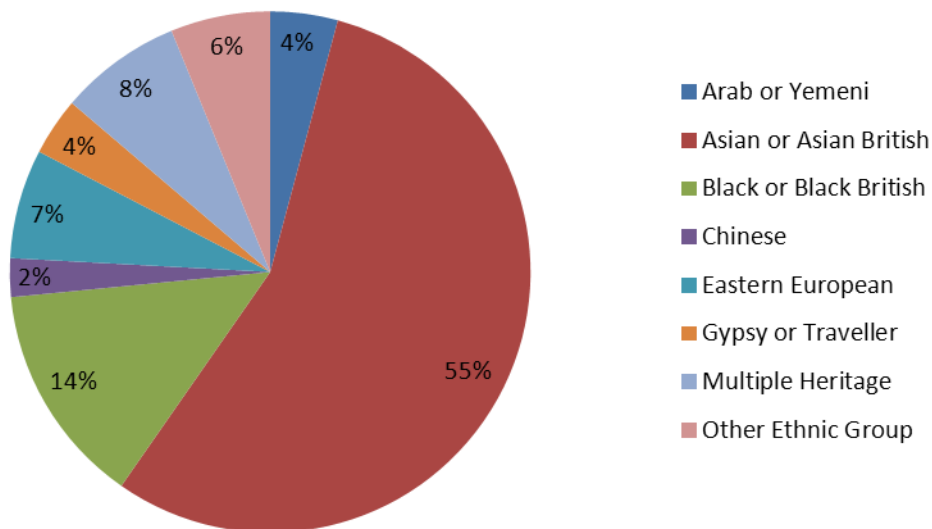
School	Total No. of Pupils Y7	Total No. of Pupils Y10	Overall Total	Total Participation Number	Overall Response Rate %
Aston	268	262	530	232	44%
Brinsworth	217	232	449	333	74%
Clifton	179	246	425	131	31%
Dinnington	200	221	421	54	13%
Maltby	151	212	363	260	72%
Oakwood	181	210	391	252	64%
Rawmarsh	149	182	331	230	69%
Saint Bernards	140	135	275	116	42%
Saint Pius	125	124	249	202	81%
Swinton	136	143	279	133	48%
Thrybergh	82	105	187	134	72%
Wales	228	251	479	158	33%
Wath	297	300	597	405	68%
Wickersley	299	306	605	384	63%
Wingfield	153	171	324	190	59%
Winterhill	233	246	479	260	54%
TOTAL	3038	3346	6384	3474	55%

This year a separate survey was produced for both year 7 and year 10 pupils. This allowed us to tailor the questions for the two year groups and ask some additional age-appropriate questions to year 10 pupils.

Of the pupils that completed the 2013 survey, 51% were female and 49% were male. 1,809 (52%) are currently in year 7 (more than three times number of year 7s that completed last year's survey) and 1,665 (48%) are in year 10 (nearly double the number from last year).

When asked about their ethnicity, 2,882 pupils described themselves as White British (83%, down from 85% in last year's survey), 501 were classed as BME (14%, up from 13% last year) and 91 preferred not to say (3%). Of the 501 BME pupils, the pie chart below shows a further breakdown of BME pupil ethnicity, with the majority classing themselves as Asian or Asian British.

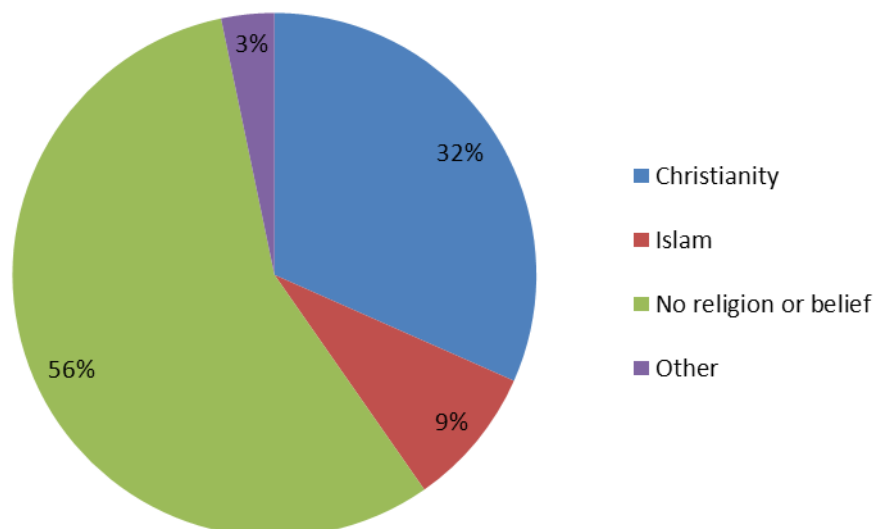
BME Pupil Ethnicity Breakdown



9% of pupils said they had a long term illness, health problem or disability (up from 8% last year). 2% of pupils were registered disabled and 6% said that they didn't know if they were registered disabled (both figures the same as last year).

A new question on religion was added this year for both year 7 and year 10 pupils. More than half of pupils said that they had no religion or beliefs (56%). The main choices are shown in the chart below.

Religion



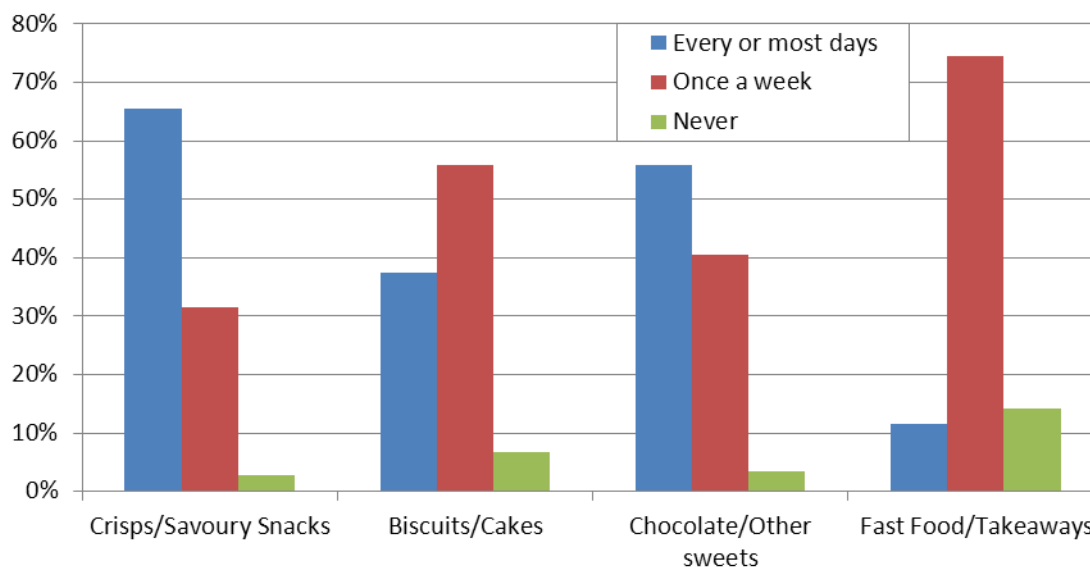
Less than 1% of pupils said that they practiced one of the following religions: Buddhism, Judaism, Humanism, Sikhism or Hinduism.

Another new question for year 10 pupils this year was around sexual orientation. 88% of pupils said that they were heterosexual, 3% said that they were bisexual and 1% said that they were lesbian or gay. 2% identified themselves as 'other' and 6% preferred not to say.

Food and Drink

43% of pupils said that they ate five portions of fruit and vegetables per day (1% higher than 2012). Looking at the age groups separately, 53% of year 7 pupils eat five portions of fruit and vegetables per day compared to only 33% of year 10. This may be due to more year 7 pupils still having food prepared for them at meal times by their parents and are also less likely to buy snacks for themselves.

When asked how often the pupils ate food that was less healthy, i.e. crisps, biscuits, cakes and takeaways the results are as follows:

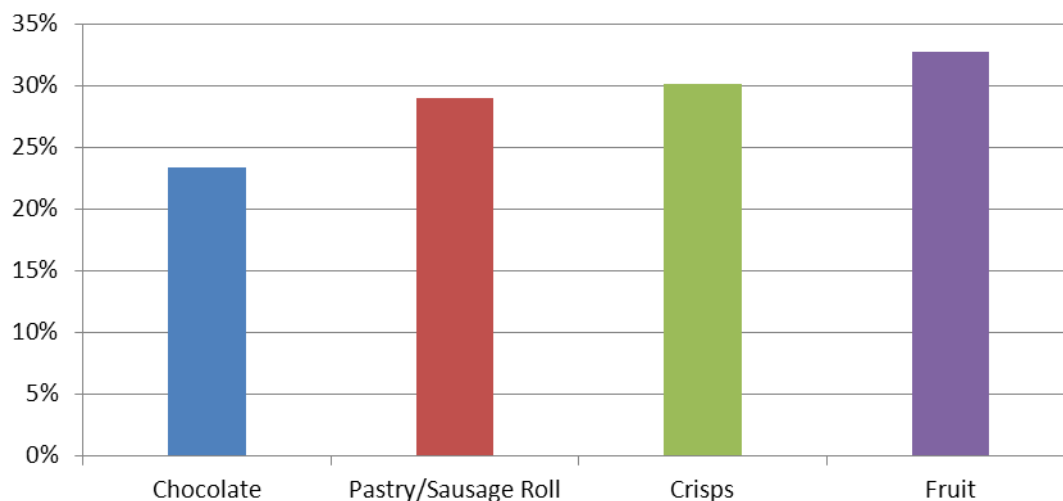


The responses show a high number of young people are eating crisps, chocolate and sweets every day or most days. There are also high numbers of young people having biscuits, cakes, fast food and takeaways once a week.

When asked about how many glasses of water they drank a day, 67% of young people questioned said that they drank 1 to 5 glasses of water (up 2% since last year), 25% said they had 6-10 glasses and 9% said that they drank no water at all (down from 11% in 2011). More year 7 pupils said that they drank 6-10 glasses than year 10 (29% compared to 21%) and more year 10 pupils said that they drank no water (11% compared to 7% of year 7 pupils).

A new question for this year's survey was whether the pupils ate breakfast or not. 71% of all pupils said that they had breakfast. Year 7 pupils are more likely to have breakfast (77% compared to 64% of year 10). Of the pupils that said they have breakfast, 79% had breakfast at home (higher than last year's figure of 67%). 4% said that they had breakfast on the way to school and a further 4% said that they ate it at school.

63% of pupils have a snack at break time (the same as 2012). This year, fruit is the most popular choice compared with crisps last year. The different types of snacks are shown in the chart below:

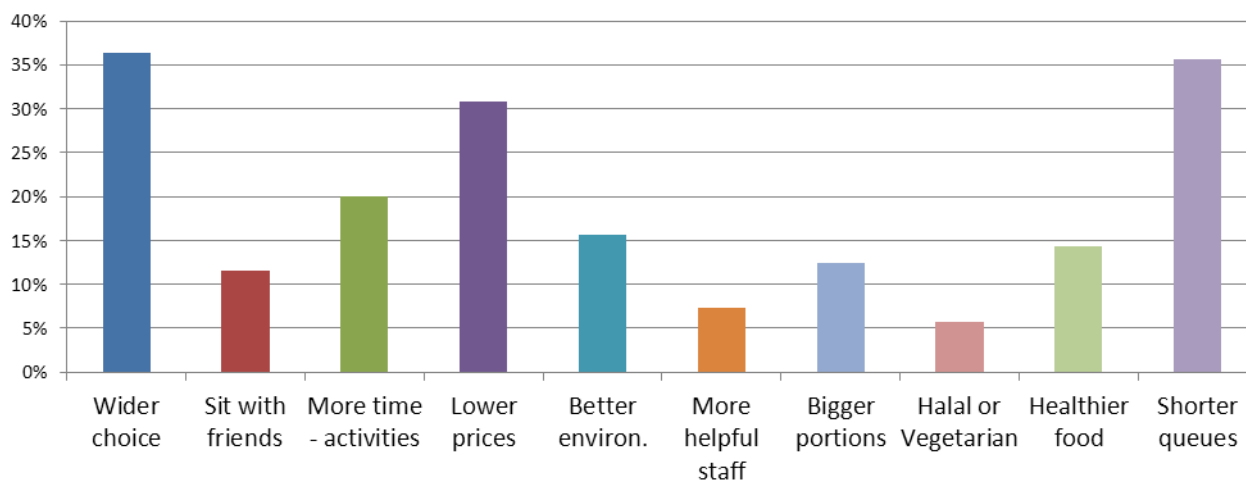


53% of pupils that had snacks brought them from home (down from 60% in 2012), 20% bought them from the school snack bar and 21% bought them from a shop on the way to school.

When asked if they had school meals, 28% said that they always have them (up from 22% last year), 42% said that they sometimes have them and 30% never have school meals. Year 7 pupils are more likely to have school meals than year 10 pupils (37% of year 7 pupils always have them compared to 18% of year 10).

When the pupils didn't have school meals, 63% said they had lunch at home (up from 56% in 2012), 17% bought lunch from the local shop (down from 23% in 2012) and 9% said that they didn't have lunch (up from 7% last year).

Pupils were then asked what would encourage them to have school meals, below are the responses.



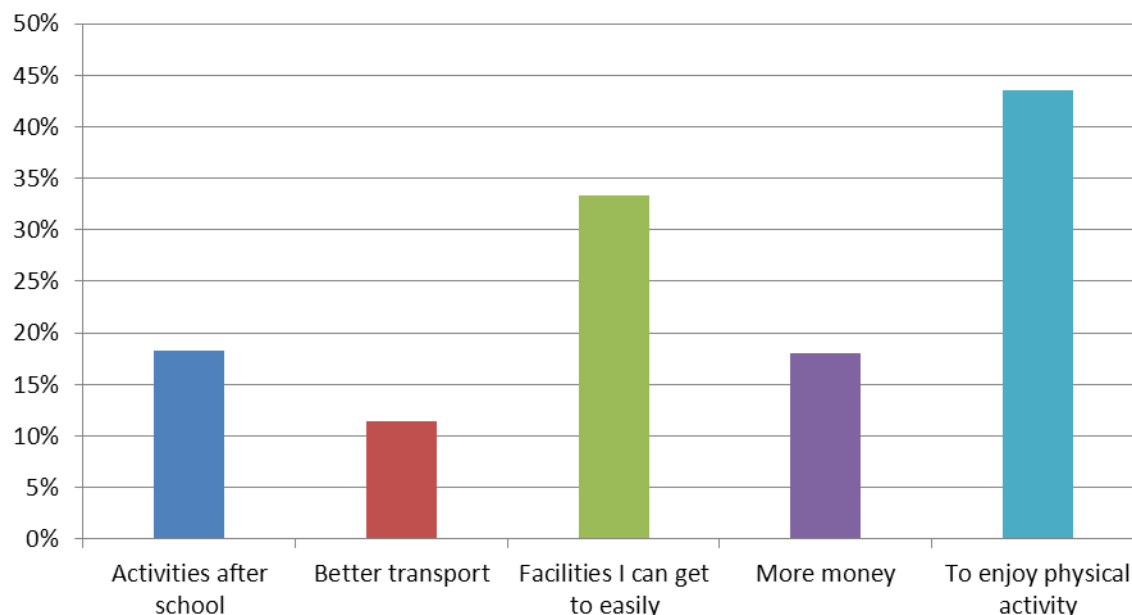
The three main things that would encourage pupils to have school meals are; wider choice, shorter queues and lower prices (same as the last three years).

Sport and Exercise

81% of pupils said that they regularly take part in sport or exercise (up from 79% in 2012). 23% of those said that they did their sport or exercise out of school, 16% did it in school and 50%

said that they did their exercise both during school time and out of school. 86% of year 7 pupils exercise regularly compared to 76% of year 10 pupils. In year 7 the same percentage of both male and female pupils take part in exercise (86%), however by year 10 the number of females taking part in exercise decreases more than males (71% compared to 82%).

Pupils were also asked what they would need to be in place in order for them to do more physical activity and increase their fitness. The responses are show in the graph below:



The majority of pupils felt that they would do more physical activity if they enjoyed it more and if they had facilities nearby that they could get to easily.

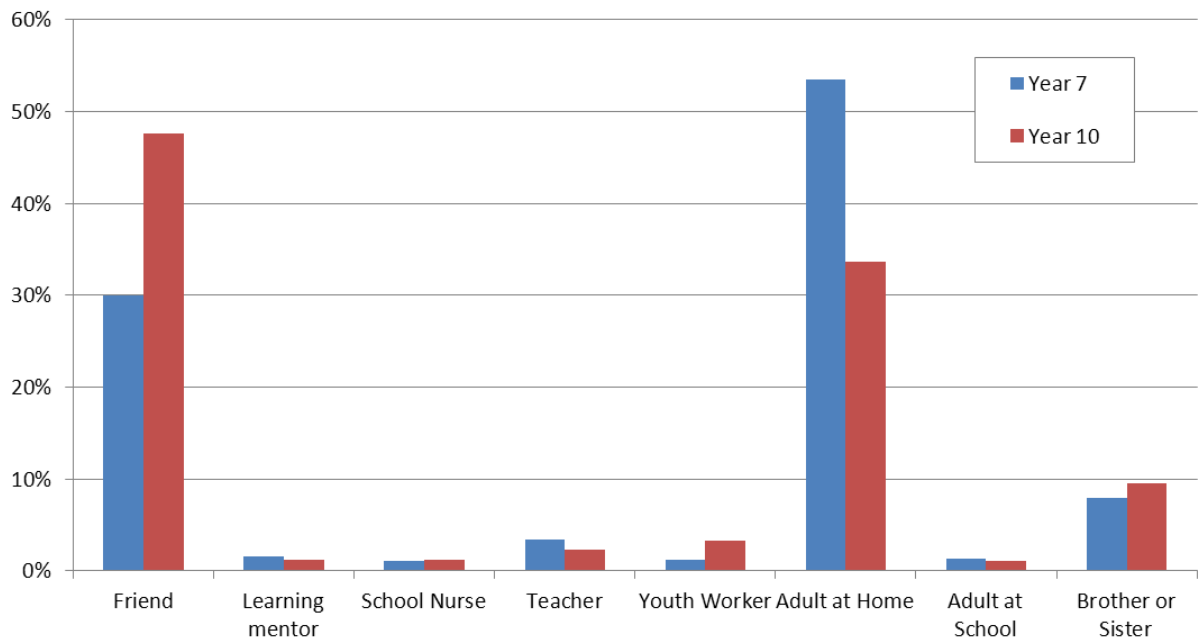
When asked about their weight, 74% felt that they were a healthy weight for their age (up from 70% last year). 16% felt that they were overweight (down from 17% last year), 2% felt that they were very overweight and 8% felt that they were underweight. More year 7 pupils thought they were a healthy weight (76% compared to 71% of year 10) and more year 10 pupils felt that they were overweight (18% compared to 14%).

29% of pupils were worried about their weight and 54% of pupils knew where to go for support or advice if they were concerned about their weight.

How Pupils Think and Feel

When asked about how they feel about their home and social life, 62% felt good about their family and home life (slightly lower than 64% in 2012) and 74% felt good about their friendships (down from 77% last year). When asked about how they feel about themselves, 37% felt good about the way they looked (down from 44% in 2012). When asked about how they felt about their schoolwork, 44% felt good about it (down from 57% last year). The responses from both year 7 and year 10 pupils for the above questions were almost identical.

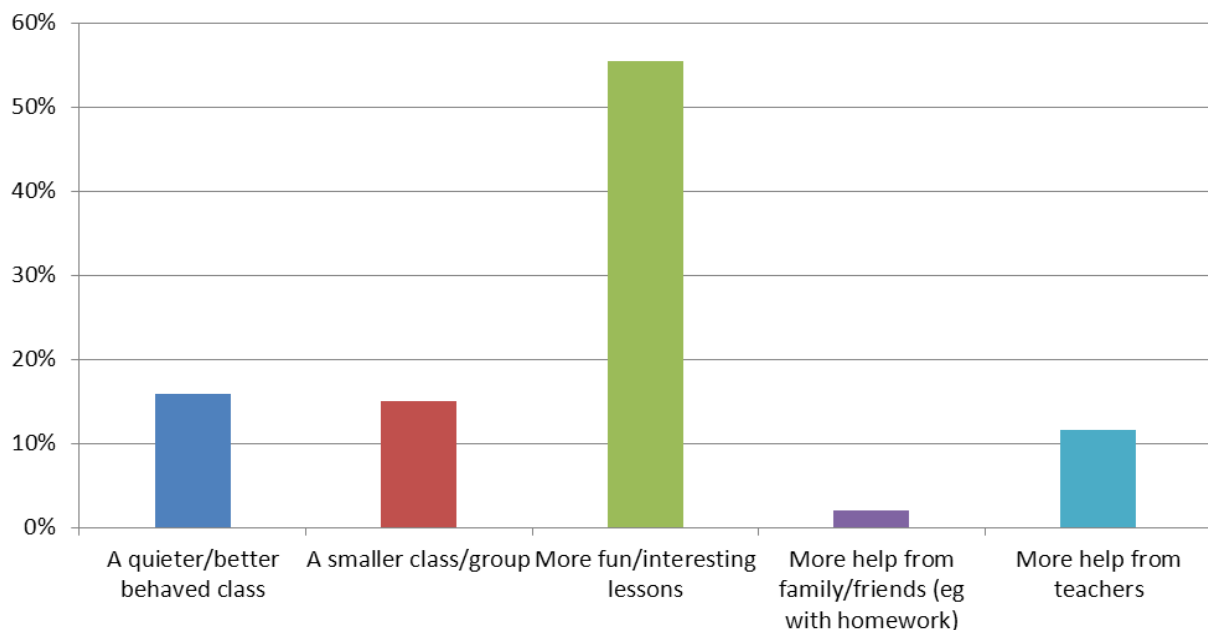
The pupils were then asked about whom they felt they would mainly discuss their problems with. The results are show in the chart below:



The majority of year 7 and year 10 pupils would speak to either an adult at home (54% year 7 and 34% year 10) or a friend (30% and 48% respectively). Around 9% of both year 7 and year 10 pupils would talk to their brother or sister about their problems. Only 3% of both year groups would mainly talk to a teacher and only 1% of pupils would approach a youth worker, learning mentor, school nurse or other adult at school about their problems. Females in both year groups are more likely to mainly speak to a friend about their problems and males in both year groups are more likely to speak to an adult at home.

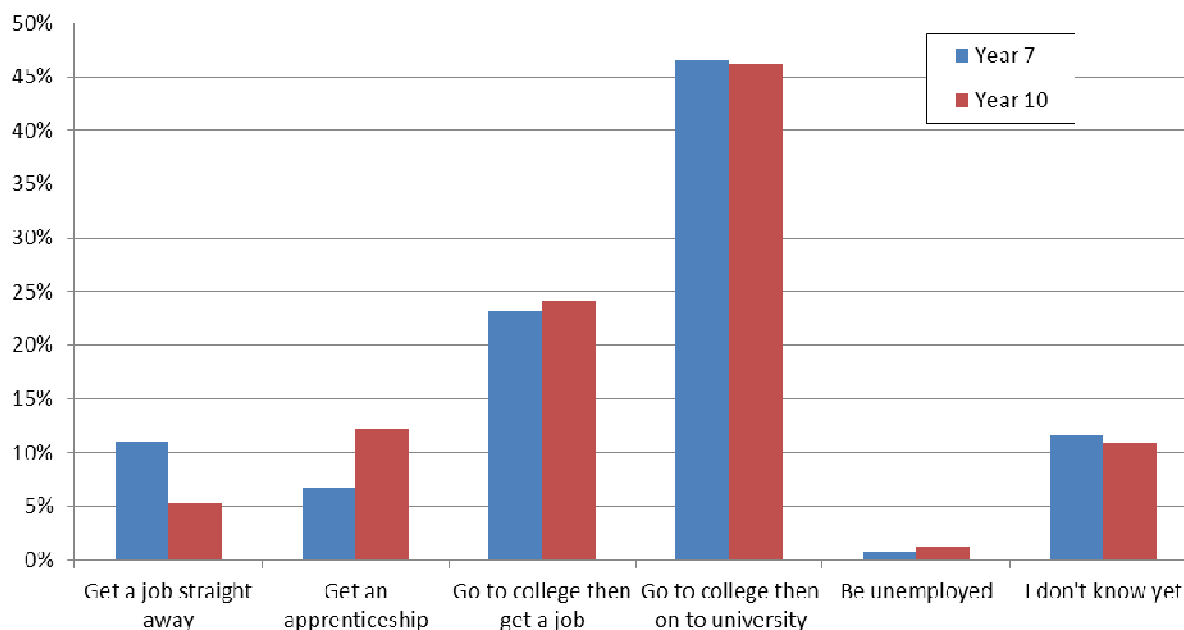
In School

Pupils were then asked what would help them to do better at school. Overwhelmingly the main thing that would help pupils to do better in school is more fun and interesting lessons, which was also the main option chosen last year.



The graph below shows the responses from pupils when they were asked what they hope to do when they leave school. 11% of year 7 and 5% of year 10 pupils said they want to leave school and get a job at 16 (this was around 9% for both year groups in 2012 and will no longer

be an option for pupils in 2014). 7% of Year 7 pupils and 12% of Year 10 pupils would like to get an apprenticeship (compared to 5% and 14% respectively last year).



Around 23% of both year 7 and year 10 pupils would like to study and then get a job at 18 (the same figure as last year's survey). 46% of both year 7 and year 10 pupils would like to study and go on to university. This is a drop of 8% since last year's survey for year 7 pupils and an increase of 4% for year 10.

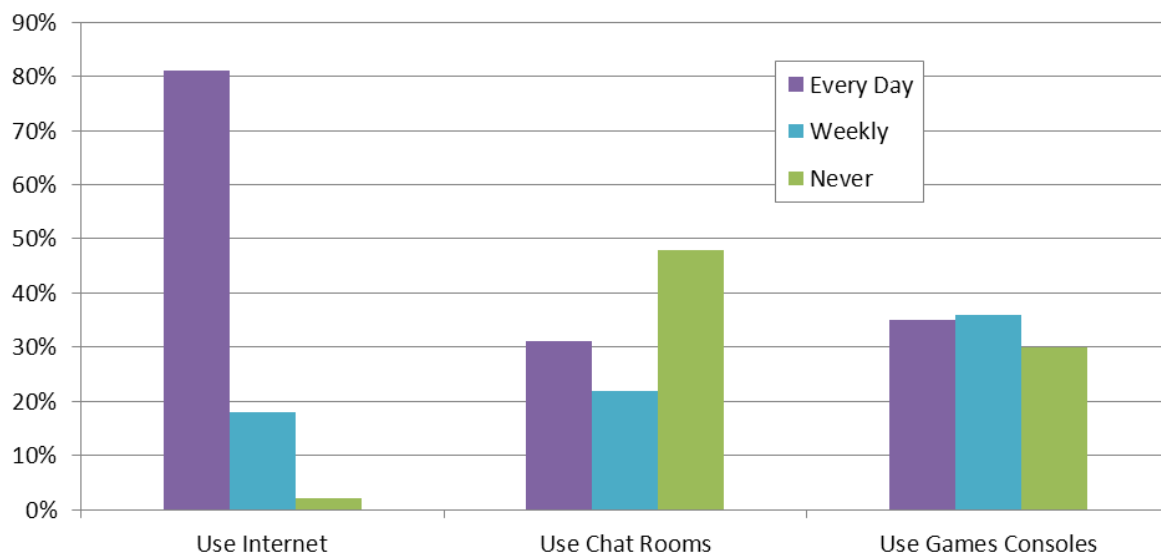
Around 1% of pupils said that they wanted to be unemployed when they leave school, which is the same as last year's figure. This shows that increasingly pupils are raising their aspirations and realising that they would prefer to get a job and earn some money, or continue in education. Around 11% of pupils said they didn't know what they wanted to do yet, which is a slight increase from last year's figure of 10%.

When asked if their school had a School Council, 83% of pupils said yes (the same as 2012) and 17% said no or that they didn't know. However, only 34% felt that their School Council made a difference (also similar to last year).

Out of School

Pupils were asked what activities they did outside of school. 19% of pupils were involved with volunteering or a community group (a decrease from 21% in 2012).

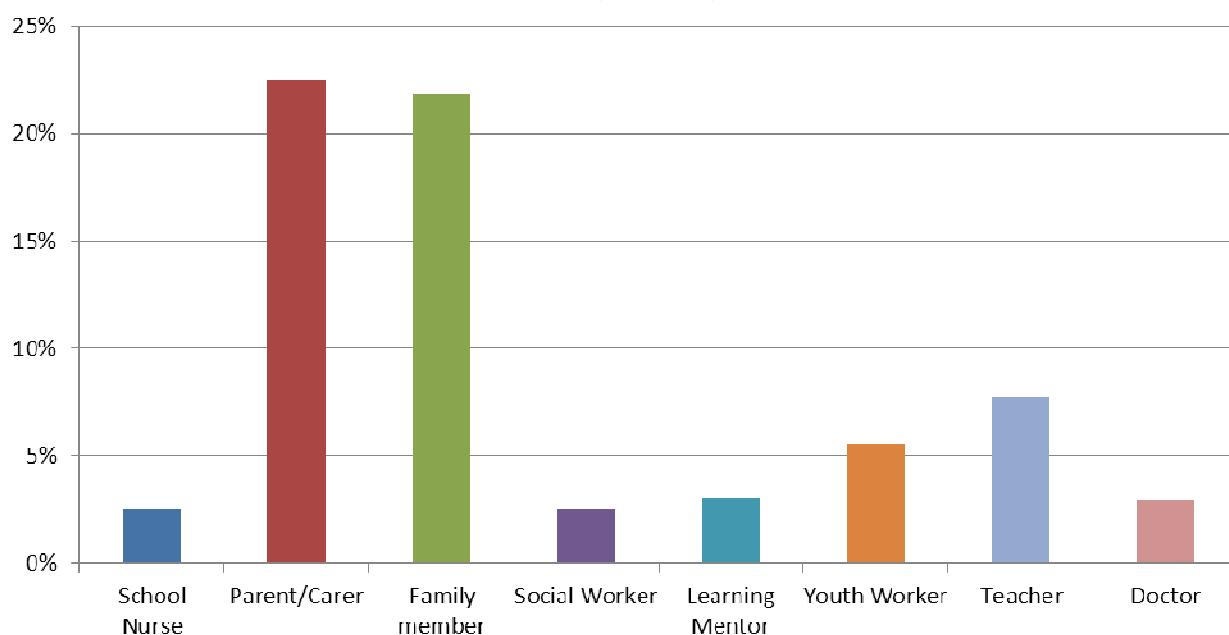
The pupils were then asked how often they used computers on a daily or weekly basis out of school:



The majority of pupils (81%) use the internet on a daily basis (up from 76% in 2012). The number of pupils using chat rooms on a daily basis is similar to last year (31%). The number of pupils using games consoles daily has increased from 30% in 2012 to 35% in 2013.

Young Carers

27% of pupils consider themselves to be young carers, this is a slight increase from last year's figure of 25%. A higher number of year 7 pupils said that they were young carers than year 10 pupils (31% compared to 23%). Of the pupils that said they were young carers, 57% are caring for their parents, 60% for their brother or sister, 41% for another family member and 22% are caring for a friend of the family. 57% of these cared for someone for 1 to 5 hours a week (up from 52% in 2012), 18% looked after someone for 6 to 10 hours, 15% looked after someone for between 11 and 50 hours (both same as last year) and 10% looked after someone for more than 51 hours a week (down from 15% last year). This demonstrates that whilst there is a higher percentage of young carers this year, the number of hours spent caring has decreased. When asked who they could talk to about being a young carer, the responses are as follows:

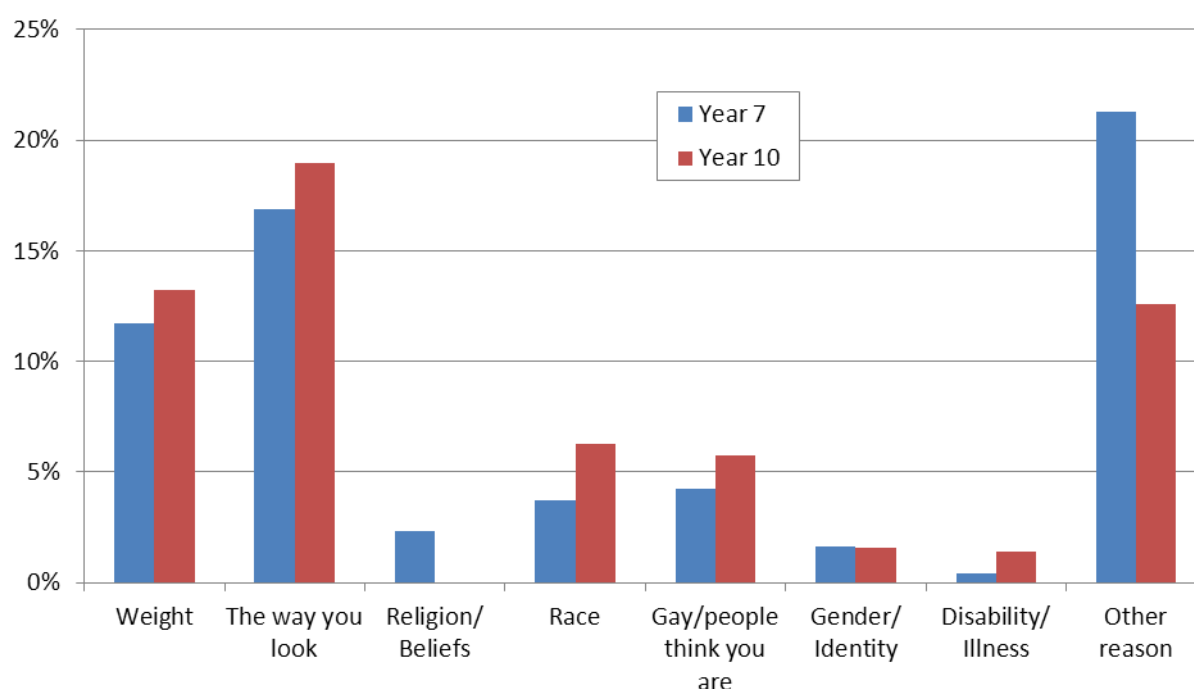


The majority of pupils would prefer to speak to either a parent or family member about being a young carer, this is the same as last year. 20% of pupils had heard about the Young Carer's Service, this is a slight decrease from 24% in 2012.

Bullying and Safety

From the 3,474 pupils questioned, 1,321 (38%) had been bullied. This is the same percentage that said that they had been bullied in the 2012 survey. A higher percentage of year 7 pupils said that they were bullied (40%) than year 10 pupils (36%).

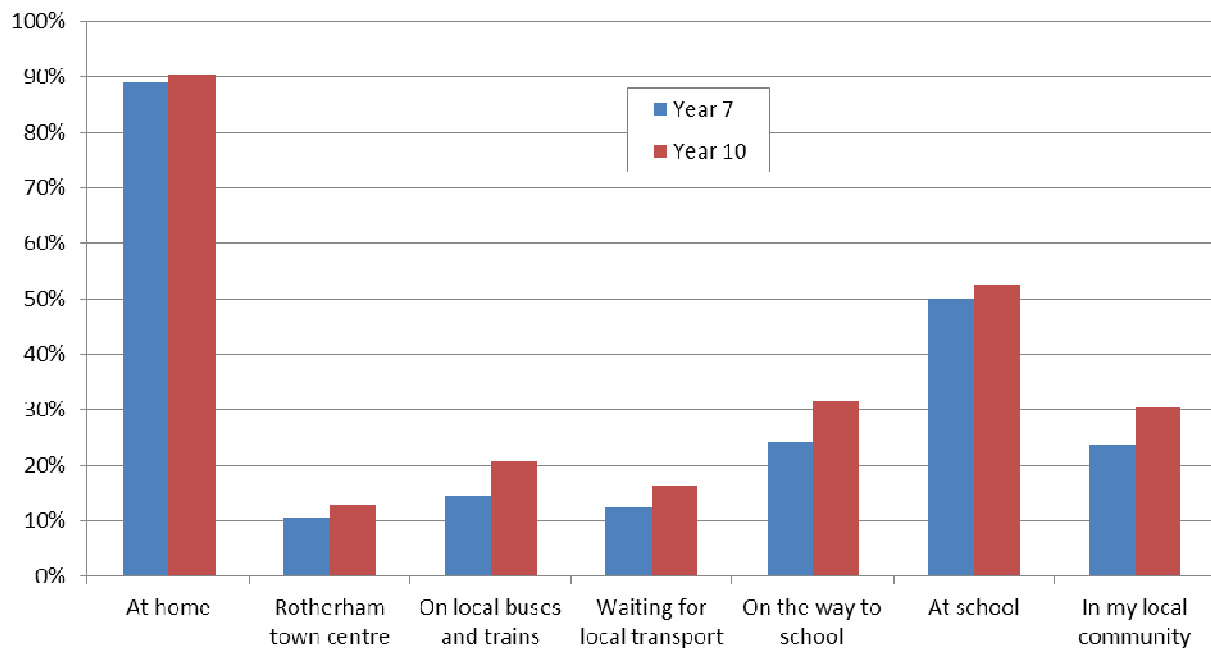
The most frequent form of bullying is verbal (90%), followed by being ignored (22%), physical bullying (21%) and cyber bullying (22%). These figures are all similar to last year's responses and virtually the same for both year 7 and year 10, except that a higher number of year 10 pupils said that they were victims of cyber bullying (29% compared to 19% of year 7). The main reasons for pupils being bullied are shown in the graph below:



The results show that the main things that people bully others about is their weight and the way they look (same as the 2012 survey). A high percentage of year 7 pupils also said that they were bullied for another reason, which could be explored further. Due to an error on the year 10 survey the new option 'bullied because of your Religion/Beliefs' was missing which meant that it could not be chosen by year 10 pupils.

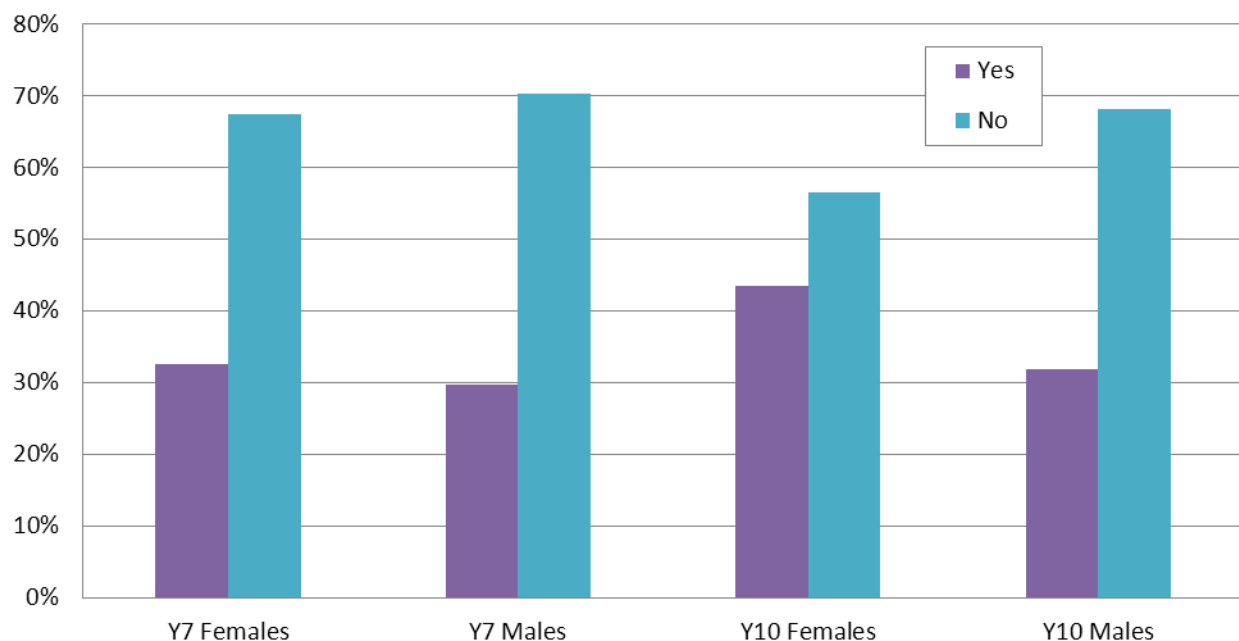
28% had reported the bullying (down from 44% last year) and 26% got help and support after reporting it (again, down from 43% last year). 43% of pupils that took part in the survey had witnessed bullying of others (similar to last year). 5% said that they had been involved in bullying someone in the last four weeks (down from 6% in last year's survey).

The pupils were then asked if they usually feel safe at the locations shown in the graph below:



The majority of pupils (90%) always felt safe at home (a slight decrease from 92% in 2012). There was a slight decrease in this year's survey across all areas of where pupils feel safe: at school (51% compared to 56% in 2012), going to and from school (28% compared to 34%), on local buses and trains (18% compared to 21%), waiting for local transport (14% compared to 17%) and in my local community (27% compared to 29%). For each of the options the percentage of year 7 pupils that usually feel safe is lower than that of year 10 pupils which may be down to their age.

Only 12% of pupils said they usually feel safe in Rotherham town centre (which is similar to last year's figure of 14%). An additional question was asked in this year's survey, 'Do you regularly go into Rotherham town centre?'. The results are shown here:



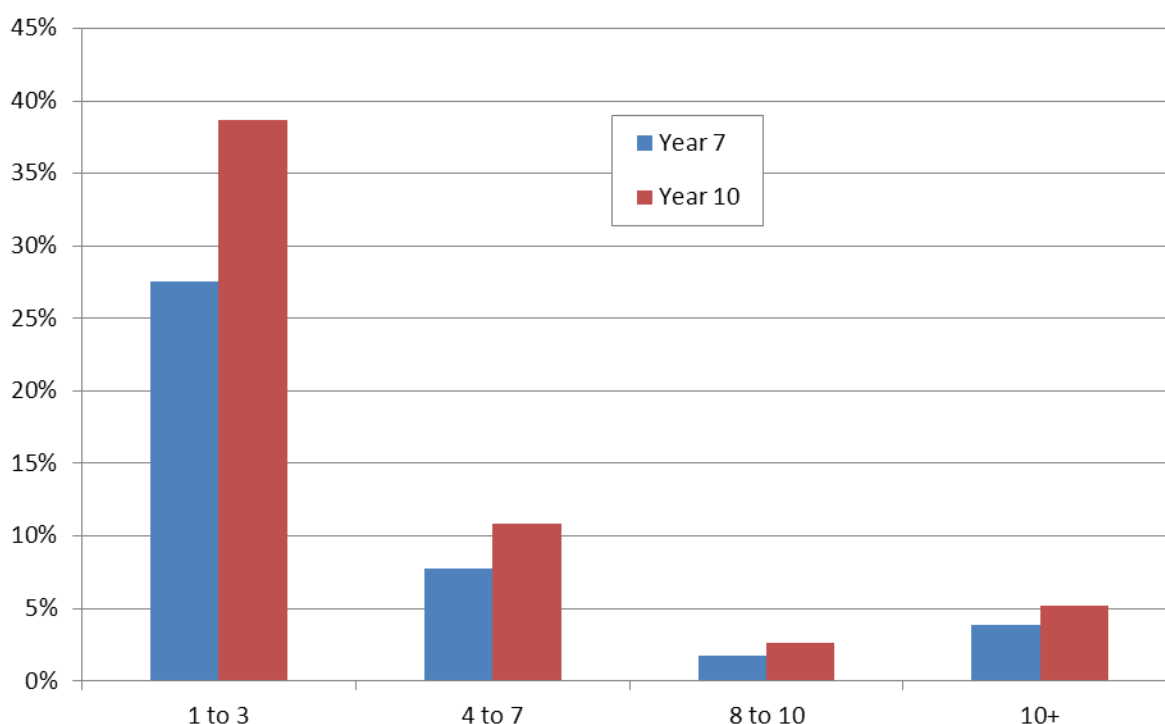
Only 34% of pupils said they visited regularly (31% of year 7 pupils and 38% of year 10). A higher percentage of females than males said they regularly went into the town centre,

especially in year 10 (44% of Y10 females compared to 32% of Y10 males). Of the pupils that went in regularly, 19% said that they feel safe there compared to 8% that didn't go regularly.

Around 5% of females in both year 7 and year 10 that regularly went into the town centre said that they felt safe there compared to 3% that didn't visit regularly. Males in both year groups generally felt safer in the town centre than females. A higher percentage of males in year 10 also said they felt safe compared to males in year 7 (10% compared to 7% respectively that regularly went into the town centre and 8% compared to 7% respectively for those that didn't visit regularly).

Smoking, Drinking and Drugs

Pupils were asked about their consumption of high energy caffeinated drinks such as Red Bull and Monster. 59% of pupils said they regularly drank high energy drinks, up from 51% last year. Of these 37% were year 7 pupils and 45% were year 10 pupils (compared to 46% and 54% respectively in 2012). The number of drinks consumed per week are shown below:

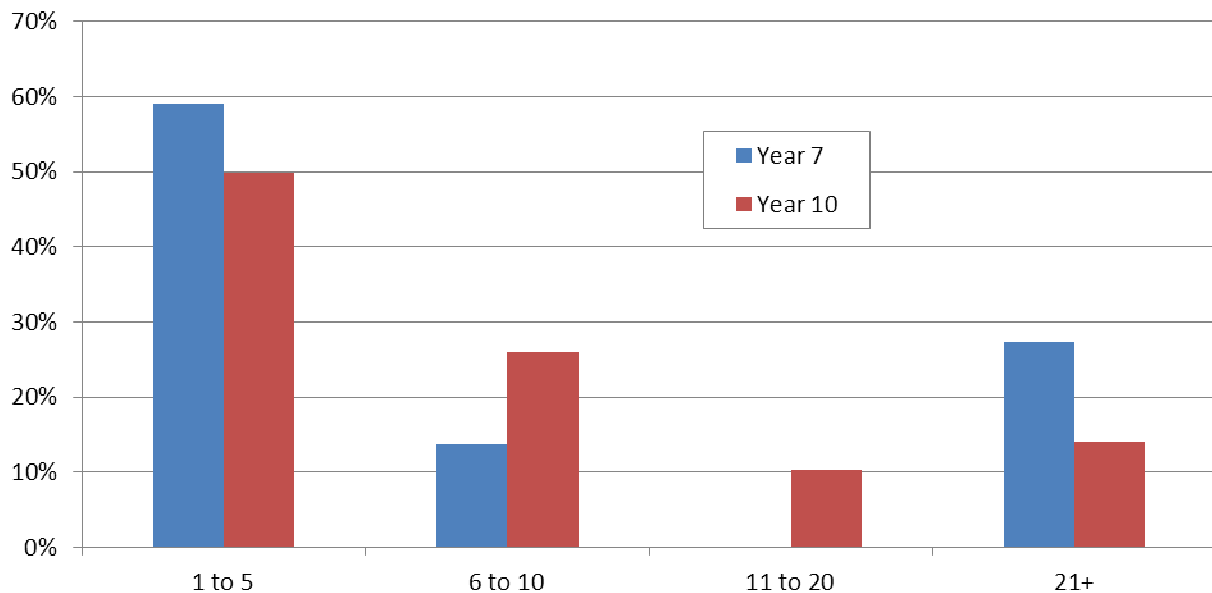


The majority of students that drink high energy drinks only have 1 to 3 drinks per week (similar to last year). However, around 10% of pupils in both year 7 and year 10 have these drinks every day and some pupils seem to be having more than one high energy drink every day.

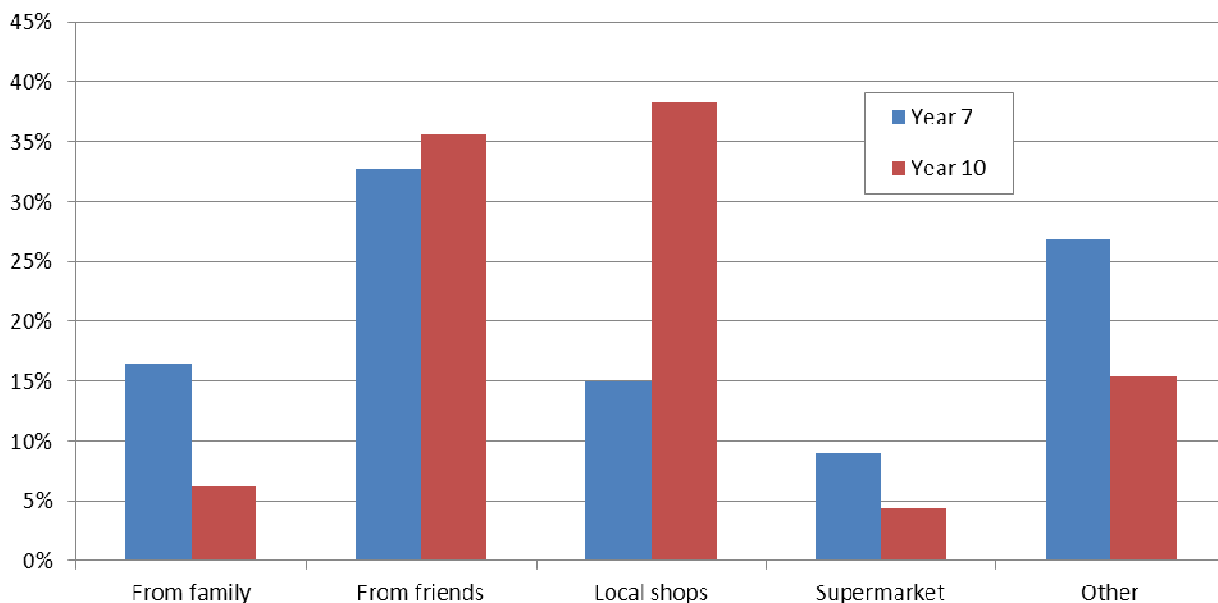
Smoking

When asked about smoking, 66% of pupils said that their home was smoke-free (64% in 2012). When asked if they smoked cigarettes, 94% of Year 7 and 64% of Year 10 pupils have never tried cigarettes (92% of Year 7 and 58% of Year 10 pupils in 2012 which shows a higher percentage of pupils have never tried cigarettes in this year's survey). 4% of Year 7 pupils had tried smoking once and not done it again, compared with 18% of Year 10 pupils (similar to last year). Currently, only 1% of year 7 pupils smoke regularly compared with 9% of year 10 (these figures have fallen for both year groups since last year's survey, 2% and 14% respectively).

Of the pupils that smoke regularly, the number of cigarettes they smoke a day is shown in the chart below. The majority of year 7 and year 10 pupils that smoke cigarettes have 1 to 5 a day, although a high percentage of year 10 pupils also smoke between 6 and 10 a day. The number of pupils smoking more than 21 cigarettes a day is higher than those smoking between 11 and 20 a day, suggesting that this may have been slightly exaggerated by some pupils.



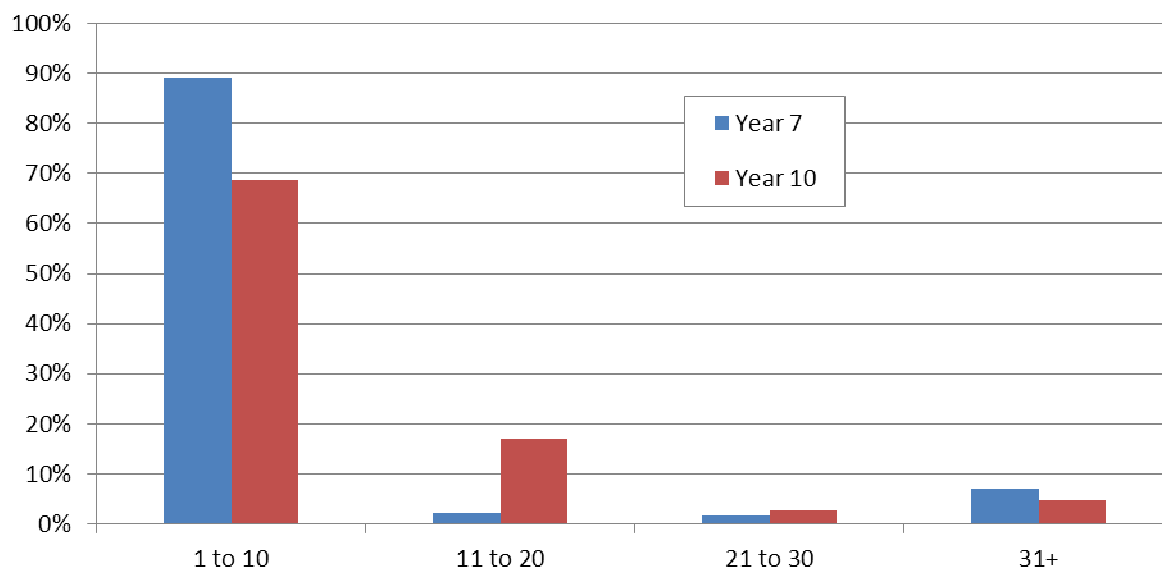
The pupils were then asked where they mainly got their cigarettes from. The results are shown in the chart below:



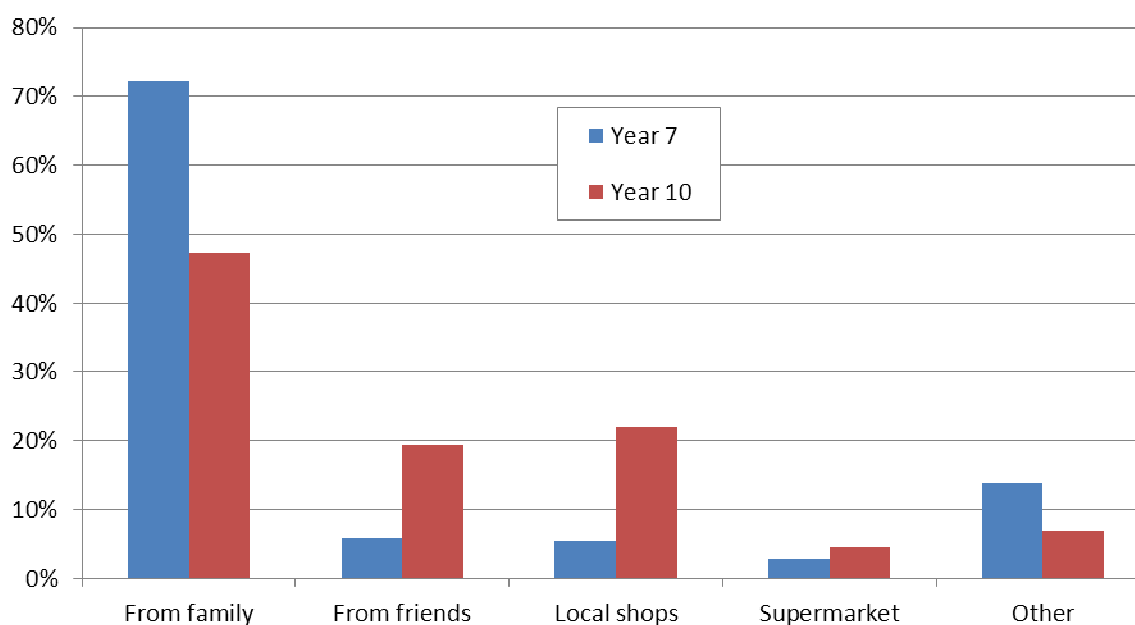
Year 7 and year 10 pupils that smoke are more likely to get their cigarettes from their friends, however a large number of year 10 pupils also get their cigarettes from the local shops which raises issues around the selling of cigarettes to underage young people. This seems to be less of an issue now with supermarkets. It is interesting to note that a significant number of smokers get their cigarettes from other sources, which may include informal contacts or 'tab houses' who supply cigarettes. Of those that smoke, the majority (75%) would like help to stop smoking.

Alcohol

The pupils were asked if they have ever drunk alcohol and if so, how often. 59% of year 7 pupils had never tried alcohol (63% in 2012) compared with 23% of year 10 (20% in 2012). 31% of year 7 and 17% of year 10 pupils had tried it once (both slightly higher than last year). 5% of year 7 pupils drink alcohol regularly compared with 11% of year 10 pupils. In last year's survey 2% of year 7 and 12% of year 10 pupils drank regularly. 6% of year 7 and 50% of year 10 pupils classed their drinking as 'social/infrequent' compared to 9% and 53% respectively last year. Of the pupils that drink alcohol on a regular basis, the following chart shows the number of units they usually drink per week:

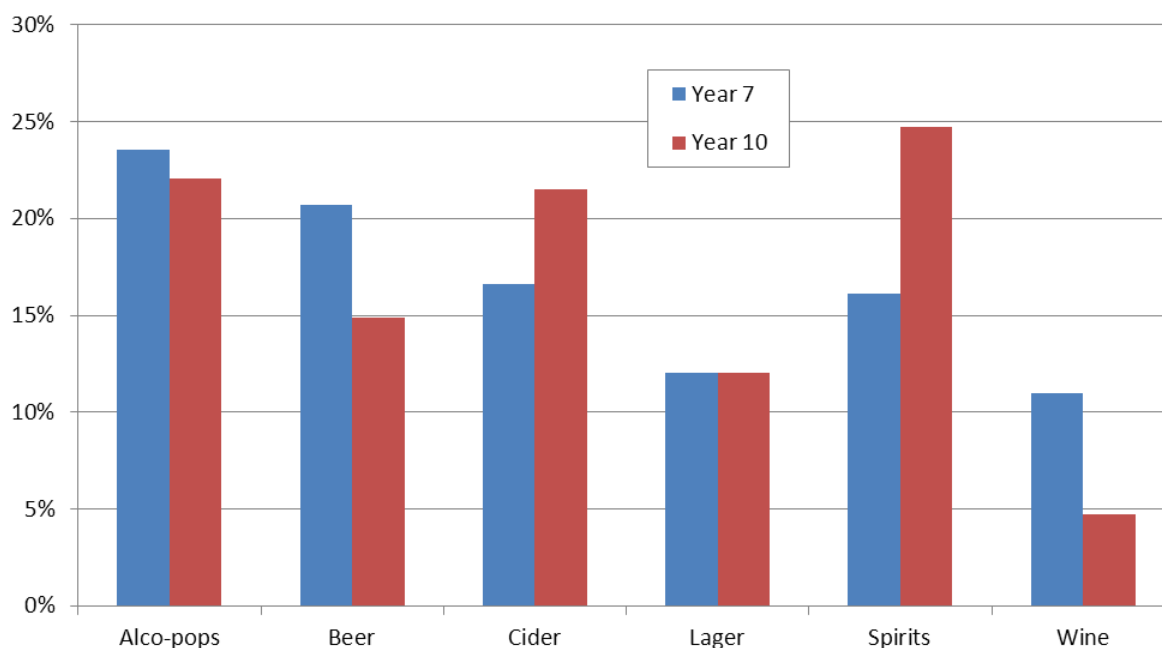


This shows that the majority of pupils from both year groups drink between 1 and 10 units a week (similar to last year) and 17% of year 10 drink slightly more (between 11 and 20 units a week). The number of pupils drinking over 31 units a week is higher than those drinking between 21 and 30 units and may be slightly exaggerated by some pupils. The pupils were then asked where they got their alcohol from. The results are as follows:



As in 2012, the majority of both year 7 and 10 pupils get their alcohol from family members, followed by friends and local shops (which again raises the issue of selling alcohol to underage young people). There are lower numbers buying their alcohol from supermarkets which

suggests that supermarkets are stricter on asking for ID and enforcing the law on underage drinking. The pupils were also asked which alcoholic drinks they would mainly drink. The results are shown below:

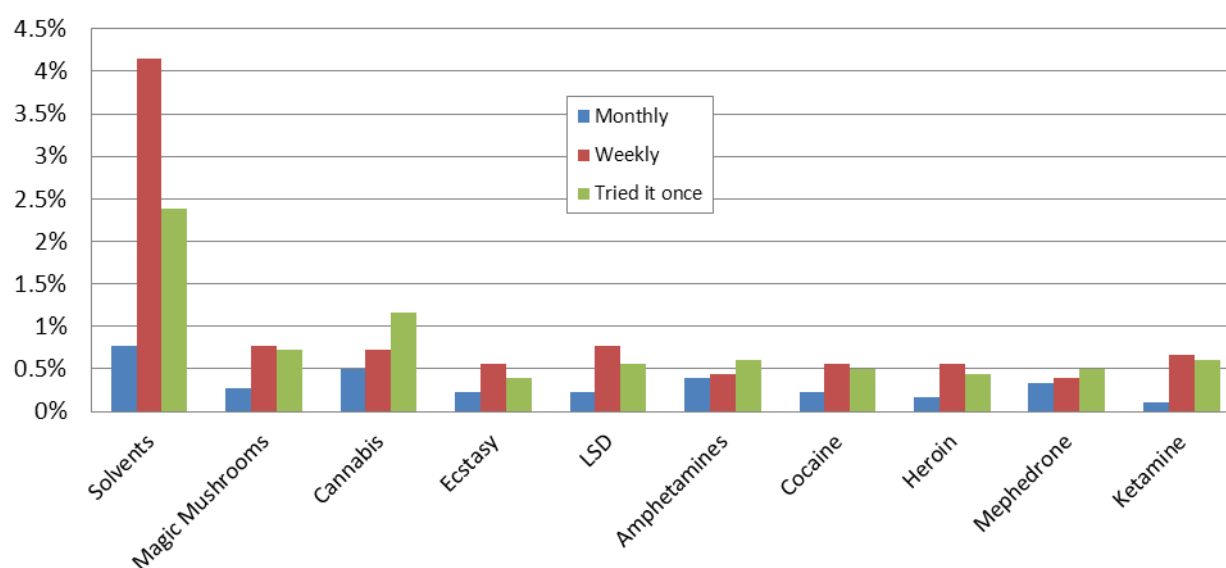


The three most popular drinks for year 7 pupils are Alco Pops, Beer and Cider (same as the previous two years). For year 10 the most popular are Cider, Spirits and Alco Pops (also the same as 2011 and 2012). Of the pupils that drink regularly, 12% of year 7 and 5% of year 10 pupils would like help to stop drinking.

Drugs

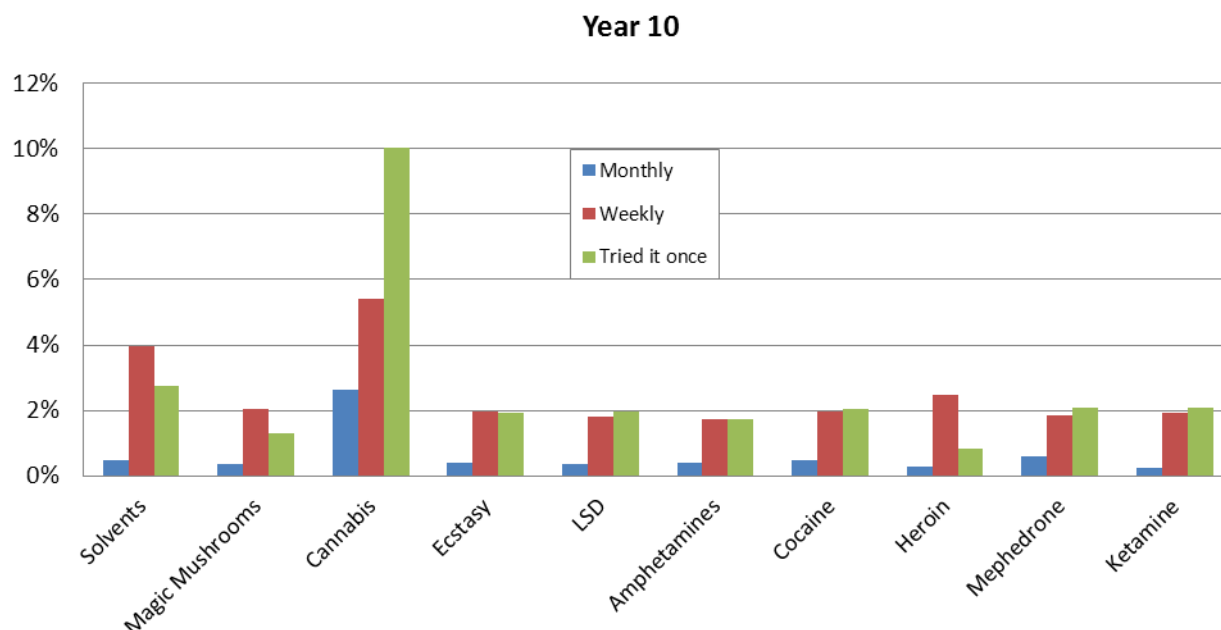
The pupils were asked if and how often they had taken various types of drugs. The results are shown below and are split into separate graphs for year 7 and year 10 responses:

Year 7



According to the year 7 responses, solvents are the most popular drug (as in 2011 and 2012) with just over 2% of pupils having tried solvents once and 4% of pupils using solvents every

week (same as the 2012 survey). 11 year 7 pupils (0.6%) claimed to use all the drugs every week which are likely to be questionable responses.



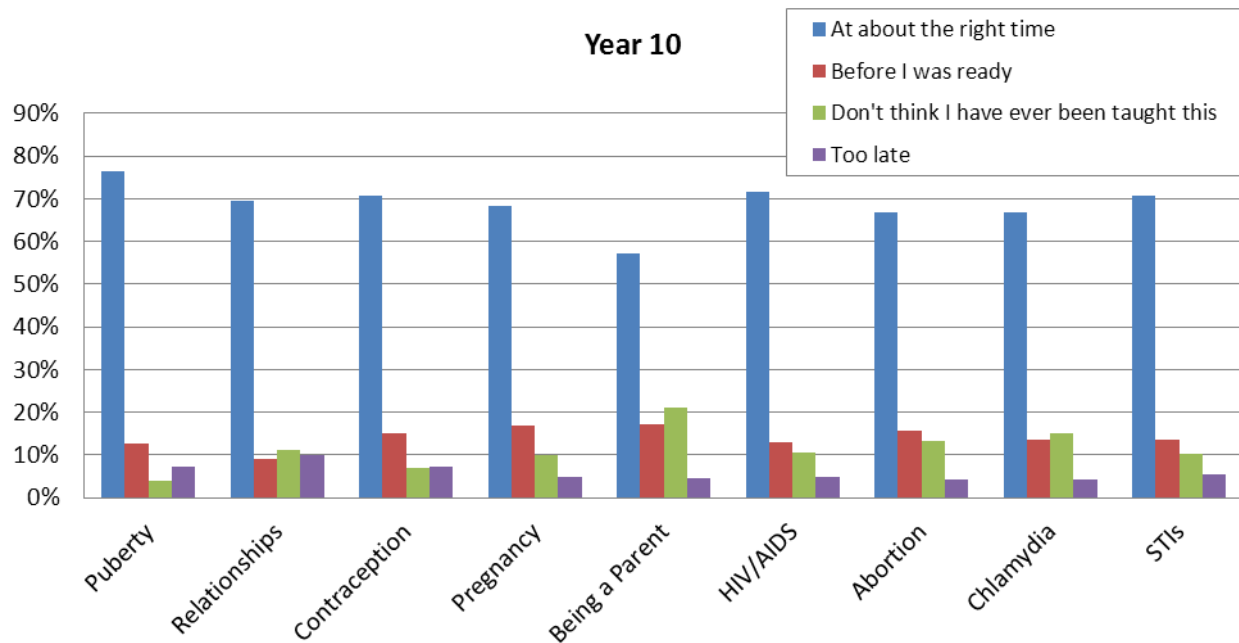
From the year 10 responses, it seems that cannabis is the most popular drug (as in 2011 and 2012), with 10% of pupils saying that they have tried it once (13% of pupils in 2012) and 5% of pupils saying that they use it every week (8% pupils in 2012). This shows that fewer year 10 pupils are using cannabis regularly or trying it at all. 21 pupils (1%) said that they take all the drugs every week which again are most likely questionable responses.

8% of Year 7 pupils said that they would like help to stop taking drugs whereas only 4% of Year 10 pupils said that they would like help to stop (both figures lower than the 2012 survey).

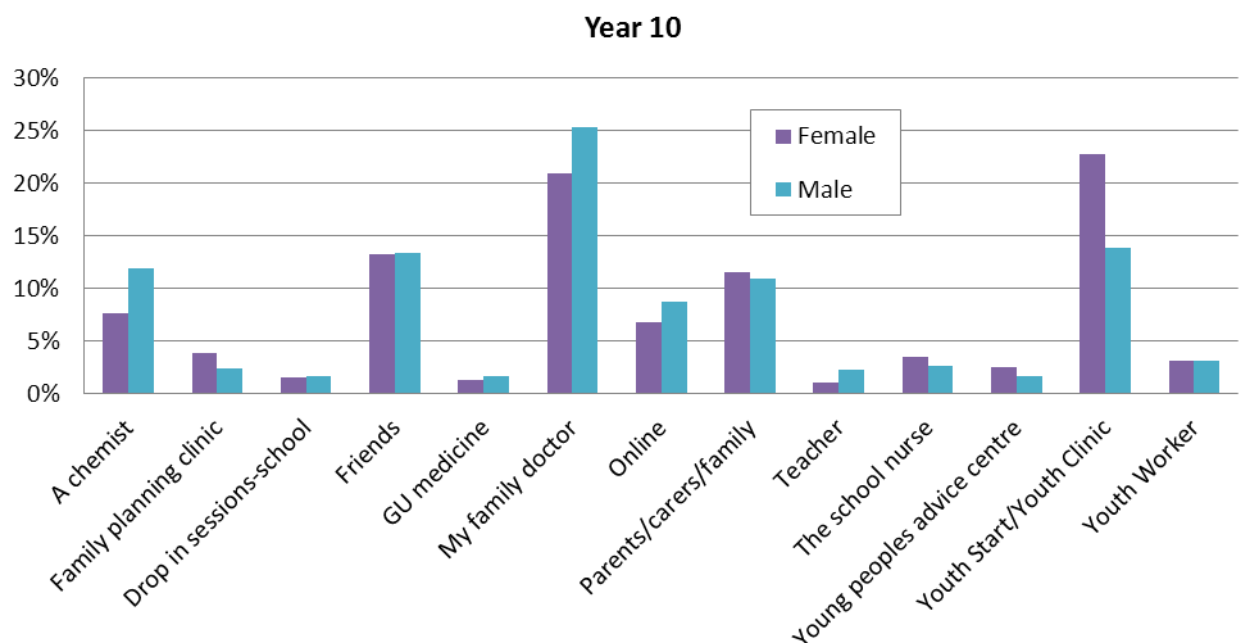
Sexual Health

In this section the pupils were asked about sexual health lessons in school. The survey looked at various individual sexual health topics and asked pupils if they had been taught the topics and if they felt they had been taught them at the right time.

For year 7 pupils, the majority felt that they had been taught about both puberty (68%) and relationships (59%) at the right time. Around 18% of Year 7 pupils felt that they were taught about both these topics before they were ready (10% last year). 8% felt that they had not been taught about puberty yet and 21% felt that they had not covered relationships yet. Around 5% felt that they had been taught about the topics too late. The year 10 questions went into more detail and are shown below:



Around 69% of year 10 pupils felt that they had been taught about all sexual health topics at the right time (67% in 2012). Around 14% of year 10 pupils felt that they had been taught about all sexual health topics before they were ready (16% last year). Only a few felt that they hadn't been taught about the topics or that they had been taught about them too late. Year 10 pupils were then asked where they would go for sexual health advice, information and services (split into male and female responses).



The most popular responses for both males and females accessing sexual health services are visiting their family doctor, visiting a Youth Start or Youth Clinic (a new option for this year's survey) or speaking to friends. Male pupils were more likely to visit their family doctor for advice and female pupils were more likely to attend a Youth Start/Youth Clinic. Both males and females were least likely to visit Genito-Urinary (GU) clinics or drop in sessions at school.

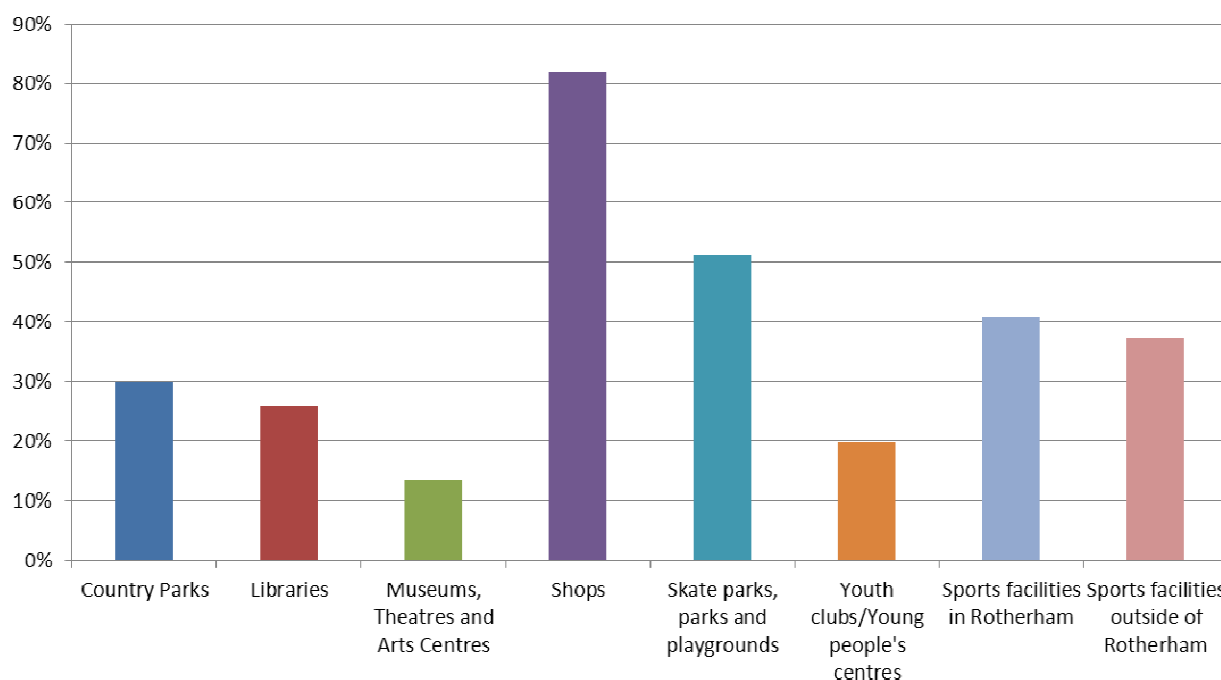
Year 10 pupils were then asked if they had heard of the following methods of contraception (the percentage of students that said yes are included). The figures for all methods are at least 3% higher than the 2012 survey, however it is worth noting that last year the figures included responses from year 7 pupils as well.

- Implant - 82%
- Pill - 92%
- Condom - 97%
- Injection - 71%

When asked if they knew who their school nurse was, 38% said yes (same as last year). More year 10 pupils knew who their school nurse was than year 7 pupils (41% compared to 35% respectively). The figures for male and female responses to this question are almost identical. 19% of pupils said that they had visited a Youth Start/Youth Clinic (another new question for this year's survey).

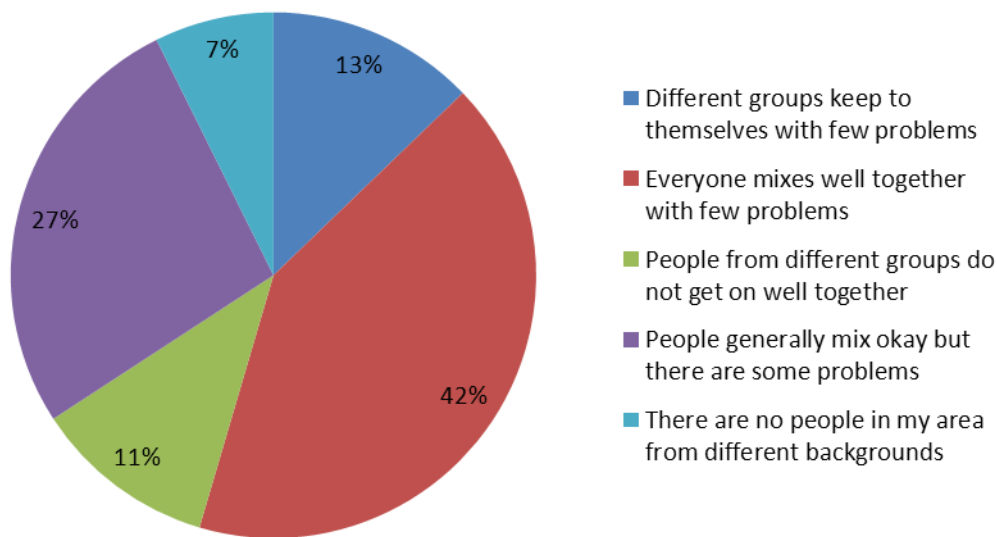
Your Local Neighbourhood

The pupils were then asked about the area where they live. They were asked if they use any of the following facilities listed below in their local area:



The facilities that pupils use the most in their local areas are shops, parks and playgrounds and sports facilities (similar to last year). The least used facilities are theatres, museums and arts centres (around 14%).

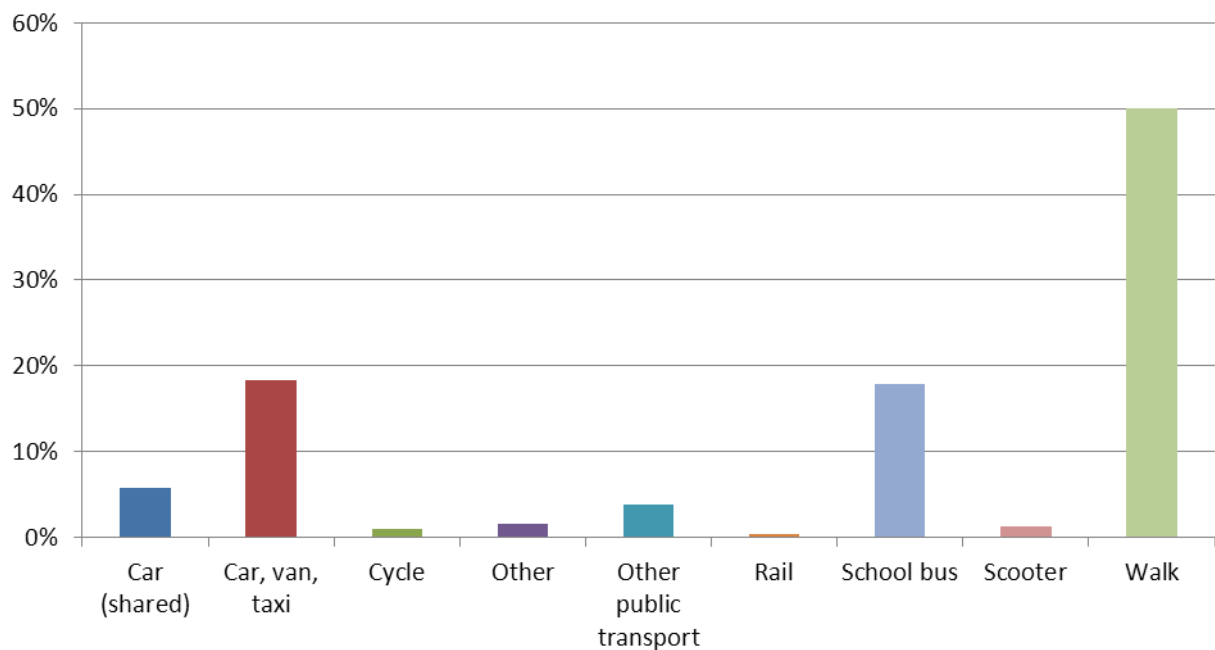
Pupils were then asked which of the following statements best described the way in which people get on with people from different backgrounds in their area. Here are the results:



The majority of pupils felt that people from different backgrounds mixed well together in their area but there were a few problems (42% compared to 38% last year).

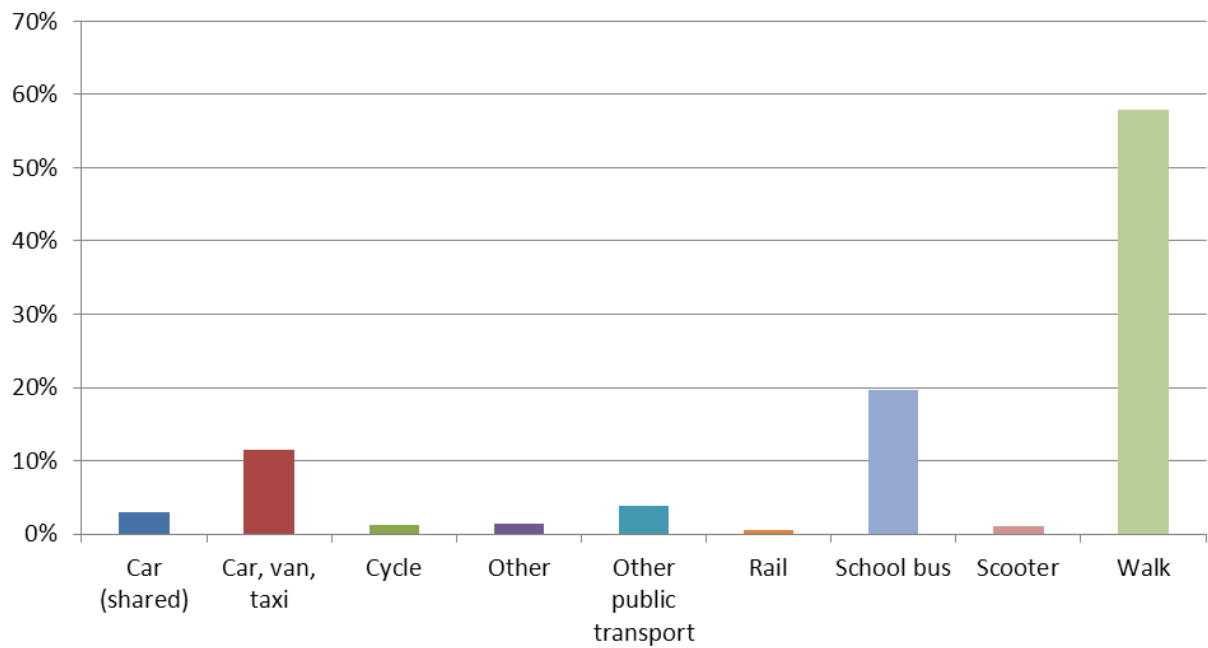
Finally pupils were asked how they travelled to and from school. The results are as follows:

How do you usually travel to school?



Half of all pupils walk to school, this is lower than last year's figure of 65%. 18% travel by both car and school bus, compared to 15% travelling in by car and only 5% by school bus in 2012. The increase in the number of pupils that travel by school bus may reflect the greater range of schools taking part in the survey this year, especially faith schools.

The figures in the previous chart are similar to how pupils travel back home from school, although slightly more pupils walk home (58%) and slightly less travel home by car (12%).

How do you usually travel from school?

Pupils are more likely to share a car in the morning (6% as opposed to 3%). Very few pupils cycle, ride a scooter or take the train for their journeys to and from school (around 1% for each).

Lifestyle Survey Results Action Plan 2013/2014

Last Up-dated 18.12.13

Topic	Actions	Stakeholders	Progress
Food & Drink Increase in the number of pupils who said they ate Crisps/Chocolate/ Sweets every day Increase in the number of pupils drinking high energy drinks regularly	Highlight data with Public Health to address in joint health and well-being strategy meetings Highlight data with Healthy Schools co-ordinator Provide schools with details of weight management services Ensure all children identified as overweight or obese are signposted to weight management services following National Child Measurement Programme	Public Health Healthy Schools School Nursing	Obesity Strategy Group to note these results. Key priority within H&WS and continued monitoring of action plan by H&WB. Since 2009, 1,721 children have accessed the tiered weight management services provided by DC Leisure (MoreLife Clubs), Rotherham Institute for Obesity and MoreLife residential camps with success rates of 97%, 64% and 100% respectively. Food and drink choices are an integral part of the programmes offered. Increase in the number of pupils who felt they are a healthy weight for their age up to 74% in 2013 from 70% in 2012. Increase in the number of pupils who take regular exercise up to 81% in 2013 from 79% in 2012.
Pupils Feelings Reduction in the % of pupils who feel good about, family and home-life, friendships, themselves and schoolwork	Highlight data with Public Health and Healthy Schools Coordinator	Public Health Healthy Schools	Awareness of this raised with Healthy Schools Coordinators relating to school work summer term Learning Community meetings 2013. The Emotional Health and Well-being in Schools Group to note actions.

			<p>Targeted Mental Health in Schools Conference held on 15th November 2013 which looked at issues impacting on young people & families; welfare reform, domestic abuse, suicide, self-harm and the schools response to these issues and available support.</p> <p>Self-harm pathway being developed for frontline workers who have contact with young people (9-25) who are self-harming.</p> <p>Bereavement pathway in development which will ensure support for children and young people who are bereaved/affected by suicide.</p> <p>Letter sent out via schools in June 2013 to all parents highlighting support for young people who may be in emotional distress.</p> <p>Support services for young people who may be in emotional distress advertised on Public Health Channel summer/autumn months 2013.</p> <p>Youth Cabinet – Children’s Commissioners Day will take place 27th February 2014, sharing their work around self-harm</p>
<p>Young Carers 27% of pupils identified themselves as young carers.</p> <p>20% of young people</p>	<p>Highlight the findings with commissioned provider to support young carers</p> <p>Highlight findings with</p>	<p>Barnardos</p> <p>Integrated Youth Service</p>	<p>Barnardos working in partnership with statutory partners to promote – Working Together to Support Young Carers</p> <p>Carers Charter has specific actions for Young</p>

identifying themselves as young carers had knowledge of Young Carers Service	Integrated Youth Service Report finding to Carers Strategy Group Provide schools with details of Young Carers service and other areas where young carers can access support	Neighbourhoods & Adult Services Carers Strategy Action Group	Carers <ul style="list-style-type: none"> • Improve the offer of information and support to young carers • Raise awareness in schools and in other young people settings of support for young carers and the young carers services • Support the Rotherham UK Youth Parliament members in developing a Young Carers card <p>Young Carers card in development stage – target date for launch in schools March 2014. Meeting with Health, Integrated Youth Service, Service Quality, Barnardos, Commissioning, to discuss development of a process for the card and development of a register of all young carers.</p>
Bullying 38% of pupils answered that they had been bullied (same % as 2012) Pupils who said they have reported the bullying reduced from 2012 Pupils who said they had received help and support after reporting bullying reduced from 2012	Highlight findings with School Anti-Bullying Officer Highlight findings to all schools	Anti-Bullying Officer Schools	Schools appointing Anti-Bullying ambassadors 14 secondary schools have signed up signed up to the National Bullying Charter and have all schools have an anti-bullying strategy and toolkit. Schools can achieve a grading within the charter from Bronze to Gold
Safety	Report findings to key	Deprived	Youth Cabinet led the Overview & Scrutiny

<p>Pupils feeling safe travelling on public transport or waiting for public transport produced similar results as in 2012</p> <p>Pupils feeling safe in Town Centre also produced similar results to 2012</p>	<p>stakeholders who have ongoing activities to address these issues</p>	<p>Neighbourhood Co-ordinator for Town Centre</p> <p>Safer Neighbourhood Team</p> <p>RIDO</p> <p>SY Passenger Transport</p> <p>Police</p> <p>EDS</p> <p>Integrated Youth Service</p> <p>Voice & Influence</p> <p>Sarah Bellamy</p>	<p>Management Board Meeting and requested that all key partners meet to address these issues</p> <p>This meeting was attended by South Yorkshire Passenger Transport, First Group, SY Police, Scrutiny Members, Cabinet Members, Directors at RMBC and CYPs Officers</p> <p>Actions agreed</p> <ul style="list-style-type: none"> • Improve communication borough wide, to ensure young people are aware of public transport services, where and how to report concerns and raise comments about service standards • Encourage young people to become involved in making decisions e.g. become a member of user group mystery shopping • Improve public safety at bus and train interchange especially late evenings <p>Annual review of these actions to take place in 2014</p> <p>Youth Cabinet Youth Cabinet holding a Children's Commissioners Day on 27th February 2014 including a progress review on these issues</p> <p>Progress to date (Dec 2013)</p> <ul style="list-style-type: none"> • SYPTE have upgraded their website for young people. • Young people are attending Rotherham Transport user group • Young people have met with Rotherham Interchange management to discuss their views around safety
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			<ul style="list-style-type: none"> There is now a Rotherham Town Centre Voice & Influence Group for young people age 13 to 19 to give their voice to what they would like to see happening in Rotherham Town Centre. This new group are holding their first meeting Wednesday 8th January at Myplace in Rotherham <p>Pupils who responded that they visited Town Centre, there was a higher % of these pupils saying that they felt safe in Rotherham Town Centre, than those who said they did not visit. Activities to be agreed to work on perceptions of visiting Town Centre.</p> <p>Crime statistics support this, crime rates from Town Centre for overall crime are on decline</p> <p>Crime statistics for public transport are also relatively low but 54% of crimes that have been committed involving public transport have occurred in Rotherham Bus Interchange. SYPT have recognised that this is a hot spot.</p> <p>Request for PYPPO's to visit secondary schools to present to pupils safety information</p> <p>Meeting to be arranged between Town Centre Deprived Area Co-ordinator, Safe Neighbourhood Team, SY Police to agree actions to address safety issues</p>
Smoking	Report findings to Tobacco	Public Health	Smoke-free class resources provided to all

<p>Improvement in the number of pupils smoking, pupils from smoke free homes</p> <p>Young people (Y10) in particular purchasing cigarettes from local shops. Supermarkets relatively low %</p>	<p>Control Strategy Group</p> <p>Report findings to Trading Standards Team (Environmental Health)</p>	<p>School Nursing</p> <p>Healthy Schools</p> <p>Tobacco Control Strategy Group</p> <p>Health & Well-Being Board</p> <p>Trading Standards</p>	<p>primary and secondary schools.</p> <p>Benefits of non-smoking promoted to all secondary schools. Confidence building with young people not to give into peer pressure</p> <p>Work underway to ensure all schools have a Smoke-free policy</p> <p>Smoke-free resource launched to address issue of smoking on school premises)</p> <p>Briefing sent to Trading Standards Team NAS – await up-date on ongoing actions to address issues of local shops selling cigarettes and alcohol to under age children</p>
<p>Alcohol & Drugs</p> <p>Alcohol consumption responses are similar to 2012 survey, although less % of Y7 pupils said they have never tried alcohol 59% in 2013 compared to 63% in 2012</p> <p>From family was far the highest response to where they get the alcohol from. As with cigarettes Y10 are purchasing alcohol from local shops and supermarkets</p>	<p>Report findings to Alcohol & Drug Strategy Group</p> <p>Report findings to Enforcement Team (Environmental Health)</p>	<p>Public Health</p> <p>School Nursing</p> <p>Healthy Schools</p> <p>Health & Well-Being Board</p> <p>Know the Score</p> <p>Enforcement Team</p>	<p>Know the Score is a commissioned services to support young people with alcohol and drug issues</p> <p>A single message for both drug and alcohol has been developed and all partners/agencies delivering support around these two issues have received this message.</p> <p>Community Alcohol Partnerships have been developed in 2 project areas – Dinnington and East Herringthorpe/Dalton/Thrybergh. Early stages of development.</p> <p>E-Learning package accessible in all educational settings. This is being promoted by Health &</p>

relatively low %			Well-Being Board and other key stakeholders. Promote to parents the health risks giving their children cigarettes and alcohol when they are under age
Communication & Media	Share information on key issues with Communication Team Plan presentations	Corporate Communication Team	Ongoing campaign to support the positive outcomes from action plan – joint approach with key stakeholders Communications Team will work jointly with Service Quality, Police, Health and other key stakeholders to produce information for the press on the activities ongoing which supports the outcomes from this survey

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Cabinet
2.	Date:	15th January 2014
3.	Title:	Childhood Obesity
4.	Directorate:	Public Health

5. Summary

The report provides an update on the recommendations presented to Cabinet in October 2013. The majority of the recommendations focus on the prevention of overweight and obesity within the community and the promotion of weight management programmes to support children locally.

The re-commissioning of weight management services is ongoing and subject to approval (another detailed paper will be presented to Cabinet early in 2014)

6. Recommendations

- 6.1 That Cabinet receives and accepts the report and update**
- 6.2 That any further Cabinet response to the report is fed back to OSMB in January 2014**

7. Proposals and Details

A detailed report of the workshops held by a sub-group of the Health Select Commission was presented to Cabinet in October 2013. This paper summarises the current position with regard to the recommendations in the report.

8. Finance

The funding for re-commissioning of weight management services for adults and children is subject to approval. There is currently no proposed spend for the prevention of overweight and obesity in the community beyond the weight management services.

9. Risks and Uncertainties

There is a lack of clarity nationally about the responsibility for commissioning T3 weight management services and this may revert to an NHS organisation. Tier 3 services in Rotherham are provided by a single provider and there is a risk of destabilisation of local providers if such services are commissioned without clarity of the future commissioning arrangement.

10. Policy and Performance Agenda Implications

The local weight management services are subject to compliance with national guidance and ongoing performance management.

11. Background Papers and Consultation

Rotherham Child Health Profile 2013 (Public Health England)
Joint Strategic Needs Assessment for Rotherham
NICE Guidance (CG43, PH6, PH25, PH27, PH35, PH38 PH42 and PH47)
Healthy Lives: Healthy People – a call to action on Obesity (2011, Department of Health)
Foresight Report (2007, Government Obesity Unit)
Public Health Outcomes Framework for England 2013-2016 (Department of Health)
Developing a specification for lifestyle weight management services (2013, Department of Health)
Clinical Commissioning Policy: Complex and Specialised Obesity Surgery (2013, NHS Commissioning Board)

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Cabinet's Response to Scrutiny Review Childhood Obesity

Recommendation	Cabinet Decision (Accepted/ Rejected/ Deferred)	Cabinet Response (detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)	Officer Responsible	Action by (Date)
The balance of activities commissioned for children between clubs and RIO should be reviewed as there appears to be an expressed preference for attendance at the clubs.	Accepted	The specifications for services are being reviewed and the referral pathways strengthened to ensure that children are triaged into the most appropriate service at their referral. The service pathway specifies the most appropriate service for each child's weight and height to maximise success in the services	Joanna Saunders/ Catherine Homer	End January 2014
Establish interim contract monitoring and improved data management for obesity services once recommissioned.	Accepted	There is already ongoing performance management of all the services including performance and service quality. A single bespoke data management system will be commissioned as part of the service re-procurement for the range of obesity services to enable better quality performance monitoring.	As above	End April 2014
Promote more individual success stories of children and young people who have done well on the programmes to encourage others.	Accepted	Media releases and promotions are undertaken by individual services and collectively in response to specific opportunities such as National Obesity Week, Summer Camp etc. Programme currently being developed for National Obesity Week 2014 (13-19 January)	As above plus service providers	Ongoing
Consider including targets for referrals to weight management programmes as part of the new specification for school nurses.	Accepted	The specification had already included active referral and signposting to weight management programmes and is being updated to strengthen this process. The specification/contract will be monitored for referrals to services through the performance management process. Ongoing updates provided to a wide range of service providers through Healthy Schools Network and protected learning time for clinical staff.	Joanna Saunders/Anna Clack	Ongoing
Provide more information about services and encourage greater engagement with parents through schools, particularly in primaries, to reach children at a younger age.	Accepted	Information is already provided as part of the National Child Measurement Programme process. Healthy Schools Coordinator promoting services on an ongoing basis to schools. Information about services is available in children's centres, schools, libraries, leisure services, general practices and other public places.	Joanna Saunders/ Service providers	Ongoing

Continue to promote whole family interventions and free activities such as walking initiatives and park runs.	Accepted	Promoted through Obesity Strategy Group, Rotherham Active Partnership (RAP), Heart Town initiative, social media. Local weight management services already promote such activities. Opportunity to enhance promotion through review of website.	Joanna Saunders/ Service providers	Ongoing
Promote Rothercard more extensively to encourage increased participation in activities.	Deferred	Promoted at local venues but scheme requires review (the scheme was SY wide – there is no local performance data and the scheme is under review as part of local offer by RAP.	Chris Siddall/ Rebecca Atchinson	No timescale agreed
Explore the feasibility of introducing a healthy vending policy in DCL leisure centres.	Accepted	The majority of the goods offered in vending and café facilities within Leisure Centres would be considered to be healthy in moderation. Discussed with provider at performance review meetings. Area Manager to raise for consideration at national level within DC Leisure. There is potential to review vending as part of contract monitoring (of the facilities/service).	Joanna Saunders/ Steve Hallsworth	To be negotiated
Introduce a 400m exclusion zone for new fast food takeaway businesses near schools in Rotherham.	Accepted	Under discussion with planning colleagues – part of consultation on Local Development Plan. Meetings with planning colleagues are scheduled in January 2014.	Joanna Saunders/Helen Sleight	Ongoing
Strengthen the requirement for report authors to show awareness of the health implications of their proposals.	Deferred	For consideration by Admin and Legal – would require development of framework for assessment and potential training. Lead commissioner to discuss with Admin and Legal.	Joanna Saunders/Admin & Legal	To be negotiated
That Cabinet be asked to support the regional and national lobby for legislation to support work on healthy weight and reductions in obese and overweight people.	Accepted	Lead commissioner and Obesity Strategy Group have contributed to NICE guidance consultation and have participated in regional and national strategic groups which are seeking feedback on draft policy and guidance for commissioners. These have included Department of Health, Public Health England, Royal Colleges and other professional organisations. Rotherham is also represented at the regional Obesity group which links directly to Public Health England.	Joanna Saunders	Ongoing
Forward the points relating to schools in 7.4 to CYPS DLT for information and consideration.	Accepted	Already discussed at CYPS DLT – further discussion with Healthy Schools Lead ongoing.	Joanna Saunders/Kay Denton-Tarn	Ongoing

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET
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1	Meeting:	Cabinet
2	Date:	15 January 2014
3	Title:	Charging Exemptions for Non Residential Care
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

Fairer Charging Policies for Home Care and other non-residential Social Services issues under Section 7 of the Local Authority Social Services Act 1970 sets out guidance and statutory framework for calculating how much someone should pay towards their non-residential services. This policy was updated in April 2010 to take account of new statutory guidance related to the introduction of Self Directed Support Personal Budgets.

In some incidences applying charges to services assessed to meet eligible needs can prevent some of our most vulnerable customers from accessing services. There is an inconsistent approach in place in applying charges; this report seeks to regularise it.

6 Recommendations

- To agree the attached policy.

7 **Proposals and Detail**

Authorising Exemption to charges

Social care assessors will need to ensure all assessments, risk assessments and support plans are completed clearly identifying risks and why an exemption to charges is required and support/ services needed to meet individual's eligible needs.

Team Manager will need to approve, authorise and where urgent authorisation is required outside of Resource Allocation Panel, then this will need to be approved by Service Manager.

8 **Finance**

Financial assessments will need to be completed and will continue to calculate how much someone should pay towards their non-residential services. Cost and non-payment of charges will be monitored through the Resource Allocation Panel.

Financial impact of exemptions will be minimal; Fairer Charging calculations would most likely identify most customers to be below the threshold for charges to apply.

9 **Risks and Uncertainties**

- Housing, risk of being served notice by environmental health if not supported to improve living conditions.
- Risk of continuing cycle of self-neglect, causing critical level of risk to health.
- Anti-social behaviour incidents, support to report to police when incidents happen enabling the police to respond more quickly.
- Substance misuse, risk of malnutrition, loss of dignity and support to access services i.e. Clearways for treatment.
- Risk of deterioration in mental health, low mood, suicidal ideation should support not be provided.

10 **Policy and Performance Agenda Implications**

This policy would in effect formalise a process which is already in place and being applied without any monitoring and scrutiny/agreement of exemptions.

All cases/ assessments will need to be submitted to the Resource Allocation Panel for the exemption to be agreed. Cases will be reviewed at 12 weeks to determine if the services or exemption is still required.

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Charging Exemptions for Home care and community support services

Introduction

Fairer Charging Policies for Home Care and other non-residential Social Services issues under Section 7 of the Local Authority Social Services Act 1970 sets out guidance and statutory framework for calculating how much someone should pay towards their non-residential services. This policy was updated in April 2010 to take account of new statutory guidance related to the introduction of Self Directed Support Personal Budgets.

Exemption to charges

In some incidences applying charges to services assessed to meet eligible needs can prevent some of our most vulnerable customers from accessing services. For example, ability or refusal to pay, lack of insight or ability to weigh up risks to one self if services were not provided.

Exemption Categories

This list is not exhaustive, all exemption will need to be discussed, agreed with Team Managers prior to submitting to Resource Allocation Panel for authorisation.

This does not include entitlement to services under Section 117 of the 1983 Mental Health act or services provided to keep someone safe under safeguarding procedures.

- Housing, risk of being served notice by environmental health if not supported to improve living conditions.
- Risk of continuing cycle of self-neglect, causing critical level of risk to health.
- Anti –social behaviour incidents, support to report to police when incidents happen enabling the police to respond more quickly.
- Substance misuse, risk of malnutrition, loss of dignity and support to access services i.e. Clearways for treatment.
- Risk of deterioration in mental health, low mood, suicidal ideation should support not be provided.

Authorising Exemption to charges

Social care assessors will need to ensure all assessments, risk assessments and support plans are completed clearly identifying risks and why an exemption to charges is required and support/ services needed to meet individual's eligible needs. Team Manager will need to approve, authorise and where urgent authorisation is required outside of Resource Allocation Panel, then this will need to be approved by Service Manager.

All cases will need to be submitted to panel and reviewed at 12 weeks to determine if the services or exemption is still required.

Michaela Cox
Service Manager
Health and Wellbeing
Neighbourhoods and Adult Services Directorate

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet
2.	Date:	15 January 2014
3.	Title:	Setting Local Speed Limits – changes to guidance
4.	Directorate:	Environment and Development Services

5. Summary

To update the Cabinet on changes to the guidance for setting local speed limits, and seek approval for the attached policy on the introduction of 20mph speed limits/zones and the intention to investigate suitable locations for the introduction of 20mph speed limits.

6. Recommendations

It is recommended Cabinet resolve that:

- i) the changes to the guidance issued by the Department for Transport for setting local speed limits be noted
- ii) the document about the use of 20mph speed limits, attached as Appendix A, be approved and adopted as Council policy
- iii) in line with the policy investigations be carried out into suitable locations for the introduction of 20mph speed limits.
- iv) A further report be submitted once suitable locations have been identified for the introduction of 20mph speed limits

7. Proposals and Details

Setting the right local speed limits is vital for road safety, local growth and local health outcomes. Speed limits need to be suitable for local conditions and local authorities are best placed to develop solutions that suit their communities, working in conjunction with the police.

In order to assist local authorities in setting speed limits revised guidance was issued by the Department for Transport (DfT) earlier in 2013. DfT Circular 1/2013 'Setting Local Speed Limits' gives guidance to local councils which will help in the setting of more consistent speed limits on local roads. It outlines how speed limits should be evidence-led and self-explaining and seek to reinforce people's assessment of what is a safe speed to travel, that is they should encourage self-compliance. The new guidance incorporates recent changes that create more flexibility for authorities to implement 20 mph limits and zones. It has also been designed to help explain to the lay person why and how local speed limits are determined. The revised circular has been issued following full public consultation in summer 2012 and replaces Department for Transport circular 01/2006, which is now cancelled.

The new guidance incorporates a speed limit appraisal tool which will help to assess the full costs and benefits of any proposed speed limit changes, and help to make evidence-based decisions to change speed limits that reflect the needs of all road users. The tool assesses the effect on casualties and journey times, and also attempts to assess issues that are difficult to monetise, such as those that enhance quality of life.

The document also asks local authorities to keep speed limits under review with changing circumstances, and to consider the introduction of more 20 miles per hour limits and zones, over time, in urban areas and built-up village streets that are primarily residential, to ensure greater safety for pedestrians and cyclists, using the criteria contained in the guidance.

In line with the emphasis in the guidance on 20mph speed limits and zones, and the increasing public and political interest in such speed limits, a policy document has been produced on the use of 20mph speed limits and zones in Rotherham and is attached as Appendix A. This sets out the different types of scheme, their benefits, and the factors that will be taken into consideration in the assessment and prioritisation of 20mph schemes. In line with this document it is recommended that investigations be carried out into suitable locations for the introduction of 20mph speed limits with a view to producing a rolling programme of schemes.

8. Finance

Funding for 20mph zones and speed limits, once suitable areas and roads have been identified, will come from the Local Transport Plan (LTP) Integrated Transport Capital Programme.

9. Risks and Uncertainties

Ensuring speed limits are set appropriately in accordance with the new guidance will contribute to reducing the number and severity of collisions taking place on Rotherham's roads. Speed limits that are not set in accordance with the new guidance may not contribute to reducing collisions.

10. Policy and Performance Agenda Implications

Ensuring speed limits are appropriately set is in line with the objectives set out in the Sheffield City Region Transport Strategy, and the associated road safety and casualty reduction strategy for improving road safety.

11. Background Papers and Consultation

Department for Transport Circular 1/2013 – Setting Local Speed Limits
South Yorkshire Local Transport Plan
South Yorkshire Road Safety and Casualty Reduction Strategy

South Yorkshire Police have been consulted for their views on the proposed 20mph policy and have given their support for the document.

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ROTHERHAM MBC POLICY FOR THE INTRODUCTION OF 20 MPH SPEED LIMITS AND ZONES

1.0 Introduction

The use of 20 mph zones and 20 mph speed limits are now relatively wide-spread, with more than 2,000 schemes in operation in England. This policy sets out the different types of 20 mph scheme that Local Highway Authorities can introduce, the benefits of introducing 20 mph schemes, and establishes locally determined criteria against which potential 20 mph schemes will be assessed.

There are a number of 20 mph zones and speed limits already in place in Rotherham. The earliest 20mph zone to be introduced was that covering the East Dene and Herringthorpe area which was implemented in 1992. A table showing the location of the 20 mph schemes in Rotherham together with their effect on accidents is attached as Appendix 1.

In the last 2 to 3 years there have been several high profile national campaigns that have promoted the use of 20 mph speed limits, the most prominent of which are the “20’s Plenty for Us” campaign and Living Streets’ more recent “Show you love 20 mph” campaign. The campaigns are arguing for properly enforced 20 mph default speed limits for streets where people and motorised traffic mix to reduce the impacts of traffic on communities and the environment and improve conditions for pedestrians and cyclists. In addition, 20’s plenty for Us are promoting a ‘Total 20’ policy where 20 mph is the default mandatory speed limit for all residential roads but without the cost or complexity of physical calming. Whilst it is accepted that this will result in smaller reductions in vehicle speeds than if physical calming is used it is argued the area that can be covered is 50 times greater for the same cost than if physical calming is used

In recognition of the benefits that introducing 20 mph schemes provide in January 2013 Government issued revised guidance on ‘Setting local speed limits’ (Department for Transport Circular 01/2013). This gives Local Highway Authorities greater flexibilities on how to introduce 20 mph schemes and is reflected in this report.

2.0 Benefits of 20 mph zones and speed limits

There is clear evidence of the effect of reducing traffic speeds on the reduction of collisions and casualties, as collision frequency is less at lower speeds, and where collisions do occur, there is a reduced risk of fatal and serious injury. Research shows that on urban roads with low average traffic speeds any 1 mph reduction in average speed can reduce the collision frequency by around 6%, so driving at 20 mph compared to 30 mph is likely to reduce the frequency of collisions by 60%. This reduction in speeds and collisions particularly benefits children, where collisions can be reduced by up to two-thirds, and pedestrians who have a greater chance of survival in collisions at lower speeds. There is no evidence of migration of collisions and casualties to streets outside the zone.

The majority of the 20 mph zones and speed limits that have been introduced in Rotherham were in response to an identified accident problem and include traffic calming

to make the zone/speed limit self enforcing. Before and after accident studies carried out on these schemes show that accidents have been reduced by up to 100 per cent.

In addition to improvements in road safety 20 mph schemes also:-

- Reduce social exclusion. The disproportionate threat of death and injury for pedestrians and cyclists is compounded by poverty and age. Poorer neighbourhoods disproportionately bear the brunt of road danger. Child pedestrians from poorer households are five times more likely to become road casualties than their better off counterparts.
- Restore the balance between motor traffic and communities by reducing noise and severance and increasing social interaction.
- Enable and encourage more walking and cycling which would help to cut congestion and reduce greenhouse gas emissions and fossil fuel dependence
- Offer health benefits by enabling more walking and cycling, especially by children, which would arguably do more than any other single measure to defuse the health time bomb of obesity, diabetes and coronary heart disease caused by sedentary lifestyles.

3.0 Funding and Cost Benefit

The cost of each 20 mph scheme will depend on the length and number of roads covered, the number of access points and the amount of physical traffic calming measures that are to be included. Schemes will be funded from the Local Transport Plan settlement. However, in view of the cuts to Local Transport Plan funded works which started in 2010 any schemes will have to demonstrate they are a good use of increasingly scarce resources.

According to research carried out by the 20's Plenty Campaign group 20 mph zones with physical traffic calming demonstrate good cost benefit on roads where there are more than 0.7 casualties per kilometre per annum, based on a cost of introducing traffic calming of £60,000 per kilometre. Clearly, the number of casualties needed to demonstrate good value decreases if the cost of introducing traffic calming can be reduced.

4.0 What roads are suitable?

Roads suitable for the introduction of 20 mph speed limits or zones include:

- Residential streets, particularly where the streets are being used by people on foot and on bicycles, there is community support and the characteristics of the street are suitable.
- Shopping streets where there is significant pedestrian activity and the characteristics of the road are suitable.
- Roads through rural villages where there are shops and/or schools present which by implication attract pedestrian and cyclist activity, there is community support and the characteristics of the road are suitable.
- Roads outside schools. In situations where a road outside a school is not suitable for the introduction of a permanent 20 mph speed limit it may be appropriate to consider a part time or advisory 20 mph speed limit.

In addition, the following may be considered suitable:

- Some major streets where there are – or could be - significant numbers of journeys on foot, and/or where pedal cycle movements are an important consideration, and this outweighs the disadvantage of longer journey times for motorised traffic.

20 mph zones and 20 mph speed limits are successful if they are self-enforcing, i.e. the existing conditions of the road or the introduction of measures such as traffic calming or signing, and publicity lead to a mean traffic speed compliant with the speed limit. To achieve compliance there should be no expectation on the police to provide additional enforcement beyond their routine activity. Details about the different types of 20 mph scheme are set out in Appendix 2.

It is important to consider the full range of options and their benefits, both road safety and wider community and environmental benefits and costs, before making a decision as to the most appropriate method of introducing a 20 mph scheme to meet local objectives and road conditions.

5.0 Consultation

A comprehensive and early consultation of all those who may be affected by the introduction of a 20 mph scheme is an essential part of the implementation process. This needs to include local residents, ward members, parish councils, the police and emergency services, public transport providers and any other relevant local groups (including for example, groups representing pedestrians, cyclists, drivers, or equestrians). In cases where 20 mph speed limits and zones include bus routes and where traffic calming is proposed we will take account of the operators views so that the optimum balance is achieved between speed reduction and the effect on bus services.

6.0 Criteria for introducing 20mph zones and speed limits in Rotherham

In line with Circular Roads 01/2013 'Setting Local Speed Limits', 20 mph speed limits and zones will only be introduced in Rotherham where average vehicle speeds are already 24 mph or less. Where speeds are higher supporting traffic calming measures will be needed to make the speed limit self enforcing. The type of traffic calming will depend on measured speeds on the road(s) concerned, with speed limit roundels and repeater signs being suitable for use where speeds are in the range 25-26 mph. Above this other types of traffic calming with a greater speed reducing potential such as road humps will be used.

Where vehicle speeds are higher than 24 mph, and where traffic calming measures are not proposed, the evidence suggests that signed only 20 mph speed limits will not result in large reductions in vehicle speeds. In such situations there is a danger that 20 mph speed limits could create a false sense of security as people will be expecting vehicles to be travelling in accordance with the speed limit when they may not be.

In view of the large number of roads that would potentially benefit from the introduction of 20 mph schemes, and the funding implications if traffic calming measures are needed, a method of assessing and prioritising potential schemes is required.

It is therefore proposed to initially priorities areas/roads which have a record of injury accidents based on the most recent 3 years accident data. Those that make it through this first round of assessment will then be the subject of further study and prioritisation using a scoring system that will consider the following parameters:

- The number, causation and type of collisions
- Mean speed of traffic
- Volume of traffic
- Road environment

Details of this scoring system are provided in Appendix 3. It is proposed that areas/roads should be proactively assessed and a number of schemes be introduced each year based on the funding available and scheme costs. Those areas/roads with the highest score will receive priority for treatment.

Roads outside schools will be assessed using the same scoring system as this includes a weighting for such roads. Roads outside schools will be prioritised for assessment using the school road safety risk assessments that were originally carried out as one of the recommendations of a scrutiny review in to road safety outside schools in 2009. These risk assessments have recently been updated and refreshed.

Appendix 1 - 20 mph speed limits in Rotherham

Location	Effect on collisions
East Dene and Herringthorpe area	70% reduction
St Ann's area	45% reduction
Holmes area	No before data available
Canklow area	No before data available
Lansbury Avenue area, Maltby	No before data available
Keble Martin Way area, Wath	No before data available
James Street area, Masbrough	No before data available
Eastwood area	50% reduction
Chestnut Avenue area, Wales	82% reduction
Baring Road area, Blackburn	70% reduction
Cliffe Road/Chapel Avenue area, Brampton Bierlow	67% reduction
Hesley Grange, Scholes	No effect
Wheatley Road area, kilnhurst	No effect
Slade Road area, Swinton	25% reduction
St Johns Road area, Swinton	25% reduction
Windsor Road, Thorpe Hesley	No effect
Church Field Lane, Wentworth	13% increase
Cherry Tree Road estate, Wales	14% increase
Ingshead Avenue/Oates Avenue, Rawmarsh	50% reduction
St Marys Avenue, Rawmarsh	100% reduction
Sough Hall Road, Thorpe Hesley	No effect
Harley area	10% increase
Rotherham Town Centre	Too early to determine

Appendix 2

Types of scheme

20 mph zones

20 mph zones require traffic calming measures (e.g. speed humps, chicanes) or repeater speed limit signing and/or roundel road markings at regular intervals, so that no point within a zone is more than 50 m from such a feature. In addition, the beginning and end of a zone is indicated by a terminal sign. Zones usually cover a number of roads.

20 mph zones are predominantly used in urban areas, both town centres and residential areas, and in the vicinity of schools. They can also be used around shops, markets, playgrounds and other areas with high pedestrian or cyclist traffic, though they should not include roads where motor vehicle movement is the primary function. It is generally recommended that they are imposed over an area consisting of several roads.

Evidence from successful 20 mph schemes shows that, due to the traffic calming provided, the introduction of 20 mph zones generally reduces mean traffic speed by more than is the case when a signed-only 20 mph limit is introduced.

The Department for Transport has recently made significant changes to facilitate and reduce the cost of introducing 20 mph zones. These changes mean that speed limit repeater signs and speed limit roundel road markings can now be used as traffic calming features in addition to more traditional physical traffic calming features such as road humps, narrowings and chicanes.

At least one traffic calming feature must be placed in a 20 mph zone and the features must still be placed at intervals not greater than 100 metres. The additional flexibility related to traffic calming and signing of 20 mph zones will ensure that the most appropriate measure is used to reflect the measured average speed of a road. Only where speeds are near the proposed 20 mph limit should local authorities consider placing speed limit repeater signs or roundel markings as opposed to physical features within a zone. These new arrangements should significantly reduce the requirement for traffic calming features and hence reduce implementation costs.

20 mph speed limits

20 mph speed limits are signed with terminal and at least one repeater sign, and do not require traffic calming. 20 mph limits are similar to other local speed limits and normally apply to individual or small numbers of roads but are increasingly being applied to larger areas.

Research into signed-only 20 mph speed limits shows that they generally lead to only small reductions in traffic speeds. Signed-only 20 mph speed limits are therefore most appropriate for areas where vehicle speeds are already low. This may, for example, be on roads that are very narrow, where engineering measures are already in place or where on-road car parking takes place. If the mean speed is already at or below 24 mph on a road, introducing a 20 mph speed limit through signing alone is likely to lead to general compliance with the new speed limit.

Variable 20 mph limits

Variable 20 mph speed limits can be introduced that apply only at certain times of day. These are particularly relevant where for example a school is located on a road that is not suitable for a full-time 20 mph zone or limit, such as a major through road. To indicate these limits, variable message signs have to be used.

Advisory part-time 20 mph limits can also be used although currently there are no schemes of this type in Rotherham. These are indicated with flashing school warning lights and the legend '20 mph when lights flash'. Site specific approval is no longer required for the signs as they are now authorised for use by the Department for Transport. In appropriate circumstances this can be a more cost-effective solution for roads outside schools as it reduces signing requirements and the need to process a traffic regulation order. However, with this type of scheme sign maintenance can be an issue in some situations and the effect on speeds may not be as great.

Traffic calming measures

Traffic calming involves the installation of measures to encourage lower traffic speeds. There are many retrofit measures available to help reduce vehicle speeds and ensure compliance with the speed limit in force. These are required at regular intervals in 20 mph zones and may be used in 20 mph limits. Measures can include road humps, pinch-points and chicanes, and as set out above, speed limit repeater signs and/or speed roundel markings can now also be used as traffic calming measures. In the case of new residential developments the principals contained in Manual for Streets for ensuring low vehicle speeds should be used.

APPENDIX 3

Scoring of 20mph schemes

Location:

Date of assessment:

Scheme length (km):

No. of accidents

No. of casualties

Casualties per km per year

Final score:

Accident information (A)		No. of accidents (F)	Weighting (W)	Rating (F x W)	Comments
Injury accidents	All		10	0	Period from: <input type="text"/>
					Period to: <input type="text"/>
Extra over	Accidents with speed causation (i.e. 306 & 307 from STATS19)		5	0	
Extra over	Pedestrians & cyclist accidents (all ages)		5	0	
Extra over	Pedestrians & cyclist accidents (age <16 yr old or > 60 yr old)		5	0	
Section A total				0	

Traffic speeds and flows (B)				
Average speed <=24mph (traffic calming not required)		Weighting (W)	Rating	Comments
Survey date:	<17mph	2		
	17 - 18mph	4		
Average speed:	19 - 20mph	6		
	21 - 22mph	8		
Speed limit	23 - 24mph	10		
Average speed >24mph (traffic calming required)		Weighting (W)	Rating	Comments
Survey date:	25 - 26mph	4		
	27 - 28mph	6		
Average speed:	29 - 30mph	10		
	31 - 35mph	15		
Speed limit	>35mph	20		
Section B total				0

Traffic flows (C)		Weighting (W)	Rating	Comments
Survey date:	<500vpd	1		
	500 - 1000 vpd	2		
2-way 24hr flow	1001 - 1500 vpd	3		
	1501 - 2000 vpd	4		
	>2000 vpd	5		
Section C total				0

Road Environment (D)		No. present (N)	Weighting (W)	Rating (N x W)	Comments
School	All types of school		2	0	
Playground	Each playground to be given a score of 1		1	0	
Shops	Each road containing 1 or more shops to be given a score of 1		1	0	
Elderley persons hosuing complex, residential home etc	Each housing complex to be given a score of 1		1	0	
Section D total				0	
Total rating = A + B + C + D =				0	

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET
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1.	Meeting:	Cabinet
2.	Date:	16th January 2014
3.	Title:	Street Lighting - Residential 'Invest to Save' Initiative
4.	Programme Area:	Environment and Development Services

5. Summary

5.1

The report seeks approval from Cabinet for a proposed 'invest to save' initiative in residential Street Lighting. The report was presented and the proposals supported by SLT at a meeting on 9th December 2013.

Under the Council's constitution (app 9, scheme of delegation, page 9), this is a key decision; all key decisions are to be made by Cabinet.

The definition of a key decision, in the constitution, is:

(b) any decisions that will result in income, expenditure or savings with a gross effect of £500,000 or greater (whether or not the item has been included in the relevant approved budget and including the provision by the Council of cash flow funding to third parties)

6. Recommendations

- 6.1 It is recommended that Cabinet approve the proposed Street Lighting Residential 'invest to save' initiative outlined in this report.**

7. Proposals and Details

As part of the Council's strategy for Street Lighting, new technology and products are monitored and advantage taken, whenever possible, to improve the quality of light provided whilst minimising the associated environmental impact.

The use of LED technology is already prevalent in Street Lighting and the Council has a programme of investment to replace around 6,000 lighting units on main and arterial routes. There is a further opportunity to utilise this technology to reduce the energy used in Street Lighting whilst providing quality lighting that may prove relatively maintenance-free in the long term. Manufacturers are claiming that LED units should have a life span of around 20 - 25 years.

There are approximately 28,000 street lighting units on residential roads and at present around 15,000 have been replaced with compact fluorescent lighting units. These compact fluorescent units provide energy-efficient, white light, but the remaining 13,000 units have low pressure and high pressure discharge lamps installed which are far less efficient in comparison to current technologies that are available.

It is proposed to replace the 13,000 residential units with LED lighting units to offer further efficiencies in both the energy consumption and what should be a 20 year maintenance-free lighting installation. Initial costs of residential LED units were such that installations were prohibitive, but costs have now reduced to a level where these units are a viable option.

Initially it is proposed to leave the 15,000 compact fluorescent units in situ and concentrate on replacement of the 13,000 discharge lights. The average energy saving for each replacement will be around 45 watts which will give an overall saving on completion of the programme of 2,424,825 Kwh/annum. Multiplied by £0.10 per Kwh = £242,483 in energy savings.

8. Finance

The cost of each residential LED fitting is currently over £200, but it is thought that a tendering exercise would reduce this to around £170 / unit. Therefore the capital cost (to purchase lanterns only) would be £2.21 million based on 13,000 residential columns.

However, part of this capital cost will be offset by the current capital investment (funded by prudential borrowing) to replace 7,000 'at risk' columns with new installations (column and lantern) which currently uses a PLL (compact fluorescent) lamp as a standard fitting, with an LED fitting. This would mean an additional requirement of £90 per column.

Therefore, the net effect of the proposal would mean an additional £1.65m prudential borrowing requirement with expenditure being incurred in the period 2014/15 – 2016/17 inclusive and profiled at £550k per year.

At 2012/13 prices the estimated net electricity savings after taking account of the prudential borrowing costs are shown below:

2014/15	2015/16	2016/17	2017/18	Total
37,046	39,578	40,265	3,907	120,795

9. Risks and Uncertainties

The figures for future energy costs are not known at present, however judging by the energy markets at present, it is thought they will increase. The effect of any increase is not included in the financial modelling however the installation of the more efficient lights will help improve the Council's overall position either by delivering cashable savings or by mitigating against the increased energy charges through 'avoided costs'.

As technology is moving forward at such a pace, more energy efficient units may become available in future years.

Manufacturers may not be able to meet demand for units in the quantities required, especially as other authorities are looking to install LED technology.

10. Policy and Performance Agenda Implications

The proposals would support corporate policies:

Helping to create safe and healthy communities

- Providing safer and well maintained roads

Improving the environment

- Reducing CO2 emissions and lower levels of air pollution
- Promoting sustainable development

11. Background Papers and Consultation

Rotherham MBC Budget Proposals 2013-14.

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet
2.	Date:	15 January 2014
3.	Title:	Cycling in Rotherham town centre Vehicle Restricted Area and change to hours of access for loading / unloading.
4.	Directorate:	Environment and Development Services

5. Summary

Further to the decision to permit cycling in the town centre Vehicle Restricted Area on an experimental basis this report presents details of how the operation of this proposal would be monitored along with the timescales for introducing the scheme.

6. Recommendations

It is recommended Cabinet resolve that:

- i) Note the proposal to permit cyclists to use the town centre vehicles restricted area on an experimental basis for 12 months**
- ii) Endorse the methodology proposed to monitor how this proposal works in practice**

7. Proposals and Details

The Cabinet Member for Regeneration and Development considered a report regarding cycling in the town centre Vehicle Restricted Area (VRA) on 2 December 2013 (Minute number 72 refers). At the meeting Cabinet Member decided that

- Cycling be permitted in the town centre VRA with cyclists allowed to contraflow cycle on some one way streets and be exempt from some prohibited turns.
- The hours during which vehicles are allowed into the VRA for loading or unloading be changed from 17:00 to 10:00 to 16:00 to 10:00.
- These changes will be introduced using an experimental Traffic Regulation Order (TRO).
- During the experimental scheme that liaison is undertaken with interested groups.
- Following the initial three months of operation a report reviewing the monitoring of its operation is made to Cabinet Member.

Drawing number 126/17/TT264, a copy of which is attached as Appendix A, shows the areas of the town centre VRA within which it is proposed to permit cycling and the cross town routes this would facilitate. It is also proposed to permit cyclists to contraflow cycle on some of the one way streets within the town centre.

In recommending that the above scheme should be introduced on an experimental basis Officers undertook significant consultation with interested parties. In summary concerns about safety should cycling be permitted in the town centre VRA were expressed by Action for Blind People, Rotherham Older Peoples Forum, Rotherham Health Network and two town centre residents in response to consultation on this proposal.

South Yorkshire Police have raised no objection to the proposal but in their response they comment about the potential risks associated with the proposals and recommended that, if progressed, the scheme should be introduced experimentally.

Research by the Transport Research Laboratory undertaken for the Department for Transport found no real factors to justify excluding cyclists from pedestrianised areas and that accidents between pedestrians and cyclists were very rarely generated in pedestrianised areas (only one pedestrian/cyclist accident in 15 site years) in the sites studied (Source: *Traffic Advisory Leaflet TAL 9/93 Cycling in Pedestrian Areas*). Throughout England 36 towns and cities permit cycling in vehicle restricted areas at any time with a further 25 permitting cycling during commuter hours (*Cycling in pedestrian areas, Cycle England, 2010*). However to establish if this is the case in Rotherham it is proposed that the order be made experimentally so a measure of its impact on all town centre users can be made.

Prior to implementation town centre users would be made aware that cyclists would be permitted in the town centre VRA at all times. This would be done through extensive publicity with a press release, notices in the town centre, a town centre cycling promotion event and the launch of a Cycling Code of Conduct which has been used elsewhere. A draft Code of Conduct is attached as Appendix B.

Prior to the TRO coming into force the interested groups would be contacted and monitoring meetings will be arranged so that views can be fed into the first quarterly report.

Once the experimental order comes into force new temporary signs would be erected saying that cycling is now permitted in the town centre VRA together with signs indicating the areas where cyclists are not permitted (for example in All Saint's Square). Signs would also be erected which illustrate the Code of Conduct. Rotherham Wardens patrolling the town centre would also be asked to report any instances of anti-social cycling they observe and discussions will take place regarding them talking to cyclists using the town centre in an anti-social manner.

Once the order has been in force for two weeks monitoring would begin. Monitoring would take the form of

- Cordon counts undertaken on one day each month to record the number of cyclists entering the town centre VRA between 07:00 and 19:00
- Observation of how cyclists use the town centre VRA and how they interact with pedestrians undertaken on one day each week during the first month of operation. These observations would be recorded on a dedicated form that seeks to capture how the interaction occurred and what factors contributed to it. After the first month these observations would then be undertaken on a monthly basis. A copy of the form for recording these interactions is attached as Appendix C.
- Monthly reviews of recorded injury accidents within the town centre VRA by examining the South Yorkshire Accident Database and liaising with South Yorkshire Police.

It is currently anticipated that the experimental order would come into force in spring 2014 with the first monitoring report being made to Cabinet Member in summer 2014. The exact date of implementation is subject to discussions with Legal Services and colleagues in Streetpride who are responsible for traffic signs.

Throughout the experimental order period people would be invited to give their views on how they think the change is working via e-mail or in writing.

The signing of the town centre vehicle restricted area would change as a result of the temporary order with the signs at the entry point being changed from a No vehicles restriction (Red bordered white circle) to a no motorised vehicle restriction (Red bordered white circle showing a car and a motorbike). In addition, on the streets where contraflow cycling is permitted the existing one way signs would be changed to one way with contraflow cycling signs. Other than changes to signing no other changes are proposed to the town centre environment.

8. Finance

The proposed scheme is expected to cost £10,000 and funding is available from the Local Sustainable Transport Fund Programme for 2013/2014.

9. Risks and Uncertainties

If cycling along pedestrian streets in the town centre is not permitted in appropriate areas, Rotherham town centre will continue to act as a barrier to accessing employment, retail, and education/ training for the growing number of cyclists in Rotherham. In addition the full benefits of investment in facilities for cyclists along routes into the town centre would not be realised if cyclists could not then continue along direct and safe routes to access facilities and services within the town centre or on the other side of the pedestrian areas.

10. Policy and Performance Agenda Implications

The scheme supports the Sheffield City Region's Transport Aspirations and more locally it complements Rotherham's Corporate Objectives, with particular focus on:

- Making sure no community is left behind
- Creating safe and healthy communities

11. Background Papers and Consultation

An Equality Analysis has been undertaken on this proposal, a copy of which is attached as Appendix D. This analysis shows that the proposal may affect blind, partially sighted and elderly users of the town centre.

The South Yorkshire Accident database shows that in the last five years there have been no accidents within the town centre VRA involving cyclists. In this same five year period there were eleven accidents in the town centre VRA, eight of which involved pedestrians being hit by motor vehicles and one involving a pedestrian being hit by a mobility scooter.

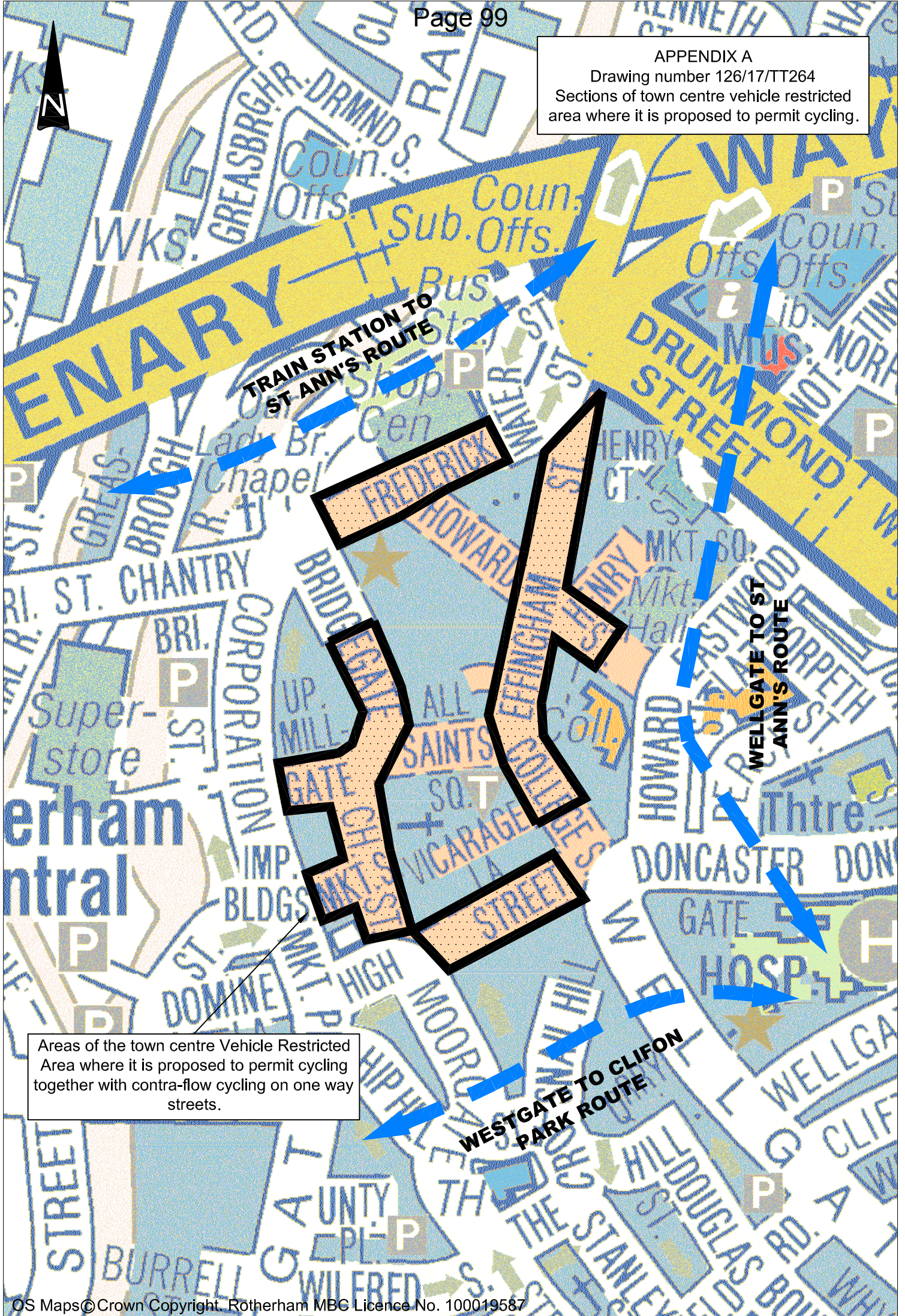
In 2010 the Government announced the creation of the Local Sustainable Transport Fund (LSFT) and made £560 million of funding available for projects over a four year period to 2014-15. South Yorkshire successfully bid for £24.6M from the fund. This bid was the subject of a report to Cabinet Member on 28 August 2012, Minute 33 refers.

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APPENDIX A

Drawing number 126/17/TT264

Sections of town centre vehicle restricted area where it is proposed to permit cycling.



Areas of the town centre Vehicle Restricted Area where it is proposed to permit cycling together with contra-flow cycling on one way streets.

Appendix B - Draft Code of Conduct for cyclists using the town centre VRA

Rotherham town centre

Promoting responsible cycling in the town centre pedestrianised areas

When cycling in Rotherham town centre

- Pedestrians always have priority over other users, always give way to pedestrians
- Cycle at a reasonable speed
- Expect pedestrians to be walking in the road
- Be prepared to dismount and walk with your bicycle if the streets are crowded with pedestrians
- Give extra room and time to parents with children, blind partially sighted and elderly people

DON'T

- Ride fast or aggressively
- Ride in front of shops or footways
- Expect pedestrians to be aware of approaching cyclists
- Assume that pedestrians can hear either you or a bike bell
- Ride in areas where cycling is not permitted, get off and walk your bike if you need to travel through these areas

**Rotherham town centre Vehicle Restricted Area
Observed conflict monitoring form**

Location:							
Stick diagram (draw how the conflict occurred)							
Parties							
	Male	Female	Pedestrian	Pushchair	Bike	Child	Wheelchair
1							
2							
3							
Conflict							
Severity of avoidance manoeuvre				Slight	Severe	Collision	
Factors (Note that blank boxes are for other factors)							
Sight lines				Gradient			
Limited width				Excess speed			
Glass				No warning (bell/shout)			
Mobile phone				Drunk			
Personal stereo				Wheelchair			
Slippery surface				Pushchair			
Mobility scooter							
Notes							
Observer name					Date:		

Conflict record number

RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

<p>Under the Equality Act 2010 Protected characteristics are age, disability, gender, gender identity, race, religion or belief, sexuality, civil partnerships and marriage, pregnancy and maternity. Page 6 of guidance. Other areas to note see guidance appendix 1</p>	
<p>Name of policy, service or function. If a policy, list any associated policies:</p>	<p>Permit cycling in the town centre vehicle restricted area (VRA).</p>
<p>Name of service and Directorate</p>	<p>Transportation and Highways Project, Streetpride, Economic and Development Services</p>
<p>Lead manager</p>	<p>Tom Finnegan-Smith</p>
<p>Date of Equality Analysis (EA)</p>	<p>29 November 2013</p>
<p>Names of those involved in the EA (Should include at least two other people)</p>	<p>Tom Finnegan-Smith Simon Gammons Matthew Lowe</p>
<p>Aim/Scope (who the Policy /Service affects and intended outcomes if known) See page 7 of guidance step 1</p> <p>The VRA within the town centre is a significant barrier to cyclists who may want to access facilities or services such as employment, retail and education within this area or to those cyclists who may wish to travel across the town centre. Whilst there are a number of roads that cyclists can use to travel around the town centre, many of these roads (particularly the dual carriageways such as the A630 Centenary Way) carry large volumes of traffic and HGV's, travelling at a high speed. These roads are also not direct for cyclists wishing to cross the town centre and many would find the road environment and large junctions uncomfortable and intimidating to use. In light of this it is proposed to permit cyclists to use the town centre VRA.</p> <p>The proposal could have an effect on all town centre users but in particular would bring benefits for cyclists.</p>	
<p>What equality information is available? Include any engagement undertaken and identify any information gaps you are aware of. What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics? See page 7 of guidance step 2</p> <p>None.</p>	
<p>Engagement undertaken with customers. (date and group(s) consulted and key findings) See page 7 of guidance step 3</p>	<p>South Yorkshire Police were consulted on the proposal in September 2012. Had concerns about enforcement of anti-social cycling and potential impact on the visually impaired.</p> <p>Ward Members and Statutory Consultees were consulted in November 2012. One Ward Member</p>

RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

	<p>requested dedicated cycle lanes and bus companies via SYPTE had concerns about potential impact on the visually impaired.</p> <p>The Traffic Regulation Order to implement these changes was advertised on 19 July 2013 and in conjunction with this 366 consultation letters were sent to town centre businesses and residents. As a result of this consultation two objections were received regarding the safety impact of the proposal.</p> <p>AgeUK and Help for the Blind were contacted in writing on 25 September 2013 asking for their comments on the proposal.</p> <p>An RMBC Officer attended the Rotherham Visually Impaired Group (Action for Blind People) meeting on 12 November 2012. A formal objection received from them on 13 November 2013.</p> <p>Concerns about the safety of the proposal were expressed at the Rotherham Older People's Forum (Age UK).</p> <p>KEY FINDING; Blind/Partially sighted and older people are concerned about the impact of the change would have on the ability to use and safety in the VRA in Rotherham town centre.</p>
<p>Engagement undertaken with staff about the implications on service users (date and group(s)consulted and key findings) See page 7 of guidance step 3</p>	<p>None, not required.</p>
<p>The Analysis</p>	
<p>How do you think the Policy/Service meets the needs of different communities and groups? Protected characteristics of age, disability, gender, gender identity, race, religion or belief, sexuality, Civil Partnerships and Marriage, Pregnancy and Maternity. Rotherham also includes Carers as a specific group. Other areas to note are Financial Inclusion, Fuel Poverty, and other social economic factors. This list is not exhaustive - see guidance appendix 1 and page 8 of guidance step 4</p> <p>The proposal improves conditions for cyclists and provides them with an alternative route to using busier, heavily trafficked roads which surround the town centre. Cyclists come from all parts of society and it is likely that some of the cyclists riding through the town centre VRA will have protected characteristics.</p>	

RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

The proposal could also benefit some of the 26.6% of households in Rotherham who do not have access to a car (2011 Census) by improving access to and through the town centre where shopping and employment opportunities exist.

Analysis of the actual or likely effect of the Policy or Service:

See page 8 of guidance step 4 and 5

Does your Policy/Service present any problems or barriers to communities or Group? Identify by protected characteristics **Does the Service/Policy provide any improvements/remove barriers?** Identify by protected characteristics

The concern is that there would be a negative impact on Blind/Partially sighted and elderly people and that the proposal will make it dangerous for them to be in the town centre VRA. Research in other town/cities, where such proposals are in place, shows that accidents between pedestrians and cyclists were very rarely generated in pedestrianised areas (only one pedestrian/cyclist accident in 15 site years) in the sites studied (Source: *Traffic Advisory Leaflet TAL 9/93 Cycling in Pedestrian Areas*).

A way forward would be to implement the proposed change on an experimental basis and undertake extensive monitoring and engagement with potentially affected groups on a regular basis.

The current situation is the alternative to the proposed scheme; no other alternatives to the proposal are currently available.

What affect will the Policy/Service have on community relations? Identify by protected characteristics

The proposed scheme may antagonise blind/partially sighted or elderly pedestrians.

Please list any **actions and targets** by Protected Characteristic that need to be taken as a consequence of this assessment and ensure that they are added into your service plan.

Website Key Findings Summary: To meet legislative requirements a summary of the Equality Analysis needs to be completed and published.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting	Cabinet
2.	Date	15/01/2014
3.	Title	Public Health Outcomes Framework
4.	Directorate	Public Health

5. Summary

The Council has new statutory functions that include health protection and health improvement. Public Health England monitors these responsibilities through the Public Health Outcomes Framework (PHOF). Members require assurance that the Framework is being monitored and appropriate action is being taken to address the outcomes.

The Council's wider responsibilities for population health require a coordinated approach, including all partners. The PHOF focuses on the causes of premature mortality. The Rotherham Health and Wellbeing Strategy (HWBS) supports early intervention and prevention as part of improving performance against the PHOF and the key lifestyle factors that influence avoidable mortality. The Outcomes Framework needs to be reviewed quarterly to drive improvements in performance. Public Health will lead this agenda and report to Cabinet by exception. Priority measures include those for avoidable mortality, which also features as a key outcome for the Integrated Transformation Fund.

Public Health will agree with partner's action plans to address under performance and complete a report card on each indicator. Where the Indicator is an outlier the report card will be reported to the appropriate planning or commissioning group.

Agreement needs to be reached on which performance measures are regularly reported to the Health and Wellbeing Board. These should be indicators that are closely linked to the six locally determined priorities which follow our Health and Well Being Strategy. If these high level indicators show no improvement or are significantly underperforming the Board will agree actions to be taken or hold a performance clinic with partners to develop a remedial action plan to engage action. Where a performance clinic is held this will report to Cabinet. The emphasis of the performance clinics will be on innovation and doing things differently to drive improvement and change.

Indicators outside of these top six strategic issues will be addressed elsewhere within the local performance framework. The actions will refocus activity on early intervention and prevention agenda for long term and sustainable impact. The report provides a framework for this process and an initial progress report.

6. Recommendations

- Cabinet agree the proposed framework to address performance on the Public Health Outcome Framework
- Cabinet agree the reporting structures
- Cabinet support this as a mechanism to deliver the Health and Wellbeing Strategy aim of moving services to prevention and early intervention.

7. Proposals and details

In November 2012 the Public Health Outcomes Framework, Improving outcomes and supporting transparency was released (Department of Health, 2012a).

The framework focused on the two high-level outcomes, which were intended to be achieved across the public health system and beyond. These two outcomes are:

1. Increased healthy life expectancy.
2. Reduced differences in life expectancy and healthy life expectancy between communities.

There are 66 indicators identified, that are grouped into four domains to deliver the two high level outcomes:

- improving the wider determinants of health (19)
- health improvement (24)
- health protection (7)
- healthcare public health and preventing premature mortality (16)

To improve the two high level outcomes will require the collective efforts from all parts of the public health system, and across public services and wider society. The framework focuses on the respective role of local government, the NHS and Public Health England, and their delivery of improved health and wellbeing outcomes for the people and communities they serve. It requires a robust partnership approach, which includes identifying leadership for each indicator.

The performance framework has a clear link to the Health and Wellbeing Strategy and the Integrated Health and Social Care Fund (IHSCF). The effectiveness of the local management of the IHSCF will be judged against impact on avoidable mortality as measured in the PHOF.

We propose public health work with key partners to address areas of underperformance. This approach is aimed to be clear and transparent to all partners, to help the RMBC performance team with the development of the management and accountability structure for the indicator sets. In Appendix 1 the table outlines the performance management lead and where there are cross overs with the current performance management of social care and children's services (boxes shaded in grey).

The current performance against the England average has highlighted several areas where there is under performance and a downward trend. This information is shown in Appendix 2. There needs to be an agreed reporting structure to ensure performance is monitored effectively.

The wide range of indicators requires feedback to a range of Directorate Leadership Teams in RMBC. The DLT teams will receive exceptions reports will be submitted are highlighted on Appendix 1. There will be a comprehensive monitoring process initiated for those outcomes off track, including performance clinics to review change. This process will be directed by multiagency the Health and Wellbeing Steering group. The performance clinic will involve all the key partners and will use the

Friedman (2009) outcome based accountability approach to develop remedial actions which will make long term sustainable change. There will be a strong focus on addressing the prevention and early intervention opportunities within the remedial action plan to make long term impact (see appendix 3). It is recognised that population based indicators are slow and challenging to change. The PHOF should be used to drive forwards the priorities in the Health and Wellbeing Strategy.

Commentary on Public Health Outcomes – Current Performance by domain:

1. Improving the Wider Determinants

- The child poverty continues to be a significant challenge for the Borough
- The Safer Rotherham Partnership need to consider the link between high admission rates for violent crime and the apparently low crime rates in Rotherham.

2. Health Improvement

- Breastfeeding rates are poor and smoking at delivery remains high. Both indicators impact on the health of mother and infant including long term issues such as school performance and obesity.
- Hospital admissions for unintentional injury need to be reviewed.
- The number adults who are inactive and/or smoke continue to be high.
- Performance is poor on diabetic retinopathy screening (the major cause of avoidable blindness).
- Self-reported measures for wellbeing as a mental health and wellbeing indicators appears to be low. This is of concern particularly in relation to the increase in local suicides.
- Injuries to older people from falls are a concern.

3. Health Protection

- Rotherham has high rates of chlamydia infection which results in infertility. Chlamydia is used as a marker of other sexually transmitted diseases.
- HPA vaccination uptake has recently been improved.
- Although the completion of TB treatment appears low the number of TB cases in Rotherham is very small.

4. Healthcare Public Health

- The position on infant mortality is good considering the performance on breastfeeding and smoking at delivery
- Under 75s mortality for all the avoidable causes (except liver disease are significantly above the national average.
- Emergency admissions and readmissions are a continuing problem.
- Preventable sight loss is a concern.

All of the above issues will be subject to an action plan to explore the reasons for under performance and identify measurable outputs. Some may also require a performance clinic.

8. Finance

There will be some activity funded by the Public Health budget, however many of the wider determinant elements will be funded by a range of partner organisations and from other Directorates within the Council. There will be opportunities for Integrated Health and Social Care Fund to be delivering prevention activity which addresses avoidable mortality outcomes which is a key objective of the Fund.

9. Risks and uncertainties

There are currently a number of new indicators which have new data collection methods being developed. The full outline of the indicators is available in the Public Health Outcomes Framework, Improving outcomes and supporting transparency Part 2 document (Department of Health 2012b).

Premature mortality reflects social disadvantage and societal and individual behaviours that put people at increased risk.

10. Policy and Performance Agenda Implications

The framework will deliver the ambitions of the Health and wellbeing Strategy and the Public Health White paper, Healthy Lives Healthy People: Our strategy for public health in England.

Regional and national comparisons can be found on <http://www.phoutcomes.info/>

11. Background Papers and Consultation

Department of Health (November 2012a) Improving outcomes and supporting transparency: Part 1A Public Health Outcomes Framework for England 2013 -16. HMSO: London

Department of Health (November 2012b) Improving outcomes and supporting transparency: Part 2 – summary technical specifications of public health indicators. HMSO: London

Friedman, M. (2009). Trying hard is not good enough: How to produce measurable improvements for customers and communities. FPSI Publishing: Charleston.

12. Keywords: Performance framework, Outcomes, Public Health, Early Intervention and Prevention

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Appendix 1 – Public Health Outcome – PH leads, Partners and reporting structure

Appendix 2 – Public Health Outcomes Framework Report card – October 2013

Appendix 3 – Performance Clinic Framework

Appendix 4 - Friedman (2009) Performance Management Effort and Effect Matrix

Appendix 1: Public Health Outcomes Framework – PH leads, Partners and reporting structure

Domain	Indicator	Reported to	Partner organisations	Public Health lead
Improving wider determinants of health	Health and Wellbeing – Prevention and Early Intervention			John Radford (with the support of Public Health Specialists)
Improving the wider determinants of health	Children in Poverty	CYPS	RMBC CYPS CVS Schools Job Centre	
	School readiness	CYPS	RMBC CYPS Schools RFT (HV/SN)	

Domain	Indicator	Reported to	Partner organisations	Public Health lead
	Pupil Absence	CYPS (monitored and managed by SW team)	RMBC CYPS RFT (HV/SN) Schools GPs	
	First Time Entrants Into Youth Justice System	CYPS (monitored and managed by SW team)	SY Police RMBC IYSS RDaSH	
	16-18 NEETS	CYPS (monitored and managed by SW team)	RMBC IYSS Job Centre plus	
	People with mental illness or disability in settled accommodation	NAS (in ASCOF monitored and managed by DR team)	RMBC NAS RDaSH CCG Job Centre	
	People in prison who have a mental illness	NAS	RMBC CCG RDaSH SY Police	
	Employment for those with LT health conditions including those with learning difficulties/disability or mental illness	NAS (in ASCOF monitored and managed by DR team)	CCG RMBC NAS Job centre RDaSH	
	Sickness absence rate	Resources NAS	All partners	
	Killed or seriously injured casualties on England's roads	EDS	RMBC EDS SY Police Schools	
	Domestic abuse	NAS	RMBC NAS SY Police All Health partners CVS	
	Violent crime (including sexual violence)	NAS	RMBC PH SY Police RFT CCG	
	Re-offending	NAS	SY Police RMBC NAS	
	The percentage of the population affected by noise	NAS	RMBC NAS	
	Statutory homelessness	NAS	RMBC NAS CVS	

Domain	Indicator	Reported to	Partner organisations	Public Health lead
	Utilisation of green spaces for exercise/health reasons	EDS	RMBC EDS RMBC NAS CVS	
	Fuel poverty	EDS	RMBC EDS RMBC NAS CVS	
	Social connectedness	NAS (in ASCOF monitored and managed by DR team)	RMBC NAS CVS	
	Older people's perception of community safety	NAS (in ASCOF monitored and managed by DR team)	RMBC NAS SY Police	

Domain	Indicator	Reported to	Partner organisations	Public Health lead
Health Improvement	Health and Wellbeing – healthy lifestyles			Joanna Saunders (with the support of Public Health Specialists)
Health Improvement	Low birth weight of term babies	CYPS	RMBC CYPS RMBC NAS CCG RFT	
	Breastfeeding	CYPS (monitored by SW team – performance managed by PH)	RMBC CYPS RMBC NAS CCG RFT	
	Smoking status at time of delivery	CYPS	RMBC CYPS RMBC NAS CCG RFT	
	Under 18 conceptions	CYPS	RMBC CYPS RMBC NAS CCG RFT	
	Child development at 2-2.5 years	CYPS	RMBC CYPS RMBC NAS CCG RFT	
	Excess weight at 4-5 and 10-11 year olds	CYPS (monitored by SW team – performance managed by PH)	RMBC CYPS RMBC NAS CCG RFT	
	Hospital admissions caused by unintentional and deliberate injuries in under 18s	CYPS	RMBC CYPS RDaSH CCG RFT	
	Emotional wellbeing of LAC	CYPS	RMBC CYPS RMBC NAS CCG RFT	
	Smoking prevalence – 15 year olds	CYPS	RMBC CYPS RMBC NAS RMBC EDS Schools	
	Hospital admissions as a result of self-harm	CYPS	RMBC CYPS RMBC NAS CCG RFT RDaSH	
	Diet	CYPS NAS	RMBC NAS RMBC CYPS CVS	
	Excess weight in adults	NAS	RMBC NAS CCG	


































Domain	Indicator	Reported to	Partner organisations	Public Health lead
			RFT Weight Management Providers	
	Proportion of physically active and inactive adults	EDS	RMBC EDS RMBC NAS CVS DC Leisure	
	Smoking prevalence – adult (over 18s)	NAS	RMBC NAS Stop Smoking services	
	Successful completion of drug treatment	NAS	RMBC NAS Drug treatment providers	
	People entering prison with substance dependence issues who are previously not known to community treatment	NAS	RMBC NAS Prison Service	
	Recorded diabetes	NAS	RMBC NASA CCG RFT GP Practices	
	Alcohol related hospital admissions	NAS	RMBC NAS RFT	
	Cancer diagnosed at Stage 1 and 2	NAS	RMBC RFT	
	Cancer screening coverage	NAS	RMBC NAS NHS England RFT	
	Access to non- cancer screening programmes	NAS	RMBC NAS NHS England RFT	
	Take up of the NHS Health Check Programme	NAS	RMBC NAS GP Practices	
	Self-reported wellbeing	NAS	RMBC NAS	
	Falls and injuries in the over 65s	NAS	RMBC NAS CCG RFT – Falls service RMBC EDS Providers	

Domain	Indicator	Reported to	Partner organisations	Public Health lead / contact
Health Protection	Health and Wellbeing – Prevention and early intervention			Jo Abbott (with the support of Public Health Specialists)
Health Protection	Air pollution	EDS NAS	RMBC EDS RMBC NAS	
	Chlamydia diagnoses (15-24 year olds)	CYPS	RMBC CYPS RFT Schools	
	Population vaccination coverage	NAS	RMBC NAS NHS England PH England CCG	
	People presenting with HIV at a late stage of infection	NAS	RMBC NAS CCG RFT GP Providers	
	Treatment completion for tuberculosis	NAS	RMBC NAS CCG RFT	
	Public sector organisations with board approved sustainable development management plan	EDS	All partners	
	Comprehensive agreed interagency plans for responding to public health incidents	NAS EDS	RMBC NAS RMBC EDS RFT CCG	











































Domain	Indicator	Reported to	Partner organisations	Public Health lead / contact
Healthcare public health and preventing premature mortality	Health and Wellbeing – Long term conditions			Nagpal Hoysal (with the support of Public Health Specialists)
Healthcare public health and preventing premature mortality	Infant Mortality	CYPS	RMBC CYPS RMBC NAS RFT CCG	
	Tooth decay in children aged 5	CYPS	RMBC CYPS RMBC NAS RFT	
	Mortality from causes considered preventable	NAS	RMBC NAS RFT CCG	
	Mortality from all cardiovascular diseases (including heart disease and stroke)	NAS	RMBC NAS RFT CCG	
	Mortality from cancer	NAS	RMBC NAS RFT CCG	
	Mortality from liver disease	NAS	RMBC NAS RFT CCG	
	Mortality from respiratory diseases	NAS	RMBC NAS RFT CCG	
	Mortality from communicable diseases	NAS	RMBC NAS RFT CCG	
	Excess under 75 mortality in adults with serious mental illness	NAS	RMBC NAS RFT CCG	
	Suicide	NAS CYPS	RMBC NAS RMBC CYPS RFT CCG SY Police CVS (Samaritans)	
	Emergency admissions within 30 days of discharge from hospital	NAS	RMBC NAS RFT CCG	
	Health related quality of life for older people	NAS	RMBC NAS RFT CCG	
	Hip fractures in over 65s	NAS	RMBC NAS RFT CCG	
	Excess winter deaths	EDS NAS	RMBC NAS RFT	





































Domain	Indicator	Reported to	Partner organisations	Public Health lead / contact
			CCG	
	Dementia and its impacts	NAS	RMBC NAS RFT CCG RDaSH CVS	

Appendix 2 – Public Health Outcomes Framework scorecard – October 2013

Public Health Outcomes										
Report date: 28-Oct-13		Position Key:		 Better	Trend key:		 Improving			
				 Average			 Stable			
				 Worse			 Worsening			
				 Not compared						
Indicator	Time Period	Value	Lower CI	Upper CI	Count	Denominator	Sex	Age	Position	Trend
1.01 - Children in poverty	2010	23.14	22.77	23.51	11480.00	49610.00	Persons	<16 yrs		
1.03 - Pupil absence	2011/12	5.57	5.34	5.81	616514.00	11065292.00	Persons	5-15 yrs		
1.04i - First time entrants to the youth justice system	2012	434.88	356.08	521.72	110.97	25517.00	Persons	10-17 yrs		
1.05 - 16-18 year olds not in education employment or training	2012	7.40	6.94	7.98	730.00	9802.33	Persons	16-18 yrs		
1.06i - Adults with a learning disability who live in stable and appropriate accommodation	2011/12	76.40			545.00	715.00	Persons	18-64 yrs		
1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation	2010/11	63.40			620.00	980.00	Persons	18-69 yrs		
1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate	2012	6.00					Persons	16-64 yrs		
1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate	2011/12	61.30					Persons	18-64 yrs		
1.09i - Sickness absence - The percentage of employees who had at least one day off in the previous week	2009 - 11	2.92	2.13	3.98		1367.00	Persons	16+ yrs		
1.09ii - Sickness absence - The percent of working days lost due to sickness absence	2009 - 11	2.34	1.71	3.19		5612.00	Persons	16+ yrs		
1.10 - Killed and seriously injured casualties on England's roads	2009 - 11	30.75	26.96	34.93	237.00	770679.00	Persons	All ages		
1.12i - Violent crime (including sexual violence) - hospital admissions for violence	2009/10 - 11/12	86.93	80.08	94.20	603.00	763069.00	Persons	All ages		
1.12ii - Violent crime (including sexual violence) - violence offences	2011/12	8.95	8.58	9.32	2278.00	254600.00	Persons	All ages		
1.13i - Re-offending levels - percentage of offenders who re-offend	2010	25.79	24.23	27.41	746.00	2893.00	Persons	All ages		
1.13ii - Re-offending levels - average number of re-offences per offender	2010	.65	.62	.68	1885.00	2893.00	Persons	All ages		
1.14i - The percentage of the population affected by noise - Number of complaints about noise	2011/12	8.71	8.35	9.08	2245.00	257716.00	Persons	All ages		
1.15i - Statutory homelessness - homelessness acceptances	2011/12	1.10	.91	1.32	117.00	106000.00	Undefined	Undefined		
1.15ii - Statutory homelessness - households in temporary accommodation	2011/12	.32	.22	.45	34.00	106000.00	Persons	All ages		
1.16 - Utilisation of outdoor space for exercise/health reasons	Mar 2009 - Feb 2012	13.70	7.76	19.63			Persons	16+ yrs		
1.18i - Social Isolation: % of adult social care users who have as much social contact as they would like	2011/12	41.80	38.20	45.40		595.00	Persons	18+ yrs		

Public Health Outcomes										
Report date: 28-Oct-13		Position Key:				Trend key:				
Indicator	Time Period	Value	Lower CI	Upper CI	Count	Denominator	Sex	Age	Position	Trend
2.01 - Low birth weight of term babies	2010	3.32	2.74	4.03	99.00	2978.00	Persons	>=37 weeks gestational age at birth		
2.02i - Breastfeeding - Breastfeeding initiation	2011/12	61.46	59.68	63.21	1794.00	2919.00	Female	All ages		
2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	2011/12	30.20	28.58	31.86	911.00	3017.00	Persons	6-8 weeks		
2.03 - Smoking status at time of delivery	2010/11	22.36	20.89	23.90	659.00	2947.00	Female	All ages		
2.04 - Under 18 conceptions	2011	40.91	35.45	46.98	201.00	4913.00	Female	<18 yrs		
2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2011/12	16.10	14.84	17.44	494.00	3068.00	Persons	4-5 yrs		
2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2011/12	33.03	31.29	34.81	902.00	2731.00	Persons	10-11 yrs		
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2011/12	130.68	120.45	141.55	602.00	46066.00	Persons	<15 yrs		
2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	2011/12	157.88	144.33	172.36	499.00	31606.00	Persons	15-24 yrs		
2.08 - Emotional well-being of looked after children	2011/12	15.30				175.00	Persons	4-16		
2.13i - Percentage of physically active and inactive adults - active adults	2012	52.38	47.58	57.18		416.00	Persons	16+ yrs		
2.13ii - Percentage of active and inactive adults - inactive adults	2012	33.57	29.03	38.11		416.00	Persons	16+ yrs		
2.14 - Smoking prevalence - adults (over 18s)	2011/12	23.31	21.21	25.40		1563.00	Persons	18+ yrs		
2.15i - Successful completion of drug treatment - opiate users	2011	7.85	6.47	9.49	96.00	1223.00	Persons	18-75 yrs		
2.15ii - Successful completion of drug treatment - non-opiate users	2011	50.48	43.77	57.17	106.00	210.00	Persons	18-75 yrs		
2.17 - Recorded diabetes	2011/12	6.21	6.10	6.31	12715.00	204899.00	Persons	17+ yrs		
2.20i - Cancer screening coverage - breast cancer	2012	80.83	80.37	81.29	22854.00	28273.00	Female	53-70 yrs		
2.20ii - Cancer screening coverage - cervical cancer	2012	77.48	77.15	77.80	49536.00	63934.00	Female	25-64 yrs		
2.21vii - Access to non-cancer screening programmes - diabetic retinopathy	2011/12	66.65	65.72	67.57	6660.00	9992.00	Persons	12+ yrs		
2.22i - Take up of NHS Health Check Programme by those eligible - health check offered	2012/13	17.87	17.60	18.14	13694.00	76637.00	Persons	40-74 yrs		
2.22ii - Take up of NHS Health Check programme by those eligible - health check take up	2012/13	51.60	50.76	52.44	7066.00	13694.00	Persons	40-74 yrs		
2.23i - Self-reported well-being - people with a low satisfaction score	2011/12	26.09	24.29	27.89		3681.00	Persons	16+ yrs		
2.23ii - Self-reported well-being - people with a low worthwhile score	2011/12	21.13	19.44	22.82		3657.00	Persons	16+ yrs		
2.23iii - Self-reported well-being - people with a low happiness score	2011/12	31.33	29.36	33.30		3681.00	Persons	16+ yrs		
2.23iv - Self-reported well-being - people with a high anxiety score	2011/12	42.27	40.21	44.33		3657.00	Persons	16+ yrs		
2.24i - Injuries due to falls in people aged 65 and over (Persons)	2011/12	1833.17	1717.42	1954.36	1039.00	45130.00	Persons	65+ yrs		
2.24i - Injuries due to falls in people aged 65 and over (males/females)	2011/12	1409.12	1251.17	1581.36	293.00	20085.00	Male	65+ yrs		
2.24i - Injuries due to falls in people aged 65 and over (males/females)	2011/12	2257.22	2090.51	2433.23	746.00	25045.00	Female	65+ yrs		
2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79	2011/12	996.46	894.52	1106.77	353.00	33513.00	Persons	65-79 yrs		
2.24iii - Injuries due to falls in people aged 65 and over - aged 80+	2011/12	5598.37	5163.89	6058.12	686.00	11617.00	Persons	80+ yrs		

Public Health Outcomes										
Report date: 28-Oct-13		Position Key:			Better	Trend key:			Improving	
					Average				Stable	
					Worse				Worsening	
					Not compared					
Indicator	Time Period	Value	Lower CI	Upper CI	Count	Denominator	Sex	Age	Position	Trend
3.01 - Fraction of mortality attributable to particulate air pollution	2010	5.70					Persons	30+ yrs		
3.02i - Chlamydia diagnoses (15-24 year olds) - Old NCSP data	2011	2554.98	2382.97	2736.13	819.00	32055.00	Persons	15-24 yrs		
3.02ii - Chlamydia diagnoses (15-24 year olds) - CTAD	2012	3375.94	3176.39	3584.74	1067.00	31606.00	Persons	15-24 yrs		
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	2011/12	96.15	95.41	96.77	2971.00	3090.00	Persons	1 yr		
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2011/12	96.72	96.03	97.29	3004.00	3106.00	Persons	2 yrs		
3.03iv - Population vaccination coverage - MenC	2011/12	95.44	94.64	96.12	2949.00	3090.00	Persons	1 yr		
3.03v - Population vaccination coverage - PCV	2011/12	95.86	95.10	96.51	2962.00	3090.00	Persons	1 yr		
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	2011/12	95.30	94.50	95.99	2960.00	3106.00	Persons	2 yrs		
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years)	2011/12	90.15	89.03	91.17	2692.00	2986.00	Persons	5 yrs		
3.03vii - Population vaccination coverage - PCV booster	2011/12	93.75	92.85	94.55	2912.00	3106.00	Persons	2 yrs		
3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	2011/12	92.92	91.96	93.77	2886.00	3106.00	Persons	2 yrs		
3.03ix - Population vaccination coverage - MMR for one dose (5 years old)	2011/12	93.50	92.56	94.33	2792.00	2986.00	Persons	5 yrs		
3.03x - Population vaccination coverage - MMR for two doses (5 years old)	2011/12	89.48	88.33	90.53	2672.00	2986.00	Persons	5 yrs		
3.03xii - Population vaccination coverage - HPV	2011/12	82.10	80.23	83.84	1422.00	1732.00	Female	12-13 yrs		
3.03xiii - Population vaccination coverage - PPV	2011/12	74.61	74.21	75.02	33013.00	44245.00	Persons	65+ yrs		
3.03xiv - Population vaccination coverage - Flu (aged 65+)	2011/12	76.02	75.62	76.42	33756.00	44402.00	Persons	65+ yrs		
3.03xv - Population vaccination coverage - Flu (at risk individuals)	2011/12	53.62	53.04	54.21	15075.00	28112.00	Persons	6 months-64 yrs		
3.04 - People presenting with HIV at a late stage of infection	2009 - 11	58.62	38.94	76.48	17.00	29.00	Persons	15+ yrs		
3.05i - Treatment completion for TB	2011	78.95	56.67	91.49			Persons	All ages		
3.05ii - Treatment completion for TB - TB incidence	2009 - 11	8.51	5.26	12.85	21.67	254605.00	Persons	All ages		
3.06 - Public sector organisations with a board approved sustainable development management plan	2011/12	100.00			5.00	5.00	Undefined	Undefined		

Public Health Outcomes										
Report date: 28-Oct-13		Position Key:			Better	Trend key:			Improving	
					Average				Stable	
					Worse				Worsening	
					Not compared					
Indicator	Time Period	Value	Lower CI	Upper CI	Count	Denominator	Sex	Age	Position	Trend
4.01 - Infant mortality	2009 - 11	4.48	3.23	6.05	42.00	9379.00	Persons	< 1 yr		
4.03 - Mortality rate from causes considered preventable (provisional)	2009 - 11	159.76	151.70	168.12	1529.00	773148.00	Persons	All ages		
4.04i - Under 75 mortality rate from all cardiovascular diseases (provisional)	2009 - 11	72.02	66.53	77.84	652.49	711417.00	Persons	<75 yrs		
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (provisional)	2009 - 11	51.24	46.68	56.13	474.00	712608.00	Persons	<75 yrs		
4.05i - Under 75 mortality rate from cancer (provisional)	2009 - 11	124.09	116.89	131.62	1132.00	711417.00	Persons	<75 yrs		
4.05ii - Under 75 mortality rate from cancer considered preventable (provisional)	2009 - 11	71.18	65.77	76.90	656.00	712608.00	Persons	<75 yrs		
4.06i - Under 75 mortality rate from liver disease (provisional)	2009 - 11	15.67	13.10	18.60	134.00	712608.00	Persons	<75 yrs		
4.06ii - Under 75 mortality rate from liver disease considered preventable (provisional)	2009 - 11	13.65	11.25	16.41	116.00	712608.00	Persons	<75 yrs		
4.07i - Under 75 mortality rate from respiratory disease (provisional)	2009 - 11	30.39	26.94	34.15	288.00	712608.00	Persons	<75 yrs		
4.07ii - Under 75 mortality rate from respiratory disease considered preventable (provisional)	2009 - 11	12.39	10.26	14.82	121.00	712608.00	Persons	<75 yrs		
4.08 - Mortality from communicable diseases (provisional)	2009 - 11	39.75	36.42	43.29	572.00	773148.00	Persons	All ages		
4.10 - Suicide rate (provisional)	2009 - 11	4.27	2.92	6.02	34.00	773148.00	Persons	All ages		
4.11 - Emergency readmissions within 30 days of discharge from hospital	2010/11	12.78	12.41	13.16	4417.00	33255.00	Persons	All ages		
4.11 - Emergency readmissions within 30 days of discharge from hospital	2010/11	13.58	13.01	14.17	2117.00	15492.00	Male	All ages		
4.11 - Emergency readmissions within 30 days of discharge from hospital	2010/11	12.07	11.58	12.57	2300.00	17763.00	Female	All ages		
4.12i - Preventable sight loss - age related macular degeneration (AMD)	2011/12	144.03	111.16	183.58	65.00	45130.00	Persons	65+ yrs		
4.12ii - Preventable sight loss - glaucoma	2011/12	12.66	7.38	20.28	17.00	134234.00	Persons	40+ yrs		
4.12iii - Preventable sight loss - diabetic eye disease	2011/12	3.16	1.27	6.52	7.00	221216.00	Persons	12+ yrs		
4.12iv - Preventable sight loss - sight loss certifications	2011/12	58.20	49.26	68.30	150.00	257716.00	Persons	All ages		
4.14i - Hip fractures in people aged 65 and over	2011/12	465.86	408.64	528.50	268.00	45130.00	Persons	65+ yrs		
4.14ii - Hip fractures in people aged 65 and over - aged 65-79	2011/12	213.41	167.85	267.47	76.00	33513.00	Persons	65-79 yrs		
4.14iii - Hip fractures in people aged 65 and over - aged 80+	2011/12	1601.86	1369.59	1860.42	192.00	11617.00	Persons	80+ yrs		

Appendix 3 – Performance clinic structure and process

Each indicator will have a current performance assessment and list of preventative activities developed to monitor preventative activity and actions on a report card.

Where the Indicator is an outlier the report card will be reported to the appropriate planning or commissioning group

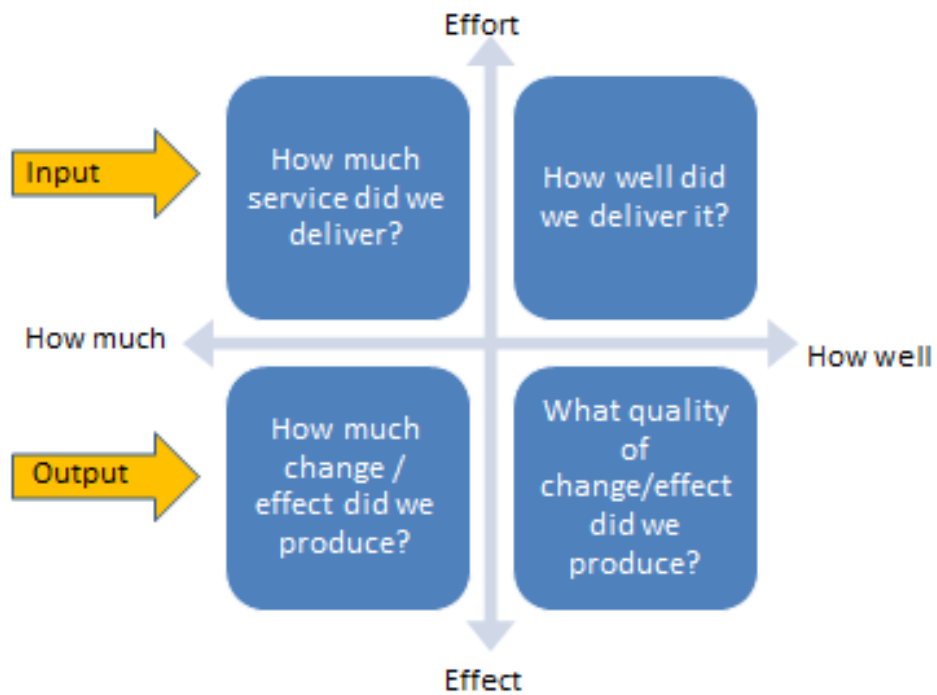
Public Health Outcomes that are significantly off target will have a performance clinic to develop an action plan which aims to reverse the current trend. The performance clinic will bring together partners (Commissioners and Providers) to explore advantages and challenges. We will use the Effort and Effect matrix (Appendix 4) along with additional tools from the Friedman (2009) outcome based accountability. This approach should be completed within 2 hours, creating a robust action plan that ensures efforts result in improved outcomes.

Report Card

4.3 Mortality from causes considered preventable	
Rationale	Preventable mortality can be defined in terms of causes that are considered to be preventable through individual behaviour or public health measures limiting individual exposure to harmful substances or conditions. Examples include lung cancer, illicit drug use disorders, land transport accidents and certain infectious diseases.
Indicator	Age-standardised rate of mortality from causes considered preventable per 100,000 population.
Current performance and trend	Higher than England average Rated – RED by PH England Rotherham 159.76 per 100,000 (2009/11) National 146.1 per 100,000 (2009/11) Rotherham's performance compared to other comparable areas is improving. Doncaster 175.0 per 100,000 (2009/11) Barnsley 167.4 per 100,000 (2009/11) Sheffield 155.3 per 100,000 (2009/11)

Prevention activity	Mental health first Aid Tobacco Control Weight Management Framework Safe alcohol use NHS Health Check programme and lifestyle support Affordable Warmth Strategy Public Health England's Screening programmes Early access to health services Flu vaccination programme 11 Disadvantaged area work Safer Rotherham Partnership
Remedial Actions	To be determined as part of a performance clinic e.g. Make Every Contact Count
Review Date	

Appendix 4: Friedman (2009) Performance Management Effort and Effect Matrix



ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet
2.	Date:	15th January 2014
3.	Title:	Proposed Extension of Planned Places at Newman Special School for Children with Special Educational Needs
4.	Directorate:	Children and Young People's Services

5. Summary

Following the previous reports to Cabinet on 18th September 2013 and 27th November 2013 pre statutory and statutory consultation on the proposal to expand Newman School has now been completed. This report seeks a final determination by Cabinet on the proposals to expand Newman School.

6. It is recommended that:

- 1. After consideration of representations received, the proposal to expand Newman School be approved by Cabinet.**
- 2. That the Secretary of State for Education be informed accordingly by the School Admissions, Organisation and SEN Assessment Service.**

7. Proposals and Details

The ASC Scrutiny Review reported that the number of children and young people with a diagnosis of ASD is approximately 1:60 in the 0-19 age range. This is well above the regional and national range (1246 as at June 2012). Rotherham has a range of provision across the developmental continuum and the majority of children have their needs met within mainstream settings, attached resources or special schools for children with a significant learning difficulty. However, an analysis of placements, including out of authority placements, has concluded that there remains a gap in provision for:

- children and young people with significant and complex learning, social, emotional and communication needs
- children who may experience a neuro developmental condition (for example social and communication difficulties, ASC)
- children with a high social and emotional vulnerability including trauma, loss and unmet attachment and relationship needs
- children within the broad cognitive range from mainstream ability to mild moderate learning difficulties
- children who are highly likely to require on-going assessment and intervention from health services (CAMHS, therapy services) and social care/ early intervention and support
- children who are experiencing high levels of anxiety and are currently educated other than at school for example by parents or the LA's home tuition service and where a gradual, supported reintegration into an appropriate peer group and environment is considered by all to be a positive next step forward

This also reflects feedback from families, schools and services. However, the proposed provision would not be exclusive to children who have a diagnosis of ASC.

It is proposed initially to expand the numbers on roll at Newman Special School from 90 to 110, an increase of 20 planned places for children with a Statement of Special Educational Needs naming that school in Part 4 of a Statement of SEN. In addition, it is proposed to offer 2 'assessment' places (total = 22 places) for children who are not in receipt of a Statement of SEN but where professional advice indicates that the child / young person requires an immediate placement in specialist provision whilst a statutory education assessment is underway. Local Authorities can refer, exceptionally, to a specific provision within the 2002 SEN Code of Practice (Paragraph 7:3-2) where all involved, including parents/carers, are in agreement to proceed on this basis. Thereafter the provision will expand to accommodate 30 children.

It is proposed that the Head teacher of Rotherham's Milton Special School, a specialist school for Communication and Interaction, will be seconded as a consultant Head teacher for the equivalent of 3 days per week for 2 years working alongside the Head teacher of Newman Special School where the children with a Statement of SEN would be on roll. It is proposed that there will be a high adult: pupil ratio together with targeted involvement of a multi-disciplinary team including

educational psychologists, speech and language therapists and mental health / youth workers. Children and young people may benefit from established links to mainstream schools and to post 16 pathways and options. It is anticipated that this provision will work closely with other local provision for vulnerable children, including those with ASC, and provide a resource for other teaching, support staff and staff in Local Authority support services.

8. Finance

It is proposed to modify 'the Bridge' building adjacent to Newman School which will become vacant as a result of the restructure of Alternative Provision. There is no requirement for a significant capital build project however internal and external refurbishment and modification will be required to create an environment suitable to meet the needs of our vulnerable children and young people with significant and complex learning, social, emotional and communication needs.

It is proposed that there will be 4 separate teaching and learning groups: one aged 10-12 years; two aged 12-16 and one aged 16+. In addition, there will be other required spaces for individual and smaller group withdrawal to deliver targeted, bespoke programmes and therapeutic intervention. The environment will need to be developed further in conjunction with the CYPs Capital Project Team, Architects and the school. A site survey has been completed and it is estimated that £150k from Capital maintenance budget (allocated to CYPs from the Department for Education DfE) will be required for the refurbishment project.

Funding for the operation of the provision will be under the DfE revised funding arrangements for education which came into effect from 1st April 2013. There will be an allocation of £10k per planned place, plus Element 3 top up funding per child at an agreed rate, from the High Needs Block budget. It should be noted that this will be a delegated budget which will be managed by Newman School and Governing Body.

The funding will form part of the School delegated budget as such the management of the school budget will continue to be in accordance with Rotherham School Finance Regulations.

It is anticipated that the development of this provision will realise savings on out of authority expenditure and improve the local offer within Rotherham.

9. Risks and Uncertainties

There are always risks and uncertainties when school place provision is considered since future pupil numbers are based on a combination of current knowledge of needs, gaps in provision and estimations of future need. Local Authorities however are obliged to provide sufficient places, promote diversity and increase parental choice.

A final decision should be determined by the Decision Maker within 2 months from the end of the representation period. If this fails to be done, then the matter is referred to the Schools Adjudicator for decision.

10. Policy and Performance Agenda Implications

The major theme supported by the proposal is 'to ensure that everyone has access to skills, knowledge and information to enable them to play their part in society'.

The proposal meets the aims of Transforming Rotherham Learning and the Rotherham Mission for all its children and young people. The proposal has the support of representatives from Learners First who are working in conjunction with Local Authority Officers and an external consultant to finalise a review of specialist provision in Rotherham.

11. Background Papers and Consultation

Reports to Cabinet on the 18th September 2013 and 27th November 2013. Pre statutory consultation records, public notice and DfE proposals.

Consultation timeline for the proposed expansion:

Members to agree to Pre statutory consultation period	18 th September 2013
Report to Members seeking approval to proceed to Statutory Consultation phase	27 th November 2013
Publication of statutory notices	6 th December 2013
4 week period for representations and objections closes	3 rd January 2014
Members to determine LA decision	15 th January 2014
Implementation	28th April 2014

There are no other linked proposals to consider.

12 Contact Name

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National Autistic Society Rotherham Branch
Rotherham

rotherham@nas.org.uk

2nd January 2014

Dear Mrs Thacker,

Re: Newman School expansion

We are writing as the NAS Rotherham Branch, in response to the public consultation regarding the expansion of Newman School to encompass the former Bridge PRU as a unit for children with complex needs.

Government SEN statistics clearly show that since 2006 there has been an overall increase of 219% in the number of pupils at school action plus/statement of SEN with a primary need of Autism within Rotherham. Primary, secondary and special schools have all seen significant increases, with the highest being a 313% increase within secondary schools.

As you are aware our branch handed in a petition to the council on 26th September 2013, requesting that the council look at the issue of provision for children on the higher functioning end of the autism spectrum, where their academic abilities are above average but who are unable to cope within mainstream classes due to environmental considerations. We started the petition after a survey of local parents revealed this was of concern to a considerable number.

We feel that it is positive that RMBC are looking at developing alternate provision within the local area to enable children of local families to attend a school within Rotherham which can meet their needs. We are also pleased that the proposal includes the involvement of a multi-disciplinary team to support the child within the setting. We welcome the progress RMBC has made in addressing our concerns and see in this proposal the opportunity for an excellent service to be developed. However, the current proposal does also give rise to some concerns, which are outlined below.

The reports to cabinet dated 18th September 2013 and 27th November 2013 state that the unit at Newman will not be ASC specific, and includes a list of the targeted groups of children that this unit could provide for. This information indicates that the new provision will be grouping together children with vastly different support needs. For example a young person with an attachment disorder has very different social and communication needs to a young person with ASC. It is also well known that children with ASC are unsuited to EBSD peer groups; due to their vulnerability, mimicry, and their need for an alternate approach to behaviour management.

Given the broad range of difficulties within the proposed peer group we do not think that it would be suitable for ASC to be included within this mix. The proposal also states that the placement will cater for children from mainstream academic ability to mild/moderate learning difficulties/disabilities. We would question how such a diverse mix of needs and abilities can be combined to adequately and appropriately meet the needs of these children. It is also unclear as to how such a wide mix of academic abilities would be managed, to ensure that none of the pupils are isolated. Will GCSE's and A levels be offered on site? Children with High Functioning ASC and Asperger's require a level of academic challenge and a peer group of similar academic ability, and it is not clear from the information given as to whether a wide range of GCSE's or A levels would be offered on site. Accessing provision/ classes within a mainstream for specific GCSE's is not suitable for the group of children we are campaigning for.

We are also gravely concerned at the ability/experience of the staff within Newman School to be able to meet the needs of this diverse range of pupils; which is significantly different from their current remit. We are aware of several families with children with ASC (particularly where the children are of mainstream academic ability) who have had major difficulties whilst attending the school, due to a lack of knowledge about ASC within this setting. Teaching high achieving children requires a very different range of experience to teaching children with learning disabilities, and while the staff within Newman school have demonstrated expertise in the latter, they do not have expertise in teaching high functioning children. We are therefore not clear how the needs of any children with ASC placed within the unit would therefore benefit from the links with the existing school.

It is also noted that the budget for this unit will be controlled by Newman school, but will not be ring-fenced for the children attending it. This also gives concerns as to whether the school will have adequate understanding of the needs of a child or young person with an ASC in order to ensure the budget is spent appropriately to meet those needs.

Finally, we have an additional query, in regard to the full proposal submitted by RMBC to the Department for Education. This documents states under 'section 18' that the additional pupils will be children with ASC; and that any additional specialist features that are to be provided will be for children with ASC. This contradicts with the information contained in the report to cabinet mentioned previously; therefore we would be grateful if RMBC could please clarify whether the proposed unit will be an ASC specific provision?

In conclusion, we feel that it is a positive that RMBC are looking into widening the SEN provision currently available within Rotherham; and are recognising the benefits of utilising a multi-disciplinary team to support the young people. However, in the current proposed format we have major concerns on the impact of placing young people with ASC into such a provision and the limited number of potential pupils with ASC this unit proposes to support and therefore we object to the opening of the unit. We would welcome the opportunity to work with RMBC to help address the concerns we have raised.

Yours Sincerely

Debra West

Branch Officer

On behalf of the National Autistic Society Rotherham Branch.

ROTHERHAM BOROUGH COUNCIL – Report to Cabinet
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1	Meeting:	Cabinet
2	Date:	15th January 2014
3	Title:	Early Years and Child Care Services including Children's Centres
4	Directorate:	CYPS

5. Summary

The purpose of this report is to inform Cabinet of the proposal to achieve the required Early Years and Child Care services, including Children Centres revenue reduction to meet the council-wide significant revenue reductions required by the government. It is stated here that changes will take place in services to meet the required reductions in revenue as demanded by central government.

Cabinet are asked to endorse the proposal for consultation for statutory public consultation in relation to changes to children's centre delivery, and on all services to be changed which will be of the maximum required 45 day period so that the reconfigured service and the required revenue reductions be implemented from April 2014.

6. Recommendations

That Cabinet:

- 6.1 Endorse the proposal for statutory public and subsequent staff consultation**

7. Background

7.1 Current Provision

The Early Years and Childcare services, covers a range of areas of work including the delivery of children's centre services, family and information services, early education and childcare services. There are over 500 Early Years and Childcare providers and 22 Children's Centres within Rotherham. The work of the Early Years and Childcare Services includes meeting a range of LA statutory duties under the Childcare Act 2006. The Children's Centres currently target over 8,500 children in the borough (there are currently nearly 15,500 under 5's in the borough)

Children's Centres

- 22 Children's Centres that provide access to multiagency services (both targeted and universal services) for children from pre-birth to 5 years of age and their families, of these 14 centres provide early education and childcare. All centres provide access to health services; family support and outreach services and training which also supports improved parenting skills to reduce the numbers of children coming into care, advice and support services to increase access to employment through universal and targeted services
- Children Centre services are targeted primarily towards the following vulnerable groups
 - Lone parents of children under 5 years of age
 - Teenage parents
 - Black and Minority Ethnic Groups with children under 5 years of age
 - Disabled children under 5 years of age
 - Disabled parents with children under 5 years of age
 - Workless households with children under 5 years of age
 - Dads with children under 5 years of age
 - Any other specific vulnerable groups that are reflective of specific localities and their local needs identified by centres
- Partnership working with health, adult and family learning particularly targeting most vulnerable and hard to reach groups through outreach of Early Years and Childcare Services
- Business management of children's centres contracts including performance, contracts and finances
- Management of Early Education contracts and finance monitoring
- Provision of leadership development for managers/business owners, HT in PVI settings/Childminder/Children Centres
- Support and Challenge the quality, standards and performance in schools/early years providers, including Childminders and out of school clubs, and children's centres - where provision is either requires improvement or inadequate.- 'Settings of concern'
- Provide information to parents/carers through the Families Information Services

7.2 Statutory Duties

Statutory Services delivered by the Early Years and Child Care Service in order to meet the statutory duties identified in the Childcare Act 2006

Children Centres

- Duty of sufficiency – ensure through partnership working sufficient children’s centres in place to improve outcomes for young children, their families and reduce inequalities in:
 - child development and school readiness;
 - parenting aspirations and parenting skills;
 - child and family health and life chances.
- Duty of LA to ensure each Children’s Centre is within the remit of an advisory board, its makeup and purpose for each Children’s Centre.
- Following Ofsted inspection the LA must produce an action plan for the children’s centre.
- Set annual targets as part of each Children’s Centre annual challenge meeting to improve outcomes for children and families.

Family Information Service

- Through the Family Information Service (section 12 of the Child Care Act 2006) a duty to provide a range of information, advice and assistance to parents with children aged 0- 19, or up to 25 if child has SEN (including information regarding registered childcare; activities for children and young people and available support services

Early Years Foundation Stage Profile and assessment

- Ensure that schools and other EYFS providers understand and follow the requirements set out in the National Standards and Testing Agency assessment and reporting EYFS arrangements
- Provide statutory annual training to EYFS teachers on Profile assessment moderation for children by the age of 5 – including completion of moderation visits and report to at least 25% of all schools on an annual basis
- Quality assure annual EYFS Profile assessment data on an annual basis, prior to submission to DfE – and follow up any anomalies with individual schools.
- Accountable for the educational outcomes/attainment for children by the age of 5, including narrowing the gap in attainment

Sufficiency Duty

- Sufficiency duty – the duty to assess and ensure the sufficiency of Early Education and childcare provision to meet the needs of all eligible children (2, 3 and 4 year old Early Education places.) and ensure sufficient high quality accessible, affordable, sustainable early education and childcare places for children 0-14 (up to 18 for young people with SEN) available to meet the needs of working parents.

Development of the Early Years Workforce and improvements to the quality of provision in settings

- Development of the Early Years and Child Care Workforce. A duty to provide information /advice and access to training to Child care providers (section 13), for high quality and skilled workforce
- Quality improvement in relation to settings with 2 year olds. Provide challenge and support to settings , including Childminders and schools that are providing provision to children under 5, that is either 'require improvement or are 'inadequate'

Inclusion

To support providers to deliver accessible, inclusive early years and childcare provision to meet the needs of the local diverse community, children with additional needs/disabilities and all vulnerable groups.

7.3 Proposal

The current revenue budget for Early Years and Child Care services, including children's centres is £5.053m

There is a required revenue reduction of £2.2m for 2014-16. Substantial consideration has been given to the best way forward to achieve this revenue reduction and the proposal is:

- Closure of 13 registered Children's Centre buildings with a reduction to 9 Children's Centres across the borough
- These 9 children's centres buildings then clustered to form 7 registered centres across the borough resulting in an increased size of reach areas
- Creation of a foundation years service across health, social care and education
- Shift to provider funded training for all settings to access any training, including those requiring improvement/inadequate. This could affect sufficiency going forward as only Good settings can offer 2 year old places.

This proposal delivers the required financial efficiency and there will be an impact on the quality and quantity of the service provided by the Early Years and Child Care service.

7.4 Consultation

There is a legal duty to consult in relation to opening or closing Children's Centres and or making significant changes to the range or nature of services provided.

Cabinet are asked to endorse the proposal for consultation for statutory public consultation in relation to changes to children's centre delivery, and on all services to be changed which will be of the maximum required 45 day period so that the reconfigured service and the required revenue reductions be implemented from April 2014.

A consultation strategy will be developed and in line with the previous service transformations a detailed consultation with staff, schools, practitioners, wider stake holders and the public will take place.

The consultation will include an impact assessment in accordance with statutory guidance.

8. Finance

Total current budget 13/14 for Early Years and Children's Centres = £5.053m

Total Children's Centres savings to be achieved 14/16 = £1,.869m

Total Early Years and Childcare Service savings to be achieved 14/16 = £331k

Total revenue budget reduction 2014 -16 = £2.2m

The potential identified savings would be achieved over a two year period 2014/15 and 2015/16 as statutory consultation is required before implementation. This would require a significant time commitment in Year One and therefore the majority of savings would be achieved in Year Two. The target value of savings over the two years is £835k in 2014/15 and £1.365m in 2015/16.

9 Risks and Uncertainties

1. Any decisions made about the progress of the proposal will need to consider that partner organisations may also need to meet governance requirements regarding the Foundation Years' Service
2. That the opportunity to transform services to improve outcomes is not grasped with enough vigor to make the necessary changes happen and achieve the service transformation and efficiencies.
3. Nearly 2,500 children and their families who will not be able to easily access the remaining Children Centre buildings will be offered a service through the proposed Foundation Years outreach service.
4. Possible increase in economic activity in the voluntary and independent child care provision (PVI) as parents access alternatives to council provision
5. Challenges in maintaining well established partnership relationships

10. Background papers

- Rewiring Public Services, Children's Services, LGA, 2013
- Evidence for the Frontline, Alliance for Useful Evidence, Dr. Jonathan Sharples, 2013
- Integrated Commissioning Strategy for Early Years services for children with additional needs 2008-2011, Devon County Council, 2008
- The Tail, How our schools fail one child in five: what can be done, Marshall, 2013
- Strategic toolkit for planning integrated working, 4 Children, 2010
- Bright Futures: local children local approaches, LGA, 2013
- Report of the Children and Young Peoples Health Outcomes Forum, The CYP Forum, 2012
- The State of the State 2013, In Search of Affordable Government, Deloitte and Reform, 2013
- Children and Families Bill, DfE, February 2013
- The Foundation Year: Preventing poor children becoming poor adults, Frank Field, Dec 2010

- Supporting Families in the Foundation Years, Frank Field, 2010
- Best Practice for Sure Start: The Way Forward for Children's Centres, Report from the all party parliamentary sure start group, July 2013
- Birth and Beyond, Department of Health, 2011
- Sure Start Children's Centres Statutory Guidance, Department for education, April 2013

Contact

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ROTHERHAM BOROUGH COUNCIL – Report to CABINET
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1	Meeting:	CABINET
2	Date:	15TH January 2014
3	Title:	Integrated Health, Education and Social Care Service for Children, Young People and their families
4	Directorate:	RMBC CYPS Rotherham Clinical Commissioning Group

5. Summary

This report is jointly presented by RMBC CYPS and RCCG. The purpose of this paper is to inform Cabinet of the proposal to integrate services across Social Care, Education and Health for children with a Special Educational Need or Disability (SEND) in Rotherham. This proposal is in line with the government requirements for reforms in commissioning and provision for SEND across Education, Health, Social Care and wider partners as set out in the Department of Health's (DH) SEN Green Paper 'Support and Aspirations; a New Approach to Special Educational Needs and Disability and with joint commissioning as set out in the Children and Families Bill (DfE).

This report sets out the improved outcomes for children and their families, legislative requirements for the council, key principles, benefits and potential risks of this integrated approach and that the proposal is in line with the joint Health and Wellbeing Strategy for Starting Well, Developing Well and Living and Working Well. It is stated here that changes will take place in services to meet the required reductions in revenue as demanded by central government.

Cabinet are asked to endorse the proposal for consultation which will be of the maximum required 45 day period so that the reconfigured joint approach service and the required revenue reductions be implemented from April 2014.

6. Recommendations

That Cabinet:

6.1 Endorse the proposal for consultation

6.2 Receive future reports on progress to achieve an integrated SEN service

7. Background

7.1 National Context:

The SEN Green Paper 'Support and Aspirations; a New Approach to Special Educational Needs and Disability' set out the following vision:

- **Early Identification** – Streamlining assessment processes and development of the Education, Health and Care Plan.
- **Giving Parents Control** – Creation of a 'Local Offer' covering including the choice for families to opt for a "Personal Budget".
- **Improved Learning and Achieving** – improved outcomes for children and young people across schools and colleges.
- **Preparing for Adulthood** – Seamless service 0-25 years with smooth transition
- **Services Working Together for Families** – development and expansion of joint commissioning arrangements

The required timeline for these reforms to be in place is September 2014.

Definition of Disability

The 2013 Draft Code of Practice for Special Educational Need (SEN) (Department of Education) defines disability as:

A child is disabled if he is blind, deaf or dumb or suffers from a mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed. Children Act 1989

A person has a disability for the purposes of this Act if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Equality Act 2010

7.2 Current Provision

Currently Social Care and Education provider management responsibilities services relating to SEND in CYPS are shared across the Director for Schools and Lifelong Learning and the Director for Safeguarding Children and Families and between different M3 and M2 managers. There are also health colleagues working alongside the teams but with a different management structure and terms and conditions. The majority of the teams are co located at Kimberworth Place and a move to greater integration is the natural next step. However, there is still 'silo' working with little or no integration with partner agencies. Duplication exists and there is no overall strategic approach. There is evidence that documents confusion in the special schools about which team does what.

Most often the first engagement with services for parents or carers of a child with a special educational need or a disability is through health services or educational services separate from social care services.

These services are all seen as separate and relationships need to be developed across all services by families or carers to navigate the labyrinth of services this does not meet any criteria for a high quality service. There should be one access point and a '*one stop shop*' service.

There are isolated examples of joint working currently and these include:

- Co-location of services at Kimberworth Place – a hub for Health (TRFT and RDASH/CAMHS); education and social care teams including: Child Development Centre; Physiotherapy, Occupational Therapy, Speech and Language Therapy, Complex Care Nursing Team, HI and VI service, Psychology, Social Care and Aiming High for Disabled Children Short Breaks for both under and over 8s.
- **Specialist equipment provision** - Specialist Equipment panel for high cost specialist bespoke equipment. Funding is split across TRFT and RMBC (Education, Early Years and Social Care).
- **Team around the Child meetings** - joint meetings across Early Years services and SEND services (**Early Years SEN**)
- **The Rotherham Charter for Parent and Child Voice** – Furtherance of the charter implementation
- **CAMHS** - Development of Autistic Spectrum Disorder pathway working with the Child Development Centre

SEND services

Services across SEND are funded by a combination of revenue and Dedicated Schools Grant (DSG); these services are RMBC unless indicated otherwise and include:

- SEN Assessment team
- Children with disabilities outreach team
- Social Care Disabilities team
- Families together
- Orchard Centre
- Early Years Inclusion Outreach Team
- Parent Partnership
- Parent Carer Forum – RMBC commissioned and VCS is provider
- Portage
- Learning Support Service including the Inclusion Outreach Team and Autism Communication Team
- Visual Impairment Team and Hearing Impairment Team
- Education Psychology
- Aiming High for Disabled Children
- Special Schools x 6
- Child Development Centre – RCCG commissioned and RFT is provider
- CAMHS – Tier 2 and 3 RCCG commissioned (RMBC contribution) and RDASH is provider
- CAMHS – Tier 4 NHS England Commissioned
- Moving and Handling service
- Health Therapy services (SALT, OTs, & Physiotherapy) – RCCG commissioned and RFT is provider
- Complex Care Team – RCCG commissioned and RFT is provider
- School Nurses

7.3 Integrated Social Care, Education and Health approach

The approach to deliver improvement in outcomes for children and their families and against the legislative requirements is a service and structural redesign to improve outcomes for all children with additional needs. The approach will be the implementation of an integrated multi-agency, multi-disciplinary, social care, education and health team... This approach will support the implementation of integration in the Green Paper, *Support and Aspiration* and the joint commissioning requirement in the Children and Families Bill.

The key principles enshrined in the legislation are:

- Team around the Child
- Lead Working
- Personalisation agenda
- Birth to 25 years streamlining of CYPS and Adult services
- Rotherham's "Local Offer"

Funding for an interim appointment of a Strategic Lead has been secured and the post is to be jointly recruited with RMBC, CCG and Learners First to lead this critical work over the next 18 months through a robust programme and project management approach. A number of options will be developed to identify the best way forward learning from best practice.

An impact assessment will be completed.

7.4 Outcomes for Children, Young People and their families

A tried and tested integrated approach will deliver against the key principles set out above and improve outcomes through the development of a single pathway of care across Social Care, Education and Health for children into services with less confusion across the professional boundaries for the service user and their families. There will also be efficiencies achieved through reduction of duplicated resources.

A multi agency, multi disciplinary integrated Social Care, Education and Health team would deliver improved outcomes for service users and their families through a one stop shop access model. A joint commissioning approach would enable a strategic approach to the delivery of the SEND reforms including the development of Personal Budgets.

Implementing this approach will deliver the following:

- Improved outcomes for children and their families
- System change with increased VfM and efficiencies
- Mapping pathways from Portage (0-5 years) through to adult services
- Structural change with streamlined, effective and efficient service delivery with reduced resources
- Stronger governance arrangements
- Strategic approach to future delivery against legislation requirements

- The Council and Health partners are able to set a realistic budget within the identified available resources across a pooled budget and achieve efficiencies

The implementation of Personal budgets will be built on the excellent practice established in NAS; this will include the Resources Allocation System (RAS).

The development of a multi agency multi disciplinary SEND team will require:

- Alignment of priorities across each service
- Joint /integrated commissioning
- Agreed information and data sharing protocols
- Actual or virtual pooled budgets
- An agreed Performance Management Framework
- Strategic consultation and engagement protocol
- Identified governance, decision making and reporting ,arrangements

7.5 Consultation

Cabinet are asked to endorse the proposal for consultation which will be of the maximum required 45 day period so that the reconfigured joint approach service and the required revenue reductions be implemented from April 2014.

Extensive consultation has taken place with the Rotherham Parent Carer Forum, parents, the VCS, our colleagues in Health and other forums to arrive at this integrated and joint approach to improving outcomes for children and their families and to meet the legislative requirements. Further consultation will take place once the integrated service model has been developed.

It is to be noted that this report is presented on behalf of both RMBC CYPS and RCCG to inform Cabinet of the joint approach to commissioning and providing of services going forward.

One of the priorities of an integrated approach will be co-production and it will be ensured that customers including children, young people and their families, schools and other stakeholders contribute to the re-design and delivery of any new service from the outset, including the recruitment of the strategic lead.

An impact equalities assessment will be completed.

8. Finance

Work to deliver the SEND reforms will be delivered within existing resources. It is anticipated that joint commissioning and integrated provision will achieve financial and resource efficiencies for all partners.

Personal budgets will have an impact across services as well as being a significant change for families.

9 Risks and Uncertainties

1. Any decisions made about the progress of the outlined approach will need to consider that partner organisations will also need to meet governance requirements
2. That any efficiency gains achieved will need to be proportionate across the council and health partners
3. Any potential pooled or virtual budget will need to be quantified
4. That the opportunity to transform services to improve outcomes is not grasped with enough vigor to make the necessary changes happen and achieve the service transformation and efficiencies.
5. That the capacity to deliver a high quality IYSS will be reduced by the need to achieve the reduction in revenue

10. Background papers

- Rewiring Public Services, Children's Services, LGA, 2013
- Evidence for the Frontline, Alliance for Useful Evidence, Dr. Jonathan Sharples, 2013
- Integrated Commissioning Strategy for Early Years services for children with additional needs 2008-2011, Devon County Council, 2008
- The Tail, How our schools fail one child in five: what can be done, Marshall, 2013
- Strategic toolkit for planning integrated working, 4 Children, 2010
- Bright Futures: local children local approaches, LGA, 2013
- Report of the Children and Young Peoples Health Outcomes Forum, The CYP Forum, 2012
- The State of the State 2013, In Search of Affordable Government, Deloitte and Reform, 2013
- Support and aspiration: A new approach to special educational needs and disability, DH, 2012
- Children and Families Bill, DfE, February 2013
- Draft SEND Code of Practice Formal Consultation, DH, 2013

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ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET
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1.	Meeting:	Cabinet
2.	Date:	15th January 2014
3.	Title:	Budget Savings Proposals - Integrated Youth Support Services
4.	Directorate:	Children and Young People's Services

5. Summary

The purpose of this report is to inform Cabinet of the proposal to achieve the required Integrated Youth Support Services (IYSS) revenue reduction to meet the council wide significant financial efficiencies required by the government. It is stated here that changes will take place in services to meet the required reductions in revenue as demanded by central government.

Cabinet are asked to endorse the proposal for consultation which will be of the maximum required 30 day period so that the reconfigured service and the required revenue reductions be implemented from April 2014.

1. Recommendations

That Cabinet:

6.1 Endorse the proposal for consultation

7. Proposals and Details

7.1 Current Provision

The Integrated Youth Support Service (IYSS) has been in place since September 2013 following a detailed service transformation project to bring together the Youth Service, Youth Offending Service and the Connexions Provisions. The previous reconfiguration was underpinned by a detailed needs assessment and a wide ranging public consultation which included young people and adults and practitioners from across Rotherham.

The resulting IYSS is now a coherent and robust Service that best meets the needs of young people using our limited resources as wisely as possible.

Partnership working is also a crucial part of the approach, for example the IYSS routinely works closely with South Yorkshire Police, the CSE team, LAC Services, CART, Families for Change and Health Services.

7.2 Statutory Requirements

The IYSS undertakes a number of statutory obligations on behalf of the Council:

The provision of Youth Offending Services.

Consisting of a statutory multi agency service managed by the local authority, working with 10 to 17 year olds committing offences at post and pre court stages. The service also carries a statutory responsibility re preventing offending and reoffending.

Positive for Youth. (2011)

The provision of activities for young people which will support their personal and social development and aspirations and also carries a responsibility for ensuring the Voice and Influence of young people. PFY also calls for the development of partnerships to support young people.

Learning and Engagement.

The Local Authority has a statutory role in implementing the Raising of the Participation Age (RPA) in terms of both ensuring a September offer of learning to all young people aged 16-18 and influencing the development of provision to meet the needs of young people in their locality.

7.3 Proposal for 2014/5 and 2015/6

There is a required IYSS revenue reduction of £754k in 2014/15 and £219k in 2015/16 – a total of £974k. Substantial consideration has been given to the best way forward to achieve this revenue reduction and consultation will focus on reconfiguration of the following:

- Review of staffing structures to achieve revenue reduction of £298K in 2014/15 and 220K in 2015/16
- To achieve a further £455K in 2014/15 on the following areas:
 - Reconfiguration of open access provision
 - Holding of vacant posts

- Increase of income
- Reduction in overhead costs
- This proposal delivers the required revenue saving and may have an impact on the quality of the service provided by the IYSS. In relation to numbers of sessions and young people accessing these, there may be 3,522 less young people attending a youth club and around 1,472 less youth club sessions.

7.4 Consultation

Cabinet are asked to endorse the proposal for consultation which will be of the maximum required 30 day period so that the reconfigured service and the required revenue reductions be implemented from April 2014.

A consultation strategy will be developed and in line with the previous service transformation a detailed consultation with staff, schools, practitioners and the public will take place.

The consultation will include an impact assessment in accordance with statutory guidance.

8. Finance

A reduction in IYSS revenue budget is required of £754k for 2014/15 and of £220k for 2015/16 giving a total of £974k.

9. Risks and Uncertainties

1. That the opportunity to transform services to improve outcomes is not grasped with enough vigor to reduce the revenue, make the necessary changes happen and achieve the service transformation and efficiencies.
2. That the capacity to deliver a high quality IYSS will be reduced by the need to achieve the reduction in revenue

10. Policy and Performance Agenda Implications

In line with the joint Health and Wellbeing Strategy for Starting Well, Developing Well and Living and Working Well the service has a clear impact on the lives of children, young people and their families.

The statutory elements of the service are subject to government performance reporting, YOS performance is predicated on adherence to National Standards laid down by the Secretary of State which dictate the frequency and type of intervention in that young offenders should have. Services are also subject to inspection regimes including the Youth Justice Board, OFSTED and HMI Probation

11. Background Papers

None relevant

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