

CABINET

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

Date: Wednesday, 19 March 2014

Time: 10.30 a.m.

A G E N D A

1. To consider questions from Members of the Public.
2. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
3. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
4. Declarations of Interest.
5. Minutes of the previous meeting held on 26th February, 2014 (copy supplied separately)
6. Minutes of the Rotherham Local Plan Steering Group held on 14th February, 2014 (herewith) (Pages 3 - 7)
 - Strategic Director of Environment and Development Services.
7. Revenue Budget Monitoring for the period ending 31st January 2014 (report herewith) (Pages 8 - 22)
 - Director of Finance to report.
8. Capital Programme Monitoring 2013/14 and Capital Programme Budget 2014/15 to 2016/17 (report herewith) (Pages 23 - 36)
 - Director of Finance to report.
9. Non Domestic Rates - Proposed Retail Relief Scheme for 2014/15 and 2015/16 (report herewith) (Pages 37 - 45)
 - Director of Finance to report.
10. Universal Infant Free School Meals (report herewith) (Pages 46 - 48)
 - Strategic Director of Children and Young People's Services to report.

11. Debt Management and Recovery Policy for Adult Social Care Debt (report herewith) (Pages 49 - 76)
 - Strategic Director of Neighbourhoods and Adult Services to report.
12. Children's Centre Building Principles for Use (report herewith) (Pages 77 - 82)
 - Strategic Director of Children and Young People's Services to report.
13. Director of Public Health - Annual Report (herewith) (Pages 83 - 117)
 - Director of Public Health to report.
14. Public Health Commissioning Plan (report herewith) (Pages 118 - 127)
 - Director of Public Health to report.
15. Exclusion of the Press and Public.
The following items are likely to be considered in the absence of the press and public as being exempt under Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (information relating to the financial or business affairs).
16. Rationalisation of the Property Portfolio: Clifton Court, Doncaster Gate, Rotherham (advance notice given) (report herewith) (Pages 128 - 133)
 - Strategic Director of Environment and Development Services to report.
17. New Discretionary Rate Relief Top Up Applications (report herewith) (advance notice given) (Pages 134 - 136)
 - Director of Finance to report.
18. New Discretionary Rate Relief Applications (advance notice given) (report herewith) (Pages 137 - 139)
 - Director of Finance to report.
19. Review of Council Office Accommodation in the South of the Borough (report herewith)(*) (Pages 140 - 143)
 - Strategic Director of Environment and Development Services to report.
20. Former Council Offices, New Street, Dinnington (report herewith)(*) (Pages 144 - 154)
 - Strategic Director of Environment and Development Services to report.
21. Commissioning Effective Weight Management Services for Rotherham (report herewith) (*) (Pages 155 - 160)
 - Director of Public Health to report.
22. Magna Trust Loan Request (report herewith) (*) (Pages 161 - 165)

- Director of Finance to report.
23. Formation of a Trading Company for Yorkshire Purchasing Company (report herewith) (*) (Pages 166 - 171)
- Director of Legal and Democratic Services to report.

In accordance with Section (7) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 the Chairman of the Overview and Scrutiny Management Board has agreed that the item marked (*) contains a decision which needs to be acted upon as a matter of urgency and which cannot be reasonably deferred (see notice attached)

Cabinet Meeting – 19th March, 2014

Take notice, in accordance with Regulation 5 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, that the following reports are to be considered in the private part of the meeting without having provided the required twenty-eight days' notice:-

- **Review of Council Office Accommodation in the South of the Borough**

An exemption under Paragraph 3 (Information relating to the financial or business affairs of any particular person (including the authority holding that information)) of Part I of Schedule 12A of the Local Government Act 1972 is requested, as this report contains commercially sensitive information.

- **Former Council Offices, Dinnington**

An exemption under Paragraph 3 (Information relating to the financial or business affairs of any particular person (including the authority holding that information)) of Part I of Schedule 12A of the Local Government Act 1972 is requested, as this report contains commercially sensitive information.

- **Commissioning Weight Management Services**

An exemption under Paragraph 3 (Information relating to the financial or business affairs of any particular person (including the authority holding that information)) of Part I of Schedule 12A of the Local Government Act 1972 is requested, as this report contains commercially sensitive information.

- **Magna Trust Loan Request**

An exemption under Paragraph 3 (Information relating to the financial or business affairs of any particular person (including the authority holding that information)) of Part I of Schedule 12A of the Local Government Act 1972 is requested, as this report contains commercially sensitive information.

- **Formation of a Trading Company for Yorkshire Purchasing Company**

An exemption under Paragraph 3 (Information relating to the financial or business affairs of any particular person (including the authority holding that information)) of Part I of Schedule 12A of the Local Government Act 1972 is requested, as this report contains commercially sensitive information.

The Chair of the Overview and Scrutiny Management Board has agreed that these items are urgent and cannot reasonably be deferred.

Jacqueline Collins
Director of Legal and Democratic Services
7th March, 2014

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	CABINET
2.	Date:	19TH MARCH, 2014
3.	Title:	MINUTES OF A MEETING OF THE ROTHERHAM LOCAL PLAN MEMBERS' STEERING GROUP HELD ON 14TH FEBRUARY, 2014
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 14th February, 2014 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 14th February, 2014.

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**ROTHERHAM LOCAL PLAN STEERING GROUP
Friday, 14th February, 2014**

Present:- Councillor Smith (in the Chair); Councillors Clark, Dodson, Falvey, Pickering and Whelbourn.

together with:- Andrew Duncan, Bronwen Knight, Ryan Shepherd and Helen Sleigh.

Apologies for absence were submitted by Councillors Godfrey and McNeely.

23. MINUTES OF THE PREVIOUS MEETING HELD ON 17TH JANUARY 2014

Consideration was given to the minutes of the previous meeting of the Rotherham Local Plan Steering Group held on 17th January, 2014.

Arising from Minute No. 20 (Sites and Policies Development Plan Document), it was noted that Todwick was in a residential area only due to the ecological issues on site.

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

24. CORE STRATEGY - CONSULTATION ON INSPECTOR'S MAIN MODIFICATIONS

Further to Minute No. 19 of the meeting held on 17th January, 2014, the Group considered an update regarding the Main Modifications, as requested by the Inspector, as part of the Examination in Public (EIP) of Rotherham's Core Strategy.

The Cabinet had approved the public consultation on the Main Modifications and the response at its meeting on 5th February, 2014 (Minute No. C81 refers). The consultation on the Inspector's Main Modifications would be for a 6 weeks period with all responses, including that of the Council, sent to the Inspector for consideration in preparing the final report.

Since the report had been prepared, the Inspector had given feedback which included renumbering of the Modifications, including some that were previously "Minor" changes, and the amended designation of Waverley as a district centre in the retail hierarchy.

Discussion ensued with the following issues raised/clarified:-

- Clarification being sought as to how to proceed with the backlog of housing requirements in the first 5 years of the Plan meaning a

- identification of a significant number of extra sites
- Housing Strategy Team updating the Strategic Housing Market Assessment
- Inspector had indicated probability of additional hearing days based on the Modifications
- The Council would continue to argue its previous stance i.e. the lower housing target and brownfield development rather than greenfield
- How did National Policy fit with the Localism agenda?
- In view of the recent weather and flooding experienced in parts of the country should building on flood plains be disregarded?

The 6 weeks consultation period would commence on 7th March until 17th April, 2014.

Agreed:- (1) That the report be noted.

(2) That a letter be sent to the Secretary of State, with copies to the 3 local Members of Parliament, highlighting the discussion that had taken place with regard to the Localism agenda and building on flood plains.

25. SITES AND POLICIES DEVELOPMENT PLAN DOCUMENT - UPDATE

Further to Minute No. 20 of the meeting of the Rotherham Local Plan Steering Group held on 17th January, 2014, the Senior Planning Officer gave a verbal update regarding the continuing preparation of Rotherham's emerging Sites and Policies Document drawing attention to the following:-

- Work was ongoing to meet the targets given by the Inspector not taking into account the backlog within the first 5 years of the Plan. Housing Planning Officers had looked at sites with developers at what was available and could be delivered within the criteria of affordability
- Sites chosen most appropriate to the existing communities so as to make the best use of existing services and structures, schools and health facilities
- Eastwood Trading Estate – cordon sanitaire
- The proposed sites would be submitted to the next meeting

Agreed:- That the report be noted.

26. LOCAL PLAN STEERING GROUP - PROPOSED REVISIONS TO CONSTITUTION AND TERMS OF REFERENCE

Consideration was given to proposed revisions to the Steering Group's Constitution and Terms of Reference to ensure they were fit for purpose, engagement of Ward Members in consultation and updating of the wording due to recent planning reform and revised regulations governing

the preparation, consultation, examination and adoption of Local Plan documents.

Discussion ensued on the proposed revisions with the following comments made:-

- The current practice worked well
- Need to increase attendance
- Democratic process
- How should the next round of consultation take place

Agreed:- (1) That discussions take place with the Director of Legal and democratic Services with regard to the democratic process.

(2) That, following (1) above, the revised Terms of Reference be circulated to the Steering Group.

27. ANY OTHER BUSINESS

There was no other business to report.

28. 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, 14th March, 2014, commencing at 10.00 a.m.

1	Meeting:	CABINET
2	Date:	19th March 2014
3	Title:	Revenue Budget Monitoring for the period ending 31st January 2014
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 10 months of the financial year. It is currently forecast that the Council will overspend against its Budget by £1.183m (+0.5%). This represents an improvement in the forecast outturn of -£934k since the December 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;
- 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. The impact of this and the approval of 102 applications for Voluntary Early Retirement/Voluntary Severance (VER/VS) are now reflected in this monitoring report. 45 applications are also currently under consideration.

Members are asked to note that meetings continue to take 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 which will take place up to 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 the 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 Page 9

This report presents details of spending against budget by Directorate covering the first 10 months of the 2013/14 financial year – April 2013 to January 2014 – 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	46,280	47,404	+1,124	+2.4
Environment and Development Services	47,106	47,555	+449	+1.0
Neighbourhoods & Adult Services	79,053	79,177	+124	+0.2
Resources	10,577	10,860	+283	+2.7
Central Services	38,458	37,661	-797	-2.1
TOTAL	221,474	222,657	+1,183	+0.5
Housing Revenue Account (HRA)	73,090	71,023	-2,067	-2.8

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 (+£1,124k forecast overspend)

The forecast overspend for Children's Services has improved (£128k) since the last report. (+£1.252m in the December 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 January 2014 was 386, an increase of 14 since December but a reduction of 9 since the end of March 2013.

Pressures on budgets for provision of Out of Authority Residential placements (+£1.605m), remand placements (+£180k) and the provision of independent Foster Care placements (+£254k) 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 31 new adopters by the end of March 2014 which is 10 above the Invest to Save target and 13 above the number approved in 2012/13. 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 (£701k) to date in 2013/14.

Environment & Development Services including Internal Audit, Asset Management, Communications & Marketing and Policy & Planning (+£449k forecast overspend)

The Directorate is currently forecasting an overspend of +£449k largely due to pressures in Customer Services (+£119k) and Planning and Regeneration (+£280k), Streetpride (+£51k), Communications (+£1k) and Audit & Asset Management (+£58k). The Business Unit is reporting an underspend of -£60k.

The forecast overspend now includes a forecast overspend of £291k for the Winter Pressures budget. 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 and Public Health +£124k forecast overspend)

Overall the Directorate (including ring-fenced Public Health funded services) is forecasting an overspend of +£124k. Within this, Adult Services are forecasting an overspend (+£538k) and Neighbourhood services a forecast underspend of -£252k. Commissioning, Procurement, Performance & Quality and Cohesion services are forecasting a collective underspend of (-£162k). Key pressures include not 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 clients), Older People's domiciliary care, and day care transport provision for clients with Learning Disabilities.

Public Health Services are currently forecasting a balanced outturn. (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 (+£283k forecast overspend)

Overall the Directorate is forecasting an overspend of +£283k. This is largely in respect of income pressures in the ICT service (+£693k) 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 (-£797k forecast underspend)

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 +£374k 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 £42k in respect of Statutory Costs (eg Planning Notices and key investigations).

As reported previously the unused Council Contingency Fund (-£600k) is available to mitigate budget pressures across the Council. Additionally, during the budget setting process for 2014/15 recurrent savings of £1.3m were identified in respect of revenue savings deliverable through the refinancing of capital spend originally funded by prudential borrowing. These savings are also available to support the Council in 2013/14.

7.3 Housing Revenue Account (HRA) (Forecast underspend -£2.067m)

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 £532k, a reduction of -£2.067m.

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 Jan 2013	Cumulative to Jan 2014
	£'000	£'000	£'000
Children & Young People's Services	546	404	694
Neighbourhoods & Adult Services	530	307	282
Environment & Development Services	266	171	517
Resources	194	170	144
TOTAL	1,536	1,052	1,637

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. The Agency costs in the table above are significantly mitigated by budget savings from vacant posts.

Within Children's Services the increased agency costs during the year have been incurred as a result of the need to cover the Interim Director of Safeguarding, Children & Families post until permanent recruitment takes place; vacant social worker and team manager posts, and social work posts where staff are off sick or on maternity leave; and vacancies, sickness and maternity leave in residential care. The statutory responsibilities and performance and inspection regimes in children's social care mean that posts can only be left unfilled for short periods, and colleague cover for absence is not sustainable. Overall, sickness and turnover is at acceptable levels, below the council average.

Recruitment to the permanent Director post started in early January and interviews will be held early March. If a successful appointment is made, the earliest start date for the new Director is likely to be July 2014 due to notice periods.

All team manager posts were filled through recruitment in late 2013. However, the notice periods mean that start dates are up to four months after appointment. The Interim Team Manager for fostering left in early January, although this was forecast to last until February. The Team Manager for Fostering starts in late January. The Team Manager for Looked After Children starts in early March. This post is being covered by an Agency Manager at present.

Monthly recruitment of social workers has resulted in successful appointments; two vacancies were filled through the January recruitment, and February recruitment is under way. Two extra posts, over establishment, have been recruited to – these are peripatetic staff that can be used to provide cover for emergent gaps due to vacancy, sickness or maternity leave rather than using agency staff. One member of staff has transferred from the fostering team temporarily to fill a vacancy in the Looked After Children's Team from November to March 2014. There has been a reduction in the use of agency staff, but there is still a need for a small number of agency staff to cover sickness, maternity leave and the time between a social worker leaving and their replacement starting.

The use of agency staff in Adult Services has reduced compared to January 2013 levels and relates 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 January 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.

Directorate	Outturn 2012/13	Cumulative to Jan 2013	Cumulative to Jan 2014
	£'000	£'000	£'000
Children & Young People's Services	338	260	183
Neighbourhoods & Adult Services	0	0	47
Environment & Development Services	108	34	146
Resources	1	1	24
TOTAL	447	295	400

Consultancy spend within Children's Services for the first 10 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 costs are 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 and help to improve employment outcomes/prospects of future employment for long-term unemployed individuals. 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 Jan 2013	Cumulative to Jan 2014
	£'000	£'000	£'000
Children & Young People's Services	84	75	104
Neighbourhoods & Adult Services	403	330	328
Environment & Development Services	499	380	442
Resources	139	120	115
TOTAL	1,125	905	989

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 holiday delays for notice periods when 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 January also includes provision of cover within Facilities Services (+£24k).

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 (£63k), maintaining ICT services (£30k), maintaining Financial systems (£1k), HR and Payroll Services (£7k), and Town Hall attendants (£14k).

7.5 Collection Fund

Council Tax: Based on the first 10 months of 2013/14 collection rates indicate that the Council is broadly 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. (97% budgeted Collection Rate).

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

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

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Key reasons for forecast over / underspends**Children & Young People's Services (+£1.124m forecast overspend)**

The key factors contributing to the forecast overspend are:

School Effectiveness (-£23k forecast underspend)

Rockingham PDC is currently projecting to achieve £1k of additional income over its £33k target & the School Effectiveness Service has had delays in filling vacancies resulting in a £22k underspend.

Special Education Provision (-£53k forecast underspend)

Forecast overspends on Education Welfare (+£3k) due to loss of academy income caused by a change in legislation, SEN Assessment/Admissions Team (+£22k) due to additional hours to cover sickness & additional printing and SEN Complex Needs placements (+£1k) are all offset by staff savings, some of which are from Voluntary Early Retirement/Voluntary Severance, Learning Support Service (-£14k), Children in Public Care (-£10k), Parent Partnership (-£11k) and Education Psychology Service (-£44k).

Safeguarding, Children and Families Service Wide (+£60k forecast overspend)

The forecast over spend on legal fees (+£81k) due largely to an increase in court fees notified to us in July 2013, Agency costs (+£9k) and inspection consultancy costs (+£38K) is partially offset by staff cost savings (-£68k) in Business Support.

Child Protection Teams (+£44k forecast overspend)

This forecast overspend is due to confirmation of a reduction in the DSG contribution from schools.

Children in Need Social Work Teams (+£181k forecast overspend)

This forecast overspend is in respect of Agency staff costs & additional staff appointments within the Children in Need North team & the Borough Wide team (+£155k) and a charge for call handling for the Out of Hours Team (+£46K) offset with staff cost savings from the Early Intervention teams (-£16k) & the Children in Need South team (-£4k).

Looked After Children (+£1,422k forecast overspend)

The service is forecasting an overspend mainly due to the cost of out of authority residential placements (+£1,605k), remand placements (+£180k) and independent fostering placements (+£254k). Further details of placements are below:

Placement Type	2011/12		2012/13		2013/14 as at 31 st January		
	Average No. of placements	Average Cost of Placement £ per week	Average No. of placements	Average Cost of Placement £ per week	Average No. of placements	Average Cost of Placement £ per week	Actual Number of placements
Out of Authority Residential	18	3,022	21.1	3,206	24.3	3,191	29
<i>R1 Accommodation only</i>	U/A	U/A	U/A	U/A	U/A	U/A	8
<i>R1 Accommodation & additional staffing</i>	U/A	U/A	U/A	U/A	U/A	U/A	3
<i>R2 Accommodation & therapy</i>	U/A	U/A	U/A	U/A	U/A	U/A	10
<i>R3 Accommodation, therapy & education</i>	U/A	U/A	U/A	U/A	U/A	U/A	5
<i>R4 Parent & Baby</i>	U/A	U/A	U/A	U/A	U/A	U/A	0
<i>Secure</i>	U/A	U/A	U/A	U/A	U/A	U/A	3
<i>Remand</i>	U/A	U/A	U/A	U/A	1.7	2,873	0
Independent Fostering Agencies	125	887	121	874	107.5	883	105
<i>Standard</i>	U/A	U/A	74.8	745	66.7	762	63
<i>Complex</i>	U/A	U/A	27.2	938	23.3	1,177	29
<i>Specialist</i>	U/A	U/A	19	1,287	17.5	955	13
In-house Fostering	158.8	230	162	246	165.5	249	161

Note: U/A - This detailed breakdown was unavailable at the time but will be in the future

Out of Authority Residential Care

- The number of children in residential out of authority placements as at end of January 2014 is 29 (no change since December but an increase of 4 since 31 March 2013).
- Due to the increasing complexity of children's needs being admitted 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 placements has increased from £3,022 in 2011/12 to £3,191 currently – an increase of 5.6%.
- The average number of placements in the same period has risen by 6.3 (35%)
- 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 cost of these placements in 2013/14 so far is £258k, which shows that the grant was grossly inadequate. There are currently no remand placements.

Independent Fostering Agencies

- The number of children in Independent Foster Care as at end January 2014 is 105 (no change since December & a reduction of 8 since the end of March 2013).
- The average weekly cost of a placement has reduced by an average of £4 or 0.5% since 2011/12.
- The average number of placements during the same period has decreased by 17.5 (14%)

In-house Fostering

- The number of children in in-house fostering placements as at end of January is 161 (an increase of 13 since December & a reduction of 10 since the end of March 2013).
- The average weekly cost of a placement has risen by an average of £19 or 8% since 2011/12.
- The average number of placements during the same period has increased by 6.7 (4%)

The number of looked after children was 386 at end of January, an increase of 14 since December but a reduction of 9 since the end of March 2013.

Additional overspends in this area are (+£28k) Consultancy costs to review health care contributions towards children's continuing health care needs, (+£12k) court

ordered care package. These pressures are partially offset by projected underspends in Children's Homes (-£114k) mainly due to not staffing the Silverwood annexe, Fostering Services (-£220k) due to a forecast underspend on fostering allowances & equipment, Residence Orders & Families together placements, (-£151k) due to the re-profiling of adoption placements and the impact of this on inter-agency adoption costs & maximising grants, (-£63k) reduced use of transport for LAC children & (-£109k) in Leaving Care on accommodation costs & a reduction in the number of weekly payments.

Disability Services (+£86k forecast overspend)

This service is now forecasting an overspend mainly due to overtime & agency costs at Cherry Tree & Liberty residential homes due to the need to cover sickness & vacancies (+£69k), and an overspend on Direct Payments (+£88k) partially offset by forecast staff costs underspends within the Disability Team (-£71k). The forecast overspend on Direct Payments is due to providing carers to support families with children with extremely complex needs which would otherwise require Out of Authority residential placements at a much higher cost.

Remaining CYPs Services (-£593k forecast underspend)

The overall CYPs overspend is also partially offset by projected under spends on Pension costs (-£17k) due to a reduction in numbers receiving pension payments, (-£313k) due to ceasing non-essential spend & reallocation of funding in the Early Years' service, (-£255k) 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 (+£449k forecast overspend)

The above forecast overspend now shows the Winter Pressures budget as +£291k overspent to the end of the financial year. In 2012/13 these costs exceeded budget by +£466k.

Streetpride (+£51k forecast overspend)

Network Management is projecting a pressure of +£326k.

Network Management is now showing a projected pressure for winter maintenance (+£291k) month. Parking continues to report 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 (+£4k) within Drainage. These are being offset by increased income from Streetworks and Enforcements (-£56k) and reduced Street Lighting energy costs (-£45k), and reduced costs on Highways Maintenance (-£41k) and in Public Rights of Way (-£3k).

Waste Services -£6k

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 (+£284k), but Waste Disposal is projecting to be underspent by (-£252k) based on known changes to tipping locations, fluctuations in waste streams and an underspend of (-£38k) on the Waste PFI project.

Corporate Transport Unit is showing a forecast saving of -£278k mainly due to expected reduced costs on Home to School Transport (-£177k) and (-£49k) saving on operator

licences and receipt of operator grant payments. A surplus on Stores is still anticipated - £52k as a result of the materials issued, in the main for Street Lighting schemes.

Leisure and Green Spaces +£83k.

Green Spaces position now shows a pressure +£83k; (+£34k) allotments saving proposal, +£113k Country Parks due to VAT issue (this position has potential to worsen as further VAT adjustments required for RVCP income train/playdales/watersports, (+ £9k) Sports Development late implementation of Stadium saving and (+£2k) on Landscape Design. These pressures are being partially mitigated by savings in recreational grounds (-£61k), (-£8k) on Trees & Woodlands due to increase in works and (-£6k) on LGS Management and Admin. due to a vacant post, moratorium and savings on Project Development as fewer projects than anticipated.

Across the rest of Streetpride services an improved position is being reported, -£158k partially due to increased income from current transportation and highways work 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 +£84k.

Regeneration, Planning, Customer and Cultural Services (+£399k forecast overspend)

At April – December +£457k overspend was reported. Budgets from Policy and Partnerships are now showing within this Service Area. The details below are the key pressures as at the end of January:

Regeneration and Planning (+£280k) :

The key pressures within Regeneration and Planning are : (+£367k) 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 from Markets (+£59k), and a pressure on projects has been caused by reduced grant funding (+£12k). These are being partially offset by identified savings (-£103k) from higher than expected occupancy levels at the Business Centres and further savings of (-£55k) from other areas.

Customer and Cultural Services (+£119k) :

Within Customer Services there remains an unachievable saving from 2012/13 of (+£80k) and a further (+£110k) from the 2013/14 savings proposals and further pressures within the Customer Contact Centre (+£36k), Customer Services (+£21k) and Cashiers are reporting (+£36k) due to increased charges from use of pay point and post offices for receipt of income. There are some savings across Customer Services due to release of staffing and the moratorium (-£31k).

The change in venue for celebratory services did create a financial pressure which has now been fully mitigated by some staff savings and the impact of the moratorium across Heritage Services. A further saving of (-£5k) is being shown on museum stores having vacated a site earlier than anticipated. Across Theatres and Arts there is a combined saving of (-£90k), due to some salaries savings, additional income at the Theatre. Within Library Services due to the moratorium and staff leaving under the voluntary severance scheme further savings have been declared totalling (-£38k).

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

The service are now reporting an underspend due to a decision being made to implement a reduced training programme -£43k. Further surplus is being released from staff savings -£7k, and reduced spend as a result of the moratorium across the service, -£10k.

Communications +£1k

The pressures within this Service are around staffing (+£20k) within the Communications Team and some non-pay costs (+£5k) re Bridgegate. These costs are being mitigated due to additional external income for ICT Design Studio (-£10k) and Rotherham Show (-£2k), and further savings of (-£12k) due to the imposed moratorium on spend.

Asset Management, Audit and Insurance(+£58k)

There are pressures across the Asset Management service: unbudgeted property disposal fees (+£37k), Land & Property income under-recovery (+£73k), operational costs of Community Buildings (+£29k), increased accommodation costs, including energy, (+£30k), and Internal Audit (+£15k). Further savings have been declared within Facilities Services (-£88k), Design and Corporate Projects (-£27k) and Emergency Planning (-£11k). Identified pressures on the Land Bank are being reported centrally.

Neighbourhoods & Adult Services (+£124k forecast overspend) and Public Health Services (Balanced budget)

Adult Services are currently forecasting an overspend of **+£538k**. The key underlying budget pressures include:

Older People (+£652k)

Forecast over spend on In-House Residential Care due to delays in implementing the 2013/14 budget savings target (+£201k), increase in Direct Payments over budget (+£645k) and overall forecast over spend on Domiciliary Care services (+£488k) due to an increase in demand for independent sector care.

These is also a forecast overspend on independent sector residential and nursing care (+£1.155m) due less Continuing Health Care income pressures and due to lower than expected discharges than forecast (78 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 (-£310k), carers breaks (-£183k) and additional income and delays in enhancements in Rothercare and equipment (-£292k). Higher than anticipated staff turnover within Assessment & Care Management and community support plus additional income from Health including funding for winter pressures (-£897k), staff vacancies within Day Care services (-£84k), additional income in Extra Care Housing (-£19k) and Transport (-£34k) plus planned delay in recruiting to vacant posts within locality services (-£18k).

Learning Disabilities (+£276k)

There is a forecast overspend on Day Care (+£208k) 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 (+£94k) due to delays in meeting an agreed budget saving plus additional costs due to staff cover within In House Residential care (+£43k). Additional discharges from residential care is reducing the forecast overspend in independent residential and nursing

care (+£41k). High cost placements within independent day care and community support are resulting in a forecast overspend of +£52k. These forecast overspends are partially mitigated by delay's in developing Supported Living schemes plus additional funding from health (-£41k), efficiency savings on Service Level Agreements (SLA's) for advice and information (-£62k), lower than expected increase in demand for direct payments (-£27k) and planned delay in recruitment within Assessment & Care Management (-£32k).

Mental Health (-£487k)

Delays in the budget savings plan to move clients into community support services together with additional demand for direct payments have been offset by additional funding from health leaving an overall underspend of £487k.

Physical & Sensory Disabilities (+£427k)

Further increase in demand for Direct Payments (+10 clients) together with recurrent cost pressure (+£627k) and a continued increase in demand for domiciliary care +£212k. These pressures are being partially offset by forecast underspends within residential and nursing care, day care, provision of equipment and efficiency savings on contracts (-£412k).

Adults Safeguarding (-£120K)

Forecast overspend due to lower than expected staff turnover and use of agency support offset by additional grant funding to support domestic violence.

Supporting People (-£104k)

Efficiency savings on subsidy contracts have already been identified against budget (-£104k).

Adults General (-£106k)

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 and additional funding to support HIV.

Neighbourhoods General Fund (-£252k)

The projected year end outturn position for Neighbourhoods shows a forecast under spend of (-£252k).

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 grant funding and income from the Dignity contract. The overall forecast underspend includes underspends within the Members Community Leadership Fund (-£16k) and Dispersed Units Trading Account (-£43k) 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 -£135k mainly in respect of staff cost savings.

Procurement Team – a forecast underspend of -£27k in respect of staff cost savings.

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 a balanced budget. The grant conditions allow for any underspend at the year-end to be carried forward in a Public Health Grant Reserve.

Housing Revenue Account (HRA)

The overall forecast as at end January 2014 is that the HRA will outturn on budget with a planned (budgeted) use of its working balance (reserves) of £0.532m a reduction of £2.067m from the original budget.

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

Resources Directorate (+£283k forecast overspend)

ICT Services – A forecast overspend of +£693k 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 (£393k); the latter being partly as a result of the moratorium on non-essential spend.

Legal and Democratic Services – A forecast overspend of +£86k due to income and postage cost pressures.

Human Resources & Payroll are forecasting an underspend of -£304k largely in respect of staff cost savings and additional income generation.

Revenues & Benefits - £100k additional income from the recovery of Housing Benefit overpayments.

Management savings are also forecast across the service amounting to -£76k.

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

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet
2	Date:	19th March 2014
3	Title:	Capital Programme Monitoring 2013/14 and Capital Programme Budget 2014/15 to 2016/17
4	Directorate:	Resources

5 Summary

The purpose of this report is to provide details of the current forecast outturn for the 2013/14 programme and enable the Council to review the capital programme for the financial years 2014/15 to 2016/17.

6 Recommendations

CABINET IS ASKED TO:

NOTE THE CONTENTS OF THIS REPORT; AND

RECOMMEND THE APPROVAL OF THE UPDATED 2013/14 TO 2016/17 CAPITAL PROGRAMME BY FULL COUNCIL.

7 Proposals and Details

7.1 Background - The Capital Programme 2013/14 to 2016/17

The budget process that led to the original Capital Programme for 2013/14 to 2016/17 ensured that the Council's capital investment plans were aligned with its strategic priorities and vision for Rotherham.

In order to maintain that strategic link, and make best use of the capital resources available to the Council, it is important that the programme is kept under regular review and where necessary revisions are made. This programme was initially reviewed in July 2013, following the finalisation of the 2012/13 outturn capital expenditure and financing, and has now been the subject of further reviews, the result of which is reflected in the Directorate summary table presented below. A detailed analysis of the programme for each Directorate is attached at appendices 1 to 4.

	2013/14 Revised Estimate	2013/14 Variance from Last Report	2014/15 Estimate	2014/15 Variance from Last Report	2015/16 Estimate	2015/16 Variance from Last Report	2016/17 Estimate	2016/17 Variance from Last Report
Directorate	£m	£m	£m	£m	£m	£m	£m	£m
Children & Young People's Service	22.301	+1.193	11.143	+0.195	6.134	-0.173	3.084	-0.173
Environment & Development Services	19.607	-5.365	22.019	+7.780	8.159	+0.920	1.200	+0.550
Neighbourhoods & Adult Services	33.017	-1.461	35.885	+2.681	28.014	0.000	28.062	0.000
Resources	2.859	+1.022	1.380	+0.423	0.470	0.000	0.470	0.000
TOTAL	77.784	-4.611	70.427	+11.079	42.777	+0.747	32.816	+0.377

7.2 Children and Young People's Services Capital Programme 2013/14 to 2016/17

The revised proposed spend for 2013/14 is £22.301m, with a further £20.361m of investment in the following years of the programme.

A copy of the current full programme is attached to this report at Appendix 1. Commentary on the main aspects of the programme and the nature of the spend is given below.

Primary Schools

Spend on Primary Schools is expected to be £9.432m in 2013/14, with a further £9.124m of planned spend in 2014/15 to 2016/17. The major investments to note in this area are:

- The extension and refurbishment at **Maltby Lilly Hall Primary** school is now complete (£2.070m in 2013/14). The work has created six new classrooms together with associated facilities and external play areas. Budget, previously expected to not be required, has had to be reinstated to enable the subsequent discovery of asbestos to be properly managed as well as delays to roofing works caused by the recent adverse weather conditions.
- Work to build five new classrooms was completed in December 2013 at **Herringthorpe Infant and Junior Schools** (£1.979m in 2013/14). However, external problems with a wall, drainage and paths during the build, together with a requirement for extra landscaping and furniture, has resulted in additional investment being necessary.
- The new 4 classroom block at **Aston Hall Junior and Infant School** (£0.899m in 2013/14) was completed in September 2013. Additional, unforeseen, landscaping was required to deal with the changes in level of the buildings.
- The extension to facilitate the expansion of **Wath CE Primary School** (£0.309m in 2013/14) has been able to progress quicker than previously expected, resulting in the schedule of works being brought forward. The project, which will also see the renovation of existing classroom and toilet areas is due to complete in August 2014.
- The tender price for work at **Dalton Listerdale Junior & Infant School** (£0.120m in 2013/14) was in excess of the original programme estimate. The project will see a permanent expansion of the school, creating a further four classrooms.
- The budget for **Kiveton Park Meadows Junior School Expansion** (£0.470m in 2013/14) has been increased to allow work to replace existing windows to be carried out at the same time as the expansion. This work was originally scheduled to be carried out as part of the Capitalised Minor Enhancement programme.
- Work to **Badsley Moor Infants Reception** (£0.012m in 2013/14) and the **New Central Primary School** (£0.035m in 2013/14) has not progressed as anticipated resulting in slippage into 2014/15.

Secondary Schools

Spend on Secondary Schools is expected to be £7.936m in 2013/14 with a further £3.377m in the subsequent years. The most notable projects in this area are:

- **Maltby Academy** (£7.404m in 2013/14). The Council continues to have an interest in the buildings until finalisation of the proposed long term lease of the assets to the Academy and is providing professional and technical support for the project. The work is due to

complete in March 2014 but additional investment has been necessary to address asbestos related issues in the ground, which weren't covered by the contract agreement, and to facilitate additional works requested by the Academy, which they are funding.

- Work has commenced on the 18 block classroom extension at **Wickersley School and Sports College** (£0.200m in 2013/14). The work, which is required in order to address an increase in pupil numbers, is expected to complete in October 2014.

Other Projects

The other major investments to note are:

- Using Government funding minor enhancement works are carried out at schools. The **Capitalised Minor Enhancements** programme in 2013/14 is now forecast to be £2.400m, those works will include:
 - New kitchen lighting, ventilation and the replacement of a ceiling containing asbestos at **Bramley Grange Primary School**.
 - Partial re-roofing work, toilet refurbishment and work to address damp issues at **Harthill Primary**.
 - The replacement of windows at **Roughwood** and **Kelford Schools**.

A further £5.400m is due to be spent on similar schemes in the remaining years of this programme.

- **Devolved Formula Capital Grant (DFCG)** is paid annually to schools for them to use on small capital projects. In 2013/14 £1.572m is due to be spent with a further £1.902m to be allocated in subsequent years.
- Due to delays with the commencement of several schemes under the **Property Adaptations** programme (£0.659m in 2013/14), which delivers greater capacity in terms of fostering placement, some of the investment has had to be slipped into 2014/15.
- Similarly part of the investment in the Entitlement for Early Years Provision project (£0.242m in 2013/14), which will allow 2 year olds to take up free early education entitlement, has been moved into 2014/15 to reflect current scheme approvals and works.

Environment and Development Services (EDS) Capital Programme 2013/14 to 2016/17

The revised proposed spend for 2013/14 is £19.607m with a further £31.378m of investment in subsequent years. A copy of the full programme is attached to this report at Appendix 2. Commentary on the main aspects of the EDS programme and the changes to planned spend are shown below:

Culture and Leisure

The overall programme spend in 2013/14 is now expected to be £0.646m including the completed scheme at **Barkers Park** (£0.322m in 2013/14) which has delivered 8 team and 1 officials changing room, a disabled facilities unit and renewal of the drainage system.

Several schemes are now expected to slip into 2014/15:

- In view of the asbestos and re-wiring issues encountered during initial investigations at **Wath Library**, the building has been included in a full review of Wath town centre properties that are of similar construction. This review will determine whether the project should proceed in 2014/15.
- Brinsworth Parish Council is still seeking funding that will allow **Brinsworth Library** project to commence in 2014/15. Works to the building will see it extended to form a combined library and arts centre.
- The Borough's **Library facilities** (£0.081m in 2013/14). The refit work to the ground floor at Dinnington Library is now complete, including the service centre relocation. Similarly, work facilitating the movement of the customer service centre into Swinton Library is nearing completion. The remaining works will be completed pending a review of library facilities.
- A delay in obtaining preliminary approvals for the **Rother Valley Country Park** project (£0.003m in 2013/14) means that the works are not expected to commence until April 2014. This project will deliver a new classroom and cycle centre in the park.

In addition three new play area projects have been introduced to the programme at **Alexandra Park**, Aston (£0.001m in 2013/14), **Gordon Bennett** play area, Thurcroft (£0.011m in 2013/14) and **Sanctuary Fields**, North Anston (£0.015m in 2013/14). These grant funded projects will provide new safe play facilities in these localities.

Highways

The Council's highways continue to be a priority for investment with £17.760m expected to be spent in 2013/14 and a further £21.835m invested over the next three years. The current Government funding programme comes to an end in 2014/15 with the next round of funding expected to be announced at the end of 2014. As a result the Council is unable to introduce any grant funded spend to the programme beyond 2014/15 at this time. The main areas of investment made in 2013/14 are:

- The **A57 Improvement Scheme** (£6.480m in 2013/14) is nearing completion with work to apply final tarmac layers, and install lighting

and signals, scheduled to be completed early in 2014. It is now anticipated that compensation for land acquisition will not be agreed and paid until 2014/15 and planting mitigation works are to be delayed until such time as weather conditions permit.

- The **LTP Integrated Transport Block** (£2.028m in 2013/14). This funding stream will deliver a programme of schemes designed to address problems at identified accident black spots and investment in works that will promote walking, cycling and bus usage across the Borough. Delays in the acquisition of equipment and to statutory undertakings have meant some aspects slipping into 2014/15.
- The **Highway Maintenance** programme (£3.510m in 2013/14) will deliver many improvements to the Borough's road infrastructure, including carriageway resurfacing on; Worksop Road, Lindrick; Bawtry Road at Bramley; and Chapelfield Road, Thorpe Hesley. A proposed contribution (£0.500m in 2013/14) from this programme to the A57 scheme is not now required, allowing the funding to be used for future maintenance projects.
- The **LSTF Main Bid** (£0.996m in 2013/14) will deliver a number of schemes including:
 - An off road cycle route from Queens Street, Swinton to Manvers.
 - Surfacing of the canal towpath between Rotherham town centre and Sheffield city centre, in conjunction with Sheffield City Council.
 - Investment in identified bus hotspots on the A633 Dearne corridor.

Protracted design and consultation periods have meant that much of what was intended to be delivered in the final quarter of 2013/14 will not now be done until the beginning of 2014/15.

- Anticipated spend on **Other Highways Projects** (£4.096m in 2013/14) has reduced in 2013/14 mainly due to slippage on the Pool Green Roundabout project, where design and construction was delayed to take account of the 2013 traffic flow survey, and Old Flatts Bridge, which has been re-profiled to avoid overlap with a Highways Agency pinch point scheme at junction 33 of the M1.

In addition a new invest to save scheme has been introduced (£0.550m per annum over the next 3 years) to install energy efficient residential street lighting into more areas.

Other investments

The Council will, in 2013/14, continued to invest in the Borough's infrastructure, in particular:

- **Rotherham Townscape Heritage Initiative** (£0.286m in 2013/14) continues to deliver improvements to the town centre, investing in the renovation of shop frontages, structural works and roof replacements. The main construction works on the George Wright building, Essoldo building and 14a High Street, plus the investigative work on the Three Cranes building, are expected to be finished by the end of March. The remaining buildings, and the surrounding public realm, will be completed in 2014/15.
- Protracted negotiations over the **Drainage Works on Don Street** are on-going and works are not anticipated to commence until 2014/15.
- Two new flood alleviation schemes have been added to the programme. **Wath upon Dearne Flood Alleviation Scheme** (£0.240m in 2013/14), which will replace defective trash screens at the head of the culverted watercourses with more appropriately designed and maintained screens, and **Aston, Aughton and Swallownest Phase 1** scheme (£0.027m in 2013/14) which will provide individual flood protection to thirty properties and replace defective screens at the head of the culverted water course.
- The **Ancillary Services Building** project (£0.177m in 2013/14) is continuing, with the focus in 2013/14 being the relocation of the York and Lancaster Regimental Museum. Work to improve customer access and the overall visitor experience is ongoing. The scheme will not now be completed until 2014/15 as problems with the original cabinet supplier mean they now have to be purchased from another source.
- Work on the **Bailey House Renovation** project (£0.050m in 2013/14) continues. Work is to be carried out to address issues which include the leaking plant room roof, the heating of offices and the replacement of fire doors. The intention is to then move services from both Station Road and Canklow Depots allowing those facilities to be closed. Due to preliminary delays the development will now be completed in 2014/15.
- Two new projects have been added to the programme:
 - The **Demolition of Former Council Offices** (£0.294m in 2013/14) on Doncaster Gate will help enhance the value of the site for future disposal and mitigate ongoing maintenance and security costs.
 - The **Demolition of Kirk House** (£0.050m in 2013/14). Since being declared surplus to requirements the building has been attracting anti-social behaviour and been the subject of vandalism. The work, which will make the site more attractive to developers, is almost complete.

- **Town Centre Business Vitality Schemes** (£0.019m in 2013/14). These schemes have had to be slipped into 2014/15 as it has been difficult to find small businesses that meet the qualifying criteria for these available grants.

Neighbourhoods and Adults Services Capital Programme 2013/14 to 2016/17

The forecast spend for 2013/14 is £33.017m, with a further £91.961m planned in the remainder of the programme. A copy of the full revised programme is attached to this report at Appendix 3.

Adult Services

The Service is expecting to spend £0.697m in 2013/14, the main projects being:

- The **Assistive Technology** scheme (£0.400m in 2013/14) will enable people requiring care support services to live independently within their own home through the purchase of telecare equipment. This equipment includes fall detectors and monitoring alarms.
- **REWS (Rotherham Equipment and Wheelchair Service) Equipment** (0.190m in 2013/14) – the purchase of equipment, after Occupational Therapist assessment, to support people within their own homes. Equipment will include a range of specialist bath and shower aids and mattresses and will be managed by Rotherham Foundation Hospital Trust.

In addition, the **Parkhill Lodge Equipment** scheme (£0.007m in 2013/14) is a new project that will buy a new hot water boiler, fridge, dishwasher and chairs for the residential care home.

Neighbourhoods Services

For 2013/14 the Service is expected to spend £32.320m with a further £91.371m to be invested during the remaining period of the current programme.

A copy of the existing programme is attached to this report at Appendix 3 and the most notable items are detailed below.

Improving Council Housing & Housing Services - The programme for 2013/14 is now £26.496m which has reduced since the last report as several schemes have not progressed as anticipated and will now be carried out in 2014/15. Further information on those movements is included in the areas of the programme detailed below.

Notable investments in this area are:

- **Refurbishment Works** (£13.500m in 2013/14) will be carried out to improve the quality of the housing stock both internally and externally across the borough. In 2013/14 the focus has been primarily on external works including replacement roofs, and replacement of fascias, soffits and rainwater goods. This investment has resulted in improvements to 1,669 properties this financial year. There has been some slippage in the programme due to the works taking longer than anticipated.
- **Environmental Works** (£1.373m in 2013/14) – schemes include improvements to parking, fencing and footpaths and the introduction of purpose built communal bin stores. Most notably, work is ongoing at Pike Road, Brinsworth, which is expected to be completed by the end of March 2014.

Also work is being undertaken at Briery Walk, Munsbrough where the removal of trees and bushes and the installation of new fencing will aid police surveillance and deter opportunities for crime.

Slippage of the Environmental Works programme is due to the rescheduling of works to Wharncliffe Flats so that all external improvements can be undertaken as one scheme rather than piecemeal over two years.

- The **Decent Homes Void Programme** (£1.819m in 2013/14) is ongoing with 185 major voids completed and re-let so far in 2013/14.
- The **Replacement of Central Heating** programme (£3.010m in 2013/14) aims to alleviate the revenue burden of the increasing number of repairs being carried out, by replacing the Ideal and Buderus boilers currently installed. A total of 592 new boilers have been fitted through the planned work programme.
- The **Boundary Wall Treatments** programme has slipped into 2014/15 as a result of delays in consultations with leaseholders and tenants on the improvement works to be undertaken and the costs to be recovered.
- The **New Integrated Housing Management IT System** (£0.080m in 2013/14) has experienced significant delays in implementation and is not now expected to be fully implemented until 2014/15.
- **Non-traditional Investment** (£1.841m in 2013/14). This is used to carry out the external refurbishment and insulation render works to non-traditional properties. Investment has been made in 377 non-traditional dwellings in Wath, Rawmarsh, East Dene and Whiston.
- A new scheme of works has been added to the programme which, in 2014/15, will see improvements to the lighting, fire safety

equipment and heating in **Sheltered Housing Communal Areas** (£0.100m in 2014/15).

Fair Access To All: Disabled Adaptations (£3.947m in 2013/14) – the budget for private adaptations has been increased so that contractors can increase the volume of work undertaken thereby reducing the backlog of these demand-led works from four to three months. There has been some slippage on the public adaptations as the long lead-in time to commence works will mean that recent referrals will not be started until 2014/15.

Investment into **Neighbourhood Regeneration & Renewal** (£1.407m in 2013/14) has continued with the most notable projects being:

- **Canklow Phase 1 & 2** (£0.210m in 2013/14) is a programme of activity to regenerate the Warden Street/Canklow Road area of Canklow. The project has focused on demolition, buyback and refurbishment of public and private sector properties in the area. Some slippage of the scheme has occurred due to protracted negotiations with private homeowners over the purchase of their properties.
- **Bellows Road, Rawmarsh, Service Centre Clearance** (£0.455m in 2013/14) aims to construct both new shops new housing units in the area. Work to reinstate a telecommunications mast is on-going, as is the decant of tenants from the old to the new units. Negotiations continue with the developer over the relocation of the mast and, as a consequence, part of the programme will slip into 2014/15.
- **Garage Site Investment** (£0.500m in 2013/14) which will see the renovation of a number of garage sites across the Borough, making them safe and secure for use. This project has now been extended into 2014/15.
- The **Fuel Poverty – Vulnerable People** project (£0.220m in 2013/14) will deliver low cost energy efficiency improvements to private sector households in areas of the Borough with high levels of fuel poverty. Phases 1 and 2 will be completed by year end and will have delivered improvements to 188 properties. The service is to obtain approval from the Department of Energy and Climate Change to extend the scheme into 2014/15 and deliver a further two phases, with the next one covering Wentworth and Harley.

Neighbourhoods Improvements Non-HIP Programme (£0.470m in 2013/14) – the majority of the spend in this area will be on the **Landfill Sites** (£0.458m in 2013/14) where work is continuing to improve the gas/leachate systems and restore the land in order to make the sites safe. Work at Maltby, Droppingwell, Kiveton Park and Rawmarsh will all be completed by the end of March 2014, while others, in Greasbrough and Wath, will be completed in 2014/15.

Resources Capital Programme 2013/14 to 2016/17

The Council continues to invest in its **ICT infrastructure** as part of its ICT Strategy, with £2.859m expected to be spent in 2013/14 and a further £2.320m in the ensuing years. The Strategy is focussed on ensuring the Council is able to support effectively the services it delivers and promote new, innovative, ways of working that will result in greater efficiencies and effectiveness. The most notable projects are:

- **Developing Customer Access and On-line Self Service.** Making customers' data available on-line in a secure way to improve customer service and realise efficiencies by moving transactions from more expensive contact channels.
- **Upgrading Key Financial Management Systems** to support on-going improvements to the Council's financial management capability.
- The **Electronic Document Records Management** project, designed to enable staff to access the information they need to do their jobs from any location and to reduce the amount of paper document storage.
- The **Migration of The Council's Data Network** to new suppliers and the deployment of new networking equipment, enabling continued delivery of broadband services.

7.3 Funding of the Programme

The table shown below outlines the funding strategy associated with the schemes profiled above and detailed in the Appendices 1 to 4.

Funding	2013/14 Revised Estimate	2013/14 Variance from Last Report	2014/15 Estimate	2014/15 Variance from Last Report	2015/16 Estimate	2015/16 Variance from Last Report	2016/17 Estimate	2016/17 Variance from Last Report
	£m	£m	£m	£m	£m	£m	£m	£m
Grants & Contributions	37.757	-1.795	27.897	+4.709	5.063	-0.173	4.013	-0.173
Supported Borrowing	0.186	+0.186	0.000	0.000	0.000	0.000	0.000	0.000
Unsupported Borrowing	8.890	-2.319	11.363	+3.764	10.679	+0.920	1.720	+0.550
Usable Capital Receipts	2.123	+0.308	1.246	+0.464	0.332	0.000	0.332	0.000
Major Repairs Allowance (HRA)	19.780	-1.257	21.373	+1.349	20.664	0.000	20.664	0.000
Revenue Contributions	9.048	+0.266	8.548	+0.793	6.039	0.000	6.087	0.000
Total	77.784	-4.611	70.427	+11.079	42.777	+0.747	32.816	+0.377

7.4 Amount of Capital Expenditure on a Ward Basis

The table shown below shows the expenditure associated with the schemes profiled above, and detailed in the Appendices 1 to 4, on a Ward basis.

Ward	2013/14 Outturn	2013/14 Variance from Last Report	2014/15 Estimate	2014/15 Variance from Last Report	2015/16 Estimate	2015/16 Variance from Last Report	2016/17 Estimate	2016/17 Variance from Last Report
	£m	£m	£m	£m	£m	£m	£m	£m
Anston & Woodsetts	0.175	+0.015	0.088	+0.052	0.036	0.000	0.036	0.000
Boston Castle	1.723	-1.668	7.697	+2.212	0.379	+0.345	0.009	-0.025
Brinsworth & Catcliffe	1.013	-1.983	3.260	+2.632	0.035	0.000	0.035	0.000
Dinnington	0.348	-0.002	0.037	0.000	0.036	0.000	0.036	0.000
Hellaby	2.207	+0.351	0.014	-0.038	0.014	-0.038	0.014	-0.038
Holderness	4.401	-0.106	0.768	+0.387	0.031	0.000	0.031	0.000
Hooper	0.448	0.000	0.014	0.000	0.014	0.000	0.414	0.000
Keppel	0.153	0.000	0.035	-0.021	0.035	-0.021	0.035	-0.021
Maltby	7.404	+0.583	0.068	+0.048	0.020	0.000	0.020	0.000
Rawmarsh	1.039	-0.130	1.200	+0.112	0.033	-0.018	0.033	-0.018
Rother Vale	0.131	-0.152	0.251	+0.228	0.019	-0.004	0.019	-0.004
Rotherham East	0.553	0.000	2.867	+0.207	2.651	-0.009	0.051	-0.009
Rotherham West	0.300	0.000	0.042	0.000	0.042	0.000	0.042	0.000
Silverwood	0.403	+0.253	0.018	-0.017	0.018	-0.017	0.018	-0.017
Sitwell	0.096	0.000	0.017	-0.017	0.017	-0.017	0.017	-0.017
Swinton	0.212	-0.251	0.289	-0.004	0.039	-0.004	0.039	-0.004
Valley	3.737	-0.671	3.399	+1.109	0.032	-0.026	0.032	-0.026
Wales	4.669	-0.134	0.532	+0.155	0.827	0.000	0.027	0.000
Wath	0.621	+0.155	1.430	-0.003	0.052	-0.004	0.052	-0.004
Wickersley	2.369	0.000	2.861	0.000	0.034	0.000	0.034	0.000
Wingfield	0.170	+0.001	0.059	-0.016	0.014	-0.016	0.014	-0.016
All Wards	45.612	-0.872	45.481	+4.053	38.399	+0.576	31.808	+0.576
Total	77.784	-4.611	70.427	+11.079	42.777	+0.747	32.816	+0.377

8. Finance

Financial implications are contained within the body of this report. Any revenue implications from the revised programme have been fully reflected in the Council's latest 2013/14 outturn revenue forecast and its updated Medium Term Financial Strategy.

9. Risks & Uncertainties

The Capital Programme is funded through a number of sources: unsupported borrowing, capital grants & contributions, revenue contributions and capital receipts. Any uncertainty over the funding of the Programme rests on confirmation that grants/contributions and capital receipts continue to be available in coming years. Where funding sources are volatile in nature the risks will be managed by continually keeping the programme under review.

10. Policy and Performance Agenda Implications

The preparation of the Medium Term Financial Strategy incorporating a profiled capital programme and the associated revenue consequences, together with regular monitoring, highlights the Council's commitment to sound financial management.

11. Background Papers and Consultation

- Capital Programme Monitoring 2013/14 and Capital Programme Budget 2014/15 to 2016/17.
- Project / Scheme monitoring reports.
- Monitoring returns and budget setting details from Directorates.

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CHILDREN AND YOUNG PEOPLE'S CAPITAL PROGRAMME 2013/14 - 2016/17
FINANCIAL SUMMARY STATEMENT

CAPITAL INVESTMENT BY PROJECT	SPEND AND FUNDING STATEMENT							
	2013/14	2013/14	2014/15	2014/15	2015/16	2015/16	2016/17	2016/17
	Estimate	Variance to	Estimate	Variance to	Estimate	Variance to	Estimate	Variance to
£'000s	Previous Report	£'000s	Previous Report	£'000s	Previous Report	£'000s	Previous Report	£'000s
PRIMARY								
MALTBY LILLY HALL	2,070	470						
KILNHURST ST THOMAS EXTRA CLASSROOM	276	23						
FLANDERWELL PRIMARY EXTENSION	1,117	0						
HERRINGTHORPE INFANT & JUNIOR SCHOOLS EXPANSION	1,979	195						
ASTON HALL INFANT & JUNIOR SCHOOL EXPANSION	899	54						
FLANDERWELL PRIMARY AUTISM RESOURCE	543	0						
WEST MELTON PRIMARY SCHOOL EXTENSION	391	7						
BROOM VALLEY COMMUNITY PRIMARY SCHOOL EXPANSION	243	48						
BRINSWORTH HOWARTH PRIMARY SCHOOL - MODULAR CLASSROOMS	363	13						
BRAMLEY SUNNYSIDE INFANT SCHOOL RENOVATION	60	0						
BRAMLEY SUNNYSIDE JUNIOR SCHOOL RENOVATION	120	5						
WATH C OF E PRIMARY SCHOOL EXPANSION	309	259	1,091	-259				
RAWMARSH MONKWOOD PRIMARY SCHOOL EXPANSION			159	0				
DALTON LISTERDALE JUNIOR AND INFANT SCHOOL EXPANSION	120	90	1,240	320				
KIVETON PARK MEADOWS JUNIOR SCHOOL EXPANSION	470	55						
TREETON C OF E NEW SPORTS PITCH	38	0						
WALES PRIMARY SCHOOL EXPANSION	382	-18	18	18	800	0		
BRAMPTON ELLIS JUNIOR SCHOOL							400	0
BADSLEY MOOR INFANTS RECEPTION ALTERATIONS	12	-78	78	78				
NEW CENTRAL PRIMARY SCHOOL	35	-115	2,738	138	2600	0		
MODULAR UNITS - TREETON, FLANDERWELL & CATCLIFFE	3	3						
FLANDERWELL DINING ROOM	2	2						
SECONDARY								
SUPPORT TO SCHOOLS	150	0	150	0	150	0		
MALTBY ACADEMY	7,404	679						
SWINTON COMMUNITY SCHOOL IMPROVEMENTS			250	0				
CLIFTON SCHOOL CARETAKERS CONVERSION	182	7						
WICKERSLEY SCHOOL AND SPORTS COLLEGE	200	0	2,827	0				
CITY LEARNING CENTRES								
CLC RAWMARSH	28	0						
CAPITALISED MINOR ENHANCEMENTS	2,400	-65	1,500	-335	1900	0	2000	0
OTHER SCHEMES								
DFCG	1,572	0	634	-173	634	-173	634	-173
KIMBERWORTH CO-LOCATION	17	-33						
PROPERTY ADAPTATIONS	659	-200	250	200	50	0	50	0
ORCHARD CENTRE - SOFT PLAY AREA/INTERNAL FLOOR COVERING	15	0						
ENTITLEMENT FOR EARLY YEARS PROVISION (TWO YEAR OLDS)	242	-208	208	208				
CYPS CAPITAL PROGRAMME	22,301	1,193	11,143	195	6,134	-173	3,084	-173

SOURCES OF FUNDING	2013/14	2013/14	2014/15	2014/15	2015/16	2015/16	2016/17	2016/17
	Estimate	Variance to	Estimate	Variance to	Estimate	Variance to	Estimate	Variance to
	£'000s	Previous Report	£'000s	Previous Report	£'000s	Previous Report	£'000s	Previous Report
SUPPORTED CAPITAL EXPENDITURE (REVENUE)	186	186						
GRANTS AND CONTRIBUTIONS	21,456	1,207	10,893	-5	4084	-173	3034	-173
REVENUE CONTRIBUTION								
USABLE CAPITAL RECEIPTS								
PRUDENTIAL BORROWING	659	-200	250	200	2050	0	50	0
MAJOR REPAIRS ALLOWANCE								
CYPS CAPITAL PROGRAMME	22,301	1,193	11,143	195	6,134	-173	3,084	-173

CYPS CAPITAL INVESTMENT BY WARD 2013/14 - 2016/17

CYPS CAPITAL INVESTMENT BY WARD	2013/14	2013/14	2014/15	2014/15	2015/16	2015/16	2016/17	2016/17
	Estimate	Variance to	Estimate	Variance to	Estimate	Variance to	Estimate	Variance to
	£'000s	Previous Report	£'000s	Previous Report	£'000s	Previous Report	£'000s	Previous Report
ANSTON & WOODSETTS	160	0	36	0	36	0	36	0
BOSTON CASTLE	307	0	9	-25	9	-25	9	-25
BRINSWORTH & CATCLIFFE	521	0	35	0	35	0	35	0
DINNINGTON	243	0	36	0	36	0	36	0
HELLABY	2,070	344	14	-38	14	-38	14	-38
HOLDERNESS	1,133	0	31	0	31	0	31	0
HOOBER	448	0	14	0	14	0	414	0
KEPPEL	153	0	35	-21	35	-21	35	-21
MALTBY	7,404	631	20	0	20	0	20	0
RAWMARSH	584	0	192	-18	33	-18	33	-18
ROTHER VALE	117	0	19	-4	19	-4	19	-4
ROTHERHAM EAST	553	0	2,867	207	2651	-9	51	-9
ROTHERHAM WEST	233	0	42	0	42	0	42	0
SILVERWOOD	329	253	18	-17	18	-17	18	-17
SITWELL	96	0	17	-17	17	-17	17	-17
SWINTON	202	-253	289	-4	39	-4	39	-4
VALLEY	2,099	94	1,272	294	32	-26	32	-26
WALES	1,353	0	48	21	827	0	27	0
WATH	309	70	1,143	-263	52	-4	52	-4
WICKERSLEY	2,369	0	2,861	0	34	0	34	0
WINGFIELD	131	1	14	-16	14	-16	14	-16
ALL WARDS	1,487	53	2,131	96	2126	26	2076	26
CYPS CAPITAL PROGRAMME	22,301	1,193	11,143	195	6,134	-173	3,084	-173

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET
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Meeting:	CABINET
Date:	19th March 2014
Title:	Non Domestic Rates – Proposed Retail Relief Scheme for 2014/15 and 2015/16
Directorate:	Resources

5. Summary

In the Autumn Statement on 5th December the Chancellor announced several changes to the Business Rates system that will take effect from April 2014. One of these measures was the introduction for 2 years (2014/15 and 2015/16) of Retail Relief of up to £1,000 pa for retail properties with a rateable value of £50,000 or less. The proposals require Councils to use their discretionary relief powers under the Localism Act to grant rates discounts. This report sets out the Council's proposed Non-Domestic Rate Retail Relief scheme for 2014/15 and 2015/16 and how it is proposed to implement the scheme.

6. Recommendations

That Cabinet note the contents of this report and approve:

- **the proposed Retail Relief scheme set out at Appendix A for the 2 financial years 2014/15 and 2015/16;**
- **The application process described;**

And

- **That this process is used, when appropriate, in respect of other Business Rates Reliefs.**

7. Background

7.1 In the Autumn Statement of December 5th 2013 the Chancellor announced a series of changes to Business Rates including:

- A cap on the RPI increase in business rates limiting the rise to 2% in 2014/15;
- A further extension of the doubling of the Small Business Rates Relief (SBRR) to the end of March 2015;
- From April 2014, amending the Small Business Rates criteria to allow businesses receiving Small Business Rates Relief to keep it for 1 year when they take on an additional property - current rules cause them to lose this relief;
- A new temporary relief from 1st April 2014, granting new occupants of empty retail premises a 50% discount from business rates for 18 months. This Reoccupation Relief will remain in place up to 31 March 2016;

And

- A discount of up to £1,000 per annum against business rates bills in 2014/15 and 2015/16 for retail premises (including pubs, cafes, restaurants and charity shops) with a rateable value up to £50,000.

7.2 Retail Relief

The last of these measures is called "Retail Relief" and as it will only apply for 2 years, the Government will not be changing the relevant legislation. Instead, local authorities are expected to use their discretionary relief powers under the Localism Act (section 47 of the Local Government Finance Act 1988, as amended) to grant relief.

7.3 Accordingly, it will be for individual billing authorities to adopt a local Retail Relief Scheme and decide in each individual case when to grant relief under section 47 of the 1988 Act, although it should be noted that the DCLG guidance stresses that the Government expects authorities to grant relief to qualifying ratepayers. To increase awareness of the scheme details have been included in the statutory notes that accompany the annual business rates bills which are currently being prepared and issued.

7.4 It has been confirmed that local authorities (and major precepting authorities like the Fire and Rescue Authority) will be **fully reimbursed by central government for their share of the cost of the discretionary relief granted** – in Rotherham's case this is 49% (with 1% falling on the South Yorkshire Fire Authority). Payment will be made by means of a grant under section 31 of the Local Government Act 2003. To facilitate this, Local Authorities were asked to provide an estimate of the "likely total cost for providing the relief" in their National Non-Domestic Rate Return 1 (NNDR1) for 2014/15 which was submitted at the end of January. Central government have indicated that payments to local authorities' will be made over the course of the relevant years.

7.5 Guidance indicating which properties the Government expects to benefit from Retail Relief was issued in late January. This can be summarised as:

- **Occupied hereditaments with a rateable value of £50,000 or less that are wholly or mainly being used as shops, restaurants, cafes and drinking establishments.** Ratepayers that occupy more than one property will be

entitled to relief for each of their eligible properties, however in many cases it is projected that due to Small Business Rates relief, eligible businesses will receive no retail relief – their rates bill having been extinguished by SBRR.

- Like Charity Relief this is a test of use rather than occupation, therefore, to qualify for the relief the hereditament **should be wholly or mainly being used for retail purposes.** Attached at Appendix A is the Council's proposed policy including a more detailed list taken from the Guidance Note clarifying what shops, restaurants, cafes and drinking establishments are considered to be covered.

7.6 The guidance stresses that the list provided is not intended to be exhaustive; however, it is intended to be a guide as to the types of uses that the Government considers to be retail for this purpose and relief should be granted to broadly similar properties. Conversely, the following types of uses **are not** considered by the Government to be retail use for the purpose of this relief.

i. Hereditaments that are being used for the provision of the following services to visiting members of the public:

- Financial services (e.g. banks, building societies, cash points, bureau de change, payday lenders, betting shops, pawn brokers)
- Other services (e.g. estate agents, letting agents, employment agencies)
- Medical services (e.g. vets, dentists, doctors, osteopaths, chiropractors)
- Professional services (e.g. solicitors, accountants, insurance agents/ financial advisers, tutors)
- Post office sorting offices.

And,

ii. Hereditaments not reasonably accessible to visiting members of the public.

7.7 It is intended that any retail relief granted will be applied after other reliefs (such as Small Business Rate Relief) and will be limited to the value of the rate bill, i.e. it will not be possible to claim more relief than is being paid in rates.

7.8 **State Aid** – the application of Retail Relief is complicated as it falls under the rules surrounding State Aid. The State Aid regulations are the means by which the European Union regulates state funded support to businesses to prevent the distortion of competition. The government guidance makes it clear that the granting of Retail Relief is subject to these rules.

7.9 The regulations do include a De Minimis threshold which allows an undertaking to receive up to €200,000 (around £165,000) of "State Aid" in a three year period (consisting of the current financial year and the two previous financial years). If the threshold is breached, the Council would not be able to reclaim the relief from the Government and the aid granted would have to be recovered from the beneficiaries if the Council is not to be out of pocket for the whole value of the relief granted.

7.10 **The Council's Proposed Approach**

In order to mitigate the risks associated with State Aid and to guarantee, as far as is possible, that the relief is only granted to eligible ratepayers, the Council like several other authorities is proposing to grant Retail Relief on application from businesses meeting the Council's criteria. For example, it is not necessarily possible to determine from the rating list whether premises are being used for retail purposes as defined in section 7.5 above or whether the business would meet the State Aid De Minimis criteria. This approach has previously been used in respect of developments in the Enterprise Zone (which are also subject to the State Aid Rules) and if approved, the same approach will be applied to other rate reliefs falling under the State Aid rules such as; re-occupancy relief and relief on empty new build commercial property.

7.11 The Council's proposed criteria for Retail Relief are those set out in the Government Guidance (set out in sections 7.5 and 7.6 above and in Appendix A attached) with one addition – **any business operating in contravention of the Council's declared policies, plans, strategies and procedures may not qualify for rate relief.** This is to ensure that businesses which may be, for example, flouting planning requirements, would not benefit from the relief. It is not envisaged that this proviso would exclude many ratepayers but it would offer protection to existing Council policies and the Council's reputation. To allow for this requirement the application form includes authorisation from the ratepayer to check the Council's records.

7.12 The proposed application form is attached as Appendix B and will ask applicants to confirm their position with respect to State Aid. It is anticipated that the following approach will be adopted for applications:

- Application forms will be issued to those businesses that are identified from the rating list as likely to be eligible for the Retail Relief;
- Application forms will be issued on request; and
- It will also be possible to make applications on-line.

In addition to the statutory information issued with rates bills, the Council's Retail Relief Scheme and application process will be publicised with the Chamber of Commerce and with the Council's Asset Management Service which acts as Corporate Landlord in order to make the Council's own tenants aware of the relief.

7.13 Due to the timing of the announcement and the release of guidance it has not proved possible to have the Council's proposed Retail Relief Scheme in place before the start of the annual billing run, which means that the Council will have to issue new bills to successful applicants. In spite of this, with Cabinet approval it is considered that it will be possible to have the scheme in place by later this month. This will allow application forms to be issued by the end of March so that when the revised software is released on 6th April the Council will be able to process the relief.

8. Finance

8.1 **Value of the Relief** -. The Council's National Non-Domestic Return 1 (NNDR1) which was submitted at the end of January estimated that around

1,000 properties would be affected by the new relief and that Retail Relief would be worth up to £800,000 – of which the Council's share would be 49% or £0.392m (which, as stated will be reimbursed by means of Section 31 grant). However this estimate was based on all the properties identified as being used for retail purpose qualifying which may well not be the case.

- 8.2 **Other Costs** – as indicated, the Council's proposed approach is to request applications for Retail Relief and to grant relief retrospectively to those ratepayers satisfying the criteria. This method will, however, require the Council to issue application forms and once/if retail relief is granted issue new rate demands. The estimated cost of issuing applications and rebilling is around £1,000; however this does not include any staff and administration costs. Although the Government has committed to reimburse Billing Authorities (like the Council) for the income lost in granting the retail relief, it is not yet clear whether they will also cover the associated administration costs.

9. Risks and Uncertainties

The exact number of qualifying properties and the value of the relief that will be granted can only be estimated in broad terms at present. The Government has guaranteed to reimburse the Council for the cost of appropriate relief granted meaning that the risk therefore is that the Council will grant relief inappropriately e.g. to non-qualifying businesses or in contravention of the State Aid rules and will not receive grant support. Such costs would have to be recovered from the ratepayer. The Council's proposals outlined above to award relief retrospectively on receipt of applications will mitigate this risk but carry with them the risk of delays to rate payments whilst applications are processed and an increased administrative burden.

10. Policy and Performance Agenda Implications

Retail Rate Relief is a temporary measure intended to support small retailers and it is anticipated that a wide range of businesses across Rotherham will benefit from the scheme which is consistent with the first of the Council's Corporate Priorities: Stimulating the local economy and helping local people into work.

11. Background Papers and Consultation

- The Autumn Statement 5th December 2013
- Business Rates – Retail Relief Guidance DCLG January 2014
- Business Rates Information Letter (BRIL) 2 DCLG 6th February 2014
- The Council Tax and Non-Domestic Rating (Demand Notices) (England) (Amendment) Regulations 2014 Statutory Instruments 2014 No. 40-February 2014

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Rotherham Metropolitan Borough Council Business Rates: Retail Relief Policy

- 1.1. This policy sets out the Council's intentions for dealing with applications for Business Rate relief for the financial years 2014/15 and 2015/16.
- 1.2. In line with the guidelines issued by the DCLG the following will qualify for the relief on submission of a completed application to the Council confirming the nature of the business and compliance with State Aid rules.
- 1.3 **Occupied** hereditaments with a rateable value of £50,000 or less that are **wholly or mainly being used for retail purposes**. Examples of qualifying uses are:
 - i. **Hereditaments that are being used for the sale of goods to visiting members of the public:**
 - Shops (such as: florist, bakers, butchers, grocers, greengrocers, jewellers, stationers, off licence, chemists, newsagents, hardware stores, supermarkets, etc.)
 - Charity shops
 - Opticians
 - Post offices (but not sorting offices)
 - Furnishing shops/ display rooms (such as: carpet shops, double glazing, garage doors)
 - Car/ caravan show rooms
 - Second hand car lots
 - Markets
 - Petrol stations
 - Garden centres
 - Art galleries (where art is for sale/hire).
 - ii. **Hereditaments that are being used for the provision of the following services to visiting members of the public:**
 - Hair and beauty services (such as: hair dressers nail bars, beauty salons, tanning shops, etc.)
 - Shoe repairs/ key cutting
 - Travel agents
 - Ticket offices e.g. for theatre
 - Dry cleaners
 - Launderettes
 - PC/ TV/ domestic appliance repair
 - Funeral directors
 - Photo processing
 - DVD/ video rentals
 - Tool hire
 - Car hire
 - iii. **Hereditaments that are being used for the sale of food and/ or drink to visiting members of the public:**
 - Restaurants

- Takeaways
- Sandwich shops
- Coffee shops
- Pubs
- Bars

1.4 Ratepayers that occupy more than one property will be entitled to apply for relief for each of their eligible properties.

1.5 The Retail Relief granted will be applied after other reliefs for which the hereditament may qualify, but cannot be greater than the remaining rates liability for the hereditament and is capped at £1,000 per annum.

1.6 Relief will not be granted to:

i. Hereditaments that are being used for the provision of the following services to visiting members of the public:

- Financial services (e.g. banks, building societies, cash points, bureau de change, payday lenders, betting shops, pawn brokers)
- Other services (e.g. estate agents, letting agents, employment agencies)
- Medical services (e.g. vets, dentists, doctors, osteopaths, chiropractors)
- Professional services (e.g. solicitors, accountants, insurance agents/ financial advisers, tutors)
- Post office sorting offices

ii. Hereditaments not reasonably accessible to visiting members of the public.

iii. Any business operating in contravention of the Council's declared policies, plans, strategies and procedures may not qualify for Retail Rate Relief.

iv. Hereditaments in respect of which no completed application has been received by the Council.

RMBC Logo

Non-Domestic Rates Application for Retail Relief 2014/15 and 2015/16

Please return to: NNDR Section RMBC Riverside House Main Street Rotherham
S60 1AE

Web address

Please keep a copy of this application for your records.

Please complete in block capitals	Account No.	
	Rateable value	
Address of premises for which relief is sought.		
Are the premises wholly or mainly used for retail?	Yes/No	
Please state type of business		
If used for purposes other than retail, please provide details.		
Have you or any company within your business group received or expect to receive any State Aid in the current financial year or in the previous two financial years? Information about State Aid can be found at https://www.gov.uk/state-aid	Yes/No	

<p>If you answered YES above please provide details of the previous aid received under De Minimis Aid</p>	<p>Organisation Providing the Assistance</p> <p>Value of Assistance</p> <p>Date of Assistance</p> <p>Nature of Assistance</p>
<p>Effective Date from which Retail Relief is claimed</p>	
<p>Declaration. (This form must be signed by the ratepayer or someone authorised to sign on behalf of the ratepayer. For limited companies it must be signed by a director. For partnerships by a partner, and for trusts by a trustee. It cannot be signed by agents).</p> <p>I confirm that the information provided above is true and grant consent for relevant checks to be made of Council records to ensure that this application meets the criteria for the Council's retail relief scheme.</p> <p>I also confirm that in the event that Retail Rate Relief Payments are made to which I am not entitled I will liable for repayment of these in full.</p> <p>Signed..... Print name.....</p> <p>Capacity of person signing..... Tel.....</p> <p>Email.....</p> <p>Date.....</p>	

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Cabinet
2.	Date:	19th March, 2014
3.	Title:	Universal Infant Free School Meals All Wards
4.	Directorate:	CYPS

5. Summary

The Universal Infant Free School Meal scheme will provide free meals to all pupils in Year 2 and below. This report shows the Capital funding and the per meal funding announced by the Department of Education to support the provision of additional equipment and the meals.

6. Recommendations

That Cabinet note the announcements and the action being taken to provide meals for our eligible pupils.

7. Proposals and Details

From September 2014 all pupils in receipt of full time education up to Year 2 will be eligible to receive a free school meal under the the Universal Infant Free School Meals scheme. It is anticipated that an additional 2,900 meals will be supplied per day to Rotherham pupils.

The increase in meals supplied by individual kitchens will vary between 10 and 150 meals per day. Education Catering Services are assessing which schools require new/additional ovens (including extraction canopies), servery counters, dining furniture, etc. Headteachers are being consulted.

The financial information to support the Universal Infant Free School Meals scheme has been provided as reported to Cabinet on 5th February. Capital sums will be provided for the Local Authority, £600,152 and Voluntary Aided Schools, £70,739 with Academy schools receiving individual allocations.

The assessment of the kitchen and dining facilities and the forecast of additional meals at each school will be used to allocate the capital funding to ensure that schools can meet the food production, service and dining requirements. Schools with low additional meal requirements will not receive any investment. Headteachers should be aware of the investment for their school by the end of March 2014.

The Voluntary Aided and Academy schools will be advised on the investment necessary to meet the increased meal provision.

The increase in the number of meals supplied will also require an increase in the crockery, cutlery, cooking containers and utensils which is not funded through the capital allocation. Education Catering Services will work with the schools to ensure that these are financed through the Service Level Agreements and the charges levied for meals.

The finance for the meals supplied under this scheme is to be made direct to schools at the value of £2.30 per meal. Schools will be financed based on take up as recorded at the January 2015 Schools' census.

8. Finance

The capital sum of £600,152 will be provided for Local Authority schools. Additional sums will be provided to Voluntary Aided and Academy schools.

Schools will receive £2.30 per meal for meals supplied under the Universal Infant Free Meals scheme.

The funding for free school meals as determined by Revenues and Benefits is to be maintained at current levels

9. Risks and Uncertainties

There is a risk that the capital funding available will be insufficient to meet all the needs for equipment, furniture.

The number of meals to be provided is estimated therefore equipment needs have been calculated to meet the maximum take up.

Charges to schools for meals and additional light equipment costs have to be agreed.

10. Policy and Performance Agenda Implications

This action assists with the corporate priority of Making sure no community is left behind, by increasing the provision of free school meals.

The provision of school meals contributes to the welfare of a child. Healthy meals provide nutrients essential for growth and lay the foundations for healthy lifestyles; assisting in improved attainment as it is medically acknowledged that better fed children attain more and generally improve their life chances. School meals benefit all children, especially those from deprived backgrounds by enabling accessible meals.

11. Background Papers and Consultation

Universal infant free school meals – DfE Letter to Headteachers (23 January 2014)

Universal infant free school meals – DfE Letter to Directors of Children's Services (23 January 2014)

Cabinet Report: Schools Capital and Revenue Funding 2014/15; 5th Feb 2014

Financial Services have been consulted on this report.

Contact Name : Ron Parry, Principal Catering Officer, Ext 22300
ron.parry@rotherham.gov.uk

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet
2	Date:	19th March 2014
3	Title:	Debt Management and Recovery Policy for Adult Social Care Debt
4	Directorate:	Neighbourhoods and Adult Services

5. Summary

5.1. To seek approval of the Debt Management and Recovery Policy for Adult Social Care Debt.

5.2. The Policy provides a high level policy for how debt will be pursued and ensures staff and customers are clear how we take a fair and firm approach to recovery of money owed to the council for the provision of adult social care services.

6 Recommendations

6.1 Members are requested to receive this report and approve the Debt Management and Recovery Policy for Adult Social Care Debt.

7 Proposals and Details

- 7.1 The Council charges customers for a range of adult social care services in accordance with statutory requirements and local charging policy:
- 7.2 Whilst the majority of income due is paid on time, the council has a duty to ensure that all revenue owed to the council is collected promptly and effectively for the benefit of all Council Tax payers.
- 7.3 At present the Council does not have any overarching policy framework for the management of adult social care debt.
- 7.4 The policy sets out to formalise best practice and includes guidance to ensure that we have a transparent, consistent and proportionate approach to the recovery of money owed to the council having due regard to minimising arrears whilst not causing undue hardship or consequences to the customer as a result.
- 7.5 The Key Aims of the policy are to:
 - 7.5.1 Collection of all money due; quickly and economically taking into account the financial circumstances and mental capacity of the customer.
 - 7.5.2 Prevention of debt and arrears; by prompt notification of charges, billing and collection of money due and affordable repayment plans and early intervention when a customer is in arrears.
 - 7.5.3 Ensuring that principles protecting the rights of vulnerable customers underpin all actions and that where there are issues of financial mismanagement or exploitation, appropriate investigations are carried out under the Council's Safeguarding Policy.
 - 7.5.4 Provision of a legal framework to enable legal enforcement (where necessary and appropriate) to recover debts.
 - 7.5.5 Compliance with the Council's Financial Regulations and Standing Orders

8 Finance

- 8.1 A debt collection policy for adult social care charges will provide the framework for the council to collect debts owed to it and should contribute to increasing income for the council.

9 Risks and Uncertainties

- 9.1 Adoption of the policy will mitigate the risk of non-recovery of current and new adult social care debts by ensuring that there is a common understanding of our approach to debt collection.

- 9.2 This is a sensitive area dealing with a most vulnerable section of society in a highly legislated area of work. Inconsistent application of Council policy may lead to poor levels of service and place the Council open to challenge by judicial review

10 Policy and Performance Agenda Implications

- 10.1 No Implications

11 Background Papers and Consultation

- 11.1 Debt Management and Recovery Policy for Adult Social Care Debt

Contact Name; Gillian Buckley Operational Manager Revenue and Payments ext 34019 e.mail gillian.buckley@rotherham.gov.uk

Debt Management and Recovery Policy for Adult Social Care Debt

Confidentiality Statement

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They are all hereby acknowledged.

Approvers

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1 Introduction

1.1 Objectives and Scope

The purpose of this document is to set out consistent and effective processes for the collection, recovery and enforcement of Adult Social Care charges owed to RMBC.

Effective financial management is fundamental to being able to fund the quality of services the Council provides. The best method of debt collection is the prevention of debt arising and this policy covers both prevention and recovery.

Key principles of the Policy:

1. Collection of all money due; quickly, efficiently and economically taking into account the financial circumstances and mental capacity of the customer.
2. Prevention of debt and arrears; by prompt notification of charges, billing and collection of money due and affordable repayment plans and early intervention when a customer is in arrears.
3. Ensuring that principles protecting the rights of vulnerable customers underpin all actions and that where there are issues of financial mismanagement or exploitation, appropriate investigations are carried out under the Council's Safeguarding Policy.
4. Provision of a legal framework to enable legal enforcement (where necessary and appropriate) to recover debts.
5. Compliance with the Council's Financial Regulations and Standing Orders

1.2 Considerations

This document should read in conjunction with the Council's Financial Regulations and the Corporate Debt Policy. It is also supported by operational procedures for staff within the Revenue and Payments Service.

2 Legal and Policy Framework

This policy provides a framework to enable legal enforcement to be undertaken to recover debts where appropriate.

The method of recovery of money owed depends on whether the care services are provided in the community or in a residential care home. For care services which are provided in the community, the Fairer Charging Guidance is applied and for residential care, the Charging for Residential Accommodation Guide (CRAG) is used.

The main powers and duties for local authorities to charge for Social Care services are described in the following acts of legislation:

- Part 3 National Assistance Act 1948
- Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 (HASSASSA)
- The National Assistance (Assessment of Resources) Regulations 1992

Powers to make reasonable charges for non residential services are included in the following acts of legislation:

- Welfare Services for Disabled Persons (section 29 of National Assistance Act 1948);
- Section 2 of the Chronically Sick and Disabled Persons Act; and
- Service for Older People (section 45 Health Services and Public Health Act 1968)

CRAG and the Fairer Charging Guidance provide statutory guidance to local authorities on how to interpret the regulations on charging for residential and non-residential care and support set out in the legislation.

Failure to pay cannot be the grounds for the termination of a service (Section 17 HASSASSA 1983); charges are recoverable as civil debt.

The draft Care Bill which was published on 11 July 2012 proposes to replace the above legal framework for adult care and support, which are deemed as outdated, with a single new law.

The Care Bill has completed all the parliamentary stages in the House of Lords but still has to complete all the stages in the House of Commons, and then receive royal assent before becoming an Act of Parliament (law).

3 Financial Assessment

As part of the Council's social care assessment to determine if there is a need for social care services to be provided, the Council will undertake a financial assessment. This financial assessment will determine how much the customer is required to contribute towards the cost of their social care services.

The Council will provide support through the assessment process and will need a full financial disclosure from the customer to undertake this assessment.

The financial assessment process for customers in residential care is conducted in accordance with CRAG.

The financial assessment process for customer using non residential care services is conducted using Fairer Charging Guidance.

3.1 Independent Sector Providers of Residential Care

Rotherham Metropolitan Borough Council is an in house provider of residential care. It also purchases residential and nursing care services from the independent sector. Under contractual arrangements, the council pays for the cost of the residential and nursing care services net of the customer's assessed charge and requires the Service Provider to collect the customer's assessed charge directly from the customer.

If there are arrears of a customer's charge, the service provider will commence the debt recovery process and are required to notify the Council within 6 weeks of the date of invoice.

Where the service provider meets their contractual requirement to undertake prescribed recovery steps and they prove unsuccessful, the Council will underwrite the debt to the service provider and commence the legal proceedings to recover the debt.

3.2 Residential Care Property Deferred Payment Scheme

For customers who are entering residential care (assessed in accordance with CRAG) their property will be considered as part of the financial assessment process. The treatment of property owned by the customer receiving care will depend on whether the customer is a legal or a beneficial owner. Where ownership is disputed, written evidence to prove ownership via the customer and Land Registry will be obtained and considered as part of this decision.

The Council will determine the value of the property at the time of the social care assessment. This will include asking the customer and making an assessment of the value of similar properties nearby. Where the value is disputed or there is doubt as to the value, the Council will arrange for a professional valuation to support the assessment.

In most circumstances, the Council will consider a Deferred Payment Scheme. Under this scheme the customer is not required to immediately sell the property they own or have a financial interest in. The Council will require a signed legal agreement that allows the Council to place a legal charge on the property and defer that part of their assessment relating to the value of their property until the property is sold. Once the agreement has been signed, a Charge will be placed on their property under Section 55 of Health and Social Care Act.

The Charge will show up in future land searches and providing that the outstanding care fees will be paid from the proceeds of the house sale; the Councils Solicitor will remove the Charge on the property.

3.3 Residential Care Third Party Top Ups

If a customer chooses a residential care provider that is more expensive than those rates set by the Council, then the customer's representative (third party) can pay the difference in the amounts. This is also known as Third Party Top Up Fee.

Customers are not permitted to pay their own Third Party Top Up. Instead their representative (third party) would enter into a legal agreement with the Council. This states that they are responsible to pay the top up fees and that any debts may be recovered from them through legal action. As part of this process, the Council will seek assurance that the third party has the means to make the payments and that they are fully aware of their responsibilities and the potential consequences of non-payment. The Council will not agree to any Third Party Top Up arrangement unless the legal agreement has been signed and agreed.

If there are arrears on a third party account, the Council will commence the legal debt recovery process. The Council may choose to terminate the agreement and reassess the accommodation with a view to moving the customer to a less expensive placement that where possible would be within the rates set by the Council.

Third Party agreements will be reviewed every year as part of the annual care review process.

4 Principles of Collection, Recovery and Enforcement

The intention of the Revenues and Payments Service is to maintain a “firm but fair” approach to the collection and recovery of Social Care Charges.

We will financially assess a customer in a timely manner to ensure customers are aware of how much they have to pay and when.

We will ensure that every individual undergoing a financial assessment under fairer charging is provided with written information on maximising entitlements to benefits.

We will issue prompt and accurate bills ensuring the correct calculated assessed charge is used.

We will make the payment of social care charges as easy and convenient as possible by prompting a wide range of payment methods including our preference of Direct Debit.

We will give our customers a variety of options to contact us to discuss payment of their accounts:

- By telephone to the dedicated Revenue and Payments lines
- By email, in writing or through web forms on our web site
- Face to face through at Riverside House

We will process changes to charges in a timely manner in order to ensure customer’s accounts are as up to date as possible.

We will inform customers who fall 28 days behind with their charges or payment arrangements, of the need to bring their payments up to date.

We will try to engage with the customer at every opportunity during the recovery process in order to discuss and make a suitable repayment arrangement and to avoid further recovery action. This includes clearly warning customers about further recovery actions that may happen and the additional costs and charges they may incur if they do not come to an earlier payment arrangement.

We will try to collect all debts owed where they are legally collectable, irrespective of age, in order that we can maximise revenue to the Authority to be fair to all those tax payers who have paid their liabilities.

We will review the appropriateness of each recovery option based on what we know about the customer’s circumstances, their ability to pay, their past payment history, their mental capacity or any other physical health or age related limitations and the requirement to recover outstanding monies in a timely and efficient manner.

We shall take special care in pursuing debts relating to particularly vulnerable customers. When pursuing debts relating to particularly vulnerable customers we shall seek to involve a responsible third party who can act for the customer in the customer’s best interests, and check the customer consents to the arrangements.

Where appropriate, we will direct the customer to sources of debt and benefits advice.

We will regularly review accounts which are in arrears to ensure that they are subject to ongoing recovery and enforcement action.

We have a complaints procedure to enable customers to challenge us where they believe we have not acted fairly or lawfully.

We regularly review our policies and procedures. This document is reviewed annually.

5 Invoicing and Payment Options

5.1 Non Residential Care

The Revenue and Payment Service is responsible for despatching invoices for non residential care throughout the year.

Invoices for weekly charges of £20.00 or more are issued on a 4 weekly basis; invoices for weekly charges of less than £20.00 per week are issued on a quarterly basis. All invoices should be issued within 4 weeks of the service period end date (this timescale is restricted by allowing for collection and administration of service provision data from independent sector providers).

All invoices are due for immediate payment upon issue.

Direct Debit is the most efficient and preferred method of payment for the Authority and is promoted at every opportunity. It also assists customers to avoid missing payments and being subject to recovery action. Direct Debits are collected every 4 weeks and are collected 12 days after the service period end date.

Other payment options include paying online, paying by telephone, paying by post, paying in person at one of the Customer Service Centres, or paying by swipecard at a Post Office.

5.2 In House Residential Care

The Revenue and Payments Service is responsible for despatching residential care invoices throughout the year.

Residential care invoices are issued on a 4 weekly basis and should be issued within 2 weeks of the service period end date.

All invoices are due for immediate payment upon issue.

Direct Debit is not currently offered for residential care due to the limitations of the existing IT solution but other payment options are available including paying over the telephone, paying by post, by standing order and paying in person/at a kiosk at one of the Customer Service Centres/district offices.

5.3 Independent Sector Residential Care

The authority requests independent sector providers of residential care to collect the charges on its behalf as part of the terms and conditions of the contract between the provider and the authority.

Providers are required to issue monthly invoices and to inform the authority should those charges remain unpaid 6 weeks following the date of the invoice.

The provider is also required to take reasonable steps to recover unpaid charges, including the issuing reminders

6 Recovery Action for Unpaid Invoices

The Revenue and Payment service has a timetable for recovery action which is set with the aim of ensuring that income is maximised to enable the Authority to provide services to the public of Rotherham.

If an invoice isn't paid within 28 days of issue, telephone contact with the customer may commence and continue for as long as considered appropriate, in addition a reminder letter will be sent. The reminder letter provides the customer with a further 28 days in which to bring the account up to date by paying the overdue balance.

If customer brings their payments up to date within 28 days following the issue of a reminder letter or no further action is taken.

If a payment arrangement is made providing that payment of the arrangement is maintained then no further recovery action is taken.

If the account remains unpaid 28 days after issue of the reminder letter, the second written communication is issued.

Arrangements may be made for a visiting officer to call to see the customer to agree a resolution to the arrears situation.

Should the account remain unpaid after a further 14 days the third written communication is issued.

Should the account remain unpaid after a further 14 days the Revenues and Payments service will liaise with the Council's Legal Department. The Legal Department will write to the customer explaining that legal proceedings are pending, the associated costs and the action that is required to avoid such proceedings.

6.1 Arrangement for Payment

When agreeing an arrangement for payment we will always ask that the customer pays an amount equal to their current weekly charge, plus an affordable amount in respect of any arrears. This ensures that the customer is able to maintain their payments and prevent the overall debt from increasing.

Where this is not possible due to a recent change, a temporary arrangement will be made with an appropriate date for its review.

When making the arrangement we will:

- Have proper consideration for a customer's circumstances.
- Where we feel an offer of payment is too low we will provide clear reasons why we are rejecting the offer and indicate an amount that we believe is reasonable.
- Where appropriate, allow time for benefits and debt advice through referral to advice agencies, or if the agency informs us that the customer is receiving advice from them.
- Accept that, in some exceptional circumstances, no payment scheme is affordable and a temporary deferral of payment can be agreed.
- Respect and protect customer's rights at every stage of the recovery process.
- Recognise where the customer has other priority debts (e.g. rent arrears or utility debts), or debts owed to other Council departments, and ensure that a fair balance is reached between claims.

- Make allowances for poorly organised customers.

We will always try to resolve debt problems at the earliest opportunity, without letting them get out of control by advising customers, or taking appropriate action, as soon as possible after an arrangement payment is missed.

6.2 Referral to Safeguarding Adults Team

In some arrears cases, concerns may arise that the individual acting as financial agent and responsible for paying the charges on behalf of the customer is not administering the finances appropriately, in cases such as this it will be appropriate to refer the case to Safeguarding Adults Team as potential financial abuse.

Each arrears case will be considered on an individual basis before a referral is made; only when it has been clearly established that the financial agent has the ability to pay, but is refusing to co-operate with all our attempts to enforce this will a referral be made.

An arrears visit will always be undertaken as part of this process to establish if there is a clear intention to avoid paying the charges and other factors such as whether any payments have been made, if the personal expenses allowance is being paid to the customer, and the level co-operation/communication from the Financial Agent will also influence the decision.

6.3 Welfare Benefit Appointeeship (Residential Care Only)

Where a customer is in residential care and an appointee is responsible for administering the welfare benefits on their behalf and using them to pay their accommodation charges, should they fail to undertake this duty, this will be reported back to the Pension Service/DWP with a request for benefits to be suspended whilst the appointeeship is reviewed to find a more suitable recipient.

The authority will take this action with the intention to limit the scale of the arrears and protect the customer's best interests.

6.4 Gift of an Asset under HASSASSA 1983

The Council will make full use of its enforcement powers under Section 21 of the Health and Social Services and Social Security Adjudication Act 1983. If a customer gifts an asset within six months before service commenced, with the intention of avoiding charges for accommodation, the recipient of the gift becomes liable for the social care charges

6.5 Charge on a Property under HASSASSA 1983 (Residential Care Only)

Where a customer is admitted to permanent residential care, and they fail to pay their assessed charge and the customer has a beneficial interest in a property, Section 22 of the Health and Social Services and Social Security Adjudication Act 1983 gives the Council the power to place a charge on the property to secure the debt.

The debt then has to be discharged upon sale of the property, subject to the sale value and any higher legal charges present.

The Council will make full use of these enforcement powers where available to secure the repayment of the debt.

Under exceptional circumstances, the authority may consider taking possession of the property and forcing its sale to discharge the debt. Any decision to force sale of a property has to be approved by the Director of Health and Wellbeing.

6.6 Absconders

Sometimes a customer may leave the area or residential care with debt still owing and without providing a forwarding address. These are sometimes referred to as 'Gone Away' or 'absconders'.

We may be able to trace the customer through our internal systems. If we are unable to locate the customer using in-house information, we will use a data credit company or collection agent services.

7 Legal Proceedings through the County Court

7.1 Decision to Commence Legal Proceedings

A County Court Judgement gives the Authority the various powers of recovery,

The Authority will choose the appropriate recovery option based on what we know about the customer's circumstances, their ability to pay, their past payment history, their capacity to litigate, any physical health or age related limitations and the requirement to recover outstanding monies in a timely and efficient manner.

The decision to commence legal proceedings for recovery of an unpaid debt will be approved by the Director of Health and Well Being. Where approval is declined, the debt will be submitted for write off.

7.2 Mental Capacity Act 2005

Where a decision is made to commence legal proceedings, consideration should be given to whether the customer has mental capacity for litigation purposes. The Mental Capacity Act provides a framework for assessing a persons' mental capacity and determining their best interests if they lack capacity to make a decision.

Where a customer lacks mental capacity to conduct or defend the litigation on their own behalf then an application should be made to the court to appoint a litigation friend.

It is the duty of a litigation friend fairly and competently to conduct proceedings on behalf of a protected party. The litigation friend must have no interest in the proceedings adverse to that of the protected party and all steps and decisions the litigation friend takes in the proceedings must be taken for the benefit of the protected party

7.3 Issue of County Court Claim

The court will issue a claim form with details of the claim to the customer who has a set period of time to respond; this is their opportunity to explain the situation to the court.

The customer can accept that they owe the debt and they will receive an admission form with the claim form, asking about their income and outgoings. On the form they can make an offer to repay the debt in instalments.

The customer can dispute that they owe the debt and can complete a defence.

If the customer does not respond or if the court agrees that the customer owes the debt then the court will issue an order to pay the debt.

Once a county court judgement has been obtained a notice will be sent to the customer, where no payment arrangement has been agreed, together with an income details form requesting they supply details of their income and expenditure. The notice also contains details of what action may be taken if payment, or an arrangement for payment, is not made.

If the customer doesn't make an offer on the form, or if they make an offer that both we and court do not agree with, or if they do not make the offer in the required timescale, then the court may order the customer to either:

- pay the full amount in one lump sum
- pay the debt back in set monthly payments

Records of judgments are kept for 6 years unless the customer pays the full amount within a month.

7.4 Enforcement Options

Once a county court judgement has been issued, there are various options open to us to enforce repayment:

Approval will be sought from the Director of Health and Wellbeing prior to any enforcement action commencing.

7.4.1 Warrant of Execution leading to Bailiff Action

We can ask the court to use bailiffs to collect the money.

The bailiff will ask for payment within 7 days.

If the debt isn't paid, the bailiff will visit the customer's home or business, to see if anything could be sold to pay the debt.

7.4.2 Attachments of Earnings

We can ask the court for an attachment of earnings order which is a method by which money will be stopped from a customer's wages to pay a debt.

An attachment of Earnings will only help if the defendant is in paid employment, due to this it will not always be an appropriate method for enforcing recovery action for debts for Adult Social Care.

7.4.3 Bankruptcy

We can petition to the court for a bankruptcy order, in order that the customer's assets can be used to pay their debts.

Bankruptcy may only be an appropriate method for enforcing recovery action for Adult Social Care in exceptional circumstances.

7.4.4 Third Party Debt Order to Freeze Assets/Bank Accounts

We can ask the court to freeze money in the customer's bank or building society account (or in a business account).

The court will decide if money from the account can be used to pay the debt.

7.4.5 Charging Order on a customer's Land or Property

We can ask the court to charge the customer's land or property.

If the land or property is sold, they must pay this charge before they get their money.

8 Write Off

We have an agreed procedure for writing off social care charges, provided the relevant criteria are met.

We will only consider writing off debts where they are deemed to be uncollectable, e.g. in circumstances where we are unable to trace the customer, where they have passed away (although we will normally look to collect any outstanding amounts from the deceased's estate), if it is considered uneconomical to pursue the debt further or where the Director of Health and Well Being has decided that legal action is not appropriate.

The age of the debt is not usually a reason itself to consider write off.

9 Assistance to Customers

We recognise that some people do not pay their social care charges because of genuine financial or other difficulties. Although we take a 'firm but fair' approach to recovery and enforcement, it is our policy also to offer help and support to all customers who are experiencing difficulties paying at every stage of the collection and recovery process.

Although we have a duty to collect all social care charges we also recognise that some customers will have financial and other difficulties that are not limited to paying social care charges. Wherever possible, therefore, we will try to achieve a long term solution, rather than just recovering money that is owed now, so that the customer is better able to manage their finances in the future, and meet their future liabilities.

We recognise that some customers experience genuine hardship because of financial problems. It is our intention, wherever possible, not to add to that hardship through collection and recovery (recognising that customers do have to pay what they are liable for), but to provide the customer with help and support to resolve their finances.

We will particularly try to help and support customers in the following key ways:

- We will offer a range of payment dates and payment methods to enable customers to be able to easier maintain payments.
- We will always try to resolve debt problems at the earliest opportunity, without letting them get out of control, by advising customers as soon as possible that charges are overdue.
- We will sign post customers towards relevant assistance, including advice agencies.
- When agreeing an arrangement for payment we will always ask that the customer pays an amount equal to their current weekly charge, plus an affordable amount in respect of any arrears. This ensures that the customer is able to maintain their payments and prevent the overall debt from increasing. Where this is not possible due to a recent change, a temporary arrangement will be made with an appropriate date for its review.
- We will provide time for benefits and debt advice through referral to advice agencies, or if the agency informs us that the customer is receiving advice from them.
- We will have proper consideration for a customer's circumstances and financial situation, including other priority debts, when taking recovery action and making arrangements for payment.
- Where we feel an offer of payment is too low we will provide clear reasons why we are rejecting the offer and indicate an amount that we believe is reasonable.
- We will respect and protect customer's rights at every stage of the recovery process.
- We accept that in some exceptional circumstances, no payment scheme is affordable.
- We will advise customers of their possible entitlement to any benefits, discounts or exemptions.
- We also work as co-operatively as possible with advice agencies. For example, wherever possible and appropriate, at the request of an advice agency we will agree to put a hold on any recovery action for an agreed period to enable the customer to receive specialist advice which will help them make a sustainable payment arrangement with us.

10 Glossary of Terms

Abbreviation	Explanation
CRAG	Charging for Residential Accommodation Guide
HASSASSA	Health and Social Services and Social Security Adjudication Act 1983
DWP	Department for Work and Pensions
RMBC	Rotherham Metropolitan Borough Council

11 Reference Documents

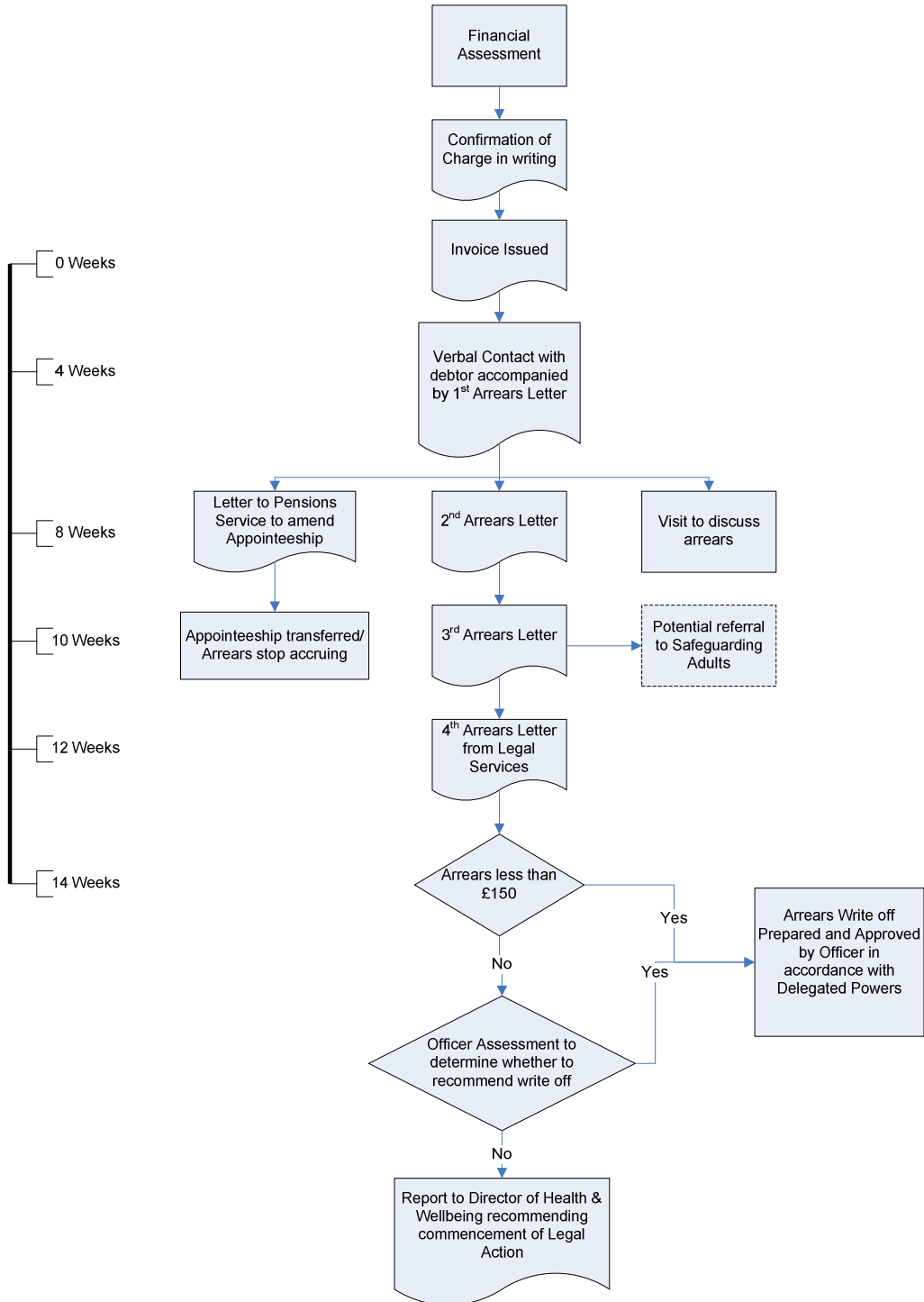
Ref. No.	Document Title	Document Ref.
1	RMBC – Financial Regulations	http://intranet.rotherhamconnect.com/C9/C13/Key%20
2	RMBC – Corporate Debt Policy	Financial information downloads - Rotherham Metropolitan Borough Council
3	OFT – Guidance for Businesses Engaged in the Recovery of Consumer Credit Debts.	http://www.ofc.gov.uk/about-the-ofc/legal-powers/legal/cca/debt-collection

12 Change History

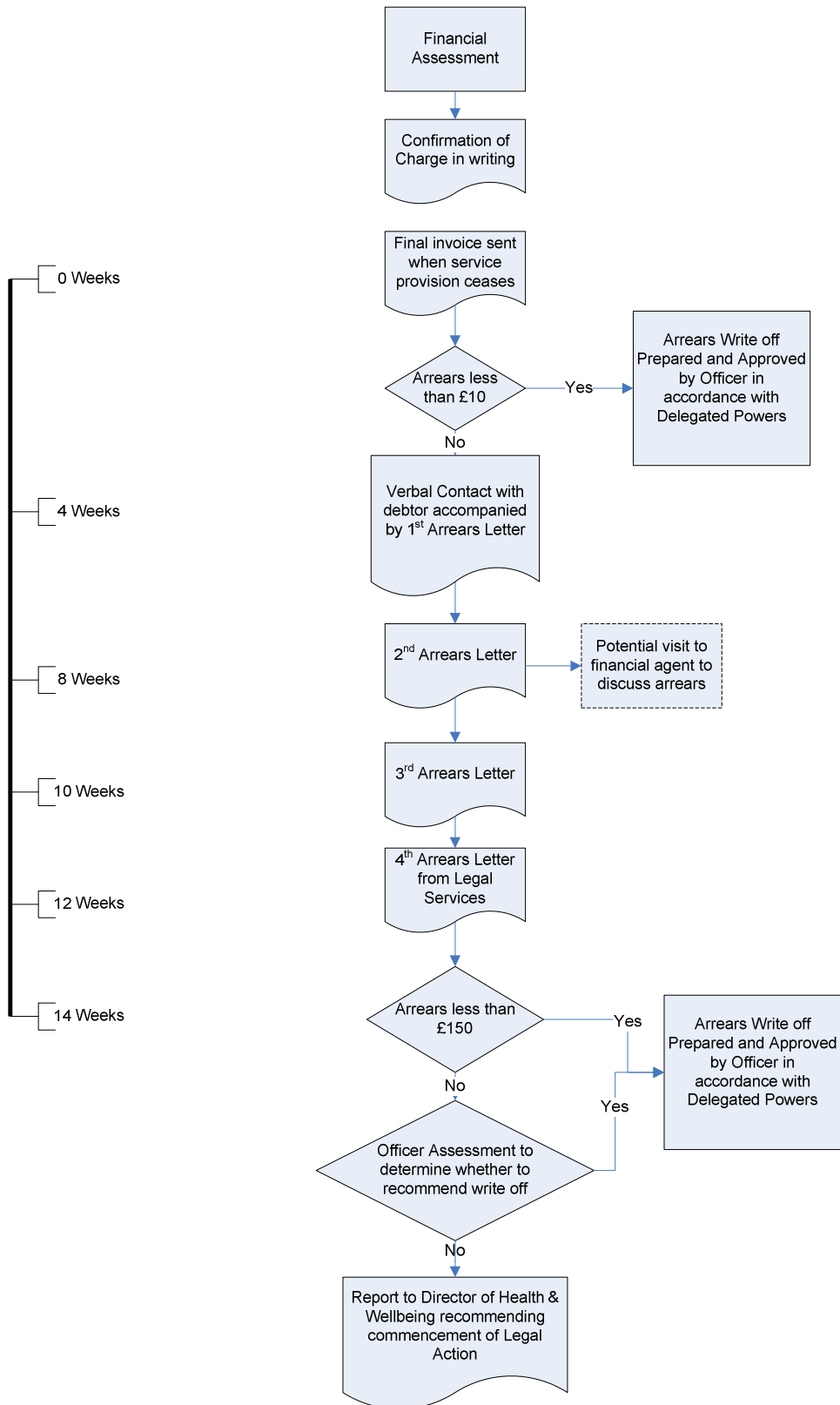
Issue	Owner	Date	Change Details
1, 1 st Draft	Gillian Buckley	05/08/13	Initial Draft
1, 2 nd Draft	Gillian Buckley	03/09/13	Updated with amendments identified by; <ul style="list-style-type: none"> R Cutts Service and Development Manager
1, 3 rd Draft	Gillian Buckley	20/11/13	Updated with amendments identified by: <ul style="list-style-type: none"> S McFarlane Director of Health and Wellbeing, Neighbourhoods and Adult Services A Phillips Team Manager – Litigation, Legal Services
1 4 th Draft	Gillian Buckley	29/11/13	Updated with amendments identified by; <ul style="list-style-type: none"> A Bucknell Senior Financial Assessment Officer A Phillips Team Manager – Litigation, Legal Services
1, 5 th Draft	Gillian Buckley	10/12/13	Updated with amendments to Safeguarding referrals identified by; <ul style="list-style-type: none"> S Newton Safeguarding Service Manager
1, 6 th Draft	Gillian Buckley	15/01/2014	Updated with flowcharts as appendices and addition of restriction on timescales in section 5.1.

13 Appendices

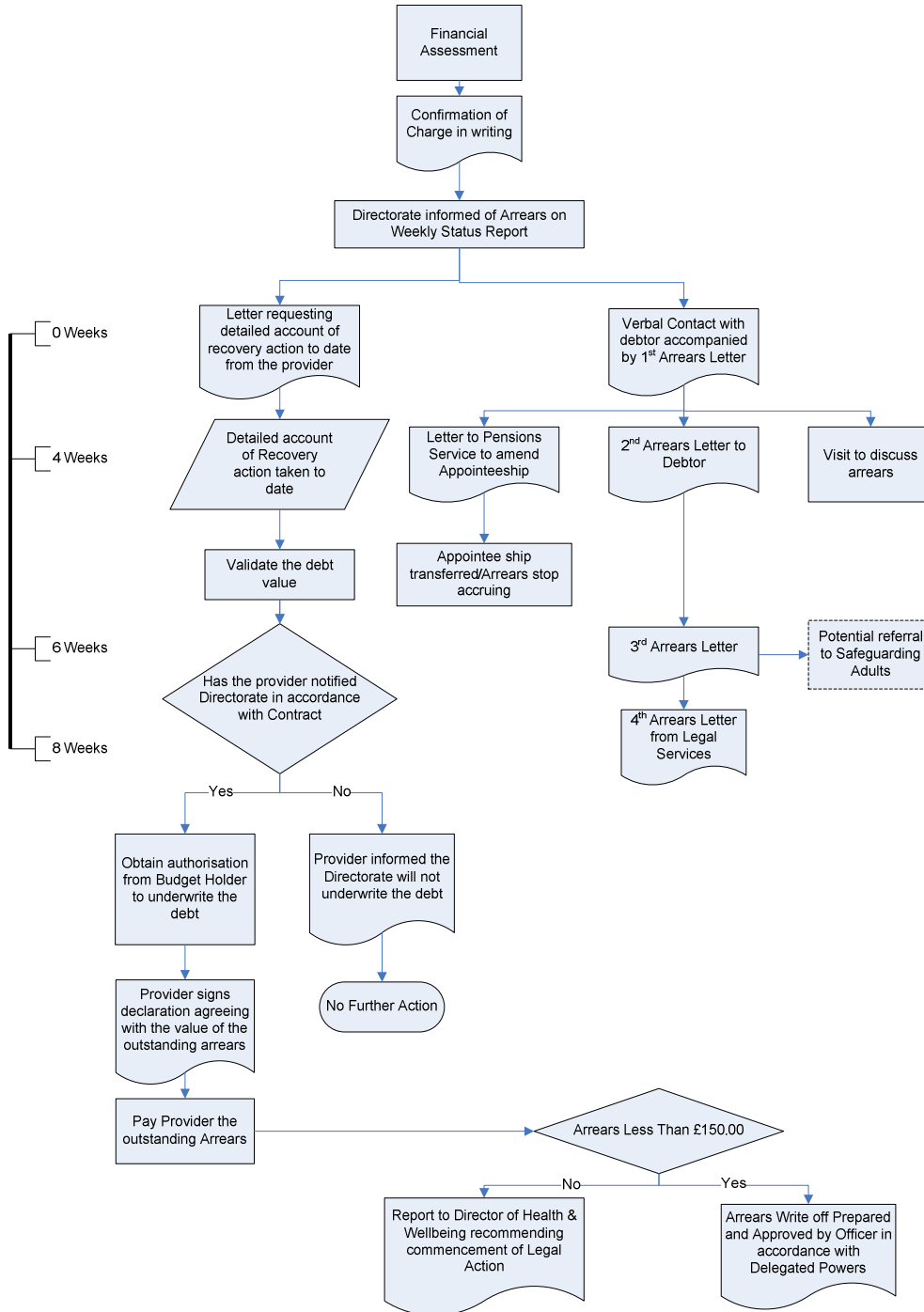
13.1 Appendix A: Residential Recovery Route – Council Managed Debt – Open Cases



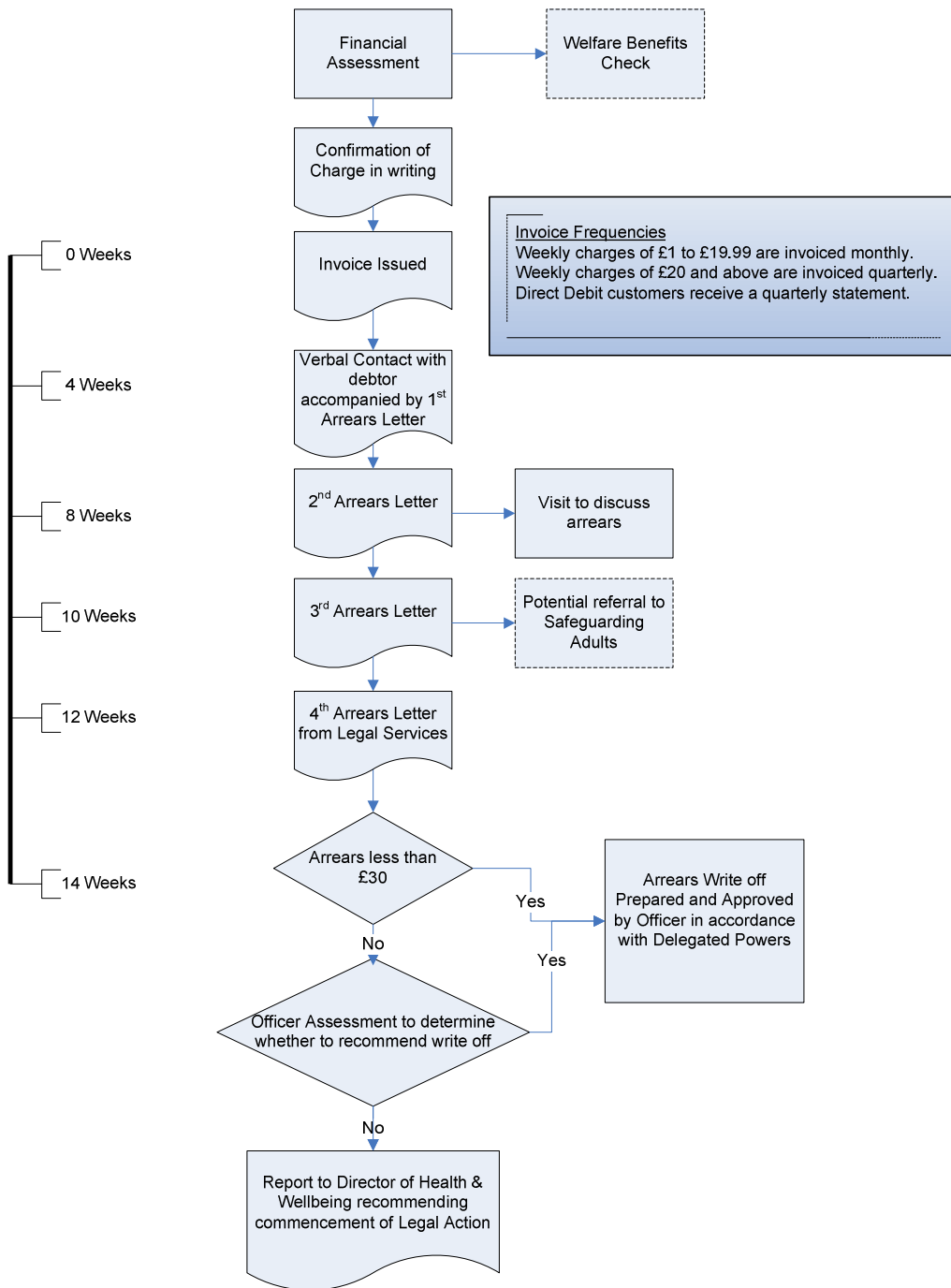
13.2 Appendix B: Residential Recovery Route – Council Managed Debt – Closed Cases



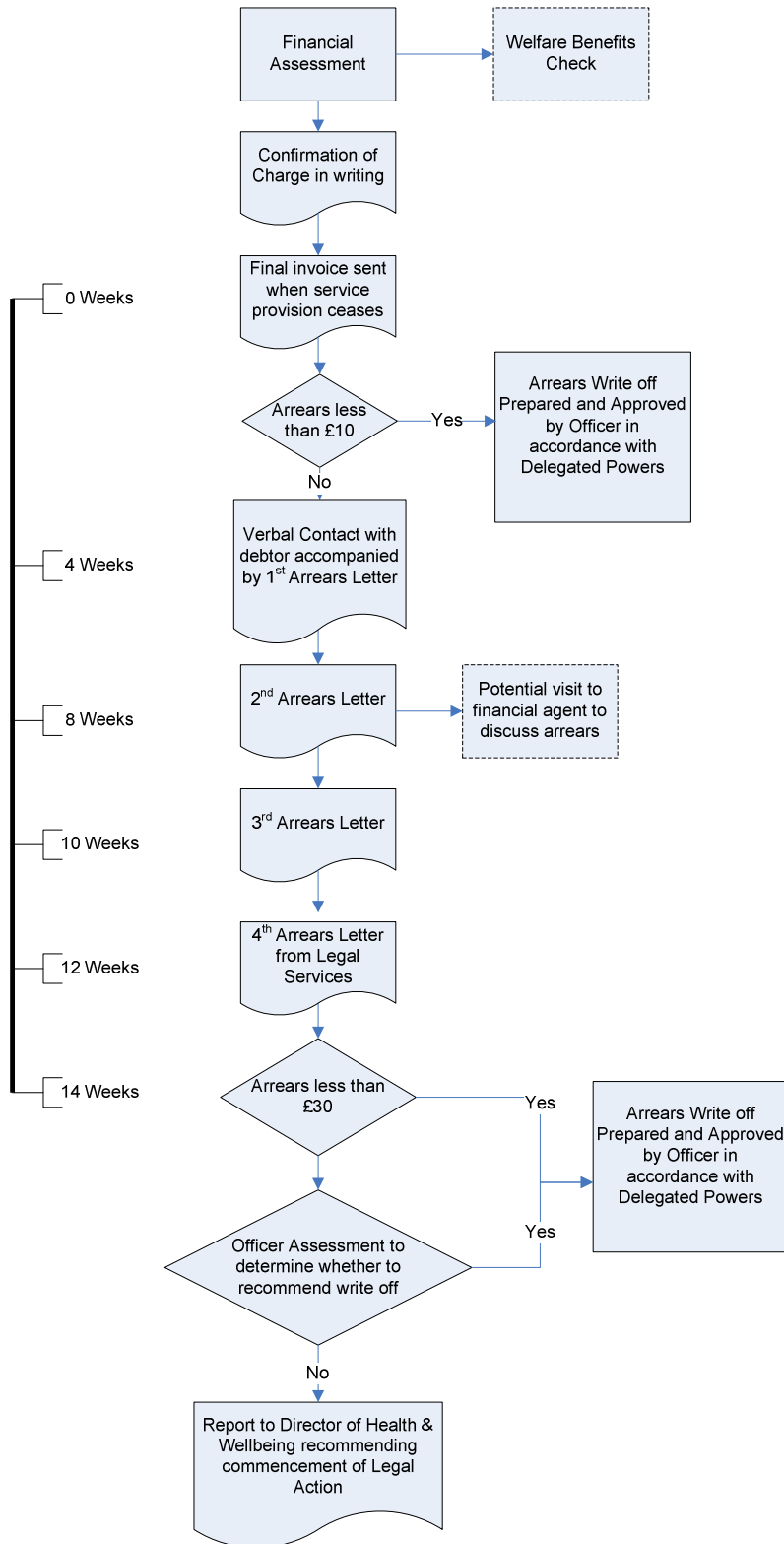
13.3 Appendix C: Residential and Nursing Recovery Route – Debt Managed by Independent Sector



13.4 Appendix D: Non Residential Recovery Route – Open Cases



13.5 Appendix E: Non Residential Recovery Route – Closed Cases



ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET
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1.	Meeting:	Cabinet
2.	Date:	19 th March, 2014
3.	Title:	Children’s Centre Building Principles for Use
4.	Directorate:	Children and Young People’s Services

5. Summary

This Report details the proposals for future use of Children’s Centre buildings which will be determined following the outcome of the current consultation being undertaken on the future of Children’s Centre service delivery in Rotherham.

6. Recommendations

- **That Cabinet gives approval for the implementation of the Children’s Centre Building proposed principles following the outcome of the current Children’s Centre public consultation.**
- **That Cabinet gives approval for the proposals to be put on the Children’s Centres public consultation website for information.**

7. Proposals and Details

This report describes the principles underlying the process that will take place involving Schools and other relevant stakeholders once the public consultation has ended and decisions have been reached about the changes to the delivery of Children's Centres.

The current services delivered by the 22 Children's Centres will continue to be provided throughout the next year 2014/15. Any changes to children centre delivery, including any day care provision in Children's Centres proposed to be closed, will take effect from 1st April, 2015.

The forthcoming year will enable public consultation to take place, to include explaining the reasons for the proposed changes and to explore the nature of any changes that may be required. The proposals include closing a number of Children's Centres. However, any changes will ensure the Early Years and Child Care Service continues to deliver its statutory duties whilst achieving the revenue reductions required by the government. The time will also enable the commissioning and restructuring of services to take place, in line with the changes agreed following consultation, to be implemented before the 1st April, 2015.

All Children's Centres deliver early years services to the community and some also deliver childcare. The proposal is that the 'community delivery areas' and 'childcare areas' of the buildings are considered separately. It is important that the level of childcare available in Rotherham is maintained to enable the Local Authority to meet statutory requirements.

The following **proposals A and B** outline the principles of the process which would take place for the closure of any children's centres.

The options detailed take into account the fact that most of the current Children's Centre buildings are on school sites and in many cases integrated within the school. This could present safeguarding and operation challenges if an external organisation were to take on responsibility for these areas of the building.

The implementation of any of the proposals in this document are dependent on the outcome of the public consultation.

A. Children's Centres Community Delivery Areas

The following options will be explored in the priority order detailed below:

1	The local authority is given consideration of the buildings for statutory school places*
2	The school incorporates the Children's Centre community area of the building into their overall school building to be used for early years services.
3	The Children's Centre community area of the building to be opened up to other organisations through expressions of interest to be used for early years services. The provider would not be charged 'market rate rent' but would have to meet all costs associated with use of the building i.e. utilities, cleaning, insurance, maintenance and repairs. It is anticipated that the reduced rent offer would be for 12 months from the 1 st April 2015 and reviewed before the end of the 12 month period. Terms and conditions will apply.

*there is a potential of clawback of original funding if the buildings do not continue to be used for early years services

B. Children's Centres Childcare Areas (where applicable)

The Children's Centre buildings will be treated as two separate entities – Childcare area and general Children's Centre area. It is important that the levels of childcare in the borough are maintained to meet statutory early education /sufficiency requirements. If the childcare delivered within the current Children's Centres is not maintained then alternative provision would need to be developed in the area to meet the statutory requirements.

The following options will be explored in the priority order detailed below:

Option 1	
•	The school continues to provide the childcare and early education, using all current resources and equipment provided.
•	The childcare area of the building is given to the school on the basis that they continue to provide the childcare and early education; the building is maintained by the school and all costs associated with running the building and childcare are paid by the school.
•	Current staff would remain to continue to deliver the services but the school would take on the responsibility for these staff as well as the costs.

Option 2	
•	The existing staff are given the opportunity to manage and deliver the childcare independently. This would require them to set up as an independent organisation e.g. social enterprise, charity, limited company. The provider would not be charged 'market rate rent' but would have to meet all costs associated with use of the building i.e. utilities, cleaning, maintenance and repairs. It is anticipated that the reduced rent offer would be for 12 months from the 1 st April 2015 and reviewed before the end of the 12 month period. Terms and conditions will apply.

<ul style="list-style-type: none"> The current resources and equipment are transferred where appropriate to the new provider to support ongoing delivery of quality provision. Terms and conditions will apply.
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Option 3	
<ul style="list-style-type: none"> The childcare delivery is commissioned to a private provider. 	
<ul style="list-style-type: none"> The current resources and equipment are transferred where appropriate to the new provider to support ongoing delivery of quality provision. Terms and conditions will apply 	
<ul style="list-style-type: none"> This could be a private provider with a track record of delivering quality child care in the area that wanted to expand their business. 	
<ul style="list-style-type: none"> Or a provider that can bring some investment into the service and local community could also be considered in the commissioning arrangements, for example: <ul style="list-style-type: none"> a. Social enterprise – where the organisation makes a profit but reinvests a percentage of the profit back into the business or local community. b. Social impact bonds – a outcome focused contract with private investment to benefit individuals and the community. The financial return on the investment is made by public sector on the basis of improved social outcomes. c. Mutual trust – not a direct investment but funds are raised by its members to provide services to all the members of the organisation or society. A mutual is therefore owned by, and run for the benefit of its members, has no external stakeholders and profits are reinvested. d. Private and voluntary sector investment – an existing private or voluntary sector organisation agrees to deliver the service at their own cost. 	
<ul style="list-style-type: none"> The provider would not be charged ‘market rate rent’ but would have to meet all costs associated with use of the building i.e. utilities, cleaning, maintenance and repairs. It is anticipated that the reduced rent offer would be for 12 months from the 1st April 2015 and reviewed before the end of the 12 month period. Terms and conditions will apply. 	

Proposals for Utilisation of Existing Resources e.g furniture and play equipment*:

Children’s Centre Community Area Resources Options:

1. If the school takes over ownership of the community area of the building, the ownership of all relevant resources will transfer to the school to be used for early years services. / redistribute any surplus resources to remaining Children’s Centres to be used for early years services. / auction any remaining surplus resources.
2. If an external provider takes over the community area of the building to deliver children and family services:
 - a. the ownership of all relevant resources will transfer to the new provider.
 - b. redistribute any surplus resources to remaining Children’s Centres to be used for early years services / auction any remaining surplus resources.

Childcare Resources Options:

1. If the school takes over the provision of childcare, the ownership of all the resources will transfer to the school to be used for childcare / early years delivery.
2. If an external provider takes over the provision of childcare, the ownership of all the resources will transfer to the provider.
3. If the childcare provision discontinues the resources will be redistributed to remaining Children’s Centres Childcare / surplus resources will be auctioned.

*there is a potential of clawback of original resources costs if they are not used to deliver early years services

Timeline:

The Children’s Centre consultation period is from 3rd February 2014 – 30th April 2014. Analysis of consultation responses will take place during May 2014.

The decisions reached following the public consultation may affect the options available but the general timescales for consultation with schools and other appropriate providers are as follows:

A. Children’s Centres Community Delivery Areas

June 2014	The local authority is given consideration of the buildings for statutory school places
July 2014	The school are given the option of incorporating the Children’s Centre community area of the building into overall school building to deliver early years services.
Aug – Sept 2014	Community area of the building to be opened up to other organisations through expressions of interest to be used for early years services.

B. Children’s Centres Childcare Areas (where applicable)

June – July 2014	Timescale for consideration of Option 1
July - August 2014	Timescale for consideration of Option 2
August – Sept 2014	Timescale for consideration of Option 3
Oct 14 – Jan 2015	Commissioning of child care.

8. Finance

There is no budget identified to implement the above changes. The changes need to be finalised, ready for implementation for 1.4.15 to ensure the local authority does not incur ongoing running costs for the buildings following that date.

Further clarification is being sought on potential PFI costs in relation to the current Children’s Centre on a school PFI site.

9. Risks and Uncertainties

The local authority will incur 100% clawback from the Department for Education for the full building costs of Children's Centre buildings if they do not continue to be used for Early Education/Early Years service delivery.

10. Policy and Performance Agenda Implications

The current level of childcare provision in the borough needs to be maintained to ensure that the local authority can meet the statutory early education and childcare sufficiency requirements.

11. Background Papers and Consultation

Sure Start Statutory Guidance
Early Education and Childcare Guidance September 2013

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Clare Burton, Operational Commissioner,
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ROTHERHAM BOROUGH COUNCIL – CABINET
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1.	Meeting	Cabinet
2.	Date	19/03/2014
3.	Title	Director of Public Health, Annual Report
4.	Directorate	Public Health

5. Summary

This is the first Annual Report of the Director of Public Health in Rotherham since the 2012 Health and Social Care Act placed the responsibility for Public Health with Councils.

The Director of Public Health now has a statutory responsibility to produce an annual report and the Council has a statutory duty to publish it.

This report focusses on an analysis of the causes of death and disability in the Borough and the health inequalities that exist between Rotherham and the rest of England.

The Report includes a clear set of recommendations that are aimed at different partners on the Health and Wellbeing Board. I have tried to make the recommendations as realistic and achievable as possible. I believe that implementation will have a significant impact in reducing death and disability in Rotherham. Future reports will report on progress against the recommendations.

6. Recommendations

That Cabinet receive the Report.

That Cabinet request the Health and Wellbeing Board to consider the recommendations in the Report.

7. Proposals and details

The core purpose of the Director of Public Health's annual report is to provide an analysis, to help planners and policy makers to plan and monitor local programmes and services that impact on health. Most of these health planners and policy makers sit around the table at the Health and Wellbeing Board. This report also sets out to influence and inform policy across the council particularly in the areas of air pollution and keeping people active.

Calculations of life expectancy use current death rates to calculate a figure in years that the average person in the community could expect to live today. The intention of the report is to start to answer the question - What can we do today to help people live longer? What are the steps we can take now to help people live longer healthier lives.

The intention of this report is to sit alongside the Health and Wellbeing Strategy which focusses on the wider determinants of Health to advise on the practical interventions the health system can make to reduce the risk of early death.

8. Finance

Reward Grant Funding for Local authorities is likely to be based on progress in tackling the two Core Public Health Outcome Framework Objectives of life expectancy and healthy life expectancy.

9. Risks and uncertainties

10. Policy and Performance Agenda Implications

Subsequent Annual Reports produced should report against recommendations in this Report.

11. Background Papers and Consultation

None

12. Keywords: Director of Public Health, Annual Report, Rotherham

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**Rotherham Director of Public Health
Annual Report 2013/14**

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Rotherham Director of Public Health Annual Report

Introduction

Rotherham Council has new Public Health responsibilities to improve health and reduce health inequalities, responsibilities shared with the NHS and Rotherham Clinical Commissioning Group. This report sets out to develop a common understanding of the reasons for these inequalities and the interventions needed to address them.

The analysis of preventable mortality and illness across Rotherham is therefore aimed at policy makers in the Council, Cabinet, Health and Wellbeing Board and Clinical Commissioning Group.

We need to develop the public sector into a wider public health workforce for the promotion of healthy behaviours. Making Every Contact Count (MECC) is an evidence based framework that looks at disease prevention and lifestyle behaviour change. A significant difference can be made through directing people to local services, brief interventions for behaviour change and through intensive actions throughout the public sector.

Rotherham's *Health and Wellbeing Strategy* prioritises the lifestyle factors that contribute to health inequalities. Inevitably altering long term trends in behaviour requires the long view. This report focuses on some of the actions we can take now to address the main causes of death in Rotherham.

In compiling this report I have used two national reports from Public Health England: the *Rotherham Health Profile 2013* and the *Public Health Outcomes Framework*. I have combined this national work with information from the Joint Strategic Needs Assessment and from local disease and death surveillance.

The focus of the report is the actions we need to take to reduce health inequalities, particularly the causes of premature death and the growing problem of disability brought on by long term diseases or conditions. In Rotherham we need to focus particularly upon

- Cardiovascular disease
- Cancer
- Liver disease
- Respiratory disease
- Mental health

The delivery of a significant reduction in mortality and disability requires all partners to integrate risk reduction into practise.

In Rotherham, like the rest of England, we have an obesity crisis with one in three children in Year 6 being overweight or obese. This early onset of obesity means that people are carrying excess weight earlier in their lives and, consequently, are suffering the complications of obesity at an increasingly younger age.

Obesity is a significant contributor to the high levels of disability seen in Rotherham. At the moment much of the effort in the NHS is directed towards managing the consequences of obesity such as high blood pressure, diabetes and arthritis. For the damage caused by alcohol and smoking, we similarly focus too much on the consequences and not the preventative strategies.

This report highlights the growing evidence about the effects of air pollution on health particularly particulate air pollution and increased risk of heart disease and supports efforts to reduce exposure in the air quality corridor along the M1.

As a new responsibility of local government in Rotherham, this report highlights these key Public Health challenges for the Borough.

John Radford, Director of Public Health

Summary of recommendations

- The Health and Wellbeing Board needs to ensure a common framework for preventative management of multiple conditions including mental ill health and musculoskeletal disease and to ensure we integrate risk factor management and rehabilitation in all disease management and care delivery.
- Rotherham Children's Board and the Council work with schools and the voluntary and community sector to reduce the impact of poverty on the borough's children.
- Rotherham's secondary schools should be encouraged to adopt stay-on-site policies at lunchtimes.
- The Health and Wellbeing Board needs to consider the relationship between its long term goals in the Health and Wellbeing strategy and the need to take action now to reduce the three main causes of inequality: cancer, especially lung cancer, cardiovascular and respiratory deaths.
- We must offer everyone aged 40-74 a health check every five years screening 20% of the eligible population annually with a 90% uptake.
- Physical activity should be commissioned as a direct intervention to prevent morbidity in long term conditions.
- Stopping smoking should be the key priority for the Borough in tackling excess cancer deaths
- The CCG should actively promote awareness of early signs and symptoms of cancer and how and where to seek help as this could quickly save lives
- Faster referral pathways and lowered thresholds for referral by GPs, particularly for lung cancer, are required to ensure a higher proportion of lung cancers are detected through the 2 week wait system.
- Rotherham CCG should continue to prioritise reducing the use of prescribed non-steroidal anti-inflammatory drugs.
- Reducing the volume of alcohol consumed in the Borough needs to be the agreed theme for the introduction of making every contact count (MECC), whilst maintaining quick and easy access to services that can respond to those identified as risky drinkers.
- Services and GPs should be active in making the hepatitis vaccine available to risk groups and better clinical screening for early detection and treatment.
- Hepatitis prevention needs to be a priority for environmental health and for the sexual health and the drugs service.
- Rotherham MBC should develop a Rotherham Mental Health Strategy outlining local action to promote wellbeing, build resilience and prevent and intervene early in mental health problems.
- Mental health promotion messages should be an agreed theme within Making Every Contact Count (MECC).
- Rotherham Council should note the significant effect of air quality on mortality and that improvement in air quality, particularly reducing levels of PM 2.5 to PM 10 should be a priority for the Borough.
- Rotherham Clinical Commissioning Group and NHS England should consider flu vaccination a priority for Rotherham. Achieving 90% uptake of flu vaccination in the

extension of immunisation to all children under 18 this September should be a priority for the Health and Wellbeing Board.

- Rotherham Clinical Commissioning Group should implement the local actions outlined in the Chief Medical Officers 2013 Annual Report on Antimicrobial Resistance.

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1. Our Community/Improving the Wider Determinants of Health

The population of Rotherham continues to grow and is projected to reach 269,000 by 2021. The age profile will be increasingly dominated by the elderly. The number of people over 65 is expected to grow by 13% over the next eight years; however, nearly all of that growth will be in people aged over 70. The rate of growth in the population aged over 85 is projected to be twice as fast as in the over 65s. In the decade to 2030, the number of people aged 50 plus is anticipated to increase by a further 50%.

A striking feature of the changing demography of Rotherham is the increasing number of people living alone. Potential consequences of this include lack of capacity to cope at home with illness, loneliness and mental ill-health. Mental ill-health is the biggest cause of illness and incapacity in the Borough.

The number of people in Rotherham depending on out of work benefits (job seekers' allowance, employment support allowance and other income related benefits) is well above the national rate. Although the rate of young adults not in education, employment or training is improving, it is still above average. These issues are strongly linked to levels of disability particularly mental ill health.

Levels of recorded crime have been falling for some years and have levelled out more recently. While violent crime is rare, there has been a recent growth in acquisitive crimes such burglary, vehicle crime and shoplifting. The wider economic situation gives rise to a concern that this trend will continue.

People in Rotherham are less likely to be active, more likely to smoke and be overweight or obese than the England average. There is a socio-economic gradient in that people living in more deprived areas of the borough are more likely to have unhealthy behaviours; deprived areas are also more likely to have people with multiple unhealthy factors leading to increased long term illness.

2. Public Health Outcomes Framework

The *Public Health Outcomes Framework*¹ (see Appendix 1) sets out a structure for public health in a way that can be measured locally. The outcomes and the indicators used are

¹ Department of Health (2013) *Improving outcomes and supporting transparency: A public health outcomes framework for England 2013-2016*

important in helping us understand how well public health is being improved and protected in Rotherham². The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how healthy they are at all stages of life.

2.1 Overarching Indicators

The *Public Health Outcomes Framework* overarching outcomes set the vision for the whole health system of what Government wants to achieve for the public's health.

The two high level outcomes are:

- increased healthy life expectancy at birth, ie taking account of the quality of health as well as the length of life
- reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

This framework is not therefore just about extending life: it also covers the factors that contribute to healthy life expectancy, including what happens at the start of life and how well we live across the course of our lives. The main two outcomes together underpin the overall vision to improve and protect health while improving the health of the poorest fastest.

The high level outcomes are supported by two measures that are important for Rotherham; they tell us how well we are doing in improving health.

Healthy Life Expectancy at Birth is the average number of years a person would expect to live in good health based on existing local mortality rates and prevalence of self-reported good health. In Rotherham healthy life expectancy is 58.2 years for men and 59.9 for women. This is at the lower end of healthy life expectancy in England, with the best area in the country having a healthy life expectancy of 70.3 years for men and 72.1 years for women.

Life Expectancy at Birth is the average number of years a person would expect to live based on existing local mortality rates. In Rotherham life expectancy at birth in men is 77.8

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263658/2901502_PHOF_Improving_Outcomes_PT1A_v1_1.pdf

²Public Health England (2013) *Rotherham Profile* <http://www.nepho.org.uk/pdfs/public-health-outcomes-framework/E08000018.pdf>

years and 81.7 years for women. The lowest and highest rates in England are 73.8 to 81.9 for men and 79.3 to 86.1 years for women.

[infographic to be developed to show the difference in a visual way]

What do these Indicators tell us? Life expectancy in Rotherham is worse than in most of England but also, and equally importantly, that people in Rotherham develop poorer health on average 5 or 6 years before the majority of people in England.

- **In Rotherham a man can expect to live about 75% of his life in good health compared to the England average of 80%.**
- **A woman in Rotherham can expect to live 73% of her life in good health compared to the England average of 77%.**

Why is this important?

This disability burden has significant implications for public services locally, on the need for health and social care and for employment opportunities. This is because, on average, people in Rotherham will develop long term conditions around 8 years before the new state pension age of 67. This means more working age people living with long term conditions such as heart disease, diabetes, dementia, chronic mental health disability and surviving after cancer treatment.

At the moment there are more than 13,000 people in Rotherham with diabetes, and 5,400 on GP stroke registers; by 2025 there will be over 4,500 people in Rotherham living with dementia. In addition we know that much of the disability reported relates to musculoskeletal disease and mental ill health. The outcome indicators highlight that 31% of Rotherham people report a low level of happiness and 42% high anxiety.

Most of the risk factors for the development of long term health conditions – smoking, obesity and lack of exercise (inactivity) – are well known. The World Health Organisation has long identified physical inactivity as one of the leading causes of death; in 2002 it estimated inactivity is responsible for 30% of ischaemic heart disease, 21-25% of breast and colon cancer and 27% of diabetes³. 52.4% of Rotherham adults report themselves as active, nearly 4% less than the English average of 56%. 33.6% report themselves as inactive, significantly above the England figure.

³ World Health Organisation (2010) *Global recommendations on physical activity for health*
http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf?ua=1

Musculoskeletal Conditions

Musculoskeletal conditions pose an enormous burden on individuals and have significant economic consequences for us. Up to 1 in 5 adults complain of musculoskeletal pain and discomfort at any one time, particularly back and lower limb pain and discomfort. They are a major cause of high health service utilisation. Musculoskeletal disorders are also among the most common problems affecting the elderly. The resulting loss of mobility and physical independence can be particularly devastating in this population.

The prevalence of physical disability is higher in women than men. It rises with age; around 60% of women aged over 75 living in the community report some physical limitations. In individuals of working age, back pain and generalized widespread pain are a common cause of sick leave and long-term work absence, a big problem for the individuals affected and with huge economic consequences.

Around 15-20% of consultations in primary care are for these and other musculoskeletal symptoms. Many of these people are referred to physiotherapists, occupational therapists or to medical specialists such as rheumatologists, orthopaedic surgeons or rehabilitation. Total joint replacements (mainly of the hip or knee) are one of the most common elective operations for older people in Rotherham.

This mixture of an increasingly older population with multiple long term illnesses, physical limitations on mobility and mental ill health needs to be at the forefront of our plans for improving health across the Borough.

2.2 Transforming Health and Social Care Services

GPs are now central to the commissioning of health services and meeting the community needs of their patients. Rotherham Hospital has struggled in the last few years to maintain its services within the funding available and faces further challenges with 24 hour working and increasing specialisation. Specialist services, such as neurology, are increasingly being delivered to Rotherham people in Sheffield. Adult social care also faces unprecedented pressure on its budgets to maintain services at the current level.

The changes in demographic need and the increase in multiple conditions, including mental health conditions, mean that we need to consider what hospital services in Rotherham should look like to best support people to be:

- economically active
- independent

- treated as a whole rather than as a series of clinical conditions

We need to consider how the hospital supports GPs and social care to deal with the health consequences of multiple health problems as well as tackling the underlying causes of ill health, and how can:

- be forward thinking and not simply responsive
- use social and physical support to maintain good health
- use high quality diagnostic support and clinical intervention to keep people at home

Recommendation

The Health and Wellbeing Board needs to ensure a common framework for preventative management of multiple conditions including mental ill health and musculoskeletal disease and to ensure we integrate risk factor management and rehabilitation in all disease management and care delivery.

3. Children and Young People's Health

3.1 Young people's health

Child poverty is the biggest barrier to improving outcomes for children and young people. In Rotherham about 11,480 children (23.1%) live in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is <60% median income), this poses an immense challenge to give those children the best start in life.

The improvement in educational attainment in Rotherham as measured by GCSE results, from 54% in 2008 to 60% (1% above the England average), is stunning. It is a great achievement for Rotherham, its schools and the Council, but most of all for Rotherham children.

However, pupil absences from school are high at 5.11% for those aged under 16 (expressed as the percentage of half days missed by pupils due to authorised and unauthorised absences). To continue the improvement in educational attainment a reduction in pupil absence will need to be achieved.

The proportion of 16-18 year olds not in education, employment or training (NEET) is 7.4 %, higher than the England average of 5.8%. Disengagement at this time can have a significant and lasting impact on the young person's health and wellbeing.

Rates of sexually transmitted infections are high, measured using chlamydia diagnoses as a marker condition, and indicate high levels of unprotected sexual activity in 15-24 year olds. Under 18 conceptions are also high, although the most recent figures for Rotherham show significant improvement.

3.2 Maternal and infant health

Infant mortality, the rate of deaths in infants aged under 1 year per 1,000 live births, is 5.1 in Rotherham, not significantly different from the England rate at 4.3⁴. However, 3.5% of babies at term are of low birth weight, significantly higher than the England average. Both infant mortality and low birth weight are key markers of child and maternal health in a local population.

Significant inroads have been made in reducing smoking in pregnancy, the main avoidable cause of low birth weight and infant mortality. Rates of smoking at delivery in Rotherham have dropped from 26.1% (in 2009/10) to 19.2% in 2012/13. While this rate is still significantly higher than the national average it demonstrates the impact intensive local interventions are making.

Breastfeeding initiation and maintenance are continuing challenges for us to give children the best start in life. Both are significantly worse than the England average.

3.3 Obesity in children

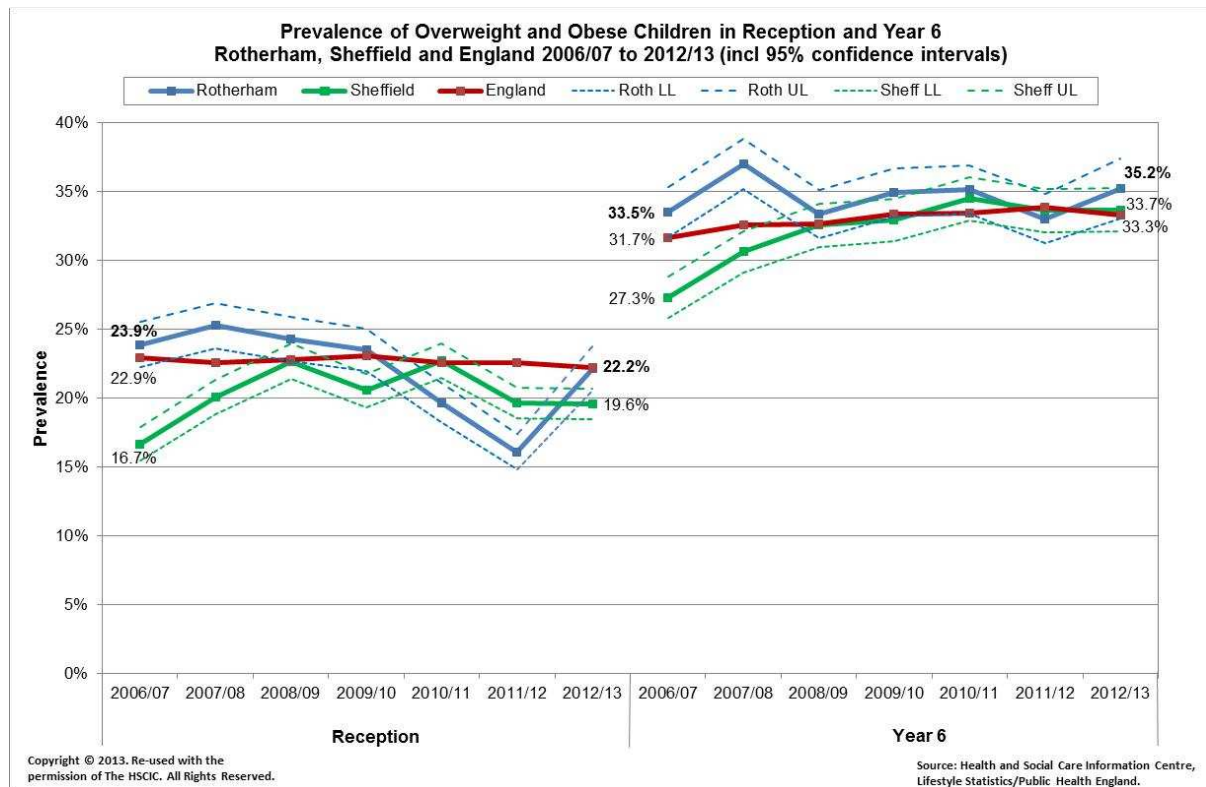
The data for obesity in children is more detailed than that available for adults because of the comprehensive National Child Measurement Programme, which weighs and measures all children in Reception and Year 6. We know from this information that childhood is an important time in the development of obesity, as levels more than double between Reception (aged 4-5 years) and Year 6 (aged 10-11 years).

This is a startling finding; why does it happen? It must be as a consequence of the lifestyle and diet choices of the children, their parents, their school and local environment. School stay-on-site policies have been shown to reduce the consumption of unhealthy food during the school day⁵.

⁴Adapted from data from the Office for National Statistics (ONS) licensed under the Open Government Licence v2.0.

⁵ Crawford et al (2012) A Feasibility Study to Explore the Nutritional Quality of 'Out of School' Foods Popular with School Pupils http://www.gcph.co.uk/assets/0000/3539/Out_of_school_foods_report_-_final.pdf

Rotherham’s children are also fatter than the England average at Year 6 (20.5% obese compared to 19.2%), despite having a significantly higher proportion of healthy weight children in Reception than the England average (81.3% compared to 76.5%). A further marker of dietary intake is oral health; local children have poor dental health with an average of 1.4 bad teeth (England average 0.94).



Recommendations

- Rotherham Children’s Board and the Council work with schools and the voluntary and community sector to reduce the impact of poverty on the borough’s children.
- Rotherham’s secondary schools should be encouraged to adopt stay-on-site policies at lunchtimes.

4. Life Expectancy and Cause of Death

Mortality is measured using the age-standardised rate of mortality. Age-standardisation adjusts death rates to take into account how many old or young people are in the population being looked at. When rates are age-standardised, differences in the rates over time or between geographical areas do not simply reflect variations in the age structure of the populations. This is important as many diseases predominantly affects the elderly so higher rate in one area is likely to reflect the fact that it has a greater proportion of older people.

In Rotherham the age-standardised rate of mortality from causes considered preventable is 159.8 per 100,000 population, substantially above the England average. This indicator is broken down into its component indicators:

- under 75 years mortality from
 - cardiovascular disease
 - cancer
 - respiratory disease
 - liver disease
- all ages mortality rate from
 - infectious disease
 - suicide

Each component is analysed here and this analysis needs to direct our local actions to reducing premature death rates.

Mortality from most of these conditions can be effectively reduced by taking regular exercise, not smoking, eating a balanced diet and limiting alcohol consumption. It must be recognised that individual behaviour change is difficult and needs support. A multifactorial approach that addresses all risk factors yields most benefit. This is because tackling multiple risk factors in individuals has cumulative effect in reducing the chance of death.

Analysing the life expectancy gap between Rotherham and England helps understand the key causes of mortality contributing to inequalities in life expectancy and should inform the health and wellbeing strategy.

- 30% of the gap is caused by circulatory disease, heart attacks and stroke
- 26% by cancer with over half of this explained by lung cancer deaths
- 33% of the gap is caused by excess respiratory deaths

Although the contribution of liver and gastro-intestinal disease to inequalities is relatively small at the moment, it is the increasing trend in the numbers of these deaths that is of concern. Similarly in an analysis of the contribution of air pollution to mortality it is the underlying contribution of air pollution to all deaths that is important. In both these cases these deaths are potentially avoidable.

DRAFT

Table 1: Breakdown of the life expectancy gap between Rotherham as a whole and England as a whole, by cause of death, 2009-2011

		MALE			FEMALE		
Broad cause of death	Cause of death	Number of deaths in Rotherham	Number of excess deaths in Rotherham	Contribution to the gap (%)	Number of deaths in Rotherham	Number of excess deaths in Rotherham	Contribution to the gap (%)
Circulatory diseases	Coronary heart disease	685	137	28.8	536	144	30.3
	Stroke	206	6	3.3	310	..	..
	Other circulatory diseases	225	..	..	260	..	..
Cancer	Lung cancer	310	69	15.4	235	47	13.0
	Other Cancers	886	96	18.2	780	38	13.5
Respiratory diseases	Pneumonia	241	88	18.0	303	87	14.1
	Chronic obstructive airways disease	191	19	1.6	194	34	7.6
	Other respiratory diseases	156	44	8.6	191	70	11.4
Digestive diseases	Chronic liver disease including cirrhosis	62	4	1.7	36	4	1.5
	Other digestive diseases	114	6	1.5	170	24	4.2
External causes	Suicide	26	..	..	8	..	..
	Other external causes	97	..	..	67	..	..
Other causes	Infectious and	24	..	..	35	..	..

	parasitic diseases						
	Mental & behavioural disorders	133	4	0.6	264	3	0.9
	Other	310	11	0.3	484	25	3.2
Neonatal mortality	Deaths under 28 days	18	2	1.9	13	0	0.3
TOTAL		3684		100	3885		100.0

Recommendation
 The Health and Wellbeing Board needs to consider the relationship between its long term goals in the Health and Wellbeing strategy and the need to take action now to reduce the three main causes of inequality: cancer, especially lung cancer, cardiovascular and respiratory deaths.

5. Heart disease and Stroke

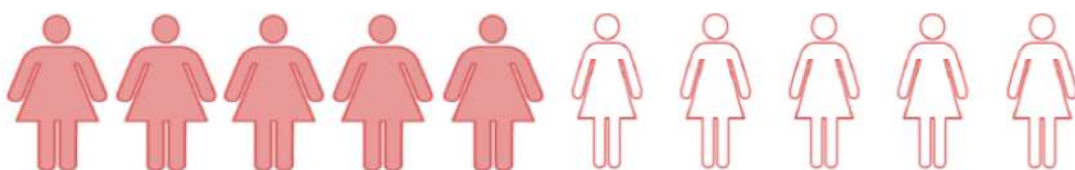
5.1 Obesity in adults

In Rotherham, like the rest of England, the majority of the adult population is now overweight or obese.

More than 6 out of 10 men are overweight or obese (66.5%)



More than 5 out of 10 women are overweight or obese (57.1%)

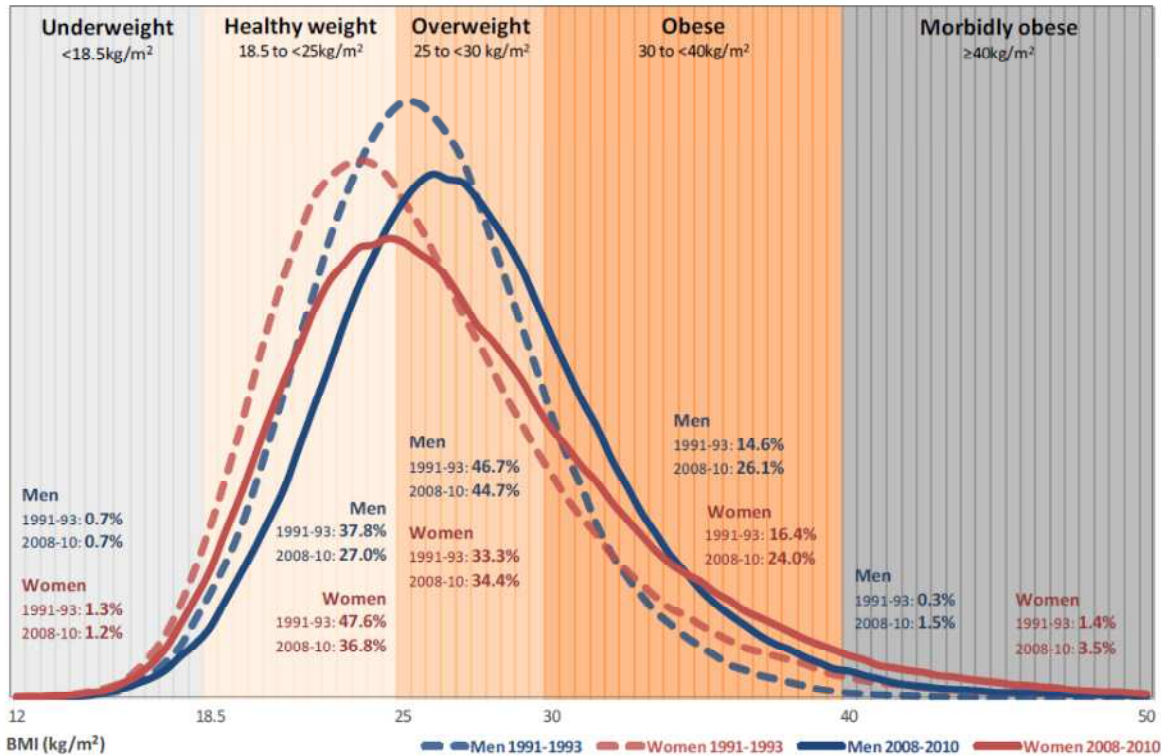


Obesity has been increasing rapidly over the last few years, so now more of the population are obese or morbidly obese than they were in the 1990s. Since then the proportion of the population that is a healthy weight has dropped by around 10%.

Change in the adult BMI distribution

noo
National Obesity
Observatory

Health Survey for England 1991-1993 and 2008-2010 (population weighted)



© NOO 2012

Adults aged 18+ years

This graph shows how in the last 10 years we have simply all got fatter. Seeing this sort of change in such a short space of time will have a huge effect on people's health.

This shift of the whole population to a greater weight is one of the fastest and most important demographic changes we have ever seen. Obesity is a key risk factor for high blood pressure and diabetes, both of which can lead to coronary heart disease and stroke; obesity is therefore a key factor fuelling premature deaths from circulatory disease. Modern preventative medicine is directed towards reducing the complications of chronic disease (tertiary prevention) rather than tackling the underlying cause.

In Rotherham the prevalence of obesity in adults (over 16 years of age) is significantly worse than the England average, with the latest local estimate of 28.5% of adults in Rotherham classified as obese, compared to an average of 23% in England⁶.

⁶ Public Health England (2014) Prevalence of underweight, healthy weight, overweight, obesity, and excess weight among adults at local authority level for England <http://www.noo.org.uk/visualisation>

5.2 Cardiovascular mortality

The age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age is 72 per 100,000 population, 18% above the England average. The actual number of under-75 deaths from cardiovascular disease in Rotherham is large and each year is equivalent to the number of people who could fit on nine double-decker buses. *[infographic here]*

A large proportion of these deaths remain preventable. Heart disease and stroke mainly affects people older than fifty years and age is the main determinant of risk. Apart from age and gender, three modifiable risk factors – smoking, raised blood pressure and raised cholesterol – make a major contribution to cardiovascular risk, particularly in combination. These risk factors account for 80% of all cases of premature coronary heart disease (CHD)⁷ and these risks appear to be increased by outdoor air pollution. The risk of a future CVD event can be calculated from these risk factors and people at highest risk can be identified by their GP. Obesity contributes directly to two of these factors: high blood pressure and cholesterol. Obesity needs addressing directly rather than simply treating the symptoms of high blood pressure and raised cholesterol.

Excess body fat directly reduces life expectancy; it increases the likelihood of diseases, particularly heart disease, type 2 diabetes, obstructive sleep apnoea, certain types of cancer and osteoarthritis.

The main effect is the complex interaction of obesity, diet, cholesterol, high blood pressure and the risk of heart disease and stroke. As your body mass index increases, in general, cholesterol levels and triglyceride levels increase and your risk of a heart attack or stroke increases⁸. These risks are further increased if you smoke or are exposed to air pollution.

The NHS Health Check programme is key to our *Health and Wellbeing Strategy* aims of tackling the risk factors that lead to early mortality from cardiovascular disease.

At the core of the NHS Health Check is a behavioural and physiological risk assessment that offers the opportunity to manage the risk factors and reduce cardiovascular disease. There is a very strong evidence base that brief interventions by GPs will deliver significant behaviour change. As part of the local council Public Health offer to Rotherham people, interventional behaviour change services offered include weight management services, stop smoking services, health trainers and specialist and GP alcohol services.

⁷ Emberson JR, Whincup PH, Morris RW et al. (2003) Re-assessing the contribution of serum total cholesterol, blood pressure and cigarette smoking to the aetiology of coronary heart disease: impact of regression dilution bias. *European Heart Journal* 24: 1719–26.

⁸ Thelle et al. *Br Heart Journal* 1983;49:205-13.

In Rotherham, General Practice is at the centre of the NHS Health Check programme. I think that this is right and that this offers Rotherham GPs the best opportunities to build a preventative approach into their daily practice. We have one of the best performing NHS Health Check programmes with 57% of people in Rotherham having completed a first Health Check since 2006. We will, however, need a step change in performance to achieve the new target of screening everyone aged 40-74 every five years.

5.3 Tackling premature heart disease and stroke

If you are worried about heart disease or stroke

- **Increase your level of physical activity.** Obesity is primarily caused by excessive food energy intake and lack of physical activity.
- **Reduce your energy intake** by reducing portion size, cutting out high calorie foods and not eating between meals.
- **Cut down on saturated fats** in the diet, they increase cholesterol and triglyceride levels. Pies, pasties, sausages, burgers, processed kebabs, cheese and pastries and the use of cooking oil all contribute saturated fat to the diet. Reducing saturated fat is key to weight loss and reducing harmful levels of lipids in the blood.
- **Eat low energy unprocessed foods** and increase your intake of dietary fibre. Avoid foods or drinks with a high sugar content.
- **Eat a 'rainbow' of fruit and vegetables**, having at least 5 portions every day
- **Get a health check**

Recommendations

- We must offer everyone aged 40-74 a health check every five years screening 20% of the eligible population annually with a 90% uptake.
- Physical activity should be commissioned as a direct intervention to prevent morbidity in long term conditions.

6. Cancer

Cancer incidence in Rotherham is higher than the average with lung and colorectal cancers being especially high. This reflects the higher than average prevalence of smoking and other

lifestyle risk factors. Tackling tobacco use and obesity are priorities for sustaining the long-term reduction in premature cancer deaths.

The age-standardised rate of mortality from all cancers in persons less than 75 years of age is 124.1 per 100,000 population, nearly 15% above the England average.

Smoking is the single most important factor in causing avoidable cancer deaths. Over 90% of lung cancer is caused by smoking and it is also a significant contributory factor for head and neck, stomach, bladder and kidney cancers⁹. Obesity is causal in an increased risk of breast and ovarian cancer.

Smoking prevalence in adults is 23.3% a full 3% higher than the England average, and we know that in many Rotherham communities more than 40% of adults smoke.

6.1 Improving Early Detection of Lung Cancer in Rotherham

Lung cancer is the leading cause of death from cancer in both men and women. It is responsible for about a sixth of the inequality in life expectancy between Rotherham and England. At a local level, it is responsible for a sixth of the inequality in male life expectancy and a twelfth of the inequality in female life expectancy between the most and least deprived quintiles. Put another way, there is an excess of 81 deaths from lung cancer in the most deprived 20% of Rotherham citizens compared with the least deprived 20%¹⁰ and this represents 70% of the excess deaths from lung cancer in Rotherham compared with England.

Overall survival at 1 and 5 years after diagnosis is poor compared with other cancers. This is believed to be due to the relatively late stage of presentation with disease by Rotherham people. However, disease caught and treated at an early stage is associated with good survival rates.

While controlling tobacco use is the key to sustaining a long-term reduction in lung cancer incidence, taking steps to reduce mortality from lung cancer is also an important near-term goal for reducing years of life lost and narrowing health inequalities.

6.2 Tackling Premature Cancer deaths

The detection of cancer through the urgent 2-week-wait pathway from GP to hospital in

⁹ Lung cancer risk factors, Cancer Research UK 2013, available from <http://www.cancerresearchuk.org/cancer-info/cancerstats/types/lung/riskfactors/lung-cancer-risk-factors>

¹⁰ The Segment Tool, PHE 2014, available from http://www.lho.org.uk/LHO_Topics/Analytic_Tools/Segment/TheSegmentTool.aspx

Rotherham is worse than average; this is combined with a worse than average referral rate from general practices. This suggests that people may be putting off seeking help when they have the early signs and symptoms of cancer, or that they may not know what are important early signs and symptoms of cancer or that GPs faced with the high levels of lung conditions in the community are not recognising significant changes in symptoms.

Awareness raising to encourage people to seek help when they have early signs or symptoms of cancer – particularly lung and breast – is a priority for achieving a short term reduction in premature cancer deaths.

Recommendations

- Stopping smoking should be the key priority for the Borough in tackling excess cancer deaths
- The CCG should actively promote awareness of early signs and symptoms of cancer and how and where to seek help as this could quickly save lives
- Faster referral pathways and lowered thresholds for referral by GPs, particularly for lung cancer, are required to ensure a higher proportion of lung cancers are detected through the 2 week wait system.

7. Liver Disease and Other Digestive Disease

Deaths from liver and other digestive diseases contribute over 4% to our inequalities.

The main threat to life from gastrointestinal disease is bleeding either from duodenal or gastric ulcers or bleeding from varicose veins caused by liver cirrhosis. A significant avoidable factor in the cause of gastrointestinal bleeding is the use of non-steroidal anti-inflammatory drugs which predispose patients to ulcers.

In liver cirrhosis blood cannot flow easily through a damaged cirrhotic liver so it finds an alternative route to circulate around the oesophagus and rectum, and these distended – varicose veins burst with catastrophic results.

Recommendation

Rotherham CCG should continue to prioritise reducing the use of prescribed non-steroidal anti-inflammatory drugs.

7.1 Liver Disease

In Rotherham the age-standardised rate of mortality from liver disease in persons less than 75 years of age is 15.7 per 100,000 population, 9% above the England average. Liver cirrhosis is now the fifth most common cause of death in the UK. There is an increasing trend in both the incidence and prevalence of cirrhosis with an estimated 45% increase in incidence of cirrhosis between 2000 and 2010. Just over half of all cirrhosis is associated with alcohol consumption; the other major causes are obesity and hepatitis.

In England and Rotherham we are facing a steep increase in liver cirrhosis and the complications of liver disease – bleeding from the gastro-intestinal tract and the effect on people's brain from the build-up of toxic chemicals leading to coma and death (hepatic encephalopathy).

7.2 Hepatitis

Hepatitis is mainly caused by viruses Hepatitis B and C, which are transmitted via blood, other body fluids or sexually.

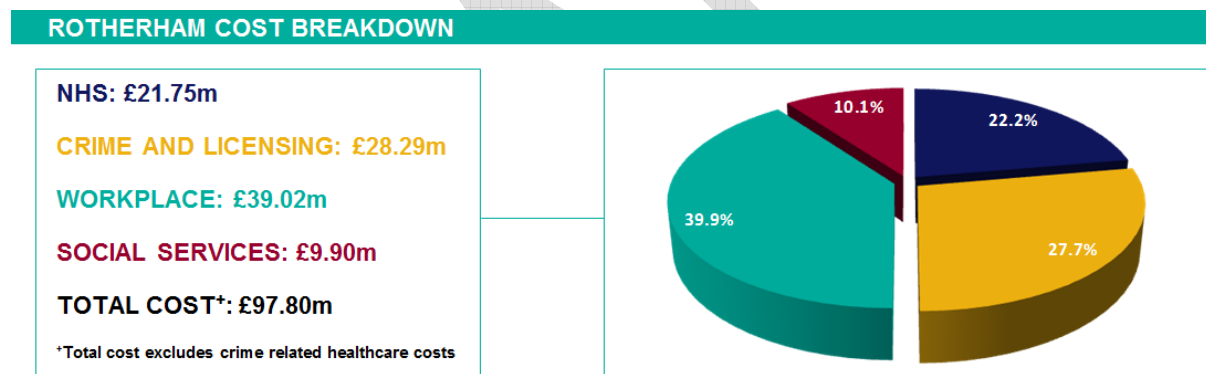
Controlling hepatitis through vaccination of at risk groups and preventing transmission from contaminated needles and syringes in those who inject drugs is a public health priority for the Borough.

7.3 Alcohol

Alcohol is not only important as a cause of liver cirrhosis, it also contributes to deaths from cancer, heart disease, accidents and mental health.

We can predict that within the adult population of Rotherham 7,086 individuals are dependent on alcohol, with a further 10,432 drinking at harmful levels and 51,569 drinking above low risk.

Using national Alcohol Concern¹¹ calculations based on hospital activity statistics (2009/10) for Rotherham there were 53,689 alcohol related hospital attendances at Rotherham Hospital. Of these, 28,827 were in A&E, 18,275 in outpatients and 6,587 inpatient stays were related to alcohol. The majority of inpatients (2,658) were aged 55-74.



Public Health England estimates the local societal cost of alcohol use in 2011/12 was £97.80m for Rotherham, comprising:

- £21.75 million in the NHS
- £28.29m on crime and licensing
- £39.02m in the workplace
- £9.09m in social services

¹¹ Alcohol Concern (2013) The real cost of alcohol: a map of alcohol harm across England.

<http://www.alcoholconcern.org.uk/campaign/alcohol-harm-map>

In 2012/13 Rotherham had 591 people in receipt of specialist treatment for alcohol dependency; 77% of those in treatment live with children. In addition many more children have parents with harmful and risky drinking patterns, which means the number of children impacted by their parents' alcohol dependency is significant. Only a small number of those we believe to have problematic drinking are seeking treatment. This may be for a number of reasons including a lack of awareness of the risks. This is why increasing use of an evidence based screening tool is at the centre of the Health and Wellbeing Strategy.

Many of those with harmful drinking are not seeking or accepting services until their alcohol consumption is very high. In the 28 days prior to entering treatment 80% were drinking at higher risk levels compared to 75% nationally. In Rotherham 37% consumed over 600 units and 23% consumed between 401-600 units in the 28 days prior to treatment. 600 units over a 28 day period is the equivalent of more than 7.5 pints of 5% lager a day.

Our local strategy has been to promote screening for risky drinking within GP practices. In 2011/12 2,780 screenings were undertaken. We are committed to increase this, both in the GP setting and in the community. Increasing take up of the NHS Health Check will also lead to an increase in the number of alcohol screenings carried out.

7.5 Tackling liver disease

If you are worried about liver disease

- **Be aware of the alcohol percentage content of what you drink, as well as understanding what a unit of alcohol is.**
- **Seek help to reduce or stop drinking alcohol altogether.**
- **Avoid risky behaviour.** Get help to reduce the risks if you use illicit intravenous drugs. Don't share injecting equipment used to inject drugs. If you choose to have sex, use condoms.
- **Get vaccinated.** If you're at increased risk of contracting hepatitis or if you've already been infected with any form of the hepatitis virus, talk to your doctor about getting the hepatitis B vaccine
- **Use medications wisely.** Only use prescription and non-prescription drugs when you need them and take only the recommended doses. Don't mix medications and alcohol. Talk to your doctor before mixing herbal supplements or prescription or non-prescription drugs.
- **Avoid contact with other people's blood and body fluids.** Hepatitis viruses can

be spread by accidental needle sticks or improper clean-up of blood or body fluids. It's also possible to become infected by sharing razor blades or toothbrushes

- **Choose a healthy diet and maintaining a healthy weight.** Obesity causes non-alcoholic fatty liver disease, which includes fatty liver cirrhosis.

Recommendations

- Reducing the volume of alcohol consumed in the Borough needs to be the agreed theme for the introduction of making every contact count (MECC), whilst maintaining quick and easy access to services that can respond to those identified as risky drinkers.
- Services and GPs should be active in making the hepatitis vaccine available to risk groups and better clinical screening for early detection and treatment.
- Hepatitis prevention needs to be a priority for environmental health and for the sexual health and the drugs service.

8. Mental Wellbeing

Suicide is the most devastating outcome of both long term mental illness and people's response to economic hardship and distress.

As a consequence of the economic austerity, suicide rates nationally have shown a reversal from previous years when there had been a steady decline. Locally Rotherham has also seen an increase in the number of death registrations classified as suicides/deaths of undetermined intent. These deaths fell sharply between 2007 and 2010 but have increased in 2011 and 2012. Rotherham's suicide rate for 2012 is now above the England average. In 2013 the Suicide Prevention Group received notification of 17 deaths, 16 male and 1 female.

Suicide amongst males is at its highest in Rotherham since 2002 with more middle aged men (30-44 and 45-59 year old age groups) taking their own life. The latest suicide prevention strategy for England¹² and a recent report from The Samaritans¹³ have both identified middle aged men, especially those from poorer socio-economic backgrounds as one of the high-risk groups who were a priority for suicide prevention.

¹² HM Government (2012) Preventing suicide in England: A cross-government strategy to save lives <https://www.gov.uk/government/publications/suicide-prevention-strategy-launched>

¹³ Samaritans (2012) Men, Suicide and Society: Why disadvantaged men in mid-life die by suicide.

Young males must continue to be a priority group for suicide prevention both nationally and locally. In Rotherham the expected number of suicides amongst 15-19 year olds would be one or two every two years. Between 2011 and 2013 we have had four deaths amongst this age group. This has devastating consequences for the families of these young people.

Mental health problems are related to deprivation, poverty, inequality as the social and economic determinants of poor health. People with long term mental health problems are also more likely to be in the most disadvantaged sections of society. Austerity increases the risk factors for poor mental health of the whole population, in addition to the people affected and their families¹⁴. The population groups most affected are those on low income, those who face loss of income and/or housing. In Rotherham the underlying economic determinants of mental health are worse than the national average. Rotherham's strong sense of community is a solid local factor that helps people cope.

Suicide is not the best measure of a population's mental health because it does not explain the incidence and prevalence of mental health problems. The prevalence rate for depression amongst adults aged 18 plus in Rotherham is 14.9% with the average for England being 11.68%. Depression represents 12% of the total burden of non-fatal global disease and by 2020 the World Health Organisation predicts this will be second, after cardiovascular disease, in terms of the world's disabling diseases. Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of personal disability, lost quality of life for patients, their family and carers, multiple morbidity, suicide, higher levels of service use and many associated economic costs. However there are still limitations to using data on diagnosis as a measure of a population's mental health and well-being as it relies on people identifying and admitting to having a mental health problem and then accessing services. In fact the population's mental health can be measured by a variety of health and non-health measures. The New Economics Foundation¹⁵ explains that well-being can be explained by how people feel, how they function and how they evaluate their lives. In Rotherham more people report low satisfaction with life nowadays, low happiness and high anxiety levels than the national average.

8.1 Tackling mental ill-health

Research shows that when we improve wellbeing and prevent mental health problems it will improve many of the factors influencing both overall life expectancy and healthy life expectancy. This requires commitment across the public sector to development a Rotherham Mental Health Strategy which will outline local action to promote wellbeing, build

¹⁴ WHO (2011) *Impact of economic crises on mental health*

¹⁵ New Economics Foundation (2012) *Measuring Well-Being: A Guide for Practitioners*

resilience and prevent and intervene early in mental health problems in Rotherham.

Recommendations

- Rotherham MBC should develop a Rotherham Mental Health Strategy outlining local action to promote wellbeing, build resilience and prevent and intervene early in mental health problems.
- Mental health promotion messages should be an agreed theme within Making Every Contact Count (MECC).

8.2 Suicide Prevention

In Rotherham we have a multiagency Suicide Prevention and Self Harm Group which provides a coordinated approach to suicide prevention and self-harm in Rotherham. The group leads on:

- **Increasing local understanding** of suicide and suicide prevention amongst the statutory and voluntary sector and local community groups.
- **Reviewing deaths**, observing local trends and taking appropriate action where necessary to reduce access to the means of suicide.
- **Introducing interventions which reduce risk in high risk groups**, for example the development of specific pathways of care for groups like veterans, people experiencing domestic abuse, young people.
- **Implementing the bereavement support pathway** for adults and children and young people who are bereaved by suicide.
- **Supporting local media in delivering sensitive messages about suicide**, using the opportunity to advertise help and support.
- **Continuing to train the wider workforce to be able to identify and respond when people are at risk of suicide**. In Rotherham we have developed the CARE pathway for suicide intervention (Change, Ask, Respond and Explain).
- **Continuing to provide training on mental health**, wellbeing and resilience to frontline staff.

9. Respiratory Disease

9.1 Air Quality

The age-standardised rate of mortality from respiratory disease among people aged less than 75 years is 30.4 per 100,000 population, significantly higher than the England average. Deaths from pneumonia, account for around 30% of respiratory disease deaths.

Apart from smoking the main avoidable factor in respiratory disease is air pollution as a result of contamination of the outside air by particles. Industrial exposure to dust and smoke is common in people who worked in Rotherham's mines or steelworks in the past and this is particularly pertinent if they are or have been a smoker, worsening their respiratory symptoms.

Clean Air Acts and the decline in heavy industry have vastly improved the visible quality of the air we breathe over the last 60 years. However, the size of smoke and exhaust particles we breathe in air has decreased, with the majority of this fine particulate matter coming from vehicle exhausts. Fine-particulate matter with a diameter of 10 to 2.5 microns or less (known as PM₁₀ or PM_{2.5}), penetrate deeply into the alveolar region of the lung and from there can pass directly into the blood. It is associated with an increased risk of heart disease. In a recently published study in the *BMJ*¹⁶ long-term exposure to fine particulate air pollution was associated with increased mortality from coronary events, even within concentration ranges well below the present European annual mean limit value. This will result in added mortality risk for those with other risk factors for heart disease such as smoking or obesity.

9.2 Air pollution and its effects on health

The Public Health Outcomes Framework uses data from the Committee on the Medical Effects of Air Pollutants (COMEAP) and from local monitoring to assign the fraction of overall mortality to particulate air pollution. Rotherham's fraction is 5.39% which, although average for an urban area, is much higher than non-urban areas; for example the North Yorkshire figure is 4.05%. It is the absolute number of deaths this affects that is significant; calculations by Public Health England attribute 1 in 20 deaths to air pollution. These figures are estimates, but the effect on those living in poor air quality zones is likely to be significant.

A 5µg/m³ increase in annual mean PM_{2.5} exposure is associated with a 13% increased risk of coronary events a 10µg/m³ increase in PM₁₀ with a 12% increase in risk.

¹⁶ Cesaroni G et al (2014) Long term exposure to ambient air pollution and incidence of acute coronary events: prospective cohort study and meta-analysis in 11 European cohorts from the ESCAP Project. *BMJ* 2014;348:f7412

These problems are not fairly distributed in our society – people in the most deprived neighbourhoods, who often don't have access to a vehicle themselves, are typically exposed to the highest levels of pollution as they live closer to major roads or heavy industry. Actions to reduce air pollution will lead to a reduction in health inequalities in the Borough.

The combination of the historical burden of respiratory disease from heavy industry, higher than average smoking and the new and emerging evidence about air pollution are significantly impacting on health inequalities in the Borough.

9.3 Tackling air pollution

- A lot of the air pollution problems affecting Rotherham residents come from the traffic on the M1 motorway. Actions to reduce the speed of traffic on the motorway, and to improve traffic flow to reduce the number of cars running stationary (especially on on-ramps and off-ramps) are likely to help reduce air pollution.
- Reductions in the number of vehicle journeys will reduce air pollution. The council is working through a number of mechanisms to achieve this, from improving public transport, to measures that encourage cycling and walking.
- Actions that reduce energy use in homes will reduce domestic production of air pollution. The council has an extensive program to improve insulation in council operated properties.

Recommendation

Rotherham Council should note the significant effect of air quality on mortality and that improvement in air quality, particularly reducing levels of PM 2.5 to PM 10 should be a priority for the Borough.

10. Mortality from Infectious Disease

According to the Public Health Outcome Framework data Rotherham has a high rate of death for infectious disease with 39.8 deaths per 100,000 population compared to the England average of 22.9. This contributes significantly to our health inequalities. According to death registrations between 2009 and 2011 the vast majority of these deaths, 516 over

the three years, were for pneumonia and influenza and it is these deaths that account for Rotherham's communicable disease death rate being significantly higher than England's.

Pneumonia and influenza deaths are included within the respiratory category in Table 1, contributing to 14% of the inequality in mortality.

Pneumonia deaths are heavily weighted to the elderly and those with pre-existing lung or other chronic disease. Rotherham has a higher percentage of pneumonia deaths within the over-65 age group than England. The over-85 age group has the greatest percentage of pneumonia deaths, but the rate in Rotherham is lower than that in England (over 50% for Rotherham and over 60% for England).

10.1 Tackling pneumonia and communicable disease

Smoking is the major avoidable factor in lung damage predisposing to pneumonia. However influenza infections are also a significant and avoidable factor in causing pneumonias.

Influenza, or flu, is a respiratory illness associated with infection by influenza virus.

Symptoms frequently include headache, fever, cough, sore throat, aching muscles and joints. Deaths from flu are usually caused by secondary bacterial infections causing pneumonia in those with conditions that make them more susceptible.

Death rates from flu are 0.4 per 100,000 population; these rise to between 10 and 20 per 100,000 for some at risk groups. Risk groups include those with chronic lung and heart conditions, asthma, neurological conditions and liver disease and the elderly. Improving vaccine uptake rates in risk groups will protect them from the complications of flu.

Apart from stopping smoking, influenza is therefore the most important modifiable risk factor for death from pneumonia/communicable disease.

Influenza immunisation has been recommended in the UK since the late 1960s, with the aim of directly protecting those in clinical risk groups who are at a higher risk of influenza associated morbidity and mortality. In 2000, the policy was extended to include all people aged 65 years or over. In 2010, pregnancy was added as a clinical risk category for routine influenza immunisation. In 2012, the Joint Committee on Vaccination and Immunisation (JCVI) recommended that the programme should be extended to all children aged two to 18 years. The phased introduction of this extension began in 2013 with the inclusion of children aged two and three years in the routine programme. From September the programme is being extended to all children aged 12-18 in schools. This is designed not only to protect children but to disrupt transmission of the virus to and reduce deaths within vulnerable risk

groups.

Pneumococcal vaccines also protect against the most common types of pneumonia by reducing the number of cases that occur and also by reducing the severity of infection when it does occur. They are recommended for all those aged 65 and over.

It is also essential that we ensure high rates of vaccination and immunisation uptake for both this and the flu vaccine in those aged 65 years and over, as essential components of a safe and effective community health system which will contribute to the reduction in morbidity and mortality associated with pneumonia.

10.2 Antibiotic Resistance

People suffering life threatening bacterial infections (including pneumonias) need effective antibiotics.

Antibiotic resistance is not a new problem; in the past we have simply developed new antibiotics to replace ones to which bugs have become resistant. There has now been no new class of antibiotic discovered since 1987.

It is therefore vital that we look after the antibiotics that we do have. Many people, however, do not complete their course and this can lead to antibiotic resistance. Furthermore, doctors and nurses should only prescribe antibiotics when they are really needed and only use recommended antibiotics for specific conditions— not for ordinary coughs and colds. When a GP tells us that it's a virus and that antibiotics won't help, we all need to listen and not demand to be given antibiotics.

The Chief Medical Officer in her 2013 Annual Report highlighted the worldwide crisis in the development of antibiotic resistance.

Recommendations

- Rotherham Clinical Commissioning Group and NHS England should consider flu vaccination a priority for Rotherham. Achieving 90% uptake of flu vaccination in the extension of immunisation to all children under 18 this September should be a priority for the Health and Wellbeing Board.
- Rotherham Clinical Commissioning Group should implement the local actions outlined in the Chief Medical Officers 2013 Annual Report on Antimicrobial Resistance.

Appendix 1: Public Health Outcomes Framework indicators

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263658/29015_02_PHOF_Improving_Outcomes_PT1A_v1_1.pdf

DRAFT

ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET
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1.	Meeting	Cabinet
2.	Date	19/03/2014
3.	Title	Public Health Commissioning Plan
4.	Directorate	Public Health

5. Summary

The purpose of this paper is to set out the local framework for the use of the Public Health Grant to support the Council's statutory functions of health improvement, health protection and healthcare public health advice to the Rotherham Clinical Commissioning Group. The Public Health Grant to Local Authorities needs to be employed to make the most impact on the Public Health Outcomes Framework (PHOF) indicators and the Health and Wellbeing Strategy. This paper sets out the framework for the future delivery of Public Health Services. The paper is split into three areas which outline the commissioned activities, statutory functions and future opportunities. Public Health needs to have a mix of proactive and reactive commissioned activities to make the most impact on Public Health in the short, medium and long term.

6. Recommendations

That Cabinet approve;

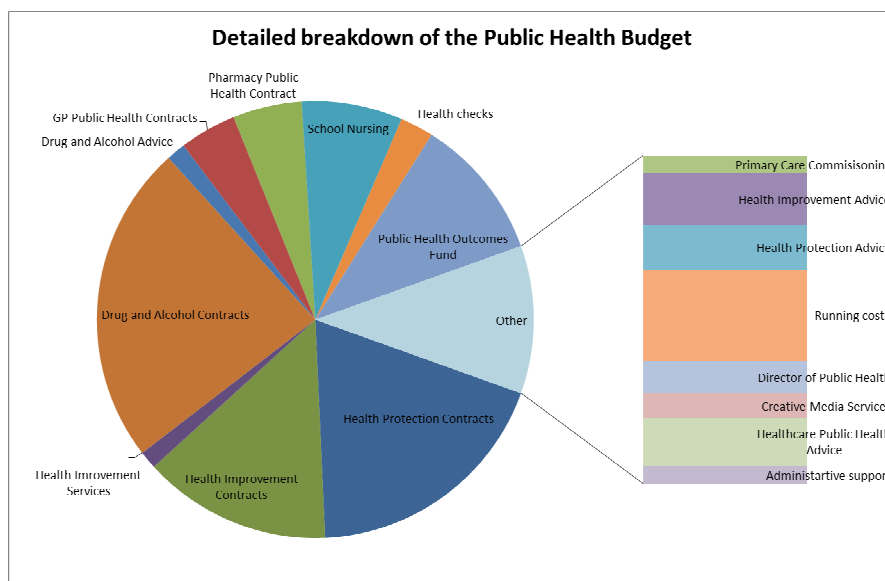
- the Public Health Commissioning Plan and its proposed impact on the public health priorities and areas for improvement.
- the prioritisation of Public Health Outcomes Framework priorities in the reallocation of resources to Council services to deliver improved health for Rotherham people .

7. Proposals and details

Public Health has reviewed the Commissioned Services and statutory functions as part of our transfer to the Local Authority from April 2013. This has resulted in efficiency savings which are to be reallocated as part of the Public Health Commissioning Plan. The Commissioning Plan will be completed alongside the updated risk register to ensure that all public health activity is coordinated to achieve better health outcomes for the people of Rotherham.

A visual breakdown of Public Health spend is shown in Figure 1

Figure1:



The structure for Public Health commissioning for 2014 onwards is set out in three ways;

- Delivering the statutory functions
- Commissioned activity
- Delivering the Public Health Outcomes Framework and Health and Wellbeing Strategy

7.1 Delivering the statutory functions

Public Health has three statutory functions which need to be delivered by appropriately trained, qualified and competent public health staff; these are health improvement, health protection and healthcare public health advice to the Rotherham Clinical Commissioning Group through a Memorandum of Understanding (MoU). The MoU includes Creative Media Service support. There is also an additional section on Primary Care Commissioning and Drug and Alcohol Service coordination and commissioning.

7.1.1. Health Protection

Health protection provides the coordination, planning and responses to threats and incidents arising from communicable diseases. It includes our infection control lead, the commissioning and service improvement of the sexual health services and adult safeguarding. Value: £210,190.

7.1.2 Healthcare Public Health

Healthcare public health provides public health Intelligence, leadership and technical advice that encompasses quality, clinical effectiveness, support for commissioning, audit and evaluation, service planning, efficiency, clinical governance, support to research governance and sustainable approaches to prioritisation across the healthcare sector. Value: £228,600.

7.1.3 Health Improvement

Health improvement provides the commissioning and service improvement for health promoting healthy behaviours and tackling unhealthy behaviours, e.g. obesity, smoking, physical activity, infant health, mental health and wellbeing. Value: £245,222.

7.1.4 Public Health Services

There are two public facing support services within the Health Improvement statutory function; they are the Health Trainers, Value: £126,500 and the Rotherham Occupational Health Advisory Service (ROHAS), Value: £60,634.

There is also the Creative Media Services team within Public Health which provides advice and creative products for all of the Public Health team and to RCCG. It delivers social marketing support for public health campaigns and manages Rotherham Public Health TV which runs across GP surgeries and health settings. Value: £114,240.

7.1.5 Primary Care Commissioning

We have responsibility for contracting public health activity with 36 GP Practices and 62 Pharmacies. Value: £82,944.

7.1.6 Drugs and Alcohol

We have responsibility for the strategic planning, coordination and delivery of the alcohol and drug prevention and treatment services across Rotherham. This includes rehabilitation of offenders, control of blood borne viruses, needle exchange and supervision of drug and alcohol rehabilitation programmes in General Practice and Community Pharmacies. Value: £200,035.

7.1.7 Public Health Administration Support

Public health administration team provide business support to the team. Value: £82,332

7.1.8 Statutory function costs

The total cost of supporting the statutory functions is £1,294,717 which is 10.63% of the full allocation.

7.2 Commissioned activity

Public health commissioned activity covers a range of mandated local authority services, NHS services and services delivering Health and Wellbeing Strategy priorities. These include; sexual health services, drugs and alcohol services, tobacco control, school nursing, weight management, teenage pregnancy, NHS Healthcheck, school nursing, dental public health, and public mental health. All services have been reviewed and service specifications/contracts reissued or tendered. Rotherham Public Health is keen to develop value for money service specifications to ensure that Rotherham communities have access to quality services.

7.2.1 Commissioned services and programmes (from 2013/14 budget book)

Sexual health

- | | |
|--|------------|
| • Specialist Genito-urinary Medicine (GUM) | £1,420,000 |
| • Non-contracted activity (Out of area) | £120,000 |
| • Contraception and sexual Health (CaSH) | £700,000 |
| • Condom distribution | £14,000 |
| • Sexual health grants | £15,000 |
| • Chlamydia screening | £350,000 |
| • HIV Prevention Services | £45,000 |

Tobacco Control

- | | |
|---|----------|
| • Stop Smoking Services and tobacco control | £815,450 |
|---|----------|

Drugs and Alcohol

- | | |
|---|------------|
| • Adult Drug & Alcohol Services (incl criminal justice) | £2,606,733 |
| • GP Primary Care drug service | £225,000 |
| • Specialist Young People's Drug and Alcohol Service | £216,304 |
| • Tier 2 Alcohol Provision (Lifeline) previously NAS | £124,000 |
| • Peer support and service user involvement | £66,000 |
| • Specialist midwifery service | £94,000 |
| • IT in pharmacies NEO | £7,000 |
| • Drug Improvement Grants | £15,000 |

Obesity

- | | |
|----------------------------------|----------|
| • Tier 2 Adult weight management | £120,000 |
|----------------------------------|----------|

• Tier 2 Children's weight management	£170,000
• Tier 3 Adult and Children weight management	£428,000
• Tier 4 children's weight management	£76,000
School Nursing	
• School Nursing Service	£1,056,000
NHS Healthcheck	
• NHS Healthcheck	£350,000
Oral health promotion	
• Oral health promotion	£78,000
• Epidemiology	£12,500
Teenage pregnancy	
• Targeted Youth support (IYSS)	£180,000
• Teenage Pregnancy Care pathway Project	£43,000
Public mental health	
• Mental health promotion	£30,000

7.2.2 Primary Care Commissioned Services

There are public health contracts with General Practice and Pharmacies.

- GP Public Health Services include, intrauterine coil fitting, chlamydia testing, long acting contraception, stop smoking, community drug treatment and alcohol screening and treatment. The values of these contracts are £596,000.
- Community Pharmacy Public Health Services include drug programmed and needle exchange, Emergency Hormonal Contraception, and Nicotine Replacement Therapy. This funding covers the costs of the providing and dispensing the products. The values of these contracts are £724,000.
- Primary Care Commissioning also contract of the Chlamydia service and Healthchecks within Primary Care, both valued at £350,000 per service, see 7.2.1.

7.3 Public Health Outcomes Fund

Public Health has a ring fenced budget to deliver public health activities to improve and protect the health of the Rotherham population. Rotherham Public Health budget benchmarks below comparator Local Authorities and has received an uplift of 2.8% which is equivalent to total grant of £54 per head of the population served for 2014/15.

Area	Grant per head 2013/14	Uplift 2014/15	Grant per head 2014/15
Barnsley	58	4.9%	60
Doncaster	65	2.8%	66
Wakefield	61	2.8%	62
Rotherham	53	2.8%	54

The size of the Public Health grant has been set taking account of estimates of baseline spending, including from PCT resources and a fair shares formula based on the recommendations of the Advisory Committee for Resource Allocation.

The proposed £1.5m of savings and uplift will be reallocated to delivering the Public Health Outcomes Framework objectives from April 2014 onwards. We plan to invest the Public Health unallocated grant in services across the Council that contribute to improvements to the Public Health Outcomes Framework, see appendix 2.

It is proposed that identified Council programmes will have simple Service Level Agreements (SLA) developed to ensure that the activity commissioned delivers against the Public Health Outcomes Framework. It is anticipated that this approach will drive improvement by focusing on the Public Health outcomes through service development.

The service level agreements will be performance managed by the Public Health team as part of their strategic programmes of activity in line with the policy agreed by Cabinet on the monitoring of the PHOF. This will ensure that there is a coordinated programme of activity between the three areas of the commissioning plan. The performance management of the SLAs will be aligned to the PHOF to create synergy and avoid duplication.

9. Risks and uncertainties

Applications for funding under the Grant will need to demonstrate they are meeting the statutory public health duties of the Council, the Health and Wellbeing Strategy or improving population health outcomes as measured by the Public Health Outcome Framework. Services will need to demonstrate improvements in PHOF targets to continue to be funded year on year. The level of grant funding for Public Health will influence the amount of funding available for this work.

10. Policy and Performance Agenda Implications

The delivery of the Public Health Commissioning Plan supports 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. It is essential to invest in activities that will promote health within the Rotherham population and prevent ill health.

11. Background Papers and Consultation

- **Public Health Commissioning Intentions 2014 -15**
- **Public health efficiencies**
- **Public health performance – PHOF**

12. Keywords: Savings, Efficiencies, Outcomes, Public health

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Appendix 1: Delivering the Public Health Outcomes Framework**Summary**

New contributions

(Appendix 2)

Directorate	2013/14	2014/15	Comments
NAS	£0.00	£496,000.00	
CYPS	£67,000.00	£448,000.00	
EDS	£683,000.00	-£100,000.00	minus £100K from 2014/15 for Sports Dev
Total	£750,000.00	£844,000.00	

Existing contributions

(Appendix 3)

Directorate	2013/14	2014/15	Comments
NAS	£164,000.00	£40,000.00	
CYPS	£353,000.00	£15,000.00	
EDS	£0.00	£0.00	

Full contributions

Directorate	2013/14	2014/15	Comments
NAS	£164,000.00	£536,000.00	
CYPS	£420,000.00	£463,000.00	
EDS	£683,000.00	-£100,000.00	
Public Health contribution	£1,267,000.00	£899,000.00	
Total commitment		£2,166,000.00	

Appendix 2: RMBC Budget realignment 2013/14 – 2014/15

PH outcome contribution to RMBC

PH Outcome contribution	Value 2013/14	Value 2014/15	SLA value for 2014/15
School readiness (1.02i)	£400,000.00		£400,000.00
Physically active adults (2.13i, 2.13ii)	£147,000.00	–£100,000.00	£47,000.00
Utilisation of outdoor space for exercise /health (1.16)	£41,000.00		£41,000.00
Utilisation of outdoor space for exercise /health (1.16)	£95,000.00		£95,000.00
People presenting with HIV (3.04)		£49,000.00	£49,000.00
Mortality rate from causes considered preventable (4.03)	£8,000.00	£39,000.00	£47,000.00
Domestic abuse (1.11)		£146,000.00	£146,000.00
Successful completion of drug treatment (2.15i, 2.15ii)		£30,000.00	£30,000.00
Successful completion of drug treatment (2.15i, 2.15ii)		£32,000.00	£32,000.00
Injuries due to falls (2.24i) Killed and seriously injured (1.10) Fuel poverty (1.17)		£64,000.00	£64,000.00
Population affected by noise (1.14i)		£50,000.00	£50,000.00
Fraction of mortality attributed to particulate air pollution (3.01)		£80,000.00	£80,000.00
Self-reported wellbeing (2.23 i-iv) Fuel poverty (1.17) Excess winter deaths(4.15)		£20,000.00	£20,000.00
children in poverty (1.01) Infant mortality (4.01), School readiness (1.02i)	£59,000.00	£123,000.00	£182,000.00
16-18 NEETs (1.05)		£70,000.00	£70,000.00
Under 18/16 conceptions (2.04) children in poverty (1.01)		£216,000.00	£216,000.00
Statutory homelessness (1.15)		£25,000.00	£25,000.00
TOTAL	£750,000.00	£844,000.00	£1,594,000.00

Appendix 3: Existing contributions to RMBC services

Service name	Budget code	Directorate	2013/14	2014/15
Healthy Schools		CYPS	£150,000.00	
IYSS Health Grant		CYPS	£180,000.00	
Breast Buddies (peer support)		CYPS	£23,000.00	
Ministry of Food		NAS	£40,000.00	
Lifeline (tier 2 alcohol services)		NAS	£124,000.00	
Trading standards tobacco control		NAS		£40,000.00
Young people's education and prevention activity - tobacco control		CYPS		£15,000.00
Total each year			£517,000.00	£55,000.00
Total existing contribution				£572,000.00

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