

CABINET MEMBER FOR EDUCATION AND PUBLIC HEALTH SERVICES

**Venue: Town Hall,
Moorgate Street,
Rotherham S60 5EP**

Date: Tuesday, 17th June, 2014

Time: 10.00 a.m.

A G E N D A

1. To determine if the matters are to be considered under the categories suggested in accordance with Part 1 (as amended March 2006) of Schedule 12A to the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for Absence
4. Declarations of Interest
5. "Celebration of Life" Event
6. School Balances 2013-14 (Pages 1 - 7)
7. Children, Young People and Families Partnership (Pages 8 - 16)
Minutes of meeting held on 21st May, 2014
8. Obesity Strategy Group (Pages 17 - 21)
 - Minutes of meeting held on 5th February, 2014
9. Rotherham Tobacco Control Alliance (Pages 22 - 26)
 - Minutes of meeting held on 17th April, 2014
10. Date of Next Meeting
 - Tuesday, 15th July, 2014, commencing at 10.00 a.m.

ROTHERHAM BOROUGH COUNCIL

1.	Meeting:	Cabinet Member for Education and Public Health Services
2.	Date:	17th June 2014
3.	Title:	School Balances 2013/2014
4.	Directorate:	Financial Services

5. Summary

This report summarises the 2013/2014 position on school balances. The overall school balance position shows a decrease of 26% from 2012/2013, decreasing from £8.881m to £6.573m. Balances across Primary, Secondary and Special School sectors have fallen, whilst Early Excellence Centres have risen. The final balance held at the Pupil Referral units is also included in the summary as budgets were delegated from 1st April 2013. There are 12 schools with a balance exceeding the threshold set by the DfE at the year ending 31st March 2014 compared to 20 the previous year. Appendix A shows 2013/2014 individual schools' balances as a percentage of budget in sector order.

6. Recommendations

To note the overall position in Rotherham of school balances

7. Proposals and Details

Each year the DfE publishes data on school balances to enable Local Authorities to monitor their own schools performance and to compare these with their statistical neighbours as well as other Local Authority types, other Local Authorities in their Government Office regions, and all English authorities.

A comparison of Rotherham's school balances as at 31st March 2013 (financial year 2012/2013) is included in Table 1 below, which shows that Rotherham's overall school balance as a percentage of the revenue income was 4.7%. This compares to the statistical neighbour average of 8%, the Yorkshire and Humber region average of 6% and the national average of 7.5%. Rotherham had the second lowest average balance per school of its ten statistical neighbours.

In addition to the national data which covers the period up to the 2012/2013 financial year end, local data has been compiled for the year 2013/2014.

The movements in Rotherham' school's balances between 2013 and 2014 are included in Table 2 of this report. This shows a 26% fall in the overall balance from £8,881m as at 31st March 2013 to £6.573m at 31st March 2014. Balances across three sectors have fallen over the past year- primary schools by 16%, secondary schools by 39% and special schools by 62% whereas early excellence centres have risen by 36%. The balance increase within the early excellence centres is largely due to one centre having an excess balance of 17% of their delegated budget. The falling balances across primary and secondary schools is partly due to a reduction in the maintained schools carry forward levels and the increased number of conversions to academy status.

The table below shows the number of schools in deficit as at 31st March 2012 compared to those as at 31st March 2013. Figures in brackets represent the total number of schools in each of the school phases.

	Number of schools in deficit at 31.03.13	Number of schools in deficit at 31.03.14
Nursery	0 (3)	0 (3)
Primary	7 (97)	6 (82)
Secondary	2 (11)	1 (7)
Special	0 (6)	2 (6)
TOTAL	9 (117)	9 (98)

There are 9 schools in deficit, as the previous year, although there has been an increase in the total deficit balances in the primary, secondary and special sectors from £357k to £537k.

An accurate comparison of Rotherham's 2013/14 performance with other local authorities cannot be made until the DfE undertakes its annual benchmarking exercise next January.

In the past, the DfE has emphasised that revenue funding should be spent on today's children and schools should not retain excessive amounts without clear plans for their future use. The DfE guidance judged 'excessive' as a secondary school carrying over more than 5% of its annual school income at the end of the financial year; and 8% of a

primary or special school's income. Local Authorities had clear powers to redistribute excessive and uncommitted surplus revenue. In December 2010 the DfE issued changes to the guidance on Local Authority schemes for financing schools effective 1st April 2011. The Government removed the requirement for Local Authorities to retain a surplus balance control scheme due to the expectation of a reduction and turbulence in school funding resulting from the current school funding reforms. Rotherham Schools Forum considered the changes and decided not to remove or relax the existing mechanism however, given the change in Government policy the position of the LA to claw-back has been significantly weakened.

In 2012/13 there were 20 schools whose balances exceeded the DfE threshold of which no claw-back was made. In 2013/14 there are 12 schools exceeding the locally retained threshold. The Authority has requested the schools' provide the reasons for the given level of balance being held along with a forecast plan of how it is intended to utilise this sum.

8. Finance

See tables 1 and 2.

As 12 schools have exceeded the DfE threshold on balances, claw-back of funding may be applied in 2014.

9. Risks and Uncertainties

The new formula for allocating Dedicated Schools Grant was introduced in 2013/14 and resulted in significant redistribution off funding between schools. Pupil number driven funding increased from 67% of the total to 83% owing to the abolition of funding allocations related to premises, former grants and other factors. 46% of schools had their gains capped at 2.21% per pupil and 35% were protected at 1.5% per pupil. In 2014/15 89% of the total funding allocated to schools was pupil number driven of which 93% was basic entitlement (numbers on roll). 61% of schools had their gains capped by 0.1% and 27% were protected at 1.5% per pupil.

10. Policy and Performance Agenda Implications

Any revision to the funding of schools presents risks to the outcomes for children and young people across all our schools.

11. Background Papers and Consultation

Rotherham Fair Funding Scheme for Financing Schools – Controls on School Balances.

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Table 1
School level revenue balances for all local authority maintained schools by local authority in England: 2012-13
Cash terms figures as reported by local authorities as at 11 November 2013.

Local Authority Name	2012-13												
	Total number of schools	Total revenue balance (£'000)	Average revenue balance (£'000 per school)	Total Revenue Income (£'000)	Total revenue balance as a % of total revenue income	Schools in deficit			Schools in surplus			Schools with surpluses above 5% of total income for secondary schools and 8% of total income for nursery, primary and special schools	
						Number of schools in deficit	% of schools in deficit	Total deficit (£'000)	Number of schools in surplus	% of schools in surplus	Total surplus (£'000)		
Rotherham	119	8,933	£75	£192,084	4.7%	9	7.6%	-£353	108	90.8%	£9,286	24	20.2%
STATISTICAL NEIGHBOURS													
Hartlepool	38	5,932	£156	£79,692	7.4%	0	0.0%	£0	38	100.0%	£5,933	18	47.4%
Redcar and Cleveland	57	7,889	£138	£92,017	8.6%	3	5.3%	-£372	54	94.7%	£8,262	20	35.1%
St. Helens	65	9,498	£146	£112,375	8.5%	0	0.0%	£0	65	100.0%	£9,499	41	63.1%
Tameside	88	11,624	£132	£138,798	8.4%	6	6.8%	-£177	82	93.2%	£11,802	53	60.2%
Wigan	125	18,490	£148	£215,600	8.6%	0	0.0%	£0	125	100.0%	£18,490	67	53.6%
Barnsley	95	5,375	£57	£150,669	3.6%	3	3.2%	-£115	75	78.9%	£5,491	12	12.6%
Doncaster	102	10,962	£107	£134,684	8.1%	7	6.9%	-£170	95	93.1%	£11,133	43	42.2%
Wakefield	127	16,362	£129	£162,143	10.1%	8	6.3%	-£309	119	93.7%	£16,671	80	63.0%
Dudley	101	22,014	£218	£207,931	10.6%	2	2.0%	-£19	99	98.0%	£22,034	67	66.3%
Telford and Wrekin	67	5,916	£88	£106,000	5.6%	7	10.4%	-£250	59	88.1%	£6,167	27	40.3%
Statistical Neighbours average	87	£11,406	£132	£139,991	8.0%	4	4.1%	-£141	81	94.0%	£11,548	43	48.4%
YORKSHIRE AND THE HUMBER	2,084	£191,010	£92	£3,167,505	6.0%	128	6.1%	-£5,876	1,927	92.5%	£196,886	692	33.2%
ENGLAND	19,648	£22,249,539	£113	£29,797,495	7.5%	1,111	5.7%	-£811,908	18,318	93.2%	£2,306,144	8,566	43.6%

TABLE 2

SCHOOL BALANCES

Children and Young People's Services

MOVEMENTS IN SCHOOLS DELEGATED BUDGETS AND DECLARED SAVINGS
BALANCES 2013/14 TO 2014/15Delegated Budget

Sector	Bal C/F to 2013/14 £	In-Year Change £	Bal C/F to 2014/15 £	% Change £
Primary Schools	4,503,210	-660,214	3,842,996	-14.7%
Secondary Schools	3,276,938	-1,274,953	2,001,985	-38.9%
Special Schools	674,126	-466,491	207,635	-69.2%
Early Excellence Centres	175,027	63,196	238,223	36.1%
PRU's	0	131,194	131,194	
Total	8,629,301	-2,207,268	6,422,033	-25.6%

Declared Savings

	Bal B/F to 2013/14 £	In-Year Change £	Bal C/F to 2014/15 £	% Change £
Primary Schools	142,853	-79,652	63,201	-55.8%
Secondary Schools	0	0	0	
Special Schools	108,994	-21,103	87,891	-19.4%
Early Excellence Centres	3	0	3	0.0%
Total	251,850	-100,755	151,095	-40.0%

Combined Overall Balances

Sector	Bal B/F to 2013/14 £	In-Year Change £	Bal C/F to 2014/15 £	% Change £
Primary Schools	4,646,063	-739,866	3,906,197	-15.9%
Secondary Schools	3,276,938	-1,274,953	2,001,985	-38.9%
Special Schools	783,120	-487,594	295,526	-62.3%
Early Excellence Centres	175,030	63,196	238,226	36.1%
PRU's	0	131,194	131,194	
Total	8,881,151	-2,308,023	6,573,128	-26.0%

APPENDIX A

SCHOOLS COMBINED BALANCES 2013/14					
(Surplus Bal(+) / Deficit Bal(-))					
SCHOOL	DELEGATED BUDGET BALANCE	DECLARED SAVINGS BALANCE	COMBINED SCHOOL BALANCE	DELEGATED BUDGET	COMBINED SCH BAL AS % OF DEL BUDGET
-	£	£	£	£	%
NURSERY					
Arnold	51,140	3	51,143	708,820	7%
Aughton	75,705	0	75,705	557,002	14%
Rawmarsh	111,377	0	111,377	646,134	17%
SUB TOTAL - NURSERY	238,222	3	238,225	1,911,956	12.5%
PRIMARY					
Anston Brook Primary	42,336	0	42,336	805,758	5%
Anston Greenlands J & I	46,631	2,237	48,868	748,049	7%
Anston Hillcrest Primary	63,784	15,379	79,163	1,109,119	7%
Anston Park Infants	51,286	13,133	64,419	885,671	7%
Anston Park Junior	72,222	0	72,222	1,118,985	6%
Aston Fence J&I	56,042	0	56,042	838,072	7%
Aston Springwood J&I	19,284	7,493	26,777	761,401	4%
Aston Lodge J&I	30,226	0	30,226	947,638	3%
Aston Hall J&I	26,638	0	26,638	904,724	3%
Swallownest Primary	52,492	0	52,492	800,428	7%
Aston C of E	20,710	0	20,710	795,598	3%
Aughton J & I	14,068	0	14,068	692,939	2%
Badsley Moor Infant	33,499	0	33,499	1,737,581	2%
Badsley Moor Junior	-53,456	0	-53,456	927,654	-6%
Blackburn Primary	26,146	0	26,146	1,252,939	2%
Bram.Sunnyside Infant	26,883	263	27,146	1,161,354	2%
Bram.Sunnyside Junior	90,095	0	90,095	1,268,905	7%
Bramley Grange J&I	19,843	0	19,843	1,201,741	2%
Brampton Cortonwood.Infant	31,309	0	31,309	658,836	5%
Brampton Ellis. C E Infant	53,791	0	53,791	661,819	8%
Brampton Ellis C E Junior	29,430	0	29,430	1,003,650	3%
Brinsworth Howarth J&I	33,259	0	33,259	816,552	4%
Brinsworth Manor Infant	42,076		42,076	1,077,729	4%
Brinsworth Manor Junior	98,032		98,032	1,217,154	8%
Brinsworth Whitehill Primary	69,475		69,475	1,182,707	6%
Broom Valley Primary	37,691		37,691	1,931,571	2%
Catcliffe Primary	-8,563		-8,563	827,935	-1%
Dalton Foljambe J&I	71,254		71,254	792,228	9%
Dalton Listerdale J&I	-12,536	1,039	-11,497	910,277	-1%
Dinnington Primary	55,370		55,370	1,104,215	5%
Ferham Primary	71,642		71,642	1,271,894	6%
Flanderwell J&I	69,766	349	70,115	1,187,948	6%
Greasbrough J&I	-4,191		-4,191	1,137,666	0%
Harthill Primary	35,004		35,004	704,585	5%
Herringthorpe Infants	61,762		61,762	1,138,135	5%
Herringthorpe Juniors	44,815		44,815	1,242,452	4%
High Greave Infant	37,762		37,762	975,646	4%
High Greave Juniors	62,958		62,958	1,011,220	6%
Kilnhurst Primary	47,779		47,779	1,167,104	4%
St. Thomas CE Primary	17,980	290	18,270	808,266	2%
Kimberworth Primary	32,021		32,021	1,151,062	3%
Kiveton Park Infant	3,237		3,237	704,853	0%
Kiveton Park.Mead.Junior	47,931		47,931	790,997	6%
Laughton J&I	18,947		18,947	764,185	2%
Laughton All Saints CE	27,431		27,431	515,210	5%
Craggs Primary	107,880		107,880	2,219,417	5%

Maltby Lily Hall	75,973	1,702	77,675	1,683,112	5%
Maltby Manor Primary	127,343		127,343	1,650,110	8%
Meadowview Primary	4,190		4,190	1,324,112	0%
Ravenfield Primary	-1,205		-1,205	758,877	0%
Rawmarsh Ashwood J&I	67,322		67,322	946,846	7%
Monkwood Primary	28,681		28,681	1,667,824	2%
Rawmarsh Rosehill Junior	21,601		21,601	921,811	2%
Rawmarsh Rycroft Infant	96,235		96,235	895,722	11%
Rawmarsh St. Josephs	11,628		11,628	827,227	1%
Rawmarsh St Mary's		820	820		
Rawmarsh Thorogate J&I	89,856		89,856	939,190	10%
Redscope Primary	89,859		89,859	1,621,952	6%
Rockingham J&I	71,443		71,443	1,345,501	5%
Roughwood Primary	10,670		10,670	1,198,192	1%
Sitwell Infant	67,259		67,259	930,435	7%
Sitwell Junior	-51,082		-51,082	1,111,871	-5%
St Ann's J&I	147,311		147,311	2,085,848	7%
St Mary's (Herringthorpe)		4,586	4,586		
Swinton Fitzwilliam Primary	45,982		45,982	1,315,175	3%
Swinton Queen Primary	33,136		33,136	1,322,049	3%
Thornhill Primary	47,690	1,295	48,985	1,520,457	3%
Thorpe Hesley Infant	73,774		73,774	889,913	8%
Thorpe Hesley Junior	37,258		37,258	986,596	4%
Thrybergh Primary	12,647	282	12,929	1,041,691	1%
Thrybergh Fullerton CE	33,991	5,802	39,793	544,364	7%
Thurcroft Infant	82,065		82,065	936,894	9%
Todwick J & I	7,507	8,531	16,038	742,100	2%
Treeton CE Primary	80,854		80,854	1,107,537	7%
Trinity Croft C E J&I	57,265		57,265	556,430	10%
Wales Primary	106,356		106,356	906,359	12%
Wath Central Junior	110,628		110,628	1,981,484	6%
Wath CE Primary	67,350		67,350	955,802	7%
Our Lady & St Joseph's RC	69,419		69,419	925,495	8%
Wath Victoria J&I	59,877		59,877	1,118,847	5%
Wentworth C E J&I	73,821		73,821	587,832	13%
West Melton J&I	86,021		86,021	796,369	11%
Wickersley Northfield Primary	21,462		21,462	1,649,319	1%
St. Albans CE Primary	54,564		54,564	849,478	6%
Woodsetts J&I	2,206		2,206	833,552	0%
SUB TOTAL - PRIMARY	3,842,998	63,201	3,906,199	88,410,242	4%
SECONDARY					
Clifton Comprehensive	77,446	0	77,446	7,830,052	1%
Dinnington Comprehensive	98,224	0	98,224	7,327,908	1%
Winterhill	354,000	0	354,000	7,981,378	4%
Rawmarsh Comprehensive	-274,152	0	-274,152	6,058,055	-5%
Swinton Comprehensive	302,236	0	302,236	5,536,146	5%
Wath Comprehensive	1,264,700	0	1,264,700	12,123,875	10%
Pope Pius X R.C.	179,530	0	179,530	3,748,013	5%
SUBTOTAL - SECONDARY	2,001,984	0	2,001,984	50,605,427	4%
SPECIAL					
Abbey Special	30,713	38,139	68,852	1,859,411	4%
The Willows	139,919	0	139,919	1,633,827	9%
Hilltop Special	-56,444	0	-56,444	2,226,089	-3%
Kelford Special	-76,677	0	-76,677	2,434,667	-3%
Milton	89,993	0	89,993	1,522,242	6%
Newman Special	80,132	49,752	129,884	1,768,983	7%
SUBTOTAL - SPECIAL	207,636	87,891	295,527	11,445,219	3%
SUBTOTAL-PRU's	131,194		131,194	1,898,572.00	7%
TOTAL	6,422,034	151,095	6,573,129	154,271,416	4%

CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERSHIP
Wednesday, 21st May, 2014

Present:- Councillor Lakin (in the Chair); Councillors Nicholls, Roche, Pickering, Smith, Thacker, Whittle and Wright.

Apologies for absence were received from Steve Ashley, Etheridge, Harwin, Mott, Radford, Smith and Wheatley.

269. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 19th March, 2014, were considered and approved as a correct record.

270. ISSUES AND CONCERNS

Youth Cabinet

- An e-mail name, suggested by the Youth Cabinet, had been selected for members of the public to contact them – Yourvoice@rotherham.gov.uk
- An e-mail had been sent to Michael Grove on behalf of a young person who attended St. Bernard's School regard exam stress in school
- Healthwatch had visited and would appreciate any ideas as to how they could work with them
- The Self Harm Sub-Group was to make a presentation at the LSCB on 5th June – Yorkshire and Humber Youth Voice was very interested in the work being done around the issue
- A young person was to carry out his work experience at SYPTE
- The new IYSS website was almost ready
- The Publicity and Promotion Group had presented the new and improved Welcome Packs. The Social Media Policy was to be the next piece of work
- Rotherham MYPs were hoping to visit a Head Teachers meeting to promote UKYP and Youth Voice. All Rotherham MYPs had a Lord to campaign on with regard to Votes at 16. They had also met with Sarah Champion's office to discuss the issue for her debate in the House of Commons
- Following a recent Quality Mark visit, the feedback had revealed that young people could not always communicate the impact of their involvement in the group and that there was no accreditation. The BYC had developed a Youth Voice ASDAN and the young people had that they would like to work towards the accreditation
- Representatives would be attending the anti-bullying conference to be held in Leicester on 28th June.
- A member of RYC was now a representative on the Yorkshire and Humber Youth Voice Steering Group who worked closely with the British Youth Council to help run conventions

- Toni and Rebecca had been nominated in the National Diversity Awards

Parents and Carers Forum

- Premises secured at Parkgate

271. SPECIAL EDUCATIONAL NEEDS AND DISABILITY REFORMS - UPDATE

Donald Rae, SEND Strategic Lead, presented an update on the preparations to implement the Special Educational Needs and Disability Reforms in Rotherham.

The Children and Families Bill was enacted in March and a new version of the SEND Code of Practice published with the final version expected shortly.

This was the largest reform of how information and support was provided to children and young people with special educational needs and disabilities for over 20 years. It brought together the different systems in Early Years, Schools and Colleges and ensured better integration with health and care. It aimed to improve the support provided so that children and young people were able to live independent and fulfilling lives in adulthood. Placing the needs of parents and young people at its heart, the new system focussed on those aged 0-25 with new duties for local authorities, Clinical Commissioning Groups and Early Years Providers, Schools (of all types) and FE Colleges. Late amendments to the Bill had increased the role of the local authority in providing Mediation Services for education, care and health as well as bringing young people within Youth Offending institutions into the scope of the Act.

Organisations in Rotherham, including parents and young people, continued to work in partnership to implement the reforms. Key tasks which needed to be completed before September, 2014 included:-

- Putting children, parents and carers and young people at the heart of the new system
- Publish a Local SEND Offer
- Establish a new SEND Assessment Pathway for all of those aged 0-25 with Special Educational Needs or a disability, including plans to transfer those with a SEN Statement or Learning Difficulty Assessment (LDA) to the new Education Health and Care Plan
- Set up a new structure with the CCG to jointly commission education, care and health services for those with special educational needs or a disability
- Ensure parents and young people can receive support through a personalised budget if they request one
- Consultation on Rotherham's SEND Aspiration and Mission

Whilst the SEND Reforms were part of national legislation, it was important to be clear about what this meant for the children and young people in Rotherham. To help this process, consideration was being given to developing a consensus about the purpose of the SEND Reforms. Building on the Government's stated aims, the following have been proposed and discussion already started with many groups with the aim of reaching a final version in July, 2014:-

Rotherham's SEND Aspiration

"Rotherham children and young people with Special Educational Needs will achieve well in their early years, at school and in college; lead happy and fulfilled lives and have choice and control"

Rotherham's Special Educational Needs and Disability Mission

"Rotherham education, health and care services will create an integrated system from birth to 25. Help will be offered at the earliest possible point, with children and young people with special needs and their parents or carers fully involved in decisions about their support and aspirations"

This was a huge piece of work for all partners. Feedback from a visit from the DfE to establish Rotherham's preparations for the reforms had stated that all the correct structures, systems and personnel were in place to take them forward and impressed by the working relationship with the CCG.

Discussion ensued on joint commissioning:-

- The commitment and all the elements of joint commissioning were there and needed to be actioned
- Services had to be delivered more cost effectively and needed to be clear as to what joint commissioning meant in terms of any service reconfiguration and procurement and how it worked for the Local Authority as a large provider
- To the recipient of the Service it did not matter who was the commissioner of services it as long as they had the best outcome
- Education/schools needed to be brought into commissioning
- Communication strategy across all Services required

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

(2) That the report be forwarded to the Health and Wellbeing Board for consideration.

272. CHILD POVERTY STRATEGY - RESPONSE TO GOVERNMENT CONSULTATION

Michael Holmes, Policy and Partnership Officer, presented a summary of the consultation on the Government's draft Child Poverty Strategy 2014-17 together with a draft consultation response.

The 2010 Child Poverty Act had established targets for reducing child poverty by 2020 and required the Government to produce a Child Poverty Strategy every 3 years

The most widely used target was relative low income which was based on the proportion of children living in households with less than 60% of median income. The target was to reduce this to less than 10% by 2020/21 from a baseline of 18% in 2010/11. The latest available figures for 2011/12 showed that 17% of children were in relative income poverty.

The Act also placed a duty on local authorities and their partners to co-operate to tackle child poverty, preparing and publishing a Local Needs Assessment and producing a joint local Child Poverty Strategy.

A Child Poverty Needs Assessment had been carried out in 2010 which had shown that 64% of the then 12,745 Rotherham children living in poverty were in a lone parent household. However, the recent trend, due in part to the tightening of benefit eligibility criteria, was for more single parents to be in work, therefore, the Assessment required updating to gain an understanding of the current picture.

It was proposed that, rather than developing a separate Child Poverty Strategy, the Early Help Strategy, with its focus on preventative work with children and families, would serve as the primary vehicle for addressing or mitigating the effects of child poverty in Rotherham. Also Rotherham's Health and Wellbeing Strategy had a specific poverty priority focussing particularly on reducing health inequalities and improving the skills and work readiness of those disengaged from the labour market.

A strategy for building resilience in Rotherham was also in development which would seek to provide improved co-ordination of the various poverty related initiatives and actions.

The deadline for responses was 22nd May. A draft response had been prepared regarding the specific consultation questions that were to be used to shape the next three-year Strategy: -

1. To what extent do you agree that the draft strategy achieves a good balance between tackling poverty now and tackling the drivers of intergenerational poverty?
2. Considering the current fiscal climate, what is your view of the actions set out in the draft strategy?
3. At a local level, what works well in tackling child poverty now?
4. At a local level, what works well for preventing poor children becoming poor adults?
5. What more can central government do to help employers, local agencies and the voluntary and community sector work together to end child poverty?

Discussion ensued on the proposed response:-

- Schools should place great emphasis on the destination of school leavers and use as 1 of their success criteria
- Free school meals would be extended to FE colleges
- The Government had announced colleges would be funded 17.5% less for an 18 year old – potential impact on delivery and contact that would be provided

Resolved:- (1) That the key aspects of the Strategy be noted.

(2) That the draft response be approved subject to the proposed amendment suggested.

273. FAMILIES FOR CHANGE UPDATE

Jenny Lingrell, Troubled Families Co-ordinator, presented a report on the Families for Change work including how it had been implemented in Rotherham, how resources had been deployed and the impact on outputs and performance, leading to overall improved outcomes for children and families.

There was 1 year remaining until the current phase of Troubled Families ended. The Troubled Families Unit had secured funding for the delivery of at least 1 year of Troubled Families Phase 2 (a 5 year programme), however, details of how this would operate had not been published to date.

Rotherham was asked to work with 730 families over a 3 year period and adopt an approach to engaging families that delivered 5 family intervention factors – a dedicated workers, dedicated to a family; practical 'hands on' support; a persistent, assertive and challenging approach; considering the family as a whole and common purpose and agreed action.

The report highlighted:-

- Human resource infrastructure
- Commission arrangements
- Family Mediation pilot
- Case studies and payments by results
- Future delivery arrangements

Discussion ensued on the report with the following issues raised/clarified:-

- Approximately 600 people engaged with the project
- The Police had seen a reduction in the figures for anti-social behaviour and criminal damage and were very supportive of the project
- The infrastructure was funded by the Payment by Results which was one-off funding
- The Programme was to be extended from April, 2015 to a 5 year programme although the funding had only been confirmed for the first year. However, the indications were that it was had cross-Party support
- Details of the enhanced programme had not been announced as yet but there would be an expectation of working with an increased number of families with less funding
- Identification criteria would be much wider and would include family violence, specifically, domestic violence, health indicators and sharing the outcomes
- Troubled Families Unit had released a cost calculator to be used to demonstrate cost effectiveness
- The set total amount of money per family would be reduced from £4,000 to £1,800

Resolved:- (1) That implementation of the Families for Change Delivery Plan to date be noted.

(2) That a report be submitted as to how Phase 2 of the Troubled Families was to be delivered once the parameters were clearly defined by the Troubled Families Unit.

274. CSE LEARNING AND DEVELOPMENT PLAN

Joyce Thacker, Strategic Director, Children and Young Peoples Services, submitted the planned learning and development activity to raise awareness of the advent of, and actions required by officers to respond to, the sexual exploitation of children and young people.

In the absence of any clear guidance on learning and development provision or workforce definitions in the 2013 refresh of Working Together, the Rotherham Local Safeguarding Children's Board had opted to retain the definitions outlined in Working Together 2010 and had been included in the Learning and Improvement Framework. However, the remit of the LSCB's responsibilities for learning and development in relation to CSE had been extended to include communication and general awareness raising.

Whilst distinct CSE training was being rolled out where required, it had also been incorporated into the existing learning and development offer to ensure it was an embedded component of broader practice developments.

320 individuals had undertaken CSE training in 2013/14 as well as 8 trained trainers who would be supported to deliver multi-agency training in 2014/15.

Resolved:- That the report be noted.

275. SEXUAL HEALTH SERVICES UPDATE

Further to Minute No. 237 of 20th November, 2013, Dr. John Radford, Director of Public Health, reported on the progress made to date on the development of care pathways and safeguarding reporting mechanisms for all young people accessing Sexual Health Services in Rotherham.

The Local Pharmaceutical Committee had agreed the necessary variation to the local contract to facilitate extension to the provision of Emergency Hormonal Contraception (EHC) at pharmacies to young women aged 14 to 16 years of age.

The protocols for the automatic referral from Pharmacy had now been developed and the electronic system was being modified so that it showed an automatic alert and details of the referral process. The Integrated Youth Service now had a draft protocol and an algorithm for referral.

A timetable for delivering training to Pharmacists in the use of the recording tool and the referral process was now being compiled. Once this had been delivered, the contract variation would be processed and Pharmacists signed up to the new contract would be able to operate the service extension.

The protocols in relation to under 16 year olds girls attending Genito-Urinary Medicine and Contraceptive and Sexual Health Clinics were in the process of being harmonised and Service Level Agreements with the Foundation Trust had been drawn up to reflect the integration of Sexual Health Services. The proposed algorithm for referral to the newly appointed Sexual Exploitation Nurse had now been circulated to professionals for comment and was currently being assessed. Once completed, the specialist protocols would be developed for use in general practice.

The IYSS would be notified when a pharmacist had prescribed EHC but notifying GPs had not been included. It was felt that GPs should be informed at the same time.

Resolved:- That the report be noted with the addition of notification to GPs of any Emergency Hormonal Contraception prescribed by pharmacists.

276. CSE UPDATE

Joyce Thacker, Strategic Director, Children and Young Peoples Services, gave the following update:-

- The annual report was currently being compiled and would be submitted to the July meeting and to the LSCB
- GROW had managed to secure SRP funding for a further 2 years
- Consideration was to be given to Safeguarding training for taxi drivers using a training pack used by Sheffield City Council who had introduced it as a pre-requisite for their license
- Multi-Agency Safeguarding Hub would go live on 4th August at Riverside House. The CSE Team back office function would be re-located to Riverside and front facing work to the Eric Manns Building
- Induction for Elected Members would include Safeguarding training with CSE emphasis
- £20k had been secured from SRP for 2014/15 for the Voluntary Sector Consortium CSE Forum to deliver community based CSE training and awareness

277. ROTHERHAM LOCAL SAFEGUARDING CHILDREN'S BOARD

The minutes of the Rotherham Local Safeguarding Children board meeting held on 6th March, 2014, were noted.

278. ANY OTHER BUSINESS

DCLG

The DCLG was putting forward a Transformation Challenge Award where a local authority, on behalf of their partnerships, could submit a bid from the £105M available in 2015/16. The Strategic Leadership Team had requested that Directorates consider any opportunities to bid. Children and Young People's Services were considering a bid for MASH2, an information dashboard which brought together information from across the partnerships and built a single view of a child. Partners and agencies would still put information onto their systems and would draw the information out.

Only 1 bid for Local Authority was allowed. Any bids were to be considered by the SLT on 2nd June.

Karen Smith

An e-mail had been received from Karen, Head Teacher, Meadowview Primary School, submitting her resignation from the Partnership due to the pressure of work.

A letter of thanks would be sent to Karen for her contributions to the Partnership.

Safe Haven

This was an anti-bullying project run by young people for young people. In conjunction with the incoming Mayor, there was to be a presentation event on 1st July.

279. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 16th July, 2014, commencing at 2.00 p.m. in Rotherham Town Hall.

Minutes	Title of Meeting:	Obesity Strategy Group
	Time:	9.30 a.m.
	Date:	Wednesday, 7th May 2014
	Venue:	Rotherham Institute for Obesity, Clifton Lane Medical Centre
	Reference:	JS/
	Chairman:	Cllr Ken Wyatt

Present:

Sarah Antcliffe, Matt Capehorn, Kay Denton Tarn, Catherine Homer, Hayley Mills, Ron Parry, Juliette Penney, Dawn Price, Emma Royle, Joanna Saunders, Lynn Senior, Chris Siddall, Phill Spencer, Jill Ward, Poppy Woolley and Cllr Ken Wyatt

Apologies:

Gill Alton, Rich Cowley, Sarah Groom and Paul Gately

Item	Description	Action
2014/10	Welcome/Introductions/Apologies JS welcomed everyone to the meeting, particularly Dawn Price who was representing RCAT. Apologies were noted.	
2014/11	Minutes of the meeting held on 5th February 2014 and matters arising The minutes were agreed as a correct record. The following matters were discussed: <u>National Child Measurement Programme (2014/03 refers)</u> It was noted that a letter had been sent to all GPs re child centile BMI and referral criteria to the HWF services. An information resource had also been prepared for dissemination with the NCMP results letters to encourage self-referral or referral by primary care providers as appropriate. Thanks to MC/HM/JP for producing this information.	
2014/12	CCG representation on the Strategy Group Emma Royle was welcomed to the group as the CCG representative. Emma's role includes commissioning of maternity and child health services. It was noted that there had been discussion at the last meeting of the Health and Wellbeing Board re the CCG representation and accountability of the group. It was confirmed that the group is accountable through the H&WB and that the minutes are routinely shared with members of the Board. The Obesity priority overview and action plan has been presented to the Board. KW suggested that this should be rescheduled for an update to the Board following the weight management services procurement exercise. Action: Joanna Saunders/Kate Green	JS/KG
	Members of the H&WB had also expressed concern re Rotherham's	

	<p>performance in the NCMP. Further work will be undertaken to highlight the position for Rotherham and the range of activities in place and planned to raise awareness of overweight and obesity, prevention activity and treatment services. See reference below to Obesity Performance Clinic.</p>	
2014/13	<p>Eating Disorders KDT had been contacted by a number of schools seeking support to enhance curriculum delivery relating to eating disorders. There had been anecdotal information that children were managing their weight by not eating. There was no reference to Eating Disorders in the Joint Strategic Needs Assessment and limited information available regarding the level of activity in specialist services.</p> <p>MC reiterated that whilst there is a care pathway for children who are suspected of having an eating disorder, the main problem is identification of children and referral into the appropriate service. He also noted that the pathway does not use child centile BMI charts and therefore requires amendment.</p> <p>Action: MC to provide information to update the pathway. Action: JS/KW to highlight need to include information in JSNA.</p> <p>JS had previously requested information regarding activity in the specialist service (commissioned by the CCG and provided in Sheffield) – ER agreed to follow this up. It was noted that there was no national guidance on what a team tackling eating disorders should include.</p> <p>Action: ER to seek further information re specialist service activity. Action: JS/CH to establish lead clinician for ED pathway and share with KDT.</p>	<p>MC JS/KW</p> <p>ER JS/CH</p>
2014/14	<p>Obesity Performance Clinic JS informed the group that the Performance & Quality Team in Neighbourhoods & Adult Services (NAS) at RMBC had initiated a performance clinic to review performance against the Public Health Outcomes Framework (PHOF) and the actions identified in the H&WB performance framework (the latter includes performance data from the HWF services).</p> <p>The Performance Clinic was to be held on Friday 9th May and a number of members of the group had been asked to attend. JS agreed to provide an update to the group following the clinic.</p> <p>Action: JS to update OSG members re outcomes/action plan.</p> <p>It was noted that the measures in the PHOF are population based measures of obesity prevalence (details of current performance were reported at the last meeting of OSG). The measures are annual.</p> <p>In preparation for the Performance Clinic, JS and colleagues were preparing information about the opportunities for action across the Council and partner organisations to raise awareness of overweight and obesity and opportunities for preventive activity. It was noted</p>	<p>JS</p>

	<p>that there were a number of initiatives which support the prevention agenda, though their impact was difficult to measure in terms of a reduction of obesity prevalence.</p> <p>It was noted that the Performance Clinic would not be reviewing the performance of existing weight management services as the services are out to tender.</p>	
2014/15	<p><i>Update from Health & Wellbeing Board</i> KW outlined the discussion at the recent H&WB meeting and the request to establish a task group to address the issues relating to childhood obesity. KW had emphasised to members of the Board that a sub-group of the Obesity Strategy Group was the place to undertake this work.</p> <p>JS informed the group that this issue was being addressed by the Obesity Performance Clinic (see item above).</p>	
2014/16	<p><i>Healthy Weight Framework Procurement Update</i> JS informed the group that the services were out to tender. The pre-tender questionnaires (PTQ) and references were due in on 14th May and existing and a number of potential providers had attended an event to outline the service lots. The service specifications have been reviewed and are all compliant with current NICE guidance. Helen Chambers from Procurement is managing the process.</p>	
2014/17	<p><i>Obesity Research Activity</i> CH updated the group on the progress of the Public Health Evaluation Scheme bid which had been submitted in partnership with MoreLife Ltd. and RIO – this bid had been to look at attrition in weight management services. CH had received informal feedback that the scheme had been very oversubscribed and Rotherham’s bid was unsuccessful. Further research opportunities would be followed up when appropriate, including through the School of Public Health Research and the CLAHRC2 programme. CLAHRC2 would have a healthy weight theme group led by Professor Paul Bissell at SchARR, University of Sheffield.</p> <p>Work had begun on the Leeds Metropolitan University project looking at the relationship between NCMP data and physical activity and fast food environments.</p> <p>JS had been invited to join the advisory group of a post-doctoral research fellowship at Sheffield University.</p> <p>MC highlighted the 5 abstracts he and the RIO team had had accepted for conferences in Kuala Lumpur and Sofia. He also informed the group that a paper would be published in a peer reviewed journal demonstrating the success of RIO compared to other T3 services in England.</p>	
2014/18	<p><i>NICE Obesity Costing Tool and NICE Guidance Update</i> CH had shared Rotherham’s 2013 T2 activity data with NICE for testing the costing tool – the tool appeared to be quite complicated at first glance, but further information will be available as NICE test real data. New NICE guidance on Very Low Calorie Diets (VLCDs) will be announced shortly – Carol Weir has been an advisor on this group.</p>	

2014/19	<p>Update on Cook and Eat</p> <p>KD informed the group that a number of organisations including children's centres, schools and the Salvation Army, had accessed cook and eat training through the Children's Food Trust. CFT had also provided equipment to help organisations run local courses for their service users.</p> <p>MC was keen to support staff in RIO to train to delivery cook and eat – referred to the Dietetics Team at RMBC who deliver the training programme for this work. Karen Hickey in Rotherham School Meals Service can provide support for Food Hygiene training.</p> <p>The Oral Health Promotion team will no longer be providing cook and eat – their focus will go back to the core oral health promotion programme.</p> <p>Rotherham Ministry of Food will be reopening in the future with a stronger service specification in terms of healthy eating and target communities/populations.</p>	
2014/20	<p>Communication items</p> <p>Working Together for a Healthier Rotherham – Wednesday 16th July at NY Stadium. Event organised by Rotherham CCG. Stands and exhibitions, keynote and workshops. Further details from Naomi Jarrett at RCCG – naomi.jarrett@rotherhamccg.nhs.uk</p>	
2014/21	<p>Any Other Business</p> <p>Dinnington Health & Wellbeing Roadshow – KDT thanked the group for supporting this pilot event – Winterhill Learning Community will be hosting the next event on 26th June. Further information already circulated – contact KDT directly for more information – kay.denton@rotherham.gov.uk</p> <p>Child Measurement Training – 2 events had been held which were well attended by School Nurses and others. Further discussion ongoing to get onto the CCG's Protected Learning Time agenda. Some issues highlighted re information governance and the feedback of service outcomes to referrers.</p> <p>Action: JS to signpost providers to Information Governance Lead at RMBC</p> <p>Maternal Obesity – JS has convened a meeting with Audra Muxlow, Head of Maternal and Child Health at TRFT.</p> <p>Childhood Obesity Peer Challenge – JS had been a member of the review team at Stoke on Trent – lots of learning for the reviewers as much as the authority under review.</p> <p>Active Communities Project – CS updated the group on the project funded for 3 years to work in Canklow, Dalton and Thyrbergh. The bid for a similar programme in Maltby and Dinnington had been unsuccessful.</p> <p>Physical Activity Pathway – presentation at H&WB had been picked up by the press and Rebecca Atchinson had submitted an abstract to the national Public Health England Conference.</p>	JS

	<p>CH had also submitted an abstract to the PHE conference on childhood obesity.</p> <p>Tour de France – lots of legacy activity and leverage in of resources for the region.</p> <p>RCAT – DP is keen to develop partnerships with the weight management providers and other members of the group, particularly to engage partners with fresher’s week activity and other events planned throughout the year.</p> <p>Action: DP to share dates of RCAT events with group.</p> <p>School Meals – RP reminded the group about the increased Free School Meal offer from September (all KS1 children will be offered FSM). Opportunities discussed for School Meals Service to give support to organisations on policy and food provision as well as training.</p>	DP
2014/22	<p>Dates of future meetings</p> <p>Further meeting dates were confirmed as follows:</p> <p>Wednesday, 30th July 2014 Wednesday, 22nd October 2014</p> <p>All to be held at RIO from 9.30-11.00 am</p>	

Joanna Saunders
Head of Health Improvement
20th May 2014

Minutes	Title of Meeting:	Rotherham Tobacco Control Alliance
	Time:	2:00pm
	Date:	17 April 2014
	Venue:	Riverside House, Rotherham
	Reference:	AI
	Chairman:	Cllr Ken Wyatt

Present:

Cllr Ken Wyatt (Chair)	RMBC
Alison Iliff	RMBC Public Health
Sandie Holloway	Dearne Valley College
Alan Pogorzelec	RMBC
Simon Lister	Doncaster and Rotherham Smokefree Service
Sue Adamson	Rotherham NHS Foundation Trust
Ann Berridge	RMBC

Apologies:

Jon Miles	Rotherham NHS Foundation Trust
Peter Jones	South Yorkshire Fire and Rescue
Kay Denton Tarn	RMBC Healthy Schools
Cllr Judy Dalton	RMBC
Wendy Griffith	Rotherham NHS Foundation Trust

1.	<p>In attendance and apologies</p> <ul style="list-style-type: none"> Cllr Wyatt welcomed everybody to the meeting. Apologies were received from Jon Miles, Judy Dalton, Wendy Griffith, Pete Jones and Kay Denton Tarn 	
2.	<p>Minutes from the last meeting and matters arising</p> <p>The minutes of the previous meeting were agreed as a true and accurate record.</p> <p>Matters arising</p> <ul style="list-style-type: none"> There were no matters arising that are not covered elsewhere on the agenda 	
3.	<p>Introduction to the Doncaster and Rotherham Smokefree Service</p> <p>SL outlined the new service. Merger of previous services in Doncaster and Rotherham. Made a number of developments:</p> <ul style="list-style-type: none"> Doncaster team have had to move from existing office into temporary accommodation. In Rotherham still in CHC and Bridgegate, but are looking for another town centre venue to be a shop and office space. Will work with RFT around outpatients and discharge planning. Re-contracted with local pharmacies to provide NRT and varenicline via a voucher scheme. Devised Champix PGD to provide via a voucher scheme. Online provision in development and will be up and ready by end 	

	<p>June 2014. Contracted a web company to develop the site and started making a series of films to show the support programme available.</p> <ul style="list-style-type: none"> The Hub – based in Barnsley. All referrals to SWYFT stop smoking services will go via the Hub. Will be a Freephone number. People won't have to go to another borough to access it (can still drop in at Bridgegate). <p>Formally record thanks to Simon for all the hard work he has put in over the past three months to get the new service up and running.</p> <p>Would like to see some consistency across the borough regarding access to stop smoking support for young people.</p> <p>Action: need to make the same offer for all colleges etc. SL/SH/AB SL/AB/SH to discuss outside the meeting</p>	<p>SL/SH/AB</p>															
<p>4.</p>	<p>Smoking in pregnancy service</p> <p>The service comprises two stop smoking specialist midwives and an advisor – now moved into the midwifery service at RFT. Challenge has been to maintain the referrals into the service. Any change cause some blips in communication/understanding how any new processes work. The transition seems to be going well, but has highlighted some training issues.</p> <p>Fathers/partners are supported by the team although relatively few access the service. Support is also available through the Smokefree Service.</p> <p>Performance has been nothing short of amazing over the past few years - numbers of quitters increasing and prevalence has reduced. Feels like it is getting harder to get the women engaged!</p> <p>In 13/14 they have slightly increased the number of quitters achieved but the quit rate has reduced slightly. Will expect quit rate to go down with more women coming into the service this year.</p> <p>Smoking at time of delivery (SATOD) data has been published today. The year-end outturn is 19.79% (12/13 was 19.2%). We will need to consider how we address this increase in rate – the transfer into midwifery will enable a new focus on referral from community midwifery, but later this year an audit of SATOD data would be helpful. Feedback from other areas in Y&H suggest there is frequently poor practice in recording this, with staff not asking women and simply copying the smoking at booking status, and stop smoking midwives saying women they know to have quit being recorded as smokers.</p> <p>Action: AI/SA/WG to discuss SATOD recording audit at quarterly review in June</p> <table border="1" data-bbox="300 1850 1198 2007"> <thead> <tr> <th></th> <th colspan="4">2013/14</th> </tr> <tr> <th></th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> </tr> </thead> <tbody> <tr> <td>SATOD</td> <td>18.28%</td> <td>20.41%</td> <td>21.09%</td> <td>19.37%</td> </tr> </tbody> </table>		2013/14					Qtr 1	Qtr 2	Qtr 3	Qtr 4	SATOD	18.28%	20.41%	21.09%	19.37%	<p>AI/SA/WG</p>
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5.	<p>Youth prevention activity</p> <p>AB has outlined the three year project to address smoking in young people and trying to do this in a new way rather than just providing information on quitting.</p> <ul style="list-style-type: none"> • Research with young people via Youth Start about smoking habits and behaviours. We want to ensure lifestyle survey data is reflective of picture. All young people going through youth start will complete the survey to inform future activity/support. • Universal activity in IYSS – looking at impact on environment, smokefree homes/cars, plain packaging agenda, using drama/film. Promoting Stoptober, Stop Smoking Day and providing packs together to highlight activity that can be done on an individual or group basis. • Programme for year 2 and 3 will be developed based on year one outcomes. <p>Work with a lot of Roma young people – smoke at an early age and it is a cultural norm. Look at what messages can be effective with that group.</p> <p>Could these young people be source of information about underage sales/illicit tobacco? Can that info be fed back to Trading Standards? Yes – IYSS would certainly do that.</p> <p>Young people could also be involved in test purchasing – always looking for volunteers. C 15/16 year olds.</p> <p>Action: AB/IYSS staff to pass any information and volunteers for test purchasing to AP</p>	AB/IYSS
6.	<p>Enforcement activity</p> <p>A job description and person spec has been agreed for the enforcement officer, but a report needs to go to DLT for agreement to fill the vacancy. Proposal to fill internally from existing staff within next 3-4 weeks.</p> <p>Three prosecution files are being submitted to director relating to the November enforcement actions, but that doesn't mean they will all go to prosecution. On one premise there will be no further action but have seized a substantial amount of cash (council and police will each get a proportion of this). One premise has gone bust, so it is not worth pursuing further.</p> <p>Funding agreed from the region for the sniffer dog for three days throughout the year. There will also be additional days funded in house.</p> <p>A South Yorkshire wide campaign relating to counterfeit items – fakes cause fires – has been launched. E-cigarette chargers and their links to fires will be covered in this campaign.</p>	

7.	<p>E-cigarettes</p> <p>KW will be attending a Public Health England symposium on e-cigarettes and will report back to July meeting.</p> <p>The issue of pharmacies selling/promoting e-cigarettes was raised – can we have any leverage with them in contract mechanisms around how they are promoted in store? Raise with Nick Hunter from the local pharmaceutical committee.</p> <p>Action: AI to contact Nick Hunter</p> <p>The draft response to the CAP/BCAP consultation regarding advertising rules for e-cigarettes was discussed. The response was based partly on the template response provided by ASH. The Alliance was happy with the draft response.</p> <p>Action: AI to submit response <i>Post meeting note: response was submitted on Tuesday 22 April</i></p>	<p>AI</p> <p>AI</p>
8.	<p>Update on national issues</p> <p>Chantler Review – an academic review commissioned by Government to review further evidence on standardised packaging – was published on 3rd April and stated that ‘standardised packaging of tobacco is likely to contribute to a modest but important reduction in smoking, including reducing the rate of children taking up smoking’. http://www.kcl.ac.uk/health/packaging-review.aspx The Government has since announced that there will be a further short consultation on proposed legislation with the intention that it will be passed before the end of this parliament, to be enacted in April 2016.</p> <p>It was noted that the term ‘standardised packaging’ rather than ‘plain packaging’ should be used to counter the tobacco industry claims that it will increase counterfeiting. Standardised packaging will still include picture health warnings and anti-counterfeiting symbols, so should be no easier than current packaging for producers of illicit tobacco.</p> <p>Legislation relating to smoking in cars where children are present, proxy purchasing and age of sale restriction is currently progressing through the relevant parliamentary processes with the aim to enact it at the same time as point of sale display bans for small shops in April 2015.</p>	
9.	<p>Breathe 2025: inspiring a smokefree generation in Yorkshire and Humber</p> <p>This is a regional initiative that has been funded by Public Health England and will launch sometime over the summer. The aim is to promote actions that can be taken to reduce uptake of smoking among young people and commit to making the next generation a generation of non-smokers. It is still at the planning stages but Scott Crosby (regional tobacco lead) will be invited to the next meeting to present more detail.</p>	

	<p>Discussion among the group supported the principles of the campaign.</p> <p>Action: AI to invite Scott Crosby to the next meeting</p>	AI
10.	<p>Action plan update</p> <p>The revised tobacco control programme and a number of new initiatives and providers means a revision to the action plan is needed. It will still follow the requirements of the Health and Wellbeing strategy.</p> <p>Action: AI to liaise with new providers to agree revised actions and will circulate to all Alliance members once completed.</p>	AI
	<p>Date and time of next meetings</p> <ul style="list-style-type: none"> • Thursday 3 July 2014 <i>room 16 Riverside House</i> • Thursday 16 October 2014 <i>room 21 Riverside House</i> <p>All meetings will be held at Riverside House and run from 2.00pm – 3.30pm</p>	