

CABINET MEMBER FOR HEALTH AND WELLBEING

**Venue: Town Hall,
Moorgate Street,
Rotherham S60 2RB**

Date: Monday, 12th September, 2011

Time: 11.30 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested, in accordance with the Local Government Act 1972 (as amended March 2006).
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. Minutes of previous meeting (Pages 1 - 4)
4. Conference
 - "Tackling Tobacco in your Community : A Compelling Business Case for Action" to be held in Manchester on 11th October, 2011
5. Health Summit
 - Rebecca Atchinson, Public Health Specialist, NHS Rotherham
6. Health Trainer Service
 - update by Carl Hickman, NHS Rotherham
7. Food Standards Agency Audit (Pages 5 - 35)
8. Food Hygiene Rating System (Pages 36 - 40)
9. Strategic Commissioning Priorities for Children and Young People's Services (Pages 41 - 58)
10. Date and Time of Future Meetings
 - Monday, 10th October, 2011 at 11.30 a.m.
 - Monday, 7th November, 2011 at 11.30 a.m.
 - Monday, 5th December, 2011 at 11.30 a.m.
 - Monday, 16th January, 2012 at 11.30 a.m.
 - Monday, 13th February, 2012 at 11.30 a.m.
 - Monday, 12th March, 2012 at 11.30 a.m.
 - Monday, 16th April, 2012 at 11.30 a.m.

CABINET MEMBER FOR HEALTH AND WELLBEING
Monday, 11th July, 2011

Present:- Councillor Wyatt (in the Chair); Councillor Pitchley.

Apologies for absence were received from Councillors Buckley and Burton.

D1. CONFIRMATION/ROLES AND RESPONSIBILITIES OF MEMBER CHAMPIONS IN RELATION TO PUBLIC HEALTH AND MENTAL HEALTH

The following Member Champions were noted:-

Mental Health	Councillor Pitchley
Public Health	Councillor Burton

D2. KWILLT PROJECT AND ROTHERHAM CONFERENCE

The Chairman reported on the above project which had been an extensive piece of work based in Rotherham, the findings of which could possibly have an impact nationally.

Responses had been submitted to 3 national consultations using the data and findings from the KWILLT project as follows:-

- Hills Review – an independent review of fuel poverty definitions and targets was currently underway commissioned by the Department of Energy and Climate Change. KWILLT research had a number of findings which could provide vital evidence to inform the review and hopefully future policy
- Ofgem Retail Market Review – this demonstrated that further action was needed to make energy retail markets in Great Britain work more effectively in the interests of consumers. KWILLT study findings had been provided to indicate how vulnerable people were susceptible to some of the problems they raised in the review
- Call for evidence by the Energy Bill Committee – KWILLT had provided evidence from the findings to indicate how vulnerable older people may respond to the Green Deal and how some aspects may contribute to health inequalities experienced by vulnerable older people

The challenge now was turning the findings into practical steps and the importance of understanding the barriers to people keeping warm.

An All Members seminar was to be held on 1st November, 2011 as well as a conference to be held on 19th September, 2011.

Resolved:- That the report be noted.

D3. CONFERENCES

Resolved:- That the Chairman (or substitute) be authorised to attend the following:-

LGA Rural Conference to be held in on 8th September, 2011

Joint Working to Reduce Health Inequalities 'Tackling Tobacco – A Case Study for Action' to be held in York on 9th September, 2011

D4. THE WAY FORWARD

The Chairman reported that he was to meet with the Strategic Director of Neighbourhoods and Adult Services to discuss protocols for the way forward given the wide spectrum of the portfolio.

D5. ARRANGEMENTS FOR THE HEALTH AND WELLBEING BOARD

The Chairman reported that it was hoped that the first formal meeting of the Board would be held in September.

Discussions were currently taking place on the draft Terms of Reference and the Council's Health and Wellbeing Policy for consideration by the Board.

D6. APPOINTMENT TO EXTERNAL BODIES AND SUB-GROUPS:-

Resolved:- (1) That the Cabinet Member be appointed as representative on the following bodies:-

Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH)
Rotherham Hospital Council of Governors
NHS Rotherham Board – Co-optee
South Yorkshire Sports Partnership
Local Government Yorkshire and Humber Health and Wellbeing Group
Local Government Association Sport and Health

(2) That it be noted that the Cabinet Member had been invited to attend meetings of the NHS Rotherham Board.

(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING 2 ITEMS TO ENABLE THE MATTERS TO BE PROCESSED.)

D7. BEREAVEMENT SERVICES FORUM

The Chairman reported that a Bereavement Services Forum was to be established, meeting twice a year, with funeral directors, relevant clergy, Dignity, registrars, Rotherham Foundation Trust and the Hospice.

Resolved:- (1) That the above Forum be established with its first meeting being held in September, 2011.

(2) That a presentation on the new Bereavement Centre at the Rotherham Foundation Trust be made to that meeting.

D8. HEALTH PROFILE OF ROTHERHAM

A copy of the latest health profile of Rotherham was tabled.

Rotherham was significantly below the national average for life expectancy (3.5 years); there was a 10 years difference between the most deprived and less deprived areas of the Borough. Also the Index of Multiple Deprivation had increased from 12 to 17% of the most deprived 10% of the UK.

This item was further discussed under Minute No. 10.

Resolved:- That the report be noted.

D9. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 4 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (information relating to any consultations/negotiations).

D10. ANNUAL PUBLIC HEALTH REPORT

John Radford, Director of Public Health, NHS Rotherham, introduced the draft 2011 Public Health Annual Report.

There had been a lot of changes in Public Health over the last year since the election of the new Coalition Government which had led to the publication of a new Public Health White Paper. This built on the work of the Marmot Review and sought to tackle the major public health challenges facing communities including rising levels of obesity, alcohol and substance misuse and a high prevalence of smoking. The review had a crucial relevance to the health of Rotherham residents as it set out a framework for systematically thinking through how to reduce inequalities at a local level.

Marmot's review identified 6 high level priorities for action and evidence based objectives within each:-

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

The draft annual Public Health report had been based on the above 6 priorities. Guidance was sought as to whether this was the correct direction and for the basis of the Health and Wellbeing Strategy.

The next step was for the Health and Wellbeing Strategy which would be an integral part of the Council and the NHS's approach to addressing the health inequalities in the Borough.

Resolved:- That the report be submitted to Cabinet in due course.

D11. DATE AND TIME OF FUTURE MEETINGS

Resolved:- That meetings be held on the following dates in 2011/12 commencing at 11.30 a.m. in the Town Hall:-

12th September, 2011

10th October

7th November

5th December

16th January, 2012

13th February

12th March

16th April

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Health & Well Being
2	Date:	12th September 2011
3	Title:	Food Standards Agency Audit: Update on Action Plan & Overview of Service
4	Directorate :	Neighbourhoods and Adult Services

5 Summary

Audits of Local Authorities' food law enforcement services are part of the Food Standards Agency's (FSA) arrangements to improve consumer protection and confidence by ensuring that Local Authorities are providing an effective food law enforcement service.

Rotherham Council was included in the FSA's programme of focussed audits of Local Authority food law enforcement services in May 2010. The findings from the audit and the action plan produced in response to the recommendations made were presented to Cabinet Member for Safe and Attractive Neighbourhoods on 21st March 2011.

This report provides an update on the progress made with regard to the recommendations in the audit report and details the preparations undertaken for a potential follow-up audit by the FSA.

This report also provides a strategic overview of the food hygiene service, including information on the Scores on the Doors initiative.

6 Recommendations

- **That Cabinet Member receives information on the progress made to meet the FSA's recommendations and the work undertaken to prepare for a potential follow-up audit.**
- **That Cabinet Member receives information with regard to a strategic overview of the food hygiene service.**

7 Proposals and Details

A focussed audit of the Authority's food law enforcement services was undertaken by the FSA on 18th and 19th May 2010. The audits are carried out to improve consumer protection and confidence in food safety. The food hygiene and food standards services are both delivered by the Food, Health and Safety Team in Rotherham.

The audit assessed the local arrangements that were in place for food premises inspections and internal monitoring with regard to food hygiene law enforcement, with particular emphasis on officer competency in assessing food safety management systems. This included a reality check at a food business to assess the effectiveness of official controls implemented by the Council and the checks carried out by officers to verify food business operator compliance with legislative requirements. The scope of the audit also included an assessment of the overall organisation, management and internal monitoring of food law enforcement activities. Following the audit, the Food Standards Agency produced a final report (Appendix A) and the Food, Health and Safety team undertook a programme of work to implement the recommendations made.

Details on the progress made against recommendations includes the following:

Recommendation 1 - Ensure that future Food Service Plans are fully in line with the Service Planning Guidance in the Framework Agreement:

- Food Service Plan was revised to reflect this recommendation. A comparison between the resources required to deliver the food law enforcement service and the staffing resources available to the authority was included. Performance and Quality Team quality assurance checked the plan. **Action complete.**

Recommendation 2 - Liaise with its legal department to ensure that all its officers are suitably authorised under all relevant food safety legislation:

- The Council's Scheme of Delegation to Members and Officers was amended and ratified at the Annual Council Meeting in May 2011. Officer authorisations were altered in accordance with the new schedule. **Original action complete.**

NB: Changes to legislation have come into force since this report and a further report has been written to take account of the changes.

Recommendation 3 - Ensure that food hygiene inspections of establishments in their area are undertaken at a frequency which is not less than that determined under the inspection risk rating system:

The Code of Practice stipulates the risk rating system and the minimum inspection frequency, as set out below:

Category	Minimum Frequency
A	6 months
B	12 months
D	2 years
E	3 years or Alternative Strategy

- A performance monitoring framework was developed including internal monitoring and quality assurance activities.
- A new Performance Indicator was also developed with monthly performance reports provided to the Director of Housing and Neighbourhood Services with regard to meeting the timescales within the Code.

From 1st April 2010 to 31st March 2011 100% of category A to D premises inspections were undertaken and the cumulative performance to 30 July 2011 is 100%. An Alternative Enforcement Strategy is applied to category E premises. Since 1 April 2011 all category E premises, with the exception of childminders were also inspected. The alternative enforcement strategy which can be applied to lower risk premises has been applied to childminders. This includes a range of interventions such as telephone calls, 1:1 visits, advisory visits and self-assessment questionnaires. **Action complete.**

Recommendation 4 - Further review and develop its inspection aides memoire for all types of food establishments in its area, to prompt and require officers to record all relevant inspection findings including detailed assessments of establishments' compliance with legislation related to Hazard Analysis and Critical Control Points (HACCP) and Food Safety Management Systems (FSMS):

- Additional 'aides memoire' were developed to meet specific needs when undertaking interventions at butchers and childminders. The Performance and Quality Team have quality assured these. Internal monitoring procedure includes process for checks. **Action complete.**

Recommendation 5 - Ensure that observations made and/or data obtained in the course of an inspection/intervention is recorded in such a way the records are retrievable. Determination of legal compliance or any non-compliance should be recorded:

- Internal monitoring procedures were implemented, including verification that all relevant documentation is stored appropriately and securely. Quality assurance checks are undertaken on a regular basis by the Service Manager and Principal Officer. **Action complete.**

Recommendation 6 - Take appropriate action on any non-compliance found during interventions, in accordance with the Authority's Enforcement Policy, the Food Law Code of Practice and any centrally issued guidance. All decisions on enforcement should be made following consideration of the Authority's Enforcement Policy. The reasons for any departure from the criteria set out in the policy should be documented:

- General Enforcement Policy and the South Yorkshire Food Authorities Enforcement Protocol reinforced with all staff during specific briefing sessions. Internal monitoring procedure implemented, including verification quality assurance checks against the policy and 'Code of Practice'. Procedure also includes verification that appropriate action is taken following an inspection/intervention in a timely manner. Quality assurance checks undertaken

by the Principal Officer. **Action complete.**

NB The South Yorkshire Food Authorities Enforcement Protocol is currently under revision.

Recommendation 7 - Implement its new internal monitoring procedures to include qualitative monitoring of all areas of food law enforcement activity and ensure that appropriate records are retained to verify conformance with the Standard and relevant Codes of Practice and centrally issued guidance.

Internal monitoring procedure implemented covering all aspects of monitoring, quality assurance and performance management. **Action complete.**

Preparation for a potential follow-up audit:

The Food, Health and Safety Team and the Performance and Quality Team have commenced a number of activities in preparation for the potential follow-up audit, including:

- A core group was established to undertake a range of quality assurance activities and peer to peer audits against policies, procedures and FSA Audit Checklist (ongoing).
- The Performance and Quality Team have undertaken a range of independent quality assurance activities and spot checks (ongoing).
- Staff briefing sessions were delivered by the Director of Housing and Neighbourhood Services, the Business Regulation Manager and the Food, Health & Safety Manager.
- Preparation for the Audit is discussed at regular team meetings and during 1:1 sessions.
- Website information was reviewed and improvements made. These were approved by a consumer panel.

A “preparing for audit” timetable was developed with further actions following notification of the potential audit and includes staff briefing messages, preparing for staff interviews, on-site verification visits and reality checking exercises.

Any follow-up visit by the FSA would be notified in writing to the Chief Executive and the lead officer for food hygiene. It is envisaged that a revisit will be undertaken.

Strategic Overview of the Food Hygiene Service

Authorised Officers are tasked under the Food Safety Act 1990 and other relevant legislation with inspecting food businesses according to the FSA Code of Practice. Following each inspection, the business is assigned risk ratings for food hygiene and food standards which are used to determine the frequency of future programmed inspections.

Environmental Health Officers can prohibit businesses from trading, for example where a rodent infestation is found. In 2010/11 five premises were closed. In other circumstances legal notices may be served to remedy food hygiene or structural matters. In 2010/11 66 Hygiene Improvement Notices were served.

We also monitor compliance with the law each month and produce reports on the percentage of food establishments in the area which are broadly compliant. The performance figures for broadly compliant premises for 2011 are:

July 2011:81%, June 2011: 81% May 2011:80% April 2011: 81%

Officers work with businesses to improve compliance.

The Authority submits food samples to check they meet with the law. In 2010/11 146 samples were taken. We participated in national and local sampling initiatives, which included Health Protection Agency surveys into pathogens in sandwiches from institutional settings and Listeria in ready-to-eat foods. We also participated in the FSA's imported foods survey. This year we have taken 50 samples from various premises including butchers, supermarkets and care homes. We have undertaken surveys on imported foods and materials in contact with food and are participating in various national surveys.

The Authority investigates cases of infectious diseases notifications. In 2010/11 there were 899 cases. A large number of these notifications were cases of Norovirus. There were 382 notifications received up to 31 July 2011.

The Authority receives information from the FSA about action which needs to be taken in certain circumstances. We also receive information about product recalls and allergy reports. Last year six Food Alerts were received; these were assessed and those requiring a response were acted upon.

Scores on the Doors

The Scores on the Doors scheme, launched in March 2007, allows consumers to view the official Local Authority hygiene ratings for food businesses. In July 2011 Rotherham Council displayed information for 889 businesses on the SOTD website. By making available information to which the public has a right to access; Scores on the Doors promotes food safety and improved business standards through informed consumer choice. The FSA operate a similar system known as Food Hygiene Rating Scheme and the Authority may migrate to this scheme.

8. Finance

The audit report and recommendations made therein have not resulted in any additional resource implications for the authority. Implementation of the recommendations has been achieved within existing budgets.

9. Risks and Uncertainties

Failure of the authority to implement the recommendations may result in the Authority failing in its statutory duties in relation to the official control of food safety. In addition, the Food Standards Agency may consider it necessary to take further action against the Authority should it be considered to be failing to deliver its obligations.

10. Policy and Performance Agenda Implications

Strategic Objective 5 states that 'We will ensure that Citizens are satisfied with their community as a place to live". The Food Service Plan outlines the functions of the Food, Health and Safety Team, which is part of Regulatory Services.

11. Background Papers and Consultation

Audit report and Action Plan (attached as Appendix A)

Food Law Code of Practice

The Food Law Enforcement Standard contained within the Food Standards Agency Framework ([www.food.gov.uk/enforcement/auditand monitoring.](http://www.food.gov.uk/enforcement/auditand monitoring))

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**Report on the Audit of Local Authority Food Law
Service Assessment of Food Businesses'
Food Safety Management System (FSMS)**

Foreword

Audits of local authorities' food law enforcement services are part of the Food Standards Agency's arrangements to improve consumer protection and confidence in relation to food. These arrangements recognise that the enforcement of UK food law relating to food safety, hygiene, composition, labelling, imported food and feeding stuffs is largely the responsibility of local authorities. These local authority regulatory functions are principally delivered through Environmental Health and Trading Standards Services. The Agency's website contains enforcement activity data for all UK local authorities and can be found at: www.food.gov.uk/enforcement/auditandmonitoring.

The attached audit report examines the Local Authority's Food Law Enforcement Service. The assessment includes the local arrangements in place for officer authorisation and training, inspections of food businesses and internal monitoring. The audit scope was developed specifically to address Recommendations 9 and 15 of the Public Inquiry Report¹ into the 2005 E. coli outbreak at Bridgend, Wales. The programme focused on the local authority's training provision to ensure that all officers who check Hazard Analysis and Critical Control Point (HACCP) and HACCP based plans, including those responsible for overseeing the work of those officers, have the necessary knowledge and skills. Also, that focused on existing inspection arrangements and processes to assess and enforce HACCP related food safety requirements in food businesses are adequate, risk based, and able to effect any changes necessary to secure improvements.

Agency audits assess local authorities' conformance against the Food Law Enforcement Standard ("The Standard"), which was published by the Agency as part of the Framework Agreement on Local Authority Food Law Enforcement and is available on the Agency's website at:

www.food.gov.uk/enforcement/auditandmonitoring. It should be acknowledged that there will be considerable diversity in the way and manner in which local authorities may provide their food enforcement services reflecting local needs and priorities.

The main aim of the audit scheme is to maintain and improve consumer protection and confidence by ensuring that local authorities are providing an effective food law enforcement service. The scheme also provides the opportunity to identify and disseminate good practice and provide information to inform Agency policy on food safety, standards and feeding stuffs. Parallel local authority audit schemes are implemented by the Agency's offices in all the devolved countries comprising the UK.

For assistance, a glossary of technical terms used within this audit report can be found at Annexe C.

¹ <http://wales.gov.uk/ecolidocs/3008707/reporten.pdf?skip=1&lang=en>

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1. Introduction

- 1.1 This report records the results of an audit at Rotherham Metropolitan Borough Council (MBC) with regard to food hygiene enforcement, under relevant headings of the Food Standards Agency Food Law Enforcement Standard. The audit focused on the Authority's arrangements for the management of food premises inspections, enforcement activities and internal monitoring. The report has been made available on the Agency's website at: www.food.gov.uk/enforcement/auditandmonitoring/auditreports. Hard copies are available from the Food Standards Agency's Local Authority Audit and Liaison Division at Aviation House, 125 Kingsway, London WC2B 6NH, Tel: 020 7276 8428.

Reason for the Audit

- 1.2 The power to set standards, monitor and audit local authority food law enforcement services was conferred on the Food Standards Agency by the Food Standards Act 1999 and the Official Feed and Food Controls (England) Regulations 2009. This audit of Rotherham MBC was undertaken under section 12(4) of the Act as part of the Food Standards Agency's annual audit programme.
- 1.3 The Authority was included in the Food Standards Agency's programme of audits of local authority food law enforcement services, because it had not been audited in the past by the Agency and was representative of a geographical mix of 25 Councils selected across England.

Scope of the Audit

- 1.4 The audit examined Rotherham MBC's arrangements for food premises inspections and internal monitoring with regard to food hygiene law enforcement, with particular emphasis on officer competencies in assessing food safety management systems based on HACCP principles. This included a "reality check" at a food business to assess the effectiveness of official controls implemented by the Authority at the food business premises and more specifically, the checks carried out by the Authority's officers to verify food business operator (FBO) compliance with legislative requirements. The scope of the audit also included an assessment of the Authority's overall organisation and management and the internal monitoring of other related food hygiene law enforcement activities.
- 1.5 Assurance was sought that key food hygiene law enforcement systems and arrangements were effective in supporting business compliance and that local enforcement was managed and delivered effectively. The on-site element of the audit took place at the Authority's office at Reresby House, Bow Bridge Close, Rotherham on 18 – 19 May 2010.

Background

- 1.6 Rotherham is a Metropolitan Borough Council with a population of approximately 254,000 and covering an area of 28,277 hectares. It is a mixed urban and rural area, traditionally comprising of heavy industry including coal mining and steel manufacturing. In July 2008-2009 unemployment stood at approximately 9.1% compared to 6.9% nationally.
- 1.7 On 16 April 2010 there were approximately 2,138 registered food premises situated within the district. The majority of food businesses comprised of small to medium catering and retail enterprises, which accounted for approximately 97% of the food businesses operating within the area. There were two food establishments in the Authority's area which required approval under Regulation (EC) No. 853/2004.
- 1.8 Food Hygiene and Food Standards were delivered by the Food, Health and Safety Section, part of the business Regulation Service Unit, in the Neighbourhoods and Adult Services Directorate. Other services also delivered by the Team included occupational health and safety enforcement, water quality, infectious disease control, animal health, advisory services, health promotion and licensing functions.
- 1.9 The profile of Rotherham MBC's food businesses as of 16 April 2010 was as follows:

Type of food premises	Number
Primary Producers	12
Distributors/Transporters	36
Importers/Exporters	2
Manufacturers/Packers	17
Retailers	519
Restaurant/Caterers	1552
Total number of food premises	2138

2. Executive Summary

- 2.1 The Authority had developed a Food Safety Service Plan for 2010/2011 that was broadly in line with the Service Planning Guidance in the Framework Agreement. Future Service Plans however would benefit from the inclusion of a comparison of the staff resources required to deliver all the food law enforcement service against the resources available to the Authority.
- 2.2 The Authority had recently contributed to a range of comprehensive policies and procedures developed by the regional food liaison group covering most aspects of the Food Safety Service. This included a system of document review and control. However auditors were unable to confirm that these procedures had been fully implemented at the time of the audit.
- 2.3 The Authority had developed a system of identifying officer competency requirements and issuing legal authorisations. This system required further review to ensure that officers were only authorised in accordance with their individual qualifications, experience and competency and to ensure that officers were authorised under all relevant food safety legislation. The Authority took immediate steps to review and update officers schedules of legal authorisation.
- 2.4 Training needs were identified during yearly appraisals, and in general, the Authority was able to demonstrate that authorised officers had undertaken the recommended minimum 10 hours relevant training, based on the principles of continuing professional development, including recent HACCP training.
- 2.5 At the time of the audit the Authority had identified a significant number of food business establishments which either did not have a risk rating or were overdue an intervention. Although some overdue inspections involved higher risk establishments, the majority related to medium and lower risk establishments. The Service was targeting the most high risk premises with the resource available.
- 2.6 Inspection aides-memoire in use at the time of the audit were insufficient to prompt officers to record detailed findings during food safety inspections. In particular they failed to capture the level of assessment of Food Safety Management Systems (FSMS) completed by the officer. Aides-memoire were often only partially completed, or in some cases were missing from files, making it difficult for officers to justify risk scores or their choice of follow-up actions.
- 2.7 Letters to businesses following inspections were generally comprehensive, clearly outlining inspection findings, differentiating between legal contraventions and recommendations and providing suitable timescales for completion. However a large proportion of

inspection letters reviewed were sent many weeks or months after the date of the inspection. Although FBOs were also sometimes informed informally about inspection findings, the lack of timely formal notification could affect any future enforcement actions by the Authority, and possibly hinder timely business compliance.

- 2.8 An officer interview and a “reality check” visit at a food business were undertaken during the audit. The main objectives were to assess the officer’s knowledge of HACCP and FSMS, the Authority’s own systems and procedures and to evaluate the effectiveness of the Authority’s assessment of food business compliance with food law requirements. Although some issues were identified during the visit, the checks completed by the officer were appropriate, with officers demonstrating an understanding of HACCP and FSMS.
- 2.9 The Authority was unable to provide documentation relating to the approval and assessment of the approved establishment in the area. Auditors were informed that the relevant premises file had been lost. Due to the lack of documentary records it was not possible for auditors to determine if the establishment complied with legislative requirements or whether officers had undertaken suitable assessments of the business as required by the Food Law Code of Practice. The Authority assured auditors that immediate steps would be taken to retrieve the information, or to take urgent action to re-assess the business.
- 2.10 Record checks confirmed that officers were willing and able to undertake a range of formal enforcement actions to help secure business compliance. However auditors noted that the Authority had not always adopted a graduated approach to enforcement at some higher risk establishments where repeated serious breaches of food hygiene legislation had been recorded.
- 2.11 A range of enforcement actions were reviewed, including hygiene improvement notices. In most cases the actions taken were appropriate to the circumstances and had generally been undertaken in accordance with the Food Law Code of Practice, including regular contact and follow-up with the FBO.
- 2.12 The Authority maintained comprehensive food and food premises complaint investigation details and had undertaken appropriate investigations in relation to the complaint in each of the cases reviewed during the audit.
- 2.13 The Service had undertaken sampling in accordance with their sampling programme and had taken appropriate actions where unsatisfactory results had been obtained.
- 2.14 The Service was able to provide detailed evidence of quantitative monitoring relating to inspection numbers and targets. However there

was little documentary evidence of any risk based internal monitoring relating to the quality of officers work across the full range of food law enforcement activities performed by the Service. The Service had adopted a new regional internal monitoring procedure however, which if regularly reviewed and rigorously implemented, should address many of the issues identified during the audit.

3. Audit Findings

3.1 Organisation and Management

Strategic Framework, Policy and Service Planning

- 3.1.1 The Authority had developed a Food Service Plan for 2010/2011, which was broadly in line with the Service Planning Guidance in the Framework Agreement and approved by relevant Members annually. The Plan outlined its links to the wider Neighbourhoods and Adult Services Service Plan 2009-2012, identifying two main objectives for the Service, based upon reducing the impact of the economic downturn on businesses, communities and individuals and “contributing to improved health and economic well-being and improved quality of life.”
- 3.1.2 Whilst the Plan did provide some information on the demands placed on the Service based on estimates from previous years and its food premises database, the Plan would benefit from the inclusion of a clear comparison of the staff resources required to deliver all food law enforcement service activities against the staff resources presently available to the Authority.

Recommendation

3.1.3 The Authority should:

Ensure that future Food Service Plans are fully in line with the Service Planning Guidance in the Framework Agreement, including a reasoned estimation of the staffing resources required to deliver all aspects of its food law enforcement service compared with the staffing resources available to the Authority. [The Standard – 3.1]

- 3.1.4 The Food Service Plan for 2010/2011 set out key objectives for the forthcoming year, including an aim to undertake food hygiene inspections in accordance with the frequency determined in the Food Law Code of Practice, targeting high risk inspections.
- 3.1.5 The Authority had reviewed the findings of the Pennington Inquiry Report into the 2005 E. coli outbreak in Wales and had introduced a range of measures, including targeted safer food, better business (SFBB) coaching for businesses in the area.
- 3.1.6 Auditors were informed about the recent complex and time consuming process of updating the Authority’s food premises database, and the significant resources that had been involved in the data transfer process. The Authority was able to produce a range of

reports during the audit to verify the database and provide auditors with necessary information related to food establishments in the area.

- 3.1.7 Monitoring returns made to the Food Standards Agency under the Local Authority Enforcement Monitoring System (LAEMS) for 2008/2009, confirmed that there were 12 full time equivalent posts (FTE) allocated to the Service excluding administration, of which 10 posts were presently occupied.
- 3.1.8 The Authority had completed a review of inspections against the previous year's target, "95% of high risk food premises", establishing an actual performance figure of 97%. The target used however did not provide any indication as to whether inspections had been carried out at the frequency prescribed in the Food Law Code of Practice.

Documented Policies and Procedures

- 3.1.9 The Service had recently collaborated with neighbouring Authorities in the South Yorkshire Food Liaison Group (SYFLG) to develop a comprehensive set of regional policies and procedures covering most aspects of the Food Safety Service. At the time of the audit however, auditors were unable to confirm that the procedures had been fully implemented by the Service.
- 3.1.10 A document control and review system had also been developed as an integral part of these new procedures which, if adhered to, should help ensure that documents reflect relevant legislation and any changes to centrally issued guidance.

Officer Authorisations

- 3.1.11 Individual officer authorisation was granted following consideration of the qualifications and details of experience provided to support the authorisation request. At the time of the audit auditors noted that several officers were not fully authorised under food hygiene legislation relevant to the range of their food hygiene enforcement responsibilities, including specific authorisation under the Food Hygiene (England) Regulations 2006 and the Official Feed and Food Controls (England) Regulations 2009.
- 3.1.12 Conversely, some officers had been granted authorisation seemingly in excess of their documented level of experience and competence, contrary to guidance in the Food Law Code of Practice and the Authority's new authorisation procedure. The Authority agreed to review and update officer authorisation documentation to address these issues as a matter of urgency.
- 3.1.13 Auditors were advised that an annual performance review system for officers was in place where training needs were discussed and any

training requirements would be identified, forming part of a wider Group Development Plan.

Recommendation

3.1.14 The Authority should:

Liaise with its legal department to ensure that all its officers are suitably authorised under all relevant food safety legislation. Officers' levels of authorisation should be consistent with their qualifications, training and experience, in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard – 5.3]

3.1.15 Audit checks and an officer interview confirmed that in general all authorised officers had achieved the required minimum 10 hours relevant training, based on the principles of continuing professional development, and had generally received suitable training related to the assessment of HACCP based food safety management systems (FSMS).

3.2 Food Premises Inspections

- 3.2.1 The Authority maintained a food business interventions programme based on establishment's risk category ratings. At the time of the audit, checks confirmed there were approximately 678 food establishments within risk categories A to E which were overdue an intervention, although the majority consisted of medium to low risk inspections. A number of past interventions, including some at higher risk establishments, had not been completed at a frequency determined within the inspection risk rating system.

Recommendation

- 3.2.2 The Authority should:

Ensure that food hygiene inspections of establishments in their area are undertaken at a frequency which is not less than that determined under the inspection risk rating system set out in the Food Law Code of Practice or other centrally issued guidance. [The Standard – 7.1]

- 3.2.3 The Authority used an inspection aide-memoire to prompt officers during interventions and to record their assessment of business compliance with relevant legislation, to inform future interventions. The aide-memoire was frequently only partially completed or sometimes missing from files entirely. Officers were unable to demonstrate that on every occasion establishments had been assessed against all relevant food hygiene legislation, including detailed assessments related to HACCP and FSMS. In addition, auditors were not always able to determine from the information retained in files, the basis for officers' assessments and enforcement decisions. This was particularly evident in the relation to officers' assessments of FSMS.

Recommendation

- 3.2.4 The Authority should:

Further review and develop its inspection aides-memoire for all types of food establishments in its area, to prompt and require officers to record all relevant inspection findings including detailed assessments of establishments' compliance with legislation related to HACCP and FSMS. [The Standard – 7.3]

- 3.2.5 Letters sent to food business operators (FBOs) were generally detailed and comprehensive, containing all the information required by the Food Law Code of Practice. Letters were clearly worded with the measures to be taken to secure compliance with appropriate timescales identified. Letters also consistently differentiated between legal requirements and recommendations of good practice.
- 3.2.6 Auditors noted however that in many cases letters, including those that required immediate actions to be taken by FBOs, were dated and sent several weeks or months after the date of the inspection. Although FBOs were generally informed of the results of inspections verbally and through a basic handwritten inspection report left following the inspection, the lack of a timely formal notification could hinder the FBO's efforts to fully comply with hygiene legislation in a timely manner and undermine any future enforcement actions taken by the Authority.
- 3.2.7 The Authority maintained files for one approved establishment and one establishment that had been formerly approved by the Authority, but which had been routinely transferred to the Food Standards Agency, as per centrally issued guidance. The Authority maintained only limited information relating to the one establishment currently approved by the Authority, a national manufacturer of prepared meals. Auditors were informed that the main file containing the approval assessment documentation and most past inspection findings had been lost. The Authority was therefore unable to demonstrate that the establishment had been appropriately approved or assessed against all relevant legislation, including the requirements of Regulation (EC) No. 853/2004, and auditors were unable to verify that the establishment met all the hygiene requirements, including those related to HACCP and FSMS at the time of the audit.
- 3.2.8 The Authority assured auditors that attempts would be made to retrieve the file containing all the relevant information relating to the establishment, or appropriate actions would be taken to urgently re-assess and review the establishment.

Recommendation

3.2.9 The Authority should:

Ensure that observations made and/or data obtained in the course of an inspection/intervention is recorded in such a way the records are retrievable. Determination of legal compliance or any non-compliance should be recorded.

[The Standard – 7.5 and 16.1]

Verification Visit to a Food Premises

- 3.2.10 During the audit, a verification visit was undertaken to a local butcher with the officer that had carried out the last food hygiene inspection of the premises. The main objective of the visit was to evaluate the effectiveness of the Authority's assessment of food business compliance with food law requirements. The specific assessments included the conduct of the preliminary interview of the FBO by the Officer, the general hygiene checks to verify compliance with the structure and hygiene practice requirements and checks carried out by the Officer to verify compliance with HACCP based procedures.
- 3.2.11 During the visit the officer was able to demonstrate an appropriate understanding of the food safety risks associated with the activities at the premises and assessing the businesses compliance to HACCP requirements. The visit identified that the FBO needed to complete some further works on some structural and FSM issues to fully comply with food safety requirements. These were discussed with the food business operator and appropriate follow-up actions agreed with the officer.

3.3 Enforcement

- 3.3.1 The Authority had adopted the South Yorkshire Food Authorities Enforcement Protocol, designed to facilitate consistency in enforcement action between neighbouring Authorities, which was generally in accordance with centrally issued guidance. Additionally the Authority had developed a Council General Enforcement Policy, approved by relevant Members, which had recently been subject to review to include reference to the Regulators Compliance Code.
- 3.3.2 There was evidence that the Authority were using a variety of enforcement options in order to achieve compliance at certain premises which were known to be problematic. However auditors noted a number of examples where files contained insufficient evidence to support the choice of enforcement actions taken, where serious and sometimes repeated breaches of food hygiene legislation had been recorded, contrary to the Authority's Enforcement Policy and protocol.

Recommendation

3.3.3 The Authority should;

Take appropriate action on any non-compliance found during interventions, in accordance with the Authority's Enforcement Policy, the Food Law Code of Practice and any centrally issued guidance. All decisions on enforcement should be made following consideration of the Authority's Enforcement Policy. The reasons for any departure from the criteria set out in the policy should be documented.
[The Standard – 7.3, 15.3 and 15.4]

- 3.3.4 A sample of three hygiene improvement notices (HINs), which had been served on businesses for failing to comply with Regulation (EC) No. 852/2004, including Article 5 relating to HACCP requirements, were reviewed during the audit. In each case, the notice had been the appropriate course of action. All notices reviewed were appropriately detailed with the measures and time limits to achieve compliance clearly specified. Timely checks were made on the businesses to determine compliance on the expiry of the notices and letters were routinely issued to the FBOs to confirm compliance with the notices.
- 3.3.5 Details relating to three hygiene emergency prohibition notices (HEPN) and one voluntary closure served on businesses where there was deemed to be an imminent risk to health were assessed by auditors. Whilst the choice of action taken in each case seemed appropriate and consistent with the Authority's Enforcement Policy, files often contained incomplete legal administrative records relating

to actions taken during the HEPN process. Some legal administration was held by the Authority's legal department and auditors discussed the benefits of keeping copies of such records together within premises files. Evidence related to the cases reviewed also contained occasional errors involving inspection dates and details that could have undermined the Authority's actions.

- 3.3.6 Records were also reviewed in relation to a sample of other enforcement actions which had been taken in order to achieve business compliance at food premises. In each case, the actions taken by the Authority were appropriate for the contraventions that had been identified, and followed due legal process.

3.4 Internal Monitoring and Third Party or Peer Review

Internal Monitoring

- 3.4.1 The Service was able to provide evidence of routine quantitative monitoring of inspections against targets set out in its Service Plan. In addition auditors were informed of a robust corporate mechanism in place to report, identify and address any shortfalls in inspection targets.
- 3.4.2 In practice there was little documentary evidence of any risk based qualitative internal monitoring across the range of food enforcement activities performed by the Service, including inspections and follow-up actions. However the Authority had recently adopted a regionally developed internal monitoring procedure which, if rigorously implemented and regularly reviewed should help to identify many of the performance quality issues noted on files and records.

Recommendation

3.4.3 The Authority should:

Implement its new internal monitoring procedures to include qualitative monitoring of all areas of food law enforcement activity and ensure that appropriate records are retained to verify conformance with the Standard and relevant Codes of Practice and centrally issued guidance.

[The Standard – 19.1 and 19.2]

Food and Food Premises Complaints

- 3.4.4 Audit checks were completed in relation to five separate food and food hygiene complaint records. In all cases examined, complaints had been thoroughly investigated, including examination of the businesses food safety management system records where appropriate. Records maintained were generally comprehensive and complainants had been notified of the investigation findings.

Food Sampling

- 3.4.5 The Authority was actively participating in local, regional and national food sampling programmes and a brief reference to the Authority's policy on sampling was made within its Food Service Plan.
- 3.4.6 Audit checks of unsatisfactory sampling test results were carried out. In all cases FBOs had been informed of the analysis results and appropriate actions taken in accordance with the official guidance. Where unsatisfactory sampling results had been identified,

appropriate follow-up actions had been taken and FBOs notified of the findings.

Third Party or Peer Review

- 3.4.7 The Authority had not participated in any recent inter-authority or external audits, although auditors were informed that the Authority had recently participated in a peer challenge review process in February 2010.

Auditors: **Andrew Gangakhedkar**

Mike Bassett

Food Standards Agency

Local Authority Audit and Liaison Division

Action Plan for Rotherham Metropolitan Borough Council

Audit date: 11-12 May 2010

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.1.3 Ensure that future Food Service Plans are fully in line with the Service Planning Guidance in the Framework Agreement, including a reasoned estimation of the staffing resources required to deliver all aspects of its food law enforcement service compared with the staffing resources available to the Authority. [The Standard – 3.1]	31/10/10	The Food Service Plan for 2010/2011 will be revised to include a comparison between the resources required to deliver the food law enforcement service, and the staffing resources available to the authority.	We have initiated discussions across South and West Yorkshire to benchmark resource allocation decisions. We are also reviewing all options for the future delivery of our food law enforcement duties.
3.1.14 Liaise with its legal department to ensure that all its officers are suitably authorised under all relevant food safety legislation. Officers' levels of authorisation should be consistent with their qualifications, training and experience, in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard – 5.3]	31/10/10	<p>A review of the current scheme of delegation was undertaken with the legal department, and officers were issued with revised authorisations in accordance with this scheme of delegation.</p> <p>A report will be submitted to the Cabinet Member for Housing & Neighbourhood Services that will specify the delegated powers that need to be added to the scheme.</p> <p>Individual officer authorisations will then be further amended as required.</p>	<p>A current scheme of delegation was ratified by full Council on 21/05/10. This document has been further reviewed, with input from the Council's legal department, and it is apparent that there are items which require adding to the scheme.</p> <p>The Council's legal team have confirmed that the Director of Housing and Neighbourhood Services has the appropriately delegated power to authorise officers under Food Safety Legislation. Officers have therefore been issued with revised authorisations in accordance with the new scheme of delegation.</p> <p>The authorisation process has taken into account the individual officer's qualifications, training and experience.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.2.2 Ensure that food hygiene inspections of establishments in their area are undertaken at a frequency which is not less than that determined under the inspection risk rating system set out in the Food Law Code of Practice or other centrally issued guidance. [The Standard – 7.1]	31/10/10	<p>Resources will be directed towards those premises that present the highest level of risk. Through directing resources in this way, it is intended that 100% of category A, B and C premises will be inspected in accordance with the Food Law Code of Practice.</p> <p>Category D and E premises will also be included in individual officer work programmes, as will all unrated food premises (such as new businesses). Where possible, alternative enforcement strategies will be used to deliver interventions at appropriate premises.</p> <p>A performance monitoring framework will be developed and implemented in relation to individual officer workloads and work programmes.</p>	Inspections continue to be allocated according to risk and available resources; we have improved our processes for monitoring performance.
3.2.4 Further review and develop its inspection aides memoire for all types of food establishments in its area, to prompt and require officers to record all relevant inspection findings including detailed assessments of establishments' compliance with legislation related to HACCP and FSMS. [The Standard – 7.3]	30/09/10	<p>Copies of exemplar aides memoire will be requested from the Agency and reviewed.</p> <p>Where appropriate, the aide-memoire will be revised to incorporate any elements of good practice identified in the reviews of exemplar and neighbouring authority aides-memoire. If necessary, sector specific aides-memoire will be introduced.</p> <p>The internal monitoring procedure will be implemented, and will include a check that the aide memoire has been completed appropriately.</p>	<p>The requirement to fully complete the inspection aide memoire has been reinforced with all relevant staff.</p> <p>Examples of aides-memoire used by colleagues in neighbouring authorities are being reviewed, and amendments will be made as required.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>3.2.9 Ensure that observations made and/or data obtained in the course of an inspection/intervention is recorded in such a way the records are retrievable. Determination of legal compliance or any non-compliance should be recorded. [The Standard – 7.5 and 16.1]</p>	30/11/10	<p>The reassessment of the approved establishments will continue, and all necessary documentation to support the approval will be obtained and stored in an appropriate manner.</p> <p>Where necessary, inspection paperwork will be amended to allow the recording of decisions regarding enforcement actions and legal compliance.</p> <p>The internal monitoring procedure will be implemented, and will include verification that all relevant documentation is stored appropriately and securely.</p>	<p>Steps have been taken to obtain information to replace the missing documentation in relation to the approved establishments.</p> <p>All staff have been informed of the requirement to maintain adequate records, and of the need to store them in a secure and easily retrievable manner.</p> <p>Dates have been identified in Aug/Sept to assess the premises that is subject to approval.</p>
<p>3.3.3 Take appropriate action on any non-compliance found during interventions, in accordance with the Authority's Enforcement Policy, the Food Law Code of Practice and any centrally issued guidance. All decisions on enforcement should be made following consideration of the Authority's Enforcement Policy. The reasons for any departure from the criteria set out in the policy should be documented. [The Standard – 7.3, 15.3 and 15.4]</p>	31/08/10	<p>The Council's General Enforcement Policy and the South Yorkshire Food Authorities Enforcement Protocol will be reinforced with all staff.</p> <p>Where appropriate, internal processes will be streamlined to further reduce unnecessary delay with regard to enforcement action.</p> <p>The internal monitoring procedure will be implemented. The procedure will include verification that appropriate action is taken following an inspection / intervention, and that this action is taken in a timely manner and in accordance with the Authority's Enforcement policy, the Food Law Code of Practice and any centrally issued guidance.</p>	<p>All staff have been informed of the requirement to maintain adequate records, and of the need to store them in a secure and easily retrievable manner.</p> <p>Actions have been taken to reduce the delay in relation to the issuing of letters following inspection visits.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.4.3 Implement its new internal monitoring procedures to include qualitative monitoring of all areas of food law enforcement activity and ensure that appropriate records are retained to verify conformance with the Standard and relevant Codes of Practice and centrally issued guidance. [The Standard – 19.1 and 19.2]	31/08/10	The internal monitoring procedure will be fully implemented.	Elements of the internal monitoring procedure have been introduced. All elements will be implemented by 31/08/10.

Audit Approach/Methodology

The audit was conducted using a variety of approaches and methodologies as follows:

(1) Examination of LA policies and procedures.

The following LA policies, procedures and linked documents were examined before and during the audit:

- Food Service Plan 2010/2011
- Group Development Plan
- Range of regionally developed procedures
- South Yorkshire Food Authorities Enforcement Protocol
- Food Premises Inspection aide(s)-memoire

(2) File reviews – the following LA file records were reviewed during the audit:

- General food premises inspection records
- Approved establishment files
- Food complaint records
- Food sampling records
- Formal enforcement records

(3) Officer interviews – the following officers were interviewed:

- Audit Liaison Officer
- Environmental Health Officer

Opinions and views raised during officer interviews remain confidential and are not referred to directly within the report.

(4) On-site verification check:

A verification visit was made with the Authority's officers to a local food business. The purpose of the visit was to verify the outcome of the last inspection carried out by the Local Authority and to assess the extent to which enforcement activities and decisions met the requirements of relevant legislation, the Food Law Code of Practice and official guidance, having particular specific regard to LA checks on FBO compliance with HACCP based food management systems.

ANNEXE C

Glossary

Authorised officer	A suitably qualified officer who is authorised by the local authority to act on its behalf in, for example, the enforcement of legislation.
Codes of Practice	Government Codes of Practice issued under Section 40 of the Food Safety Act 1990 as guidance to local authorities on the enforcement of food legislation.
County Council	A local authority whose geographical area corresponds to the county and whose responsibilities include food standards and feeding stuffs enforcement.
District Council	A local authority of a smaller geographic area and situated within a County Council whose responsibilities include food hygiene enforcement.
E. coli	<i>Escherichia coli</i> microorganism, the presence of which is used as an indicator of faecal contamination of food or water. <i>E. coli</i> 0157:H7 is a serious food borne pathogen.
Environmental Health Officer (EHO)	Officer employed by the local authority to enforce food safety legislation.
Feeding stuffs	Term used in legislation on feed mixes for farm animals and pet food.
Food hygiene	The legal requirements covering the safety and wholesomeness of food.
Food standards	The legal requirements covering the quality, composition, labelling, presentation and advertising of food, and materials in contact with food.
Framework Agreement	<p>The Framework Agreement consists of:</p> <ul style="list-style-type: none"> • Food Law Enforcement Standard • Service Planning Guidance • Monitoring Scheme • Audit Scheme <p>The Standard and the Service Planning Guidance set out the Agency's expectations on the planning and delivery of food law enforcement.</p> <p>The Monitoring Scheme requires local authorities to submit quarterly returns to the Agency on their food enforcement activities i.e. numbers of inspections, samples and prosecutions.</p> <p>Under the Audit Scheme the Food Standards Agency will be conducting audits of the food law enforcement services of local authorities against the criteria set out in the Standard.</p>
Full Time Equivalents (FTE)	A figure which represents that part of an individual officer's time available to a particular role or set of duties. It reflects the fact that individuals may work part-time, or may have other responsibilities within the organisation not related to

food enforcement.

HACCP	Hazard Analysis Critical Control Point – a food safety management system used within food businesses to identify points in the production process where it is critical for food safety that the control measure is carried out correctly, thereby eliminating or reducing the hazard to a safe level.
LAEMS	Local Authority Enforcement Monitoring System is an electronic system used by local authorities to report their food law enforcement activities to the Food Standards Agency.
Member forum	A local authority forum at which Council Members discuss and make decisions on food law enforcement services.
Metropolitan Authority	A local authority normally associated with a large urban conurbation in which the County and District Council functions are combined.
OCD returns	Returns on local food law enforcement activities required to be made to the European Union under the Official Control of Foodstuffs Directive.
Regulators' Compliance Code	Statutory Code to promote efficient and effective approaches to regulatory inspection and enforcement which improve regulatory outcomes without imposing unnecessary burdens on businesses.
Risk rating	A system that rates food premises according to risk and determines how frequently those premises should be inspected. For example, high risk premises should be inspected at least every 6 months.
Service Plan	A document produced by a local authority setting out their plans on providing and delivering a food service to the local community.
Trading Standards	The Department within a local authority which carries out, amongst other responsibilities, the enforcement of food standards and feeding stuffs legislation.
Trading Standards Officer (TSO)	Officer employed by the local authority who, amongst other responsibilities, may enforce food standards and feeding stuffs legislation.
Unitary Authority	A local authority in which the County and District Council functions are combined, examples being Metropolitan District/Borough Councils, and London Boroughs. A Unitary Authority's responsibilities will include food hygiene, food standards and feeding stuffs enforcement.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet Member for Health & Well Being
2.	Date:	12th September 2011
3.	Title:	Food Hygiene Rating System (FHRS)
4.	Directorate:	Neighbourhoods and Adult Services

5. Summary

The Authority currently operates a food hygiene rating scheme known as Scores on the Doors. This scheme is run in partnership with Transparency Data. It is a web based platform which links to the Council internet publishing the risk scores determined after food hygiene inspections have been undertaken.

There is now a National Food Hygiene Rating Scheme run by the Food Standards Agency (FSA) which has been adopted by 150 councils up to June 2011.

The report highlights the differences between the scheme Rotherham operates and the actions needed to migrate to the national scheme. It outlines funding available to the four South Yorkshire Authorities to assist migration to the FHRS and the cost benefits of adopting the new scheme using this funding.

6. Recommendations

- **THAT CABINET MEMBER NOTES THE UPDATE REPORT REGARDING IMPLEMENTATION BY THE FSA OF A NATIONAL SIX-TIER FOOD HYGIENE RATING SCHEME (FHRS) AND THE “BRAND STANDARD”.**
- **THAT CABINET MEMBER APPROVES THE DECISION TO MIGRATE TO THE FHRS SCHEME SUBJECT TO THE FUNDING BID BEING ACCEPTED.**
- **THAT THE AUTHORITY CONTINUES TO SUPPORT THE SCORES ON THE DOORS SCHEME UNTIL THE CONTRACT WITH TRANSPARENCY DATA EXPIRES IN FEBRUARY 2012.**

7. Proposals and Details

Hygiene Rating schemes are designed to provide consumers with information about the standards of hygiene at food business premises found by local authority officers when they undertake inspections to check compliance with the legal requirements. Rotherham implemented a scheme called Scores on the Doors (SotD) in March 2007 which is operated in partnership with Transparency Data.

The Food Standards Agency (FSA) has developed a national six-tier scheme which is similar to the one operating in Rotherham. In September 2010 the steering group appointed by the FSA published a document entitled 'the Food Hygiene Rating Scheme: Guidance for local authorities on implementation and operation – the 'Brand Standard''. This Guidance represents the 'Brand Standard' for the Food Hygiene Rating Scheme (FHRS) and local authorities operating the FHRS are expected to follow in full.

The scope of the scheme set out in the guidance extends the premises included in the SotD scheme run by Rotherham which currently includes only caterers. The FSA scheme includes establishments that supply food direct to consumers, including retailers. Certain exemptions are proposed, for example, primary producers, packers, importers, manufacturers, exporters, etc. and groups such as childminders which are operating from private addresses and 'low-risk' establishments such as chemists and newsagents selling pre-wrapped confectionery.

The FHRS broadens the higher rated scores which will impact on the better premises in Rotherham and alters the descriptors published on the web. This will mean that some premises will alter their star rating, some will go up and others will go down. The descriptors of the premises would alter to very good, good, generally satisfactory, improvement necessary, major improvement necessary and urgent improvement needed.

If Rotherham adopts the scheme the FSA requires the local authorities participating in the FHRS to sign a formal agreement based on the 'Brand Standard'.

If Rotherham migrates to the FHRS system this could be undertaken in a staged gradual approach or via a critical mass approach. There are advantages and disadvantages to both, but migration by critical mass is favoured. The suggested launch time across the Four Authorities is March 2012.

The change will be communicated to the businesses in a number of ways, during inspections, in letters, on the website, newsletters etc. The funding from the FSA covers the cost of the letters, postage involved in the migration, etc.

The cost of running the FHRS will be less than running the SotD scheme as there is no annual cost. The running costs will be the same.

The Authority successfully bid for funding from the FSA with the other South Yorkshire Authorities. The total amount awarded between the Authorities is £131,488. If the Authority accepts the funding it is committed to join the national scheme. The cost of transferring to the new scheme is covered in the funding bid; however, has to be completed by April 2012.

The bid covers funding to change all the certificates and to inform businesses about their new score rating. Currently only premises with 3 stars and above receive a certificate in Rotherham. Under the FHRS all establishments rated under the scheme must be issued with a certificate and sticker.

The new scheme includes an 'awaiting inspection' certificate and sticker to be provided to new food business operators (FBO) upon request and the rating for the previous FBO removed. This could encourage certain unscrupulous FBOs to change the name of the FBO. Currently there are approximately 10 new premises which register each month, but numerous businesses change their food business operator each year.

The new scheme is likely to generate a number of enquires that will require a response. The risk ratings of a number of premises will alter and it is envisaged that some food business operators would seek clarification of their new star rating. However, the information sent to FBOs would give a full explanation of the new rating system; this funding is also covered in the bid. An FBO can request a revisit; this request must be made in writing to the local authority within 14 days and the local authority has to respond to this request. The FBO can make only one request prior to the next primary visit.

Currently we do not risk rate premises after a revisit to ensure the food hygiene standards are maintained. Many businesses put in place food safety management systems at the time of the revisit, but fail to maintain them at the time of the next inspection. Appropriate resources would need to be allocated to undertake these additional requests.

Revisits should be undertaken within 3 months but a stand still period of 3 months has been introduced before the premises are risk assessed. Currently premises are revisited at different frequencies depending upon the contraventions found.

The guidance states that 'local authorities may only impose charges for such re-inspections/revisits if they have the statutory powers to do so'. It also states that 'It is the FSA's views that such powers do not exist in domestic food law'.

The FHRS is voluntary; it will alter the symbols and introduce standardised certificates and window stickers. The FSA has produced a local authority Communications Toolkit available on the website which has template leaflets, web banners, posters, etc. However, printing costs will need to be included. Branding details for the new scheme are included in the guidance document, which will be offset by the cost of not having to purchase the certificates.

The table below summarises the main differences between the schemes:

Scores on the Doors	Food Hygiene Rating Scheme
Annual fee of £3,220	No annual fee
Includes caterers	Includes caterers and retailers
Only 3 star and above receive a certificate. No "awaiting inspection" certificate provided.	All premises in the scheme receive a certificate and sticker. New businesses receive an "awaiting inspection" certificate.
The higher star rating is narrower	The higher star rating is broader

Currently all four authorities in South Yorkshire operate the same rating scheme and launched the SotD scheme together. Consideration should be given to local liaison when considering migrating to the FHRS scheme and ideally agreeing a joint date for launch.

It is recommended that Rotherham continues to use the Transparency Data Scores on the Doors Scheme until the contract expires in February 2012 and then launch the new scheme in March/April 2012.

Lord Young's report has recommended that consideration should be given to implementing a similar scheme for health and safety inspections and the Authority will need to consider this in due course.

8. Finance

The cost of purchasing the web-based system which Rotherham is currently using is £3,220 per annum; the new scheme does not have an annual fee. The cost of the scheme is contained within the existing revenue budget of Neighbourhoods and Adult Services by making corresponding savings in other areas, such as supplies and services.

To migrate to the new Food Standards Agency scheme, however, would have cost implications such as undertaking database checks and establishing IT links. This work would need to be undertaken in conjunction with RBT.

The Authority has bid in conjunction with the four South Yorkshire Authorities for funding to migrate to the system. The FSA has awarded £131,488 to be used across South Yorkshire. However this can only be used if all four Authorities accept the conditions of the bid and migrate to the FHRS. This funding covers the costs of migrating to the new scheme.

The workload of the staff operating the system will not change as the premises are inspected at the same frequency.

This bid has to be accepted and completed by April 2012 and therefore it would be beneficial to migrate during 2011/2012 financial year.

9. Risks and Uncertainties

A range of risks were initially identified and highlighted in the previous reports; all were discussed with Legal and a decision made to support the local scheme. Actions were taken to mitigate some of the risks such as consistency training.

The FSA's six-tier scheme should mean that the transition for customers in Rotherham should be fairly easy to understand. There will be some minor changes to the descriptors and some scores will alter slightly, hence the banding publicised will change for a number of premises. Affected premises will be notified by letter and FBOs will have the opportunity to discuss any changes with the Manager of the team as they currently do in the Scores on the Doors Scheme. Only a small number of businesses have so far queried their rating. The majority of premises affected will increase their rating and therefore there are likely to be very few queries.

10. Policy and Performance Agenda Implication

Strategic Objective 5 states that 'We will ensure that Citizens are satisfied with their community as a place to live. The proposal of migrating to the FSA's FHRS and contributes to part of the review of the functions undertaken by Regulatory Services.

11. Background Papers and Consultation

We considered the views of the public and businesses with regard to launching the scheme in Rotherham in 2007.

The public have expressed an interest in seeing the scores for all food premises. Businesses have also supported the scheme, particularly those who are trying to improve their standards.

The FSA undertook consultation between May and August 2008 and received 414 responses across the UK and has received numerous comments which have reflected changes in the scheme.

Background Papers

- Food Law Code of Practice and Associated Guidance, Food Standards Agency Framework Agreement on Local Authority Food Law Enforcement
- FSA website for the FHRS platform and associated documents (www.food.gov.uk)
- Third party supplier of software platform (www.scoresonthedoors.org.uk)

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet Member for Health and Wellbeing
2.	Date:	12th September 2011
3.	Title:	Strategic Commissioning Priorities for Children and Young People's Services
4.	Directorate:	Chief Executives

5. Summary

This paper sets out the strategic commissioning priorities and work programme for CYPS. The priorities have been developed in consultation with the Senior Management of CYPS and are focused on improving quality services, providing Value for Money and achieving efficiencies.

There has been substantial progress on the commissioning priorities particularly in relation to the external placements programme. The capacity to achieve the priorities is challenged by the imminent commissioning activities required for the Budget Matrix.

6. Recommendations

That :

- 1. Members note the progress made in strategic commissioning for CYPS**
- 2. Members receive further progress reports**

7. Proposals and Details

7.1 Background

The purpose of this paper is to set out for Elected Members the identified priorities for the Chief Executives Strategic Commissioning function and to the work programme for Children and Young People's (CYPS) Commissioning team going forward. These priorities also form the team plan for the CYPS commissioners

Within the Chief Executives the strategic commissioning unit is an integral part of this function and the work encompasses all commissioning across the council, including Chief Executives, CYPS, Adults, Neighbourhoods and EDS.

The council is currently focusing on the areas of high spend and high cost for review and recommissioning or decommissioning to achieve efficiencies and improve outcomes for its citizens. The extent of the work is challenging and priorities have been identified to give clarity on the way forward. Further priorities are identified through the ongoing work on the Budget Matrix and the capacity to achieve the priorities is challenged by the commissioning activities required for the Budget Matrix.

7.2 Strategic Commissioning for Children and Young Peoples services

There has been substantial progress achieved in moving forward the commissioning of children and young people's services. A work programme has been developed from the priorities and is attached to this report for information. Attached is a spreadsheet setting out the commissioning programme for CYPS, the individual commissioning action is identified along with the responsible officer and the timeline for the activity. Impact on the Corporate Plan is also included to support the 'Golden Thread' through the organisation. Key areas of commissioning activity include Connexions, Contact support, Children's Centres, External Placements and achievement of efficiencies through decommissioning or recommissioning.

Due to the capacity of the team to advance some areas of work a consultant firm - Impower have been appointed to review Early Years services funded through an Early Intervention & Prevention Fund bid agreed by Martin Kimber and Andrew Bedford. The scope of this work will include mapping of early intervention work across CYPS services, opportunities for reduced duplication, efficiencies and an operating model post commissioning of children's centres.

The project has commenced and the timeline for completion is eight weeks. This project is sponsored by Andrew Bedford and the lead for RMBC is Chrissy Wright, Strategic Commissioning Manager. Impower will be working across CYPS but focusing on Early Years.

Examples set out below highlight some of the achievements of commissioning officers in a short period of time since the setting up of the strategic commissioning function earlier this year:

- External Placements workstream includes:
 - i. the strengthening of the Multi-Agency Resource Panel, has reduced the number of current independent residential placements from **21 to 14** since 1st April 2011
 - ii. cost avoidance of placements through the panel equates to **£1,941,808.51**
 - iii. negotiation with external providers to achieve reduced fees equals cashable savings of **£562k** against a target of £700K by December 2011
 - iv. an Early Intervention & Prevention Fund bid has been agreed to increase the numbers of Foster Carers in Rotherham through dedicated work and marketing
- Collaborative work with Supporting People to fund a floating support to young people leaving care to enable them to maintain their accommodation and not become homeless
- Collation and analysis of all contracts across the authority with the VCS to reduce duplication and achieve efficiencies
- Development of a framework approach for Independent Foster Agencies (IFAs) to reduce number of providers from 18 to 3-4 in order to leverage the market and reduce costs
- Development of a block contract for the step-down programme to support LACs who require a higher level of support. This provides a discounted fixed price delivering efficiencies and certainty of placement availability. Cashable efficiencies of **£70,000** per annum are projected.

8. Finance

All of the actions identified in the work programme will provide financial contributions to the achievement of efficiencies.

9. Risks and Uncertainties

1. That should the priorities and work programme not be agreed there will be drift in the way in which work is allocated and achieved across the strategic commissioning team
2. Further commissioning priorities will impact on the capacity of the team to meet the deadlines and achieve efficiencies

10. Policy and Performance Agenda Implications

The Children and Young People's Plan in ensuring children and young people live healthy lives. Providing nutritional school meals will benefit all children, especially those from deprived backgrounds by enabling accessible meals through low prices.

11. Background Papers and Consultation

None applicable

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cyps team plan

Date: 12/08/11

No.	Title	Outcome	Objective	Activity & progress	Lead	Timeline	corp plan ref
1	COMMISSIONING STRATEGY	A commissioning strategy that clearly identifies commissioned services and the rationale and areas for change for the cyptb	Mapping out the 'AS IS' identifying the strategic intentions, funding, strategic direction of travel and the 'TO BE' for the cyptb	Strategic commissioning priorities have been identified. Commissioning Strategy for CYPTB to be presented on 27th July	CB	Sept. 11	4, 5, 9, 10, 12, 14, 15, 18, 23, 24, 25
2	EXTERNAL PLACEMENTS	Determine the future of in-house residential services.	achieve sufficient in-house residential resource to reduce costs in external res placements	PID out for consultation Review capacity of in house residential provision, consideration of increased capacity to reduce external placements and actions WIP. Paper on options to go to September cabinet	AH	April.12	14, 15, 18
		Increase the capacity of in-house fostering service	reduce numbers of placements with IFAs achieving efficiencies and children remaining in their natural community	invest to save bid successful	Gillian Ackerley	April.12	14,15,18
		Achieve a shift in behaviour by cyps social workers and team managers & sufficiency duty is achieved		Initial analysis of LAC shows that Rotherham is already meeting the sufficiency duty for more than 91% of young people.		April.12	14,15,18

		Achievement of value for money in LAC placements and return LAC to Rotherham	that placement external to the council is a choice of last resort	Multi-agency multi-disciplinary panel re structured and commenced. Has produced cost avoidance savings to date of £1.5M.	AH	April.12	14,15,18
		Shift to framework of IFAs from multiple providers	achieving efficiencies through leverage of providers	Tender process being developed for a IFA preferred partner/framework approach. 3 Preferred partners to be identified. Clarifying information with FCA waiving of standing orders to be agreed	AH	April.12	14,15,18
3	CHILDRENS CENTRES	Children's Centres are managed by the most cost effective organisation and deliver innovative services that target those most disadvantaged	Commission Children's Centres across the Borough to achieve a mixed economy	Consultation on model redesign at Cabinet on 25 th May Includes recommendations for Hub and spoke model. PID, project plan and Gantt chart developed. Second meeting took place on the 6th July. Consultation with Learning Community Reps took place on 14th July. Separate meeting with trade unions to be organised. Leasing arrangements for the buildings to be scoped	CB/SM	New contract in place by 1 st April 2012	5, 10, 13, 14, 18, 24
4	YOUNG CARERS	Young carers continue to be supported	an appropriate organisation is commissioned to support young carers post april 2012 delivering vfm	standing orders need to be waived to extend current contract with barnardos to 04-12 to allow time to recommission	PT	April.12	5,14
5	AIMING HIGH	Services enable greater independence for children with disabilities through Aim Higher developments.	A quality and diverse range of short break provision. That is available at a time and place of their choice and meets their individual needs.	Contracts awarded for 2011-13 Short Breaks programme. This includes an increased number of breaks. Work now on developing new performance framework and undertaking needs analysis for Short Break Statement which has to be published in October	PT/PS	Oct. 11	12, 14, 24

6	SEN REVIEW	Value for money SEN services are provided to children and their families that meet their needs	To undertake a value for money review of all special educational needs services.	Report to Schools Forum on 24 th June on overall findings. Lessons learnt meeting organised.	CW/CB	July. 11	5, 10, 12, 13, 15, 18
7	ALL COUNCIL CATERING	Value for money schools meals are provided to children and young people that offer choice and nutritional value.	To undertake a value for money review of school meals service. Now to include town hall catering, orchard centre catering and occasional buffet catering	Review utilising the EFQM model to evidence gather on VfM. Satisfaction questionnaire developed and sent out to Headteachers asking for distribution to parents/input from school council. Met with Phil Marshall on 6 th June to discuss stakeholder involvement/consultation. Report to Schools Forum on 24th June 2011. Satisfaction questionnaires to be analysed. Schools forum meeting to be attended to update. Paper on outcome of the review to cn.lakin September	CB/SM	New contract April 2012	5, 12, 14, 24
8	EARLY YEARS REVIEW	A clear understanding of the commissioning activity in early years service.	Identified as a high cost medium performance service. To undertake a review of Early Years service including commissioning contract mgmt and service delivery activities and staffing to improve vfm, deliver efficiencies	early years contracts have been identified. External capacity identified to support the review. Discussions held with Dorothy Smith. Kick off meeting with consultants early august	CB	Dec. 11	5, 10, 14, 18, 24
9	CONNEXIONS	Connexions Services recommissioned in line with new guidance and local need.	Recommission in line with changes to legislation and reconfiguration of service to meet identified need.	Kick off meeting held. To include IT element of the service as well (CCIS). Needs analysis work commencing in August 2011 and to be completed by the Autumn.	PT	Sept. 13	9, 12

10	SUBSTANCE MISUSE	Substance misuse services meet the local demand and needs of young people.	Implement preferred option for the provision of School Drug & Alcohol Education (post 31 March 2012), in light of diminishing resources.	Maintain a commissioning overview of YP and Adult Substance Misuse IAG, Targeted Prevention and Treatment.	PT	April. 12	9, 12, 13, 14, 18, 23, 24
11	CONTACT	Children looked after can maintain the appropriate contact with their family.as prescribed by court	Commission a contact service for looked after children. Identify the opportunity for a voluntary service	Commission service for LAC and parent families – Scoping meeting to be held on 27 July with Linda Cawley and Warren Carratt Needs Analysis work taking place in August 2011 and consideration of potential models in early September 2011.	PT/SM	Tender April 2012	14, 18
12	VCS CONTRACTS	A model contract that can be used for all VCS services.	Develop a consistent model contract across the whole service	The various versions of contracts have been collated. Standard terms and conditions to be developed along with an outcome focused service specification. Contract for EIG with VCS finalised and started to issue to providers. To be presented for consultation at the VCS CYPS consortium	SH	Dec. 11	13 14 18
13	VCS YOUTH & EIG	The voluntary and community sector continue to provide services for children and young people that meet local needs	Recommission Positive Youth Activities and early intervention support from the EIG	Process established. All EIG bids evaluated. Successful and unsuccessful organisations notified in writing. Feedback given to unsuccessful providers. Contracts and spec finalised vcs aware of requirements	CB	Completed	14, 23, 24

14	QUALITY ASSURANCE	The quality of care for looked after children placed in external placements is maintained to national standard. National Framework Contract Assurance	Identify and develop quality assurance processes for out of authority placements in line with national contract.s Building on the adults CAROs work	Awaiting feedback from Linda Alcock with regards to current role Independent Reviewing Officers. Any gaps in relation to contract assurance to be identified. Existing process within NAS identified and report of findings to be completed. No feedback yet received regarding current role of IRO's urgent reminder sent. Need to check re changes in revised national contracts. No response from Linda Alcock, Alisa Barr to provide details of IROs roles and responsibilities chased again 05-08-11	SH	Aug. 11	15, 18
15	EFFICIENCIES	Efficiencies achieved as a result of commissioning activity are clear	Maintain a contracts and efficiencies spreadsheet.	Develop spreadsheet detailing all contracts information and efficiencies achievement. Identified £100k against the £400k target. Team members to send information for collation before 31 st July. To include cash savings, cost avoidance, efficiency savings	PS	End July 2011	
16	COMMISSIONING REVIEW		Undertake Commissioning Review	Corporate wide review of commissioning processes and VfM	CW/JP	Sept. 11	18
17	COMMISSIONING TRAINING	Commissioning staff are trained for role	To improve commissioning practice and skills.	Commissioned certificated training programme for commissioners – 8 Places 4 days total	CW/JP	September & October 2011	

18	TRANSPORT	Home to school Transport for children and young people is value for money, efficient and meeting individual's needs.	Re-commission the Transport Service for school transport and LAC	Re-commission transport to achieve efficiencies, vfm and better outcomes. Current contract with EDS – Initial work being undertaken – visit to Calderdale taken place and meetings scheduled with EDS and other partners to determine the commissioning process and timeline	PT	April. 12	5, 9, 10, 12, 14, 18, 25
		LAC Transport for children and young people is value for money, efficient and meeting individual's needs.	Review the current provision and recommissioning achieving efficiencies	Meeting set up with CYPS & EDS transport to review taxis and family contact work. Agree timeline, finances and provider market Seeking to retender without contact element	PT	April. 12	5, 9, 10, 12, 14, 18, 25
19	LEAVING CARE	The Leaving Care Service meets the needs of young people leaving care.	Review the Leaving Care Contract currently provided by Acton for children and determine the best options for future delivery.	Review the Leaving Care contracts, options of extending current contract, or recommission to achieve efficiencies.– meeting held with CYPS Lead and process determined. Meeting with Action for Children on 20 July to communicate the process.	PT	Sept. 11	9, 14, 18

20	CAMHS	The CAMHS Service is delivering value for money services that meet local needs.	Review the CAMHS Tier 3 Contract.	Review the CAMHS Tier 3 contract, for vfm from our contribution to the overall NHS Rotherham held CAMHS contract. Current funding from CYPs £140K seek to decommission and re-commission for efficiencies – Meetings with NHS Rotherham and RDASH held. Further performance information requested.. The 2011/12 Partnership Agreement between NHSR & RMBC developed and with Directors for signing.	PT/Gail Palmer (NHSR)	April. 12	13, 14, 18
21	WOMENS REFUGE	Stability of a 3 year contract enables direct work with women, children and young people to be planned and maintained.	Recommission the Women's Refuge jointly with NAS.	Re-commission service through a joint approach with Supporting People – Work on the inclusion of C&YP outcomes within the Service Specification being undertaken and paper going to DLT in August outlining the joint commissioning approach. Funding is 58K from cyps and 179K from supporting people	PT/CS	April. 12	4, 5, 9, 14
22	QA OF FOSTER CARERS	The contract is with the independent reviewer of foster carers	Review the contract for independent review of foster carers.	Review of contract for the independent review of Foster Carers undertaken by independent social workers including a service specification that clearly sets out the procedures they must follow. Previous contract has very little detail regarding the requirements of the role. Work on this delayed due to unexpected extended leave. Meeting to be arranged with Gillian Ackerley to discuss role and responsibilities of these independent social workers.	SH	Aug. 12	18

23	VCS CONTRACTS REVIEW	Consistent and coherent contract with the VCS across the LA	Review all contracts or agreements with the VCS across the LA	A PID has been agreed by Chrissy Wright. A standard contracts template has been developed and is being piloted in the Community Engagement Team.	HL	Dec. 11	14
24	COMPLEX NEEDS PROVISION	Commission of provision for children with complex needs in Rotherham	Commission facilities in Rotherham that improve the outcomes for children with complex needs.	Appropriate site and facilities in Rotherham to be identified that will achieve improved outcomes and better VfM. Proposal is now to redevelop existing site rather than develop new facilities elsewhere.	CW/AH	Completed	14, 18

Appendix 1 - Corporate Plan Links

Where we need to make the most difference:

1. Increasing income levels through jobs, training, and benefits
2. Increasing opportunities for people to get jobs
3. Reducing the number of homes without central heating and loft insulation
4. A healthier start in life for children.
5. Increasing the number of children doing well in school, particularly primary schools
6. Increasing the number of people visiting the town centre
7. Increasing the number and variety of businesses in the town centre
8. Increasing the number and quality of jobs available to Rotherham people
9. increasing the number of young people aged 16-19 who are in jobs, education or training
10. Increasing the number of babies and young children who are ready for learning
11. Increasing the number of adults with qualifications
12. Increasing the number of people entering higher education.
13. Dealing with referrals and assessments of children and families quickly and effectively
14. More children and families being supported earlier on, by appropriate agencies
15. Reducing the number of children in the Council's care and the numbers placed outside of Rotherham

16. Increasing the number of vulnerable adults living independently
17. Increasing the number of carers being supported
18. Offering a high standard of care to children and adults as assessed by Ofsted and Care Quality Commission
19. Increasing the number of people who have control of a personal budget to buy care which best meets their needs.
20. Increasing the number of houses people can afford
21. Make it easier for people to get a home in Rotherham
22. Improving the quality of the Council's houses
23. Reducing crime and anti social behaviour
24. Promoting healthier lifestyles
25. Reducing the numbers of children injured or killed in road traffic accidents
26. Reduce the number of empty homes in Rotherham.
27. Reducing the amount of rubbish that is sent to landfill
28. Reducing pollution locally and making sure the way we work uses less resources, produces less waste & less carbon emissions
29. Reducing the risk of floods.

jct team plan

Date: 12/08/11

No.	Title	Outcome	Objective	Activity & progress	Lead	Timeline	corp plan ref
1	EQUIPMENT SERVICE	Strategic Review of Integrated Community Equipment service	<ul style="list-style-type: none"> - Improve delivery target for equipment - Achieve 10% saving from RMBC and 4% saving from NHSR contribution to the pooled budget - Rationalise standard stock items according to needs and cost - Modernise service through implementation of 39 key recommendations from review 	<p>Review service - Completed</p> <p>Implement review recommendation</p> <p>Project group progressing action plan</p> <p>Agree rationalisation of standard stock</p> <p>Finalise Equality Impact Assessment(EIA)</p> <p>Progress EIA to Cabinet member</p> <p>Service has been re commissioned with the agreed savings for the duration of the contract (3 years).</p>	SB/KM	Dec. 11	JC Strategy 16,17, 24

2	JOINT STRATEGIC NEEDS ASSESSMENT	Update	Updated JSNA is made available and accessible	<p>Develop a project management plan Complete</p> <p>Agree membership of steering group Agreed and set</p> <p>Coordinate actions through steering group Ongoing - in final stages</p> <p>Produce first draft Complete</p> <p>Update Adults Board on progress Complete - July 21st</p> <p>Submit updated version of JSNA to the relevant strategic Managers for final comments</p> <p>Finalise JSNA</p> <p>Launch and publish refreshed JSNA</p>	SB/SG/K S	Oct. 11 Published	Public Health Strategy
3	JOINT COMMISSIONING STRATEGY	Refresh	<p>Update on the strategy 3 year action plan.</p> <p>Develop new strategy</p>	<p>Complete Update</p> <p>Project plan to be developed</p> <p>Steering group to be established</p> <p>Direction of travel priorities</p> <p>Consultation with stakeholders</p> <p>Final consultation</p> <p>Report to appropriate Governance structures</p> <p>Launch and publish</p>	SB/SG/K S/AR	Oct. 11 March. 12 (To be confirmed by Strategic Managers)	JC Strategy

4	INTERMEDIATE CARE	Implementation of recommendations following review of Intermediate Care Service	<p>Deliver a modernised integrated and co-located intermediate care service</p> <p>Reconfiguration of existing service – Alternative Levels of Care</p>	<p>Phase 1 implementation Completed</p> <p>Phase 2 implementation Work commenced in August 2011</p> <p>Introduction of new eligibility criteria to take additional Fast Response referrals</p> <p>Introduction of home care enablers to support people with very complex needs e.g. double handlers</p> <p>Introduction of ANP to case manage patients who have an exacerbation or multiple long-term conditions and in-reaching to acute care to facilitate hospital discharge</p> <p>Introduction of SALT to improve quality and outcomes for stroke survivors</p> <p>Extension of existing specialist mental health services to support people with organic and functional needs and to deliver training and education to intermediate care staff</p>	SB/KS Dominic Blaydon/ KS	Mar. 12 Mar. 12	JC Strategy Alternative Levels of Care 16, 17, 18, 24
5	OLDER PEOPLE'S MENTAL HEALTH	Dementia Improvement Plan	<p>Implementation of dementia improvement plan</p> <p>Modernisation of day services and community mental health service</p>	<p>Improve performance of Memory Service</p> <p>Improve performance of dementia enabling service</p> <p>Increase access to young on-set dementia service.</p>	SB/SG	Dec. 12	JC Strategy Integration of Health and Social Care Agenda 16,17,18,24

6	CQC ASSESSMENT OF CARE HOMES	Develop and Implement action plan following CQC assessment of meeting health care needs in residential/nursing homes (including joint commissioning contracting arrangements)	Measure and improve standards of community health services and joint commissioning arrangements	Self-assessment completed. Awaiting local assessment report, benchmarking data and national report from Care Quality Commission. Action plan to be developed following findings of assessment	KS	Mar. 12	JC Strategy 18
7	CARE HOME LIAISON SERVICE	Implementation of recommendations following review of Care Home Liaison Service	Deliver a service that reduces A&E admissions from residential care and to provide quality outcomes within care homes.	Recommissioning of the service to provide a new model of provision, alongside Home from Home to provide better quality outcomes for people living in residential care	KS	Mar. 12	JC Strategy 16, 18, 24
8	COMMUNITY STROKE CARE PATHWAY	Develop and implement integrated community stroke care pathway	Integrate social work support within the wider stroke pathway	Agree integration plan within the wider pathway.	SB/JM	Mar. 12	JC Strategy 16, 17, 18, 24
9	STROKE ASSOCIATION	Evaluation of Stroke Association Services and Stroke Care Co-ordinators employed by RMBC	To ensure the service reflects the requirement of the revised care pathway.	To carry out a desk-top review.	SB/JM	Mar. 12	JC Strategy 16, 17, 18, 24
10	ASSISTIVE TECHNOLOGY (HEALTH)	(one-off Strategic Capital Grant from the Strategic Health Authority)	Improve quality of life and maximise independence for people living in the community and residential care.	Strategic capital grant money has been utilised to support frequent fallers, dementia, stroke survivors, COPD, REWS. Evaluation to be undertaken of all 10 projects by December 2011.	KS	Dec. 11	JC Strategy 16, 17,
11	ASSISTIVE TECHNOLOGY (RMBC)	(recurrent Medium Term Financial Strategy Fund)	Improve quality of life and maximise independence for people living in the community and residential care.	Medium Term Financial Strategy funding to support and reduce burden on social care budget through the provision of Assistive Technology.	SB/KS	Mar. 12	JC Strategy 16, 17,

12	AGE UK HOSPITAL DISCHARGES		Service to be reviewed by March 2011. Progress	Review completed. Increase in the number of people who have a supported discharge.	AR	Mar. 12	JC Strategy 16, 17, 24
13	EXPERT PATIENT PROGRAMME		Increase in the number of people self-managing their long-term condition through targeted training programmes	Increase in the number of people gaining confidence in managing their long-term condition in the community.	AR	Dec. 12	JC Strategy 24
14	NEUROLOGICAL SERVICE PATHWAY REVIEW		Integrate social work support within the wider stroke pathway	Agree integration plan within the wider pathway	AR/JM	Mar. 12	JC Strategy 16, 17, 18
15	HEALTH WATCH		Commission new Healthwatch service to support health and social customers	Commissioning and tendering process activities.	SB/SG	Mar. 12	JC Strategy 18
16	HIV/AIDS GRANT 2011/12		Funding for 16+ for HIV and AIDS	Support to commissioned service alongside Supporting People contract. Progress – completed.	SB/Claire Smith	Jun. 11	Public Health Strategy 24