

CABINET MEMBER FOR COMMUNITY COHESION

**Venue: Town Hall, Moorgate
Street, Rotherham.**

Date: Monday, 26 June 2006

Time: 8.30 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.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Apologies for Absence.
4. Declarations of Interest.
5. Minutes of the meeting held on 12th June, 2006 (herewith). (Pages 1 - 5)
6. Public Health Strategy (report herewith) (Pages 6 - 56)
7. Local Area Agreement (LAA) Pump Priming Grant (report herewith) (Pages 57 - 60)
8. Presentation by Voluntary Action Rotherham.
9. Budget Consultation (report herewith) (Pages 61 - 69)
10. Older People's Conference (report herewith) (Pages 70 - 78)
11. Ward and Area Assembly Profiles (report herewith) (Pages 79 - 83)
12. N.R.S. Action Plans (Verbal Report by the Head of Policy and Partnerships)
13. Community Cohesion Forward Plan (attached) (Pages 84 - 86)
14. Date and Time of Next Meeting - 17th July, 2006 at 8.30 a.m.

CABINET MEMBER FOR COMMUNITY COHESION
Monday, 12th June, 2006

Present:- Councillor Hussain (in the Chair); Councillors Ali and Burton.

8. DECLARATIONS OF INTEREST

Councillor Ali declared a personal interest in item 11 below (NRF Commissioning 2006/07 and 2007/08).

9. MINUTES OF THE MEETING HELD ON 22ND MAY, 2006

Resolved:- That the minutes of the meeting of the Cabinet Member for Community Cohesion held on 22nd May, 2006 be approved as a correct record for signature by the Chairman subject to the addition of Councillor Ali as a representative on the following :-

- RMBC/BME Liaison Group
- Women's Strategy Group

10. REVIEW OF COMMUNITY LEAGL ADVICE SERVICES

Zafar Saleem (Equalities and Diversity Manager) and Peg Alexander (Smile Consultancy) gave a presentation relating to the above.

The presentation covered :-

- Introduction
- Background and Terms of Reference
- Consultant
- Methodology
- Findings 1 and 2 : Current Provision
- Findings 1 and 2 : Finance
- Findings 2 and 2 : Need
- Findings 3 : Gaps
- Other Findings : 3
- Next Steps

Discussion and a question and answer session ensued and the following issues were covered :-

- comparison of agencies
- quality standard mark
- funding information from agencies
- need for information from programme areas regarding funding for advice provision
- advice initiatives in LAA
- need to know spend level and what and where advice has been given
- need for funding requests to feed into the Base Budget Review process

- independence/integrity of advice
- timescales
- possibility of workshops for users and providers

It was noted that the outstanding items were to (a) identify models of good practice and (b) make recommendations for future provision.

Workshop proposals for providers were discussed.

Resolved:- (1) That Zafar and Peg be thanked for an informative and interesting presentation.

(2) That programme areas be requested to provide funding details regarding advice provision.

(3) That a workshop be arranged as now discussed.

11. NRF COMMISSIONING 2006/07 AND 2007/08 - UPDATE

Waheed Akhtar, Partnership Officer (Regeneration) presented the submitted report updating progress with regard to the commissioning process for the Neighbourhood Renewal Fund (NRF).

In accordance with the three elements to the NRF programme the report covered progress in respect of:-

(a) Strategic Element – all the Delivery Plans were agreed by the Steering Group except for Employment Strand B. (summary of each plan appended to the report).

(b) Area Assembly Fund – menu of proposals agreed by the Steering Group to allow area assemblies to select options for the spending of their allocations. The following activities (though not an exhaustive list) were included :-

- Additional Neighbourhood Wardens
- Junior Wardens Scheme
- Environmental Clean Up Days
- Community Sports Coaching Programme

(c) Community Chest – South Yorkshire Key Fund (SYKF) had been appointed to manage the community chest element. The first panel meeting to consider applications would take place in July, 2006.

Discussion and a question and answer session ensued and the following issues were covered :-

- timescale for allocations from the Area Assembly Fund
- availability of NRF funding

- further development of the Rotherham Community Empowerment Network (CEN)
- in house provision to oversee the implementation of the Stronger Communities Theme of the Rotherham Local Area Agreement
- next steps and future role of the Steering Group

Resolved:- (1) That the progress made on the NRF Commissioning process be noted.

(2) That monitoring reports be submitted to this meeting on a quarterly basis.

12. NRF COMMISSIONING 2006/07 - NEIGHBOURHOOD INFRASTRUCTURE PROJECT

Michelle Musgrave, Head of Neighbourhood Development, presented briefly the submitted report giving an overview into the Community Engagement Project being funded through the strategic commissioning process. Neighbourhoods were being commissioned through the cross cutting theme delivery plan to undertake a community engagement project with funding allocated to the proud theme Board.

The project was funded for two years to work with the Voluntary and Community Sector around building the capacity of local organisations and to develop a community development strategy in the borough. The project would fund a dedicated officer to work with Community Partnerships, Parish Councils and community based organisations.

Resolved:- That the information be noted and the project be approved.

13. FUNDING TO VOLUNTARY AND COMMUNITY SECTOR

Michael Holmes, Strategic Funding Officer, presented the submitted report giving an overview of the Council's funding to the voluntary and community sector (VCS) in 2005/06. Key issues and areas for further analysis were highlighted. Funding was categorised and the total support provided in each category was summarised by programme area.

Discussion and a question and answer session ensued and the following issues were covered:-

- need for legal advice regarding any potential removal of funding
- view of where want voluntary sector to be in medium term
- need to identify whether or not funding was local

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

(2) That legal advice be sought prior to any potential removal of funding.

(3) That the locality source of funding be identified.

14. WOMEN'S STRATEGY UPDATE

Janet Spurling, Equalities and Diversity Officer, gave an update on the multi-agency partnership approach to the development of a women's strategy for the borough. This included all programme areas, PCT, South Yorkshire Police, Voluntary and Community Sector and Rotherham Chamber.

- An event had been held in April, 2006 with over seventy attendees and good ideas had been generated
- smaller sub-groups were being finalised to include working group members and women from other organisations to supplement membership
- the timetable for the finalisation of the project plan had been extended from December, 2006 to March, 2007 to allow more time for consultation
- the consultation plan was being drafted
- proposal to launch formally on International Women's Day : 8th March, 2007
- reports were soon to be submitted to the Cabinet and LSP

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

(2) That the reports being prepared for Cabinet/LSP be also submitted to this meeting.

(3) That this meeting be kept informed of developments.

15. FORWARD PLAN

Colin Bulger, Head of Policy and Partnerships, presented the submitted report relating to the forward plan of workload for the Community Cohesion delegated powers meetings. It was pointed out that, whilst it was relatively easy planning three months in advance, planning further ahead was more difficult. It was proposed that a revised plan be considered at each meeting.

Discussion ensued and the following issues were raised :

- need to check proposed meeting topics against portfolio responsibilities

- need to include ward visits and the capturing of information
- need to timetable in feedback from the various strategies and explain why items were being submitted
- need for regular progress reports

Resolved:- (1) That the report be welcomed and be submitted to each meeting as now discussed.

(2) That six monthly progress reports be submitted to this meeting and the Democratic Renewal Scrutiny Panel.

16. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Cabinet Member for Community Cohesion be held on Monday, 26th June, 2006 at 8.30 a.m.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Community Cohesion Delegated Powers
2.	Date:	26 th June 2006
3.	Title:	Public Health Strategy
4.	Programme Area:	Chief Executive's Department

5. Summary

The development and implementation of a Public Health Strategy for the Borough is a key priority in the Community Strategy and Corporate Plan. This report presents the final draft joint Public Health Strategy.

6. Recommendations

The Meeting is asked to:

1. Consider and welcome the Public Health Strategy.

7. Proposals and Details

The development and implementation of a Public Health Strategy is a key priority in the Community Strategy, Corporate Plan and Year Ahead Statement.

Its development has been led jointly by the Primary Care Trust and the Chief Executive's Department, RMBC steered by a Public Health Strategy Group including representatives from Council Programme Areas, Rotherham PCT and the Local Strategic Partnership.

The health of local people cuts across all of the Community Strategy Themes as health is affected by many things – the environment in which we live, housing, income, local services, how people live their lives and the support available to them. This Strategy has at its heart a partnership approach to improving health. Although the NHS is responsible for public health, the Council is responsible for environmental health and for local people's wellbeing. The development and implementation of this Strategy will play a pivotal role in this process.

There has seen good progress on the development of the Strategy. It has been informed by a detailed analysis of policy and research evidence about key trends and issues, and analysis of policies and key trends at national, regional and local levels. The draft Strategy is organised into each of the five priority themes and two cross cutting priority themes and each section details a number of specific actions that are key to improving health and reducing health inequalities. The strategy also links into the Local Area Agreement.

The Strategy has been through a period of consultation. The Strategy has been Corporate Management Team where it was endorsed and is going to the next Cabinet meeting. Drafts have also been presented at the Adult Services and Health Scrutiny Panel, the LSP Board, the Alive Theme Group, the PCT Board, and the PCT Professional Executive Committee. A Public Health Seminar has been held for staff and partners and a series of dedicated Members Seminars will be held to discuss implementation issues.

There were a number of themes which were raised through the consultation process, these are as follows;

- The inclusion of homelessness,
- The inclusion of issues facing disabled people
- Transport and health,
- The inclusion of domestic violence,
- Revisions to the Sustainable Development section of the Strategy, particularly around climate change.

These issues have been addressed in the Strategy and targets have been included as appropriate.

In order to ensure the key public health actions identified within the Strategy are achieved, responsibility for actions have been assigned as can be seen in the attached strategy.

8. Finance

Much of this strategy can be taken forward within existing resources. Other actions may require new resources which will need to be identified through the development of the strategy and partner organisations wider budget setting processes. The printing costs of the Strategy will be covered by Rotherham PCT.

9. Risks and Uncertainties

It is essential that a Public Health Strategy is produced to ensure the profile of public health is raised and actions are developed that will improve, promote and protect health.

10. Policy and Performance Agenda Implications

The Strategy will be an important input into the delivery of key strategic documents such as Community Strategy and Corporate Plan, together with the Local Area Agreement and NRS.

11. Background Papers and Consultation

Public Health Strategy (attached)

12. Contact Names:

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Joanna Walker, Policy Officer, ext 2784
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ROTHERHAM PUBLIC HEALTH STRATEGY

Introduction

The health of the people of Rotherham is a priority for all of the partners within the Rotherham Partnership, and a major theme of the Community Strategy. However, much of the attention and action in recent decades, and almost since the inception of the NHS, has concerned ill health services, and arguably public health has been neglected.

The Council and Primary Care Trust have prepared this Strategy on behalf of the Rotherham Partnership - our Local Strategic Partnership - in order to raise the profile of public health and to develop action that will improve, promote and protect health.

The health of local people cuts across all of the themes in the new Rotherham Vision - Achieving, Learning, Alive, Proud, Safe, and Fairness and Sustainable Development. Our health is affected by many things - the environment in which we live, our housing, our income, local services, how we lead our lives and the support we have available to us.

Life expectancy is an important measure of health, both for its own importance and because it is closely related to people's health status throughout their lives. Recent years have seen a dramatic increase in life expectancy in Rotherham, and people can now expect to live almost twice as long as they did a century ago. However, average life expectancy in the Borough continues to be below the national average, and the gap is showing little sign of narrowing. On average, women in Rotherham can now expect to live for 79 years; men for 75 years. In both cases, this is less than one year below the national average. Life expectancy also varies considerably between different communities in Rotherham. In particular, there is an unacceptable six-year gap in life expectancy between the most affluent and most deprived electoral wards in the Borough. Life expectancy in the most deprived areas in Rotherham is improving, but only at a slightly faster rate than the overall average rate, so the gap remains huge. This trend will continue without major intervention.

Action to improve public health will therefore need to focus on economic and social wellbeing - so everyone is included and able to take up opportunities in society - and also sustainable development, to ensure that economies are able to be sustained for the longer term future, without compromising the wellbeing of people, or the environment in which they live. It will also

need to focus on the most deprived people in Rotherham, as they face the greatest barriers to a healthy life, and improving their health will do most to reduce inequalities across the Borough.

The Focus of this Strategy

This strategy will not repeat areas of work already set out in the Community Strategy or already being taken forward successfully in other key plans and initiatives, rather we will concentrate on areas where action can:

1. add value
2. speed up delivery and outcomes
3. focus on areas that have not had enough attention so far

This Strategy should be read in conjunction with a wide and diverse range of key national, regional and local plans and policies, which deal with fundamental aspects of public health but will not be repeated here.

These include, nationally:-

- The Department of Health's *Choosing Health: Making healthy choices easier*

and locally:-

- The Housing Strategy
- The Social Inclusion Framework
- The Sustainable Development Framework
- The Environment Strategy
- Children and Young People's Services Single Plan
- Community Strategy
- The Older People's Strategy
- Neighbourhood Renewal Strategy
- Supporting People Strategy

The Public Health Strategy encompasses and complements the objectives of the Local Area Agreement (LAA). The LAA is a programme that Partner agencies in Rotherham agreed with Central Government in March 2006, the aim of which is to improve partnership working in Rotherham and to improve services for all across the Borough. The LAA encompasses a number of important goals and work programmes to promote the wellbeing of children and young people, of older people, to support the development of safe and sustainable communities, to improve economic wellbeing, and also promote health.

All of the objectives in the LAA promote health but the core objectives of the LAA with respect to health are:

- to reduce health inequalities in target areas and communities of interest and identity and promote positive health and wellbeing for all residents,
- to reduce poverty by maximising income, and by enabling people to enter and sustain employment - this includes a programme called 'Investing for Health' to ensure that RMBC and the NHS (who are both major local employers) are good employers and that they develop the skills of the workforce as well as enabling local people to gain employment,
- to promote independent living, by preventing older and frail people having falls, and also ensuring that people have affordable heat.

This Public Health Strategy also has at its heart, a partnership approach to tackling health. It goes beyond the traditional concept of 'health services', as provided by the NHS. Although the NHS is responsible for public health, the Council is responsible for environmental health and for the wellbeing of local people. No single agency can tackle inequalities and promote health on its own. This Strategy will seek to support a joint effort that includes every person and institution with an influence on, or a role to play in, the health of individuals, groups, communities and society in general.

Aim of the Strategy

The key aim of the strategy is to improve the health of the people of Rotherham and reduce health inequalities by focusing on the following key policy areas:

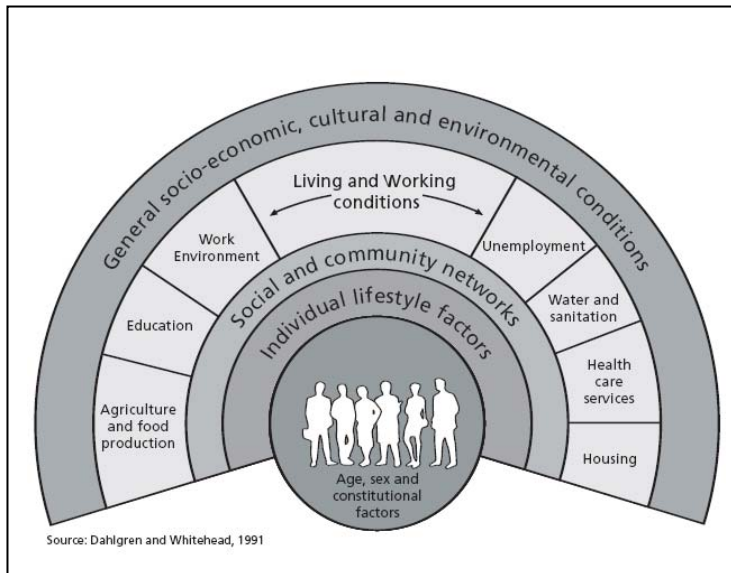
- Prevention of ill health
- Protection of health
- Health promotion

This will be done with a particular focus on the following groups and communities of interest and geographical communities whose health needs are greatest or who are at most risk as identified in the Neighbourhood Renewal Strategy:

- Disadvantaged Black and Minority Ethnic Communities
- Disabled People and their Carers
- Vulnerable Older People and their Carers
- Children and Young People suffering deprivation

Furthermore, the focus for public health should be on the key underlying determinants of ill health and risks to health, such as lifestyles, poor or unsuitable housing, environments and poverty. By adopting this approach we will increase life expectancy, improve quality of life and narrow the gap in health between geographical communities and communities of interest.

The diagram below sets out the approach of the Strategy



What is Public Health?

This Strategy adopts the most commonly and widely used definition of 'health', as developed by the World Health Organisation: “a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity... a resource for everyday life, not the objective of living; it is a positive concept emphasising social and physical resources as well as physical and mental capacity”. It is vital that a partnership approach is taken to achieve this goal and that the strategy will seek to promote health as life affirming, fun and enjoyable.

How the Public Health Strategy is organised

The Strategy details a number of specific actions that are key to improving health and reducing health inequalities. These have been grouped under the priority themes identified in Rotherham’s Community Strategy, following detailed consultation with the people of Rotherham. This will help to demonstrate the key contribution this document makes in delivering the Community Strategy.

In each section we set out

- the background and context
- what we are doing now
- what we plan to do
- how we will measure what we do
- who will lead

The sections (consistent with the Community Strategy themes) are:

- Achieving
- Learning
- Alive
- Safe
- Proud

There are also two major cross cutting priority themes that are important to take forward to achieve all of our public health objectives - these are:

- Fairness and
- Sustainable Development

At the end of the Strategy we also set out underpinning actions that are required to achieve our goals including structures and performance management.

All agencies in the Borough, as well as citizens, need to take action if we are to improve the health of all and especially of those who have the most needs. The Local Strategic Partnership will provide the vehicle for coordinated effort and the management of performance.

The agencies named in the action plan will take responsibility for delivering what is set out. Together, through the Local Strategic Partnership and specifically through the Alive Theme Group, we will ensure that the Strategy is implemented, monitored and evaluated.

What has informed this Strategy?

This Strategy is informed by a detailed analysis of policy and research evidence about key trends and issues, consultation and engagement with local people and analysis of policies and key trends at national, regional and local levels.

It is important to note population trends and the impact that these will have on local health, together with the demands and pressures on the health system in the years to come. Population projections for the next 20 years show a small increase in Rotherham's population (currently about 250,000) but a marked shift in Rotherham's age profile, with the number of older people forming a much larger portion of the population. Use of health and personal social services increases with age; this includes all services, not just those specifically for older people. In addition, Rotherham is becoming a more multi-ethnic/multi-cultural society. In health, as in other areas of public policy, this brings a need to plan for diversity, with a wider range of needs to be addressed.

Consultation

The Public Health Strategy was sent out for consultation to all Partners throughout Rotherham including each Member of the LSP Board, and each individual member of the five Theme Groups. This represents over one hundred recipients from all key sectors.

The response to this consultation was encouraging; detailed comments were received from a wide ranging number of people. The Strategy was described as being accessible and easy to read, it was described as thorough and obviously developed through effective partnership working.

Additions that were requested from consultees are as follows:

- The inclusion of homelessness,
- The inclusion of issues facing disabled people and ensuring the Strategy contains targets relating specifically to disabled people,
- Transport and health,
- The inclusion of Domestic Violence,
- Revisions to the Sustainable Development section of the Strategy, particularly around climate change.

These suggestions have all been incorporated into the Strategy.

There have been several other forums through which comments about the strategy have been received. A Public Health Seminar was recently held, to which an invite was sent to all LSP Members, this was a useful forum for attendees to ask questions and provide further feedback regarding the Strategy.

A presentation was given to the Adult Services and Health Scrutiny Panel and comments were received.

An early draft of the strategy went to the Council's Corporate Management Team (CMT), and also to Cabinet where it was endorsed.

It has been taken to the Local Strategic Partnership Board where it received favourable and supporting comments from Partners.

It has been to the Alive Theme Group of the LSP, the PCT Board, the Professional Executive Committee at the PCT, and the Community and Voluntary Sector Health Network Meeting. A series of dedicated Members seminars are to be held shortly to discuss implementation issues.

ROTHERHAM ACHIEVING

The Vision: Rotherham will be a prosperous place, with a vibrant, mixed and diverse economy, and flourishing businesses. Inequalities between parts of the Borough and social groups will be minimised. There will be an excellent town centre, known for the high quality design of its public spaces and buildings, specialist and quality shops, markets, and cultural life for all age groups. Rotherham will be accessible from other areas and will have a wide choice of integrated transport options available. Villages and rural areas will be revitalised and provide high quality of life among Rotherham's beautiful countryside.

Key Public Health Actions to deliver this Vision:

- *Create jobs and increase employment*
- *Move people off health related benefits and into sustainable employment*
- *Increase average earnings*
- *Maximise benefit uptake*
- *Reduce levels of deprivation*

Background and Context

Create jobs and increase employment

Income and poverty are significantly linked to health. Generally, the more affluent a person is the better their health will be. Conversely, the less affluent a person is the poorer their health will be. Relative poverty is also an important influence on health. Poorer people who live surrounded by affluence do far worse in health terms than if they live in a predominantly poor society. There are many reasons for this. An individual's income may be insufficient for an acceptable standard of living, and low income is also associated with a large number of health risks, such as being unable to afford to heat their homes properly and having to eat cheaper, less healthy food, poor communities also often have difficulty in accessing fresh food due to transport problems.

Analysis shows that the areas of highest disadvantage are those areas where indicators of low income are highest, with people in the least disadvantaged wards, such as Broom, living an average eight years longer than those in the most disadvantage wards, such as Herringthorpe.

Move people off health related benefits and into sustainable employment

There are a number of people in Rotherham currently out of work and in receipt of benefits, who feel that they would be able to work, should they receive support and help to do so. Feelings of low confidence and self esteem often prevent people returning to employment. It is vital that people receive the encouragement and assistance they require, to help them back into work, and also to ensure that support continues from employers, once they are in the workplace. It has been established that stigma and discrimination, both realised and perceived, are major barriers to unemployment for people with mental health problems.

Increase average earnings

Low income is also linked to increased mental health problems. There is overwhelming evidence that unemployed people are at particular risk of poor health. They, and their families, suffer a substantially increased risk of premature death and poor physical and psychological health. Job insecurity is also detrimental to health. Research shows that for many, employment is the main route out of low income and poverty. It also has wider health consequences such as feeling good about yourself, increased social interaction and improved productivity.

Maximise benefit uptake

However, employment is not a reliable route out of low income for everybody. Many cannot work or face great barriers when seeking to enter into work. For such groups it is essential to provide financial security through for example the benefits system. However, it is often these groups that have the lowest take-up of the benefits to which they are entitled, due to confusion about the system and cultural issues, for example.

Reduce levels of deprivation

No one should be disadvantaged by where they live. Rotherham ranks amongst the top 20% most deprived local authorities in the country. Some communities in the Borough experience disproportionately high levels of unemployment and crime, and relatively poorer health.

Key Statistics

- Rotherham's employment rate has increased dramatically in recent years and at a faster rate than the national average. Five years ago it was seven points below the national average, and is now approximately the national average
- Average earnings in Rotherham are at the highest level since records began and are increasing at a rate above the national average, but are still only about 80% of the UK average.

- Not all groups are benefiting equally from the improvement, in particular older people, disabled people, black and ethnic minority groups, lone parents and those with no qualifications.
- Unemployment is concentrated in and around the Town Centre of Rotherham, as well as in Wath, Maltby and Dinnington.
- Over 15,000 people of working age are in receipt of Incapacity Benefit and about a third of these people have a mental health and behavioural disorder.

What are we doing now?

Create jobs and increase employment

- We are bringing forward large scale transformation projects such as Manvers and Templeborough, attracting millions of pounds of new investment, creating thousands of jobs and helping to diversify the local economy.
- Ensuring local people benefit from the new employment opportunities through targeted actions such as New Deal and Phoenix Enterprises; particularly older people, black and ethnic minority groups, lone parents and those with no qualifications.

Move people off health related benefits and into sustainable employment

- Through targeted actions and support we are helping those on Incapacity Benefit into work, through projects such as Pathways to Work and the Condition Management Programme that supports people with health problems or disabilities to enter or return to work
- Projects such as the Academy of Construction Trade have provided opportunities for people to train in areas suffering from skills shortages.

Increase average earnings

- We are stimulating the emergence of high value growth sectors such as the Advanced Manufacturing Park
- We are enhancing the skills and educational attainment of people, particularly those in, or entering into, the workforce.

Maximise benefit uptake

- Improvement has been made in speeding up housing benefits, the average number of days to process a new claim has fallen to 23 days, well above the national standard of 36 days.
- We are providing support and guidance to help people access benefits, such as the National Benefits Project which is being piloted in Rotherham and the development of integrated teams, such as between the Council and the DWP.

Reduce levels of deprivation

- We are supporting and focusing action on target communities to ensure they are getting maximum

benefit from regeneration and reducing inequalities through actions such as the Neighbourhood Renewal Strategy.		
What do we plan to do?		
Key Public Health Action	How will we measure it?	Who will lead?
Create jobs and increase employment		
Increase employment, targeting the most disadvantaged communities	<p>Increase the Borough's employment rate relative to the national average so that in 2010 it is 2% above the national average</p> <p>Increase employment amongst BME communities, disabled people, older people and lone parents.</p> <p>Increase employment among people with serious mental health problems.</p> <p>Reduce the number of young people who are NEET (not in employment, education or training) (LAA Target)</p>	<p>Head of Rotherham Investment and Development Office, RMBC</p> <p>Head of Children and Young People's Services, RMBC</p>
Move people off health related benefits and into sustainable employment		
Support Disabled people and those on Incapacity Benefit into work	<p>Reduce number of people on Incapacity Benefit (LAA target)</p> <p>Increase number of disabled people employed by RMBC</p> <p>Increase number of disabled people employed by RPCT</p>	<p>Head of Rotherham Investment and Development Office, RMBC PCT/DWP</p> <p>Human Resources manager – Partnerships, RMBC</p> <p>Director of Human Resources, PCT</p>
Increase number of local people employed in developments in	Reduce level of economic inactivity	Head of Rotherham Investment and Development Office, RMBC

Rotherham	(LAA Target)	
Accessibility Planning	Improve the ability of people to access places of work, learning, health care, shopping and leisure by better planning the location of services and the transport that serves them.	Head of Planning and Transportation, RMBC
Increase average earnings		
Close the gap in average earnings between Rotherham and the rest of the UK	Increase the average earnings in the Borough to at least 90% of the UK average by 2010	Head of Rotherham Investment and Development Office, RMBC
Maximise benefit uptake		
Maximise benefits uptake	Increase the number of eligible people in receipt of Pension Credit and Working Families Tax Credit uptake	RMBC client officer for benefits
Reduce levels of deprivation		
Reduce Inequalities across Rotherham	Proportion of Rotherham's Neighbourhood Renewal floor targets that are in the top quartile of all (88) NRF areas (LAA Target)	Assistant Chief Executive, RMBC With all LSP Partners

ROTHERHAM LEARNING

The Vision: Rotherham people will be recognised as being informed, skilled and creative, innovative and constructively challenging. They will be self confident and have a sense of purpose. They will aspire to develop and achieve their full potential in their chosen careers, work, leisure and contributions to local life. Learning and development opportunities will be available and accessible to all. Through this enabling, learning environment, involvement and entrepreneurship will be encouraged.

Key Public Health Actions to achieve this Vision:

- *Concentrate on building firm foundations*
- *Raise educational attainment particularly in areas of most deprivation*
- *Improve access to and availability of high quality information*
- *Improve levels of Adult Learning*

Background and Context

Concentrate on building firm foundations

Building on firm foundations is crucial. Schools, Colleges and other educational establishments have a key role to play in addressing a range of health issues, through promoting health and well being, promoting physical activity and healthy eating, and developing personal, social and health education. Equipping young people with appropriate skills and confidence should ensure that they prosper in society and fulfil their potential in their chosen careers, work, leisure and contributions to local life. A persons educational attainment in school is a strong predictor of health in adulthood.

Raise educational attainment particularly in areas of most deprivation

Learning and education has a direct affect on people's health. Research shows that there is a direct link between an individuals' educational attainment and their health, and vice versa. The greater their attainment generally, the greater their health and life expectancy. People's eating habits, for example, are also closely related to their educational attainment, this may be due to education leading to better paid employment and therefore greater mobility and ability to access sources of fresh food. People with a degree, for example, are much more likely to eat five or more of portions of fruit and vegetables a day.

Improve access to and availability of high quality information

Most people have a good understanding of the positive and negative effects their lifestyles can have on their health. With the proper information and support they can control many factors which influence their health, and take greater responsibility for their own health and well being. However, to do this it is essential that they are provided with good quality information and services to support informed choice. This is key if they are to fully benefit from health services and to participate in decisions relating to personal care and lifestyle. Good quality information promotes self-help and informed choice, and is vital if individuals and communities are to have greater control and greater responsibility, for their own health. This is vital for children and young people as they grow and become independent, and also for adults in order that they are able to make positive, informed choices for themselves and for their family.

Improve levels of Adult Learning

We need to ensure that all communities, of all ages, have access to opportunities to improve their learning and skills. These are key to personal development, fulfilment, and improving wealth and health. It is often those communities and individuals that have the lowest levels of skills and attainment that face the greatest barriers to accessing training and learning opportunities due to issues such as confidence, childcare, income and transport. Educational opportunities are important throughout life at all ages to contribute to personal fulfilment.

Key Statistics

- Educational attainment rates in the Borough are improving, but are below the national average, with just 49.5% of pupils attaining 5 or more A*-C grade GCSEs compared to 57.1% for England. Educational attainment also varies across the Borough, with areas of deprivation achieving lower levels of attainment.
- There has been a significant increase in the proportion of school leavers going on to higher education, which has nearly doubled over the last 2 years
- Adult skill levels are low, with 37% of adults having no qualifications, compared to 29% for England
- Some groups are considerably less qualified than others. BME groups, disabled people and people aged over 50 have lower levels of achievement.

What are we doing now?**Concentrate on building firm foundations**

- Work within our Early Years, Sure Start, and healthy schools programmes
- We are developing Full Service/Extended Schools which focus on additional and co-located services to support health and well being and encourage the engagement of young people by reducing the impact of factors which may affect their ability to achieve.
- We are establishing Children's Centres which offer integrated early education, childcare and access to health and family support centres. Seven Children's Centres are currently operating within the Borough, five more will be opened in Rotherham by 2006, with a further eight to be developed by 2008.

Raise educational attainment particularly in areas of most deprivation

- One of the key outcomes of Rotherham's LAA is to increase the levels of attainment for all children and young people in Rotherham, with a particular focus on reducing the gap for groups such as Looked After Children, and children from Black and Minority Ethnic groups.
- We are transforming the Borough's educational environment through a multi million pound regeneration of the Borough's schools. A substantial number of Private Finance Initiative schools have been built in the Borough, which include facilities for the wider community.

Improve access to and availability of high quality information

- There is an established Expert Patient Programme, which includes people with learning disabilities and mental health problems as well as chronic medical conditions.
- Easy Connects provides information about health in an accessible way
- NHS Direct is available on line and by telephone and provides evidence-based information and advice
- There is a Cancer Information Service which is provided jointly with Rotherham Hospital Foundation Trust.

Improve levels of Adult Learning

- We are improving access to health related information; specifically, health education for prevention, managing long term conditions, and information about health activities and groups.
- We are encouraging more people to become involved in learning and training, both vocational and non-vocational, and ensuring that both are recognised equally on their merit.
- We are reducing the number of working age adults lacking essential skills – reading, writing, numeracy and ICT.
- We are creating specific initiatives to maximise the engagement and participation of particular targeted groups or disadvantaged geographic areas.

<i>What we plan to do</i>		
<i>Key Public Health Action</i>	<i>How will we measure it?</i>	<i>Who will lead?</i>
Concentrate on building firm foundations		
Sure Start	Roll out the learning from Sure Start activity	Director of Children and Young People's Services, RMBC
Educational Attainment	Increase levels of communication, language and literacy at the end of Foundation Stage (Age 5), and raise levels of attainment at Key Stage 1 (age 7)	Director of Children and Young People's Services, RMBC
Healthy Schools	All schools to achieve Healthy Schools standard by 2010.	Healthy Schools Co-ordinator, RMBC/PCT
Raise educational attainment particularly in areas of most deprivation		
Educational Attainment	Raise the levels of attainment at Key Stage 2 (age 11), Key Stage 3 (Age 14) and Key Stage 4 (Age 16), and increase attainment at NVQ Level 3 or equivalent (e.g. A-level standard)	Head of Children and Young People's Services, RMBC
PFI Schools	Increased use of these facilities for community learning and health promoting activity.	Head of Children and Young People's Services, RMBC
Raise levels of attainment of 16-18 year olds	Increase the numbers of 16-18 year olds in structured learning	Head of Children and Young People's Services, RMBC
Improve access to and availability of high quality information		
Family Learning	Increase number of parents with access to family learning opportunities	Community Learning Manager, RMBC
Health Education	Improve access to health information	Deputy Director of Public Health, PCT

	<p>Increase number of innovative out-of-hours learning opportunities for young people</p> <p>To have in place Accredited Young People Friendly Services who have explicit service indicators associated with emotional well being and mental health</p> <p>(LAA Target)</p>	<p>Young People's Services Manager, RMBC</p> <p>Deputy Director of Public Health, PCT</p>
<p>Improve levels of Adult Learning</p>		
<p>Adult learning</p>	<p>Increase number of adults engaged in Skills for Life learning in disadvantaged areas.</p> <p>Increase number of enrolments into adult education and training.</p> <p>(LAA Target)</p> <p>Increase number of enrolments into adult education and training for disabled people</p>	<p>Community Learning Manager, RMBC</p> <p>All Training Providers</p>

ROTHERHAM ALIVE

The Vision: Rotherham will be a place where people feel good, are healthy and active, and enjoy life to the full. Health services will be accessible and of a high quality for those who require them. Rotherham will celebrate its history and heritage – building on the past, and creating and welcoming the new. People will be able to express themselves and have opportunities to be involved in a wide range of high quality cultural, social and sporting activities. The media, arts, literature and sport will flourish. As a society, we will invest in the next generation by focusing on children and young people.

Key Public Health Actions to deliver this Vision:

- *Tackling health inequalities*
- *Reducing the number of people who smoke*
- *Tackling obesity*
- *Improving sexual health*
- *Improving mental health and wellbeing*
- *Reducing harm and encouraging sensible drinking*

Background and Context

The six key actions above were highlighted in the Government's White Paper Health *Choosing Health*, published in November 2004. The White Paper pointed out that health is not merely about preventing people becoming ill; it requires a positive balance of physical, mental and social well-being, and is a key requirement for economic, educational and cultural success.

Tackling Health Inequalities

Overall, people in Rotherham are living longer than ever before and are enjoying better health. However, life expectancy in Rotherham is still below the national average and for men is rising slower than it is nationally. Even more worrying are the dramatic health inequalities in Rotherham, with six years difference in life expectancy between the most affluent and the most deprived electoral wards. In addition inequalities exist within communities, for example, a person with schizophrenia can expect to live ten years less than someone without.

Reducing the number of people who smoke

For people who smoke, their habit is by far the biggest cause of preventable ill health. Rotherham already has successful quit smoking services. The Government's recent decision to ban smoking in all public places provides a major opportunity to make a step change in public health by implementing Smokefree Rotherham as quickly and imaginatively as possible.

Experience from other countries shows that this will lead to more people quitting and less young people starting smoking.

Tackling Obesity

Rotherham is experiencing rapid increases in obesity. If obesity is not successfully tackled there is a real possibility that in future, children could have shorter lives than their parents. Tackling obesity requires both healthier diets and more physical activity. However, healthy diets and increased activity levels are not solely the results of individual choices; they also depend on the local environment. Better diets require healthy food to be affordable and accessible, and are influenced by people's working conditions, education and cultural background. Evidence shows that long term changes in activity levels only occur when exercise is fitted into people's daily schedules – again, this requires changing physical, working and educational environments or travel habits.

Breast feeding, for the first 6 months of life is acknowledged to be an important way of preventing childhood obesity and promoting health both in early years and later life.

Improving mental health and wellbeing

One in six people suffer from a common mental illness at anyone time – an estimated 27,000 people of working age in Rotherham. In the next few years, as levels of heart disease fall, mental illness will become the largest cause of Disability Adjusted Life Years in Rotherham – this is the measure recommended by the World Health Organisation as the best way of ranking the impact of different diseases. A key issue, for many people with mental health problems, is social isolation. Many of the factors that influence mental health lie outside the remit of health and social services which means that for mental health promotion to be effective it relies upon partnerships across different sectors and disciplines.

Improving sexual health

Sexual health is an important part of wellbeing. Sexually transmitted infections in Rotherham have increased over the past decade. These include Chlamydia, which can cause infertility and AIDS, which is now a significant health problem in Rotherham. Teenage pregnancy is a major factor contributing to ongoing social, educational and health inequalities. Teenage pregnancy rates are lower in Rotherham than other parts of South Yorkshire, but well above the national average.

Reducing harm from alcohol and promoting sensible drinking

Alcohol misuse is much more extensive than the use of illegal drugs, and the health impact is much wider, with alcohol contributing to the risk of a wide range of serious illness and accidents. Nationally, the annual financial burden of alcohol misuse to the NHS is £1.7billion, with 150,000

hospital admissions each year. Alcohol related absence accounts for the loss of 17 million working days, annually.

Being drunk can often be associated with violent crime (especially within the family), accidents and risky sexual behaviours. The impact of alcohol misuse cuts across the health, social care and criminal justice systems and is often related to anti social behaviour. Overall, actions to promote sensible drinking in Rotherham are not prioritised as high as the associated problems would require.

Key Statistics

- Life expectancy for both women and men Rotherham is slightly below the national average (women 79 years, men 75).
- Life expectancy for men in Rotherham is rising less quickly than the national average.
- There is an unacceptable 8 year difference in life expectancy between the most affluent and the most deprived electoral wards in Rotherham.
- 24% of adults in Rotherham smoke – a decrease of only 1% in the last 3 years.
- The number of Rotherham people who are overweight or obese has increased by 5% since 1998.
- In the 2005 Rotherham Lifestyle Survey only 15% of respondents took the recommended amount of physical activity, and 50% do no moderate or strenuous exercise at all.
- Less than 20% of Rotherham’s babies are breastfed and only 10% of babies in the most deprived parts of the Borough are breastfed.
- Only 24% of people with mental health problems are in employment and 10% of children or young people aged 5-15 will have a diagnosable mental health problem – that’s around 3,700 children in Rotherham.
- Around 250 young women, aged under 18, will become pregnant each year in Rotherham.
- The 2005 Rotherham Lifestyle Survey identified that 39% of men and 25% of women from deprived communities drink over the recommended units of alcohol compared to 29% of men and 20% of women in Rotherham as a whole.

What are we doing now?

Tackling Health Inequalities

- Work to address the broader determinants of health is described in the other sections of this strategy. Work to reduce broad economic and social inequalities is addressed and reported through the

Neighbourhood Renewal Strategy.

- Rotherham PCT delivers an annual programme of Equity Audit. This includes a Coronary Heart Disease Equity Audit, which has shown that prevention and treatment of Coronary Heart Disease is increasingly being successfully targeted at those in the most deprived communities.
- Incidence of circulatory disease has fallen dramatically from over 200 per 1,000 population in 1993 to 100 per 1,000 population in 2004.
- Rates of coronary heart disease has halved since 1993 and life expectancy for both men and women has increased by around a year between 1996–1998 and 2001-2003.
- Breast feeding is being extensively promoted, Rawmarsh Sure Start Plus has an 85% success rate for women starting and continuing to breastfeed.

Reducing the number of people who smoke

- Rotherham PCT runs a successful smoking cessation service, which has already helped more than 4000 people to quit since 2003. Targets for quitting have been substantially increased over the next 2 years and are expected to be met, because additional numbers of people will decide to quit as the result of public places going Smokefree.
- Rotherham has committed to full implementation of Smokefree public places, and a local action plan is already progressing.
- Since 2003 smoking rates in young males (ages 16 to 34) have gone from 32% to 22% in 2005, and in women of the same age group from 24% in 2002 to 11% in 2005.
- Smoking rates during pregnancy has reduced by 3.5% since 2004/5.
- Breathing Space Centre – this is a revolutionary £10 million programme to develop an innovative new model to treat and rehabilitate those with respiratory conditions. The first of its kind in the UK, it will provide a radical step change in improving the quality of life for people with respiratory diseases, their families and carers.

Tackling obesity

- 100% of the 105 primary schools in Rotherham have signed up to the “Fruit in Schools” programme, Rotherham was the first in South Yorkshire to achieve this and programmes are in place to promote Healthy Eating in schools. GP surgeries include 5 A DAY and nutrition in their advice to patients.
- 50% of schools in Rotherham have a school travel plan. This encourages children to walk, cycle or use public transport to get to school. Monitoring has shown a significant increase in walking as a result of the plans, coupled with a reduction in emissions.
- All schools in Rotherham meet the physical exercise target of two hours in secondary and one hour in primary per week.
- Cook and taste, weaning parties, community cafés, allotments, and Healthy Eating policies are in place in many community settings.
- Increased access to, and usage of, urban green space is under way and a programme of walks

established in urban parks.

- Physical activity provision has been developed in community settings for patients with coronary heart disease and diabetes, and for those who have suffered a fall.
- Statutory agencies are working together to produce a strategy for the promotion of physical activity, due to be launched early in 2006.
- We are creating and sustaining opportunities for individuals to be involved in a wide range of high quality physical and sporting activities.
- We are encouraging people to walk or cycle for short trips.

Improving mental health and wellbeing

- The strategy, *Promoting the Mental Health of Rotherham People*, has been refreshed and sets out actions to develop positive mental health in schools, primary care and neighbourhoods and action plans are being developed.
- The PCT is developing mental health “talking treatments”, as alternative choices to traditional hospital treatment and prescribed medication, by developing the Primary Mental Health Care Service.
- An innovative “Bibliotherapy” project is operating in six libraries in Rotherham, offering a “prescription” for self-help books. Subject to funding, it will be extended to cover the whole of the Borough, ensuring that it addresses the needs of communities of interest.
- Under the lead of public health a Social Inclusion Action Plan has been developed to address social exclusion and mental health: in consultation with users and carers, local providers of community care services, employment and housing services. It focuses on changing the way existing day services are delivered, combating exclusion, stigma and discrimination; and placing greater emphasis on employment, education and recovery.

Improving sexual health

- Current treatment services for sexually transmitted infections are mainly in hospital settings, and are hard pressed to keep up with rising demand. Modernising sexual health services to meet the needs of local people, is a key priority of Rotherham Sexual Health Strategy.
- Rotherham’s Teenage Pregnancy Strategy works to ensure that young people in Rotherham have access to good quality sex and relationship education, sexual health information and young people friendly services. Support is provided for teenage parents, in order to improve their life chances, and those of their children.
- Teenage pregnancies fell from 55.8 in 1996 – 1998 to 50.9 in 2000 – 2002 (teenage pregnancy rates per 1,000).

Reducing harm from alcohol and promoting sensible drinking

- Work on a comprehensive alcohol strategy for Rotherham is being undertaken.
- Support for employers to develop alcohol policies has been provided by the PCT.

<ul style="list-style-type: none"> Teacher training also includes competencies around alcohol education. Current health care provision tends to concentrate on treatment of late stage physical and mental symptoms. 		
What we plan to do		
Key Public Health Action	How will we measure it?	Who will lead?
Tackling Health Inequalities		
Tackling inequalities is intrinsic to the whole of this plan; in addition, we intend to develop a programme of NHS accredited health trainers, who will give people who want it support to make healthier choices. This will be targeted at areas of greatest need.	10 Health Trainers successfully recruited from the local community successfully completing training. Number contacts with community members.	Deputy Director of Public Health, PCT
Smoking		
Continue to reduce smoking prevalence.	Number and type of support offered. Number of people who quit smoking.	Tobacco Control/Smoke Free Co-ordinator, PCT
Implement Smokefree public places policy.	Compliance with policy requirements.	All LSP
Tackling Obesity		
Implement key recommendations of Rotherham Healthy Eating and Obesity Strategy including		
Promote Healthy Eating.	Increase number of key workers attending nutritional training. Implement School Food Policy and Food in Schools Guidance. Promote use of local shops and produce	Deputy Director of Public Health, PCT
Reduce obesity in children and adults.	Care pathways and services established. Evidence of weight reduction in participants.	Dietetics Service Manager, Rotherham Foundation Hospital Trust
Increase breastfeeding rates during first 6 months of babies' lives.	Establish breast feeding policy in RMBC and other LSP Partners. Establish Breast Feeding Friendly Awards, and support all public facilities and public places to achieve them.	Public Health Specialist (Children and Young People), PCT Rotherham Foundation Hospital Trust CYP Board, RMBC

Physical Activity		
Enhance the take-up of sporting opportunities by 5-16 year olds, by increasing the percentage of school children who participate in sport, both within and outside the curriculum.	PE and School Sports programmes established. Coordinated programme of holiday activity provision across Rotherham (Mega Active). Club links programmes and Community Coaching Programmes established.	Head of Children and Young People's Services, RMBC Strategic Leader Culture, Leisure and Lifelong Learning, RMBC
Halt the year on year rise in obesity among children under 11, in the context of a broader strategy to tackle obesity in the population as a whole.	Trial physical activity initiatives, specifically designed for children with weight problems - Funsmart +, (tie in with care pathways mentioned above). Community Coaches programme	Deputy Director of Public Health, PCT
Significantly increase the take-up of cultural and sporting opportunities by new users, aged 20 and above, from priority groups.	Numbers participating in initiatives targeting groups with specialist need, e.g.: <ul style="list-style-type: none"> • Active Always – Keep Moving • GP Recommendation Scheme • Inclusive Fitness Initiative • Community Coaching programme • Rothercard discount scheme • Disability Sports Forum Plan • Club links programme (e.g. Earth Titans) • Mental health and healthy living - weight management group • Mental health direct payments 	Strategic Leader Culture, Leisure and Lifelong Learning, RMBC
Improving Sexual health		
Increased sexual health education, advice and treatment services in community settings, and implementation of Chlamydia Screening Programme	Through Rotherham Sexual Health Strategy and Rotherham Teenage Pregnancy Strategy. Measures include number of sexually transmitted infections, teenage pregnancies and chlamydia infection rates., improved sex education provision and sexual health advice.	Public Health Specialist (Sexual Health), PCT Business Manager Adult Services – Rotherham Hospital Foundation Trust
Improving mental health and well being		
Implementation of the <i>Promoting the Mental Health of Rotherham People</i> Strategy.	Action plans developed with partners, for different settings, and progress monitored. Reports	Public Health Specialist (Mental Health), PCT (Standard 1 Group & Mental Health Executive

	given to Mental Health Planning Team/Executive Group.	Group) working with partners from RMBC, voluntary and independent sectors, including user/carer groups.
Develop and implement Rotherham Action Plan on Mental Health and Social Inclusion	Action plan written and signed up to by local partners. Delivery monitored, including feedback from people with mental health problems.	Public Health Specialist, PCT RMBC to implement its Social Inclusion Framework
Implement In Control (pilot programme to increase the take up of Direct Payments and Individual Budgets for people with mental health problems and their carers)	Subscription to In Control which will inform and build capacity to deliver innovative and user-led support services to service users – pilot to deliver by March 2007	Public Health Specialist (Mental Health), PCT
Alcohol		
<p>Improved and better targeted education and communication.</p> <p>Street-based outreach work targeting vulnerable young people.</p> <p>Support for employers, policy development, management training and employee education is to be continued, targeting specifically the licensed trade in 2005/06.</p> <p>Develop services using the 2005 Models of Care guidance (including early interventions as well as late stage treatment).</p> <p>Implementation of Rotherham Strategy on Alcohol Misuse.</p>	<p>Number of schools within targeted areas receiving training</p> <p>Team established – evidence of young people accessing treatment</p> <p>Number of workplaces trained and evidence of policies in place</p>	<p>Senior Consultant – Healthy Schools, RMBC</p> <p>Drug Strategy Manager, PCT</p> <p>Deputy Director of Public Health, PCT</p>

ROTHERHAM SAFE

The Vision: Rotherham will be a place where neighbourhoods are safe, clean, green and well maintained, with well-designed, good quality homes and accessible local facilities and services for all. There will be attractive buildings and public spaces. Communities will be peaceful but thriving, relatively free from crime and the fear of crime, drugs and anti-social behaviour. Environments, people and business will be protected and nurtured. Children will be safe from harm and neglect. A preventative approach will be taken to minimise crime, accidents and hazards; and to further strengthen resilience and thus safeguard all Rotherham citizens.

Key Public Health Actions to achieve this Vision:

- *Reduce crime particularly in areas of most deprivation*
- *Ensure decent housing*
- *Reduce accidents*
- *Protecting health*
- *Improve occupational health*

Background and Context

Reduce crime particularly in areas of most deprivation

Improving safety and improving public health go hand in hand - a safe community is a healthy community. Addressing crime and the fear of crime is the top priority of local people, and these are significant issues for the health of the population. Crime is often associated with drug and alcohol related problems, violence, theft and burglary. Fear of crime is also a major issue, as it can prevent people from leading full, independent lives and it can lead to feelings of isolation, vulnerability and stress, which in turn affects physical health.

Domestic violence has a major impact on public health particularly for women and children. A quarter of all women will experience domestic violence at some point in their lives and 50% of women engaged with mental health services have experienced domestic violence. Over 50% of child protection cases involve domestic violence.

Ensure decent housing

Appropriate, affordable decent housing is an underlying determinant of good health.

Inappropriate, poor quality or unsafe housing, or homelessness, leads to a wide range of health problems such as stress, depression, and respiratory disease. It is often the communities with the greatest needs, such as gypsies and travellers or people with mental health problems that face the greatest barriers to securing good housing and who are at most risk of being homeless

or living in poor quality homes due to factors such as income, mobility, geographical isolation and employment status.

Reduce accidents

Effective accident prevention programmes are important to promote safety. These range from major incidents, such as flooding, to more minor ones, such as traffic calming measures. They are all important, and will make a significant contribution to improving health. Every year many hundreds of people in Rotherham die, or are injured, as a result of accidents, with the very young and old most at risk. There are particular risks at home, in the workplace and on the roads. Road safety is a shared priority of the Local transport Plan and disadvantaged areas will receive additional priority in implementation of road safety measures.

Protecting health

Vaccination provides immunity against serious infections. It protects not only the individual but also family and the wider community. The increase in world-wide travel and advances in medicine, have increased demand for vaccination against a wide range of infections, such as malaria or influenza.

Food poisoning is a major health risk. It is often caused by poor handling of food, inadequate storage or poor hygiene. As more food is imported from abroad and people are eating more food prepared outside of the home, such as frozen meals or take-aways, the risk of food poisoning is increasing, with the old and very young particularly at risk.

Ensuring that we are ready and prepared to respond quickly and effectively to major incidents and emergencies of any scale, is vital for the safety of the communities of Rotherham. We must ensure that we have in place effective plans and strategies, working jointly with Partners, to minimise the effect and impact of any emergency situation on Rotherham.

Improve occupational health

Maintaining good levels of health in the workplace is important for everyone. Unsafe working conditions and practices can lead to accidents, poor health and sickness. We need to ensure that all organisations have high standards of health and safety, occupational health and meet disability standards. Occupational health is concerned with the impact of work on people's health, and covers a diverse range of issues such as occupational asthma, musculo-skeletal disorders, occupational stress and skin cancer in outdoor workers.

Key Statistics

- Rotherham is relatively safe and the Borough has a lower crime rate than most comparable towns and cities. There are however, pockets of high crime in and around the Town Centre and in areas such as Maltby and Wath. Current figures show that crime rates are generally falling particularly for burglaries and car crime.
- Housing conditions in the Borough are comparatively good, but there are issues with Council Housing stock, of which 70% does not meet Government criteria for “decency”.
- In a recent national survey, 2.2 million people believe their illness was caused or made worse by their current or past work. Occupational health figures indicate 1 in 5 workers think their job is very stressful.
- The most deprived areas have five times as many child pedestrian accidents as the least deprived.
- A local Community Risk Register has been produced for Rotherham, which highlights particular risks and emergencies that need to be planned for, such as flooding. Rotherham has worked with Sheffield, Barnsley and Doncaster in producing a regional South Yorkshire Community Risk Register, so that we are aware of risks from neighbouring authorities that might impact on Rotherham.
- Every year one third of people over the age of 65 experience a fall. This can result in serious injury, reduced mobility, or even death.

What are we doing now?

Reduce crime particularly in areas of most deprivation

- The Community Safety Strategy has recently been produced by the Safer Rotherham Partnership. It outlines how Partners will work together across Rotherham to address crime, disorder and drug problems.
- We are reducing the rate of domestic burglary, vehicle crime and crime against businesses in the Borough.
- We are reducing the incidence and impact of anti-social behaviour by dealing effectively with the perpetrators and supporting the victims.
- Rotherham Chamber of Commerce’s License Watch Scheme is working to achieve a safe and secure drinking and non drinking environment in all licensed premises throughout Rotherham. The Scheme works with partners such as Rotherham Chamber, South Yorkshire Police, South Yorkshire Fire and Rescue Service and Rotherham metropolitan Borough Council. 42% of businesses in the Borough have so far signed up to this initiative.

- A borough wide joint Domestic Violence Strategy is currently being written.

Ensure decent housing

- Our Arms Length Management Organisation - 2010 Rotherham Ltd - have recently been awarded a "Good" rating, which will access the resources necessary to ensure that all Council homes reach a decent standard by 2010.
- We are encouraging the private and housing association sectors to develop a greater choice of well-designed, high quality and affordable housing across the Borough.
- We are promoting a "Neighbourhood Management" approach to service delivery, community participation and strategic development.
- We are supporting older people to remain living in their own homes and providing them with choice through a range of alternative housing options.
- We are working to reduce homelessness through our Homelessness Strategy, and through facilities such as the Gate Primary Care Centre which offers a range of health care to socially excluded people.

Reduce accidents

- A joint Accident Prevention Strategy has been produced recognising the need to work across road safety, fire safety, home safety and environmental and social factors – all of which play an important role in increasing the risk and cause of accidents.

Protecting health

- All statutory agencies work together to produce a Borough wide Emergency Plan, which is regularly tested.
- The health service provides cancer screening services and vaccination and immunisation services to detect disease and prevent infectious diseases in the community.
- Health Impact Assessments are undertaken to ensure that new developments or programmes make the maximum positive impact, and that negative effects are minimised (eg changes in transport or planning policy and new buildings in communities)
- We have in place a comprehensive emergency planning framework that encompasses the activities of all the key agencies, including RMBC, the PCT, the Foundation Hospital Trust, the Police and the Fire Service.

Improve occupational health

- Many of the key LSP organisations give access to Occupational health services for their staff. However, sometimes these are limited and do not contain health promotion and prevention programmes.
- Occupational Health support is provided to individuals through Rotherham Occupational Health

Advice Service (ROHAS), by means of a town centre drop in, and advice sessions in GP surgeries. ROHAS can also provide advice to employers to reduce the risk of accidents and workplace hazards.

- Many Rotherham workplaces already have some form of tobacco control policy. Rotherham LSP has given a commitment in principle, to work towards Smoke free Rotherham.
- Job Centre Plus, in partnership with the NHS, have developed a Condition Management Programme, which is voluntary and provides people with “coping mechanisms” to help them manage their condition. It also provides information on benefit issues including Working Tax Credit and Pathways Return to Work credit to support people to return to work.

What do we plan to do?

Key Public Health Action

How will we measure it?

Who will lead?

Reduce crime particularly in areas of most deprivation

Reduce Crime

Reduce overall crime in line with local Crime and Disorder Partnership targets and narrow the gap between the worst performing wards/neighbourhoods and other areas across the district

All Council housing will be ‘Secured by Design’ by 2010

Reduce incidents of domestic violence

Chief Superintendent, South Yorkshire Police

Ensure decent housing

Decent Homes

Achieve the decent homes standard for all Council properties, linked to lifetime and aspirational standards.

Improve the energy efficiency of new and existing homes

Implement Rotherham’s Housing Strategy

Executive Director, Neighbourhoods, RMBC

	Reduce the number of families and individuals homeless or living in temporary accommodation Increase the number of 'affordable homes'	
Reduce accidents		
Implement joint Accident Prevention Strategy	Monitor accident data Implement action detailed in Joint Accident Prevention Strategy	Road Safety – Head of Planning and Transportation Home and Workplace – Head of Neighbourhood Services Major Accidents – Emergency & Safety Manager, RMBC Public Health Specialist PCT
Protecting Health		
Emergency Planning	Ensure that statutory agencies in Rotherham are prepared for major incidents. Ensure desktop exercises, and real-life simulations take place in order to ensure preparedness for emergencies such as an acute outbreak of pandemic flu or a meningitis outbreak.	Emergency & Safety Manager, RMBC Senior Public Health Nurse, PCT
Improve occupational health		
Smoke Free Places.	Increase the number of Smokefree Workplaces in Rotherham. Increase the number of Smokefree public places in the Borough.	Tobacco Control/Smoke Free Co-ordinator, PCT
Occupational Health.	Increase the number of people with access to Occupational Health services.	Head of Human Resources Head of Human Resources, PCT

ROTHERHAM PROUD

The Vision: Rotherham people, businesses and pride in the Borough are at the heart of our vision. Rotherham will have a positive external image and its people will be renowned for their welcome, friendliness and commitment to the values of social justice. Active citizenship and democracy will underpin how Rotherham works. Achievements and diversity will be celebrated. Rotherham will be a caring place, where the most vulnerable are supported. It will be made up of strong, sustainable and cohesive communities, both of place and interest, and there will be many opportunities for people to be involved in civic life and local decision making. The means to do this will be clear, well known and accessible.

Key Public Health Actions to deliver this Vision:

- *Build cohesive communities*
- *Increase participation and engagement within the local community*
- *Support the voluntary and community sector*
- *Support the provision of care*

Background and Context

Build cohesive communities

Building cohesive communities enables our neighbourhoods to become safe, healthy and successful, and therefore provide a better environment and quality of life for all residents. Strong communities provide numerous other benefits, as local people from a diversity of backgrounds work together with the agencies to improve local facilities and services. Strong friendships, social relationships and family ties at home, work and in the community make an important contribution to health. These are key to helping people feel cared for and valued and building increasing levels of confidence and self esteem.

These feelings and systems of local support have a powerful positive impact on health, both on physical and mental health. People with strong social relationships are much less likely to suffer from depression or chronic disease, and these ties are particularly important in times of stress, such as divorce or bereavement.

Increase participation and engagement within the local community

Participation in the local community also helps to reinforce these systems of local support. People who undertake activities in the community to help and benefit others, often find the experience beneficial to themselves. Engagement in civic life also reinforces positive links; it helps to foster pride in local surroundings and helps to build relationships with fellow community members.

Conversely, many people with mental health problems have reduced contact with friends and family and a significant minority find that their social networks become restricted to people within mental health services. Surveys have shown that a large proportion of people with mental health problems report feelings of isolation. A recent study has shown that many of those on incapacity benefit within Rotherham are young people with mental health problems. This reveals a key challenge for public health services within the Borough.

Support the voluntary and community sector

Voluntary and community groups have long been recognised as playing a vital role in neighbourhood renewal and fostering local pride. The voluntary and community sector across the Borough has a crucial role to play in providing targeted services that effectively meet local need.

There is also growing evidence that the development of mutual support structures (e.g. Slimming Groups, Parent and Toddler groups, sports clubs and voluntary and community activity), can also make an important contribution to improving quality of life by providing opportunities to combine social interaction with health improvement.

The benefits go beyond health; stronger friendships and relationships make an important contribution to fostering pride in the local area and in promoting a caring place where communities help each other, through for example; families, friends, schools, faith communities and neighbourhoods, with a particular focus on the most vulnerable.

Support the provision of care

Many people rely on, or provide care to, family, friends and the wider community. This ranges from regular tasks, such as shopping for a friend or baby sitting, to providing full time care to an elderly friend or relative. It is important to promote health and wellbeing and enable people to live fulfilled and independent lives. This care is particularly important for vulnerable or frail people, and in times of crisis, such as a death.

Demographic trends show that this care will become a bigger issue in the future. As the population changes, it is expected that the need for support from carers could rise by over 40% over the next 35 to 40 years. Research and consultation shows that carers themselves need improved access to support, as increasingly older people will be carers of even older people.

Key Statistics

- There are more than 1,100 active voluntary groups in the Borough and 29 Parish and Town Councils.

- Participation in the voluntary and community sector is increasing, with 22% of respondents actively engaged with local voluntary and community organisations in 2004, up from 20% in 2002.
- 58% of people agree that their local area is a place where people of different ages get on well together.
- Rotherham has one of the highest proportions of people in the country that provide care for family members or friends.
- More than one in four adults will suffer from mental illness at some point during their lives, and a high proportion of unemployed younger adults in Rotherham have mental health problems.

What are we doing now?

Build cohesive communities

- The Neighbourhood Management Pathfinder in Eastwood and Springwell Gardens is a national project to ensure more effective co-ordination of services at a local level.
- The Council has achieved level three in the Equalities Standard for Local Government and is on the way to achieving level four in 2006.
- There are two multi-disciplinary Healthy Living Centres in Rotherham providing specific services to local communities, including allotment projects, debt advice to young people, health advice, a credit union and adult education.

Increase participation and engagement within the local community

- We are offering greater opportunities for people to participate in the Council's decision making processes, through the development of Area Assemblies, the Quality of Life Survey and Rotherham Reachout.
- A Charter with the Parish Councils has been developed to strengthen relationships between the Council and other partners, and the 29 Parish and Town Council's in the Borough.
- We are working to broaden and widen engagement, and to eliminate barriers to participation in civic, voluntary and community life and decision making.
- We are developing local democracy at a neighbourhood level, devolving powers and resources and increasing opportunities for engagement.

Support the provision of care

- A Carer's Forum has been developed to provide support, advice and guidance to those providing care.
- Through programmes such as the Supporting People Programme and the Older People's Strategy, the Council is helping older people to remain living independently in their own homes.
- There has been a year on year increase in the number of people with learning disabilities living at

home, placing Rotherham with the best national rating.

Support the voluntary and community sector

- A Compact has been developed to strengthen relationships between the Council and other partners and the Voluntary and Community sector.
- Another Local Area Agreement outcome is to increase community and service-user engagement and involvement, supporting the development of volunteering, thus enabling greater local influence in decision making and service delivery.

What do we plan to do?

Key Public Health Action

How will we measure it?

Who will lead?

Build cohesive communities

Increase the percentage of people who agree that people of different ages get on well together.

Increase the percentage of people who agree that people of different ages get on well together, from 58% in 2004 to 61% in 2010.

Chief Executive Voluntary Action Rotherham
With all LSP Partners

Increase the percentage of people who are satisfied with their area as a place to live

Increase the percentage of people who are satisfied with their area as a place to live from 63% in 2004 to 75% in 2010.

Executive Director,
Neighbourhoods, RMBC

Increase participation and engagement within the local community

Increase the percentage of people who participate in local voluntary or community sector organisations

Increase the percentage of people who participate in local voluntary or community sector organisations from 22% in 2004 to 30% in 2008.

Chief Executive Voluntary Action Rotherham

Support the provision of care

Increase the amount of carer services provided.

Base line to be developed

Acting Executive Director of Adult Social Services, RMBC

Extend Expert Patient Programme in collaboration

Health events held in communities to provide information about Expert Patient Programme

Programme Manager – Expert Patient, PCT

Support the voluntary and community sector		
Support the Voluntary and Community Sector	Increase the percentage of people who have participated in a voluntary or community sector organisation in the last 12 months	Chief Executive Voluntary Action Rotherham

FAIRNESS

The vision: All individuals in Rotherham will have equality of opportunity and choice. Rotherham will provide open and accessible services. We will treat each other with fairness and respect, and our diverse needs and strengths will be understood and valued. Rotherham will actively challenge all forms of prejudice and discrimination and ensure that all the priorities encompass an equalities approach.

Key Public Health Actions to deliver this Vision:

- *Ensure equal access to services for all communities*
- *Ensure services meet the needs of all communities*
- *Increase the involvement of communities in the planning and delivery of services*
- *Undertake Equity Audits*

Background and Context

Ensure equal access to services for all communities

Access to health and social care needs to be fair and respond to needs if the improvements in public health are to be continued and inequalities narrowed.

However it is often the communities in greatest need of health and social care services that face the greatest barriers in accessing them due to factors such as geographical location or ability to pay. For example, there tends to be relatively fewer GPs in the Borough's most deprived areas. They can also face great barriers accessing services because of prejudice, language and communication issues or lack of access to information.

Research shows that transport is a serious issue in accessing health, social care, support and leisure services. This is particularly true in areas where public transport is less developed such as in rural areas. It is a particular problem for those with disabilities, the very old or those who do not have a car.

There are also specific health issues in addition to the barriers outlined above that adversely affect people from particular groups. For example, men and women of Pakistani and Bangladeshi origin are more likely to have diabetes. The gypsy and traveller community has significantly poorer health status than other UK residents.

Ensure services meet the needs of all communities

Public Health Services need to be organised, located and made accessible for everyone, and should aim to remove barriers to fairness, be they financial, geographic location, transport, prejudice or other issues. Services need to be able to identify and respond to the needs of all

individuals and communities, including a significant and wide range of communities of interest such as disabled people, carers, older people, and black and minority ethnic communities

Increase the involvement of communities in the planning and delivery of services

Effective community involvement is also important to improving health as it helps develop more appropriate and responsive services, generate new ideas, increase understanding of the public health issues facing Rotherham, and ensures that people know what services they are entitled to and how to access those services. Analysis shows that there is a strong relationship between effective community and individual involvement, and high levels of satisfaction and health.

Undertake Equity Audits

In order to ensure that the most vulnerable and needy receive the health care and support they require, it is important to audit the provision of services, and the delivery of targeted health programmes. For example, people living in disadvantaged communities experience the greatest burden of illhealth, but frequently they do not access treatments and interventions at the same rate as those in better-off communities.

Key Statistics

- 96.9% of Rotherham’s population is white, with 3.1% of the population from black and minority ethnic communities.
- The Census revealed six major faiths and 15 different ethnicities present in Rotherham, including Pakistani, Kashmiri, Chinese, Yemeni, Indian and West African.
- 51.2% of Rotherham’s population is female.
- Over 20% of the population is aged 60 or over, and the number of people aged over 85 has increased by almost 43% between the 1991 and 2001 Census.
- Over 22% of Rotherham’s population suffer from a long term limiting illness, and over 41% of households in the Borough have one or more persons with a long term limiting illness.
- Over 15,000 people of working age in Rotherham are claiming sickness related benefits.

What are we doing now?

Ensure equal access to services for all communities

- Providing translation/interpretation services in all healthcare settings.
- Extending the opening times of primary care services to include evenings and weekends.

- Making sure that the geographical location of new primary care services meets the needs of local communities.
- Developing a series of one-stop-shops to improve access to services nearer to home.

Ensure services meet the needs of all communities

- Providing specialist primary care services for Asylum Seekers and vulnerable groups, including the homeless and Travellers
- Extending the range of services available through Children’s Centres, Surestart and Surestart Plus.
- Conducting needs assessments with communities of interest, and defined neighbourhoods.

Increase the involvement of communities in the planning and delivery of services

- Reachout surveys seek feedback on health and social care issues.
- PCT staff are working with RMBC colleagues to produce neighbourhood profiles, which include health profiles for each of the Area Assembly areas.
- Children and teenagers have been involved in the design of “Young People Friendly” primary care services.
- Users of services and their carers have been involved in service design and delivery, through the Cancer Services User Forum, Health Network, ROPES, Wheelchair User Group, Visually Impaired User Group, Carer’s Forum and the Borough Council’s Access Liaison Group.
- There is an established Expert Patient Programme, which includes people with learning disabilities and mental health problems, as well as chronic medical conditions.

Undertake Equity Audits

- Work has been undertaken to ensure that services for people with coronary heart disease and respiratory disease have been accessed by all those who need them.
- Independent Patient & Public Involvement (PPI) Forums ensure that the voice of patients is heard and that the needs of local people are met
- Adult Services and Health Scrutiny Panel, scrutinises health service developments to ensure equality of access.
- Stop Smoking Service has been targeted in the neighbourhoods with the highest prevalence of smoking.

What we plan to do

<i>Key Public Health Action</i>	<i>How will we measure it?</i>	<i>Who will lead?</i>
Access to Services		
Work with primary care practitioners to ensure physical and attitudinal access to services for disabled people.	Training provided for primary care practitioners All premises meeting requirements	Public Health Specialist, PCT

Work with partners to establish a Carer's Centre, increasing access to information and support for carers	Development group established Successful bid for feasibility study	Development Manager, User/carer Support, PCT Acting Executive Director of Adult Social Services, RMBC With Voluntary Groups
Employ Strategic Community Development Workers in Mental Health Services	Workers in post Evaluation of role	Acting Executive Director of Adult Social Services, RMBC PCT/RMBC/BME Community Sector
Meeting the needs of all communities		
Undertake a comprehensive health and social care needs assessment, within Black and Ethnic Minority communities.	Health and Social Care needs report produced, and results influence service improvements. Action plan developed	Public Health Specialist, PCT Equalities and Diversity Manager, RMBC
Involving communities in the planning and delivery of services		
Extend Expert Patient Programme (EPP)	Health events held in communities to provide information about EPP.	Programme Manager – Expert Patient, PCT
Undertake Equity Audits		
Produce annual reports on health equity audits.	Number of services included in annual report process.	Public Health Specialist, PCT
Apply health equity audit to LSP themes.	Equity reports against NRS standards.	Public Health Specialist, PCT

SUSTAINABLE DEVELOPMENT

The Vision: Rotherham will be a place where the conditions are right to sustain economic growth, the well being of its citizens is prioritised and there is a high quality living environment sustained through minimising harm from development. Rotherham will be recognised locally, nationally and internationally for the positive impact of all organisations being excellent in sustainable development best practice.

Key Public Health Actions to deliver this Vision:

- *Ensure sustainable development is integrated into all plans, services and actions*
- *Address climate change*
- *Improve the environment*
- *Reduce the number of cases of fuel poverty*

Background and Context

Ensure sustainable development is integrated into all plans, services and actions

Sustainable Development means that planning and taking action to safe guard peoples well being, both now and for future generations, is integral to all actions. Sustainable development is essential to good public health, and good health is dependent upon achieving the social, economic and environmental conditions necessary for healthy living, brought about by sustainable development.

It is often the Borough's most deprived areas and communities that are disproportionately affected by unsustainable practices such as high levels of air pollution transport or transport movements. It is vital that future development considers economic, environmental and social factors on an equal basis to ensure that a balanced decision can be taken regarding the impact that any new development will have on the Borough as a whole.

Address climate change

Unsustainable development is also linked to climate change. There is growing evidence that the global climate is changing, through for example unsustainable practices which results in high levels of emissions of greenhouse gases such as carbon dioxide and methane into the atmosphere. Locally, nationally and internationally, we are already feeling the health and wider effects of a changing climate. Examples of this include more extreme weather patterns which are linked to increased accidents, and the depletion of the Ozone that provides protection from the harmful effects of the sun's radiation, such as increased risks of skin cancer.

Improve the environment

The quality of the environment that we live in can have a major impact on our health. People are able to live longer in good health when they are exposed to a high quality environment. It is important that we work to reduce environmental problems such as pollution or flooding in order to protect the health of the communities in Rotherham. A poor local environment can lead to feelings of isolation, depression, and can lead to increased fear of crime. Improving local environmental issues such as litter, dog fouling, graffiti, fly posting and fly tipping, has a positive effect on the health of people living in the area, through increased feelings of pride and inclusion in their community.

Reduce the number of cases of fuel poverty

Fuel poverty is another issue that affects our mental and physical health, as many people live in cold and damp houses that they cannot afford to keep warm. An energy efficient home is cheaper to heat (thus reducing fuel bills) and contributes to reducing global warming. Improving housing conditions can lead to improvements in mental health and well being.

Key Statistics

- 60% of new housing is built on previously developed land, this means that less previously undeveloped countryside is used for housing.
- In recent years, the amount of waste that is recycled in the Borough has trebled.
- The Yorkshire and Humber region is not yet on track to meet its climate change targets.
- Air quality in the Borough is generally good, but there are pockets where air pollution is unlikely to comply with Government targets for pollutant levels in 2010.
- Increases in energy prices mean that more people are suffering from fuel poverty.

What are we doing now?

Ensure sustainable development is integrated into all plans, services and actions

- A Sustainable Development Framework is currently under development for Rotherham. This will highlight any gaps which currently exist in our work, to ensure that sustainable development is key in all action within Rotherham.
- The Local Development Plan which governs development within Rotherham, is currently being subjected to a sustainability appraisal. The methodology for this appraisal has been developed by external experts and through consultation with a wide variety of partners.
- All Council buildings use green electricity

Address climate change

- We are increasing the energy efficiency of new housing through measures aimed at increasing

insulation and the installation of energy efficiency technology such as solar panels.

- We have developed a carbon management action plan to reduce CO2 emissions

Improve the environment

- We are reducing the annual growth in municipal waste through increased recycling and waste minimisation.
- We are focusing development on brownfield land to protect the environment and bring this land back into beneficial use.
- We are improving the quality of, and satisfaction with, green and open spaces.
- We have produced an Enviro-crime Strategy which puts in place an action plan to improve local neighbourhoods.

Reduce the number of cases of fuel poverty

- We have developed an Affordable Warmth Strategy, with a worker based in the Local Authority
- We provide training for front line staff and have developed initiatives aimed at target groups.

What do we plan to do?

Key Public Health Action	How will we measure it?	Who will lead?
Ensure sustainable development is integrated into all plans, services and actions		
Sustainability Appraisal	Increase the use of sustainability appraisals prior to development within the Borough.	Head of Planning and Transportation, RMBC
Address climate change		
Reduce CO2 Levels	Reduce the level of CO2 emissions from public buildings.	Head of Neighbourhood Services, RMBC With all LSP partners
Air pollution	Reduce levels of air pollution	Head of Neighbourhood Services, RMBC
Improve the environment		
Improve satisfaction with the environment	Increase the percentage of residents who are satisfied that their area is kept clear of vandalism, graffiti and rubbish.	Executive Director, Neighbourhoods, RMBC
Recycling change and waste minimisation	Increase recycling rates in Rotherham and increase waste minimisation	Executive Director, Neighbourhoods, RMBC

<p>Environmentally sound energy use</p>	<p>Maintain proportion of council buildings that are supplied by green electricity. Increase the energy efficiency rating of the Council's housing stock</p>	<p>Property Environmental Manager, RMBC</p>
<p>Reduce the number of cases of fuel poverty</p>		
<p>Reduce Fuel Poverty</p>	<p>Reduce the number of cases of fuel poverty</p>	<p>Head of Neighbourhood Services, RMBC</p>

UNDERPINNING ACTIONS

As well as actions already outlined, further action is required if the Strategy is to be delivered. These underpinning actions are necessary to;

- ensure that the work is based upon local need
- audit and monitor action and services and developments so that they meet the needs of the most vulnerable and reduce inequalities
- check the impact of major policies in Rotherham on the health of the population
- train staff to deliver public health work
- coordinate the action of all LSP Theme groups so that they all contribute to the improvement of health
- ensure that the work is led and supported by appropriate staff resources - there are some areas where extra capacity and expertise is needed
- make sure that the right structures are in place to oversee, support and drive the work forward and make sure it is delivered.

Actions recommended

Needs Assessment

We already have a wealth of information about health locally that has informed this Strategy. However there are groups of the population and health issues that we know less about. It is important to be clear and up to date about local needs in order to target action to be able to make the most difference and to be effective in meeting needs. Needs assessments include considering data and statistics, conducting research, talking with individuals and groups concerned and learning from evidence and best practice elsewhere. A programme of needs assessments is recommended to fill gaps in our knowledge.

Action: In year one an annual programme of needs assessment will be agreed.

Lead: Public Health Officer RMBC, Deputy Director of Public Health PCT.

Equity Audit

We need to be sure that services, actions and development work all target those most in need. This is not always the case – in fact, evidence tells us that those that need services most are often the least likely to receive them. This has been called the “Inverse Care Law” in health research. A programme of equity audits is recommended, to ensure that services actually reach those they are intended for and that they serve the needs of the most excluded and vulnerable. Early priorities should include sexual health services, nutrition education and alcohol misuse services.

Action: In year one an annual programme of equity audit will be agreed.

Lead: Public Health Officer RMBC, Deputy Director of Public Health PCT.

Impact Assessments

When major changes or developments are planned, or indeed are underway, there is a need to ensure that they have taken account of the possible impacts on the health of local people, as well as the environment. This would ensure that precautions are taken to safeguard health, and retrospectively ensure that developments are changed if they are adversely affecting health. There are several major developments planned or underway in Rotherham that could both positively and negatively affect health. Several impact assessments should be organised each year as part of this Strategy implementation. It is recommended that transport, and major regeneration schemes should all be subject to impact assessments. Integrated impact assessments are already proposed for the new planning framework - the Local Development Plan that will guide spatial planning.

Action: In year one an annual programme of major health impact assessments will be agreed. In addition a protocol for health impact should form part of all major planning applications, to guide decision making.

Lead: Public Health Officer RMBC, Deputy Director of Public Health PCT.

Staff Training

Many of the actions in the strategy will require training for staff and decision makers, to inform and educate them about implications, actions planned and evidence, and also to develop skills and expertise. A programme of modern public health training based on best evidence would be beneficial for a range of key workers such as social workers, environmental health and other Neighbourhoods staff, doctors (especially GPs), planners and policy staff.

Action: In year one an annual Training Action Plan will be agreed.

Lead: Public Health Officer RMBC, Deputy Director of Public Health PCT.

Co-ordination and Performance Management

It is essential that all public health action is planned and implemented in a coordinated way, across Partners and LSP Theme Groups. Public Health is everybody's business. In the Local Strategic Partnership (LSP) it is the responsibility for the Alive Theme group, led by the PCT. However there is recognition that all Theme groups contribute to public health, not least the Achieving Theme group (which includes responsibility for economic wellbeing and inequality reduction) and the Proud Group (responsible for, amongst other issues, community involvement). It is vital that the Public Health Strategy is owned by all theme groups and Partners, and they play their part in its realisation. Performance management, and reporting on public health action and achievements, should include actions by all Theme groups. Progress on the proposed actions and achievement of the strategy will be through the Alive Theme group.

Action: In year one a performance management framework will be agreed and implemented spanning the LSP and all key partners.

Lead: Matthew Gladstone

Reporting

To ensure public accountability and to demonstrate continuing progress we will publish a yearly report on progress made in taking forward the key objectives and measures. This will be reported extensively, including Rotherham MBC, Rotherham PCT, Rotherham Partnership and other key Partners. The Alive Theme group will oversee the strategy implementation and performance management, and will bring regular reports to the LSP Board.

There will also be regular reports to Rotherham MBC's Adult Social Care and Health Scrutiny Panel to monitor and evaluate and as part of their wider role to scrutinise the impact of health services and programmes

Resources and leadership

Much of this strategy can be taken forward within existing resources. Others may require new resources. Rotherham MBC, Rotherham PCT and Partners should look at all opportunities for funding and resources to deliver the specified proposals. These include:

- **Public Health Nutrition.** A strategic lead post is required to develop the work outlined as priorities in this strategy to promote improved healthy nutrition and food standards in Rotherham.

Action: PCT and Rotherham Foundation Hospital Trust to consider

- **Environmental Public Health.** This is a key priority and one that will continue to grow in importance over the next few years with many challenges facing Rotherham, the South Yorkshire region and the Country. Again a strategic lead post is suggested with expertise in Sustainable Development and Environmental Health but also Public Health to ensure Rotherham takes preventive action and plays its part, both in the region and nationally, to tackle such issues as climate change and environmental protection, minimising pollution and supporting programmes to tackle workplace hazards.

Action: PCT and RMBC Neighbourhoods to consider the way forward.

- RBMC is arguably an organisation that can contribute significantly to promoting public health. RMBC is mostly responsible for the services which determine health, examples include economic development, housing, environment and neighbourhood services (such as cleanliness and waste), planning, social support, education, culture and leisure to name but a few. It is very important therefore, that RMBC has a coordinated and strategic approach to maximise its health

promotion, protection and prevention role. All RMBC Programme Areas and services need to be involved but it requires leadership and coordination for most effect. Evidence from elsewhere indicates that public health in Local Authorities is most effective when it is placed strategically in the centre of the council, near to the Chief Executive, and able to influence strategic policy and to advise leading Elected Members.

Action: RMBC to appoint a Senior Public Health Specialist by September 2006.

Structures

As indicated above, the role of RMBC in public health requires further development. If a public health specialist is appointed, one of their roles would be to support cross-cutting work across all Programme Areas and Services. The Alive Theme group of the LSP will be responsible for overseeing the whole Public Health Strategy. It is likely to need subgroups to focus on priority action areas such as nutrition. A series of targeted task groups will be needed and some of these will need input from other Theme groups if they are to be effective.

Government policy on public health has stressed for some time, the importance of Public Health Networks. These are networks of those with a role to play in public health at all levels and from all sectors. Rotherham does not currently have a Public Health Network. Such networks can play a vital role in professional development, developing ideas and projects, debating policy, future thinking and planning. A network can be very helpful to PH specialists — i.e. those who operate at strategic level such as the Chief Environmental Health Officer, The Director of Public Health and their senior teams, as well as to Public Health practitioners, e.g. Health Visitors, School Nurses and Environmental Health Officers. They are important to stimulate and involve others who have a major influence on public health but may not realise it, such as politicians, planners and architects. Furthermore, many clinicians in the NHS, although very supportive of prevention and public health, don't get many opportunities to be involved. A Public Health Network would facilitate their involvement and the input of their expertise, e.g. involvement of respiratory illness specialist in anti pollution programmes. It would also shape, inform and learn from other similar regional and national structures. Whilst a Borough-wide Public Health Network would be best for strategic public health staff, it may be most effective to organise Public Health Networks at each Area Assembly/partnership level in order to ensure that the Strategy is delivered, further developed and tailored to local needs.

Action: Director of Public Health to explore and co-ordinate a Public Health Network for Rotherham.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Community Cohesion Delegated Powers Meeting
2.	Date:	26th June 2006
3.	Title:	Local Area Agreement (LAA) Pump Priming Grant
4.	Programme Area:	Chief Executive's Department

5. Summary

The purpose of this report is to inform the meeting of the recommended approach to the allocation and use of the Pump Priming Grant to support the stretch targets in the LAA.

6. Recommendations

That the meeting note the proposed allocation of Local Area Agreement Pump Priming Grant

7. Proposals and Details

As part of the Local Area Agreement there is a Pump Priming Grant allocated to support the achievement of the stretch targets. We have now received the Grant Determination Letter which confirms that we will receive £1,002,300.

Allocation and use of LAA Pump Priming Grant (PPG)

An initial issue to consider is that the target holders within the council and partner organisations have been preparing bids for pump priming grant on the basis of both capital and revenue expenditure. Unfortunately, the grant determination letter states:

'LAA Pump Priming Grant - PPG, where received, must be used specifically on the LAA stretch targets and must be used to pay for capital expenditure only. We expect to issue a capitalisation direction for part or all of each authority's reward element PPG later in the current financial year. We appreciate that this uncertainty could cause authorities some concern and we will, of course, clarify the position as soon as possible.'

We have let Government Office know informally that this was not the basis that we were operating on and will impact on our ability to achieve the stretch targets within the LAA.

The feedback we have now had appears to give us more flexibility and therefore the analysis that appears at Annexe A of the proposed allocation of Pump Priming Grant is based on both capital and revenue expenditure, An early decision on the allocation of PPG being needed to ensure that target holders can start programmes of work and employ temporary staff as soon as possible, to undertake the work required on stretch targets.

The bulk of the allocation against stretch targets is for new activity and at this stage £2,300 is unallocated and it is proposed to use this as a contingency to cover any minor alterations to targets when bids have been fully worked through.

Target holders will be required to supply quarterly reports on performance and spend against stretch targets and will maintain auditable records to support any pump priming grant expenditure.

The meeting are asked to note the proposed allocation of Local Area Agreement Pump Priming Grant.

8. Finance

The pump priming grant will amount to £1,002,300. This will be paid in the 2006/07 financial year and can be used at any time during the period of the LAA.

9. Risks and Uncertainties

Failure to agree the allocation of pump priming grant will affect the council and partners ability to meet stretch targets.

10. Policy and Performance Agenda Implications

The LAA is a key agreement which will represent the community and corporate strategic objectives and priorities. Performance against LAA targets is a fundamental indicator of the council and its partners' core performance, and continuous improvement. Any external assessments of council performance, particularly CPA, will be informed by how well the LAA targets are progressing, particularly the increased focus on value for money.

11. Background Papers and Consultation

Background papers are the Local Area Agreement and the guidance form the ODPM.

Consultation has already taken place on the content, scope and key priorities of the LAA with stakeholders, partners and members of the public

Contact Names :

Lee Adams	Assistant Chief Executive	Ext 2788
Tim Littlewood - Principal Officer Performance Management		Ext 2766

Annexe A Proposed Allocation of LAA Pump Priming Grant

Children and Young People

Stretch Target	Activity	Allocation	Allocated To
Skills For Life	Teaching and Learning Support	85,000	RMBC
NEETS	Targeted Initiative / Early Interventions	65,000	RMBC
Healthy Schools Status	Work In Schools	100,000	RMBC
		Total for block	250,000

Healthier Communities and Older People

Stretch Target	Activity	Allocation	Allocated To
COPD	Breathing Space	100,000	PCT
Direct Payments	Improving uptake	60,000	RMBC
Older People helped to live at home	Additional support to enable people to live at home	60,000	RMBC
Reviews of care packages	Focused work in support of the review process	60,000	RMBC
		Total for block	280,000

Safer and Stronger Communities

Stretch Target	Activity	Allocation	Allocated To
ASB	Arson Reduction	20,000	SYP/SYF
	Interventions/Youth Shelters	40,000	SYP
	ASB Team	60,000	RMBC
Domestic Violence	Domestic Violence Advocates	60,000	SYP
Fly Tipping and Graffiti	Publicity campaigns & sting operations, barriers, reward schemes and anti-graffiti painting	70,000	RMBC
Recycling	Recycling Campaigns/ Community Initiatives and infrastructure development	70,000	RMBC
		Total for block	320,000

Economic Development and Enterprise

Stretch Target	Activity	Allocation	Allocated To
Business Start ups	Support to Businesses/Research	75,000	RMBC/Chamber of Commerce
Incapacity Benefit	Funding for additional advisers to work directly with claimants in target areas	75,000	
		Total for block	150,000

Total Target Allocation 1,000,000

Rotherham PPG Allocation 1,002,300

ROTHERHAM BOROUGH COUNCIL

1.	Meeting:	Community Cohesion Delegated Powers Meeting
2.	Date:	26 June 2006
3.	Title:	Budget Consultation
4.	Programme Area:	Chief Executive's Department

5. Summary

This report provides a summary of the findings of a major consultation exercise undertaken earlier in the year to help inform the development of the Budget and more widely.

6. Recommendations

The Cabinet Member is asked to:

- 1. Note the main findings from consultation with the public about priorities for council spending for 2006/7**
- 2. Consider and discuss the main findings from the report as outlined**
- 3. Note that the findings have been used to develop the budget and more widely**
- 4. Agree that the findings of the report continue be taken into account in further developing policies and services**
- 5. Note the generally good feedback about the consultation**

7. Summary

During January 2006 Chief Executives Office (Policy and Research) with support from the Performance and Finance sections in the Chief Executives Office and other programme areas undertook a major consultation exercise to help inform the development of the 2006/07 Budget and policy and service delivery more generally.

The consultation was designed around the key aims below:

- To feed views into the Medium Term Financial Strategy (MTFS) on the spending priorities for the Council based on the Priorities of the Community Strategy.
- Raise awareness of how council sets and agrees its spending priorities.
- Demonstrate to residents that the council wants to listen to their views
- To inform council decision making

The consultation was themed around the Council's Vision and priorities of the Community Strategy to ensure consistency with the early stages.

4. Summary of Consultation Results

The findings from the 2 stages were then brought together to provide a robust and detailed understanding of people's priorities for improvement.

A number of overall priorities emerged from the consultation:

1. **Town Centre** – There appears to be a general dissatisfaction with the retail and leisure facilities available in Rotherham Town Centre. Additionally there were issues around accessibility and design of the Town Centre.
2. **Economic Growth** - There was a high degree of emphasis placed on the retention of graduates, local high level career opportunities and career advice. A common message was that Rotherham needs to attract more high quality businesses and inspire young people to start up new businesses.
3. **Transport/Traffic/Parking** – Transport issues arose frequently with key issues around both public transport and traffic flow/parking. Community transport was cited as an area for improvement.
4. **Learning** – Barriers to the accessibility of provision was an issue. There was a clear demand for better provision and variety in the supply of provision to meet differentiated needs, particularly school age learning. It was felt that basic language skills needed more emphasis.
5. **Quality and provision of leisure activities/facilities** - A key theme raised was the quality and level of provision of sporting, recreational, cultural and leisure activities. Issues arose around information provision and the need to consult with residents in the design and planning of any future facilities in

Rotherham. The link between health and the outdoor living environment was identified with specific improvements around quality and cleanliness of parks and children’s play areas.

6. **Crime and Safety** – A major theme was that crime and especially the fear of crime was prevalent and a major concern. Fear of crime particularly in the town centre stemming from anti-social behaviour was highlighted. There was an emphasis on the importance of improving community relations and reducing anti-social behaviour generally.
7. **Environmental issues** - Issues arose around the quality and provision of green spaces, roads and pavements. Litter was a key theme with suggestions of more recycling facilities across the Borough.
8. **Housing** – Design was a key theme, and it was felt that residents should be more involved in the planning and design of new homes and commercial building projects across the borough. Housing affordability was identified as a growing issue.
9. **Democracy and Pride** - The need to feel ‘proud’ of Rotherham was a key theme with feelings that the ‘image’ of the borough could be improved. The importance of community consultation was a major theme.
10. **Community and voluntary sector** - A better understanding of the diverse communities in Rotherham was highlighted along with celebrating diversity. The voluntary and community sector were viewed as key players in promoting proud and active citizenship.
11. **Care** - More assistance needed and care tailored to specific community of interest groups.
12. **Customer Service** - Issues around customer service delivery and language barriers amongst council staff with residents.

The following table summarises the key messages from the consultation by Priority Theme:

Key Issues
Rotherham Achieving
Town centre
Transport
Economic growth and barriers to growth
Rotherham Learning
Education provision

Barriers to learning
Basic skills
Rotherham Alive
Quality and provision of leisure activities/facilities
Health information and provision
Support for vulnerable people
Rotherham Safe
Crime, fear of crime and community safety
Environmental
Housing
Rotherham Proud
Pride in the borough
Community and voluntary sector
Care

The following table highlights the main issues raised by the target communities that took part in the stage 3 focus groups, and stratified by group and the corresponding Priority Theme.

Overall priorities	Priority theme
YOUNG PEOPLE	
Cleanliness of the town centre	SAFE
More street lighting in the town centre	SAFE
Development of the town centre - shops/facilities/social activities	ACHIEVING
Respect of young people	PROUD
OLDER PEOPLE	
Advocacy and support for communities	PROUD

Health Provision	ALIVE
Crime and anti-social behaviour	SAFE
BME WOMEN	
Accessible faith learning classes	LEARNING
More provision for young people	ALIVE
Asian one stop shop centre	ALIVE
BME MEN	
Development of town centre shopping	ACHEIVING
Health awareness	ALIVE
Business and enterprise opportunities	ACHEIVING
Cultural awareness	PROUD
DISABLED PEOPLE	
Accessible transport	ACHEIVING
Safety	SAFE
Consultation, cross communication and information	PROUD
CARERS	
Carers centre	PROUD
Safety	SAFE
Housing	SAFE

The overall priorities for the budget and mid term financial strategy from the consultation are shown in the table below.

Table Summary of Key themes from Consultation broken down by Priority Theme

Key Issues

Rotherham Achieving

Town centre

Transport
Parking
Rotherham Learning
Education provision
Quality of Information
Basic skills
Rotherham Alive
Quality and provision of leisure activities/facilities
Health information and provision
Rotherham Safe
Crime, fear of crime and anti-social behaviour
Environment
Housing
Rotherham Proud
Pride in the borough
Care
Customer service

The findings were then fed into the Council's budget making process. They helped to guide and fine-tune the Council's total budget for 2006/07. They were a key input into the process, as reflected in the strong relationship between the final budget priorities, and the priorities identified as part of the consultation.

Rotherham Learning includes an extra £60,000 on education for vulnerable children and an extra £75,000 for the School Improvement Service to increase attendance;

Rotherham Achieving includes £450,000 in the Town Centre Renaissance programme and the Rotherham Regeneration Plan. There also £2.5m to help support a service to provide free transport for older people across the county;

Rotherham Alive includes money to support the start of £35m programme of building new pools and leisure centres at four venues in the borough.

- ❖ **Rotherham Safe** includes £740,000 into a new, Safer Neighbourhood Warden scheme for the borough and an extra £100,000 to tackle anti-social behaviour plus £175,000 to combat motorcycle nuisance in our woodlands and green spaces.
- ❖ **Rotherham Proud** includes £650,000 to support specialist placements for children and young people with complex needs and an extra £175,000 for more aids and adaptations to help make homes safer and easier to live in.

The findings are of wider interest and have also been used more widely, for example the findings of the Focus Groups have been used to develop the Neighbourhood Renewal Strategy, Mid-term Financial Strategy and Town Centre Social and Environmental Strategy.

8. Finance

The cost of the consultation was met from Chief Executive's Departments budget, on behalf of the authority.

9. Risks and Uncertainties

The main risk is that the findings will not be given the weight and consideration they warrant. Steps have been taken to ensure this.

10. Policy and Performance Agenda Implications

The ODPM stress that local authorities should consult residents on appropriate budgetary developments.

The Audit Commission judge value for money from a community perspective as part of the CPA use of Resources Assessment.

The Modernisation Agenda supports both member and officer level decision making and drives forward public engagement which is a key driver of the modernisation agenda.

11. Background Papers and Consultation

The budget consultation proved very popular with residents and demand to be involved in any future budget consultation was high.

Feedback was also sought from those involved in the consultation. This was very positive, and most people stated that they would like to be involved in similar consultation exercises. For Examples of feed back please see appendix A:

All those taking part in the focus groups have been informed been provided with a report outlining the key findings from the consultation and how it has informed the budget setting process.

12. Contact Names:

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Appendix A: Examples of feedback

Feedback was also sought from those involved in the Focus Groups. This was very positive, and most people stated that they would like to be involved in similar consultation exercises. Examples of feedback received, include:

Jeanette from the Rotherham Carers Forum: **"This was one of the best consultation programmes I have been involved in 13 years. It was made very relevant to us and people felt empowered and totally part of it. It was not a tick box exercise and I was blown away by it."**

Mark (41) from Brinsworth, who is a member of the Rotherham Impaired Visual Users Group: **"It was very well organised and I think I found it quite useful. It was the first time I've been involved in anything like this and I found it was really friendly atmosphere."**

Fidel (40) from Greasbrough, a member of the BME Men's group: **"I found it useful to find out how the budget is being used in good ways to help people. I would definitely get involved again as it was made easier for me to get involved."**

Rose (82) from Broom Valley, is active in a range of volunteer projects: **"I found it useful in finding out more about what is happening and when in Rotherham. I have lived here for 42 years and seen some changes, some not always for the better."**

Youth cabinet members and Aston School classmates Charlotte (15), Sara (14) and Richard (15): **"I found it definitely useful as it is important that young people as a group should have their say about services and how money is spent. There might not be a difference in the generations as we might want the same things as older people,"** said Richard.

"We spoke about things that are happening and are important to us today. I enjoyed it," said Charlotte.

"It was good that we got an opportunity to talk about what money is spent on rather than the council saying young people will want this," said Sara.

Shazia (33) from Rawmarsh took part in the BME's women's group: **"I think it was a good idea and glad I took part in it. The fact that our views were asked for and considered in how to spend the budget made it a positive experience. I would get involved again."**

ROTHERHAM BOROUGH COUNCIL

1.	Meeting:	Community Cohesion Delegated Powers Meeting
2.	Date:	26 June 2006
3.	Title:	Older Persons Conference
4.	Programme Area:	Chief Executive's Department

5. Summary

This report outlines the findings from a major conference to gather views on the needs and priorities of older people in Rotherham, and outlines how these have been used to inform policy and service delivery.

6. Recommendations

The Cabinet Member is asked to:

- 1. Note the main findings from consultation with the public about priorities for Council spending for 2006/7**
- 2. Consider and discuss the main findings from the report as outlined**
- 3. Note that the findings have been used to develop the Older Persons Strategy and more widely**

7. Summary

Earlier the Council in conjunction with Rotherham PCT and Rotherham Age Concern held a major conference to gather views on the needs and priorities of older people in Rotherham.

About a hundred people attended. The majority older people but also senior officers from key agencies such as the Council, Rotherham PCT, Government and Police together with Councillors and local MP John Healey.

The conference combined presentations, workshops, exhibition and entertainment to gather and share the maximum amount of information in a fun, accessible and interactive way.

All approaches were designed to be as inclusive as possible. The Conference was held in an accessible location, help with transport was made available, signers and translators were available for those who needed, for example. Older people themselves were also closely involved in its design and delivery.

The main issues from the morning session were in relation to:

- Empowering older people
- Older having a greater say in how services they depend on are run
- Regenerating the Town Centre
- Transport, including community transport
- Local services provision
- Broadening and deepening partnership working
- Better communication
- New models for partnership working
- Focus on delivery and improvements on the ground
- Provision of community and leisure facilities
- Don't make promises about service delivery if you can't deliver.

The comments and ideas received have already helped to develop, shape and guide policies and proposals in a number of key areas. For example, they have already

- Under-pinned the emerging Older Persons Strategy for Rotherham. This will provide a framework and focus for services and actions aimed to improve the well being of older people.
- Fed into the just refreshed Neighbourhood Renewal Strategy, which aims to narrow the gap between the Borough's most deprived communities and the rest of the Borough, and for the first time specifically identifies vulnerable older people as a key target group
- Made a key contribution to the emerging Social and Environment Strategy for the Town Centre that has a specific section on older people.
- Informed the detailed analysis of older people needs and priorities being developed by the Council and that has been identified as 'best practice' by the Government Audit Commission (See appendix B)

At the end of the Conference the key partners also made a number of immediate pledges of actions following points raised at the event. These have all been progressed:

- The Council has confirmed that it will be renewing its subscription to the Better Government for Older People, and a meeting has been held to strengthen the Council's involvement in this key body
- That a multi-agency group will be brought together to spearhead the development of older persons forum that will act as a sounding board to address and articulate older persons views
- The Council will undertake a scrutiny review into the public and community transport needs and priorities of older people, and will develop an action plan on how these needs can be strengthened.

Appendix A provides a more detailed summary of the key findings from the Conference, and how the findings have been used to inform service delivery and policy development.

8. Finance

The cost of the event was met jointly from Chief Executive's and Adult Social Services Programme Areas, on behalf of the Authority and Rotherham PCT.

9. Risks and Uncertainties

The main risk is that the findings will not be given the weight and consideration they warrant. Steps have been taken to ensure this.

10. Policy and Performance Agenda Implications

These findings are important to the Council, Rotherham PCT and other partners to take forward older persons issues, and ensure that their needs and priorities are fully reflected in policy and service delivery.

11. Background Papers and Consultation

The event was popular with those taking part, as reflected in the formal and informal feedback received. The event and the wider approach to identifying older persons needs and priorities has been identified by best practice by the Audit Commission.

12. Contact Names:

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Older Persons Conference – report and outcomes May 2006

Joint Age Concern/Rotherham PCT/Rotherham MBC event on the needs and priorities of Older People held on 2 December 2005.

Introduction

Rotherham MBC, Rotherham PCT and Age Concern Rotherham held a major conference to gather views on the needs and priorities of older people in Rotherham.

About a hundred people attended. The majority older people but also senior officers from key agencies such as the Council, Rotherham PCT, Government and Police together with Councillors and local MP John Healey.

The conference combined presentations, workshops, exhibition and entertainment to gather and share the maximum amount of information in a fun, accessible and interactive way.

All approaches were designed to be as inclusive as possible. The Conference was held in an accessible location, help with transport was made available, signers and translators were available for those who needed, for example. Older people themselves were also closely involved in its design and delivery.

The event was split into two main sessions:

1. *Morning Session*

The morning session was jointly chaired by Cllr R Stone (Leader of Rotherham MBC and Vice-Chair of Rotherham Partnership) and Councillor Robin Stonebridge (Older Persons Services Champion).

There main presentations were by:

- John Healey Local MP and Treasury Minister
- Alison Matthews a senior Officer in the Government's Department for Work and Pensions
- Lee Adams, Assistant Chief Executive, Rotherham MBC and
- Sarah Whittle, Rotherham PCT and Rotherham Partnership

There were also presentations by:

- Pat Cahill, Plus 50 Rotherham
- Margaret Pykett, Rotherham Age Concern
- Anne Clough, Rotherham Older Peoples Experiences of Services (ROPES),

Cllr Mrs H Jack, the Mayor of Rotherham opened the event

These provided the context for the event, opening issues for discussions, presenting different perspectives from central government, local government and the PCT and Voluntary and Community Sectors on older persons issues

The main issues from the morning session were in relation to:

- Empowering older people
- Older having a greater say in how services they depend on are run
- Regenerating the Town Centre
- Transport, including community transport
- Local services provision
- Broadening and deepening partnership working
- Better communication
- New models for partnership working
- Focus on delivery and improvements on the ground
- Provision of community and leisure facilities
- Don't make promises about service delivery if you can't deliver.

2. *Afternoon Session – summary of workshop discussions*

Five areas based on the Community Strategy Priority Themes were then the subject of more focused discussions. With inputs from experts in the area and older people, these sessions raised a number of issues to be explored and discussed:

Achieving Workshop (facilitated by Kate Plant, Rotherham Partnership and Pat Cahill, Plus 50 Rotherham)

The main issues were in relation to:

Transport

- Changes that are being made to Bus Passes for older people.
- Would like to see Trolley Buses back – quieter and cleaner transport
- The cost of the Super Tram
- More publicity about when older people can claim expenses back e.g. to hospital
- Accessibility of buses in terms of design and routes
- Need for more community transport provision, including dial a ride
- Would like to see a customer charter from the bus companies.
- Access to Retail World via bus is difficult
- Difficult to access the countryside on public transport

Town centre

- Its regeneration must be a top priority
- Car parking is a major issue in the town centre, insufficient, poorly located and expensive
- Disliked the new screen in the town centre, felt that it spoilt the view of the Minster.
- Lack of high quality shops
- The street market makes the town centre more vibrant.
- The indoor market is invisible to visitors who
- Many older people feel that Rotherham is intimidating in the afternoons, large groups of people.
- The town centre is difficult to get around especially the hills etc, this is why Shop Mobility is vital.
- Concern was raised about who would live in new housing to be built in the Town Centre

- New plans for the Town centre need to make sure they do not disrupt current established businesses.
- The river needs to be opened up

Facilities for older people

- One theatre, no shops, no leisure facilities.
- Need more facilities and venues for older people's learning. Could there be a drop in centre specifically for older people? Crinoline House used to have this facility and it was extremely popular.
- There needs to be sports facilities for the over 50's, this would have both social and physical benefits. Are existing facilities going to be cut back?
- The museum is very good, but it is difficult to access.

Benefits

- Reasons for low benefits uptake – people are proud, there is too much paperwork involved, the process is too complicated and can be confusing, there are too many questions, the process is often humiliating and the attitude of some officers makes this worse.
- Is the funding actually there for the benefits that are not taken? If so it the problem should have already been tackled.

Alive Workshop (facilitated by Sarah Whittle, Rotherham PCT and Phil Rogers, Culture, Leisure & Lifelong Learning, Rotherham MBC)

The main issues were in relation to:

Sport and leisure

- Need accessible facilities across Rotherham
- Range of sports facilities, e.g. indoor bowling, at reasonable cost
- Facilities should not be closed before the replacement is opened
- Facilities need to be accessible during the day as well as the evening
- Need a Canasta club in Rawmarsh!
- There is a lack of information about what is available in the area
- Lack of maps e.g. cycling maps, in the area
- Need a directory of social facilities in the area
- The information needs to be accessible and people should be signposted to where they can get this information – could be advertised in Rotherham Matters
- Swimming pools should be suitable for disabled people

Town Centre

- Shuttle bus between Parkgate and Town centre – very important
- A level crossing and good pedestrian access to Parkgate – very important
- Need good access to shops and facilities, including access for cars
- Marks and Spencers!
- Town centre should be safe
- Cheaper parking
- Places for people to meet/social areas in town centre
- Tram connections

- Facilities should be maintained as well as developed
- Improve transport in and out of Parkgate – problems with congestion

Parks

- Very good!
- Need to develop amenities

Learning Workshop (facilitated by Paul Billingsley, Social Services, Rotherham MBC and Tom Brown, University of the Third Age)

The main issues were in relation to:

Community Education

- The council should do more.
- It's not about resources, people have lifetime experiences that need to be passed on - we need a network that works.
- Better publicity and marketing
- Lack of resources/priorities - need to think more about advertising.
- Outreach tutoring would be a good idea.
- Not much non vocational education for older people.
- Non-vocational adult education keeps older people from the doctor's surgery as it increases their well-being.
- Priority should be about sharing knowledge. There is a lot of knowledge in this room, many of us are university educated. We could give talks to other older people to share this knowledge.
- Need funding. The University of the 3rd Age has 150 members and are completely self funded.
- Would like to join the University of the 3rd Age but been a full-time carer for my dad for the past year.
- There is a lack of Town centre accommodation available
- Want surplus accommodation to use - such as schools in the Borough
- Issues re transport
- Safety issues - training courses need to be during the day, not bothered about going out at night.
- Bus fare concessions only apply between the hours of 09.30 and 15.30 so will put people off attending training courses if outside of these hours.
- I'm frightened of the internet so can't look there for information.
- They have loads of patience at the Millennium Centre with older people wanting to learn.
- Would be great to have free broadband access.
- Need to be made aware of new developments.
- Learning to use the internet brings up a whole new world for older people. It makes us less lonely and able to contact our family at night.
- Gives us better mental wellbeing as well as physical well being.
- Some older people are scared or not comfortable with IT training. They don't have the confidence and don't enjoy socialising.

- How does the council prioritise services such as education provision to 14-19 year olds?

Proud Workshop (facilitated by Margaret Pykett, Rotherham Age Concern and Martin Hughes, Neighbourhoods, Rotherham MBC)

The main issues were in relation to:

Strengthen Involvement and engagement

- More support to promote volunteering and caring
- Establishment of a borough wide group / network to be a first point of contact between service deliverers and older people. Existing groups can link into this.
- Council for older people – plus other groups (Forums)
- Engage with local Community Partnerships
- Take part in consultation
- Living on council boundary – Council don't recognise postcode + phone number issues.
- More Facilities for hard of hearing – Loop system
- Venues with access and facilities
- Greater publicity and awareness raising – what groups already exist
- Map existing groups and publicise (Libraries)
- Know who is doing what and why
- Build networks – communication
- Need to Work in partnership
- Work together on funding bids
- Communities on boundaries feel isolated
- Community Transport issues on boundaries
- Concerns over Foundation Trust
- Opportunities for Learning, sharing experience and expertise
- Plus 50 needs to be supported and developed

Safe Workshop (facilitated by Angela Smith, Neighbourhoods, Rotherham MBC and Sgt Stuart Price, South Yorkshire Police)

The main issues were in relation to:

Crime and anti social behaviour

These are major issues, and need to focus on:

- Criminal damage
- Alcohol and drug related issues
- Anti-social behaviour
- Youths congregating
- Motorbike nuisance
- Facilities for older young people 12-17

Decent Homes

- Issues surrounding repairs
- Tenancy policy – enforcement

- Better choice

Reducing accidents

- Winter issues such as the need to grit roads and paths
- Vehicular hazards such as cars parking on footpaths, better traffic control
- Accessibility in and around the Town Centre

Environment

- Waste, litter etc
- Abandoned vehicles

General

The event also highlights issues that have are of particular relevance to groups with particular needs such as BME, women and disabled communities. Issues of particular relevance to BME included the need for information and cultural awareness in health and other services and the need to recognise and provide for an increasing diverse population. Women participants also made a significant number of comments regarding home support services, carers and residential care. Most of the issues specific to disabled concerned the need to have greater access to services.

Next steps

The comments and ideas received have already helped to develop, shape and guide policies and proposals in a number of key areas. For example, they have already

- Under-pinned the emerging Older Persons Strategy for Rotherham. This will provide a framework and focus for services and actions aimed to improve the well being of older people.
- Fed into the just refreshed Neighbourhood Renewal Strategy, which aims to narrow the gap between the Borough's most deprived communities and the rest of the Borough, and for the first time specifically identifies vulnerable older people as a key target group
- Made a key contribution to the emerging Social and Environment Strategy for the Town Centre that has a specific section on older people.

ROTHERHAM BOROUGH COUNCIL REPORT

1.	Meeting:	Community Cohesion Delegated Powers
2.	Date:	26 June 2006
3.	Title:	Research & Statistics Information
4.	Programme Area:	Chief Executive's Office

5. Summary

This report advises Members about the development and dissemination of the updated Ward and Assembly Profiles. It also provides an update on progress in the development of neighbourhood statistics more generally.

6. Recommendations

The Cabinet Member is asked to:

- 1. Consider and welcome the new Ward and Area Assembly profiles**
- 2. Agree to their wider circulation**
- 3. Welcome their use for service planning and policy development**
- 4. Welcomes the wider developments in the development and dissemination of profiles**

7. Details

Area Profiles

Area Profiles provide statistical information on specific geographical areas and are being produced by the Corporate Research Team in 2006. New profiles for each of Rotherham's Wards and Area Assemblies have already been produced and made available to Members and more widely.

The Area Profiles include a summary of the statistics relevant to an area from a wide range of sources, including information from the 2001 Census, locally developed Neighbourhood Statistics, the 2004 Index of Multiple Deprivation and key Department for Work and Pensions benefit data. Within each profile the area is compared to the rest of Rotherham (and in some instances England).

Area Assembly Profiles contain key findings from the last two ReachOut (Citizen's Panel) Surveys. Due to the methodology used for ReachOut it is not possible to provide findings for smaller areas although it is intended that survey information will be included for wards and some other areas in the future.

In addition to the main profiles, summary profiles are being produced and are available for Wards and Area Assemblies. Full profiles are not suitable for areas with populations under about 1,500 but summary profiles will be produced for these areas. It is intended to produce Area Profiles for the Borough, Parliamentary Constituencies, Neighbourhood Renewal Target Areas, Parishes and any other relevant areas identified.

Information contained in the Ward and Area Assembly Profiles will continue to be developed and disseminated at a small area level (Super Output Area level, of which there are 166 in Rotherham) in order to identify differences and inequalities between areas which would be 'hidden' if Ward information alone was used.

The emphasis on locally updated small area statistics has been supported, through the provision of information, by Programme Areas and Key Partners (such as the Primary Care Trust). Some of the information developed by the Corporate Research Team which fed in to the Children and Young Peoples Audit of Need has also been included in the Area Profiles.

Immediate uses for this information in Rotherham include the provision of information for the development of the Safer Neighbourhood Teams, Neighbourhood Charters, and Area Assembly Plans. They have also been disseminated widely including to all Members and via web-site.

Wider developments

The profiles form an integral part of a wider range of tools and approaches to develop a greater understanding of the needs and priorities of the Borough communities.

These include **Community Profiles** that provide a greater understanding of Communities of Interest in Rotherham. Unlike Area Profiles, they have a Borough wide remit although details are provided about areas where different groups are concentrated. Information is provided about the national context and characteristics of each community of interest. Detailed analysis of local data from the 2001 Census is provided along with any other information available locally. Community Profiles will be made available to help shape and inform services and policies by the Council and it's partners.

The improvement of available data from various sources and the development of more sophisticated approaches to profiling through the Council's involvement in the Audit Commission's Area Profiling Pilot Project have enabled the Policy and Research Team to develop a more in depth understanding of the needs and priorities of its many communities.

Community Profiles have already been produced for Women, Older People and the Irish Community. Profiles of the Pakistani and Chinese Communities will be published soon. Profiles are planned on other ethnic groups, disabled people, children, young people, carers and possibly other groups if identified as a priority.

The Council has also been at the forefront of provide small area data, and providing information to the public. Good examples include:

Neighbourhood statistics is an initiative developed by Rotherham MBC in 2002 and 2003 in partnership with partner agencies, to provide data relating to small geographic areas. Local Neighbourhood Statistics provides information about housing, crime rates, local benefits and educational attainment for 2005. Rotherham's approach was developed prior to the development of national Neighbourhood Statistics by the Office for National Statistics. The Department for Work and Pensions has more recently started provide benefit data at smaller geographical levels.

Neighbourhood Statistics data has been used to produce the Local index of multiple Deprivation which was used to define target areas for the local Neighbourhood Renewal Targeting Strategy. Through the analysis of local indicators the top 25% most deprived areas of the Borough were identified which now form thirteen target neighbourhoods.

Neighbourhood Statistics has also been used widely across Rotherham by Programme Areas, Key Partners and community groups for smaller projects to provide baseline information, identify problems and needs, and measure the impact of services or activities. Community development can be informed by key statistics about a local area to help make decisions about what local priorities might be, assess local conditions or to provide evidence for a funding bid. A profile can be produced to match Ward, school catchment areas, community boundaries or any geographic area of interest within Rotherham.

In 2006, new information has been added to the interactive online mapping capability of the Rotherham MBC website. The whole facility has been redesigned and includes Local Neighbourhood Statistics along with Census data, local population

estimates, DWP benefit data and Index of Multiple Deprivation 2004 data. This information can be viewed online and users can alter the way data is displayed, so for example they can zoom in on areas, include background maps or change colour schemes.

Rotherham MBC has aimed to be at the forefront of providing information to the public via the **Internet** and was an early pioneer of online mapping through the Neighbourhood Statistics Project in 2003. In 2006, every effort has been made to make information held by the Corporate Research Team available to Members, officers and the public through website development. All of the information sources described above and more can be accessed using the new Research and Statistics section of the RMBC Website.

7. Finance

There are no direct or significant financial implications relating to the production of the Area Profiles, Community Profiles of Neighbourhood Statistics which are produced within the existing budgets and as part of the Annual Research Plan.

8. Risks and Uncertainties

The information referred to is needed to help shape and inform service planning/ delivery and Policy/ Strategy development at all levels (e.g. – from Community Planning to the development of Strategic Policy) for Rotherham MBC and Partners.

9. Policy and Performance Agenda Implications

Through the presentation of key comparative statistics and information the evidence base provided by Corporate Research will support the local and national neighbourhood agenda, influence service planning and provide better information to Elected Members enabling them to have a better understanding of the socio-economic characteristics of the area they represent.

Any form of Audit Commission inspection (through Key Lines of Enquiry) or internal Self Assessment focuses on assessing to what extent relevant and timely information and intelligence is available relating to the needs and priorities of the local community. Through internet dissemination the profiles and online mapping provides a local evidence base of information in an accessible format for a wide variety of audiences.

The Area and Community Profiles link to the Audit Commissions Area Profile Pilot Scheme (Phase Two) which Rotherham has been involved in. This links accurate information to the wider performance agenda with an emphasis on people and place and on joining up information that cuts across traditional service boundaries. A number of new national developments have reinforced this overall approach.

10. Background Papers and Consultation

Area Profiles, Community Profiles and Neighbourhood Statistics & Online Mapping can all be viewed at:

<http://www.rotherham.gov.uk/graphics/YourCouncil/Policy+Research+and+Consultation/Research.htm>

Ward and Area Assembly Profiles have been approved by Cabinet, and considered and agreed at the Members Development Panel.

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Social Cohesion Forward Plan

12 th June 2006		26 th June, 2006	
<u>Title</u>	<u>Purpose of Report</u>	<u>Title</u>	<u>Purpose of Report</u>
Advice Review		Public Health Strategy	
NRF Commissioning		Voluntary Sector SLA Reports	
Funding Vol/Com Sector		CEN Reports	
Womens Strategy		NRS Action Plans	
Annual Plan		LAA Pump Priming	
		Ward & Area Assembly Profiles	
		Budget	
July 06		September 06	
<u>Title</u>	<u>Purpose of Report</u>	<u>Title</u>	<u>Purpose of Report</u>
Equality Monitoring		Big Lottery Fund	
Translation, Language & Communication		NRF update	
Year Ahead		Policy Review 4	
Rural Strategy		Rotherham Reachout 14	

Social Cohesion Forward Plan

			Profile	
State of the Borough			Indian Profile	
Role for Rotherham			LAA Report	
International Links				
Pakistani & Chinese Profiles				
Womens Strategy				
		October 06		November 06
<u>Title</u>		<u>Purpose of Report</u>	<u>Title</u>	<u>Purpose of Report</u>
VAR SLA			Profile	
Black Profile			Year Ahead update	
			Other Asian Profiles	
		December 06		January 07
<u>Title</u>		<u>Purpose of Report</u>	<u>Title</u>	<u>Purpose of Report</u>
NRF Update			Profile	

Social Cohesion Forward Plan

		February 07		March 07	
<u>Title</u>	<u>Purpose of Report</u>	<u>Title</u>	<u>Purpose of Report</u>	<u>Title</u>	<u>Purpose of Report</u>
			VAR		
			SLA Report		
			NRF Update		
			Rotherham Reachout		
			Profile		
		April 07		May 07	
<u>Title</u>	<u>Purpose of Report</u>	<u>Title</u>	<u>Purpose of Report</u>	<u>Title</u>	<u>Purpose of Report</u>