

ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: Town Hall, Moorgate
Street, Rotherham.

Date: Thursday, 4 September
2008

Time: 10.00 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. Communications
4. Declarations of Interest
5. Questions from members of the public and the press

PRESENTATIONS

6. Staying Healthy
- presentation by Steve Turnbull, Head of Public Health
update on each of the relevant Local Area Agreement Priorities
7. Cardio-Vascular Clinics for People over 40
- presentation by Jo Abbott, PCT
8. Prostrate Cancer Screening (Pages 1 - 6)
- presentation by Steve Turnbull, Director of Public Health and John Radford

FOR MONITORING

9. Alcohol Strategy Action Plans (Pages 7 - 25)
- report by Mel Howard, Drug and Alcohol Co-ordinator

FOR INFORMATION

10. Cabinet Member for Adult, Social Care and Health (Pages 26 - 34)

- minutes of meetings held on 7th and 21st July, 2008

11. Adult Services and Health Scrutiny Panel (Pages 35 - 39)
- minutes of meeting held on 24th July, 2008

FOR INFORMATION - PLEASE NOTIFY DELIA WATTS OF ANY SPECIFIC ASPECTS OF THE FOLLOWING 2 REPORTS YOU WOULD LIKE TO DISCUSS AT A FUTURE MEETING

12. Adult Services Annual Performance Report 1 April 2007 - 31 March 2008 (Pages 40 - 47)
- report by John Mansergh, Service Performance Manager

13. Making a Positive Contribution - Consultation and Community Involvement Strategy for Neighbourhoods & Adult Services (Pages 48 - 103)
- report of Jasmine Speight, Quality Standards Officer

**Date of Next Meeting:-
Thursday, 2 October 2008**

Membership:-

Chairman – Councillor Jack
Vice-Chairman – Barron

Councillors:- Blair, Clarke, Doyle, Hodgkiss, Hughes, St. John, Turner, Wootton and F. Wright

Co-opted Members

Mrs. I. Samuels, (PPI Forum Yorks Ambulance Serv), Taiba Yasseen, (REMA), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up), Jonathan Evans (Speak up), Mr. G. Hewitt (Rotherham Carers' Forum), Ms. J. Mullins (Rotherham Diversity Forum), Mr. R. H. Noble (Rotherham Hard of Hearing Soc.), Lizzie Williams, Kingsley Jack (Speakability), Jim Richardson (Aston cum Aughton Parish Council), Pat Wade (Aston cum Aughton Parish Council) and Russell Wells (National Autistic Society)

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1. Meeting:	ADULT SERVICES AND HEALTH SCRUTINY PANEL
2. Date:	4 September 2008
3. Title:	Prostate Cancer Screening
4. Programme Area:	Chief Executive's

5. Summary

This report explains the issues surrounding prostate cancer screening.

6. Recommendations

That the report be noted.

7. Proposals and Details

7.1 At a recent meeting of the Adult Services and Health Scrutiny Panel, a Member suggested that Rotherham should consider screening for prostate cancer. The matter was also raised at a meeting of Full Council.

7.2 Prostate cancer is the second most common cause of cancer deaths in men. Each year in the UK about 22,000 men are diagnosed with prostate cancer and 9,500 die from the disease. Prostate cancer is rare in men below the age of 50 years, and the average age of diagnosis is 75 years. More men die with the disease than from it. Between 60 and 70% of men older than 80 will have cancerous cells in their prostate, whereas 1 in 30 will die from the disease.

7.3 If diagnosed with prostate cancer there are a number of treatment options. These are not always effective in prolonging life and the potential downsides of the treatment (incontinence, impotence and anxiety) can have a greater impact on quality of life than the disease itself. As prostate cancer is often slow growing men can survive for long periods with little or minimal symptoms and this can be preferable to treatment which brings more problems, a longer period of time living with a disease and adds little to life expectancy.

7.4 Testing for Prostate Cancer

7.4.1 Those concerned about the possibility of prostate cancer, may talk to their GP about the risks and the benefits of having a PSA (prostate specific antigen) test – which are summarized in the patient information sheet given at Appendix A. If the decision is to go ahead with a test, the doctor will do a rectal examination as well as the blood test.

7.4.2 Generally speaking, the higher the PSA level, the more likely it is that there is a cancer in the prostate. The higher the PSA level in someone with prostate cancer, the more likely it is that the cancer has spread. But there are other causes of raised PSA, such as infection, a non cancerous enlarged prostate and even exercise.

7.4.3 In early prostate cancer, PSA levels are relatively low. It is not possible to pick out a particular PSA reading and say “those above this level have cancer and those below do not”. The level of PSA varies from man to man and also increases naturally with age.

7.5 Screening

7.5.1 Screening is the identification among apparently healthy people of those at sufficient risk of a specific disorder to warrant diagnostic tests and treatments.

7.5.2 Since 1996 the NHS has been instructed not to introduce any new screening programmes until the UK National Screening Committee (NSC) had reviewed their effectiveness. The NSC advises Ministers and the NHS in all

four UK countries about all aspects of screening policy and supports implementation. It uses research evidence, pilot programmes and economic evaluation to assess the evidence for programmes against a set of internationally recognised criteria. This is done to ensure that any screening programmes approved do more good than harm at a reasonable cost.

7.5.3 It would therefore not be possible for Rotherham to act unilaterally to introduce a prostate cancer screening programme.

7.5.4 All screening programmes cause some harm. This could include false alarms, inducing anxiety, and the treatment of early disease which would not otherwise have become a problem. When considering population screening programmes the benefits and harms must be carefully assessed, and the benefits should always outweigh the harms.

7.5.5 In 1968, Wilson and Jungner of the World Health Organisation developed ten principles which should govern a national screening programme. These are:

1. The condition is an important health problem
2. Its natural history is well understood
3. It is recognisable at an early stage
4. Treatment is better at an early stage
5. A suitable test exists
6. An acceptable test exists
7. Adequate facilities exist to cope with abnormalities detected
8. Screening is done at repeated intervals when the onset is insidious
9. The chance of harm is less than the chance of benefit
10. The cost is balanced against benefit.

7.5.6 To date, prostate cancer screening fulfils only the first condition. The UK National Screening Committee has recommended that a prostate cancer screening programme should not be introduced in England at this time.

7.5.7 If PSA was used as a screening test, some men who did have prostate cancer would be told that they are at a lower risk of having the disease. Two thirds of men with a raised PSA level would go on to have other tests such as needle biopsy and rectal ultrasound when they did not actually have a cancer. These tests can be uncomfortable and many men find them embarrassing. Needle biopsies also carry risks, including infection or persistent bleeding.

7.5.8 Until there is clear evidence to show that a national screening programme will bring more benefit than harm, the NHS will not be inviting men who have no symptoms for prostate cancer screening.

8. Finance

None.

9. Risks and Uncertainties

None.

10. Policy and Performance Agenda Implications

Health screening falls within the Alive Community Strategy priority area.

11. Background Papers and Consultation

- www.cancerscreening.nhs.uk
- Cancer Research UK

Contact: *Delia Watts, Scrutiny Adviser, direct line: (01709) 822778*
e-mail: delia.watts@rotherham.gov.uk

PSA Testing for Prostate Cancer

An information sheet for men considering a PSA Test

What is the aim of this leaflet?

Prostate cancer is a serious condition. The PSA test, which can give an early indication that prostate cancer may be present, is now available to men who wish to be tested. However, experts disagree on the usefulness of the PSA test. It is not yet known whether or not PSA testing will save lives from prostate cancer. The aim of this information sheet is to give you balanced information about the PSA test, which we hope will help you decide whether or not having the test is the right thing for you.

You may wish to discuss this information with your doctor or practice nurse.

What do we know about Prostate Cancer?

Prostate cancer is the second most common cause of cancer deaths in men. Each year in the UK about 22,000 men are diagnosed with prostate cancer and 9,500 die from the disease. Prostate cancer is rare in men below the age of 50 years, and the average age of diagnosis is 75 years. The risk is greater in those with a family history and is also known to be greater in African American men. Prostate cancer is also more common in the West, suggesting that there may be a link with western lifestyle factors, such as diet.

The prostate gland lies below the bladder. Prostate cancers range from very fast growing cancers to slow growing cancers. Slow growing cancers are common and may not cause any symptoms or shorten life.

- Prostate cancer is the second most common cause of cancer deaths in men
- Prostate cancer is rare in men under the age of 50 years

What is a PSA test?

The PSA test is a blood test that measures the level of PSA in your blood. PSA (Prostate Specific Antigen) is a substance made by the prostate gland, which naturally leaks out into the blood stream. A raised PSA can be an early indication of prostate cancer. However, other conditions which are not cancer (e.g. enlargement of the prostate, prostatitis, urinary infection) can also cause a rise in PSA.

Approximately 2 out of 3 men with a raised PSA level will not have prostate cancer. The higher the level of PSA the more likely it is to be cancer.

The PSA test can also miss prostate cancer.

- A PSA test involves a blood test
- If the level of PSA in the blood is raised, this may indicate that prostate cancer is present.
- However, many men with a raised PSA will not have prostate cancer
- The PSA test can also miss prostate cancer

What happens after the PSA test?

As a rough guide there are three main options after a PSA test:

PSA level is not raised

- Unlikely to have cancer.
- No further action.

PSA slightly raised

- Probably not cancer, but you might need further tests.

PSA definitely raised

- Your GP will refer you to see a specialist for further tests to find out if prostate cancer is the cause.

If the PSA level is raised, what further tests would be carried out?

If your PSA is definitely raised, a prostate biopsy is required to determine if cancer is present. This involves taking samples from the prostate through the back passage (bottom). Most men find this an uncomfortable experience, and some describe it as painful. Sometimes complications or infection may occur. Approximately 2 out of 3 men who have a prostate biopsy will not have prostate cancer. However, biopsies can miss some cancers and worry about prostate cancer may remain even after a clear result.

- While a raised PSA level in the blood may indicate cancer, a prostate biopsy is still required to determine if cancer is present
- About 2 out of 3 of men who have a biopsy will not have prostate cancer

If early prostate cancer is detected, what treatments are used?

There are three main options for treating early prostate cancer which are summarised below:

- **Radiotherapy:** This involves a course of radiotherapy treatment on the prostate gland at an outpatient clinic. The aim is to cure, although there are possible side effects. Impotence (erection problems) may be suffered by between 2 and 6 out of every 10 men (25-60%). Up to 1 in every 10 men (10%) may experience diarrhoea or bowel problems, and up to 1 in every 20 men (5%) may experience bladder problems.
- **Surgery:** This involves an operation to remove the prostate gland. The aim is to cure, although again there are possible side effects. Up to 2 in every 10 men (20%) may experience some bladder problems, and between 2 and 8 out of every 10 men (20-80%) may experience impotence (erection problems) after surgery.
- **Active monitoring:** This involves regular check-ups to monitor the cancer and check it is not growing. The advantage is that for many men it avoids the side effects of radiotherapy and surgery. If there are signs that the cancer is developing, treatment would be offered. The disadvantage is that the cancer may grow to a more advanced stage. Some men find the uncertainty difficult to cope with.

So should I have the PSA test?

Benefits of PSA testing

- It may provide reassurance if the test result is normal
- It may find cancer before symptoms develop
- It may detect cancer at an early stage when treatments could be beneficial
- If treatment is successful, the consequences of more advanced cancer is avoided

Downside of PSA testing

- It can miss cancer, and provide false reassurance
- It may lead to unnecessary anxiety and medical tests when no cancer is present
- It might detect slow-growing cancer that may never cause any symptoms or shortened life span
- The main treatments of prostate cancer have significant side-effects, and there is no certainty that the treatment will be successful

Further information

If you have any questions or wish to receive more information about PSA testing and prostate cancer you can discuss it further with your doctor or practice nurse, or look at one of the following sources of information:

Useful web-sites on prostate cancer and PSA testing:

<http://www.nelc.org.uk>
<http://www.cancerscreening.nhs.uk>
<http://www.dipex.org>

Booklet:

Understanding the PSA Test
 Cancer BACUP
 3 Bath Place
 Rivington Street
 London EC2A 3DR
 Cancer BACUP Helpline:
 0808 800 1234

Internet:

<http://www.cancerbacup.org.uk>

Book:

Understanding Prostate Disorders
 Professor D Kirk
 British Medical Association (BMA)
 ISBN:1-898205-87-6

Cancer Research UK web-site:

<http://www.cancerresearchuk.org>
<http://www.cancerhelp.org.uk>

Helpline: 0800 226237

Adult Services and Health Scrutiny Panel
4th September 2008
Rotherham Alcohol Harm Reduction Strategy

Purpose:

To brief the Scrutiny Panel on progress of the Rotherham Alcohol Harm Reduction Strategy

Recommendations:

That they consider progress already made on the strategy and on action plans.
 That they consider how best to feed into the consultation process to ensure successful outcomes.

Background:

The Rotherham Alcohol Harm Reduction Strategy was launched following public and partner consultation and ratification from Local Strategic Partnership in December 2007. Events were held at Liquid and Envy for professionals and a town centre event for the public. At both events was a 'reveal' of the new local alcohol campaign. To accompany the strategy are 5 action plans for partners to work towards. These reflected the 4 key pillars of the strategy - Education communication and Information, Identification and treatment, Alcohol related crime and disorder, Working with the industry and a specific one for Children and Young people.

This was to be managed via the multi agency Implementation Group that initially met monthly but will meet bi-monthly following the April meeting.

In delivering a response to the recommendations of the local strategy and action plans it is hoped that awareness can be raised and positive changes made to the drinking behaviour of the people of Rotherham.

Analysis

There are many figures in the National alcohol strategy showing the level of harm caused by alcohol-alcohol misuse is costing England around £20billion a year, 17 million working days lost, 1.3 million children living with alcohol misusing parents, 360,000 (a third) incidents of domestic violence, 22,000 premature deaths etc.

On a local level, the figures are in line with the national picture, in the Yorkshire and Humber region the death rates for males was double that of females , however women aged 34-54 have shown one of the largest increases in alcohol related mortality in the UK. The region is also higher than the national average in; alcohol related hospital admissions –males and females, alcohol specific hospital admissions in females, the synthetic estimate of binge drinking and alcohol related months of life lost in males.

The Rotherham lifestyle survey of 2005 showed 23% of respondents had drunk

more than the recommended units in the previous week, 15% felt they should cut down and 14% often or occasionally felt ashamed about their drinking.

Rotherham's Young people's lifestyle survey of 2006 showed that of respondents 41% of year 10 (age 14) males and 47% of Year 10 (age 14) females drank on a regular basis.

At peak times 7 out of 10 admissions to A+E were alcohol related.

Current statistics from Rotherham-Community Information Unit –March 06 - Feb 07. Showed that

- 377 violent crime offences have taken place in or immediately outside a Licensed Public Place.
- 477 incidents of Drunken Behaviour
- 166 incidents of Street Drinking
- 274 incidents of Refusing to Leave Licensed Premises.

Proposals and Concluding Comments:

Attached is a copy of the action plans reflecting the actions to be completed by 04/08. They are highlighted as green – completed successfully, amber – work underway and red – outstanding or abandoned.

The majority are green with successful outcomes. The amber and red actions have had new dead lines agreed and are being monitored to ensure outcomes by the newly agreed dates. The exception being the 2 actions within the 4th pillar 'working with the industry' and refer to the Cab Watch Proposal which with agreement was abandoned.

There have been many success stories as a result of the strategy and successful partnership working, examples being;

Alcohol awareness/training sessions to many partners.

Campaign Material; partners met and agreed the 'themes' and has been key in getting messages to those most in need. Further publicity 'pushes' are planned. It now appears on QTV, the education year book and has been distributed widely including via Neighbourhood watch schemes.

Pilot Alcohol Arrest Referral Scheme; Ran from 10/12/07 to 31/03/08. Monies were gained to pilot a scheme within the cells at Main Street Police Station where those arrested on alcohol fuelled charges were seen by an alcohol trained worker and given brief interventions and offered sign posting and referral on to alcohol services. Evaluations of the scheme currently underway.

Polycarbonate glasses – funded and distributed.

Home Fire Safety Assessments; South Yorkshire Fire Service and Alcohol Service Providers have worked together in offering service users home fire safety assessments.

License Watch – new town centre meeting started early 2008.

Proposals;

The action plans will continue to be monitored and from 16th September until the end of October 2008 a consultation exercise will be undertaken, this will provide a platform to publicise what has already been achieved and to highlight gaps. It will be used to inform and update new action plans. A paper will be circulated widely and events attended to ask for feedback again from communities and partners, this will inform the action plans for the second year and ensure we build on what is already deemed successful and ensure that we make every effort to fill the gaps.

Continued community and partnership support and commitment will be required to deliver on new and existing action plans and will enable the alcohol strategy to keep its momentum.

Cross-Spoke Implications:

The recommendations of the strategy compliment the aims of several other local strategies for example– Domestic Violence Strategy, Public Health Strategy, Community Safety Strategy.

It also fits within RMBC's 5 themes- SAFE, ALIVE, PROUD, ACHIEVING, LEARNING.

Financial Implications:

The national strategy came with no money attached. The impact of the strategy would be much improved if further monies could be secured. Further and separate requests for money will continue to be made over a period of time.

Human Resource is a major element in this strategy, there continues to be commitments made by several agencies to put in practice actions agreed.

Further Sources of Information:

www.cabinetoffice.gov.uk
www.drugs.gov.uk
www.alcoholconcern.org.uk
www.statistics.gov.uk
www.nwph.net/alcohol/lape
www.nta.co.uk

Contact Details:

Lead Officer: Mel Howard
Job Title: Drug and Alcohol Coordinator
Lead Organisation: NHS Rotherham
Contact Tel. no: 01709 304832

This strategy is based on the delivery of the 4 main themes of the Alcohol Harm Reduction Strategy for England. In line with them, key objectives have been identified that partners aim to deliver.

1 Better Information, Education and Communication

Task Ref	Key Action	Target Date	Task Manager	Measure / Milestone	Status	Resources	Risk
1.1	Provide effective alcohol information, education and sign posting at every available opportunity including targeted programmes of alcohol health promotion	03/08	Implementation Group	1. To have clear, publicised, multi-agency safer/responsible drinking message – consider advocating different advice for specific individuals or groups considering legal, practical and cultural differences. To include advice for parents	Campaign commissioned and launched	Printing & circulation once messages agreed	Funding
		12/07	Public Health Lead, PCT	4. Make firm cross cutting targets and links with obesity strategy	Calorific value on alcohol campaign. Sensible drinking and unit into included in training	Staff Time	None Identified
		04/08	Public Health Lead, PCT	5. Consider the development of resources for distribution on the links of obesity and alcohol	As Above	Funding for printing/Distribution	None Identified
		04/08	Public Health Lead, PCT	6. Have alcohol information available in 50% of slimming clubs in line with obesity strategy links	Tier 1 obesity interventions contract reviewed to include alcohol specific into current provision now includes campaign letters sent to Slimming World and Weight Watchers with campaign information	Staff Time	None Identified
		04/08	Public Health Lead, PCT	8. Have alcohol information available in GUM Clinics in line with sexual health strategy links	Alco Facts campaign/Mat Training to be available	Staff time/distribution	None Identified
		01/08	Public Health Lead. PCT	9. Have alcohol information in 70% GP Practices and Family Planning Centres	Alco Facts campaign. Sent to all GP Practice Managers. Follow up planned 05/08	Staff Time/Distribution	None Identified
		09/07	South Yorkshire Fire Service	11. Set up a programme to engage alcohol services clients in free Home Fire Safety Risk Assessments by SY Fire Service	Promotions re-launching all new alcohol and drug clients to engage in this	Staff Time	None Identified

		12/07	South Yorkshire Fire Service. D&A Co-ordinator	12. Enable Fire Officers to receive basic training in alcohol awareness and the safer drinking message	completed	Staff Time	None Identified
		03/08	Implementation Group	14. Put forward proposals to include alcohol awareness in corporate inductions in SRP partners	Letter sent x4. 3 Responses received	Training/Staff Time	None compliance of partners
		04/08 – now 08/08	Public Health Alcohol Lead/D&A Co-ordinator/ Chamber	15. Have workplace alcohol/substance misuse policies in 25% of license watch and responsible retailers	Deadline agreed to be changed to reflect both License watch website and responsible retailer progress.	Training/Staff Time/Cost of Literature	Staff capacity/funding
		Ongoing	Community Safety Officer/D&A Co-ordinator	16. Continue to link and share actions into corporate plan and Community Strategy and from all these, into SRP Partner Service Plans	Alcohol continues to be raised at all level meetings		
		Ongoing	Mental Health Business Manager (JP)	17. Include Actions in relation to Alcohol Strategy in Service and Team Plans across NAS	Included in MoA and Alcohol related SLAs		
		01/08	Chamber/D&A Co-ordinator	18. Consider/research accessing funding secured for 'front line bar staff' training	Event held, not hugely successful. Followed up with mail out of all info	Staff Time	None Identified
		12/07 – Ongoing	Public Health Lead, PCT	24. Develop and deliver targeted public health campaign messages at appropriate times	Agreed change deadline to ongoing. Alcohol is to have prominence at next Public Health Annual report targeting front line staff. Alco facts campaign. Pharmacy based messages-training planned.	Staff Time/campaign literature	Staff capacity/funding
		12/07	Trading Standards Manager/D&A Co-ordinator	25. Trading Standards, Consumer Advice and Licensing Team to receive basic alcohol awareness training	Dates in place for training. Delay due to restructure and staff absence	Staff Time	None Compliance of Partners

		02/08	Public Health Lead, PCT. D&A Co-ordinator	26. Enable carers training in line with old person's requirement	Training Events	Cost of Training	Securing Funding
		12/07	SYP/D&A Co-ordinator	28. Safer Neighbourhood Team to receive training in Alcohol Harm Reduction	3/4 received training	Staff Time	Staff capacity/ None compliance of Partners
		09/07	D&A Co-ordinator	29. Provide information and training to Neighbourhood Watch Teams on safer drinking message	Dates set. Delayed to sickness of NHW Co-ordinator	Staff Time	Staff capacity/ None Compliance of Partners
		02/08 now 09/08	Supporting People Manager	30. Examine provision of training within 'Supporting People' providers on alcohol pathways and safe drinking	Agreed to defer deadline to 09/08	Staff Time/?Cost of training	None Identified
1.2	Provide education to enable professionals to identify alcohol misuse	12/07 now 08/08	Mental Health Business Manager (JP)/PCT	31. Develop RMBC intranet site with alcohol information and screening tools for access to all RMBC workers, with emphasis on those in NAS Directorate	Delay in PCT site. Development of toolkit by SC Co-ordinator will enable better tailored info. Agreed new deadline – 08/08	Staff time/? training resources	Staff capacity/ potential funding training
		12/07 now 06/08	Public Health Lead/D&A Co-ordinator	32. Develop PCT intranet site with alcohol information and screening tools for access to all PCT workers	See above. Agreed new deadline – 06/08	Staff time	Staff capacity/ potential funding training
		04/08	RDASH/TPRAS Managers/D&A Co-ordinator	34. All Substance Misuse workers to receive training and/or information regarding the messages developed locally	Campaign cascaded. Alcohol training offered	Staff Time/Training	Staff capacity/ funding training
		04/08	Senior Probation Officer	35. Probation workers of Rotherham division staff to receive training in conjunction	Management meeting held and attended – strategies discussed BI training to be held	Training costs/Staff Time	Staff capacity/ Funding/

			with a briefing on the strategy		Training		
		09/07	Shared Care Specialist Nurse	36. Hold GP Practice protected Study Days dedicated to alcohol misuse	Event Successful	Cost of Event/Staff	Funding Events
		12/07 now 08/09	Public Health Lead (GH)/D&A Co-ordinator	40. Provide 'training for trainers' event. To enable dissemination of 'the message' more widely	Funding issues. Agreed new deadline – 08/09	Training and materials	Securing funding
1.3	Develop robust data collection systems for alcohol related information with reference to the joint confidentiality policy shared by SRP partners	09/07	D&A Co-ordinator	41. Request data re alcohol related incidents from A&E	Bi-monthly info received	Staff time/potential cost for A&E	None Identified
		12/07	Night Time Economy Group	42. Request data on alcohol related incidents from the Ambulance Service	As Above	Staff time/potential to service	None Identified
		09/07	D&A Co-ordinator	43. Request data on alcohol related litter from Street Pride	Request sent. Discussions to be held	Staff Time/?Cost	None Identified
		12/07	Night Time Economy Group	44. Request regular data from South Yorkshire police on alcohol related incidents – explore if this can be age tagged to assess prevalence of under and over 18 incidents	Requested and currently assessing best way of presenting data	Street pride/Staff Time/?Cost to SYP	None Identified
		12/07	Night Time Economy Group	45. Request data on alcohol related fires/call outs from South Yorkshire Fire Service	Received Regularly	Staff Time/?Cost to SYFS	None Identified
		12/07	Night Time Economy Group	46. Request data on alcohol related incidents, type, venue, time from CCTV operatives	Agreed via NTE that this is not a viable option. To be removed	Staff Time/?Cost to Service	None Identified
		02/08	Senior Probation Officer	47. Research what information is available from probation Service and collect/share	ATR attendances to be brought to Implementation Group	Staff Time	None Identified
		02/08	YOS Operations Manager	48. Research what further information is available from Youth Offending Service and	Have started collecting adult info. Brought as update to Implementation Group. Further	Staff Time	None Identified

		collect/share. <i>X-ref 3.2.29</i>	work being undertaken.		
Ongoing	D&A Co-ordinator /Night Time Economy Group	49. Ensure strong links and sharing of information with Community Information Unit	Continue good links, a member of staff from unit attends the Night time economy group.	Staff Time	None Identified
02/08	As Above	50. Develop protocols on where and how best to collate and disseminate this data for action	Agreed – Night Time Economy Group	Staff Time/Cost of Distribution	Staff Capacity/ Funding costs
02/08	Mental Health Business Manager (JP)	51. Develop the existing information sharing protocol with Neighbourhood Adult Services to specify data requirements and allow access to alcohol related data from social care records	Commissioning manager to table report to DMT to delegate tasks 04/08	Staff Time	None Compliance of Partners
02/08	Supporting People Manager	52. Develop similar protocols with Rotherham Supporting People Programme	See above	Staff Time	None Compliance of Partners
06/08	Public Health Lead, PCT	53. Research ways to collect data into prominence of alcohol use in older people	Survey letter sent out to establish need. Anecdotal evidence collated from carers training event	Staff Time	None Identified

2 Identification and Treatment

Task Ref	Key Action	Target Date	Task Manager	Measure / Milestone	Status	Resources	Risk
2.1	Introduction of widespread screening, brief interventions and collection of information within primary care setting	08/07	Alcohol Development Lead – Primary Care	1. Identify GP Practices to take part in pilot on alcohol 'shared care'	Underway – 3 in pilot	Staff Time/Distribution	Funding Costs
		02/08	As Above	2. Practices taking part in the pilot to be audited 3 months from start date	Completed roll out anticipated	Staff Time	None Identified
		02/08	As Above	4. Create and distribute a specific toolkit for alcohol interventions in GP	Toolkit completed. Secured funding for printing, wider distribution	Staff Time/publishing	Funding costs

				Practices	anticipated	and distribution costs	
		04/08	RDGH Chief of Business Development / D&A Co-ordinator	6. Link further with RDGH Foundation Trust to look at alcohol interventions within the hospital setting e.g. pre-operative assessment process	Meetings held with A&E. Further discussions to be held later in the year	Staff Time/Training	None Identified
		10/08	Alcohol Development Lead – Primary Care/D&A Co-ordinator	7. Explore provision of tool to screen/identify alcohol misuse on electronic nurses notes system (TPP)	Request sent 10/07	Staff Time/Training	Funding Training
2.2	Introduce Outcomes and Measurement Tools	03/08	Alcohol Treatment Group	9.Decision to be taken on measurement tool to be used	SPIDER and TOPs	Staff Time	None Identified
2.3	Introduce some elements of Treatment where appropriate in primary care	03/08	Alcohol Treatment Group	14. Re-enforce care pathways between Tier 3 alcohol service and primary care	Care Pathway event held. Further Team Building	Staff Time/Training	Funding Training
2.4	Tier 2 provision to deliver an open access drop-in service, screening, assessment and brief intervention, plus swift referral to specialist services	Ongoing	D&A Co-ordinator	16. Successful Tier 2 tender to be monitored to ensure access as required	Extension of tender 31.03.09. All figures monitored monthly	Staff Time	None Identified
		12/07	RDASH/TPRAS	18..Co-working Policies to be reviewed. Changes made where appropriate	Completed. Changes currently being made as a result Joint agency information/referral sharing meetings implemented to provided seamless transition through tiers	Staff Time	None Identified
2.6	Increase year on year the number of people receiving interventions at all 3 Tiers of treatment	12/07	RDASH/TPAS	20.Publicise Pathways appropriately and effectively <i>x-ref 2.3c 2.4c</i>	TP/RDASH current publicity campaign following ---. GP awareness of system also completed	Cost of literature and distribution	funding
		12/07	RDASH/TPRAS Alcohol Dev Lead – Primary	21. Gain accurate figures to ensure real reflection of those in treatment with services as well	Currently done, but from ¼ NDTMS will ensure priority of stats. ADST data Dept to begin collation of all	Staff Time	None Compliance of Partners

			Care	as those receiving interventions from Primary Care	stats from 01.04.08		
2.6	Review in-patient provision in line with new national guidance	03/08	D&A Co-ordinator	22. Write and present to Treatment Group a Report on the current provision and changes that are required	o/s to be completed by 01/09	Staff Time	None Identified
2.9	Ensuring easy access to services for all assessing diversity issues	10/07	RDASH	23. Recruit further sector alcohol co-ordinator and support staff	Currently out to advert. Delay due to reconfiguration of service. Also, x2 Primary Care workers recruited. Primary care workers now integrated into T3 service (with agreement of ADST) further expanding the T3 Team – vacancy created by internal appointment of one worker to Waiting List Initiatives post out to advert	Recruitment and wages	Funding
		Ongoing	SY Fire Service	24. Fire Service Personnel, when undertaking their duties, to flag any premises they suspect alcohol plays a significant part in the everyday life of the occupants	Regular info sent	Staff time/training	None Identified
		04/08	RDASH/TPRAS/D&A Co-ordinator	25. Assess alcohol services provision in recognising issues of diversity	Work has been done to ensure inclusive services and nominated member of staff. RDASH has programme of diversity training which all staff are attending	Staff Time/Poss Training	None Identified
		11/07	As Above	26. Assess alcohol services provision for old people <i>x-ref 1.3.47</i>	Work has been done to raise awareness in older people and services will ensure accessibility-see also above.	As Above	None Identified
		12/07	PCT Lead/D&A Co-ordinator	27. Explore specific interventions required e.g. if older people drinking because they are socially isolated	Specific interventions being prompted (active in age) Health trainers in pilot – some employed by Age Concern, specifically targeting old people	Staff Time/Poss Training	None Identified

		02/07	PCT Lead/D&A Co-ordinator	28. Explore who could provide interventions within 'old person' setting?	As above, plus recommendation that Nursing Home Nurses receive training in BI. Clinical Staff take forward	Staff Time	Funding Training Literature
		02/07	PCT Lead/D&A Co-ordinator	29. Ensuring Old People Services are aware of alcohol services	Campaign Info and care pathway info sent		
		12/07	RDASH/TPRAS	30. Service Providers to assess current provision for female service users. Exploring any possible/potential barriers to their treatment	Ongoing – Leads within teams identified. TP/RAS have women's lead. RDASH - Friday morning womens group has been advertised as available to all service users including those whos primary drug is alcohol	Staff Time	None Identified
		03/08	D&A Co-ordinator	36. undertake assessment of current housing needs in alcohol service users and provision of housing	Malc Chiddey taken lead in housing on behalf of the Drug and Alcohol Misuse Rough Sleeper assessment, arranged for April	Staff Time	None Identified

3 Crime and Disorder

Task Ref	Key Action	Target Date	Task Manager	Measure / Milestone	Status	Resources	Risk
3.1	Reduce the incidents of alcohol related anti-social behaviour, disorder, violence and crime, taking place in all areas of the borough. Licensed, public and none public	12/07	Implementation Group	1. Use intelligence as per 1.1 to identify 'hotspots' and formulate multi-agency 'preventative' interventions	NTE	Staff Time	Staff Capacity
		02/08	SYP/Licensing Authority Manager/SY Fire	2. Enable partnership working to ensure that proactive intelligence led operations are conducted throughout the County in order to check problem licensed premises	SNT officers working with Licensing enforcement Officers to target problem premises. Intelligence led operations take place approx monthly with SYP and SY Fire and Rescue. The licensing officer in consultation with the District Tasking Team ensure that proactive, intelligence led operations occur throughout the Borough	Staff Time	Staff Capacity/ None Compliance of Partners

		03/08	SYP/Licensing Authority Manager	3. Target problematic premises with harm reduction initiatives and comprehensive, cohesive action plans	The Licensing Officer ensures that problematic premises are subject to action plans and operational officers are kept informed of the current picture through the District Briefing System, see also above.	Staff Time	Staff Capacity/ None Compliance of partners
		12/07	Night Time Economy Group	4. Consider reintroduction of Joint Responsible Authority Meeting chaired by Licensing Authority	Re – introduced. 1st meeting due to take place 26/3/08	Staff Time	Staff Capacity/ None Compliance of Partners
		12/07	SNT Inspector/D&A Co-ordinator	5. SNTs to have points of referral to report community concerns around alcohol and feedback on actions	NAGs, NTE, TAG and D&A Co-ordinator made available. Each SNT has an identified SPOC for licensing issues. Community concerns regarding alcohol are managed through the NAG process.	Staff Time	Staff Capacity/ None Compliance of Partners
		01/08	SYP/Licensing Authority Manager/SNT Manager	6. Ensure a multi-agency response to reports of incidents as above	Taken to NTE Group	Staff Time	Staff Capacity/ None Compliance of Partners
		Ongoing	South Yorkshire Police (CIU)	7. Accurately monitor and share alcohol related criminal activity	Updates brought to JAG, NAGs and NTE group and used alongside other data. The CIU also inform the district tasking team (SYP)	Staff Time	Staff Capacity/ None compliance of Partners
		Ongoing	SYP/Licensing Authority Manager/ Chamber	8. Pro-actively reduce under age and proxy sales (from 06/07) with a multi-agency response to test purchasing and breaches	Joint enforcement protocols agreed between SYP and Trading standards. MOU in place and joint underage operations routinely undertaken.	Staff Time/ potential training cost	Staff Capacity/ None Compliance of Partners/ Funding for Training
		03/08	SYP	9. Report on use of conditional cautioning for alcohol related Offending behaviour.	This is in place, however is at the discretion of CPS. Further liaison with CPS also planned.	Staff Time	None Identified

		02/08	SYP	10. Report on consideration of introduction 'lower' level enforcement for alcohol related behaviour.	Fixed penalty notice system used as appropriate. Also see above.	Staff Time	None Identified
		03/08	SYP/D+A Co-ordinator	11. Gather information and report on best practice in reduction of alcohol related offending.	Alcohol Arrest Referral scheme piloted, to be evaluated 04/08. Probation work will also inform this.	Staff Time	None Identified
		Ongoing	All	12. Work in conjunction with recommendations of the local DV Strategy.	Actions take into consideration at all levels. The chair of the NTE group attends the DV priority group meetings	Staff Time	Non Compliance of Partners
		Ongoing	South Yorkshire Fire	13. Fire Service personnel will flag any incidents where they feel alcohol has played a part in an incident e.g. empty cans/bottles at the scene of an anti social behaviour fire.	Email updates received as and when appropriate and actioned where possible.	Staff Time	Non Compliance of Partners
		02/08	SYP/Licensing Authority Manager	15. Begin partnership work to carry out proactive intelligence led operations to check the staff providing security within the Town Centre.	SYP working closely with SIA to identify none compliance of security staff in Rotherham and deal with companies involved. RMBC Licensing Enforcement Staff accredited with authority to enforce SIA legislation. SYP update; This is carried out by PPU staff and potential operations are carried out as a result of specific information and intelligence	Staff Time	Staff Capacity. Non Compliance of Partners

		04/08	SYP/Licensing Authority Manager	16. Work in partnership to ensure that licensees are aware of their roles and responsibilities to assist with the reduction of alcohol related ASB, Disorder, Crime and Violence.	Regular joint visits SYP, RMBC and Chamber	Staff Time. Training needs of licensees	Non Compliance of Partners. Funding for any Training Needs
		04/08	SYP	17. Carry out high profile public order patrols in the Town Centre, encompassing 'Meet and Greet' to deliver a sensible drinking message.	Every Friday and Saturday night – plus where need identified i.e 'mad Friday' – operation conquer. which informs operational staff of their responsibilities when policing the NTE	Staff Time. Production of 'Message'	Non Compliance of Partners. Funding for Production of Message.
		12/07	SYP	18. Member of SYP to chair the Safety in the Night Time Economy Group	C.I. Marissa Cooper	Staff Time	Non Identified
		10/07	SYP	19. Report on potential of 'Glass Free Rotherham'	Presented to NTE	Staff Time	Non Identified
		12/07	SYP	20. Report on potential 'Code of Conduct' for licensees.	Presented to NTE	Staff Time	Non Identified
3.2	Reduce repeat offending	07/08	Senior Probation Officer	28 Research how best to encourage, enable or enforce offenders to access Alcohol education	Pilot Alcohol Arrest Referral Scheme end 31/3		

		03/08	YOS Operation Manager	30 Gather and share information of prevalence of alcohol misuse within YOS clients	Brought To Implementation Group	Staff Time	None Identified
		04/08	Senior Probation Officer	31 Analyse/share Probation data on the effectiveness of current probation based alcohol programs	Work underway in assessing current provision, changes and new initiatives in discussions. New person in post late September to take up actions	Staff Time	None Identified

4. Working with the Industry

Task Ref	Key Action	Target Date	Task Manager	Measure / Milestone	Status	Resources	Risk
4.1	Create a culture of Responsible Licensee's	03/08	Chamber/Licensing Authority	1. Increase License Watch Membership in line with existing target. (RMBC is 75% 03/8	Relaxed subject to development of RLW website	Staff Time	Staff Capacity. Non Compliance of Partners
		12/07	Chamber	2. Develop Rotherham Responsible Retailer Scheme		Staff Literature Distribution	
		12/07	Chamber	3. Roll out Rotherham Responsible Retailer Scheme	Roll out scheduled for 04/08 Update; info is that chamber have received no funding so will be unable to roll out. Licensing Authority have agreed to take process over.	(funded in SRB 6)	
		02/08 (06/08)	SYP Licensing Authority and Chamber	4. Establish mechanisms to 'check buy in' of ethos of schemes	See above (delay agreed)	Staff Time	Staff Capacity. Non Compliance of Partners
		03/08	SYP/Licensing Authority	6 Multi agency response towards reduction in u18 sales.		Staff Time	Staff Capacity. Non Compliance of Partners.

		Ongoing	Licensing Authority Manager	12. Undertake 10 underage sales exercises annually.		Staff Time	None Identified
		Ongoing	Licensing Authority Manager	13. Deliver 100 % high risk inspections.		Staff Time	None Identified
		Ongoing	Licensing Authority Manager	14. Deliver 50% Medium risk inspections.	TO BE REMOVED No longer applicable to practice	Staff Time	None Identified
		02/08	Licensing Authority Manager	15. Raise profile of reporting process	Part of??	Staff Time? Funding of advertising	Staff Capacity, Identifying Funding
		02/08	SYP	16. As above raise profile of SNT structure to enable above.	Done via public awareness	Staff Time	None Identified
		09/07	Licensing Authority Manager	17. Provide Trading Standards stand at Rotherham show together with other enforcement sections-to be complimented with the safer drinking message.		Staff Time	Staff Capacity. Funds for Literature
		03/08	Licensing Authority Manager/D+A Co-ordinator	18. Provide education for identified traders on age restricted sales.	Part of memo of understanding	Staff Time, Training Literature	Staff Capacity. Non Compliance of Partners. Funding for Literature
		12/07. Now 06/08	Licensing Authority Manager/D+A Co-ordinator	19. Contribute to business regulation partnership rules events and newsletters – to include details on sensible drinking.	Agreed for action to be deferred. Re evaluation of action to be undertaken 06/08 – possible removal. Recruitment issues.	Staff Time	None Identified
		03/08	Licensing Authority	20. Provide training for safer neighbourhood teams on	X ref 3.1.2 – SNT officers working alongside as result	Staff Time	Staff Capacity

			Manager	underage sales exercises.			
		10/07	Licensing Authority Manager/D+A Co-ordinator	23. Update alcohol message at operation mischief event	Completed.	Staff Time	None Identified
		04/08	Licensing Authority Manager	24. Refresh memorandum of understanding with police in respect of age restricted sales	completed	Staff Time	Staff Capacity /Non Compliance of Partners
		03/08	Chamber/Night Time Economy Group	25. Consider provision of Best Bar None / Safer Socialising Scheme	RiR? agreed for Rotherham Work	Staff Time	None Identified
		12/07	Chamber	26. Roll out Cab Watch proposals	TO BE REMOVED. No support from T.C. Hackney Carriages	Staff Time. Funding Identified	None Compliance of Partners and Cab Licensees
		04/08	Chamber	27. Assess outcomes and effectiveness of Cab Watch	As Above	As Above	As Above

5. Children and Young People

Task Ref	Key Action	Target Date	Task Manager	Measure / Milestone	Status	Resources	Risk
5.1	Ensure effective, easily accessed Alcohol education and information for young people, their carers, parents and other responsible adults	03/08	Implementation Group	1. publicise 'binge drinking' in young people message (x ref 1.1)	Campaign	Staff Time, cost of publications	Funding for Publishing.
		03/08	Implantation Group	2. work to agree on a 'sensible drinking message' to be aimed at	Incorporated into campaign	Staff Time	Non Compliance

				advising parents.			with Partners
		04/08	D+A Co-ordinator	5. Assess current provision for alcohol education for adults responsible for children.	Teachers offered training - ... campaign – Direct Payments Training	Staff Time	None Identified
		10/07	D+A Coordinator/ Young Persons Commissioner	7 Hold a targeted health promotion event during the first week of term/freshers week at colleges within Rotherham.	THTKTB + Us	Staff Time. Funding for Literature	Staff Capacity. Non Compliance of Partners. Funding for Literature.
		12/07	Public Health / D+A Co-ordinator	10 Enable tier 1 workers in signposting and screening to enhance referral to KTS for advice. (Training for trainers event).	Tier 1 Staff Training events scheduled April / May / June	Staff Time. Training Costs	Funding for Training
		01/08	Young Persons Commissioner	11 As part of Youth Offer give greater accessibility through locality based teams.	Ongoing work via the integrated C&Y PS integration agenda.	Staff Time	None Identified
		Ongoing	Young Persons Commissioner	12 X reference with recommendations of Young People's Plan	Recommendations included in the 2008 / 09 Young People's Plan.		
		04/08	Young Persons Commissioner	13 Evaluate 'free to be me' project and alcohol message.	Future service provision for children of drug misusing parents currently being considered.	Staff Time	None Identified
	Safeguarding children and young people from the harms of alcohol misuse	Ongoing	Young Persons Commissioner	15 Work within the recommendations of the current Hidden Harm Group.	Group attended by all alcohol services managers and commissioners.		
		01/08	RDASH/TPRAS	16 Ensure adult agencies are	Developments across all services	Staff	None

				collecting information on children from first contact.	include briefing sessions in June/July 08 with further training and local dataset and guidance to be implemented by Oct 08 – although driven by Hidden Harm the training and processes will apply to all staff and cover alcohol service users who are parents/carers of children. Tier 2 alcohol service have collected data for 18months and continue to.	Training	Identified
		01/08	YOS Operations Manager	17 Youth Offending Service to accurately monitor links between parental/carer alcohol misuse and the young offenders misuse.	Youth Offending Service to accurately monitor links between parental/carer alcohol misuse and the young offenders misuse.	Staff Time	None Identified
	Interventions	04/08	Young Persons Commissioner	23 Undertake a review of current provision within KTS	Audit of current provision within KTS undertaken as part of the wider needs assessment and recommendations contained within the 2008 / 09 treatment plan.	Staff Time	Non Identified

Abbreviations Used

RDASH – Rotherham, Doncaster and South Humber Mental Health Foundation Trust

RMBC – Rotherham Metropolitan Borough Council

D+A Co-ordinator – Drug and Alcohol Co-ordinator

PCT – Primary Care Trust

SRP – Safer Rotherham Partnership

TP/RAS – Turning Point / Rotherham Alcohol Services

YOS – Youth Offending Service

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 7th July, 2008

Present:- Councillor Kirk (in the Chair); Councillors Gosling and Jack.

Apologies for absence were received from Councillor P. A. Russell.

1. MINUTES OF THE PREVIOUS MEETING HELD ON 23 JUNE 2008

The minutes of the meeting held on 23 June 2008 were approved as a correct record, subject to the inclusion of Councillor Jack's apologies.

2. HEALTHY COMMUNITIES

Steve Turnbull, Head of Public Health submitted a report and gave a presentation, in relation to the Healthy Communities Challenge Fund.

The Healthy Communities Challenge Fund enabled every town in England to bid for up to £5 million revenue funding (over 3 years) to make their inhabitants more healthy and active.

The initiative was outlined in the 'Healthy Weight, Healthy Lives' government strategy on obesity. The broad aim of the initiative was to support local areas to develop and test innovative approaches to promote healthy food choices and increased physical activity within their communities. The focus was very much on prevention of overweight and obesity.

Bids had to meet the following criteria:

- Bids must be joint bids between local authorities and PCTs
- Local areas would be required to at least match the grant from the programme
- Match funding can be revenue, capital or both but should not be from other Government ring fenced grants
- Evidence of a commitment to creating a healthy town
- Senior level commitment across the PCT and Local Authority (political and officer) with a proven record of partnership working. Endorsement of other partners is welcomed
- Clear demonstration of the links between obesity and other policy priorities

The selection process was a two stage process

- First Stage – Expression of Interest
- Second Stage – Full Bids

The Head of Public Health, RMBC would co-ordinate the submission of

the bid supported by officers from the PCT and RMBC Chief Executives.

The first stage deadline was tight which precluded the formation of a formal group to steer the bid. However, it was necessary to involve a wide range of officers, members and partners and it was intended to have a series of one to one and small group discussions on aspects of the bid.

Early discussions had been held and a wide range of ideas had been floated. The guidance clearly pointed the way for innovative and radical suggestions to help build the evidence base for future initiatives. There was a need to ensure that the application was focused and targeted specifically on maintaining and reducing rates of obesity in the population. In addition the council needed to be mindful of existing actions and whatever was put forward would need to build on what was already in place.

Early thinking suggested that there were at least two ongoing initiatives which both demonstrated our intent and commitment and ability to be bold and innovative. These initiatives were:

- Rotherham Renaissance
- Ministry of Food

There were other ideas that had been raised which would need to be considered:

- Air quality improvements and link to smoking and physical activity
- Promotion and provision of alternative forms of physical activity, eg green spaces, walking, dance, play including older people, street sports
- Prevention Plus – a targeted approach to identifying and supporting people and families who are at risk

Other dimensions which would need to be covered in the bid, eg ensuring the Council tackle not contribute to health inequalities and equalities and diversity issues.

A question and answer session ensued and the following issues were raised:

- A suggestion was made that a summary of the bid be sent to the 3 Rotherham MPs
- Efforts needed to be concentrated around school children, and teaching them what healthy eating was
- More time needed to be made available during a school week for physical education
- More contact was necessary with Head teachers, to encourage them to involve children more in after school activities
- Concern that many schools have a lack of facilities and that this should be considered when building new schools in the future

Resolved:- (1) That the joint PCT/RMBC bid for funding under the Healthy Communities Challenge Fund be endorsed

(2) That the report be presented to the Adult Services and Health Scrutiny panel for information.

3. REVENUE MONITORING

Mark Scarrott, Service Accountant presented the submitted report which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2009 based on actual income and expenditure to the end of May 2008.

The approved net revenue budget for Adult Services for 2008/09 was £68.5m. This included the funding for demographic and existing budget pressures together with a number of efficiency savings identified through the 2008/09 budget setting process. Based on current forecasts there remained a number of underlying pressures, mainly around increased expenditure on Direct Payments.

The first budget monitoring report showed a projected overspend of £133,623 to the year end, although this excluded potential management actions still to be identified to mitigate the forecast overspend. Management actions to minimise this forecast overspend would be identified and quantified and included in the next revenue monitoring report

The latest year end projections showed there were underlying budget pressures on Direct Payments, within Physical and Sensory Disabilities and Mental Health services. Other projected overspends included additional unforeseen placements in to residential care for clients with Physical and Sensory Disabilities and overspends within Domiciliary Care management and administration teams over and above budget, due to forecast non achievement of vacancy factor and shortfall in budget. Pressures had also been identified in respect of increased energy costs within residential and day centres. These pressures were being partially offset by additional income from continuing health care for placements within Learning Disability services.

To mitigate the financial pressures within the service, all vacancies continued to require the approval of the Service Directors. Budget meetings with Service Directors and Managers had been arranged on a monthly basis to monitor financial performance against approved budget and consider potential options for managing expenditure within budget.

Councillor Gosling expressed his concern that we have been unable to project a balanced budget at this early stage. Tom Cray commented that this was a small variation against the total budget, budget clinics were being held and officers were working towards restoring a balanced

outturn. At the request of members Mark Scarrott confirmed that it the forecasted overspend represented 0.2% of the total net revenue budget.

Resolved:- That the latest financial projection against budget for the year based on actual income and expenditure to the end of May 2008 for Adult Services be noted.

4. DIRECT PAYMENTS

Tom Cray, Strategic Director for Neighbourhoods and Adult Services presented the submitted report which explained why Direct Payments were leading to extra costs for the Council.

Between 2006/07 and 2008/09 an additional £1.2 m had been invested into discrete Direct Payments budgets, with a further £7.8 m being invested into residential care, home care and supported living including extra care housing. These investments funded service commitments, service developments and increases in the demand for services.

The Directorate's continued commitment to in-house, block contracted residential, home care and day care services had restricted the ability to use these budgets flexibly. However this was being addressed through a more flexible approach to contracting arrangements.

Direct payments were being used as a top up to traditional services due to the lack of 'alternative options' that meet the changing needs and aspirations of our customers. Non-traditional services in house were not currently provided and commissioning of such services was at an early stage.

Consequently Direct Payments were being used to fund the transitional phase of service delivery in all sectors that we were currently in whilst different types of services were commissioned and reconfigured.

Delivering services through Direct Payments was a more cost effective way to support individuals than traditionally contracted services and was keeping the overall budget pressure down.

The delivery of the Commissioning Strategy Action plan over the next three years, transformation of services through social care to the independent sector would enable the Directorate to remove the 'double funding' effect. Funding available from these initiatives would be allocated across care budgets to support plans to improve quality and shift resources from current service provision towards personalisation and services that promoted independence.

Members asked how long block contracts had been in force, and how long they had to run. It was confirmed that all block contracts were being re-negotiated as their expiry date came up, with a view to building in more flexibility.

Resolved:- That the report be received and the contents noted.

5. EXCLUSION OF PUBLIC AND PRESS

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 2 of Schedule 12A to the Local Government Act 1972, as amended.

6. LAUDSDALE ACTION PLAN

Shona McFarlane, Director of Health and Wellbeing, presented the submitted report together with the action plan in relation to an update in respect of the Laudsdales Residential Home Investigation.

Resolved:- (1) That the content of the report be noted

(2) That the action plan be approved and its implementation supported

(3) That the action plan be monitored monthly.

7. DATE AND TIME OF NEXT MEETING:- 21 JULY 2008

Resolved:- That the next meeting be held on Monday 21 July 2008 commencing at 10.00 am.

**CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 21st July, 2008**

Present:- Councillor Kirk (in the Chair); Councillors Gosling, P. A. Russell and Jack.

8. MINUTES OF THE PREVIOUS MEETING HELD ON 7 JULY 2008

Resolved:- That the minutes of the meeting held on 7 July 2008 were approved as a correct record.

9. JOINT COMMISSIONING FRAMEWORK

Kim Curry, Director of Commissioning and Partnerships presented the submitted report in respect of the Joint Commissioning Framework.

In accordance with priority 5 of the Joint Commissioning Strategy, the planning arrangements had been realigned so that they could deliver the objectives of the strategy. The key areas covered were

- Role of the Adults Board
- Governance Issues
- Role of Priority Groups
- Service User Engagement
- Performance Management Framework

The role of the Adults Board was reinforced as a decision making body with responsibility for joint commissioning activity. It had decision making powers with regard to:

- The development of the Joint Strategic Needs Assessment
- The endorsement of joint strategies subject to ratification by the Adult Services Cabinet Member and the RPCT Board
- Commissioning services which were subject to pooled budget arrangements
- Commissioning services which were funded through Health Act flexibilities
- Making decisions on areas of common interest where the Chief Executive of the PCT and the Strategic Director of Neighbourhoods and Adult Services had delegated powers.

In the interest of good governance it was felt that it would be inappropriate that the Cabinet Member made a decision under delegated powers in relation to a matter that they had been party to in a subordinate forum. As a result it was recommended that Cabinet Member no longer sat on the Adults Planning Board.

A question and answer session ensued and the following issues were raised:

- The minutes of the Adults Board need to be included on future Cabinet Member agendas
- The Citizens Juries were made up of a handful of people who were chosen by the PCT. The Local Authority were responsible for ensuring all work was undertaken, but it was the PCT who were taking the credit for it. Assurances were given that this had already been picked up and rectified.
- An update was given in relation to OT's

Resolved:- (1) That the Joint Commissioning Framework be noted

(2) That the Governance issues associated with the framework be noted

(3) That the Cabinet Member and his advisor relinquish their seats on the Adults Planning Board.

10. ADULT SERVICES ANNUAL PERFORMANCE REPORT 1 APRIL 2007 - 31 MARCH 2008

John Mansergh, Service Performance Manager presented the submitted report which outlined the 2007/08 key performance indicator results for the Adult Services elements of the Directorate.

At the end of the year, 15 (58%) key performance indicators achieved their year end targets compared to 47% last year. There were 11 indicators that were rated 'off' target, and these were:

- Intensive home care
- Intensive home care as a proportion of residential care
- Physical Disabilities and Older People users helped to live at home
- Percentage of equipment delivered in 7 days
- People with Learning Disabilities helped to live at home
- People with Mental Health needs helped to live at home
- Acceptable waiting times for care packages
- Service users issued with a statement of need
- People under 65 admitted to residential or nursing care
- Assessments leading to a provision of service
- The number of over 65s admitted to residential care or nursing care
- The percentage of annual reviews
- Services for carers
- Direct Payments
- Acceptable waiting times for assessments

A question and answer session ensued and the following issues were raised:

- Whether the PCT were responsible for part funding the admittance to residential or nursing care for over 65s

3D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 21/07/08

- How the Directorate felt the recent Annual Review Meeting had gone. It was reported that the meeting had gone well and that the Directorate had given an excellent account of itself and its progress through the year.

Resolved:- That the results be noted.

11. ADULT SERVICES COMPLAINTS ANNUAL REPORT 2007/08

Dave Roddis, Service Quality Manager presented the submitted report which provided information about complaints made during the twelve months between 1 April 2007 and 31 March 2008 under the complaints and representations procedures established through the Local Authority Social Services Complaints (England) Regulations, 2006.

Over the last 12 months the total number of complaints received had reduced from 425 to 228 (46%). A centralised system of recording complaints had been implemented to ensure that performance in handling complaints was consistent across all directorates. Details of each customer, each contact they make and each complaint point were recorded. 125 customers had submitted complaints compared with 159 in 2006/07.

94% of all complaints were responded to within the statutory timescales, compared to 88% in 2006/07 and 72% in 2005/06. This was an improvement on the previous years figure with a significant improvement in responding to Stage 2 complaints, none of which had been responded to out of timescales. The performance was the best in the Council for services who had more than 10 complaints.

The merger of the Adult Social Services and Neighbourhoods had completed in April 2008 and the complaints function was now fully integrated and worked to an established customer defined service standard. Significant progress had been made in terms of improving performance in the following areas:

- Improving the timeliness of responses to customers
- Improving the quality of responses
- Learning from Complaints to identify service improvements, recognised nationally by the Cabinet Office
- Strengthening our performance management of complaints with monthly reports being presented to DMT
- Improving satisfaction of the complaint management process
- Promoting and increasing accessibility of the complaints procedure through the development of the internet, information packs and campaigns in our reception areas
- Training of complaint handling which had been delivered to all MS managers in Adult Services
- Meeting the new Government Customer Service Excellence Standard, one of the first organisations in the country.

A question and answer session ensued and the following issues were raised:

- There had been problems which had arisen in respect of meeting statutory deadlines for 3 Stage 3 complaints. This had been due to
 - A customer being unavailable during the 30 day period. It was agreed with the customer to identify a later date
 - The Adjudicating Officer was absent due to ill health when the original meeting was arranged. The Panel was therefore delayed by two months whilst awaiting his return
 - The Investigating Officer was out of the country and could not be contacted for 5 weeks when the customer requested the complaint to be considered at Stage 3

Members were concerned at this but were assured that measures were in place to ensure this did not happen again in the future.

- A request was made for the in-house Complaints training to be made available to all members.

Resolved:- That the report be received.

12. DATE AND TIME OF NEXT MEETING:- 8 SEPTEMBER 2008

Resolved:- That the next meeting be held on Monday 8 September 2008 commencing at 10.00 am.

ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 24th July, 2008

Present:- Councillor Jack (in the Chair); Councillors Barron, Blair, Clarke, Doyle, Hodgkiss, Hughes, St. John, Turner and F. Wright.

Also in attendance were Mrs A Clough (ROPES), Mr K Jack (Speakability), Mrs I Samuels, Ms J Mullins (Rotherham Diversity Forum), Jim Richardson (Aston-cum-Aughton Parish Council), Russell Wells (National Autistic Society) and Lizzie Williams.

Apologies for absence were received from Victoria Farnsworth (Speak Up), Jonathan Evans (Speak Up), Mr. G. Hewitt (Rotherham Carers' Forum) Mr. R. H. Noble (Rotherham Hard of Hearing Soc) and Pat Wade (Aston-Cum-Aughton Parish Council).

167. WELCOME

Councillor Jack welcomed three new members to the panel who were:

- Russell Wells from the National Autistic Society
- Councillor Jim Richardson, Parish Councillor from Aston-cum-Aughton Parish Council
- Kingsley Jack, co-opted member from Speakability.

168. COMMUNICATIONS

Start Time of Meetings

Councillor Jack referred to a comment made at the previous meeting in relation to the start time of the meeting. She confirmed that the reason for the change had been to allow those members with caring responsibilities to attend also allow those with bus passes to use them to travel to the meeting.

Some panel members felt that it wasn't so much the start time that was a problem, but the finish time. It was therefore agreed that the start time of the meeting would remain at 10.00 am but that finish time would be no later than 12.30 pm.

Panel Training Session

Delia Watts reminded panel members that a training session had been arranged on Tuesday 29 July 2008 from 10.00 am to 12.00 noon. The session would cover what the Darzi Review, giving an understanding of the national and regional picture and what it means for Rotherham.

Nominations

The following nominations were made to outside bodies:

Members Training Panel
Councillor Barron

Churches Together Group
Councillor Doyle

169. DECLARATIONS OF INTEREST.

Janet Mullins expressed a personal interest in item 173 (PTS Update).

170. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS.

There were no members of the public and press present.

171. SPEAKABILITY - PRESENTATION

A DVD was shown in relation to a communication disability known as aphasia and the work undertaken by Speakability a national charity who support those people who suffer from aphasia.

Around 250,000 people in the UK have problems with speaking, reading, writing and understanding language as the result of a stroke, head injuries, brain tumours and other neurological illness. Speakability offer training for carers, hold aphasia self help groups, produce fact sheets which deal with most frequently asked questions and campaign both nationally and locally to improve the services for people with aphasia.

172. COMPLAINTS ANNUAL REPORT

Adam Hurst, Complaints Manager presented the submitted report which provided information about complaints made during the twelve months between 1 April 2007 and 31 March 2008 under the complaints and representations procedures established through the Local Authority Social Services Complaints (England) Regulations, 2006.

Over the last 12 months the total number of complaints received had reduced from 425 to 228 (46%). A centralised system of recording complaints had been implemented to ensure that performance in handling complaints was consistent across all directorates. Details of each customer, each contact they make and each complaint point were recorded. 125 customers had submitted complaints compared with 159 in 2006/07.

94% of all complaints were responded to within the statutory timescales, compared to 88% in 2006/07 and 72% in 2005/06. This was an improvement on the previous years figure with a significant improvement in responding to Stage 2 complaints, none of which had been responded to out of timescales. The performance was the best in the Council for

services who had more than 10 complaints.

The merger of the Adult Social Services and Neighbourhoods had completed in April 2008 and the complaints function was now fully integrated and worked to an established customer defined service standard. Significant progress had been made in terms of improving performance in the following areas:

- Improving the timeliness of responses to customers
- Improving the quality of responses
- Learning from Complaints to identify service improvements, recognised nationally by the Cabinet Office
- Strengthening our performance management of complaints with monthly reports being presented to DMT
- Improving satisfaction of the complaint management process
- Promoting and increasing accessibility of the complaints procedure through the development of the internet, information packs and campaigns in our reception areas
- Training of complaint handling which had been delivered to all MS managers in Adult Services
- Meeting the new Government Customer Service Excellence Standard, one of the first organisations in the country.

The panel queried how complaints were identified and monitored. Adam Hurst confirmed that all Complaints Managers received training on how to identify complaints and work was also being undertaken to ensure that all complaints were captured.

Reference was made to the policy of placing people over 65 in provision based on their age as opposed to other difficulties including disability, and a concern was raised that people under 65 with disabilities were being overlooked. Adam Hurst agreed that emphasis was placed mainly on the over 65's but he felt that there was no reason why this couldn't include people under that age.

A discussion ensued about the overall handling of complaints and how significant progress had been made, particularly at Stage 1 and 2. A key priority for the forthcoming year would be to improve the performance in respect of Stage 3 complaints and Ombudsman enquiries.

Resolved:- that the report be received.

173. YAS COMMS MOVE TO WAKEFIELD - UPDATE

Keeley Townend gave a presentation in respect of the Yorkshire Ambulance Service and the recent move of the Service Communications Centre to Wakefield.

The presentation drew attention to:

- Developing Access and Response Services
- The new 999 Communications Centre
- The staff and the changes made as a result of the move
- The service provided

A discussion took place about the reliability of the locality checker and whether there were any measures in place in the event of the system failing. Keeley confirmed that there were systems in both York and Wakefield which were integrated and in the event of one of them becoming disabled the other would take over. In addition there were a number of back up systems and which included more than one telephone system.

Councillor Jack asked whether there had been any difficulties experienced as a result of the loss of staff in Rotherham, whilst recruiting to fill their posts. Keeley confirmed that recruitment had not been a problem as most of the staff had been relocated to other posts within the Ambulance Service and those posts which had been advertised had received an overwhelming response.

Councillor Jack also asked whether there were any plans for the Moorgate buildings. Keeley confirmed that no decision had been taken by the Trust in relation to this at present.

Councillor Jack thanked Keeley for her presentation.

174. PTS CONTRACT UPDATE

Craig Danks, Business and Service Manager for operational services at RFT presented the submitted report which provided an update on the contract performance for Patient Transport Services to Rotherham NHS Foundation Hospitals Trust (RFT) for the period 1st April 2007 to 31st March 2008.

The report detailed the activity undertaken by YAS on behalf of Rotherham NHS Foundation Trust. The contract allowed for a threshold of +/- 5% in activity overall and throughout the year the activity variance had ranged from -5.1% to +9.8%. The activity levels for The Rotherham NHS Foundation Trust showed an overall performance of 3.8%.

The contract allowed for financial deductions to be made against underachievement of the performance standards. These calculations and discussions were ongoing with YAS.

There had been revised contract activity and performance standards for 2008/09 which were as a result of contract negotiations. Work was also being undertaken with YAS to improve their performance standards in the forthcoming months.

A question and answer session ensued and the following issues were raised:

- There appeared to be a problem with bringing patients in too early for their appointments – why was this and there anything being done to reduce it? The introduction of lots of smaller PTS vehicles was beginning to have a positive impact on the timing for picking up patients.
- Concerns about the length of time patients were being kept waiting after an appointment for transport home. This was an initiative that was being investigated, but again it was hoped that the introduction of the smaller vehicles would alleviate the problem
- What relationship did Rotherham have with Sheffield? There was a liaison facility in all the main hospitals and crews are available to take patients to Sheffield if necessary. However the main partnership was with Barnsley.
- Some patients were missing appointments because there were not receiving their letters until after the date. A trial was being undertaken in relation to appointments, whereby if an appointment was within 5 days, the patient would receive a telephone call to confirm the date and time.

Resolved:- That the report be received.

175. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 26 JUNE 2008

Resolved:- That the minutes of the meeting of the Panel held on 26 June 2008 be approved as a correct record for signature by the Chair, subject to the inclusion of Councillor Jack's apologies.

176. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH HELD ON 19 MAY 2008 AND 23 JUNE 2008

Resolved:- That the minutes the meetings of the Cabinet Member and Advisors for Adult Social Care and Health held on the 19 May and 23 June 2008 be received and their content noted

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Adult Services and Health Scrutiny Panel
2.	Date:	4th September, 2008
3.	Title:	Adult Services Annual Performance Report (1st April, 2007 to 31st March, 2008) All Wards Affected
4.	Programme Area:	Neighbourhoods and Adult Services

5. Summary

5.1 This report outlines the 2007/08 key performance indicator results for the Adult Services elements of the Directorate.

6. Recommendations

6.1 That Cabinet Member is asked to note the results.

7. Proposals and Details

7.1 At the end of the year, 15 (58%) key performance indicators achieved their year end targets compared to 47% last year. There are 11 indicators that are rated 'off' target, and are shown as a red triangle alert in Appendix A. These indicators are:

7.1.1 Intensive home care

A drop in the score from 13.99 (568 people) last year compared to 13.94 (569 people) this year. The drop in the score relates to an increase in the older people's population this year. This is based on a survey week in September and evidence shows that we have increased intensive home care provision since the week of the survey. This indicator is adversely affected by improvements in the provision of direct payments. This indicator maintains band 4 out of 5 position in comparison to other Councils.

7.1.2 Intensive home care as a proportion of residential care

Linked to the indicator above, the measure of performance improved compared to last year but fell just short of the target which was set at the start of the year. National data shows that in Rotherham the average hours of home care per person has increased by 4% since last year. This indicator maintains band 5 out of 5 position in comparison to other Councils.

7.1.3 Physical Disabilities and Older People users helped to live at home

These two indicators are affected by the increase in reviews. There were 2,070 more reviews undertaken during the year. Members have previously been advised of the problems found in our database where we have found a significant number of people on our system who were not receiving services as previously reported. Despite data quality issues, there have been better outcomes for these service user groups.

For people with physical disabilities, there is evidence of a notable increase in real outcomes for service users which have been made as a result of increasing the number of social care and occupational therapy assessments, aligning our adaptations activity with the decent housing programme, increasing the number of reviews and direct payments and improving the delivery of equipment and adaptations. As a result, there has been 3,485 more pieces of minor equipment delivered, an additional 115 users receiving direct payments and 28 more level access showers installed than last year.

For older people, 65 people are receiving direct payments compared to 56 last year and there have been 187 more assessments leading to a provision of service compared to last year. These indicators maintain band 2 out of 5 position in comparison to other Councils.

7.1.4 Percentage of equipment delivered in 7 days

The recording systems were changed during the year to improve the accuracy of reporting on this indicator. A number of errors in the system as a result of this scrutiny has led to a 3% fall in reported performance. There were 3,485 more pieces of minor equipment delivered this year compared to last year. This indicator maintains band 5 out of 5 position in comparison to other Councils.

7.1.5 People with Learning Disabilities helped to live at home

This service is rated top band in comparison to other Councils. There was a small reduction in the number of people that are helped to live at home due to a number of deaths. The service is now dealing with more older people with learning disability problems. This indicator maintains band 5 out of 5 position in comparison to other Councils.

7.1.6 People with Mental Health needs helped to live at home

This service is rated top band compared to other Councils. This service is managed in partnership by RDaSH (Rotherham, Doncaster and South Humber Mental Health Trust). The Directorate was not satisfied with the quality of the information provided and removed a number of records which did not meet our audit requirements. This indicator maintains band 5 out of 5 position in comparison to other Councils.

7.1.7 Acceptable waiting times for care packages

The service substantially increased productivity in 2007/08 which undoubtedly led to better outcomes for service users. The number of new assessments for older people that led to a provision of a care package increased by 138 this year, we removed the historic backlog and undertook 2,070 more reviews. This created additional pressure on our capacity to deliver care packages within 4 weeks of the initial assessment. We have since rolled out the brokerage service to all areas which is a service that arranges packages of care to take the burden away from social workers. The new 'Assessment Direct' service was also introduced to radically transform access and customer services. Waiting times are now much better. This indicator has dropped from band 5 to band 4 in comparison to other Councils.

7.1.8 Service users issued with a statement of need

The score did improve from 85.02% to 90.88% but fell short of the target of 97%. 213 additional statements of needs were issued as a result of increasing the amount of assessment and review activity. This indicator maintains band 2 out of 5 position in comparison to other Councils.

7.1.9 People under 65 admitted to residential or nursing care

This indicator did improve compared to last year with 5 less admissions. This fell short of the target set at the start of the year which was 1.49. This indicator maintains band 4 out of 5 position in comparison to other Councils.

7.1.10 Assessments leading to a provision of service

This indicator attempts to measure assessment activity, requiring Councils to sign post customers to other services rather than meeting the needs of all those who ask for an assessment through traditional social services. During 2007/08, we undertook more assessments that led to a service being delivered, 86.65% compared to 85.77% last year. There are no national comparison information available for this indicator.

The Commission for Social Care Inspectorate (CSCI) compare Council performance in bands. The aim is to drive improvement in services so that the majority of services are rated in the top band. At the end of 2007/08, 80% of performance indicators are within the top two bands compared to 60% last year. The indicators demonstrating significant improvement are;

7.1.11 The number of over 65s admitted to residential care or nursing care

This indicator measures the number of older people admitted to residential or nursing care which was paid for by the Authority. This year we reduced the number of Council funded admissions by 64 people compared to last year. This was achieved through the implementation of new arrangements for increasing access to NHS fully funded and Continuing Healthcare. An additional £720k was accessed from the PCT. The total number of residential and nursing care admissions increased during the year.

7.1.12 The percentage of annual reviews

There were 2,070 more reviews undertaken by social work teams this year compared to last year. Dedicated reviewing teams and performance management arrangements were put in place to ensure that this critical indicator of success improved. All service user groups benefited and this indicator is now placed in the top band compared to band two out of four last year.

7.1.13 Services for carers

There were an additional 816 carers assessments undertaken leading to the provision of 277 more carers services than last year. This indicator has improved from band 2 of 5 to band 3 of 5.

7.1.14 Direct Payments

There were an additional 86 users on direct payments compared to last year. Our work with mental health users has been held up as good practice nationally. There was also a significant improvement for Black and Minority Ethnic users where direct payments provision now closely matches the profile of the population (5.8%).

7.1.15 Acceptable waiting times for assessments

This indicator has improved by 10% on last year's performance from band 2 of 5 to band 3 of 5. 187 more older people were assessed compared to last year.

8. Finance

8.1 Service improvement has been achieved through an increase in investment in the base budget and accessing further funding available through the Local Area Agreement pump priming money and from the PCT. Expenditure on all user groups is higher than the national average which illustrates the Councils commitment to supporting vulnerable people. There were some budgetary pressures last year which mainly related to increasing the number and cost of care packages for those with physical and sensory disabilities and the cost of residential care packages for those with mental health needs.

9. Risks and Uncertainties

9.1 There are two main risks. The first risk relates to the quality, reliability and accuracy of the information that is reported for performance indicators. The service has invested into improving data quality this year and this has resulted in reducing the audit risk to the Authority. The second risk relates to the CSCI's annual performance assessment of the service. In November, CSCI advised us to improve performance in 6 critical areas. There has been a mixed picture of performance in these areas. We have improved performance in 4 out of the 6 areas which include services for carers, admissions to residential or nursing care, people receiving a statement of need and service users receiving a review. Our performance on helping older people and those with physical disabilities to live at home poses a risk to the service achieving a better star rating in the next round of assessments which will be concluded in November 2008. We are currently working with CSCI to exemplify improved outcomes for these user groups.

10. Policy and Performance Agenda Implications

There were a number of performance management arrangements put in place this year to help individual workers improve their own performance and that of the service. This included:

- 60 performance clinics held during the year to understand performance and agree recovery actions,
- Changes made to management
- Regular communication with workers with initial resistance turning into workers now saying what a big difference it has made, and
- Help for social workers, 745 new assessments inputted by dedicated IT people, a dedicated review team was in place and brokerage was rolled out to all teams meaning more social work time to spend with customers instead of spending time arranging care packages or updating IT systems.

During the year the service has successfully negotiated targets for inclusion in Rotherham's new Local Area Agreement which covers the period 2008/2011. The areas selected because of their national and local importance for adults are:

- Supporting disadvantaged people into work,
- Increasing employability of working age adults,
- Providing more support to carers,
- Helping more people to live independently,
- Increasing the number of vulnerable people to achieve independent living, and
- Supporting a thriving 3rd sector.

11. Background Papers and Consultation

11.1 The report has been discussed with Neighbourhoods and Adult Services Directorate Management Team. The year end performance results for Adult Services are attached (Appendix A) and are compiled using the Corporate 'Performance Plus' management software. The indicators rated 'on target' are shown as a green star and those that are rated 'off target' are shown as a red triangle alert.

Contact Name: John Mansergh, Service Performance Manager - Extension 3466
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Appendix A: Neighbourhoods and Adult Services - Performance Indicator Outturns for 2007/08											
Line No.	YTD	Measure	Good performance & Measure type description	Baseline 06-07 & Band	Qtr 1 June 07	Qtr 2 September 07	Qtr 3 December 07	Qtr 4 March 08	Compared to last year	07/08 Target	Year End PAF Banding
Outcomes Framework 1: Improving Health and Emotional Well-being											
1	★	AS LPI PAF D40 Adult and Older clients receiving a review as a percentage of adult clients receiving a service (KT)	Bigger is better, 100 is best % Percentage	45.66 2 of 3	14.74	26.41	44.32	75.04	✓	75 LAA	Band 4 of 4
2	★	AS LPI PAF D41 Number or Delayed Transfers of care per 100,000 population aged 65 and over	Within range 0<20.12 is best Rate calculation	9 rounded 5 of 5	12.31	13.86	15.21	16.87	✗	<20.12	Band 5 of 5
3	★	AS LPI PAF D41 (RMBC) Number of delayed transfers of care per 100,000 population aged 65+	Zero is best Number Count	0.00	0.00	0.00	0.00	0.00	█	0.00	Not PAF banded
Outcomes Framework 2: Improved Quality of Life											
4	▲	BV053 (PAF C28) Intensive home care per 1000 65+	Bigger is better, 16+ is best Rate calculation	13.99 4 of 5	13.94				✗	16.00	Band 4 of 5
5	▲	BV054 (PAF C32) Older People helped to live at home	Bigger is better, 100+ is best Rate calculation	79.79 2 of 5	72.39Rev (77.61)	70.95Rev (72.29)	71.79	69.72	✗	102 LAA	Band 2 of 4
6	▲	BV056.03 (PAF D54) %Equipment <£1000 in 7 days (KT)	Bigger is better, 100 is best % Percentage	90.67 5 of 5	82.93	88.51	87.59	85.30	✗	95.00	Band 5 of 5
7	▲	AS LPI PAF C29 Adults with physical disabilities helped to live at home	Bigger is better, 5+ is best Rate calculation	3.05 2 of 5	3	2.9	2.6	2.73	✗	4.2	Band 2 of 5
8	▲	AS LPI PAF C30 Adults with learning disabilities helped to live at home	Bigger is better, 3+ is best Rate calculation	3.13 5 of 5	3.04	2.98	3.02	3.02	✗	3.20	Band 5 of 5
9	▲	AS LPI PAF C31 Adults with mental health problems helped to live at home	Bigger is better, 2.3+ is best Rate calculation	4.5 5 of 5	4.18				✗	4.8	Band 5 of 5
10	★	AS LPI PAF C62 Services for Carers	Bigger is better, 12+ is best % Percentage	4.28 2 of 5	1.06 Excl MH	6.15	7.80	9.11	✓	9.00	Band 3 of 5
11	★	AS LPI 102 Number of protection plans in place	Bigger is better Number count	25	8	19	30	40	✓	40	Not PAF banded
Outcomes Framework 4: Increased Choice and Control											
12	★	BV195 (PAF D55) Acceptable waiting times for assessment (KT)	Bigger is better, 100 is best % Percentage	75.94 2 of 5	77.85	82.58	84.13	85.24	✓	85	Band 3 of 5
13	▲	BV196 (PAF D56) Acceptable wait for care packages (KT)	Bigger is better, 100 is best % Percentage	96.74 5 of 5	95.11	95.67	95.32	85.24	✗	98.00	Band 4 of 5
14	★	BV201 (PAF C51) Adults receiving direct payments (KT)	Bigger is better, 150+ is best Rate calculation	137 4 of 5	150	140	154	159	✓	150 LAA	Band 5 of 5
15	★	AS LPI (PAF C72) Number of admissions of supported residents aged 65+ to residential and nursing care	Lower is better, 0<90 is best Rate calculation	106.36 3 of 5	120.44	120.82	112.73	90.67	✓	95	Band 4 of 5
16	▲	AS LPI (PAF D39) % of people receiving a statement of their needs and how they will be met	Bigger is better, 100 is best % Percentage	85.02 2 of 5	86.13	89.13	92.16	90.88	✓	97	Band 2 of 5
17	▲	AS LPI (PAF C73) Number of admissions of supported residents under 65 to residential and nursing care	Lower is better, 0<1.5 is best Rate calculation	2.25 4 of 5	0.19	1.09Acc' 1.49proj	1.42	1.9	✓	1.49	Band 4 of 5
18	▲	AS LPI PAF E 82 Assessments of adults and older people leading to a provision of service	Within range 68<77 is best % Percentage	85.77% 3 of 5	84.22%	85.46%	85.23%	86.65%	✗	80.00%	Not PAF banded
Outcomes Framework 5: Freedom from Discrimination											
19	★	Ethnicity KT - Assessment / reviews	Lower is better, 0<10 is best % Percentage	1.04	0	0.13	0.08	0.27	✓	<10	Not PAF banded
20	★	Ethnicity KT - Services	Lower is better, 0<10 is best % Percentage	0.37	0.1	0.1	0.09	0.13	✓	<10	Not PAF banded
21	★	AS LPI PAF E 47 Ethnicity of older people receiving assessment	Within range 1<2 is best % Percentage & Rate calculation	1.78% 3 of 3	0.88%	0.97%	0.77%	1.09%	✗	1.90%	Band 3 of 3
22	★	AS LPI PAF E 48 Ethnicity of older people receiving services following an assessment	Within range 0.9<1.1 is best % Percentage & Rate calculation	0.85% 2 of 3	1.19%	1.17%	1.02%	1.06%	✓	0.91%	Band 3 of 3
Outcomes Framework 6: Economic Well-being											
Outcomes Framework 7: Maintaining Personal Dignity and Respect											
23	★	AS LPI (PAF D37) Availability of single rooms	Bigger is better, 95<=100 is best % Percentage	100 5 of 5	100%				█	99	Band 5 of 5
Outcomes Framework 8: Leadership											
24	★	Ethnicity KT - Staffing	Lower is better, 0<10 is best % Percentage	<1 rounded	2.61				✗	0	Not PAF banded
25	★	AS LPI (PAF D75) Practice Learning	Bigger is better, 17+ is best Rate calculation	17.47 5 of 5	20.61				✓	21.6	Band 5 of 5
Outcomes Framework 9: Commissioning and Use of Resources											
26	▲	AS LPI (PAF B11) Intensive home care as a % of intensive home and residential care	Within range 27<45 is best % Percentage & Rate calculation	28 5 of 5	29				✓	31.00	Band 5 of 5
<p>Red Triangle = Warns not on target and high risk – Action needs to be taken immediately to improve performance if we are to achieve target.</p> <p>Green Star = Shows that performance is on course to achieve or exceed the year end target</p> <p>Improvement in performance</p>											

Appendix A: Neighbourhoods and Adult Services - Performance Indicator Outturns for 2007/08											
Line No.	YTD	Measure	Good performance & Measure type description	Baseline 06-07 & Band	Qtr 1 June 07	Qtr 2 September 07	Qtr 3 December 07	Qtr 4 March 08	Compared to last year	07/08 Target	Year End PAF Banding
			Deterioration in performance								
			No change in performance against last reported position								
	YTD		Signifies this Pi is one of the CSCI critical PI's for 2007/08								

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Adult Services and Health Scrutiny Panel
2.	Date:	4 September 2008
3.	Title:	‘Making a Positive Contribution’ – Consultation & Community Involvement Strategy for Neighbourhoods and Adult Services
4.	Programme Area:	Neighbourhoods and Adult Services

5. Summary

The purpose of this strategy is to set out the principles and standards by which consultation and community involvement will be carried out by Neighbourhoods and Adult Services and how we will shape our services using customer insight and understanding.

This strategy also defines our current and future objectives and plans for consultation and community involvement and, through implementation, will provide opportunities for us to learn from our customers and deliver real outcomes and service improvements.

Neighbourhoods & Adult Services successfully achieved the Cabinet Office Customer Service Excellence Standard; receiving notification on 18 June 2008. This prestigious award makes us the first Directorate to achieve the standard for the Council and recognises our achievements in making consultation and community engagement integral to continually improving services.

A ‘compliance plus’ (area of best practice which exceeded the requirements of Customer Services Excellence) was awarded: *“You demonstrate exceptional performance in the way you involved and consult with customers and use this to make improvements both to your own services and also to other services”*.

We are rated as ‘Excellent’ for the Making a Positive Contribution Social Care Outcome by CSCI (Commission for Social Care Inspectorate) for the way we engage with customers and improve services as a result.

6. Recommendations

THAT MEMBERS NOTE THE CONSULTATION & COMMUNITY INVOLVEMENT STRATEGY FOR NEIGHBOURHOODS AND ADULT SERVICES 2008-2009.

7. Proposals and Details

Neighbourhoods & Adult Services 'Consultation and Community Involvement Strategy' sets out our learning from customers initiatives which have ensured that we are nationally recognised as leaders in customer engagement and involvement. These sit alongside the Councils Consultation and Community Involvement Toolkit which details a variety of consultation and community involvement methods.

The Neighbourhoods and Adult Services approach:

- **Area Assemblies** - partnership of individuals, agencies and organisations which work together to tackle local issues and to listen to local people to make their local area a better place to live.
- **Visioning Days** – customers, partners and stakeholders involved in shaping priorities and telling us what they want to see delivered in the future through innovative approaches such as 'customer reality shows' and 'ask the experts' panels'
- **Customer Inspection Service** - real customers testing services through a range of mystery shopping and reality checking exercises and engages with communities through estate walkabouts, door knocking and focus group surveys.
- **Customer Satisfaction Testing** – we have reviewed and introduced customer satisfaction testing across forty customer facing teams
- **Home Truths** - reality method of testing services through the eyes of customers using video, and hand written diaries to inform service improvements
- **32 Forums** – for example the Learning from Customers Forum who identify issues and experiences of accessing services, look at feedback including complaints, customer satisfaction findings and customer approved publications as 'Easy Read'
- **My Say, My Way** – provides opportunities for communities to become involved in the way services are delivered and shaped in the future by choosing topics of interest and methods of activity.
- **Community Engagement Database** – developed by the Area Assembly team, captures and monitors all consultation and community involvement information from across the Council.

Our customer engagement and involvement initiatives have provided opportunities for outcomes and improvements, learnt through the eyes of our customers; for example:

Customers told us...that the waiting time for a decision on a blue badge was too long

We have...simplified our blue badge process, ensuring that decisions are given and badges are issued on a customers' first visit to one of our offices.

Customers told us... they would like to pay for Home Care charges by Direct Debit.

We have...set up the facility and already have over 200 customers paying by Direct Debit; increasing choice and control.

Customers told us...older people would like more information on healthier lifestyles

We have...provided information through the Mobile Library Service which visits older people in sheltered accommodation units, nursing homes, residential homes and day care services; as well as people in their own homes.

A 'Visioning Day' carried out in March 2008, attended by over 200 service users and stakeholders provided us with an overwhelming view about our priorities. Safety was the biggest concern of our residents - how safe people feel in their own homes and in their neighbourhood.

As a result we have identified two Service Plan priorities which focus on improving the safeguarding of vulnerable adults and improving the perception of fear of crime by making our Safer Neighbourhood Teams more responsive, accessible and visible. These priorities are addressed through our Service Plan 2008/11.

The objectives within Neighbourhoods & Adult Services Consultation and Community Involvement Strategy include:

- Improving quality, effectiveness and co-ordination of Consultation and Community Involvement
- Raising awareness of the principles of effectiveness consultation and community involvement and ensure staff and members have the support they need
- Ensure that all communities are involved in the planning and provision of services and policies to meet their need
- Ensure that consultation and community involvement shapes and influence service, policy development and decision making
- Improve satisfaction with consultation and community involvement and evaluate the impact.

In consultation with the Learning from Customers Forum, Local Performance Indicators and targets for satisfaction testing have been developed as follows:

Making a Positive Contribution:

- Satisfaction with opportunities to get involved (target: 77%, current satisfaction 88%)
- Satisfaction that the Council listens and acts as result (target: 88%, current satisfaction 94%)

We will ensure that the involvement and consultation with communities influences positive changes and improved services by:

- Incorporating the results into policies, strategies and service delivery by analysing results, identifying recommendations and reporting through appropriate management structures.
- Monitoring and evaluating the impact of consultation and community involvement activities to measure how it has fed into service planning and delivery and how effective it has been in meeting the expectations and delivering improved services to communities.
- Ensuring that we have communicated what we have learnt and done to members, officers and communities through newsletters, poster campaigns and the web-site;

and by using the Community Engagement Database to record consultation and community involvement activities.

8. Finance

Neighbourhood Partnerships hold a budget of approximately £35k for costs associated with consultation and community involvement. Approximately £25k of which is disseminated amongst each of the 7 Area Assembly areas.

9. Risks and Uncertainties

Risk to achieving our vision and strategic objectives by not having a Consultation and Community Involvement Strategy in place for Neighbourhoods and Adults Services.

Risk in duplication of consultation and learning from customers outcomes identified and implemented through lack of co-ordination of consultation and community involvement activity.

These risks will be managed by the Service Quality Team who will monitor and report progress against objectives and drive forward service improvements.

10. Policy and Performance Agenda Implications

The Local Government White Paper: 'Strong and Prosperous Communities', published by the Department of Communities and Local Government (DCLG) in October 2006 is concerned with:

- Re-balancing the relationship between central and local government
- Enabling local delivery partners to work together through local strategic partnerships and local area agreements
- Creating stronger and more visible local leadership
- Giving local people more of a say in the services that affect them

In July 2008 the Government published the white paper 'Communities in Control: Real People, Real Power'. The White Paper takes forward and develops further a number of the commitments made in the Strong and Prosperous Communities White Paper and states that a new 'duty to promote democracy' will be introduced to help Council's promote involvement.

This strategy will also influence and contribute to the National Indicators by promoting greater participation and increasing levels of empowerment which will enable people to feel that they have made a difference and have influenced decisions in their local area.

In 2006 the Commission for Social Care Inspection introduced a new outcomes framework for the performance assessment of adult social care. 'Making a positive contribution' is one of seven outcomes within the framework which are based on the outcomes from the White Paper, 'Our Health, Our Care, Our Say'. Achieving this outcome requires Neighbourhoods and Adult Services to demonstrate that we have 'involved people in policy development and decision-making' and that 'their contributions have helped to shape services'.

11. Background Papers and Consultation

The Consultation & Community Involvement Strategy for Neighbourhoods and Adult Services 2008-2009, including the Annual Plan of Consultation is attached.

This report was presented to Neighbourhoods & Adult Services Directorate Management Team on.....

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Neighbourhoods and Adult Services

'MAKING A POSITIVE CONTRIBUTION'

DRAFT

**Consultation and
Community Involvement Strategy**

2008-2009

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1. Introduction

Neighbourhoods and Adult Services have been awarded the 'Standard Bearer' status by the Cabinet Office for the new Customer Service Excellence Standard in recognition for our excellent approaches to delivering customer focused services in consultation with our customers. Our experience and good practice is being shared and promoted through the Cabinet Office. Our embedded 'Learning from Customers' culture has put in place a number of new initiatives to ensure that we engage with our customers and more importantly learn from their experience – improving and re-designing services as a result.

In June 2008 Neighbourhoods and Adult Services successfully achieved the Cabinet Office Customer Service Excellence Standard. This prestigious award makes us the first Directorate to achieve the standard for the Council. In their assessment of Neighbourhoods and Adult Services the assessors commented that 'there is significant customer consultation taking place and that we demonstrate exceptional performance in the way that we involve and consult with customers and use this to make improvements both to your own services and also to other services across the directorate'.

We are rated as 'Excellent' for the Making a Positive Contribution Social Care Outcome by CSCI (Commission for Social Care Inspectorate) for the way we engage with customers and improve services as a result.

At the Local Government Yorkshire and Humberside Awards Ceremony in Leeds in December our Area Assembly Teams went up against all County, District, Metropolitan, Unitary Council's, along with Fire and Rescue Authorities in the Yorkshire and Humber Region to win the 'Stepping up to the Challenge' Award, recognising the contribution which the Area Assemblies make to the Local Strategic Partnership and to communities in Rotherham.

In 2007 our newest initiative of bringing together customers, staff and stakeholders was born. Since our first Visioning Day in 2007 we have held a further 5 visioning days in 2008 alone with a commitment to facilitate at least 4 of these exciting events each year.

Visioning Days are more than just 'another consultation event'; they bring together staff from Rotherham MBC, our partners such as NHS Rotherham, Voluntary Agencies and customers in an innovative way that ensures that these events are inspiring as well as informative.

A number of real outcomes have been achieved through Visioning Days, including the successful shaping of adaptations services, leading to more efficient person centred services and the introduction of Assessment Direct; a single point of access for adult social care enquiries.

The 'Better Tomorrow' Visioning Day in March 2008 helped to shape a whole spectrum of services and feedback from Rotherham citizens contributed to two of the Directorate's strategic objectives which focus on improving the safeguarding of vulnerable adults and improving the perception of fear of crime by making our Safer Neighbourhood Teams more responsive, accessible and visible. These priorities are addressed through our Service Plan 2008/11.

During 2008 the Directorate reviewed its knowledge of service user and provider groups and how these have been involved in service delivery and engaged in delivering outcomes for customers. The involvement of service user and provider forums has been key in the ongoing development of services. An excellent example of our approach to utilising forums was in the recent consultation on Fair Access to Care Services where the five service user groups were consulted on our eligibility criteria for social care services.

The completion of the review exercise means that Neighbourhoods and Adult Services now have a definitive understanding of the composition, purpose and availability of user forums which are representative of the diverse communities in Rotherham and the opportunities to involve these forums will be maximised as a result.

During October 2007 the Service Quality Team reviewed Neighbourhoods and Adult Services current position in relation to customer feedback across thirty teams including customer satisfaction testing, complaints, service standards and user forums. As a result we have introduced this strategy and a framework to co-ordinate all customer feedback across our Directorate on a monthly basis to inform service improvements...through the eyes of our customers.

The objectives of the strategy mirror those in the Consultation and Community Involvement Framework and are:

- **Improving quality, effectiveness and co-ordination of Consultation and Community Involvement**
- **Raising awareness of the principles of effectiveness consultation and community involvement and ensure staff and members have the support they need**
- **Ensure that all communities are involved in the planning and provision of services and policies to meet their need**
- **Ensure that consultation and community involvement shapes and influence service, policy development and decision making**
- **Improve satisfaction with consultation and community involvement and evaluate the impact.**

2. Why do we need a strategy?

Neighbourhoods and Adult Services vision is to provide integrated local services so that:

- People can exercise choice, retain their independence, be offered protection and have equality of access
- Communities are active and shape local services to meet their characteristics and needs
- Neighbourhoods are safe, free from crime and places to be proud of

This strategy will contribute to the achievement of our vision and Service Plan objectives by provide guidance for staff in Neighbourhoods and Adult Services so that consultation and community involvement is co-ordinated across the Directorate,

to make the best use of skills and resources and avoid duplication; and consistent in being carried out to a high standard in shaping policy and representing communities. It will also make sure that consultation and community involvement is coherent in outlining the aim and objectives from the onset and being appropriate, timely and proportionate; and constructive in that it delivers outcomes and directly influences policies and service improvements.

This strategy will also re-enforce and strengthen the Neighbourhoods and Adult Services culture of putting the customer at the heart of service delivery and ensure that community involvement and consultation are encouraged, recognised and used in improving our services.

Underpinning this strategic approach is the recognition that there are corporate guidelines and shared principles across all directorates, service areas and with partners. The Consultation and Community Involvement Framework and Toolkit were published in 2006 and support this strategy in its objective to provide a robust framework to co-ordinate consultation and community involvement.

2.1 What is the purpose of this strategy?

Neighbourhoods and Adult Services aim to provide excellent services which deliver positive outcomes for our customers.

The purpose of this strategy is to set out the principles and standards by which consultation and community involvement will be carried out by Neighbourhoods and Adult Services and how we will shape our services using customer insight and understanding.

This strategy also defines our current and future objectives and plans for consultation and community involvement and, through implementation, will provide opportunities for us to learn from our customers and deliver real outcomes and service improvements.

Building on our philosophy of; 'we asked, you said, we have'.

2.2 What is meant by consultation and community involvement?

There are a number of important differences between the definitions of consultation and involvement, although often these terms are used interchangeably and share similar aims.

Consultation means asking people (individuals or groups) for advice or what they think about a service or strategy, or asking people what their needs are and what can be done with them, e.g. Reach Out Panel, Focus Groups and Surveys etc.

Involvement means that people are empowered and feel they are part of decision making processes and that they make a real difference to what is decided. For example, how services are planned and how money is spent. E.g. Area Assemblies, Scrutiny Panels and community planning etc. Involvement also means that people are informed of the outcome of their participation and understand how they have made a difference to services.

Both consultation and involvement are important and need to be used together or separately depending on the issue in question.

Consultation and Community Involvement means asking people about a decision that makes a difference to their lives or giving communities an active and involved role in the development and implementation of services. Consultation and community involvement also means being more inclusive, encouraging involvement and participation where possible.

2.3 What are the national influences?

The Local Government White Paper: '**Strong and Prosperous Communities**' was published by the Department of Communities and Local Government (DCLG) in October 2006. The White Paper is concerned with:

- Re-balancing the relationship between central and local government
- Enabling local delivery partners to work together through local strategic partnerships and local area agreements
- Creating stronger and more visible local leadership
- Giving local people more of a say in the services that affect them

The White Paper states that 'Public services are better, local people more satisfied and communities stronger if involvement, participation and empowerment are at the heart of public service delivery' The White Paper proposed to build on the current Best Value Duty to consult with local people, placing a legal duty on local authorities to:

- Inform Citizens of how to access services and service performance
- Consult citizens and communities through surveys, focus groups, area and parish plans
- Involve citizens in directly designing, delivering or assessing a service
- Devolve responsibility for service delivery (e.g. community management of local assets)

In July 2008 the Government published the white paper '**Communities in Control: Real People, Real Power**'. The White Paper takes forward and develops further a number of the commitments made in the Strong and Prosperous Communities White Paper and introduces an action plan of commitments across eight chapters:

- The case for people and communities having more power
- Active citizens and the value of volunteering
- Access to information
- Having an influence
- Challenge
- Redress
- Standing for Office
- Ownership and Control

The **Local Government and Public Involvement in Health Act, 2007**, provides a legislative framework for a number of proposals in the *Local Government White Paper, 2006*. A number of legislative provisions made in the act relate to health and social care.

The Act introduces a duty on 'named partners' to co-operate with another in the development and agreement of Local Area Agreements and provides powers for Overview and Scrutiny Committees to review and scrutinise the actions of key local public services providers. In addition the act abolishes Patient and Public Involvement Forums and introduces Local Involvement Networks which will be networks of local people and groups that will ensure that local communities can monitor service provision, influence key decisions and have a stronger voice in the process of commissioning health and social care.

This strategy will also influence and contribute to the **National Indicators** by promoting greater participation and increasing levels of empowerment which will enable people to feel that they have made a difference and have influenced decisions in their local area.

In 2006 the Commission for Social Care Inspection introduced a new **outcomes framework** for the performance assessment of adult social care. 'Making a positive contribution' is one of seven outcomes within the framework which are based on the outcomes from the **White Paper, 'Our Health, Our Care, Our Say'**. Achieving this outcome requires Neighbourhoods and Adult Services to demonstrate that we have 'involved people in policy development and decision-making' and that 'their contributions have helped to shape services'.

2.4 What are the local influences?

Consultation and community involvement is integral to the shared vision for the Borough as set in Rotherham's **Community Strategy** and associated objectives within the **Corporate Plan**. This for example seeks to ensure that 'Active Citizenship and democracy will underpin how Rotherham works' and that 'there will be many opportunities to be involved in civic life and decision making'.

The **Community Development Strategy** is a tool for empowering citizens at a local level through:-

- Effective capacity building, learning and engagement opportunities
- Giving people more say in the development of services
- Opportunities for the ownership and management of local assets
- Building cohesive and sustainable communities

The effective delivery of Rotherham's Community Development Strategy will depend greatly on partnership working and the delivery of five key aims.

- To develop the skills of key individuals in agencies and communities to enable better joint working and mutual understanding.
- To develop vibrant communities through increased local activity giving people more of a say in the development. and delivery of local services in their own community.
- To create well organised and governed communities through the provision of effective capacity building through partnership working.
- To ensure that services are responsive and inclusive to the needs of our communities.

- To build cohesive communities which recognise diversity and are inclusive and accessible.

The vision, key aims and actions of the CD strategy are very much relevant and timely when we consider current thinking around empowering communities to speak and act on their own behalf.

Key themes and actions in the Community Development Strategy are also reflected in a range of current and future national proposals from the government in line with the new Community Empowerment White Paper.

The **Consultation and Community Involvement Framework** sets out the Council's vision and aims and objectives for consultation and community involvement. The Framework is based on best practice identified from other local authorities and in particular, work undertaken by the Audit Commission. It also sets out a range of actions to ensure that consultation and community involvement underpins and is built into everything the Council does. This framework outlines the guiding principles by which consultation and community involvement should be undertaken as well as identifying five priority areas for improvement.

The **Corporate Equality Strategy** reflects the legislative requirements of the Race Relations Act (Amendment) which places a duty on councils 'to consult on the likely impact of proposed policies'. Similar consultation requirements are also statutory under the Disability Equality Duty and Gender Equality Duty.

A key objective of the corporate **Communications Strategy** is to 'develop a customer-focused approach to all the Council's activities, ensuring planning, development, delivery and improvement of services is based on effective and meaningful consultation and regular two-way communication with our staff, elected members, local people, partners, and other stakeholders'.

At Directorate level the **Service Plan 2008/11** set outs the strategic direction of Neighbourhoods and Adult Services over the next three years. Through 'strengthening user involvement, empowerment and personalisation to improve and innovate service delivery' and 'improving the involvement and access of BME groups and rural communities and addressing disability and gender equality issues' we aim to deliver the objectives of the Service Plan.

The use of consultation and community involvement in strategic development at Directorate level enables us to be sure that our policies and strategies reflect the issues, needs, aspirations and preferences of people in Rotherham.

The current strategies and plans which Neighbourhoods and Adult Services have in place or to which we contribute are:

- Carers Strategy
- Children and Young Peoples Plan and Well-Being Strategy
- Community Safety Strategy
- Commissioning Strategy
- Joint Commissioning Strategy
- Direct Payments Strategy
- Enviro-Crime Strategy

- Housing Strategy
- Modernisation Strategy
- Public Health Strategy
- Regeneration Plan
- RESPECT Action Plan
- Supporting People Strategy
- Community Development Strategy
- Area Plans

3. Involving and consulting communities

3.1 Guiding Principles

The Consultation and Community Involvement Framework and Toolkit outlines the standards by which consultation and community involvement should be carried out by the Council.

Neighbourhoods and Adult Services are committed to adhering to the six guiding principles documented in the Consultation and Community Involvement Framework which 'will help to ensure that the Council consistently applies a common and high standard for consulting and involving communities':

1. Representativeness
2. Clarity of purpose
3. Communicating, consulting and involving in appropriate ways:
4. Feedback
5. Delivers change and improved outcomes
6. Capacity and Resources

The Consultation and Community Involvement Toolkit provides a 'systematic and practical guide to ensure that we involve and consult communities in a way which is co-ordinated, consistent, coherent and constructive'.

This strategy acts only to state Neighbourhoods and Adult Services position in relation to the best practice and guidance outlined in both the Consultation and Community Involvement Framework and Toolkit and is not intended to replace either document.

3.2 Which communities will we consult and involve?

*'You are making efforts to identify and understand the needs of hard to reach people, for example those with mental ill health'.
(Customer Service Excellence Quote, 2008)*

Neighbourhoods and Adult Services are committed to ensuring that consultation and community involvement is representative of all appropriate communities.

In consultation and community involvement the term 'community' can be used to refer to:

- People living in a single locality or area
- People with common or shared characteristics. E.g. People of the same cultural background, same age, same disability, or same faith
- People with a common interest. E.g. Users of people with a particular interest in services
- People responsible for the delivery of services. E.g. Employees, council officers, partners

It is also important to remember that communities are made up of people with individual needs and views and these are equally important in the context of consultation.

3.3 What will we consult and involve communities in?

'Research shows that most individuals will only want to be involved in consultation and community involvement if they can see how a particular issue has a 'direct impact' on their lives' (*Consultation and Community Involvement Toolkit, 2006*)

Neighbourhoods and Adult Services will involve and consult with communities where it is identified that it is appropriate and necessary to undertake consultation.

In order to achieve the most from consultation and community involvement we will be clear about the aim of the work and what impact it will have on services and policies.

Common reasons for which Neighbourhoods and Adult Services would undertake consultation and involvement would be in order to:

- Improve service delivery
- Identify gaps in services
- Commission and procure services
- Establish the needs of communities
- Involve the community in decision-making

Most consultation and community involvement across Neighbourhoods and Adult Services can be defined as follows:

- **Statutory consultation** such as the Social Services User Experience Survey or the Joint Strategic Needs Assessment.
- **Consultation where the Neighbourhoods and Adult Services has chosen to ask questions.** For example; What would you like from our services? What could we do to improve our services?
- **Ongoing consultation as an integrated part of service delivery** such as community care assessments undertaken by Assessment and Care Management.
- **Area-Planning consultation** which is carried out partner-wide and informs service-planning so that local needs are addressed and resources directed.

3.5 How will we ensure that the involvement and consultation with communities influences change?

We will make sure that consultation and community involvement results in positive changes and improved services by:

- Incorporating the results into policies, strategies and service delivery by analysing results, identifying recommendations and reporting through appropriate management structures.
- Monitoring and evaluating the impact of consultation and community involvement activities to measure how it has fed into service planning and delivery and how effective it has been in meeting the expectations and delivering improved services to communities.
- Ensuring that we have communicated what we have learnt and done to members, officers and communities through newsletters, poster campaigns and the web-site; and by using the Community Engagement Database to record consultation and community involvement activities.

3.6 How will we feedback to communities?

'There are wide ranges of information to meet the requirements of the diverse range of customers'.

(Customer Service Excellence Quote, 2008)

The key to carrying out effective consultation and community involvement is to listen to the messages we receive and feedback to participants on our response. Consultation and community involvement is a two-way process.

It is good practice and will increase trust in future consultation and community involvement exercises to let participants know that their views and opinions have been incorporated.

Neighbourhoods and Adult Services feedback to participants on consultation will be:

- In a suitable format for the service user and citizens. 'You Said, We Did'
- In a simple and comprehensive and no jargon, tested through our Learning from Customers Forum
- Short and to the point – does it pass the SMART test
- Presented clearly
- Interesting and relevant.
- Be honest and explain why a certain course of action has been decided or recommended.

3.7 Capacity and resources

As part of the re-structure of Neighbourhoods and Adult Services steps have already been taken to align resources to enable our culture of ensuring community involvement in service delivery.

It is important to recognise the impact of capacity and resources on the effectiveness of consultation and the ability of communities to be consulted and involved.

Neighbourhoods and Adult Services are committed to ensuring that those responsible for facilitating involvement and carrying out consultation and community involvement have the knowledge, skills and resources to do it.

We are also committed to increasing the capacity of communities to participate in consultation.

4. Consulting and Involving in Appropriate Ways

4.1 The Neighbourhoods and Adult Services Approach

'You have developed innovative methods for consulting customers and for seeing things through the eyes of customers; these include Visioning Days, the use of Customer Inspectors, Customer Passports and Home Truths video diaries. Such engagement activity and consultation exercises lead to real improvements in your services'.

(Customer Service Excellence Quote, 2008)

Neighbourhoods and Adult Services are committed to using a variety of methods to consult with and involve the community in order to that consultation and community involvement is inclusive and that as many people as possible have the opportunity to give us their views.

Equality and Diversity is an essential element of any consultation or involvement activity if it is going to be representative and successful.

It is the Council's duty to provide a multiple range of mechanisms to reach all groups in our community, and be flexible, pragmatic and culturally aware.

Arranging appropriate venues for consultation and community involvement events and activities, accessible for disabled people, young people and people with children and/or other caring responsibilities, and producing material in accessible formats; are essential considerations in order for consultation and community involvement to be as inclusive and effective as possible.

It is also important to recognise the role of advocates, family members and carers in engaging with people who might otherwise find it difficult to engage and become involved in consultation.

The Consultation and Community Involvement Toolkit details a variety of consultation and community involvement methods and techniques and in Neighbourhoods and Adult Services we have developed our own initiatives which have ensured that we are nationally recognised as leaders in customer engagement and involvement.

4.2 Area Assemblies

'You demonstrate, through your neighbourhood partnership arrangements and in the development of the Area Assembly framework, that you can make a real difference within local communities by co-operative working with partners and with the involvement of customers'.

(Customer Service Excellence Quote, 2008)

There are seven Area Assemblies across Rotherham each based in the local community either in Customer Service Centres or attached to other community buildings such as Housing Offices or Community Centres.

The Area Assemblies are no longer just simple consultation and information sharing forums. Working closely with partners in other statutory agencies such as the PCT and South Yorkshire Police as well as the voluntary and community sector the Area Assemblies provide an innovative way to bring people together who live and work in an area to make a real difference and make their local area a better place to live. The Area Assemblies do this by supporting groups and organisations in consulting with local communities on issues such as improving the street scene and environment, access and provision of services and facilities in each area, activities for children and young people and transport to name but a few.

We also undertake a consultation exercise in every Area Assembly Area each year to find out what the communities priorities are. We do this through questionnaires and focus groups as well as taking into account other major consultations undertaken by our partners such as the PCT and South Yorkshire Police.

At the Local Government Yorkshire and Humberside Awards Ceremony in Leeds in December our Area Assembly Teams went up against all County, District, Metropolitan, Unitary Council's, along with Fire and Rescue Authorities in the Yorkshire and Humber Region to win the 'Stepping up to the Challenge' Award.

- Local residents feel part of the process
- People feel that statutory agencies are good at involving the public in decision making processes
- People feel they can influence decisions affecting their area through attendance at the community involvement forums and Area Assembly meetings
- Communities have a say in how services are delivered in their area

The Area Assembly Teams have delivered great successes over the last year in driving the Local Strategic Partnership in Rotherham to put communities at the heart of the decision making process.

4.3 'Home Truths'

'You used a Home Truths diary to inform major improvements in the time taken for adaptations'.

(Customer Service Excellence Quote, 2008)

Home Truths is our reality television method which enables customers to tell us what they think about the quality of services, in their own words using video and hand written diaries of their experiences.

Home Truths is our most innovative and effective method of seeing services from start to finish and has allowed some of our most vulnerable older customers to tell us how they really feel.

A Home Truths video diary was carried out with customers who were applying for an adaptation. Customers told us that the waiting time for an adaptation was too long; we carried out a full review of the service which involved:

- Holding a number of Visioning Days during as a starting point for customers, staff and partners to discuss problems and find solutions around experiences of services.
- Customer involvement in picking apart services, to review the process from start to finish.
- Customers preparing and delivering presentations around ideas for improvement to staff
- Customers presenting proposals for changes and improvements to our Cabinet Member.

As a result of the Home Truths diary and reviewing the service through the eyes of the customer, we have achieved real improvements and outcomes for our customers including a massive reduction in the average waiting time for an adaptation and new processes including the facility to provide Occupational Therapy assessments over the telephone.

A Home Truths hand written diary was undertaken by an older person to record their experience of the RotherCare community alarm scheme. As a result of the customer told us that they would have liked a specific appointment time for the installation of equipment. To improve the service for new customers we have introduced an appointments diary and a dedicated installations assistant.

4.4 Customer Inspection Service

*'Performance against standards for timeliness and quality of customer service is monitored through mystery shopping'.
(Customer Service Excellence Quote, 2008)*

Our Customer Inspection Service engages with 25 older people who are real customers that have been trained in inspection and mystery shopping techniques. The customers test how we are performing against our customer promises by carrying out a range of innovative activities from estate walkabouts, tasting our community meals to surveying residents within our homes.

Last year the customers carried out around 30 mystery shopping activities including reception area reality checks, RotherCare Community Alarm Service work shadow, Meals on Wheels Mystery Shop, door knocking surveys and much more.

Involving customers in evaluating our services has led to some real improvements and changes. For example, the Customer Inspectors carried out exit poll surveys with people who were applying for a Blue Badge. Customers told us that the waiting time for a decision was too long and badges were not issued immediately. Through joint working with staff and customers we have simplified our blue badge process, ensuring that decisions are given and badges are issued on a customers' first visit to one of our offices.

The Customer Inspectors carried out a reality check of Neighbourhoods and Adult Services reception areas including signage, information on offer and general reception area standards. Customers told us the lighting outside Crinoline House for

access was unsuitable and there was no appropriate signage showing the entrance, occupiers and services. As a result we have replaced all faulty lighting and brightened the lighting outside the building entrance and within the reception areas. We have also introduced entrance, direction and reception signage and developed 'Who's Who' staff photograph information boards.

Following customer to customer door knocking surveys customers told us that they would like to pay for Home Care charges by Direct Debit. We have set this up and already have over 200 customers paying by Direct Debit; increasing choice and control.

4.5 Visioning Days

I was fortunate to be able to attend part of a Visioning event during the assessment and could see how service development has at its core the involvement and ideas of customers.

(Customer Service Excellence Quote, 2008)

A priority action within our Service Plan is to hold 4 distinct 'Visioning Events' which each lead to innovative ideas that are low cost but provide significant improvements.

During 2007 we carried out consultation with customers through a range of innovative methods to establish the problems, perceptions and experience of accessing social care services. We held a Visioning Event attended by 200 people who highlighted service delivery issues and provided feedback from their personal experience and through an 'ask the experts' panel debate.

Customers told us they were confused by the volume of telephone numbers they could ring to access our services and frustrated that their calls were often passed around.

We have introduced 'Assessment Direct' which is an improved first point of contact service and includes a new direct telephone number, access to services through on-line assessment forms and radically changing how we deal with customers face to face to a 'one stop shop' approach where customers receive:

- an assessment at the first point of contact
- information and advice about care assessments and other relevant services
- simple switch on services for example, hand rails, grab rails, meals on wheels at first point of contact
- information around charges

4.6 Learning from Customers Forum

'You analyse and take account of customers' experiences across the directorate...performance priorities were set by customers at a Learning from Customers Forum'.

(Customer Service Excellence Quote, 2008)

Our Learning from Customers Forum are made up of approximately 15 older customers who meet once a month to:

- Identify issues and experiences of accessing services within Neighbourhoods and Adult Services
- Look at feedback including complaints and customer satisfaction findings to see what we can learn from them and what we can improve on
- Carry out quality assurance checks on our letters
- Consider the wording of leaflets and posters and other customer information to ensure that they are classed as 'easy Read' and customer approved.

The Learning from Customers Forum have been involved in setting Local Performance Indicators and targets for 2008-2009 for satisfaction surveys.

4.7 Testing customer satisfaction

'You measure customer satisfaction across all areas of service and on a regular basis'.

(Customer Service Excellence Quote, 2008)

Based on Customer Service Excellence guidance and best practice we have reviewed and introduced new outcome based customer satisfaction surveys across forty customer facing teams including, Assessment and Care Management, Home Care, Social Care Annual Reviews, Home Adaptations, Safer Neighbourhood Teams and much more.

Customer Satisfaction questions have been created around Customer Service Excellence key drivers which include:

- **Delivery** – the service delivers the **outcome** it promised and manages to deal with any problems that may arise
- **Timelines** – services respond immediately to the initial customer contact and deals with the issue at the heart of it quickly and without passing it on between staff
- **Professionalism** – staff are competent and treat customers fairly
- **Information** – for customers is accurate and comprehensive and they are kept informed about progress
- **Staff Attitude** – staff are friendly, polite and sympathetic to customers' needs

We have implemented services improvements as a result of learning from customer satisfaction:

97% of customers were satisfied with the information received about charges for payment for social care. We have included information about charges and payments for social care as part of a new Fair Access to Care Services leaflet. Customers are also provided with guidance at the first point of contact about the possibility that they may have to contribute towards payments for any care which they receive.

85% of customers were satisfied with how easy it was for them to get in touch with us by phone, in person, electronically or by post. We have introduced email and online forms which are available via the Council website, enabling customers to make requests, comment or report to all of our services 24 hours a day, 7 days a week.

4.8 My Say, My Way

'Engagement activity and consultation exercises lead to real improvements in your services'.

(Customer Service Excellence Quote, 2008)

Provides opportunities for communities to become involved in the way services are delivered and shaped in the future. People can choose the topic they are interested in and the way they would like to contribute, for example by surveys, focus groups or reality checking exercises.

4.9 Forums

'I was invited to a Carers Forum and this proved to be another excellent example of how the service seeks user views'.

(Customer Service Excellence Quote, 2008)

There are 32 forums across Neighbourhoods and Adult Services which actively engage in consultation on services and are involved in influencing, challenging and planning service development.

User Forums are often used to obtain views from a sample or cross-section of the target audience.

These forum can be representative of specific service user groups such as those with a disability, for example the Speak Up User Forum, Carers Forum and Visual Impairment Group; or those which are could also be representative of different age groups, for example ROPES and RPAG.

There are also forums which could be representative of geographical locations. These often have strong links with their relevant Area Assembly for example, parish councils, TARAs and community partnerships.

Members from these and other forums are also active participants of high level boards such as the Adult Planning Board and Scrutiny Panels.

Outcomes from consultation with specific service user groups:

People with Learning Disabilities	People with Physical and Sensory Disabilities	People with Mental Health problems
Developed a customer friendly complaints leaflet for the Learning Disability Service	Increased the Guide Communicator Scheme by 50%	101 people with mental health problems received ongoing Direct Payments, 63 of these were new referrals
Carried out 32 Independent Living Fund reviews confirming that the funding was meeting peoples needs	Helped people access support services such as Debt Advice Service, Allotment Project & Here to Help (partnership with British Gas)	50% of new referrals were for first time support packages for people who had never previously accepted

<p>Increased direct payments and bought in additional advocacy and employment services from the voluntary sector</p>	<p>Introduced a directory of Disability Discrimination Act compliant venues and developed Read Speaker XT on the website</p>	<p>social care support</p> <p>Supported Threads (support group for people with mental health problems) to access external funding for a peer advocacy service</p>
<p>Improved the quality of advocacy and employment services through service user reviews</p>	<p>Increased the uptake of Personalised Budgets for deaf people</p>	<p>Rotherham's mental health services for both users and carers as "GREEN" for the second year</p>

4.10 Personalised Approach

‘Person Centred Reviews are good examples of consultation’.
(Customer Service Excellence Quote, 2008)

There are many examples across Neighbourhoods and Adult Services where normal service delivery involves contact with individuals or service users, such as community care or medical priority assessments.

We use this approach to provide service users with an opportunity to make decisions and inform the delivery of services to meet their individual needs and increase the choice and control which they have about the services they receive.

An excellent example of service being delivered to meet individual needs is person-centred planning in Learning Disability Services. In this process service users are able to involve family members, carers and anyone else important to their everyday life to contribute to the planning of the services which they will receive.

5. Delivering our Objectives

The Neighbourhoods and Adult Services, Service Plan sets out the strategic direction of Neighbourhoods and Adult Services over the next three years.

The Service Plan outlines a number of key actions which will contribute to us achieving our strategic objectives. These key actions along with actions from other strategic documents contribute to the key priority areas for improvement detailed in the Consultation and Community Involvement Framework.

5.1 Improving quality, effectiveness and co-ordination of consultation and community involvement

We will:

- Double the number of customers involved in influencing, testing and monitoring the quality of our services by December 2009
- Strengthen co-ordination through putting in place a Community Engagement Database by May 2008
- Develop and implement an Area Plan Strategy following the recommendations from the Scrutiny Review by September 2008.

5.2 Raising awareness of the principles of effectiveness consultation and community involvement and ensure staff and members have the support they need

We will:

- Put in place effective mechanisms to ensure that Senior Management Team and the Directorate Management Team understand and learn from satisfaction results by April 2008.
- Put in place a CCI training programme for staff and members by September 2008.
- Strengthen our approach to learning from complaints, comments and suggestions through one-to-one sessions and the PDR process by December 2008.

5.3 Ensure that all communities are involved in the planning and provision of services and policies to meet their need

We will:

- Achieve Level 5 of the Equalities Standard specifically testing whether services are culturally sensitive by March 2009
- Review and refresh our Customer Forums to ensure that they contribute to the delivery of outcomes by June 2008.
- Refresh the Joint Strategic Needs Assessment to ensure that it feeds into future service provision by March 2009
- Ensure that the area planning process includes representatives from all target groups

5.4 Ensure that consultation and community involvement shapes and influence service, policy development and decision making

We will:

- Hold 4 distinct 'Visioning Events' which each lead to innovative ideas that are low cost but provide significant improvements to our customers by March 2009.
- Implement Customer Insight, enhancing the 'learning from customers' culture by September 2009
- Put in place multi-agency performance management framework for measuring the impact of the delivery of neighbourhood charters/standards at Area Assemblies so that communities can hold service providers accountable.

5.5 Improve satisfaction with consultation and community involvement and evaluate the impact.

We will:

- Increase the percentage of people who feel that they are able to influence decisions from 29% by March 2009.
- Implement a multi-agency approach to 'Every Contact Counts' and marketing and feedback framework to increase community confidence and safeguarding of vulnerable and elderly people by March 2009.
- Reduce the perception of fear of crime through the delivery of the Safer Rotherham Partnership Communication and Customer Focus Strategy

6. Community Engagement Database

The Community Engagement Database (CED) captures all consultation and community involvement information from across the Council. The purpose of the CED is not only to act as a tool for corporate and Directorate monitoring of consultation and community involvement activity; it is also a tool by which officers of the Council and its partners, and communities can access information about current, future or past consultation and community involvement activities. It is intended to promote the involvement of communities in consultation and community involvement by increasing public and partner access to details of consultation activity and to feedback on outcomes.

For officers of the Council and of Neighbourhoods and Adult Services, inputting of consultation and community involvement exercises on the CED replaces the need for manual completion of a 'Form 1' and 'Form 2'.

Neighbourhoods and Adult Services will also utilise the CED for the purposes of providing information and evidence for:

- Inspections
- Quality checks and audits
- Performance-related queries
- Equality and diversity monitoring
- Complaints regarding consultation and community involvement activity
- Evaluating consultation and community involvement activity
- Queries from the public, members or partners

7. Annual Plan of Consultation and Community Involvement

Neighbourhoods and Adult Services are committed to producing an Annual Plan of Consultation and Community Involvement within this strategy. The plan will also contribute to a corporate Annual Plan of Consultation which sits alongside the Consultation and Community Involvement Framework.

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Alley-Gating Impact Assessment	Andrea Peers	Alley Gating follow up questionnaire	Duncan & Ellis Street, Tenant & Residents	Consultation	Sept 2008	In Partnership with, NIT, SNT, Streetpride
Area Assemblies Area Plan Consultation	Jan Leyland	Identify Community priorities to feed into local Area Planning	All members of the community including vol/com sector and statutory partners across all wards	Consultation and Community Involvement	August 08 for 12 weeks	
Barkers Park Seating	Tanya Stanley	To ascertain need and young people's opinions. To engage young people in the project.	Young people in Kimberworth Park	Consultation and Involvement	May 08 ongoing	Working with Police and local community group to involve young people.
Birks Holt Community Safety Survey	Darren Smithson/ Lesley Cooper	To establish a baseline satisfaction level	Birksholt tenants	Community Involvement/ Survey	June 08	NAG led

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Carer Satisfaction with Service Provision	Monica Hudson	To identify current levels of satisfaction with carers services	All carers known Neighbourhoods and Adult Services who have received a carers assessment.	Consultation	September 2008	
Carers Strategy Review	Vicky Brown	To review the Rotherham Carers Strategy in line with new national legislation and local carers needs	Carers on all ages in Rotherham	Community Involvement	August 2007 – March 2008	
Chesterhill Survey	Neighbourhood Investment Team	Demolition of unsustainable properties		Community Involvement	Sept 08 – Dec 08	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Clifton	Shaun Mirfield	To consult residents and young people on proposals to reduce accidents and speed of traffic	People living locally and pupils and staff from Clifton Comp	Consultation	Various meetings have been held with P&T, Community Partnership & Clifton Comp	Community concerns expressed at Area Assembly
Community Buildings Review	Neighbourhood Investment Team	Review of community Building held in the HRA		Consultation	2008	
Crime and Safety Survey	Andrea Peers	Establish Crime and Safety Forum in Thurcroft	Thurcroft Community and Businesses	Consultation	Feb 2008	
Customer Satisfaction Survey – Assessment and Care Management – Community-based Teams	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users accessing the Assessment and Care Management Services	Consultation	Ongoing	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Customer Satisfaction Survey - Assessment and Care Management – Hospital Social Work Team	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users accessing the	Consultation	Ongoing	
Customer Satisfaction Survey - Assessment and Care Management – Intake Team	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users accessing the Assessment and Care Management Services	Consultation	Ongoing	
Customer Satisfaction Survey – Assessment and Care Management – Physical Disability Team	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users accessing the Assessment and Care Management Services	Consultation	Ongoing	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Customer Satisfaction Survey – Charges for Social Care	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users who pay charges for social care services	Consultation	Ongoing	
Customer Satisfaction Survey – Community Mental Health Team North (Pilot)	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users accessing the Community Mental Health Team.	Consultation	Ongoing	
Customer Satisfaction Survey – Complaints Handling	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users who have used the complaints procedure	Consultation	Ongoing	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Customer Satisfaction Survey – Customer Care	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users who have accessed our services	Consultation	Ongoing	
Customer Satisfaction Survey – Home Adaptations	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users who have received a service from the Home Adaptations team	Consultation	Ongoing	
Customer Satisfaction Survey – Home Care	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users who receive home care services	Consultation	Ongoing	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Customer Satisfaction Survey – Home Services	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users who have received a service from the Home Services	Consultation	Ongoing	
Customer Satisfaction Survey – Home Visits – Financial Assessments	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users who have received a financial assessment home visit	Consultation	Ongoing	
Customer Satisfaction Survey – Housing Options	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users who have received a service from the Housing Options	Consultation	Ongoing	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Customer Satisfaction Survey – Housing Solutions	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users who have received a service from the Housing Solutions	Consultation	Ongoing	
Customer Satisfaction Survey - Laundry	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users of the Laundry service	Consultation	Ongoing	
Customer Satisfaction Survey – Learning Disability Service	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users who access Learning Disability Services	Consultation	Ongoing	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Customer Satisfaction Survey – Meals-on-Wheels	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users of the Meals-on-Wheels service	Consultation	Ongoing	
Customer Satisfaction Survey – Medical Priority Assessment Team	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users who have received a service from the Medical Priority Assessment Team	Consultation	Ongoing	
Customer Satisfaction Survey – Neighbourhood Investment	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Residents who have been impacted upon by Neighbourhood Investment Activity	Consultation	Ongoing	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Customer Satisfaction Survey – Residential and Day Care Services	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users accessing residential and day care services	Consultation	Ongoing	
Customer Satisfaction Survey - RotherCare	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users accessing the RotherCare service	Consultation	Ongoing	
Customer Satisfaction Survey - Transport	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users of the Transport service	Consultation	Ongoing	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Customer Satisfaction Surveys – Business Regulation	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users of business regulation services	Consultation	Ongoing	
Customer Satisfaction Surveys – Public Protection	Jasmine Speight	To identify levels of customers satisfaction with services in respect of delivery, timeliness, professionalism, information and staff attitude	Users accessing Public Protection services	Consultation	Ongoing	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Design Pallet Event (Part of Master Planning Consultation)	Sarah Curren	Young people will be working with the Area Assembly and Neighbourhood Investment team to take photos in Dinnington of buildings and design features they like in Dinnington. This will form a design pallet for planners and developers to use.	Young People in Dinnington	Consultation and community involvement	Sept 08	Young people will influence the design of new buildings and public spaces in Dinnington.
Development of Charters/ Neighbourhood Agreements in Eastwood and Chesterhill	Shaun Mirfield	To involve local people in improving services in their area	Local residents and service providers	Consultation and Community Involvement	Various meetings have already been held. Attending Away Day Thurs 17 Sept	RMBC N&AS Service Plan
Dinnington alley gating and green space (Scarsdale)	Neighbourhood Investment Team	Safety Project relating to two Streets in Dinnington.		Community Involvement	October 2007 – April 2008	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Dinnington Masterplan	Neighbourhood Investment Team	Consultation relating to Dinnington Master Plan options. Options relate to core master plan objectives and three intervention area		Consultation	2007 - 2008	
Dinnington Street scene improvements (Scarsdale)	Neighbourhood Investment Team	Environmental Project relating to one Street in Dinnington.		Community Involvement	May 2008 – November 2008	
Dinnington Youth Forum Consultation	Sarah Curren	Young people in the Dinnington Youth Forum are consulting with other young people on what facilities and activities they would like where they live.	Young People in Dinnington	Consultation and community involvement	October 08	This information will be used to access potential improvements in the activities and facilities available.
East Dene	Kay Bacon	To ensure residents are aware of developments and impact of CCTV and involved in improving area in and around The Walk	Residents on Park Rd and Chestnut Ave and local members	Consultation and Community Involvement	Several meetings have already been held. Next one due in Sept	Members, partners, police and community concerns expressed at Area Assembly

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Eastwood Village	Kay Bacon / Bob Holt	To establish if residents including children and young people support the location of an adventure playground on Eldon Rd playing fields	People living locally	Consultation and Community Involvement	Planning meeting held with Green Spaces Wed 20 Aug	Request from Green Spaces
Eastwood Village Key Individual Network	Shaun Mirfield	To respond to and community through KIN	Partners and Officers operational and wider community	Consultation	First meeting held on Tues 5 Aug. Next one on Tues 16 Sept	Various reports including Flanagan highlight importance of joining up neighbourhood management & policing
Every Contact counts	SNT/Darren Smithson	One stop analysis of need	All households	Community Involvement	Ongoing	Police led initiative
Exit 30 Strategy	Darren Smithson	To promote cohesion among young and adult population and promote increased tolerance	Residents and young people between the Tanyard and Sorby Way Wickersley	Consultation	Sept/Oct 08	NAG led

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Exit 30 Strategy	Darren Smithson	To promote cohesion among young and adult population and promote increased tolerance	Proposed area around Valley Park (intolerance)	Consultation	TBC	Subject to successful pilot in Wickersley
Extra Care Housing – Longfellow Drive	Christine Marriott	To assess community feedback and priorities in respect of the extra care housing development	Longfellow Drive residents and those with an interest in extra care housing including stakeholders.	Community Involvement		
Fair Access Housing design Protocol	Neighbourhood Investment Team	Protocol which RSL partners have adopted to support more appropriate homes to support the community		Community Involvement	June 07 – April 2008	
Fair Access to Care Services criteria	Dave Roddis	Identify if the current eligibility criteria is set at the correct level for people accessing social care services	People receiving a social care assessment in 207/2008	Community involvement Focus Groups and face-to-face and telephone surveys linked to annual reviews	March – June 2008	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Family Support	Tanya Stanley	To ascertain support needs of young families in Kimberworth Park	Families with young children in Kimberworth Park	Consultation	April 08 to July 08	Working with Kimberworth Park CP and GROW to develop proposals for Fair Share Funding.
Futures Group project Option appraisal	Neighbourhood Investment Team			Community Involvement	June 2008	
Garage site review	Neighbourhood Investment Team	Review of all NIT/RMBC garage sites		Consultation	2007-2008	
Gateways	Neighbourhood Investment Team	Gateway highway and street scene work conducted by EDS on behalf of HMR. Consultation carried out by Andy Newton around specific projects.		Consultation	April 2007-March 2008. April 2008-March 2009	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Greenlands and Woodlands Drive Youth Shelter Consultation.	Sarah Curren	Identify local concerns and potential locations	Local residents	Consultation	Oct 08	Consultation is a requirement for shelters placed on Council land. Will also identify other community cohesion issues.
Groundwork Consultation	Dianne Hurst	Plans for open spaces, parks and play areas in Wath	Those living and working in Wath and amenities users	Consultation	April – Sept	Groundwork report due in September. Builds on 12 months of planning. A process led by community supported by assembly, very much an engagement and empowerment one

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Highfield, Broadway, Valley Community safety Survey	Dianne Hurst	Public Meeting and Impact survey to identify issues re crime and asb at adoption of NAG priority	Local community	Consultation / Community Involvement	August 08	Meeting and survey will be reported when partner actions complete to measure impact
Highfields Consultation	Dianne Hurst	Installation of Youth Shelter	Young people and residents in Highfields	Consultation	Sept 08	Alongside youth service and SNT

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Housing Market Renewal ADF's-Neighbourhoods	Paul Walsh	To inform and consult on the ADF Spatial strategies, investment plans and delivery of the Housing Market Renewal.	Ward members Residents in the ADF areas. Members of the local community. Local businesses	ADF Steering Groups Elected Members briefings Community Consultation events Project Management Groups Stakeholder events Area Assemblies Conferences Website Publicity Questionnaires and Surveys (see <u>Rotherham North Area Assembly website</u> from May 2007 for schedule of remaining activities)	Ongoing 06/08 investment programme	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Housing Options		Housing Options study	Tenants & Resident of Windy Ridge Sheltered Housing	Consultation	May 2008	In partnership with agency for community empowerment network
Housing Options		Housing Options study	Tenants & Resident of Windy Ridge Sheltered Housing	Consultation	August 2008	In partnership with agency for community empowerment network
Involved in 2010 Tenancy Verification Consultation	Dianne Hurst	Regular cycle of events in priority areas designed to build confidence and identify issues	Local community	Consultation / Community Involvement	Sept 08	Cycle led by 2010, followed by partners

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Kimberworth Park St Johns Green Feasibility study	Neighbourhood Investment Team	Project focusing on St Johns Green Kimberworth Park. The consultation will focus on various issues including quality of existing housing, introduction of new housing developments, regenerating the retail sector and community buildings. Commission to complete a Feasibility Study of St John's Green.		Community Involvement	September 2007 – June 2008	
Learning from Customers – Customer Satisfaction Testing	Dave Roddis	Identify customer satisfaction with the services provided by Neighbourhoods and Adult Services	User of the services provided by Neighbourhoods and Adult Services	Consultation Customer satisfaction surveys issued	Ongoing	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Maltby Masterplan community consultation	Neighbourhood Investment Team	Consultation relation to Maltby Master Plan. Options relate to core master plan objectives and 4 estate intervention areas		Consultation	2007 - 2008	
Modernisation Strategy - New Residential Care Home	Shona McFarlane	To explore options of external landscaping and possible community usage of communal facilities.		Focus Group Meetings	Throughout 2007/08	
Mowbray Gardens Library and Boston Castle at Area Assembly in	Shaun Mirfield	To inform and consult local people on proposals	Area Assembly attendees	Consultation	Area Assembly 2 Sept	Requests from service providers

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
MySpace Application	Tanya Stanley	Linking local young people into the borough-wide funding application	Young people in Rotherham North (particularly in the Thornhill/Masbrough area)	Consultation and involvement	June 08 ongoing	Engagement with group of young people from Masbrough who are concerned re lack of facilities for young people. Young person actually linked with architect to design building.
Neighbourhood Charters	Jan Leyland	To identify community priorities for improvements in service delivery standards	Communities of place and interest across each Area Assembly Area. Targeting harder to reach groups, in particular: Young people Older people People with disabilities BME community members Women	Area Assembly Meetings Workshops	01/09/07 – 31/03/08	Neighbourhoods & Adult Services Service Plan

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Non traditional constructed property option appraisal	Chris Brown	Option appraisal of Council homes to consider value for money relating to investment	330 tenants of council houses built using certain non traditional building methods and the owners of neighbouring properties of the same construction	The consultation will provide information and engage people in exploring solutions	02/10/07 30/04/08	
Parish and Town Councils Development Survey	Paul Griffiths	Establish number of Parish Councils who are working towards Parish Council Quality Status and assess the number who are aware of changes to quality status	Parish Councils	Consultation	Oct 08	RMBC and Town Councils Joint working Group Action Plan
Parish Planning	Andrea Peers	Development of Treeton Parish Plan	Treeton Community	Consultation	March – June 2008	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
PATH - Planning Alternative Tomorrows with Hope	Anne Baxter	To consult with carers and users regarding proposed closure of Eastwood Day Centre and modernisation of Day Care in general	Carers and service users	Presentations, workshops and one to one consultation	March 2009	
PSSRU User Experience Survey for Adults (Community Equipment and Minor Adaptations)	Dave Roddis	User experience survey to establish the views of service users in relation to services they receive from the Local Authority. Also to assist strategic planning across the Rotherham Borough.	Adults living in the Rotherham Borough who have received an item of community equipment of a minor adaptation between September and December 2007	Random sample selected from REWS database. Questionnaires mailed out and sent back to Service Quality Team using pre-paid envelopes.	February - May 2008	Compulsive national survey which allows benchmarking

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Residential and Nursing Care Self-funders	Doug Parkes	To identify the level of support and awareness of support provided to people funding their own residential or nursing care	People who fund their own residential or nursing care	Consultation	May – June 2008	
Retail property Review	Neighbourhood Investment Team	Review of HRA retail properties		Consultation	2008	
Rother Valley South – Dinnington Community Plan	Sarah Curren	Gather community views on Dinnington specifically what local residents would like to see in the area through the Dinnington Community Development Forum.	Local residents and tenants	Consultation / community involvement.	August 08	This will form the basis of the renewed community plan and will assist community organisations and the parish council to identify local projects.
Rother Valley West Parish Planning	Andrea Peers	Development of Brinsworth Parish Plan	Brinsworth Community	Consultation	June 2008	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Rotherham North Crime & Community Safety Survey	Tanya Stanley	To involve community in setting crime priorities and gauging success of SNT including impact of mobilising PCSO's on mountain bikes	Residents	Consultation	May 08 to August 08	NAG
Rotherham South Eastwood Village Impact	Kay Bacon	<ul style="list-style-type: none"> - Encourage free flow of information and intelligence - Assist in identifying community tension and local priorities – a total of 3 would be a manageable number - Problem solving - Measure performance re satisfaction and confidence 	<ul style="list-style-type: none"> - Individuals who live and work locally - Through occupation or lifestyle in regular touch with local people - Able to understand and influence neighbourhood issues - Visible links with all sections of community - Around 20 people 	Consultation and Community Involvement	First meeting Thurs 4 Sept, 3.30pm, Erskine Rd Community Centre	Various reports by Compass, MRUK and most recently Lathams and Govt Green Paper highlight importance of involving community in neighbourhood management & policing
RSL New Build	Neighbourhood Investment Team			Community Involvement	On going	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
St. John's Green Project	Tanya Stanley	To ascertain needs/priorities of young people in Kimberworth Park and engage them in meaningful activity.	Children & Young People in Kimberworth Park	Consultation and Involvement	September 08 onwards	Multi-agency project to address issues of youth nuisance around St. John's Green.
Supporting PCT to consult on health needs	Dianne Hurst	Health needs in Wath and Brampton	Local community	Consultation	Sept 08	Led by PCT
Swinton	Neighbourhood Investment Team	Consultation relating to building in the canal vicinity.		Consultation	July 2008	
Tenancy Verification	2010/Darren Smithson	Records update, identification of issues/need	All 2010 households	Community Involvement/ Survey	Ongoing	2010 led initiative
The Lanes	Shaun Mirfield	To establish residents concerns	Local residents	Consultation	Meeting on Thurs 21 Aug	NAG and local Crime and Community Safety Sub Group

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Thurcroft Environmental Scheme (Peter Street)	Neighbourhood Investment Team	Consultation to consider a range of options for improving road, street scene and boundary walls within a focused area identified by the Area Assembly. The area covers three streets in Thurcroft.		Consultation	April 2008 – August 2008	
Thurcroft Options	Andrea Peers	Thurcroft options for improvement	Tenants & Resident of Johns St, Charles St, & Peter ST	Consolation	May 2008	In partnership with SNT, NITS
Town centre Art Strategy	Neighbourhood Investment Team	Strategy to support Public Realm IPS		Community Involvement	October 08 – June 2008	
Town centre residential strategy	Neighbourhood Investment Team			Community Involvement	Nov 07- August 08	
Visioning Day - Carers	Tom Sweetman	N/a	People with an interest in Carers	Community Involvement	21 July 2008	
Visioning Day – Independent Living	Tom Sweetman	N/a	People with an interest in independent living	Community Involvement	18 June 2008	

Title	Lead Officer	Purpose of Consultation	Target Group	Consultation or Community Involvement (Please State)	Dates	Origination & Comments
Wentworth North – Wentworth North Parish Plan	Dianne Hurst	Feedback on plan priorities from stakeholders, partners, community	Those living or working in the parish	Consultation	July – April 08	Builds on community planning work, intention to produce specific project plans to address issues once signed off. This process due to start August on
Wentworth South Young Peoples Area Assembly Action Plan	Julie Colley/ Christine Brodhurst-Brown	Agree young peoples priorities and action plan	Young People	Consultation	August 08	Area Plan priority
Wentworth Valley Consultation on the Birks Holt Action Plan	Darren Smithson	Issues in Birksholt, and in particular the future of the Community House	Birksholt Tenants	Consultation	June 08	
Wickersley Community Group Action Plan Consultation	Janice Curran	Develop a Community Plan for Wickersley	All Tenants and Residents of Wickersley	Consultation	Current	
Young Peoples Area Assembly Action Plan	Darren Smithson	Agree young peoples priorities and action plan	Young people	Consultation	June 08	Area Plan Priority

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Young Peoples Survey	Andrea Peers	Identify Young peoples activities & new location of Kick wall	Brinsworth Young People	Consultation	August - Sep 2008	In partnership Thurcroft Parish Council