CABINET MEMBER FOR HEALTH AND WELLBEING

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

Date: **Monday, 12th March, 2012**

Time: **11.30 a.m.**

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested, in accordance with the Local Government Act 1972 (as amended March 2006).

2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.

3. Minutes of the previous meeting held on 13th February, 2012 (Pages 1 - 4)

4. Health and Wellbeing Board.
   - verbal report on any issues arising from the last Board meeting

5. Fitter for Walking Project (Pages 5 - 8)
   - Jim Shaw, Living Streets to report

6. Vitamin D (Pages 9 - 22)

7. Business Regulation Fees and Charges 2012/13 (report herewith) (Pages 23 - 27)

8. Installation of Kerb Sets within RMBC Maintained Cemeteries (report herewith) (Pages 28 - 30)

9. Stadium Charges 2012/13 (report herewith) (Pages 31 - 33)

CABINET MEMBER FOR HEALTH AND WELLBEING
Monday, 13th February, 2012

Present:- Councillor Wyatt (in the Chair); Councillors Buckley, Jack and Steele.

K44. MINUTES OF MEETING

Resolved:- That the minutes of the meeting held on 16th January, 2012, be approved as a correct record.

Further to Minute No. K.39, Councillor Jack reported that she was now in receipt of information regarding PIP breast implants which she had passed onto Kevin Barron, M.P.

K45. HEALTH AND WELLBEING BOARD

It was noted that the next Board meeting was to be held on 29th February, 2012, the agenda for which included the JSNA.

K46. PUBLIC HEALTH OUTCOMES FRAMEWORK FOR ENGLAND 2013-2016

Jo Abbott, Consultant in Public Health, presented the Public Health Outcomes Framework for England 2013-2016 for information.

The published Framework was in 3 parts;-

– Part 1 introduced the overarching vision for Public Health, outcomes and Indicators
– Part 2 specified the technical details currently supplied for each Public Health Indicator and indicated where further work would be conducted to fully specify all Indicators
– Part 3 consists of the Impact Assessment and Equalities Impact Assessment

The Framework followed on from 2 preceding web-based updates in the series on the roles and function for local government and the Director of Public Health and how Public Health England would support all parts of the new system to improve and protect the public's health. The whole system would be refocused around achieving positive health outcomes for the population and reducing inequalities in health across 4 domains:-

Domain 1
Improving the wider determinants of health

Domain 2
Health improvement

Domain 3
Health protection

Domain 4
Health care public health and preventing premature mortality

Performance would be monitored against the above.

A mechanism was being worked on to provide regular updates on the key targets. There were also links/ to the Health Inequalities Plan.

Resolved:- That the report be noted.

K47. SMOKING CESSATION SERVICE ANNUAL REPORT

A representative of the Rotherham NHS Stop Smoking Services (RSSS) presented their annual report for 2010-11.

RSSS was a specialist service that provided support for anyone who lived or worked in Rotherham. It provided one-to-one, drop-in, group and telephone support. Sessions were delivered in a number of venues across Rotherham during the day, evenings and Saturday mornings.

RSSS was commissioned by NHS Rotherham. The Service specification contained a number of very challenging objectives including:-

- Meet the specific 4 week quitter target (1,850 per annum)
- Meet the specific pregnant women 4 week quitter target (160 per annum)
- Achieve an average of 50% conversion rate
- Achieve 85% CO verification rate of clients who quit
- Support the achievement of the LES target (1,000 per annum)
- Contribute to the reduction of health inequalities by targeting specific groups

The Service specification had contained significant financial penalties should the Service not meet the 4 week quitter, pregnancy women 4 week quitter and conversion rate targets. The penalties had subsequently been removed.

Performance Data

- The largest referral source was 'self' followed by the Midwifery Service and the Rotherham NHS Foundation Trust
- Of the 6,572 referrals received by RSSS, only 3,333 attended and set a quit date. Much progress had been made with digital pen technology introduced allowing advisors to input data directly onto quitmanager (Service's database). This had released some administration time to facilitate the implementation of an improved referral management system. RSS had also worked with the quitmanager provider to develop a sophisticated referral management system and developed a number of resources to mail out to clients. It was also intended that clients would receive text message appointment reminders
- The main awareness source for self-referrals was previous clients, friend and family. A 'member get member' scheme had been introduced to maximise the number of referrals from this route. Clients visiting the Quit Stop and the Stop Smoking Centre made a significant contribution to the total number but GP's made up the bulk of awareness source for the remainder of the self-referrals
- Overall quit rates in 2010-11 for RSSS and the Locally Enhanced Service (LES – GP run services) were 50% and 53.4% respectively. RSSS quit rate had improved from 46.6% in the previous year, the LES rate had decreased

slightly from 57.7%

- RSSS had a higher ratio (35%) of self-report quitters than LES (20%). The RSSS provided a dedicated telephone service where as the LES provided face-to-face support only
- Rotherham compared very favourably with other PCTs in the region in terms of quitters per 100,000 of population
- LES exceeded its target – 1,089 against a target of 700
- Rotherham compared very favourably with other PCTs in the region in terms of quitters per 100,000 of population
- Between 2005-10 the number of RSSS quitters per year more than doubled but activity had dipped in the last year at the same time LES quitter activity per year had trebled
- The quit rate for the specialist service was slightly lower than that of the LES (50% compared to 53%) – an improvement of RSSS of nearly 4% on the previous year
- A similar number of clients quit across age groups 18-59, however, quit rates were lower in the 18-34 age group Few clients aged under 18 quit
- More women attended Stop Smoking Services and quit compared to men but men had a slightly higher quit rate.
- Routine and manual workers were a key target group for Stop Smoking Services
- RSS delivered 161 pregnant women quitters against a target of 160, improvement from 143 the previous year
- RSS provided support for staff in primary care to deliver stop smoking interventions including the LES
- Quit Shop delivered 715/1662 (43%) of all Rotherham NHS Stop Smoking Service's quitters. Quit rate of 47%
- RSSS delivered between 8-12 day time and 5-8 evening sessions per week during 2010-11 totalling 810 clients supported set to quit and 445 to quit giving a quit rate of 55%
- Stop Smoking Centre in the Rotherham Hospital supported 315 clients to set a quit date, 134 quit giving a quit rate of 43%
- Out of hours pro-active telephone support service introduced in January, 2010. It supported 269 clients to set a quit date, 169 quit, giving a quit rate of 63%

Resolved:- That the report be noted.

K48. CONFERENCES

Resolved:- (1) That the Local Government Association conference entitled "Deaths, Funerals and Coroners Conference: Past, Present and Future" to be held in London on 6th March, 2012 be not attended.

(2) That the Chairman (or substitute) be authorised to attend the free Local Government Association conference entitled Physical Activity: The Changing Shape of Public Health to be held in London on 13th March, 2012.

K49. KEEPING WARM IN YORKSHIRE AND HUMBER: BRIEFING DOCUMENT

It was reported that a number of organisations had come together to secure funding from the Department of Health "Warm Homes, Healthy People" Fund for 2012, a project to help staff to plan and prepared more effectively in line with the Cold Weather Plan for England.

The project funding was hosted by the Council and NHS Rotherham on behalf of all the partners.

The aim was to ensure that vulnerable older people received correct, clear, consistent, useful and actionable advice and information from the local organisations they came into contact with in line with the 'four stages of preparedness' in the cold weather plan.

Resolved:- That representatives from Sheffield Hallam University be invited to the April meeting to discuss the initiative.

Living Streets is the national charity that stands up for pedestrians. With our supporters we work to create safe, attractive and enjoyable streets, where people want to walk.

Fitter for Walking in South Yorkshire

Background

Living Streets is the national charity that stands up for pedestrians. With our supporters we work to create safe, attractive and enjoyable streets, where people want to walk.

We work with professionals and politicians to make sure every community can enjoy vibrant streets and public spaces.

Through the Fitter for Walking project, Living Streets works with local communities to improve local environments and get more people out walking. Focused on enabling communities, our work gives people the skills to improve their surroundings and the opportunity to achieve Living Streets awards. In the South Yorkshire region, the project has been delivered successfully for the past four years in partnership with local authorities in Rotherham and Doncaster.

Examples of Living Streets' impact in Rotherham

- Working in partnership with the Wath Community History Group and the Wentworth North Area Assembly, we developed a heritage trail around Wath town centre. The one-mile, figure-of-eight route not only highlights Wath's historical importance, but also encourages walkers to use town centre shops and services. Self-guiding maps, leaflets and a public notice board accompany the walk, and have made it hugely popular.

- The Mayor and Mayoress presented the Living Streets Award to the residents of Maltby for their efforts in improving access to shops and services across Addison Road. We helped the Cliff Hills Action Group deliver a Community Street Audit, which was acted upon by the Council through £35,000 worth of improvements including several pairs of dropped-kerb crossings, path extension, re-surfacing work and bollards to stop pavement parking. The local primary school also played their part, planting Spring bulbs to make the site it more attractive.

- In Flanderwell, an unsightly corner which had become a dumping ground has been transformed into a positive feature on an important walking route to school. A group of local young people helped design an art mural on the wall and stairwell, which is now much better maintained. The project will be finished off this spring with the installation of two raised-bed planters: one for growing plants, the other for growing vegetables.

- Residents in Maltby received the Living Streets Award, as the whole community got involved in improving access and safety around Limetree park, following concerns raised in a Community Street Audit. The Council prevented vehicular access in the park, improved pavement surfaces and installing a much-needed dropped-kerb for disabled users. The S.Y Ambulance Service spent £5,000 improving the rear of their station, residents brightened their streets with hanging baskets and schoolchildren planted ten cherry trees in the park itself.

- In Eastwood, we are working with the Community Partnership team and the Eastwood Village Community Association. We have organised several community activities aimed at bringing

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Living Streets (The Pedestrians Association) is a Registered Charity No. 1108448 (England and Wales) and SC039808 (Scotland), Company Limited by Guarantee (England & Wales), Company Registration No. 5368409

LIVING STREETS
PUTTING PEOPLE FIRST

Living Streets is the national charity that stands up for pedestrians. With our supporters we work to create safe, attractive and enjoyable streets, where people want to walk.

together different elements of the community, including the Roma population, to deal with local issues such as litter. A recent 'Lantern Walk' was hugely successful in bringing the community out together, and is being repeated due to popular demand on March 20th.
Community litter picks have made a big impact to the area, and are being repeated.

Impact of Fitter for Walking in South Yorkshire.

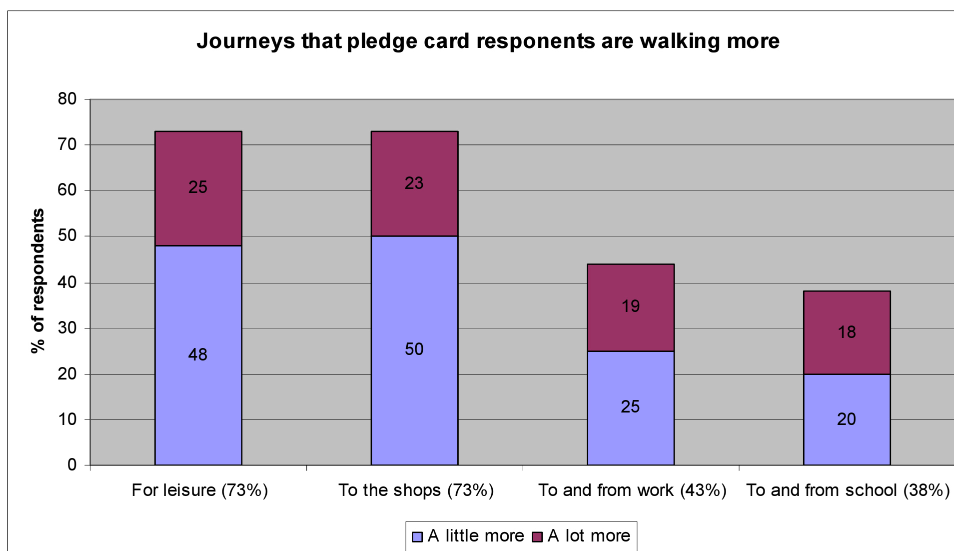
The impact of the Fitter for Walking project in South Yorkshire to date includes:

- Over 6000 people in Rotherham and Doncaster have an increased awareness of opportunities to walk more (of which 2,232 are adults and 3,827 are under 16's) and 1,500 are doing more walking.
- There has been a 5% increase in people walking on the improved route at Addison Road in Maltby, with a quarter saying they have been walking more on the route recently (British Heart Foundation National Centre, Evaluation report, Jan 2012). This has resulted in a benefit to cost ratio of 3.7:1 for decreased mortality (UWE, Feb 2012) due to increased walking.
- Eight neighbourhoods have achieved the Living Streets Award, with more expected in spring.

Impact of Fitter for Walking nationally

Of people signing a walking pledge,

  - 87% of respondents have met their pledge
  - 78% indicated they are walking more and 66% feel fitter and healthier
  - 59% have had more contact with other people in their neighbourhood, and more than half are walking more with family and friends
  - Results were maintained over 6 months in a second follow-up survey.
- A wide range of environmental and social barriers to walking were removed, and an increase in number of people walking was observed on all routes evaluated after 16 months. Improvements in social interaction and community cohesion were reported, with many residents reporting an overwhelming impact on the daily lives of local people (BHFNC)
- Projects are likely to result in significant financial savings from decreased mortality as a result in an increased number of people walking (UWE, Evaluation report Feb 2012)
- The increases in walking cover different journey types, as demonstrated in the graph below:



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Living Streets helps communities find their feet

Living Streets is the national charity that works to create safe, attractive and enjoyable streets, where people want to walk.

Since 2008, we have helped **150 communities** across the UK reclaim their streets for walking and negotiate over **£400,000** worth of street improvements from local authorities.

Communities have swapped graffiti, dog mess, litter, broken glass and unnecessary bollards for improved lighting, new litter bins, public benches, dropped kerbs and smoother footpaths.

As a result, not only are people walking more and leading healthier lifestyles, but they also feel more secure on their streets and a greater sense of community. In recognition of their achievements, over **25** Living Streets awards have been presented to these neighbourhoods.

This has all been achieved through our 'Fitter for Walking' project, which aimed to improve the local environment and get more people walking. The project was made possible thanks to a Big Lottery grant of £1.7 million, as part of a consortium of sustainable travel organisations, led by Sustrans.

Brandling, North East, receive their award

"The street audits are excellent and I'm really impressed with them. I think the whole concept and the way they are done is fantastic and its something we really should be supporting."
Local authority partner, West Midlands

The project

Our five dedicated project coordinators worked closely with community groups across the country - from residents' associations and allotment groups to schools and scout troops. Each community chose which areas they wanted to improve, and how.

Street audits took place, where people looked at the physical and social barriers to walking, and these led to proposals to the local authority for street improvements. Celebratory events, such as nature walks and street parties, were also held to raise awareness of walking and engage the community.

The project was universally welcomed by local authorities and communities alike, and the coordinators acted as a vital link between the two and a catalyst for change. Many people reported an overwhelmingly positive impact of the project on the daily lives of people living in the area.

The full project evaluation, together with short films and stories about how communities have transformed their neighbourhoods, can be found on our website at **www.livingstreets.org.uk/ffw**.

Launch of a 'Walking Map' along an improved path in East London

"It's a doing thing, which is quite unusual because lots of people like to talk about things for several years before ever enacting anything!"
Neighbourhood Group Leader, North East

The results

The project was independently evaluated in three ways:

1. Confidential interviews and focus groups with community members, local authorities and Living Streets staff; pedestrian counts; route user interviews and residents' surveys, by the British Heart Foundation National Centre for Physical Activity and Health (BHFNC)
2. Collection and monitoring of pledges from individuals, collected by Sustrans
3. An economic evaluation undertaken by the University of West of England.

Overall, the results showed:

- **150** communities were helped in **12** Local Authority areas across **5** regions of the UK
- Over **£400,000** worth of streets improvements were made by Local Authorities
- Over **10,000** people out walking in their neighbourhoods
- **86%** of the projects resulted in more pedestrians walking in the area
- **78%** of individuals who signed up reported an increase in their day-to-day walking levels
- **64%** of these still reported an increase in walking six months later, showing long-term impact
- Up to **46:1** benefit cost ratio for decreased mortality as a result of more people walking.

"From our point of view, Living Streets are vital. Their expertise at engaging the community, getting local bodies together... as an outside source, it's more beneficial." Local authority partner, London

Streetside planting in Lanesfield, West Midlands

Launch of a new village green in Hall'ith'wood, North West

Launching a new path and crossing point in South Yorks

"It's like reclaiming back the place that you live and just making the healthy choice."
Community member, North West

The future

This intervention was unique in combining changes to the physical environment with walking promotion. The communities not only reported an increase in walking but also greater social cohesion, highlighting the importance of removing social as well as physical barriers to walking.

Following the successful evaluation results, the BHFNC have recommended the project for national roll-out. We have now developed the intervention into a package, available to all local authorities and commissioners, which enables communities to work with their council to remove barriers to walking. For more information, please contact **jack.skillen@livingstreets.org.uk** or call **020 7377 4912**.

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 Agenda Item 6

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Cabinet Member for Health and Wellbeing**
2.	**Date:**	**12 March, 2012**
3.	**Title:**	**Vitamin D**
4.	**Directorate:**	**Public Health**

5. Summary:

There is a perceived increase in the Vitamin D deficiency rates in Rotherham. Local investigation has been untaken by acute and primary care colleagues. A suggested prevention project plan has been developed to address the rates of vitamin D deficiency across target communities in Rotherham.

6. Recommendations:

The cabinet are asked to

- Note that vitamin D supplementation is a public health priority
- Promote and maximise take up of Healthy Start scheme
- Review information and decide whether to proceed with the project to extend the Healthy Start scheme
- Agree ongoing financial investment in vitamin supplementation from the Public Health Budget

7. Proposals and Details:

Vitamin D sufficiency is important in *all stages of life*, and has widespread benefits. Its main role is in regulation of bone mineralisation and density. Insufficiency during pregnancy and childhood can lead to reduced bone growth and mineralisation which are the hallmarks of rickets, as well as increased rates of infant mortality through low birth weight. In adult life, work has implicated the important roles of vitamin d in reducing the risk of developing a number of cancers, heart disease and diabetes mellitus. In the elderly, low vitamin D levels are linked to the development of osteomalacia and subsequent higher risk of traumatic and pathological fractures. There are many risk factors for Vitamin D deficiency, these are listed in the table in Appendix 2.

It is estimated that 15% of adults may be Vitamin D insufficient in the UK, this rises to 94% for some UK Asian families (Drug and Therapeutics Bulletin, 2006). Bradford have found that 33% of children were deficient. Research carried out in Bradford between 2000 and 2004 found that of 885 children aged 0 -15 years who were referred for a vitamin D blood test, 89% (790) had 'deficient' or 'depleted' levels (Bradford JSNA, November 2010).

Bradford and Airedale Example
The Bradford and Airedale population is at particular risk from vitamin D deficiency because of higher than average levels of deprivation, a large South Asian population, its northern latitude and lack of useable sunlight in winter months. To help address this, Bradford and Airedale Primary Care Trust provides Healthy Start vitamin drops containing vitamin D free of charge to all 0 – 2 years olds at risk of deficiency. It has also recently secured funding to roll out Healthy Start vitamins to all pregnant women in the district, starting from January 2011 (Bradford JSNA, November 2010).

In Rotherham there has been no local data collated routinely, however concerns have been raised by practitioners identifying the need for further investigation and action to be undertaken. Vitamin D deficiency rates have been sought from Rotherham Hospital Laboratories in February 2012. We have found that over a 15 month period 625 babies children and young people were tested for vitamin D deficiency, with 53% found to be significantly or mildly deficient. Further information is available in appendix 3.

Level	Commentary: Vitamin status	All	Under 1's	1-4 years	5- 10 years	10- 17 years
<25 nmol/L	Significant vitamin D deficiency. Vitamin D replacement required	**14.4%**	16.6%	11.2%	10.9%	20.1%
25-50 nmol/L	Mild vitamin D deficiency. Consider vitamin D replacement	**38.4%**	20.0%	32.0%	44.0%	44.3%
>150 nmol/L	Maybe undesirable/toxic	2.4%	13.3%	2.2%	1.0%	0.0%

Prevention of vitamin D deficiency can be developed by education on dietary advice and safe sun exposure. People are required to have a daily dose of 400 IU (10 micrograms), those at higher risk require higher doses e.g. 800 IU (20 micrograms). Vitamin D can be sourced mainly from sunlight (90%), but this varies by latitude, season, time of day and skin type. For the six months between October and April 90% of the UK lies above the latitude that permits exposure to the UVB that is necessary for Vitamin D synthesis. During these months people are reliant on exogenous sources i.e. from diet or supplementation.

A small amount of vitamin can be found in some foods (oily fish and eggs), therefore fortification and supplementation are other ways to gain more vitamin D. Limited foods are fortified with Vitamin D including some milk, cereals and infant formula, but relatively large amounts of these foods are required to meet recommendations. Further information is available in appendix 2.

NHS Rotherham's Pharmacy team have developed a clear pathway to help diagnose and treat people with Vitamin D deficiency. Recently the Chief Medical Officer wrote to all Directors of Public Health recommending that action is taken, see appendix 5. It is recommended that we increase the education drive on vitamin D deficiency and further promote the Healthy Start scheme to maximise takeup of the scheme to address deficiency rates in pregnant women, new mothers and children under 5. We plan to further extend the Healthy Start scheme to the target communities to reduce the potential levels of vitamin D deficiency in children and pregnant women/new mothers. Maximising take up will be supported by the clarification of the promotional role of our universal health services (Health Visiting and Maternity) including the clarification of where Healthy Start vitamins are available. There will also be further information provided to GPs to help them encourage families to collect their Healthy Start vitamins.

There will be an increased media promotion on vitamin D deficiency and the need for supplementation. This media activity will be in a range of languages and will be provided across different organisations.

8. Finance:

Public Health currently purchase Healthy Start vitamins for Healthy Start beneficiaries. The funding is reclaimed from the Department of Health. Vitamins are provided in pots with 56 tablets (women) or a 2 month supply of children's drops.

The costs of extending the Healthy Start Scheme to South Asian and Afro Caribbean women and children are as follows;

To supplement a woman for 82 weeks (30 weeks of pregnancy plus 52 weeks after birth) = 82/8 = 10.25 (round up to 11 bottles) = £9.02
Cost per year £4.92

To supplement a child from 6 months of age to 4 years i.e.182 weeks. 182/8 = 22.75 (22 bottles) = £35.42
Cost per year £9.66

The annual costs are as follows;

Number of BME children by children's centre	Children 0-5 by children's centres area	Cost per year for children's vitamins	Cost per mothers vitamins	TOTAL cost for all Healthy Start vitamins
Arnold	70	£676.20	£344.40	£1020.60
Valley	356	£3438.96	£1751.52	£5190.48
Rotherham Central	309	£2984.94	£1520.28	£4505.22
Coleridge	228	£2202.48	£1121.76	£3324.24
TOTAL COST	**963**	**£9302.58**	**£4737.96**	**£14,040.54**

There will be a reduction in the costs, as some target families will be eligible for their vitamins via the Healthy Start scheme. It is estimated that 80% of families eligible for the scheme are receiving vouchers for vitamins. Wherever possible, these vouchers should be sought to ensure that NHS Rotherham do not pay for vitamins which are funded through the national scheme. It is perceived that up to two thirds of target families will be eligible for Healthy Start vouchers and vitamins. The first aim of the process will be to maximise uptake in our target communities before providing them with the vitamins as part of the targeted scheme (see pathway in appendix 4).

It is proposed that we would require £5,000 to purchase and distribute additional vitamins to the four target children's centres in 2012.

9. Risks and Uncertainties:

Risk	Mitigation
1. Vitamins not taken or seen as important or confusion over need for vitamins	• Local promotion of the importance of vitamin supplementation alongside a healthy lifestyle, including leaflets, training multi agency staff.
2. Targeted scheme provides vitamins for those on/eligible for the Healthy Start Scheme	• Communications plan (see appendix 2). • Effective and timely implementation of action plan – visible action.
3. Duplicate provision to those on Healthy Start scheme	• Scheme to dovetail and not duplicate Healthy Start scheme to avoid paying for vitamins that are funded nationally. • Clear pathway developed (see appendix 4) • By ensuring people get vitamins from local children's centre and using vouchers issued by Health professional, duplication should be avoided

4. Lack of funding for the continuation of the targeted scheme	• Funding for scheme should cost less than £5000 to fully implement. • Vitamins to be ordered regularly to stop stock going out of date and reduce the wastage levels. • Continued monitoring of hospital admissions to demonstrate long term impact.
5. Vitamins not taken	• Families have the importance of taking vitamins explained to them during their 1.1 appointments.
6. Increase health inequalities	• Healthy Start is a means tested benefit therefore needy families are eligible for the scheme. Vitamin D promotion will intend to increase the uptake of vitamins as part of the Healthy Start scheme, which is only 1.9% children and 7.9% women.

10. Policy and Performance Agenda Implications:

Maternal and child nutrition

Healthy eating

Healthy Start

Breastfeeding

Sun safety

Paediatrics / General Practitioners / Maternity / Health Visiting

Children's Centres

11. Background Papers and Consultation:

NICE maternal and child nutrition (March 2008) PH11
Paper to Commissioning Executive/ Pharmacy Board – January 2010

References:

NICE, Maternal and child nutrition PH11, March 2008.
http://www.patient.co.uk/printer.asp?doc=40001117
Drug and Therapeutics Bulletin, April 2006 44: 25-29. Primary vitamin D deficiency in adults. (Requires a subscription)

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Appendix 1

Risk Factors for Vitamin D deficiency

Inadequate UV light exposure	Poor dietary intake	Metabolic risk
• Northern latitude • Air pollution • Occlusive garments • Habitual sunscreen use • Pigmented skin • Institutionalised/ housebound • Poor mobility i.e. wheelchair dependency	• Fish Free diet • Malabsorbtion including short bowel and cholestatic jaundice • Cholestyramin e use	• Reduced synthesis :elderly • Increased breakdown • Drugs (rifampicin, anticonvulsants, HAART, glucocorticoids) • Reduced stores: liver disease • Multiple short interval pregnancies • Reduced hydroxylation: liver and/or kidney disease • obesity

Breastfed infants may also require supplementation due to the diet of mother in pregnancy and the amount of vitamin D in breastmilk.

Clinical features/ symptoms of Vitamin D deficiency

Symptom, sign, biochemistry	Children	Adult
Seizures	√	√
Tetany	√	√
Hypocalcaemia	√	√
Irritability	√	
Leg bowing	√	
Knock knees	√	
Impaired linear growth	√	
Delayed walking	√	
Limb girdle pain	√	√
Muscle pain	√	√
Proximal myopathy	√	√
Impaired innate antimycobacterial immunity	√	√

Appendix 2

Sunlight

Mankind derives >90% of its vitamin D from ultraviolet B light exposure[1]. The amount of sun exposure required to produce a set amount of vitamin D varies with latitude, season, time of day and skin type.

For adults in the UK exposure of the hands, face and arms for 20-30 minutes (this increases to 3-10x this for dark pigmented skin) on most days during the summer months (April to September) is estimated will provide sufficient exposure to the ultraviolet B wavelengths (UVB) to achieve healthy Vitamin D levels.

Sunscreens with SPF 15 or greater are essential to prevent skin damage with longer sun exposure but will reduce Vitamin D synthesis by 99%. Advising to omit sunscreen for short, incidental sun exposures would be reasonable. Deliberate exposure to sunlight between 11:00 and 15:00 in the summer months is not advised.

For the six months between October and April 90% of the UK lies above the latitude that permits exposure to the UVB that is necessary for Vitamin D synthesis. During these months people are reliant on exogenous sources i.e. from diet (see below) or supplementation.

Diet

Less than 10% of Vitamin D is acquired through diet. It is a micronutrient and as such the naturally occurring amounts in food is small. Only a relatively small number of foods such as oily fish (for example mackerel, salmon and sardines) and eggs naturally contain vitamin D, and these amounts are small. The amount in most vegetable sources is negligible. At the present time, sufficient intake via exogenous sources can only be guaranteed by supplementation.

If adequate sunlight exposure to generate sufficient endogenous colecalciferol is not possible, then a vitamin D supplement is recommended

All infants and children from 6 months to 5 years should receive a supplement unless they are drinking 500ml or more of formula milk each day (as formula milk is supplemented).

NICE Recommendations for health professionals include:

- Provide women with information and advice on the benefits of taking a vitamin D supplement (10 micrograms [µg] per day) during pregnancy and while breastfeeding.
- Provide Healthy Start vitamin supplements (folic acid and vitamin C and D) for eligible pregnant women.

NICE (2008)

NICE recommend that during the booking appointment at the beginning of pregnancy, midwives should offer every woman information and advice on the benefits of taking a vitamin D supplement during pregnancy and while breastfeeding. NICE also recommend health professionals take particular care to check that women at greatest risk of deficiency are following the advice during

pregnancy and while breastfeeding. This includes women from ethnic minority groups (particularly of African, South Asian or African-Caribbean origin) and women who do not get much sun (for example, women who cover their skin when outside or who spend large amounts of time indoors).
CMO Letter, (February, 2012)

Appendix 3

Rotherham Vitamin D deficiency rates – November 2010 – January 2011

Vitamin D prevalence (number):

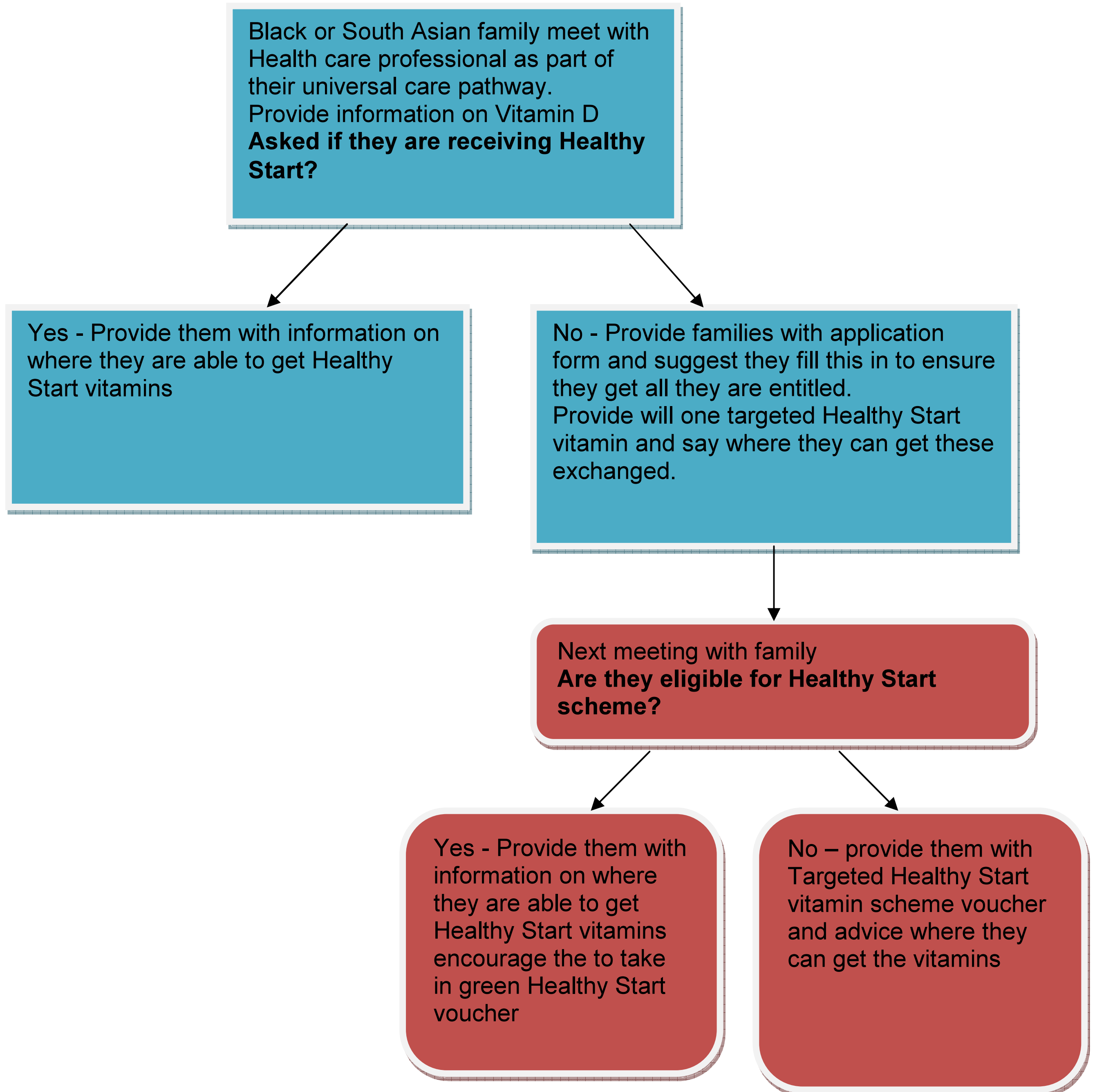
	Commentary: Vitamin status	All	Under 1's	1-4 years	5- 10 years	10- 17 years
<25 nmol/L	Significant vitamin D deficiency. Vitamin D replacement required	90	10	20	21	39
25-50 nmol/L	Mild vitamin D deficiency. Consider vitamin D replacement	240	12	57	85	86
>50 nmol/L	Maybe adequate	173				
>75 nmol/L	Adequate	107				
>150 nmol/L	Maybe undesirable/toxic	15	8	4	2	0
		625	60	178	193	194

Level	Commentary: Vitamin status	All	Under 1's	1-4 years	5- 10 years	10- 17years
<25 nmol/L	Significant vitamin D deficiency. Vitamin D replacement required	14.4%	16.6%	11.2%	10.9%	20.1%
25-50 nmol/L	Mild vitamin D deficiency. Consider vitamin D replacement	38.4%	20.0%	32.0%	44.0%	44.3%
>50 nmol/L	Maybe adequate	27.7%				
>75 nmol/L	Adequate	17.1%				
>150 nmol/L	Maybe undesirable/toxic	2.4%	13.3%	2.2%	1.0%	0.0%

Appendix 4

Targeted Healthy Start Vitamins Pathway:

All families provided with information on the importance of taking vitamin supplements, families eligible for the Healthy Start scheme are support to take up the scheme, families not eligible are put forwards to the Target Healthy Start Scheme. This can be assessed in two meetings.



Our reference: CEM/CMO/2012/04
Gateway reference: 17193

To:
General Practitioners
Practice Nurses
Health Visitors
Community Pharmacists

2 February 2012

Dear Colleague

VITAMIN D - ADVICE ON SUPPLEMENTS FOR AT RISK GROUPS

We are aware that some of the UK population may be at risk of vitamin D deficiency. This is a concern, particularly for at-risk groups such as pregnant women and infants and young children, which is why we, the Chief Medical Officers for the United Kingdom, are writing to health professionals to increase awareness of this important issue.

Last year the Chief Medical Officer for Scotland, Sir Harry Burns, wrote to health professionals in Scotland on this topic.
http://www.scotland.gov.uk/Topics/Health/health/Health/EatingHealth/vitamind/CMOletter

This letter is a restatement of this advice and contains important information about prescribing and recommending vitamin D supplements to those groups of the population at risk of vitamin D deficiency.

The National Diet and Nutrition Survey, demonstrates that up to a quarter of people in the UK have low levels of vitamin D in their blood, which means they are at risk of the clinical consequences of vitamin D deficiency[1]. Although we do not have clear data on the implementation of the current advice on the use of dietary supplements containing vitamin D by

[1] Data from years 1 & 2 of the National Diet and Nutrition Survey (NDNS) rolling programme. Low status is defined by the Department of Health as a plasma concentration of 25-hydroxyvitamin D (25(OH)D, the main circulating form of the vitamin) of below 25nmol/l (equal to 10 ng/ml).

the at-risk groups listed below, information from the 2005 Infant Feeding Survey[2] suggests that the majority of women do not take vitamin D supplements during pregnancy.

Vitamin D deficiency impairs the absorption of dietary calcium and phosphorus, which can give rise to bone problems such as rickets in children, and bone pain and tenderness as a result of osteomalacia in adults.

The following groups of people are at risk of vitamin D deficiency:

- All pregnant and breastfeeding women, especially teenagers and young women.
- Infants and young children under 5 years of age.
- Older people aged 65 years and over.
- People who have low or no exposure to the sun, for example those who cover their skin for cultural reasons, who are housebound or confined indoors for long periods.
- People who have darker skin, for example people of African, African-Caribbean and South Asian origin, because their bodies are not able to make as much vitamin D.

Recommendations
All UK Health Departments recommend:

- **All** pregnant and breastfeeding women should take a daily supplement containing 10 micrograms of vitamin D, to ensure the mother's requirements for vitamin D are met and to build adequate fetal stores for early infancy.

- **All** infants and young children aged 6 months to 5 years should take a daily supplement containing vitamin D in the form of vitamin drops, to help them meet the requirement set for this age group of 7-8.5 micrograms of vitamin D per day. However, those infants who are fed infant formula will not need vitamin drops until they are receiving less than 500ml of infant formula a day, as these products are fortified with vitamin D. Breastfed infants may need to receive drops containing vitamin D from one month of age if their mother has not taken vitamin D supplements throughout pregnancy.

- People aged 65 years and over and people who are not exposed to much sun should also take a daily supplement containing 10 micrograms of vitamin D.

Are free vitamin D supplements available?
Women and children from families who are eligible for the Government's Healthy Start scheme[3] can get free vitamin supplements which include vitamin D, in the form of tablets for women and drops for children.

It is the statutory responsibility of PCTs, the local trust or Health Board[4] to make Healthy Start vitamins available locally to women and children on the scheme. Health

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[2] Bolling K, Grant C, Hamlyn B, Thornton A (2007). Infant Feeding Survey 2005. The Information Centre
[3] Healthy Start is a UK-wide statutory scheme providing a means-tested nutritional safety net to pregnant women and families with children under four years old in very low income and disadvantaged families. It provides vouchers for basic healthy foods and coupons for Healthy Start vitamin supplements to women and children in around 460,000 UK families.

professionals should familiarise themselves with local distribution arrangements for Healthy Start vitamins.

Uptake of the Healthy Start vitamins among families qualifying for the scheme is currently low. However, the UK Health Departments are committed to continuing to support NHS staff involved in maintaining local distribution arrangements, and those in a position to champion Healthy Start, to share and encourage good practice.

It is important that women and families who may be eligible for Healthy Start know how they can apply for the scheme, and are made aware of how they can obtain vitamins locally.

Women qualify for Healthy Start from the 10th week of pregnancy or if they have a child under four years old, **and** if she or her family receive:

- Income Support, or
- Income-based Jobseeker's Allowance, or
- Income-related Employment and Support Allowance, or
- Child Tax Credit (but not Working Tax Credit unless the family is receiving Working Tax Credit run-on only) **and** has an annual family income of £16,190 or less.

Women who are under 18 and pregnant also qualify, even if they do not get any of the above benefits or tax credits. Further information can be found on the Healthy Start website at www.healthystart.nhs.uk

NHS organisations can choose to sell the vitamins or supply them free of charge to those who are not eligible for Healthy Start, and we encourage this[5]. Alternatively, vitamin D supplements are available for purchase or can be prescribed for those who are not eligible for the scheme.

The National Institute for Health and Clinical Excellence (NICE) public health guidance on maternal and child nutrition[6] (published in 2008 and updated in 2011), supports the UK Health Departments' recommendations on vitamin D supplements. NICE recommend that during the booking appointment at the beginning of pregnancy, midwives should offer every woman information and advice on the benefits of taking a vitamin D supplement during pregnancy and while breastfeeding. NICE also recommend health professionals take particular care to check that women at greatest risk of deficiency are following the advice during pregnancy and while breastfeeding. This includes women from ethnic minority groups (particularly of African, South Asian or African-Caribbean origin) and women who do not get much sun (for example, women who cover their skin when outside or who spend large amounts of time indoors).

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[4] The Healthy Start Scheme and Welfare Food (amendment No.2) Regulations 2006 (2818). Section 7 and The Healthy Start Scheme and Day Care Food Scheme Regulations (Northern Ireland) 2006 (S.R. 2006 No. 478) Regulation 11 *'Provision of Healthy Start vitamins'*

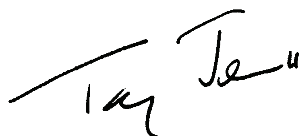
[5] For more information about Healthy Start vitamins including distribution case studies visit www.healthystart.nhs.uk/for-health-professionals/vitamins

[6] NICE public health guidance (2008). PH11 *Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households.*

It is important for public health that low levels of vitamin D are avoided. As health professionals, you can make a significant difference to people's health by making those at risk aware of how important it is to make sure they get enough vitamin D, and how they can get access to these important daily supplements.

We, the Chief Medical Officers, thank you for your continued help and support with raising awareness of this issue, which in turn should raise the levels of vitamin D in those at risk, and vulnerable groups.

PROFESSOR DAME SALLY C DAVIES
CHIEF MEDICAL OFFICER ENGLAND
CHIEF SCIENTIFIC ADVISER



DR TONY JEWELL
CHIEF MEDICAL OFFICER WALES

DR MICHAEL McBRIDE
CHIEF MEDICAL OFFICER NORTHERN IRELAND

Sir HARRY BURNS
CHIEF MEDICAL OFFICER SCOTLAND

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Cabinet Member for Health and Wellbeing
2.	Date:	12th March 2012
3.	Title:	Fees & Charges 2012/13 – Business Regulation
4.	Directorate:	Neighbourhoods and Adult Services

5. Summary

This report proposes the 2012/13 fees and charges for the chargeable services provided by Business Regulation.

The level of fee and charges recommended in the report reflect corporate guidance regarding any required increase, market pricing and also nationally prescribed fee levels.

6. Recommendations

It is recommended that the Cabinet Member agrees to:

- **the proposed fees and charges for 2012/13 scheduled within the report and that the report to be submitted to the Cabinet Member for Health & Wellbeing for approval.**

7. Proposals and Details

Legislation provides powers of discretion for local authorities to make charges for specific services. This report proposes the level for the 2012/13 fees for services where charges are currently made across Housing and Neighbourhoods Services. A further report will be submitted to the Licensing Committee / Board on licensing activities falling within that Committee's terms of reference.

Section 93 of the Local Government Act 2003 provides powers for local authorities in England to make charges for discretionary services, providing income from the charges does not exceed the service cost.

In previous years, the vast majority of local authorities have set fees in accordance with annual guidance from LG Regulation, the remainder tend to have high local demand for specific services and offer reduced rates.

LG Regulation have been disbanded as part of the Government's deficit reduction programme. However, in the absence of any other guidance it is considered appropriate to set this year's fee levels using previous LG Regulation guidance as a baseline, with a inflationary increase across the board.

In order to ensure a consistent approach across the service, the figure that has been used is the RPI published in November 2011. This figure was 5% (rounded to the nearest percentage point).

Proposals are as follows:

Animal Health

The Council licences riding, animal boarding and breeding establishments, pet shops, dangerous wild animals and performing animals primarily to ensure animal welfare conditions are met. Regulation for some premises incorporates inspection undertaken by a veterinary surgeon, the costs of which are charged in addition to the licence fees.

Bereavement Services

Cabinet Member will be aware that the Bereavement Services Partnership commenced on 1st August 2008. The fees charged by Dignity Funerals Ltd for the bereavement services it provides are reviewed in April each year. This review is currently in progress, this involves the benchmarking of the proposed fees against those charged by comparable authorities within the region, and a comparison against the national average. A further report will follow once this exercise has been completed.

Food, Health & Safety

The Council registers premises for activities such as ear piercing, electrolysis, tattooing and acupuncturing primarily to check and maintain appropriate health & safety standards.

The fees for the water samples are set to cover the fees charged by the Health Protection Agency.

Weights & Measures and prescribed poisons

Fees are charged for the testing and stamping (verification) of weights and measures used for trade and the sale by retail of certain strong chemicals prescribed by legislation as poisons.

The fee reflects the hourly cost based on the provision of a single weights and measure inspector. The hourly cost has been calculated based on average salary levels, plus all necessary on-cost for the delivery of the service. Guidance is available that sets out the methodology used to calculate the amount to be recovered. An additional fee may be charged to cover the cost of hiring specialist equipment (such as the heavy test unit).

A full schedule of the proposed 2012/13 fees and charges is attached to this report as Appendix A.

8. Finance

Proposed fees and charges for 2012/13 meet established requirements for the setting of revenue budgets.

9. Risks and Uncertainties

The council may only set fees at levels that enable it to cover the costs incurred in providing the service. The new Localism Act 2011, however, will give additional scope for Councils to raise money by charging and trading in line with existing powers.

In addition, the level of fees and charges place a burden on local businesses and may, if set at unreasonably high level, impede economic growth and/or become subject to challenge. In the event that income budgets are not achieved, it will be necessary for services to make compensatory savings.

10. Policy and Performance Agenda Implications

The services contribute to the Corporate Plan’s objectives of;

- Helping to create safe and healthy communities, and
- Improving the environment

In particular the services helps support the protection of healthy homes and neighbourhood health and contribute in ensuring people feel safe where they live, particularly that Anti-Social behaviour and crime is reduced.

11. Background Papers and Consultation

Fees & Charges 2011/12

Contact Name: Alan Pogorzelec, Business Regulation Manager
Telephone: 254955
Email: alan.pogorzelec@rotherham.gov.uk

APPENDIX A

Proposed Fees and Charges 2012/13 (excluding VAT)

	Current Fee	Proposed Fee
ANIMAL HEALTH		
Animal Boarding Establishments	222	233
Animal Boarding Establishments (Home Boarding)	155	163
Riding Establishments	222	233
Performing Animals	136	143
Dog Breeding Establishments	136	143
Dangerous Wild Animals	136	143
Pet Shops	136	143
Zoos (First licence 4 years)	973	1022
Zoos (Renewal licence 6 years)	1440	1512
FOOD, HEALTH AND SAFETY		
Ear-piercing – PREMISES	114	120
Ear piercing - person carrying on the business	24	25
Tattooing – PREMISES	168	176
Tattooing - person carrying on the business	24	25
Acupuncture – PREMISES	141	148
Acupuncture – person carrying on the practice	24	25
Electrolysis – PREMISES	141	148
Electrolysis – person carrying on the business	24	25
Water Standard	31	33

	Current Fee	Proposed Fee
Water Additional	35	37
TRADING STANDARDS		
Weights and Measures Inspector (hourly rate)	54.45	57.17
Weights and Measures Technical Assistant (hourly rate)	32.65	34.28
Prescribed Poisons – Initial Registration	32.67	34.30
Prescribed Poisons – Re-registrations	17.22	18.08
Prescribed Poisons – change of details	8.80	9.24

Agenda Item 8

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:-	Cabinet Member for Health and Wellbeing
2.	Date:-	12th March 2012
3.	Title:-	Installation of kerb sets within RMBC maintained cemeteries
4.	Directorate:-	Neighbourhoods and Adult Services

5. Summary

Many people consider kerb set memorials to be an appropriate addition to the grave of a loved one or relative. At the present time, the council does not allow the installation of kerb sets – primarily due to concerns over safety and accessibility. It is considered that the introduction of a registration scheme will overcome these concerns, and will allow the installation of kerb set memorials subject to certain conditions.

6. Recommendations

1. **That the Cabinet Member support the proposal to allow the installation of kerb set memorials within RMBC maintained cemeteries, subject to the conditions detailed within this report.**

7. Proposals and Details

The crematorium and nine RMBC cemeteries are managed and maintained on behalf of the Council by Dignity Funeral Services Limited. In recent months, both the council and Dignity have received a number of enquiries from members of the public wishing to install kerb set memorials around the graves of family members.

Such applications have been refused, as the current Bereavement Services Rules and Regulations prohibit the installation of kerb set memorials in all RMBC maintained cemeteries.

The primary reasons for the prohibition of kerb set memorials are:

- Kerb set memorials introduce a potential tripping hazard, which may result in injury to members of the public visiting the cemetery,
- Access to the cemetery grounds by mobility impaired visitors may be hindered by the presence of kerb set memorials

However, the council recognises the importance of customer choice and providing a range of memorial options to the bereaved is considered desirable. In addition, it is felt that there is a clear demand for kerb set memorials – as evidenced by the number of application received, along with the number of unauthorised 'do-it-yourself' kerb sets that have been installed by grave owners throughout the Borough.

Whilst the safety concerns highlighted above are worthy of consideration, it is felt that they can be effectively mitigated through the introduction of kerb set memorial registration scheme (this would be similar to the scheme that already exists in relation to memorial headstones).

It is therefore proposed that the council permit the installation of kerb set memorials in all RMBC maintained cemeteries, subject to the memorial being installed in accordance with the following conditions:

- An application to install a kerb set memorial is made to the Cemeteries and Crematorium office, along with the payment of the appropriate fee,
- Installation of the memorial must not commence until the application has been approved by Dignity Funerals Limited (on behalf of the council),
- All work in relation to the installation of the memorial must be carried out by a registered memorial mason and in accordance with the relevant sections of the Memorial Masons Registration Scheme,
- Permission to place a kerb set memorial will be for a period of 30 years (permission may be renewed after this time),
- Any kerb set memorial that is installed in a cemetery must allow sufficient room for pedestrian access with or without mobility aids,
- The size, design and specification of the memorial kerb set must be in keeping with the cemetery environment. Applications may be refused if the memorial could be considered to be offensive or otherwise controversial in any way,

- The individual making the application remains responsible for the kerb set memorial for the duration of the permit (if the application is made by a stone mason on a customer's behalf, then responsibility for the upkeep of the memorial rests with the customer),
- Once installed, the memorial may not be amended in anyway without the prior approval of Dignity Funerals Limited (on behalf of the council).

Each application to install a kerb set memorial will be assessed and determined on a case by case basis. What is acceptable in one cemetery may not be considered to be acceptable in another; likewise different sections of the same cemetery may require the consideration of different factors.

Should a kerb set memorial be installed that fails to comply with any of the conditions detailed above, the kerb set memorial may be removed by Dignity Funerals Limited (acting on behalf of the council).

8. Finance

This proposal has no financial implications for the council as the scheme will be administered by Dignity Funerals Limited.

An application fee will be charged for permission to install a kerb set memorial, it is proposed that this fee should be set £225.00 (to be reviewed in April each year).

Any costs associated with the administration of the scheme will be met by income generated from application fees.

9. Risks and Uncertainties

Failure to ensure the effective implementation of the registration scheme may lead to the introduction of safety hazards within the cemeteries. It is therefore essential that the scheme is effectively monitored and enforced on the council's behalf by Dignity Funerals Limited.

Failure to introduce a scheme may lead to the proliferation of DIY memorials, with corresponding aesthetic and safety issues.

10. Policy and Performance Agenda Implications

The services contribute to the following objectives:

- Helping to create safe and healthy communities, and
- Improving the environment

11. Background Papers and Consultation

Bereavement Services Rules and Regulations.

Contact Name: Alan Pogorzelec, Business Regulation Manager
Telephone: 254955
Email: alan.pogorzelec@rotherham.gov.uk

Agenda Item 9

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Cabinet Member for Health and Wellbeing
2.	Date:	12th March 2012
3.	Title:	Stadium Charges 2012/13
4.	Directorate:	Environment and Development Services

5. Summary

The report outlines the annual review of fees and charges for Herringthorpe Stadium in 2012/13.

6. Recommendations

6.1 That the fees and charges set out at Appendix A be approved.

7. Proposals and Details

The annual review of fees and charges for Leisure and Green Spaces has recently taken place. Where appropriate, charges have been increased by at least the rate of inflation. Where charges have been increased by less than inflation rate or remain the same, this is because either increasing a price would incur additional costs (e.g. for changing ticket/photocopying machines) or because managers feel that a unit price increase would reduce overall income due to its impact on levels of business. The proposed charge for hire of the track centre pitch is less than the 2011-12 price because usage, and overall income levels, have reduced following last year's cost increase. A reduction is also proposed for fitness activities to try to stimulate increased business. Where there is a charge there is often a concessionary rate and, in some cases, a junior Rothercard rate. Concessions are not restricted to off peak times as is the case in many other local authorities.

The proposed charges are with effect from 1st April, 2012.

8. Finance

The impact of the charges will be closely monitored to ensure that income targets are being reached and that prices are reviewed throughout the year as demand dictates.

9. Risks and Uncertainties

Any cost increase can have an adverse impact on levels of business, and this can make it difficult to meet income targets. Service Managers will continue monitor usage and act on customer feedback when appropriate.

10. Policy and Performance Agenda

Sustainability: The proposals outlined will make a contribution to the financial sustainability of the service.

Corporate Priorities: The services/activities provided meet the Council priorities of improving lifestyle, health and skills and contribute to creating safe and healthy communities.

11. Background Papers and

The charges have been developed in consultation with the Leisure and Green Spaces Manager and Service Managers across the Service.

Appendix A – Proposed Fees and Charges 2012/13.

Contact Name : Phil Gill, Leisure and Green Spaces Manager
Tel: ext 22430

E-mail: Philip.gill@rotherham.gov.uk

CULTURE AND LEISURE

FEES AND CHARGES FOR 2012/13

SERVICE: LEISURE AND GREEN SPACES

Activity	2011/12 Full	2011/12 Conc/Rothercard	2011/12 Jnr. Rothercard	2012/13 Full	2012/13 Conc/Rothercard	2012/13 Jnr. Rothercard	Notes
HERRINGTHORPE ATHLETICS STADIUM*							
Arena Hire full or half day	Price on application	Price on application	N/A	Price on application	Price on application	N/A	
Athletics	£3.05	£2.20	£1.70	£3.15	£2.30	£1.75	
Season Ticket	£120.00	£75.00	£55.00	£135.00	£90.00	£60.00	
Season Ticket Monthly (annual adjustment fee 2009/10 only)	N/A	N/A	N/A	N/A	N/A	N/A	
Season Ticket - Family	£250.00	£175.00	N/A	£290.00	£195.00	N/A	
Season Ticket Family Monthly (annual adjustment fee 2009/10 only)	N/A	N/A	N/A	N/A	N/A	N/A	
Season Ticket - Summer (individual only) April to September	£75.00	£51.00	£38.00	£90.00	£60.00	£43.00	
Season Ticket - Winter (individual only) October to March	£50.00	£32.00	£23.00	£60.00	£40.00	£30.00	
Regular bookings that meet criteria - exempt VAT:							
Track Centre Pitch	£86.40(£72.00 VAT exempt)	£86.40(£72.00 VAT exempt)	N/A	£78.00(£65.00 VAT exempt)	£78.00(£65.00 VAT exempt)	N/A	
Track Centre Pitch with lights	£114.00(£95.00 VAT exempt)	£114.00(£95.00 VAT exempt)	N/A	£105.00(£87.50 VAT exempt)	£105.00(£87.50 VAT exempt)	N/A	
Single 5-a-side Pitch	£29.10(£24.20 VAT exempt)	£29.10(£24.20 VAT exempt)	N/A	£30.00(£25.00 VAT exempt)	£30.00(£25.00 VAT exempt)	N/A	
Single 5-a-side Pitch with lights	£37.80(£31.50 VAT exempt)	£37.80(£31.50 VAT exempt)	N/A	£40.00(£33.34 VAT exempt)	£40.00(£33.34 VAT exempt)	N/A	
Admission of athletics/events spectators (chargeable events only)	£0.80	£0.80	£0.80	£0.80	£0.80	£0.80	
Children's Activities (variable) (exempt VAT)	£1.00	£1.00	£1.00	£1.00	£1.00	£1.00	
Walking/Jogging	£1.00	£1.00	£1.00	£1.50	£1.20	£1.20	
Multi-sports	N/A	£2.90	£2.10	N/A	£2.90	£2.10	
Rockets	N/A	£2.50 for 1½ hours	£2.00 for 1 hour	N/A	£2.60 for 1½ hours	£2.10 for 1 hour	
Fitness Activities e.g. Yoga/Aerobics	£3.60	£2.35	N/A	£2.50	£2.30	N/A	
Courses	£3.60	£2.90	£2.10	£3.60	£2.90	£2.10	
School Visits (per pupil)	N/A	£1.50	£1.50	N/A	£2.30	£1.75	
Birthday Party	Price on application	Price on application	N/A	Price on application	Price on application	N/A	
Training/Meeting Room (Category D) per hour	£7.80	£7.80	N/A	£8.00	£8.00	N/A	
Training/Meeting Room (Category D) per hour with refreshments	£15.00	£15.00	N/A	£16.00	£16.00	N/A	
Training/Meeting Room (Category D) per hour commercial rate	£15.00	£15.00	N/A	£16.00	£16.00	N/A	
Training/Meeting Room (Category D) per hour commercial rate							
with refreshments	£20.00	£20.00	N/A	£22.00	£22.00	N/A	
Overhead Projector per hour	£5.20	£5.20	N/A	£5.20	£5.20	N/A	
Flip Chart Stand including Pad per session	£6.25	£6.25	N/A	£6.25	£6.25	N/A	
Powerpoint Projector per hour	£6.25	£6.25	N/A	£6.25	£6.25	N/A	
Laptop per hour	£6.25	£6.25	N/A	£6.25	£6.25	N/A	
Athletics open meeting entry				£6.00 (advance entry)	£7.00 (On day entry)	N/A	
Athletics open meeting extra events				£1.50 (advance entry)	£2.00 (On day entry)	N/A	
Equipment Hire:							
Ropes and Pins per 100m per day	£5.30	£5.30	N/A	£5.30	£5.30	N/A	
Tables per table per day	£1.60	£1.60	N/A	£1.60	£1.60	N/A	
Bunting	£0.70	£0.70	N/A	£0.70	£0.70	N/A	
Loud Hailer per event	£6.40	£6.40	N/A	£6.40	£6.40	N/A	
Equipment Hire (general items)	£1.05	£1.05	£1.00	£1.05	£1.05	£1.00	
Deposit on equipment (non-VAT)	£5.00	£3.50	N/A	£5.00	£3.50	N/A	
Cancellation of Room/Hall bookings:							
Charge for room booking cancelled on day	100%	100%	100%	100%	100%	100%	
Charge for room booking cancelled within the week	80%	80%	80%	80%	80%	80%	
Charge for room booking cancelled within the month	50%	50%	50%	50%	50%	50%	