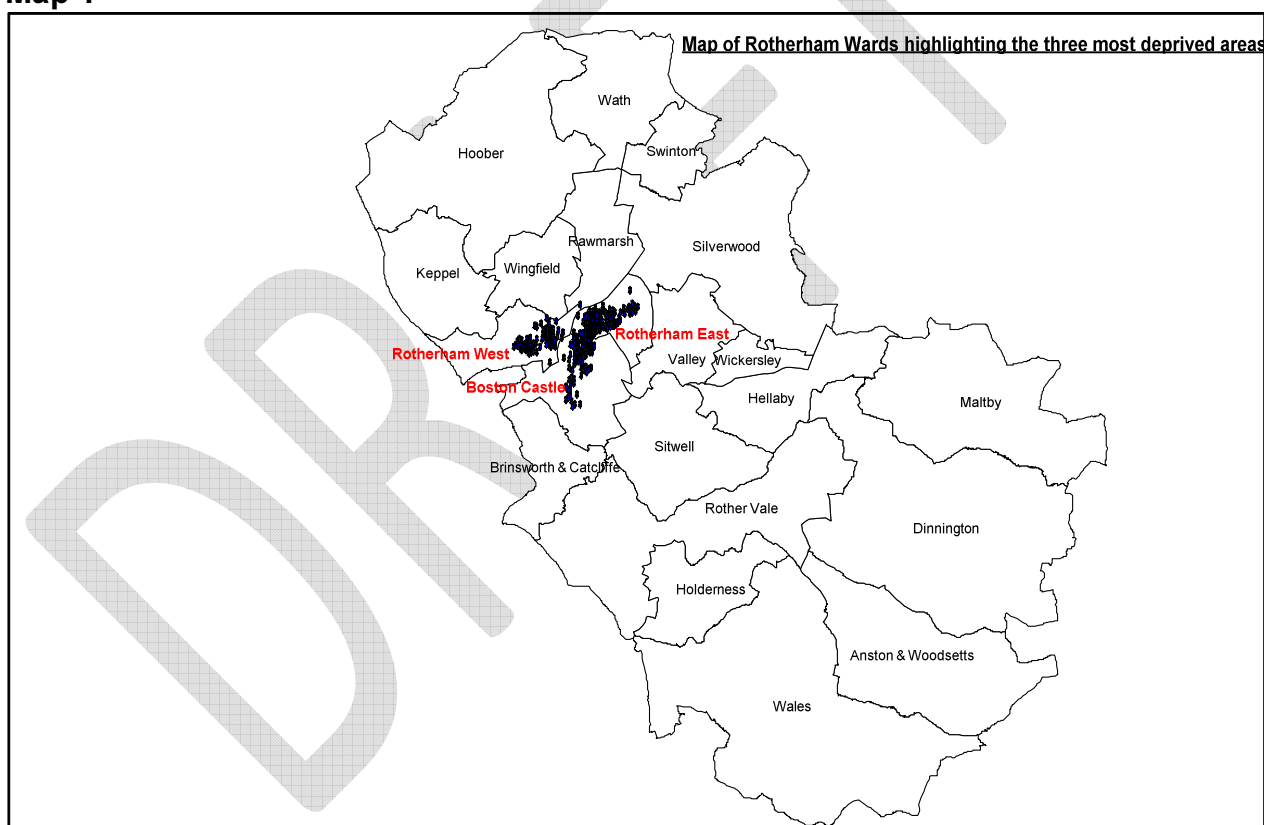


Public Health RMBC – Services Equity Audit (EA) 2015-16

1. Introduction

This Equity Audit has been produced as a result of a Rotherham Metropolitan Borough Council Eastwood Tasking Group which was set up to look at equity of access to (Public Health) commissioned services for residents of this deprived area. Also, as part of the Health and Wellbeing Board Strategy for Rotherham, there are currently 5 aims being taken forward. As part of Aim 4 'Healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing' Public Health is reviewing Public Health commissioned services in 3 of the most deprived areas of Rotherham (based on the English Indices of Deprivation 2015 IMD scores). These areas are highlighted on the map below in 'red':- **Eastwood** (Rotherham East Ward); **Canklow and Town Centre** (Boston Castle & Rotherham West Ward); **Ferham and Masbrough** (Rotherham West Ward). The 'dots' on Map 1 below highlight the postcodes in the 3 deprived areas.

Map 1



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The audit looks to demonstrate equity of access to services by reviewing how commissioned services are being accessed by people within Rotherham's most deprived areas, the results of which will be fed back to the Health and Wellbeing Board and form part of future service contract monitoring discussions.

To improve health in these areas (and reduce the life expectancy gap) we need residents of these areas to use services proportionately more than would be expected based on their population size.

The following definitions will be used in this audit to explain Equality of access versus Equity:

- a) 'Unequal' - proportionately fewer people from deprived areas than the population size suggests (i.e. neither equality of access or equitable);
- b) 'Equal' - proportionately similar from deprived areas than the population suggests (i.e. equality of access, but not equitable);
- c) 'Equitable' - due to higher levels of deprivation and poor health behaviours and mortality, requires proportionately higher from deprived areas to see a reduction in health inequalities (i.e. equitable access).

2. **Methods**

To demonstrate equity of access to services, Public Health Rotherham formally requested its commissioned service providers to take part in this Equity Audit. The metrics were agreed in advance with the Programme Lead Commissioners for each service and then requested of the provider services. Not all providers could provide post code data either because it wasn't routinely collected either due to anonymization considerations or confidentiality or because service users may not be required to give this information. The audit includes both adults and children's services. The data was analysed on receipt.

Where full postcodes have been extracted, data has been used for the three Middle layer Super Output Areas (MSOAs) of Eastwood, Town Centre and Masbrough. Their resident population as at mid-2015 based on Office for National Statistics mid-year population estimates totals 23,360. This equates to 9% of the total Rotherham population. To have equality of access to services we would expect 9% of the service use to be from residents of these areas. To improve health in the 3 deprived areas i.e. Equitable Access, the audit would need to show statistically significantly more than 9% of clients from these areas (determined using 95% confidence intervals*).

Where only partial postcodes have been extracted, the available population data is from the 2011 Census. For S60, S61 and S65 combined this is 108,690 or 42.2% of the total Rotherham population. To have equality of access to services we would expect 42.2% of the service use to be from residents of these areas. To improve health in the 3 deprived areas i.e. Equitable Access, the audit would need to show statistically significantly more than 42.2% of clients from these areas (determined using 95% confidence intervals).

To test whether this is a significant difference we can undertake a statistical significance test that adds 95% confidence intervals around the percentages and checks if these are overlapping or not. These are shown in brackets following the percentage (Lower 95% Confidence interval, Upper 95% Confidence interval).

For a given level of confidence the wider the confidence interval the greater the uncertainty in the estimate. In Public Health the conventional practice is to use 95% confidence. Increasing the level of confidence results in wider limits (Source: PHE).

Unless otherwise indicated, data collected relates to the 2015-16 financial year.

It should be noted that this audit only assesses equity in terms of service access based on deprivation. It does not assess any other form of equity relating to other protected characteristics such as age, gender, ethnicity etc.

**A confidence interval (CI) is a type of interval estimate (of a population parameter) that is computed from the observed data. The confidence level is the frequency (i.e. the proportion) of confidence intervals that contain the true value of their corresponding parameter. (Definition: Wikipedia).*

3. Commissioned Services

The Public Health Commissioned Services included in the audit are set out in Table 1 below.

Table 1.

Service	Data Received (Y/N)	Explanation of no data
Emergency Hormonal Contraception Services (EHC)	Y	n/a
Know The Score (Young People)	Y	n/a
RDASH Adult Drug Services (incl. Shared Care)	Y	n/a
<i>GP Alcohol Screening</i>	Y	<i>This service has since been de-commissioned and service delivery has ceased, therefore does not form part of this report.</i>
Lifeline (Tier 2)	Y	n/a
Places for People WMS (Tier 2) Adults	Y	n/a
Places for People WMS (Tier 2) Children	Y	n/a
<i>RIO WMS (Tier 3) Adults</i>	Y	<i>This service has since been de-commissioned and service delivery has ceased, therefore does not form part of this report.</i>
MoreLife WMS (Tier 3) Children	Y	n/a
Yorkshire Smoke Free Services	Y	n/a
Active for Health	Y	n/a
DCRS-Health Trainers	Y	n/a
<i>Ministry Of Food</i>	Y	<i>This service has since been de-commissioned and service delivery has ceased, therefore does not form part of this report.</i>
Action Housing	N	Post code data not routinely collected by provider service
Plus-Me (HIV)	N	Anonymised data due to nature of service and small numbers
Integrated Sexual Health Services (TRFT)	N	Post code data not routinely available to commissioners due to confidential nature of sexual health services.
GP Sexual Health Services	N	Post codes not routinely collected from GP.
Health Visiting	N	Procurement process: - Undergoing re-tender of service and mobilisation.
School Nursing	N	Procurement process:- Undergoing re-tender of service and mobilisation
<i>MoreLife WMS Tier 4 Children Residential Camp</i>	<i>N</i>	<i>This service has since been de-commissioned and service delivery has ceased.</i>
GP Primary Care Service NHS Health Checks	N	Post codes not routinely collected from GPs.
Peer mentoring (Lifeline)	N	Commissioner provided an Eastwood Project Exit Plan 2014 that was provided by the service and is available to view on request.

4. Data Analysis

There are several data limitations which are:

- For some providers (e.g. EHC), only partial postcodes were collected or only partial postcodes could be extracted so analysis of this data should be interpreted with caution.
- Some of the data collected contained small numbers (i.e. numbers <5) and so in such cases, data has been amalgamated to protect anonymity.
- The majority of the data is from 2015-16, but where the data is from different time frames, this has been highlighted in the audit.
- Some clients may be included within more than one service dataset and so an overall total of clients using services from the deprived areas is not possible.
- Where the data is not readily available from providers (e.g. Adult Drug Services), other sources of obtaining data has been used. Similarly, data from Know the Score Service (KTS) is only available from the Eastwood area.

An assumption was made that unless stated by the provider, full postcode data had been extracted and the analysis of the results has been done using Middle Layer Super Output Area (MSOA) resident population data as at mid-2015 based on Office for National Statistics mid-year population estimates. Where only parts of postcodes have been extracted and identified as such by the provider, the available population data is from the 2011 Census and based on postcode areas S60, S61 and S65.

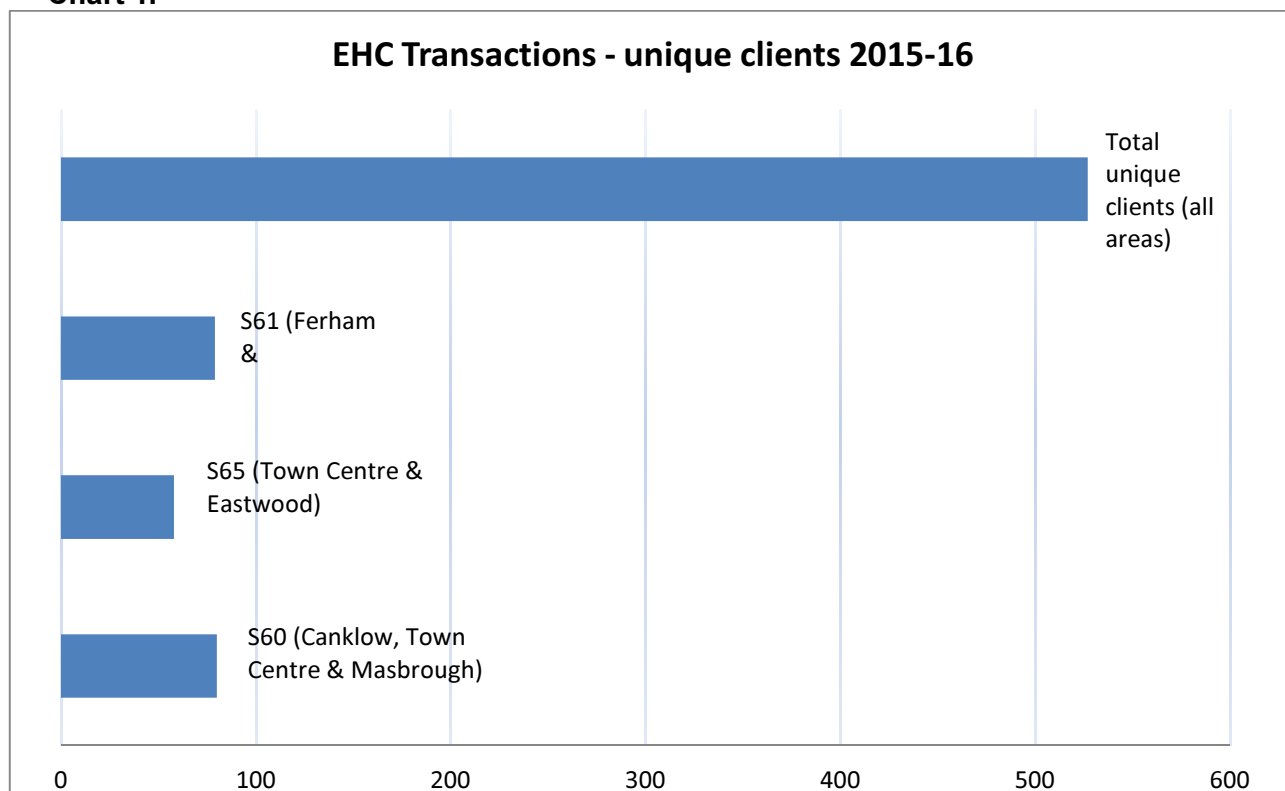
4.1 Sexual Health Services

4.1.1 Emergency Hormonal Contraception Services (EHC)

The information was extracted for 2015-16 from the Neo360 system (Needle Exchange and Supervised Consumption) for the number of EHC transactions at pharmacies (unique clients). The data gives an indication of those (female) clients in touch with the service as only the first 3 digits of the postcode are collected. The part postcodes covering the 3 deprived areas in the audit are: S60, S65 and S61. Approximately 41% of clients in touch with pharmacies for EHC services are from these 3 postcode areas.

Service provision is via some Rotherham pharmacies contracted to provide this service.

Chart 1.



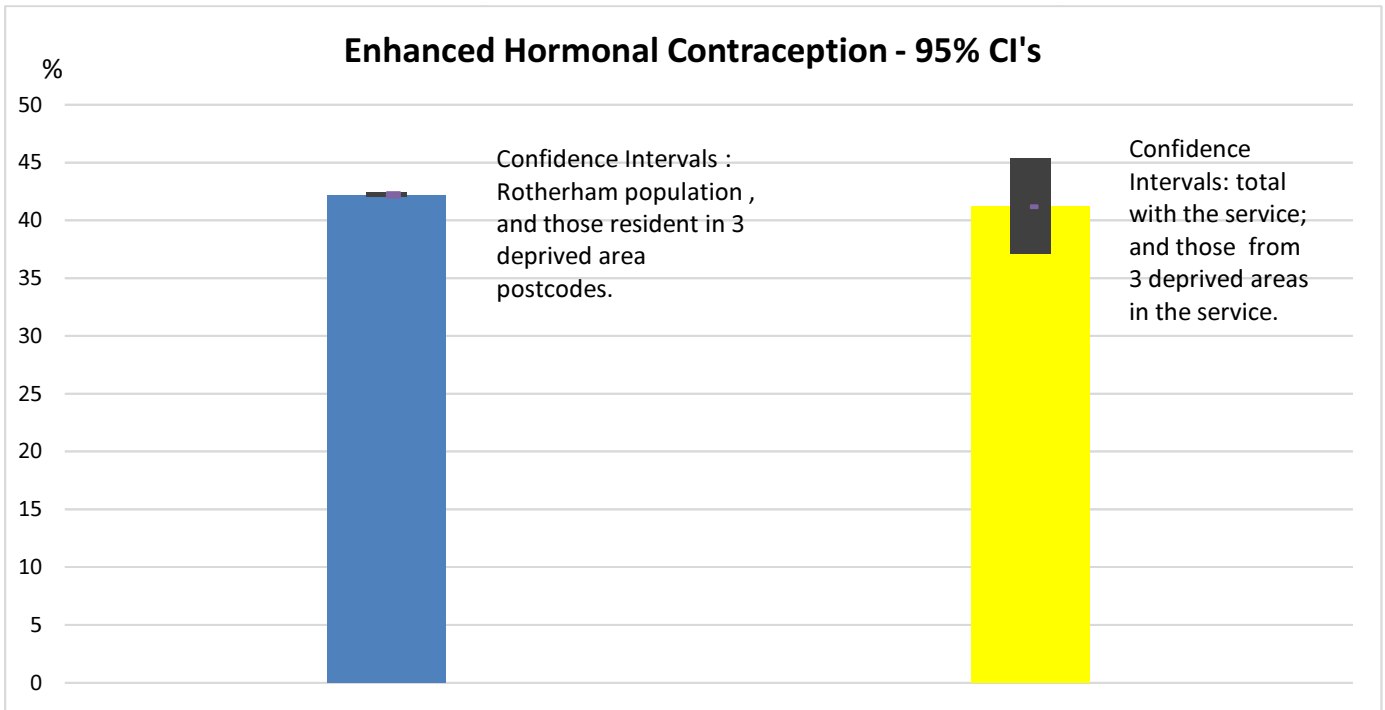
Source: Neo360 system.

Analysing the results- In terms of postcode areas the available population data is from the 2011 Census. For S60, S61 and S65 combined this is 108,690 or 42.2% of the total Rotherham population. Therefore, we would expect 42.2% (95% CI: 42.0%, 42.4%) of EHC services provided to be to residents of these postcode areas. For the Rotherham EHC service, 41.2% (95% CI: 37.1%, 45.4%) of clients in touch with pharmacies for EHC services were from these 3 postcode areas.

Based on these figures the confidence intervals overlap which suggests the results are not significantly different*. This suggests that the service provides equality of access but not equity therefore it is likely not to be contributing to reducing inequalities in the 3 deprived areas.

*Caveat: The above check was based on using the total populations for Persons, all ages due to the available postcode population data not being available split by gender. This in turn looks at a larger population than the 3 areas as the postcodes cross over into other wards that are not part of the audit. This is shown in maps 4, 5 & 6 at the end of the audit.

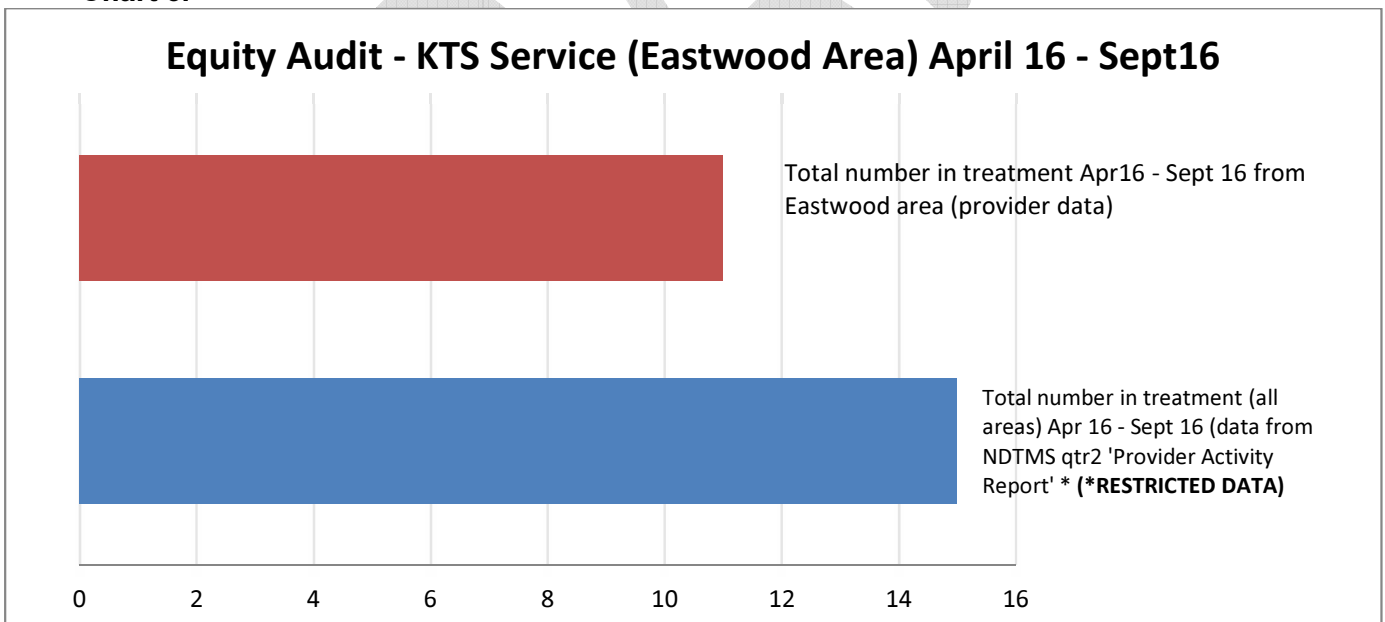
Chart 2.



4.2 Drug and Alcohol Services

4.2.1 Know The Score (KTS)-Young Peoples Service (RDaSH)

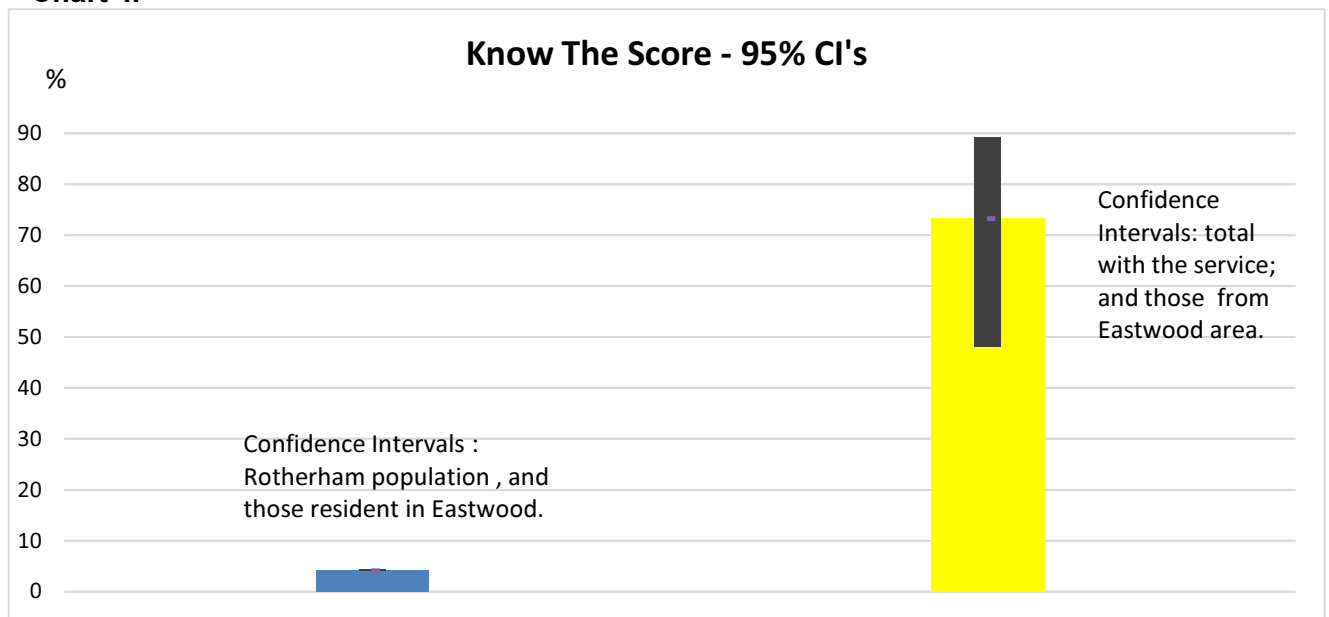
Chart 3.



Source: KTS service

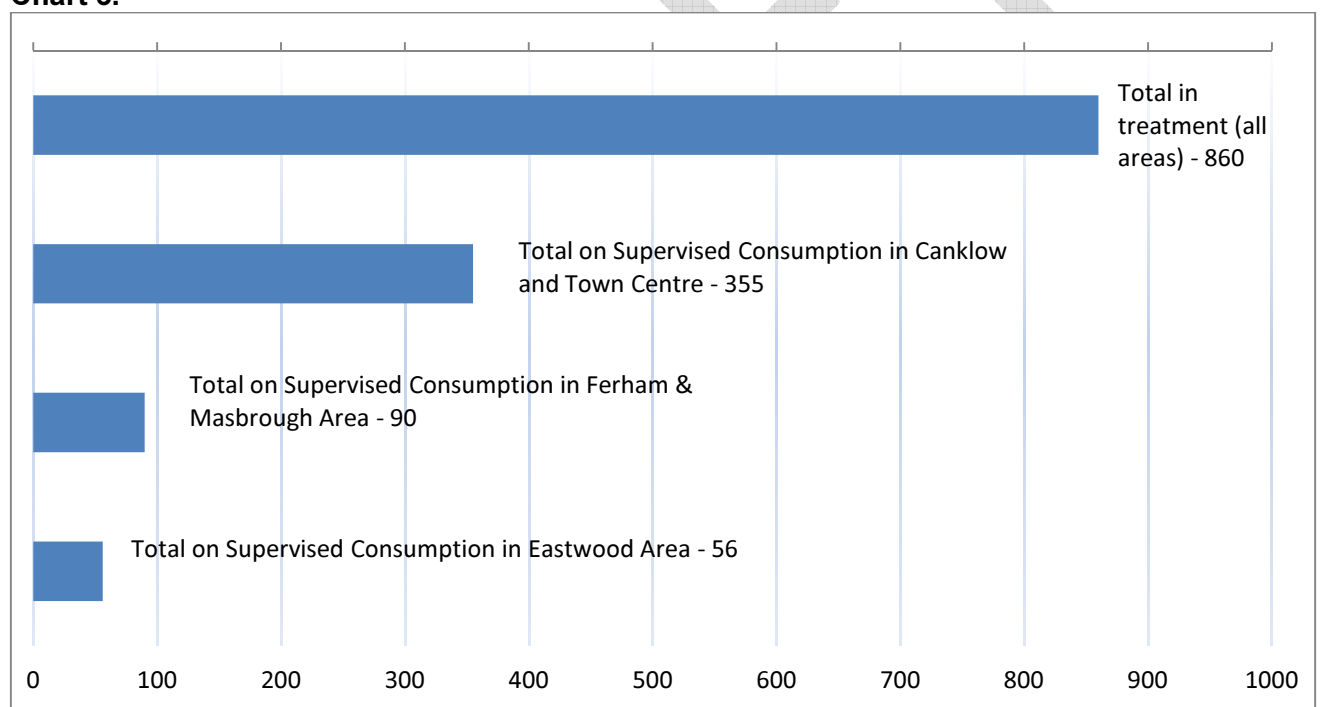
Analysing the results: - The audit shows that 73% of clients in treatment are from one of the most deprived areas of Rotherham –Eastwood area. Of those in treatment from Eastwood area, 64% are male, 36% female. The proportion of service users from the Eastwood area is statistically significantly more than the proportion of children resident in the Eastwood area (the Lower CI of 48.0% is greater than the Upper CI of 4.3%). Therefore, this service provides equitable access and is likely to be making a positive contribution to reducing inequalities in the 3 areas of deprivation.

Chart 4.



4.2.2 RDaSH Drug Services (Adults)

Chart 5.



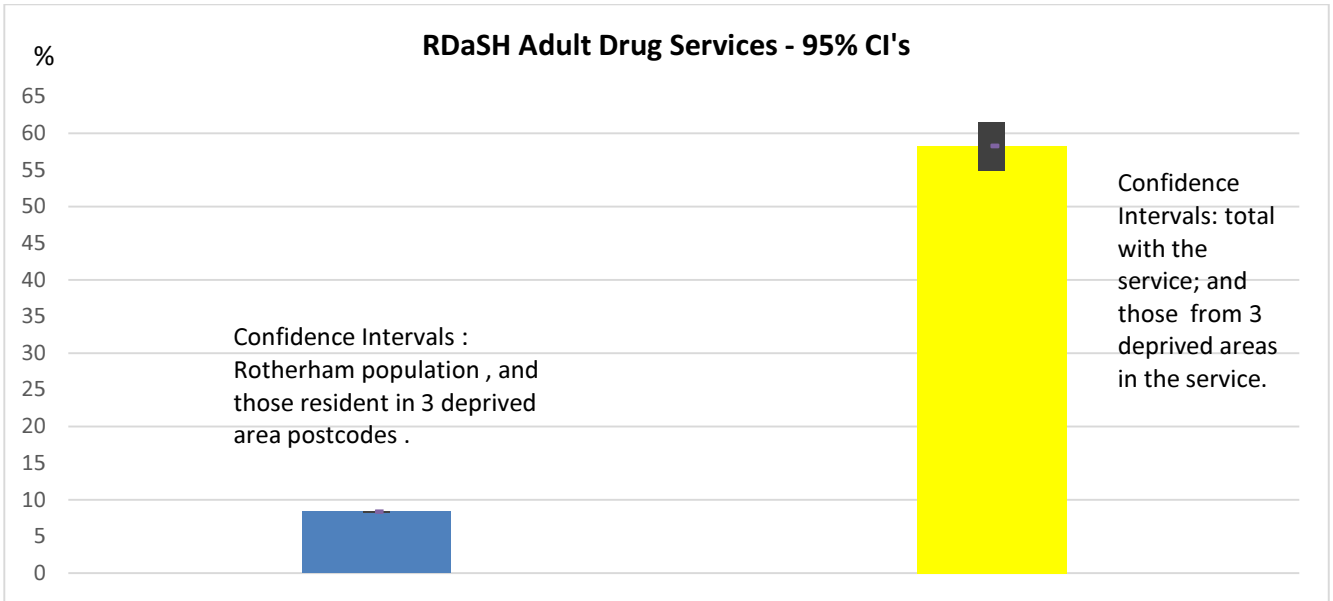
Source: Neo360 system.

These figures have been obtained from the Neo360 system and show numbers of individual clients attending pharmacies in the 3 areas for supervised consumption. Protocol states that clients should be placed with pharmacies nearest to their place of residence. This data gives 'a feel' of service provision to 3 of the most deprived areas of Rotherham. Over half (58%) of those that were in treatment with the Adult Drug services in 2015-16 were from 3 of the most deprived areas.

Analysing the results: - The proportion of service users from the 3 deprived areas is statistically significantly more than the proportion of adults resident in the 3 deprived areas (the Lower CI of 54.9% is greater than the Upper CI of 8.5%). Therefore, this service provides an equitable

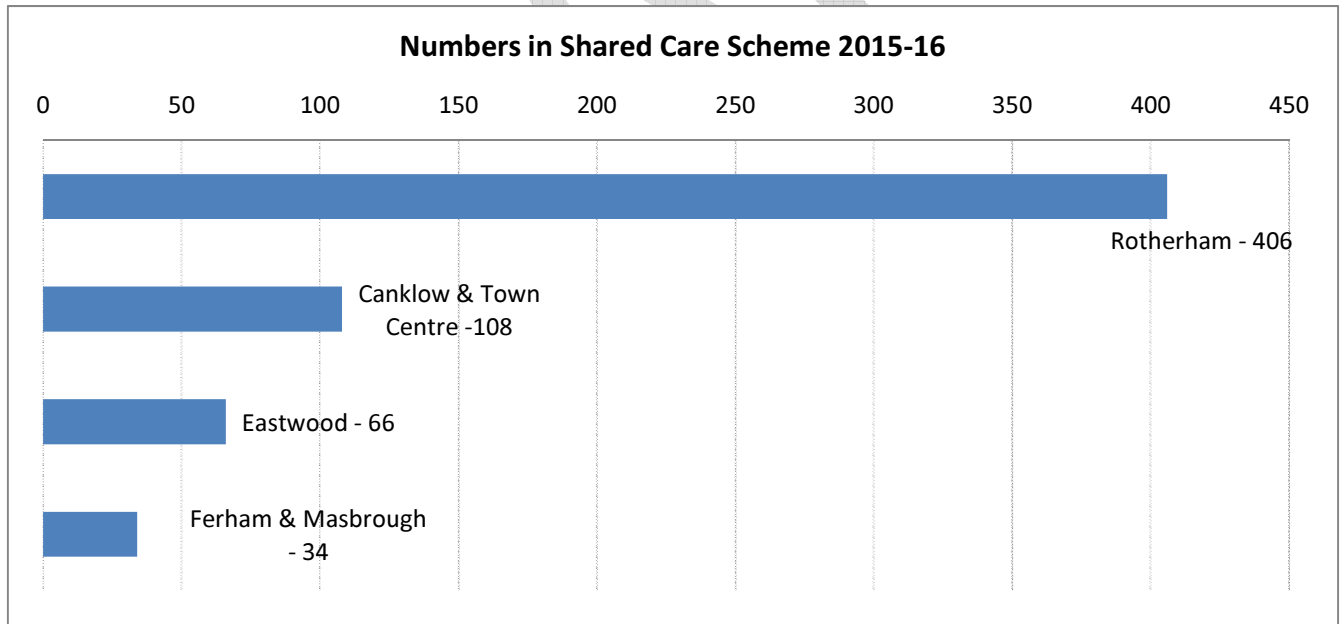
access and is likely to be making a positive contribution to reducing inequalities in the 3 areas of deprivation.

Chart 6.



The below information looks specifically at drug users in the Shared Care Scheme in Primary Care, and of the clients in the Shared Care scheme, 51% were from 3 of the most deprived areas of Rotherham.

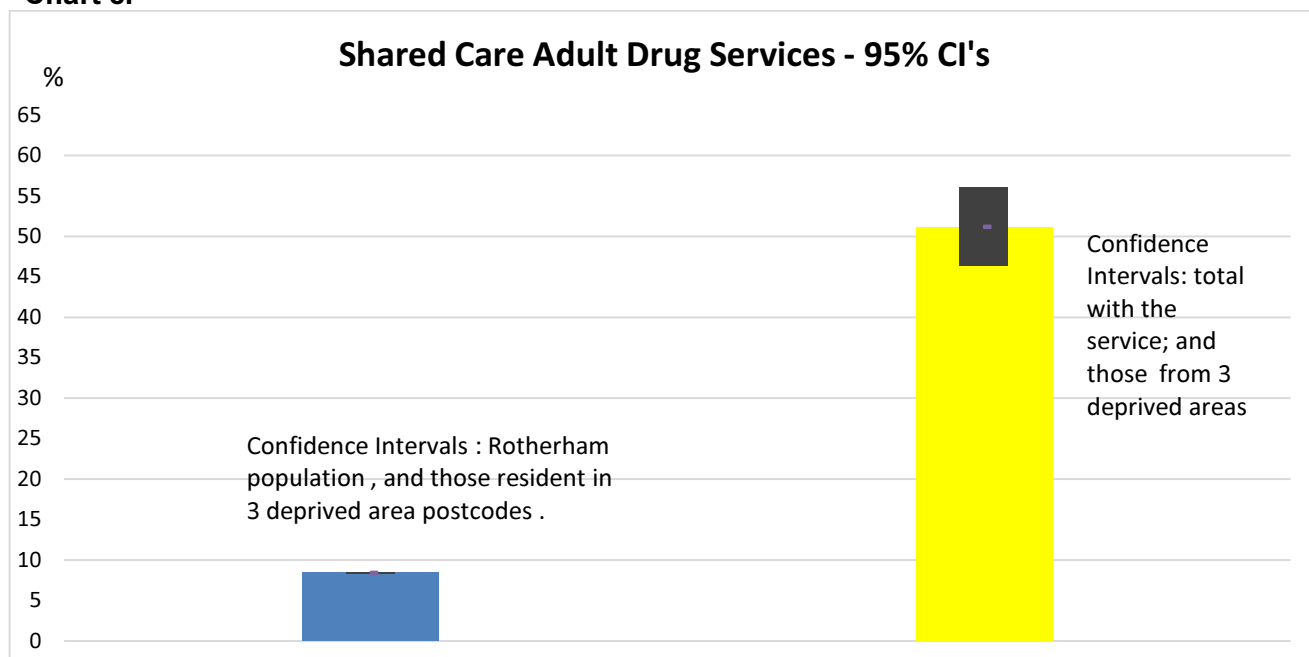
Chart 7.



Source: GP Shared Care Workbooks

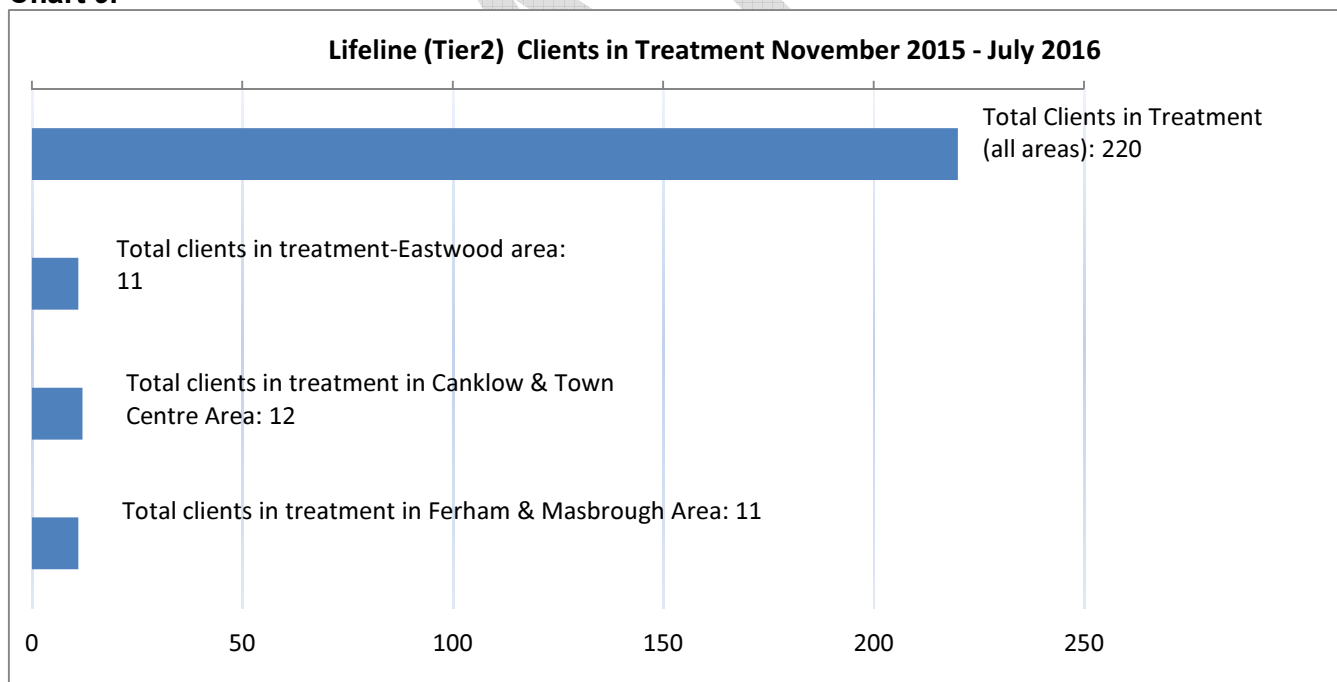
Analysing the results:- The proportion of service users from the 3 deprived areas is statistically significantly more than the proportion of adult's resident in the 3 deprived areas (the Lower CI of 46.4% is greater than the Upper CI of 8.5%). Therefore, this service provides an equitable access and is likely to be making a positive contribution to reducing inequalities in the 3 areas of deprivation.

Chart 8.



4.2.3 Lifeline (Tier2 Alcohol)

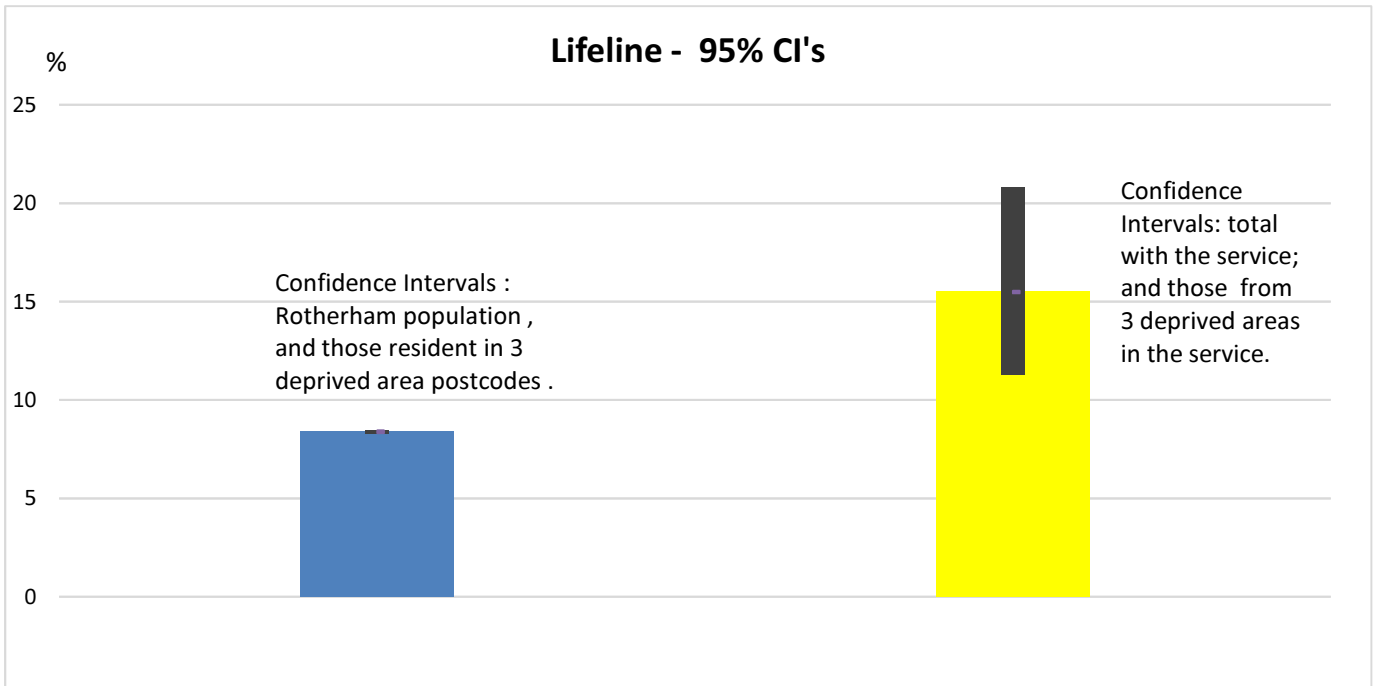
Chart 9.



Source: Lifeline (Impact Assessment)

Analysing the results: - The audit shows that 15% of those in treatment with Lifeline (Nov. 2015 – July 2016) were from 3 of the most deprived areas of Rotherham. The proportion of service users from the 3 deprived areas is statistically significantly more than the proportion of adults' resident in the 3 deprived areas (the Lower CI of 11.3% is greater than the Upper CI of 8.5%). Therefore, this service provides an equitable access and is likely to be making a positive contribution to reducing inequalities in the 3 areas of deprivation.

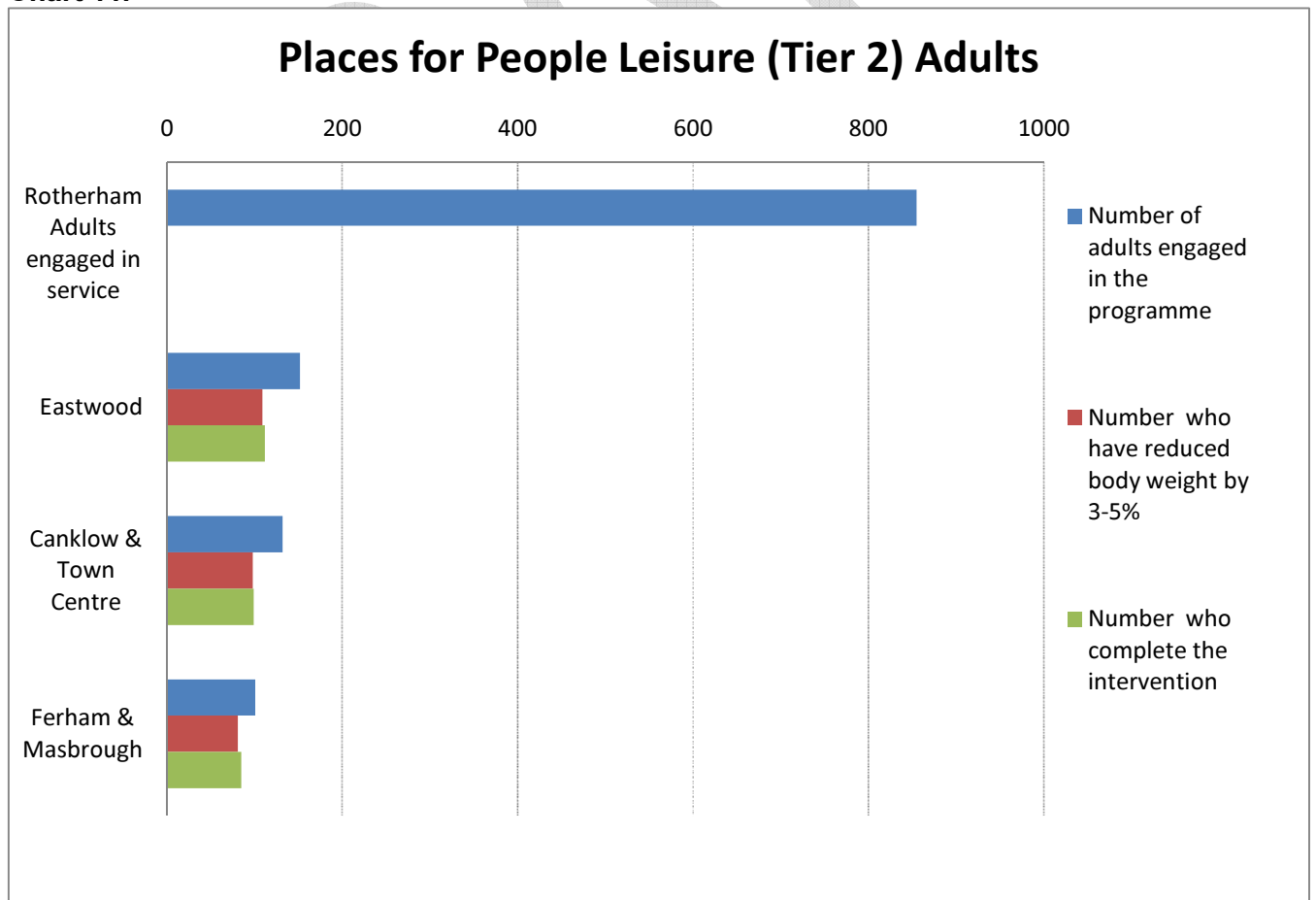
Chart 10.



4.3 Weight Management Services

4.3.1 Places for People (Tier 2) Adults

Chart 11.

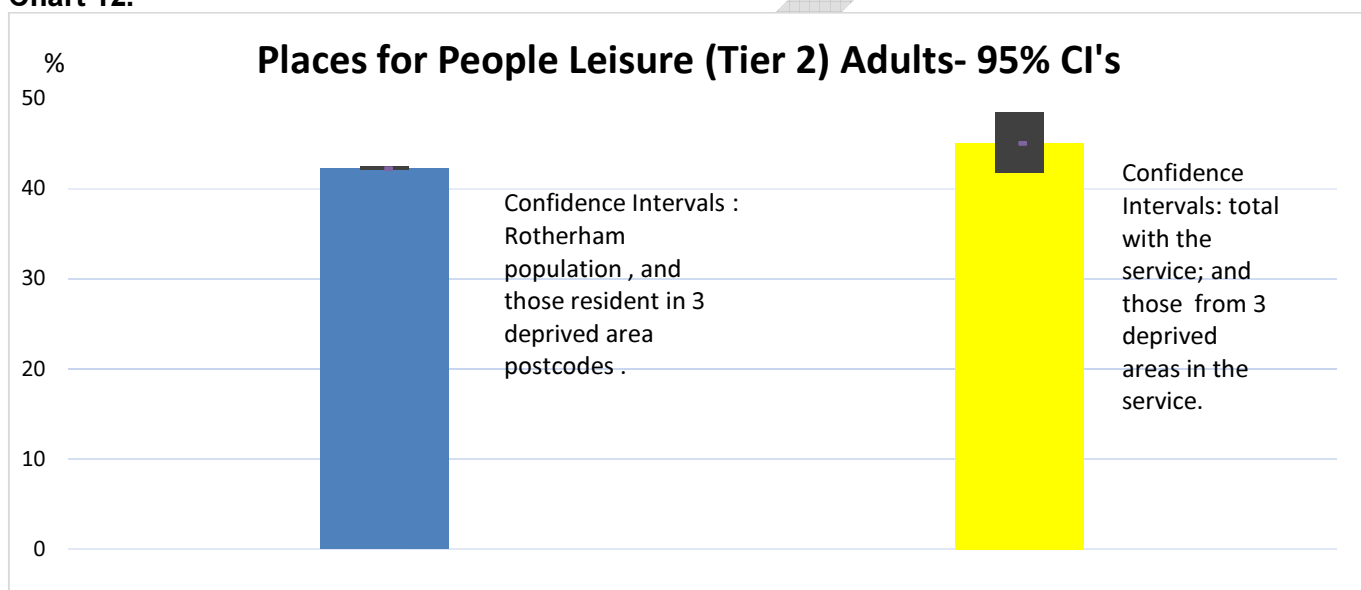


Source: DCRS (Data Collection & Reporting System).

Analysing the results- The audit shows that of the 855 Rotherham adults engaged in the service, 385 (45%) are from 3 of the most deprived areas of Rotherham. More females are engaged in the service than males. The information 'gives a feel' of clients from 3 of the most deprived areas as the provider stated that they were unable to filter on full postcodes so the available Rotherham population data used is from the 2011 Census*. Based on these figures the confidence intervals overlap which suggests the results are not significantly different. This suggests that the service provides equality access but not equity therefore it is likely not to be contributing to reducing inequalities in the 3 deprived areas.

**Caveat: The above check was based on using total populations for Persons, all ages. The postcode data is not available split by age. This in turn looks at a larger population than the 3 areas as the postcodes cross over into other wards that are not part of the audit. This is shown in maps 4, 5 & 6 at the end of the audit.*

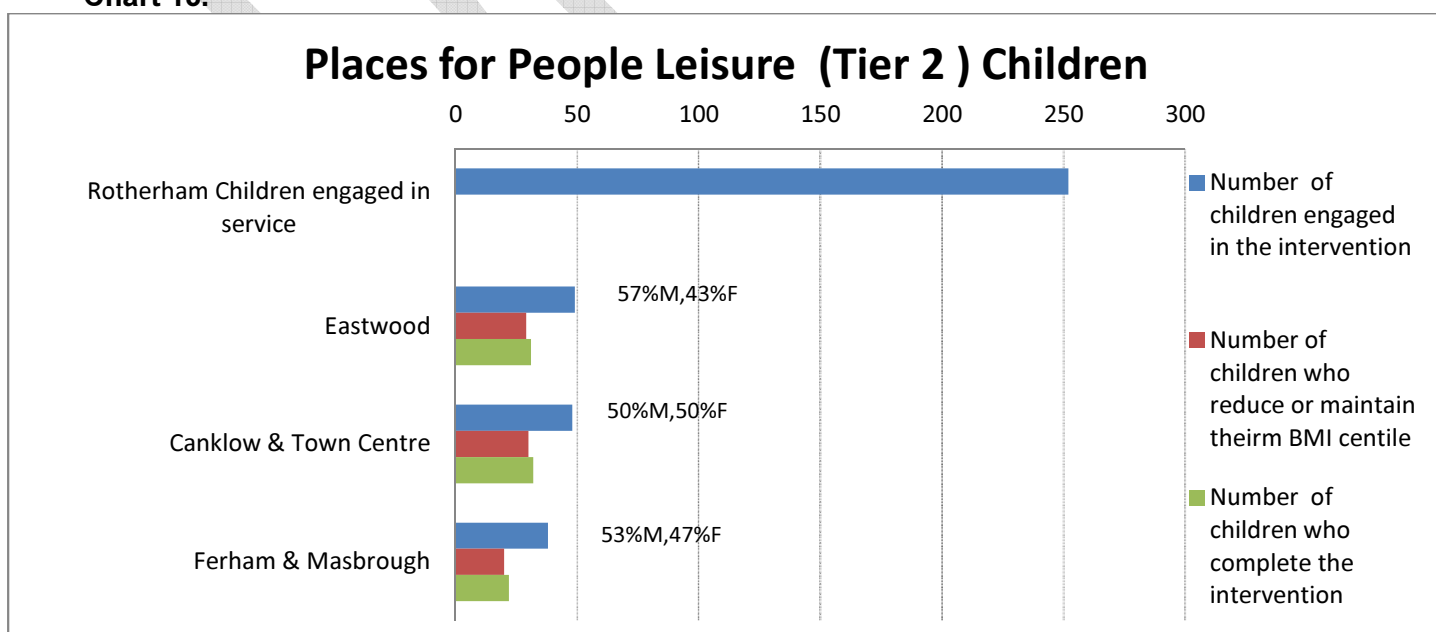
Chart 12.



Source: DCRS

4.3.2 Places for People (Tier 2) Children

Chart 13.

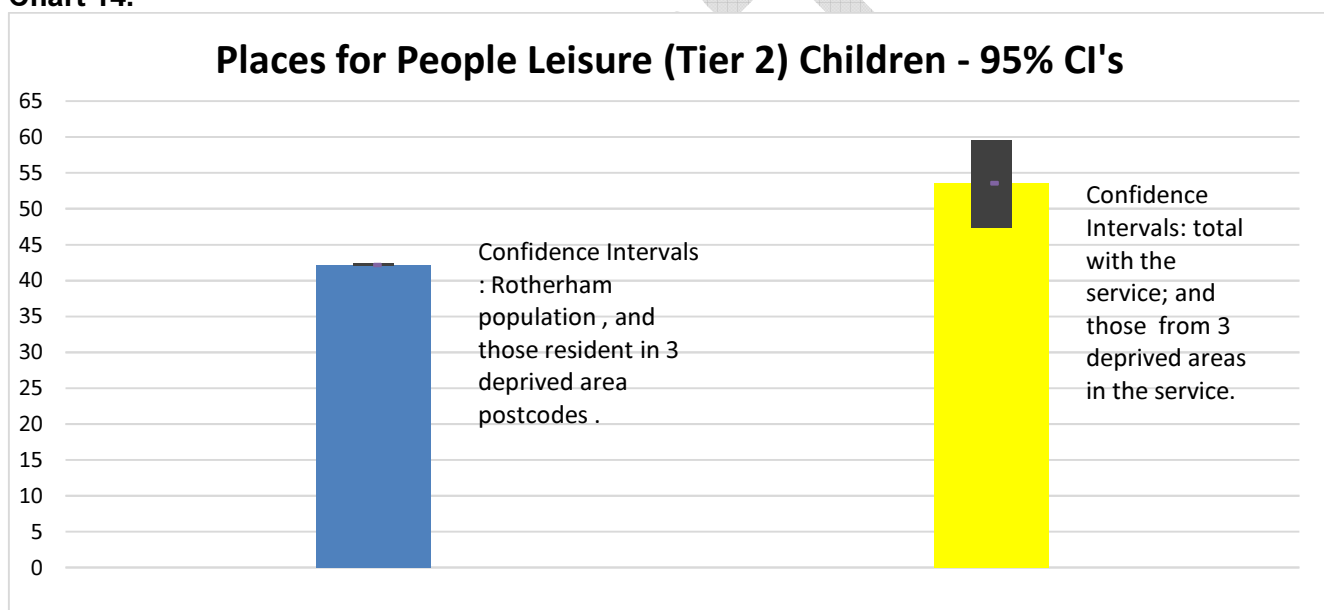


Source: DCRS

Analysing the results: - The audit shows 252 Rotherham Children were engaged with the service, of those 135 came from 3 of the most deprived areas of Rotherham (54%). The information 'only gives a broad indication of clients from 3 of the most deprived areas as the provider stated that they were unable to filter on full postcodes so the available Rotherham population data used is from the 2011 Census*. The proportion of service users from the 3 deprived areas is statistically significantly more than the proportion of children resident in the 3 deprived areas (the Lower CI of 47.4% is greater than the Upper CI of 42.4%). Therefore, this service provides an equitable access and is likely to be making a positive contribution to reducing inequalities in the 3 areas of deprivation.

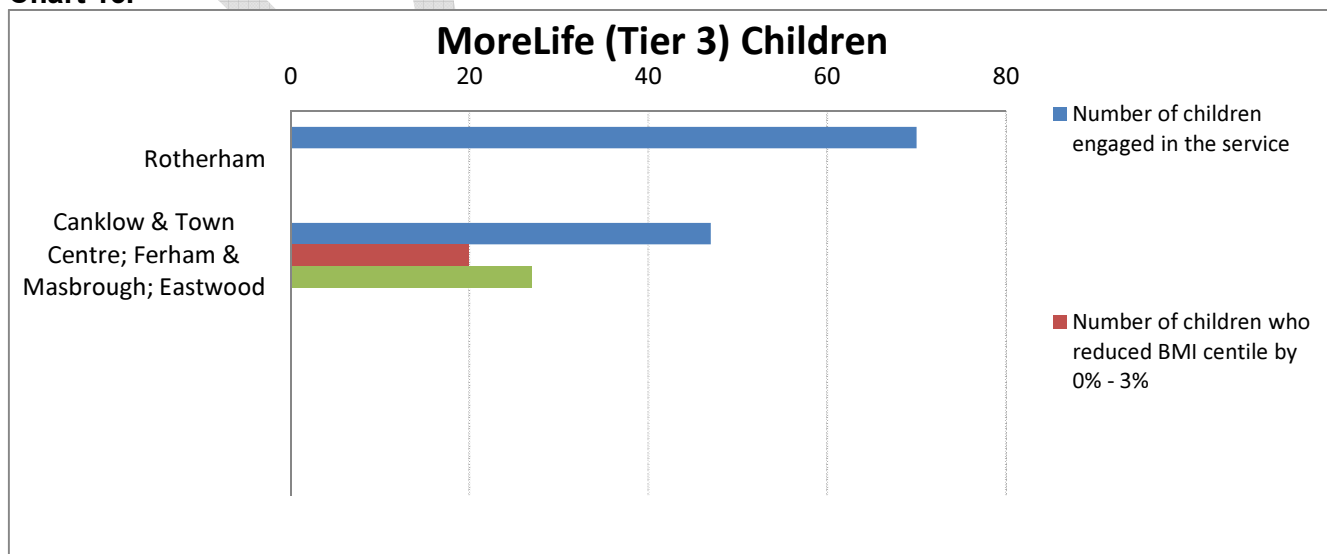
**Caveat: The above check was based on using total populations for Persons, all ages. The postcode data is not available split by age. This in turn looks at a larger population than the 3 areas as the postcodes cross over into other wards that are not part of the audit. This is shown in maps 4, 5 & 6 at the end of the audit.*

Chart 14.



4.3.3 MoreLife WMS Tier 3 Children

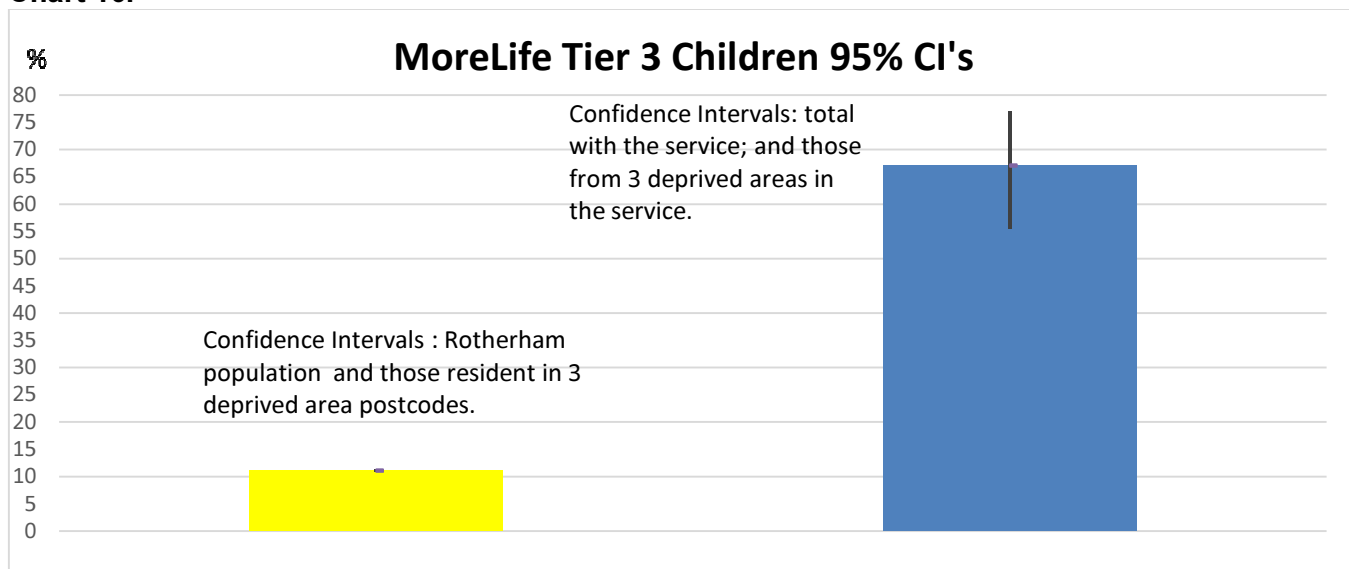
Chart 15.



Source: DCRS

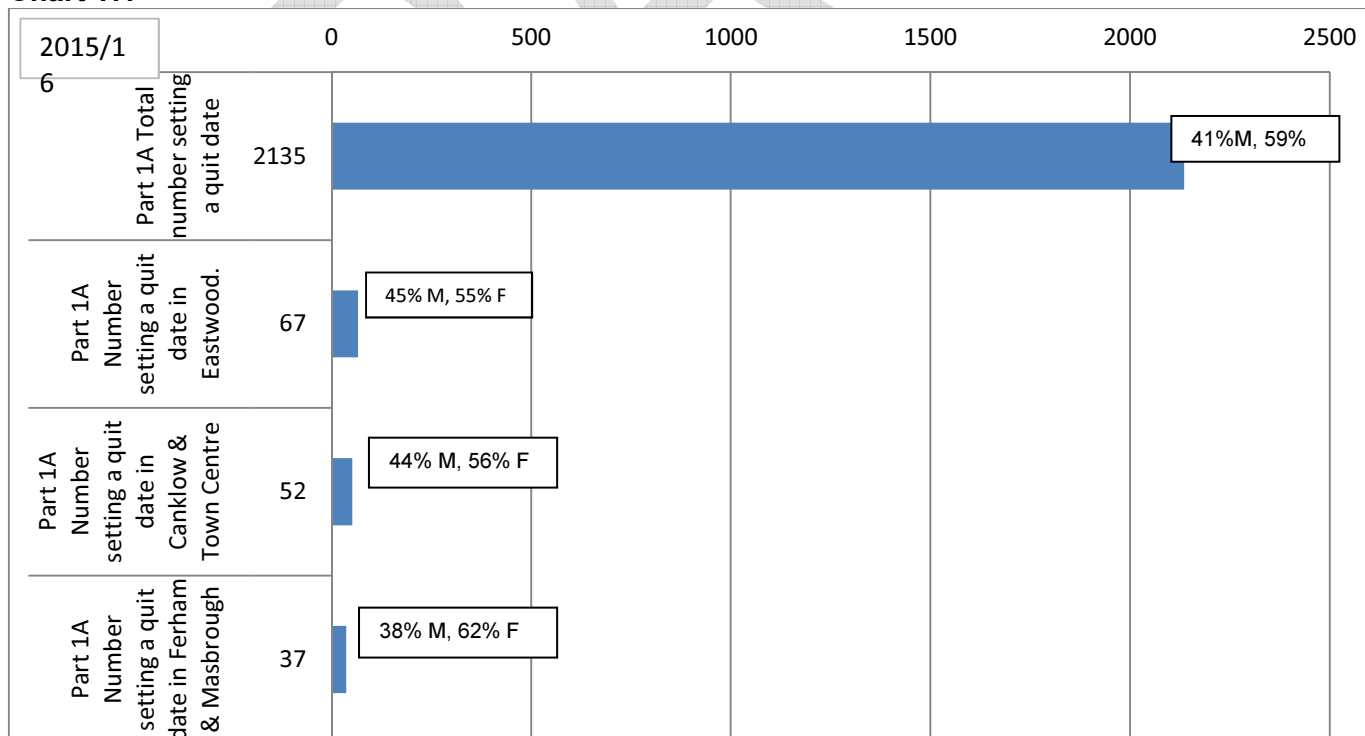
Analysing the results: - The audit shows that of the children engaged in the service, 67% came from the 3 deprived areas (though small numbers were engaged with the service overall*). The proportion of children from the 3 deprived areas is statistically significantly more than the proportion of children resident in the 3 deprived areas (the Lower CI of 55.5% is greater than the Upper CI of 11.3%). Therefore, this service provides an equitable access and is likely to be making a positive contribution to reducing inequalities in the 3 areas of deprivation.*

Chart 16.



4.4 Yorkshire Smoke Free Services (Adults)

Chart 17.



Source: Yorkshire Smoke Free Service.

Analysing the results: - The audit shows that of those setting a quit date with the service, 7% (156) were from the 3 most deprived areas of Rotherham. Based on these figures the confidence intervals overlap which suggests the results are not significantly different. . This

suggests that the service provides equal access to those from the 3 areas of deprivation, but not equitable access.

Chart 18.

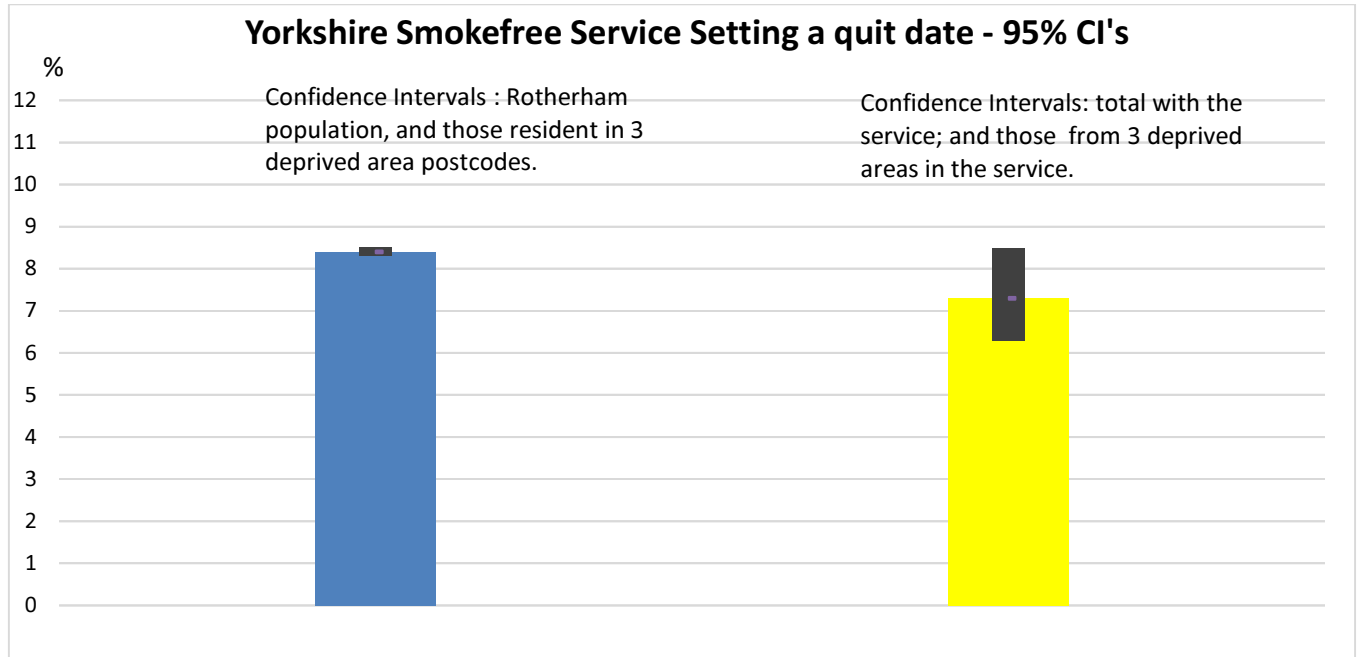
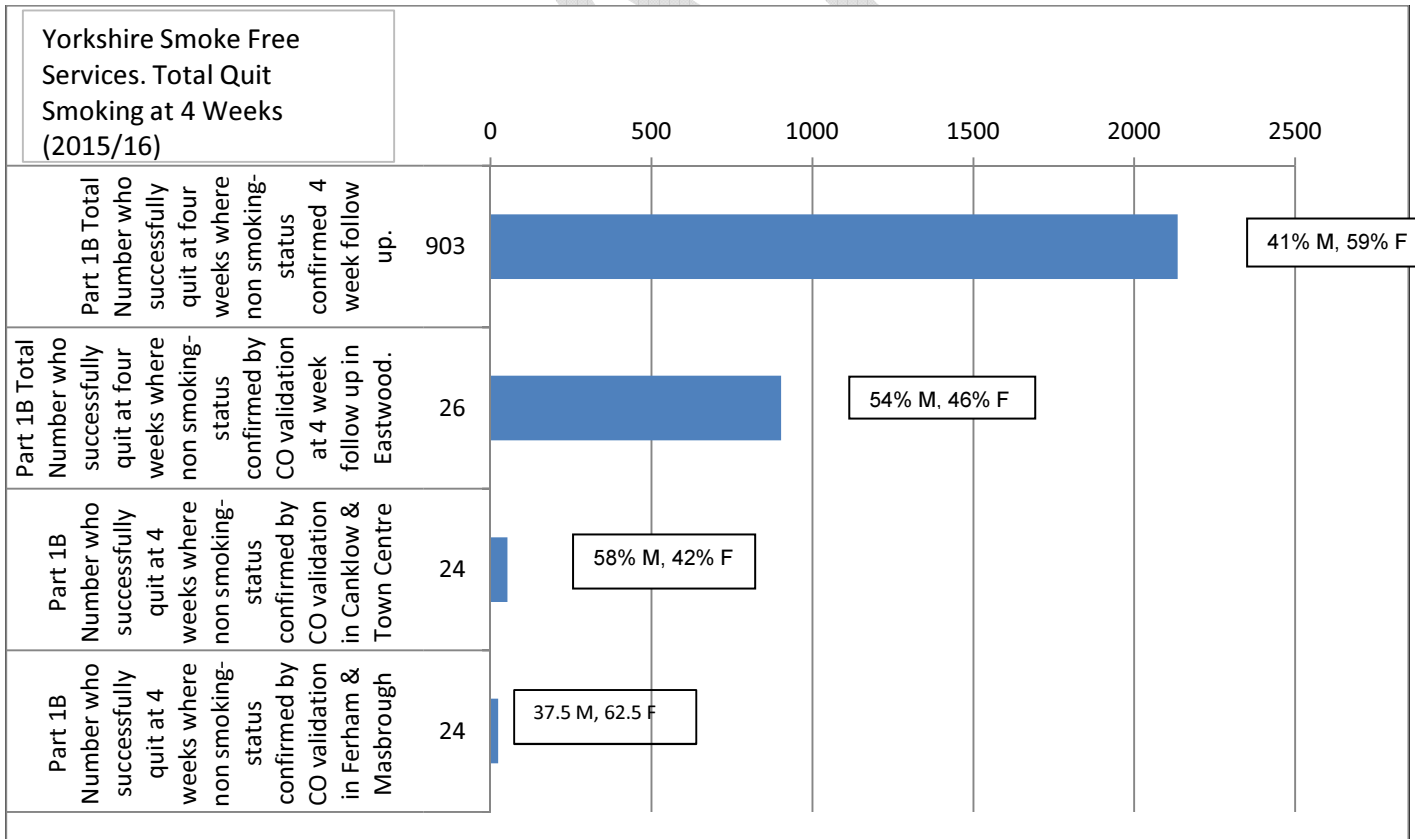
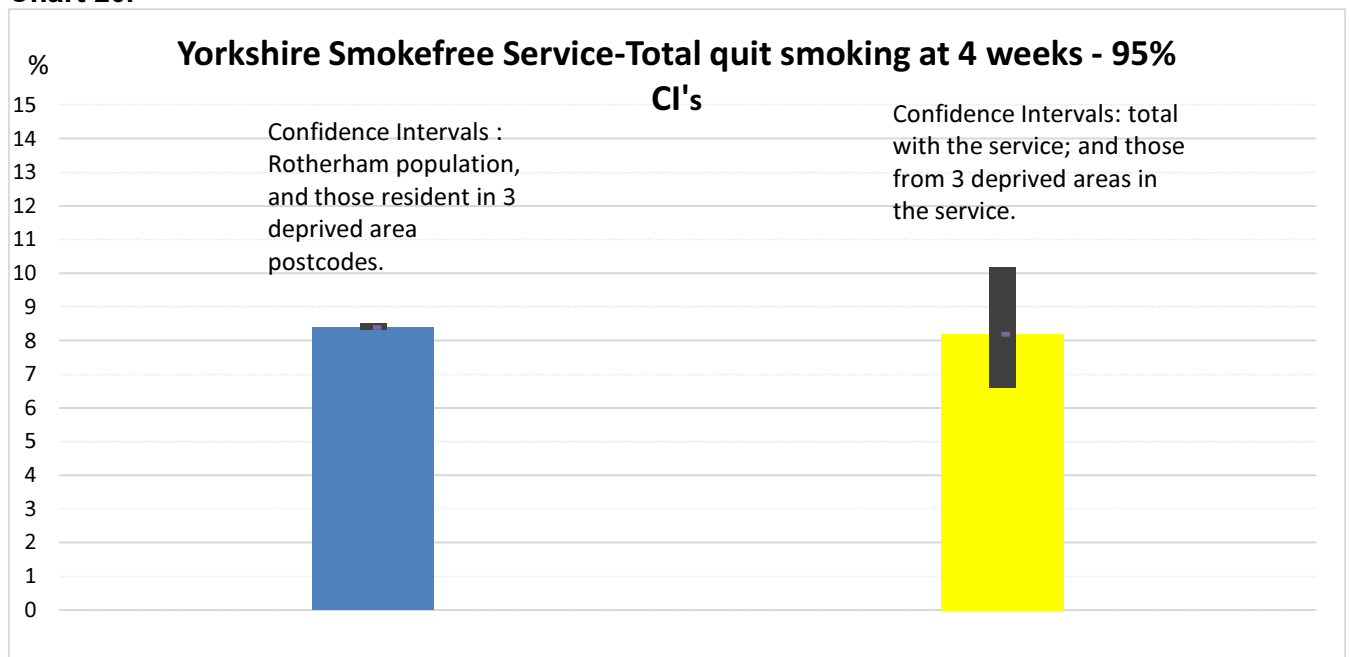


Chart 19.



Source: Yorkshire Smoke Free Service.

Chart 20.



Analysing the results: The audit shows that of those who quit smoking at 4 weeks (where non-smoking status confirmed by CO validation), 8% were from the most deprived areas of Rotherham.

Based on these figures, the confidence intervals overlap which suggests the results are not significantly different. This suggests that the service provides equal access to those from the 3 areas of deprivation, but not equitable access.

4.5 Active for Health (Adults)

Chart 21.

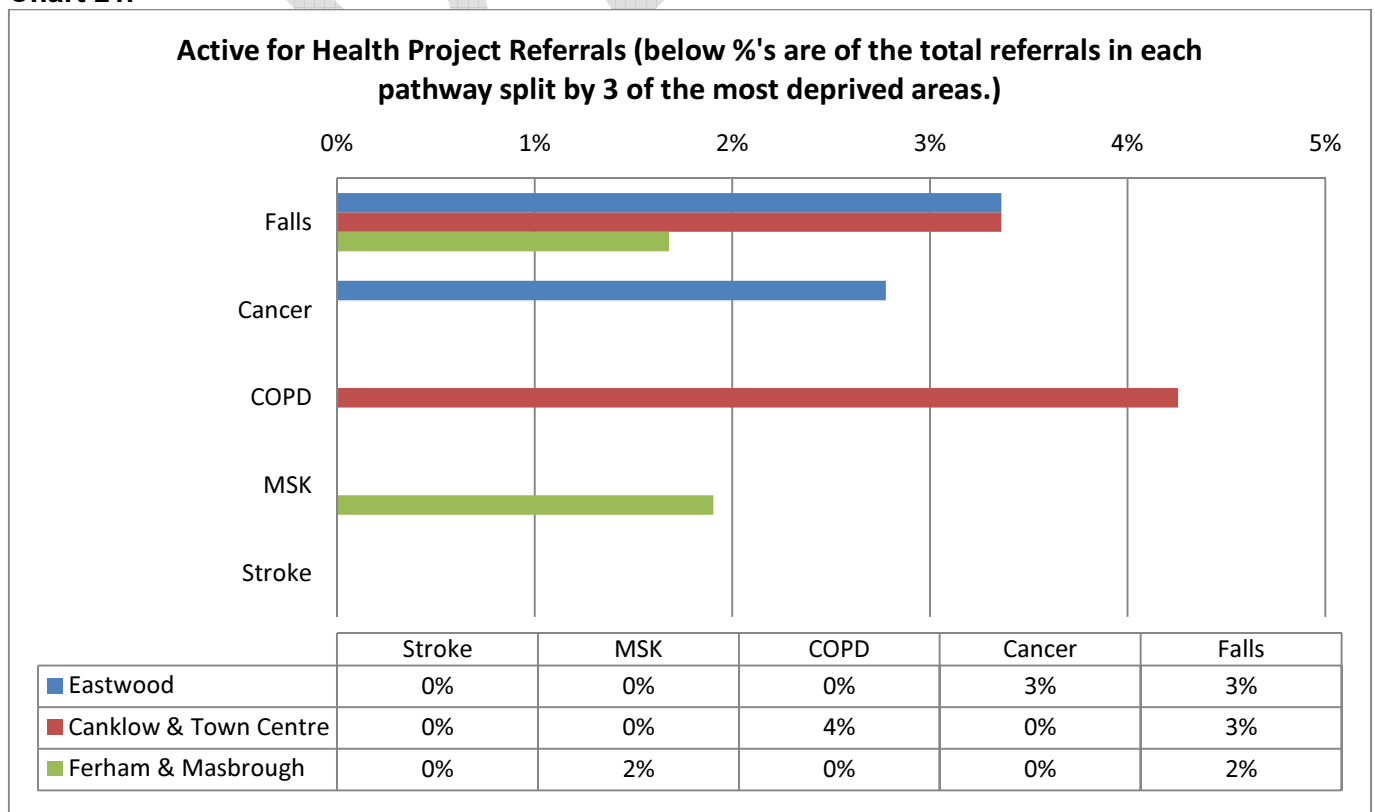
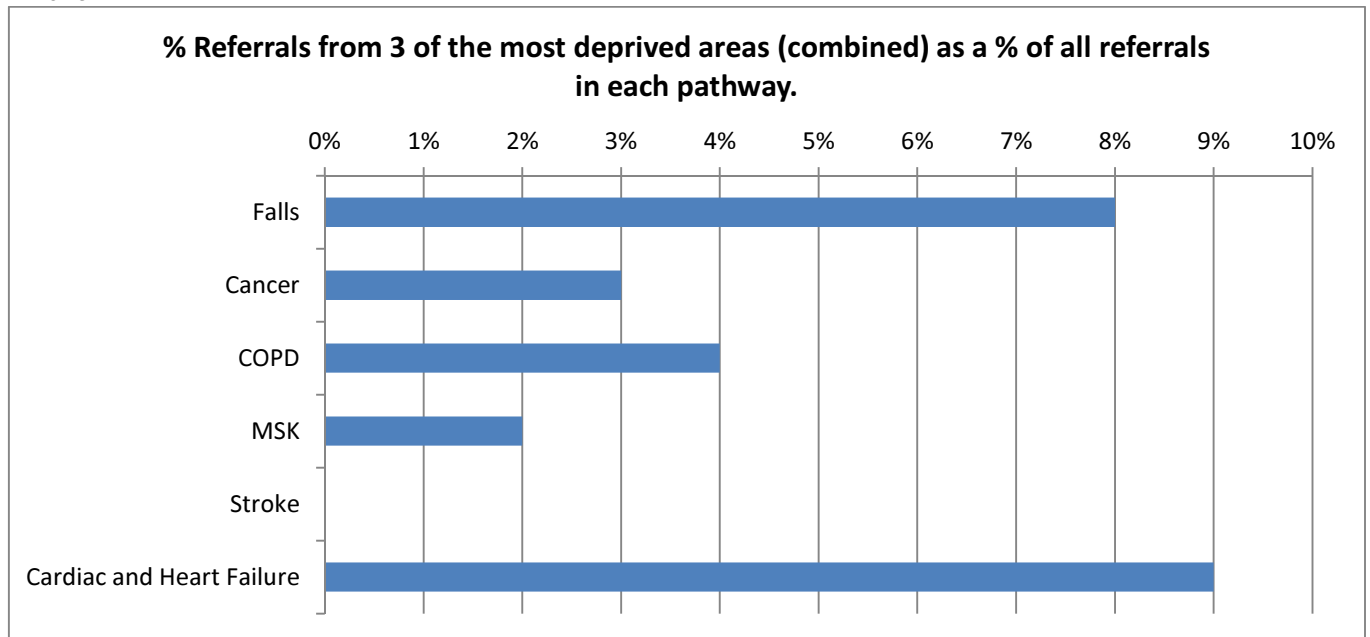


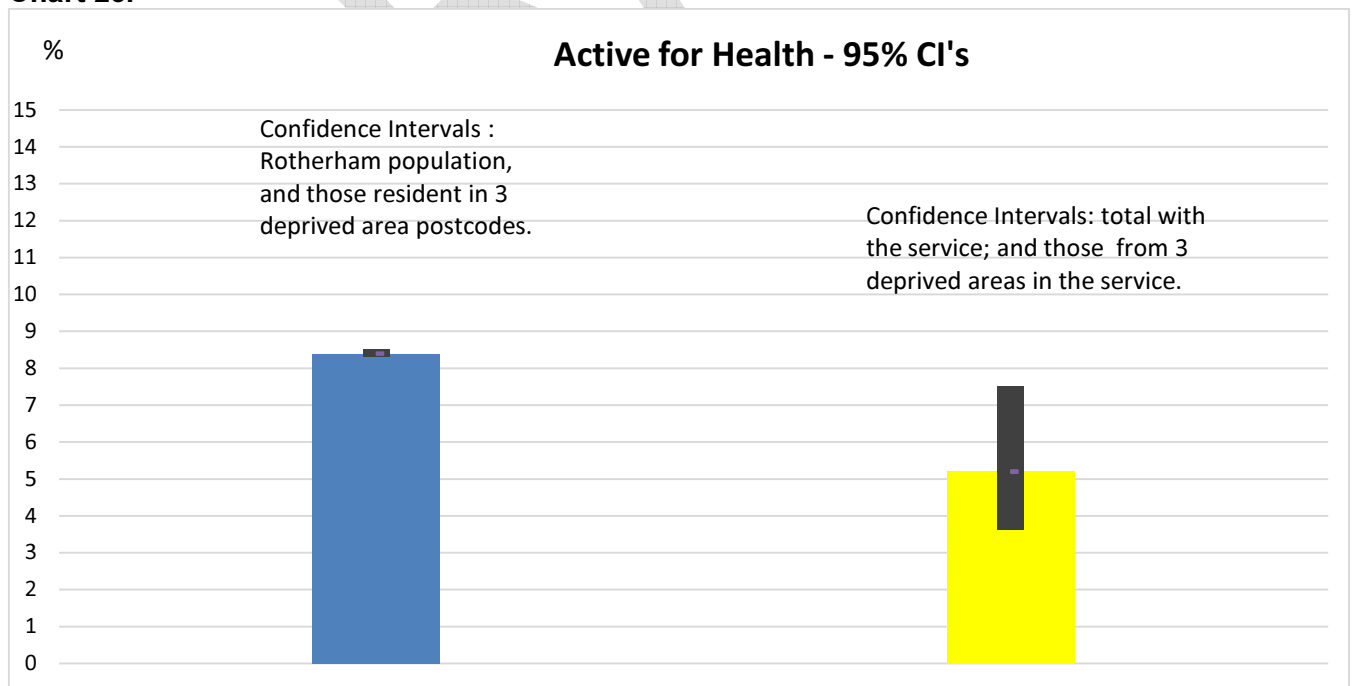
Chart 22.



Analysing the results: - It is worth noting that this service has small numbers of patients. Some of the pathways (Falls, Cardiac and Heart Failure) are not statistically different from the population of adults resident in the 3 deprived areas, and therefore are likely to be delivering equal, but not equitable access. However, overall just 5% of patient referrals into the Active for health service came from 3 of the most deprived areas of Rotherham.

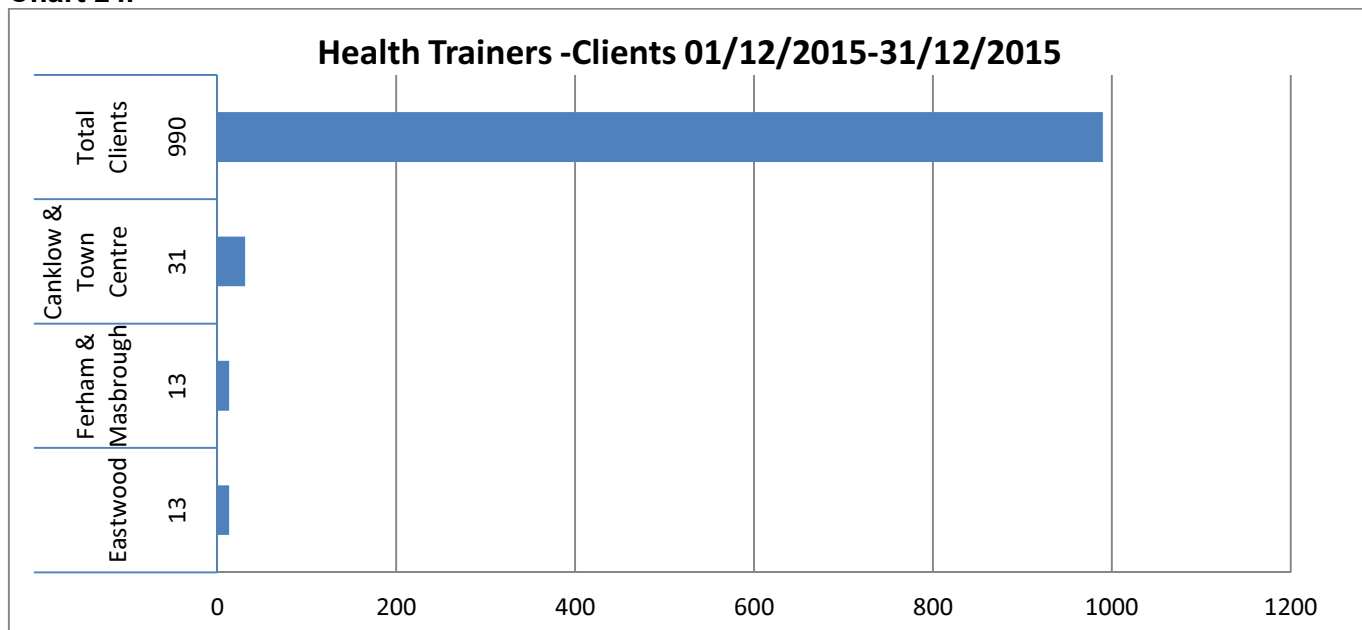
Based on these figures, the proportion of service users across all pathways from the 3 deprived areas is statistically significantly less than the proportion of adult's resident in the 3 deprived areas and therefore delivering inequitable service access.

Chart 23.



4.6 Health Trainer Service (Rotherham Public Health)

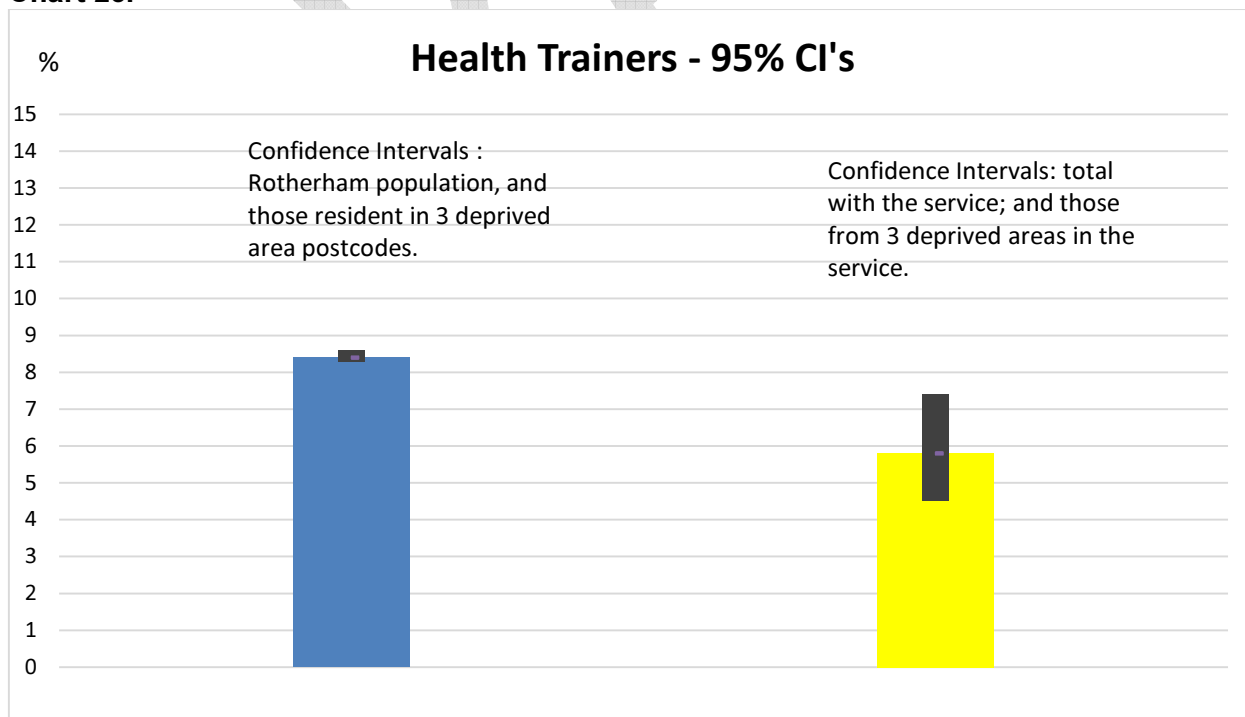
Chart 24.



Source: DCRS

Analysing the results: - Overall, just 5% of clients seen by the Health Trainer service lived in 3 of the most deprived areas of Rotherham and so the proportion of service users from the 3 deprived areas is statistically significantly less than the proportion of adult's resident in the 3 deprived areas (the Lower CI of 4.5% is less than the Upper CI of 8.6%). This suggests that the service is providing inequitable access to people from areas of deprivation. This may contribute to health inequalities between the 3 areas and Rotherham as a whole.

Chart 25.



5. Summary

From the data, out of the 11 services, 9 are at the minimum expected level of equality of access in terms of service delivery with 6 at a sufficiently higher level that is potentially improving the comparative health of the 3 deprived areas in the audit. The data also shows that there are 5 services whose percentage client engagement are below the expected level of equity in relation to the 3 deprived areas of Rotherham, with 2 services being statistically significantly less equitable (at the 95% confidence level).

Therefore out of 11 services, 2 are failing to deliver equality of access to the 3 areas of deprivation. These services are likely to be contributing to increasing health inequalities between the 3 areas and Rotherham as a whole. 3 services are delivering equality of service access to the 3 areas of deprivation. They are not necessarily contributing to a growth of inequalities, but neither are they likely to be reducing the comparative health inequalities between the 3 areas of deprivation and Rotherham as a whole. 6 services are equitable in terms of service uptake in the 3 areas of deprivation. They are attracting more than the expected numbers of people from the 3 areas of deprivation, they are likely to be contributing to a comparative reduction in health inequalities between 3 of the most deprived areas and Rotherham as a whole.

These findings relate only to equity based on an assessment of access from 3 specific areas of deprivation. The service may perform differently in relation to other areas of deprivation within Rotherham. Equally, other aspects of equity of protected characteristics such as age, gender, ethnicity, may have shown different results.

Table 2. Summary

Service	Population Data Used (2011 Census postcodes, or MSOA as at mid-2015 based on Office for National Statistics mid-year population estimates)	% Service Level engagement from the 3 deprived areas*	Expected level (%) for service to be equal in the 3 deprived areas (a)	Equitability of service in the 3 areas of deprivation (Equal, unequal, equitable) (b)	Expected level for service to improve health in the 3 deprived areas (c)	Is service at a level to improve health in the 3 deprived areas? (d)
EHC (16+)	2011 Census	41.2%	42.2% (d)	Equal**	46.7%	N
Know The Score (Eastwood only) (0-17)	MSOA	73.3%	4.2%	Equitable	20.0%	Y
RDaSH Drugs (18+)	MSOA	58.3%	8.4%	Equitable	10.5%	Y
Shared Care Scheme (18+)	MSOA	51.2%	8.4%	Equitable	11.3%	Y
Lifeline Tier2 (18+)	MSOA	15.5%	8.4%	Equitable	12.3%	Y
Places for People (Tier2) Adults (16+)	2011 Census	45.0%	42.2% (d)	Equal	45.7%	N
Places for People (Tier2) Children (0-15)	2011 Census	53.6%	42.2% (d)	Equitable	48.8%	Y
MoreLife (Tier3) (0-15) Children	MSOA	67.1%	11.1%	Equitable	20.0%	Y
a) Yorkshire Smoke Free (Setting quit date) (18+)	MSOA	7.3%	8.4%	Equal**	9.8%	N
b) Yorkshire Smoke Free (4 week quitters) (18+)		8.2%	8.4%		10.4%	
Active for Health (18+)	MSOA	5.2%	8.4%	Unequal	11.2%	N
Health Trainers (16+)	MSOA	5.8%	8.4%	Unequal	10.3%	N

Table 3. Summary – detailed (Include percentage and 95% Confidence Interval (lower, upper limits))

Service	Population Data Used (2011 Census postcodes, or MSOA as at mid-2015 based on Office for National Statistics mid- year population estimates) (e)	% Service level engagement from the 3 deprived areas*	Expected level (%) for service to be equal in the 3 deprived areas. (a)	Equitability of service in the 3 areas of deprivation (Equal, unequal, equitable) (b)	Expected level for service to improve health in the 3 deprived areas (c)	Is service at a level to improve health in the 3 deprived areas? (d)
EHC (16+)	2011 Census	41.2% (37.1%, 45.4%)	42.2% (42.0%, 42.4%) (e)	Equal**	46.7% (42.5%, 50.0%)	N
Know The Score (Eastwood only) (0- 17)	MSOA	73.3% (48.0%, 89.1%)	4.16% (4.00%, 4.32%)	Equitable	20.0% (7.1%, 45.2%)	Y
RDaSH Drugs (18+)	MSOA	58.3% (54.9%, 61.5%)	8.4% (8.3%, 8.5%)	Equitable	10.5% (8.6%, 12.7%)	Y
Shared Care Scheme (18+)	MSOA	51.2% (46.40%, 56.10%)	8.4% (8.3%, 8.5%)	Equitable	11.3% (8.6%, 14.8%)	Y
Lifeline Tier2 (18+)	MSOA	15.5% (11.3%, 20.8%)	8.4% (8.3%, 8.5%)	Equitable	12.3% (8.6%, 17.3%)	Y
Places for People (Tier2) Adults (16+)	2011 Census	45.0% (41.7%, 48.4%)	42.2% (42.0%, 42.4%) (e)	Equal	45.7% (42.4%, 49.1%)	N
Places for People (Tier2) Children (0- 15)	2011 Census	53.6% (47.4%, 59.6%)	42.2% (42.0%, 42.4%) (e)	Equitable	48.8% (42.7%, 55.0%)	Y
MoreLife (Tier3) (0- 17) Children	MSOA	67.1% (55.5%, 77.0%)	11.1% (10.8%, 11.3%)	Equitable	20.0% (12.3%, 30.8%)	Y
a) Yorkshire Smoke Free (Setting quit date) (18+)	MSOA	7.3% (6.3%, 8.5%)	8.4% (8.3%, 8.5%)	Equal**	9.8% (8.6%, 11.2%)	N
b) Yorkshire Smoke Free (4 week quitters) (18+)		8.2% (6.6%, 10.2%)	8.4% (8.3%, 8.5%)		10.4% (8.6%, 12.6%)	
Active for Health (18+)	MSOA	5.2% (3.6%, 7.5%)	8.4% (8.3%, 8.5%)	Unequal	11.2% (8.7%, 14.2%)	N
Health Trainers (16+)	MSOA	5.8% (4.5%, 7.4%)	8.4% (8.3%, 8.5%)	Unequal	10.3% (8.6%, 12.4%)	N

Notes

* Eastwood, Canklow & Town Centre, Ferham & Masbrough.

** The 95% confidence interval (CI) for Service Level overlaps the 95% CI for Expected Level therefore these are classed as statistically similar so entered as "Y".

- (a) Represents the population of the 3 deprived areas as a percentage of Rotherham total (appropriate to the gender and age group for each service)
- (b) Based on the service level percentage to people in the 3 deprived areas being the same or more than the 3 deprived areas percentage population of the Rotherham total.
- (c) Calculated based on the current level of service.
- (d) Service level statistically significantly higher than deprived population level.

Based on non-overlapping 95% confidence intervals (Service level lower confidence interval is greater than the population base upper confidence interval)

(e) Population data to calculate expected level is only for persons all ages (data by postcode sectors) However, service level data relates to females (EHC), children (PfP) or adults (PfP) therefore the population data can only give a feel for the expected level.

**Tracey Liversidge
Information Officer
Public Health
March 2017**

Appendix 1. Post codes of the 3 deprived areas and used to work out service level engagement from these areas using MSOA as at mid-2015 based on Office for National Statistics mid-year population estimates).

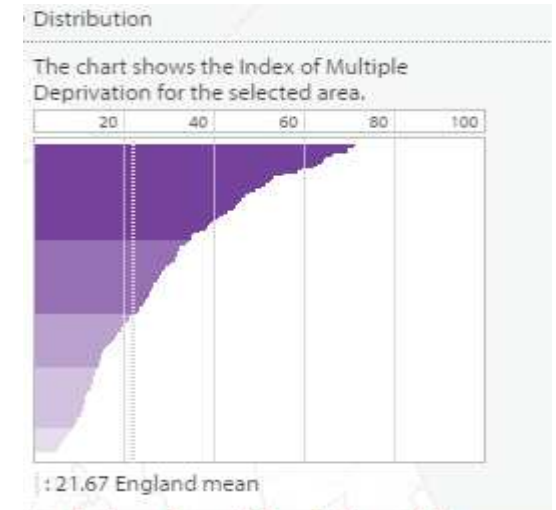
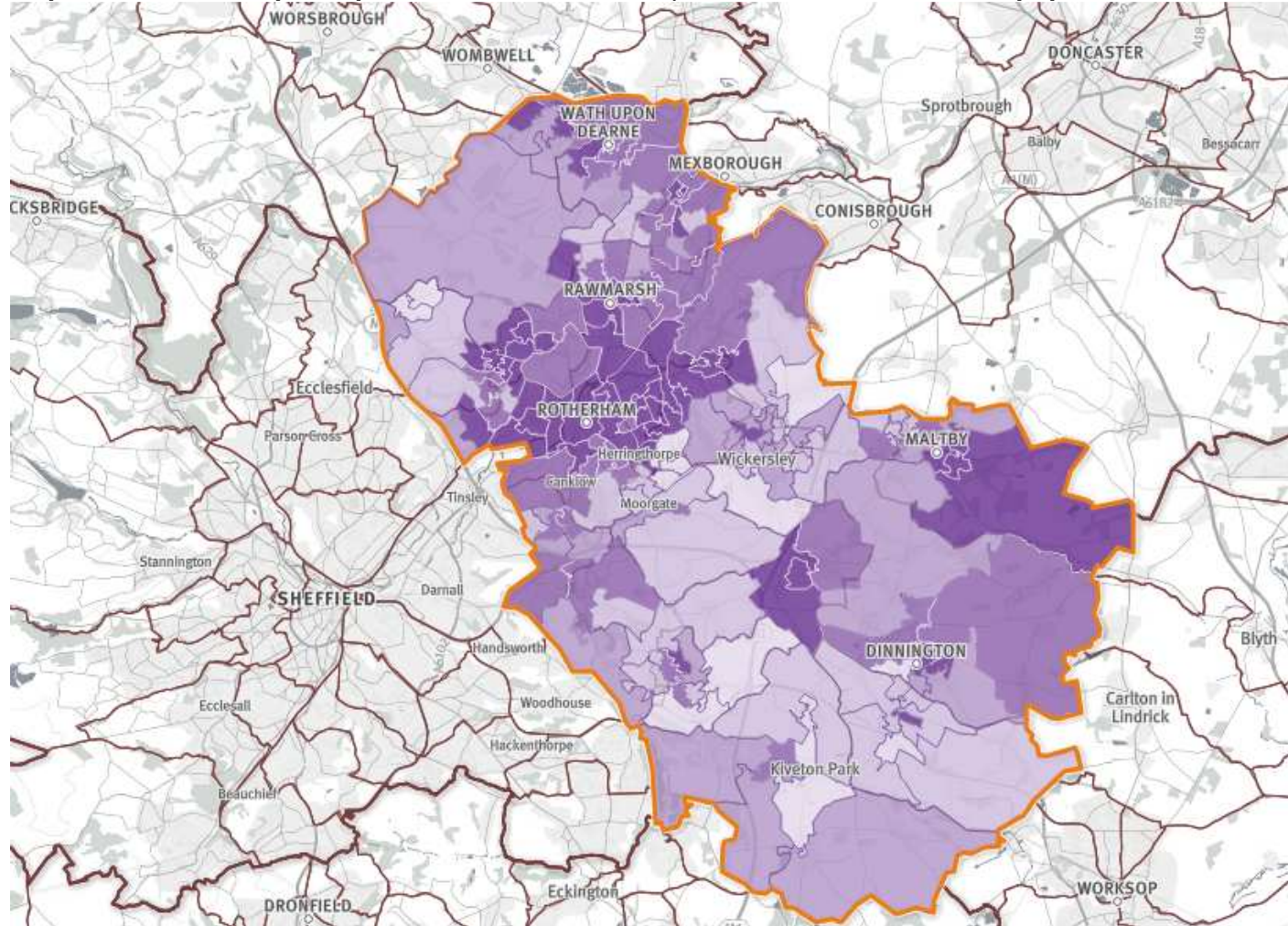
Post Codes Covered By FERHAM & MASBROUGH Area :				Post Codes Covered By EASTWOOD Area :			
S61 1AE	S61 1DB	S60 1EG	S60 1JT	S65 1LB	S65 2UA	S65 1QU	S65 1PW
S61 1AG	S61 1DE	S60 1EZ	S60 1JU	S65 1LN	S65 3SP	S65 1QX	S65 1PX
S61 1AH	S61 1DL	S60 1GD	S60 1JX	S65 1LP	S65 1LD	S65 1RB	S65 1QJ
S61 1AJ	S61 1DP	S60 1HF	S60 1JY	S65 1LR	S65 1LE	S65 1RD	S65 1QL
S61 1AL	S61 1DR	S60 1HG	S60 1JZ	S65 1LS	S65 1LF	S65 1RE	S65 1QN
S61 1AN	S61 1DS	S60 1HH	S60 1LA	S65 1LT	S65 1LG	S65 1RF	S65 1QP
S61 AW	S61 1DT	S60 1HQ	S60 1LB	S65 1LU	S65 1LH	S65 1RG	S65 1QR
S61 1AZ	S61 1DU	S60 1HS	S60 1LH	S65 1LW	S65 1LJ	S65 1RW	S65 1QS
S61 1BD	S61 1DX	S60 1HW	S60 1LL	S65 1LX	S65 1LL	S65 1SB	S65 1QT
S61 1BE	S61 1DY	S60 1HY	S60 1LW	S65 1LY	S65 1LQ	S65 1SD	S65 1QW
S61 1BG	S61 1DZ	S60 1HZ	S60 1LY	S65 1LZ	S65 1NP	S65 1SP	S65 1RJ
S61 1BH	S61 1EA	S60 1JA	S61 1RD	S65 1NA	S65 1NU	S65 2BJ	S65 1RL
S61 1BJ	S61 1EB	S60 1JB	S61 1RE	S65 1NB	S65 1NX	S65 2BL	S65 1RN
S61 1BL	S61 1HR	S60 1JD	S61 1RF	S65 1NF	S65 1PA	S65 2BP	S65 1RP
S61 1BN	S61 1HY	S60 1JE	S61 1RG	S65 1NG	S65 1PB	S65 2BS	S65 1RR
S61 1BP	S61 1JE	S60 1JF	S61 1RH	S65 1NH	S65 1PD	S65 2BW	S65 1RS
S61 1BQ	S61 1SA	S60 1JG	S61 1RJ	S65 1NQ	S65 1PE	S65 1PH	S65 1RT
S61 1BS	S61 1TF	S60 1JH	S61 1RY	S65 1QY	S65 1PF	S65 1PJ	S65 1RU
S61 BW	S61 2LU	S60 1JN	S61 1RZ	S65 1SH	S65 1PG	S65 1PL	S65 1RX
S61 1DA	S60 1AB	S60 1JP	S61 1SB	S65 2BU	S65 1QA	S65 1PN	S65 1RY
			S61 1TE	S65 2BX	S65 1QB	S65 1PR	S65 1RZ
			S61 1TR	S65 2DT	S65 1QD	S65 1PS	S65 1SA
				S65 2DY	S65 1QE	S65 1PT	

Post Codes Covered By CANKLOW & TOWN			
CENTRE Area :			
S60 2JJ	S60 2UY	S60 2EY	S65 1DR
S60 2AB	S60 2UZ	S60 2HE	S65 1DT
S60 2AG	S60 2XA	S60 2HG	S65 1DU
S60 2AJ	S60 2XJ	S60 2JB	S65 1DY
S60 2AP	S60 1AP	S60 2JS	S65 1DZ
S60 2AR	S60 1BD	S60 2LA	S65 1ED
S60 2AU	S60 1BQ	S60 2LH	S65 1EG
S60 2AW	S60 1DA	S60 2LQ	S65 1ET
S60 2BP	S60 1DF	S60 2LR	S65 1EW
S60 2BS	S60 1EX	S60 2LT	S65 1EX
S60 2BY	S60 1FF	S60 2LY	S65 1EY
S60 2DB	S60 1LT	S60 2NA	S65 1EZ
S60 2DD	S60 1NP	S60 2NB	S65 1HA
S60 2DE	S60 1NR	S60 2ND	S65 1HB
S60 2HA	S60 1NU	S60 2NE	S65 1HD
S60 2HZ	S60 1PF	S60 2NF	S65 1HE
S60 2JA	S60 1PL	S60 2NG	S65 1HF
S60 2JF	S60 1PN	S60 2NH	S65 1HG
S60 2JH	S60 1PP	S60 2NJ	S65 1HH
S60 2JL	S60 1PQ	S60 2NN	S65 1HJ
S60 2JN	S60 1PT	S65 1AD	S65 1HL
S60 2JP	S60 1RB	S65 1AH	S65 1HN
S60 2JQ	S60 1RN	S65 1AL	S65 1HP
S60 2JR	S60 1RR	S65 1AY	S65 1HQ
S60 2JT	S60 2DA	S65 1AZ	S65 1HW
S60 2JW	S60 2DR	S65 1BL	S65 1HZ
S60 2PN	S60 2EN	S65 1DE	S65 1JA
S60 2UP	S60 2ER	S65 1DJ	S65 1NJ
S60 2UR	S60 2ES	S65 1DP	S65 1PQ
S60 2UT	S60 2ET	S65 1DQ	S65 2AD
			S65 2AF
			S65 2AG

Map 2. Post code areas in Rotherham and in particular S65, S60 & S61 which encompass the 3 deprived areas (Eastwood, Canklow & Town Centre, and Ferham & Masbrough respectively).

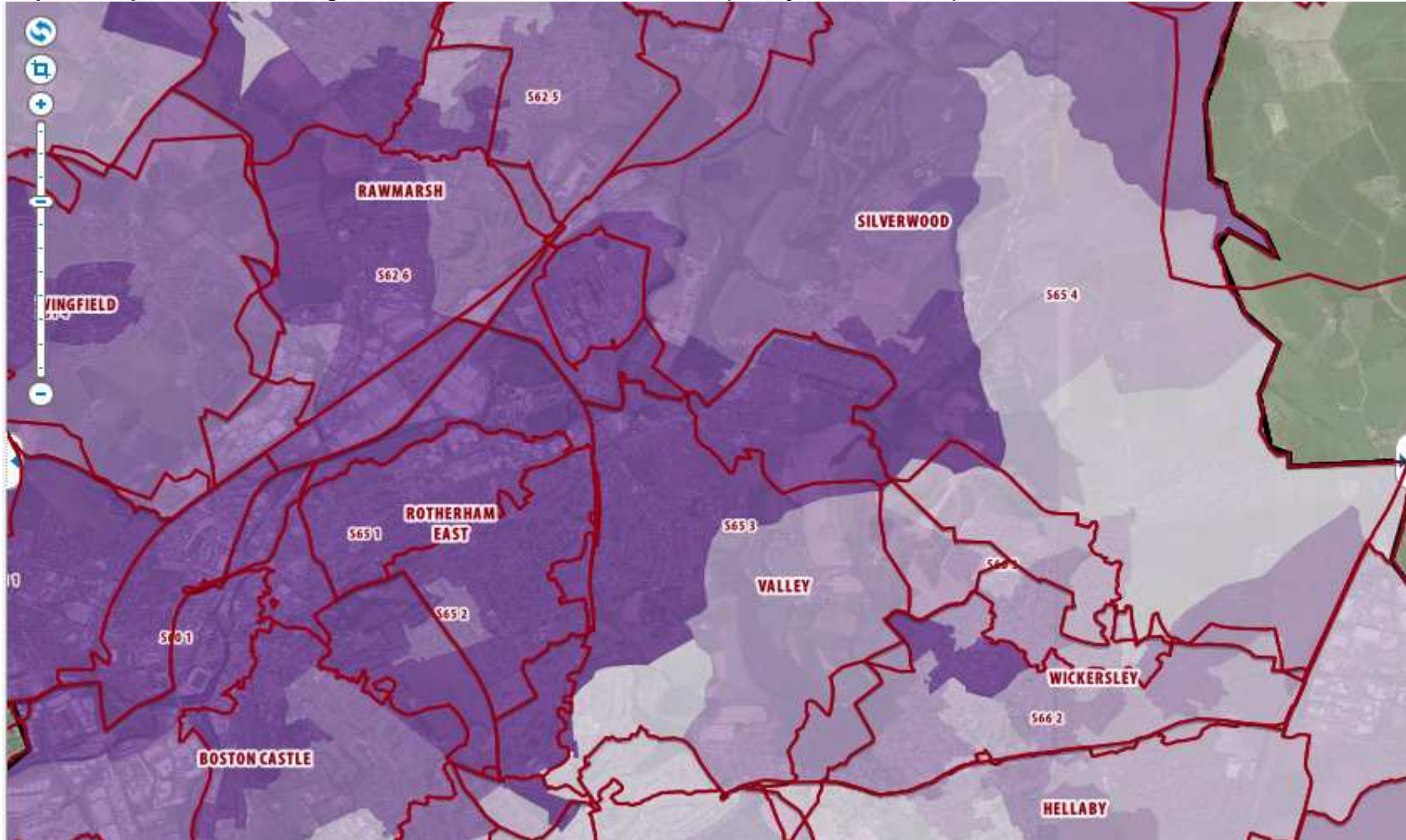


Map 3. Index of Multiple Deprivation for Rotherham (source: PHE SHAPE Tool, population mid 2012: 258,352. English Indices of Deprivation 2015)



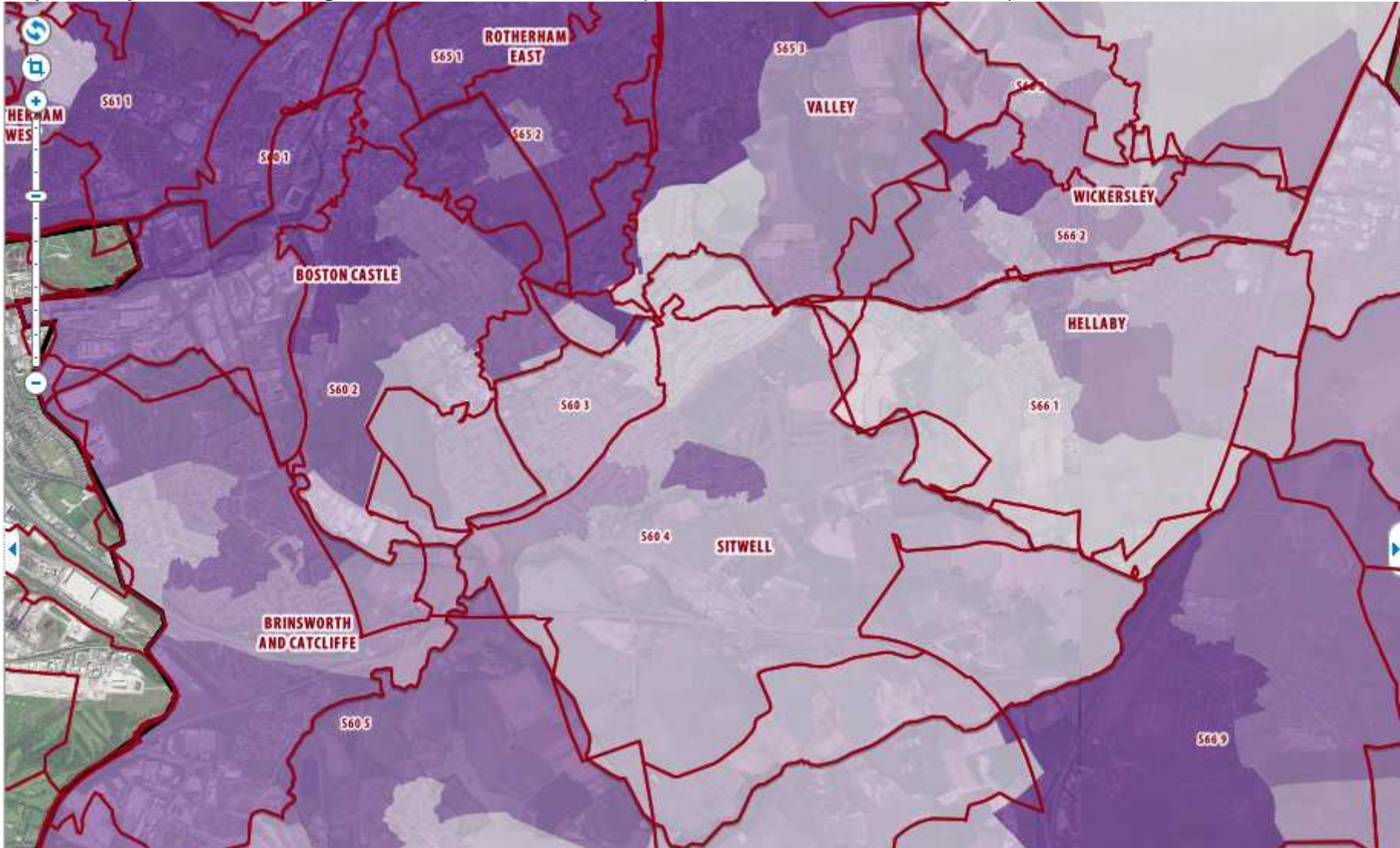
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Map 4: S65 post code showing crossover into the different wards (Valley & Silverwood).

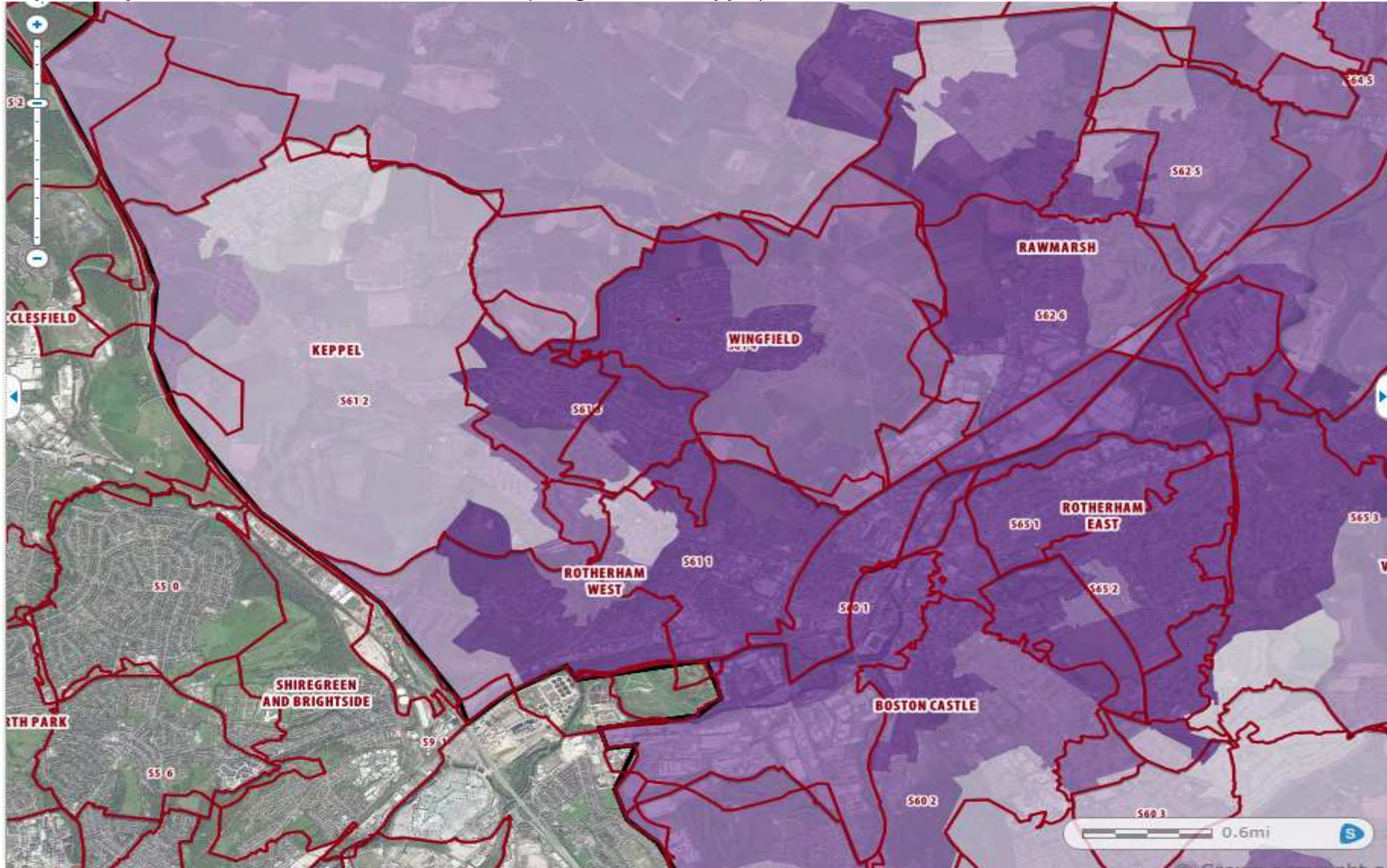


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Map 5: S60 postcodes showing crossover into other Wards (Sitwell and Brinsworth & Catcliffe)



Map 6: S61 postcode crossover into other Wards (Wingfield and Keppel)



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