

Director of Public Health Annual Report 2015-16



Contents

Acknowledgements	3
------------------	---

Foreword	4
----------	---

Executive Summary	6
-------------------	---

Key Recommendations	7
---------------------	---

Introduction	9
---------------------	----------

About Rotherham	9
-----------------	---

Summary of Rotherham's health and wellbeing status	9
--	---

Children and Young People	10
---------------------------	----

Child Poverty	12
---------------	----

Children living in the Most Deprived Areas	12
--	----

Chapter 1: Pregnancy, birth and the early years	14
--	-----------

Healthy Pregnancy	14
-------------------	----

Maternal nutrition and Vitamin D and Folate deficiency	15
--	----

Smoking during pregnancy	17
--------------------------	----

Alcohol in pregnancy	18
----------------------	----

Sudden Infant Death Syndrome and safe sleeping	19
--	----

Breastfeeding	21
---------------	----

Chapter 2: Support for more vulnerable families	23
--	-----------

Perinatal Mental Health and Postnatal Depression	23
--	----

Domestic Abuse	24
----------------	----

Teenage Pregnancy	26
-------------------	----

Unintentional and deliberate injuries in children and young people	29
--	----

Early years development and ready for school	30
--	----

Chapter 3: Primary school years	32
--	-----------

Nutrition (food & drink)	32
--------------------------	----

Overweight and Obesity	34
------------------------	----

Physical Activity	36
-------------------	----

Oral Health	38
-------------	----

Immunisation	40
--------------	----

Chapter 4: Secondary school years	43
--	-----------

Rotherham Young People's Lifestyle Survey	43
---	----

Emotional Health and Wellbeing	44
--------------------------------	----

Self-harm	46
-----------	----

Health related behaviours: Tobacco	48
------------------------------------	----

Health related behaviours: Drugs and Alcohol	50
--	----

Health related behaviours: Sexual health	54
--	----

Chapter 5: Late adolescence	57
------------------------------------	-----------

Employment and Training	57
-------------------------	----

Road Safety	58
-------------	----

Suicide	60
---------	----

Chapter 6: Cross cutting projects/Transformation	63
---	-----------

CAMHS (Child and Adolescent Mental Health Service)	63
--	----

Special Educational Needs and Disabilities	64
--	----

The Rotherham Vision for SEND	65
-------------------------------	----

Chapter 7: Update on the 2014 Director of Public Health Annual Report	66
--	-----------

Chapter 8: Key Recommendations of Report	76
---	-----------

Appendix 1: Data sources	77
---------------------------------	-----------

Footnotes	78
------------------	-----------

Acknowledgements

I would like to thank the following colleagues who have contributed to this annual report:

Collette Bailey, Head of Service North and Youth Work Lead: Early Help and Families, Rotherham Metropolitan Borough Council

Joanne Campbell, Senior Operations Manager, Rotherham Metropolitan Borough Council

Karen Clithero, Acting Supervisor for the Family Nurse Partnership Team, The Rotherham Foundation Trust

John Coleman, Education, Health and Care Assessment Team Manager, Children & Young Peoples Services, Rotherham Metropolitan Borough Council

Louise Collins, Oral Health Improvement Coordinator, The Rotherham NHS Foundation Trust

Miles Crompton, Policy and Partnership Officer, Rotherham Metropolitan Borough Council

Jane Moore, Early Years Quality and Curriculum Adviser, Rotherham Metropolitan Borough Council

Amanda Raven, Senior Independent Domestic Abuse Advocate and Young Persons Domestic Abuse Advocate, Neighbourhood and Adult Services, Rotherham Metropolitan Borough Council

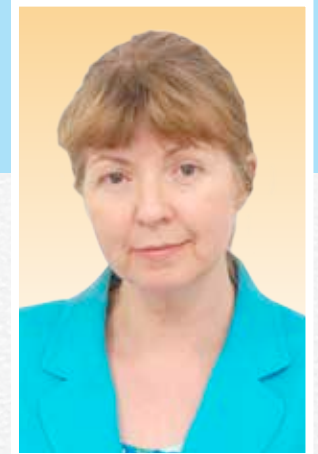
Stuart Savage, Senior Engineer, Streetpride, Environment and Development Services, Rotherham Metropolitan Borough Council

Paul Theaker, Operational Commissioner, Commissioning Team, Rotherham Metropolitan Borough Council

Public Health Team: Anna Clack, Ruth Fletcher-Brown, Gill Harrison, Richard Hart, Catherine Homer, Melanie Howard, Alison Iliff, Sally Jenks, Joanna Saunders, Sue Smith and Marcus Williamson. Particular thanks go to Anna Clack and Joanna Saunders who coordinated the production of this report as well as contributing significantly to its content.

Foreword

Supporting good health and wellbeing for children, young people and families is central to improving health outcomes across our society. The report highlights the importance of improving safeguarding, health and wellbeing and the life chances of children and young people, especially those who are vulnerable.



This report looks forward to how health services, social care, the voluntary sector and the wider community can support our children and young people to have a better start in life, as Rotherham Council, together with the support of its partners, moves forward in its recovery journey, building a child-centred Borough.

All Directors of Public Health are required to produce an independent annual report on the health of their local population, highlighting key issues. I joined Rotherham Metropolitan Borough Council on 29 June 2015 and I am pleased to present my first annual report as Director of Public Health. The report highlights the importance of improving safeguarding, health and wellbeing and the life chances of children and young people, especially those who are vulnerable.

This year's annual report is the first in a series that is planned to work through the life course, focusing on key health issues at

different stages of our lives – starting and growing well, living and working well and ageing well. The report looks at the importance of prenatal, childhood and young people's health issues.

We value the contribution of children and young people to our work and this report has been informed by a range of local consultations and surveys.

Throughout this report we refer to children and young people using the United Nations' definition: a 'child' is a person below the age of 18¹ and a 'young person' is a person between the ages of 15 and 24 years².

The foundation of every aspect of human development, physical, intellectual and emotional is laid down in early childhood.

What happens during these early years (starting in the womb) has lifelong effect on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational

achievement and economic outcomes³. To thrive, our children and young people must be safe, healthy, have opportunities to enjoy life and have a sense of achievement and economic wellbeing.

Our children and young people are an asset and need to be nurtured. How we support them builds our future.

This annual report identifies work already underway to tackle some of the key health issues for children and young people and

highlights the areas where we need to focus our attention in the future to improve outcomes for them.

The report is, therefore, my call to action for the whole health and social care community in Rotherham to share our knowledge, skills and expertise in a commitment to working in partnership to improve the health of our children and young people.



Executive Summary

Directors of Public Health are required to produce an independent annual report on the health of their local population, highlighting key issues. This report describes the health experience of children and young people in Rotherham and highlights the areas where our children and young people experience poor health or worse health than the national average.

The health of the Rotherham population is generally poorer than the English average. This leads to growing pressures on health services, social care, informal care, supported housing and other services. Life expectancy, although lower than average, has been increasing. However, the average time spent in ill-health has also been increasing, resulting in a growing number of people with high levels of need.

Data from Public Health England on the health and wellbeing of Rotherham children and young people is given in its Child Health Profile⁴.

The main issues for Rotherham children compared to the England average are:

- Children aged 16–8 not in education, employment or training (NEET)
- First time entrants to the youth justice system
- Children in poverty

- Children in care
- Children killed or seriously injured in road traffic accidents (though this indicator is based on very small numbers of deaths and varies year on year)
- Low birth weight babies
- Obese children aged 10–11 years (Year 6)
- Children with decayed, missing or filled teeth
- Mothers smoking in pregnancy
- Breastfeeding (initiation)

This report describes children and young people's health through a life-course approach, from pregnancy and birth, through school years into young adulthood. It describes some of the work which is being done to address the inequalities in health experienced in Rotherham and suggests what could be done to make further improvements.

Key Recommendations

By the end of this report you will have realised that it is very wide ranging and you will have noted that for each subject area we have reported examples of *What are we doing about it in Rotherham?* and *Our ambition for Rotherham*.

However, whilst we will aim to accomplish all we'd like to see, the following recommendations have by necessity been refined from key areas that have been identified as likely to have the greatest impact for children and young people. These recommendations are eminently achievable if all the key stakeholders across Rotherham embrace the points and work together. They will sit alongside SMART (Specific, Measurable, Achievable, Realistic, Timely) actions relating to **Our ambition for Rotherham** in order to improve the health and wellbeing of children and young people in Rotherham.

The key recommendations from the report are:

1. Rotherham CCG to work closely with Public Health and service providers to ensure that **services** and **care pathways** for pregnant women and children and young people are integrated and take every opportunity to maximise public **health outcomes**. Particularly, reducing the risks associated with poor health behaviours (reducing smoking and alcohol use in pregnancy, increasing levels of breast feeding, reducing levels of overweight and obesity and increasing physical activity).
2. Public Health service providers and Children & Young People's services to work more closely to deliver **integrated health and early help services** for children and families
3. Partners to work together to **maximise opportunities for training** to improve health outcomes – for example by adopting Making Every Contact Count (MECC) principles and undertaking joint training on the effects of poor health behaviour on children and families



4. Schools and colleges should do more work to ensure that all children and young people are supported to **improve their mental health and wellbeing** – identifying clear pathways of support when children and young people experience mental health problems and raising awareness of self-harm and suicide prevention strategies
5. Rotherham CCG and the local service providers should ensure **better and more timely access** for children and young people experiencing **mental health problems**. This should lead to better recovery and outcomes
6. Rotherham MBC needs to work with all partners to develop a ‘whole systems’ approach to **tackling overweight and obesity**, including prevention and treatment strategies
7. The work programmes of the Health and Wellbeing Board and the Children & Young People’s Partnership should be **integrated and add value** to the work of all partners
8. RMBC and partners review the need for a **poverty strategy** which seeks to address the economic wellbeing of families in order to reduce child poverty



Introduction

Supporting good health and wellbeing for children, young people and families is central to improving health outcomes. The foundations for virtually every aspect of human development physical, intellectual and emotional are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing from obesity, heart disease and mental health, to educational achievement and economic status⁵.

Children and young people are both shapers of, and shaped by, the world around them⁶. However, their health is strongly influenced by parents/carers, extended family members, peers and the community. It is therefore important not to view children as autonomous beings but to consider all the influencers on health decision making, choices and ability to access health and care services.

About Rotherham

The Joint Strategic Needs Assessment (JSNA) is a key source of information on the residents of Rotherham, providing a rigorous analysis of the issues that need to be addressed. The Public Health Outcomes Framework (PHOF), published by Public Health England is the main source of public health data and measures performance against a range of public health indicators including the wider determinants of health.

A summary of Rotherham's health and wellbeing status and of the key issues concerning Children and Young People is given below, with further links to data sources (including the JSNA⁷, the latest PHOF scorecard and key children's data) given in Appendix 1 at the end of the report.

Summary of Rotherham's health and wellbeing status

The health of the Rotherham population is generally poorer than the English average. This leads to growing pressures on health services, social care, informal care, supported housing and other services. Life expectancy, although lower than average, has been increasing. However, the average time spent in ill-health has also been increasing, resulting in a growing number of people with high levels of need.

Rotherham's population was estimated at a record 260,100 in 2014⁸ and is projected to grow by 2.5 % to reach 266,500 by 2021. The population is becoming more ethnically diverse with the Black and Minority Ethnic (BME) population increasing from 4.1 % to 8.1 % between the 2001 and 2011 censuses⁸. It is projected that this level of diversity will increase further, illustrated in the more recent 2015 school census which shows that 15.7 % of the borough's children and young people, are from BME backgrounds⁹. This is most evident in the central area of Rotherham where new migrant communities have settled alongside established ethnic minorities. Agencies need to take account of differing cultural needs and barriers that can limit access to services, such as poor English skills and different attitudes to health.

Rotherham is one of the 20 % most deprived districts in England, which the Indices of Multiple Deprivation 2015 shows is driven mainly by high worklessness, low qualification and skill levels and poor health¹⁰. The inequality gap between the most deprived neighbourhoods and the rest of the borough has grown as deprivation has increased since 2007. High deprivation is reflected in high levels of financial exclusion, debt problems and fuel poverty.

Welfare reform is estimated to have taken £84 million per year from low income households in the United Kingdom¹¹, particularly affecting families with children and those who are long term sick, and further reductions will result from the welfare changes announced in the July 2015 budget. Pressures on household budgets have forced a growing number of people to use food banks. Rotherham is amongst the highest 8 % of UK districts most affected by problem debt¹². The majority of over-indebted people feel anxious, stressed and unhappy as a result of their situation, but only a minority are accessing advice¹¹.

Children and Young People

There are 56,400 children and young people aged under 18 in Rotherham¹³, (21.7 % of the Borough's population, slightly above the English average of 21.3 %). An analysis of the age profile predicts that the number of secondary school age children (11-17) will increase between 2016 and 2021 by 6 %. As of the end March 2015 there were 1,923 Children in Need, 423 Children subject to a Child Protection Plan¹⁴ and 410 Looked After Children in Rotherham¹⁵. Our high Child Protection rate and increasing complexity in the social care cases demonstrate that the needs of local children and young people and their families are rising.

Nationally there is a direct correlation between social care needs and deprivation. Nationally 19.7 % of children are affected by income deprivation¹⁶, in Rotherham this is significantly higher at 24.3 % and for children living in our ten most deprived communities half of them are affected by income deprivation¹⁷. The Deprivation Pupil Premium also shows a similar picture with more local pupils (31.8 %) eligible than the national average of 28.6 %.

High rates of smoking in pregnancy are a particular concern in Rotherham affecting 18.3 % of maternities compared to 11.4 % in England. This contributes to complications during pregnancy and delivery and health problems throughout childhood. The number of babies born at low birth weight (8.6 %) is above the English average of 7.4 %, similarly infant mortality rate is 5.1 per 1,000 births, compared to England average of 4.0. The breastfeeding initiation rate of is one of the lowest in the region and this poor level of breastfeeding is associated with childhood obesity. Obesity affects 9.9 % of Rotherham school children aged 4-5 and 21.6 % of Rotherham children aged 10-11¹⁸, this is broadly in-line with national averages for 4-5 year olds but much higher than the average of 19.1 % of 10-11 year olds.

Levels of oral disease in five year olds are much higher than average in Rotherham at 40 % compared with 28 % nationally.

Within school, at Foundation level, 67.4 % of Rotherham children show a good level of development which compares well against the national average of 66.3 %¹⁹.

The school census 2015 shows the most common types of special educational need to be 'Specific Learning Difficulties' (23.0 %) and autism (13.6 %)²⁰. Behavioural difficulties account for 17 %, although this is lower than the England average (21 %). A growing number of children and young people have multiple disability and complex needs which continue as they make the transition into adulthood.

Whilst educational attainment in Rotherham has improved over recent years²¹, children and young people in the more deprived areas often have low aspirations. Of 16-18 year olds, 5.9 % are not in employment, education or training (NEETS), which is above the national average of 4.7 %. Youth unemployment (ages 16-24) in Rotherham is 21.3 %, again above the English average of 17.3 %²².

For young people aged 15-24, 1,550 were diagnosed with a sexually transmitted infection in 2013; this is a rate of 4,940 per

100,000, higher than the English average. However, this figure should be interpreted with caution as it could also indicate an accessible and young person friendly service where people feel comfortable in seeking treatment.

Child Poverty

The most basic form of deprivation affecting children is low household income which impacts on a wide range of life chances. The Indices of Deprivation 2015* shows that 48,400 people or 18.7 % of Rotherham's population were deprived of income (on means tested benefits or asylum seeker support) in 2013/14. Children aged 0-15 are most likely to be affected by low income with 12,050 (24.3 %) of children aged 0-15 affected, 580 more than in 2008. At the neighbourhood level, the figures range from 3 % to 62.5 %, showing a polarisation in family income across the Borough.

*Please note that Indices of Deprivation data on income and poverty uses a different measure to that referenced within the Public Health Outcomes Framework.

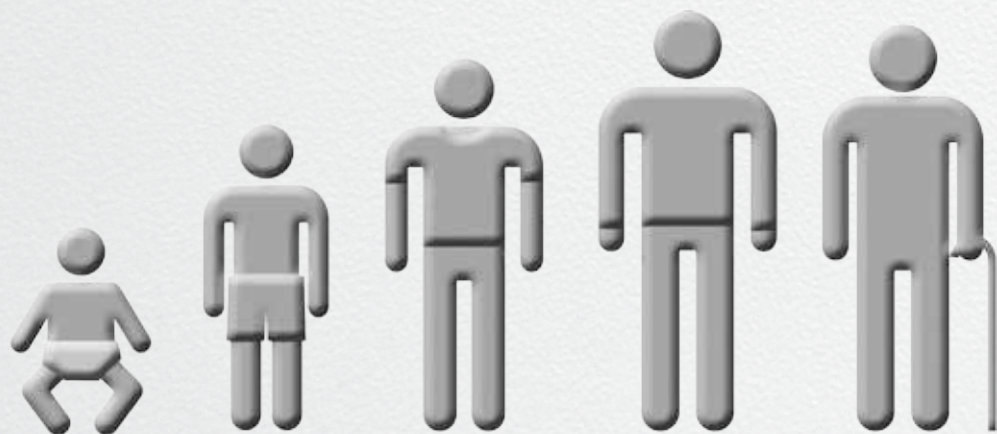
Children living in the Most Deprived Areas

The 10 most deprived areas of Rotherham (the Super Output Areas, or SOAs, of Ferham, East Herringthorpe North, Eastwood Village, Canklow North, Eastwood East, East Herringthorpe South, Eastwood South, Maltby Birks Holt, East Dene East and Masbrough) have a combined population of 17,500, of which children aged 0-17 number 5,900 (33.6 %), twice the proportion in the 10 least deprived areas. Half of children in the most deprived areas (3,000) live in families with three or more children, almost three times that observed in the least deprived. Of children in the most deprived areas, 43 % are minority ethnic compared with just 4 % in the least deprived. Children in the most deprived areas are 13 times more likely to live in poverty than the 10 least deprived.

Educational achievement and attainment are clearly affected by deprivation. Only 36.7 % of Foundation pupils in the most deprived areas reached a good level of development in 2013 compared with 73.2 % in the least deprived. The gap is wider for young people taking their GCSEs with just 31.9 % attaining the headline measure (data for period 2012-14), compared with 81.7 % in the least deprived.

Whilst children from across the Borough can receive some social care support, those in the most deprived areas are five times more likely to be designated as a Child In Need (Children Act 1989), than those in the least deprived areas. They are also four times more likely to be involved in some way with the team dealing with child sexual exploitation²³.

Life expectancy at birth for a baby born in the 10 least deprived areas is 9.5 years longer than for a baby born in the most deprived areas. Children in the most deprived areas are twice as likely to be disabled and more than twice as likely to live in a home where someone smokes.



Chapter 1: Pregnancy, birth and the early years

Healthy Pregnancy

From the moment of conception, through to birth and the first year of life, every aspect of a baby's environment influences its physical, emotional and social development²⁴. Helping women make healthy choices during pregnancy is pivotal to improving outcomes for children and young people.

During pregnancy most women want to 'do the best for baby' and this heightened motivation can provide the opportunities and incentives for tackling unhealthy behaviours and promoting healthy ones; for example, helping women to stop smoking when pregnant and encouraging them to breastfeed following the birth.

However, we know that a woman's social circumstances can limit her from making healthy choices which may in turn be reflected in poorer outcomes of pregnancy and subsequent child development²⁵.

A number of measures are used to assess the health of mothers and babies. These include levels of infant death, babies born weighing less than 2.5kg, the number of women smoking in pregnancy, the number of babies born to teenage parents and the number of babies who are breast-fed. Of the 3,072 (live birth) babies born in Rotherham in 2014:

- 186 were born to teenage parents (mothers aged under 20); this equates to over 60 per 1,000 live births which is higher than England at nearly 37 per 1,000 live births. Of these, 44 were to mothers aged under 18, which is a rate of 14.3 per 1,000 compared to England's 9.4 per 1,000. Rotherham is average among its comparable statistical neighbours, whose rates for under 20 births range from 47 to 75 per 1,000
- 474 (18.3 %) babies were born to mothers who smoke, compared to 11.4 % in England. Rotherham's comparable neighbours' rates range from 10.8 % to 22.0 %
- 249 (just over 8 %) were low birth weight (less than 2.5kg) compared to 7 % in England
- 226 (7.4 %) were born pre-term (before 37 weeks in pregnancy) compared to 10.2 % in England
- Only 1,745 (62.5 %) babies were breastfed at birth compared to 74.3 % in England. Rotherham's comparable neighbours' rates range from 52.8 % to 67.2 %



Maternal nutrition and Vitamin D and Folate deficiency

A healthy and well balanced diet is an essential part of leading a healthy lifestyle and it is especially important for women who are pregnant or for women planning a pregnancy.

A healthy diet will benefit both mother and baby during pregnancy and also helps the mother to maintain a healthy weight once the baby has been born. During pregnancy women should aim to:

- Base all meals on starchy foods such as potatoes, bread, rice and pasta, choosing wholegrain where possible
- Watch the portion size of meals and snacks and how often women eat by avoiding 'eating for two'
- Eat a low-fat diet. Avoid increasing fat and/or calorie intake. Limit the intake of foods with a high fat content. Limit the amount of drinks, confectionary and other foods high in added sugars
- Eat fibre-rich foods such as oats, beans, lentils, grains, seeds, fruit and vegetables as well as wholegrain bread, brown rice and pasta

- Eat at least five portions of a variety of fruit and vegetables each day, in place of foods higher in fat and calories
- Always eat breakfast²⁶

Weight gain in pregnancy is inevitable; it allows the baby to grow and gives them the best start in life. However, too much weight gain leading to maternal obesity has increased health risks for both the mother and child during and after pregnancy. The babies of women with a pregnancy BMI ≥ 35 have an increased risk of perinatal mortality compared with those of the general maternity population in the UK. National Institute for Health and Care Excellence (NICE) Guidance²⁷ states that pregnant women only need to eat an additional 200 calories per day in their final trimester, dispelling the common myth of eating for two. Maternal obesity is an increasing problem worldwide; in Rotherham over 5 % of babies born in 2013 were to mothers with a BMI of over 40.

Folic acid (also known as vitamin B9) is very important for the development of a healthy foetus and it can significantly reduce the risk of neural tube defects such as spina bifida. Taking a folic acid supplement (400 micrograms daily) is hugely beneficial for women planning a pregnancy and during the first 12 weeks of

pregnancy, even if the mother is already eating foods which have added folic acid or foods rich in folate.

Vitamin D deficiency is recognised as a significant public health problem²⁸. It is likely that deficiency is common in high risk groups such as pregnant and breastfeeding women, people with darker skin and those who are not exposed to much natural sunlight.

Vitamin D supplementation in pregnancy is therefore important; low level maternal vitamin D is associated with softening of the skull in newborns, restricted infant bone growth and is a risk factor for rickets. Maternal deficiency may also contribute to pregnancy related complications such as pre-eclampsia and gestational diabetes.

In Rotherham, there is a perception amongst health professionals that there is an increase in the number of children and adults presenting with low levels of vitamin D, however, this is currently anecdotal rather than based on hard data. While exact numbers are unknown, health professionals have identified a need for further action to be taken including the promotion of vitamin D and folate and increased access to the Healthy Start programme. Healthy Start is a Government scheme aimed at improving the health of pregnant women and children under four years²⁹.

What are we doing in Rotherham?

Healthy Start vitamins for women and children have been distributed through Rotherham Children's Centres, providing easy access for families in their local community. Unfortunately take up has been poor and this scheme could be improved to ensure that more eligible families take up the vitamin supplementation.

Our ambition for Rotherham

- Public Health England to provide up-to-date local information on the number of families entitled to and accessing the Healthy Start scheme
- Development of a robust pathway by The Rotherham NHS Foundation Trust to ensure a more effective system for distribution of Healthy Start vitamins to eligible families across Rotherham

Smoking during pregnancy

Smoking in pregnancy causes up to 2,200 premature births (babies born before full-term pregnancy), 5,000 miscarriages and 300 perinatal deaths (deaths that occur between 22 weeks in pregnancy and up to seven days after birth) every year in the UK³⁰. It increases the risks in pregnancy for the mother and baby, including stillbirth and low birth-weight, and can have a longer term impact on the child's health as they grow and develop.

Smoking in pregnancy rates in Rotherham have significantly improved over the past five years but remain higher than the national and regional average. Younger women, those who have never worked and women from disadvantaged communities are most likely to smoke throughout pregnancy. Currently 18.3% of women in Rotherham continue to smoke up to the time they deliver their baby in hospital compared to 11.4% in England.



What are we doing in Rotherham?

In 2010 we made changes to the support provided to pregnant smokers. We made it easier for the women who want to quit to access support and based our stop smoking midwives in the antenatal unit so that all pregnant smokers, whether they want to quit or not, have at least one appointment with the service. This has led to more women seeking support to quit and bigger reductions in the number of women who continue to smoke whilst pregnant than have been seen nationally or in neighbouring areas. The changes we made mean that each year around 225 fewer women in Rotherham are smoking at delivery than five years ago.

Our ambition for Rotherham

- We would like to see the Rotherham Clinical Commissioning Group (CCG) ensure its service specification for community midwifery continues to require carbon monoxide screening of all pregnant women at booking and throughout pregnancy in accordance with the Yorkshire and Humber Stillbirth and Bereavement Recommendations (2015)³¹ and ensure all smokers are given access to specialist support.

Alcohol in pregnancy

There is growing concern (and conflicting advice) about safe levels of alcohol consumption in pregnancy and the risk of Foetal Alcohol Syndrome Disorder (FASD) in children.

NICE guidance³² and the Royal College of Obstetrics³³ generally agree that:

‘Pregnant women and women planning a pregnancy should avoid drinking alcohol in the first three months of pregnancy. Following this, women who choose to drink alcohol during pregnancy should drink no more than one to two UK units once or twice a week.’

However, the National Organisation for Foetal Alcohol Syndrome-UK (NOFAS) takes a different stance and promotes the message that ‘the only risk-free approach is to avoid alcohol completely’³⁴. This recommendation is further reinforced by the recent review of the alcohol guidelines published by the UK Chief Medical Officer³⁵.

NOFAS describes the effects of alcohol on a baby as being mild or severe, ranging from reduced intellectual ability and attention deficit disorder to heart problems and even death. Research does suggest that up to 7000 babies are born annually in the UK with

FASD³⁶ and Rotherham would expect around 30-35 babies born each year to have FASD.

Without support, people affected by FASD are at a higher risk of developing secondary disabilities and social problems such as: mental health problems; dropping out of school; becoming unemployed; homeless and/or developing alcohol and drug problems.

What are we doing in Rotherham?

Rotherham will be taking a consistent approach to messaging regarding alcohol in pregnancy, with the clear message ‘No Alcohol equals No Risk’.

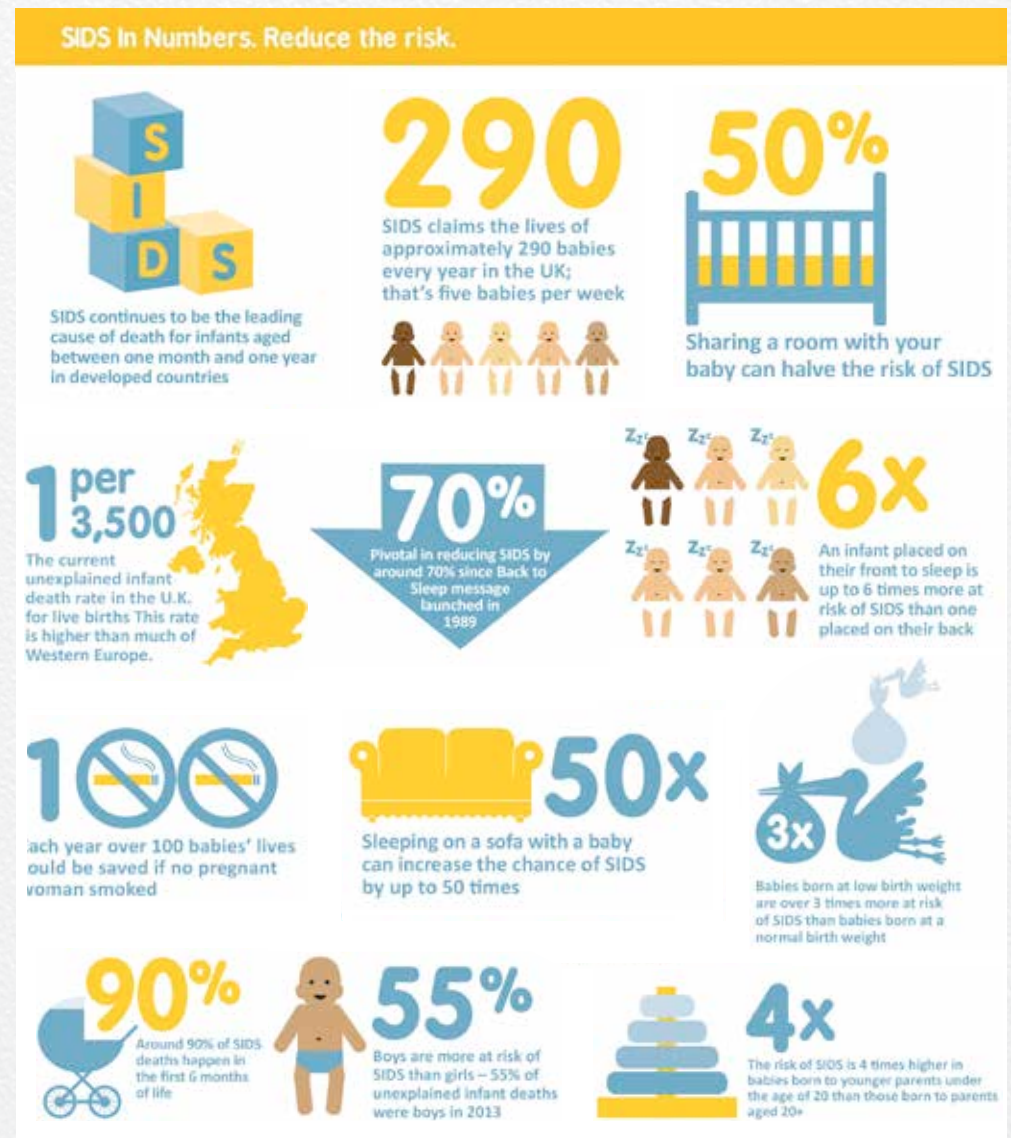
Public Health is leading an awareness raising campaign in 2016 to ensure that professionals and the public have a clear understanding of the risks of alcohol use during pregnancy and promote a greater understanding of FASD. This will need to encompass ‘myth busting’ for the family around the pregnant woman to ensure that advice is consistent. Pathways will be established to ensure that anyone who has concerns around FASD can contact a professional for advice, help and support.

Our ambition for Rotherham

- All partner agencies (including health and social care) in Rotherham signing up to promote the 'No Alcohol equals No Risk' message
- All midwives to receive alcohol brief intervention training and offer brief intervention at routine appointments

Sudden Infant Death Syndrome and safe sleeping

Eleven infants under the age of one have died from Sudden Infant Death Syndrome (SIDS) in Rotherham since September 2013. SIDS is the sudden, unexpected and unexplained death of an apparently well baby that cannot be explained after thorough investigation. However, there are often a number of possible causal factors and identified risk indicators that are thought to play a role in these deaths. The risk is recognised to be considerably higher for infants where indicators such as co-sleeping (baby sleeping with parent/carer on a bed, sofa or armchair), alcohol use and smoking are also present. Continuous and rolling interventions, including training for practitioners and awareness campaigns are essential and, evidence shows, are effective in reducing the number of SIDS deaths³⁷.



©Lullaby Trust 2016



What are we doing in Rotherham?

Since April 2012 Rotherham Public Health has been working with The Rotherham NHS Foundation Trust (TRFT) midwifery and health visiting service to implement a range of interventions to reduce the risk of Sudden Infant Death Syndrome (SIDS). A key intervention was the introduction of a sleep safe assessment form and observation to assess and action risks associated with SIDS.

The Rotherham sleep safe assessment involves discussion between a midwife or health visitor and a new parent of the risks relating to SIDS, and a check carried out by a health practitioner of the baby's sleeping environment, including how parents/carers put their baby down to sleep both in the day and at night. The sleep safe assessment is repeated in instances where any additional risks have been identified through further contact with services and where there has been a change in the infant's sleeping arrangements.

In the first year following the introduction of the Sleep Safe assessment and observation in Rotherham (which included robust training on SIDS and this procedure for all midwifery and child health practitioners), deaths from SIDS decreased

significantly with only one death occurring in that year 2012/2013. However, since then deaths from SIDS have risen.

Rotherham Public Health supported The Rotherham NHS Foundation Trust to undertake an audit of the Sleep Safe assessment in June 2015. The findings identified some areas of development and an action plan has been drawn up. Significant work has been undertaken following the identification of areas highlighted in the action plan.

Rotherham Public Health and the Child Death Overview Panel have developed a SIDS risk assessment tool to support health and social care practitioners and workers to effectively assess the risk of SIDS in the families with whom they have contact. The Rotherham SIDS risk assessment tool has received national interest and has been replicated in a number of local authorities including Coventry and Warwick.

Risk Assessment Framework for Sudden Infant Death

Sudden Infant Death Syndrome (SIDS) is described as the sudden death of an infant that is unexpected by medical history, and remains unexplained after a detailed investigation. An infant is at higher risk of SIDS during sleep, which is why it is sometimes (confusingly) referred to as a cot death. The cause of SIDS is unknown, but some characteristics associated with the syndrome have been identified.

A review of Child Deaths in Rotherham (from 2008-2014) has revealed that a disproportionately high number of deaths are among infant aged under 1 year and 70 are SIDS. We have reviewed these deaths and have identified the key characteristics/risk factors that are present. Many of these characteristics/risk factors are supported by national and international evidence relating to SIDS.

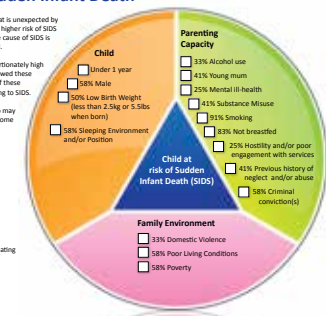
This tool allows professionals and workers to further identify and support families who may be vulnerable to SIDS. This tool should be used by all professionals and workers who come into contact with families with infants under 1 year to assess the infant's sleeping environment and reinforce safe sleeping messages.

Characteristics and risk factors present in Rotherham SIDS since 2008

- Smoking
- Male infant
- Domestic Abuse
- Mental ill health
- Criminal convictions (either parent)
- Alcohol use
- Sleeping environment (this includes co-sleeping (in bed) and overlay, babies being placed on their front (supine) to sleep, and head covering from bedding/duvet)
- Low birth weight
- Poor living conditions (this includes condemned boiler, disrepair of windows, no heating and condemned housing)
- Poverty (this includes unemployment or very low income)
- History of neglect (this includes sibling)
- Young mum (age range 16-21 years)
- Substance misuse
- Poor engagement with services
- Not breastfed

Co-Characteristics and risk factors
60% of the deaths in Rotherham since 2008 had 10 or more of the characteristics and risk factors present (two having 13 risk factors) and 83% had six or more characteristics and risk factors present. Only one infant had no risk factors other than being male.

Produced by Rotherham Metropolitan Borough Council Public Health and Child Death Overview Panel.
Authors: Anna Clark & Sherry McWhirter



The percentage figures show characteristic and risk factor prevalence for Rotherham SIDS (from 2008-2014)

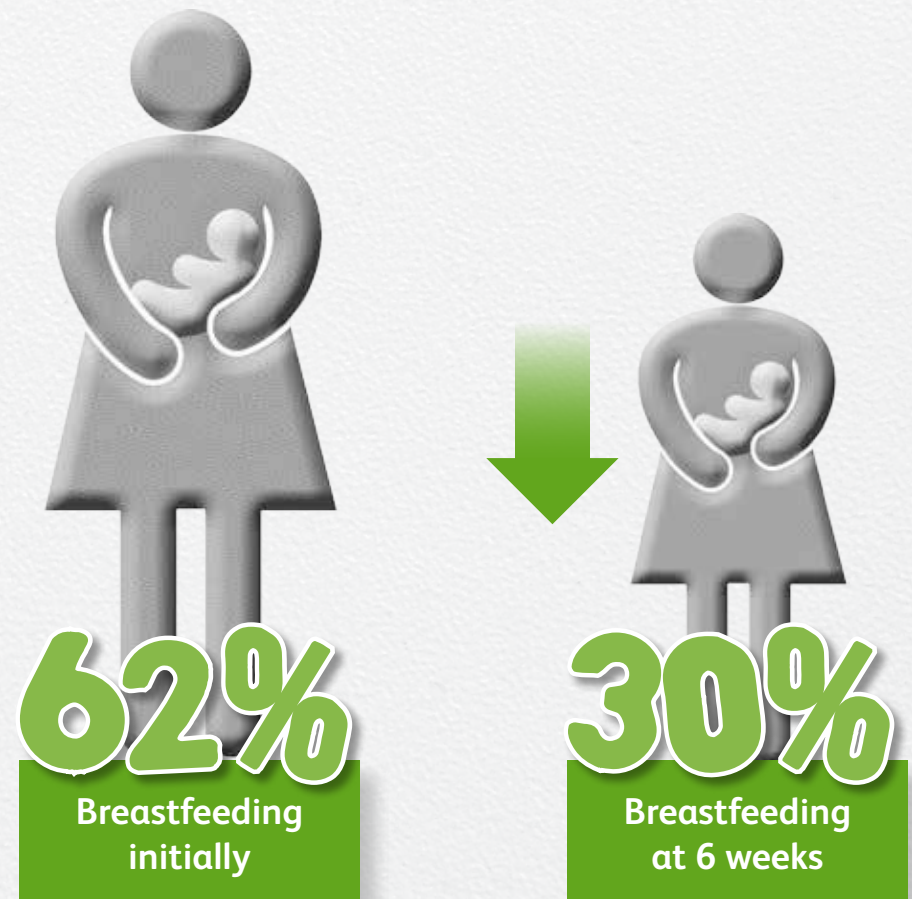
Our ambition for Rotherham

- The development of Joint Safe Sleeping guidelines and workforce training to reduce the risk of SIDS across all partner organisations in Rotherham including NHS, Police and the Local Authority
- The Rotherham Foundation Trust to undertake a re-audit in August 2016 to ensure further progress is being made

Breastfeeding

Breastfeeding has a major role to play in promoting health and preventing disease in the short and long term for both the infant and mother. Breastfed babies are less likely to suffer from conditions such as gastroenteritis, chest, urinary tract and ear infections, juvenile diabetes and childhood obesity. Mothers who breastfeed are less likely to develop some cardiovascular diseases, breast and ovarian cancer, and are less likely to have low bone density, which reduces the subsequent risk of fractures due to osteoporosis³⁸.

The Department of Health recommends that breast milk is the best form of nutrition for babies, and that all babies should be exclusively breastfed in the first 6 months of life. Moreover, babies should continue to receive breast milk along with appropriate solid foods beyond the first six months.



In Rotherham only 62 % of mothers initially breastfeed when their baby is born, which is much lower than the national rate of 74 %. This proportion falls further by the 6-8 week point, when only 30 % of women are breastfeeding compared to 47 % in England³⁹. This latter measure is a key indicator of sustained breastfeeding and, given the significant long-term health benefits, we would like to see levels of breastfeeding prevalence at 6-8 weeks as close to the national average as possible.

Evidence shows that the proportion of babies that are breastfed at birth rises significantly in settings that have adopted the principles of the United Nations International Child Emergency Fund (UNICEF) Baby Friendly Initiative, by as much as 10 %. The Baby Friendly Initiative provides support for healthcare facilities that are seeking to implement best practice and offers an assessment and accreditation process that recognises those that have achieved the required standard.

What are we doing in Rotherham?

The Rotherham NHS Foundation Trust Maternity Service is working towards achievement of UNICEF Stage 3 in 2016 and will also be leading and developing peer support for women who want to continue to breastfeed their babies. This will provide support in the maternity unit and in community settings including Children's Centres.

Our ambition for Rotherham

- The Rotherham NHS Foundation Trust should adopt the principles and achieve the UNICEF Baby Friendly Initiative standards trust-wide (including the Rotherham Health Visiting Service achieving Stage 2 standard by 2017). This will increase breastfeeding rates across the borough

Chapter 2: Support for more vulnerable families

Perinatal Mental Health and Postnatal Depression

The effect of a mother's mental health is as important as her physical health on the subsequent health of her child. A parent with a mental health disorder or difficulty can have a profound impact on the parent-infant relationship and, as a result, the child's own emotional development and wellbeing. Early attachment and good maternal mental health are therefore essential for children to thrive.

When a mother is mentally unwell she may find it difficult to look after herself; for example, not eating well, bathing or looking after herself in other ways. This may make it harder for her to care for her baby who requires a lot of attention and care. If help is not given to the mother at an early stage it can start to affect the attachment between the mother and baby. We know that babies are very sensitive to their environments and will be affected by how their parent/carer is feeling and behaving.

Postnatal depression is estimated to affect 10-15 % of mothers⁴⁰. This represented approximately 450 women in Rotherham in 2014 (15 % of all women who had a baby in Rotherham).

When postnatal depression is very severe, mothers have been known to take their own life and that of their child. Maternal perinatal depression, anxiety and psychosis together carry a long term cost to society of just under £10,000 for every single birth in the country with 72 % of this cost relating to adverse impacts on the child⁴¹.

No mother is immune to developing a mental health problem, but when mothers experience stress, poverty, exposure to violence (domestic, sexual and gender-based) and lack social support, the risk is increased. Mental health problems in the mother can make it difficult for her to function properly and give her baby the support it needs.



10-15%
...of mothers are affected
by post natal depression

What are we doing in Rotherham?

Rotherham Clinical Commissioning Group (CCG) is leading a group which is looking at improving the mental health support for women from conception up until the child's first birthday.

Rotherham Health Visitors have been trained to identify mental ill health amongst mothers which enables them to provide help and support to the mother at the earliest opportunity.

Our ambition for Rotherham

- A National recommendation from Health Education England (HEE) and a Government mandate that every birthing unit should have access to a specialist perinatal mental health clinician
- Health Visitors to ensure that at risk women are identified at the earliest opportunity and supported/referred appropriately as part of the Rotherham Perinatal Mental Health Pathway

Domestic Abuse

Domestic abuse can affect anyone. The Office of National Statistics estimates that each year around 2.1 million people suffer some form of domestic abuse - 1.4 million women (8.5 % of the population) and 700,000 men (4.5 % of the population)⁴².

The cross-Government definition of domestic violence and abuse is:

‘Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality’⁴³.

Domestic abuse can be psychological, physical, sexual or financial.

We know that pregnancy is not a safe time for mothers and babies. Domestic abuse can begin or get worse during pregnancy. Nearly one in three women who suffer from domestic abuse during their lifetime report that the first incidence of violence happened while they were pregnant⁴⁴.

It is distressing and frightening for children and young people who witness domestic abuse. Children living in a home where domestic abuse is happening are at risk of other types of abuse too.

If we apply national research locally we can presume that:

- 25 % of children in the UK have been exposed to domestic abuse⁴⁵; for Rotherham this equates to 12,500 under 16s or 14,100 under 18s¹²
- 62 % of children in households where domestic violence is happening are also directly harmed³⁸
- 40 % of teenagers are in abusive dating relationships (including emotional or physical abuse) at any time³⁸; for Rotherham this equates to 8,650 13-19 year olds who may be experiencing an abusive relationship¹²
- Children and young people can experience domestic abuse through seeing the abuse, hearing it from another room, seeing their parent's injuries or distress afterwards and being hurt by being nearby or trying to stop the abuse
- We know that when children and young people live with domestic abuse it will have an impact on them. It can affect their physical health, their mental health and emotional wellbeing and can interrupt their development

Teenagers can experience domestic abuse in their relationships. Nearly 75 % of girls and 50 % of boys have reported some sort of emotional partner abuse⁴⁶.

What are we doing in Rotherham?

The Independent Domestic Violence Advisor (IDVA) service works with people aged 16 years and upwards, supporting victims at high risk of serious harm or murder.

Within this service there is a Young Persons Domestic Violence Advocate (YPDVA), who can support clients of any age on an advisory basis working alongside children's services and will work with victims whose perpetrator is under 16 years of age.

The Independent Domestic Violence Advisors and the YPDVA have between them supported 537 clients from April 2014 – March 2015.

Multiagency training is provided for frontline staff on domestic abuse.

There is a domestic abuse care pathway that Rotherham GPs use to identify people at risk who may be experiencing domestic abuse and to refer patients to appropriate specialist services and support.

Our ambition for Rotherham

- Rotherham Public Health to ensure that all their commissioned services can show that staff have adequate training on domestic abuse so that staff can identify indicators of domestic abuse, know how to ask relevant questions to help people disclose and follow local referral pathways
- Rotherham Clinical Commissioning Group to ensure providers of antenatal care (in pregnancy) ask service users whether they have experienced domestic violence and abuse. This should be a routine part of good practice, even where there are no indicators of such violence and abuse⁴⁷
- Working with partners to ensure all health and social care providers create environments which enable people to disclose domestic abuse; for example, displaying information on domestic abuse and providing areas for private conversations
- RMBC, RCCG and NHS services in Rotherham to use national campaigns like White Ribbon Day to raise the profile of domestic abuse

Teenage Pregnancy

Teenage pregnancy rates have fallen dramatically in the UK over the last 10 years⁴⁸. In Rotherham, only 186 babies (6 %) were born to teenage parents compared to 325 (10 %) in 2008⁴⁹.

The reduction in teenage pregnancy has been achieved through a package of interventions including:

- Educating young people (providing knowledge and skills) to experience positive and healthy relationships and good sexual health
- Improving access and use of effective contraception
- Engaging and supporting those most at risk of becoming young parents
- Improving support for teenage parents and their children

While the reduction in teenage pregnancy in Rotherham is commendable, intensive support is required for a number of vulnerable young parents to help them overcome the circumstances that place them at risk.

What are we doing in Rotherham?

In 2011 the Family Nurse Partnership (FNP) programme was introduced in Rotherham. This is a national programme which provides an intensive home visiting service for first time teen parents. FNP aims to improve pregnancy outcomes by supporting mothers-to-be to make informed choices about healthy pregnancy behaviours, as well as improving the future life course of young mothers, by supporting them to make changes to their lives and providing them and their babies with a better future⁵⁰.

The national evaluation of the FNP programme shows that it appears to improve early child development, particularly early language development at 24 months and may also help protect children from serious injury, abuse and neglect through early identification of safeguarding risks. There were also some small improvements in mothers' social support, relationship quality and self-efficacy. Young mothers were positive about the FNP programme, engaged very well with it and feel it helped to them to be good parents⁵¹.

Our ambition for Rotherham

- All teen parents and their children accessing local Children's Centres



Family Nurse Partnership case study - Jade and Carl

Jade became pregnant aged 16 years. She had a family background of neglect and poor parenting, and had witnessed domestic violence. She was involved in a number of risk taking behaviours and was at risk of child sexual exploitation (CSE).

Carl, the baby's father, was known to social care and the police and had a history of abusive relationships.

The Family Nurse found it difficult to engage Jade in the pregnancy stage and initially met her in community settings including a local Children's Centre and youth cafés. Jade moved to supported accommodation and started to engage with midwifery and Independent Domestic Violence Advisor (IDVA) services. The Family Nurse explored Jade's own life story and family relationships to look at how Jade could make it different for her baby.

The programme approach supported Jade to feel listened to and understood. It was apparent that the approach taken by other services impacted on Jade's relationship and engagement with them. The relationship between Family Nurse and client and the use of programme materials

supported Jade to consider her own patterns of behaviour and has supported her to end the cycle of an abusive relationship. She has also reflected on how her own child's life will be different from her own and his father's experience.

Jade has continued to engage and has become insightful regarding the impact of domestic abuse upon children. Following periods of low mood, she has built up her social contacts and enrolled at college, and appears to be maintaining positive relationships.

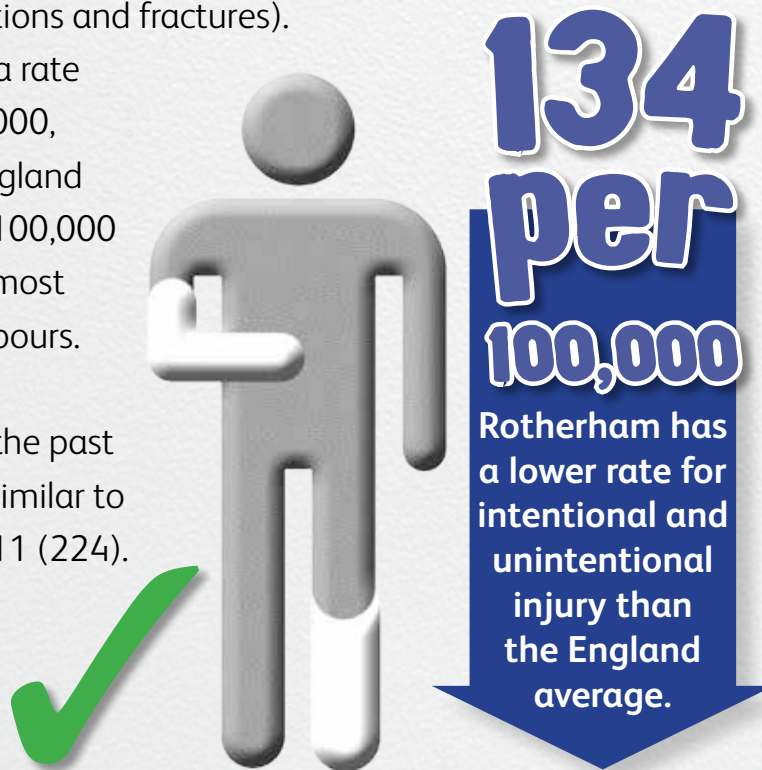
Jade's little boy is now 18 months old. He is fully immunised, achieving all development milestones and attending early years nursery provision. The attachment between Jade and her son is strong. Jade has worked hard to develop routines and skills in independent living and managing a budget to provide a stable environment for her son.

Unintentional and deliberate injuries in children and young people

Unintentional injuries remain a major safety risk for children in the UK, particularly for children aged under five⁵².

In 2013/14 there were 216 emergency hospital admissions of Rotherham children under 5 caused by unintentional and deliberate injuries (including sprains, contusions (bruising), wounds, dislocations and fractures).

This equates to a rate of 134 per 100,000, similar to the England rate of 140 per 100,000 and lower than most statistical neighbours. Numbers have fluctuated over the past 4 years but are similar to those for 2010/11 (224).



What are we doing in Rotherham?

Home accident prevention assessments are conducted by health visiting teams and children's centres to raise awareness and reduce the risk of childhood injury.

The Rotherham NHS Foundation Trust Accident and Emergency department follows robust criteria when assessing any presented childhood injury to safeguard children and young people.

Our ambition for Rotherham

- Rotherham Public Health will conduct an in-depth review of all data relating to unintentional and deliberate injury in Rotherham. This will help to identify the types of accidents and trends to enable more targeted preventative advice and interventions

Early years development and ready for school

A child's life of learning begins at birth with brain development shaped by early experiences, setting the foundation for all learning that follows. The way very young children are cared for teaches them how to interact with the world and profoundly shapes who they will become. In essence, the first steps toward school readiness also lead to the resilience and positive behaviours needed for success in the workforce and in life.

However, too many pre-school aged children lack the key resources needed for a good start on the school readiness path. They fall behind, and their pre-school experience is playing catch-up, not forging ahead.

Evidence shows that high quality pre-school experience can have positive effects on children's development, giving them the best start⁵³.



Rotherham's outcomes at the end of the Foundation Stage have been above national outcomes for the last three years as detailed in the table below:

Good Level of Development %	2013	2014	2015
All	56 % (52 %)	62 % (60 %)	67 % (66 %)
Boys	46.7 % (44 %)	55.1 % (52 %)	59.8 % (58.6 %)
Girls	65.3 % (60 %)	69.6 % (69 %)	75.2 % (74.3 %)
Free School Meal (FSM) recipients	40 % (36 %)	45 % (45 %)	52 % (51 %)
Non-FSM	60 % (55 %)	67 % (64 %)	70 % (69 %)

England figures in brackets for comparison.

Rotherham Borough Council's priorities are to improve outcomes for boys and for those children eligible for free school meals in order to close the attainment gap between them and their higher achieving peers.

What are we doing in Rotherham?

The introduction of Early Education Funding (EEF) for two year old children who meet the eligibility criteria (which encompasses the FSM criteria) has provided an opportunity for children at greater risk of not being school ready to access early learning at an earlier age. Of the 2 year old children in the Rotherham catchment area that are eligible for EEF, 82 % are taking up a place. This is above national levels (63 %) and is one of the highest in the country (2015 data). This means that these children are accessing high quality early education from an earlier age, contributing to closing the attainment gap for this vulnerable group.

Our ambition for Rotherham

- Early Years and Childcare Service working together to ensure that the assessment completed by the Health Visiting team and the 2 year old progress and health checks are integrated. Systematic joint assessment will further support the identification of children at risk of developmental delay to enable earlier intervention to maximise progress and close the attainment gap at an earlier age for children who are not achieving typical developmental milestones

Chapter 3: Primary school years

As children grow up they become increasingly aware of health-related matters and can be expected to take on additional responsibility for their health and wellbeing. The primary school years are therefore an opportune time to educate and provide lifelong skills that promote good health and wellbeing.

It is important to highlight the essential work required with families to ensure children can take advantage of opportunities to enhance health and wellbeing of parents/carers as well as children and young people.

Nutrition (food & drink)

National guidance for a healthy balanced diet recommends we should eat 5 portions of fruit and vegetables a day. This is important for children and young people to prevent them from developing some cancers, diabetes and cardiovascular diseases in later life.

Children consume lots of sugar in their food and drink. These additional calories may also lead to heart disease and some cancers when they are older. Sugary drinks are a major problem and can also have an impact on dental health. Twenty-eight percent of 5 year olds in England have tooth decay and of

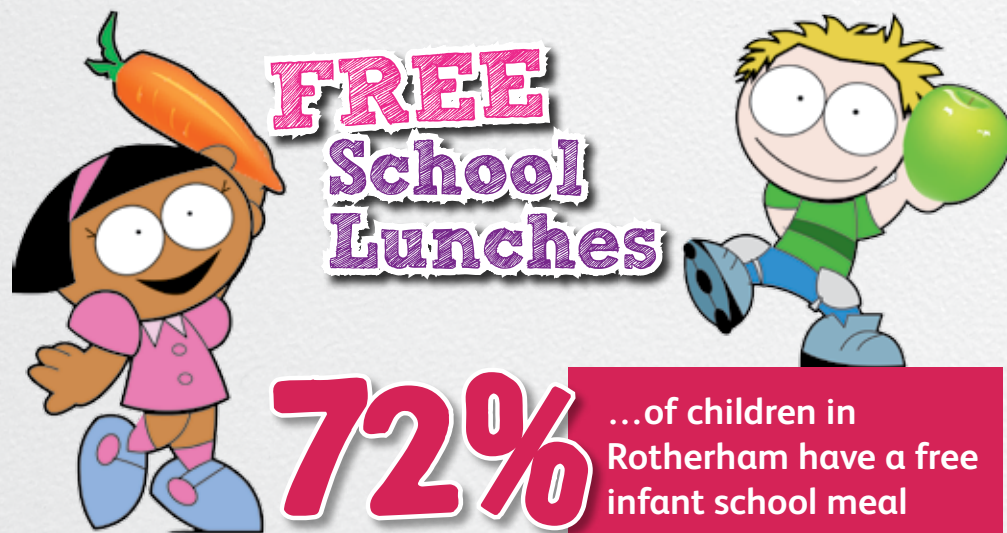
these, 24 % have 5 or more teeth affected. The maximum recommended daily amounts of additional sugar (that found in drinks, cereals, puddings) for 4-6 year olds is the equivalent to 5 sugar cubes, for 7-10 year olds is 6 cubes and 11 years plus is 7 cubes. A 330ml can of cola contains 9.5 cubes of sugar and a 240ml serving of orange juice is 6 cubes.

The Change 4 Life Sugar Swaps campaign⁵⁴ has a new smart phone app that helps people find out how much sugar is in the drinks they buy. The campaign also provides recommendations for cutting down on sugary drinks: using a glass to serve drinks (rather than out of the bottle), limiting the amount of fruit juice children have, being aware of portion size for drinks, or trying sugar free drinks, low fat milk, or sparkling water.

School meals provide healthy, nutritious, high quality food. School meals promote opportunities for good eating behaviours and provide the most vulnerable children with a nutritionally balanced meal. All local authority maintained primary, secondary, special schools and pupil referral units in England must meet national school food standards; Rotherham schools meet the required standards.

The number of school meals served each day in Rotherham has risen steadily year on year. This year 14,600 pupils in primary and 4,900 young people in secondary schools have a meal provided at school by Education Catering services on a daily basis.

From September 2014, all Reception and Key Stage 1 children have been offered a free school meal. This has led to an increase in the numbers of children accessing free school meals. The uptake of this universal offer of free infant school meals in Rotherham is currently 72 % and is slightly lower than comparative local authority average, which is 79 % (based on information from the first 6 months following the introduction of free school meals since September 2015).



Overweight and Obesity

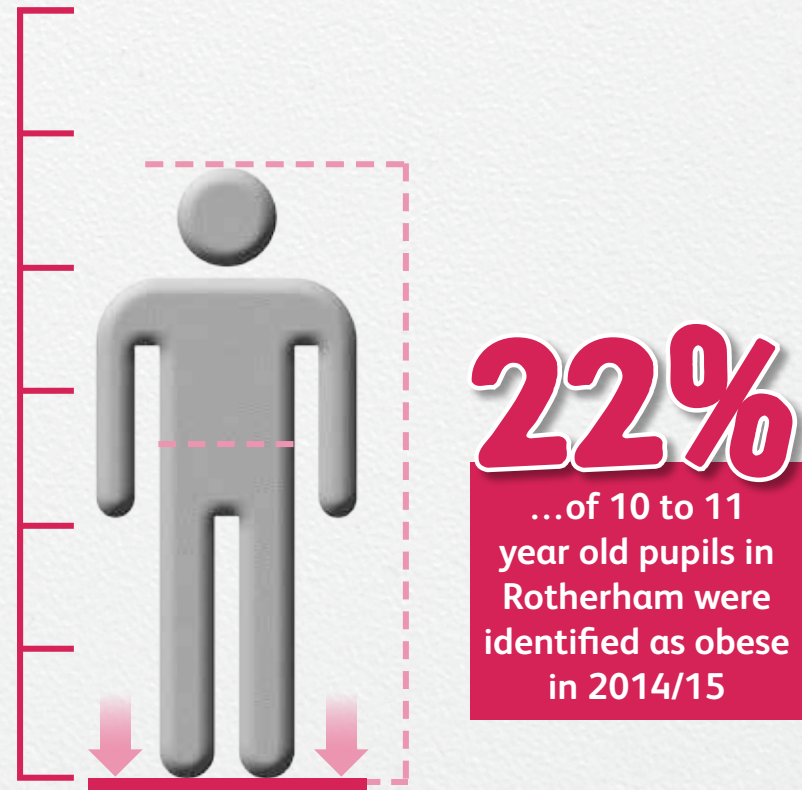
Childhood obesity is particularly harmful because of the number of children concerned, the fact that it limits a child's ability to enjoy a full and active life and that it increases the risks of diabetes, cancer, heart and liver disease in later life⁵⁵.

Children who are obese are more likely to have time off school, have lower self-esteem and experience poorer health. Obese children are more likely to go on to become obese adults and have a lower life expectancy and a higher risk of poor health and disability. Cases of type 2 diabetes are increasing as a result of increased obesity caused by poor diets and lower levels of physical activity.

Each year, children aged 4-5 (Reception year) and 10-11 (Year 6) are weighed as part of the National Child Measurement Programme (NCMP). This determines how many children in these age groups are underweight, healthy weight, overweight or obese. In Rotherham 10% of 4-5 year olds were identified as obese (2014/15), higher than the England average of 9.9%. Additionally, 22% of 10-11 year old pupils in Rotherham were identified as obese, worse than the England average of 19.1%. Among 15 local authorities in the Yorkshire and Humber region,

Rotherham ranks 4th highest at Reception and 2nd highest at Year 6. Rotherham ranks similarly among Children's Services statistical neighbours (5th highest at Reception, 2nd highest at Year 6).

The NCMP and the Royal College of Paediatrics and Child Health define levels of overweight at an individual level as on or above 91st centile⁵⁶.



What are we doing in Rotherham?

Since 2009, over 1000 children have lost and maintained weight loss with the support of our RMBC commissioned services.

The benefits of the programmes go further than weight loss, with many children reporting improved confidence, self-esteem and even improved attendance at school.

The local planning framework has been revised and supports a number of actions to reduce the number of takeaways situated near to school premises.

Our ambition for Rotherham

- We would like to promote a whole systems approach to promoting a healthy weight for children and young people across the borough through the development of a new healthy weight action plan following the publication of the National Childhood Obesity Strategy, expected in early 2016. This will enable the linking of a range of sectors and influences including planning, housing, transport, children's and adult's services, business and health which will support us to tackle obesity and improve quality of life

The case study below is from Tom, a young man attending the MoreLife Club (Tier 2) programme:

'I have really enjoyed coming to MoreLife at Maltby Leisure Centre, I have met new friends, learnt lots of useful information on healthy eating and took part in new sports and activities'

Some of the successes Tom has experienced since joining the club:

- Forged friendships and met new families that are like minded
- Improved self-confidence especially in regards to his appearance
- Tom and his Grandad have both completely changed their lifestyle by reducing portion sizes, healthier food choices and becoming more active
- Tom and his Grandad have both joined Maltby's gym and swim membership and attend 5 days per week
- His fitness has greatly improved and taking part in the programme has spurred Tom to carry on being active

Tom has lost 6kg in weight and 7.6 % body fat.

Physical Activity

Being active is important as it can help maintain a healthy weight as well as better cardiovascular health. It also has a positive impact on mental wellbeing, improving confidence and self-esteem as well as helping young people develop social skills through team activities.

All children and young people aged 5–18 should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week⁵⁷.

According to the Rotherham Young People's Lifestyle Survey, 23 % of boys and 13 % of girls in Year 7 and Year 10 reported that they engaged in vigorous physical activity for a least one hour every day. Nearly half of Year 7 and Year 10 children are taking part in vigorous exercise at least four times per week⁵⁸. Overall 80 % of Rotherham children take part in regular physical activity or sport.

It is essential that children and young people minimise the amount of time they spend sitting and watching TV, playing computer games or being sedentary and take more opportunities to walk and cycle. Low levels of physical activity in children are related to household income, with those in the lowest income brackets more likely to report low levels of activity.



What are we doing in Rotherham?

This Rotherham Girl Can' is a developing initiative to increase physical activity and confidence in girls, utilising the positive messages in the national 'This Girl Can' campaign. New provision set up in Rotherham includes reduced cost, female only swimming sessions and female only satellite clubs based at local colleges.

As part of the strategic sports partnership in Rotherham, the children and young people's sport and physical activity sub group brings together key stakeholders to improve the physical activity and sports delivery system for children and young people. The group's achievements include developing an athletics satellite club programme, creating a junior schools football league, securing Sportivate funding for sports programmes for young people and a new primary school/PE officer.

Mega Active holiday provision delivers physical activity provision for children aged 5-14 years in the most rural and isolated areas of the borough. The sessions, run by Active Rotherham, engaged 471 young people in 2015.

Reduced rate swim passes, a Junior Gym programme and discounted sport specific satellite club programmes are offered.

The Active Ability Project is a Sport England four year funded project aimed at developing club pathways for people aged 14+ with a disability to participate in six key sports (athletics, cricket, swimming, boccia, power chair football, basketball). The project, coordinated by Active Rotherham and delivered through local clubs to ensure sustainability, engaged 93 young people in 2015.

Our ambition for Rotherham

- The children and young people's sport and physical activity sub group driving new partnership initiatives aimed at increasing participation for young people aged 5 and over
- A call to action through the 'Rotherham Get Active' campaign to encourage providers and the public to increase physical activity participation levels
- Active Rotherham to create a self-sustaining model for future Mega Active delivery, running the camps at zero cost to the local authority with partners taking a lead on their own local programmes

Oral Health

Oral health is a useful measure to assess the general health of a local community. It is an important part of health and wellbeing, affecting the ability to communicate, how you enjoy a variety of food, as well as your self-esteem and self-confidence.

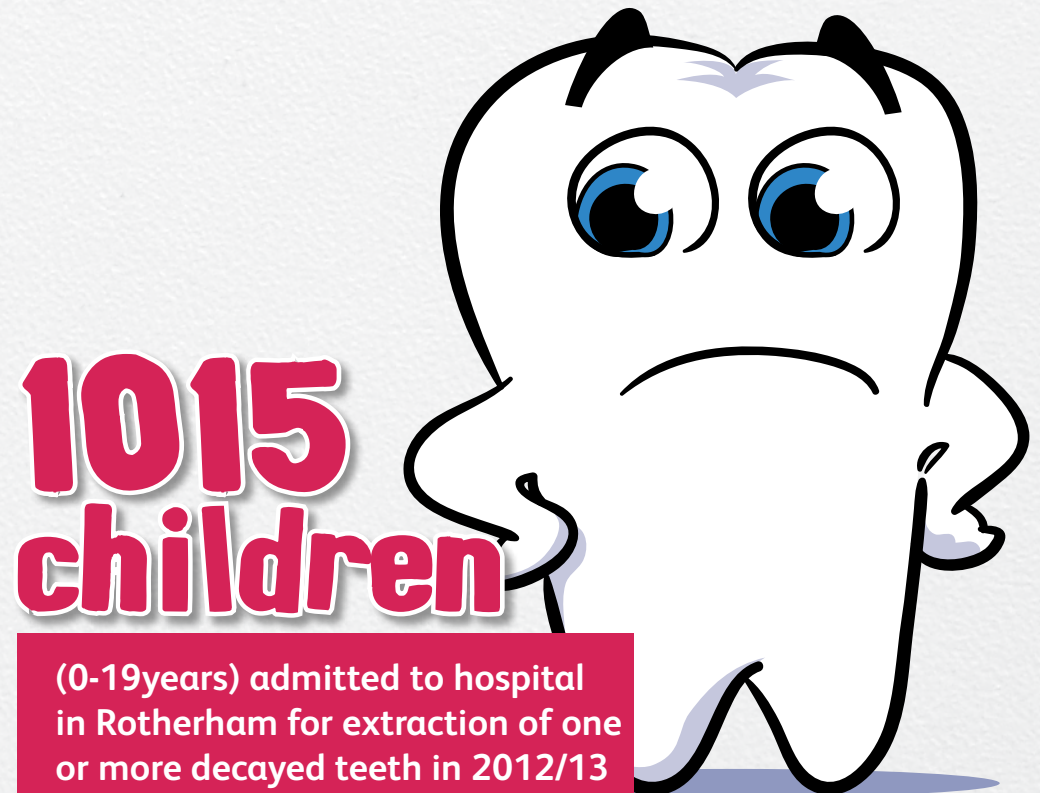
Rotherham has high levels of tooth decay in 3 year old and 5 year old children when compared to national and regional averages. In 2013, 198 (6.1 %) of 3 year old children sampled in Rotherham had 0.46 decayed, missing or filled teeth (DMFT), compared to 0.39 for Yorkshire and the Humber (Y&H) and 0.36 for England.

In 2011/12, 390 (12.6 %) of 5 year old children in Rotherham had 1.44 decayed, missing or filled teeth (DMFT) compared to 1.23 for Y&H and 0.94 for England. This shows a significant deterioration within two years. Rotherham was found to have the worst oral health in South Yorkshire in both surveys.

Nationally, treatment for dental caries is the most common reason children aged 5-9 years have to be admitted to hospital for a general anaesthetic. In 2012/13 there were 1,015 admissions to hospital in Rotherham for extraction of one or more decayed primary or permanent teeth for 0-19 year olds, at a cost of £683,095⁵⁹.

There are a number of risk factors which are associated with poor oral health, including a high sugar diet and lack of dental hygiene (brushing teeth).

Evidence suggests that child oral health is related to socioeconomic status; children living in lower income households and social disadvantage experience disproportionately higher levels of oral disease.



What are we doing in Rotherham?

A Rotherham Oral Health Improvement Strategy and action plan has been developed using a national evidence based approach⁶⁰, which is acting as a catalyst to increase the profile of oral health.

The action plan prioritises work with children and the Rotherham Oral Health Improvement Team is working in a number of Early Years settings, including nurseries, schools and special schools.

Our ambition for Rotherham

- Adoption of a whole setting approach for training in early years/schools (including special schools), with development of a comprehensive package of oral health preventative work, including developing policies, procedures, training, identifying school curriculum opportunities and the introduction of tooth brushing clubs
- Health practitioners promoting fluoride varnish and dental attendance. This will be incorporated into the new service specification for children and young people's public health services

Oral Health Case study – Kimberworth Community Primary School Toothbrushing Club

Teaching staff at Kimberworth Community Primary School had concerns around the oral health of their pupils and had sourced a number of toothbrushes and toothpaste for pupils but needed help and advice to develop a toothbrush club.

The Oral Health Improvement team worked with the school to develop a programme of work including basic oral health training for all school staff involved. Bright Bites and To Be a Star teaching packs, along with the Busy Teeth resource packs were demonstrated and given to teaching staff in all year groups. The team also contacted Kimberworth Park Dental Practice whose staff provided the classroom input. They also attended a Breakfast and Stay session to talk to parents. Now the breakfast club is running a toothbrushing club and 17 out of the 18 children attending report brushing their teeth at school after breakfast. The children took part in an informal chat about the day and what they had learnt. They all said they now brushed twice a day, not once. School staff are working up the programme for submission for a Healthy Schools Award. Kimberworth Dental Practice has offered more support and the oral health team linked them into another school local to the practice.

Immunisation

Vaccination continues to be one of the most effective ways to protect the population from a wide range of serious infectious diseases. It is a major factor in reducing health inequalities and, without vaccination, outbreaks and epidemics may occur.

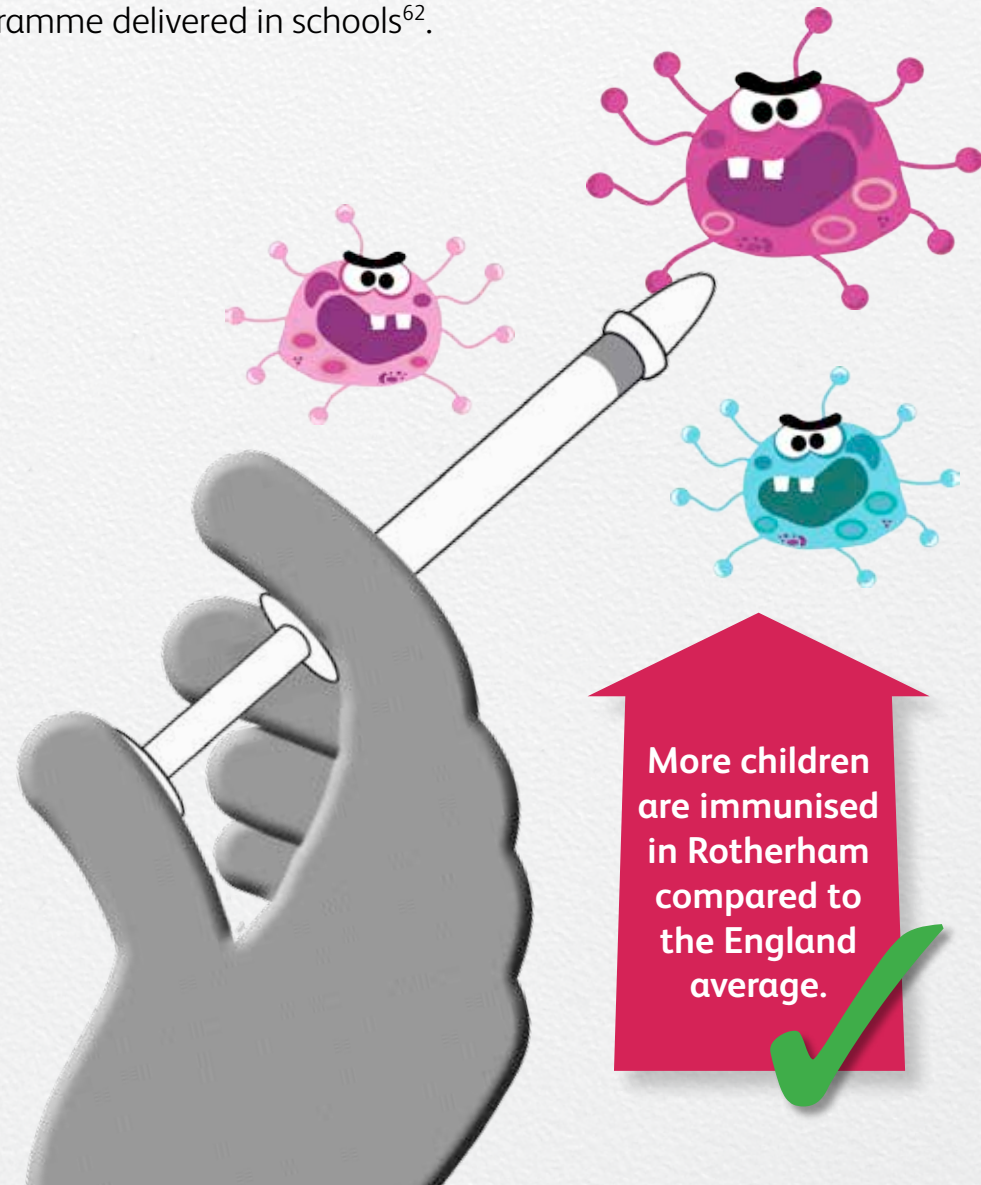
Vaccination is when a vaccine is given to you (usually by injection).

Immunisation is what happens in your body after you have the vaccination. The vaccine stimulates your immune system so that it can recognise the disease and protect you from future infection.

Despite the success of our national routine vaccination programmes⁶¹, vaccine-preventable diseases such as measles, whooping cough and meningitis can still sometimes occur. Should our guard on vaccination slip these diseases are ready to resurge.

People in Rotherham are offered a total of 17 routine vaccinations for protection against 12 infectious diseases, many of which are part of the routine childhood immunisation schedule.

The schedule is primarily delivered through GPs, with the Human Papilloma Virus (HPV) and part of the Children's Flu vaccination programme delivered in schools⁶².



All Rotherham immunisation uptake figures for 2014/15 are above the England average with many significantly better:

Population Vaccination Coverage 2014/15⁶³

Vaccination	(Percentage immunised)	
	Rotherham	England
Diphtheria/Tetanus/Polio, Pertussis, Haemophilus influenza type b (1 year old)	96.9	94.2
Diphtheria/Tetanus/Polio, Pertussis, Haemophilus influenza type b(2 years old)	96.4	95.7
Diphtheria/Tetanus/Polio, Pertussis, Haemophilus influenza type b (5 years old)	96.2	95.6
Diphtheria/Tetanus/Polio (5 years old) (B)	92.1	88.5
Meningitis C (1 year old) (1st dose)	n/a	n/a
Hepatitis B (1 year old)	n/a	n/a
Hepatitis B (2 years old)	n/a	n/a
Pneumococcal conjugate vaccine (1 year old)	96.8	93.9
Pneumococcal conjugate vaccine (2 years old) (B)	93.6	92.2
Measles, Mumps and Rubella (2 years old)	93.1	92.3
Measles, Mumps and Rubella (5 years old) (1st dose)	95.2	94.4
Measles, Mumps and Rubella (5 years old) (1st & 2nd dose)	91.4	88.6
Haemophilus influenza type b/Meningitis C (2 years old) (B)	94.0	92.1
Haemophilus influenza type b/Meningitis C (5 years old) (B)	95.0	92.4
Flu (65 and over)	76.6	72.7
Flu (at risk individuals) (6 months-64 years)	53.7	50.3
Flu (2 years old) (at risk)	56.4	53.7
Flu (3 years old) (at risk)	57.4	56.4
Flu (4 years old) (at risk)	53.3	52.3

In Rotherham a wide range of agencies work together to ensure that there is a high uptake of routine childhood vaccinations for community-wide immunity, which is known as ‘herd immunity’. This reduces the spread of an illness and provides a level of protection to vulnerable and unvaccinated people. We know that vaccination coverage levels in Rotherham compare favourably with other areas across the Yorkshire and Humber region and Rotherham rates have remained consistently above national targets.

In 2008, a new vaccine called the Human Papilloma Virus (HPV) vaccine was added to the UK Childhood Immunisation Schedule. HPV may be passed on through sexual contact which can increase your risk to cervical cancer later in life. The vaccine, delivered through the Healthy Child Programme, is given in two doses to 12-13 year olds and protects against the most common cancer-causing types of HPV.

Public health will continue to be vigilant to ensure that the national routine vaccination programmes delivered for children in Rotherham maintain high rates of uptake as essential components of a safe and effective community health system.

The Director of Public Health has a responsibility for the vaccination coverage of the population of Rotherham.

To discharge this duty of care, Public Health will:

- Work alongside Public Health England to ensure that coverage reaches Department of Health vaccination targets
- Respond in a timely and effective way to any disease outbreaks
- Promote the uptake of vaccinations through partnership working

What are we doing in Rotherham?

In 2014, Rotherham took part in the national childhood flu pilot for Year 7 and Year 8 and will continue to offer vaccination as part of the national roll out of the childhood flu programme. It is anticipated that, once fully implemented, it will ultimately avert many cases of severe flu and flu-related deaths in older adults.

Our ambition for Rotherham

- The two dose schedule for HPV (reduced from three doses) was introduced in Rotherham schools in September 2015, bringing benefits in the uptake of the vaccine. The screening and immunisation team (NHS England) should continue to work closely with the Rotherham school nursing service and head teachers to ensure that the benefits of this vaccine are communicated and making vaccination easily available
- Working with NHS England and partners (including RMBC and Rotherham Clinical Commissioning Group) to ensure the high uptake of flu vaccine among children in Rotherham to reduce the amount of flu circulating in the community

Chapter 4: Secondary school years

Adolescence is not only a key transition point between childhood and adulthood, it is a distinct developmental stage in its own right, characterised by dramatic physical and neurological changes, and emotional development.

Young people increasingly take on additional individual responsibilities for their own health and wellbeing. They will be making a broader range of lifestyle choices, and will draw on care, support and advice from a wider range of sources – whether they be at home or in school, further education, in the workplace, or in the wider community. Psychological support, through these formative years in particular, is crucial to help young people have more control over their own health.

Rotherham Young People's Lifestyle Survey

The Rotherham Lifestyle Survey is open to all young people in Year 7 and Year 10 of secondary school and those in Pupil Referral Units. In 2015, 3,110 young people completed the survey. Highlights from the 2015 survey included:

- Fruit is the most popular snack option of young people in Rotherham with 19% reporting that they chose fruit over crisps and chocolate*
- 20% reported that they considered themselves to be overweight with a further 3% reporting that they considered themselves to be very overweight*
- 75% of young people reported that they would know where to go to seek support for mental health problems*
- 80% of young people said they have never smoked*
- More young people in Rotherham (26%) have used an electronic cigarette at least once than nationally (22%)*
- 58% of young people are obtaining their alcohol from family with their knowledge*
- There has been a decrease in the number of Year 10 pupils who said they have had sex from 25% in 2014 to 23% in 2015 of these, 22% reported that they didn't use contraception*

Emotional Health and Wellbeing

Mental health is something we all have, but we sometimes tend to only think about it when things go wrong and we start to notice that we are becoming unwell. Mental health influences how we all think and feel about ourselves and others. It affects our ability to form friendships, learn and cope with life events.

Children and young people who are mentally healthy:

- Develop psychologically, spiritually, intellectually and emotionally
- Initiate, develop and sustain mutually satisfying relationships
- Use and enjoy solitude
- Become aware of others and empathise with them
- Play and learn
- Develop a sense of right and wrong
- Resolve problems and setbacks and learn from them

Good mental health is so important for children and young people and we know that when children and young people do have good mental health they are likely to have much better outcomes⁶⁴.

At any one time, between 10 % and 20 % of children will have a diagnosable mental health problem severe enough to require Child and Adolescent Mental Health Services (CAMHS) intervention. That is about three children in every class. Around 10 % of children and young people have similar, but more severe, complex or persistent difficulties, referred to as mental health disorders. The prevalence of mental health disorders has been established by detailed studies, notably the Mental Health of Children and Young People in Great Britain⁶⁵ published by the Office for National Statistics (ONS), which built on the work of a previous study in 1999. We know that 75 % of adult mental health problems occur before the age of 18⁶⁶.

If children and young people do not receive early intervention and adequate treatment for their mental health problems there is a higher likelihood that they will have poorer academic achievement, face higher unemployment, premature morbidity and long term physical and mental health problems⁶⁷.

Rotherham Youth Cabinet has had mental health as a priority area in their manifesto for the last three years. In 2013 they began by looking at self-harm, talking to their peers about how to improve access for young people seeking help and support around self-harm. They also talked with and questioned providers and

service commissioners about what they were doing to support young people who self-harmed. The report had recommendations for action⁶⁸, including having clear and consistent messages about self-harm, having professionals trained and confident to be able to talk to young people about self-harm and a range of places for young people to get advice and support. These recommendations are being actioned by providers and service commissioners.

In 2014/2015, Rotherham Youth Cabinet investigated existing support networks for young people around emotional wellbeing and established ways to promote positive mental health. This included opportunities to work more closely with Rotherham, Doncaster and South Humber NHS Trust (the provider of CAMHS) and CAMHS Commissioners. Rotherham Youth Cabinet was also involved with the production of the website for young people on emotional wellbeing and mental health:

www.mymindmatters.org.uk



In 2015 a member of Rotherham Youth Cabinet and Rotherham Youth Parliament wrote a report on mental health services in Rotherham called Mind the Gap. The author talked to families, young people and officers. The recommendations from the report have been included in the work taking place to transform children and young people's mental health services.

What are we doing in Rotherham?

We are making good progress on the delivery of Rotherham's CAMHS Transformation Plan, in particular the focused work on early intervention and prevention.

We are delivering training for frontline staff, including Youth Mental Health First Aid and Suicide Prevention.

Rotherham Youth Cabinet's 2015/16 Manifesto outlines their action to investigate existing support networks for young people around emotional wellbeing and establish ways to promote positive mental health. They are hosting a conference in March 2016 to promote ways young people can stay mentally healthy.

Our ambition for Rotherham

- Rotherham Clinical Commissioning Group (RCCG) to ensure that anti-stigma and discrimination activity is regularly discussed at the Child and Adolescent Mental Health Service (CAMHS) Partnership Group meetings. Members of the CAMHS Partnership to work together on anti-stigma activities throughout the year involving young people, parents and carers.
- RMBC, RCCG, NHS services in Rotherham and the community/voluntary sector to support the Youth Cabinet to carry on their active and focussed work to address mental and emotional health and wellbeing.
- RMBC develop a workforce development strategy which details the level of training relevant to their role.

Self-harm

Self-harm is defined in the National Institute of Clinical Excellence guidelines (2004)⁶⁹, as:

‘... an expression of personal distress, usually made in private, by an individual who hurts him or herself. The nature and meaning of self-harm, however, vary greatly from person to person. In addition, the reason a person harms him or herself may be different on each occasion, and should not be presumed to be the same’.

“I bottled up all my feelings and let it all out on myself instead of talking about it. Cutting myself made me feel like I could breathe again.” (Rotherham young person)

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, hanging or running in front of a car where the intent is deliberately to cause self-harm.

Anyone can self-harm. This behaviour is not limited by gender, race, education, age, sexual orientation, socio-economics, or religion. There are a number of factors that motivate people to self-harm, including a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others. However, some people who self-harm have a strong desire to kill themselves. Yet even when the intent to die is not high, those self-harming may express a powerful sense of despair and this needs to be taken seriously.

The estimates for self-harm amongst young people vary and indeed some may be an underestimate because many young people do not disclose that they are self-harming, treating themselves at home and never coming to the attention of services. However, one survey estimates that 1 in 10 young people self-harms at some point in their teenage years⁷⁰. Over the past 40 years, there has been a large increase in the number of young people who deliberately harm themselves. The Mental Health

Foundation suggests there are ‘probably two young people in every secondary school classroom who have self-harmed at some time’⁷¹. Most young people who self-harm do not access acute services and are first noticed by people in the community; friends, teachers and family members⁷².

In Rotherham, hospital admissions due to self-harm are the second lowest out of 15 local authorities in the Yorkshire and the Humber region for 2013/14⁷³. However, in Rotherham, the people working with young people and the young people themselves report that it is an issue which needs to be a priority. Young people who self-harm may feel embarrassed or ashamed and worry that people will judge them, hence they do not always disclose and seek help.

In Rotherham we have developed guidelines on self-harm⁷⁴ to be used by anyone working with children and young people. The guidelines are about providing a timely and appropriate response to children and young people who may be self-harming.

The voice and experiences of Rotherham young people who self-harm has been listened to and used to help us include things which are important to them.

What are we doing in Rotherham?

There is an action plan in place which outlines what the Council, alongside its partners (including health, police and voluntary organisations), is doing to prevent suicides and support people who are bereaved by suicide. Actions on this plan are reported back to the Health and Wellbeing Board on a regular basis. This plan will be updated in 2016 to look at new actions and areas for work.

Our ambition for Rotherham

- The Supporting Children and Young People who Self Harm: Rotherham Self Harm Practice Guidance⁷⁵ to be distributed and in use in schools, colleges, health and youth centres
- Training sessions on the self-harm practice guidance provided to frontline staff who can cascade learning to others
- Annual review on levels of awareness and usage of the self-harm practice guidance amongst frontline staff

Health related behaviours: Tobacco

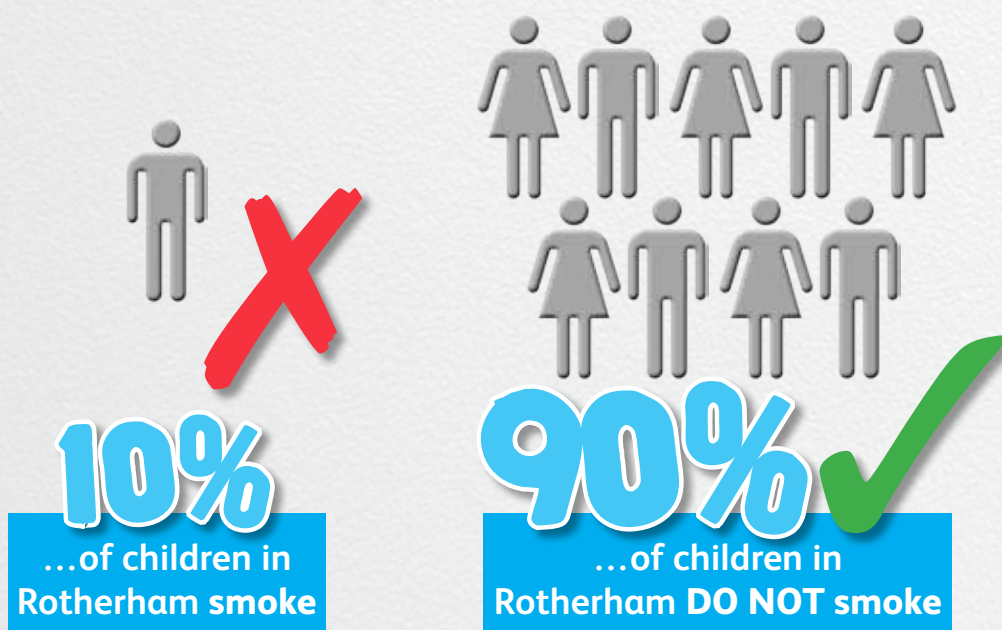
Smoking is an addiction of childhood; more than three-quarters of adult smokers started smoking before the age of 18. If we want to reduce smoking rates overall, we need to focus on preventing young people from becoming smokers.

Figures from the national What about YOUth survey⁷⁶ show that 10 % of Rotherham's young people aged 15 smoke, with 7 % of them smoking regularly (daily or weekly). This is higher than the national average and our neighbouring boroughs.

This raises concerns about where these young people are getting their cigarettes from, as the legal age of sale is 18; access to illegal tobacco and retailers who do not routinely check for proof of age need to be tackled to reduce smoking rates among young people.

Young people are more likely to smoke if they live with other smokers, so one of the most effective ways to reduce youth smoking is to help adults to stop. Quitting with support from our stop smoking services makes somebody four times more likely to succeed in their quit attempt.

A new concern is the increased use of electronic cigarettes, or nicotine delivery devices (NDDs), by young people. Until October 2015 there were no restrictions on the sale of these devices to young people and there remains little regulation of the products. We are also concerned that information from our local lifestyle survey suggests that, whilst only a small number of young people are regularly using NDDs, most of them do not smoke tobacco. Therefore, a device that is intended to help adult smokers switch to a less harmful alternative, may be inadvertently creating a new addiction for our young people.



What are we doing in Rotherham?

We currently work with youth services and schools to reduce uptake of smoking. We use a 'social norms' approach, which debunks the myths around the number of young people who smoke and promotes the fact that 9 out of 10 young people don't smoke. Youth services have also been using Tobacco Free Futures Smoke and Mirrors programme, which highlights the negative practices of the tobacco industry and encourages young people to look at tobacco harm in a new way.

We have also run joint promotional campaigns with Sheffield and Doncaster Councils to highlight the risks associated with illegal tobacco and the increased access it provides to children and young people. The Stop Cigs for Kids campaign encourages anonymous reporting of anybody who is selling illegal tobacco so Trading Standards can take appropriate enforcement action.

Our ambition for Rotherham

- All Rotherham schools reviewing their smokefree policies to ensure they are in line with current legislation and implement voluntary smokefree zones outside the school gate

Health related behaviours: Drugs and Alcohol

Drug and alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. The majority of young people do not use drugs, and most of those that do are not dependent.

In the Rotherham Lifestyle survey, 63% of 11 and 12 year olds responded that they had never tried alcohol, yet this reduced to 24% among responses from those aged 14 and 15 years. Only 2% of those aged 11 and 12 responded that they drank alcohol regularly, but this increased to 10% among those aged 14 and 15.

When asked whether it was OK for young people their age to take drugs, only 3% of those aged 11 and 12 responded that it was ok compared to 12% of those aged 14 and 15. Less than 1% of 11 and 12 year olds reported that they use legal highs weekly or have tried them once. For those aged 14 and 15, cannabis was reported to be the most commonly used drug, with 9% of pupils saying that they have tried it at least once. Some reported using solvents, with over 3% having tried them once; 2% reported using them weekly and 1% using them monthly.

Among 16 and 17 year olds (Rotherham Post 16 Survey 2014 - unpublished) the picture for drug and alcohol use is very different:

- 75% reported that they drank alcohol. Of these, 44% reported that they only drank on special occasions. However, 24% reported that they drank weekly
- 57% reported that they got the alcohol from their parents
- 64% reported that they drank with friends and 32% drank alcohol with family
- 51% reported that they drank as it was fun and 30% to chill out/relax
- 74% reported that it was 'not ok' for someone their age to take drugs
- Mephedrone (commonly referred to as MCAT) was reported to be used by 9% of those aged 16 and 17 years and Spice by 6%
- When asked to pick a single drug of choice those aged 16 and 17 reported that cannabis was the preferred choice of 17%, solvents 2% and MCAT 3%
- Many had taken risks while under the influence of drugs with 39% reporting that they had walked home alone and 12% had taken sexual risks

Know The Score is the Public Health commissioned young people's substance misuse service. The service supports the case management of the small numbers of under 18s with complex substance misuse issues working alongside other health and social care professionals. The team also provides support to other professionals who are managing young people's substance misuse as part of a wider range of challenging behaviours or circumstances for young people, and deliver educational sessions aimed at providing basic levels of knowledge and signposting to services.

The young people who are accessing the Know the Score service are often very vulnerable:

- 17 % were identified as a 'Child in Need' compared to 5 % in similar services nationally⁷⁷
- 26 % reported as being affected by domestic abuse compared to the national figure of 17 %⁷⁰
- 13 % reported being involved in sexual exploitation compared to 4 % nationally
- 26 % reported as being NEET compared to 17 % nationally

There are a number of specific issues facing girls, including increased citation of alcohol as a problematic substance, involvement in self-harm, being affected by domestic violence and involvement in sexual exploitation.



There is growing concern about the readily available New Psychoactive Substances (NPS) in the UK that are more commonly known as ‘legal highs’. These substances mimic the effects of controlled drugs, but are sold legally as they are not marketed as a substance for human consumption.

The Home Office expert panel defines NPS as ‘psychoactive substances, newly available in the UK, which are not prohibited by the United Nations Drug Conventions but which may pose a public health threat comparable to that posed by substances listed in these conventions’⁷⁸.

The main NPS groups include predominantly sedative drugs, predominantly stimulant drugs, hallucinogens and psychedelic drugs, synthetic cannabinoids and dissociative drugs.

Some substances described as ‘legal highs’ may not actually be legal (and ‘legal’ can imply they are safe or regulated, when neither is true). In 2013/14, nearly a fifth (19%) of the substances found in the ‘legal high’ drug samples collected by the Home Office’s forensic early warning system in 2013-14 were controlled drugs⁷⁹.

In February 2015 partners (of the Young Persons Substance Misuse Education and Prevention Group) in Rotherham undertook

a substance misuse survey with young people aged 16 plus. Of the 551 young people who responded to the survey, 3% disclosed NPS use. The survey data has been used by the establishments who took part to inform their own response to substance misuse and targeted delivery of key messages.

The Centre for Drug Misuse Research⁸⁰ found that the main drug of choice was synthetic cannabinoids (32%) followed by stimulants (18%) and psychedelics (18%). There were 341 unique chemical, commercial or brand named NPS reported. The reported source of the substances was from a combination of the following: shops (35%), friends (30%), websites (25%), at a friend’s house (25%) or from a ‘dealer’ (25%).

Rotherham’s Know The Score service is not currently working with any young people who consider NPS as their main drug of choice. This does not reflect that there isn’t a problem with NPS use in young people in Rotherham, but that the service is currently working with very complex and high level drug users. Intelligence from other young people’s agencies indicates that there is use and experimentation locally. In a ‘snap shot exercise’ for a Youth Offending Team (YOT) worker caseload, of 30 clients, 17 reported NPS use.

What are we doing in Rotherham?

Rotherham has been part of the Amy Winehouse Foundation Resilience Programme for schools; 8 have taken part. This is a four year programme that works to prevent the effects of drug and alcohol misuse on young people. We also aim to support, inform and inspire vulnerable and disadvantaged young people to help them to reach their full potential.

Know The Score are delivering awareness raising sessions for key staff. We are also sharing intelligence on NPS use and points of sale for Trading Standards to act upon.

Our ambition for Rotherham

- Every secondary school and college should provide consistent substance misuse education that promotes resilience. This will be enabled by seeking support from PSHE or Pastoral leads, Head Teachers and Governing Bodies and providing each school with up to date local information and teaching packs to complement the curriculum. The local information and teaching pack will be pulled together by the Young Persons Substance Misuse Education and Prevention Group currently chaired by the RMBC Healthy Schools Consultant.
- Every partnership agency for example; education, police, fire, health, local authority and voluntary sector, should maximise their potential and the free parent/carer education resources, such as those available from Alcohol Education Trust) to educate as many parents/carers as possible in their employ or that they have contact with on alcohol use in young people, to delay the onset and prevent harm. This can be managed by the Young Persons Substance Misuse Education and Prevention Group.
- Improve the intelligence from young people and front line agencies on emerging drug trends. This will be achieved by re-aligning the current Drug Intelligence Meeting and the Young Persons Substance Misuse Education and Prevention Group undertaking further surveys of young people aged 16+. This information will be used to develop messages and can be shared widely to aid prevention and harm minimisation.

Health related behaviours: Sexual health

The overall sexually transmitted infection (STI) rate (excluding chlamydia) for Rotherham in 2014 was 767 per 100,000 people. This is nearly one in every 100 people in Rotherham. This rate is higher than the Yorkshire and Humber rate but lower than the national rate (829 per 100,000). Of those newly diagnosed with an STI in 2014, 62% were aged between 15 and 24 years across Yorkshire and Humber.

In the Rotherham Young People's Lifestyle Survey, 25% of Year 10 pupils (14/15 year olds) said that they had had sex. This is in line with national figures that say that 31% of males and 29% of females aged between 16 and 24 say that they had had sex before they were 16⁸¹. Of those (in the Rotherham survey) who said that they had had sex, almost half said they had done so after drinking alcohol. In addition, 5% of those in the Rotherham survey who said they had had sex did not use any form of contraception.

Chlamydia is the most common STI in Rotherham and we have a high detection rate among our young people aged between 15 and 24 years of age. This also suggests a considerable level of unprotected sexual activity amongst our young people.

What are we doing in Rotherham?

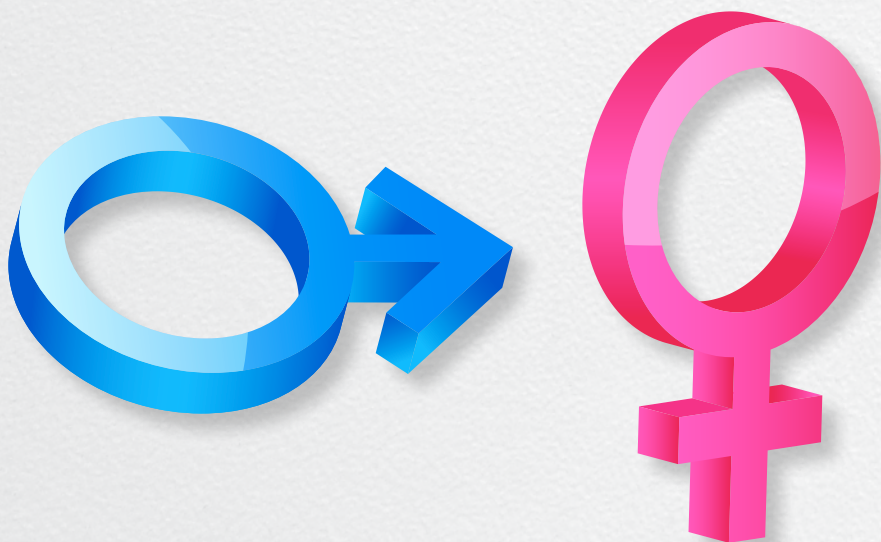
Good quality Personal, Social and Health Education (PSHE) is a key component in reducing risk taking behaviour among young people. Providing young people with opportunities to develop skills and confidence around healthy relationships is key to improving health and wellbeing. Rotherham schools are encouraged to focus on healthy relationships. PSHE should not just focus on facts about health, it should also enable young people to develop skills and understanding that will help them better manage their lives.

Rotherham Sexual Health Strategy (2015–2017) has identified key actions, agreed by all partners, to promote better sexual health for the population. These include the promotion of the importance of good quality sex and relationship education in all our schools.

Rotherham PH and RCCG have funded a Theatre in Education initiative which will be offered to all secondary schools over the next few years. 'Chelsea's Choice' is a powerful, interactive production tackling relationships, grooming and sexual exploitation.

Our ambition for Rotherham

- All schools in Rotherham should adopt a recognised 'gold standard' in relation to sex and relationship education
- All Head Teachers and Governing bodies fully supporting sexual health initiatives within their schools



Risky sexual behaviour can have a number of consequences which include unintended pregnancy and the spread of STIs which can have a range of long term consequences including pelvic inflammatory disease and cervical cancer in girls and infertility in both girls and boys. As approximately a quarter of our young people under 16 are likely to be sexually active, it is important that we make sure that they have confidence to attend sexual health services and have early access to professional advice, support and treatment

The Sexual Offences Act 2003 provides that the age of consent is 16. Sexual activity involving children under 16 is, therefore, unlawful. Children aged under 16 are particularly vulnerable to exploitation and abuse.

Sexual health services have a particular role to play in identifying risk and managing the impact of sexual abuse or exploitation. It is important that all service providers of sexual health provision in Rotherham are aware of child protection and safeguarding issues and the possibility of abuse and/or exploitation and work collaboratively to protect all children under 18 years of age.

What are we doing in Rotherham?

In Rotherham, 15–24 year olds are screened as part of the National Chlamydia Screening Programme. Chlamydia often has no symptoms but if it is left untreated it may have serious health consequences. This means that we want to keep the detection rate of chlamydia in Rotherham high. This is because we know that there is a high background rate in the community and having a high detection rate suggests we are identifying it effectively and treating it.

Contraception is widely available to young people at the main sexual health service clinic in Rotherham town centre, at GP surgeries and at youth clinics across the Borough. We need our young people to be able to access the most effective and appropriate form of contraception for them and to have a choice of where and when they can access it.

All Rotherham service providers have robust guidelines and referral pathways in place for risk assessment and management of child sexual abuse including child sexual exploitation.

Our ambition for Rotherham

Sexual Health services in the right locations and open at appropriate times for young people. Service providers should:

- Review where and when services are provided and consult with young people and review regular customer satisfaction feedback.
- Conduct mapping exercises of service locations, times and usage with young people after consultation and survey reviews.
- Report back findings through the Contract's Performance Management Framework.

Chapter 5: Late adolescence

Late adolescence marks the move into adulthood where young people are reaching a level of autonomy including accepting responsibility for themselves, making independent decisions and financial independence. This key transition stage, emerging into adulthood, is where we would hope that young people are equipped with the skills and knowledge to make positive health choices and decisions. However, in necessary support of this process the local economy needs to provide opportunities and a level of aspiration and the subsequent education and employment prospects to allow young adults to flourish.

Employment and Training

A healthy employment rate results in a lower dependence on benefits. This, in turn, leads to higher self-esteem and can help tackle some of the mental and physical health problems that worklessness can cause.

The number of young people Not in Education, Employment or Training (NEET) in Rotherham has reduced by 14 % since 2013. In October 2015, 5.4 % of young people in Rotherham were identified as NEET compared to 4.8 % nationally. The percentage of those who are identified as 'not known' is also tracked in relation to NEET. In October 2015 Rotherham 'not known' was 6.4 % compared to the national average figure of 19.4 %.

Those eligible for free school meals, those who have been excluded or suspended from school, those with their own child and those who have a disability are more likely to be NEET.

What are we doing in Rotherham?

Education, health and social care have developed a partnership approach to retain young people (Year 12 and 13) in learning and reduce the number of NEET in Rotherham.

Early Help Teams are conducting focused case work to reduce NEET at age 17 using a Youth Contract approach.

Targeted work with vulnerable 18 year olds in partnership with Early Help Teams and Job Centre Plus.

Our ambition for Rotherham

- For education, health and social care partners to strengthen the universal offer to support vulnerable children and young people through transitions
- Information sharing with health, education, social care and job centre plus to be more systematic and robust

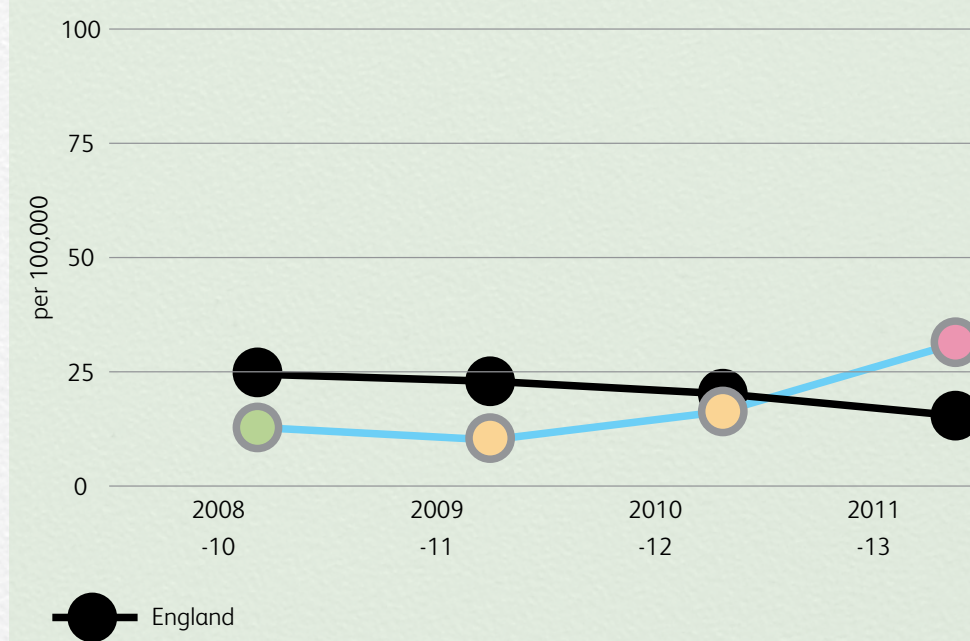
Road Safety

Road accidents are a leading cause of death and a significant cause of hospital admissions in the 0-17 age group. Casualties disproportionately affect children and young people from disadvantaged backgrounds: a child in the lowest socio-economic group is 5 times more likely to die in a pedestrian accident than a child in the highest socio-economic group⁸².

The rate of children aged 0-15 killed or seriously injured in road traffic accidents was worse for Rotherham compared to the England average for the period 2011-13 (over 30% higher). This rate has increased by over 70% from 15.9 to 27.6 per 100,000 since 2008-10 (see chart below). Latest data for 2012-14 shows an increase to 28.2 for Rotherham but a further decrease for England to 17.9.

Of the total number of children and young people killed or seriously injured on Rotherham roads, 44% were pedestrians, 28% motor cyclists and 17% car users.

Children killed or seriously injured in road traffic accidents Rotherham



Period		Count	Value	Lower CI	Upper CI	Yorkshire and the Humber	England
2008-10		25	15.9	10.3	23.5	30	23.6
2009-11		22	15.0	9.4	22.7	29.9	22.1
2010-12		28	18.9	12.5	27.3	28.4	20.7
2011-13		41	27.6	19.8	37.5	27.0	19.1

(Source: Department for Transport, published by Public Health England)

It is well evidenced that developments including; education and training, improvements in vehicle technology/construction and highway engineering, the introduction of road safety policies such as speed limits, enforcement of legislation, and behavioural change have contributed to a national reduction in the numbers killed or seriously injured on Britain's roads⁸³.

In Rotherham a range of road safety interventions are in place to reduce the number and severity of road collisions that occur. These include speed reduction initiatives, such as 20mph limits in designated zones where children and young people are accessing play and recreation areas. Some of these initiatives are delivered in partnership with the South Yorkshire Safer Roads Partnership (SYSRP) of which Rotherham MBC is a member.



This is a multiagency partnership that exists to coordinate efforts to reduce road collision casualties in South Yorkshire and is made up of:

- Each of the four South Yorkshire districts including elected Members
- South Yorkshire Police
- South Yorkshire Fire and Rescue
- Yorkshire Ambulance Service
- South Yorkshire Safety Cameras
- Highways England
- Health service providers

Overall the number of KSIs in Rotherham reached a historical low with only 88 recorded in 2014. This reduction reflects the robust local initiatives delivered by both the local authority and the Safer Roads Partnership to improve road safety.

What are we doing in Rotherham?

The Driver for Life education programme was developed in Rotherham and is now a South Yorkshire initiative. This education programme is aimed at drivers in the 17-24 age group, particularly young men, who are heavily represented in casualty statistics. The programme is designed to raise awareness of issues that contribute to collisions, make young people aware of their responsibilities as drivers and change attitudes and behaviour to make them safer and more considerate drivers.

There are also interventions aimed at younger children. The Crucial Crew personal safety education programme for Key Stage 2 pupils (10 and 11 year olds) aims to provide children with the knowledge, skills and strategies to make choices in everyday life to enable them to stay safe and well. The event includes a road safety session which includes teaching children how to cross the road safely using a puffin crossing and also highlights the distance needed for a vehicle to stop in an emergency⁸⁴

Our ambition for Rotherham

- To ensure the continued and rolling introduction of 20mph zones across Rotherham
- To ensure the Crucial Crew programme is delivered to all Key Stage 2 pupils across Rotherham

Suicide

Suicide and suicide attempts are a major cause of preventable deaths and significant long-term health issues and disability. A death by suicide causes significant human and economic costs.

In 2012, the Government launched a strategy for the prevention of suicides called Preventing suicide in England: A cross-government outcomes strategy to save lives. Young people were identified as a group needing specific attention. Nationally the suicide rate among teenagers is below that in the general population⁸⁵.

However, we know that young people are vulnerable to suicidal feelings. In 2012/13 the ChildLine website had 18,000 visits to the pages relating to suicide; a year later this increased to 37,000⁸⁶.

In Rotherham we have had four deaths of young people up to the age of 18 between the years 2011 and 2013. We also know that several Rotherham children have been bereaved as a result of suicide, losing a parent or someone close to them.

Suicide is a complex issue and is often the result of several factors for that person. Young people are more at risk when some of the following are happening in their lives:

- They have an existing mental health problem or behavioural difficulties
- They misuse substances
- They experience family breakdown
- Bullying
- School problems/exam pressure
- Abuse or neglect in the family
- Mental health problems within the family
- A suicide or death of someone close
- Recent loss of employment
- Are isolated or living in rural communities
- Have attempted suicide before
- Have had a recent bereavement
- A suicide of someone who is a high profile celebrity or another young person

These are just some of the reasons. In addition, young people who are care leavers, those in the Youth Justice system and Looked After Children are particularly vulnerable.

In May 2015 Rotherham Council published an independent report into the suicides of the four young people who died between 2011 and 2013⁸⁷. The report acknowledged the very complex situation with limited national policy direction. Rotherham has gained knowledge and learning following this report and work continues, led by the Rotherham Suicide and Self-Harm Group.



What are we doing in Rotherham?

Rotherham Local Safeguarding Children's Board (LSCB) has a response plan which is put into action when there is a death of a young person by suicide or there is a serious self-harm incident. Partners like South Yorkshire Police, health organisations including mental health services, schools and colleges and voluntary sector partners work with RMBC on this plan. The plan looks at who else might be vulnerable and how we can support these young people, how to get support information out to people including families and carers and the wider community.

Rotherham has established a care pathway to ensure support is provided to children and young people bereaved by a sudden and traumatic death including suicide. Families that have been bereaved by a sudden death have told us that it has been very helpful to know that this support is available for their child.

Frontline workers have been able to attend Youth Mental Health First Aid Training. This is a national and international course with lots of evidence to show that it is effective.

Frontline workers have also been able to attend suicide prevention training. Reports from those attending show that they feel more confident to be able to support someone who is at risk of suicide.

We have launched the Supporting Children and Young People who Self Harm: Rotherham Self Harm Practice Guidance for everyone who works with young people.

The CARE about suicide resource is a pocket sized booklet for the general public and workers to help identify people who may be at risk of suicide and direct them to help.

Our ambition for Rotherham

- Implementation of the actions within the Rotherham Suicide Prevention and Self Harm Action Plan
- Launch of a Rotherham social marketing campaign to target young people
- As part of the emerging Workforce Development Strategy training needs for workers on mental health including suicide prevention will be identified.

Chapter 6: Cross cutting projects/ Transformation

CAMHS (Child and Adolescent Mental Health Service)

In 2014 a national group called the Children and Young People's Mental Health and Wellbeing Taskforce started to look at the emotional wellbeing and mental health support for children and young people. This group wanted to look at how to make it easier for children, young people, parents and carers to access emotional and mental health help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.

Their work led to the production of the report called Future in Mind and the following key themes were the ones they felt were important:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Nationally funding was made available for services which support the emotional wellbeing and mental health of children and young people. All areas, Rotherham included, had to write a plan (the Transformation Plan) to show how they would improve the emotional wellbeing and mental health support to children, young people and their families in line with the themes above. This plan was coordinated by Rotherham Clinical Commissioning Group with input from RMBC, NHS services including mental health services, the voluntary sector and parents and carers, young people⁸⁸.

What are we doing in Rotherham?

Implementation of the CAMHS Transformation Plan is now underway, which includes: up to six schools piloting a whole school approach to emotional wellbeing and mental health, drafting a workforce development strategy, improvements to crisis provision for young people and targeted work with hard to reach groups like lesbian, gay, bisexual and transgendered young people.

Our ambition for Rotherham

- Schools taking part in the 'whole school' pilot scheme developing their own action plans to show how they are going to improve the emotional well-being and mental health of their school community working with support from other organisations like RMBC, NHS services, voluntary and community groups
- For schools involved in the pilot scheme (above) to share their learning with their cluster group
- Subsequent CAMHS Transformation funding to have a strong focus on early intervention and prevention

Special Educational Needs and Disabilities

In 2015 there were 1040 (2.3 %) children and young people with a Statement of Special Educational Needs (SEN) or an Education, Health and Care Plan (EHC Plan or EHCP) 0.5 % below the national average of 2.8 %

The school census 2015⁸⁹ shows the most common types of special educational need to be learning difficulties (40 %) which is below the national average (44.5 %) and autism (11 %) with Rotherham above the national average by 2 %. Behavioural difficulties has been replaced with a new primary need code of Social Emotional Mental Health with Rotherham's children and young account for 12.5 % which is below the national average of 16.7 %. A growing number of children and young people have multiple disabilities and complex needs, continuing as they make the transition into adulthood.

Young people with special educational needs and/or disabilities (SEND) often face additional barriers, with the transition between children's and adult social care regularly cited as one of the most difficult experiences of young people and their families⁹⁰.

Within Rotherham a number of issues were cited by disabled children and their parents around transition from children's social care to adult social care⁹¹. These included:

- *Transition planning typically starting too late and is too focused on short-term goals*
- *Low expectations of some key health professionals*
- *Not enough suitable opportunities for young adults with SEND, including realistic options for supported employment and apprenticeships*
- *Not enough clear outcomes and limited personalisation*

The Rotherham Vision for SEND

Our vision for our children and young people with SEND is the same as for all our children and young people; that they be safe, happy, healthy, confident and successful, contributing to a thriving, inclusive community that is welcoming to all.

Their achievements, supported by effective settings and services working in partnership with families and communities, will enable them to enjoy independence and fulfilling lives.

What are we doing in Rotherham?

The SEND Joint Commissioning Strategy Group has developed a Joint Commissioning Strategy for Children and Young People with Special Educational Needs and/or Disabilities (SEND). The strategy outlines the Rotherham SEND Joint Commissioning approach and identifies nine key areas of work that will be jointly taken forward.

Our ambition for Rotherham

- The development of the joint SEND Education, Health and Social Care Assessment hub to ensure timely and robust education and health care plans are developed in Rotherham that focus on the outcomes that are important to, and for, children, young people and their families

Chapter 7: Update on the 2014 Director of Public Health Annual Report

The last DPH Annual Report was produced by Dr John Radford in 2014. The following table provides a summary of the recommendations within the report and an update on what has happened since.

Recommendation	Progress
The Health and Wellbeing Board needs to ensure a common framework for preventative management of multiple conditions including mental ill health and to ensure we integrate risk factor management and rehabilitation in all disease management and care delivery.	Rotherham Health and Wellbeing Board approved a revised Health and Wellbeing Strategy in September 2015. This strategy includes five aims to improve health and wellbeing across the life course. The strategy specifically looks to improve mental and emotional health and wellbeing and to reduce the difference in health outcomes between our most and least deprived communities.
Rotherham Children's Board and the Council work with schools and the voluntary and community sector to reduce the impact of poverty on the borough's children.	Within Rotherham's new Health and Wellbeing Strategy the impact of child poverty on health and educational achievement is highlighted as an area for action. Working alongside the new Children's Partnership Board, the Health and Wellbeing Board will work to minimise the long-term implications of child poverty by supporting the Early Help strategy and working with families with multiple and complex needs.

Recommendation	Progress
Rotherham's secondary schools should be encouraged to adopt stay-on-site policies at lunchtimes.	Rotherham's new Health and Wellbeing Strategy highlights the impact of stay-on-site policies in reducing consumption of unhealthy food during the school day. There is also some evidence that such policies reduce access to tobacco and can contribute to lower take-up of smoking among young people.
The Health and Wellbeing Board needs to consider the relationship between its long term goals in the Health and Wellbeing strategy and the need to take action now to reduce the three main causes of inequality: cancer (especially lung cancer), cardiovascular and respiratory deaths.	One of Rotherham's Health and Wellbeing Strategy aims is focused upon improving life expectancy and reducing the differences in health between our most and least deprived communities. Much of this difference is a result of cardiovascular disease, cancer and respiratory disease. Rotherham Clinical Commissioning Group is leading partnership work to reduce potential years of life lost to early, and often preventable, death.

Recommendation	Progress
We must offer everyone aged 40-74 a NHS Health Check every five years. Screening 20 % of the eligible population annually with a 90 % uptake.	NHS Health Checks continue to be commissioned by Rotherham Public Health and delivered by local general practices. Uptake of the Health Check is low in Rotherham, and we are currently not meeting the targets for the proportion of eligible population being offered a Health Check. A promotional campaign has been running throughout the summer of 2015 with the aim of increasing uptake.
	The local uptake rate is increasing year on year from 6.6 % (2013/14), 13.5 % (2014/15) and is currently 17.5 % (as of Quarter 2 2015/16). This is approximately a 2 % increase each quarter.
	This mirrors the Yorkshire and Humber increase per quarter and is not far off the regional performance rate of 20.2 %.
	A promotional campaign has been running throughout the summer of 2015 with the aim of increasing uptake and awareness of the programme.

Recommendation	Progress
Physical activity should be commissioned as a direct intervention to prevent morbidity in long term conditions.	Rotherham Public Health, in partnership with Rotherham CCG and others, has been awarded £500K from Sport England to deliver the Active for Health Research Project. This is an innovative 3-year physical activity programme to improve the recovery of people with long term conditions including cardiac, heart failure, COPD, cancer, stroke, lower back pain and falls. This is a research project which will help to develop the evidence base for the role long term physical activity can play in rehabilitation.
	Physical activity continues to be promoted through the Rotherham Healthy Weight Framework.
Stopping smoking should be the key priority for the Borough in tackling excess cancer deaths	Services to reduce tobacco use in Rotherham were revised in 2014 to put a greater emphasis on preventing young people starting to smoke; smoking is an addiction of childhood, with more than three-quarters of adult smokers beginning to smoke before the age of 18. We also continue to offer high quality stop smoking support for people wanting to quit and to reduce the number of women who smoke during pregnancy. The percentage of adults who smoke and of women who smoke during pregnancy remain higher than the national average, but are showing a reducing trend.

Recommendation	Progress
The CCG should actively promote awareness of early signs and symptoms of cancer and how and where to seek help as this could quickly save lives	NHS England is leading work to implement NICE Guidance published in June 2015 on Suspected Cancer: Recognition and Referral. This includes changes to some referral routes including more ‘direct to test’ recommendations and a lower threshold for referral based on symptom combinations with a positive predictive value⁹² (PPV) of three or more (previous guidance was based on PPV of five or more).
Faster referral pathways and lowered thresholds for referral by GPs, particularly for lung cancer, are required to ensure a higher proportion of lung cancers are detected through the 2 week wait system.	The lung cancer pathway has been reviewed with Rotherham Foundation Trust and faster referral pathways and lower thresholds achieved.
Rotherham CCG should continue to prioritise reducing the use of prescribed non-steroidal anti-inflammatory drugs.	Three of Rotherham CCG’s 14 Key Prescribing Indicators (KPIs) are focused upon non-steroidal anti-inflammatory drugs (NSAIDs) and reducing their use in CVD patients. Since implementing the KPIs there has been a continued decrease in the percentage of patients with an active repeat prescription for NSAID.

Recommendation	Progress
Reducing the volume of alcohol consumed in the Borough needs to be the agreed theme for the introduction of Making Every Contact Count (MECC), whilst maintaining quick and easy access to services that can respond to those identified as risky drinkers.	The Making Every Contact Count (MECC), approach has not been introduced within the borough. Further discussions are needed at the Health and Wellbeing Board to determine whether this is revisited as part of the implementation of the new Health and Wellbeing Strategy.
	Options for identification and early intervention in respect of alcohol consumption are maximised locally with the Primary care alcohol contract offering screening and interventions in GP practices. The Lifeline alcohol service is proactively offering screening and awareness raising in the community. Health trainers actively screening and provide general awareness raising campaigns.
Services and GPs should be active in making the hepatitis vaccine available to risk groups and better clinical screening for early detection and treatment.	The Gate Surgery specialises in supporting those people who have difficulty accessing mainstream health and social care services, proactively working across a range of complex and interlinked issues affecting adults and families who are at a greater risk of or currently experiencing poor health, substance misuse or risk of neglect or sexual exploitation.
	A Hepatitis screening history is undertaken for all new clients to ensure early detection of blood borne viruses to reduce the risk of transmission and improve prognosis of the patient through vaccination and advice.

Recommendation	Progress
Hepatitis prevention needs to be a priority for environmental health and for the sexual health and the drugs service.	Commissioned services for drug services and the Integrated Sexual Health Services have performance indicators relating to hepatitis screening and these are monitored at formal performance meetings. A newly commissioned third sector provider (Plusme) promotes blood borne virus testing (Hepatitis B, Hepatitis C and HIV).
	Targeted work has been undertaken to increase the take up rates on Hepatitis B vaccination and to ensure those individuals that have agreed to it are actually receiving the vaccination.
Rotherham MBC should develop a Rotherham Mental Health Strategy outlining local action to promote wellbeing, build resilience and prevent and intervene early in mental health problems.	Work has not started on the development of this strategy, however, early intervention and prevention work is included in the CAMHS Transformation Plan which will focus on schools and the wider community. There is a commitment within the new Health and Wellbeing Strategy to do this work and it will start in early 2016.
Mental health promotion messages should be an agreed theme within Making Every Contact Count (MECC).	The Making Every Contact Count (MECC) approach has not been introduced within the borough. Further discussions are needed at the Health and Wellbeing Board to determine whether this is revisited as part of the implementation of the new Health and Wellbeing Strategy.

Recommendation	Progress
Rotherham MBC should note the significant effect of air quality on mortality and that improvement in air quality, particularly reducing levels of PM 2.5 to PM 10⁹³ should be a priority for the Borough.	The Council has responsibilities for monitoring, modelling, air quality action planning, and the declaration of Air Quality Management Areas in hot spots. A recent Air Quality Health Inequalities Impact Assessment has established a link between levels of deprivation, poor air quality and poor health outcomes in Rotherham.
	Local work includes; • Measuring the levels of PM 2.5 to obtain evidence of ‘hotspots’ which can give us a better understanding of the local picture in Rotherham • Submitting a bid to DEFRA for funding to install a ‘Green Screen’ to reduce levels of air pollution and protect health at a local primary school located next to a busy main road in an Air Quality Management Areas. Although unsuccessful on this occasion, further funding opportunities are being pursued • Exploring opportunities to mitigate the effects of air quality arising from new developments in the borough

Recommendation	Progress
Rotherham Clinical Commissioning Group and NHS England should consider flu vaccination a priority for Rotherham. Achieving 90 % uptake of flu vaccination in the extension of immunisation to all children under 18 this September should be a priority for the Health and Wellbeing Board	The Screening and Immunisation Team (SIT) coordinate the NHS England-commissioned screening and immunisation programmes across South Yorkshire and Bassetlaw.
	Uptake in the following programmes is generally good and improving: • Childhood immunisation programmes delivered through NHS primary care • Programmes for children and adults ‘at risk’ of serious complications of diseases due to other underlying health conditions • Programmes delivered for healthcare workers and RMBC frontline staff
	The 2015/16 seasonal flu vaccination programme is underway, with a focus on the extension of the childhood flu vaccination programme, which will be delivered to all children in years 1 and 2.
	We anticipate that the children’s programme, once fully implemented, will avert many cases of severe flu and flu-related deaths in older adults and people in clinical risk groups. We should continue, however, to work hard to ensure that we are communicating the benefits of the vaccine among all recommended groups and making vaccination as accessible for as many as possible.

Recommendation	Progress
Rotherham Clinical Commissioning Group should implement the local actions outlined in the Chief Medical Officers 2013 Annual Report on Antimicrobial Resistance.	Each Clostridium Difficile and Methicillin- Resistant Staphylococcus Aureus case is reviewed and scrutinised at a monthly Post Infection Review panel, chaired by Rotherham CCG, with microbiology, infection prevention and control, medicines management and public health in attendance. The panel's responsibility is to determine whether the case was unavoidable and if there had been any lapses in the quality of care. Learning is embedded into future practice, with a particular focus on appropriate antibiotic prescribing.
	The Rotherham Foundation NHS Trust leads a multiagency Antimicrobial Stewardship Group which monitors and implements a range of interventions to ensure we are prescribing fewer antibiotics and making sure they are only prescribed when needed. Part of its wider role includes promoting better hygiene measures to prevent infections and measures to tackle the next generation of healthcare associated infections.
	Rotherham CCG has appointed a lead nurse with responsibility for infection prevention and control who will work closely with the medicines management team, infection prevention and control teams based in the hospital, community and public health.

Chapter 8: Key Recommendations of Report

1. Rotherham CCG to work closely with Public Health and service providers to ensure that **services** and **care pathways** for pregnant women and children and young people are integrated and take every opportunity to **maximise public health outcomes**. Particularly, reducing the risks associated with poor health behaviours (reducing smoking and alcohol use in pregnancy, increasing levels of breast feeding, reducing levels of overweight and obesity and increasing physical activity)
2. Public Health service providers and Children & Young People's services to work more closely to deliver **integrated health and early help services** for children and families
3. Partners to work together to **maximise opportunities for training** to improve health outcomes – for example by adopting Making Every Contact Count (MECC) principles and undertaking joint training on the effects of poor health behaviour on children and families
4. Schools and colleges should do more work to ensure that all children and young people are supported to **improve their mental health and wellbeing** – identifying clear pathways of support when children and young people experience mental health problems and raising awareness of self-harm and suicide prevention strategies
5. Rotherham CCG, Public Health and the local service providers should ensure **better and more timely access** for children and young people experiencing **mental health problems**. This should lead to better recovery and outcomes
6. Rotherham MBC needs to work with all partners to develop a 'whole systems' approach to **tackling overweight and obesity**, including prevention and treatment strategies
7. The work programmes of the Health and Wellbeing Board and the Children, Young People and Families Partnership Board should be **integrated and add value** to the work of all partners

We will develop a comprehensive action plan to support the delivery of the recommendations over the coming year. Working together with partners the actions will contribute to improvements in the health and wellbeing of children and young people in Rotherham.

Appendix 1: Data sources

The Joint Strategic Needs Assessment (JSNA)

<http://www.rotherham.gov.uk/jsna/> is a key source of information on the residents of Rotherham.

Much of the data included above is from Profile data published by Public Health England e.g. from the Rotherham Child Health

http://www.rotherham.gov.uk/jsna/downloads/file/98/child_health_profile_2015 and Public Health Outcomes Profile (PHOF)

<http://www.phoutcomes.info/> for Rotherham.

Data within the Profiles is generally sourced from the Office for National Statistics or the Health and Social Care Information Centre. Re-use of this data is subject to the Terms and Conditions of the data source.

Data from Public Health England

© Crown copyright. All content is available under the Open Government Licence, except where otherwise stated:

<http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/> For re-use of the data see the terms of the OGL.

Data from the Office for National Statistics

© Crown copyright 2015. Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.3.0.:

<http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/> For re-use of the data see the terms of the OGL.

Data from the Health and Social Care Information Centre

Copyright © 2015. All rights reserved. NOTE – estimates of hospital admissions are not endorsed by the HSCIC. Re-use of HSCIC data subject to their terms and conditions: **<http://www.hscic.gov.uk/terms-and-conditions>**

- ¹ UN Convention on the Rights of the Child: Guiding principles.
- ² <http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>
- ³ 'Fair Society Healthy Lives' The Marmot Review February 2010.
- ⁴ Rotherham JSNA Child Health Profile 2015 http://www.rotherham.gov.uk/jsna/downloads/file/98/child_health_profile_2015
- ⁵ Marmot M, Allen J, Goldblatt P et al (2010) Fair society, healthy lives: strategic review of health inequalities in England post 2010. London: Marmot Review Team
- ⁶ Unicef 2013 Sustainable Development Starts with Safe, Healthy and Well-Educated Children, cited on 18/12/2015 http://www.unicef.org/post2015/files/SD_children_FINAL.pdf
- ⁷ Rotherham Joint Strategic Needs Assessment <http://www.rotherham.gov.uk/jsna/>
- ⁸ Mid year population estimate for 2014, ONS June 2015
- ⁹ Department for Education January 2016 Pupil Level Annual School Census (PLASC) ethnicity <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2015>
- ¹⁰ Department for Communities and Local Government 2015 <https://www.gov.uk/government/collections/english-indices-of-deprivation>
- ¹¹ CRESR 2013: "Hitting the Poorest Places Hardest". Centre for Regional Economic and Social Research, Sheffield Hallam University
- ¹² Money Advice Service 2013: "Indebted lives: the complexities of life in debt" Money Advice Service 2013 <https://www.moneyadviceservice.org.uk/en/corporate/indebted-lives-the-complexities-of-life-in-debt-press-office>
- ¹³ Office for National Statistics population estimates, <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates>
- ¹⁴ Department for Education 2015 <https://www.gov.uk/government/collections/statistics-children-in-need>

- ¹⁵ Department for Education 2015
<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015>
- ¹⁶ English Indices of Deprivation 2015 <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>
- ¹⁷ Rotherham JSNA Child Poverty 2015 http://www.rotherham.gov.uk/jsna/info/23/people/55/children_and_young_people/8
- ¹⁸ Public Health England NCMP Fingertips Profile Data <http://fingertips.phe.org.uk/profile/national-child-measurement-programme>
- ¹⁹ Department for Education 2015 <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2014-to-2015>
- ²⁰ Department for Education 2015 <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2015>
- ²¹ Department for Education 2015
<http://www.education.gov.uk/cgi-bin/schools/performance/group.pl?qtype=LA&no=372&superview=sec>
- ²² Annual Population Survey 2014-15 <http://www.ons.gov.uk/ons/rel/sape/small-area-population-estimates/mid-2013/mid-2013-small-area-population-estimates-statistical-bulletin.html#tab-Electoral-Ward-Population-Estimates>
<http://www.ons.gov.uk/ons/rel/sape/small-area-population-estimates/mid-2013/mid-2013-small-area-population-estimates-statistical-bulletin.html#tab-Electoral-Ward-Population-Estimates>
- ²³ RMBC CSE Needs Analysis 2015
- ²⁴ All Party Parliamentary Group for Conception to Age Two: 1001 Days, February 2015 - <http://www.1001criticaldays.co.uk/buildinggreatebritonsreport.pdf>
- ²⁵ Chief Medical Officer's Annual Report 2012 - <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays/cmos-annual-report-2012-our-children-deserve-better-cmos-summary-as-a-web-page>

- ²⁶ Royal College of Obstetricians and Gynaecologists 2011 <https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-why-your-weight-matters-during-pregnancy-and-after-birth.pdf>
- ²⁷ NICE Guideline 2010 Weight Management before, during and after pregnancy <https://www.nice.org.uk/guidance/ph27/resources/weight-management-before-during-and-after-pregnancy-1996242046405>
- ²⁸ The Scientific Advisory Committee on Nutrition update on current evidence on Vitamin D <https://www.gov.uk/government/publications/sacn-update-on-vitamin-d-2007nm>
- ²⁹ The Lancet 2013 Maternal Vitamin D supplementation via the Healthy Start programme <http://ukpolicymatters.thelancet.com/maternal-vitamin-d-supplementation-via-the-healthy-start-programme/#ref>
- ³⁰ Royal College of Physicians (2010) Passive smoking and children: A report by the Tobacco Advisory Group of the Royal College of Physicians. RCP, London <https://cdn.shopify.com/s/files/1/0924/4392/files/passive-smoking-and-children.pdf?15599436013786148553>
- ³¹ Recommendations for the NHS Yorkshire and the Humber Strategic and Clinical Networks 2015 Improvement of Stillbirth and Bereavement Care in Yorkshire and the Humber [http://www.yhscn.nhs.uk/media/PDFs/maternity/Stillbirth/YH % 20Stillbirth % 20Recommendations % 20v1 % 20FINAL.pdf](http://www.yhscn.nhs.uk/media/PDFs/maternity/Stillbirth/YH%20Stillbirth%20Recommendations%20v1%20FINAL.pdf)
- ³² Antenatal care for uncomplicated pregnancies NICE guidelines [CG62] 2014 <https://www.nice.org.uk/guidance/cg62>
- ³³ Royal College of Obstetricians and Gynaecologists 2016 <https://www.rcog.org.uk/en/patients/patient-leaflets/alcohol-and-pregnancy/?gclid=CI8-ebAksoCFdVAGwodykIFmA>
- ³⁴ National Organisation for Foetal Alcohol Syndrome (NOFAS) <http://www.nofas-uk.org/>

- ³⁵ Department of Health 2016 Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officers https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489797/CMO_Alcohol_Report.pdf
- ³⁶ Larcher & Brierley 2014 – Larcher,V. Brierley,J. Fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorder (FASD)—diagnosis and moral policing; an ethical dilemma for paediatrician. [online] last accessed 05/01/2015 at <http://adc.bmj.com/content/early/2014/07/08/archdischild-2014-306774.full#ref-12>
- ³⁷ Lullaby Trust 2014 - <http://www.lullabytrust.org.uk/ons-stats-august-014>
- ³⁸ Unicef and World Health Organisation Breastfeeding Advocacy Strategy 2015 http://www.unicef.org/nutrition/files/Breastfeeding_Advocacy_Strategy-2015.pdf
- ³⁹ Public Health Outcomes Framework 2015 <http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000042/pat/6/par/E12000003/ati/102/are/E08000018/iid/20201/age/1/sex/2>
- ⁴⁰ Royal College of Psychiatrists, 2014 <http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/postnataldepression.aspx>
- ⁴¹ Bauer et al, 2014 http://eprints.lse.ac.uk/59885/1/__lse.ac.uk_storage_LIBRARY_Secondary_libfile_shared_repository_Content_Bauer,%20M_Bauer_Costs_perinatal_%20mental_2014_Bauer_Costs_perinatal_mental_2014_author.pdf
- ⁴² Safe Lives: <http://safelives.org.uk/policy-evidence/about-domestic-abuse/how-widespread-domestic-abuse-and-what-impact>
- ⁴³ Home Office 2015: <https://www.gov.uk/guidance/domestic-violence-and-abuse#domestic-violence-and-abuse-new-definition>
- ⁴⁴ <http://safelives.org.uk/policy-evidence/about-domestic-abuse/who-are-victims-domestic-abuse>
- ⁴⁵ Radford et al, NSPCC, 2011):
<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/domestic-abuse-facts-statistics/>

- ⁴⁶ NSPCC and the University of Bristol 2009 Partner exploitation and violence in teenage intimate relationships <https://www.nspcc.org.uk/globalassets/documents/research-reports/partner-exploitation-violence-teenage-intimate-relationships-report.pdf>
- ⁴⁷ NICE 2014 Domestic violence and abuse: multi-agency working <https://www.nice.org.uk/guidance/PH50/chapter/3-Context#introduction-3>
- ⁴⁸ LGA 2013 - http://www.local.gov.uk/c/document_library/get_file?uuid=9f5ef790-eee2-422d-851c-6eb5c3562990&groupId=10180
- ⁴⁹ ONS 2014 - <http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/2013/stb-conceptions-in-england-and-wales-2013.html>
- ⁵⁰ Family Nurse Partnership 2015 <http://fnp.nhs.uk/evidence>
- ⁵¹ Family Nurse Partnership 2015 <http://fnp.nhs.uk/evidence/randomised-control-trial>
- ⁵² Department of Health 2009 Healthy Lives Brighter Futures http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_094397.pdf
- ⁵³ Department of Health 2009 Healthy Lives Brighter Futures http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_094397.pdf
- ⁵⁴ Department of Health 2015 Change4life <https://www.nhs.uk/change4life-beta/campaigns/sugar-smart/home#VOckJggYpiGFKEIJ.97>
- ⁵⁵ Healthy Lives Brighter Futures 2009 -http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_094397.pdf
- ⁵⁶ This method of measurement (centile) provides a description of optimal growth. <http://www.rcpch.ac.uk/system/files/protected/page/DoH%20info%20for%20healthcare%20professionals.pdf>

- ⁵⁷ DOH (2011) Physical Activity Guidelines for Children & Young people 5 – 18 years https://www.sportengland.org/media/388152/dh_128210.pdf
- ⁵⁸ Rotherham Lifestyle Survey 2015 http://www.rotherham.gov.uk/news/article/355/lifestyle_survey_2014
- ⁵⁹ National Schedule of Reference Costs 2011-12 for NHS Trusts and NHS Foundation Trusts, DH 2012
- ⁶⁰ Delivering Better Oral Health: An Evidence-based Toolkit for Prevention, 3rd Edition (PHE 2014)
- ⁶¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/473570/9406_PHE_2015_Complete_Immunisation_Schedule_A4_21.pdf
- ⁶² <http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx>
- ⁶³ Source: Health and Social Care Information Centre <http://www.hscic.gov.uk/catalogue/PUB14949>
- ⁶⁴ Chief Medical Officer Report 2012 - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255237/2901304_CMO_complete_low_res_accessible.pdf
- ⁶⁵ Green et al, 2004 - <http://www.esds.ac.uk/doc/5269/mrdoc/pdf/5269technicalreport.pdf>
- ⁶⁶ Chief Medical Officer Report 2012- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255237/2901304_CMO_complete_low_res_accessible.pdf
- ⁶⁷ Chief Medical Officer Report 2012 - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255237/2901304_CMO_complete_low_res_accessible.pdf
- ⁶⁸ Rotherham Youth Cabinet - Scrutiny review: improving access for young people seeking help and support around self-harm (2014) - http://www.rotherham.gov.uk/downloads/download/158/health_scrutiny_reviews
- ⁶⁹ NICE, 2004 Self Harm in over 8s short term management and prevention recurrence <https://www.nice.org.uk/guidance/cg16>

- ⁷⁰ Samaritans and The Centre for Suicide Research 2002 - <http://cebmh.warne.ox.ac.uk/csr/resschools.html>
- ⁷¹ Mental Health Foundation 2006 Truth Hurts Report - <https://www.mentalhealth.org.uk/publications/truth-hurts-report1>
- ⁷² Child and Adolescent Self-harm in Europe (CASE) study, 2008 - http://nsrf.ie/wp-content/uploads/journals/08/DSH_CASEstudy.pdf
- ⁷³ Public Health England 2014 Hospital admissions as a result of self-harm <http://fingertips.phe.org.uk/profile/cyphof/data#gid/1938132709/pat/6/ati/102/page/3/par/E12000003/are/E08000018/iid/90813/age/245/sex/4>
- ⁷⁴ Rotherham Suicide Prevention and Self-Harm Action Plan 2015/2016 can be accessed at: www.rotherham.gov.uk/info/200068/mental_health/803/independent_report_on_suicide/2
- ⁷⁵ Rotherham MBC 2015
- ⁷⁶ Health and Social Care Information Centre 2014 What about YOUth? Survey <http://www.hscic.gov.uk/catalogue/PUB19244>
- ⁷⁷ National Drug Treatment Management System 2014 <https://www.ndtms.net/viewit/YP/ExecutiveSummary.aspx>
- ⁷⁸ Home Office 2014 New Psychoactive substances review: report of the expert panel. From PHE NPS Toolkit for Substance misuse commissioners 2014. <http://www.nta.nhs.uk/uploads/nps-a-toolkit-for-substance-misuse-commissioners.pdf>
- ⁷⁹ Public Health England 2014 - <http://www.nta.nhs.uk/uploads/nps-a-toolkit-for-substance-misuse-commissioners.pdf>
- ⁸⁰ 2015 Legal High National Survey for England <http://www.drugmisuseresearch.org/>
- ⁸¹ National Survey of Sexual Attitudes and Lifestyles, 2010 – 2012 <http://www.natsal.ac.uk/natsal-3>
- ⁸² Healthy Lives Brighter Futures 2009 - http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_094397.pdf
- ⁸³ Reported Road Casualty Results in Great Britain: Main Results 2014 - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/463045/rrcgb2014-01.pdf

- ⁸⁴ Lifewise South Yorkshire 2016 <http://www.lifewise999.co.uk/road-safety/south-yorkshire-safer-roads-partnership>
- ⁸⁵ Windfhur K, While D, Hunt I, Turnbull P, Lowe R, Burns J, Swinson N, Shaw J, Appleby L, Kapur N and the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (2008) Suicide in juveniles and adolescents in the United Kingdom. *Journal of Child Psychology and Psychiatry* 49: 1155-1165 cited in HM Government 2012 – <http://www.ncbi.nlm.nih.gov/pubmed/19017029>
- ⁸⁶ Suicide amongst young people NSPCC (2014) 'On the Edge: ChildLine spotlight: Suicide' - <https://www.nspcc.org.uk/globalassets/documents/research-reports/on-the-edge-childline-suicide-report.pdf>
- ⁸⁷ Church and Ryan 2015 http://www.rotherham.gov.uk/info/200068/mental_health/803/independent_report_on_suicide
- ⁸⁸ Rotherham CAMHS Transformation Plan http://www.rotherhamccg.nhs.uk/mental-health_2.htm
- ⁸⁹ Department for Education 2015 <https://www.gov.uk/government/organisations/departments-for-education/about/statistics>
- ⁹⁰ Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>
- ⁹¹ Rotherham SEND Joint Commissioning Strategy and Consultation 2015 [to be published]
- ⁹² Positive predictive value is the probability that subjects with a positive screening test truly have the disease.
- ⁹³ PM 2.5 and PM 10. Particulate matter, or PM, is the term for particles found in the air. Some particulates occur naturally, originating from volcanoes, dust storms, forest and grassland fires, living vegetation, and sea spray. Human activities, such as the burning of fossil fuels in vehicles, power plants and various industrial processes also generate significant amounts of particulates. The 10 micrometer and 2.5 micrometer sizes have been agreed upon for monitoring of airborne particulate matter by the regulatory agencies. This is because of their small size, particles on the order of ~10 micrometers or less (PM10) can penetrate the deepest part of the lungs such as the bronchioles or alveoli. Similarly, so called fine PM, particles smaller than 2.5 micrometers, PM2.5, tend to penetrate into the gas exchange regions of the lung (alveolus).