



Public Health Annual Report 2011



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Welcome to the 2011 Public Health annual report.

There have been a lot of changes in Public Health over the last year since the election of the new coalition Government. This has led to the publication of a new Public Health White Paper *Healthy Lives Healthy People: Our Strategy for Public Health in England (DH 30 November 2010)*. The paper builds on the work of the Marmot Review and seeks to tackle the major public health challenges facing our community. These include rising levels of obesity, alcohol and substance misuse and a high prevalence of smoking. The paper outlines a commitment to protecting the population from serious health threats.

Fair Society, Healthy Lives (the Marmot Review)

The Strategic Review of Health Inequalities in England Post 2010 by Sir Michael Marmot (2010) was commissioned as a national review of health inequalities across England and the evidence base of interventions to address them. The review has a crucial relevance to the health of Rotherham residents as it sets out a framework for systematically thinking through how to reduce inequalities at a local level.

Marmot's review identifies six high level priorities for action and evidence based objectives within each of these.

Fair Society, Healthy Lives high level priorities are:

- 1 Give every child the best start in life.
- 2 Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- 3 Create fair employment and good work for all.
- 4 Ensure a healthy standard of living for all.
- 5 Create and develop healthy and sustainable places and communities.
- 6 Strengthen the role and impact of ill health prevention.

Two things stand out: first the importance of tackling all of the social determinants of health taking a 'life course' approach and, second, doing more than just targeting the most disadvantaged, but addressing the whole social gradient.

This report aims to take Rotherham into the next phase of work as Public Health Departments prepare to merge with Local Authorities. This provides a great opportunity for a joint approach to Public Health that addresses the wider factors that shape the health and wellbeing of individuals, families and

local communities – such as education, employment and the environment. The Public Health Initiatives within this report strongly support Rotherham's Children's Plan, the Community Strategy, Rotherham Metropolitan Borough Council Corporate Plan and the NHS Single Integrated Plan.

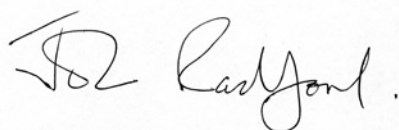
This year's annual report therefore forms the basis for discussion about this new approach to Public Health and the development of a Health and Wellbeing Strategy for the Borough as part of the Government's ambitious plan to improve Public Health.

Each chapter is divided into:

- What the data shows...
- What are we currently doing in Rotherham to address these priorities?
- What more could we be doing and what are the key challenges?

I have attached an appendix showing Rotherham's performance indicators against the Marmot areas for information.

Life expectancy in Rotherham remains significantly worse than the England average. Through closer working of the NHS, Local Authority, Voluntary Agencies and communities we can work together to drive the change we need to create a healthier Rotherham.



Dr John Radford
Director of Public Health

The facts:

- Life expectancy in men is 76.6 years. This is 1.7 years less than the national average.
- Life expectancy in women is 80.7 years. This is 1.6 years lower than the national average.
- Men living in the Neighbourhood Renewal Strategy (NRS) target areas are likely to live around 3 years less than the Rotherham average. Women living in these areas are likely to live 2 years less.
- Rotherham cardiovascular disease rates are dropping faster than the national rates, with deaths halving in the last 10 years. However it still remains one of the largest causes of death across the borough.
- 1 in 3 deaths are due to cancer, especially lung and breast cancer.
- 1 in 7 deaths are due to respiratory diseases such as bronchitis and pneumonia.



Chapter 1 - Give Every Child The Best Start In Life

What the data shows...

- 25% of children in Rotherham live in poverty. In some areas this is as high as 70%.
- 14.2% of all Rotherham children live in areas which are within the 10% most deprived nationally.
- A quarter of all mums in Rotherham smoke during pregnancy. Smoking in pregnancy increases the risk of complications in labour, having a low birth weight baby and/or a baby who suffers from asthma and behavioural problems. It also increases the risk of sudden unexpected death in infancy (known as cot death).
- 9% of all babies born in Rotherham have a low birth weight (much higher than the national average).
- Rotherham has approximately 20-25 infant deaths every year (under 1 year).
- The review of child deaths shows that parental alcohol use and smoking are significant factors implicated in a number of infant deaths (under 1 year).
- Half of all mums in Rotherham breastfeed their babies at delivery and only one in five babies is still breastfed at 6-8 weeks.
- Two out of three babies are born in some of the most deprived areas in Rotherham, lessening their life chances, throughout all stages of their lives.
- There are more teenage pregnancies in Rotherham than the national average.

Pregnancy and the first three years of life are the most important stages in our life cycle; foundations of future health, development and wellbeing are laid down.

It is increasingly recognised that giving babies a healthy start is crucial to every aspect of a child's development – physical, intellectual and emotional. What happens in the early years, beginning in pregnancy, has lifelong effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational achievement and economic status.

Rotherham's Children & Young Peoples Plan 2010-13

Marmot's Priority Objectives:

- 1** Reduce inequalities in the early development of physical, learning and social skills in children under 3 years of age.
- 2** Provide early intervention into the pre, post natal and early years to ensure family functioning and wellbeing is of an optimum standard.
- 3** Build the resilience of families to ensure that the health, welfare and social needs of their children are met.

Marmot's Policy Recommendations:

- 1** To increase the proportion of overall expenditure allocated to the early years.
- 2** Support families to achieve progressive improvements in early child development, for example through good pre and post natal care, paid paternity leave, offering good routine support.
- 3** Provide good early years education and childcare.



What are we currently doing in Rotherham to address these priorities?

Maternity Services:

- Direct and quicker access into an effective midwifery service.
- Employing additional maternity support workers, to support a reduction in smoking in pregnancy and an increase in the number of women breastfeeding.
- Ensure that all families and the people working with them are aware of safe sleeping to prevent cot death.
- Employing specialist midwives to address issues detrimental to infant health and wellbeing at point of delivery and in the early years e.g. smoking, alcohol and substance misuse.
- Ensuring that teenage parents and their children are given the additional support and guidance required to meet their long term health and wellbeing needs.
- Implementing breastfeeding peer support across Rotherham through joint working with children's centres.
- Implementing Stage 2 of UNICEF Baby Friendly Initiative

Health Visiting Services for Children from Birth to Age Three:

- Access for all families to a universal health visiting service.
- Strengthen parents' understanding of childhood and the importance of healthy eating, physical activity and keeping children safe.

- Ensure that parents receive timely, up to date information to support them in making informed decisions on their child's health and welfare.
- Provide a specialist health visiting service to support universal provision ensuring that issues detrimental to good outcomes are identified at the earliest opportunity.
- The number of Health Visitors nationally will be increased by 4,200 between 2010-2015. Rotherham's allocation will be an additional 20.00 WTE funded by NHSR and 4.00 WTE funded from existing provider services resources. The main focus of the 'new' Health Visitors Service will be on 0-3 year olds and their families and a return to Public Health Nursing. There will be an expectation to achieve quality outcomes which will be monitored against 4 delivery levels:

1. **Community** – Health Visitors should know what exists in the community they are assigned to and work to develop these for children and families e.g. Sure Start Services.

2. **Universal Services** – delivery of the Healthy Child Programme and support for parents to access a range of community services/resources.

3. **Universal Plus** – rapid response from the Health Visitor when families require specific expert help e.g. postnatal depression; sleepless baby; feeding concerns.

4. **Universal Partnership Plus** – ongoing support from the Health Visitors Team plus a range of local services to deal with complex issues over a period of time, working with Children's Centres, charities and where appropriate Family Nurse Partnerships.

Prevention and Early intervention Services:

- Schools, children's centres, youth workers, maternity services, GPs, the health visiting and school nursing services and voluntary and community sector organisations work together to ensure that vulnerable children are identified and that action is taken to prevent and tackle problems before situations escalate into crisis, and that these professionals have access to Common Assessment Framework training and development.

What more could we be doing and what are the key challenges?

- The 25% of children living in poverty in Rotherham need extra support to achieve their full potential. This equates to 18,000 families (assuming three children per family).
- Delivering early interventions during pregnancy and ongoing support in the early years are critical to the long term health and development of the child and other long term family outcomes.
- Integrating pre natal, post natal and early years services to ensure that services are seamless is essential to good outcomes.
- Ensure high quality maternity and health visiting services through effective, nationally evaluated parenting programmes, leading to a successful transition into childcare and early years education.

- Professionals working with pregnant women and new mums should identify and offer support and treatment to women with mental health issues.
- Professionals working with pregnant women and new mums should identify and offer support and treatment to women with a history of substance misuse.
- Targeted interventions are necessary for a significant number of children and families, where children will fail to achieve as they grow up and develop.
- Families have exclusive influence on their children in the early years – influencing care at this stage is a challenge.
- Greater embedding of Early Intervention and Family Support processes.

Investment in early years is vital for reducing health inequalities and needs to be sustained otherwise its effect is lessened. Returns on investments in early childhood are higher than in adolescence. Currently spending is higher in later childhood and needs to be rebalanced towards early years. The obstacle is that resources invested in initiatives to tackle health inequalities in the early years don't produce instant returns.

Where children are unable to remain with their birth family services are supported to ensure sustainable and permanent alternative family care.

In September 2011 a Family Nurse Partnership (FNP) will be implemented in Rotherham providing intensive support to pregnant teenagers from the ante-natal period and for 2 years following the birth of the baby. It is expected that the FNP will demonstrate positive health and wellbeing outcomes.

Chapter 2 - Enable children, young people and adults to maximise their capabilities and have control over their lives

What the data shows...

- Many health risks affecting young people are more common in deprived areas, for example teenage pregnancy, smoking, obesity, substance misuse (including alcohol) and accidents.
- Attainment in Rotherham's schools is below the regional and national average at all key stages.
- Rotherham has almost 12,000 children living in households where there was no one in employment (2001 census)
- Indicators suggest Rotherham's 16-24 year olds are less likely to enter further education than is the case in other areas, preferring to seek employment in jobs that may not be sustainable.
- Rotherham's workforce is gradually transforming. Currently (2008) 22% of the working age population are qualified to at least NVQ level 4, compared to less than 15% in 2001. Despite this improvement we are still behind regional and national averages.
- 6.6% of all 16-17 year olds in Rotherham are not currently in employment, education or training. This has dropped from just under 11% in 2006.
- 1 in 6 people (adults aged over 16) will have a mental health problem at any one time and for half of these people the problem will last longer than a year. The number of people on Rotherham GP practice registers with a mental health problem at the end of 2009-10 was 25,807 (QOF data).

Supporting children and young people through childhood and adolescence into adulthood lays important foundations for healthy, fulfilled lives. Early child development and educational attainment are crucial for future health and wellbeing, as well as improving job opportunities and providing a route out of poverty.

Marmot's Priority Objectives:

- 1 Improve educational aspirations and attainment to reduce the inequalities in educational outcomes.
- 2 Ensure that schools, families and communities work in partnership to improve health, wellbeing and resilience in children and young people.
- 3 Improve the access and use of quality life long learning.

Marmot's Policy Recommendations:

- 1 Ensure that reducing social inequalities in pupils' educational outcomes is a sustained priority.
- 2 Prioritise reducing social inequalities in life skills by:
 - a Extending the role of schools in supporting families and communities and taking a 'whole child' approach.
 - b Developing the school-based workforce to build their skills in working across school-home boundaries and addressing social and emotional development, physical and mental wellbeing.
- 3 Increasing access and use of quality lifelong learning opportunities across the social gradient, by:
 - a Providing easily accessible support and advice for 16-25 year olds on life skills, training and employment opportunities.
 - b Providing work-based learning, including apprenticeships, for young people and those changing jobs/ careers.
 - c Increasing the availability of non-vocational lifelong learning for people of any age.



What are we currently doing in Rotherham to address these priorities?

Healthy Schools

- 97% of Rotherham schools have achieved Healthy Schools status.
- Working towards and sustaining Healthy Schools status equips schools to promote universal health by embedding health behaviours and wellbeing outcomes into the everyday business of school life. Tackling emotional health and wellbeing with school-based mental health promotion improves self esteem and reduces risky behaviour.

Support for parents

- Families are supported by multiagency staff, including health visitors and children's centres, to develop an interest in and skills to support their children's education. What parents do to support their children is crucial for children's development and attainment – home learning activities have a greater impact upon children's intellectual and social development than parental occupation, education or income. Furthermore good parent-child relationships help build children's self esteem and confidence and reduce the risk of children adopting unhealthy lifestyles.

School nursing service

- Each school has a designated school nurse who delivers the Healthy Child Programme for all school-aged children including both universal and targeted provision. The school nursing service is fundamental to a healthy school

service, managing pupils' wellbeing, medical and long term conditions and developing schools as health promoting environments.

Teenage pregnancy care pathway

- Teen parents are supported to continue or get back into education, employment or training via the teenage pregnancy care pathway. The multiagency pathway has been developed and implemented to address the needs of teen parents and their children and pull together key services at the right time including support from specialist Connexions personal advisors dedicated to teen parents. The Rowan Centre provides an alternative education programme for teen mothers who are of statutory school age where they learn parenting skills as well as continuing formal education. A holistic team centred on the family is adopted to nurture both parent and child whilst learning.

The Family Nurse Partnership will provide intensive and structured home visiting for first time teenage mothers with the aim of improving pregnancy outcomes, child health and development and parents' economic self-sufficiency. Much of the work will focus on behaviour change.

Mental Health First Aid

Training has been provided for front line staff including health, social care, housing and the voluntary sector. The course helps identify signs and symptoms and refer to appropriate agencies.

Healthy Eating

The content and quality of food eaten is related to developmental, cognitive and behavioural outcomes that are important in childhood for health and well-being. Various initiatives encourage children and young people in Rotherham to make informed choices and develop good eating habits. These include Maltby MasterChef, implementing Healthy Packed lunch policies within schools and taking part in the Small Steps programme in Partnership with the School Food Trust.

Physical Activity

The School Sports Partnerships through enforcing two hours of Physical Education, providing school sport coaching, interschool competition, leadership and volunteering opportunities and formalising links to sports clubs and the community have significantly increased the number of local young people engaging in sport and physical activity.



Rotherham's children and young people's plan 2010-13

This multiagency plan demonstrates how all the partners are working together to provide services that will improve children's lives. Areas included in the plan are:

1. Keeping children and young people safe
2. Tackling inequalities
3. Prevention and early intervention
4. Transforming Rotherham's learning

What more could we be doing and what are the key challenges?

The key challenges are:

- Maintaining the initiatives in the face of government cuts.
- Supporting the 18,000 families living in poverty.
- Prioritising health in services for families and in schools in face of competing priorities.
- Delivering the Rotherham children and young people's plan, particularly support or training and employment opportunities for 16-25 year olds.
- Support the implementation of the prevention and early years strategy.

Chapter 3

Create fair employment and good work for all

What the data shows...

- Rotherham has 21,600 workless people, who are predominantly concentrated within the more deprived areas.
- There is a generational worklessness damaging aspirations and access to opportunities to develop enterprising behaviour.
- Numbers claiming Job Seeker's Allowance (JSA) have risen sharply during the recession.
- Sharp rise in long-term worklessness, with the numbers claiming JSA for over 12 months increased by over 200% in the last two years, to 1,430.
- Numbers in employment are not predicted to reach pre-recession levels until around 2020.
- Over 14,000 people are on Employment Support Allowance (ESA) or Incapacity Benefit.
- Only 23% of those who are economically inactive state that they want a job.
- Rotherham has 7,000 more people without any qualifications than the national average.
- Average earnings are 10% below the national average.
- 6.5% of the Rotherham working population claimed Incapacity Benefit or ESA in February 2010 (10,540 people).
- The two most common long term conditions leading to Incapacity Benefit/ESA claims are mental illness and musculoskeletal disorders.
- 37% of the borough remains within the top 20% most deprived areas nationally for employment.

Unemployment in Rotherham is higher than the national average. Although employment rates have improved dramatically in recent years the recession has hit Rotherham hard and rates have now fallen. Many of those who are unemployed state that they do not want a job (JSNA 2010). Of the people that are in work, a higher than average proportion are in low skilled jobs.

Marmot's Priority Objectives:

- 1 Improve access to good jobs and reduce long-term unemployment across the social gradient.
- 2 Make it easier for people who are disadvantaged in the labour market to obtain and keep work.
- 3 Improve quality of jobs for all.

Marmot's Policy Recommendations:

- 1 Prioritise active labour market programmes to reduce long term unemployment.
- 2 Encourage, incentivise and, where appropriate, enforce the implementation of measures to improve the quality of jobs by:
 - a Ensuring public and private sector employers adhere to equality guidance and legislation.
 - b Implementing guidance on stress management and the effective promotion of wellbeing and physical and mental health at work.
- 3 Develop greater security and flexibility in employment by:
 - a Prioritising greater flexibility of retirement age.
 - b Encouraging and incentivising employers to create or adapt jobs that are suitable for lone parents, carers and people with mental and physical health problems.



What are we currently doing in Rotherham to address these priorities?

Reducing long term unemployment

Rotherham has invested in *Improving Access to Psychological Therapies* which provides talking therapies to people experiencing mild to moderate mental health problems. Mental ill health is one of the main causes of sickness absence and unemployment due to ill health. Improving access to a range of treatments will help people to stay in work or return to work more quickly.

Rotherham Occupational Health Advisory Service is an additional service funded by NHS Rotherham that provides support and advice to help people deal with work related health issues. The service enables people to stay in work or return to work successfully following a period of absence and can provide mediation with employers to ensure that the work is not damaging to the person's health.

Rotherham Health Trainer Service provides free and confidential support and advice to people wishing to make a behaviour or lifestyle change. Health trainers work with clients to promote self efficacy, self care, increase health literacy and encourage people to take responsibility for their own health. In doing so they empower individuals to manage their physical health which may lead to improved attendance at work and make it less likely that individuals will become unable to work due to ill health. Where a client is not currently in

employment this empowerment approach may increase confidence and motivation to seek employment.

NHS Rotherham hosts the *Mind Your Own Business* project funded by the Big Lottery Fund. This project aims to improve the mental well being of those who live and/or work within Rotherham through targeted work with employers. The project has helped almost 100 local employers to improve the mental wellbeing of their workforce and has provided training such as Mental Health First Aid to around 1000 employees.

Community services such as *Stop Smoking Services, Reshape Rotherham* and *Health Trainers* provide their services within workplaces to help improve the health of staff.

Improving employment opportunities

The Rotherham Economic Plan aims to promote productive and competitive businesses in Rotherham, raise aspirations to increase the number of employable young people and to create conditions for sustainable growth in Rotherham.

Rotherham Metropolitan Borough Council (RMBC) has developed Access All Areas which provides voluntary work placements to people with disabilities who wish to return to or start work. To date over 100 people have benefitted from the experience gained during Access All Areas placements. Of these 32 have now gained paid employment through open recruitment, the Future Jobs Fund or the RMBC Move on to Employment project.

What more could we be doing and what are the key challenges?

- Rotherham continues to be badly hit by the recession and unemployment figures have increased. Spending cuts in the public sector may further increase unemployment rates as a large proportion of people in Rotherham work within the public sector.
- The workplace is potentially a powerful vehicle for improving people's health. Most full time workers spend more than a third of their waking hours at work, so their workplace will have a significant influence on their health and wellbeing. We should be supporting small and medium sized business to promote health.
- Prioritise the under 24's living within deprived communities to reverse the apathetic attitude towards employment by raising personal aspirations.
- We should continue to support the Rotherham Occupational Health Advisory Service and Improving Access to Psychological Therapy services.
- We should consider how NHS Rotherham can support the new Department for Work and Pensions Work Programme which aims to help unemployed people back to work.
- Public sector organisations are some of the largest employers in Rotherham and need to set an example to other employers in creating healthy, supportive workplaces. Particular care needs to be taken in light of the likely job losses that adequate support is put in place for staff at

risk of redundancy. The public sector has also been encouraged to take positive action to recruit staff from disadvantaged groups. Recruitment freezes mean that organisations will find it difficult to achieve this.

- Mental health issues need to be addressed in an attempt to reduce sickness/ absence rates.
- Due to short term funding and changes in commissioning arrangements some of the services working with employers and employees to improve health may come to an end within the next few years. This could lead to an increasing number of people becoming or remaining out of work due to ill health.
- Reduce the number of people in Rotherham claiming Employment Support Allowance by ensuring adequate, structured, systematic, evidence-based services are offered, as a minimum, in the areas of mental illness and musculoskeletal problems.



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Chapter 4

Ensure a healthy standard of living for all

What the data shows...

- Deprivation has reduced over the last ten years but Rotherham is still in the bottom 20% of local authorities when considering overall deprivation.
- The recent recession has also had a major impact on many of the factors which affect families living in poverty.
- 31,000 or 12% of the Rotherham population live in the 10% most deprived areas nationally.
- 36,000 households in the district are managing on less than the minimum income needed to achieve an acceptable standard of living.
- In the winter of 2009/10 Rotherham had 136 excess winter deaths.

The Marmot review recognises that not having enough money to lead a healthy life is a highly significant cause of health inequalities. If there is a gap between the minimum income for healthy living (a figure which takes into account costs for nutrition, physical activity, housing, social interactions, transport, medical care and hygiene) and actual income then standards in health will not be maintained.

The review also acknowledges that people on low incomes spend a larger proportion of their money on commodities that attract indirect taxes than those on higher incomes.

Marmot's Priority Objectives:

Marmot's recommendations are about influencing national policy, for example establishing a minimum income. The recommendations below are how we might influence and support these at a local level.

There should be a focus upon:

- 1 The unemployed having access to good benefits advice to ensure maximum uptake of the benefits they are entitled to.
- 2 The unemployed having good access to job opportunities including support with applications and interview technique.
- 3 Providing opportunities for people to gain work experience, for example, through the voluntary sector and back to work/ community schemes.

Marmot's Policy Recommendations:

These are based on ensuring a healthy standard of living for all.

- 1 Ensuring the availability of healthy, affordable food.
- 2 Developing a good transportation network.
- 3 Providing accessible, affordable recreation.
- 2 Providing life-long learning opportunities.
- 3 Developing affordable warmth initiatives.



What are we currently doing in Rotherham to address these priorities?

- **Hotspots** is a partnership project to address affordable warmth/energy efficiency, finance, safety and health. The project offers free energy saving and grant advice, home safety checks, benefit entitlement checks (for those over 60) and stop smoking advice and support.
- **Housing market renewal** offers great opportunities for regeneration in many parts of Rotherham. The regeneration team aims to improve the quality and choice of affordable housing in Rotherham.
- **Rotherham Local Ambition Programme** aims to increase volunteering and assist people into work and self-employment in three of our most deprived and vulnerable neighbourhoods. A number of projects/initiatives have been delivered to tackle child poverty.
- **Shop Local** is a partnership between the council and local retailers and enables people who have signed up to the scheme to receive discounts and offers at 60 shops and restaurants in Rotherham town centre. The scheme ran for six months from July 2010 to January 2011.
- **Food Aware** is a not for profit social enterprise which redistributes surplus food. A key objective of the project is to redistribute healthy 5-a-day produce e.g. tomatoes, peppers, cucumbers and fruit.
- **Maltby Masterchef/Market Meals** are campaigns which promote family lifestyle interventions around affordable healthy eating in a community setting.
- **Affordable, accessible recreation** activities are offered across Rotherham by DC Leisure and RMBC.
- **Ministry of Food** has taught over 6,000 people to prepare and cook simple meals using fresh, local ingredients over the last two years. The initiative has also provided training and employment opportunities.
- **A transport strategy** is being developed by the South Yorkshire Passenger Transport Executive to ensure that local public transport is affordable, accessible, reliable, safe, well publicised and easily understood. Rotherham Community Transport has a variety of 'door 2 door' services available to provide transport to people with disabilities.

What more could we be doing and what are the key challenges?

- Ensure that people are receiving the benefits they are entitled to and that families receive adequate support to avoid serious debt.
- All agencies must work together to ensure that everybody in Rotherham has access to good quality, affordable food, access to affordable recreation, can travel easily, safely and efficiently across the borough and live in homes which are sufficiently warm and free from damp.
- Aim to achieve the aspiration that 'everyone can expect to live longer and healthier lives regardless of where they live'. This would require further targeting of preventative services to our more disadvantaged populations – challenging the new GP commissioning consortium and adult and children's social care.
- Many of our interventions have used short term funding which is now coming to an end. The challenge is to ensure that good practice is not lost and to prioritise funding appropriately.



Chapter 5

Sustainable places and communities

What the data shows...

Green issues:

- Access to green spaces improves people's mental and physical health.
- Areas with more green spaces have lower health inequalities.
- Rotherham has a lot of green space available for use.
- Appropriate planning can encourage people to walk and cycle.
- On average, each person in the UK throws away seven times their body weight in rubbish every year.
- Around 67% of private rented housing stock in Rotherham would fail the Government's Decent Homes standard due to excessive cold.

Community cohesion:

- Being involved in your community is associated with better health outcomes.
- Approximately 1 in 7 local households (14.4%) has a pensioner living alone.
- Rotherham's black and minority ethnic population are fairly evenly divided between those born in the UK and those born abroad, the latter being more likely to have limited English language skills.
- Nearly 8% of pupils have English as a second language.
- 79.4% of Rotherham's population describe themselves as Christians. 2.6% belong to other religions, the largest of which is Islam (2.2%).
- National estimates suggest that 6% of the UK population are lesbian, gay, bisexual or transgendered. This would equate to 15,200 people in Rotherham.

Climate change presents a growing threat to health. Many of the activities promoted to prevent climate change – for example walking, cycling and eating less meat – have additional health benefits.

Marmot's Priority Objectives:

- 1** Develop common policies to reduce the scale and impact of climate change and health inequalities.
- 2** Improve community capital and reduce social isolation across the social gradient.

Marmot's Policy Recommendations:

- 1** Prioritise policies and interventions that reduce both health inequalities and mitigate climate change by improving active travel, access to affordable healthy food and improving the energy efficiency of housing.
- 2** Fully integrate the planning, transport, housing, environmental and health systems to address social determinants of health.
- 3** Support locally developed and evidence based community regeneration programmes that remove barriers to community participation and action and reduce social isolation.



What are we currently doing in Rotherham to address these priorities?

- Regeneration of Clifton Park has produced an environment where the whole borough can enjoy the green space, improving social integration.
- Rotherham public sector organisations have sustainability plans. These cover waste management, recycling and green/active travel.
- Rotherham Hospital has received an award for their work towards the NHS Carbon Management Plan.
- Rotherham public sector organisations support the Rotherham: One Town, One Community Strategy that promotes and celebrates the values that unite people living in Rotherham, including fairness, understanding, mutual respect, and a desire to achieve the best for Rotherham.



What more could we be doing and what are the key challenges?

- Ensure that people are receiving the benefits they are entitled to and that families receive adequate support to avoid serious debt.
- All agencies must work together to ensure that everybody in Rotherham has access to good quality, affordable food, access to affordable recreation, can travel easily, safely and efficiently across the borough and live in homes which are sufficiently warm and free from damp.
- Support the development and implementation of the green spaces sport and recreation plan.
- Support the development and implementation of the environment and climate change strategy.
- Support the development and implementation of the waste strategy.
- To prioritise policies and interventions that reduce health inequalities and lessen climate change by:
 - Improving active travel for all.
 - Improving the availability of good quality open green spaces.
 - Improving the access to good quality affordable food.
 - Improving energy efficient housing in the private sector.
 - Fully integrate the planning, transport, housing, environmental and health systems to address social determinants of health.
- Support locally developed and evidence based community regeneration programmes that remove barriers to community participation and action and reduce social isolation.



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Chapter 6 Strengthening the role and impact of ill health prevention

What the data shows...

Unhealthy lifestyles are too common in Rotherham.

Many residents are not fit and do not have healthy diets. Each year, more and more adults and children are becoming obese. Drug and alcohol misuse is more common. Many Rotherham residents also smoke, including pregnant women who put their unborn children at risk. Many residents have developed a long term condition or disability when they reach retirement age and are in poor health with illnesses such as heart disease and diabetes.

- 9 in 10 adults are not physically active.
- 4 in 5 don't eat healthily.
- 28% of adults and 12% of children are obese.
- 1 in 5 adults binge drink.
- 1 in 4 adults smoke.
- 1 in 4 pregnant women smoke.
- 30% of adults over the age of 65 years report not being in good health.

Smoking, poor diet, and a lack of exercise all lead to poor health, especially cancer, heart disease, diabetes and respiratory disease.

Marmot's Priority Objectives:

- 1 Prioritise prevention and early detection of those conditions most strongly related to health inequalities.
- 2 Increase availability of long term and sustainable funding in ill health prevention.

Marmot's Policy Recommendations:

- 1 Prioritise investment in ill health prevention and health promotion.
- 2 Implement an evidence based programme of ill health prevention, including medical intervention as well as smoking cessation and alcohol reduction.
- 3 Focus core efforts of public health departments on interventions related to the social determinants of health.



What are we currently doing in Rotherham to address these priorities?

- Community alcohol services such as *Lifeline* and *Clearways* provide a wide range of services including counselling, support and help for people to come off and stay off alcohol. Trained doctors, nurses and other staff identify and help people who misuse alcohol. Rotherham has several access points to alcohol related brief advice and information as well as to longer term interventions.
- *Reshape Rotherham* and the *Rotherham Institute for Obesity* have helped people lose weight and to lead healthier lives. Weight management programmes for children and their families are provided by *Carnegie International Camps* and *Carnegie Clubs*. There are also innovative projects such as the *Mini-Masterchef* challenge in Maltby to encourage families to make healthier food choices.
- Rotherham Metropolitan Borough Council promote walking for health programmes such as *Steps to Health* and have helped to train local walk leaders. For older residents, there are physical activity schemes, such as *Active Always Keep Moving* and *Active in Age*, run by exercise instructors and health trainers to promote healthy, active ageing.
- The National Child Measuring Programme delivered in reception and year 6 provides statistical data to support plans to tackle childhood obesity. Early identification of childhood obesity enables targeted work to take place to prevent escalation.
- *Stop Smoking Services* have helped more than 2,700 people quit smoking. The *Smokefree Homes* scheme has got more than 3,000 homes signed up to be smokefree.

Examples of our local partnerships

Fire and Rescue Service - *Smokefree Homes*

Police Service - *Lifewise scheme to encourage safer communities and good citizenship.*

DC Leisure - *Carnegie Club children's weight management programme*

Rotherham Metropolitan Borough Council - *Active Always and Walking for Health programmes*

Rotherham United Football Club - *Extra Time physical activity scheme*

What more could we be doing and what are the key challenges?

- It is important that people realise that ill-health can be prevented. There needs to be new and sustained ways to spread health messages, for example through shopping centres, parks, pubs and other community hubs. Every meeting with residents is an opportunity to encourage them to adopt healthy lives; it is important to make every contact count.
 - Young people must be helped to live healthily by taking exercise, having supportive social networks and enjoying a socially responsible time across Rotherham. Getting the message across to our young people and helping them adopt healthy lifestyles is vital.
 - We need to cut down the number of smokers and especially mums-to-be who smoke. To do this we need to change attitudes, and help them to not just quit smoking but to stop for good.
 - Physical activity helps people get fit and keep fit. We therefore need to get people playing sport, walking and cycling more.
- 
- It is a challenge not only to encourage people to choose healthier lifestyles, but also to help them maintain them. The spending cuts likely in the next few years will put a strain on services. We need to make sure we can keep preventative services going.
 - There are also other people in our community who are vulnerable and need more help to adopt a healthy lifestyle, such as pregnant mums, those living in poverty and those with chronic ill-health.

Chronic disease

The largest causes of death in Rotherham are cancer, coronary heart disease and respiratory disease making these priority areas. Sadly, many of these deaths are preventable.

What the data shows...

- 1 in 3 deaths are due to cardiovascular disease such as heart attacks and strokes.
- 1 in 3 deaths are due to cancer, especially lung and breast cancer.
- 1 in 7 deaths are due to respiratory diseases such as bronchitis and pneumonia.

What are we currently doing in Rotherham to address these priorities?

- All GPs have chronic disease registers, including diabetes, which has a strong link to heart disease.
- Over the last 18 months GPs have been carrying out NHS Health Checks to detect early signs of heart disease and prevent them developing further.
- Rotherham's Breathing Space facility focuses on lung rehabilitation for people with breathing problems.
- There are successful cancer screening programmes for breast, cervical and bowel cancers.



What more could we be doing and what are the key challenges?

- Maintaining a focus on prevention by ensuring that evidence-based clinical and lifestyle interventions are implemented. GPs should continue to improve the health and wellbeing of their patients, thus ensuring that children's resilience, learning and development opportunities and adults' abilities to make a positive contribution to the workforce are maximised.

This can be done through offering preventative services including:

- NHS Health Checks (measuring cardiovascular disease risk)
- Screening
- Immunisation and vaccination, for example MMR, seasonal flu
- Lifestyle advice including alcohol and drugs, smoking, healthy eating and diet and physical activity
- Mental health services
Understanding the causes of mental ill health by intervening in the social causes such as debt, and making appropriate referrals.

GPs need to look at new ways of working collaboratively to promote good health including:

- Working more closely with citizens' advice agencies, benefit agencies, debt counselling and housing organisations in an attempt to address the causes of ill health.
- Working with occupational health services and other agencies to maximise the full potential of the Fit Note.
- Working with others to prevent seasonal excess deaths, for example housing, provide advice on keeping warm and refer to the Hot Spots scheme and Warm Front.

Rotherham can address the wider determinants of health through areas such as adequate private sector housing, transport and green spaces.



Chapter 7

Identifying, monitoring and responding to emerging problems for the population as identified in the joint strategic needs assessment for Rotherham (2010).

The following highlight some key challenges that Rotherham will have to address over the coming years in terms of health and social care needs.

Aging and dementia

- Dementia is predicted to increase by 38% in 15 years (from 2,851 diagnoses in 2010 to an expected 3,934 by 2025).
- Our population is growing older with the number of people over 85 years of age expected to double in the next 20 years. This means there will be an increasing need for care services for the elderly and for services to treat conditions associated with old age.
- 19.5% of dementia patients in Rotherham are prescribed an anti psychotic (a powerful behaviour controlling drug).

Learning disability

- As people live longer the number of adults with learning disabilities over 65 years is predicted to increase by 52% between 2010 and 2030. This is an increase of 14% from previous predictions.

The four main reasons for the increase in the number of people with a learning disability are :

- *Increased life expectancy, especially among people with Down's Syndrome.*
- *Growing numbers of children and young people with complex and multiple disabilities who now survive into adulthood.*
- *A sharp rise in the reported numbers of school age children with autistic spectrum disorders, some of whom will have learning disabilities.*
- *Greater prevalence among some minority ethnic populations of South Asian origin.*

Long term conditions/ physical disability

- It is estimated that in 2015 there will be 28,199 people over 65 in Rotherham with a long term clinical or psychological condition which causes a disability.
- The 2001 census shows that 22.4% of the population considered themselves to have such a disability, compared with 17.9% nationally.

What more could we be doing and what are the key challenges?

Health and social care services need to plan and respond to the anticipated increases in these conditions and ensure evidence based services are implemented. This may involve redesigning care pathways towards prevention of disability rather than a response to it.



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Appendix 1:

The following Information has been obtained from the Yorkshire and Humber Public Health Observatory.

The spine charts in table 2 report on the six Marmot chapters.

Table 1

Rotherham		District data		Within district inequality (Slope index of inequality)	
	Rate	Pop base (to nearest 100)	SII (95% CIs)	Relative SII	SII range
AAACM (2005-09)¹ DSR per 100,000 persons	658	770400 (av per year)	-434	0.66	
Early Years Foundation Status (2008/09)² (% of children with 'good development')	51.0%	2900	35.9%	0.70	
Child poverty (2008)³ (% of children < 16 in families in receipt of CTC (<60% median income) or IS/JSA)	22.7%	49800	-46.9%	2.07	
Educational attainment (2008/09)⁴ (% of pupils achieving 5+ A*-C grades including English & Maths)	46.5%	3400	34.7%	0.75	
Long term unemployed (Oct 2010)⁵ (% 12months+ of those aged 16 to 64)	1.0%	162500	-1.3%	1.30	
Live unfilled vacancies (Oct 2010)⁵ (% of those aged 16 to 64)	0.9%	162500	-0.4%	0.45	
Civic participation (2009)⁶ (% of all households)	13.0%	110200	5.4%	0.42	
Housing in poor condition (from IMD 2007)⁷ (% of housing in poor condition)	28.2%	110200	-12.4%	0.44	

Glossary of terms:

AAACM - All Age All Cause Mortality

CTC - Child Tax Credit

DSR - Directly Standardised Rate

IMD - Index of Multiple Deprivation

IS - Income Support

JSA - Job Seekers Allowance

Table 2

Spine charts for wider determinants of health							
	Rotherham	Year	Current rate	Significantly different from England (95% confidence)	Eng 'Worst'	National Range Y&H District England z scores	Eng 'Best'
1: Give every child the best start in life	NI 72: Early Years Foundation Stage Profile teacher assessments ¹ (% of children with 'good development' - 78 points across all 13 EYFSP scales at the end of the academic year in which they turn 5)	AY 2008/09	51.0		36		67
	Child poverty ² (% of children under 16 in families in receipt of CTC <60% median income or IS/USA)	CY 2008	22.7		55.3		4.1
	Under 18 teenage conceptions ³ (rate per 1000 females aged 15-17)	2006-08	53.5		74.8		14.9
	Mothers breastfeeding at 6-8 weeks ⁴ (% by PCT)	Q1 2010/11	28.7		21.9		83.0
	NI 50: Emotional health of children ⁵ (% of children who enjoy 'good relationships' with their family and friends)	FY 2009/10	56.4		43.8		62.7
	Households accepted as being unintentionally homeless and in priority need ⁶ (per 1000 households)	FY 2009/10	0.7		8.3		0.0
2: Enable all children, young people and adults to maximise their capabilities and have control over their lives	Educational attainment ⁵ (% of pupils achieving 5+ A*-C grades including English & Maths)	AY 2008/09	47		38		80
	NI 117: Proportion of 16-18 year olds Not in Education or Training - NEET ⁷ (%)	CY 2009	7.9		11.9		0.0
	NI 150: Adults receiving secondary mental health services in employment ⁸ (% at the time of their most recent assessment)	FY 2009/10	1.8		0.8		22.9
	NI 079: Achievement of a Level 2 qualification by the age of 19 ⁹ (%)	AY 2008/09	70.9		62.5		99.1
	NI 051: Effectiveness of child and adolescent mental health (CAMHS) services ¹ (%)	FY 2009/10	14		10		16
	NI 118: Take up of formal childcare by low-income working families ¹ (% of working families benefiting from the childcare element of Working Tax Credit)	FY 2008/09	13.8		7.6		30.0
NI 54: Services for disabled children ¹ (% Parents general experience of services and delivery)	FY 2009/10	60		57		68	
3: Create fair employment and good work for all	Long-term - 12months+ unemployed ⁸ (% of those aged 16 to 64)	Oct 2010	1.0		2.2		0.0
	Unemployment rates ⁸ (% of those aged 16 to 64)	Jan to Mar 2010	10.8		16.3		0.0
	Claimant rates ⁷ (% of those aged 16 to 64)	Oct 2010	4.5		0.3		7.1
	Live vacancies at Job Centres ⁸ (% of those aged 16 to 64)	Oct 2010	0.9		0.2		3.8
5: Create and develop healthy and sustainable places and communities	Housing stocked deemed as decent ¹ (%)	CY 2009	93.6		42.8		100.0
	Neighbourhood perception ⁸ (% people perceiving neighbourhood as being improved)	CY 2009	13.9		6.9		41.6
	Access to green space - A comparison of accessible land ⁸ (% of all land)	CY 2009	3.8		0.0		47.3
	Civic participation ⁸ (% of all households)	CY 2009	13.0		12.8		29.7
	NI 6: Participation in regular volunteering ⁹ (taking part in formal volunteering at least once a month in the 12 months - %)	CY 2008	20.0		14		36
6: Strengthen the role and impact of health prevention	Healthy life expectancy at 65 (years) Males ¹	CY 2001	5.9		4.2		10.5
	Females ¹		6.7		0.0		11.7
	Cervical Screening Programme - all eligible women seen for screening ¹⁰ (% by PCT)	FY 2008/09	79.8		65.8		85.8
	Estimated prevalence of adults who eat healthily ¹¹ (%)	2006-08	19.8		18.3		48.1
	Participation in moderate intensity sport and active recreation on 20 or more days in the previous 4 weeks ¹¹ (%)	FY 2008/09	9.2		5.4		16.6
	Proportion of adults (aged 16+) who binge drink ¹¹ (%)	2007-08	27.8		33.2		4.6
	Proportion of adults (aged 16+) who smoke ¹¹ (%)	2006-08	26.4		35.2		10.2
	Claimants of incapacity benefit/ severe disablement allowance with mental or behavioural disorders ² (%)	CY 2008	34.9		58.5		9.0

Sources (further details available in the main report's metadata): 1: Dept for Communities and Local Government, 2: Dept of Work and Pensions, 3: Every child matters, 4: Unify2, 5: Dept for Children, Schools and Families, 6: NOMIS, 7: Taylor Associates, 8: Axiom survey data, 9: Natural England, 10: Information Centre, 11: APHO Health Profiles

