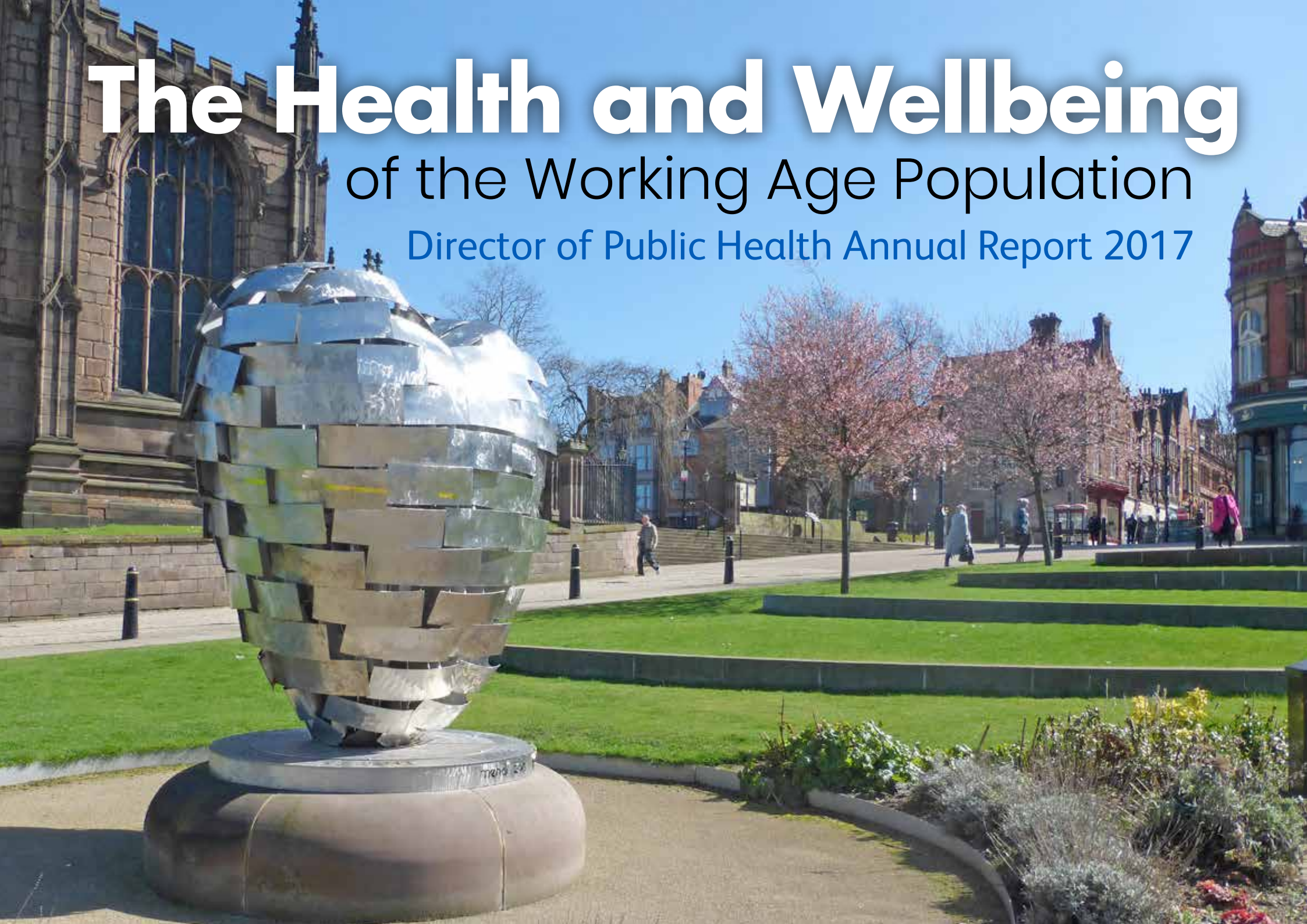


The Health and Wellbeing of the Working Age Population

Director of Public Health Annual Report 2017



Contents

Foreword	3
Introduction	4
Acknowledgements	5
Infographic	6
Why is the Health and Wellbeing of the Working Age Population Important?	8

Chapter 1 – Mental Health and Wellbeing and Loneliness	9
Chapter 2 – Dealing with Drug and Alcohol Misuse	14
Chapter 3 – Tackling the Issue of Domestic Abuse	17
Chapter 4 – Looking After Sexual Health	20
Chapter 5 – Towards a smoke-free generation	23
Chapter 6 – Addressing Obesity	26
Chapter 7 – Physical Activity	30
Chapter 8 – Long Term Conditions	35
Chapter 9 – Environments and Health	39
Chapter 10 – Cancer Screening	48
Chapter 11 – Flu Vaccination	51
Chapter 12 – Making Every Contact Count	53
Chapter 13 – Work and health	55
Chapter 14 – Recommendations	61
Appendix: 2016/17 Annual Report Summary of Actions	63
References	66

Foreword from the Director of Public Health



The Health and Social Care Act 2012 set out a requirement for all Directors of Public Health to produce an independent annual report on the health of the local population.

This is the final annual report in a series of three which have been 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 vision is for people to realise their potential for physical, social and mental wellbeing throughout the life course.

The first of the three reports highlighted the importance of improving the life chances of our children and young people, especially those who are vulnerable. What happens during the 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 outcomes. Supporting good health and well being for children, young people and families is central to improving health outcomes across our society.

Last year's annual report (the second in the series) focused on a life course approach to ageing which understands that older people are not a homogenous group of people. Individual diversity tends to increase with age, meaning that the differences between people in good health and people in poor health are greater in old age. Older age is a time when prevention of disease can make an enormous difference to the quality of life of individuals. Interventions that create supportive environments and foster healthy choices are therefore particularly important in the later stages of life.

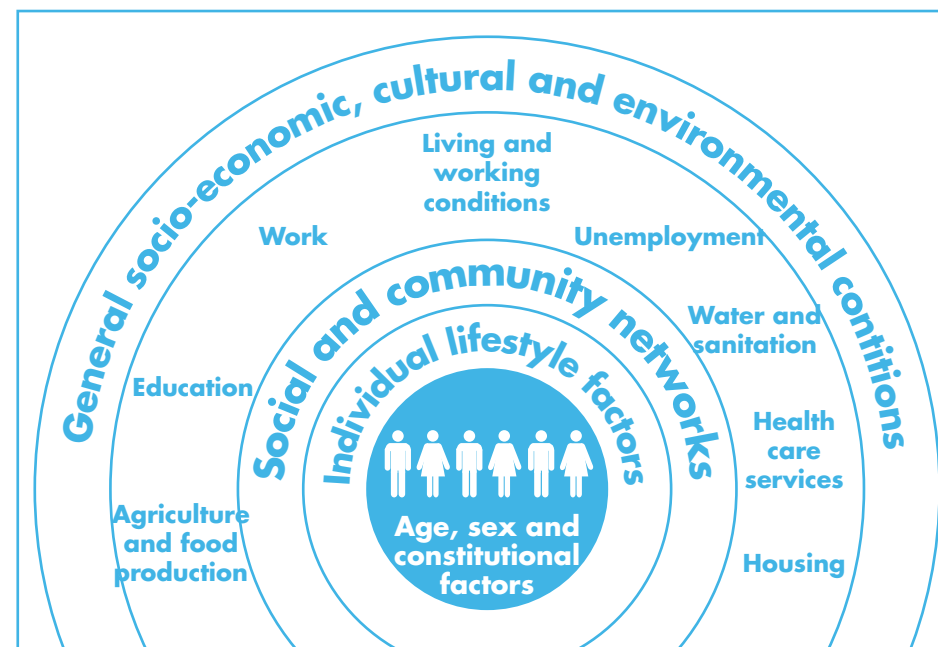
This final report in the life course series explores 'Living and Working Well'. It looks at the health and wellbeing of people from early adulthood where they start to experience financial independence with their first job; establishing families and family units; long term relationships and making life choices; through to mature adulthood where planning for older age and a healthy retirement takes priority.

Introduction

A life course approach to health is based on the understanding that multiple factors, which include biological, social, psychological, geographic, and economic, shape health over the life course. There are various interactions and mechanisms that affect people's lives and the life course approach helps to explain these. The health and wellbeing of individuals and populations across the whole life course is affected by a range of factors both within and outside the individual control. The Dahlgren and Whitehead wider determinants model (fig 1) describes the layers of influence on an individual's potential for health. It describes these factors as those that are fixed core non modifiable factors such as age, sex and genetics and a set of potentially modifiable factors expressed as a series of layers of influence, including personal lifestyle, the physical and social environment and wider socioeconomic, cultural, environmental and global conditions. The model has been useful in providing a framework for raising questions about the size of the contribution for each layer to health, the feasibility of changing specific factors and the complementary action that would be required to influence linked factors in other layers.



Figure 1 Dahlgren and Whitehead Wider Determinants Model.



This model also demonstrates the complex influences on health and identifies that no one individual or organisation can improve the health of the Rotherham population on their own. Improving health and wellbeing is a shared responsibility between all organisations and the people of Rotherham. People need to take some responsibility for their own health and wellbeing, whilst local partners and organisations contribute by developing services and environments that support and enable them to do this.

In order to significantly improve the health and wellbeing for Rotherham it requires collective action over a sustained period of time from across the Rotherham Together Partnership (RTP). The RTP meets to co-ordinate priorities across the borough and involves all key partners and partnership board reporting, e.g. Health & Wellbeing Board.

This report outlines the living well and working well life courses as identified by Sir Michael Marmot¹. Health inequalities are unjust health differences that occur between social groups. They can result in differences in environmental and individual resources (e.g. the quality and availability of employment, housing, transport, access to services, and social and cultural resources). Marmot introduces the concept of universal proportionalism as the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need. Services are therefore universally available, not only for the most disadvantaged, and are able to respond to the level of presenting need.

Approaches to addressing health inequalities need to be sustained over a long period of time and in conjunction with partners and the Rotherham population themselves. Rotherham's Accountable Care Partnership (ACP) will enable a joined approach to addressing the boroughs inequalities. The ACP, will deliver the Local Integrated Health and Social Care Place Plan (IHSCPP).² The current IHSCPP was agreed in November 2016. Rotherham's IHSCPP details a joined up approach to delivering key initiatives that will achieve the Health and Wellbeing Strategies³ key aims and meets the South Yorkshire Accountable Care System Plan.

The Accountable Care System within South Yorkshire and Bassetlaw, involves all NHS organisations together with local authorities to take appropriate collective responsibility for resources and population health, to transform the way care is delivered to the benefit of their populations. This will support the Rotherham Together Partnership (RTP) to address health inequalities in a sustained manner.

The Rotherham Economic Growth Plan 2015-2025⁴ aims to make Rotherham a place where businesses will flourish and grow where the population is highly skilled and enterprising and where there is

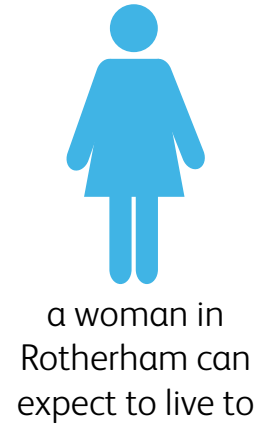
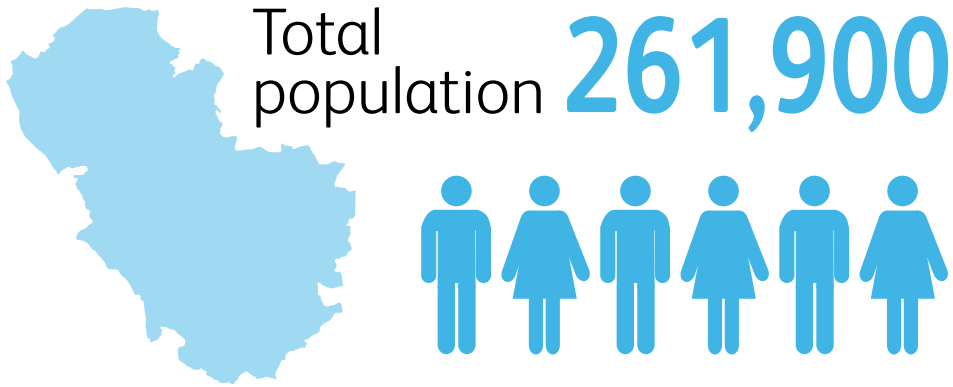
quality housing provision for all sections of the community. This plan will support the overall health inequalities issue and is part of the RTP whole system approach to sustained development of Rotherham as a successful and vibrant borough.

The plan identifies the need to create more and better quality jobs to increase its contribution to the national economy and provide residents with employment opportunities that enable them to thrive. The plan's themes include "skills for employment and progression" and "inclusion, wellbeing and employment".

The inclusion, wellbeing and employment theme emphasises that, for the growth plan to be a success, support must be provided to people who are disadvantaged in the jobs market to help them enter and be successful at work. This will involve working with a range of partners, including Jobcentre Plus, to provide tailored support that meets the needs of individuals and businesses, enabling everyone to benefit from economic growth.

Acknowledgements

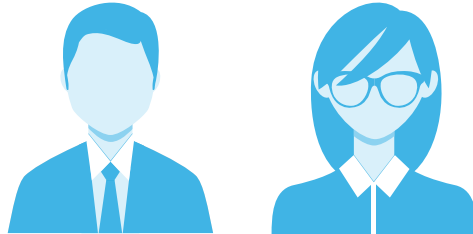
I would like to thank the Public Health Team, other council contributors and the wider partners who have contributed to this report. Special thanks also go to Gill Harrison and Jacqui Wiltschinsky who put the report together.



77.9
having spent
18.1
years in
poor Health

81.6
having spent
25.9
years in
poor Health

161,200
Number of residents
of working age (16-64)



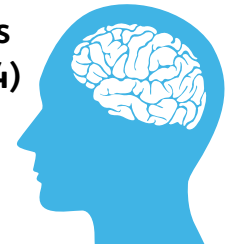
22.7% working
age population not in work
and not looking for work

77.3%
working age population in
work or looking for work



9,445

Adults in contact with
secondary mental
health services
(aged 18 to 74)



37,600
Residents aged
over 18 currently
smoking

Pregnant women
smoking at time
of delivery
17.1%

6,284 alcohol
related hospital admissions

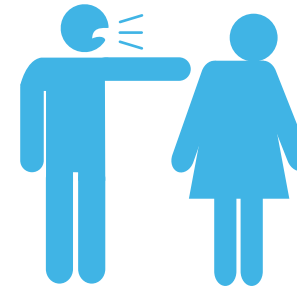


Annual flu immunisation uptake in at risk groups aged under 65 was

52.7%



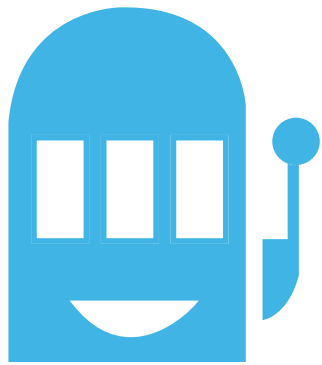
725
New cancer cases diagnosed each year aged 25 to 69



6,100
Domestic abuse incidents

1,196 Adults in contact with substance misuse services

447 Respiratory related deaths



9,610
Residents estimated at risk from their gambling behaviour



Only 8.3% residents felt unhappy

1,059 diagnosed sexually transmitted infections in the 15 to 64 age group

666
CVD related deaths



Why is The Health and Wellbeing of the Working Age Population Important?

Living well is important for individuals and the population as a whole to ensure a good quality of life throughout the life course. Living a healthy life can increase life expectancy and making the right life choices can reduce the likelihood of premature death and suffering certain long term conditions. Lifestyle risk factors such as smoking and poor diet can lead to poor health and can be linked to deprivation.

Addressing individual lifestyle risk factors is important but so too is the acknowledgement that political, social, economic, environmental and cultural factors will shape the conditions in which people are born, grow, live, work and age. Creating a healthy population requires looking at the bigger picture. The gap in life expectancy and healthy life expectancy between people living in the most and least deprived areas in Rotherham is a concern. The things that make people healthy include; good work, education, housing, resources, physical environment and social connections as well as the absence of ill health or disease.

Working adults support the welfare state through income generation and paying taxes as well as contributing to civic society. It is therefore important to promote and protect both the physical and mental health of this sector of the population.





1

Mental Health, Wellbeing and Loneliness

[RETURN TO CONTENTS PAGE](#)

What it looks like now

Mental health is something everybody has. Mental health, as defined by the World Health Organisation, is;

“...a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community.”⁵

Good mental health therefore is fundamental to how an individual, communities and society functions. However, one in four adults experiences at least one diagnosable mental health problem in any given year. Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year, roughly the cost of the entire NHS⁶.

An adult’s mental health is influenced by a variety of protective and risk factors at individual, community and structural levels. For example being in a stable relationship tends to be a protective factor for both physical and mental health. Conversely being in an unhappy relationship can lead to a person having poorer mental health than a person who is not in a relationship at all⁷.

Experiencing two or more adverse life events in adulthood is associated with mental health problems. Life events include job loss, illness, bereavement. Many adults may take on more caring responsibilities for a partner or family member who develops long term health problems.

This can lead to poor mental wellbeing for the person doing the caring with people feeling unsupported and isolated⁷.

Adults in Great Britain who are unemployed are between four and ten times more likely to develop anxiety and depression⁸. However not all work is conducive to good mental health. The workplace needs to be a healthy and supportive environment.

Mental health and physical health are strongly linked. Evidence (Disability Rights Commission, 2006) shows that people with severe mental health problems are at risk of dying, on average, 15 to 20 years earlier than other people⁹.

All physical health problems will have a psychological dimension, this is particularly evident when people are learning to live with a long term condition. For some people this may mean a loss of income and earning potential, loneliness, isolation and functional impairment. For those people living with physical health problems, who then develop mental health problems, it can mean that they experience more complications⁶.

The mental health of individuals is shaped by social inequalities. People living in more deprived areas tend to experience poorer mental health¹. This includes an adult’s access to community resources, like facilities for children, opportunities for exercise, the quality of the environment, including the quality of housing and any stigma or discrimination they experience. Taking action to improve the mental health of adults must take into consideration the social determinants of health, increasing the protective factors and reducing the risk factors. Taking such action requires a partnership approach.

The public perception of loneliness is often that it is an issue solely experienced by older people and research has tended to focus on this age group. However in a recent report commissioned by British

Red Cross and the Co-op (2016), 'Trapped in a bubble', loneliness is highlighted as an issue of public interest. The report concentrated on six target groups these included; people who had been recently bereaved, adults with no children living at home, individual with mobility limitations and those who have recently been divorced or separated. The survey they conducted found that 73% of those who stated they were always/often lonely fell within one of the six research target groups. The report emphasises that loneliness contributes to poorer physical and mental health, with people experiencing suicidal thoughts when they feel they have nothing to offer society.

The report reflects that some of the features of modern day society, such as work life balance have contributed to people's experience of loneliness. People interviewed for the report felt that working hours were longer and more anti-social which meant that there was less time to socialise with people and make social connections. However good work life balance can help people to feel less lonely with people having those social connections through work. Interviewees also reflected that the rise in digital technology has meant that people are not making social connections in person with more of this happening online.

The report confirms that life events can disrupt a person's social connections which can then lead to loneliness. It makes a strong case for preventative measures to combat loneliness particularly when it is known that people are experiencing these life transitions like children leaving home, bereavement and divorce and separation¹⁰.

People living with mental health problems report that stigma and discrimination has an impact on their wellbeing. It can prevent them from seeking help, delay treatment, impair recovery, make them feel isolated and excluded from activities and can be a barrier to employment.

Across the UK:

- One in four adults experience at least one diagnosable mental health problem in any given year.
- Suicide is now the leading cause of death for men aged 15 – 49.
- People with severe and prolonged mental illness are at risk of dying, on average, 15 to 20 years earlier than other people, one of the greatest health inequalities in England.
- The overall costs to business of mental ill health is £34.9 billion. This is: £10.6 billion in sickness absence; £21.2 billion in reduced productivity when at work (this is often referred to as "presenteeism"); and £3.1 billion in replacing staff who leave their jobs for mental health reasons¹¹.

Figures for Rotherham show that:

- 10.8% of adults over 18 in Rotherham had depression in 2014/15 (England average 7.3%).
- In 2013 -15 there were 96 suicides in Rotherham (aged 10+). The suicide rate of 14.2 per 100,000 is higher than both the England rate (10.1) and the Yorkshire and Humber regional rate (10.7).
- For self-reported emotional wellbeing in 2015/16 Rotherham residents reported high levels of low satisfaction with life, low happiness and high anxiety. These rates were higher than the average for England and for the Yorkshire and Humber region as a whole.

(Above data for Rotherham is taken from Public Health England Profiles¹²)

CASE STUDY

As part of the Early Help strategy's Link to Early help strategy focus on families, there is also a specific commitment to: 'work with our partners at the Department of Work and Pensions to provide employment support as part of a coordinated whole family plan that families are able to engage with.' The case study below demonstrates the effect this support can have on a family.

KC had moved away from the threat of domestic violence in her life but still had a range of problems affecting her life, debt and poor mental health was a continuous problem for her.

After contacting Employment Adviser Support she was shown how much better off financially she could be in work as well as all the other benefits of socialising, raised confidence etc. She was also given advice on job searching and the application process and volunteering was discussed as an option to get some up to date experience and a way of getting a work reference.

After a few months of jobsearch KC had a job interview but she didn't attend as she was feeling anxious and depressed due to escalating debts. Employment Adviser Support arranged for debt support for KC from Citizens Advice so that she could get her debts under control again.

She now works for a local hotel as a cleaner. She had 6 months in-work support to ensure any issues were ironed out.

KC really enjoyed the job although the down side was she never knew how long the working day would be. Sometimes it could be a 2pm finish sometimes it could be 5pm. Luckily she had good family support for her son. If she had to have paid for a childminder her debt may have increased again leading to more anxiety which could have effected her ability to hold down her job.

In this case, debt and poor mental health were the barriers stopping KC getting into work but, if she didn't have good family support the difficulties around child care could have also been a problem. All these things create barriers for families wanting to move into work.

What Rotherham's doing

In July 2016 the Rotherham Suicide Prevention and Self Harm Group launched a social marketing campaign aimed at men, their family and friends called 'Break the Silence'. The campaign encourages men who are thinking about suicide to seek help. The campaign also helps family and friends to spot the signs that the person may be thinking about suicide and get them to appropriate help. The campaign has been promoted at the Rotherham Show, to local workplaces, leisure centres, GP practices, sports clubs and groups. The campaign received further funding from Wickersley, Maltby and Hellaby wards with the message being produced on beer mats which were distributed to all pubs and working men's clubs in these wards. In addition the Area Assembly covering these wards funded Mental Health First Aid and suicide prevention training which was accessed by people who lived or worked in the area. Follow up with participants from the suicide prevention courses has shown that over half of the people have already used their newly acquired knowledge and skills to support people in their community who were in distress.

Many frontline workers from Rotherham Council, NHS services, South Yorkshire Police and voluntary and community organisations have attended suicide prevention training in the last few years. Attendees of the courses have reported that they have used the knowledge and skills from the training to help someone who was thinking about suicide.

Mental Health First Aid (MHFA) training is an internationally recognised course. Mental Health First Aid teaches people how to identify, understand and help someone who may be experiencing a mental health issue. The Adult MHFA course has been delivered in Rotherham since 2007.

Between 2008 to 2012 Rotherham had a workplace mental health project, 'Mind your Own Business', which encouraged and supported local employers to look after the mental health of their employees and create mentally healthy workplaces. The Workplace Wellbeing Charter is continuing with this work with mental health being one of the health areas local businesses are encouraged to take action on.

Promoting the mental health and wellbeing of Rotherham people and preventing mental ill health is the responsibility of all. Working closely with partners across Rotherham the Better Mental Health for All strategy (2017-2025) aims to improve the mental health and wellbeing of Rotherham people by encouraging partners across the borough to work together using the strengths (assets) that individuals, communities and organisations have.

Our plans for the future

Delivery of the actions within the Better Mental Health for All Action Plan:

- Encouraging individuals, communities and organisations in Rotherham to use the Five Ways to Wellbeing to improve and maintain good mental health: Be Active, Connect, Give, Keep Learning and Take notice.
- Helping local employers to see the value of promoting good mental health within the workplace and then make changes to create mentally healthy working environments.
- Develop environments that support good mental health and look for opportunities to work with partners in Rotherham to tackle mental health stigma.
- Develop a strategic and coordinated approach to tackle loneliness across all partners.



What it looks like now

Drug Abuse

The World Health Organisation defines substance misuse as ‘the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs’¹³.

The effects of substance abuse, significantly contribute towards poor health, homelessness, family breakdowns and offending. The major cost to society from drug addiction is from drug related crime which is estimated to cost £13.9 billion per year nationally¹⁴.

In 2016/17 there were 1617 adults and 26 young people known to treatment services for drug and/or alcohol misuse in Rotherham.

The young people who are accessing the services are often very vulnerable. In Rotherham 24% of young people in treatment are reported as being a ‘child in need’. 26% state that they are affected by domestic abuse compared to 21% in treatment 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.

Alcohol Abuse

Alcohol abuse is considered the second biggest cause of preventable death in the UK. Routine use of alcohol and drinking above the recommended lower risk guidelines puts people at risk of developing chronic alcohol related diseases such as liver disease, diabetes, cardiovascular disease, and cancers of the breast and gastrointestinal tract. As with drug abuse, excessive alcohol consumption affects all sectors of society and can cause ill health, family breakdown, anti-social behaviour and crime, it is estimated to cost society £21 billion per year nationally (PHE data).

According to the Government Alcohol Strategy 2012: In a community of 100,000: Over 3,000 will be showing some signs of alcohol dependence (3%) and be classed as dependent drinkers. For Rotherham, based on the total population, (all ages) as at mid-2016 (ONS,2017¹⁵) 3% equates to around 7,850 (ONS,2017).

As quoted by Public Health England (PHE): “Drinking very large amounts of alcohol on a single occasion, increases the likelihood of experiencing acute alcohol related harms.” This is classed as hazardous drinking (Home Office, 2012¹⁶).

For 2011-2014 combined 19.7% of adults in Rotherham (around 40,450 people) were binge-drinking (reported drinking over 6 units for females, over 8 units for males) on the heaviest drinking day in the past week (NHS Digital, 2016¹⁷).

Additionally, according to Low Risk Drinking guidelines (2016)¹⁸ issued by the UK Chief Medical Officer “To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis’.

For 2011-2014 combined 30.1% of adults (61,800 people) in Rotherham reported drinking over 14 units of alcohol a week (NHS Digital, 2016)

What Rotherham's doing

Rotherham's Drug and Alcohol Adult Treatment Services provides:

- Single Point of Access
- Assessment of an individual's needs
- Medical treatment if required
- Assessment for rehabilitation placement / direct payments to support social needs
- One-to-one and group therapeutic support
- Relaxation and activity based groups (including auricular acupuncture)
- Signposting to Mutual Aid and other support such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and SMART Recovery
- Signposting and support to access advice around housing, training and employment
- Other health care orientated support around blood borne viruses including Hepatitis vaccination, Hepatitis C screening and referral into treatment for Hepatitis C treatment.

Both treatment and recovery teams are connected closely together enabling service users to access the appropriate treatment for them to meet their needs at any particular point in time and to support them in their journey through recovery.

The young people's substance misuse service works with health, social care, Child and Adolescent Mental Health Services and voluntary sector agencies to provide packages of care and support to young people and their families. This service provides similar treatment interventions as those provided by the adult services.

The team also provides support, advice and educational sessions to a wide range of professionals who are managing young people's substance misuse as part of a wider range of challenging behaviours or circumstances.

Rotherham works to improve the intelligence for young people and front line agencies on emerging drug and alcohol trends. This is done through the Young Persons Substance Misuse Education and Prevention and Intelligence Group, who strive to get key messages and warnings out to young people and adults throughout Rotherham.

A team of substance misuse housing specialists provide support to client's in their own homes for those most at risk of losing their accommodation through substance misuse. This team works closely with treatment and housing services.

Needle exchange schemes and harm minimisation advice is provided from several pharmacists in Rotherham to help reduce infections and the spread of blood borne infections.

Our plans for the future

The Rotherham's Substance Misuse service has been reviewed and re-commissioned under a new structure to start from 1st April 2018.

Part of the new tender requires the provider to produce a campaign to issue and train high risk groups on Naloxone use (emergency treatment for opiate overdoses), to help reduce opiate related Drug Related Deaths in Rotherham.



3

Tackling the issue of Domestic Abuse

[RETURN TO CONTENTS PAGE](#)

What it looks like now

Domestic abuse is defined as any incident or pattern of controlling, coercive or threatening behaviour or abuse between those aged 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality. This encompasses, but is not limited to, physical, emotional, psychological, sexual and financial abuse. Domestic Abuse includes forced marriage, “honour” based violence, partner and ex-partner stalking and harassment.

Domestic abuse causes harm not only to the individual but also to other members of the family, community and wider society.

Victims of domestic abuse may suffer long term physical and mental health problems and are more likely to face economic consequences, unemployment and welfare dependency.

The impact of domestic abuse on children includes increased levels of vulnerability and higher risks to their welfare as a result of domestic abuse occurring in their household. 30% of domestic abuse starts in pregnancy.

South Yorkshire Police received 6,500 calls relating to domestic abuse during 2016, a rise of 5.7% in comparison to 2015 (6,152). Recorded domestic-related crime also rose by 28% locally in 15/16 and estimates suggest over 27,000 women and girls in the Rotherham area have suffered abuse in their lifetime.

The number of crimes has risen by 22% from 1,562 in 2014/15 to 1,900 in 2015/16. During 2016/17, there were 3,914 contacts made to the early help service and ‘family relationships’ are amongst the top three cited needs.

Domestic abuse is a feature for 70% of Rotherham children who are subject to a plan of protection, in line with national trends.

What Rotherham’s doing

There are a number of programmes and interventions available across the borough for both victims/survivors and their families.

The most high risk cases of victims/survivors of domestic violence and any children involved are supported by the Independent Domestic Violence Advocate service (IDVA) through a Multi-Agency Risk Assessment Conference (MARAC). This deals with around 500 domestic abuse cases per annum. Public Health fund the current three IDVA workers and the Police and Crime Commissioner is funding two additional staff to bring Rotherham in line with recommendations from Safelives, a national charity dedicated to ending domestic abuse, for good.

Individuals are also offered support through ‘Rotherham Rise’ (a Rotherham Council Adult Care and Housing commissioned service) and ‘Early help’ within the Children’s services.

Referrals can be made and support obtained from Rotherham Abuse Counselling Service which supports victims of domestic and sexual abuse.

The appointment of a Domestic Abuse Co-ordinator has led to a large increase in training and awareness, along with a new multi-agency Safer Rotherham Partnership ‘Domestic Abuse’ Strategy.

Our plans for the future

Rotherham has jointly commissioned a perpetrator programme with the other areas of South Yorkshire. With the main aims of:

- Reducing the harm caused to families by domestic abuse
- Challenge the acceptance of abusive behaviour, by using a neutral rather than a collusive or persecutory stance
- Change the behaviour of individual perpetrators of domestic abuse
- Prevent abusive behaviour in the future
- Reducing crime and anti-social behaviour.

Rotherham Council RMBC is working towards a one front door approach to Domestic Abuse to ensure continuity of support, avoid duplication and make the victim's referral process simpler.

The additional recruitment of two more IDVA's will increase support to high risk victims.

Wider delivery of Domestic Abuse training and awareness sessions will help promote a 'Make Every Contact Count' (MECC) approach, which is a key aim in the new Domestic Abuse Strategy.

Domestic Abuse awareness and training is also now to be included in the Public Health's 'Workplace, Health and Wellbeing Charter'.



4

Looking after Sexual Health

[RETURN TO CONTENTS PAGE](#)

What it looks like now

The National Strategy for Sexual Health and HIV (2001) defines sexual health as a key part of our identity as human beings. Good sexual health is an important part of physical and mental health and wellbeing, the consequences of poor sexual health can impact considerably on individuals and communities.

Poor sexual health is disproportionately experienced by some of the most vulnerable members of our local communities, including young people, men who have sex with men (MSM), people from countries of high HIV prevalence, especially Black Africans, those who misuse drugs and/or alcohol and people from our most deprived neighbourhoods. We must, therefore, ensure that measures are put into place to reduce sexual health inequalities and improve the sexual health of all the people of Rotherham.

The rate for new diagnosis of all Sexually Transmitted Infections (STIs), excluding chlamydia diagnosis in 15-24 year olds, is 645 per 100,000 in Rotherham. This is higher than the rate across Yorkshire and Humber (613 per 100,000) but lower than the rate for England (795 per 100,000)¹⁹.

Reinfection with an STI is a marker of persistent risky behaviour. In Rotherham, an estimated 4.2% of women and 4.7% of men presenting with a new STI during the five year period from 2011 to 2015 became reinfected with a new STI within 12 months. Nationally, during the same time period, an estimated 7.1% of women and 9.3% of men presenting with a new STI became reinfected with a new STI within 12 months¹⁹.

Since chlamydia is often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences. The chlamydia detection rate

per 100,000 young people aged 15-24 years in Rotherham is 2,033. This is slightly lower than the rate across Yorkshire and Humber (2,072 per 100,000) but higher than the rate across England (1,882 per 100,000). Rotherham has also shown an improvement in detection rate as it was as low as 1,738, per 100,000 in 2015.

Rotherham is classed as a low prevalence area for diagnosed HIV. The rate of diagnosis being 1.13 per 1,000 population aged 15-59 years. This compares to 2.26 per 1,000 in England. Early diagnosis of HIV is crucial in the management of the infection and late diagnosis is an important predictor of HIV related morbidity and short term mortality. In Rotherham, between 2013 and 2015 48% of HIV diagnoses were classed as late compared to 68.8% late diagnoses across England¹⁹.

The highest number of unplanned pregnancies occur in the 20 to 34 year age group. Unplanned pregnancy can cause financial, housing and relationship pressures and have impacts on existing children. If a woman chooses to have an abortion then the earlier abortions are performed the lower the risk of complications. Prompt access to abortion services, enabling provision earlier in pregnancy, is also an indicator of service quality. Across England 80% of NHS funded abortions occur under 10 weeks. In Rotherham 69.7% of NHS funded abortions occur under 10 weeks¹⁹.

What Rotherham's doing

Local authorities are mandated to provide, or ensure the provision of, open access sexual health services for their populations. This includes testing and treatment for STIs (but not treatment of HIV which is the responsibility of NHS England), partner notification, HIV prevention and contraceptive services.

During 2015 Public Health consulted with a wide range of stakeholders in relation to what would be the best model for delivery of sexual health services in Rotherham. This then informed the procurement process during 2016 and on 1 April 2017 the Integrated Sexual Health Service (ISHS) opened its doors at Rotherham hospital. The new service brought together expertise in STI testing and treatment with a full contraceptive service offering a 'one stop shop' experience for Rotherham residents. The service also offers a range of community outreach initiatives to increase testing and treatment for STIs in partnership with a Yorkshire third sector provider, Mesmac.

Public Health have also commissioned a third sector provider for HIV prevention work in Rotherham. Plusme work with schools and colleges, providing teaching resources and training. They work with communities to raise awareness of HIV and ensure that national campaigns such as 'World AIDS Day' are promoted in Rotherham. Plusme also run a support group for people living with HIV enabling people to access the services they need.

Rotherham has an active Sexual Health Strategy Group which has representatives from a wide range of agencies including Rotherham Council Public Health, Rotherham Clinical Commissioning Group, the ISHS, Local Pharmaceutical Committee, as well as Healthwatch, Barnados, Plusme and Mesmac and new members are added as the

work of the group evolves. Chaired by the Cabinet Member for Adult Social Care and Health the group produced a Sexual Health Strategy for Rotherham, 2015 to 2017 with an agreed action plan to improve sexual health in Rotherham. The second year action plan for 2017 highlighted a range of initiatives including the introduction of community testing for STIs and planned promotional activities for 'National Testing Week'.

Our plans for the future

The Rotherham Sexual Health Strategy Group are looking to refresh the strategy and Public Health will be working with a range of services and service users to shape the new strategy and associated action plan. The aim will be on a 'Rotherham Strategy for Rotherham People' with a focus on prevention.

One area which has been highlighted by the Strategy Group for future work is in relation to Rotherham women's prompt access to abortion services. Prompt access is a key indicator of a good quality service. Across England 80% of NHS funded abortions occur under 10 weeks whereas in Rotherham 69.7% of NHS funded abortions occur under 10 weeks. Understanding why women are not accessing the services earlier can inform what can be done differently to allow prompt access



5

Towards a smoke-free generation

[RETURN TO CONTENTS PAGE](#)

What it looks like now

Smoking prevalence for adult current smokers is 18.3% (Adult Population Survey (APS) 2016²⁰) which is the lowest figure since numbers have been recorded. Also this trend is reflected in adults who are classed as working in routine and manual occupations whose rate is 26.5% (APS) 2016. This is the same percentage as the England average, this is to be celebrated given the demographics of Rotherham.

Smoking status at time of delivery rates are 17.1% (2016/17) compared to an England average of 10.7% and the highest rate of over 26%.

Rotherham rates remain high but do show a downward trend as in 2009/10 the figure was 26.1%²¹.

In addition Smokefree laws have been introduced to protect people from the harms of second-hand smoke. It is illegal for anyone to smoke in:

- an enclosed public place and within the workplace, including public transport and work vehicles (July 2007)
- private vehicles carrying children (from October 2015).

Additional initiatives introduced include all NHS services being Smokefree and the introduction of standardised packaging (2015)²².

All of these factors have created a very different 'social norm' where now in Rotherham 55% of adults have never smoked and this has reduced the impact of second hand smoke on the general population.

Smoking prevalence is reducing, with the biggest drop amongst adults seen in 2016 in England. Public Health England has reported that the quitting success rate for the first half of 2017 is the highest for at least a decade. Also people are starting to use electronic cigarettes instead of tobacco as a way of helping them to give up.

However, smoking continues to be the leading cause of preventable deaths, in 2015, 16% of all deaths in people aged 35 or over in England (79,100 deaths) were estimated as being attributable to smoking. Smokers are almost twice as likely to have a heart attack as non-smokers. This is due to the narrowing of the arteries, reduced oxygen in the blood and increased likelihood of blood clots caused by cigarette smoke²³.

To stop smoking in pregnancy is the single most important modifiable risk factor to improve the health of a baby; it helps to prevent early births, small babies, stillbirth and Sudden Infant Death Syndrome.

Smoking rates are higher in poorer communities; the Department of Health reports that smoking accounts for almost half the difference in life expectancy between the richest and poorest in society²⁴. As well as their health, the cost of smoking further impacts on more deprived areas, as in 2016, tobacco was 27% less affordable than it was in 2006²⁵.

What Rotherham's doing

Rotherham's designated quit smoking service offers a universal service and a targeted approach, where the service works pro-actively in areas of greatest need. The majority of its quitters are from the routine and manual occupations. The service helped over a thousand people to quit last year.

Public Health commission a bespoke service which works alongside midwifery to support pregnant women to quit. Working with pregnant women and families creates an opportunity to improve the health of both the family and the baby.

Trading Standards within the Council work to prevent the sale of illicit tobacco, which is unregulated and offers even more health risks. Trading Standards work collaboratively with the police to help identify and convict potential illicit tobacco suppliers.

Public Health also works with key partners to try and reduce the impact of Tobacco on Rotherham residents. The Health and Wellbeing Board have chosen Tobacco as one of their priorities so an action plan will be developed to move this agenda forward.

Our plans for the future

To work towards a 'smokefree generation', eliminating smoking among the under 18s by 2025. Smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers. In general, among current and ex smokers aged 25 and over, men had started at a younger age than women. Around 38% of men and 33% of women had started smoking aged 15 or under²⁶.

One of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke. We know that children are heavily influenced by adult role models who smoke: in 2014, 82% of pupils who regularly smoked reported having a family member who smoked²⁷.

Continuing to encourage adult smokers to quit must therefore remain an important part of reducing prevalence amongst the young, and achieving a smokefree generation. As 65% of smokers say that they want to quit (Department of Health Analysis using Health Survey for England 2014 data) then support for them is essential.

The ethos of Smokefree areas will also be developed further to decrease the impact on smoking for the Rotherham's population and particularly children. Public Health is working with elected members, local schools and Regeneration and Environment, to develop a voluntary code of practise to establish Smokefree playgrounds.

The 'Making Every Contact Count' initiative will also support professionals to have sensitive conversations with their clients to encourage them to quit. The new Integrated Wellness Service (April 2018) will also offer a number of different ways to support people to stop smoking and continue to have a targeted approach.

Public Health will keep up to date with new developments and evidence based practice with the tobacco control agenda, including electronic cigarettes research.



6

Addressing Obesity

[RETURN TO CONTENTS PAGE](#)

What it looks like now

Adult obesity is classified by working out a person's Body Mass Index (BMI). BMI is a measure of weight relative to height. (This would prob look better in a table)

For most adults, a BMI of:

18.5 to 24.9

means a healthy weight

25 to 29.9

means you're overweight

30 to 39.9

means you're obese

40 or above

means you're severely obese

Living with obesity and overweight presents significant health issues. Adults who carry excess weight are more likely to develop serious physical health problems such as type 2 diabetes, heart disease, stroke and certain cancers therefore potentially reducing their life expectancy.

Psychological problems such as anxiety and depression, low self-confidence and self-esteem are commonly associated with adult obesity. Obese adults are also more likely to have children who are obese.

Obesity has severe cost implications for health and social care and the wider society.

NHS costs attributed to obesity are predicted to be £10 billion per year by 2050 (£352 million for social care). Wider societal costs predicated to be £49.9 billion per year (PHE, 2017²⁸).

Nationally two thirds (65%) of adults are overweight or obese, with levels of obesity increasing significantly over the last twenty years (NHS Digital 2016²⁹).

Levels amongst Rotherham adults are higher than the national average with 76% (2013-2015) of adults being overweight or obese (PHE 2017³⁰).

All groups in society are not equally affected. National data highlights these disparities with black and minority ethnic groups, those living in deprivation (most deprived decile 65.4%), older adults and people with disabilities (75.7%) are more likely to be obese (PHE 2017³¹).

CASE STUDY

A woman in her 40's who suffers from long term mental and physical health issues was referred to the Rotherham Health Trainer service by her GP as she had asked for support to lose weight.

Due to her mental health she had had a lot of time off work and had been signed off from work. She had lost her confidence and had become more isolated with no friends, problems with her family and was in a lot of pain due to fibromyalgia. She was also very self-conscious about her body image and was an emotional/comfort eater.

The Health Trainer listened to her, chatted with her and they talked about taking small steps and setting some goals for change including looking for some specialist counselling to help her come to terms with things that had happened in the past.

After three sessions with the Health Trainer she had lost 4kg in weight, had an appointment for counselling and was very pleased with herself and her confidence was growing so much that she was coming up with her own resolutions with support.

The client was happy with health trainer's support and felt for the first time that someone had listened to her and starting putting her on the road to a better life. It was the first time she could see herself achieving her goals and she was starting to feel more positive. She was having more good days in her words.

What Rotherham's doing

Weight management services have been delivered in Rotherham since 2008. The services support obese and overweight adults to lose weight and maintain weight loss.

The weight management services provide assistance and techniques to adults including psychological support, increasing physical activity levels, improving diets and behaviour change.

The services deliver support to adult's dependant on their clinical need. Adults meeting clinical criteria are also supported to access bariatric surgery commissioned separately.

Since 2015 over 2,624 adults have accessed support to lose weight in Rotherham. Of these. 2,369 have lost weight and 832 have sustained their weight loss over a six month period.

Obesity features in a range of initiatives currently being delivered in Rotherham. The Workplace Wellbeing Charter encourages all businesses it engages with to operate minimum standards on healthy eating and physical activity. A role out of MECC aims to empower front line staff to initiate conversations with their clients or customers about changing lifestyle behaviours. NHS Health Checks are offered to all eligible Rotherham residents aged 40-74 BMI is recorded and healthy weight advice is offered.

Our plans for the future

Weight management services in Rotherham are changing. The Council has commissioned a new integrated wellness service from April 2018 which will provide a person centred approach, via a single point of access that links within a wider wellness network. The individual services to be included are:

- NHS Health Checks Programme
- Alcohol screening
- Smoking Cessation Service
- Single point of access (for weight management)
- Adult Weight Management Service
- Health Trainer Service.

This service will work jointly with the Rotherham Clinical Commissioning Group to provide a seamless pathway to allow adults to continue to access appropriate clinical advice and bariatric surgery.

Whilst weight loss services will continue to be in place in Rotherham, the local authority focus needs to continue and develop three pillars highlighted by Public Health England as key to supporting people to lose weight and maintain weight loss. These pillars are at the population, community and individual level.

Stakeholders and partners need to work together to use opportunities to influence action and encourage a whole systems approach. Examples include working with planners to consider the obesogenic environment in new applications, promotion of green spaces and active transport, continued promotion of physical activity and training frontline staff to have the confidence to talk to clients about their weight as part of the MECC programme.



7

Physical Activity

[RETURN TO CONTENTS PAGE](#)

What it looks like now

Leading a physically active lifestyle is important for maintaining physical and mental health and it can improve people's quality of life. There is a large amount of evidence to suggest that regular activity reduces incidence of many chronic conditions (PHE, 2016³²). Physical activity contributes to a wide range of health benefits and regular physical activity can have protective health outcomes irrespective of whether individuals achieve weight loss. Further protective factors for physical activity relate to strength, balance and flexibility, all areas which are important for maintaining our body's health as we age (Taylor, 2014³³).

Being inactive can have a big impact on health, one in six adults in the UK die as a result of being inactive. The positive is that this is easily fixed with a small amount of regular activity making a big difference and this is particularly the case for those who are least active (Sport England 2016³⁴).

Physical activity is about "moving more" and living a more active lifestyle both at home and at work. The focus is to encourage more regular activity and for physical activity to be built into society and our everyday lives. It is recognised that many people live sedentary lifestyles and sit for long periods which has a detrimental impact on their health (PHE, 2014³⁵).

Walking is considered an easy and low cost way to be physically active. It is something that can be built into people's everyday life and can help adults meet the daily and weekly targets. Adults are advised that they should walk 10,000 steps a day to stay healthy (NHS Choices, 2017³⁶).

The Chief Medical Officer advises that adults aged 19-64 should aim to do at least 150 minutes of moderate aerobic activity such as cycling or brisk walking (100 steps a minute) every week, and strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms) to stay healthy (CMO, 2011³⁷).

Nationally physical activity is reviewed by the ‘Active Lives Survey’ which is updated every six months.

The most recent Active Lives survey identifies three groups:

Active (at least 150 minutes a week)

Fairly active (30-149 minutes a week)

Inactive (less than 30 minutes a week)

Locally, we have a less active population when compared to the England average;

	Inactive	Fairly active	Active
England	25.6%	13.8%	60.6%
Rotherham	31.9%	13.6%	54.8%

Ref: Active Lives 2017.

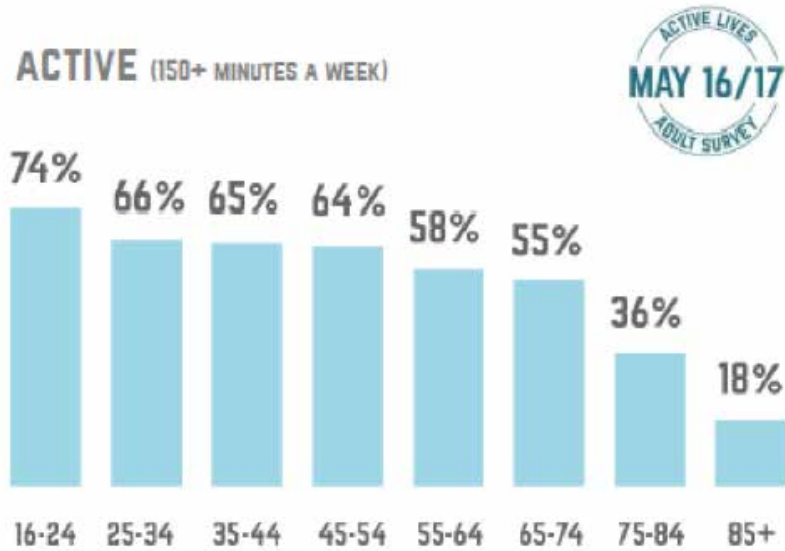
The number of inactive adults in Rotherham derived from the survey is 67,600.

Less than half of Rotherham adults (45.4%) walk for at least 10 minutes, five times per week, which is lower than the England average at 50.6%. Similarly only 74.6% of Rotherham adults walk for at least 10 minutes at least once per week compared to 80.6% in England (PHE, 2017, 2014/15 dataset³⁸).

Rotherham is 70% rural and has a good amount of high quality green space identified in the 2017 green space assessment spread across the Borough (Rotherham Council, 2010, 2017³⁹). However the utilisation of this space for health reasons is relatively low at 13.5% compared to the England average at 17.9% (PHE, 2017, Mar 2015 – Feb 2016 dataset³⁸).

The most recent National data from the Active Lives survey show that there are significant disparities between different socio-economic groups, gender, disability and impairments, and age.

The graph below shows that there are stepped decreases in activity rates during adulthood. The key points are at 25 and 55. These timeframes seem to link to life changes e.g. at 25 these could include; leaving full time education, increased responsibilities through leaving home or becoming a parent. At 55 these could include early retirement, grandparent support or onset of ill health. It is important that we consider these points when developing strategies to target inactive adults.



The active lives survey also identifies the following as more likely to be inactive⁴⁰:

- Disabled people are almost twice as likely to be inactive as non-disabled people
- 27% of women are inactive, compared to only around 24% of men
- 37% of those who are long term unemployed or have never worked are inactive and the most likely group to be inactive.

We also know that people with long term health conditions are much more likely to be inactive than people without a long term health condition.

What Rotherham's doing

Rotherham has focused on inactive groups and communities as well as developing opportunities for people to be active.

Rotherham Council has provided additional funding to increase walking with local communities. The 'Walk 2 Rotherham' project is funded by the Council and delivered by Places for People Leisure. This project began in October 2017 and encourages walking to schools, businesses and within local communities, through delivering a range of led walks, activities and campaigns. There will be a series of challenges and rewards developed and promoted throughout the three year project, to encourage more Rotherham people to walk regularly. Activity can be followed on @walkrotherham

Other local walking groups and places to find walks in Rotherham include:

- Casual ramblers – lists countryside, waterside, woodland and urban walks⁴¹
- Rotherham Council highlight doorstep walks on the Council pages⁴²
- Walking for health⁴³.

Public Health England has developed tools and national campaigns to help adults assess their physical activity levels and encourage them to be more active.

These include:

One You

The “One You” campaign⁴⁴ focuses on several health behaviours and getting adults “moving” encouraging people to be more physically active. The website provides information on why and how adults can be more active. This is being promoted to Rotherham adults across the borough.

Active 10

The Active 10 campaign⁴⁵ utilises an app which encourages adults to complete 10 brisk minutes walking everyday to gain maximum health benefits from brisk walking.

A brisk 10 minute walk every day can make a difference to health. Each 10 minute burst of exercise is known as an “Active 10”.

Brisk walking is simply walking faster than usual, at a pace. It is suggested that one 10 minute brisk walk a day is done at first then this can be gradually build up to more.

Use of stepometers and devices that measure the number of steps taken help encourage daily activity.

Couch to 5K

Couch to 5K⁴⁶ is a specially designed programme which helps build an individual’s running ability by building over a period of nine weeks. The nine week plan sets out a three times a week interval training programme (walking and running). Over the weeks your running

time increases gradually (and walking decreases) so that by week 9 you will be running (without walking) for half an hour, which equals an approximate distance of 5K. Couch to 5k can be completed independently, with friends or as part of a group. There are many apps available to help people start and complete the programme.

The Rotherham Harriers running group have been supporting people to start running in the ‘Couch to 5K’ running groups⁴⁷. These groups are aimed at increasing fitness and building a running plan using the NHS Choice Couch to 5k. In 2017 the Harriers supported 72 people in the running groups with 32 people going on to complete the 5K challenge.

Our plans for the future

A new cultural strategy is being developed which will cover culture, sport, physical activity and green spaces. There will be a clear vision and drive to work in partnership to maximise all the opportunities to be physically active in Rotherham.

The One You and Active 10 programmes will be further promoted especially to inactive groups and settings for example, to women within sedentary workplaces. This will be aligned to the Workplace Well Being Charter.

The Rotherham Get Active website, which provides information on physical activity opportunities across Rotherham, will be promoted.

The use of green space for physical activity will be promoted, developing park runs, walking and cycling routes.

A pilot will be introduced using PHE’s Physical Activity Clinical Pad to encourage more GPs to prescribe physical activity as part of their primary care consultations.



8

Long Term Conditions

[RETURN TO CONTENTS PAGE](#)

What it looks like now

Living with one or more diagnosed long term health conditions affects people's lives in a range of ways, resulting in them being more likely to be unemployed, socially isolated and financially challenged⁴⁸.

Rotherham has 26,763 people aged 16-64 with a long term health problem or disability, this equates to 16.4% of all working age people in Rotherham, compared with 12.7% of working age people in England, (Rotherham JSNA, 2017⁴⁹).

However the number of people aged 16-64 with a limiting long term illness has reduced by 6.8% from 28,724 in 2001 to 26,763 in 2011.

CASE STUDY

Cancer Pathway

MT was left with only a quarter of his thigh muscle intact following an operation to remove a slow growing cancer. He was told that he might not be able to walk unaided again and he had lost confidence in his ability to get out and about. Being a very active man prior to his operation he was keen to improve and restore his confidence and so his GP referred him into the Active for Health programme.

After ten months MT felt more positive about himself and felt that his wellbeing had improved. He found it easier to walk and had more confidence in his walking ability. He had started gardening again and was enjoying socialising with the Active for Health Group.

What Rotherham's doing

ACTIVE FOR HEALTH

The Active for Health research project uses a partnership approach with Public Health, Rotherham CCG, healthcare services, Sheffield Hallam University and Sports & Leisure providers to test the role that physical activity can play in rehabilitation and recovery. Community based physical activity provision has been integrated into seven healthcare pathways as a rehabilitation exit offer, which enables patients to manage their long term condition(s) (LTCs) by keeping active. The conditions include;

- Cardiac and Heart Failure
- Stroke
- COPD
- Cancer
- Lower back pain
- Falls and fractures.

The Active for Health research programme began in November 2015 and will continue until the end of 2018. Early findings show that participants are seeing improvements in their health condition, quality of life and confidence after completing the 12 week free condition specific physical activity sessions. Over 70% of patients continue to be active after the 12 week programme to continue to improve their health and have fun. Working age patients are also finding that they are able to return to work, which is a real social and financial boost.

CASE STUDY

Lower Back Pathway

SE was referred to the Active for Health programme after suffering from sciatica twice. Before joining the programme he was not daring to exercise too hard in case the sciatica was triggered again.

After eleven months on the programme SE was feeling fitter and more active than he had for years. He was inspired to exercise every day and lead a more healthy lifestyle. He started to take on other personal challenges outside the programme which he accomplished without it resulting in pain and medication.

A strong supporter of the Active for Health programme, SE has now become a 'buddy' and welcomes and encourages new starters. He feels that motivating and reassuring others to attend could make a real difference to their lives.

HEALTHIER YOU

NHS DIABETES PREVENTION PROGRAMME

The Healthier You: NHS Diabetes Prevention Programme (NHS DPP)

This programme started in Rotherham in September 2017. Primary care identify adults who are at risk of becoming diabetic and they are then offered a nine month community based behaviour change programme to help them change their eating and exercise behaviours, to help them lose weight and thus reducing their personal diabetes risk.



Local Authorities are responsible for ensuring that NHS Health Checks are offered to residents. The NHS Health Check is a health check up for adults aged 40-74. It is designed to spot early signs of heart disease, type 2 diabetes, stroke, kidney disease and dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check can detect potential health problems before they do real damage. The professionals can then provide personalised advice to help individuals lower their risk. They can also refer onto behaviour change services as appropriate. Between 2013 and 2017 there have been 28,193 people in Rotherham who have received an NHS Health Check.

Social Prescribing

Rotherham's nationally acclaimed Social Prescribing Scheme provides social activity in partnership with the voluntary sector to patients with a range of health conditions. The original programme addresses social isolation and poverty and sits alongside clinical interventions, helping people add quality time to their lives by maximising community assets.

NHS Rotherham CCG initially focused social prescribing to support people with long term physical health problems at risk of hospital admission and found that it reduced the use of services in this cohort. In 2015 this programme was expanded to mental health patients within Rotherham, many of whom were of working age. The approach to mental health social prescribing is to support and improve the sustainable discharge from secondary care of those who have become dependent on the help they receive from mental health services, long after their mental health illness has stabilised. The scheme focuses on quality of life, and the wide issues with which traditional mental health provision does not focus on but can significantly inhibit a return to normal life. The early findings are showing that the programme is helping patients with mental health problems lead healthier and happier lives.

A living with and beyond cancer

A Living with and beyond cancer project (LWABC) has been developed to deliver a Macmillan's ambition "to ensure that people diagnosed with cancer are living as healthy and active a life as possible during and after treatment". The funding has been used to employ additional Cancer Support Workers to increase the use of Holistic Needs Assessments. In 2018 there will be a new advocacy service to support patients living with and beyond cancer. This will be complemented by education for clinicians and health and wellbeing events for patients. Over the next three years Rotherham will see these services established and there is a long term sustainability plan for supporting continuation beyond the cessation of the Macmillan funding.

Our plans for the future

The development of the Accountable Care Partnership has enabled Rotherham to identify joint commissioning posts for health and social care. The development of these posts will help provide joined up solutions and reduce duplication.

There are external evaluations being completed on Active for Health, Social Prescribing, and Living with and Beyond Cancer. These evaluations will be shared with stakeholders and will help in future commissioning decisions.



9

Environments and Health

[RETURN TO CONTENTS PAGE](#)

While it is certainly true that the decisions we make as individuals do affect our health, it is also true that environments make a significant contribution. Individual decisions are always made in the context of economic, social and physical environments that can have a far greater impact than medical care on how long and how well people live. These include where people live (living in suitable quality housing), their neighbourhoods (such as access to schools and transport networks) exposure to crime, access to green spaces, air quality and other factors that affect our daily lives, including our health.

As individuals we cannot always control these factors and their influence on the choices we make and the lifestyle we lead. Therefore the consequences of spatial planning, housing, employment, transport, leisure or food systems policies can include lifelong effects on the health of whole communities⁵⁰.

Air Quality

What it looks like now

Air pollution presents a serious risk to the public's health. A joined up approach to tackling this threat can have significant benefits, particularly for our most vulnerable residents. It can also reduce the health burden and costs to the NHS⁵¹. The annual health cost to society of the impacts of particulate matter alone in the UK is estimated to be around £16 billion⁵².

Air pollution is a mixture of particles and gases that can have an adverse effect on human health. Although air pollution has improved over recent decades, there are still significant public health challenges mainly related to Particulate Matter (PM2.5 and PM10.0) and nitrogen dioxide (NO2) in ambient air. Air pollution is associated with a number of adverse health impacts and is recognised as a contributing factor in the onset of heart disease and cancer and particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions⁵³.

Across much of the borough, air quality is good, but Rotherham, along with most urban areas in England, has areas of elevated air pollution which have been declared as Air Quality Management Areas⁵⁴.

There is often a strong correlation with inequalities, because areas with poor air quality are often associated with the less affluent areas^{55 56}.

What Rotherham's doing

Rotherham Council now has nine designated air quality management areas (AQMAs) in which approximately 30,000 people reside. These are areas which do not meet the European Union limit for Air Quality. The Council has installed a new portable monitoring device for PM2.5 monitoring of fine particulate pollution in two of these areas. Some of the latest low emission buses operate through Rotherham's Air Quality Management Areas.

Within the Sheffield City Region (SCR), the South Yorkshire Air Quality and Climate Group (of which Rotherham has actively contributed) has led on a number of initiatives over the last few years. These include:

- the 'South Yorkshire ECO Stars Scheme' working with HGV fleet operators to reduce emissions. Electric Vehicle Infrastructure rollout (Charging points)
- Hydrogen Fuel Cell vehicles (the first public hydrogen filling station is at the Advanced Manufacturing Park in Rotherham)
- working closely with South Yorkshire Passenger Transport Executive, Sheffield City Region partners and bus companies on a range of other air quality issues.

'Delivering Air Quality Good Practice Planning Guidance'' informs our local initiatives to reduce the impact of emissions by working with developers on air quality measures which can be incorporated into design and planning stages, e.g. electric vehicle charging points.

Our plans for the future

Working collectively through the Rotherham Air Quality Steering Group to improve air quality through behavioural, strategic and infrastructural changes so that the level of pollutants (nitrogen dioxide and fine particulates PM2.5 and PM10) are in line with national air quality objectives and support the principles of sustainable development. This will enable local partners to further integrate programmes of related work, such as active travel, reducing fuel costs, reduction in greenhouse gas emissions, reduction in noise and improving the council's vehicle fleet.

Clean Air Zones (CAZs) are now part of the Government's National Air Quality Plan which aims to reduce the levels of pollutants within specified areas. This is primarily by encouraging fleet and vehicle change to higher emission standards through a number of avenues.

As part of the national extension of Clean Air Zones to around 25 towns and cities, Rotherham Council has agreed to produce a joint Clean Air Zone feasibility study in conjunction with Sheffield City Council to identify the classes of vehicles that might be affected by any future Clean Air Zone.

Housing

What it looks like now

The quality of the built environment, particularly housing, is an important determinant of health and wellbeing.

The supply of housing locally and nationally is not keeping up with demand. This has a direct impact on people's ability to access housing that is affordable and meets their needs, which in turn causes many people to remain in housing impacting on their overall physical and mental health.

Housing conditions (space, location and disrepair), issues affecting affordability (including changes affecting housing benefit) and insecurity of tenure are known to be contributing factors in the development of mental health conditions.

Increasing the supply of good quality housing that meets a range of needs can enable people to live healthy, independent lifestyles for longer and reduce reliance on health care provision over the longer term by providing;

- access to good quality, warm and safe housing
- a better range of housing (size, type, location)
- affordable housing options to meet aspirations or reduce poverty
- flexible and adaptable homes which accommodate different life stages.

Fuel Poverty

In 2014, 10.5% of Rotherham's households were living in fuel poverty with figures being highest within the private rented sector (compared to 9% in 2013, 9.8% in 2012 & 10.1% in 2011) which is slightly above the national average of 10.2%. Area based energy efficiency schemes and improvements to council stock have contributed towards ensuring that fuel poverty levels do not increase further.

Although energy efficiency improvements contribute towards reducing fuel poverty, the cost of energy prices also impacts significantly on fuel poverty levels. Over the year the cost of fixed rate energy tariffs and variable deals has risen, exceeding what had been offered over the previous three years. This is a contributing factor in Rotherham's fuel poverty level increasing and may increase further as a result of recent energy price increases.

Housing in Rotherham is a mixed picture, with 20% living in social housing and around 12% in the private rented sector. The private rented sector has doubled in the last 10 years and continues to increase, while home ownership continued to decrease, particular among younger generations.

Rotherham Council's housing stock receives ongoing investment and meets the Decent Homes Standard but issues around poor quality and condition of housing in the private rented sector have been identified.

What Rotherham's doing

The Council has launched a new tenancy support service to support tenants struggling to pay their rent. The service offers advice on money management building up the financial capacity of individuals to enable them to make sound financial decisions; and offers access to trusted financial services; which enable people to become more resilient to financial pressures in the future. This includes working with tenants to set up bank accounts or review energy providers and ensure they are getting the best deal.

Pre-tenancy interviews and workshops are now compulsory for any new applicant to the housing register. This is to ensure applicants receive all the support they need in order to secure and sustain a long term tenancy with the Council.

Rotherham Council has an ambitious growth programme in place and is delivering new homes, which will;

- Provide more choice
- Give people access to housing that better suits their needs
- Help people to live independently for longer
- Improve affordability, thermal efficiency through design, and in turn reduce fuel poverty
- New homes will also free up existing stock.

Housing growth also brings economic, environmental and social benefits to communities which in turn make for a healthier Rotherham.

There have already been over 100 strategic new build acquisitions added into Council stock including specialist homes and bungalows, with plans for many more in the pipeline. Substantial financial support

is provided via Housing Revenue Account funding but the growth programme has also been successful in accessing external funding through various Government programmes to support the Council ambitions.

In order to deliver these ambitions, Rotherham Council must have a clear understanding of what housing need looks like and what it means to meet need at a local level. Housing need profiles are being developed which will help provide a snapshot of housing, identify what the key issues are and make recommendations on how to address them at a very local level.

There have also been ongoing successes in the private sector, including;

- The private sector loft and cavity wall programme, which was rolled out following funding from the Department of Energy and Climate Change (DECC) Fuel Poverty Fund, enabled 242 private householders to receive improved home insulation totalling 249 individual measures during 2016-27
- The External Wall Insulation programme has assisted Rotherham Council in carrying out insulation improvements on over 700 council owned households to improve thermal efficiency
- Rotherham's Home Improvement Agency (Yorkshire Housing - Stay Put) and Handyperson service assists vulnerable people to remain independent by providing reliable, trustworthy advice and practical assistance with repairs, improvement and adaptations. During 2016/17, the Home Improvement Agency has helped 50 older and vulnerable homeowners beat fuel poverty and stay warm through the provision of a £100,000 grant.

Our plans for the future

The Council will continue to invest in its existing stock to ensure it meets energy efficiency standards and remains affordable. They will also identify opportunities to remodel under utilised housing in order to meet changing needs and will introduce a range of housing products that offer wider choice. The programme will deliver over 30 new specialist homes and increased extra care provision.

The Housing and Neighbourhoods Service is increasing staff resources to ensure tenants receive the right support and that teams can maximise opportunities to access additional funding and increase housing supply.

The production of a new housing strategy will commence in 2018 and will set out the strategic approach to meeting housing need which will include accessible and specialist provision. The Rotherham Partnership structure will deliver benefits through wider partnership arrangements.

The Council will also continue to promote opportunities and share information with private owners in order to improve standards across the private sector:

- Energy Company Obligation (ECO) housing improvement schemes offer opportunities for properties, that meet specific criteria, to access funding to improve thermal efficiency
- Minimum Energy Efficiency Standard (MEES) – particularly focussed in selective licensing designated areas, where the Energy Performance Certificate (EPC) rating is either F or G, to ensure that existing and future tenants are able to only choose private tenancies of a minimum energy efficiency standard
- Through the continuing support for the Home Improvement Agency
- Home Energy Conservation Act – a report is published every two years which shows how the Council considers energy conservation measures that are practicable, cost effective and likely to result in significant improvement in the energy efficiency of the residential accommodation across the borough.

Green Spaces

What it looks like now

'Green spaces' are natural or semi-natural areas partially or completely covered by vegetation that occur in or near urban areas. They include parks, woodlands and allotments, which provide habitat for wildlife and can be used for recreation⁵⁷.

Whether green spaces are considered 'good quality', relies on their design and maintenance. Green spaces that are well designed and maintained attract more visitors. Neighbourhoods with attractive green areas or vegetation are viewed as safer, which makes them more 'walkable' and more likely to be used by the community at large⁵⁸.

Areas with more accessible green space are associated with better mental and physical health. The risk of mortality caused by cardiovascular disease is lower in residential areas that have higher levels of 'greenness' and there is evidence that exposure to nature could be used as part of the treatment for some conditions⁵⁹.

As well as direct health benefits, there can be additional financial savings from green spaces, benefits can include air pollution, noise pollution, flooding mitigation, shaded areas reducing the risk of heat stroke and exhaustion and social cohesion⁶⁰.

Rotherham is 70% rural and has a good amount of high quality green space identified in the 2017 green space assessment across the borough.

What Rotherham's doing

Clifton Park in Rotherham has been voted by the public to be one of the best parks in England for the last two years.

In the 2017 public survey, over 90% of people scored Rotherham's green spaces as being good or very good.

Rotherham has invested in a Walk for Health programme which is delivered by Places for People Leisure.

Rotherham Walking Festival in the Dearne Valley was run by the Dearne Valley Ramblers in October 2017. The week-long festival included a series of local walks. It attracted over 500 people and celebrated some of the fantastic walks that are available in the local area.

Park run

Park run⁶¹ organise free, weekly, 5km timed runs around the world. They are inclusive physical activity opportunities that are open to everyone, free, safe and easy to take part in. People register online and then turn up at one of the venues. People are encouraged to run or walk 5km in local parks.

Rotherham has two Park runs that take place every Saturday at 9am. At Clifton Park there are between 61 – 130 runners each week and at Rother Valley Country Park there are between 177 and 365 participants each week.

The Rotherham park runs popularity continue to grow and they are regularly attended by local people, forming part of their weekly exercise routine.

Our plans for the future

There will be further walking developments in 2018 and these will be linked to the workplace wellbeing agenda, encouraging adults to be more active during the workday.

The role of green space for physical activity will be further promoted.

Rotherham Council's Culture, Sport and Leisure team are developing a new Strategy to make the most of the assets within Rotherham.

This will include Parks, Green Spaces, theatres and events and it will be completed in 2018. This will be an opportunity to transform the roles of the Parks and Green Spaces alongside Rotherham's other community assets.

Active Travel

What it looks like now

Active Travel is the term used for walking or cycling as a means of transport in order to get to a particular destination such as work, the shops or to visit friends. It does not cover walking and cycling done purely for pleasure, for health reasons, or simply walking the dog. Active travel can be for complete journeys or parts of a journey⁶².

However it is recognised that if more people are travelling actively, it has a range of positive outcomes. These include improved health, reduced traffic congestion, reduced air pollution and financial savings⁶².

Rotherham Council was part of a South Yorkshire Councils Partnership who submitted a bid for a major investment for a sub-regional sustainable transport programme. The Partnership was awarded £30 million from the Local Sustainable Transport Fund (LSTF) to deliver carbon-friendly economic growth by widening labour markets, increasing business productivity and facilitating sustainable commuting over 15 years (2011 – 2026). Investments include bus priority; "Jobconnector" bus services; cycle routes; upgrade of tram stops; rail-based Park and Ride; promotion of electric vehicle use; infrastructure to unlock urban regeneration; training, marketing and travel planning⁶³.

What Rotherham's doing

Regeneration and Environment lead and commission a range of Active Travel Projects funded by the LSTF which include the following;

Rotherham Mobile Cycle Hub

The cycle hub visits town centres, businesses and organisations throughout Rotherham and offers; bike hire of pedal and electric bikes for up to three months. They also provide essential accessories such as a helmet, lights and pumps. Dr Bike Check up offer a minor repair service, to keep bikes road ready. Adult and Family Cycle Training in group and one to one sessions are also offered. This project is targeted at adults working at businesses and organisations in Rotherham and students at colleges in Rotherham. All the services are free of charge.

Active Travel in Schools

This project encourages pupils to cycle and walk to school through a range of classroom and outdoor activities. This project is mainly targeted at primary schools though some secondary schools will also participate in activities.

Love to Ride

This project encourages cycling through workplace challenges, friendly competition between workplaces and rewards.

Walk 2 Rotherham

This project encourages walking to schools, businesses and in local communities, through a range of activities and campaigns.

Bikeability

Since the national Bikeability standard replaced cycling proficiency, the Department for Transport has funded training for children in Rotherham schools. This helps children and young people to learn to ride and be safe on the roads, it also includes basic maintenance tasks making sure that bikes continue to be in a useable condition.

Our plans for the future

Rotherham Council is looking to map all the walking and cycling activities and develop a walking and cycling group to support work to improve healthy, sport and transport outcomes.

In March 2018 a free bike hire event is to be held at Rother Valley Country Park and a family cycle event is planned for Rotherham Show in September 2018 with bike try out arenas and a range of other activities.



10 Cancer Screening

What it looks like now

Reducing the risk of Cancer is important to 'Living Well' for longer. Improving lifestyle behaviours such as stopping smoking, reducing alcohol intake and supporting people to achieve a healthy weight helps to prevent cancer.

Early detection is key to improving health outcomes, minimising complicated treatments and survival rates. National screening programmes aim to either detect cancer before it becomes symptomatic, or identify and treat changes in cells which can develop into cancer. For example, more than 90% of women diagnosed with the earliest stage of breast cancer survive for at least five years. This figure reduces to around 15% for women diagnosed at a late stage. Nationally around 5% of all cancers are detected through screening. There are three national evidence based cancer screening programmes for breast, cervical and bowel cancer (Office for National Statistics (ONS)).

Cancer is the leading cause of all deaths in Rotherham and accounted for almost 27% of deaths locally in 2015 (Office for National Statistics (ONS)). Furthermore, for the 3 years 2013-2015 combined Rotherham experienced a premature mortality rate (deaths under 75 years of age) for cancer of 3.6%, higher than the Yorkshire and Humber Region and 10.7% higher than England (Public Health England (PHE) via data from ONS).

In Rotherham, breast, cervical and bowel cancer account for 44% of all cancers (20 year prevalence to end of 2010, National Cancer Registration and Analysis System (NCRAS)) and 15% of all cancer deaths (2015, ONS) each year. Bowel cancer is the second largest cause of cancer death after lung cancer (2015, ONS). Numbers of new cases of female bowel cancer have fluctuated over time but are 22% higher in 2014 than in 2001 (PHE Cancer Analysis System).

What Rotherham's doing

NHS England is responsible for commissioning screening programmes and has developed a two year plan with partners to improve uptake. NHS England and the Screening and Immunisation Team (Public Health England) are therefore working closely with partner agencies to increase Rotherham's screening levels and to promote awareness and early detection of cancer to improve the uptake and screening coverage in the borough.

It is very difficult to measure cancer screening uptake in some specific local population groups, such as people with disabilities or mental health problems, but research shows that these groups are less likely to attend for screening.

The Screening and Immunisation Team (SIT) work with Cancer Research UK and the PHE Communications and Engagement team to promote the cervical cancer screening programme in Rotherham. The comms and engagement team continue to target education sessions for people with learning disabilities to encourage them to engage in the screening programme.

Our plans for the future

The National Breast Cancer Screening Programme currently invites all women aged 50 to 70 years for breast screening every three years. The screening programme is in the process of piloting an expansion to include all women aged between 47 to 73 years. Breast cancer screening coverage in Rotherham was 79.5 % in 2016, higher than England (75.5 %) and the Yorkshire and Humber Region (75.7 %).

To reduce the borough's health inequalities gap, all organisations will renew their focus on improving access to the screening programmes for the vulnerable and hard to reach groups within Rotherham. The SIT improvement plan for Rotherham will be updated in March 2018 with input from all local stakeholders. The plan will identify the key priorities and how work can be strengthened to support the vulnerable and hard to reach groups.

Regular
screening

Prevention

Healthy
lifestyle



What it looks like now

Immunisation is one of the most successful and cost effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and to protect the population's health through both individual and herd immunity (this means that individuals who cannot be vaccinated will still benefit from the routine vaccination programme).

The majority of the Vaccination and Immunisation Programmes offered and delivered in Rotherham show good overall uptake and Rotherham continues to meet the national Public Health Outcomes Framework (PHOF) targets for all of the national childhood immunisation programmes.

Although performing well for the majority of the flu programme, there was an additional focus in 2017 on all 'at risk' cohorts, such as, those over the age of 65, those with long term conditions or pregnant women.

What Rotherham's doing

Each year Public Health England and the Department of Health deliver a co-ordinated and evidence based approach to reduce the impact of flu in the population. This includes public communications to promote the uptake of flu vaccination and other aspects of combating flu such as hand hygiene and ensuring that all eligible people are offered vaccination.

In Rotherham, the Screening and Immunisation Team (SIT) work with a wide range of stakeholders to ensure that the delivery mechanisms are in place. In 2016/17, the uptake in at risk groups aged under 65 was 52.7%; this is a good increase when compared with the same period last year 47.4% (although below the goal level of 55%). This is in line with national and local trends, however, Rotherham and South Yorkshire still remain relatively high performers when compared nationally.

Our plans for the future

Future changes to the programme of work include vaccination of the morbidly obese (defined as BMI of 40 and above), and children aged 4-5 years will be offered flu vaccination in reception class, rather than through their general practice. As part of the phased roll out of the children's programme, this year children in school year 4s will also be offered the vaccination. There will be an increased focus on all 'at risk' cohorts, carers and pregnant women.



12

Making Every Contact Count (MECC)

[RETURN TO
CONTENTS
PAGE](#)

What it looks like now

Making Every Contact Count (MECC) is an approach to behaviour change that utilises the thousands of day-to-day conversations that take place within organisations such as Rotherham Council or the NHS to support individuals in making positive changes to their physical and mental health and wellbeing. It includes conversations between members of staff, and also with members of the public. MECC enables consistent and concise healthy lifestyle information to be given if and when the opportunity arises, and enables people to engage in conversations about their health on a much larger scale than has been done previously.

MECC is not new to Rotherham, a programme ran in 2013. MECC was re-launched nationally and in Rotherham in 2016 under the banner of 'Healthy Chats'. The Rotherham Health & Wellbeing Board is committed to working with partners to deliver MECC which is a priority within its Health and Wellbeing Strategy. MECC is a key component of the Rotherham Integrated Health & Social Care Place Plan.

What Rotherham's doing

A programme of train-the-trainer MECC training has been developed by Public Health Rotherham alongside a digital training package that can be rolled-out to all front line workers. The training will enable workers to have the knowledge, skills and confidence to raise lifestyle issues in a sensitive way, when the opportunity arises.

The roll-out of Healthy Chat training began in September 2017. Initial areas of focus for the Council included Children's Centre Staff and Health Visitors (The Rotherham Foundation Trust), and Culture and Leisure Services including libraries, museums and theatres, and leisure providers.

Our plans for the future

MECC will be embedded within the Rotherham Workplace Charter, encouraging all businesses to consider training both champions for their own organisation and any public facing staff.

The roll-out of Healthy Chat training will continue with key areas of focus including South Yorkshire Fire and Rescue; the Voluntary & Community Sector; TRFT and RDaSH staff.

For MECC to be successful both frontline staff and communities need to take ownership. The vision for Rotherham is that people throughout the borough, on every high street, from hairdressers to those working in the hospitality sector, will use MECC to help enable individuals to make lifestyle and behaviour changes.



13 Work and Health

What it looks like now

'The relationship between employment and health is close, enduring and multi-dimensional. Being without work is rarely good for one's health, but while 'good work' is linked to positive health outcomes, jobs that are insecure, low-paid and that fail to protect employees from stress and danger make people ill' (Professor Sir Michael Marmot, 2010).

There is increasing evidence to show that businesses/organisations that choose to invest in workplace health and wellbeing will see the following benefits:

- Increased performance and productivity
- Reduction in sickness absence
- Improved staff retention (cost saving in having to recruit and train replacement staff)
- Better employee engagement.

Workforce, skills and employment

A higher proportion of people in Rotherham are employed within lower skilled occupations at 18.3% compared to 17.2% nationally. A lower proportion are employed within the most highly skilled occupations at 34.1% compared to 44.3% nationally.

Of the working age population in Rotherham, 11.7% have no qualifications, well above the national rate of 7.8%. The percentage qualified at the highest levels (NVQ4+ or degree level and above) is just 25.2%, below the regional average and well below the 37.9% national average.

The employment rate of people qualified to NVQ4+ in Rotherham stands at 84% compared to just 27% of those who have no

qualifications. The projections are for the majority of new jobs to be created in the coming years to be in sectors requiring higher skill levels⁶⁴.

The median average weekly earnings (gross full-time) of Rotherham residents in 2016 was £485, which is well below the national average of £545.

Average full-time earnings for women in Rotherham are 74.4% of men's (compared to 82.5% nationally) and the gap in employment rate between women and men in Rotherham is 12.6% (10.4% nationally)⁶⁵.

The Black and Minority Ethnic (BME) employment rate is 54.8%, significantly below the overall rate for the borough of 67.5%, this is almost entirely due to the low rate for BME women of 35.4%, compared to 60.5% for all women.

Around 20,250 people in Rotherham are unemployed or long term sick; one in eight of the working age population⁶⁴.

Rotherham has 22,764 people on Disability Living Allowance or Personal Independence Payment (8.7% of the population compared with 5.5% in England) and there are 13,040 people claiming long term sickness benefits (8.1% of all aged 16-64 compared with 5.8% in England).

The number of people claiming Incapacity Benefit or Employment Support Allowance has been falling for some time from 15,400 (9.7%) in 2003 to 13,170 (8.2%) in 2017 and the long term trend is likely to continue, given the emphasis of welfare reform to move long term sick people into work or to seek work⁶⁶.

The Need for a Healthy Workforce

Two new reports indicate the need for a healthy workforce.

1. Thriving at Work: the Stevenson/Farmer review of mental health and employers

(Government commissioned review, October 2017)

Thriving at Work sets out what employers can do to better support all employees, including those with mental health problems to remain in and thrive through work.

It includes a detailed analysis that explores the significant cost of poor mental health to UK businesses and the economy as a whole. Poor mental health costs employers between £33 billion and £42 billion a year, with an annual cost to the UK economy of between £74 billion and £99 billion.

The report quantifies how investing in supporting mental health at work is good for business and productivity. The most important recommendation is that all employers, regardless of size or industry, should adopt six 'mental health core standards' that lay basic foundations for an approach to workplace mental health. It also details how large employers and the public sector can develop these standards further through a set of 'mental health enhanced standards'. The report also makes a series of recommendations to government and other bodies.

2. Good work: the Taylor review of modern working practices (government commissioned review, July 2017)

The Review settled upon the 'QuInnE' model of job quality, developed by the Institute of Employment Research and others as part of a pan-European research programme. This outlines six high level indicators of quality;

- Wages
- Employment quality
- Education and training
- Working conditions
- Work life balance
- Consultative participation & collective representation.

Both reports make clear that in order to achieve positive outcomes from a workplace

health and wellbeing programme, employers need to do more than just meet their legal obligations and develop a culture of partnership working and staff engagement across all departments. There is an increased chance of success in a health and wellbeing programme if it is supported by senior management and has the involvement of all levels throughout the organisation.

What Rotherham's doing

Workplace Wellbeing Charter

The Workplace Wellbeing Charter is endorsed by Public Health England and delivered locally by Rotherham Council. This is a national framework that provides a clear set of standards for businesses and organisations to work towards achieving. Businesses and organisations who sign up to this charter are encouraged to achieve eight standards which include the following;

- Leadership
- Absence management
- Health and safety
- Healthy eating
- Physical activity
- Mental health
- Smoking and
- Alcohol and substance misuse.

Business and organisations that have achieved or are working toward the charter have benefited from improved productivity, reduced sickness absence, better staff retention as well as contributing to the long term public health aim of reducing premature deaths, particularly those related to lifestyle choices. For instance, in Rotherham many businesses and organisations now have dedicated Health and Wellbeing areas where staff can obtain information or be sign posted to relevant services. Within Rotherham Council there is a team of volunteer health champions which includes volunteers from across the Council. Also, Greencore foods saw a reduction in sickness rate for Musculoskeletal

(MSK) conditions and mental ill health of around 24% in the first year after doing the charter. Another local business, Grupobimbo, have introduced free counselling sessions for staff that have mental ill health problems. They have also introduced initiatives around healthy food and free fruit for all staff. They have introduced physical activity challenges that all employees can get involved in at whatever level they choose.

Rotherham Council offer to businesses include;

- All local businesses and organisations are offered support to enable them to meet the standards to achieve the Workplace Wellbeing Charter
- Currently 60 businesses and organisations are registered with the Council to work towards the Charter
- An explanation is offered to businesses and organisations regarding the potential benefits to them about looking after their employees' (both paid and unpaid staff) health and wellbeing
- Training sessions around subjects relevant to the standards in the charter are also offered.

CASE STUDY

Greencore prepared foods was the first business in Rotherham to be accredited with the Wellbeing Charter Award. Based at Kiveton Park they employ in excess of 1200 staff.

They have worked closely with Public Health on all aspects of the Charter. They have mental health awareness training in their mandatory induction training, they have had alcohol awareness briefings in the staff restaurant and organise various social activities that will help to increase physical activity in the workforce including encouraging all employees to walk 'The Greencore Mile' on site. They are also planning a 10,000 steps a day over 100 days initiative with the aim of getting fit for the start of summer.

The company offer a range of healthy meals in the staff canteen and work with Weight Watchers to offer one month free membership for the first 50 employees who lose a minimum of 3.5Kilos in month one. They then offer a free healthy meal from the canteen for each kilo lost until the participants reach their target. Free counselling and Physiotherapy services are now available on site to all staff who may benefit from them.

In the first year Greencore saw a 21 % improvement in days lost due to musculoskeletal conditions and a 34.5 % improvement in days lost due to mental ill health. Short term sickness has reduced from 4.5 % to 3 %, along with reductions in long term sickness. They have increased the number of phased returns to work which means that staff are able to return to work quicker. Staff feel that they are well supported at work and that the company genuinely wants to look after their health and wellbeing. One member of staff in particular spoke about being treated as a human being not just a number.

Greencore are committed to continuing their work and will be looking at introducing Workplace Health and Wellbeing Champions in 2018.

Our plans for the future

- To offer businesses and organisations training for Workplace Health and Wellbeing champions.
- To offer basic training around mental health awareness.
- To implement MECC.
- Awareness training around Domestic abuse is going to be offered to businesses.

There are also two new Sheffield City Region (SCR) programmes planned for 2018, these are the Health Led Trial and the Early Intervention Pilot described below.

Health Led Employment Trial

The SCR Health Led Employment trial will introduce a new work health support service consisting of employment specialists (employment advisors) working to Individual Placement Support principles located within local healthcare settings (e.g. GP practices, Improving Access to Psychological Therapies (IAPT) teams, Musculoskeletal (MSK) teams, community hubs). This is only one of two trials in the country, the other being in the West Midlands.

Referrals come primarily from the health system (e.g. GP practices) and individuals can also self-refer. Participation is entirely voluntary and has no implications for an individual's entitlement to benefits. To ensure robust learning, the Individual Placement Support employment trial will be a randomised control trial with 50 % of referrals going onto the IPS trial and 50 % being supported by existing mainstream employment and health support. This means that all individuals who volunteer for the IPS trial will receive some form of voluntary employment and health support.

The aim is to provide an innovative and evidence based form of voluntary health aligned employment support to individuals with mild to moderate mental health and or musculoskeletal (MSK) conditions who are either unemployed and seeking work or who are in work but are struggling or off sick. The program will offer 12 months personalised support focused on what individuals need to help them find or stay in work.

Early Intervention Pilot

The early intervention pilot will aim to increase access to sustained employment and progression opportunities for people at high risk of long-term unemployment. It will provide early intensive support to key target groups in the borough as identified by local stakeholder data.

The local authority has particular challenges in relation to low skill levels and ill health. These are particular problems for Rotherham and act as barriers to good quality, sustainable employment for many local people.

There are key vulnerable groups to prioritise;

- Individuals living in deprived neighbourhoods
- Care leavers
- Adults with Learning Disabilities
- People with “multiple needs” which encompass:
 - Mental health
 - Homelessness and unstable accommodation
 - Substance misuse
 - Domestic violence
 - Anti-Social Behaviour and ex-offenders.

Rotherham Jobcentre Plus (JCP) report the need to address additional groups who, although small in number, require an integrated support package to prevent them becoming long term unemployed. These include;

- Ex-offenders
- People on the autism spectrum
- Refugees
- People with English as a second language
- People with a history of insecure and fragmented employment.

These groups may also be likely to be living in deprived areas, experiencing poor mental health or unstable accommodation. There is acknowledgement that there are overlapping features in all the groups identified.

Rotherham has high numbers of people who are economically inactive or claiming benefits due to ill-health, with a substantial proportion having mental health problems. It is anticipated that the most appropriate provision for people with mild to moderate mental health conditions and musculoskeletal conditions would be the health-led trial. The employment pilot is currently paused nationally but is expected to go live early 2018.

Local Integration Board

The Local Integration Board (LIB) will oversee the long term delivery and performance of the Health Led Trial and Early Intervention Pilot, bringing the relevant partners together to develop a more integrated approach, tackling any barriers to implementation and resolving issues relating to specific cases as required.



14

Recommendations

[RETURN TO CONTENTS PAGE](#)

Key Recommendations of the Report

Work and health in partnership

To help more people back into work with stronger health and employment connectivity with links to emotional wellbeing. Continue to deliver the Workplace Wellbeing Charter for those in work a systematic approach to MECC.

MECC

MECC – working with partners to deliver MECC (Healthy Chats) which is a key component of the Rotherham Integrated Health and Social Care Strategy.

Mental health

Public Health to lead on the implementation of the Better Mental Health For All Strategy, with a specific focus in year one on Suicide Prevention and Five Ways to Wellbeing.

Physical activity

Public Health will work with the Team Rotherham Partnership to increase physical activity across Rotherham using opportunities such as our award winning parks (green spaces), promoting active travel and working with planning departments to develop obesogenic environments.

Continue to deliver on South Yorkshire and Bassetlaw wider partnership to deliver on the health and social care plan.

Healthy Ageing

living well and living longer

Director of Public Health
Annual Report 2016



APPENDIX:

Update from Last Years Annual Report

RETURN TO
CONTENTS
PAGE

The following table provides a summary of the ‘Rotherham ambitions’ that fell under the 8 overarching recommendations highlighted within the 2016 Annual Report.

Overarching Recommendation	Progress
<p>1. All services should encourage lifestyle behaviour change in older people where appropriate, particularly in the most disadvantaged communities. This could be achieved through taking a systematic approach to Making Every Contact Counts (MECC).</p>	<p>Public Health has led a systematic approach to a Making Every Contact Count (MECC). This includes a digital programme of online training, half day train the trainer programme, Public health staff trained to roll out across the Council and wider stakeholders.</p> <p>Roll out has begun focussing on training local authority services including; Libraries, leisure Centres, Housing providers, and Adult Social Care.</p>
<p>2. Rotherham Health and Wellbeing board considers implementing the WHO ‘Age Friendly Cities and Communities’ and become the first area in South Yorkshire to achieve this accreditation, learning from other UK cities that have already begun this work. This would be complementary to the Borough’s aspiration to be young people and dementia friendly.</p>	<p>The ambition to be a Healthy Community has been shared with the Older People Network and all stakeholders. There is also an Older People Strategy under development which is considering the role and impact of older people in Rotherham.</p>
<p>3. The social inclusion of older people in Rotherham needs to be at the heart of policy and delivery across the Rotherham Partnership, addressing issues such as maintaining independence, income and participation, mental health, loneliness & isolation. To achieve this goal, older people must experience proactive involvement and participation in life and society as a whole.</p>	<p>A group is looking at what the council and wider partners is currently doing to combat loneliness and isolation. This includes mapping, defining the issue, creating an action plan using an asset based approach and developing tools to evaluate impact.</p> <p>Rotherham also launched the “I age well” website (June 2017) to provide further information to residents and their families so that small changes could be made to increase individuals independence and improve their quality of life.</p>

Overarching Recommendation	Progress
<p>4. All partners to deliver against the aspirations and commitments within the Rotherham Integrated Health & Social Care Place Plan, and to continue to strive for the highest quality services for older people. This is to include an increased focus on prevention, early identification and self-management, with clear pathways for lifestyle behaviour change for older people that support individuals to make changes when the time is right for them.</p>	<p>The Rotherham Place Plan has now been finalised and there is an increased focus on prevention, early intervention and self care. The procurement of the Wellness service ensured that there will be an increased level of information on health and wellbeing available to different levels of support to help people make changes at the time that is right for them. This will be going live in April 2018.</p> <p>Joint application to Sport England’s Active Ageing fund was unsuccessful.</p>



A7

REFERENCES

[RETURN TO CONTENTS PAGE](#)

- ¹ Marmot, M (2010) Fair Society. Healthy Lives. The Marmot Review
- ² Rotherham's Integrated Health and Social Care Place Plan.
<http://www.rotherhamccg.nhs.uk/Downloads/our%20plan/Rotherham%20%20Place%20Plan%20draft%20-%20%20Novembe%202016.pdf>
- ³ Rotherham's Health and Wellbeing Strategy 2015-18.
http://www.rotherham.gov.uk/hwp/downloads/file/4/rotherham_borough_joint_health_and_wellbeing_strategy_2012-15
- ⁴ Rotherham Economic Growth Plan http://www.rotherham.gov.uk/downloads/file/2710/rotherham_economic_growth_plan_2015-25
- ⁵ World Health Organisation, 2014 accessed online at http://www.who.int/features/factfiles/mental_health/en
- ⁶ A report from the independent Mental Health Task Force to the NHS in England, February 2016, The Five Year Forward View For Mental Health, The Mental Health Task Force
- ⁷ Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016) London: Faculty of Public Health and Mental Health Foundation accessed online at <http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf>
- ⁸ Lelliott cited in Better Mental Health For All: A public health approach to mental health improvement available at:
<http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf>
- ⁹ Disability Rights Commission (2006) Equal Treatment: Closing the Gap: a Formal investigation into Physical Health Inequalities Experienced by People with Learning Difficulties and/or Mental Health Problems. Part 1 of the DRC's Formal Investigation, London: Disability Rights Commission
- ¹⁰ British Red Cross and Coop (2016), Trapped in a bubble An investigation into triggers for loneliness in the UK available at:
http://www.redcross.org.uk/~media/BritishRedCross/Documents/What%20we%20do/UK%20services/Co_Op_Trapped_in_a_bubble_report_AW.pdf
- ¹¹ M Parsonage and G Saini (2017); Mental Health at work: The business costs ten years on, Sainsbury Centre for Mental Health accessed online at:
<https://www.centreformentalhealth.org.uk/mental-health-at-work-report>
- ¹² Public Health England fingertip profile for Mental Health accessed online at:
<http://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/9/gid/1938132922/pat/6/par/E12000003/ati/102/are/E08000018/iid/91141/age/246/sex/4>
- ¹³ http://www.who.int/topics/substance_abuse/en/
- ¹⁴ www.nta.nhs.uk/uploads/whyinvest2final.pdf

- ¹⁵ ONS (2017) Mid-2016 Population Estimates for UK, England and Wales, Scotland and Northern Ireland. Office for National Statistics. Crown Copyright.
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>
- ¹⁶ ONS (2017) Mid-2016 Population Estimates for UK, England and Wales, Scotland and Northern Ireland. Office for National Statistics. Crown Copyright. [online] Available at:
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>
- ¹⁷ NHS Digital (2016) Health Survey for England, 2015 [online] Available at: <https://digital.nhs.uk/catalogue/PUB22610>
- ¹⁸ Department of Health (2016) UK Chief Medical Officer's Low Risk Drinking guidelines, August 2016 [online] Available at: <https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking>
- ¹⁹ Public Health England fingertip profile for Sexual Health accessed online at:
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/grid/8000057/pat/6/par/E12000003/ati/102/are/E08000018>
- ²⁰ Adult Population Survey, 2016
- ²¹ Public Health fingertip profile for Tobacco Control accessed online at <https://fingertips.phe.org.uk/profile/tobacco-control/data#/0>
- ²² <https://www.legislation.gov.uk/ukdsi/2015/9780111129876>
- ²³ https://healthierlives.phe.org.uk/topic/mortality/health-intervention/heart_disease_and_stroke#are/E08000018/par/E92000001
- ²⁴ <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>
- ²⁵ <https://beta.parliament.uk/search?q=tobacco+control+policy>
- ²⁶ <https://digital.nhs.uk/catalogue/PUB22610>
- ²⁷ <https://digital.nhs.uk/catalogue/PUB17879>
- ²⁸ PHE, 2017 see <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>
- ²⁹ NHS Digital 2016 see <https://digital.nhs.uk/catalogue/PUB20562>
- ³⁰ PHE 2017 see:
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/6/par/E12000003/ati/102/are/E08000018/iid/93088/age/168/sex/4>
- ³¹ PHE 2017 see:
<http://fingertips.phe.org.uk/public-health-outcomes-framework#page/7/gid/1000042/pat/6/par/E12000003/ati/101/are/E08000018/iid/90640/age/164/sex/4>

- ³² PHE, 2016:
<https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day>
- ³³ Taylor D. Postgrad Med J 2014;90:26–32.
- ³⁴ www.sportengland.org/media/11411/tackling-inactivity-approach-and-investment-guide.pdf
- ³⁵ PHE, 2014 <https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life>
- ³⁶ NHS Choices, 2017 <https://www.nhs.uk/Livewell/getting-started-guides/Pages/getting-started-walking.aspx>
- ³⁷ <https://www.gov.uk/government/publications/start-active-stay-active-infographics-on-physical-activity>
- ³⁸ PHE fingertips <https://fingertips.phe.org.uk/profile/physical-activity>
- ³⁹ RMBC (2010) Rotherham Green Space Strategy. RMBC website.
http://www.rotherham.gov.uk/localplanexamination/downloads/file/838/rmbc062a_green_space_assessment_feb_2017_part_1
- ⁴⁰ Active People Lives 2016/17, Sport England, 2017
- ⁴¹ <http://casualramblers.co.uk/syorks/rotherham/>
- ⁴² http://www.rotherham.gov.uk/homepage/217/doorstep_walks
- ⁴³ <https://www.walkingforhealth.org.uk/walkfinder/yorkshire-and-humber/rotherham-steps-health>
- ⁴⁴ <https://www.nhs.uk/oneyou/moving>
- ⁴⁵ <https://www.nhs.uk/oneyou/active10/home>
- ⁴⁶ <https://www.nhs.uk/LiveWell/c25k/Pages/couch-to-5k.aspx>
- ⁴⁷ <http://www.rotherhamharriers.org/beginners.php>
- ⁴⁸ <https://www.england.nhs.uk/wp-content/uploads/2014/09/ltc-infographic.pdf>
- ⁴⁹ Rotherham JSNA, 2017
- ⁵⁰ Health in All Policies, PHE/LGA, 2016
- ⁵¹ A Breath of Fresh Air, UK Health Alliance on Climate Change, 2016.
- ⁵² Defra. Abatement cost guidance for valuing changes in air quality, May 2013.

- ⁵³ The Mortality Effects of Long-Term Exposure to Particulate Air Pollution in the United Kingdom. The Committee on the Medical Effects of Air Pollutants (COMEAP), 2010 accessed online at <https://www.gov.uk/government/publications/comeap-mortality-effects-of-long-term-exposure-to-particulate-air-pollution-in-the-uk>
- ⁵⁴ http://8.242.194.203/cgi-bin/ROTH/apub.stncolmap2.cgi?page=ShowHome&areaid=RI&gsz=450x370&stnshow=true&stngroup=0x04&backgroundimg=images/blank.gif&mappostop=0&mapposleft=0&infocgi=apub.infostn2.cgi¯opath=stn&infoframe=_blank&lefthtmlpage=&apptag=colorstn&nrdec=1&subs=0002&year=now&maxage=50000&gkey=AlzaSyBF-Ob8fIZILC2tcHARIUQ_9EYHPuSMwcs
- ⁵⁵ Environmental equity, air quality, socioeconomic status and respiratory health, 2010
- ⁵⁶ Air quality and social deprivation in the UK: an environmental inequalities analysis, 2006
- ⁵⁷ Conedera, M, et al., 2015, Urban Forestry & Urban Greening, 14, 139-147
- ⁵⁸ Sallis, J, et al, 2016, The Lancet, 15, 1284-2
- ⁵⁹ The Houses of Parliament, Parliamentary Office of Science & Technology, POSTnote 538 October 2016
- ⁶⁰ The Houses of Parliament, Parliamentary Office of Science & Technology, POSTnote 529 June 2016, Public Health England, 2014, Health equity briefing 8, Faculty of Public Health, 2010, Great Outdoors: how our natural health service uses greenspace to improve wellbeing: Briefing Statement
- ⁶¹ <http://www.parkrun.org.uk/>
- ⁶² <https://www.nice.org.uk/guidance/ph41/chapter/1-recommendations>
- ⁶³ <http://www.syltp.org.uk/lstf.aspx>
- ⁶⁴ Annual Population Survey, ONS 2016/17
- ⁶⁵ Annual Survey of Hours and Earnings, ONS 2016

Document Published
May 2018

[RETURN TO CONTENTS PAGE](#)