REPORT NO: xxx/2015

PEOPLE (CHILDREN) SCRUTINY PANEL

23 April 2015

Child Health Review

Report of the Director of Public Health

STRATEGIC AIM:	**Meeting the health & wellbeing needs of the community**

PURPOSE OF THE REPORT

1. The purpose of the report is to provide the committee with an overview of child health in Rutland and an update on public health activity against priorities. Work is ongoing to produce the 2015 JSNA, this interim report reflects that child health is a priority.

2. **RECOMMENDATIONS**

   The Panel is asked to

   a. **Note the performance summary, issues identified and actions planned in response to improve performance**

   b. **Comment on any issues with regard to the report**

BACKGROUND

3. Since April 2013 Rutland County Council (RCC) has had responsibility for commissioning public health services including the National Child Measurement Programme, services that help to reduce smoking and obesity, increase physical activity and healthy eating, tackle substance misuse, promote mental health, oral health and address the wider influences on health. An up-to-date overview of child health and a progress report on Public Health activity was requested with a particular focus on obesity, mental health and oral health. This report encompasses:

   a. Performance against key metrics and priorities relating to children and young people's health (PHOF and Chimat indicators). (Appendix 1)

   b. An comprehensive update on service provision against priority areas and identification of areas for development (Appendix 2)

STRATEGIC LINKS AND PUBLIC HEALTH

4. 'Giving children the best start in life' is a key theme within the Rutland 'Joint Health and Well Being Strategy'. The 'Children, Young People and Family's Plan 2012 – 2015' identifies 'giving the best start in life and reducing child poverty' as key priorities for action to improve outcomes for children and young people. Many other strategies in Rutland also address the issues that affect the health of children and families, e.g. Child Poverty Strategy, Sustainable Community Strategy, Families First Strategy, Learning and Skills Strategy and the Growth Strategy.

5. The 2014 Director of Public Health (DPH) annual report makes clear the wide range of social, economic and environmental factors that affect the health of children and their families. The report identifies how RCC and wider partners can work collectively and how Public Health in particular can work as a leader, a partner and as an advocate to help shape policies and programmes, creating the conditions that enable families to take control of their health and well-being.

CHILD HEALTH IN RUTLAND

6. Appendices 1 and 2 provide a comprehensive overview of performance and service provision against priority areas.

7. In 2011, there were an estimated 8,800 children and young people under the age of 20 in Rutland. 24% of the population were under 19 years and 5.6% of school children are from a minority ethnic group.[1]

Best Start in Life – key facts

- **Child Poverty:** In 2011 an estimated 565 children were living in poverty in Rutland, this equates to 8% of all dependent children under 20. This is lower than the national average (21%) but still represents a target for improvement. The rate of family homelessness is similar to the England average.[2]
- **Breastfeeding:** In Leicestershire and Rutland, in 2012/13, only 44% of babies were being breastfeed at 6-8 weeks after birth (Rutland specific data not available). This is significantly lower than the national average (47%)[1]
- **Oral Health:** Based on the 2012 survey of oral health, 40% of children in Rutland have some tooth decay (caries) by age 5. This is significantly higher than the England average of 28%[2]
- **Obesity**: In 2013/14, 16% of 4-5 year old children in Rutland are obese or overweight. This is significantly better than the England average (23%).[4]
- **School Readiness:** In 2012/13, 57% of children in Rutland achieved a good level of development at the end of reception year 2. This is similar to the England rate (52%). Only 25% of children in the county eligible for free school meals achieve this level (compared to 36% in England).[2]

Healthy Schools and Pupils – key facts

- **Teenage Pregnancy:** In 2012, the Rutland under 18 conception rates were significantly lower than the national average (18.8 for Rutland compared to 27.7 for England[5]
- **Education:** In 2012/13 67.2% of children in Rutland achieved GCSE grade A*-C for English and Maths. This is significantly higher than the national average of 60.8%[2]
- **Obesity**: In 2013/14, 29.2% of 10-11 year olds are obese or overweight. This is similar to the national average of 22.5%[4]

CHILD HEALTH SUMMARY

8. The health of children in Rutland is generally better than the national average, with lower rates of accidental injury, under 18 conceptions, and children entering the youth justice system. The area also has higher rates of breastfeeding initiation, immunisations and higher numbers of children achieving a good level of development at the end of reception and achieving GSCE Grade A*-C for English and Maths. Despite this, there is still room for improvement and taking into account various sources, the following themes have emerged as child health priorities for Rutland, children's oral health, child poverty, obesity and mental health.

IMPROVING CHILDREN'S HEALTH AND WELLBEING

9. RCC is commissioning a full range of evidence based programmes to improve health and wellbeing outcomes for children and young people. These include:

a. Effective early years support and evidence based health improvement programmes in early year's settings including the Oakham Children's Centre. There is strong universal public health provision through the Healthy Child Programme by health visitors and school nurses and targeted interventions for disadvantaged families and children through the Families First Initiative and Changing Lives.

b. Initiatives to reduce obesity include promoting a positive food culture in schools through the flagship 'Food for Life' programme and a comprehensive physical activity programme that is delivered through schools and early year's settings An overarching action plan has been developed and reports good progress.

c. Work is underway to establish causes of poor oral health in 5 year olds through commissioning of a social marketing campaign. Public health is working with Children's Services to develop and commission evidence based oral health improvement programmes in early year's settings.

d. The Children's Trust are working to keep the proportion of children living in relative poverty below 10% across the county as a whole and to reduce the proportion in wards exceeding 10%, to below 10% by 2017. The Child Poverty Strategy and organisational pledges have been updated and progress is being monitored

e. RCC is working with partners to address the tough challenges of increasing demand and ongoing reductions in funding. In line with the MTFS, RCC Public Health team are working with partners through Better Care Together to integrate health and social services and coordinate care more effectively and efficiently.

f. Working with the Mental Health and Wellbeing Steering Group to drive improvements in mental health across the whole pathway from prevention through to treatment across the life course.

IMPACT OF SERVICES

10. Health improvement programmes for children and young people in Rutland are need driven, evidence-based and informed by national best-practice guidance (e.g. NICE guidance). Where national guidance is not available, programmes are subject to ongoing evaluation, ensuring that services are effective and value for money.

KEY AREA FOR DEVELOPMENT

11. Public Health will continue to support the development of 'whole-school' based programmes which tackle public health issues such as emotional health and wellbeing/ mental health, healthy weight, sexual health/ teenage pregnancy and substance misuse (drugs, alcohol and tobacco), and are delivered in all schools in Rutland. We are working with children and young people's leads to expand and develop the role of a dedicated health youth worker for schools.

CONCLUSION

12. The health of children in Rutland is generally better than the national average, however there is still room for improvement. Health needs that require action have been identified relating to oral health, obesity, mental health and child poverty. A full programme of evidence based health improvement initiatives is in place to address these needs and action plans are in place to address gaps in service provision.

13. **RISK MANAGEMENT (see separate guidance on how to complete)**

RISK	IMPACT	**COMMENTS**
Time	**H**	There are short-term, mid-term and long term improvements required regarding oral health promotion for children. Action plans are formed or are being formed and priorities identified to address these improvements.
Viability	**M**	Both strategic and operational leads have been identified for the areas of activity required. The progress of improvements and areas requiring further development will be monitored and reported to key stakeholders and strategic groups.
Finance	**M**	There are no financial implications regarding the implementation of the action plans identified in this report. Work required should be part of existing resources.
Profile	**H**	Children's dental health, mental health and obesity are high profile – stakeholders will need to be kept informed about progress and areas for development.
Equality and Diversity	**L**	Strategies relating to child health will seek to incorporate all aspects of equality and diversity.

Background Papers

See Appendix 3 for full list

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(NB If Report contains Exempt Information, no reference should be made to Background Papers)

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A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

APPENDIX 1: CHILD HEALTH PROFILE RUTLAND 2014

Rutland Child Health Profile — March 2014

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Significantly better than England average
- Not significantly different
- Regional average

25th percentile — England average — 75th percentile

	Indicator	Local no.	Local value	Eng. ave.	Eng. worst	Eng. best
Premature mortality	1 Infant mortality	1	3.0	4.3	7.7	1.3
	2 Child mortality rate (1-17 years)	1	12.7	12.5	21.7	4.0
Health protection	3 MMR vaccination for one dose (2 years)	-	-	92.3	77.4	98.4
	4 Dtap / IPV / Hib vaccination (2 years)	-	-	96.3	81.9	99.4
	5 Children in care immunisations	25	100.0	83.2	0.0	100.0
	6 Acute sexually transmitted infections (including chlamydia)	108	23.7	34.4	89.1	14.1
Wider determinants of ill health	7 Children achieving a good level of development at the end of reception	225	57.3	51.7	27.7	69.0
	8 GCSEs achieved (5 A*-C inc. English and maths)	318	67.2	60.8	43.7	80.2
	9 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	15.3	0.0	41.7
	10 16-18 year olds not in education, employment or training	20	2.4	5.8	10.5	2.0
	11 First time entrants to the youth justice system	7	162.4	537.0	1,426.6	150.7
	12 Children in poverty (under 16 years)	500	8.4	20.6	43.6	6.9
	13 Family homelessness	19	1.3	1.7	9.5	0.1
	14 Children in care	30	38	60	166	20
	15 Children killed or seriously injured in road traffic accidents	1	15.1	20.7	45.6	6.3
Health improvement	16 Low birthweight of all babies	14	4.2	7.3	10.2	4.2
	17 Obese children (4-5 years)	31	9.6	9.3	14.8	5.7
	18 Obese children (10-11 years)	40	14.1	18.9	27.5	12.3
	19 Children with one or more decayed, missing or filled teeth	-	40.3	27.9	53.2	12.5
	20 Under 18 conceptions	9	9.4	30.7	58.1	9.4
	21 Teenage mothers	-	-	1.2	3.1	0.2
	22 Hospital admissions due to alcohol specific conditions	-	-	42.7	113.5	14.6
	23 Hospital admissions due to substance misuse (15-24 years)	-	-	75.2	218.4	25.4
Prevention of ill health	24 Smoking status at time of delivery	-	-	12.7	30.8	2.3
	25 Breastfeeding initiation	-	-	73.9	40.8	94.7
	26 Breastfeeding prevalence at 6-8 weeks after birth	-	-	47.2	17.5	83.3
	27 A&E attendances (0-4 years)	483	263.4	510.8	1,861.3	214.4
	28 Hospital admissions caused by injuries in children (0-14 years)	47	79.6	103.8	191.3	61.7
	29 Hospital admissions caused by injuries in young people (15-24 years)	43	94.4	130.7	277.3	63.8
	30 Hospital admissions for asthma (under 19 years)	8	94.6	221.4	591.9	63.4
	31 Hospital admissions for mental health conditions	-	-	87.6	434.8	28.7
	32 Hospital admissions as a result of self-harm (10-24 years)	15	204.3	346.3	1,152.4	82.4

Notes and definitions - Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

1 Mortality rate per 1,000 live births (age under 1 year), 2010-2012
2 Directly standardised rate per 100,000 children age 1-17 years, 2010-2012
3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2012/13
4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2012/13
5 % children in care with up-to-date immunisations, 2013
6 Acute STI diagnoses per 1,000 population aged 15-24 years, 2012
7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2012/13
8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2012/13
9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2013 (provisional)
10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local authority, 2012
11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2012
12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2011
13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2012/13
14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2013
15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2010-2012
16 Percentage of live and stillbirths weighing less than 2,500 grams, 2012
17 % school children in Reception year classified as obese, 2012/13
18 % school children in Year 6 classified as obese, 2012/13
19 % children aged 5 years with one or more decayed, missing or filled teeth, 2011/12
20 Under 18 conception rate per 1,000 females age 15-17 years, 2011
21 % of delivery episodes where the mother is aged less than 18 years, 2012/13
22 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2010/11-2012/13
23 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2010/11-2012/13
24 % of mothers smoking at time of delivery, 2012/13
25 % of mothers initiating breastfeeding, 2012/13
26 % of mothers breastfeeding at 6-8 weeks, 2012/13
27 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2011/12
28 Crude rate per 10,000 (age 0-14 years) for emergency hospital admissions following injury, 2012/13
29 Crude rate per 10,000 (age 15-24 years) for emergency hospital admissions following injury, 2012/13
30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2012/13
31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2012/13
32 Directly standardised rate per 100,000 (age 10-24 years) for hospital admissions for self-harm, 2012/13

APPENDIX 2: AN UPDATE ON SERVICE PROVISION AGAINST PUBLIC HEALTH PRIORITIES.

WEIGHT MANAGEMENT AND HEALTHY WEIGHT PROMOTION

1. The National Child Measurement Programme (NCMP) for England records height and weight measurements of children in state-maintained schools in reception (aged 4–5 years) and year 6 (aged 10–11 years). In 2013/14 in Rutland, 7% of Reception children were obese which is similar to the England average of 9%. In Rutland, 60 children in Reception were overweight or obese, accounting for 16% of the number of children measured in Reception. This is a significantly better percentage than the national average of 22%.[4]

2. As age increases so the does the prevalence of obesity. In Rutland, the percentage of children obese in Year 6 was 15%, similar to the national percentage of 19%. In Rutland, 96 children in Year 6 were overweight or obese, accounting for 29% of the Year 6 children measured. This percentage is similar to the national average of 34%.[4]

3. Whilst Rutland has equivalent or lower levels of overweight and obese children compared to the England average, nearly a quarter of children in reception and year 6 are categorised as overweight and obese.

What we are doing locally

Weight Management Services - Family Lifestyle Club (FLiC), 8-18 years

4. A tier 2 Dietician lead weight management service for children (and parents/guardians) under the age of 16 years who are overweight or obese, provided by Leicestershire Nutrition and Dietetic Service (LNDS). Each course is an 8 week programme with a physical activity element delivered by district instructors/coordinators. In 2013/14 the programme was provided from one venue, the Edith Weston Primary School. 4 adults and 7 children (5 families) enrolled in the Rutland FLiC programme. The table below summarises the outcomes reported

	Participants	% attendance	% with stable or decreased BMI score	% with increased knowledge	% families reporting increase fruit/veg or 5 ft/veg per day	% families reporting Increase in PA	families completing at least 1 goal	% families reporteing > 8/10 in satisfaction of the programme
2013/14	**11**	**92**	**75**	**80**	**80**	**100**	**100**	**100**

Table 1. 2013/14 Rutland FliC data, provided by Lisa Sinfield, LPT

5. This programme was expanded in 2014/15 to provide a pre-FLiC (condensed course) programme at Cottesmore Primary School. LNDS were unable to run the group due to difficulty recruiting any families. LNDS are working to increase recruitment through GP practices, Community paediatricians, School Nurses, Neighbourhood teams, Local media and schools.

Food and Nutrition - Food for Life Partnership (FFLP), 5-16 years

6. A tier 1 sustainable health and education programme which helps to transform school meals and food education in schools and their communities. The aim of the partnership is to give school pupils and their families the confidence, skills and knowledge they need to cook, grow and enjoy good quality, affordable food. It helps to promote a positive 'Food Culture' in schools and has an impact on the obesogenic environment. In 2014 RCC joined the FFLP. 7 Rutland schools are involved in the programme and there are plans to expand this.

7. Three independent evaluations have demonstrated that the FFLP is effective in improving children's health, tackling inequalities, improving education and improving local enterprise and sustainability.

Physical Activity

8. A comprehensive physical activity plan is in place and programmes are delivered in schools and early year's settings. A range of programmes deliver targeted and universal support through a 'whole family' approach, across the life-course of children and young people. Examples include:

Free 'top-up' swimming lessons, 8-11 years

9. From September 2014 RCC School Sports Partnership provided families with an opportunity to 'top up' their child's school swimming lesson through small group tuition at either Catmose or Uppingham swimming pools. There was no uptake during in Q1 and plans to raise awareness have subsequently been put in place.

Primary School, Change 4 Life Clubs, 5-11 years

10. From September 2014 RCC School sports Partnership appointed a Schools Apprentice to coordinate and deliver a series of Change 4 Life clubs within primary schools with the emphasis on fun physical activity as opposed to traditional PE and sport. A progress update on this development is required.

Options for development

11. RCC Public Health are working with Children's Services to identify specific interventions to promoting physical activity for under 5's in EYS. Potential initiatives are being explored, these include, Purposeful Play Training for EYS Practitioners, and *Fundamental Movement Skills* for 5-11 years.

MENTAL HEALTH AND EMOTIONAL WELL BEING IN CHILDREN AND YOUNG PEOPLE (C&YP)

12. In 2013, 8% of children aged 5-16 were estimated to have a mental health disorder in Rutland, lower than the national prevalence of 10%. The most commons problems in Rutland were conduct disorders, emotional disorders and hyperkinetic disorders.[7]

13. Between 2010/11 - 2012/13, 45 children in Rutland were admitted to hospital for self-harm. This latest rate of 230 per 100,000 aged 10-24 years is significantly better than then national rate (352.3 per 100,000). Since 2008/09 – 2010/11 onwards the rate for Rutland has remained constant and significantly better than the national rate.[7]

What we are doing locally

14. LPT NHS Trust is the main provider of targeted and specialist services (CAMHS), which are commissioned by the CCGs. Provision is broadly organised along a four tier model, the premise for this approach is to manage need by co-ordinating services to ensure that interventions are made at the lowest possible level. Waiting times from referral to treatment and access were identified as priority areas by the Health and Wellbeing Board. Issues with CAMHS services are beyond the scope of this report. They are being addressed through the CAMHS Strategy and the Mental Health and Wellbeing Steering Group. (see paragraph 15).

15. RCC has procured educational and social care based targeted interventions, counselling, group work and parental support services are provided by a small number of voluntary sector organisations. A full programme of universal and targeted support services are available to C&YP in Rutland, for example, Raw 4 Youth Website, Young Peoples Forum, Common Assessment Framework, Educational Psychology, Inclusion Support Team, New Horizons Group and Rutland Parent Carer Voice, Family Therapy services and Siblings Groups.

16. Many services have had budget cuts recently leading to a reduction in services and a shift from universal service (tier 1) provision to more targeted services (tier 2/3). A recent service review suggests that this has led to a complex and fragmented system which is difficult for service users and frontline staff to navigate.[8]

Options for development

17. As part of the Better Care Together programme a Mental Health and Wellbeing Steering Group has formed. We are working with our partners in this group to develop a mental health strategy which will drive improvements in mental health across the whole pathway from prevention through to treatment across the life course.

18. We are working with partners to embed activity to promote mental and emotional wellbeing of children into the delivery of all services, using early intervention approaches and maximising the role early years settings.

CHILDREN'S ORAL HEALTH IN RUTLAND

19. The survey from Public Health England (PHE) - dental public health epidemiology programme (DPHEP) identifies the prevalence and severity of dental decay by measuring the number of decayed, missing and filled teeth. A survey conducted in during the academic school year 2012/13 was published in 2013 and reported on the oral health of three year-old and a survey conducted in 2011/12 reported on the oral health of five year-old children in Rutland.

20. The three-year-old population in Rutland in 2012 was 343 children, of these children, 159 were examined for the survey. 15% of children had obvious dental caries (defined as

having one or more teeth that were decayed to dentinal level, extracted or filled). This was similar to the national average of 12%. The average number of teeth per child affected by decay (defined as decayed, missing or filled teeth) was 0.36. This was similar to the national average 0.36.[3]

21. The five-year-old population in Rutland in 2011 was 380 children, of these children, 232 were examined for the survey. 40% of five-year-old children had obvious dental decay (having one or more teeth that were decayed to dentinal level, extracted or filled because of caries) This is significantly higher compared to the national average 28%. The average number of teeth per child (all children) affected by decay was similar to the national average (1.09 vs 0.94). The average number of teeth affected by decay in children who experience decay was significantly lower than the national average (2.71 vs 3.38).[3]

22. In summary, there appears to be a significantly high level of dental decay of moderate severity in 5 year old children. Understanding why and addressing this issue is a public health priority.

What are we doing locally

23. On 1st April 2015 responsibility for commissioning oral health promotion and the annual oral health epidemiological survey transfers to local authorities from NHS England. NHSE currently contracts with DCHS NHS Trust to provide these services for Rutland and this contract has been extended by Rutland County Council until the current survey has been completed (31.7.15). During this extension, oral health promotion activity will include training for dental practices on Delivering Better Oral Health, training front line staff in oral health promotion messages, distribution of oral health promotional material to families and delivery of an oral health promotion campaign during national smile month (May/June 15).

24. The provision of the epidemiological survey (which is mandatory for local authorities) is currently being re-procured and the new provider for Rutland will be appointed from the 1 August 15.

25. From August 15 Public Health will continue to work collaboratively with colleagues on the development of an oral health promotion programme. A non-recurrent allocation of £50k has been offered to RCC from NHS England. This allocation is being used to develop a social marketing campaign to investigate the high levels of dental decay in children in Rutland and help understand oral health behaviours. This in turn will be used to inform Rutland's oral health promotion strategy for children which will continue to include the distribution of oral health promotion materials to families through the children's centre, Health Visitor visits and at birth through the 'Red Book'.

TOBACCO CONTROL.

26. 2009-2012 smoking prevalence modelled estimates suggest that 3% of 11-15 year olds and 16% of 16-17 year olds in Rutland smoke regularly. Nationally, the percentage of children aged 11-15 years who have ever smoked has declined over the last decade from 42% in 2003 to 22% in 2013. In 2013, the smoking prevalence in Rutland was 22%, similar to the national average of 18%.[9]

What we are doing locally

27. Stop smoking services
    Services are available to all smokers aged 12 years and over. They are consistent with the National Centre for Smoking Cessation Training and applicable NICE guidance.[10] The service works with school nurses and FE colleges to provide training and partners in the local Tobacco Control Alliance to tackle wider tobacco control issues and reduce smoking prevalence. A new service has recently been procured and Quit 51 (part of North 51) will develop a new programme of work from 1st April 2015
    a. Young Persons Tobacco Free Programme: provides comprehensive tobacco control activities and support in schools and young person environments.
    b. Step Right Out (Smoke Free Cars and Campaigns) Targets smokers with dependants to encourage them to cut down or quit)

Options for Development

28. We are working to develop the Rutland Healthy Schools Programme to enable children and young people to tap into additional Drug and Tobacco Education (DATE). Healthy Schools supports the links between health, behaviour and achievement.

SUBSTANCE MISUSE

29. The 2012 JSNA reported that in a sample of young people from Rutland 10% reported frequent misuse of drugs/volatile substances or alcohol. Cannabis continues to be the main substance of use followed by amphetamines and solvents. Rutland Health Watch performed a young people's health survey in February 2015. A desire for more information on drugs on alcohol emerged as a key theme.

Current services

30. RCC collaboratively commission externally delivered specialist services (Swanswell), and universal provision from within mainstream children and young people's services. The Swanswell Young Persons' Substance Misuse Service (YPSMS) offer a free and confidential service to young people under 18 years who live in Rutland. The service provides help, support, advice and treatment for substance misuse related issues.

31. During Q1 of 2014/15, 3 young people accessed specialist substance misuse services. They were all under the age of 18 and were self-referrers or referred by family and friends. The typical service user profile is between 15-17 years. They are often a vulnerable young person (domestic abuse, mental health, anti-social behaviour or are affected by another person's substance misuse). 50% of young people entering specialist treatment services. 100% of young people exit treatment as a 'planned exit'. 20% are reported to re-present within 6 months however Rutland has low numbers of service users resulting in high percentages. Swanswell identified in their 2014 annual report the need to understand their evidence base. There should be robust evaluation and monitoring of services.

What we are doing locally?

32. We are leading discussions on how to improving quality and outcomes, and generate savings through the redesign and re-procurement of specialist substance misuse services (2015/16 allocations totalling £195,336) for June 2016. These savings could

generate headroom to fund emerging priorities including mental health.

33. In the interim RCC will continue to collaboratively commission specialist services as well as universal and targeted provision within mainstream children and young person's services. There will be an emphasis on vulnerable young people and early intervention, as well as training staff frontline C&YP workers to deliver interventions

SEXUAL HEALTH AND TEENAGE PREGNANCY

34. The latest under-18 conception rate is in Rutland in 9 per 1,000 females aged 15-17, this equates to 8 conceptions under the age of 18 in 2013.[5] Rates for teenage pregnancy in Rutland have remained significantly better than the national rate from baseline in 1998 until 2011. Due to the small numbers involves, fluctuations in rates are common and a slight increase was seen in the 2012 rate was followed by a drop again in the latest data.

35. The percentage of under 18s conceptions leading to abortion in Rutland has decreased from 50.0% in 2008-2010 to 30% in 2011-13. Throughout this time, the conception rate has decreased 14.5 to 12.3 per 1,000 women in this age group.

36. In 2013, a fifth (20%) of young adults aged 15-24 in Rutland were screened for chlamydia, a significantly lower percentage than nationally (25%). The detection rate of chlamydia in Rutland was 1713.2 per 100,000 population aged 15-24, similar to the national average of 2015.6 per 100,000 population. In 2013, 902 persons were screened for chlamydia and 78 individuals were diagnosed and treated in Rutland.[2]

37. A 2012 survey of 351 young people in Rutland concluded that knowledge and awareness of available sexual health services was lacking (Teenage Pregnancy and Sexual Health Operational Group). A further study (NHS LLR) assessed the knowledge and perceptions of 16-24 year olds about sexual health services across LLR. In Rutland the difficulty of accessing services from rural locations was highlighted. For young people distance and cost of public transport were issues.

What we are doing locally

38. The integrated sexual health service provides a one stop shop for all sexual health services including contraception, genito-urinary medicine, proactive sexual health promotion and prevention. Information and promotion is available at sites in Leicester and Loughborough. Contraceptive and STI services are available at a range of venues at various times. In addition, there are a range of local specialist providers who can offer training, support and input on sexual health/teenage relationship issues. (School Nurse Service, LASS, TRADE)

39. Awareness and Prevention - RCC commission a dedicated sexual health youth worker who works 4 days per week into some Rutland schools. Children's services are working to expand and develop this role to address wider health priorities such as emotional health and wellbeing/ mental health, healthy weight, sexual health/ teenage pregnancy and substance misuse (drugs, alcohol and tobacco).

40. RCC deliver 'Healthy Bodies, Healthy Minds' a 'whole-school' health promotion campaign that addresses key public health priorities. It is delivered annually in schools across Rutland.

Options for Development

41. Continue to promote safer sex messages and information about services to young people. Public Health leads are advocating for schools to adopt the Personal, Social and Health Education Association's PHSE Programme of Study and that Relationship and Sex Education (RSE) is available to all school and has quality standards and relevant to all.

WIDER DETERMINANTS

42. Looked After Children

a. In 2013/14, 35 children under the age of 18 were classified as looked after children. The rate of looked after children in Rutland was 45.0 per 10,000 population, similar to the national average of 60 per 10,000 population. 86% of looked after children in Rutland were looked after in foster placements, totalling 30 children, similar to the national percentage of 75%.[7]

b. In 2012/13, the emotional and behavioural health was 'of concern' for 85. % of looked after children in Rutland. This percentage has risen year on year from 2010/11 to 2012/13 and is currently significantly worse than the national average (38%).[7]

c. There is a statutory requirement for looked-after children to undergo a health assessment and dental review on entry to care and then annually. These assessments are designed to identify health concerns that should be specified in health plan. This then forms part of the overall care plan. In 2014, 100% of looked after children aged under 5 had development assessments up to date. This is similar to the England average (87%). 80.0% of looked after children had an annual health assessment, similar to the England average of 88%.

Children in Poverty

43. In 2011/12 the percentage of children classified as living in poverty was 8%. This is significantly below the national level which currently stands at 20%. Rutland is the third least deprived local authority area on this measure. The number of children in Rutland under 16 living in poverty is approximately 500 with a further 65 aged 17 – 18.[2] Rutland already meets the Government's target of reducing the proportion of children living in relative poverty to below 10% by 2020, however this masks the relative concentration of poverty in some parts of the county. There are currently 6 wards registering as having over 10% child poverty levels, however due to varying population sizes in these wards, the actual number of children affected needs to be taken into account. Children born into low-income households are more likely to experience health problems from birth and accumulate health risks as they grow older.

What we are doing locally

44. RCC have set out priorities for tackling child poverty in The Rutland Child and Family Poverty Strategy, these include; supporting families into work and increase earnings, supporting living standards of low income families by reducing living costs and raising educational attainment of poor children. The strategy has strong links to the Rutland Sustainable Community Strategy and the Children and Young People's Plan.

APPENDIX 3 REFERENCES

1. Public Health England. Child Health Profile for Rutland [Internet]. 2014. Available from: http://www.chimat.org.uk/profiles
2. Public Health England. Public Health Outcomes Framework. (2014). at http://www.phoutcomes.info/
3. Public Health England. Dental Public Health Epidemiology Programme for England, Oral Health Survey of three-year-old children 2013, upper tier local authority [Internet]. Available from: http://www.nwph.net/dentalhealth/survey-results 3(12_13).aspx
4. Public Health England. NCMP Local Authority Profile [Internet]. 2014. Available from: http://fingertips.phe.org.uk/profile/national-child-measurement-programme
5. ONS. Conceptions in England and Wales, 2013 [Internet]. 2013. Available from: http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/2013/stb-conceptions-in-england-and-wales-2013.html
6. Institute of Public Care. Projecting Adult Needs and Service Information [Internet]. 2014. Available from: http://www.pansi.org.uk/
7. Public Health England. Children's and Young People's Mental Health and Wellbeing Data Tool. 2014; Available from: http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh
8. Mapping Children and Young Peoples Mental Health and Wellbeing Support and Services, Leicestershire & Rutland. T Crowson, Public Health. 2014
9. Public Health England. Local Tobacco Control Profiles [Internet]. 2014. Available from: http://www.tobaccoprofiles.info/
10. NICE. School-based interventions to prevent smoking.Issued: February 2010. NICE public health guidance 23. Available at http://www.nice.org.uk/guidance/ph23/resources/guidance-schoolbased-interventions-to-prevent-smoking-pdf