

The Health and Wellbeing of Children and Young People in Surrey

The Independent Annual Report of the Director of Public Health
Surrey County Council 2015-2016

“We cannot waste the lives of children, we need to ensure we have a healthy population able to ensure our continued economic viability; we need to make sure our children start school ready and able to learn, and leave school fit for work.

Such strong evidence should never be ignored: rarely in health are there such opportunities to improve lives as well as show economic benefit – surely addressing this means acting not just because our hearts tell us to do so, but because, with increasingly clear evidence, our heads should also encourage us.”

Dame Sally Davies,
Chief Medical Officer of England, 2013

I am pleased to present this, my independent Annual Public Health Report, on the health and wellbeing of Surrey’s children and young people (CYP). Our children deserve the best possible outcomes and, for the most part, achieve these.

This report highlights some of the differences experienced by Surrey’s children and young people, highlighting what needs to be addressed in order to ensure positive outcomes for all.

In a county such as Surrey, with areas of great affluence sitting alongside pockets of deprivation, these differences can feel all the more marked.

Surrey has around 280,000 0-19 year olds of which approximately 5,500 are children in need, 860 are Looked After Children and an estimated 28,000 are children living in poverty. At the same time one fifth of Surrey’s pupils are educated in independent schools.

In my report, I look at factors which contribute to inequalities in outcomes starting at the beginning of the lifecourse with maternity services through to young people.

Helen Atkinson,
Strategic Director,
Adult Social Care and Public Health,
Surrey County Council

Ensuring the best outcomes for all of Surrey’s children is one of the Surrey Health and Wellbeing Board’s priorities.

We face significant challenges in achieving our ambitions for our children and young people. Not only are we facing a protracted period of fiscal restraint, we are also anticipating a significant growth in the number of children living in Surrey.

By 2017, we estimate that there will be an extra 10,000 children, aged 5-9 years, with an increase of 13,000 children, aged 10-14, by 2022.

Reducing inequalities and improving the health and wellbeing of all our children will require our combined efforts with all our local partners. As a county council, we are committed to prevention and are strengthening our early help offer and ensuring that our safeguarding approach, with partners, is robust to protect children and ensure a healthy start.

Helyn Clack,
Cabinet Member for
Health and Wellbeing,
Surrey County Council

Why focus on the health and wellbeing of children and young people?

There is increasing evidence that, in England, we are not doing as well as we should to achieve good health and wellbeing outcomes for our children and young people.

We know that early life influences affect health and wellbeing outcomes in later years and that focusing on prevention and early intervention can improve both in the short and long term, as well as provide cost savings.

In her 2012 annual Chief Medical Officer report, Dame Sally Davies provided compelling evidence on the benefits of early intervention for the health & wellbeing of children both in childhood and into adulthood. The four high cost areas in the table below are, to a large extent preventable.

Estimated annual costs associated with preterm birth, unintentional injury, obesity and child mental health problems (per child)

| Preterm birth | |
|------------------------------|--|
| £25,920 | Additional public sector costs per preterm birth (for children 0-18) |
| £51,656 | Additional societal costs per preterm birth (for children 0-18) |
| Unintentional injury | |
| £2,494 - £14,000 | Short-term health costs of treating severe injury |
| £1.43m - £4.95m | Potential long-term societal costs of a childhood traumatic brain injury |
| Obesity | |
| £35 | Short-term costs of treating child obesity per obese child |
| £585 - £683 | Long-term health costs per obese child growing up to be an obese adult |
| Child mental health problems | |
| £2,220 | Short-term health, social care and education costs per child with mental health problems |
| £3,310 | Long-term societal costs per child with mental health problems |

Source: *The economic case for a shift to prevention; Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays*
www.rand.org/pubs/external_publications/EP51619.html

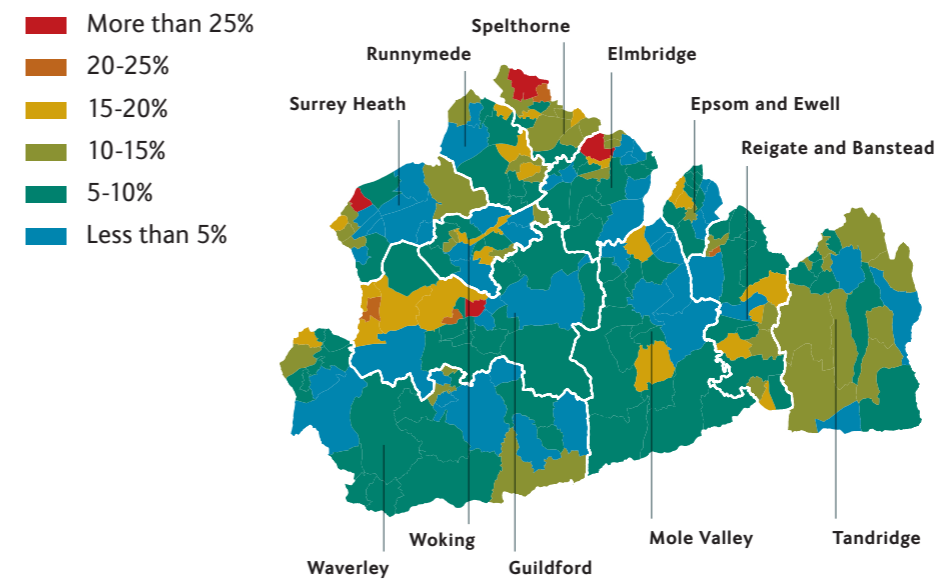
Shifting the balance towards prevention is crucial if we are to make a sustained change to children's health outcomes. The challenge is enabling this to happen within the context of continued and increasing acute health and social care need. This will require a joined up framework of action, encompassing both leadership and collaboration.

Childhood poverty

Disproportionately more young people are in or at risk of poverty or social exclusion compared to adults in the UK. This pattern is replicated in Surrey and can be detrimental to educational, health and social outcomes in later life. There are an estimated 28,000 children and young people (0-19 years) living in poverty in Surrey.

Inequality in Surrey remains a huge challenge with long-lasting consequences. Associations exist between poverty and many health outcomes, including childhood obesity, dental hygiene and substance misuse.

Proportion of children from Income deprived families



Source: Department of Communities and Local Government
www.gov.uk/government/statistics/english-indices-of-deprivation-2015

?
Did you know?
 Over a quarter of children in Stanwell North in Spelthorne, Old Dean in Surrey Heath and Stoke in Guildford live in poverty, compared to the Surrey average of 10%.

?
Did you know?
 The way in which we measure poverty is important. If we measure household poverty alone, we may underestimate the number of children living in poverty.



Fact
 Surrey is home to the 4th largest Gypsy, Roma and Traveller community in Britain. These communities can experience poorer outcomes.

- Call to action:**
1. NHS and local authority leaders and commissioners should ensure that services are available to all that need them, whilst maintaining a focus on children, young people and their families, who need additional support.
 2. A clear partnership approach needs to ensure there are no areas in Surrey with 25% of children living in poverty.

Giving every child in Surrey the best start in life: pre and post maternity



Fact

More women give birth over the age of 35 in Surrey (30.9%) compared to the national average (20.3%)



Fact

26% of Surrey's deliveries are by caesarean section



Did you know?

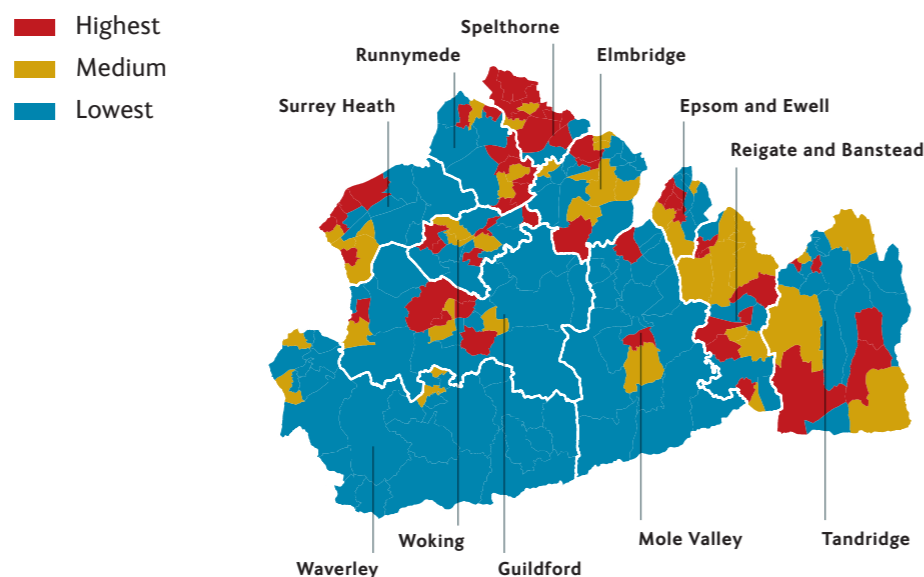
SEND 2020 is a programme in Surrey to transform the way that services for children with special educational needs and disabilities are delivered, including early identification and intervention within the antenatal period.

Parents' experiences before and during pregnancy form the stepping stones to the healthy birth and development of a child. This period of time presents an ideal opportunity to provide support to improve health and wellbeing for all children and their families.

Key interventions to promote health during maternity include: early access to antenatal care, stopping smoking and alcohol consumption, maintaining a healthy weight, improved mental wellbeing and breastfeeding.

Teenage mothers, young fathers and their children are more likely to experience social inequality. Approximately 93% of all women, in Surrey and Sussex, were booked for early antenatal care in 2014, compared to only 64% of the under 20's in Surrey. 37% of teenage mothers were smoking at delivery compared to 7% across all ages.

Teenage conception rates in Surrey wards per 1,000 females aged 15-17 (2011-2013)



Source: ONS. Conception statistics, England and Wales
www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables



Case Study

Family Nurse Partnership: supporting young people

Summary

Family Nurse Partnership (FNP) is a nurse-led home visiting programme, which works with teenage mothers, partners and families to develop therapeutic relationships and facilitate a greater understanding of pregnancy and responsive parenting. FNP works with young parents to-be from sixteen weeks gestation to the child's second birthday.

Impact

FNP can work with up to 100 clients to help young mothers to quit smoking and encourage and support them to breastfeed. The impacts of this include fewer premature and low birth weight babies. Professional colleagues report that FNP is making a significant difference to these young people's lives and outcomes.

Breastfeeding is important for building a strong attachment between mother and baby and promoting healthy child development. In Surrey, initial breastfeeding rates (84%) are better than the national average (74%), but in the under 20s, only 54% of mothers breastfeed after birth.

All Surrey health providers are UNICEF Baby Friendly accredited and Surrey's Sure Start children's centres are working towards achieving this status.

Maternal mental health is pivotal to child mental health and development and mother-child attachment. Depression, anxiety and psychosis in pregnancy and early motherhood cost approximately £8.1 billion to society annually in the UK. This is predominantly accounted for by impacts on children. In Surrey, an estimated 10-15% (1,295-1,940) of women experienced mild-moderate depression and anxiety during and after pregnancy in 2013-14.



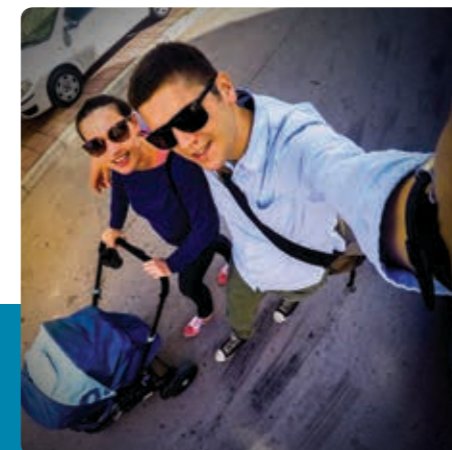
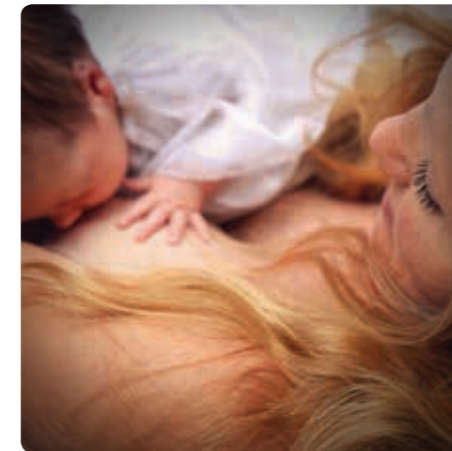
Fact

There is a 6% reduction in breast cancer risk for every 12 months a woman breastfeeds



Did you know?

UNICEF Baby Friendly standards have been associated with a more than 10% increase in breastfeeding rates (UNICEF 2000).



Case Study

Parent-infant mental health

Summary

Surrey's Parent Infant Mental Health Service (PIMHS) offers early interventions, in collaboration with community health, CAMHS, social care and early years, to parents at risk of poor attachment with their infant.

Case

A is a 25 year old pregnant woman with a personality disorder. She was referred to the Surrey and Borders Partnership PIMHS, who provided weekly psychological therapies, which helped A to develop a positive relationship with her baby.

Call to action:

1. Public Health and maternity commissioners should address the inequity in early antenatal booking, smoking cessation and breastfeeding through a Young Parents pathway of support.
2. Clinical Commissioning Groups and maternity providers should implement the outcomes of the Maternity Services Review. This includes embedding prevention within integrated service provision.
3. Commissioners and providers of health visiting, maternity and early years services, including children's centres, should continue to deliver programmes, which support breastfeeding in line with UNICEF guidelines.
4. CCGs and their partners should improve mental health and wellbeing outcomes for mothers and their babies by commissioning perinatal mental health services.

Impact

In 2014/15, Surrey's PIMHS ran 29 baby massage groups and also provided training to health visitors to enable them to undertake these courses themselves. PIMHS has benefited 136 parent(s) and their babies from pre-birth to 12 months old.



Fact

There are 58 Sure Start Children's Centres in Surrey that offer a range of services to all families with children under five years old. They reach 74% of families overall and 80% of families living in disadvantaged areas. (Registration rates as at 30 June 2015)



Fact

About 65% (1,600) of eligible two year olds in Surrey utilise Free Early Education for Two year olds (FEET) each term, which is lower than is seen nationally.

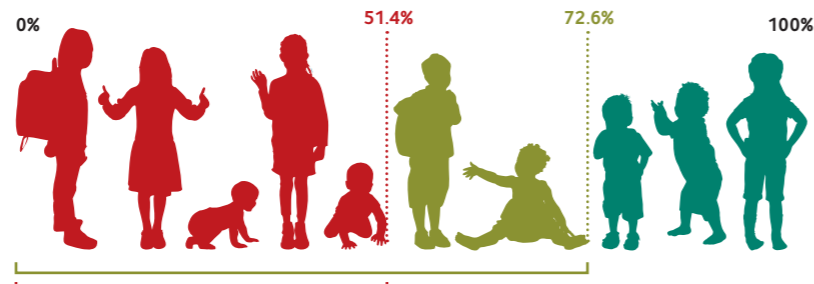
Early years (0-5)

Skills and patterns established early on influence children's health throughout their lives. We know that inequality has a strong influence on this association and children of educated or wealthy parents, who have lower educational outcomes early in life, have a tendency to catch up, whereas children of worse-off parents, who score poorly, are far less likely to do so.

The Healthy Child Programme (HCP) is a collaboration including maternity, primary care, health visitors, early years, schools and school nurses. It provides all families with a programme of preventative services to promote attachment and healthy development. A key outcome of the Healthy Child Programme is school readiness, which is an indicator of early development assessed by a child's behaviour and understanding. School readiness is measured at the end of the first year in school.

Overall, educational achievement at the end of reception is better in Surrey than the South East, but amongst children claiming free school meals (FSM), it is poorer than the South East.

Percentage of reception year children reaching a good level of development in Surrey



Only 51.4% (513) of children in Surrey with free school meal status, reached a good level of development at the end of reception in 2014.

Overall, 72.6% (9,980) of children in Surrey reached a good level of development.

Source: Department for Education
www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2013-to-2014



Case Study

Health visiting to support at risk families

Summary

The 0-19 Homeless Health Team provides support to groups at risk of social exclusion. The service includes health promotion, assessments and referrals to affiliated organisations including social care, youth support service and housing. It is tailored by health visitors, community staff nurses and community nursery nurses to the clients' needs. Clients include the homeless and vulnerably housed, members of the traveller community, asylum seekers and young people. Families receive support for a period of between 17 and 36 weeks.

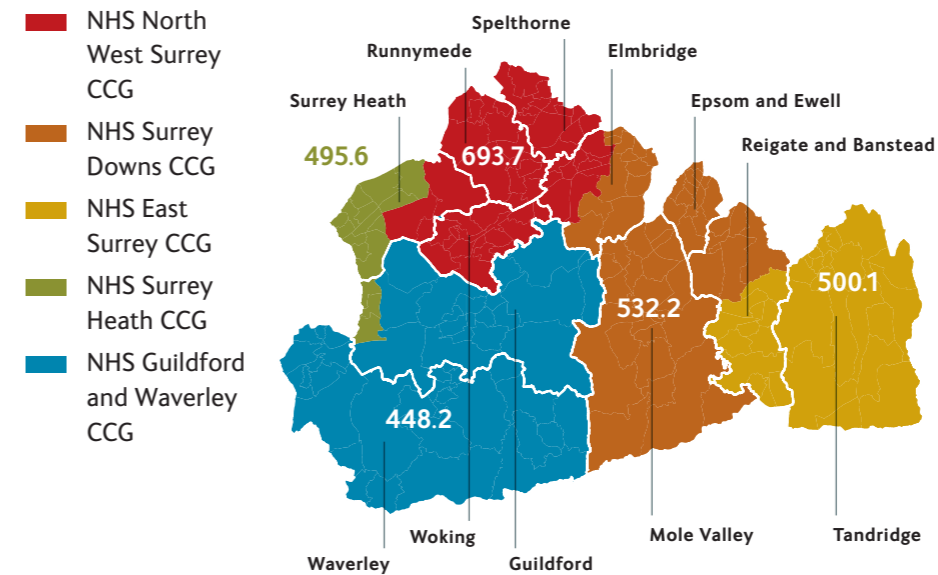
Impact

200 families, including 305 children, have benefited from the service between 2013 and 2015. In some areas, up to 80% of participants settle locally.

Children are often taken to Accident and Emergency, by their parents, with minor illness and injuries that sometimes could be managed at home, with support from community services such as GPs and pharmacies. Conditions such as gastroenteritis and respiratory infections and unintentional injuries are the leading causes of attendances at A&E and hospitalisation amongst the under 5s.

In Surrey, on average, 578 per 1000 0-4 year olds attend A&E and there is considerable variation between Clinical Commissioning Groups (CCG's).

Rate of A&E attendances per 1,000 0-4 year olds (2013-14)



Source: Public Health England
fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938132948/pat/112/par/N58/ati/19/are/E38000054/iid/90809/age/28/sex/4

Immunising children has had some of the greatest impacts on the world's health to date and helps to protect the health of the whole community.

Childhood immunisation rates in Surrey fall short of national targets. Amongst Looked After Children, rates are as low as 62% (2013). For population benefit 90-95% of children need to be immunised.



Did you know?

There is a ninefold difference between the highest and lowest rates of children with decayed, missing or filled (DMF) teeth in Surrey.



Did you know?

Children with special educational needs account for nearly 20% of hospital admissions in the age group from birth to 5 years.

Call to action:

1. Surrey County Council should prioritise reducing the attainment gap at school entry between children in receipt of FSM and those who are not.
2. Surrey County Council and Early Years providers should improve take up of the Free Early Education for Two year olds.
3. CCGs, Surrey County Council and local community providers should develop a joint commissioning approach through the framework of the Healthy Child Programme, which addresses prevention and early intervention.
4. CCGs, Primary Care, Surrey County Council and local community providers should use every opportunity to promote childhood immunisations.
5. In line with SEND 2020, we should continue to develop a partnership approach to supporting children with SEND, including early identification of need and intervention.

School aged children and young people



Did you know?

There are around **6,000 Young Carers** and **800 home-schooled children** in Surrey.

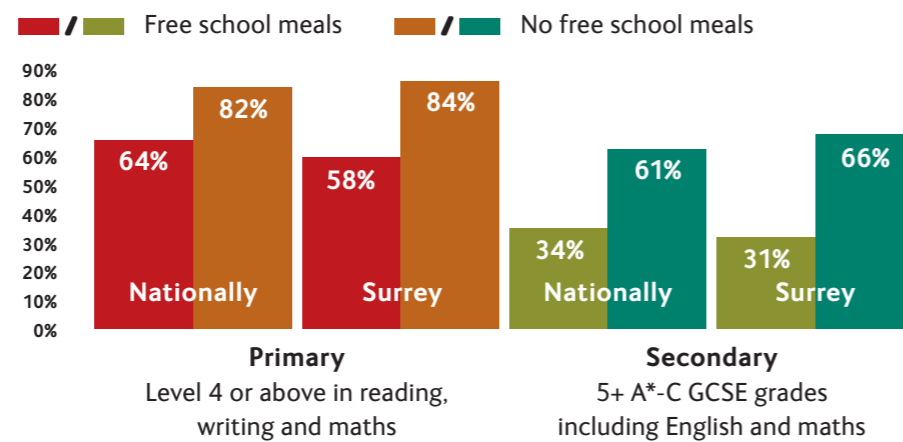


Fact

7% of children from Gypsy, Roma and Traveller communities and **13%** of Looked After Children achieved 5 GCSE's above a grade C in Surrey.

Overall, Surrey has high standards of educational achievement and indeed, 88% of schools were rated as good or above by OFSTED (2015). Surrey's results in Key Stage 2 and GCSE's in 2013/2014 surpassed England and the South East. However, there are still early educational inequalities associated with socioeconomic deprivation that are compounded over time into adulthood.

Percentage of children's educational achievement



Source: Department for Education: GCSE and equivalent attainment by pupil characteristics: 2014
www.gov.uk/government/statistics/gcse-and-equivalent-attainment-by-pupil-characteristics-2014

In 2014, approximately 8% of Surrey's children were eligible for and claimed Free School Meals.

Their educational achievements that year were about 30% poorer than children without Free School Meals in primary schools and 53% poorer in secondary schools, demonstrating that the educational inequality gap established early on only widens with time. In comparison with other parts of the country, children in receipt of Free School Meals in Surrey perform considerably worse.

In 2014, 9% of Surrey young people with a statement achieved five or more A*-C GCSEs, compared to 12.9% for our statistical neighbours and 8% nationally. Since 2009, the number of children needing an education, health and care plan has increased by 7.5%



Surrey has developed a Healthy Schools Programme which includes a range of school-based health and wellbeing guidance and information for schools and teachers. This supports the delivery of Personal, Social, Health and Economic education (PSHE).

Principles of establishing a whole school approach to promoting children and young people's emotional health and wellbeing



Call to action:

1. Surrey County Council and Surrey's schools continue to prioritise addressing the education attainment gap.
2. Surrey County Council and CCGs should develop an emotional resilience pathway that includes a preventative approach.
3. Public Health and Education should continue to support schools to adopt a whole school approach to health and wellbeing.
4. CCGs, Surrey County Council and local community health providers should ensure that services delivered to school aged children reach those that are looked after, home schooled, not in school and young carers.



Case Study Whole School Approach to Healthy Schools

Summary

Schools are a central factor for young people's health. Health promotion by schools improves educational attainment and enhances later life chances for pupils. Evidence suggests that interventions with a 'whole school approach' will positively impact health and wellbeing, including body mass index (BMI), physical activity, fruit and vegetable intake, tobacco use, and bullying. In keeping with the whole school approach, Chandlers Field School created creative and inspiring lunchtime sessions in which children were trained as play leaders and could be responsible for leading child mediations.

Impact

"The children are much more engaged in activities during lunchtime. There has been an increase in child-led play leading to excellent positive behaviour. This project has resulted in a major improvement in behaviour and well-being across the school."
 Deputy Head

Emotional wellbeing



Health Related Behaviour Questionnaire (HRBQ)

This questionnaire asked primary and secondary school children about a range of topics, including nutrition, drugs and mental health.

2015 results from Surrey students suggest that an emphasis on mental health issues, such as self harm and anxiety, could greatly benefit children in Surrey.

■ Primary School ■ Secondary School

38% and 25%

Percentage of pupils responded that they feel afraid of going to school because of **bullying at least 'sometimes'**.

29% and 23%

Percentage of pupils with a **medium-low self-esteem score** (9 or less).

23% and 21%

Percentage of pupils responded that they have been **bullied at or near school** in the last 12 months.

36% and 46%

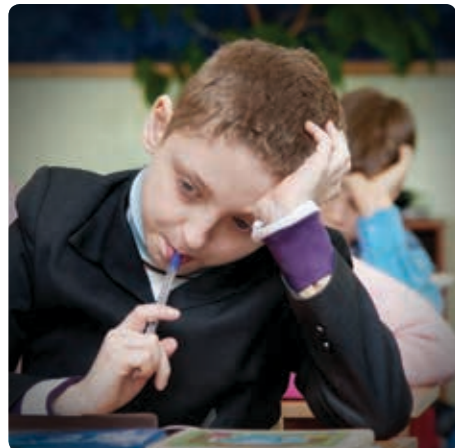
Percentage of pupils responded that they **worry about exams and tests**.

9%

Percentage of Year 8 girls responded that they **usually/always cut and hurt themselves** when they have a problem that worries them or makes them unhappy.

2% and 13%

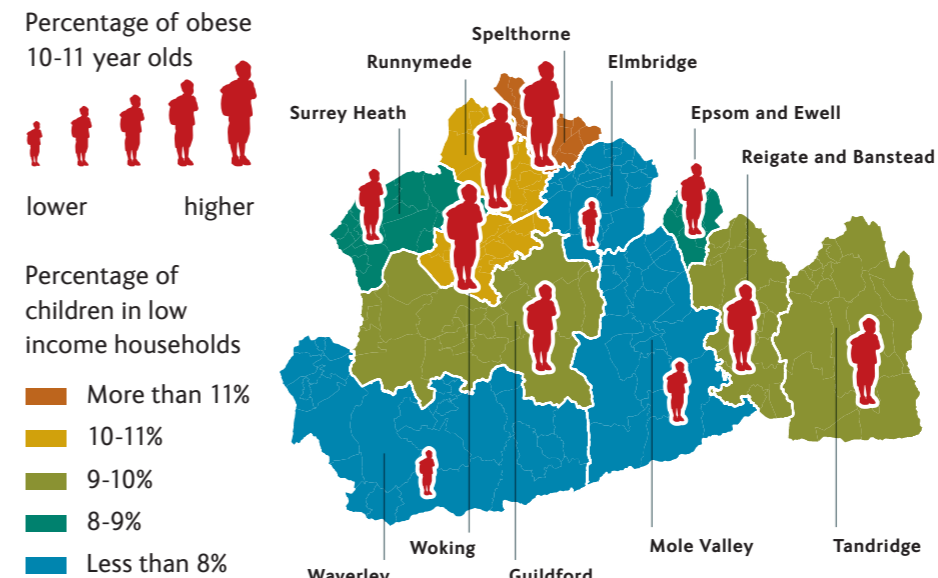
Percentage of pupils responded that they think **others may fear going to school because of them** or admitted to deliberately hurting someone else at school in the last 12 months.



Healthy weight

In Surrey, being overweight is a problem for **18.1%** of children aged 4-5 and **26.7%** of children aged 10-11. A further 1.3% of Surrey's children in Year 6 are underweight. Being an unhealthy weight can lead to health and psychological problems during childhood itself and increases the risk of developing type 2 diabetes, coronary heart disease, hypertension and some forms of cancer in the future.

Relationship between obesity and poverty in 10-11 year olds



The proportion of 10-11 year olds who are obese, varies across Surrey from 15.6% in Runnymede to 9.9% in Waverley and is associated with deprivation.



Did you know?

*The proportion of school children in Surrey who report that they enjoy physical activity drops steadily from Year 6 to Year 10 from **87%** to **70%**.*

Call to action:

- Surrey's Health and Wellbeing Board should continue to prioritise a whole system approach to childhood obesity.
- Public Health should develop a Healthy Weight Strategy for the county.
- NHS should prioritise action on childhood obesity and physical activity through the Sustainability and Transformation Plans and local Prevention Plans.
- District and Borough Councils should continue working with Surrey County Council to deliver Active Travel within Local Development Plans.
- All organisations have a role in prioritising physical activity to deliver the Active Surrey Strategy to support 20,000 more children and young people to have an active start in life.



Case Study

The Targeted Mental Health in Schools approach

The Targeted Mental Health in Schools (TaMHS) approach is available in Surrey local authority maintained schools and an increasing number are taking up monthly consultation sessions in school.

The Primary Mental Health Team (PMHT) operates across Surrey, in partnership with front-line workers, delivering early intervention and preventative mental health services, in addition to direct work with children and their families.

There is training available on understanding attachment, and mental health awareness. The Primary Mental Health Service has continued to deliver Everybody's Business training with consistently positive feedback.



Case Study

The Health Exercise Nutrition for the Really Young (HENRY) programme

Summary

The Health Exercise and Nutrition for the Really Young (HENRY) programme is a healthy lifestyle programme for parents /carers of the under 5's. It provides support to families with children who are overweight and aims to prevent children gaining excess weight by focusing on parenting skills, nutrition, physical activity and emotional wellbeing.

Impact

In 2014/2015, 100 families benefited from attending HENRY groups and many more families received HENRY based advice and support from their health visitor or children's centre staff.



Did you know?

Young people leaving care are almost twice as likely to experience drug and alcohol problems and have poorer mental and physical health outcomes. There were approximately 300 care leavers, aged between 19-21 years, in Surrey, within the year 2014-15.

Young people

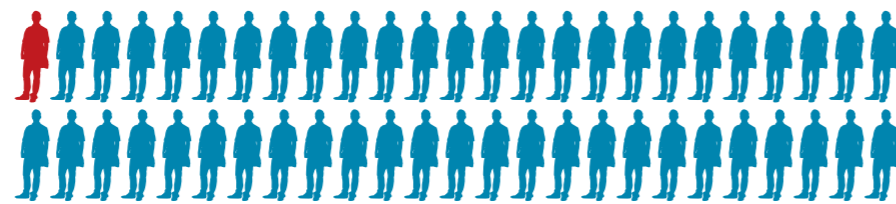
Adolescence is the key stage for laying the foundations for health and wellbeing into adulthood and establishing life-long behaviours. Without equal access to resources and support some young people are put at a disadvantage.

Risky behaviours can make young people more vulnerable and susceptible to negative outcomes. However, resilient young people cope better with difficulties, develop better personal life skills, sustain better relationships and, as a result, prevent the effects of set-backs.

Young people not in education, employment and training tend to have lower resilience levels, lower attainment, poorer emotional health, greater criminal activity and greater engagement in multiple risk taking behaviours.

500 (2%) of 16-18 year olds in Surrey are not in education, employment and training. This is substantially lower than in the South East (4%) and in England (5%).

Percentage of young people not in education, employment and training (NEET)



Note: The percentage and number of NEETs may be underestimated due to the level of young people with unknown activity. Data from 2014.

Source: Department of Education, 2015

Relationships

Childhood experiences of parenting can affect young people's views and beliefs around developing positive relationships and consequently, long term physical, emotional, social and education outcomes that can drive health inequalities.

Over half of all teenage conceptions in Surrey lead to termination, indicating these may be unplanned. Good relationship and sex education and supportive parenting that builds resilience can reduce sexual activity and have a positive impact on young people's knowledge and attitudes.

Substance misuse

Young people are more likely to have taken drugs in the last year if they are smokers or have drunk alcohol. 11 to 15 year olds who have been excluded from school or who have played truant were also more likely to take drugs.

Consistent with the national trend, the number of individuals under 24 years who accessed substance misuse services in Surrey dropped from 366 in 2012 to 304 in 2014 (a fall of 17%). Locally this may be due to the focused prevention and brief intervention work undertaken by the Youth Support Service to reduce the number of CYP requiring specialist substance misuse support.

94%

Percentage of young people in Surrey's services began using their main problem substance **under the age of 15**. This is similar to the national picture (Public Health England, 2015)

Among young people using services in Surrey; **7%** are 'Looked After Children', **12%** have been affected by domestic abuse and **10%** were identified as having a mental health problem (Public Health England, 2015)

8%

Percentage of 11 to 15 year olds reported taking cannabis in the last year (2012). This is the most widely used drug among 11 to 15 year olds (Health and Social Care Information Centre, 2014)

85%

Percentage of young people who engaged with the Surrey Drug and Alcohol Service completely reduced or ceased drug use in 2013/14 (National Drug Treatment Monitoring System, 2014)

Self Harm

Self harm is an indication of low social and emotional wellbeing and is more likely to lead to other risky behaviours, including binge eating, alcohol and/or drug abuse and risky sexual behaviour.

Admissions for self harm in Surrey, are continuing to rise and are primarily amongst girls and young women aged 15-24 years.



Fact

19% of 15 year olds in Surrey reported having been drunk in the last four weeks, compared to 15% nationally in the HRBQ in 2015.

Call to action:

1. The Mental Health Partnership to collaboratively address the emotional health and wellbeing needs of children and young people ensuring sufficient focus on universal prevention and early identification.
2. Commissioners should ensure availability of high quality mental health, substance misuse and sexual health services, co-designed with children, young people and their families.



Hearing from young people: developing the Sexual Health Needs Assessment

FOCUS GROUP: What was your first experience of sex education?

"It's all giggly at that age"

Each focus group talked about their first experience of sex education at school.

Experiences of sex education at secondary school varied. Several participants didn't remember having any lessons, another member missed the relationship and sex education (RSE) session because of poor attendance at school. Lesson time varied – some had regular lessons – others one-off days.

Some felt their schools did not teach anything about sexuality, one participant remembered being told stories "to put you off being gay".

Topics covered included Sexually Transmitted Infections and preventing pregnancy.

Acknowledgements

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Further information

To access an electronic copy of the report and further information including details behind some of the facts and figures in this document, a glossary and a list of references, go to: www.surreyi.gov.uk/ViewPage1.aspx?C=Resource&ResourceID=1373

Surrey Joint Strategic Needs Assessment
www.surreyi.gov.uk/jsna

Surrey Health and Wellbeing Board
www.healthysurrey.org.uk

The Parent Infant Mental Health Service
www.healthysurrey.org.uk/your-health/mental-wellbeing/camhs/parents-and-carers/support-for-parents-and-carers/

Surrey Strategy for Sport and Physical Activity
www.activesurrey.com/physical-activity-strategy

Surrey draft Alcohol section of the Substance Misuse Strategy
www.healthysurrey.org.uk/your-views/substance-misuse-alcohol

Active Surrey
www.activesurrey.com

Surrey Family Information Service
www.surreycc.gov.uk/people-and-community/family-information-service

Early Intervention Foundation
www.eif.org.uk

Healthy Child Programme
www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

Health Matters
www.healthmatters.org.uk

Child Health Profiles for England 2016
www.chimat.org.uk/profiles

Targeted Mental Health in Schools Programme
www.chimat.org.uk/camhs/schools/tamhs

Everybody's Business Mental Health Awareness Training
www.chimat.org.uk/camhs/everybodysbusiness

SEND Local Offer
www.surreysendlo.co.uk/kb5/surrey/localoffer/home.page

Marmot Report
www.instituteofhealthequity.org

Chief Medical Officer Report
www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

Family Nurse Partnership
www.fnp.nhs.uk

Child Adolescent Mental Health Service
www.sabp.nhs.uk/mindsightsurreycamhs