

GREATER MANCHESTER CHILDREN & YOUNG PEOPLE HEALTH & WELLBEING FRAMEWORK

(To support the work of the Children's Health and Wellbeing Board)

2018-2022



Taking charge
of our Health and Social Care
in Greater Manchester

Contents

1.0	Context.....	3
2.0	The case for change	4
3.0	Engaging with children, young people and families and professionals.....	6
4.0	Delivering the framework’s objectives.....	9
5.0	Governance.....	10
6.0	Implementation – plan on a page	11
A)	Objective #2 – Early Years and School Readiness	11
B)	Objective #3 – Mental Health and Resilience	12
C)	Objective #6 – Preventing Avoidable Admissions.....	13

1.0 Context

Our vision is to make Greater Manchester (GM) one of the best places in the world to grow up, get on and grow old. This means a place where all children are given the best start in life and young people grow up inspired to exceed expectations.

Across Greater Manchester, to ensure children have the best start in life, we're integrating the services provided to children from when they are born until they start school, and are working on implementing this new approach throughout the city-region. Our ambition is that all children will start school ready to learn. We're improving parent support services and ensuring children have places to play, and we're prioritising good air quality around our schools and pre-school sites. We're supporting all schools and colleges to drive up achievement and progress, and working in partnership with agencies throughout the city-region to improve attendance. We're promoting core work competencies, developing a curriculum for life, and improving careers advice so that young people leave school 'life ready', prepared for further study or the world of work, and have an awareness of future challenges and opportunities. We're increasing the quality and quantity of apprentices, including higher level apprenticeships in key sectors, and making it easier for young people to apply for these opportunities. We're also providing specialist support for those that need it; building on our experience of improving the lives of over 8,000 families across Greater Manchester by identifying needs early and providing person-centred support.

Good health in childhood is vital to achieving this ambition. We recognise that disadvantage starts before birth and accumulates throughout life, meaning that our collective actions must start at conception and be followed through the life of the child.

The foundations for virtually every aspect of development; physical, intellectual and emotional, are laid in early childhood. The earliest experiences shape a baby's brain development, and have a lifelong impact on mental and emotional health. Evidence shows that when a baby's development falls behind during the first year of life, it is then much more likely to fall even further behind in subsequent years, than to catch up with those who have had a better start.

We therefore want every child in GM to have the best start in life. This means that every child grows up in an environment that nurtures their development, derives safety and security from their care givers, provides ready access to high quality services and has a belief in their goals and their ability to achieve them. Our ambition is that every child in GM acquires the skills necessary to negotiate early childhood, primary and secondary school and education and employment.

We recognise, of course, that this is a time of significant constraint in public finances and resources across all organisations are exceptionally stretched. When times are tough it is even more important to pool resources and act collectively, adopting a holistic view of the child and a mindset that every child does matter.

Collaboration is part of Greater Manchester's DNA and we are building on past progress to develop system-wide approaches to improving outcomes for children and young people. Three GM examples are 'Making it Better' which was a large scale service redesign of paediatric and maternity services implemented over a six year period; the GM Early Years Delivery Model; and the GM Complex Safeguarding Strategy.

All organisations delivering services for children and young people currently recognise that GM has a "once in a lifetime" opportunity to focus on improving the health and wellbeing of children, and to ensure that the models for delivering care are modern, fit for purpose, safe and sustainable for the next five years and beyond.

As a fundamental principle, there is a commitment from all organisations to work together to improve health and wellbeing throughout a child's life course from birth to adulthood and old age

2.0 The case for change

Greater Manchester is home to 895,000 children and young people under the age of 25 and this number is growing. The GM population under 25 is larger than the England average by 2% or 18,000 children and this population is forecast to rise to a plateau of 945,000 in 2032 – 50,000 more children or a 5.6% increase on 2018.

Growing up in Greater Manchester is more challenging than most parts of England. Greater Manchester has high rates of looked after children, poverty, mental health disorders, smoking in pregnancy, decayed teeth, obesity and lower rates of school readiness, educational attainment, levels of physical activity and, ultimately, life expectancy. Compared to the average of children in the rest of England the facts below show that in Greater Manchester

- children have a lower life expectancy (by 1.4 years for males),
- more children under 20 live in poverty (32,000 more),
- children have worse health, such as more children under 19 admitted to hospital for asthma (624 more)
- more children going to secondary school are 'obese' (685 more out of a population of 34,131).

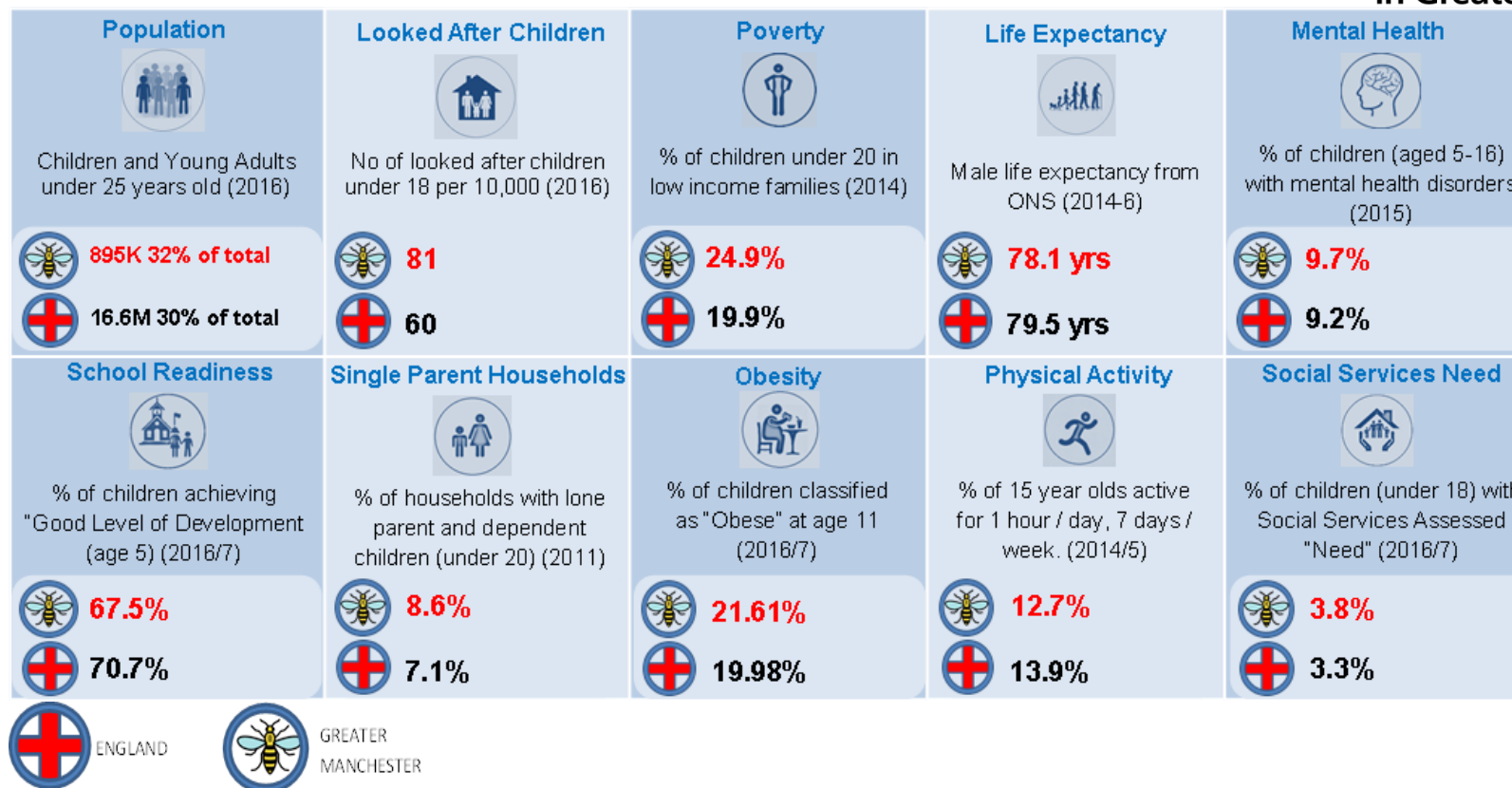
Children starting school ready to learn is fundamental to supporting good outcomes later in life. Our analysis of the long term potential of Greater Manchester as a place where people can lead successful lives as part of a thriving economy, the Manchester

Independent Economic Review highlighted early years performance as key to closing Greater Manchester's skills and productivity gap and many health and social issues can be traced back to what happens in a child's first years.

It remains a significant challenge for Greater Manchester that, despite our efforts, a third of our children entering primary education are not 'school ready'. Whilst our performance has improved over recent years, the almost four percentage point gap in early years outcomes with the national average has not been eliminated and performance across Greater Manchester continues to vary considerably, being highly correlated with deprivation. Our consultation reinforced this with respondents telling us "we need equal life chances and better services for children and young people whose families are disadvantaged".

This has been one of the drivers for the work of the GM Children's Health and Wellbeing Board (GM CHWBB). The GM Children's Health and Wellbeing Board was established by the Health and Social Care Partnership (HSCP) in May 2017 to provide co-ordination and oversight of children's health and care transformation and improvements across Greater Manchester. The Board has been explicit in being open about the factors affecting the health of children and young people and constructed this framework to respond to the full range of those challenges. That work has informed the detail of this Framework to radically improve the health and wellbeing of all of our children and young people. The framework aims to ensure better co-ordination of the response to developmental delay; more reliable, earlier responses to emotional distress; harness the contribution of schools and their health and care partners to support physical and mental health of all children, and particular those with the most complex needs; to improve the management and support of children and young people with long term conditions to avoid the need for them to go into hospital; and to ensure this support assists young people into adulthood with hope.

Fig 1: Childhood in GM at a glance



3.0 Engaging with children, young people and families and professionals

This framework has been developed in a way that puts the voices and needs of children and young people front and centre in our work to revolutionise service provision. Some of the organisations, groups and individuals who have input to the writing of the framework include:

- Children, young people and families
- The voluntary, community and social enterprise sector especially those working with children and young people
- Public health experts
- Doctors including psychiatrists, general practitioners and hospital consultant paediatricians
- Directors of Children's Services and lead safeguarding nurses from local authorities











- School leaders, including a local authority Director of Education
- Chief Executives of NHS Trusts
- Academic experts
- Commissioners of health services
- Business intelligence and digital directors.

An innovative “Children’s Challenge Day” was held in October 2017 where the proposed framework objectives were tested by children and young people. This ensured that the objectives and priorities are important to children and young people and address their needs. Our young people have started to develop a health and care ‘Children’s Charter’ to encompass the priorities and needs to those under 25 years, led by the GM Youth Assembly. The GM Youth Combined Authority brings together young people representative of the diverse communities in Greater Manchester, including geography and communities of interest, in particular different minority ethnic, and disability, faith, and LGBT groups. They advise the Mayor and Greater Manchester Combined Authority on key issues and the concerns of young people, and provide solutions.

“I have taken part in lots of projects and consultations around young people’s health and provided lots of information about what is important to me and other young people. We feel as service users our opinions should be heard so writing a Charter using our views is a good idea. In October 2017 at the Greater Manchester Youth Summit I ran a workshop with Lauren, we took the Charter statements and asked young people what the statements mean to them. I am looking forward to seeing how it will work and how services will change. It is important that the work we do to campaign and improve services is taken into account by decision makers.”

Jess Consterdine, Oldham Youth Council, Greater Manchester Youth Combined Authority

Fig 2: Children’s Health and Wellbeing 10 Objectives:

- | | |
|---|---|
|  | 1 – To develop all relevant plans, policies and programmes with children and young people and their families, reflecting the realities of their experiences and based upon a Children’s Charter. |
|  | 2 – To support the early life course of a child, starting with pre-conception right through to a child’s early years, enabling children to be school ready, especially those children with special needs. |
|  | 3 – To invest in mental health and resilience for children and young people, from pre-school right through to young adulthood. |
|  | 4 – To protect children and families at risk and strive to ensure that disadvantaged children become healthy and resilient adults. |
|  | 5 – To work in partnership with schools to equip them to play a pivotal role in improving children’s safety, physical and mental health and help children with special needs to achieve their goals. |
|  | 6 – To reduce unnecessary hospital attendances and admissions for children and young people particularly those who have long term conditions such as asthma, diabetes and epilepsy. |
|  | 7 – To ensure that transition of care for young people to adult services meets their needs and ensures continuity of high quality care. |
|  | 8 – To develop a modern, effective, safe and sustainable workforce that delivers children and young people’s services, ensuring we have the right people with the right skills and values in the right places. |
|  | 9 – To use the power of digital technology and a commitment to joining up services to give children, young people and their families more control over how and when they receive services. |
|  | 10 – To be transparent in sharing accessible information that will be useful to children, young people and their families in making choices about services and which will also help hold us to account for our performance. |

4.0 Delivering the framework's objectives

We recognise that the 10 objectives have different levels of readiness for implementation. The 10 objectives are split into 2 groups – Delivery objectives and Enabler objectives. The Delivery objectives have been further split into 2 waves for implementation based on the readiness and resource requirements of the work for implementation.

The work incorporated into **Delivery Wave 1**, some of which is already being implemented, centres around:

- Objective #2 – Early years and school readiness
- Objective #3 – Mental health and resilience
- Objective #6 – Preventing avoidable admissions particularly for long-term conditions (based on the May 2017 CHWBB).

The work in **Delivery Wave 2** still requires additional work with GM-wide organisations to be further developed and resources for delivery and the funding sources identified. This wave centres around:

- Objective #4 – Supporting and protecting children and families at risk
- Objective #5 – Working with schools to improve all children's safety, physical and mental health and especially those with special needs (based on the September and December 2017 CHWBBs).
- Objective #7 - Transition of care for young people to adult services (based on the March 2018 CHWBB)

The **Enabler** objectives are:

- Objective #1 – Including children in planning based on a Children's Charter
- Objective #8 – Delivering a modern, effective, safe and sustainable workforce
- Objective #9 – Using the power of digital technology to join up services
- Objective #10 – Sharing transparent and accessible data to hold us to account for performance

The GM Health and Social Care Partnership will not directly be delivering this framework in its totality; more our aim is to deliver this framework in partnership with the GM system by harnessing the experience, strengths and statutory responsibilities of GM-wide groups and organisations such as:

- Children, young people, families and representatives
- The 10 local authorities and their social care and education departments
- Health organisations including commissioners, primary, secondary and tertiary healthcare providers, health researchers
- All education organisations and settings from nursery to university including Special Educational Needs and Disability
- Voluntary, community and social enterprise (VCSE) and faith sectors

5.0 Governance

The recent establishment of the GM Children’s Board will ensure we develop a coordinated approach to improving outcomes for children. The Children’s Board will oversee work on education, early years (particularly from a learning perspective), life readiness and employability through the GM Education and Employability Board. It will also ensure we bring a multi-agency focus to bear on improving outcomes for vulnerable children (including those in need of protection); children looked after; and young people who have left care through the GM Standards Board.

The GM Children’s Health and Wellbeing Board provides the co-ordination of children’s health and care transformation and improvements across Greater Manchester, with a focus on how improving children’s health can support and contribute to wider outcomes for children.

6.0 Implementation – plan on a page

A) Objective #2 – Early Years and School Readiness

Work Already Underway

- Testing a prototype for the digitisation of records in the Early Years in Salford
- Implementation of the GM perinatal and infant mental health pathway.
- A targeted programme to improve oral health in the under 5s in four priority localities. This involves Health Visitors are delivering oral health improvement messages and toothbrush and toothpaste packs at 9 month and 2 year visit. Phased implementation of supervised tooth brushing scheme has started.
- Baby Clear programme to reduce smoking in pregnancy. All stop smoking services trained in the incentive scheme and implementation has begun. Cluster one baby Clear training has taken place. Cluster 2 initial meeting taken place.

Work Due to Start in Financial Year 2018/19

- Re-establish the GM EY strategy with prioritisation and investment challenge across localities
- Produce a GM outcomes framework with agreed measures across localities for the purpose of adding value to the development of young people including mental health outcomes
- Strengthen data sharing, governance and digitalisation
- Develop a high-quality workforce
- Develop an evaluation framework for interventions
- Provision of evidence-based parenting programmes across GM
- Produce consistent universal antenatal parenting classes and implement across GM
- Create/identify evidence based targeted parenting classes and implement across GM
- Co-develop risk assessment tool/approach which includes Adverse Childhood Experiences (ACEs) to support identification of those families in the antenatal and maternity period who require additional support and evidence based interventions.
- Co-produce with midwifery, early years leads, early help leads, voluntary sector and adult services the above and enable midwifery and all these services to work in an integrated way to provide support and where appropriate evidence based interventions, starting in the antenatal period - sharing outcomes especially the key high level outcome of improved school readiness.

B) Objective #3 – Mental Health and Resilience

Work Already Underway

Children and Young People Crisis Care

- Development of a 'Reach In' model with multi-agency partners, including health, social care, education, voluntary sector and blue light service that provides a needs-led response to crisis

Community Eating Disorder Services

- Greater Manchester has developed a core offer and standards leading to improved access and waiting times:
 - All 3 clusters seeing 100% of urgent referrals within 1 week
 - Central and East clusters seeing 100% of routine referrals within 4 weeks
 - West cluster seeing 83% of routine referrals within 4 weeks
 - All clusters above or meeting national average

GM i-THRIVE

- New Thrive care model established to promote system change
- Thrive training hub for the whole Greater Manchester workforce (including users and carers) to improve service delivery and outcomes

ADHD

- Greater Manchester wide Care Model introduced to support the needs of families with children and young people with ADHD needs

Work Due to Start in Financial Year 2018/19

Children and Young People Crisis Care

- Implementation of 'Reach In' community based care.
- Implementation of 4 rapid response teams and safe zones pilot across GM linked to the localities
- Implementation of in patient assessment and 'Reach In' centre within an alliance model of care
- 24/7 specialist expert advice, guidance and support

Mentally Healthy Schools

- 6 month rapid pilot to deliver mental health and emotional wellbeing support to schools
- Raising awareness and improving the schools' ability to support young people and their families
- Staff wellbeing and leadership training for teachers

GM i-THRIVE

- Supporting the children and young people's mental health and emotional wellbeing workforce
- Learn to develop and deliver services together as a single system improving outcomes for children and their carers.
- Supporting the Greater Manchester ambition of 111 CAMHS clinicians by 2021

Perinatal and Parent-Infant Mental Health

- Women and families receive the right level of help
- Swift and easy access to support for new parents and infants – 1680 more women are able to access specialist Perinatal care

C) Objective #6 – Preventing Avoidable Admissions

Work Already Underway

Pilot Children’s Community Hub

- Developed model for a children’s community hub
- Identified pilot site (Rochdale)

Transition

- Deep dive carried out in March 2018

Develop consistent end to end pathways for asthma, diabetes and epilepsy including prevention and transition

- Identified best practice and national guidelines
- Developed localised GM end to end treatment pathways

Refresh GM asthma standards - Support implementation in communities (including schools)

- Amended existing standards
- Developed young people’s dashboard for all GM partners to input to and access
- GM young people’s dashboard integrated into Tableau

Reduce variation in observation and assessment (O&A) units and community children’s nursing teams (CCNT)

- Baseline carried out and best practice identified

Identify best practice in reducing avoidable admissions

- Initiatives developed and shared with the GM system.
- 2 pilot localities (Salford and Oldham) identified

Work Due to Start in Financial Year 2018/19

Identify what support and resources families and children require to self-manage effectively

- Engage with VCSE to explore families’ and children’s views
- Develop further plans to identify resources and actions for implementation

Pilot Children’s Community Hub

- Pilot to be completed with evaluation by Salford University and input from Youth Combined Authority

Transition

- Map out current services for transition
- Identify best practice
- Develop, trial and evaluate Long Term Conditions (LTC) passport

Develop the role of schools in managing LTC including the role of school nurses

- Link with school nurses to develop support within schools
- Link work with emerging CCNT work

Reduce variation in observation and assessment (O&A) units and community children’s nursing teams

- Mechanisms for action to be identified

Identify best practice in reducing avoidable admissions

- Pilot bundle, evaluate and identify mechanism for action across GM system