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
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Foreword

This children’s framework is one of the most important documents the Greater Manchester Health and Social Care Partnership will produce.

Children and young people are the city region’s future and as it stands growing up in Greater Manchester is more challenging than in most parts of England. It is vital we transform this situation to give every child the opportunity to exceed their potential with improved health being key to achieving this goal. This framework highlights what we need to do to succeed.

Latest statistics show that compared to the rest of England, on average our children have a lower life expectancy and worse health. Compared to the national average, around 32,000 more children live in poverty. Devolution of the £6 billion health and social care budget to Greater Manchester, allowing us to develop our own health plans, provides us with a once in a lifetime opportunity to turnaround these statistics with a more joined-up approach. Our ‘Taking Charge’ plan for devolution highlighted the need to give our children and young people the services they
need and deserve and this framework gives the detail on what action we will be taking.

Young people have been at the heart of the development of our plans. The proposed objectives were tested and approved by young people at an innovative ‘Children’s Challenge Day’, the GM Youth Combined Authority developed a health and care ‘Children’s Charter’ to include the priorities and needs of our diverse youth communities, and an annual report will update the authority on whether progress has been made and what action has been taken.

We have focused on 10 agreed objectives which will improve the physical and mental health, as well as wellbeing, of our children. Work is underway on the first three objectives: improving health for the under 5s to make sure they are ready to learn and thrive at school; improving access to mental health services for the under 25s (as well as promoting emotional and physical wellbeing, in schools); and improving health outcomes for children with long-term conditions such as asthma, diabetes and epilepsy. Over the next four years, we will increase work on the initial wave of objectives, before moving onto the outstanding ones.

I am proud of this framework. It is only right that every child has the best start in life, wherever they live and whatever background they are from.

Now we have taken charge, we have a unique opportunity to make this a reality.
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 before 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, neonatal 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.
The case for change

Greater Manchester is home to 898,000 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 18,700 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 children in the rest of England the facts below show that in Greater Manchester:

- children have a lower life expectancy (by 1.7 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).

It remains a significant challenge for Greater Manchester that, despite our efforts, a third of our children entering primary education are not ‘school ready’.

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 Board was established by the GM Health and Social Care Partnership (GM HSC Partnership) 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.
Childhood in GM at a glance

Population
Children and Young Adults under 25 years old (2017)
- 898,000 (32% of total)
- 16,700,000 (30% of total)

Looked after Children
No. of looked after children under 18 per 10,000
- 82

Poverty
% of children under 20 in low income families (2015)
- 20.0%
- 16.6%

School Readiness
% of children achieving “Good Level of Development” (aged 5) (2016/17)
- 67.5%
- 70.7%

Single Parent Households
% of households with lone parent and dependent children (2011)
- 8.6%
- 7.1%

Obesity
% of children classified as obese at age 11 (2016/17)
- 21.61%
- 19.98%

Sources: The statistics above are from the Public Health England Fingertips website except “Population” and “Life Expectancy” which are from Office of National Statistics figures; and “Physical Activity” which is from the What About Youth (WAY) survey.
<table>
<thead>
<tr>
<th></th>
<th>Male Life Expectancy (2014-16)</th>
<th>% of children (aged 5-16) with mental health disorders (2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Activity</td>
<td>% of 15 year olds active for 1 hour a day, 7 days a week (2014/15)</td>
<td>% of children (under 18) with Social Services Assessed “Need” (2016/17)</td>
</tr>
<tr>
<td>Life Expectancy</td>
<td>77.8 yrs</td>
<td>9.7%</td>
</tr>
<tr>
<td></td>
<td>79.5 yrs</td>
<td>9.2%</td>
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<tr>
<td>Mental Health</td>
<td></td>
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<td></td>
<td>12.7%</td>
<td>3.8%</td>
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<tr>
<td></td>
<td>13.9%</td>
<td>3.3%</td>
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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
- Clinicians including nurses, psychiatrists, general practitioners and 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.

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

“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, 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.”
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 Combined Authority.

This authority brings together young people representative of the diverse communities in Greater Manchester, including geography and communities of interest, in particular different minority ethnic, 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.
Children’s health and wellbeing 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.
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.

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.

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.
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

The work in Delivery Wave 2 still requires additional work with GM-wide organisations to be further developed and resources for delivery 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
- **Objective 7** – Transition of care for young people to adult services

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
Governance

The recent establishment of the GM Children’s Board will ensure we develop a coordinated approach to improving outcomes for children.

The GM Children’s Board will oversee work on a wide portfolio covering education, early years, particularly from a learning perspective; life readiness and employability. It will also ensure we bring a multiagency 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.

The GM Children’s Health and Wellbeing Executive Board will be accountable for the deployment of this Children’s Health and Wellbeing Framework on behalf of the GM Health and Social Care Partnership Board and the GM Children’s Board. This board will be supported to incorporate the needs of children with special educational needs and disability by the GM SEND Board. The executive board will seek to influence and support the work of the GM Combined Authority and local organisations in, for example, addressing poverty, improving educational outcomes, promoting economic opportunity and securing better housing.

The GM Children’s Health and Wellbeing Forum draws together the widest possible input to help improve health outcomes and inform the decisions of the GM Children’s Health and Wellbeing Executive Board and the GM Children’s Board. The forum includes representatives from and aims to work ever more closely with the following groups who are delivering transformational change for children across Greater Manchester:

- GM Children’s and Maternity Commissioning Consortium
- Local Authority Health and Wellbeing Boards
- Early Years Reference Group
- Transformation Unit Theme 3 – Standardising Paediatric Acute Care
- GM Children’s Mental Health Board
- GMEC Children’s Strategic Clinical Network
- GMEC Maternity Transformation Board
This framework was compiled for the Greater Manchester Health and Social Care Partnership by the Greater Manchester and Eastern Cheshire Strategic Clinical Network (GMEC SCN) which would like to thank all clinicians, providers, commissioners and members of the children and young people’s network who have supported and contributed to the creation of this framework.

If you would like to be involved and receive a newsletter with updates on the work of the GMEC SCN children and young people’s network, please email your details to england.gmec-scn@nhs.net

If you need this document in an alternative version please contact us via the email above.