

Manchester Public Health Annual Report 2019

The first 1,000 days



This report is dedicated to the memory of Dr Sally Bradley, Director of Public Health for the City of Manchester from 2007-2009.

Sally was tragically killed, along with her husband Bill, in the terrorist attack in Colombo, Sri Lanka on 21st April this year.

Sally was passionate about public health and tackling health inequalities and did so many great things throughout her public health career.

She secured additional investment for preventative services for children and young people in Manchester that are still in operation today.

Sally was also a great advocate for getting the basics right, such as the uptake of childhood immunisations. We owe it to Sally to continue to do our very best for the children of Manchester.



David Regan
Director of Public Health

Contents

4. Foreword
5. Introduction
8. The first 1,000 days begins every day in Manchester...
9. Preconception and Pregnancy
10. Better Births- Maternity Services
11. Teenage Pregnancy
12. Checks and Immunisations
13. Think Family
14. Early Help
16. Family Poverty Strategy
18. Birth
19. Reducing Infant Mortality
20. Health Visiting Service
22. Mental Health
23. Infant Feeding
24. Adverse Childhood Experiences
25. Oral Health
26. Early Years
30. Safeguarding
31. Return to work
32. Accident Prevention
33. Two Year Review
34. Start Well Board
35. Recommendations
36. Glossary
38. References
39. Acknowledgements



Foreword

We know how important the first stages of a child's life are and, as Executive Member for Children & Schools, I am pleased that the 2019 Public Health Annual Report is focused on 'The first 1,000 days.'

Many families face huge challenges and whilst we have much to be proud of in our city, we also know that health outcomes for children could be much better.

All the evidence is clear that supporting families and children at the earliest opportunity leads to the best outcomes. If we get it right in these early years we can make a big difference - getting children starting school ready to learn and with better health as they grow.

We have an ambition that every child can grow up to be safe, happy, successful and healthy. This report describes some of the excellent programmes now being delivered and also highlights some of the key challenges we face.

Councillor Garry Bridges

Executive Member for Children & Schools



To help children get the best start in life we must also create the conditions that enable parents, families and carers to have greater control over their lives. In line with the Our Manchester approach we are focusing more on what matters to residents living in our diverse and vibrant communities, building on the strengths and assets that already exist.

As Executive Member for Adults Health and Wellbeing I not only want to see our residents live longer but also live more years free from illness or disability.

This then lays the foundations for good health across the life course with healthy parents, carers and grandparents better able to play a key role in supporting efforts to make those first 1,000 days the best that they can be.

Councillor Bev Craig

Executive Member for Adults Health and Wellbeing



Introduction

Sir Michael Marmot clearly articulated that giving every child the best start in life was an imperative to improve health outcomes and reduce inequalities in later life.

He further evidenced how the first 1,000 days are truly critical to child development and that if a baby's development falls behind the norm during the first years of life, it is more likely to fall even further behind in subsequent years than to catch up with those who've had a better start.

This year as we approach the 10th anniversary of the Marmot Review, my annual report describes what we are doing in Manchester in relation to the first 1,000 days. The follow up to this landmark review and the findings from the Marmot City Region work now underway, will inform our local plans going forward.

The report is structured around the story of a young couple, the challenges they face, the services and people that can support them and the steps we are taking to make sure appropriate strategies are in place.

The report reflects the Our Manchester behaviours integral to the delivery of all our work, and also accords with efforts to Bring Services Together for People in Places. This is particularly relevant for the first 1,000 days, where the effective integration and co-ordination of frontline services at a neighbourhood level is key to breaking the cycle of health inequalities.

I do hope that you find the information contained in the report useful.

David Regan

Director of Public Health



In 2018 there were an estimated 37,768 (45,240) children aged 0-4yrs in Manchester, accounting for 8.3% of the population.

Within the city, the proportion of the population aged 0-4 ranges from 11% of the population in Gorton South ward to around 1% of the population in the City Centre wards.

The 0-4 population is forecast to grow by 14.3% (1.4% a year) between 2018 and 2028.



General Fertility Rate (2017)
per 1,000
(population aged 15-44)

Manchester 53.2
England 61.2

Smoking
at time of
Delivery

(2017-18)

Manchester 10.7%
England 10.8%

Babies born to term
weighing less than
2500g (2017)

Manchester 3.4%
England 2.8%

Two in Three
Manchester Children
School Ready (2017/18)

Manchester 66.9%
England 71.5%

MMR Vaccination 2 year old
one dose (2017/18)

Manchester 89.5%
England 91.2%

Infant Mortality Rate
(2015-17) per 1,000 live births

Manchester 6.4
England 3.9

Reception aged children with
an excess weight (2017/18)

Manchester 24.8%
England = 22.4%

FIVE YEAR OLDS FREE
FROM DENTAL DECAY
(2016/17)

Manchester 57%
England 76.7%

Children under
16 living in
poverty

Manchester 63,427 children
Manchester - 45.4%
UK - 30%

Under 18 conception rate per
1,000 15-17 female population
(2017)

Manchester 23.5
England 17.8



The 'first 1,000 days' begins *every* day in Manchester

The first 1,000 days is the time from conception until a child is two years old. During this time of rapid growth, a baby's brain is shaped by their early experiences and interactions.

When a baby's development falls behind the norm during the first years of life, they are more likely to fall even further behind in subsequent years than catch up with those who had a better start.

It is essential that babies, mums, dads and the wider family receive the support needed to have 'the best start in life'.

The first 1,000 days is included in citywide strategies and plans and is a priority area for all organisations.

The Manchester Population Health Plan 2018-2027 includes our ambition to:

- Reduce the rate of infant deaths
- Reduce the rate of mothers smoking in pregnancy
- Reduce the proportion of low birth weight term babies
- Increase the breastfeeding rate
- Reduce the number of children (0-4) admitted to hospital with dental decay
- Increasing the proportion of children who are ready for school



Preconception and pregnancy

The health of a would-be parent is an important factor in the preconception stage. Smoking, drug and alcohol use, poor nutrition or an unhealthy weight can all create difficulties in pregnancy and present significant risks to an unborn child. Smoking and obesity during pregnancy can contribute to an increased risk of miscarriage, premature birth, low birth weight and sudden unexpected death in infancy.

Antenatal care includes identification of potential risk factors to women and their babies. Support services offered in Manchester include weight management for obesity, the Vulnerable Baby Service, support for substance misuse and advice on stopping smoking.

Midwives carry out carbon monoxide testing with all pregnant women and refer women who smoke for advice and specialist support to help them quit.

Partners are also involved with the aim of ensuring that pregnant women and households, where babies and children live, are "smoke free".



Better Births- Maternity Services

Every child deserves the best start from the very first moments of life and every parent, or parent-to-be, should feel confident they are receiving the highest standard of support and care. Manchester organisations work hard to make all our maternity services as safe, kind and personal as possible for everyone using them.

The Greater Manchester Maternity and Newborn Plan is based on the national 'Better Births' maternity review.

As part of the plan we will:

- Promote safe and effective maternity and newborn care
- Give women more choice and services personalised to them
- Increase continuity of care with women seen by the same health care professionals during their pregnancy
- Ensure babies and families that need neonatal care have access to the best possible service
- Provide parents with the postnatal care they need for their new family
- Give more recognition to and better treatment for mental health issues that arise during and after pregnancy

More recently, new national planning guidance has emphasised the improvements needed in maternity care. Manchester maternity providers are now working toward the national target that 35% of women should be booked on to the maternity pathway.

To complement this work the 'Fifteen Steps for Maternity Challenge' is a service user led approach that will contribute to improving the experience of using maternity services in Manchester.



Teenage Pregnancy

Over the last decade we have achieved a significant reduction in the rate and number of Under 18 conceptions in Manchester. Whilst many young parents manage very well, others face a range of challenges.

The difficulties young parents may face compared to their peers without children and those who become parents at a later age include; increased risk of social isolation, economic hardship, lower attainment in education and less access to employment and training opportunities. The key to making a difference is to ensure that dedicated, coordinated and sustained support is in place. Our partnership approach, developed over a number of years, focuses on building confidence, skills and aspirations.

In 2019/20, we will appoint a citywide Teenage Parent Support Coordinator to work alongside specialist midwives to improve our support offer. They will also work with Early Years, Early Help, Supported Housing and Learning Providers, to ensure our youngest parents secure a positive future for themselves and their babies.

Despite sometimes being portrayed by negative stereotypes, young fathers are often keen to support the mother of their child and to play an active part in their children's lives. Indeed some young fathers have described themselves as being 'invisible' to services and professionals. Therefore we encourage organisations and services to recognise that young fathers can face barriers which hinder their involvement and we need to do more to support them in their parenting role.



‘Get your checks and immunisations done!’

At 12 weeks screening and immunisations are offered to pregnant women to protect the health of the mum and baby.

The 12 week scan identifies the baby’s gestation and provides the mother with an estimated delivery date. It also checks that the baby is growing in the right place and developing well. Some abnormalities can be detected at this scan.

The 20 week scan enables health professionals to identify any conditions where the baby may need treatment or surgery after they are born. In a very small number of cases more serious conditions are found and the mother, her partner and loved ones will receive specialist support and advice.



All eligible pregnant women in England are offered screening for infectious diseases, some inherited conditions and for any anomalies of the developing fetus. Women already known to have HIV or hepatitis B will receive early specialist appointments to plan their care in pregnancy.

Pregnant women are offered flu vaccination at any stage of pregnancy as they have a higher chance of developing complications if they get flu. There is also more risk of the baby being born prematurely or with a low birth weight and even potentially stillbirth or death. In 2018/19 only 44.8% of pregnant Manchester women had their flu vaccination against a national ambition of 55%. To increase uptake, midwives have now started to offer vaccinations in the antenatal settings.

Pregnant women are also offered Pertussis (whooping cough vaccine) from 16 weeks gestation. The uptake of the Pertussis vaccine in Manchester is 69.8% compared to 71.7% for England. The aim is to achieve a target of 75% uptake in line with the new national ambition.

Think Family

‘It takes a village to raise a child’ is a famous proverb that highlights the importance of the wider family and local community in helping children to grow up in a safe and healthy environment.

It is estimated that 97% of parents rely in some way on their wider family and trusted others to provide childcare. This could be grandparents, aunts, uncles or older brothers and sisters. Good neighbours and friends can also have a positive influence on a child’s life, helping them develop key relationships.

Manchester encourages a ‘Think Family’ approach, to co-ordinate services that meet the needs of families.

The ‘Think Family’ initiative was introduced in 2008 to work with families experiencing multiple and complex problems. The basis of the approach is to:



- identify families at risk of poor outcomes and to provide support at the earliest opportunity
- meet the full range of needs within the family that staff are supporting or working with
- strengthen the role of family members to provide care and support to each other
- provide a co-ordinated wrap around offer from key agencies

The ‘Think Family’ approach underpins all our core services to children and adults, particularly to those experiencing multiple and complex problems. This approach is now an integral part of the Early Help Strategy to improve the health and wellbeing of families.

Early Help - Family Intervention

Providing the right support at the right time is essential in meeting the 'Our Manchester, Our Children: Children and Young People's Plan'. This places children at the heart of the city, and ensures that they will grow up safe, healthy, happy and successful, arriving at school ready to learn, with increased life chances and with the necessary skills and support for future independence.



Early Help is about intervening early to tackle problems emerging for children, young people and families and it focuses on providing preventative support before issues become more complex and entrenched. By establishing networks within communities, individuals and families can build greater resilience that leads to a sense of wellbeing. Interventions can include universal support (e.g. referral to a local group) or targeted work specifically undertaken for a family's individual need.

Early Help approaches promote and develop community and family assets, building on strengths to be able to better respond to day to day challenges and difficulties. It is a collaborative approach, not a service. Referral for support is to one of the city's three Early Help Hubs, where the right support is offered from a variety of agencies. This can include;

- Access to benefits and entitlements
- Signposting to local services
- Physical or mental wellbeing support
- Referral to perinatal support or a local Children's Centre

Family Poverty Strategy

Manchester has high rates of child poverty with 45.4% of children under 16 living in poverty (63,427 children) after housing costs. The End Child Poverty Coalition estimates Manchester has the 8th highest proportion of children living in poverty in the UK (2019). In 10 out of the 32 wards in the city more than half of children were estimated to be living in poverty. The Institute for Fiscal Studies has also predicted that the number of children living in poverty will rise sharply by 2020, in part due to planned benefit reforms affecting families with children.

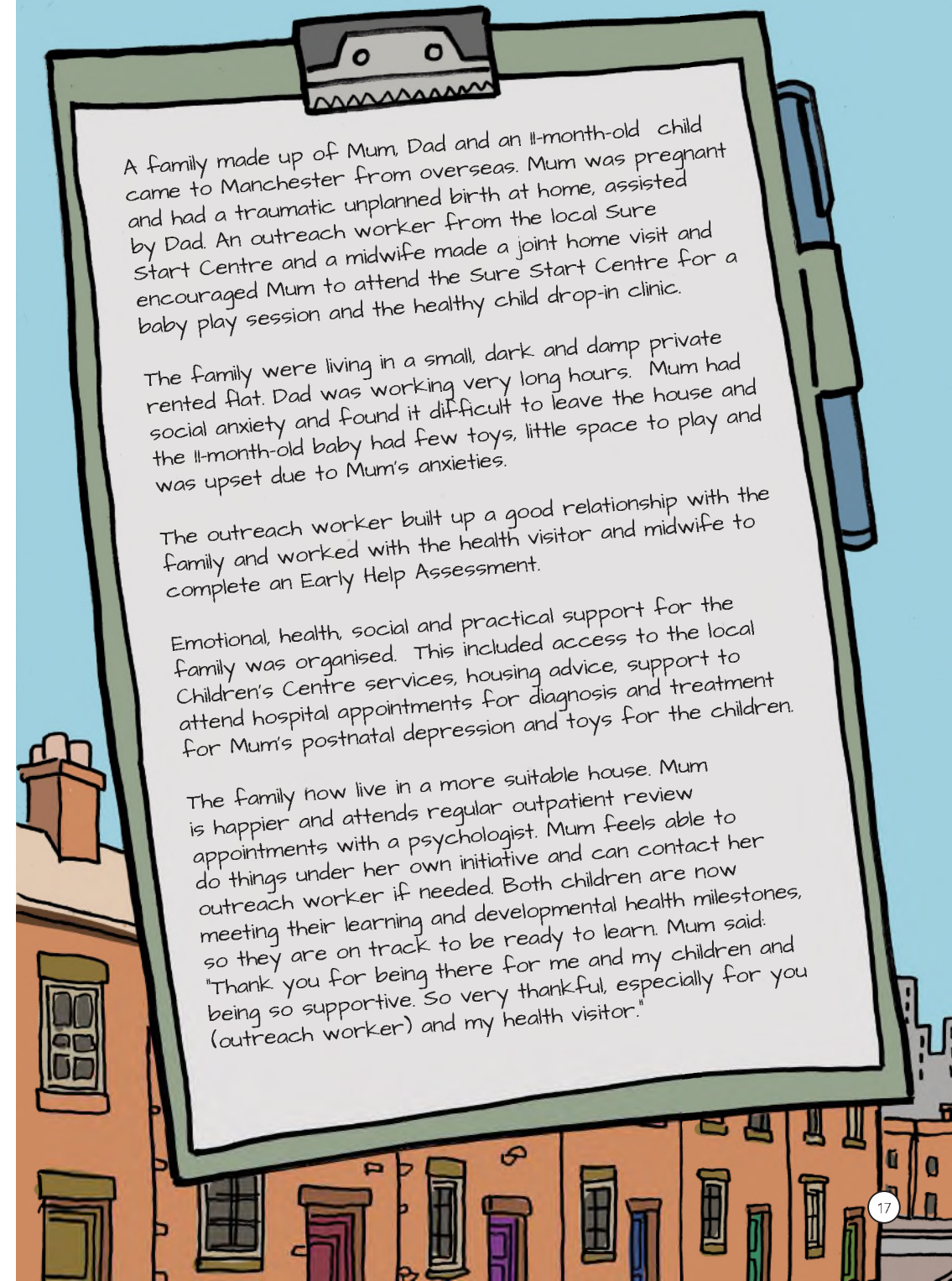
The Manchester Family Poverty Strategy aims to ensure that every child in Manchester has a safe warm home, stable parenting, regular healthy meals, access to healthcare and a family income above 60% of national median. Work is focused on the following areas:



Sustainable Route out of Poverty - raising awareness of affordable childcare for parents; identifying 'vulnerable' groups and the offer of a route into work; liaising with the large anchor institutions, such as NHS organisations and Manchester City Council, and promoting flexibility in working conditions.

Focus on the Basics - tackling the Poverty Premium whereby low income families pay more for everyday items; developing awareness raising campaigns and provision of bespoke support such as fuel vouchers for families facing disconnection; addressing food poverty by developing targeted resources, like food pantries and food bank expansions; support for the purchase of white goods.

Boosting Resilience and Building on Strengths - supporting work to 'poverty proof' structures, particularly in schools, as this will lead to a better understanding of the barriers faced by pupils from low income families; developing communication campaigns and asset mapping tools; improving intelligence and targeting by engaging with residents to understand need; and deliver support based on needs.



A family made up of Mum, Dad and an 11-month-old child came to Manchester from overseas. Mum was pregnant and had a traumatic unplanned birth at home, assisted by Dad. An outreach worker from the local Sure Start Centre and a midwife made a joint home visit and encouraged Mum to attend the Sure Start Centre for a baby play session and the healthy child drop-in clinic.

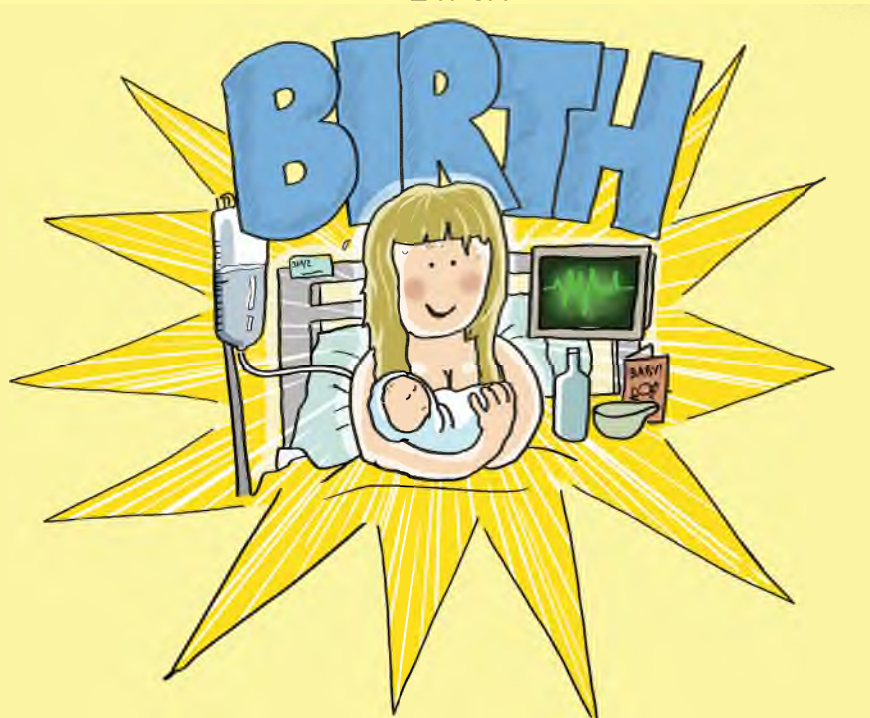
The family were living in a small, dark and damp private rented flat. Dad was working very long hours. Mum had social anxiety and found it difficult to leave the house and the 11-month-old baby had few toys, little space to play and was upset due to Mum's anxieties.

The outreach worker built up a good relationship with the family and worked with the health visitor and midwife to complete an Early Help Assessment.

Emotional, health, social and practical support for the family was organised. This included access to the local Children's Centre services, housing advice, support to attend hospital appointments for diagnosis and treatment for Mum's postnatal depression and toys for the children.

The family now live in a more suitable house. Mum is happier and attends regular outpatient review appointments with a psychologist. Mum feels able to do things under her own initiative and can contact her outreach worker if needed. Both children are now meeting their learning and developmental health milestones, so they are on track to be ready to learn. Mum said: "Thank you for being there for me and my children and being so supportive. So very thankful, especially for you (outreach worker) and my health visitor."

Birth



After approximately nine months the next phase of the first 1,000 days begins.

In 2017, 7,629 babies were born to Manchester residents and the child population is estimated to rise each year between now and 2023, with new births and new arrivals in the city.

Whilst most babies are born without complications, around 60,000 babies are born prematurely in the UK every year. This means that 1 in every 13 babies born in the UK will be born before 37 weeks of pregnancy.

All newborn babies in Manchester receive screening that includes a physical examination (eyes, heart, hips, testes and hearing loss) and a blood spot test for nine rare health conditions.

Healthy Start Vouchers are free for eligible families to spend on milk, fresh or frozen fruit, vegetables, infant formula milk and free vitamins. Midwives and health visitors can advise on where the vouchers can be exchanged with local retailers and pharmacies.

Reducing Infant Mortality

Infant mortality is deaths that occur in the first year of a child's life. It is linked to the health of the population and the wider social, economic and environmental determinants of health - such as poverty, housing and homelessness. Following a long period of year-on-year reductions, Manchester has seen a worrying increase in rates since 2011-13. It is hoped that this increase has started to tail off but the most recent unpublished figures have yet to be validated.

To tackle this we have developed the **Manchester Reducing Infant Mortality Strategy** (2019-2024). The aim is to reduce the rates of infant mortality, improve the health and wellbeing of pregnant women, mothers and infants and provide compassionate support for families that are bereaved following the loss of a baby.

We recognise the complexity of the work required and we will work collaboratively to deliver actions under the following themes:

- Quality, safety and access to services, including increasing awareness of the importance of antenatal care, identifying gaps in antenatal health education and increasing early booking into maternity services
- Maternal and infant wellbeing, taking a fresh look at maternal obesity, supporting pregnant women to stop smoking and support for breastfeeding
- Addressing the wider determinants of health by working with housing providers and the private rented sector to ensure housing is safe and warm and meets basic standards for mum, baby and the family.
- Safeguarding and keeping children free from harm, including education on safe sleeping, additional support for those most vulnerable, Independent Domestic Violence Adviser services to support pregnant women experiencing domestic abuse and implementing the ICON education programme to reduce abusive head trauma across the city.
- Providing support for those bereaved and affected by baby loss, taking a system-wide approach to making things as easy as possible for bereaved families. This includes training and building confidence in the workforce to talk about bereavement and increasing knowledge about bereavement services to improve access.

Health Visiting Service

The Manchester Health Visiting Service is an essential front-line service for the first 1,000 days enabling each Manchester baby to have the best start in life. Manchester partners have committed to funding additional University places for health visitor trainees in October 2019. This will in time increase the number of newly qualified health visitors in the city, reducing caseloads and making Manchester one of the best places to be a health visitor in the region. Health visitors are registered nurses or midwives with specialist additional qualifications in child, family and public health. Their role is to offer information and support to families through the early years, from pregnancy and birth to primary school. In partnership with the Midwifery Service, health visitors will begin to visit pregnant mothers at between 28 and 36 weeks.

Within a fortnight of a child being born the Manchester Health Visiting Service will contact the family again and make a visit to see the parent and child at home. This is an opportunity for parents to discuss the health and wellbeing of the whole family and the developmental progress of the child. The health visitor provides support, advice and information about local services and drop in sessions for children and families.



The health visitor also provides the Personal Child Health Record, or **'Red Book'** as it is more commonly known. This book is the family's own personal record which can be brought along to all future child health appointments. Every family in the city has access to the Health Visiting Service, and staff are based in Children's Centres, community buildings and GP surgeries.

Health visitors are part of the wider team of Council early years staff, voluntary sector workers, midwives and other health professionals who implement the Early Years Delivery Model (EYDM).

New born infant screening

Health Visitors will visit the home and conduct a range of screening tests to check the health of a child and identify conditions that are treatable but may not be clinically evident in the newborn period. Tests include weighing and measuring the child and taking a small blood sample, known as the heel prick test, from the child.

Low birth weight babies

Low birth weight babies are those who are born weighing less than 2,500 grams or 5 pounds, 8 ounces. A full term baby weighs on average 3,600 grams or 8 pounds. This may be sometimes due to smoking or alcohol use in pregnancy. In cases where a baby is at a significantly low birth weight, there will be a delay in hospital discharge as the baby may need to receive incubation or intravenous feeding.



Mental Health

A loving and secure relationship with a parent or carer supports a child's emotional wellbeing and development, enabling them to develop positive relationships with others. Most parents expect to feel happy, excited and positive through maternity but it is also natural to feel sadness or anxiety and this may lead to feelings of stress and poor mental wellbeing.

Perinatal mental health problems are those which occur during the first 1,000 days and can have a long-standing effect on a child's development. Perinatal mental illness affects up to 20% of women, and covers a wide range of conditions. If left untreated it can have significant and long lasting effects on the mum and her family.

Midwives and health visitors are trained to recognise signs of poor mental health and to refer for support where a family is struggling to cope.

Newborn Behavioural Observation (NBO) and Neonatal Behaviour Assessment Scale (NBAS)

The Manchester Health Visiting Service uses the NBO and NBAS tools with parents to help them to observe and understand how their baby is communicating with them. Manchester's specialist Mental Health Health Visiting Service also provides additional interventions including therapeutic targeted baby massage and non-directive counselling (listening visits), for mothers with mild to moderate perinatal mental health problems.

Infant Perinatal Mental Health Pathway

In Manchester we are developing a specialist perinatal mental health pathway for the city as part of a Greater Manchester programme of work. This includes four elements:

- Inpatient Mother and Baby Unit (Andersen Ward) at Wythenshawe Hospital for women who may be experiencing maternal post-natal depression, psychosis or an exacerbation of existing mental health difficulties.
- Specialist perinatal community mental health teams with particular skills and knowledge in nursing mentally ill women,
- Fast access to Increasing Access to Psychological Therapies (IAPT) services for parents
- The Parent Infant Mental Health offer delivers evidence based programmes and interventions to infants and their families delivered by partner agencies



Infant Feeding

Breastfeeding is important to child development and has long-term benefits for mother and baby.

Breastfeeding rates (2018/19) in Manchester at 6-8 weeks after birth are 43.4%. This is still below the England rate of 46.2%.

Manchester's Infant Feeding Group aims to improve infant feeding and increase rates of breastfeeding. It is a partnership that includes the Population Health Team, Health Visiting and Midwifery Services, Early Years and Primary Care.

The Group has been instrumental in developing the **Breastfeeding-Friendly Manchester** campaign to encourage more women to breastfeed in public places. They have developed a number of key priorities, increasing volunteer peer support across the city; improving knowledge and support from GPs on infant feeding issues; and encouraging employers to support staff returning to work who wish to continue breastfeeding.



The Integrated Infant Feeding Service for North Manchester was commissioned in 2018 to increase the uptake of breastfeeding, support women to continue to breastfeed and respond to other infant feeding difficulties. It includes a home visiting service, one to one support, infant feeding clinics, peer support in the early weeks and drop-in clinics. The service has helped to increase breastfeeding rates in north Manchester and improved infant feeding support.

Free Formula Milk for HIV Positive Mums

This year the Population Health Team introduced a new scheme to provide free formula milk and equipment to women in Manchester who are HIV positive. The scheme is administered by George House Trust, a local charity supporting people living with HIV, who also offer other wellbeing support to mums. Mums can also access additional feeding support from the Health Visiting Service. The scheme is open to any woman who is HIV positive with an infant aged up to 12 months, regardless of income.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that happen in childhood and include:

- neglect (physical and emotional)
- abuse (physical, emotional and sexual)
- household challenges (having a parent who experiences domestic violence, a household member who is an alcoholic or using illicit drugs, a household member with a mental illness, parental separation or divorce or a household member in prison).

ACEs not only have the potential to cause harm to children but also affect people's lives as adults. Children experiencing ACEs without having a positive buffer, such as a nurturing parent or carer, are more likely to experience health problems such as asthma, poor growth and frequent infections, as well as learning difficulties and behavioural issues.

In the last year, the Population Health Team and partners commenced a 12 month place based pilot in the Harpurhey ward of the city. We have trained over 600 staff from a variety of organisations to be ACE aware and trauma informed, supporting them to use an ACE informed approach in their everyday work. We have also introduced ACEs recovery group work with parents and their children.

We are encouraging deeper conversations between staff and children, young people and their parents or carers living with ACEs. They are then able to highlight their experiences, acknowledge the impacts and build resilience by working on their strengths. In this way we can mitigate against the impact of people living with past ACEs and prevent ACEs in future generations.

We are already seeing positive results from the ACEs pilot in Harpurhey, including a reduction in challenging behaviours and fewer exclusions in schools who have adopted an ACEs informed approach. We have also secured partnership funding to expand this work into other neighbourhoods in the city over the coming year.



Oral Health

At an individual level whether a child experiences dental decay depends on three factors- how often they eat or drink sugar; their use of fluoride (e.g. from toothpaste or fluoride varnish) and how prone their teeth are to decay (individual factors). At a population level dental health is strongly associated with deprivation. Therefore work being done to reduce child and family poverty and improve living conditions will have a positive benefit for oral health. Manchester has invested in a comprehensive range of evidence based dental health programmes to improve dental health and reduce inequalities including:

The Oral Health Improvement Team works with early years workers, school staff and community health staff to deliver oral health education and promote better self care and good oral health behaviours. The Team primarily focus on children under 11 years of age and this work commences during the first 1,000 days.

The Buddy Practice Scheme has been in place since 2016 with the aim of increasing attendance at dentists among pre-school children and their families. This local programme links primary schools with local dentists to improve access to dental care and provide fluoride varnish twice yearly to children's teeth. The programme has been running for 5 years and is well respected.

Supervised Tooth Brushing Programme so that children in early years settings and schools regularly brush their teeth with fluoride toothpaste. This gets fluoride on the teeth and also develops good tooth brushing habits in young children, making it easier for parents to ensure children clean their teeth at home.

Health Visitors provide oral health packs and advice to parents and carers ensuring that messages about weaning, healthy eating, brushing teeth and visiting a dentist are embedded. The Chief Dental Officer is encouraging parents and carers of all children to visit a dentist by the time they are 12 months. The mandated health visiting check is another opportunity to reinforce this message.



Early Years

The Early Years Offer for the city has been developed in three parts:

- an Early Years Delivery Model (EYDM) with the City Council working in an integrated way with health partners and other providers;
- access to good quality, accessible and affordable childcare and early learning places across Manchester; and
- ensuring families are connected to a targeted family offer, delivered by Sure Start Children's Centres through the revised Sure Start core purpose

The Early Years Delivery Model (EYDM)

Manchester is below the national average when it comes to the proportion of children who are 'school ready', measured by the percentage of children achieving a good level of development at the end of reception year. The latest data for 2017/18 shows that 66.9% of eligible children had reached a good level of development at the end of the Early Years Foundation Stage, compared with 71.5% of eligible children across England. In Manchester, we want to see a year on year increase in school readiness to reduce the gap between England and Manchester within five years.

Children with a good level of development at age 5:

- Are able to communicate their needs and have a good vocabulary
- Are able to take turns, sit, listen and play
- Are able to socialise with peers and form friendships
- Are able to recognise numbers and quantities in the everyday environment
- Are independent in eating, getting dressed and going to the toilet
- Have developed motor control and balance for a range of physical activities
- Have received all their childhood immunisations
- Have good oral health
- Are well nourished and a healthy weight.

The EYDM is supporting work to increase school readiness by increasing the effectiveness of universal early years services. It takes a system wide approach and involves partnership working between midwives, health visitors, nursery nurses, early years practitioners and others such as speech and language therapists and the Children and Parents Service (CAPS).

The EYDM has a whole-family eight stage pathway from pre-birth to the last term before the child's fifth birthday. It supports the early identification of need, ensuring the right interventions are put in place to support school readiness. Since 2015, all babies born in Manchester have had access to the first five stages of the EYDM. The model aligns with the Healthy Child Programme (0-19) and uses the Ages and Stages Questionnaire (ASQ3) as the main assessment tool to identify any additional support that is needed. The ASQ3 is a parent-led assessment which helps to identify children and families requiring more targeted interventions. If a need is identified by the ASQ3 then additional support is offered through a variety of evidence based pathways, including the Communication and Language Pathway; the Parenting Pathway and the Parent Infant Mental Health Pathway.



The 8 stages are:

Stage One - Pre-birth	Midwifery Health and Social Assessment Health Visitor Antenatal Assessment	Before 12 weeks, 6 days 28 weeks
Stage Two - New Birth Visit	Health Visitor visit	10-14 days after birth
Stage Three - 2 months Visit	Ages and Stages Questionnaire (ASQ3) and Maternal Mental Health Assessment	2 months
Stage Four - 9 month assessment Stage 4b - Targeted offer	Ages and Stages Questionnaire (ASQ3) Targeted Twos pathway to give additional support to families where needed	9 months 18 months
Stage Five - Two Year Review	Ages and Stages Questionnaire (ASQ3) and Early Years Foundation Stage Health Visitor and Early Years Provider	24 Months
Stage Six - On entry to nursery (universal 3 and 4 year old provision)	Ages and Stages Questionnaire (ASQ3) and Early Years Foundation Stage Early Years Provider	24 Months +
Stage Seven - On entry to Reception in school	Ages and Stages Questionnaire (ASQ3) and Early Years Foundation Stage Early Years Provider and receiving school	3-4 Years
Stage Eight	Early Years Foundation Stage Profile and Ages and Stages Questionnaire	Undertaken by school within the last term before the child's 5th birthday

Early Years Outreach Workers

The outreach worker role involves working in partnership with health visitors to support the delivery of targeted interventions. They have an important proactive role in following up missed appointments and working with parents and carers at risk of disengaging to ensure they receive their free early education and practical support. The outreach workers contribute to WellcComm screening, a recognised speech and language toolkit, and Early Help Assessments. The workers carry an average case load of 12 children and link with the Early Help Hubs to support the step down process between different types of services.

Interventions to support progress

Evidence-based interventions are offered to children and families identified as making less than expected progress in child development, with a particular focus on communication, language and parental attachment. Additional support is given to address other barriers to achieving success such as or the take up of free childcare and early learning. The current range of services and programmes include:

- The Healthy Child Programme (health and development reviews, health promotion, parenting support, screening and immunisation programmes)
- Speech and Language Therapy
- Child and Parent Service (CAPS)
- New Born Behaviour Observation (NBO) and Neonatal Behaviour Assessment Scale (NBAS)
- Ages and Stages Questionnaire (ASQ3)
- Beck Depression Inventory (BDI-II) - assessment of mental health
- Beck Anxiety Inventory (BAI) - assessment of mental health
- Eyberg Child Behaviour Inventory (ECBI) - assessment of disruptive behaviours
- Parent Stress Index - screening for stress in parent child relations
- Care Index - mother and baby interaction measure
- WellcComm screening tool and WellcComm activities - speech and language toolkit
- Solihull Approach - supporting parents to understand and respond to their child's behaviour
- Every child a talker - language development
- 3-4 year old childcare
- Incredible Years Parent Training Programmes - for parents, children and teachers
- Video Interactive Guidance (VIG) - building parenting skills and confidence
- Pre School Psychology Clinics



Keeping children safe 'Safeguarding is everybody's business'.

Safeguarding means protecting a child's right to live in safety, free from abuse and neglect. It is about working together to support children and young people to make decisions about the risks they face in their own lives and protecting those who lack the capacity to make these decisions.

Abuse can happen to a child or young person at any age and can occur to children from any background. Abuse can happen because of the way adults or other children and young people behave towards a child. It also results from adults failing to provide proper care for the children they look after. It is often defined as physical, emotional, sexual abuse or neglect.

Manchester Safeguarding Children Board (MSCB) brings together a number of agencies across the city to ensure a joined up approach to safeguarding. From September 2019, partners will continue to work together under the new Manchester Multi-Agency Safeguarding Arrangements.

One of the main objectives of the revised arrangements is to ensure effective joint leadership across the three statutory partners, Manchester Clinical Commissioning Group (Manchester Health and Care Commissioning), Manchester City Council and Greater Manchester Police. This will also enable emerging safeguarding issues to be properly and quickly addressed and an example of this approach is described next.

In Manchester a recent addition to the City's Neglect Strategy has been the establishment of the Multi-Agency Obesity Pathway. More children are presenting at school in reception year as overweight and in some cases obese. Obesity in childhood is complex. It can be the result of a number of factors including poverty, lack of physical activity, Adverse Childhood Experiences (ACEs) and in some cases parental neglect.

The implementation of the Pathway will mean social workers, health visitors, school nurses and other professionals are trained in the use of an assessment tool and enable them to refer children and families to weight management support services.

Return to Work

Access to good quality, accessible and affordable childcare

Manchester benefits from a mixed economy of high quality, accessible childcare for children from 0-5 years of age.

Over the past two years the percentage of good and outstanding Ofsted registered provision has increased, with 97% of group childcare now classed as 'Good' or 'Outstanding'. The Manchester Childcare Sufficiency Assessment had identified pockets of the City where pressure on daycare places was most likely to be felt and plans to address these pressures have been developed and are currently being implemented.



The promotion of the entitlement of 2 year olds to early learning funding is a key priority as it will contribute to plans to increase the proportion of children who are school ready. To date, the take up rate of this funding in Manchester is 67% of the eligible cohort which is similar to the national average of 68%.

A similar approach has accompanied the roll out of other funding streams targeted at 3 & 4 year olds, such as the Early Years Pupil Premium (EYPP) funding and the 30 hour free childcare offer available from September 2017. EYPP funding is available for childcare settings to invest in improving the early learning experience and environment and the 30 hour funding is intended to support working families with the costs of childcare. Currently, online eligibility checkers are being developed for all funding streams to further promote and encourage access to available resources.

Supporting breastfeeding

It is important that mums returning to work who want to continue breastfeeding are supported to do so by their employer. This support includes flexible working arrangements which allow for reasonable paid time to breastfeed and the provision of suitable facilities to breastfeed or express and store breast milk.

The Population Health Team are working with HR colleagues at the City Council to develop a model of best practice and the Corporate Estates team to assess whether Council buildings are conducive to enable staff to breastfeed.

Accident Prevention

Unintentional injuries, especially in and around the home are a leading cause of death and a major cause of ill health and disability for children under five. The accident rates are much higher in more deprived areas. The specific causes that are more likely to result in severe injury or death are:

- Choking
- Falls from furniture
- Tap water scalds
- Burns from food and hot drinks
- Poisoning from medicines

In Manchester rates of emergency admissions associated with these causes are higher than the national average, most significantly for falls from furniture (more than double) and burns from food and hot fluids (four times more).

This year, the Population Health Team have worked with the recently commissioned Accident Prevention and Unintentional Injury Prevention Service to develop a local action plan. This involves work with key partners such as the National Child Accident Prevention Trust, Royal Manchester Children’s Hospital, North West Major Trauma Unit, Greater Manchester Fire and Rescue Service and the Manchester Local Care Organisation. This has enabled the Early Years and Children’s workforce to get accident prevention messages out to parents, carers and young people. In addition there is a strong partnership approach to support the work of Road Safety, Water Safety and Trading Standards teams.

In Child Accident Prevention Week 2019, Manchester highlighted the risk of household poisoning and provided information resources to over 2,000 parents containing important home safety messages. An assessment of seasonal risks (e.g. swimming in canals, rivers and reservoirs in summer) is also reviewed to help deliver public safety messages at the most appropriate time.



2 Year Review

A young child will soon begin to develop relationships beyond the family home, interacting with other children in childcare settings.



On reaching the age of 2, children will be ready for another health and development review. This may take place at the local Children’s Centre or baby clinic, with the health visitor undertaking the review sometimes with a nursery key worker, outreach worker or other key professional in attendance. Mum or Dad will have been asked to fill in the ASQ-3 Questionnaire before their appointment and the review will cover the following:

- speech, language, hearing and vision
- movement and general motor skills
- growth, eating habits and activity levels
- behaviour management
- good sleeping habits
- tooth brushing
- the child’s safety

This review is particularly important, but unfortunately uptake has been lower than we would like it to be in Manchester and only 66% of parents took up the review in April 2019. We recognise that after the first 1,000 days many parents may feel sufficiently capable of managing and no longer require support. However, these vital skill checks can serve to identify any hidden development needs before starting school. Therefore we have recently launched a promotional campaign in children’s settings to encourage all parents to take up their two year review.

Book Prescribing and Read Manchester

Read Manchester is a campaign by Manchester City Council and the National Literacy Trust to promote reading and boost literacy throughout the city. One of the aims of the campaign is to support young children through Bookstart, the provision of free books before school, and other activities.

Health visitors have been working with Libraries and Read Manchester staff to pilot an early years books on prescription scheme. This encourages parents to join a local library and borrow books to share with their children from a specially chosen list of titles.

Start Well Board

The Start Well Board has now been established to support a system wide consistent approach to the first 1000 days. The Board includes representatives from all health and social care partner organisations and the community and voluntary sector. The Board reports to the Children and Young People's Board and will build on the excellent work already taking place across Manchester. The Board will develop a programme of work based on Manchester's Reducing Infant Mortality Strategy, the Population Health Plan and other strategies with the aim of:

- Improving health outcomes
- Ensuring children are ready for school
- Ensuring a good level of development throughout early years
- Reducing infant mortality
- Reducing inequality

In 2019/20 one of the key priorities for the Board will be to ensure that the work on the first 1,000 days is fully embedded in Bringing Services Together (BST) for People in Places.

In addition, the Board will contribute to the Early Help/Early Years workstream of the Children's Locality Model Programme. This programme is currently being implemented across Manchester and reflects the geography of the 3 Early Help Hubs, 12 neighbourhoods and 12 schools and early years clusters.

Finally, the Board will play a vital role in driving forward our ambition for Manchester children to have a safe, happy, healthy and successful life.



Recommendations

To improve health outcomes in the first 1,000 days and throughout life, based on this report I would like to propose the following five recommendations:

1. Manchester Health and Care Commissioning working in partnership with the City Council and the Manchester Local Care Organisation should prioritise the training, recruitment and retention of health visitors in Manchester.
2. Work should be accelerated to fully integrate the early years workforce, strengthening relationships with early years providers and schools as part of the Children's Locality Model and Bringing Services Together for People in Places.
3. A sustainable funding model for the roll out of the Adverse Childhood Experience (ACEs) Programme should be agreed by commissioners.
4. Working with the Greater Manchester Health and Social Care Partnership, implement a joint plan to increase childhood vaccination uptake in line with national ambition targets.
5. The findings from the Marmot City Region work should be considered by the Health and Wellbeing Board and other partnerships in Spring 2020 to inform the refresh of local strategies and plans.



Glossary and Definitions

Childhood Immunisations - Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise. Most are delivered via injection. Each routine childhood vaccination has its own schedule for delivery and may be delivered through one dose or topped up with booster injections. Immunisations cover the following vaccine preventable communicable diseases:

- Tetanus.
- Polio.
- Pneumococcal infections.
- Diphtheria.
- Meningitis C.
- Whooping cough.
- Hib (Haemophilus influenzae type b).
- Hepatitis B.
- Rotavirus.
- Measles, mumps and rubella (MMR).
- Flu.

Vaccination Schedule (Early Years)

8 weeks	<u>6-in-1 vaccine</u> , a combined vaccine given as a single jab to protect against 6 separate diseases: diphtheria, tetanus, whooping cough (pertussis), polio, Haemophilus influenzae type b (known as Hib, a bacterial infection that can cause severe pneumonia or meningitis in young children), and hepatitis B <u>Pneumococcal (PCV) vaccine</u> <u>Rotavirus vaccine</u> <u>MenB vaccine</u>
12 weeks	<u>6-in-1 vaccine</u> , second dose <u>Rotavirus vaccine</u> , second dose
16 weeks	<u>6-in-1 vaccine</u> , third dose <u>Pneumococcal (PCV) vaccine</u> , second dose <u>MenB vaccine</u> , second dose
1 year	<u>Hib/MenC vaccine</u> , a combined vaccine given as a single jab to protect against meningitis C (first dose) and Hib (fourth dose) Measles, mumps and rubella (MMR) vaccine, given as a single jab, first dose <u>Pneumococcal (PCV) vaccine</u> , third dose <u>MenB vaccine</u> , third dose
2 to 9 years	<u>Children's flu vaccine</u> (annual)

Glossary and Definitions (continued)

Conception - conception statistics are estimates of all pregnancies of women usually resident in England and Wales. Figures are derived from combining numbers of maternities and abortions using information recorded at birth registration and abortion notification. Maternities are pregnancies that result in the birth of one or more children, including stillbirths; abortions are pregnancies terminated under the Abortion Act (1967).

Excess Weight - Children are classified as having excess weight if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

General Fertility Rate - The number of births divided by the population aged 15-44 years, multiplied by 1,000 to give the birth rate per 1,000 females aged 15 to 44 years

Icon stands for:

I = Infant crying is normal and it will stop

C = Comfort methods can sometimes soothe the baby and the crying will stop

O = It's ok to walk away if you have checked the baby is safe and the crying is getting to you

N = Never ever shake or hurt a baby

Infant Mortality Rate - The number of infant deaths aged under 1 year that were registered in the year, divided by the number of live births in the year, multiplied by 1,000 to give a rate per 1,000 births

Low Birthweight - Live births with a recorded birth weight under 2500g where the birth was at 37 weeks or later, divided by the total live births where weight was recorded and the birth was at 37 weeks or later.

Poverty - The End Child Poverty estimates are a combined estimate of survey and area level income data that is closer to the true level of child poverty (defined as below 60% of median income) than purely income based measures such as from HM Revenue and Customs. The estimates are produced by the Centre for Research in Social Policy.

School Readiness - Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all children completing EYFS. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.

References

Our Manchester Strategy 2016-2025

https://secure.manchester.gov.uk/info/500313/the_manchester_strategy

Manchester Population Health Plan 2018-2027

https://secure.manchester.gov.uk/downloads/download/6898/manchester_population_health_plan_2018-2027

Our Manchester, Our Children Manchester Children and Young people Plan 2016-2020 Manchester Children & Young People's Board

https://www.manchester.gov.uk/downloads/download/6716/children_and_young_peoples_plan

Manchester Reducing Infant Mortality Strategy 2019-24

https://secure.manchester.gov.uk/downloads/download/7002/reducing_infant_mortality_strategy

Manchester Early Help Strategy 2018-2021

<https://democracy.manchester.gov.uk/documents/s1017/Appendix%201%20-%20Early%20Help%20Strategy%202018%20-%202021.pdf>

Manchester Family Poverty Strategy 2017-2022

https://secure.manchester.gov.uk/downloads/download/6929/family_poverty_strategy_2017-22

Manchester Children and Young People's JSNA - A number of topics reports are available

https://secure.manchester.gov.uk/info/500230/joint_strategic_needs_assessment/6797/children_and_young_people_jsna

Greater Manchester Start Well Strategy:

<http://www.gmhsc.org.uk/children-to-be-supported-to-start-well-in-gm/>

Public Health England Child Health Profiles

https://fingertips.phe.org.uk/profile/child-health-profiles/area-search-results/E08000003?place_name=Manchester&search_type=parent-area

The UK Immunisation Schedule

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/817311/Complete_Immunisation_Schedule_Autumn_2019.pdf

An unstable start: All babies count: spotlight on homelessness. London: NSPCC 2015 Hogg S, Haynes A, Baradon T, Cuthbert C.

<https://library.nspcc.org.uk/HeritageScripts/Hopi.dll/search?CookieCheck=43693.8039965278&searchTerm0=C5345>

Fair society, healthy lives: strategic review of health inequalities in England post 2010. London: Marmot Review Team Marmot M, Allen J, Goldblatt P et al (2010)

<https://www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf>

First 1000 days of life: Thirteenth Report of Session 2017-19. House of Commons Health and Social Care Committee 2019

<https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1496/1496.pdf>

'1001 Critical Days' Cross Party Manifesto 2018

https://www.1001criticaldays.co.uk/sites/default/files/1001%20days_oct16_1st.pdf

The Care Act and Whole Family Approaches (LGA & Department of Health 2015)

<https://www.local.gov.uk/sites/default/files/documents/care-act-and-whole-family-6e1>

Acknowledgements

I would like to thank colleagues from Manchester City Council (MCC), Manchester Health and Care Commissioning (MHCC) and Manchester Local Care Organisation (MLCO) for their excellent contributions to this report.

I would also like to thank the Starting Well and Developing Well Team (Sarah Doran, Christine Raiswell, Louise Marshall, Tim Keeley), the Knowledge and Intelligence Team (Barbara Drummond, Amanda Dixon), Richard Scarborough and my business support Vicky Schofield for their work on the final edit.

A special thank you to Peter Cooper (Commissioning Manager for Starting Well and Developing Well) who inspired the concept, storyboard and images and to John Cooper (Rocketsteps) for his work in producing the document.

Finally, I would like to take this opportunity to thank all of the organisations, frontline staff, volunteers, families/carers and residents who live in our local communities, who all want the best possible start for children born and brought up in Manchester.



A partnership between
Manchester City Council
and NHS Manchester CCG



Leading local care, improving
lives in Manchester, with you



This report and its content are copyright of Manchester City Council © 2019. All rights reserved.

- Any redistribution or reproduction of part or all of the contents in any form is prohibited other than the following:
1. You may print or download to a local hard disk extracts for your personal and non-commercial use only.
 2. you may copy the content to individual third parties for their personal use, but only if you acknowledge the website as the source of the material.

**‘What happens in these early years, starting
in the womb, has lifelong effects’**

Sir Michael Marmot 2010



Production design and background illustration by www.rocketsteps.co.uk