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HEALTH AND WELLBEING BOARD

Day: Thursday
Date: 14 September 2023
Time: 10.00 am
Place: Tameside One, Market Square, Ashton-Under-Lyne, OL6 6BH

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE To receive any apologies for absence from Members of the Health and Wellbeing Board.	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Health and Wellbeing Board.	
3.	MINUTES To receive the Minutes of the meeting of the Health and Wellbeing Board held on 15 June 2023.	1 - 4
4.	BUILDING BACK FAIRER, STRONGER, TOGETHER: TAMESIDE JOINT HEALTH & WELLBEING STRATEGY AND LOCALITY PLAN (2023-2028) To consider a report of the Assistant Director of Population Health.	5 - 78
5.	EARLY HELP STRATEGY 2023-2026 To consider a report of the Director of Children's Services.	79 - 114
6.	STOCKPORT, TAMESIDE AND TRAFFORD CHILD DEATH OVERVIEW PANEL (STT CDOP) ANNUAL REPORT 2021-22 To consider a report of the Director of Population Health.	115 - 144
7.	DATE OF NEXT MEETING To note that the next meeting of the Health and Wellbeing Board is scheduled for 16 November 2023.	
8.	URGENT ITEMS To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Charlotte Forrest, Senior Democratic Services Officer on 0161 342 2346 or charlotte.forrest@tameside.gov.uk, to whom any apologies for absence should be notified.

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Agenda Item 3.

HEALTH AND WELLBEING BOARD

15 June 2023

Commenced: 10.00am

Terminated: 10.35 am

Present:

Councillor Wills (Chair)	Executive Member (Population Health and Wellbeing)
Councillor Fairfoull	Deputy Leader (Children and Families)
Councillor Sweeton	Executive Member (Inclusive Growth, Business & Employment)
Sandra Stewart	Chief Executive
Stephanie Butterworth	Director of Adult Services
Debbie Watson	Director of Population Health
Anna Hynes	Action Together
Shaun Higgins	Active Tameside
Reg Patel	Active Tameside
Peter Marland	Ashton Pioneer Homes
Henri Giller	Tameside Children's Safeguarding Board
Ian MacArthur	Greater Manchester Good Employment Charter
Nicola Welland	Tameside College
Sophie Bullock	Transport for Greater Manchester

Officers in attendance:

James Mallion	Assistant Director of Population Health
Sarah Jamieson	Head of Economy, Employment and Skills
Debbie Duddridge	Head of Safeguarding and Quality Assurance

Apologies for

Absence: Councillor Taylor and Ali Stathers-Tracey

1. DECLARATIONS OF INTEREST

There were no declarations of interest.

2. MINUTES

RESOLVED

The Minutes of the meeting of the Health and Wellbeing Board held on 16 March 2023 were agreed as a correct record.

3. BUILDING BACK FAIRER, STRONGER, TOGETHER: REFRESH OF THE TAMESIDE LOCALITY PLAN AND JOINT HEALTH & WELLBEING STRATEGY

The Assistant Director of Population Health submitted a report that sought support for the development of a single Joint Health & Wellbeing Strategy and Locality Plan and to receive direction regarding ambition and content.

It was reported that the current Locality Plan was published in January 2020 and was due to be refreshed. The current Tameside Corporate Plan, which outlined the health and wellbeing priorities for the borough, also required a refresh. It was intended to combine the Tameside Locality Plan and Tameside Joint Health and Wellbeing Strategy into one whole-system document and work programme. The ambitions of the 2020 Locality Plan and Tameside Corporate Plan remained but the refresh allowed the commitment to drive improvements in health and wellbeing for the population of Tameside to be re-established in response to the changing local, regional and national

context and requirements. The proposal was for the plan to be titled 'Building Back Fairer, Stronger, Together'.

The Assistant Director of Population Health explained that the Plan would reflect some of the ongoing priorities already articulated in the current Locality Plan for Tameside and the Corporate Plan. However, it would also ensure that priorities from the GM ICP Strategy were reflected, as well as the recent work of the Tameside Health & Wellbeing Board, which last year set out a Charter to ensure members were committed to the Board acting as a standing commission to tackle inequalities and focussed on the upstream wider determinants of health. The Health & Wellbeing Board had established three key priorities set out to drive improvements in the health of residents: poverty; work & skills; and healthy places. The Joint Health & Wellbeing Strategy should reflect the work plan of the Health & Wellbeing Board and would therefore align closely to these current priorities.

The vision for both the Locality Plan and Joint Health & Wellbeing Strategy would be set out a focus on the three key principles of Building Back Fairer; Building Back Stronger; and Building Back Together. The ambition around these principles would be articulated across the life course and consider some of the key existing work including: the Health & Wellbeing Board Charter; priorities of the Health & Wellbeing Board; the agreed outcomes metrics across system partners; mental health & wellbeing as a cross-cutting priority; and tackling inequalities. A draft of this approach was detailed within the report.

It was proposed that, following discussion with the Tameside Provider Partnership and Strategic Partnership Board, key officers would progress with developing a draft for consultation by the end of June 2023. While this version of The Plan would be shared with partners, including the GM Integrated Care Board, this would not be the final version, as there would then be a series of consultation and engagement sessions with residents throughout the summer to seek their input and views on The Plan. There would then be final changes made ahead of publication in the autumn of 2023. The Tameside Strategic Partnership Board and the Health & Wellbeing Board would have oversight of the joint document following publication of The Plan. Each of the Boards would produce relevant delivery plans, which would sit as part of the locality integrated care delivery in Tameside and in the form of the work plan of the Health & Wellbeing Board. This would ensure that work programmes were progressing to achieve the ambitions and outcomes set out in The Plan.

The Director of Population Health emphasised the Board's three priorities and acknowledged that they would take longer to embed than the original 12-month timescale.

The representative from Ashton Pioneer Homes informed the Board that they had recently undertaken a review on policies and procedures and implemented an action plan with a view to being more proactive and engaging with communities, with a focus on health. He suggested that it would be worth cross referencing the Plan with this piece of work.

RESOLVED

- (i) That the report be noted;**
- (ii) That the Board endorsed the intention for a single Joint Health & Wellbeing Strategy & Locality Plan;**
- (iii) That the Board endorsed the broad overview outlined within the report;**
- (iv) That the Board supported the intention to produce an initial draft for consultation by the end of June 2023 and then further develop the plan with residents and system partners; and**
- (v) That a final version of the plan be brought back to the next meeting of the Health and Wellbeing Board, scheduled for 14 September 2023.**

4. BETTER CARE FUND 2022/23 END OF YEAR RETURN

Consideration was given to a report of the Executive Member for Population Health and Wellbeing / Executive Member for Adult Social Care, Homelessness and Inclusivity / Director of Adult Services / Deputy Place Based Lead, Tameside Locality that provided details of the 2022/23 end of year expenditure and supporting metrics via the Better Care Fund (BCF) awarded to the Tameside locality. The fund also included the national discharge funding that was awarded to the locality during the financial year.

It was reported that the BCF was one of the government's national vehicles for driving health and social care integration. It required Integrated Care Boards (ICB) and local government to agree a joint plan that was overseen by the Health and Wellbeing Board. 2022/23 was a transitional period for the BCF that included engagement with ICBs following the publication of the Integration White paper.

The Board were informed that the core purpose of BCF was to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The two core BCF objectives were outlined as followed:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

There were minimal changes made to the BCF in 2022/23. The 2022/23 BCF policy framework was designed to build on progress made during the COVID-19 pandemic by strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.

It was explained that the NHS contribution to the BCF included funding to support the implementation of the Care Act 2014. In addition, BCF reporting process included the Disabled Facilities Grant (DFG), Improved Better Care Fund (iBCF) and the national discharge funding that was awarded during the financial year.

The national conditions for the Better Care Fund in 2022/23 were outlined as follows:-

- A jointly agreed plan between local health and social care commissioner, signed off by the Health and Wellbeing Board.
- NHS contribution to adult social care at Health and Wellbeing Board level to be maintained in line the uplift to NHS minimum contribution.
- Invest in NHS commissioned out-of-hospital services.
- A plan for improving outcomes for people being discharged from hospital.
- Implementing the BCF policy objectives.

The 2022/23 end of year BCF report was appended to the report and provided details of the 2022/23 year end expenditure compared to the funding awarded to the Tameside locality. The locality fully expended the total allocation awarded of £37.551m.

RESOLVED

That the Health and Wellbeing Board approve the Tameside Locality Better Care Fund 2022/23 end of year return.

5. BETTER CARE FUND 2023-25 PLAN

Consideration was given to a report of the Executive Member for Population Health and Wellbeing / Executive Member for Adult Social Care, Homelessness and Inclusivity / Director of Adult Services / Deputy Place Based Lead, Tameside Locality that outlined the planning requirements for the Better Care Fund (BCF) 2023/25, which now incorporated the previously separate national discharge funding.

It was reported that the refreshed planning guidance for BCF 2023/25 followed the transitional period in 2022/23 whereby engagement with Integrated Care Boards took place following the publication of the Integration White paper. The BCF planning information in 2023/25 was to be collected in a way that provided more data on the activity that the BCF would fund, and the contribution of integrated working to improving outcomes for local people. This included:

- Expected outputs from scheme types related to discharge, intermediate care unpaid carers and housing.
- Estimates of BCF expenditure on different services and activities as a proportion of all health and care expenditure on these services in the Health and Wellbeing Board (HWB) area. The information collected would help to better identify and articulate the contribution of BCF funding to delivering capacity, but, as estimates, these figures would not be subject to assurance.

It was emphasised that the reporting requirements from 2023 had been enhanced with new data reporting requirements as well as a more detailed narrative plan that outlined the locality joint approach to the delivery and oversight of the objectives of the fund and, as such, aligned to Tameside's Locality Plan and integrated governance. For 2023/25, the data collected had been expanded to include capacity and demand data for intermediate care in the locality was capturing and reporting on short-term capacity. This included the wider care market, with the clear link being made to expenditure against the Market Sustainability and Improvement Fund (MSIF), which made provision for long-term social care capacity.

The BCF Narrative Plan for 2023/24 was appended to the report and provided details of the income and expenditure plan by individual scheme, together with details of the key metrics for the Tameside locality. The core BCF allocation awarded to the locality had increased by 5.66% in 2023/24 from £19.470m (2022/23) to £20.572m. The indicative allocation for 2024/25 had also increased by a further 5.66% to £21.736m.

In response to questions, it was confirmed that there had been an overall increase in demand with more people with complex needs and an increase in discharging patients into care since the pandemic. A discussion ensued on fall prevention.

RESOLVED

- (i) **That The Health and Wellbeing Board approve the Tameside Locality Better Care Fund Plan 2023 to 2025 that had to be submitted to the national Better Care Fund Team by 28 June 2023; and**
- (ii) **That the Health and Wellbeing Board delegate approval to the Director of Adult Services, in consultation with the Executive Member for Adult Social Care, Homelessness and Inclusivity, for any subsequent revisions to the narrative report or plan as required either in advance of or following submission to the national team by the 28 June 2023 deadline.**

6. DATE OF NEXT MEETING

RESOLVED:

That the next meeting of the Health and Wellbeing Board scheduled for 14 September 2023 be noted.

7. URGENT ITEMS

There were no urgent items.

CHAIR

Agenda Item 4.

Report to:	HEALTH AND WELLBEING BOARD
Date:	14 September 2023
Reporting Officer:	Councillor Eleanor Wills, Executive Member (Population Health & Wellbeing) Debbie Watson, Director of Population Health James Mallion, Assistant Director of Population Health
Subject:	BUILDING BACK FAIRER, STRONGER, TOGETHER: TAMESIDE JOINT HEALTH & WELLBEING STRATEGY AND LOCALITY PLAN (2023-2028)
Report Summary:	<p>This report provides an overview of the new Joint Health & Wellbeing Strategy and Locality Plan for Tameside, which will be in place over the next 5 years (2023-2028). With the establishment of the Greater Manchester Integrated Care Partnership in 2022 and previous versions of both the Health & Wellbeing Strategy and Locality plan for Tameside being due for renewal, this strategy brings both of those documents together in one shared vision across system partners and communities in Tameside.</p> <p>The strategy sets out the ambitions for improving the health of Tameside residents and reducing the inequalities many communities in Tameside experience. It also explains how these ambitions will be achieved by making commitments across the life course, including a focus on mental health and wellbeing and then building back fairer, stronger and together to achieve these.</p> <p>This joint strategy has been developed in recent months, including engagement during the summer of 2023 with a range of partners, VCFSE stakeholders and members of the public to make amendments based on feedback received.</p> <p>This report seeks approval for the final public version of the Joint Health & Wellbeing Strategy and Locality Plan for Tameside to be published, with next steps to include development of delivery plans to sit with the Health & Wellbeing Board and Tameside Strategic Partnership Board, and ongoing monitoring.</p>
Recommendations:	<p>The Health & Wellbeing Board is asked to:</p> <ul style="list-style-type: none">• Provide approval of the final Joint Health & Wellbeing Strategy and Locality Plan for Tameside (2023-2028).• Endorse joint sign off from the Tameside Strategic Partnership Board in September 2023.• Endorse the development of a specific delivery plan relating to the Health & Wellbeing Strategy which will be monitored by the Health & Wellbeing Board (with another delivery plan relating to the Locality Plan being produced and monitored by the Strategic Partnership Board).
Corporate Plan:	<p>Part of the statutory role of the Health & Wellbeing Board is to ensure that a local Joint Health & Wellbeing Strategy is published, which sets out the priorities for improving the health and wellbeing of the local population and how the identified needs will be addressed.</p>

For the last few years, this role has been fulfilled by the Corporate Plan, which outlines the key areas of priority across the life course including the specific outcomes and objectives under each area, which should be improved. Many of the existing priorities remain, however, this plan sets out the key health and wellbeing priorities under the six 'areas of focus' over the next 5 years.

The combined nature of this plan between the Joint Health & Wellbeing Strategy, and the Locality Plan ensures that this is viewed in partnership with integrated approaches between the NHS, the wider health & social care system, Population Health and other parts of the local authority and stakeholders.

This strategy, including many of the 'areas of focus' and the cross cutting themes of mental health and wellbeing and tackling inequalities cut across all parts of the life course and the existing priorities set out in the Corporate Plan.

Policy Implications:

The Board should note the updated national guidance for Health & Wellbeing boards, which set out the importance of the publication of the local Joint Health & Wellbeing Strategy, as well as the vital role of partnership working and oversight from the board across the Integrated Care Partnership and other system partners. The development of robust locality plans for locality health and care systems is also set out in the recently published Greater Manchester Integrated Care Partnership Strategy, which this joint strategy for Tameside closely aligns to.

**Financial Implications:
(Authorised by the
statutory Section 151
Officer & Chief Finance
Officer)**

There are no direct financial implications arising from this report. The recommendations from the activity and associated reports could have financial implications where policy or service delivery changes are implemented as a result. Any changes, and the associated financial implications, will need to be the subject of separate reports.

**Legal Implications:
(Authorised by the
Borough Solicitor)**

There are no immediate legal implications arising from this report. Any subsequent changes to policy or delivery will be subject to further due diligence, governance and decision-making.

Risk Management:

This refreshed plan, combining the Joint Health & Wellbeing Strategy and Locality Plan ensures that the Health & Wellbeing Board continues to meet its statutory obligation to publish the Joint Health & Wellbeing Strategy and have a plan for improving health and wellbeing and tackling inequalities across the population of Tameside. The close alignment of the approach of the Integrated Care Partnership for Tameside and the Health & Wellbeing Board enables a more integrated and collaborative approach to setting and meeting outcomes and objectives across the health and care system in the longer term in Tameside.

Access to Information:

All papers relating to this report can be obtained by contacting: James Mallion, Assistant Director of Population Health

Background Information:

The background papers relating to this report can be inspected by contacting James Mallion, Assistant Director of Population Health



Telephone: 07970946485



e-mail: james.mallion@tameside.gov.uk

1. INTRODUCTION

- 1.1 As part of the statutory role of Tameside's Health & Wellbeing Board, there is a requirement to set out the plans and priorities for the Board to tackle health inequalities and improve health and wellbeing in a Health & Wellbeing Strategy for the borough¹. Also, due to many changes in the health and care system in the last 18 months, including: the establishment of the Greater Manchester Integrated Care Board (ICB); and Locality Boards (Tameside Strategic Partnership Board) to drive health and care decision making in local areas, up to date Locality Plans are required to set the priorities for the health and care system.
- 1.2 In light of these requirements, a 5-year joint Health & Wellbeing Strategy and Locality Plan has been developed for Tameside entitled *Building Back Fairer, Stronger, Together* and reflects the integrated nature of existing partnerships and work, and sets out what the key health and wellbeing priorities are for all partners, but particularly the health and care system. The strategy aligns closely to existing work across all public and third sector partners in Tameside, including the GM Integrated Care Partnership Strategy.
- 1.3 This report provides an overview of the process followed in developing the strategy; the content of the strategy; and proposes next steps in delivering on the priorities and objectives identified throughout the strategy.

2. DEVELOPING THE JOINT HEALTH & WELLBEING STRATEGY AND LOCALITY PLAN

- 2.1 **Appendix 1** of this report contains the full final version of the joint strategy entitled *Building Back Fairer, Stronger, Together – Joint Health & Wellbeing Strategy and Locality Plan for Tameside 2023-2028*. During spring 2023, existing priorities for Tameside and recent work done by the Health & Wellbeing Board were used to develop a framework to set longer term objectives under the Health & Wellbeing Strategy and Locality Plan. This built on the previous Locality Plan for Tameside, published in 2019; some of the key strategies recently produced across the system (including the Tameside Tackling Poverty Strategy, Children & Young People Plan, Inclusive Growth Strategy and GM Integrated Care Partnership Strategy); and work done in 2022 with the Health & Wellbeing Board to set a Charter for the Board around the priorities and principles of working and setting specific objectives for the Board to tackle poverty, improve work & skills, and deliver healthy places. All of this recent work already in place fed into the development of this strategy.
- 2.2 One of the core principles of the strategy is to incorporate crosscutting themes of the most substantial challenges facing Tameside communities. The first of these is tackling inequalities, which is the focus of recent work in the Health & Wellbeing Board, and also has increasing focus in the NHS with the 'Core 20 Plus 5' frameworks. The other crosscutting theme is improving mental health and wellbeing, which is a wide-ranging issue, relevant to all services and communities.
- 2.3 The strategy outlines the approach of Building Back Fairer Stronger Together to deliver the priorities identified. This approach has been based on the Marmot report for Greater Manchester *Building Back Fairer*, which was produced in the wake of the COVID-19 pandemic and also focussed on inequalities. Many of the principles used in the Marmot review, alongside the Greater Manchester Population Health Characteristics Framework, have been used to set out how the ambitions of this strategy will be achieved, by Building Back Fairer, Stronger, Together.
- 2.4 Based on this initial work, drafts of the joint strategy were signed off by the Health & Wellbeing Board and Tameside Strategic Partnership Board in June 2023 with a period of consultation with stakeholders and members of the public to take place throughout July and August 2023.

¹ [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards)

- 2.5 A range of insights from existing consultation and engagement were utilised in the development of this strategy including:
- Themes drawn from core activity of Tameside MBC Communications & Engagement team throughout 2022 (21 thematic engagement projects via the Big Conversation; 3 Partnership Engagement Network conferences; 5,453 responses to DJS Research on resident views of the council and the borough; feedback on 35 regional/national consultations; supporting the Tameside Poverty Truth Commission).
 - Key points from Tameside Inequalities Reference Group work programmes (digital inclusion; community cohesion; voices of people with learning disabilities; barriers to accessing information; experiences of children & young people; mental health & wellbeing).
 - Actions arising from Community Champions Information Sessions.
 - GM and Tameside Insight Surveys.
 - Service based lived experience groups (including Maternity Voices Partnership; Domestic Abuse Trust Group).
- 2.6 During July and August 2023, the following consultation and engagement activity took place in order to seek feedback on the content as well as the format, structure and language of the draft strategy to further develop the final version:
- Partner engagement – across key Health & Wellbeing Board Partners
 - Voluntary Community Faith & Social Enterprise (VCFSE) Sector engagement session
 - Partnership Engagement Network meeting
 - Tameside Big Conversation Survey
- 2.7 Following this consultation and engagement process, the final version of the strategy has been produced for joint sign off by the Health & Wellbeing Board and Tameside Strategic Partnership Board.
- 2.8 An Equalities Impact Assessment (EIA) for this strategy has also been produced outlining any impacts on protected characteristic groups and other relevant groups across the community in Tameside. This is not a fixed piece of work and will continue to be added to and monitored with system partners as the strategy and deliver plans are implemented. This EIA can be found at **Appendix 2** of this report.

3. OUTLINE OF CONTENTS

- 3.1 The strategy contains introductory sections (1-3) to outline the context and current situation in Tameside relating to the health and care system and health and wellbeing outcomes across the borough. This is presented visually with infographics of key data around demographics and health challenges in the borough, particularly highlighting the inequalities in Tameside. There is also some context around the 'Tameside journey' in terms of change in the public system in recent years, particularly the health and care system. This section also highlights the importance of alignment to the GM Integrated Care Partnership, as well as the importance of the role of the Voluntary, Community, Faith & Social Enterprise (VCFSE) sector.
- 3.2 Section 4 of the strategy articulates the vision for health and wellbeing in Tameside and introduces the six areas of focus for the strategy, with section 5 showing the plan on a page of how these areas of focus sit alongside the crosscutting themes of tackling inequalities and all-age mental health and wellbeing. This also shows that, at the centre of delivering this approach is the Building Back Fairer, Stronger, Together principle. See the plan on a page in Figure 1 below.

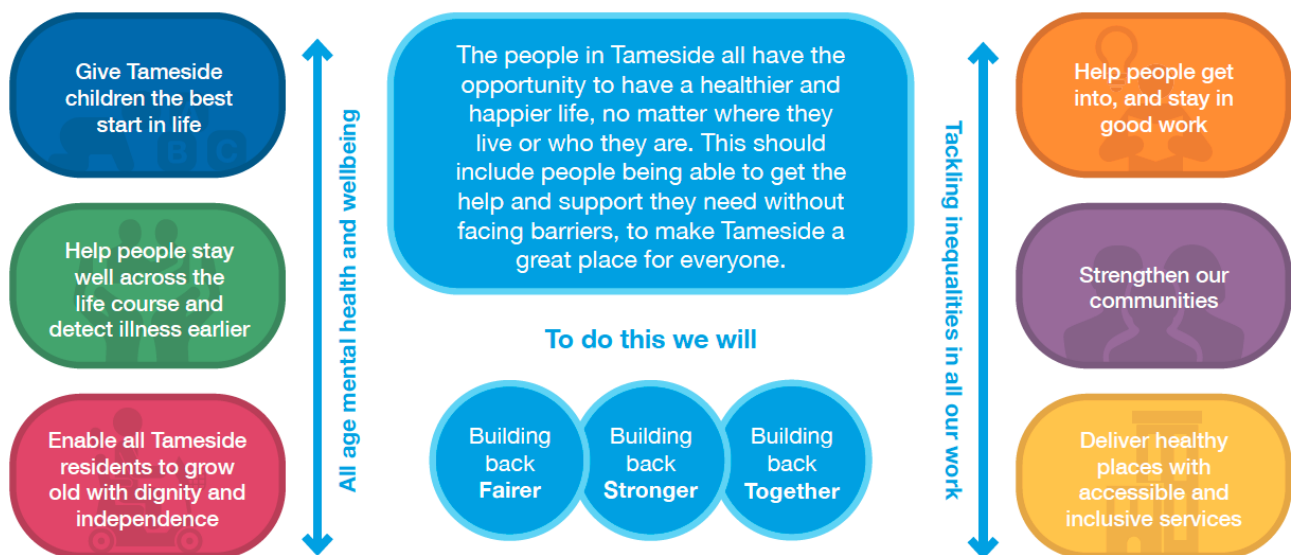


Figure 1: Plan-on-a-page of the Joint Health & Wellbeing Strategy and Locality Plan

3.3 The areas of focus for the strategy are:

- Give Tameside children the best start in life
- Help people stay well across the life course and detect illness earlier
- Enable all Tameside residents to grow old with dignity and independence
- Help people get into and stay in good work
- Strengthen our communities
- Deliver healthy places with accessible and inclusive services

3.4 Section 7 of the strategy goes into more detail on the specific objectives under each of these areas of focus. This includes reference to other system-wide, aligned strategies, which also contribute to health and wellbeing under each of these areas. The detail under each area of focus proposes specific health and wellbeing-related objectives, which all members of the Health & Wellbeing Board and partners of the Tameside Strategic Partnership Board will be accountable for achieving. This section is followed by more detail of the specific objectives and ambitions around mental health and wellbeing including the objective to develop a borough-wide all-age mental health and wellbeing strategy for Tameside, aligned to the GM *Doing Mental Health Differently* strategy, which has recently been produced by the GM Integrated Care Partnership.

3.5 Section 9 of the strategy explains how these objectives will be delivered following the Building Back Fairer, Stronger, Together principles. This draws out specifically how inequalities can be tackled in more systematic ways; the importance of the approaches taken (evidence driven) and what is prioritised in the system (investment in prevention), such as the GM Population Health Characteristics Framework, and the role of the VCFSE sector; a systematic approach to producing our Joint Strategic Needs Assessment; and how partners and stakeholders work together on shared objectives, including speaking to and involving the community in services and decision making. This also includes reference to how the approaches in this strategy align to the GM Integrated Care Partnership Strategy; the Joint Forward Plan and also the new GM Fairer Health for All Delivery Framework.

3.6 The latter sections of the strategy outline how progress will be measured and the key outcomes that need to be achieved; the local governance in place to hold assurance and accountability for delivering on the strategy; and the crucial enablers required to deliver on this, which aligns closely to the six missions in the GM Integrated Care Partnership Strategy. The strategy also contains some appendices with detail of the Charter, which the Health & Wellbeing Board has set, and further detail of the system enablers.

4. NEXT STEPS & GOVERNANCE

4.1 As described in section 11 of the strategy, there is robust governance around this approach and holding system partners to account for the priorities and objectives that have been set. As this strategy combines the Health & Wellbeing Strategy and the Locality Plan for Tameside, there will be dual sign off and oversight including separate delivery plans to reflect the key activities required, both in terms of shifting outcomes around the wider determinants of health for Tameside (Health & Wellbeing Board) and also the programmes of work within the health and care system (Tameside Strategic Partnership Board). See figures 2 and 3 below for an overview of the relevant governance around this strategy, which are included in the strategy document.

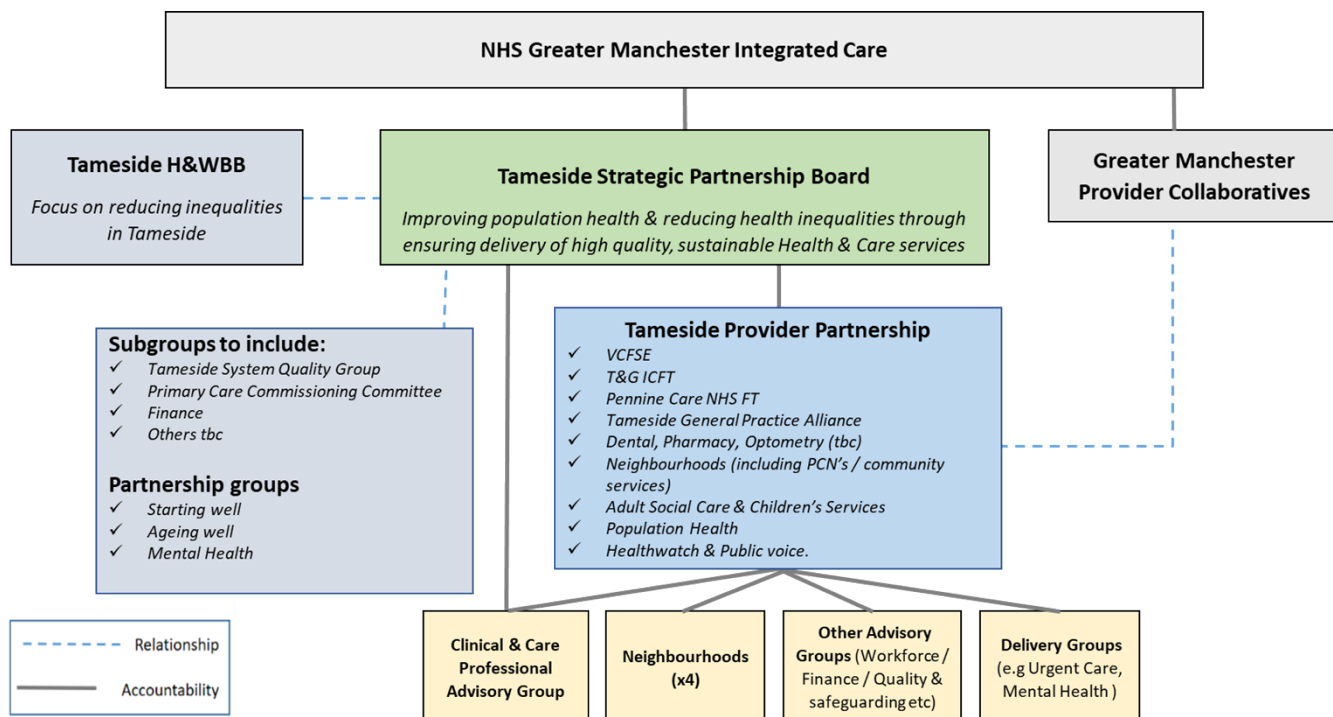


Figure 2: Tameside Health and Care Governance Structure

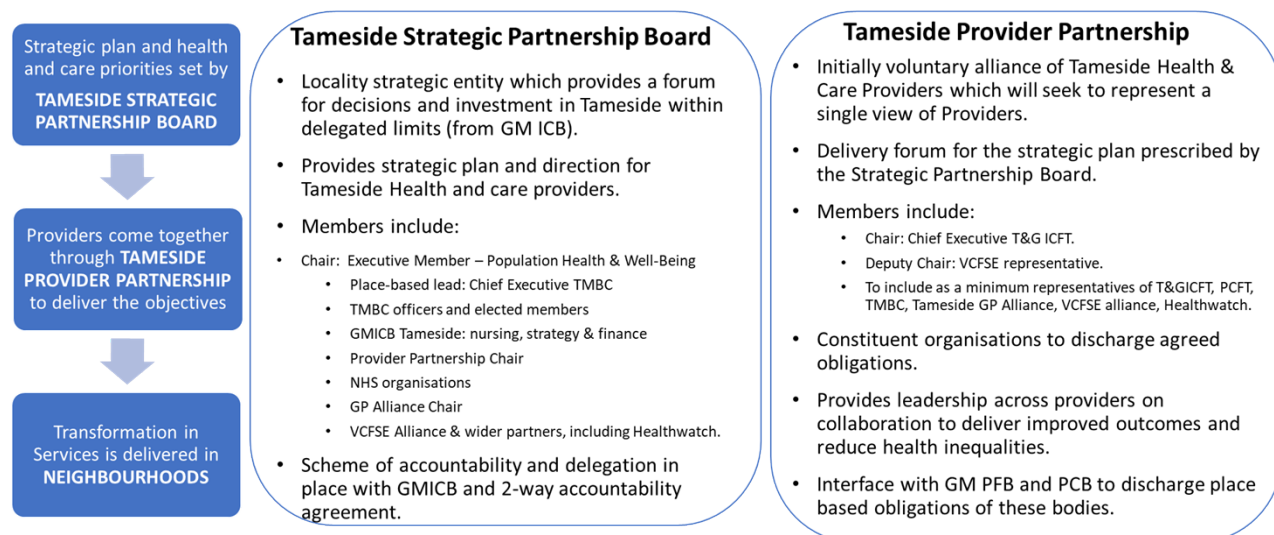


Figure 3: Tameside Strategic Partnership Board and Tameside Provider Partnership

4.2 Despite having separate delivery plans, which will sit under this strategy for the Health & Wellbeing Board and the Strategic Partnership Board, it is crucial that the oversight and ongoing work plans link together, as per the national guidance set out by the government on

the requirements of Health & Wellbeing Boards and Integrated Care Partnerships (ICP)². This stipulates that Health & Wellbeing Boards should ensure that there is ICP representation on the Board; that they are sighted on the ICP forward plan; and that they are able to input into the ICPs annual report in relation to the Health & Wellbeing Strategy.

- 4.3 In order to gain appropriate sign off and oversight of this strategy, following approval by the Health & Wellbeing Board, this will be passed to the Tameside Strategic Partnership Board during September 2023 for sign off.
- 4.4 The final version of the strategy will be published and made available and accessible to all partners and members of the public, with further ongoing work to promote this work via various community and partner engagement forums.
- 4.5 During autumn/winter 2023/24 the delivery plans that sit under this strategy will be further developed and produced with ongoing oversight from the Health & Wellbeing Board and Strategic Partnership Board. Following this, regular updates and oversight will be reported to these boards on an ongoing basis.

5. RECOMMENDATIONS

- 5.1 As per the front of the report.

² [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards)

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Building Back Fairer, Stronger, Together.

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**Tameside Joint Health & Wellbeing
Strategy and Locality Plan
2023-2028**



1. Foreword

This Joint Health & Wellbeing Strategy and Locality Plan for Tameside sets out the ambitions for improving the health of Tameside residents and reducing the inequalities many communities in Tameside experience. It also explains how these ambitions will be achieved by making commitments across the life course, including a focus on mental health & wellbeing and then building back fairer, stronger and together to achieve these.

The Health & Wellbeing Board has the responsibility for building a strong and effective partnership for Tameside, including the local authority, NHS and the voluntary, community, faith and social enterprise (VCFSE) sector, to improve how services are delivered. The Health & Wellbeing Strategy is a summary of the priorities set by the Health & Wellbeing Board to improve the health & wellbeing of Tameside residents and address health inequalities.

The Locality Plan for Tameside provides the vision for health and care services across the borough, aligned to the priorities in the Greater Manchester Integrated Care Partnership Strategy and Joint Forward Plan.

As the priorities and visions are integrated within Tameside, the Joint Health & Wellbeing Strategy and Locality Plan have been produced as one combined document. This plan outlines the ambitions and actions that can be taken to improve services and Tameside as a place, to have a positive impact on mental and physical health outcomes.





These ambitions and actions particularly relate to the health and care system, but also rely on the range of system-wide strategies already in place in Tameside to improve the wider determinants of health, which is a core focus of the Health & Wellbeing Board.

This combined strategy does not duplicate existing work already contained in the strategies in place across several work areas in Tameside (e.g. Poverty / Housing / Inclusive Growth) but it seeks to make the case for a system-wide, preventative approach to meet our vision to improve the health of everyone in Tameside, especially given some of the health challenges across Tameside communities and the impact of the current challenging financial climate. There will be a particular focus on those who face the greatest inequalities and ensuring that mental health and wellbeing are supported as well as physical health. This includes actions which will strengthen our offer in Tameside, such as ongoing, sustained commitment to delivering a vibrant and successful VCFSE sector.

This plan reflects the voices of Tameside residents and what is important to them; however it also demonstrates how the local health and care system will deliver the commitments in the GM Integrated Care Partnership Strategy: Improving health and care in Greater Manchester 2023-2028 and the Greater Manchester Strategy 2021-2031.

The health of the population in Tameside has improved in recent years, however inequalities persist across the borough and more must be done to tackle these.

Cllr Eleanor Wills

Executive Member for Population Health & Wellbeing



2. Context: This is Tameside

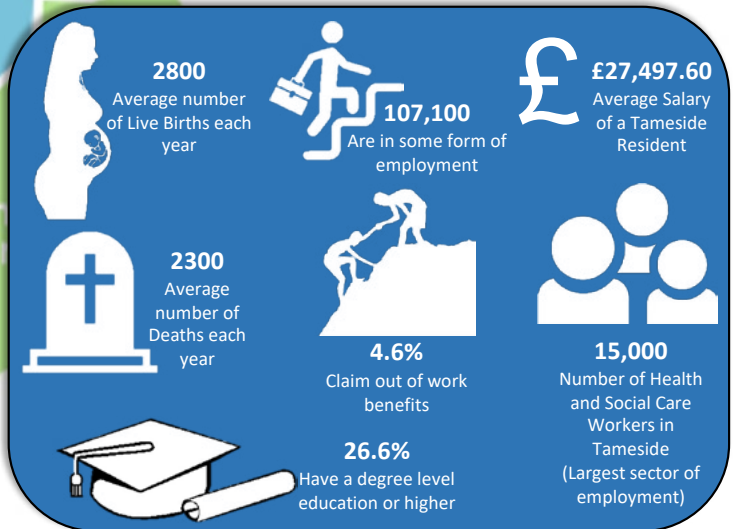
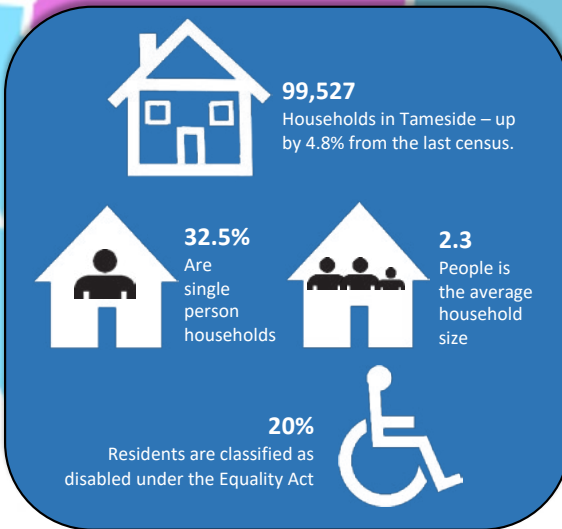
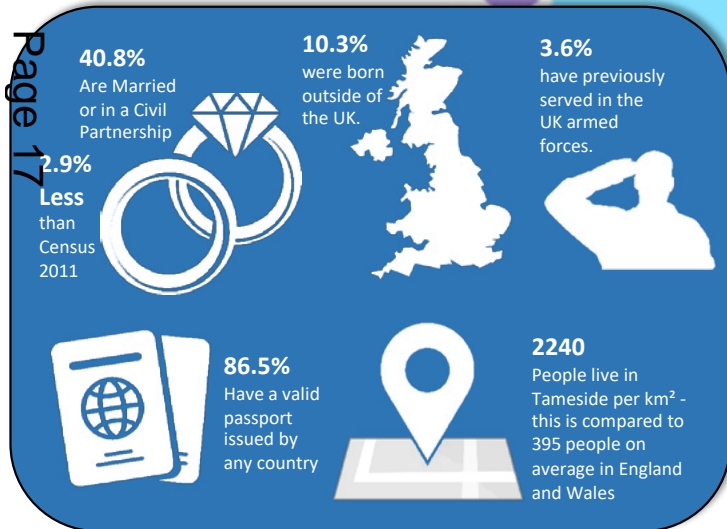
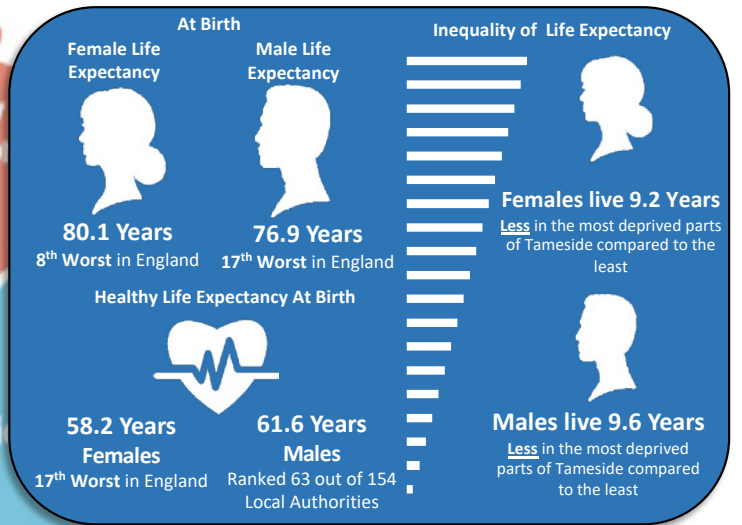
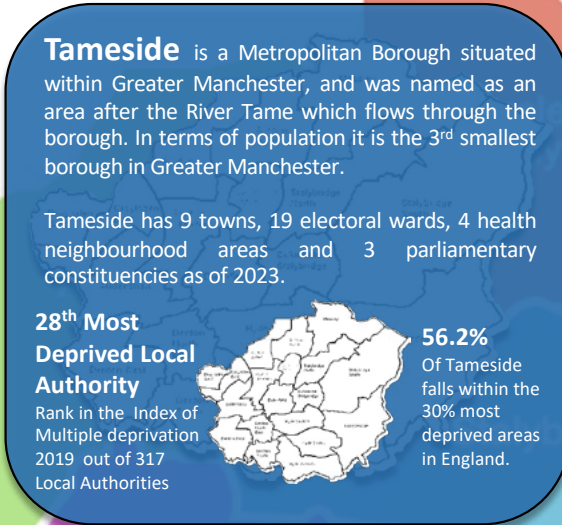
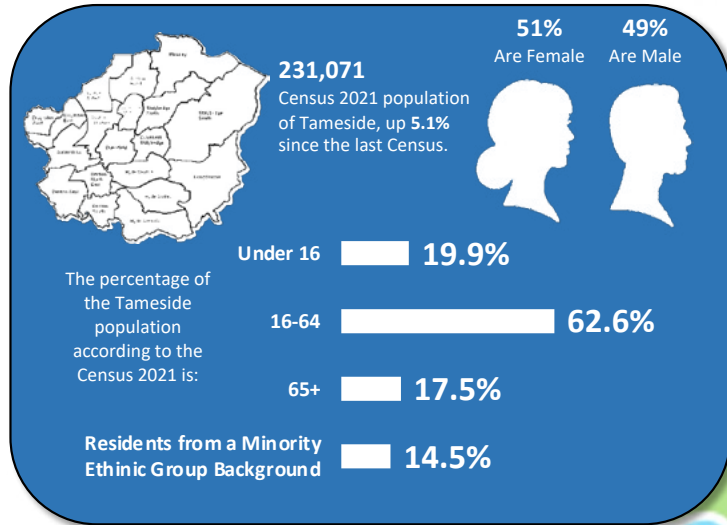
There are a range of challenges in Tameside relating to mental and physical health outcomes, with some neighbourhoods among the most deprived in England.

The borough is ranked 5th lowest out of 10 in Greater Manchester for male life expectancy and healthy life expectancy, and 9th lowest out of 10 for female life expectancy and healthy life expectancy. There are also significant disparities in life expectancy within Tameside, with a difference of 9.6 years for men and 9.2 years for women in the most deprived wards compared to the least.

Figure 1 on the next page describes the features of the population in Tameside.



STATE OF THE BOROUGH – 2021 CENSUS

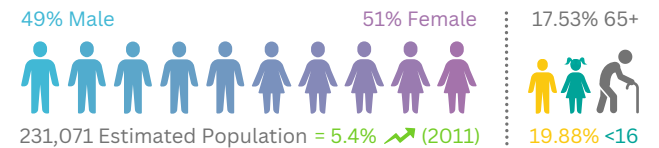


Author: Michelle Foxcroft, Public Health Intelligence Manager, TMBC – June 2023

Figure 1: State of the Borough - Key Statistics for Tameside from the 2021 Census

Tameside in Context 2023

Later in this strategy, six areas of focus are outlined with clear ambitions for the improvements and actions needed in Tameside to address the challenges residents face. Figure 2 below explains some of the challenges seen in each of these six areas which explain why further work is needed.



Help people stay well across the life course and detect illness earlier



Third highest rate of alcohol related cancers in country
Early preventable deaths are almost 50% higher in Tameside compared to the national average.



Give Tameside Children the best start in life

39.2% of children in year 6 classified as overweight / obese

8.4% of children aged 5-17 in Tameside have a diagnosed mental health disorder

Highest admission rate for under 19s for asthma in the country

Deliver Healthier places with accessible and inclusive services

43% of people live in areas in 20% most deprived nationally

Take-away Density - 143 take-aways per 100,000 population - highest in GM, 17th Nationally

Air Pollution - Tameside has the 2nd highest level of fine particulate matter in GM (indicator of poorer air quality)

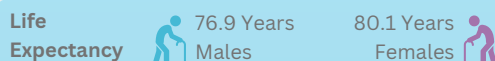
Help people get into, and stay in good work



28.5% of jobs in Tameside paying below the living wage (2021) the highest rate in GM, equating to approx. 13,000 jobs

9% of the working population working in health and social care
2% had sickness absence from work in last week

Enable all Tameside residents to grow old with dignity and independence



13.1% aged 66 yrs or older lives alone
1,989 per 100,000 aged 66 yrs or over have been injured in a fall
83.3% of care homes in Tameside are rated as good or outstanding by CQC

Tameside population aged 65 yrs. plus has seen a 18.4% increase since 2011

Strengthen our Communities



In every 1000 people in TAMESIDE:

- 20 have being supported by social prescribing in the last 12 months
- 180 people are living in poverty
- 140 are experiencing fuel poverty
- 90 people have been a victim of crime
- 19 are living in temporary accommodation
- 37 have been a victim of domestic abuse
- 49 have been a victim of violent crime



Figure 2: Tameside in Context 2023

Tameside in Context 2023

The voice of residents

Combined with the data on the current state of health & wellbeing in Tameside, insight from conversations with the community also informs this strategy. Engagement activity carried out in 2022 and more recently in 2023 highlighted some of the cross-cutting themes below:

- Most residents are satisfied with Tameside as a place to live.
- Poverty is seen as an issue for residents and appears to be getting worse. Residents are concerned about the cost of living, their own debts, finding employment, and the impact of cost of living on their children. To address poverty, residents think that pathways to services should be expanded, financial support should be expanded, and more action should be taken on food poverty.
- Many residents find it difficult to find employment due to a lack of opportunities and available roles not matching their skillsets.
- A large majority of residents are concerned about climate change.
- People want to have more involvement in walking and cycling to make sure infrastructure works for everyone (particularly young people and people living with disabilities).
- Residents feel that an accessible leisure offer is an important asset within the borough.
- Residents want to see improved access to mental health support, particularly drop-in and walk-in provision for early intervention.
- Residents have the view that national and local funding for the services and improvements required is a challenge – including available funding for local charities.



3. The Existing Health and Care Landscape in Tameside

The health and care system in Tameside has been on an integration journey for several years. Figure 3 below shows the key milestones over the last seven years.

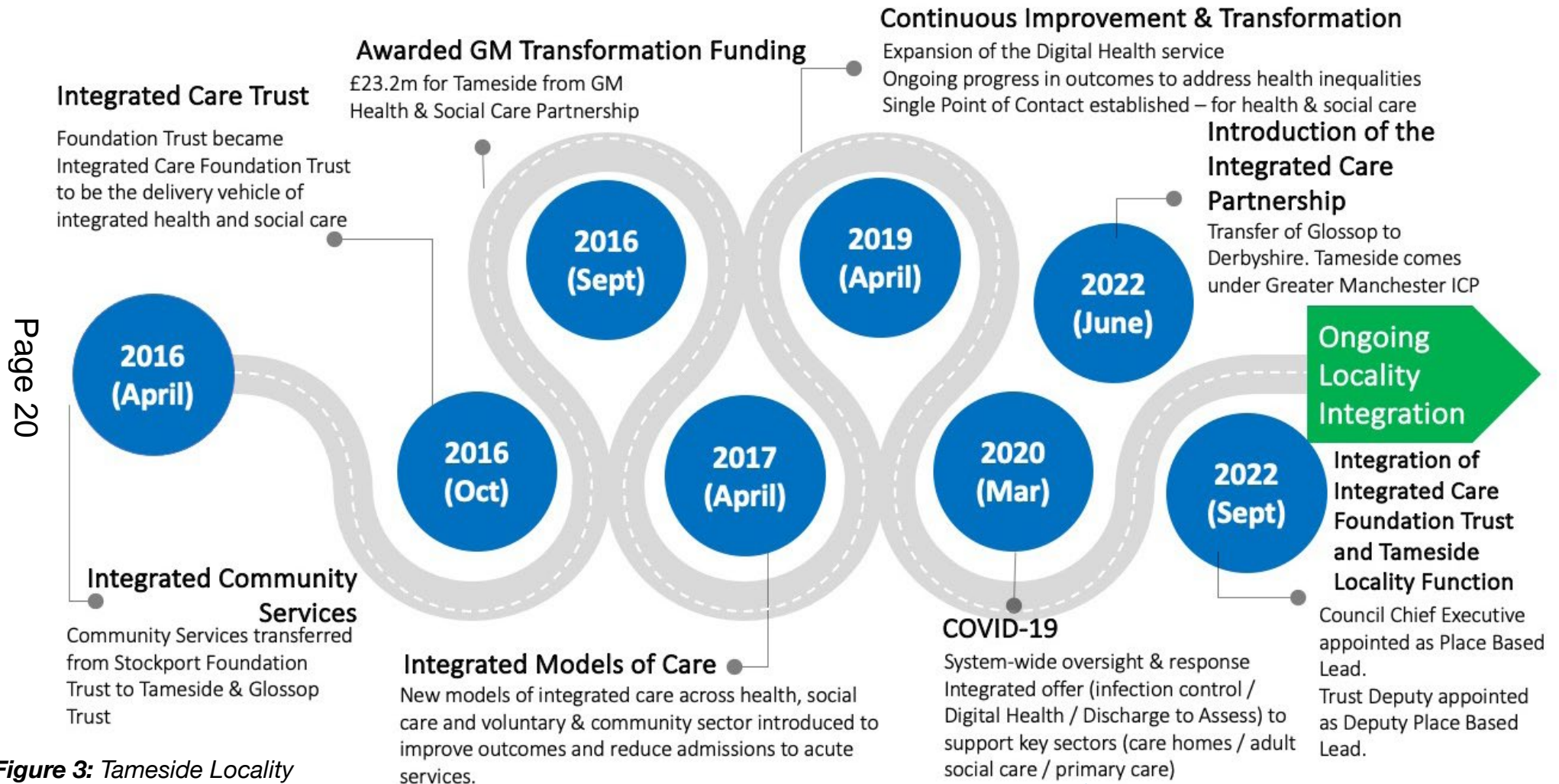


Figure 3: Tameside Locality Integration Journey



This integration journey has strengthened an effective system, working to make the best of local opportunities to address the challenges that face the people of Tameside. While Tameside has made progress on this integration journey, further work is required to embed these approaches and place more priority on prevention to benefit all Tameside residents and tackle inequalities.

A key contributor to this landscape is also the wider Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. This sector is made up of over 37,000 volunteers and 1,200 organisations in Tameside, with over two thirds of them being micro-organisations with an annual income of less than £10k. The whole VCFSE sector makes a significant contribution across the wider system and local economy and is a key strategic partner.

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Tameside State of the Sector 2021

#VCSEinGM2021

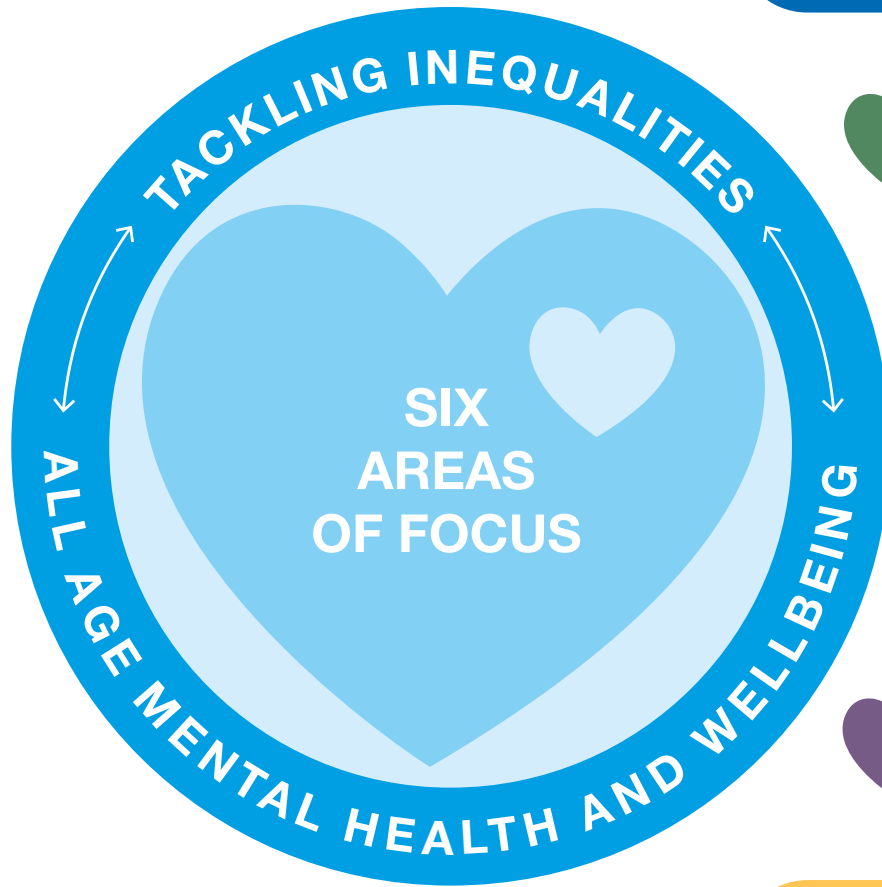




4. Vision



That people in Tameside all have the opportunity to have a healthier and happier life, no matter where they live or who they are. This should include people being able to get the help and support they need without facing barriers, to make Tameside a great place for everyone.



In response to the challenges residents face in Tameside, six areas of focus are set out on the next page, which will be achieved in Tameside by Building Back Stronger, Fairer and Together. These align to the six 'missions' which the GM Integrated Care Partnership Strategy has committed to, however there are some differences to capture the specific priorities for residents in Tameside and emphasise the preventative approaches needed for longer term change and improvements in health and wellbeing.








 Give Tameside children the best start in life | 

 Help people stay well across the life course and detect illness earlier | 

 Enable all Tameside residents to grow old with dignity and independence | 

 Help people get into, and stay in good work | 

 Strengthen our communities | 

 Deliver healthy places with accessible and inclusive services | 



For the health and care system, it is important to integrate services around people and their needs. This will involve continuing to develop the system of co-located professionals from all public services working together as one integrated public service across the locality and within neighbourhoods. It is also crucial that support in these neighbourhoods in Tameside prioritises the cross-cutting themes of all-age mental health & wellbeing, and tackling inequalities.

While this vision has been agreed for Tameside, this also aligns to the shared vision from both the Greater Manchester GM Integrated Care Partnership Strategy and Greater Manchester Strategy: *We want Greater Manchester to be a place where everyone can live a good life growing up, getting on and growing old in a greener, fairer more prosperous city region.*

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5. Plan on a Page

Building back Fairer, Stronger, Together



6. Tameside's Health & Wellbeing Board

Improving Long-Term Health

The Tameside Health & Wellbeing Board is responsible for bringing together political, clinical, professional and community leaders in the borough to improve the health and wellbeing of people in Tameside and tackle inequalities. The Board already acts as a standing commission on tackling health inequalities and has a clear vision, priorities and actions which have been agreed to ensure that improvements are made over the longer term to improve the future for people in Tameside. These are summarised in the Health & Wellbeing Board Charter found in Appendix 1.

The Covid-19 Marmot Review carried out in Greater Manchester in 2021 'Build Back Fairer' sets out the role that inequalities play in health outcomes and presents a range of evidence of the damage caused to health & wellbeing as a result of social, environmental and economic inequality in communities, which was exacerbated by the Covid-19 pandemic.

Preventing disease and health problems before they occur is the most effective way to improve people's health. This approach, or **Primary Prevention**, involves taking action on the root causes of disease and poor health.

Using these principles, Tameside's Health & Wellbeing Board has carried out work to identify a small number of key priorities which focus on improving the wider determinants of health as a preventative route to improving the health of everyone in Tameside, particularly addressing inequalities for those who face more challenges and barriers in their day-to-day lives. These priorities are aligned to the six areas of focus in this strategy.





The Health & Wellbeing Board priorities link to programmes already taking place across Tameside and which sit in a range of system strategies, referenced throughout this plan but also listed below. These strategies include many of the detailed actions which are being put in place to drive improvements to the wider determinants of health including, but not limited to, enabling inclusive economic growth in the borough; delivering increased supply and high quality housing to meet demand; creating safe, positive environments for children and young people; and mitigating the environmental impact of our day to day activities. Some of the wider local, Greater Manchester and national strategies driving key areas of work are also listed below.

- Tameside Corporate Plan
- Tameside PACT
- Children & Young People's Plan
- Smarter Stronger Sooner Safer: Early Help Strategy
- Special Educational Needs and Disabilities (SEND) Strategy
- Grow With Me: Tameside Parenting Strategy
- Building Resilience: Tackling Poverty Strategy and Poverty Charter
- Inclusive Growth Strategy
- Housing Strategy
- Community Safety Strategy
- Domestic Abuse Strategy
- Suicide Prevention Strategy
- Climate Change & Environment Strategy
- NHS People Plan
- GM Our People Plan
- NHS Long Term Plan
- GM Integrated Care Partnership Strategy (and Joint Forward Plan)
- Fairer Health For All (Greater Manchester Integrated Care Partnership)
- People at the Heart of Care: adult social care reform white paper
- Women's Health Strategy for England
- GM Mental Health and Wellbeing Strategy
- Major Conditions Strategy

7. Making Tameside a Great Place

Areas of Focus

The greatest impacts on health and wellbeing come from upstream, preventative approaches. This includes the wider determinants of health such as the job someone has and the place they live, as well as their circumstances early in life.

Alongside this, it is important that everyone can access the help and support they need, at the time they need it, throughout their lives. The GM Integrated Care Partnership (ICP) Strategy includes six missions to achieve across the integrated care partnership to respond to the current challenges. These are:

- Strengthen our communities
- Help people get into – and stay in – good work
- Recover core NHS and care services
- Help people stay well and detect illness earlier
- Support our workforce and our carers
- Achieve financial sustainability

These missions apply to the health and care system in Tameside and the ICP Joint Forward Plan describes the actions that will be taken to meet each of these missions, however to reflect the wider priorities set by the Health & Wellbeing Board, as well as the local challenges and priorities in Tameside, these missions have been re-framed into the following areas of focus for Tameside. Across each of these areas of focus there are links to other programmes of work happening in wider strategies as they all contribute to improvements in health & wellbeing.

Each of the areas of focus in Tameside aim to achieve specific objectives to meet the vision of Tameside being a great place for everyone.





Give Tameside children
the best start in life



There is a clear vision for children and young people in Tameside as part of the Children & Young People's Plan, that every child and young person in Tameside has the best start in life, to grow, thrive and be prepared for a successful adult life. The key priorities for children and young people in Tameside are: **Supported Families; Healthy Lives; Positive Lives; and Building Skills for Life.**

The Starting Well Partnership is committed to delivering on the vision set out in the Children & Young People's Plan to enable Tameside to be a great place for all families and children & young people. This is also supported by the Tameside Parenting Strategy; Special Educational Needs and Disabilities (SEND) Strategy and the Early Help Strategy. There is a Starting Well Partnership for Tameside as well as a Children's Improvement Plan to ensure this is delivered on.

This plan commits to achieving the following objectives to support health & wellbeing and give Tameside children the best start in life:

Great place to be born

- Excellent integrated maternity, health visiting and children's services to support ante and postnatal care to ensure parents, babies and families are supported in the ways they need. This should include a more preventative community offer for 0-19 services for children & young people.
- A focus on reducing smoking in pregnancy and alcohol exposed pregnancies, ensuring babies are born at a healthy weight, as well as support with infant feeding.
- Providing excellent contraceptive advice and choice and for as many births as possible to be planned, with a lower under 18 conception rate.



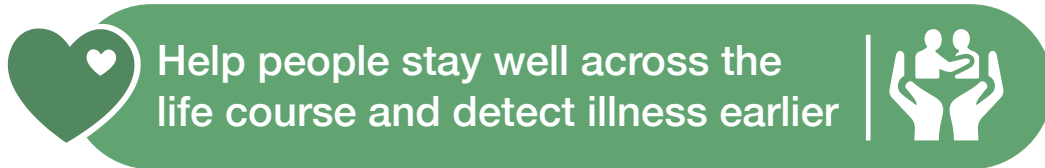
Great place to learn

- Support the health and emotional wellbeing of all children to ensure they lead positive lives, which are free from abuse, including reducing exposure to and impact of health harms of tobacco & vaping, drugs & alcohol, risky sexual behaviour, unhealthy food and sedentary lives – including the role of education in teaching and learning on these topics. This should include particular targeted support for cared for children.
- Remove barriers for children and young people living with special educational needs and disabilities and those experiencing mental health issues to grow, thrive and be prepared for adult life.
- Promote good attendance in all schools for all pupils. Health & Wellbeing Board and Strategic Partnership Board members will identify and address the barriers and inequalities faced by many children and families in having good school attendance including service access issues, ensuring the development of trauma informed responses and wider challenges such as housing and transport barriers.
- Developing our School Nursing model with evidence based, effective universal reach, personalised response and specialist support with safeguarding children.

Great place to raise a family

- Establish neighbourhood presence for core universal services through the Family Hubs model as well as other services to support health (GP surgeries, community pharmacy) – ensuring these facilitate access to specialist services including drug & alcohol, domestic abuse, sexual health, Child and Adolescent Mental Health Services (CAMHS).
- Ensure families are able to access support and health services in the right place at the right time for them, to reduce inequalities and the numbers of children and young people requiring more acute support, particularly for issues including mental health issues, autism, learning disabilities, asthma and injuries.





Everyone in Tameside should be given the opportunity to be healthy, prosper and access support at the earliest opportunity, without facing barriers. There will be an ongoing focus on the overarching outcomes of physical and mental health & wellbeing including life expectancy and healthy life expectancy, and tackling inequalities in these outcomes.

Many of the priority outcomes around people staying well across the life course are part of the Tameside Corporate Plan and key priorities around mental health and wellbeing are addressed in the Greater Manchester Mental Health and Wellbeing Strategy 2023-2028 Doing Mental Health Differently.

This plan commits to achieving the following objectives to support health & wellbeing enabling people to stay well:

Great place to live healthily

- A relentless focus on the opportunities for **Secondary Prevention** - transform the approach to tackling the key risk factors for preventable deaths in Tameside including atrial fibrillation, hypertension and high cholesterol, adapting approaches to delivering diagnosis, treatment and management of these issues, to remove barriers for those who experience inequalities (with innovative approaches to manage conditions including medical management; as well as behaviour change around diet and physical activity).
- Take an all-age approach in key areas to support people at an earlier stage including trauma-informed approaches in front line practice when working with children and adults; prioritising investment in Early Help offers for children and adults.
- Develop and implement a multi-agency all-age mental health & wellbeing strategy for Tameside which aligns to the Greater Manchester 'Doing Mental Health Differently' Strategy.



Help people stay well across the life course and detect illness earlier



- Take an all-age approach to improving oral health, with a focus on the most deprived communities; and influencing the GM Integrated Care Partnership to seek improvements to dental healthcare access in Tameside.
- Continue work to make smoking history and tackle the harms caused by tobacco addiction. Particularly focussing on smoking cessation support for residents and targeting support for those most affected.
- Develop and implement a strategy for tackling drug & alcohol harms in Tameside.

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In Tameside there is an ambition to enable everyone to thrive in later life. This aligns to the GM Age Friendly Strategy.

This plan commits to achieving the following objectives to support health & wellbeing enabling people to grow old with dignity and independence:

Great place to grow old with independence

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- Deliver excellent primary, secondary and social care services to support people in Tameside living with complex, long-term health problems, reducing unwarranted variation both within the borough (primary care) and compared to similar areas. This approach, or **Tertiary Prevention**, ensures the best quality of life and life expectancy possible for everyone.
- Develop a refreshed Age Friendly Strategy for Tameside which captures a range of priorities including wellbeing; infrastructure & built environment; social participation & inclusion; employment & skills; and community support & health services.

- Improve understanding of and put actions in place to tackle inequalities facing older people, particularly considering women’s health; older ethnic minority communities; and the adaptation of health & care delivery to improve access for carers, disabilities and different cultures.
- Ensure a holistic approach to palliative care and end of life care, including increasing the proportion of deaths that occur in the place someone chooses, with the appropriate support in place.



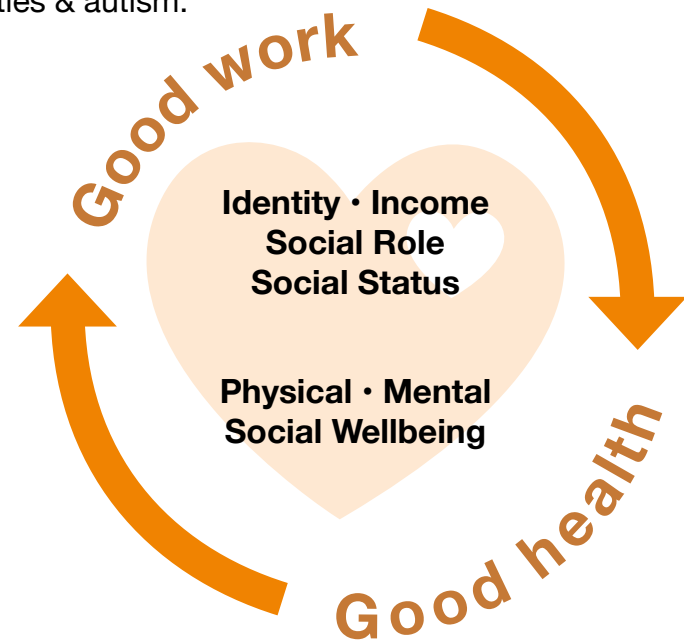
The importance of the mutual relationship between good work and good health is clearly recognised in Tameside. Having a healthy workforce as well as opportunities for good, inclusive jobs are a clear ambition which is set out in the Inclusive Growth Strategy.

This plan commits to achieving the following objectives to support health & wellbeing to help people get into, and stay in good work:

Great place to work

- Through the Health & Wellbeing Board and Inclusive Growth Board for Tameside, deliver improvements on the following:
 - Increase access to relevant and diverse skills development for residents, especially young people, including planning for future skills needs.
 - Increase the number of roles offered across the borough which have a focus on inclusive job design (with flexibility and support for certain groups such as carers and those living with a physical or learning disability).

- Increase the number of roles across the borough which pay above the real living wage.
- Deliver a Work & Skills needs assessment during 2024.
- Committing sustainable resources to support programmes to help people in Tameside stay in good work with a particular focus on young people not in education, employment or training (NEET); people living in poverty; and people living with physical or learning disabilities & autism.





Supporting all communities across Tameside to have opportunities for healthy happy lives is reflected in the priorities set out in the **Community Safety Strategy and the work programmes of the Inequalities Reference Group for Tameside and Tameside Equalities Strategy (2023/2027).**

There are many challenges in Tameside relating to the wider determinants of health, with clear approaches already in place to tackle some of these such as the Building Resilience: Tackling Poverty Strategy and the Domestic Abuse Strategy. The Action Together State of the Sector Report recommends how some of this can be delivered from the perspective of the voluntary & community sector. There are also strong enablers in place such as the housing offer in Tameside, with the Housing Strategy setting clear vision and direction for this.

This plan commits to achieving the following objectives to support health & wellbeing to strengthen our communities:

Great place to be supported

- The Health & Wellbeing Board for Tameside has committed to tackling poverty as one of the key priorities for residents and leading delivery of the Poverty Action Plan as part of the Building Resilience: Tackling Poverty Strategy.
- Produce useful insight and recommendations as part of Tameside's Joint Strategic Needs Assessment to create a suite of tools which inform decision making, future strategy and resource allocation.
- Support the Tameside Registered Provider Partnership to deliver the priorities of the Tameside Housing Strategy, with a focus on adequate supported housing and sheltered accommodation; considering the housing needs of an ageing population; and the prevention of homelessness.
- Ensure greater engagement and opportunity for residents to have a voice in informing priorities and services, especially for groups who face barriers such as women, cared for children, people with mental health issues and ethnic minority communities.
- Increase the level of engagement from all system partners with the VCFSE sector when co-designing local services; considering commissioning approaches; and considering workforce retention strategies. This should include continuing to work towards the Tameside PACT.



Deliver healthy places with accessible and inclusive services



The place where someone lives or spends their time within Tameside is crucial to their health and wellbeing. This includes the quality of the natural and built environment as well as the range of services and support in place, close to people, so that they can access the information and help they need in the right place and at the right time for them, without facing unfair barriers.

Creating healthy places across Tameside is central to existing strategies such as the Inclusive Growth Strategy, the Housing Strategy and the Homes, Spaces, Places Plan. However the way in which services are offered and accessed is also essential, which is described in the Equality Strategy and can be seen with approaches like the Helping Hands Campaign. It is also crucial to support the natural environment via the Climate Change and Environment Strategy for Tameside, which includes a focus on mitigating against potential harmful effects of climate change on our communities such as extreme heat and cold, and increased flooding.

This plan commits to achieving the following objectives to support health & wellbeing to deliver healthy places:

Great place to live

- The Health & Wellbeing Board for Tameside has committed to delivering Healthy Places as one of the key priorities for residents with a focus on addressing the inequalities and barriers that people face in accessing help and support and working with key partners such as housing providers, and key strategies such as the Homes, Spaces, Places Plan for Tameside to make improvements to the places that people live.
- Continue to develop opportunities and infrastructure to enable physical activity and particularly active travel, including leading on the next phase of the GM/Sport England Local Delivery Pilot with a focus on 'activation', to enable those who face additional barriers to be able to be more active.
- Develop a whole system approach to healthy weight including addressing issues around food poverty and food security.
- Work with partners across the city region (Greater Manchester Combined Authority and Transport for Greater Manchester) to deliver on the GM Clean Air Plan to improve air quality in Tameside.
- Adopt a systematic approach to ensuring that all services are accessible and inclusive of all residents across Tameside by prioritising outreach into communities and implementing frameworks including GM Fairer Health For All, Equality Impact Assessments and Health Equity Assessment Tools to all service delivery.

8. All-Age Mental Health & Wellbeing

The evidence that inequality has damaging psychological effects has now become much clearer. The poorest young people are much more likely to have a mental health difficulty compared to the wealthiest and those living with a learning disability or some ethnic minority communities are much more likely to experience mental health problems and generally poorer health.

All-age mental health & wellbeing is a cross cutting issue which acts as a thread throughout all aspects of this strategy. One of the objectives in the areas of focus is the development of a stand-alone all-age mental health & wellbeing strategy for Tameside to detail how improvements to mental health will be achieved. This will align to the Greater Manchester Mental Health and Wellbeing Strategy Doing Mental Health Differently. For Tameside, the overarching priorities, which will be further developed in collaboration with residents who use relevant services, are summarised below:

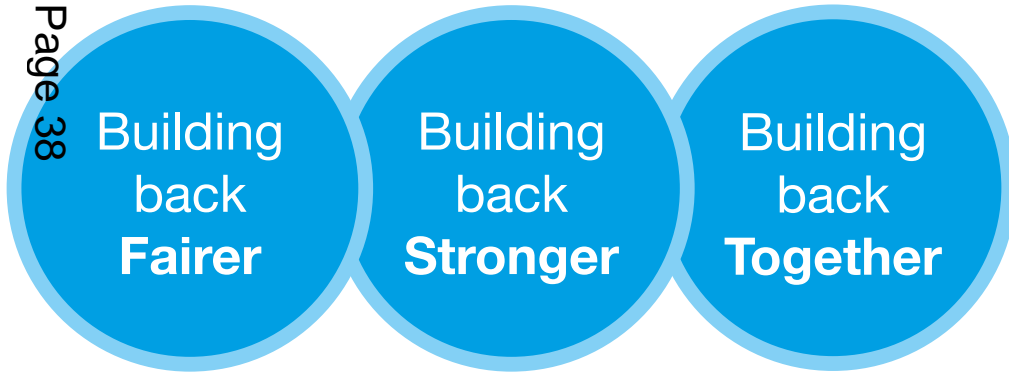
- Tackling the health inequalities experienced by those living with severe mental illness (SMI), a learning disability or autism (including addressing physical health gaps).

- Reducing the impact and number of suicides in Tameside by addressing evidence-based risk factors.
- Transformation of Community Mental Health Services – redesign and develop services in line with national policies and evidence-based approaches.
- Transformation of Mental Health Urgent & Emergency Care – redesign and develop services in line with national policies and evidence-based approaches.
- Whole workforce approach to early identification and intervention.
- Improving pathways and access to tackle inequalities, with a particular focus on children & young people utilising wider forums including schools and Family Hubs.
- Listening to our residents, particularly those living with learning disabilities and autism (this builds on the work of the Inequalities Reference Group which revealed how people in Tameside with learning disabilities experienced the Covid-19 pandemic, including recommendations that people are listened to, have choices and are included).

9. How this will be Delivered

To implement the vision and the areas of focus, and to ensure that inequalities and mental health and wellbeing remain key threads through all the work that takes place, with our communities, this Joint Health & Wellbeing Strategy and Locality Plan is taking an approach of Building Back Fairer, Stronger and Together.

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Building Back Fairer with a relentless focus on inequalities in all work across the system and via a clear commitment from the Health & Wellbeing Board to improve the wider determinants of health across Tameside.

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. They can look like extra barriers and challenges that people face in their day to day lives, which then go on to have an impact on their health. These inequalities and the negative impacts can follow someone throughout their life, continuing to have a negative impact on their long term health. Figure 4 on the next page shows how these inequalities affect people throughout their lives and the impact this can have.



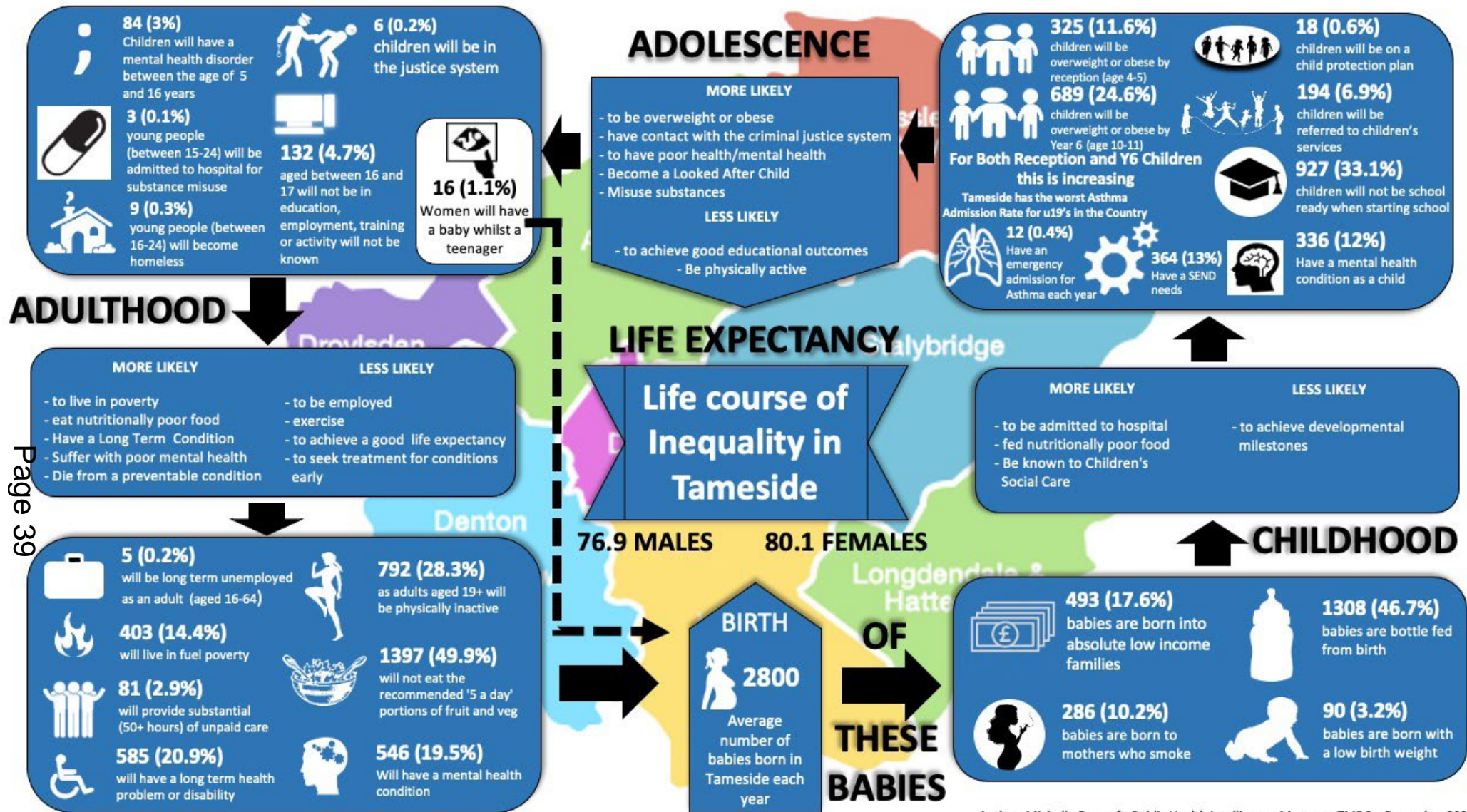


Figure 4: Life course of Inequality in Tameside

Author: Michelle Foxcroft, Public Health Intelligence Manager, TMBC – December 2022



The impact of Covid-19 has put a spotlight on inequalities and also exacerbated them, with Tameside being hard hit and certain groups particularly affected, such as people from ethnic minority communities experiencing higher mortality rates from Covid-19 and children & young people experiencing disproportionate disruption to their education and day to day lives. Several issues were also highlighted by the pandemic, which have been the focus of work by the Tameside **Inequalities Reference Group** including community cohesion, digital inclusion, voice of people with learning disabilities, barriers to accessing information, and mental health.

In taking all of the areas of focus within this strategy forward, inequities in access, experiences and outcomes for residents will be considered and interventions and services will be appropriately targeted. There are tools and frameworks available to enable approaches to tackling inequalities.

The **Joint Strategic Needs Assessment** also highlights some of the key areas where inequalities must be tackled including the disparities in health outcomes experienced by older women in Tameside, particularly those from ethnic minority communities; and the disproportionate impact of cardiovascular and respiratory diseases in our more deprived communities. Delivery of services against these

priorities will be person-centred and take a proactive and preventative approach, intervening early and responding to the person in the context of their community.

The Greater Manchester Integrated Care Partnership has developed the **Fairer Health For All Delivery Framework** which is a system-wide commitment and tool for reducing health inequality and tackling inequalities across the wider, social determinants of health. It is also important to include the systematic use of the Health Equity Assessment Tool (HEAT) in the planning and delivery of projects and programmes, as well as Equality Impact Assessments to ensure a robust process for identifying and mitigating any potential inequity in planned projects and service delivery. Priority programmes should also consider how they align to the NHS CORE 20 PLUS 5 frameworks (adults and children) – see figures 5 and 6 on the next pages.



REDUCING HEALTHCARE INEQUALITIES

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1



MATERNITY
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2



SEVERE MENTAL ILLNESS (SMI)
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets

3



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5



HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



Figure 5: NHS Core 20 Plus 5 Framework (Adults)

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1



ASTHMA
Address over reliance on reliever medications and decrease the number of asthma attacks

2



DIABETES
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3



EPILEPSY
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



ORAL HEALTH
Address the backlog for tooth extractions in hospital for under 10s

5



MENTAL HEALTH
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Figure 6: : NHS Core 20 Plus 5 Framework (Children & Young People)



Building Back Stronger with preventative approaches and post-Covid recovery plans underpinned by robust evidence, a sustainable and resilient workforce and financial models to drive longer-term improvement.

The main purpose of the health and care system has been to provide treatment for acute illness. Health services in Tameside and across Greater Manchester manage ill health to a high standard. However, to be successful in the longer term, further work is needed to develop a population health system, which reduces the demand on health services and improves the outcomes for people in the longer term, throughout their lives. Meeting these objectives to improve the long term health of people in Tameside will help to meet current financial challenges in the public and third sector. Better outcomes and reduced inequalities will cost less and will also improve people's lives

The **GM Population Health Characteristics Framework** sets out the conditions, characteristics and functions required at different spatial levels for a whole system approach to population health to be in place in Greater Manchester. This is being put in place in Tameside to ensure a whole-system approach to population health including the following key local functions:

- Everyone recognising the importance of improving health and reducing inequalities.

- Our local approaches should focus on learning and improvement (including formal research opportunities).
- There is effective partnership working between Greater Manchester organisations (e.g. the GM Integrated Care Board, and the Greater Manchester Combined Authority) and Tameside's Health and Wellbeing Board and VCFSE sector.
- A range of person and community centred approaches are taken to involve people living in Tameside in services and their delivery.
- There is a vibrant and sustainable VCFSE sector.
- Investing in improving health and reducing inequalities is a priority, including shifting the balance of spend towards prevention and early intervention for longer term improvements.



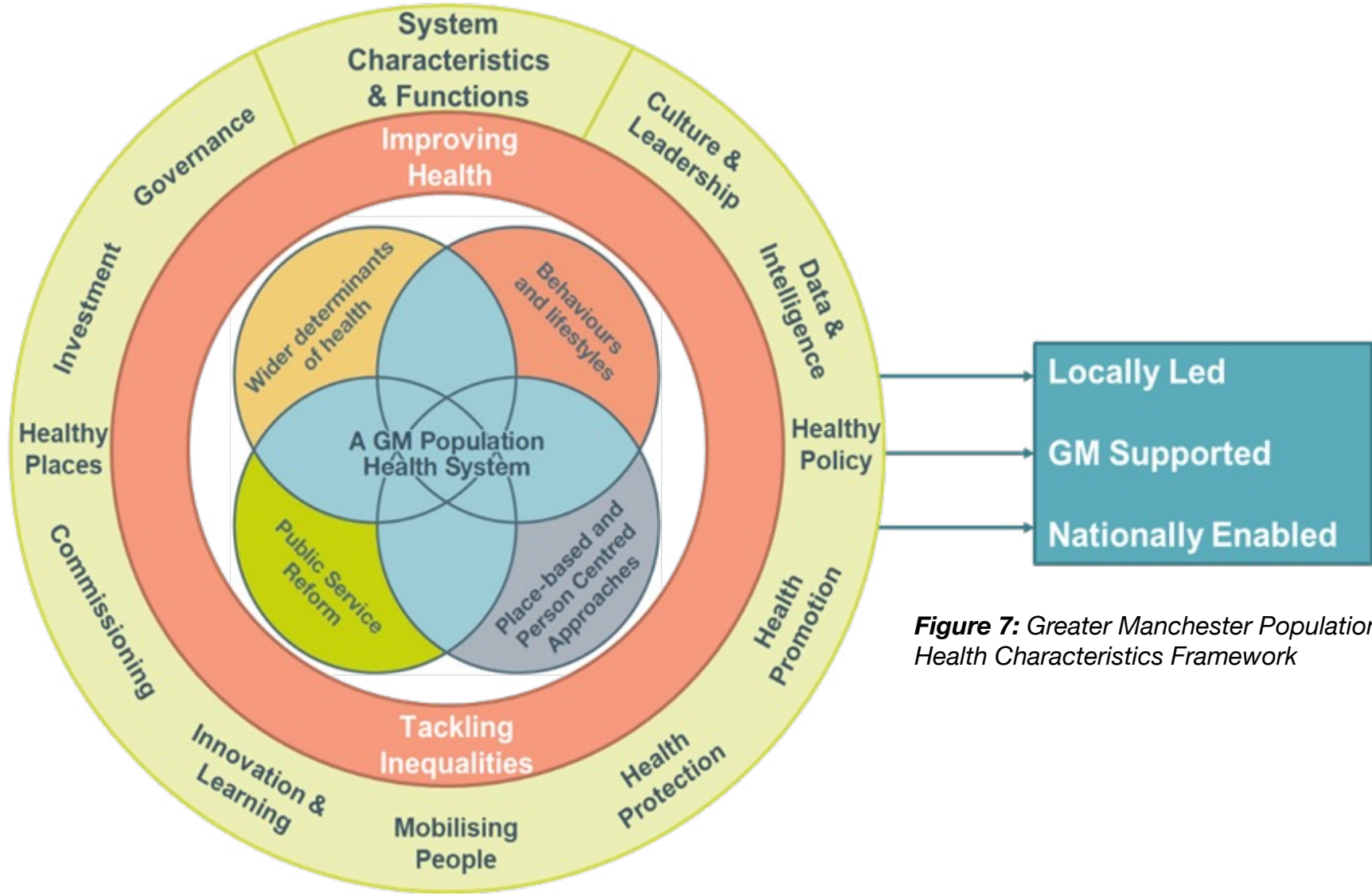


Figure 7: Greater Manchester Population Health Characteristics Framework





One of the key strengths across Tameside and Greater Manchester is the approach to system working and the place-based principles which have been agreed to enable this.

Principles	We will
Partnership	<ul style="list-style-type: none"> We will be accountable to the local population and to each other. We will co-design and co-produce services with residents and community partners.
Powered by people	<ul style="list-style-type: none"> We will empower our population and support them to take responsibility for their own health and wellbeing. We will recognise and develop resident, voluntary, clinical, political and managerial leadership. We will empower our workforce to work in collaboration across organisational, professional and service boundaries.
Page 45 Person-centred	<ul style="list-style-type: none"> We will take a proactive and preventative approach, intervene early and respond to the person in the context of their community. We will develop place-based approaches to tackling the social determinants of health that build on the assets within our communities.
Productive	<ul style="list-style-type: none"> We will implement ways of working that support collaboration not competition. We will work together to make best use of financial, workforce, estate and other resources. We will maximise social value and jointly manage the system budget sharing risks, deficits and surpluses.
Progressive	<ul style="list-style-type: none"> We will create a 'can do' culture with a focus on innovation and continuous improvement. We will develop a strong learning culture where new ways of working are reviewed and evaluated.



Following the above principles, the delivery model in Tameside aligns to the three levels of the GM Integrated Care System:

1. System – Greater Manchester’s health and care partners work together to set strategic direction and to develop economies of scale.
2. Place / locality – working together across Tameside as one integrated place-based system.
3. Neighbourhood – integrated multi-agency delivery models within local communities of 30-50,000.

In order to deliver on the priorities outlined in this plan, effective progress will be required across a range of enabling work programmes including workforce, digital transformation, finances, estates, business intelligence and communication & engagement. Further detail of the objectives under each of these can be found in Appendix 2. These enablers should consider the challenging landscape for the wider VCFSE sector and the strategic partnerships with this sector and other statutory partners should be prioritised.

Further detail of the oversight and assurance of this delivery is outlined in section 11 of this strategy.

As part of the approach to Building Back Stronger, and to adopt the principles of the GM Population Health Characteristics Framework, the Tameside Joint Strategic Needs Assessment (JSNA) must be a robust resource which provides a wide range of tools and insight to inform system-wide decision making and resource allocation. The JSNA provides a suite of tools and documents that assess the health and wellbeing needs of the Tameside population. This is in place but with further work taking place to refresh and further develop the JSNA for Tameside in order to ensure it delivers on this ambition.



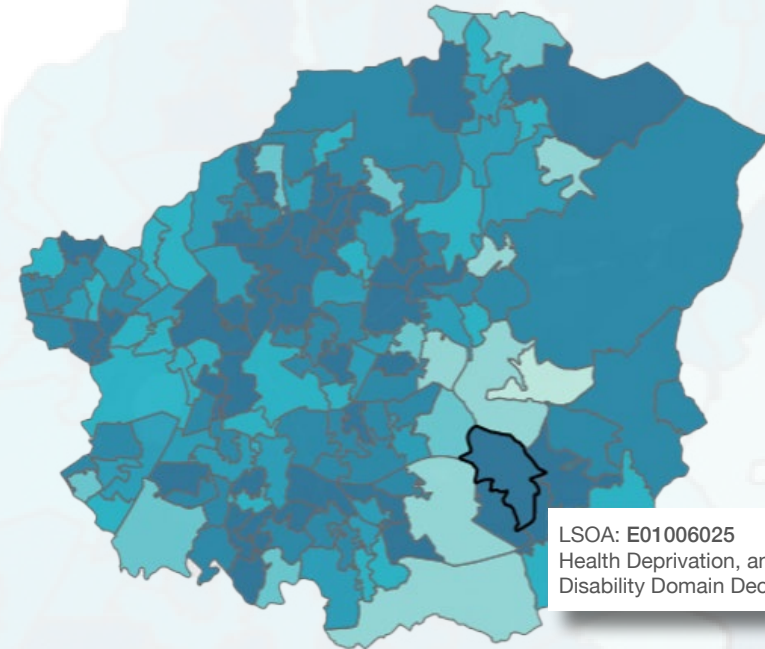
JSNA - Ambitions

- To have a wide range of accessible documentation that everyone can use to inform a variety of work
- Set quality standards for all needs assessment work to sit under the JSNA to ensure it is robust
- To have parity of insight from communities and community voice, alongside data intelligence
- The JSNA will be a comprehensive resource with practical recommendations to inform decision making

Tameside Joint Strategic Needs Assessment (tameside.gov.uk)

Prioritising ongoing learning through a systematic approach to research and evaluation will also be an important part of all work in Tameside. The JSNA can inform priority areas for research and evaluation but this is also important in terms of understanding more about what works to make improvements and what works best for our communities. There are also a lot of opportunities to work with academic partners such as local universities to ensure that any research carried out is robust and impactful.

English Indices of Deprivation 2019 Tameside and Glossop





Building Back Together by developing an integrated care system with system design and assurance built around the Tameside Health & Wellbeing Board and Strategic Partnership Board; and strong delivery across the Tameside Provider Partnership, Tameside General Practice Alliance & Primary Care Networks and Tameside VCFSE Sector. It is also important to work together across existing strategies and committees/boards, and within all the communities of Tameside.

Working together across the substantial VCFSE sector in Tameside is crucial to enabling the large number of micro-organisations to continue to deliver in communities; as well as other support such as sustainable investment and collaboration to strengthen the paid and volunteer workforce across the VCFSE sector.

Building Back Together... with Tameside Communities - good quality healthcare in an integrated system is essential but progress will only be made working across communities to address and tackle the barriers that some individuals and groups face. It is important that residents have a voice and this is listened to and incorporated into work across the system.

The priorities and actions set out in this plan are informed by a wide range of engagement and listening to residents with a few examples of the sources of this insight listed below:

- GM Insight Survey
- Tameside Insight Survey
- Big Conversation
- Partnership Engagement Network
- Inequalities Reference Group
- Community Champions
- Tameside Youth Council
- A range of service-based groups with lived experience (such as the Maternity Voices Partnership; Domestic Abuse Trust group and many others).



The JSNA also builds in resident voice as a priority to include in each piece of in-depth needs assessment work, to ensure the tools and intelligence put in place to inform the system is broad and not only based on data but also what it feels like to live in Tameside.

Building Back Together...with the Whole System - while the integrated health and care system delivery is central to this plan, the priorities of the Health & Wellbeing Board around improving the wider determinants of health can only be achieved across the whole system, embedded within a wide range of strategies. Sections 6 and 7 of this strategy have highlighted the range of system strategies which contribute to the areas of focus for Tameside.

Other challenges and pressures can only be addressed via joined up working in communities and services. Increasing demand for services due to growing numbers of older people and people living with multiple long-term conditions mean preventative approaches must be prioritised. Existing enablers to achieve this such as the Better Care Fund from NHS England will continue to be used to achieve integration of health and social care services in Tameside to support person-centred care, sustainability and better outcomes for people and carers. Also system challenges around workforce and finances require a shared commitment towards the same goals.

Building Back Together also involves working with the GM system and striving towards the same goals and objectives. The Greater Manchester Strategy (2021-2031) sets out the ambition for Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer and more prosperous city region. The priorities around the wider determinants of health in the Tameside Health & Wellbeing Board align to this commitment.

The six missions set out in the GM Integrated Care Partnership Strategy align closely to the areas of focus for Tameside, however there will continue to be specific focus on the Integrated Care Partnership Strategy and particularly the Joint Forward Plan, which sets out how the missions for the health and care system across Greater Manchester will be delivered over the next five years.

The **GM Primary Care Blueprint** also creates a platform for ensuring that preventative approaches which address inequalities are taken in primary care delivery, including in Tameside.

10. Measuring Progress - Outcome Metrics

It is important to understand the progress that is being made and have evidence of what is working in Tameside. Work has already taken place to review current health outcomes data to determine the key drivers of poor health outcomes across. Figure 8 below shows where accountability sits for monitoring different sets of outcomes and metrics.

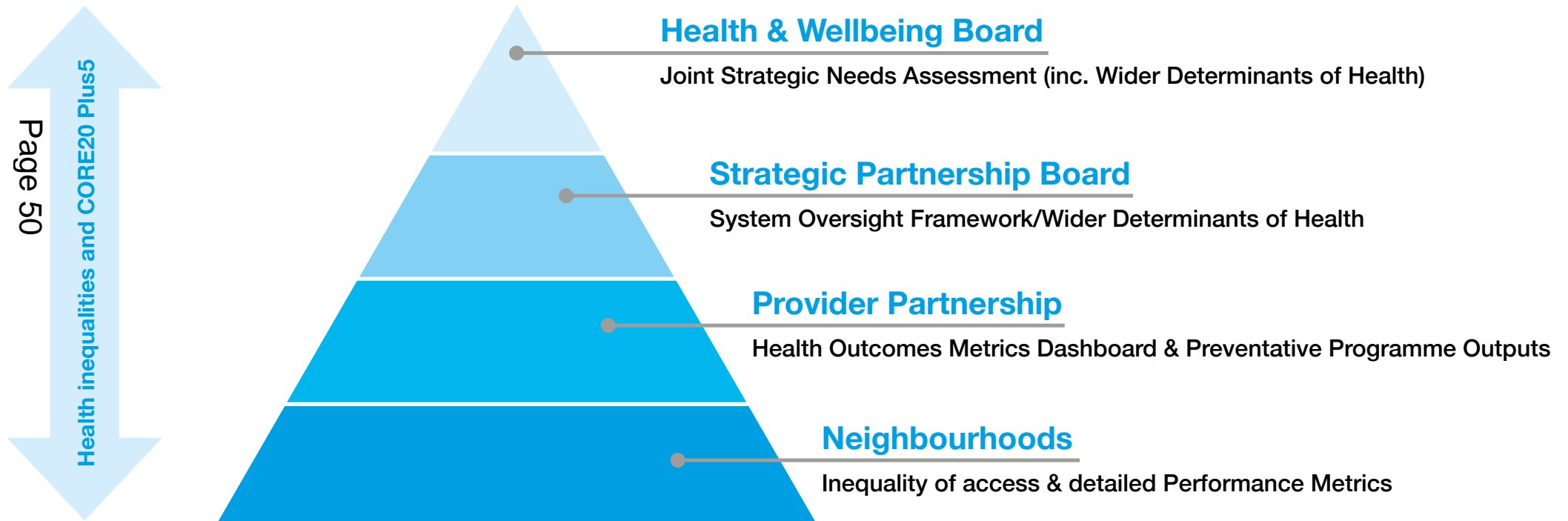


Figure 8: Outcome Metrics – Governance and Accountability in Tameside



The following ambitions and outcome metrics have been identified to bring focus to programme delivery and inform the system where progress is being made

Overarching Outcome Ambitions

- Lower Health deprivation
- Increase life expectancy (males)
- Increase life expectancy (females)
- Increase healthy life expectancy (males)
- Increase healthy life expectancy (females)



Outcome Metrics:

- Reduction in under 75 preventable mortality
- Reduction in percentage of smoking prevalence in adults
- Reduction in alcohol related admissions
- Increase in number of patients with atrial fibrillation (AF) on QOF registers
- Increase in number of people with diagnosed high blood pressure on QOF registers
- Reduction in number of year 6 overweight

- Increase in number of families accessing early help
- Reduced infant mortality
- Reduction in percentage of mothers smoking at time of delivery
- Improved mental health (Mental health QOF prevalence)
- Increased access to mental health and wellbeing services
- Improved access to earning disability (LD) services (indicator to be confirmed)

Table 1 on the next page demonstrates how some of the outcome metrics relate to the ambitions set for Tameside. These will continue to be monitored alongside the action plans at the Tameside Health & Wellbeing Board and Strategic Partnership Board, as programmes of work are delivered to ensure they have a positive impact and are accountable for making change. This will also sit alongside and complement oversight of key performance measures at other system forums including the Tameside Safeguarding Children Partnership, Tameside Adults Safeguarding Partnership Board, and Tameside Community Safety Partnership.

For example, the ten key themes for monitoring activity at the Tameside Safeguarding Children Partnership are outlined in Table 2 and will continue to be reported into the Health & Wellbeing Board for oversight and assurance.

Outcome	Indicator of progress
<p data-bbox="170 193 517 261">Give Tameside children the best start in life</p> 	<ul data-bbox="638 151 2072 798" style="list-style-type: none"> • Reduction in the number of children living in poverty • Improvements in children achieving a good level of development at Early Years Foundation Stage (EYFS). • Improvements in attainment of children with Special Educational Needs and Disabilities (SEND). • Increase in breastfeeding initiation. • Increase in childhood vaccination rates • Reduction in overweight / obese children • Reduction of proportion of mothers who smoke at time of delivery • Reduction of under-18 hospital admissions for mental health conditions • Reduce wait times for young people to receive social, emotional and mental health support • Increase the number of children and families accessing Early Help support through Tameside MBC Children's Services • Improvements in the range of metrics under the ten key themes measured by the Tameside Safeguarding Children Partnership • Increase in borough-wide school attendance rates
<p data-bbox="129 858 555 963">Help people stay well across the life course and detect illness earlier</p> 	<ul data-bbox="638 837 1848 1252" style="list-style-type: none"> • Increase in healthy life expectancy. • Reduction in avoidable emergency hospital admissions • Reduction in inequality in life expectancy • Reduce the rate of early preventable mortality • Reduction in the number of people experiencing long term mental health problems • Reduce the rate of hospital admissions for mental health issues • Increase cancer screening uptake • Reduce rate of alcohol-related cancer • Reduce smoking prevalence

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Table 1: Areas of Focus for Tameside and Indicators of Progress




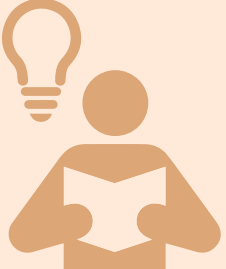


Outcome	Indicator of progress
<p data-bbox="152 196 539 304">Enable all Tameside residents to grow old with dignity and independence</p> 	<ul data-bbox="638 167 2145 470" style="list-style-type: none"> • Increase in the number of people able to die in preferred place of death • Reduction in falls • Increase the proportion of Good/Outstanding social care settings • Improve life expectancy at age 65 • Reduce social isolation of those aged over 65 • Improve access to early support including Improving Access to Psychological Therapies (IAPT for those aged over 65)
<p data-bbox="152 539 533 611">Help people get into, and stay in, good work</p>  <p data-bbox="96 730 141 895" style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 53</p>	<ul data-bbox="638 531 2145 1038" style="list-style-type: none"> • Increase in Attainment scores (NVQ level 4 and above) • Reduction in the number of young people not in education employment or training (NEET) • Increase the proportion of people with a long term illness or disability (including learning disabilities) in employment • Reduce the gap in employment rate between those with a mental health condition and general population • Increase the proportion of jobs paying above the real living wage in Tameside • Reduce the rate of sickness absence from work • Increase median earning in the borough • Reduction in unemployment levels • Delivering within the means of current public and third sector finances, while still making improvements in key health outcome indicators (eg. healthy life expectancy; early preventable mortality)

Table 1: Areas of Focus for Tameside and Indicators of Progress

Outcome	Indicator of progress
<p data-bbox="232 193 456 261">Strengthen our communities</p> 	<ul data-bbox="638 156 2069 772" style="list-style-type: none"> • Increase the number of volunteers within Tameside • Reduction in first time entrants to the youth justice system • Increase the number of people supported by social prescribing • Reduction in violent crime • Increase the number of access points for safe disclosures of domestic abuse • Increase the proportion of domestic abuse support service caseloads which access services at an earlier stage (more medium/standard risk and fewer high risk cases) • Reduction in the level of absolute and relative income poverty • Reduction in the number of insolvencies • Reduction in the number of people living in fuel poverty • Reduce the proportion of people living in temporary accommodation • Reduction in the proportion of households experiencing food insecurity • Increase the proportion of adults with a learning disability who live in stable and appropriate accommodation
<p data-bbox="181 839 508 948">Deliver healthy places with accessible and inclusive services</p> 	<ul data-bbox="638 820 2018 1091" style="list-style-type: none"> • Improve public transport links • Increase availability of accessible green spaces • Increase the proportion of residents who feel safe in their community • Reduce levels of air pollution (fine particulate matter) • Reduced variation in key health outcome measures across Tameside (focus on deprived areas) • Increase the utilisation of outdoor space for exercise

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Table 1: Areas of Focus for Tameside and Indicators of Progress



Safeguarding Children Partnership Indicator Theme	Detail
1. Contacts	Number and trend of contacts by agency
2. Timeliness of meetings	Timeliness of initial and review child protection conference meetings
3. Multi-agency attendance at meetings	Proportion of child protection conference meetings with required police, health and education attendance
4. Child protection duration	Volume of child protection plans with the proportion of plans which have been in place for >18 months; and >2 years
5. Education	Number and trend of children missing from education; children receiving elective home education; and rate of absence and exclusions
6. Care Leavers	Proportion and trend of care leavers in suitable accommodation; and the proportion of care leavers in education, employment or training
7. Health Assessments	Proportion and trend of initial health assessments completed within 20 working days
8. Mental Health	Number of community mental health referrals; number of young people supported via education; number and wait times for CAMHS referrals; number of crisis care calls
9. Hospital admissions for children	Details from hospital of a range of admissions activity data relating to children and young people
10. GM Police Data	Number and trend of various young people related crimes; number and trend of recorded child sexual exploitation incidents

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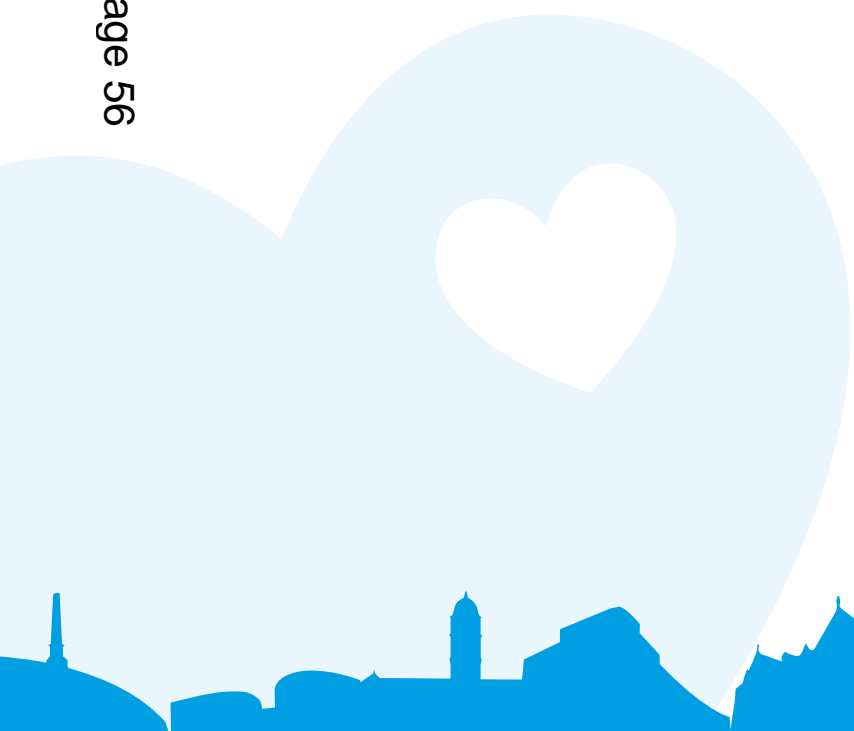


Table 2: Tameside Safeguarding Children Partnership Key Performance Monitoring Themes



Research and evaluation is also a key component of understanding what works and how progress is being made, and can be replicated in Tameside. Linked to the agreed principles of working for Tameside and the components of the GM Population Health Characteristics Frameworks around Learning & Innovation, evaluation and research will be systematically built in to work programmes to make sure there is ongoing learning to understand issues and communities better, including what can be done to make improvements. This will include links across public organisations such as the local authority, NHS and VCFSE as well as with academic institutions such as local universities.

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11. Governance & Assurance

A robust structure is already in place to hold responsibility for the ambitions and objectives set out in this strategy. Figure 9 below sets out this structure in Tameside with local assurance sitting with the Health & Wellbeing Board and the Tameside Strategic Partnership Board.

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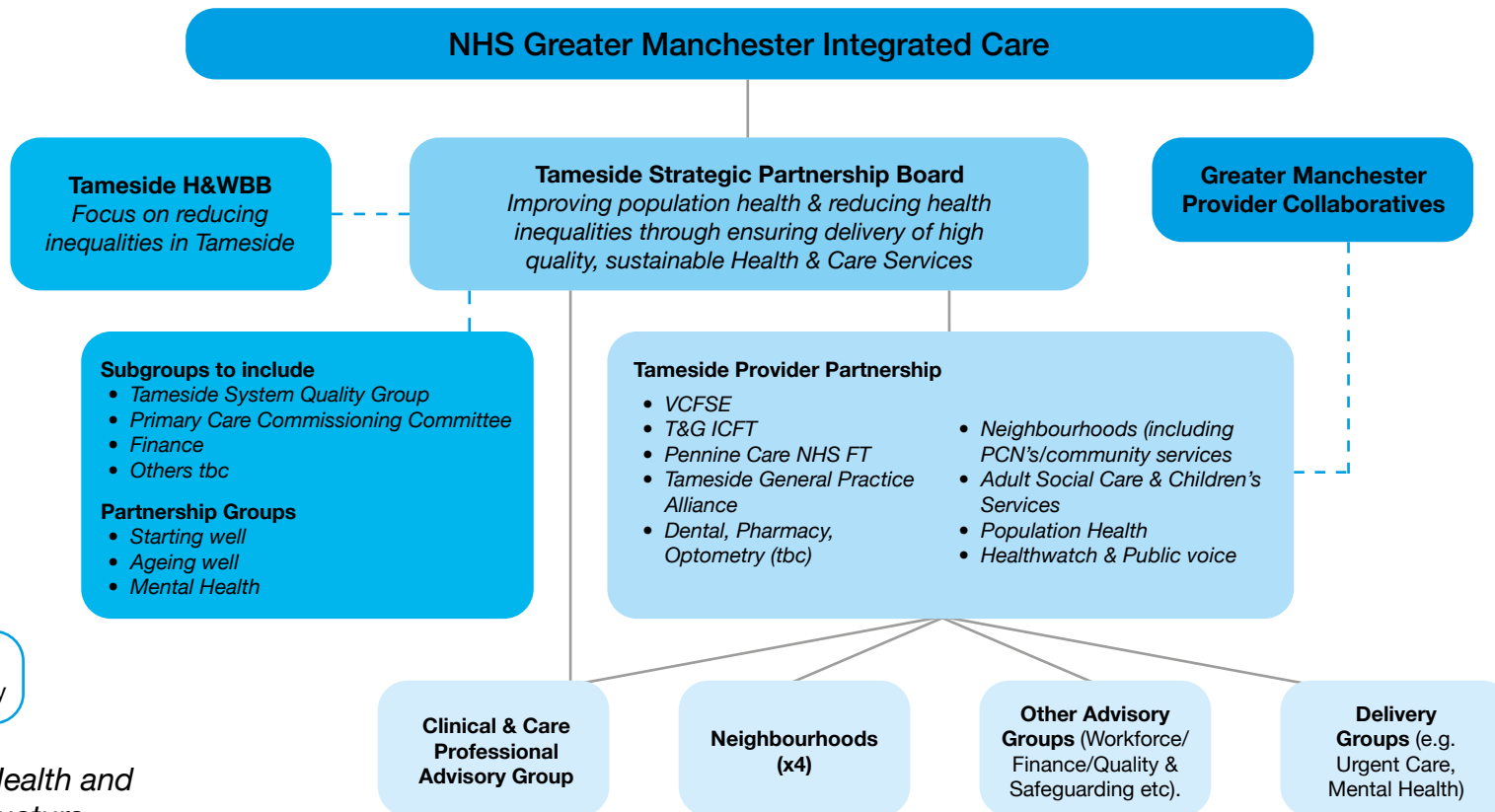


Figure 9: Tameside Health and Care Governance Structure



Noting the above, Tameside has the following components to the local delivery model:

- Locality Strategic Design delivered via the Health & Wellbeing Board and Strategic Partnership Board, which also include local political leadership with Tameside Council elected members leading these boards. The Health & Wellbeing Board also holds the specific focus on the wider determinants of health and supporting communities to tackle these issues, through the system-wide partners represented on this group, and sub-groups.
- Place-based leadership model; including integrated appointments to the Place-Based Lead and Deputy Place-Based lead and an Integrated Senior Team.
- Locality place-based delivery via the Tameside Provider Partnership which drives delivery and transformation at scale, which will take forward relevant delivery plans for the locality, including working closely with partners in the GM Integrated Care Partnership to monitor progress in the Tameside system against the Joint Forward Plan.

- Integrated neighbourhoods, which remain the building block for the delivery model, including wider health and care services such as primary care, including Primary Care Networks (PCNs), social care community services and the VCFSE sector. This will include formal links into the local VCFSE sector alliance.
- Quality, safety and assurance sits throughout each level of the model.

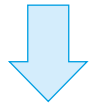
Figure 10 on the next page further details the role and functions of the Tameside Strategic Partnership Board and Provider Partnership.



Strategic plan and health and care priorities set by **TAMESIDE STRATEGIC PARTNERSHIP BOARD**



Providers come together through **TAMESIDE PROVIDER PARTNERSHIP** to deliver the objectives



Transformation in Services is delivered in **NEIGHBOURHOODS**

Tameside Strategic Partnership Board

- Locality strategic entity which provides a forum for decisions and investment in Tameside within delegated limits (from GM ICB).
- Provides strategic plan and direction for Tameside Health and care providers.
- Members include:
 - Chair: Executive Member – Population Health & Well-Being
 - Place-based lead: Chief Executive TMBC
 - TMBC officers and elected members
 - GMICB Tameside: nursing, strategy & finance
 - Provider Partnership Chair
 - NHS organisations
 - GP Alliance Chair
 - VCFSE Alliance & wider partners, including Healthwatch.
- Scheme of accountability and delegation in place with GMICB and 2-way accountability agreement.

Tameside Provider Partnership

- Initially voluntary alliance of Tameside Health & Care Providers which will seek to represent a single view of Providers.
- Delivery forum for the strategic plan prescribed by the Strategic Partnership Board.
- Members include:
 - Chair: Chief Executive T&G ICFT.
 - Deputy Chair: VCFSE representative.
 - To include as a minimum representatives of T&GICFT, PCFT, TMBC, Tameside GP Alliance, VCFSE alliance, Healthwatch.
- Constituent organisations to discharge agreed obligations.
- Provides leadership across providers on collaboration to deliver improved outcomes and reduce health inequalities.
- Interface with GM PFB and PCB to discharge place based obligations of these bodies.

Figure 10: Tameside Strategic Partnership Board and Tameside Provider Partnership

Appendix 1

Health & Wellbeing Board Charter

The Health and Social Care Act 2012 required local authorities to create a **Health and Wellbeing Board**. The development of the Integrated Care System across Greater Manchester in 2022 prompted a refresh of the Health & Wellbeing Board to complement the new arrangements.

This charter aims to galvanise partners in Tameside to deliver a range of strategies and programmes aimed at improving health and reducing inequalities. The Charter provides clarity on the role of the Board and seeks a commitment to a set of principles.

Through this Charter the Board and its members will:

- Provide strategic leadership based on evidence: focusing on those areas where the Board can make the biggest difference to health and well-being.
- Focus on the wider determinants of health, with particular priority around tackling poverty, alongside employment & skills and delivering healthy places.
- Promote transparency in decision making so that the public can understand the decisions being taken and the rationale behind them.

- Be 'Prevention Focused': Developing a system-wide shared understanding and commitment to prevention and early intervention.
- Involve the public in decision-making allowing people to have their say and an opportunity to influence decisions, with a 'bottom-up' approach.
- Acting with courage and conviction to ensure that decisions are taken in the long-term interests of the whole population.
- Have collaborative leadership across all members and partners on the Board and encourage critical self-assessment of our work across all partners on the Board.
- Pursue a strengths-based approach where we encourage discussion in a positive way which values health but recognises that it takes effort to retain and improve it.
- Work in tandem with the Voluntary, Community, Faith and Social Enterprise Sector using the principles of the Tameside PACT as our guide.
- Advocate for preventative approaches which tackle inequalities and address the key priorities of poverty, employment & skills and creating healthy places in members' individual organisations across the borough.



The Board will deliver the following Outcomes for the people of Tameside:

- Improved life-expectancy and healthy life-expectancy and self-reported wellbeing for everyone.
- Reduction in inequalities around life-expectancy, healthy life-expectancy and self-reported wellbeing and reduced inequalities across all measures.
- Everyone in Tameside is given the opportunity to thrive and lead meaningful, enriching lives.
- People live in healthy, safe and sustainable places.
- All people in Tameside can access good quality employment and lifelong learning.
- Reduce the impact of poverty including access to benefits, enough healthy food and a warm home.
- Reduce levels of air pollution.
- Identify a work programme on key cross-cutting issues that drive long term socio-economic and health inequalities.



Appendix 2

Enablers

Delivery of the plan will require effective progress across a range of enabling work programmes.

Workforce

- Develop an integrated workforce strategy that drives integrated delivery and strategy and aligns to the NHS People Plan and the GM Our People Plan.
- Attract, retain and develop a high-class workforce that across organisational boundaries, which includes the wider VCFSE sector paid and volunteer workforce.

Digital Transformation

- Develop a digital first model – making the best use of technological developments.
- Improve access, signposting and education.
- Recognise digital inequality via digital wellbeing programmes.

Financial Position

- Financial challenge is significant and means we must work differently together.

- Shared stewardship of the Tameside budget.
- Redesign place-based commissioning model.
- Prioritising investment in improving outcomes in the longer term across all services to support organisations to be financially sustainable

Estates

- Develop a one system, multi-organisational estates plan.
- Provide care in the most appropriate places for our residents.
- Co-locate integrated neighbourhood delivery teams.

Business Intelligence

- Develop an integrated Business Intelligence function to combine the knowledge, skills, experience and capability of Tameside & Glossop ICFT, GM ICB (Tameside), Tameside Council and wider partners.
- Improve data sharing across organisations and with residents.
- Develop a single integrated outcomes framework to maximise investment and impact, prioritise work programmes and produce social value.



Communication & Engagement

- Residents must feel part of the changes we need to make.
- Residents and communities need to be empowered to take action.

Sustainable VCFSE Sector

- VCFSE sector embedded as a strategic partner in local systems.
- VCFSE recognised as a critical part of the local economy.
- Review commissioning approaches to better enable VCFSE organisations.
- Mechanisms put in place to make co-design of local services the norm.
- Greater focus on community-led enterprise.



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APPENDIX 2

Subject / Title	Tameside Joint Health & Wellbeing Strategy and Locality Plan
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Team	Department	Directorate
Population Health	Population Health	Population Health

Start Date	Completion Date
September 2023	September 2028

Project Lead Officer	James Mallion
Contract / Commissioning Manager	
Assistant Director/ Director	James Mallion

EIA Group (lead contact first)	Job title	Service
James Mallion	Assistant Director of Population Health	Population Health
Debbie Watson	Director of Population Health	Population Health

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.

The Initial screening is a quick and easy process, which aims to identify:

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on, or relevance to, any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

1a.	What is the project, proposal or service / contract change?	<p>This strategy sets out the overarching vision, priorities and areas of focus for improving health and wellbeing across Tameside from 2023 to 2028 with a particular focus on tackling inequalities in all work across the system and improving mental health and wellbeing. This also combines the Locality Plan for Tameside as a locality within the GM Integrated Care Partnership, which sets out how the health and care system will meet its key objectives as part of the GM ICB.</p>
1b.	What are the main aims of the project, proposal or service / contract change?	<p>The main aims are to create an overarching vision for improving health and wellbeing in Tameside which is: <i>That people in Tameside all have the opportunity to have a healthier and happier life, no matter where they live or who they are. This should include people being able to get the help and support they need without facing barriers.</i></p> <p>The strategy sets out 6 areas of focus which will act as the priorities for Tameside to achieve the vision:</p> <ul style="list-style-type: none"> • Give Tameside children the best start in life • Help people stay well across the life course and detect illness earlier • Enable all Tameside residents to grow old with dignity and independence • Help people get into and stay in good work • Strengthen our communities • Deliver healthy places with accessible and inclusive services <p>There are two cross cutting themes / objectives throughout this strategy which are tackling inequalities and supporting good all age mental health and wellbeing.</p> <p>The priorities set out in this strategy will inform further action plans to be developed to achieve these and overseen by the Tameside Health & Wellbeing Board and Tameside Strategic Partnership Board (locality board).</p>

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.				
Protected Characteristic	Direct Impact / Relevance	Indirect Impact / Relevance	Little / No Impact / Relevance	Explanation
Age		x		Two of the key priorities/areas of focus within the Strategy a focussed on the best start for children and supporting people as they grow older. While these are directly impacting groups of the

				population based on age, these priorities are targeted at work and improvements for those who need support the most and will benefit all residents. There is a focus on all age responses and approaches as well such as improving all age mental health and wellbeing
Disability		<u>x</u>		This strategy is inclusive of those living with a disability and sets out priorities to support residents, particularly children and young people and adults with learning disabilities, and helping those with disabilities get into employment
Ethnicity		<u>x</u>		People from ethnic minority communities in Tameside face additional barriers and inequalities in health outcomes – this strategy sets out priorities to tackle this such as supporting older ethnic minority communities based on insight from the 2022 Ageing Well Needs Assessment.
Sex		<u>x</u>		Evidence put forward in this strategy outlines the inequalities in health outcomes experienced by women in Tameside, with females aged 65 in Tameside having the worst life expectancy in the country. This strategy sets out objectives to tackle these inequalities, particularly for support available to older women and service access for women in general
Religion or Belief			<u>x</u>	The priorities outlined in this strategy apply to all residents in the borough and present equal opportunity to support regardless of religion or belief
Sexual Orientation			<u>x</u>	The priorities outlined in this strategy apply to all residents in the borough and present equal opportunity to

				support regardless of sexual orientation
Gender Reassignment			<u>x</u>	The priorities outlined in this strategy apply to all residents in the borough and present equal opportunity to support regardless of gender reassignment
Pregnancy & Maternity		<u>x</u>		Some of the priorities outlined in this strategy refer to improving support for pregnant women and maternity care. This includes a focus on supporting breastfeeding, tackling smoking in pregnancy and alcohol exposed pregnancies to improve outcomes for mothers and babies
Marriage & Civil Partnership			<u>x</u>	The priorities outlined in this strategy apply to all residents in the borough and present equal opportunity to support regardless of marriage or civil partnership
Other protected groups determined locally by Tameside Metropolitan Borough Council?				
Group (please state)	Direct Impact / Relevance	Indirect Impact / Relevance	Little / No Impact / Relevance	Explanation
Mental Health		<u>x</u>		This strategy recognises the existing inequalities in mental health and wellbeing across the community and sets out specific objectives to improve this including the action to develop an all age borough wide mental health and wellbeing strategy. Mental health is a cross cutting theme in this strategy including tackling inequalities experienced by those living with severe mental illness, transforming community mental health services and reducing the impact of suicides.
Carers		<u>x</u>		Carers have been identified and recognised in a range of evidence (including the Ageing Well Needs Assessment) as requiring support, particularly among older carers. This is identified as an objective, and the strategy also refers

				to the GM ICP ambitions to support carers.
Military Veterans			<u>x</u>	The priorities outlined in this strategy apply to all residents in the borough and present equal opportunity to support regardless of being military veterans
Breast Feeding		<u>x</u>		Some of the priorities outlined in this strategy refer to improving support for breastfeeding women as part of the best start for every child area of focus.
Cared-for Children		<u>x</u>		The support outlined in the strategy will apply to cared for children, particularly in relation to giving every child the best start with an objective around young people leading positive lives and reducing exposure to health harms such as tobacco and alcohol
Care Leavers		<u>x</u>		The support outlined in the strategy will apply to care leavers, particularly in relation to giving every child the best start with an objective around young people leading positive lives and reducing exposure to health harms such as tobacco and alcohol. Also objectives around contraception access for young people, and committing sustainable resources to in-work support programmes led by the council's work and skills team, some with a particular focus on supporting care leavers
Low or no income groups		<u>x</u>		Evidence presented in the strategy identifies that low income groups also experience inequalities in health outcomes. A recurring theme of providing more support to those in more deprived areas or in greater need to tackle inequalities is included throughout the strategy. There are also specific objectives under

				‘Strengthening Our Communities’ around tackling poverty and supporting the delivery of the Tameside Tackling Poverty Strategy. This strategy will go on to produce action plans around this including measures to monitor the rate of poverty, child poverty and fuel poverty.
Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? (e.g. vulnerable residents, isolated residents, those who are homeless)				
Group (please state)	Direct Impact / Relevance	Indirect Impact / Relevance	Little / No Impact / Relevance	Explanation
<p>People living with long term chronic health conditions</p> <p>Children with Special Educational Needs and Disabilities</p> <p>Young People not in Education Employment or Training</p>		x		<p>Under the priority around helping people to live well and detect illness earlier in the strategy, there are objectives to focus on secondary prevention by finding more people with risk factors or long term conditions and tackle the barriers they face in accessing support</p> <p>One of the objectives under the best start for children priority is to remove barriers for children and young people living with SEND</p> <p>The priority around helping people get into and stay in good work includes focus on those young people who are NEET</p>

Wherever a direct or indirect impact or relevance has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact or relevance is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
		x	
1e.	What are your reasons for the decision made at 1d?	This is a wide ranging strategy which applies to all people and all geographies in the borough and does have indirect impacts on a range of protected characteristics as outlined above.	

If a full EIA is required please progress to Part 2.

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary
<p>This EIA has been undertaken due to the broad nature of the Joint Health & Wellbeing Strategy and Locality Plan for Tameside (2023-2028). This is a strategic overview of the priorities and objectives of both the health and wellbeing board and the Tameside Locality functions of the GM Integrated Care Partnership. These objectives have relevance across all of the health and care sector and public system, as it is the plan of all partners and members of the health and wellbeing board. Therefore this plan impacts on all residents in Tameside and as outlined, the specific priorities and objectives have relevance for a number of protected characteristics and groups within Tameside. This is expected as the nature of the plan is to aim to identify and tackle health inequalities faced by people in Tameside, and therefore certain groups are targeted in terms of specific ambitions for improvements and better support. The intention is that the work which falls out from this strategy and the objectives set will reduce these inequalities and make many improvements of the lives of people across Tameside including and particularly those with some of the protected characteristics identified.</p> <p>It is a statutory requirement that each borough has a functioning health and wellbeing board and which sets out it's objectives and plan to improve the health of the local population and tackle inequalities (https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance)</p> <p>The proposals and key points for this strategy are to set out and achieve the following vision: <i>That people in Tameside all have the opportunity to have a healthier and happier life, no matter where they live or who they are. This should include people being able to get the help and support they need without facing barriers.</i></p> <p>This will be achieved via a framework of Building Back Stronger, Fairer and Together – with sets of key principles. Also there are six areas of focus within the strategy, with a series of objectives under each, which will work towards achieving the vision. Cross cutting all of this are two priorities around supporting all age mental health and wellbeing; and tackling inequalities.</p> <p>Areas of focus:</p> <ul style="list-style-type: none"> • Give Tameside children the best start in life • Help people stay well across the life course and detect illness earlier • Enable all Tameside residents to grow old with dignity and independence • Help people get into and stay in good work • Strengthen our communities • Delivery healthy places with accessible and inclusive services

This EIA has identified indirect impacts from the Joint Health & Wellbeing Strategy and Locality Plan for a range of protected characteristics (age; disability; ethnicity; sex and pregnancy & maternity). It has also identified some of the protected groups determined locally in Tameside which are indirectly affected including people with mental health issues; carers; people who are breastfeeding; cared for children; care leavers; and people in low or no income groups. Finally some additional groups have been identified who will be affected by the priorities and objectives set out in this strategy including those living with long term chronic health conditions; Children with Special Educational Needs and Disabilities; and Young People not in Education Employment or Training.

For all of the groups identified above which are affected by this strategy, the intention is that there will be positive impacts for these protected groups due to the nature of the priorities and objectives set out in the strategy. For each of the 6 areas of focus, a set of key objectives has been outlined which commit the Tameside Health & Wellbeing Board and the GM Integrated Care Partnership to delivering on these ambitions and making improvements in order to improve health and wellbeing and the support on offer, particularly for some of the protected groups identified. Examples of this include the focus in the 'best start for every child' priority on breastfeeding and maternity services to support mothers and babies; support for children in care and care leavers; and support for more vulnerable children such as those living in poverty. Other examples include the priority around 'enabling Tameside residents to grow old with dignity and independence' which focus on evidence from the recent Ageing Well Needs Assessment (2022) which identifies older women, older carers, older people with disabilities and older people in ethnic minority communities as being at greater risk of poorer outcomes due to existing inequalities and therefore commitments are made to improve the support available and the focus on this.

In terms of ongoing monitoring, accountability and assurance that these priorities are being followed up and improvements are made, the intention is that two action plans will be developed to sit under this strategy, one for the Health & Wellbeing Board (continuing with a focus on the priorities of poverty, work & skills, and healthy places), and one for the Tameside Strategic Partnership Board (with a focus on health and social care delivery in Tameside). These action plans and progress will be regularly held to account via existing governance at these two forums which meet in public regularly. There will also be outcome and metric monitoring as part of this as outlined in section 10 of the strategy document, with a range of indicators to measure progress to ensure that improvements are made. These include direct measurement of protected groups including the rate of child poverty; rate of breastfeeding initiation; improve falls rates and life expectancy of older people; reduce social isolation of older people; increasing proportion of people with a long term disability in employment.

2b. Issues to Consider

When looking at the protected characteristic groups affected by this strategy, a number of issues have been taken into consideration when priority setting (it should be noted that the impact of this strategy on protected characteristic groups are overwhelmingly positive and aim to tackle the inequalities these groups face):

Age – Two of the key priorities/areas of focus within the Strategy are focussed on the best start for children and supporting people as they grow older. While these are directly impacting groups of the population based on age, these priorities are targeted at work and improvements for those who need support the most and will benefit all residents. There is a focus on all age responses and approaches as well such as improving all age mental health and wellbeing. Evidence suggests that a focus on giving children the best start in life protects them from further adverse outcomes and inequalities throughout life, hence the focus on this aspect of the strategy. There is also a focus on enabling people to grow old due to the nature of health issues and ageing (increasing

age is a risk factor for most illnesses). There are a number of areas linked to older people where we know further work is needed such as improving the experience and outcomes of older women, those who are disabled or carers, and ethnic minority communities – these issues are informed by the recently Ageing Well Needs Assessment for Tameside. There is also evidence of the disproportionate impact of some health issues on younger people in Tameside, for example Tameside has the highest rate of under 19 hospital admissions for asthma in the country, which is highlighted in the recent Inequalities Report produced by TMBC Population Health.

Disability - This strategy is inclusive of those living with a disability and sets out priorities to support residents, particularly children and young people and adults with learning disabilities, and helping those with disabilities get into employment

Ethnicity – People from ethnic minority communities in Tameside face additional barriers and inequalities in health outcomes – this strategy sets out priorities to tackle this such as supporting older ethnic minority communities based on insight from the 2022 Ageing Well Needs Assessment. Outcomes data for a range of health measures also show that people in ethnic minority communities have poorer outcomes including issues such as cardiovascular disease, diabetes and uptake of primary care (including immunisations). This strategy highlights these issues to drive improvements and to tackle them, reducing the inequalities faced by ethnic minority groups in Tameside.

Sex - Evidence put forward in this strategy outlines the inequalities in health outcomes experienced by women in Tameside, with females aged 65 in Tameside having the worst life expectancy in the country. This strategy sets out objectives to tackle these inequalities, particularly for support available to older women and service access for women in general. This will run alongside a focus on universal offers as well for men and women. There remain other issues where men have increased risk or worse outcomes in Tameside, however the outliers when comparing to other areas, are predominantly outcomes for women including overall life expectancy (particularly in older age), cardiovascular disease, cancer and alcohol related conditions. These areas are a focus of this strategy and work will continue to prioritise these issues to address and reduce this inequality that women face in Tameside.

Pregnancy & Maternity - Some of the priorities outlined in this strategy refer to improving support for pregnant women and maternity care. This includes a focus on supporting breastfeeding, tackling smoking in pregnancy and alcohol exposed pregnancies to improve outcomes for mothers and babies. These are all areas where people in Tameside experience inequalities, particularly for people living in more deprived areas. They are also issues which have a substantial impact across the life course both for the mothers and their babies, therefore a focus on this will result in improved outcomes in the long term (preventative).

This also applies to the protected groups as identified locally in Tameside:

People with mental health issues – This strategy recognizes the existing inequalities in mental health and wellbeing across the community and sets out specific objectives to improve this including the action to develop an all age borough wide mental health and wellbeing strategy. Mental health is a cross cutting theme in this strategy including tackling inequalities experienced by those living with severe mental illness, transforming community mental health services and reducing the impact of suicides. Mental health & wellbeing is a cross-cutting theme throughout this strategy due to the substantial impact mental health has on long term outcomes for all people. The framework and approach of ‘Building Back Fairer, Stronger, Together’ within the strategy also incorporates approaches which prioritise good mental health and wellbeing. There is also substantial evidence that some groups affected by mental health issues face inequalities such as those living with severe mental illness and learning disabilities & autism.

People who are breastfeeding - Some of the priorities outlined in this strategy refer to improving support for breastfeeding women as part of the ‘best start for every child’ area of focus. This is a priority due to the strong evidence of improved health outcomes for those who are breastfed

throughout their lives, hence this is an important, preventative aspect of 'best start for every child' – there are also existing inequalities in breastfeeding initiation with people from more deprived areas less likely to have been breastfed, therefore this strategy ensures a focus on this issue and tackling this inequality. There is also evidence of the benefits to mental health and wellbeing both for the mother and baby (in the long term) from breastfeeding.

Cared for children - The support outlined in the strategy will apply to cared for children, particularly in relation to giving every child the best start with an objective around young people leading positive lives and reducing exposure to health harms such as tobacco and alcohol. There is extensive evidence that people who have been cared for children can experience inequalities and poor health outcomes throughout their lives, therefore this strategy aligns with existing approaches in the borough to support cared for children (including the Children & Young People's Plan; Early Help Strategy; Parenting Strategy) and also places a focus on the inequalities that cared for children face to ensure that this is recognised and built into approaches to provide adequate support and access across the system. Some examples of this kind of work will include working on social value contribution of commissioned providers across public services to divert resources to ensuring cared for children/care leavers are given apprenticeship and employment opportunities with a range of services and organisations.

Care leavers - The support outlined in the strategy will apply to care leavers, particularly in relation to giving every child the best start with an objective around young people leading positive lives and reducing exposure to health harms such as tobacco and alcohol. Also objectives around contraception access for young people, and committing sustainable resources to in-work support programmes led by the council's work and skills team, some with a particular focus on supporting care leavers. Similar to the above points relating to cared for children, there is evidence that care leavers experience poor health outcomes throughout their lives, therefore this strategy aligns with existing approaches in the borough to support care leavers (including the Children & Young People's Plan; Early Help Strategy; Parenting Strategy) and also places a focus on the inequalities that care leavers face to ensure that this is recognised and built into approaches to provide adequate support and access across the system. Some examples of this kind of work will include working on social value contribution of commissioned providers across public services to divert resources to ensuring care leavers are given apprenticeship and employment opportunities with a range of services and organisations.

Carers – objectives have been set to improve the system wide understanding of the support needs of carers (particularly older people) and how to give better support to these groups, including those who may be living with carers who can be indirectly affected. Evidence of this came out of the 2022 Ageing Well Needs Assessment, which included resident engagement, where these points came across and which further highlighted some of the inequalities that unpaid carers experience, including adverse impacts on their mental health & wellbeing.

People in low or no income groups - Evidence presented in the strategy identifies that low income groups also experience inequalities in health outcomes. A recurring theme of providing more support to those in more deprived areas or in greater need to tackle inequalities is included throughout the strategy. There are also specific objectives under 'Strengthening Our Communities' around tackling poverty and supporting the delivery of the Tameside Tackling Poverty Strategy. This Health & Wellbeing strategy will go on to produce action plans for meeting all the objectives outlined and will also align closely to the Tackling Poverty Strategy, including measures to monitor the rate of poverty, child poverty and fuel poverty. This work will continue to be reported into the Health & Wellbeing Board, which holds oversight over both the Health & Wellbeing Strategy and the Tackling Poverty Strategy.

Finally some additional groups have been identified who will be affected by the priorities and objectives set out in this strategy including:

People living with long term chronic health conditions – under the priority around helping people to live well and detect illness earlier in the strategy, there are objectives to focus on secondary

prevention by finding more people with risk factors or long term conditions and tackle the barriers they face in accessing support. There are elements of intersectionality for this group, with other inequalities also being barriers and additional risks such as people living in more deprived areas; women; and ethnic minority communities. The strategy drives approaches which take these inequalities into account and looks to innovative approaches to tackle the barriers that certain groups face. There is also a wide range of evidence of the disproportionate impact of many long term health issues such as the impact of alcohol consumption, obesity and smoking. These are highlighted in the recent report on inequalities produced by TMBC Population Health.

Children with Special Educational Needs and Disabilities - One of the objectives under the 'best start for every child' priority is to remove barriers for children and young people living with SEND. This is also embedded in approaches throughout all priorities and objectives in the strategy with improving mental health & wellbeing being a cross cutting theme throughout the whole strategy and the 'Building Back Fairer Stronger Together' approach. Some of the areas this is a particular issue for is service access and pathways with long wait lists for service support in some areas/providers. This priority in the strategy will ensure an ongoing focus on these issues to tackle barriers and improve access for children with SEND.

Young People not in Education Employment or Training - The priority around helping people get into and stay in good work includes focus on those young people who are NEET. There is evidence that people in this group face more adverse outcomes in the longer term and are at risk of other issues such as poverty and mental health issues. The priorities within this strategy will ensure an ongoing focus on this issue which will have oversight and continued work from the Health & Wellbeing Board which will include input from key services such as education partners, DWP (Jobcentre) and TMBC Work & Skills team who provide and commission services to support this group.

2c. Impact / Relevance

As outlined in the strategy, there is extensive evidence of the disproportionate impact of unequal conditions and circumstances that many people in our community face. The strategy presents a range of data on health inequalities and particularly how these impact people's long term health outcomes throughout the life course. This relates to the protected characteristics and local factors already identified in the screening and section 2b of this EIA. The aim of this strategy is to raise awareness of these inequalities and outcomes across the system and to drive work to tackle these, linking closely with other relevant system strategies.

This strategy provides the priorities and plans for the health & wellbeing board as well as the priorities and structures for the health and care system in Tameside – hence why this is a joint Health & Wellbeing Strategy and Locality Plan. This is accountable to both the Health & Wellbeing Board and the Strategic Partnership Board (Locality Board under the GM ICB) in Tameside.

The intention of the specific objectives under the 6 areas of focus within the strategy are to make specific improvements in health and wellbeing across Tameside to close the gap of poorer health outcomes between those who are living in more deprived areas or those facing other inequalities and barriers including women, older people, and people in ethnic minority communities.

While the objectives under 'giving every child the best start in life' are specific and relate to services, these are preventative in terms of the life course and all services and access points will be increasingly targeted towards those who are in need of more support and face additional barriers.

Under the priority 'helping people to stay well across the life course', there is a focus on secondary prevention to support those at greater risk of long term health conditions, but also to adapt approaches to doing this to ensure that inequalities are addressed and methods to engage with

people are based on tackling barriers and finding people who have traditionally faced challenges in accessing support.

The priority 'enabling all Tameside residents to grow old with dignity and independence' will have a focus on the groups of older people who face additional barriers and require more support. This includes the groups identified in the recent Ageing Well Needs Assessment including older women, ethnic minority communities and those living with a disability.

While the majority of the priorities and ambitions within the strategy are relatively high level and apply to wider services across multiple partners and the borough as a whole, these will be distilled down further into robust action plans, which will continue to be under the scope of this EIA and any impacts on the groups listed in previous sections will be considered. While there is no direct service uptake or usage data included within this assessment, there is assurance that there are no negative impacts on any protected characteristic or other groups as a result of the work that is being driven by and proposed as part of this strategy. The action plans associated with this strategy will be developed by partners at both the Tameside Health & Wellbeing Board and the Strategic Partnership Board, with ongoing monitoring and assurance of these also taking place at these boards, with continued work on this EIA and monitoring of the potential positive and/or negative impact of the specific interventions on protected groups.

2d. Mitigations (Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)

<p><i>Impact / Relevance 1 (Describe)</i></p>	<p>n/a – no negative or adverse impacts have been identified as a result of implementing the Tameside Joint Health & Wellbeing Strategy and Locality Plan. Where there is a specific focus on a protected group in order to address particular inequalities or existing adverse outcomes for that group, a balance between targeted enhanced support for those who need it more, and ongoing universal service offers will be maintained.</p>
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2e. Evidence Sources

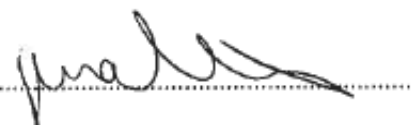

Tameside Joint Strategy Needs Assessment (<https://www.tameside.gov.uk/publichealth/healthandwellbeing>) including: Ageing Well Needs Assessment (2022); Tameside JSNA Summary – Post-COVID-19 Pandemic Inequalities and Recovery in Tameside (2023); CYP Needs Assessment (2021); Health & Wellbeing – Tameside 100 Children; Tameside Cycle of Inequalities

Building Resilience: Tackling Poverty in Tameside (2023) - <https://www.tameside.gov.uk/tacklingpovertystrategy>

Greater Manchester Integrated Care Partnership Strategy (2023) - <https://gmintegratedcare.org.uk/greatermanchester-icp/icp-strategy/>

Gov.uk Health & Wellbeing Boards: Guidance (updated 2022) - <https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance>

2f. Monitoring progress		
Issue / Action	Lead officer	Timescale
<i>Publication of Joint Health & Wellbeing Strategy and Locality Plan (2023-2028) via Tameside Health & Wellbeing Board and Tameside Strategic Partnership Board</i>	<i>James Mallion</i>	<i>By 30/09/2023</i>
<i>Agreed metrics for outcomes monitoring under the strategy including priorities highlighted around protected groups as part of the EIA</i>	<i>James Mallion / Tameside Provider Partnership</i>	<i>Autumn 2023</i>
<i>Agreed action plans for the Health & Wellbeing Board workplan (agreed at Health & Wellbeing Board) and the delivery of the Locality Plan under the health and care system (agreed at Tameside Strategic Partnership Board)</i>	<i>James Mallion / Steph Sloan</i>	<i>By end December 2023</i>
<i>Ongoing monitoring of outcomes and action plans including regular review of EIA priorities under this strategy at the point of significant milestones such as the publication of the action plans under the strategy, and as a minimum on an annual basis going forward.</i>	<i>James Mallion / Steph Sloan</i>	<i>Ongoing</i>

Signature of Contract / Commissioning Manager	Date
	21/08/23
Signature of Assistant Director / Director	Date
	21/08/23

Guidance below to be removed from the completed EIA template submitted to Executive Board, Executive Cabinet or Strategic Commissioning Board (SCB)

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Agenda Item 5.

Report to:	HEALTH AND WELLBEING BOARD
Date:	14 September 2023
Executive Member / Reporting Officer:	Councillor Bill Fairfoull - Deputy Executive Leader (Children's) Ali Stathers-Tracey - Director of Children's Services
Subject:	EARLY HELP STRATEGY 2023-2026
Report Summary:	The report outlines the establishment of the new Early Help Strategy. The strategy builds on the previous Tameside Early Help Strategies of 2017 and 2020. Tameside's approach to Early Help has been refreshed to align with the recommendations from the Independent Review of Children's Social Care (2022), The Department for Education's Stable Homes, Built on Love strategy and consultation (2023) and the Family Hubs and Start for Life programme (2022-2025).
Recommendations:	That the contents of the report be noted and the strategy is endorsed.
Corporate Plan:	The delivery of the updated Early Help Strategy is intended to support: the neighbourhood model, the tackling poverty strategy, the integration of health and social care and the development of new relationship between public services, citizens and communities.
Policy Implications:	The proposal aligns to the Council's key policies in supporting families within our community.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	There are no direct financial implications as a result of this report. However, strengthening our Early Help offer and improving outcomes for young people in the borough will benefit the Council financially in the long term. There is a saving in the 2023-24 budget for the Early Help redesign and a strategy refresh will help embed this change and improve the ability to achieve this saving.
Legal Implications: (Authorised by the Borough Solicitor)	This strategy brings together the relevant statutory responsibilities for the Council's provision of services to families. In particular: <ul style="list-style-type: none">• Section 10 of the Children Act 2004 (the Act) the Council has a responsibility to promote inter-agency co-operation to improve the welfare of all children.• Section 11 of the Act provides that statutory bodies including councils must make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children.• There is also a duty on schools outlined in Keeping Children Safe in Education 2021, issued under the Education Act 2002, which places a statutory responsibility on schools to safeguard children.
Risk Management:	The Early Help Strategy provides the framework by which partners, the community, and other stakeholders can identify their contribution to Early Help across the Borough. The presence of clearly defined priorities and approaches to supporting children and families early provides a clear focus. Without such focus and a joint vision there is a risk that the needs of families escalate

unnecessarily, meaning too many families have to access statutory services resulting in high case-loads in Children's Social Care.

Access to Information: Information relating to this report can be inspected by contacting Paula Sumner, Assistant Director for Early Help and Partnerships.

Background Information: The background papers relating to this report can be inspected by contacting Paula Sumner, Assistant Director for Early Help and Partnerships.

 Telephone: 0161 342 2173

 e-mail: Paula.Sumner@tameside.gov.uk

1. CONTEXT

1.1 The drivers of this strategy included:

- The Independent Review of Children's Social Care (2022) – Recommendations included a fundamental shift in children's social care towards early intervention, referred to as 'Family Help'.
- Department for Education, 'Stable Homes Built on Love' Children's Social Care Strategy - The recently released strategy aims to provide families with enhanced Family Help services delivered through a skilled multi-disciplinary workforce.
- The Family Hubs and Best Start for Life Offer - Tameside Council was successfully awarded £3,295,000 over three years by the Department for Education and to deliver the Family Hubs and Best Start for Life Offer locally, bringing existing family help services together to improve access and connections between families, professionals, services and providers.
- OFSTED Joint Targeted Area Inspection - OFSTED recently announced that their Joint Targeted Area Inspections will focus on the local multi-agency response to children and families who need help, evaluating how effectively different agencies work together to reduce risks to children and meet their needs early on.
- The SEND review – This highlighted prominent issues spanning from poorer outcomes for young people with SEN, negative experiences for families navigating the SEND system and pressure on resources for local SEND provision.

1.2 Building on these insights and best practice, Tameside has also developed a new Thresholds Document ([Tameside Framework for help and support](#)) which will support the delivery of the Early Help Strategy by supporting professionals to identify signs that families need help and the appropriate level of support required.

1.3 The Early Help Strategy 2023-2026 will reflect and align our approach with these recent changes, strengthening our approach to early intervention, providing families with the right help, from the right place at the right time.

1.4 The new strategy also acknowledges recent structural changes, which have been made to Tameside Council's Early Help offer, including the establishment of targeted family help at Level 3 of the threshold framework where more complex early help cases will be held by Family Help Lead Practitioners who will work with a family as long as needed provided they are making progress. Where needs escalate, cases can be safely and quickly stepped up to statutory services using clearly defined, systematic approaches.

1.5 It is important to acknowledge that some children in Tameside face additional barriers, which, unless addressed early, can accumulate throughout life and negatively impact on their life chances, resulting in significant inequalities. Children living in Tameside are less likely to meet the expected level of development in their early years, with speech and language needs being a particular challenge. Throughout their school career, children living in Tameside are more likely to need additional support or be identified as having Special Educational Needs and/or Disabilities. At secondary level, challenges around school attendance and attainment are key drivers in preventing progression into Further and Higher Education or training and in later life, impacting on earning potential.

1.6 This strategy has been developed in order to achieve better outcomes for families and to deliver on our corporate priorities to ensure children have the very best start in life, gain aspiration and hope through learning and to nurture resilient families and supportive networks to protect and grow our young people.

2. CONSULTATION AND ENGAGEMENT

2.1 Initially, to help design the framework and priorities behind the strategy, two in-person

workshops were held on the 29 September 2022 and 13 January 2023. The meeting was attended by representatives from: Active Tameside, Greater Manchester Police, Children's Social Care, Population Health, Libraries, Adult Social Care, Action Together and Health Services.

- 2.2 The Early Help draft Strategy 2023-2026 was taken to the Neighbourhood Forums for feedback and awareness. The strategy will also be taken to the Early Help Transformation Board, Tameside Community Safety Partnership, Neighbourhood Transformation Group, Executive Safeguarding Children Partnership and Health and Wellbeing Board.
- 2.3 An online survey through Survey Monkey was launched for 9 weeks (03.03.23 – 05.05.23) and shared widely, gaining 133 responses. The survey included a copy of the draft Early Help Strategy 2023-2026 and asked a series of questions to identify whether the strategy helped people to understand what Early Help is and whether there were any areas for improvement required. The survey was circulated to:
- Tameside Youth Council
 - Families receiving support from Early Help
 - Children's services staff
 - Greater Manchester Police
 - SEND Young Person's Council
 - Children in Care Council
 - Schools
 - Early Years Providers
 - Health (GM integrated care, Tameside and Glossop Integrated Care NHS Foundation Trust, Change Grow Live)
 - Welfare Rights
 - Voluntary Sector Organisations (e.g. OKE, Homestart, Action Together, Citizens Advice)
 - Department for Work and Pensions
 - Bridges
 - Primary Care Networks
- 2.4 The survey was also advertised at the in-person launch event for the West Family Hub in Tameside on the 20 March. In-person consultation events took place with the Youth Council (3 April 2023), SEND Young Person's Council (2h April 2023) and Young Carers Forum (27 April 2023) and the voluntary sector (13 April and 3 May). The survey was also advertised via the Tameside Council's Early Help page, The Big Conversation and through Tameside Council's social media channels.
- 2.5 Most respondents said they felt the title of the strategy was good (54.14%), that early help and targeted family help were clearly explained (77.17%), that Tameside's approach and model were clear (80.80%), that the actions identified in section 6 'Making it Happen – Our priorities' accurately reflected the gaps they were aware of (61.79%). The most prevalent theme in the comments for question 5 "is there anything missing from the strategy?" was that there was nothing missing from the strategy (20%). In question 6, when asked whether there were any further changes that needed making to the strategy, the most prevalent theme of comments highlighted the need for better staff training / capacity / organisation (22%). Common themes within the comments included:
- Concern about mental health support pathways/SEND provision within early help and EHCP process
 - Greater use of family focused language and the creation of a shorter/ accessible guide for families on how early help works in practice
 - Concern around current capacity / delivery of early help including staff training and issues around application of thresholds and how cases are moved up, down or closed.
- 2.6 The draft strategy was also taken to the Youth Council on 17 April 2023 at 6.30pm. There were 14 youth councillors in attendance aged between 12 and 17, completing the survey and

providing verbal feedback. Most of the feedback from the Youth Council was around the document being too long and providing too much information, which is practitioner focused rather than children and family focused, highlighting the need for a shorter practical guide. A couple of comments identified issues around the name of the strategy and connotations of young children, which could prevent some families from accessing the service.

- 2.7 Key themes raised by partners at the Voluntary Sector Consultation events included: recognising the diverse offer the voluntary sector contributes towards Early Help, the need for early intervention as an approach across the local area, recognising and linking to work that is ongoing with the poverty strategy, barriers around translation and reaching diverse communities, need for a practical early help guide, barriers to carrying out Early Help Assessments and the need for more regular place based engagement between services.
- 2.8 Five parents and five young people attended the SEND Young Person's Council. Feedback from attendees was focused around how to access early help support and what was available once they have had an early help assessment.
- 2.9 Seven young carers participated in the focus group, which took place at the Young Carers Forum on 27 April 2023. Out of those who took part, two young carers had difficulty reading the strategy due to accessibility issues. The main theme of comments was that the strategy was too long and difficult to read for young people. All of the young people taking part completed the questionnaire. When asked whether they felt they were getting enough support, most young people agreed that they were, one young person said they were not.

3. RESPONSE TO CONSULTATION

- 3.1 Points of concern predominantly related to understanding of practice, which will be addressed through workforce development and engagement. Issues identified relating to SEND are being addressed through the SEND Improvement Group via the written statement of action. Additionally, recognising the need for a more practical guide for young people and families, a shorter guide will be developed.

4. IMPLEMENTATION

- 4.1 The Early Help Partnership, a multi-agency working group, will develop and drive a delivery plan from this strategy. Additionally, a shorter, young person and family focused guide to early help will be developed. The newly appointed children's communications officer will pull together a communications distribution plan to ensure a wide distribution.

5. RECOMMENDATIONS

- 5.1 As set out at the front of the report.

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Tameside Early Help

Strategy



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2023-2026

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1. Foreword

Everyone has a role to play in providing early help. Early help focuses on bringing services together, considering the needs of the family as a whole, to make sure families get the right help at the right time from the right place.

Support can come in many forms and may be delivered by just one service or may include many organisations across different areas such as health, education, employment and the voluntary sector working together to support a family. Early help focuses on the strengths of each family, supporting them to reach their own solutions to prevent issues from escalating.

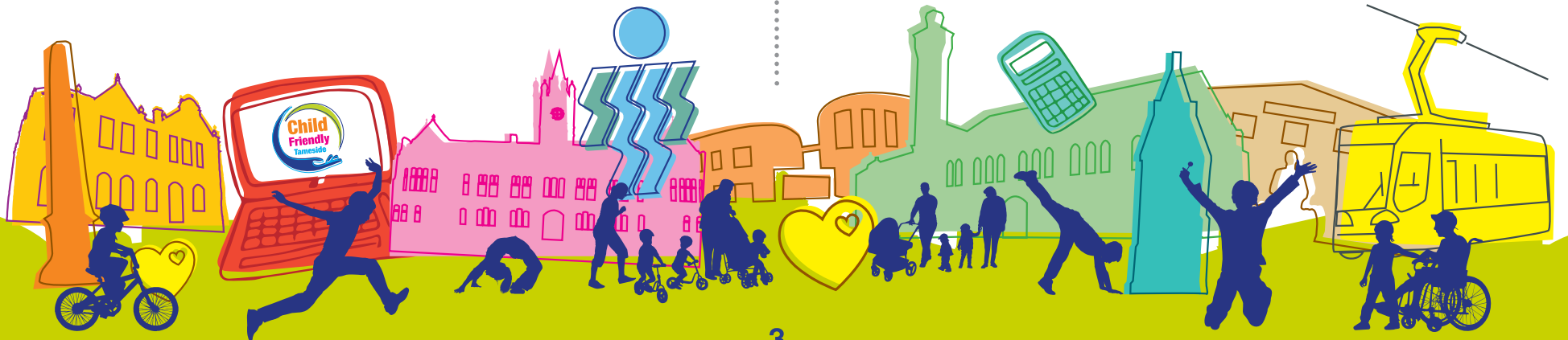
We know that public sector cuts coupled with the cost of living crisis have detrimentally affected our most vulnerable families, as such it is more important than ever that families can access effective support early on.

We want to build on the early help approach already in place in Tameside to continue to reduce the number of families reaching crisis so that we can help all children reach their full potential. We know that early intervention is critical in ensuring that our young people lead happy, safe and healthy lives. Our ambition is that all families are supported holistically as partners, and that all families are able to access services and information when they need to, promoting positive outcomes across the borough.

Tameside's Early Help Strategy will be overseen by the Early Help Partnership who will monitor the implementation and delivery of the strategy.



Cllr Bill Fairfoull
Executive Member for Children and Families



2. Introduction

This strategy builds on Tameside's previous Early Help strategies of 2020 and 2017 by setting the scene both locally and nationally. It provides clear priorities and accountability to improve and enhance, at pace, the Tameside Early Help approach and offer, ensuring it remains responsive to the needs of the children and families within the Borough.

The Tameside Early Help Strategy 2023-26 is a partnership document which underpins our strong commitment to early intervention, aligning with our updated thresholds document, the [Tameside Framework for Help and Support](#).

There are over 54,000 children and young people living in Tameside and whilst most children and their families in Tameside have a good quality of life with minimal additional support, there are some who need extra help for a variety of reasons. At different times in their lives, children, young people and their families in these circumstances may need additional support and help from universal, targeted or specialist services. We know, for families, it can sometimes feel difficult to ask for help or to know what help is available and how to access this support. Which is why, early help is an approach, not a single provision and is everyone's responsibility.

Early help can only work when delivered in partnership across multiple agencies who work with families.

Early help means children, young people and their families are supported holistically at the right time, as soon as a problem is identified and is not left to escalate. Early help means that families are supported and their strengths are recognised.

We know early help is the right thing to do, which is why this strategy strives for high-quality offer for children and their families at the earliest opportunity to build the strongest possible foundations for children to thrive throughout their life.

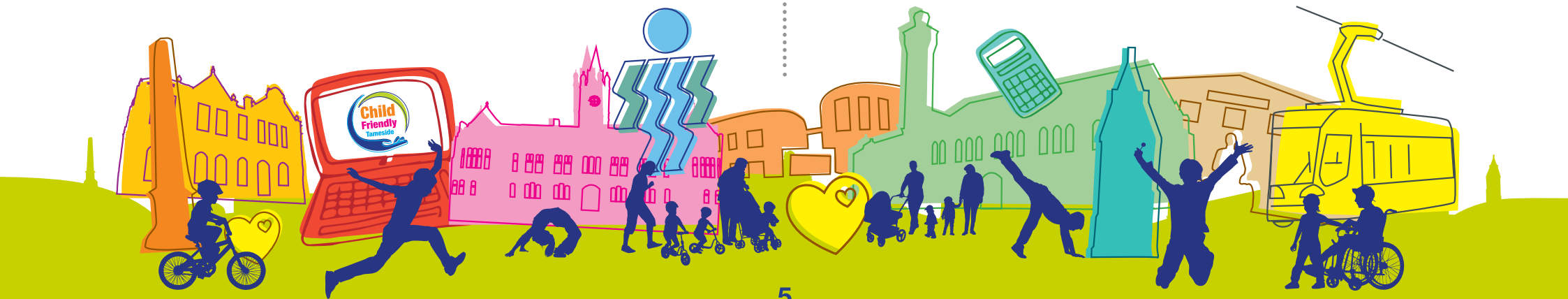


Learning from recent OFSTED inspections we will strengthen our approach to joint working. This includes continuing to strengthen the link between special educational needs and disabilities (SEND) and our early help offer, to ensure needs are identified and supported at the earliest possible point across health, education and social care services.

Our early help approach will be the foundation of our Family Hub model, recognising that investment in preventative support for families is crucial to promoting better health, education, emotional and social outcomes in the longer term. The Family Hubs Programme will provide multi-disciplinary support physically within the community, embedding the ethos of early intervention and supporting families with children from 0-19 years or up to 25 years for children with special educational needs and disabilities.

Effective early help also contributes towards the fulfilment of our statutory duties including the Council's duty to improve the wellbeing of young children (Section 1 Childcare Act 2006) and to improve cooperation between local partners to improve the wellbeing of children (s.10 Children Act 2004).

This is a high-level document outlining our approach to Early Help which will be complimented by our Early Help Delivery Plan.



3. Context

3.1. National Context

Still of relevance today is the Munro Review of Child Protection (2011)¹ which were incorporated in the Working Together to Safeguard Children (2013;2018)² that clearly set out the importance of early identification and support for children and families – ‘Providing early help is more effective in promoting the welfare of children than reacting later’. The statutory guidance makes clear that under section 10 of the Children Act 2004, Local Authorities have a responsibility to promote inter-agency co-operation to improve the welfare of all children, emphasising that early help is an approach and offer across many agencies, and is not a single provision.

From a population point of view, the Marmot Reviews: Fair Society, Healthy Lives (2010; 2022) provide the bedrock of evidence supporting prevention and early intervention – ‘The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during those early years, starting in the womb, has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational and economic achievement. Later interventions, although important, are considerably less effective if they have not had good early foundations’.

More recently, Josh McAllister’s independent review of Children’s social care (2022)³ has a firm focus on early help, which is referred to as ‘Family Help’, calling for a fundamental shift from crises interventions that don’t always achieve the best outcomes for children and families, as well as continuing costs to public services. The Department for Education’s recently released children’s social care strategy ‘Stable Homes, Built on Love’⁴ responds directly to the independent review, committing to providing families with supportive and welcoming Family Help services delivered through a skilled multi-disciplinary workforce, providing the right support at the right time. These developments highlight a growing consensus around the importance of taking a joined up whole family approach to early intervention.

Furthermore, the SEND Review (2022)⁵ clearly identifies that early help is vital and can improve outcomes for children and young people with special educational needs and disabilities, enabling children and families to thrive through access to the right support, from the right place, and at the right time.

In addition, national and global crises including the cost of living crisis have negatively affected families, increasing demand for services, often highlighting and exacerbating existing health and socio-economic disparities. For example, the Institute of Health Equity (2022)⁶ highlights how fuel poverty is detrimentally

¹ <https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system>

² <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

³ <https://childrensocialcare.independent-review.uk/>

⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1133537/Children_s_social_care_stable_homes_consultation_February_2023.pdf

⁵ <https://www.gov.uk/government/consultations/send-review-right-support-right-place-right-time>

⁶ <https://www.instituteoftheequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk>



3. Context

affecting children’s development, mental health, educational outcomes, and increasing the risk of poor respiratory health. Similarly, whilst the impact of the COVID-19 pandemic is yet to fully understood, early evidence reviewed by the Office of Health Improvement and Disparities (2022)⁷, found health inequalities amongst children and young people, living in deprivation, or who are from black, Asian and minority ethnic (BAME) backgrounds, or are lesbian, gay, bisexual, and transgender (LGBTQ+).

National developments have also indicated the growing awareness of the variety of factors affecting outcomes for children and families, necessitating a coordinated multi-agency approach. OFSTED recently announced that their Joint Targeted Area Inspections will focus on the local multi-agency response to children and families who need help, evaluating how effectively different agencies work together to reduce risks to children and meet their needs early on.⁸ The new inspection criteria highlight the importance of a partnership approach in supporting children and families, showing the renewed significance of an effective early help system.



⁷<https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>

⁸ <https://www.gov.uk/government/publications/joint-targeted-area-inspection-of-the-multi-agency-response-to-children-and-families-who-need-help/joint-targeted-area-inspection-of-the-multi-agency-response-to-children-and-families-who-need-help#evaluation-criteria>



3. Context

3.2. Local Context

Tameside's population of children and young people is the fastest growing, compared to other age groups. Even before the COVID-19 pandemic, Tameside had challenges regarding economic growth, and significant challenges with high concentrations of deprivation and entrenched issues that exist in some communities including unemployment, ill-health and social issues including higher prevalence of domestic abuse and substance misuse.

An important part of understanding the local context in Tameside involves listening to children and young people about how they feel about living in Tameside, and what makes a difference in their lives. Children and young people have told us they recognise that love and emotional support from family, friends and communities is the key to a happy childhood, that the compassion and care for one another that exists across generations in Tameside families is important to them and is a strength of the Tameside community. Children and younger people have told us that they are ambitious for their future and want to have a wide range of opportunities available to them. Opportunities to develop confidence and self-esteem are important to them.

They also want to feel safe and secure within their communities, tackle the stigma associated with mental health and recognise the importance of preventing crisis' developing. Listening to children and young people is at the heart of our early help practice and in developing this strategy we are focused on improving the Early Help Offer in Tameside to underpin the ambitions of children, ensuring their voice is heard and reflected in the services we deliver.

It is important to acknowledge that some children in Tameside face additional barriers, which, unless addressed early, can accumulate throughout life and negatively impact on their life chances, resulting in significant inequalities. Children living in Tameside are less likely to meet the expected level of development in their early years, with speech and language needs being a particular challenge.

Throughout their school career, children living in Tameside are more likely to need additional support or be identified as having Special Educational Needs and/or Disabilities. At secondary level, challenges around school attendance and attainment are key drivers in preventing progression into Further and Higher Education or training and in later life, impacting on earning potential.

Families in Tameside can sometimes face challenges, which can have long-term detrimental impact on the wellbeing of children and young people into adulthood. In particular, domestic abuse, mental health issues, neglect and parental conflict are some of the issues that result in referrals to Children's Social Care.

Intervening as soon as these issues are identified is vital in creating conditions where families can improve their own life situation and go on to thrive.

Understanding both the assets within families and the communities they live in, along with the challenges that they face is vital to the delivery of this strategy. By using both data and intelligence and by listening to families we will strive to understand their needs better, and be more responsive when supporting families.



3. Context

Children, Young People and Family Outcomes in Tameside

Further to Tameside Children and Young People's Joint Strategic Needs Assessment (2022), the below data illustrates that children, young people and families in Tameside have worse outcomes compared to the England averages.

The Strategy does not seek to prioritise any one particular outcome, but seeks to work as a whole system across all policies to improve these outcomes as a whole. Equally, the strategy seeks to support and help children and families where these needs have been identified.



Deprivation

17.6% of children in absolute low income families, compared to 15.1% across England (2020/21)

22.3% of children in relative low income families, compared to 18.5% across England (2020/21)

Early Years & Child Development



11.3% smoking status at time of delivery in Tameside, compared to 8.6% across England (2021/22)



34.2% of babies are breastfed at 6-8 weeks, compared to 48.6% across England (Q4 2021/22)



60.1% of children achieving a good level of development at the end of Reception, compared to 65.2% across England (2021/22)



3. Context

Education & Employment



8.1% of 16-17 years not in education, employment or training, compared to 4.7% across England (2021)

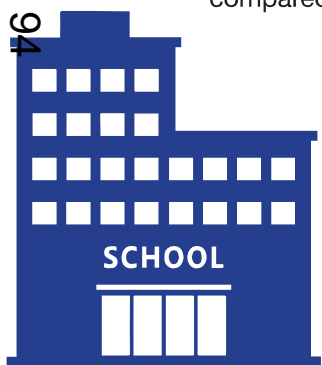
57% pupils achieving **KS2 RWM EXS+** compared to 59% across England (2021/22)

44.2% of pupils achieving a strong pass in English and maths compared to 50% across England (2021/22)

91% of pupils in good or outstanding primary schools (2021/22)

63% of pupils in good or outstanding secondary schools, compared to 67% across England (2021/22)

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Health



11.6% of children are obese at Reception, compared to 10.1% across England (2021/2022)

33% of 5 years olds have obvious dental decay, compared to 23.7% across England (2022)

19.4 per 1,000 under 18 conceptions, compared to 13 per 1,000 across England (2020)

105.6 per 10,000 hospital admissions caused by unintentional and deliberate injuries in children (0-14), compared to 84.3 per 10,000 across England (2021/22)



3. Context



438.0 per 100,000

hospital admissions for asthma

compared to 131.5 for England (2021/22). Tameside has the highest rate of hospital admissions for asthma (under 19 years) in England.



FASD

A UK study on Fetal Alcohol Spectrum Disorder (FASD) found the prevalence rate was between 1.8% - 3.6% (when possible cases were also included).

This means in Tameside at least 50 children are born each year affected by FASD and at least 4077 individuals are living with FASD in Tameside.

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Mental Health

3.5% of school pupils have social, emotional and mental health needs, compared with 3.0% across England (2021/22)

11% of children in Tameside are known to have an Eating Disorder (2020)

Self-harm the rate of young people (10-24 year olds) admitted to hospital as a result of self harm is in line with the England average (2021/22)

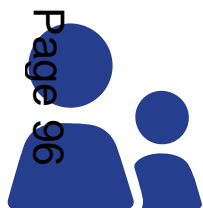


3. Context

Special Educational Need or Disability (SEND)



13.5% of pupils in Tameside have Special Educational Needs (SEN) support compared to 12.6% of all pupils across England (2021/22)



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4.1% of pupils in Tameside have an Education, Health Care Plan compared to 4.0% of children in England (2021/22).

Protect



2717 Child in Need, a rate of 533.2 per 10,000, 0-17 year olds (March 2022)

Including:

348 children on Child Protection Plans, 68.3 per 10,000 children (March 2022)

656 cared for children, 129 per 10,000 children aged under 18 (2023).



3. Context

Substance Misuse



95 per 100,000 - Over the period 2018/19 to 2020/21 the rate of hospital admissions for substance misuse for 15-24 year olds was 95 per 100,000.

24.8% of those in drug and alcohol treatment services have children under 16 at home (2021/22)



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672 adults are estimated to be alcohol dependant and living with children.

Substance Misuse



It is estimated **26.3%** of adults with opiate based addiction who have children under 16 at home are not in treatment.



29.1% of all adults in treatment for substance misuse have children at home.



3. Context



Domestic Abuse (2022)

6260 domestic abuse incidents in Tameside were reported to Greater Manchester Police

681 cases discussed at MARAC due to concerns of risk of serious harm or homicide.

428 of the high risk cases at MARAC featured children

3712 referrals to children's social care relating to domestic abuse



262 attendances

Local emergency departments recorded 262 attendances where someone has been assaulted in a domestic abuse context



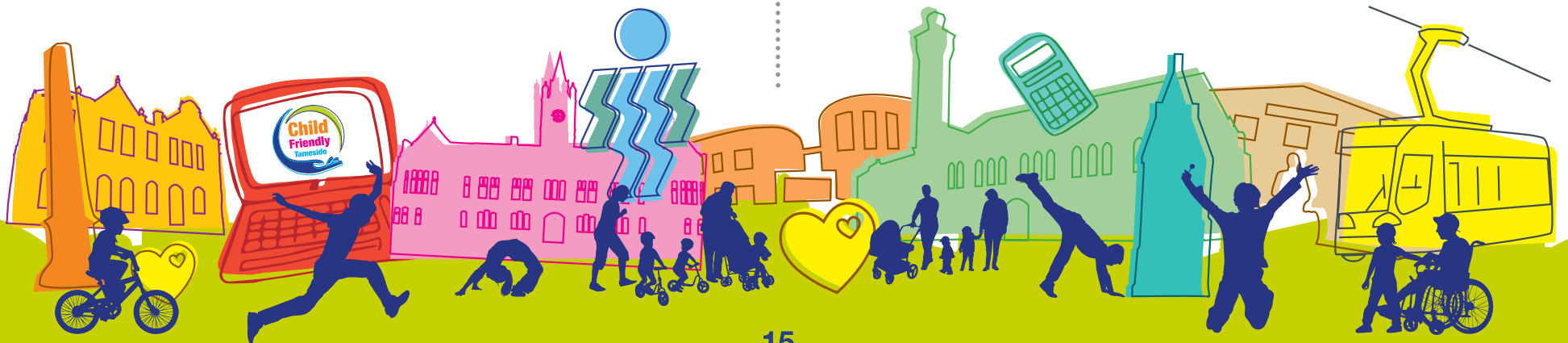
4. What is Early Help?

Early help is an approach to working with children and their families. It is everyone's responsibility. Early intervention focuses on preventing problems occurring and works by tackling challenges head-on before they get worse. Effective early intervention enables children and families to build on their personal strengths and skills to become more independent and resilient to the challenges that they face. This is our Signs of Safety Approach and Practice in Tameside. Whilst early interventions are often focused on the early years of a child's life, interventions can improve children's life chances at any point during childhood and adolescence.

Early help involves all partners sharing responsibility for looking for signs that children and families need help and then acting quickly to address these needs. Providing good early help takes into account what is happening for everyone in the family, not just one individual. In Tameside a 'whole family approach' is promoted and the needs of all children, young people and their family members are considered in the family assessment and support is provided.

We recognise that often when one person in a family has a problem, it affects others in the family and that effective help means solving the root cause of the problem rather than just the presenting issue. Early help brings professionals together to work with the whole family to try to improve things for everyone. The early help offer support to families in Tameside include support with, but not exclusive too:

- adolescence
- anti-social behaviour
- benefits and debt advice
- child development
- domestic abuse
- financial issues, poverty and deprivation



4. What is Early Help?

- employment
- health
- housing
- mental health
- parental conflict
- parenting
- school attendance
- Special Educational Needs and Disabilities (SEND)
- substance misuse
- young carers

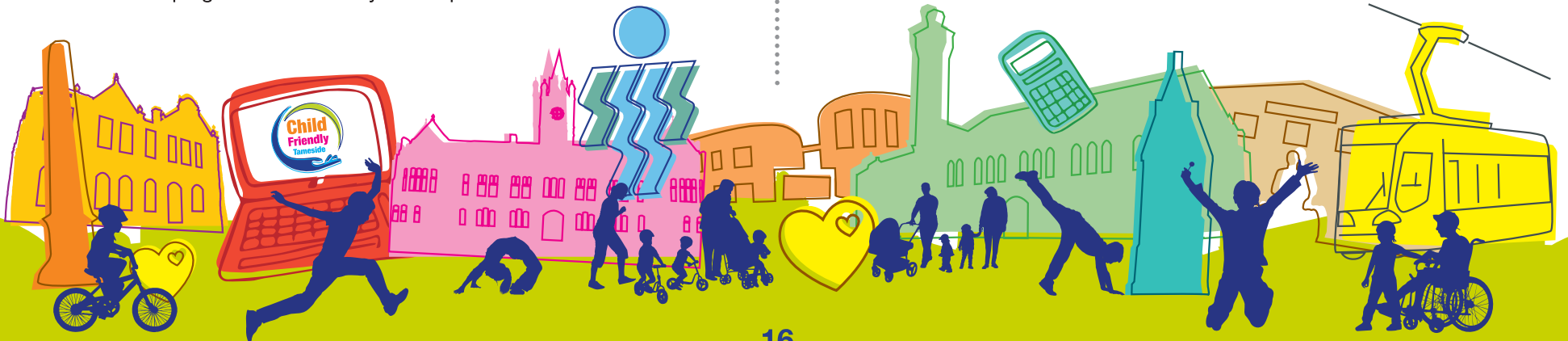
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For more information about the early help offer in Tameside and its associated thresholds, please access our thresholds document, [Tameside Framework for Help and Support](#).

Effective early help has to be a partnership not just with agencies across the Borough but also with families. It is based on respectful but persistent engagement and a commitment to helping families find ways to help themselves.

It supports families to build on their strengths so they are able to deal with setbacks themselves, seize opportunities to flourish and know where to turn to for help when needed. Developing trusting relationships with families and giving them the tools to help themselves is central to early help, nurturing long term resilience.

Early help has to be challenging to ensure that restorative practice is reflected and encourages families to engage more fully in the communities in which they live; drawing on its assets and opportunities to support them and becoming more engaged members of their community.



5. Tameside's Early Help Approach

The principles to our strategy and approach are:

- Supporting and helping children and families at the earliest opportunity - the right help, at the right time, from the right place.
- Actively listening to the voices of children and families in line with the [Listening Framework](#)
- Holistic support is provided, bespoke to the needs of the family.
- Proactively utilising Signs of Safety to help assess risks, concerns and identify solutions in partnership with children and families.
- Support and help is delivered with children and families, building on their strengths and supporting them to come up with solutions with the help of their network.

- Understanding that safeguarding is everyone's business. Everyone working with children, young people and their families understands they are responsible for keeping children safe and promoting the welfare of children.
- Acknowledging that many situations need a multi-agency, trauma informed response, all agencies will work collaboratively to offer a coordinated response and avoid duplication.
- Everybody is confident with data protection principles and will proactively share information to help recognise, assess and act to provide a coordinated response to the needs of the child and the family.
- No one should assume that someone else will pass on information which may be vital to keeping a child or young person safe.



5. Tameside's Early Help Approach

1. Universal:

My needs are met and I am achieving my expected outcomes.

2. Early Help:

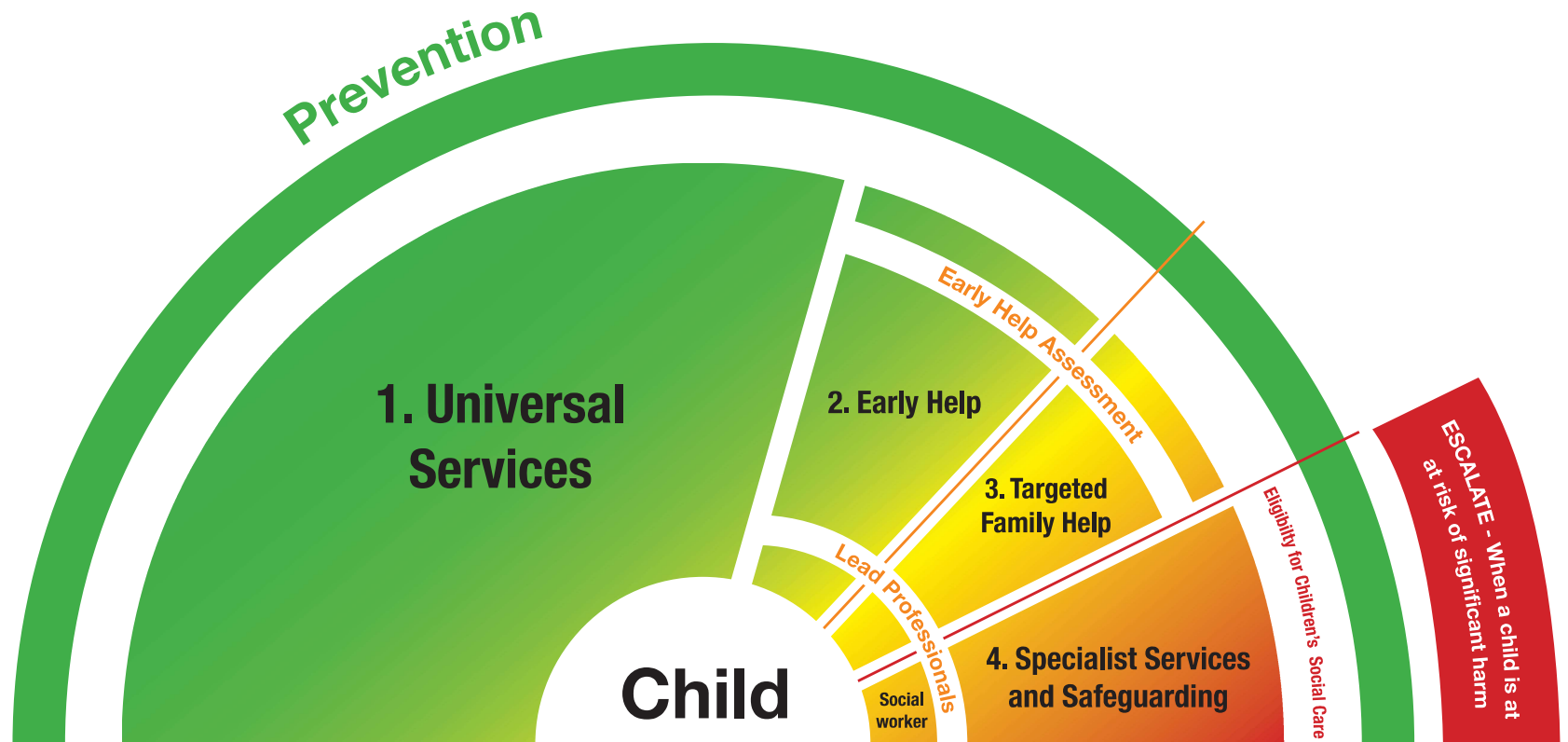
I may need some extra help alongside Universal Services to meet my needs.

3. Targeted Family Help:

There are complex needs. I need different services to work together to promote my welfare.

4. Specialist Services and Safeguarding:

I am a child in need or a child in need of protection. I am at risk of abuse, exploitation or neglect.



Further information can be found in the [Tameside Framework for Help and Support](#)



5. Tameside's Early Help Approach

Our Approach

Tameside has adopted the 'windscreen' model when looking at universal, early help, targeted early help and specialist/ safeguarding services. This model closely aligns to the THRIVE model of getting advice, getting help, getting more help and getting risk support.

Early help follows the same approach and processes for working with families. When an additional need is identified which is beyond the universal support available to everyone, the early help process is started. An Early Help Assessment is completed with the family. The lead professional will work alongside the family to develop a plan of action and coordinate support.

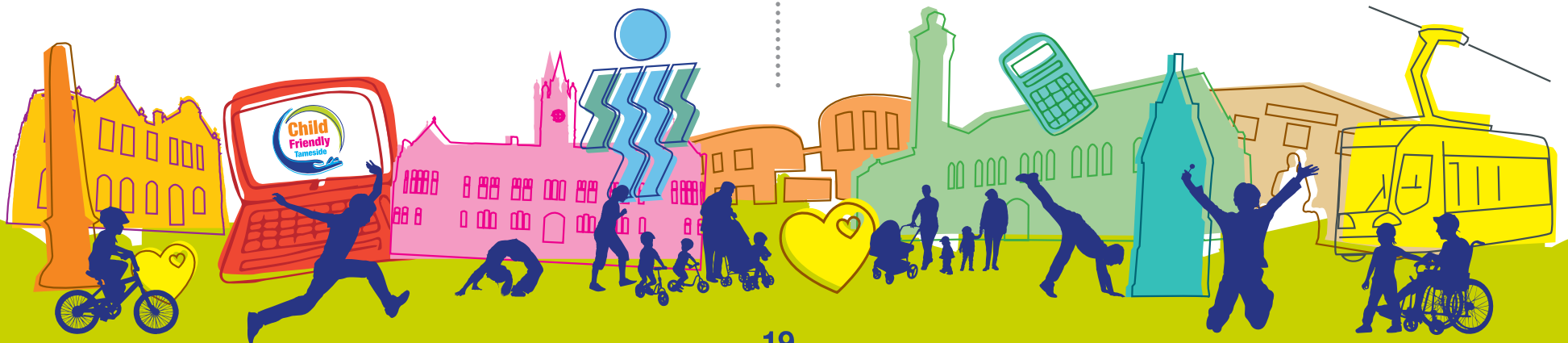
The progress made and any ongoing needs of the family are reviewed through the 'Team Around the Family/ Setting' approach. Family Intervention Services within our four neighbourhoods (North, South, East and West) work closely with Early Years, Child and Adolescent Mental Health Services (CAMHS), Job Centre plus and Active Tameside to support families 0-19 (25 with SEND).

Tameside council have established targeted family help at Level 3 where more complex early help cases will be held by Family Help Case Managers who will work with a family as long as needed provided they are making progress. where needs escalate, cases can be safely and quickly stepped up to statutory services using clearly defined, systematic approaches.

Engagement with all members of the family is crucial to the success of this approach and the child's voice has to be heard strongly within the assessment and plan to ensure it is meeting their needs. Targeted family help follows the same approach but is provided when issues have become multiple or complex and stronger co-ordination of support is needed.

To underpin Tameside's Early Help Offer, the Signs of Safety framework has been adopted as part of the Early Help Assessment to strengthen safety and wellbeing planning with families. strength and relationships based, solution focused model that looks to assess risk and concerns, identifying solutions with the family.

For more information about the model above and its associated thresholds, please refer to the [Tameside Framework for Help and Support](#).



5. Tameside's Early Help Approach

Family Hubs

A key component to the strategy and approach are the Family Hubs within each of the four neighbourhoods (North, East, South and West) of Tameside. Through Family Hubs, families will be able to access services from a variety of community partners for the help at the right time.

Family Hubs bring together existing family-help services to improve connectivity between families, professionals and services, placing relationships at the heart of our approach. The Family Hubs will include a physical and virtual offer, accessible for families with children of all ages, from 0-19 or up to 25 with special educational needs and disabilities and embedding the Start for Life offer at their core.

The key principles of the Family Hub model are that services are:

- **More accessible** – through clearly branded and communicated hub buildings, virtual offers and outreach.
- **Better connected** – Family Hubs drive progress on joining up professionals, services and providers – through co-location, data sharing, shared outcomes and governance. Moving from services organised for under-fives, to families with children of all ages, reducing fragmentation.
- **Relationship-centred** – practice in a Family Hub builds on family strengths and looks to improve family relationships to address underlying issues.
- **Universal through to targeted services** – providing welcoming, non-stigmatising services for families.

Tameside Family Hubs



6. Making it Happen – Our Priorities

Based on a number co-production workshops with partners in Tameside, the following priorities have been developed to ensure successful delivery on the Strategy. In turn, we have stated our action under each priority.

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Priority ONE

Authentic System Leadership

This means all partners including the Council, Health, Police, Education and Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector take responsibility for their role in early intervention as well as actively working together to deliver better outcomes for families.

What will we do?

- Utilise the potential of our local partners to provide critical support within the design and delivery of Early Help.
- Work cohesively as partners by listening to each other, clearly communicating roles and responsibilities of all partners and promoting respect across all levels.
- All services involved in early help will commit to delivering on the strategy and driving forwards improvements.
- Ensure there is joined up commissioning across all services supporting families, children and young people, in line with the [Tameside SEND Joint Commissioning Strategy](#)
- Maintain a clear understanding of what is commissioned and effectively communicate this with partners.



6. Making it Happen – Our Priorities

- Put evaluation and monitoring and review at the heart of our commissioning.
- Work jointly towards the vision of Early Help in-line with our shared principles.
- Invest in the universal foundations for our families in Tameside.

Priority
TWO

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Effective Partnerships & an Integrated Team

This means capitalising on the strengths of relationships across all organisations and services, proactively sharing knowledge, resolving challenges and coordinating our approach to make sure residents get comprehensive, holistic support no matter which area they contact first.

What will we do?

- Co-locate services to help strengthen relationships between partners to take a holistic, whole family, approach to support.

- Provide support within communities through our integrated Early Help offer.
- Develop our offer with partners to ensure we meet the needs of our neighbourhoods.
- Make better use of existing data, local intelligence and insights from partners to design our support offer.
- Promote effective conversations which consider the needs of the whole family across all services.
- Promote better integration between children's and adults services.
- Improve connectivity between third sector, community, faith sector, education, council and health within Family Hubs and early help, to ensure there is a clear route to support.
- Embed a making every contact count approach across services, to prevent families repeating their stories or slipping through the cracks.
- Place the voice of families and communities at the core of our strategic planning.



6. Making it Happen – Our Priorities

Priority THREE

Asset Based Focus

This means working together to make the most of what is already in place, and supporting families to build on their strengths.

What will we do?

- Work with communities and the voluntary sector to increase our understanding.
- Maintain an easily accessible and regularly updated directory of community assets and support.
- Create a family friendly culture within family hubs.
- Work with the community to strengthen local relationships and to utilise and support assets.
- Work towards an effective single-access point for support, incorporating a physical place where families can get face to face support, a virtual place and a phone line.

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Priority FOUR

Workforce and Development

This means making sure all staff have the right skills and knowledge to work with and support families effectively.

What will we do?

- Have a workforce that reflects and understands the local landscape of support and the needs of the communities they work in.
- Signs of Safety Training to continue to be delivered by the Tameside Safeguarding Children Partnership.
- Making sure all our workforce know how to have effective conversations which consider all of the needs of the family.
- Delivering training internally and across the partnership to embed the Tameside Framework for Help and Support to improve the application of thresholds.
- Communicate the Early Help offer clearly to the workforce.
- Develop a multi-agency workforce development plan to coordinate training for all partners involved with early help, based on shared principles including the Solihull approach and trauma informed principles.
- Commit to continuous learning, development and self-reflection across all services contributing to early help.



6. Making it Happen – Our Priorities

Priority FIVE

Data Improvements

This will help us to better share knowledge, make more informed, evidence based decisions and to monitor the impact we are having.

What will we do?

- Improve our ability to access and share intelligence between services.
- Ensure IT infrastructure enables co-location.
- Utilise the benefits of case management systems.
- Develop an Early Help Performance Dashboard.
- Develop an Early Help Outcomes Framework.

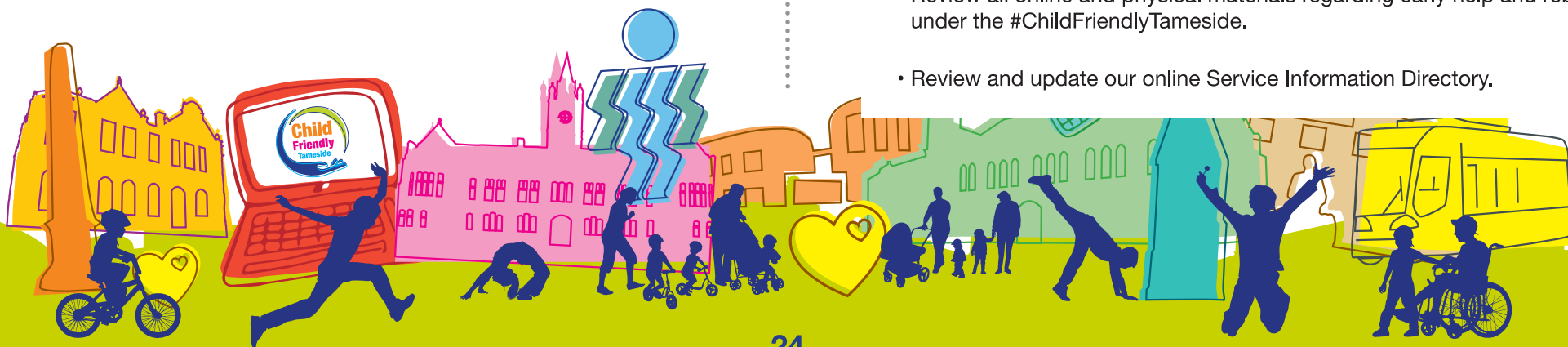
Priority SIX

Communication and Engagement

This will help us to connect with residents, promote our offer within the borough, gain feedback and ensure that our approach to early help meets local needs.

What will we do?

- Make better use of the tools we have available including Council website and relationships with partner agencies to make it easier for residents to access information.
- Ensure our communications around Early Help offer are consistent, locality specific and uniformly accessible.
- Monitor family experiences and awareness of our offer to review how early help and targeted family help function.
- Engage with and offer targeted support for seldom heard families and groups.
- Design an outreach model for support which is focused on overcoming any stigma associated with accessing services.
- Review all online and physical materials regarding early help and rebrand under the #ChildFriendlyTameside.
- Review and update our online Service Information Directory.



7. Making a Difference – Our Measures of Success

It is recognised nationally that measuring the effectiveness of early help systems is extremely complex and challenging.

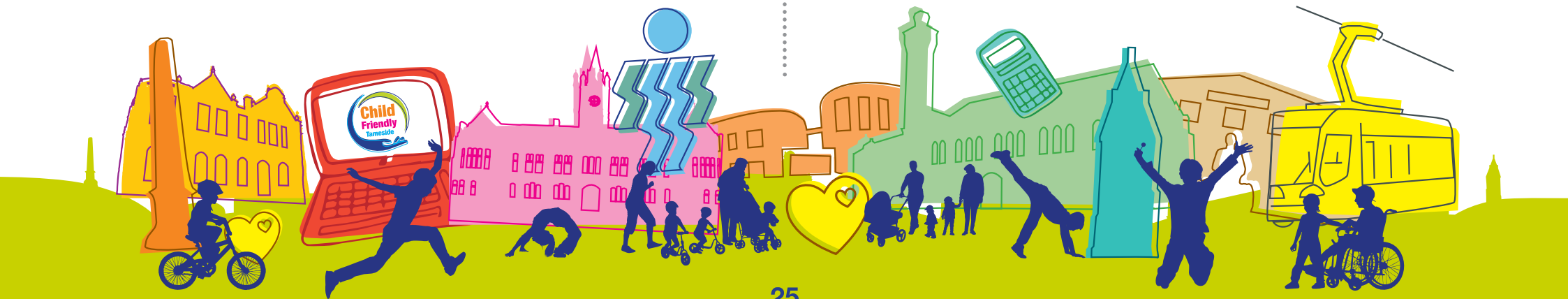
Prevention and early intervention approaches are long-term invest to save models which require time to generate hard evidence of fiscal savings and provide ‘cashable’ savings. It is also difficult to demonstrate the cost avoidance generated by preventing problems.

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The broad nature of interventions and services delivered by partners as part of early help adds to the complexity of evaluating impact. Attributing improvements in family situations and the outcomes they achieve to one service or intervention is exceptionally difficult as demonstrated by the well-resourced and robust National Troubled Families Evaluation⁹. Collating good quality evidence of impact takes time, capacity and resources but is still important to do.

Despite the challenges, there is an emerging evidence base demonstrating that sustained investment in early help and preventative services over time can be effective and reduce demand on high cost services¹⁰.

Our aim is to jointly secure better outcomes for families, avoiding statutory interventions by intervening earlier. We recognise the need for a shared vision underpinned by ongoing monitoring and accountability to achieve this. The Tameside Early Help Partnership will develop an agreed multi-agency framework for measuring success which will help us to review and deliver an effective early help system.



7. Making a Difference – Our Measures of Success

The Tameside Early Help Partnership will continue to develop this locally and assess the effectiveness of early help interventions. A jointly agreed Early Help Strategy Outcome Framework will be explored by the partnership which will collate evidence and utilise sources including:

- Early Help Performance Dashboard
- Children and Young People's Plan
- Management and performance information
- Feedback from families
- Feedback from practitioners
- Case studies
- Cost saving analysis
- National tools – including the [Early Help System Guide](#) and [Supporting Families Outcomes Framework](#)

The development of a common evaluation framework by the Early Help Partnership for early help will build on national best practice around the evaluation of early help systems and ensure a stronger evidence base for the Early Help Offer is available to support future investment decisions.

⁹ <https://www.gov.uk/government/publications/national-evaluation-of-the-troubled-families-programme-2015-to-2021-further-findings>

¹⁰ <https://www.eif.org.uk/report/the-cost-of-late-intervention-eif-analysis-2016>



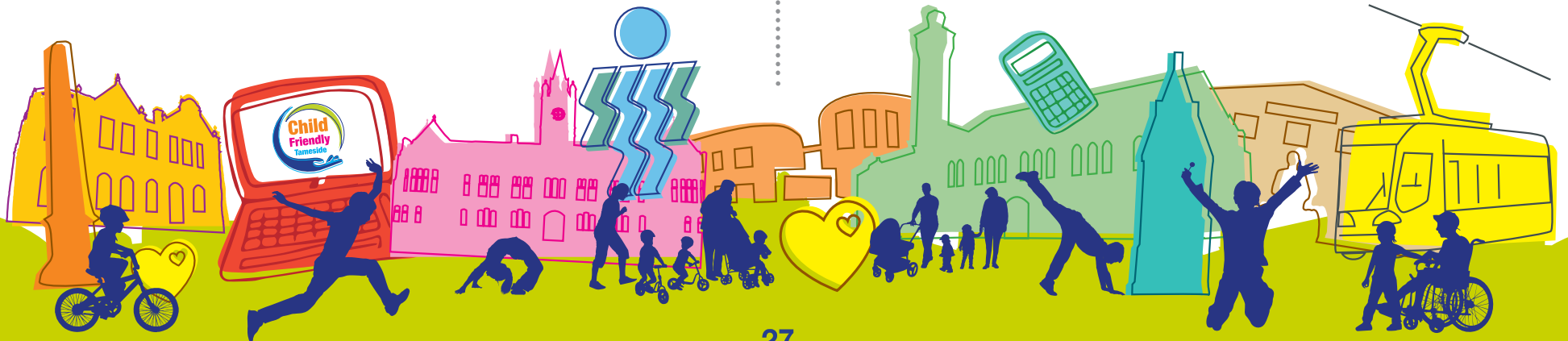
8. Governance

To deliver on the approach and priorities of early help in Tameside effectively and successfully, a multi-agency delivery plan will be produced and regularly updated.

The Early Help Delivery Plan will set out an ambitious but much needed plan of work for transforming the early help approach and offer in Tameside.

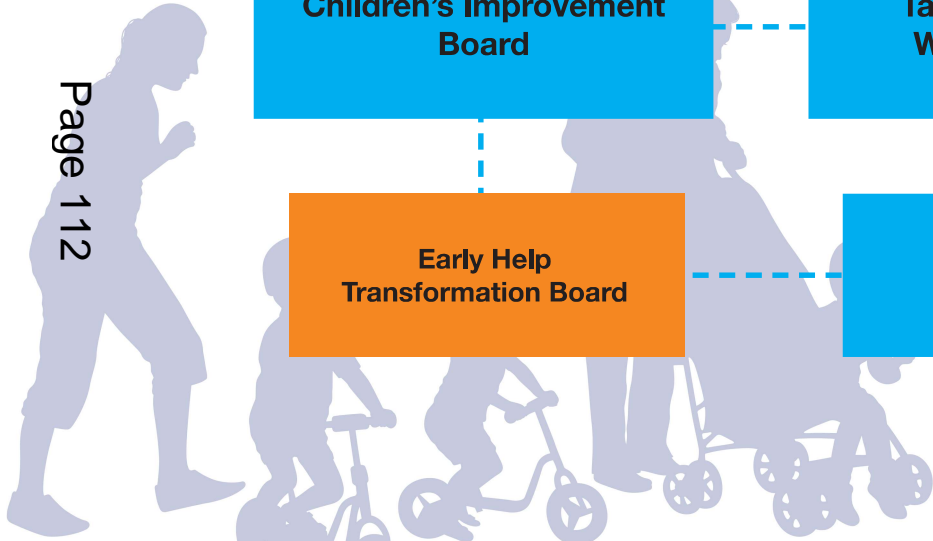
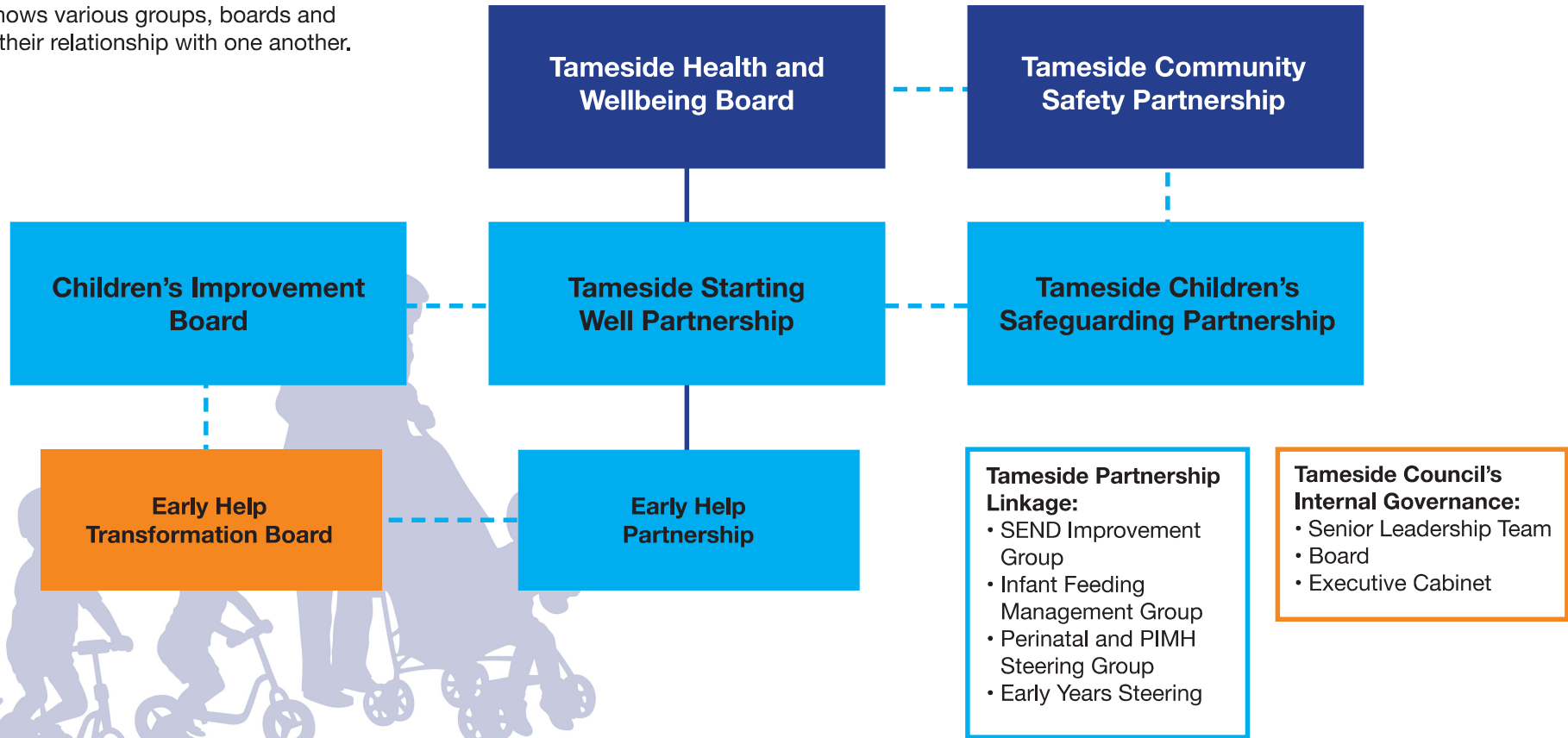
The Tameside Early Help Partnership is responsible for delivering the Early Help Delivery Plan and will provide highlight reports to both the Starting Well Partnership and Children's Improvement Board.

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8. Governance

The illustration, shows various groups, boards and partnerships and their relationship with one another.



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8. Glossary

BAME - Black, Asian and minority ethnic

CAMHS - Child and Adolescent Mental Health Services

EHCP – Education, Health and Care Plan

FASD - Fetal alcohol spectrum disorders

LGBTQ+ - Lesbian, Gay, Bisexual, Trans, Queer or Questioning, Intersex, Asexual, Non-Binary and more

MARAC – Multi-Agency Risk Assessment Conference

PIMH - Parent and Infant Mental Health

SEND – Special Educational Needs and Disabilities

VOISE - Voluntary, Community, Faith and Social Enterprise


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Agenda Item 6.

Report to:	HEALTH AND WELLBEING BOARD
Date:	14 September 2023
Reporting Officer:	Anne Whittington, Consultant in Public Health, Population Health Debbie Watson, Director of Population Health
Subject:	STOCKPORT TAMESIDE AND TRAFFORD CHILD DEATH OVERVIEW PANEL (STT CDOP) ANNUAL REPORT 2021-22
Report Summary:	This paper summarises the findings of the annual report of the tripartite Child Death Overview Panel (CDOP) for Stockport, Tameside and Trafford (STT) and resulting recommendations. The report covers the year 2021/22.
Recommendations:	The Health and Wellbeing Board acknowledge the report and accept the recommendations within it.
Links to Health and Wellbeing Strategy:	The report and recommendations within it link to the Health and Wellbeing Strategies focus areas of giving children the best start in life; helping people to stay well across the life course and detect illness earlier; and the overarching objective to reduce inequalities.
Policy Implications:	Should the recommendations within this report be accepted there may be policy implications to ensure that action is taken to integrate the recommendations into local systems for action and monitoring, including holding member organisations accountable for progress.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	There are no direct financial implications arising from this report. The recommendations from this report could have financial implications where policy or service delivery changes are implemented as a result. Any changes, and the associated financial implications, will need to be the subject of separate reports
Legal Implications: (Authorised by the Borough Solicitor)	The Children Act 2004 Part 2 requires: <ul style="list-style-type: none">• child death review partners for a local authority area in England must make arrangements for the review of each death of a child normally resident in the area• to consider if appropriate, make arrangements for the review of a death in their area of a child not normally resident there• analysis of information about deaths reviewed
Risk Management:	The purpose of this report is to identify any themes and opportunities for prevention of avoidable child deaths. The recommendations aim to address modifiable factors identified as common themes.
Access to Information:	All papers relating to this report can be obtained by contacting: Anne Whittington, Consultant in Public Health

 Telephone: 07971117006

 e-mail: anne.whittington@tameside.gov.uk

1. INTRODUCTION & OVERVIEW

- 1.1 The death of any child is a tragedy. It is therefore important that we understand why our children die and what as a system we can do differently to prevent this from happening or, if inevitable, ensure the child has the best death possible and their family and carers are supported throughout. Child death reviews are a statutory responsibility under the Children Act 2004.
- 1.2 Each year the Stockport, Tameside and Trafford (STT) Child Death Overview Panel (CDOP) publish a report, to describe why children who lived in STT died, to learn from the circumstances as far as possible and present recommendations for the future.
- 1.3 This annual report (**Appendix 1**) considers the learning from child death cases that were notified to the STT CDOP and were reviewed and closed by the panel between 1 April 2021 and 31 March 2022. In a simplified explanation of the process: all cases of child death are referred to the panel as a notification. An information gathering process then takes place for each case and when that and all other investigations are complete, the CDOP reviews and closes the case. Therefore, some cases are closed in a different year to the year they are notified.
- 1.4 In total in 2021/22, 39 cases were notified (20 or 51.3% in Tameside) and 45 cases were closed by the panel (13 or 28.9% in Tameside). Notifications are analysed by their fixed demographic factors whereas closed cases consider the conclusions of the panel, such as modifiable factors and cause of death.
- 1.5 Two-fifths (38.5%) of notifications across STT were infants (i.e. aged under 1 year). This is slightly lower than in previous years in STT, where a half of child deaths were aged under a year. Age distribution across other age groups (4 year grouping) was fairly even (10-18%).
- 1.6 Around a quarter (23.1%) of STT notifications belonged to a non-White ethnic group, which is in line with the proportion of the child population in these groups. There was a tendency towards higher children death notification rates in more deprived areas of STT but small numbers mean this trend is not clear.
- 1.7 For those infants that died in the first year of life, low birthweight and prematurity contributed to a high proportion of deaths and these factors increased risk of dying within the first 28 days.
- 1.8 The largest proportion of deaths (33%) were due to chromosomal, genetic and congenital anomalies; the second largest proportion (27%) were due to perinatal/neonatal even and the third largest were cancers and trauma/injuries (16% each).
- 1.9 Modifiable factors were identified in 24% of cases, which is fewer than the proportion (50%) in 2019-20. Factors included parental smoking, domestic abuse, parental mental health and parental alcohol or substance misuse.
- 1.10 Just over half of deaths were expected, which is higher than previous years and this was more commonly the case for deaths of children under the age of 1 year.

2. RECOMMENDATIONS

- 2.1 As per the front of this report.
- 2.2 There are recommendations from the STT CDOP Chair for the Health and Wellbeing Board to endorse and sponsor, which are as follows:

- i. Health and Wellbeing Boards should continue their work to address the longstanding causes of increased risk of child deaths. These are recurring modifiable factors in recent CDOP cases, and their contribution to child deaths is supported by a broad evidence base. They include:
 - a. Obesity; particularly in children and women of childbearing age
 - b. Smoking by pregnant women, partners, and household members / visitors
 - c. Parental drug and alcohol abuse
 - d. Domestic abuse
 - e. Mental ill health
 - f. Co-sleeping
 - g. Multiple embryo implantation during IVF procedures
- ii. In line with the recommendations of previous CDOP annual reports, Maternity services should
 - a. Ensure that all women are supported to access high quality antenatal care from early in their pregnancies.
 - b. Deliver safe, evidence based healthy weight interventions, so that when a women books with the service and she is recorded as not being a healthy weight she is supported to maintain or, if safe to do so, reduce her BMI.
- iii. All CDOP partners should continue working to ensure the robust data recording of protected characteristics as required under the Equality Act 2010.
- iv. The CDOP chair should work with CDOP panel members and the STT Child Death Review Partners on an ongoing basis. This should include (as a minimum):
 - a. Reviewing the draft annual report and agree its recommendations
 - b. Providing an update on the actions taken in response to the recommendations in the previous annual report.
 - c. Maintaining an awareness of the cases awaiting panel discussion and responding to any challenges and changes within the management of the CDOP process.
- v. The data used to compile the annual report should be stored in a consistent format to enable a rolling 5-year look back review to identify robust trends and provide a firmer basis for specific recommendations to the health and wellbeing board. This should inform the recommendations in annual reports from 2024-25 onwards.

Learning from Child Death Reviews

Annual Report of Stockport, Tameside and Trafford (STT) Child Death Overview Panel

2021/2022



Greater Manchester
Integrated care



Document Control

Date	Version	Forum/Officer	Purpose	Amendments
26.04.23	1	Eleanor Banister	First draft	Yes
22.06.23	1.1	Ben Fryer	Drafting of recommendations, minor changes	Yes
11.07.23	1.2	Ben Fryer	Re-ordering of recommendations, Addition of Tameside profile	Yes
26.07.23	1.3	Ben Fryer	Addition of Trafford profile	Yes
09.08.23	1.4	Ben Fryer	Feedback from Public Health colleagues across STT	Yes
16.08.23	1.5	Eleanor Banister	Corrected chart labels and page numbering	Yes

Learning from Child Death Reviews: Annual Report of Stockport, Tameside and Trafford's Child Death Overview Panel 2021/2022 has been prepared on behalf of Stockport, Tameside and Trafford Child Death Overview Panel and Stockport, Tameside and Trafford Child Death Review partners by:

- 1. Ben Fryer, Consultant in Public Health, Stockport Council, and STT CDOP Chair**
- 2. Eleanor Banister, Public Health Intelligence and Early Intervention and Prevention Lead, Public Health, Stockport Council**
- 3. Shelley Birch, Child Death Overview Panel Manager (Tameside, Trafford and Stockport), Trafford Council.**

Please send all comments to Shelley Birch, Shelley.birch@tameside.gov.uk.

Executive Summary

1. Introduction

The death of any child is a tragedy. It is therefore important that we understand why our children die and what as a system we can do differently to prevent this from happening or, if inevitable, ensure the child has the best death possible and their family and carers are supported throughout.

Each year the Stockport, Tameside and Trafford (STT) Child Death Overview Panel publish a report, 'Learning from Child Death Reviews', to describe why children who lived in Stockport, Tameside and Trafford died, to learn from the circumstances as far as possible, and present recommendations for the future. This report summarises findings from 2021/22.

2. Data protection

Losing a child is a distressing time; every care has been taken to ensure the data presented does not lead to the identification of any individual children and their families as we do not wish to add to anyone's grief.

Professionals who require the more detailed data analysis can request a copy of the data by emailing Shelley Birch, shelley.birch@tameside.gov.uk.

3. What we know about the children who died and cases that were closed in 2021/22

Key points from data analysis:

- The panel received 39 notifications in 2021/22, bringing the 8 year total across STT to 386
- There is no clear trend towards a higher or lower notification rate, although the annual rate has fallen slightly over the last five years compared to the first three years. The four year average is 2.6 notifications per 10,000 population aged under 18.
- Infants aged under 1 year accounted for 15 notifications (39% of total) which is slightly lower than in previous years in STT, where a half of child deaths were aged under a year
- The factor of ethnicity is difficult to comment on as the recording of ethnicity in notified cases is not complete.
- The notification rate is higher than average in children who live in areas of STT ranked in the most deprived 20% in England, but the gradient across deprivation quintiles is less clear.
- The panel closed 45 cases in 2021/22 (67), this is higher than the totals in the previous two (pandemic affected) years. 80% of these cases were from 2019/20 or 2020/21.
- Just over a half (54%) of infants who died had a low birth weight; and 56% of infants who died were premature.
- In 2021/22 chromosomal, genetic and congenital anomalies makes up the largest category of cause of death for closed cases (15 deaths, 33%), perinatal/neonatal event makes up the second largest category (12 deaths, 27%) followed by cancers and trauma / injuries both 6 deaths (16%) each.

- Modifiable factors were identified in 11 (24%) of closed cases. Smoking, domestic violence, perinatal mental health and substance misuse were the most common factors recorded.
- Just over a half (56%) of closed cases were expected deaths.

4. Recommendations

The CDOP Chair has identified five recommendations for Stockport's, Tameside and Trafford's Health and Wellbeing Boards to endorse and sponsor. These recommendations have been approved by the Child Death Review Partners in Stockport, Tameside and Trafford.

- I. Health and Wellbeing Boards should continue their work to address the longstanding causes of increased risk of child deaths. These are recurring modifiable factors in recent CDOP cases, and their contribution to child deaths is supported by a broad evidence base. They include:
 - a. Obesity; particularly in children and women of childbearing age
 - b. Smoking by pregnant women, partners, and household members / visitors
 - c. Parental drug and alcohol abuse
 - d. Domestic abuse
 - e. Mental ill health
 - f. Co-sleeping
 - g. Multiple embryo implantation during IVF procedures.

- II. In line with the recommendations of previous CDOP annual reports, Maternity services should
 - a. Ensure that all women are supported to access high quality antenatal care from early in their pregnancies.
 - b. Deliver safe, evidence based healthy weight interventions, so that when a women books with the service and she is recorded as not being a healthy weight she is supported to maintain or, if safe to do so, reduce her BMI.

- III. All CDOP partners should continue working to ensure the robust data recording of protected characteristics as required under the Equality Act 2010.

- IV. The CDOP chair should work with CDOP panel members and the STT Child Death Review Partners on an ongoing basis. This should include (as a minimum):
 - a. Reviewing the draft annual report and agree its recommendations
 - b. Providing an update on the actions taken in response to the recommendations in the previous annual report.
 - c. Maintaining an awareness of the cases awaiting panel discussion and responding to any challenges and changes within the management of the CDOP process.

- V. The data used to compile the annual report should be stored in a consistent format to enable a rolling 5-year look back review to identify robust trends and provide a firmer basis for specific recommendations to the health and wellbeing board. This should inform the recommendations in annual reports from 2024-25 onwards

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Learning from Child Death Reviews

Annual Report of Stockport, Tameside and Trafford's Child Death Overview Panel 2021/22

1. Introduction

The death of any child is a tragedy. It is therefore important that we understand why our children die and what as a system we can do differently to prevent this from happening or, if inevitable, ensure the child has the best death possible and their family and carers are supported throughout.

Each year the Stockport, Tameside and Trafford (STT) Child Death Overview Panel publish a report, 'Learning from Child Death Reviews', to describe the mortality trends for children and why children who lived in Stockport, Tameside and Trafford died, to learn from the circumstances as far as possible, and present recommendations for the future. This report summarises findings from 2021/22.

2. Data protection

Losing a child is a distressing time; every care has been taken to ensure the data presented does not lead to the identification of any individual children and their families.

Professionals who require the more detailed data analysis can request a copy by emailing Shelley Birch, shelley.birch@tameside.gov.uk.

3. The Child Death Overview Process

The Stockport, Tameside and Trafford Child Death Overview Panel (STT CDOP) undertakes a review of all child deaths (excluding those babies who are still born, and planned terminations of pregnancy carried out within the law) up to the age of 18 years who are either normally resident in one of the three boroughs, or, if they consider it appropriate, any non-resident child who has died in their area. The Child Death Review Partners and CDOP adhere to the statutory guidance: Child Death Review Statutory and Operational Guidance (England) 2018ⁱ. The CDOP reviews each case in a structured and consistent manner in line with Working Together, 2018ⁱⁱ.

There are four CDOPs across Greater Manchester, including STT CDOP. It is recommended that CDOPs serve a total population of 500,000, with an average of 60 child deaths per year. The geographical footprint of STT CDOP covers an estimated population of 762,000 people (ONS 2021 Mid Year Estimate), receives an average of 40 to 50 notifications per year and includes a network of NHS health, police and social care providers for this cluster.

From January 2021 the panel moved to being virtual and monthly to ensure that cases were reviewed in a timely manner, this was from a previous pre-pandemic structure of quarterly

face to face meetings. The change so far has been highly effective; it has supported attendance and engagement in case discussions.

The CDOP is accountable to each locality's Health and Wellbeing Board. Appendix A provides more information about the CDOP process with links to local membership and arrangements.

4. Implementing Local Learning

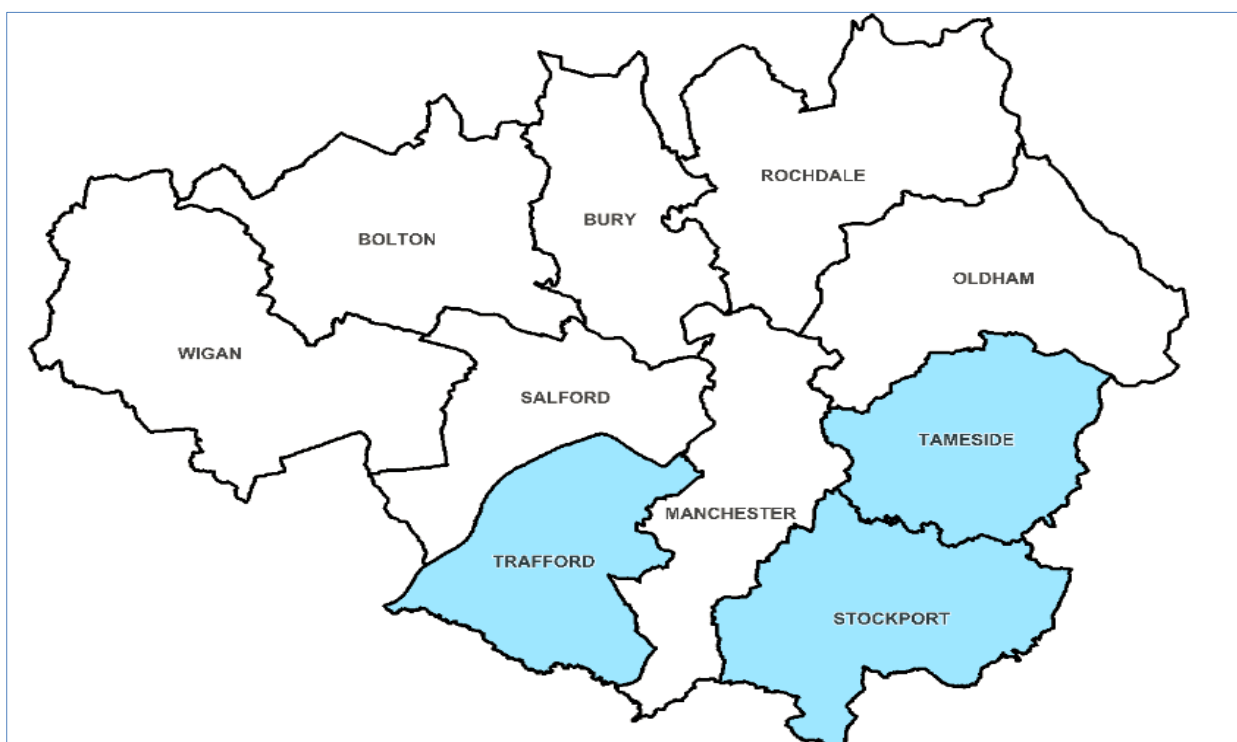
A Strategic Child Death Group has previously been established to ensure that action is taken to address any emerging issues or trends from CDOP. This group will be re-activated in 2023 to ensure system ownership and change as a result of CDOP learning. Stockport, Tameside and Trafford Health and Wellbeing Boards are accountable for the work of this group.

The emerging NHS Greater Manchester ICS provides opportunities to strengthen and formalise existing links between the CDOP system and the NHS Integrated Care System, with CDOP findings contributing to quality improvement activities in the NHS. The Strategic Child Death Group and GM CDOP chairs will continue working with NHS colleagues to develop a clear plan for this.

5. What we know about children who live Stockport, Tameside and Trafford

Understanding our population across STT is important for us to contextualise the circumstances in which our children and young people die.

Figure 5.i: Stockport, Tameside and Trafford within Greater Manchester.



Source: Trafford Public Health, 2019.

In 2021, Stockport, Tameside and Trafford had an estimated combined population of 168,400 under 18 year olds (ONS 2021 Mid Year Estimate). Table 5.ii, provides an overview of the characteristics of the children and young people who live in each of the three boroughs.

It is important to understand the similarities and differences between the boroughs when reviewing the number of notifications and the conclusions from the closed cases; with Tameside having higher levels of poverty and looked after children and Trafford having a more ethnically diverse young population.

Local profiles for each borough can be found in Appendix B.

Table 5.ii: Overview of the characteristics of the children and young people who live Stockport, Tameside and Trafford.

Indicator			Stockport	Tameside	Trafford	GM	England	
1	Population aged 0 to 17 years (2021)	Number	62,515	51,134	54,751	653,244	11,761,656	
		% of Total (all ages)	21.2%	22.1%	23.2%	22.8%	20.8%	
2	Proportion of 0-24 year olds belonging to Black, Asian & Minority Ethnic Groups (2021)		18.3%	21.6%	32.1%	34.0%	26.7%	
3	Projected growth in 0 to 17 population (2020-2030)	Number	2,702	-279	1,082	9,622	144,517	
		%	4.2%	-0.6%	1.9%	1.5%	1.2%	
4	Children in Low Income Families (under 16s) (2020/21)	Absolute	Number	6,352	8,073	4,644	115,051	1,641,209
			%	11.1%	17.6 %	9.2%	19.7%	15.1%
		Relative	Number	8,138	10,234	5,767	144,770	2,003,734
			%	14.2%	22.3 %	11.4%	24.8%	18.5%
Page 126	Live births (2021)	Number	3,227	2,525	2,413	33,445	595,948	
		Rate (per 1,000 females aged 15-44 years)	60.0	57.0	54.6	56.5	54.3	
Page 126	Low birth weight (2021)	of term babies	Number	48	46	42	815	14,986
			%	1.7%	2.1%	1.9%	2.7%	2.8%
		of all babies	Number	216	140	148	2,336	39,826
			%	6.8%	6.0%	6.3%	7.2%	6.8%
7	Infant mortality (2019-21)	Number	41	34	13	523	7,036	
		Rate (per 1,000 live births)	4.4 (CI 3.1-5.9)	4.4 (CI 3.0-6.1)	1.8 (CI 1.0-3.1)	5.2 (CI 4.8-5.7)	3.9 (CI 3.8-4.0)	
8	Child mortality (2018-20)	Number	16	19	17	220	3,471	
		Rate (DSR per 100,000 population aged 1-17)	8.9 (CI 5.1-14.5)	13.8 (CI 8.3-21.6)	10.8 (CI 6.3-17.3)	n/a	10.3 (CI 9.9-10.6)	
9	Looked After Children (2022)	Number	447	666	359	6,027	82,170	
		Rate (per 10,000 population aged 0-17)	72	130	66	92	70	

Source: ONS Population and Census Dataⁱⁱⁱ; OHID Maternal and Child Health Profiles (as at 26-04-2023)^{iv}

6. What we know from CDOP Notifications and Closed Cases 2021/2022

This annual report considers the learning from child death cases that were notified to the STT CDOP and were reviewed and closed by the panel between 1st April 2021 and 31st March 2022.

6.i. Data analysis

When a child dies, any or all of the agencies involved with the child inform CDOP. This is referred to as a 'notification'. The administrator then begins the process of gathering information from all official sources who may know the child and/or family in order to build a picture of the circumstances leading up to the death of the child. Once this process is complete and all other investigations involving the Coroner, Police or Children's Services have been concluded, the CDOP reviews each case. Having assessed all the available information the panel, made up of professionals from a number of agencies, discuss the relevant points and reach a conclusion regarding the category of death and any modifiable factors or issues specific to that case. At this point the 'case' is considered by the CDOP to be 'closed'.

In this section the analysis of factors that are "fixed" (i.e. age and sex, ethnicity, and deprivation of area of mother's residence) is of **notifications** to the panel during 2021/22. This is a reasonable proxy of deaths that have occurred within this period because the period between death and notification is usually only a matter of days, and this gives a better unit of analysis for considering epidemiological patterns in child deaths across the STT CDOP area. Birthweight and gestation is also "fixed" in this sense and would ideally be analysed at notification level, but this information is often not available until later in the review process.

Factors such as category of death, whether the death was expected or not, and whether any modifiable factors were present are not determined until the case is closed by CDOP and so analysis of these factors relates to cases **closed** during 2021/22. In many cases there is more than a year between notification and closure.

Therefore notifications show epidemiological pattern of deaths for the year under review, whereas closed cases provide intelligence about cases from a range of years but where the investigations are complete.

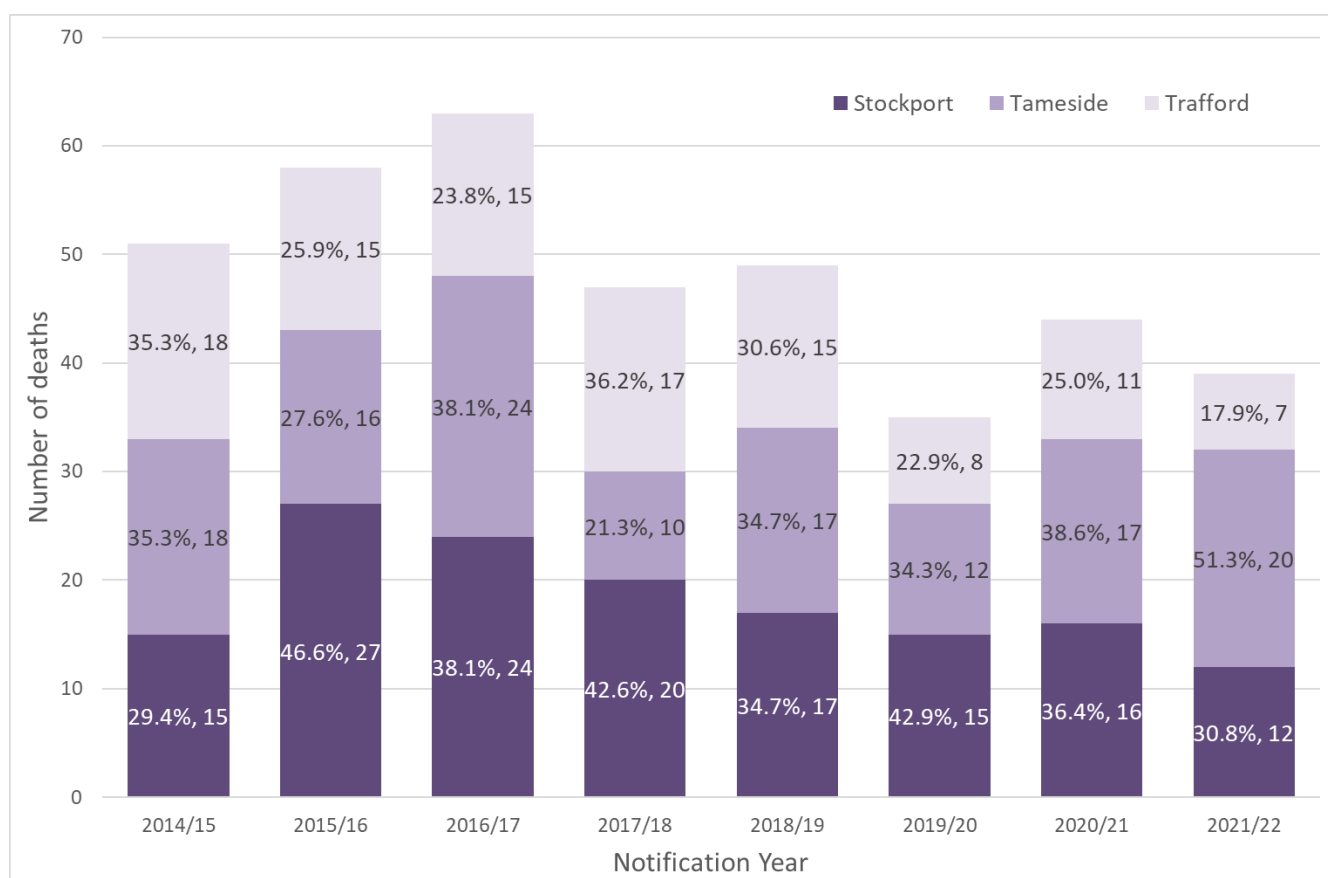
6.ii. Demographic breakdown of notifications

6.ii.a. Number of notifications

The panel received 39 notifications in 2021/22, a level similar to the average of the previous four years. The 2021/22 notifications bring the eight year total notifications across STT since 2014/15 to 386.

The split by local authority in 2021/22 was 12 (30.8% of total) in Stockport, 20 (51.3%) in Tameside, and 7 (17.9%) in Trafford; due to small number variation this is not a statistically significant difference for the one year period. Aggregating the eight year total gives a split by local authority of 37.8% (146) in Stockport, 34.7% (134) in Tameside, and 27.5% (106) in Trafford; with Stockport's proportion being similar to the borough's 0-17 population share (37.3%), Tameside slightly higher (29.7%) and Trafford slightly lower (32.9%).

Figure 6.ii.a: Child deaths notifications to STT CDOP – 2014/15 to 2021/22 by authority

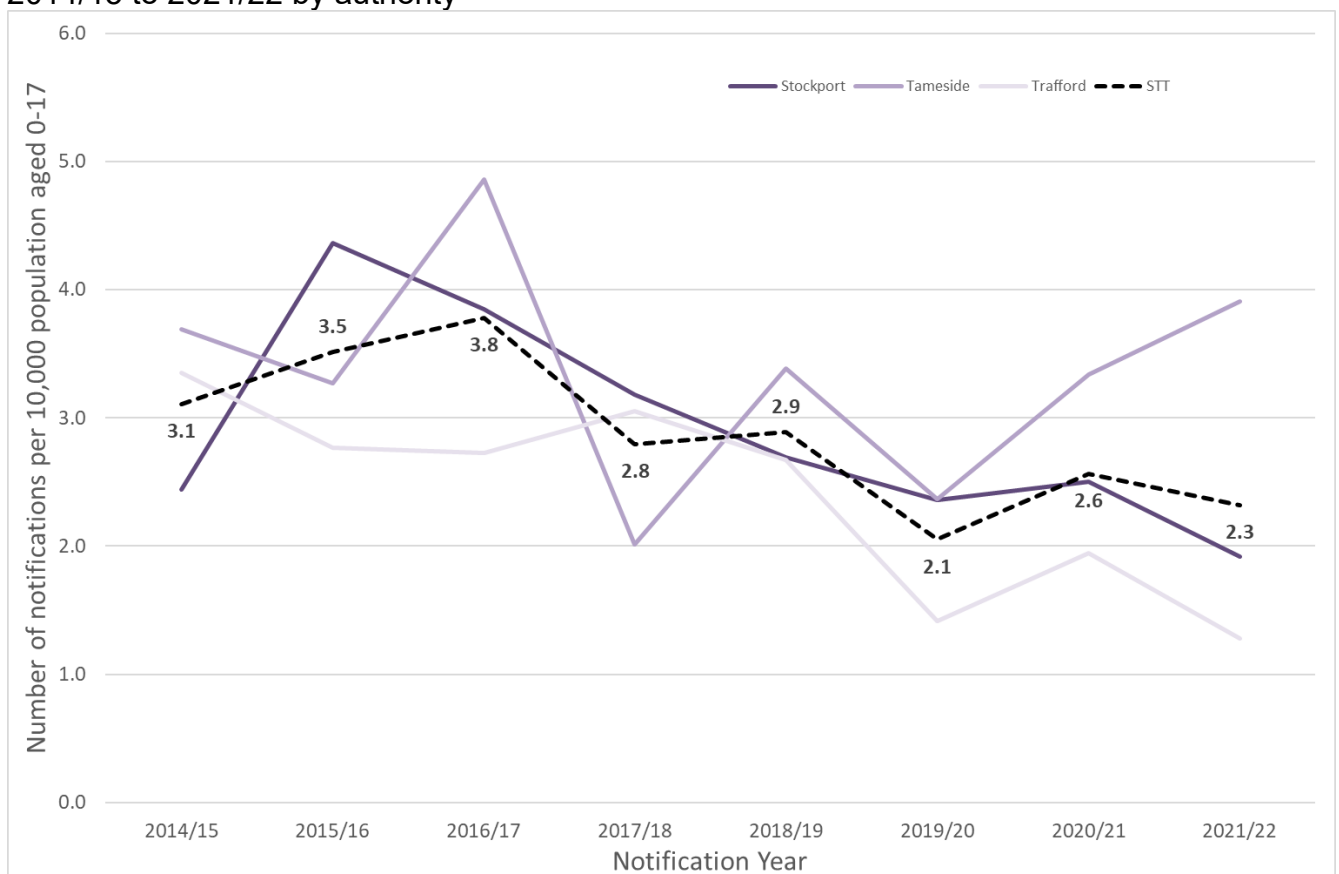


6.ii.b. Notification rate

At local authority level the notification rate tends to fluctuate year on year due to the relatively small numbers, and so it is difficult to detect underlying trends. Aggregating the notifications for STT smooths out some of this fluctuation: the 39 notifications in 2021/22 give a rate of 2.3 per 10,000 population aged under 18, which is very similar to the average over the last four years (2.6 per 10,000 2017/18-2020/21), which probably indicates that the notification rate is around the same level.

The eight year aggregated notifications give a rate for STT of 2.9 per 10,000, which is similar in Stockport (2.9 per 10,000), slightly higher in Tameside (3.4 per 10,000) and slightly lower in Trafford (2.4 per 10,000).

Figure 6.ii.b: Trend in child death notification rate (per 10,000 population aged under 18) – 2014/15 to 2021/22 by authority



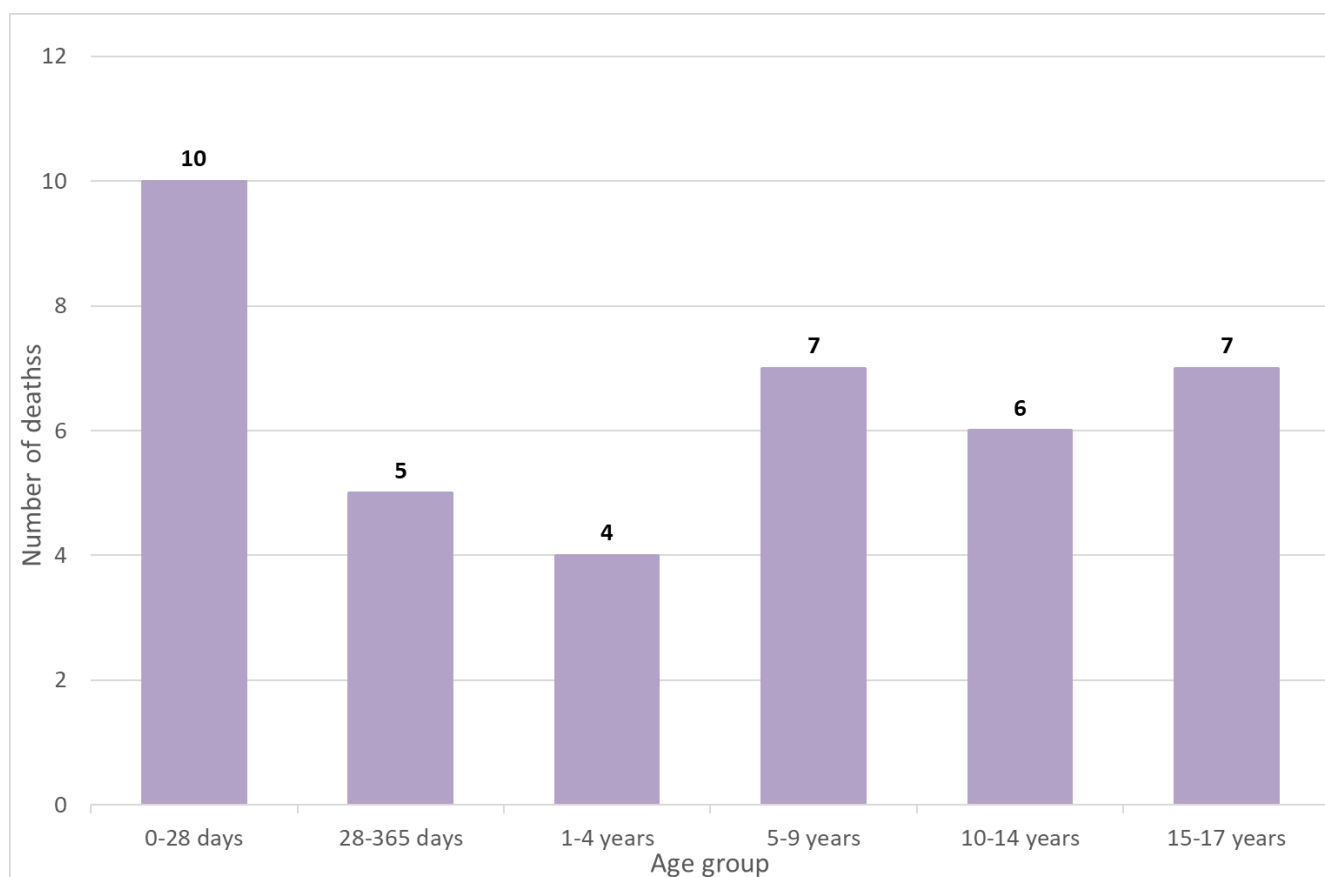
6.ii.c. Age breakdown of notifications

Of the 39 notifications in 2021/22, 10 (25.6%) were neonates (i.e. aged under 28 days) and 5 (12.8%) were aged between 28 days and 1 year. This means that around two-fifths (15 or 38.5%) of notifications across STT are infants (i.e. aged under 1 year). This is slightly lower than in previous years in STT, where a half of child deaths were aged under a year.

Differences in age patterns between the three authorities within STT can be difficult to detect due to the small numbers; however, as with previous years there does seem to be a consistent pattern that in Stockport a higher proportion of child deaths are of neonates (50.0% compared to 38.5% for STT).

Reviewing the 24 notifications of deaths of children aged over 1 year, at STT level the distribution across age groups was fairly even with 4 (10.3%) aged 1 to 4 years, 7 (17.9%) aged 5 to 9 years, 6 (15.4%) aged 10 to 14 years, and 7 (17.9%) aged 15 to 17 years. Any differences between the three authorities in this distribution are difficult to detect due to the small numbers involved.

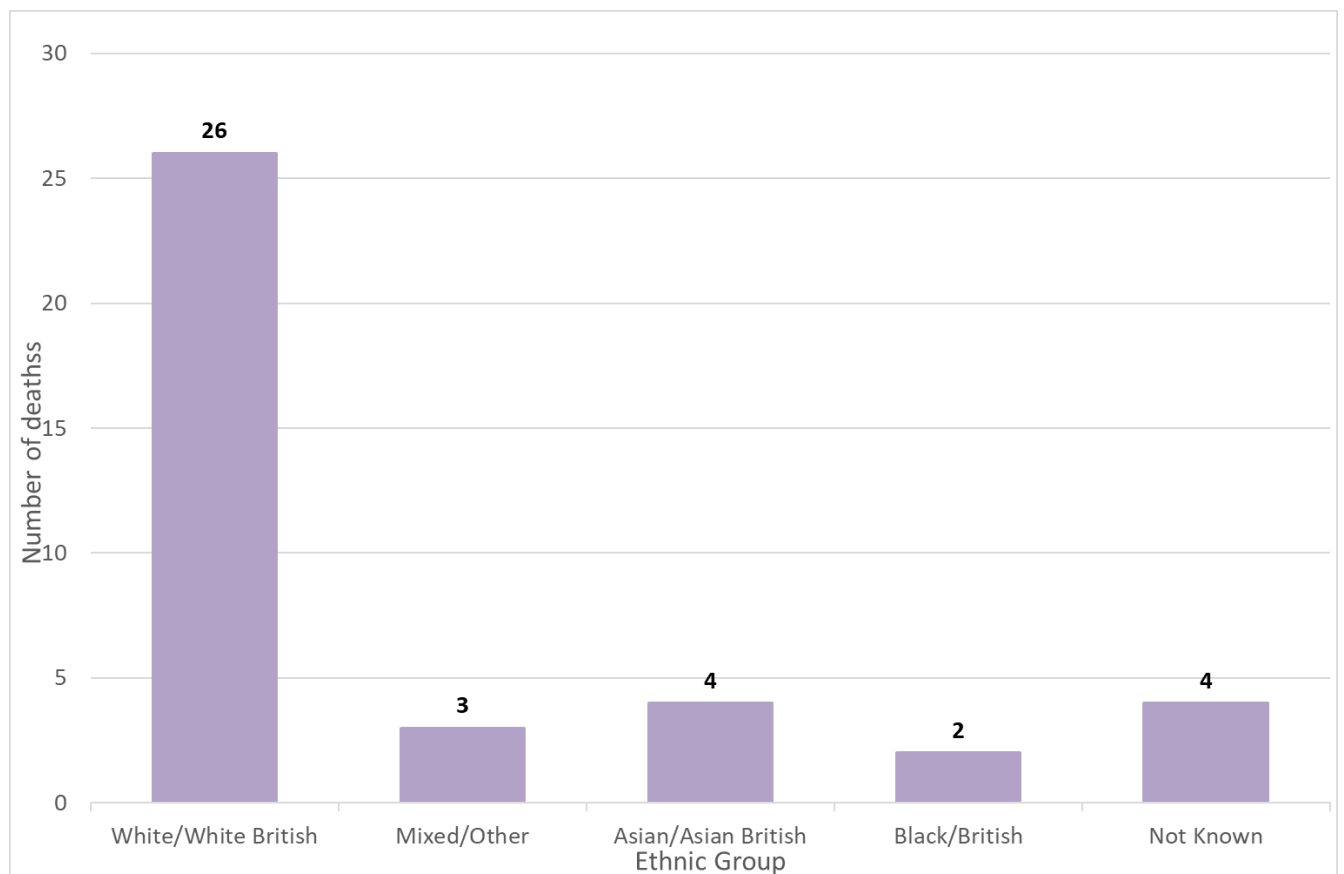
Figure 6.ii.c: Age breakdown of child death notifications 2021/22



6.ii.d. Ethnicity breakdown of notifications

Of the 39 notifications during 2021/22, 9 (23.1%) belonged to a non-White group. This is in line with the estimated proportion of the STT child population belonging to non-White groups (23.7% aged 0-24 at the 2021 Census). However, there are 4 notifications (10.3% of total) where ethnic group is not known (these are cases which are still open to CDOP pending further information). If, for instance, all these unknown cases were of non-White children then this would bring the proportion of deaths which were of non-White children to 33.4% which may suggest that these children are overrepresented among children who die.

Figure 6.ii.d: Ethnic group breakdown of notifications 2021/22

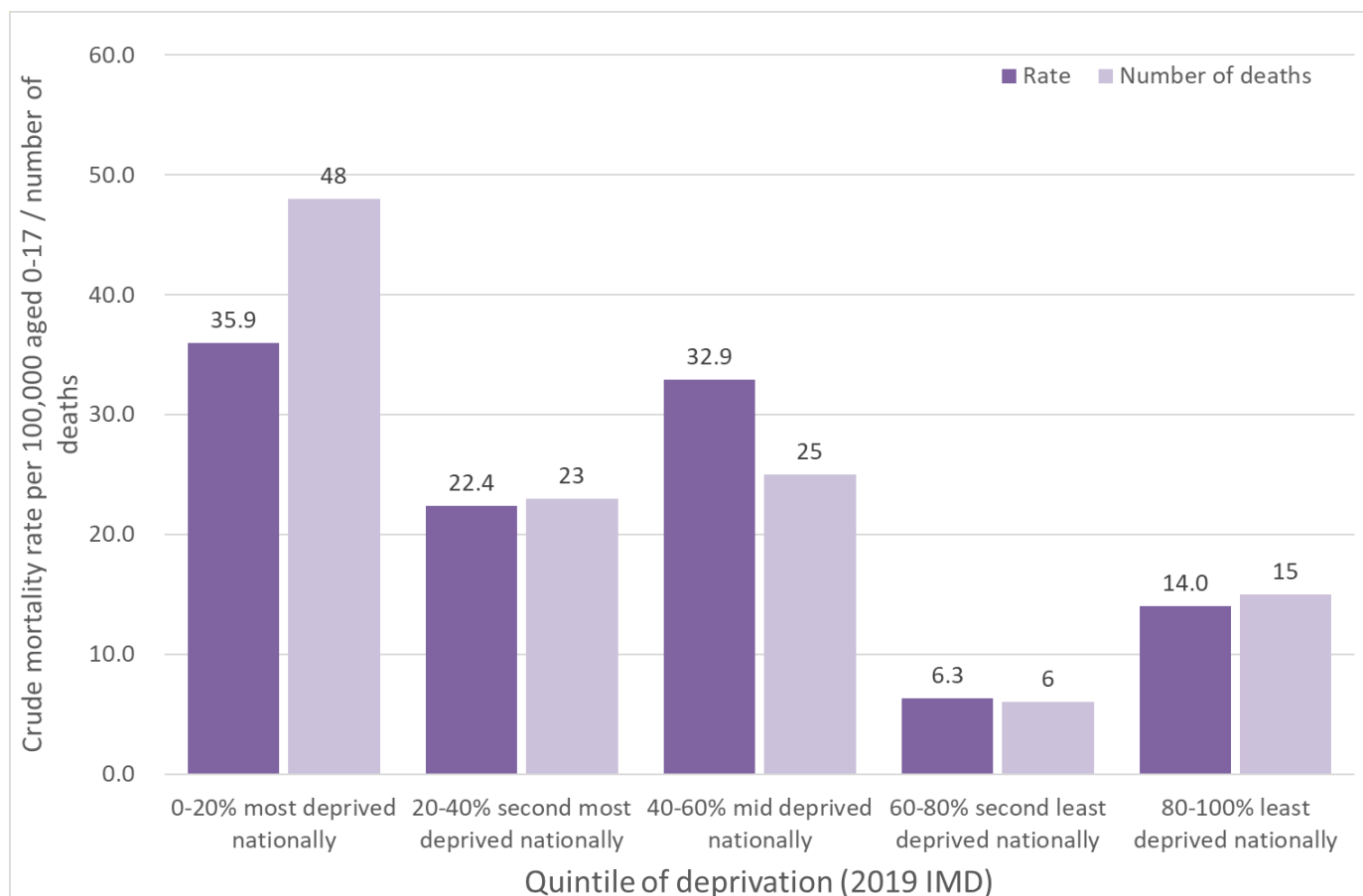


6.ii.e. Deprivation breakdown of notifications

Trafford is the least deprived district in Greater Manchester. Based on the 2019 Index of Multiple Deprivation it ranks 191st of 317 districts in England (where a rank of 1 is the most deprived district) and only 8.7% of Trafford small areas (LSOAs) rank in the 20% most deprived in England. Stockport is also one of the less deprived districts in Greater Manchester, ranking 130th in England on IMD 2019 and with 16.3% of LSOAs ranked in the 20% most deprived. Tameside is much more deprived with an IMD 2019 rank of 28th most deprived in England and 42.6% of LSOAs ranked in the 20% most deprived in England.

Of the 39 notifications across STT, 15 (38.5%) were of children who lived in small areas which rank in the 20% most deprived in England, a crude rate over the last three years of 35.9 per 100,000 aged 0-17. There is tendency towards higher child death notification rates in more deprived areas of STT; but because of the relatively small number of deaths involved the trend is perhaps not as clear as it could be with variation between the quintiles with the mid deprived quintile having a rate not much lower than that of the most deprived.

Figure 6.ii.e: Notification rate (crude child mortality rate) according to national deprivation quintile of mother’s area of residence April 2019 – March 2022.



6.iii. Analysis of cases closed during 2021/22

6.iii.a. Number of closed cases

In 2021/22, 45 cases were closed by the panel:

- This is higher than the totals in the previous two (pandemic affected) years (38 closed in 2019/20, 29 in 2020/21) but is substantially lower than a peak of 64 cases closed by the panel in 2010/11.
- The breakdown by authority was 19 (42.2%) in Stockport, 13 (28.9%) in Tameside and 13 (28.9%) in Trafford.
- Only 2 (4.4%) were notified to CDOP in 2021/22, 20 (44.4%) were notified in 2020/21 and 16 (35.6%) in 2019/20; 7 cases (15.6%) were notified in either 2018/19 or 2017/18.
- The average (mean) number of days from notification to close was 666 (almost 2 years), but varied by authority from 598 days for Stockport cases, 667 days for Tameside cases to 765 days for Trafford cases,
- Deaths of children aged over 1 year tend to take longer to close (763 days compared to 581 days), probably reflecting the circumstances and causes of death.
- The rate limit on closing cases is determined by the process of gathering the information required by the panel. This work is time consuming and can't be completed until all other processes (including coroner's inquests) have been completed. The panel process itself does not contribute significantly to the duration from notification to closure.

6.iii.b Birthweight and gestation and multiple births for deaths < 1 year

In 2021/22 24 (53.3%) of cases closed by the panel were infants (died within 12 months of their birth). Among these:

- 6 (25.0%) had very low birthweight (<1,500g), and a further 7 (29.2%) had a low birthweight (1,500-2,499g); bringing the proportion with low birthweight to half (13 out of 25 or 54.2%). 9 had a birthweight above 2499g (37.5%) , 2 were unknown (8.3%).
- In comparison in 2021 504 live births across STT were of low birthweight, 6.4% of the total live births with a birthweight recorded. These figures are not directly comparable, but if we assume approximately 500 low birthweight births in 2021/22 in STT, 16 deaths gives a crude mortality rate of 3.2% for lowweight births, and with an approximate 7,300 non-low weight births across STT, 7 deaths gives a crude mortality rate of 0.1% for non-lowweight births. This analysis should be treated with caution due to the small numbers and the lack of definitional consistency; **however it is clear that having a low birthweight increases the risk of a baby dying in their first year of life.**
- 3 of the 6 babies (50.0%) with very low birthweight died within 28 days of their birth

- 2 of the 7 babies (28.6%) with low birthweight died within 28 days of their birth
- 3 of the 9 babies (33.3%) with birthweight >2499g died within 28 days of their birth
- All 6 babies with very low birthweight were premature (<37 weeks), with 4 being extremely premature (<30 weeks).
- 5 of the 7 babies with low birthweight were premature, with 1 being extremely premature. One birth was full term and one had an unknown gestation.
- 6 of the total 25 infant deaths (24.0%) were extremely premature (<30 week), and a further 8 (32.0%) were premature (30-36 weeks); bringing the proportion who were premature to more than a half (14 out of 25 or 56.0%). 9 (37.5%) were full term and 1 (4.2%) had an unknown gestation.
- In comparison in 2021 across the North West (figures are not available at local authority level routinely), 1.3% of live births were before 32 weeks gestation, 6.8% live births were between 32 and 36 weeks gestation and 91.7% live births were over 37 weeks gestation.

Prematurity therefore adds greatly to the risk of a baby dying in its first year of life.

- 4 of the 6 babies (66.7%) who were extremely premature died within 28 days of their birth
- 1 of the 8 babies (12.5%) who were premature died within 28 days of their birth
- 4 of the 9 babies (44.4%) who were full term died within 28 days of their birth
- 1 (4.0%) was a multiple birth (a single twin).
- In comparison across England and Wales in 2021, 2.7% of maternities resulting in a live birth were twins and 0.1% of maternities resulting in a live birth were triplets or higher multiples.
- In previous STT CDOP report the level of multiple births has been much higher, and we may be seeing a small number variation impact for this lower number in 2021/22.

6.iii.c Place of death of closed cases

The place of birth is not included in the dataset, however the place of death is included as shown in the table below, and shows a reasonably even split across the main providers in the area.

Table 6.iii.c.i: Place of death for deaths < 1 year in 2021/22

Hospital of death	Area of Residence			All STT
	Stockport	Tameside	Trafford	
St Marys Hospital	6	3	2	11
Tameside Hospital		5		5
Stepping Hill Hospital	3			3
Wythenshawe Hospital	1			1
Other hospital (1 each)	1	3		4
Total	11	11	2	24

Table 6.iii.c.ii: Place of death for deaths >1 year in 2021/22

Hospital of death	Area of Residence			All STT
	Stockport	Tameside	Trafford	
St Marys Hospital	1		4	5
Tameside Hospital		1		1
Stepping Hill Hospital	5			5
Wythenshawe Hospital	2		2	4
Other hospital (1 each)			2	2
Elsewhere (non hospital)		1	3	4
Total	8	2	11	21

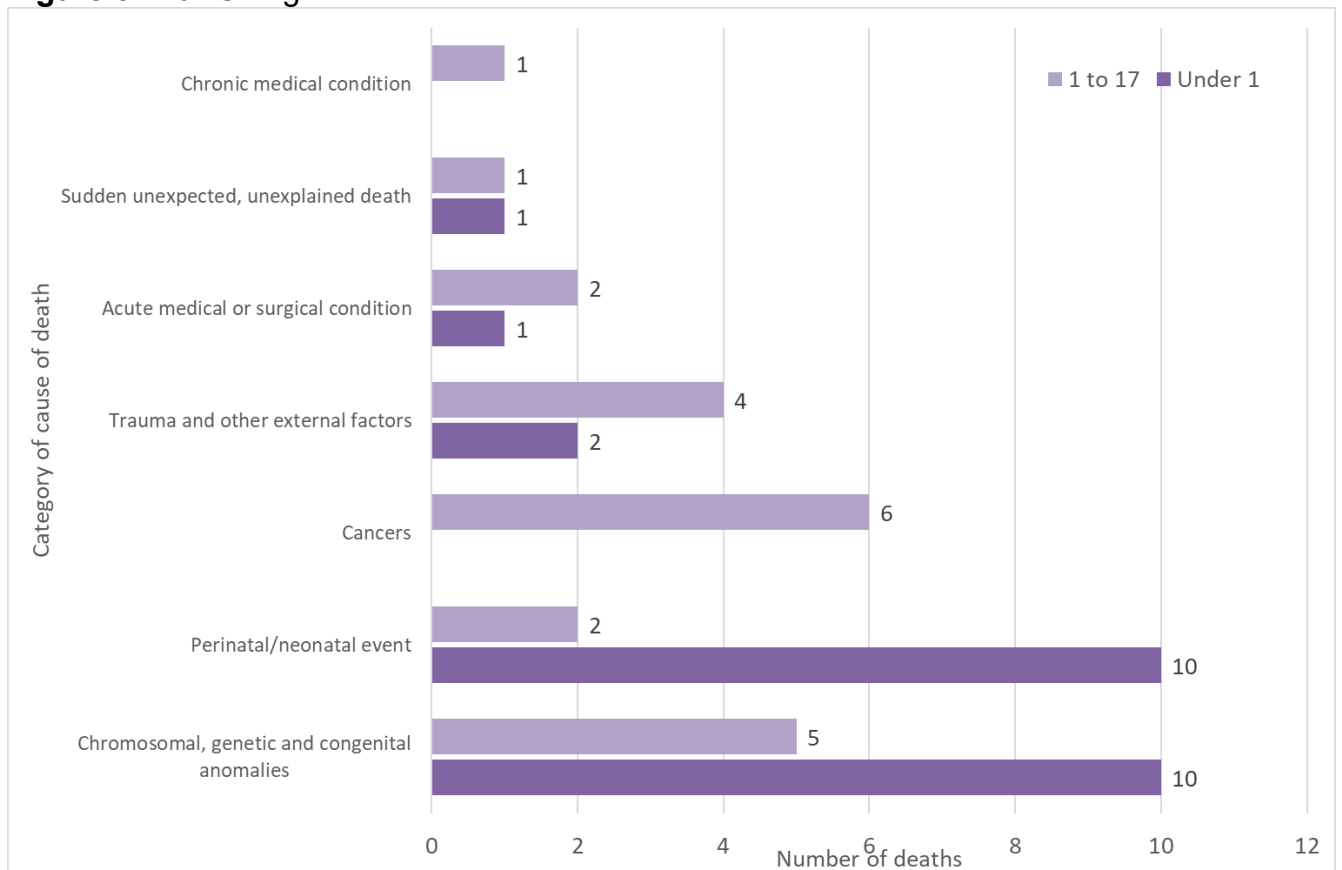
6.iii.d. Categories of cause of death

In 2021/22 chromosomal, genetic and congenital anomalies makes up the largest category of cause of death for closed cases (15 deaths, 33%), perinatal/neonatal event makes up the second largest category (12 deaths, 27%) followed by cancers and trauma / injuries both 6 deaths (16%) each.

The 21 closed cases of children aged over 1 year were spread across a range of categories, the majority of deaths aged under a year were due to chromosomal, genetic and congenital anomalies or perinatal/neonatal event .

One record mentioned COVID-19 coronavirus as a contributory factor, in terms of the mental health and wellbeing of the child. This is understood to be the impact of lockdown and other restrictions, rather than the impact of the infection itself.

Figure 6.iii.d: Categories of cause of death in cases closed



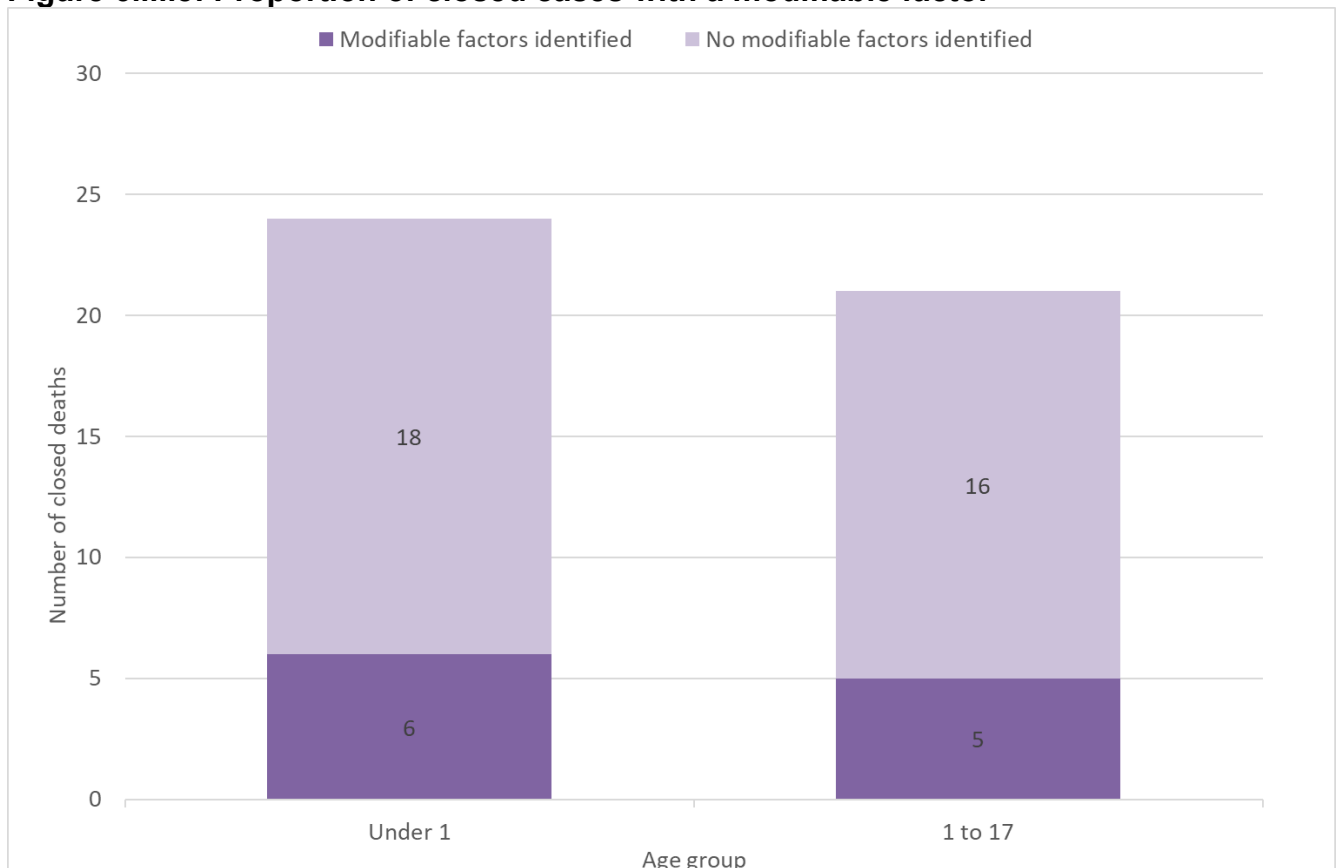
6.iii.e. Modifiable factors

Modifiable factors were identified in 11 (24%) of cases in 2021/222. This is noticeably lower than the roughly 50% of cases that had modifiable factors identified in 2019-2021.

Present modifiable factors included:

- Parental smoking (mentioned in 7 cases)
- Domestic violence (mentioned in 5 cases)
- Parental mental health (mentioned in 5 cases)
- Parental Substance misuse (mentioned in 3 cases)
- Parental alcohol misuse (mentioned in 2 cases)
- Leaving unattended (mentioned in 2 cases – by water and at height)
- Other factors with one mention each:
 - Child’s substance misuse
 - Risk taking behaviours of child
 - Missed opportunities to support parents
 - Information sharing between agencies
 - Injuries inflicted on child
 - Reckless driving
 - Mothers BMI
 - Co-sleeping
 - COVID-19 impact on child

Figure 6.iii.e: Proportion of closed cases with a modifiable factor

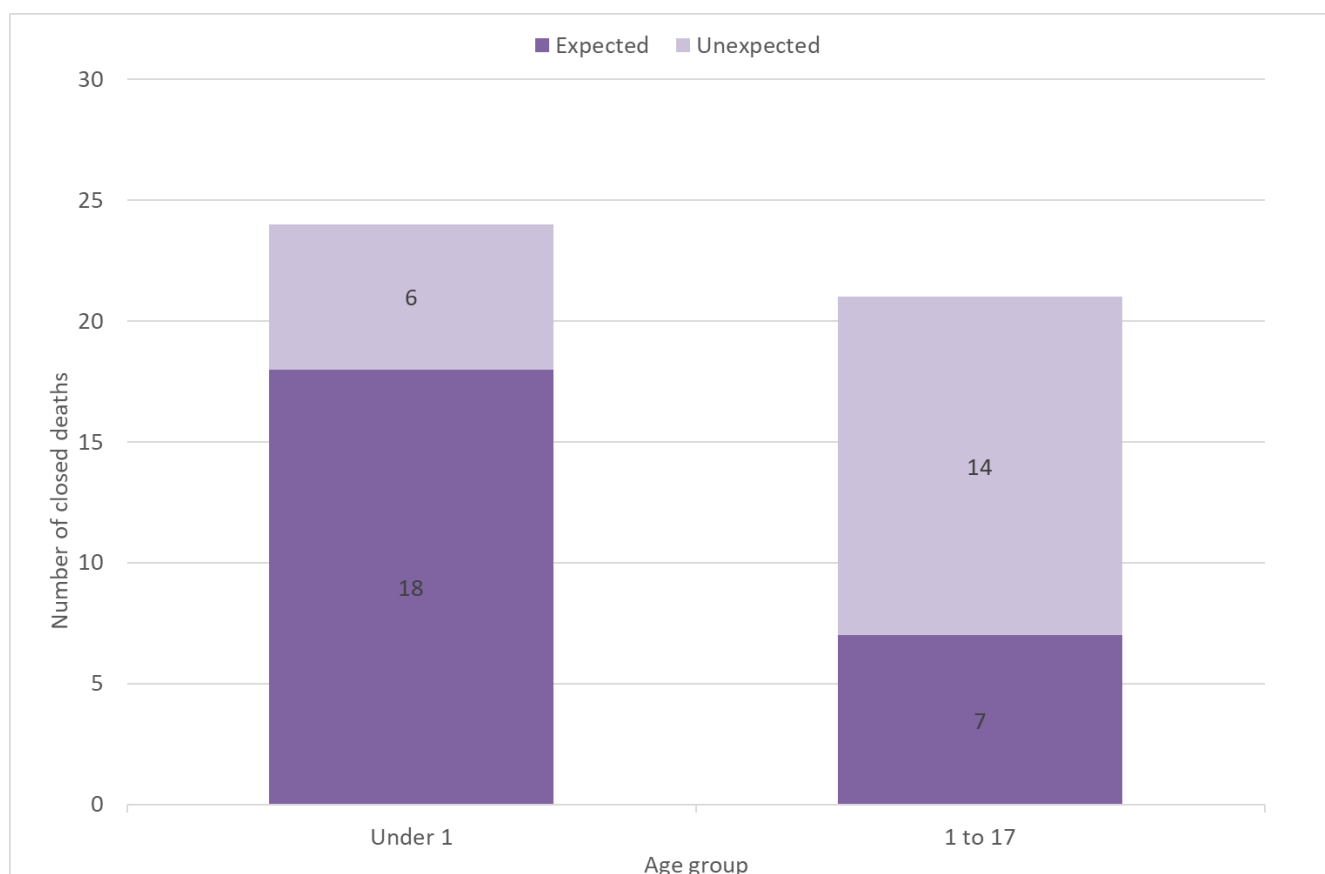


6.iii.f. Expected deaths

Around a half (25 or 55.6% in 2021/22) of closed cases across STT were deaths which were expected. This is slightly higher than in recent years. The proportion expected was higher for infant deaths (75.0%) when compared to deaths for those aged 1-17 years (33.3%).

At local authority level, the proportion expected was higher in Stockport (73.7%) average in Tameside (53.8%) and lower in Trafford (30.8%), although due to small numbers this was not a significant difference at this level.

Figure 6.iii.f: Proportion and numbers of deaths as expected and unexpected



7. Recommendations

The CDOP Chair has identified five recommendations for Stockport's, Tameside and Trafford's Health and Wellbeing Boards to endorse and sponsor. These recommendations have been approved by the Child Death Review Partners in Stockport, Tameside and Trafford.

- vi. Health and Wellbeing Boards should continue their work to address the longstanding causes of increased risk of child deaths. These are recurring modifiable factors in recent CDOP cases, and their contribution to child deaths is supported by a broad evidence base. They include:
 - a. Obesity; particularly in children and women of childbearing age
 - b. Smoking by pregnant women, partners, and household members / visitors

- c. Parental drug and alcohol abuse
 - d. Domestic abuse
 - e. Mental ill health
 - f. Co-sleeping
 - g. Multiple embryo implantation during IVF procedures
- vii. In line with the recommendations of previous CDOP annual reports, Maternity services should
- a. Ensure that all women are supported to access high quality antenatal care from early in their pregnancies.
 - b. Deliver safe, evidence based healthy weight interventions, so that when a women books with the service and she is recorded as not being a healthy weight she is supported to maintain or, if safe to do so, reduce her BMI.
- viii. All CDOP partners should continue working to ensure the robust data recording of protected characteristics as required under the Equality Act 2010.
- ix. The CDOP chair should work with CDOP panel members and the STT Child Death Review Partners on an ongoing basis. This should include (as a minimum):
- a. Reviewing the draft annual report and agree its recommendations
 - b. Providing an update on the actions taken in response to the recommendations in the previous annual report.
 - c. Maintaining an awareness of the cases awaiting panel discussion and responding to any challenges and changes within the management of the CDOP process.
- x. The data used to compile the annual report should be stored in a consistent format to enable a rolling 5-year look back review to identify robust trends and provide a firmer basis for specific recommendations to the health and wellbeing board. This should inform the recommendations in annual reports from 2024-25 onwards.

8. How will we know we have made a difference?

Each borough will integrate the recommendations into the appropriate local systems for action and monitoring. The three public health departments will be asked to report on actions taken against the previous year's recommendations each year. Each HWB will need to ensure that its respective member organisations are accountable for progress.

9. Summary

When a child dies it is so important that the parents, carers and professionals, who were part of this experience understand the circumstances of the death. NHS, LA organisations and other partners have a responsibility to review each case, identify good practice and poor practice.

Learning must affect practice so as a system we can prevent avoidable deaths from happening or, if inevitable, ensure the child has the best death possible and their family and carers are supported throughout this experience.

Appendix A: CDOP Responsibilities and Operational Arrangements

Ai: Child Death Overview Panel Responsibilities

CDOP responsibilities are:

- to collect and collate information about a child's death, seeking relevant information from professionals and where appropriate family members.
- to analyse the information obtained, to confirm or clarify the cause of death, to determine any contributing factors, and to identify any learning arising from the child death review process that may prevent future death.
- to make recommendations to all relevant organisations where actions have been identified which may prevent future child deaths and will promote the health safety and well-being of children.
- to notify the relevant locality's Child Safeguarding Practice Review Panel and local Safeguarding Partners when it suspects that a child may have been abused or neglected.
- to notify the Medical Examiner (once introduced) and the doctor who certified the cause of death, if it is identified there are any errors or deficiencies in an individual child's registered cause of death.
- to provide specific data to NHS digital through the National Child Mortality Database.
- to produce an annual report for Child Death Review Partners on local patterns and trends in child deaths, and any lessons learned, and actions taken and the effectiveness of the wider child death review process.
- to contribute to local, regional and national initiatives to improve learning from child death reviews including where appropriate approved research carried out within the requirements of data protection.

Aii: Child Death Overview Panel Operational Arrangements

CDOP will;

- meet quarterly to enable the deaths of children to be discussed in a timely manner and within the statutory timeframe of six months. Exceptions are where there is a current criminal or coronial investigation.
- ensure that effective rapid response arrangements for sudden deaths are in place, to enable key professionals to come together to undertake enquiries into and evaluate and make an analysis of each unexpected death of a child.
- review the appropriateness of agency responses to each death of a child.
- review relevant environmental, social, health and cultural aspects of each death to ensure a thorough consideration of how such deaths may be prevented in the future.

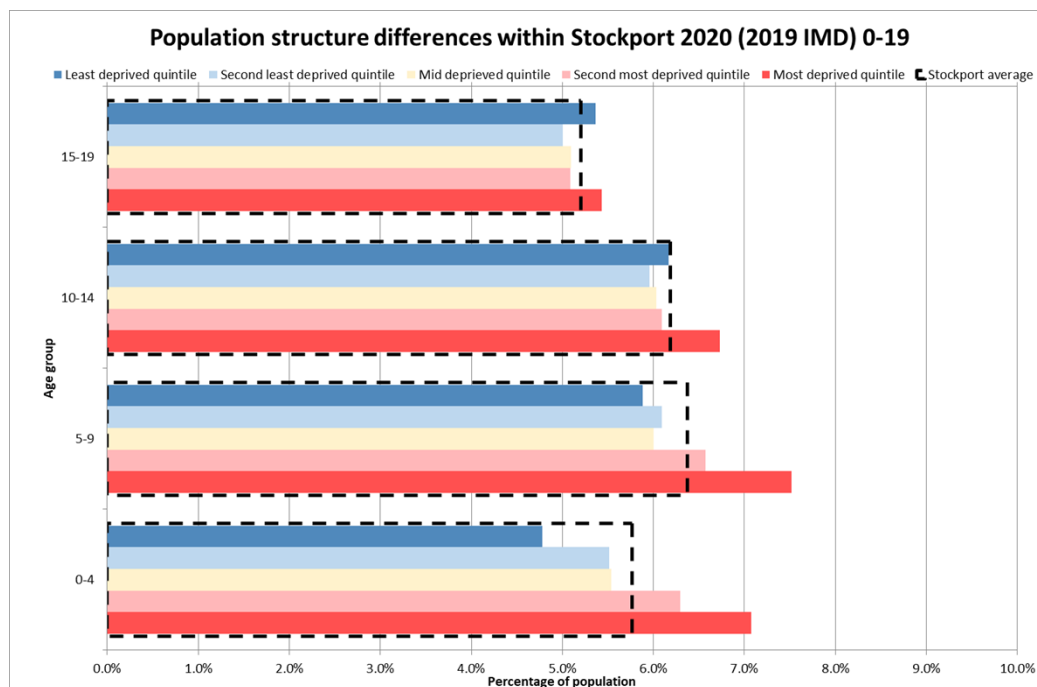
- determine whether each death had any potentially modifiable factors.
- make appropriate recommendations to Stockport, Tameside and Trafford Safeguarding Partnership's where there are concerns of abuse and neglect in order that prompt action can be taken to learn from and prevent future deaths where possible.
- report and inform the LeDeR process of any deaths of children over 4 years who have a Learning Disability.

Appendix B: Borough Child Profiles

i: Stockport

There are 62,500 children and young people aged 0-17 living in Stockport (ONS Mid-Year Estimate 2021), a population that is currently stable – up 0.2% in the five years since 2016. Due to fluctuations in birth rates there are more children per year aged 5-13 years (around 3,600 per year) than aged 0-4 (3,300 per year) and 14-17 years (3,400). Births reached their lowest level in 2001-2003, at less than 3,000 per year, and then rose to a high in 2012 (3,500), since when numbers have started to fall again, reaching 3,100 by 2021, following the well-known cyclical trend.

Fertility rates are generally highest in the most deprived areas of Stockport and were especially high in these areas between 2009 and 2014 (at over 80 per 1000 females aged 15-44), 60-70% higher than in the most affluent areas), meaning that younger population is much more likely to be deprived than the Stockport average. Data from 2021 shows that fertility rates in the most deprived quintile fell to the Stockport average for the first time, it is not known yet whether this is a short-term pandemic impact or a change in the long term trend.



Stockport's population is not particularly ethnically diverse, when compared to other areas of Greater Manchester, however ethnic diversity is increasing, especially for younger populations. First data from the 2021 Census for Stockport suggests that 82% of the 0-24 population describe their ethnicity as White, 9% as Asian, and 6% as mixed and 3% as black or other. Stockport's non-white population is not evenly distributed, and is largest in Heald Green, Gatley and Heaton Mersey, where less than 60% of the 0-24 year population describe themselves as white.

Health inequalities in Stockport are stark, the borough includes the most deprived GP population in Greater Manchester (Brinnington) and the least (Bramhall); life expectancy is more than 10 years lower in the former than the later. For children and young people this manifests itself in the deprived areas in higher levels of smoking in pregnancy, childhood

obesity and children with SEND (special educational needs or disability) and lower levels of breastfeeding, mental wellbeing and educational attainment.

Overall Stockport performs well for childhood vaccinations, maintaining update levels through the pandemic, smoking in pregnancy and child obesity (although levels are increasing). Stockport does however have high levels of hospital admissions for injuries, self-harm and asthma and lower levels of school readiness than expected.

Borough Priorities

- Stockport Council Plan: <https://www.stockport.gov.uk/council-plan>
- One Stockport Borough Plan <https://www.onestockport.co.uk/the-stockport-borough-plan/>
- Stockport Family: <https://www.stockport.gov.uk/topic/stockport-family>
- CDOP <https://www.stockport.gov.uk/health-and-wellbeing-board/stockport-child-death-overview-panel-statutory-responsibilities>

ii: Tameside

More people now live in Tameside than at any time in the past, with population projections estimating that this will continue to increase over the next 10 years.

The ethnic composition of the Tameside population is also changing, with the last Census (2021) showing that 17.6% of the local population are from an ethnic minority group; this is an increase from the last Census (2011) of 15.8%.

Across Tameside in 2021 there were 51,210 children and young people under the age of 18 years. This is 22% of the total population. Around 17% of children under 16 in Tameside live in poverty and this rises to 25% after housing costs.

In 2022 there were 2,420 babies born in Tameside; 28% of babies were born in the most deprived decile. 6% of babies were born with a low birth weight under 2500 grams, with less than 1% being of very low birth weight (<1500 grams). The highest proportion of births were born to mothers aged 30-34 years (34%). 3% of babies were born to women under 19 years and 19% to women over the age of 35 years.

Health, wellbeing and social outcomes are generally worse in Tameside than the England average. With significantly higher levels of smoking in pregnancy than the England average, low levels of breast feeding initiation and at 6 to 8 weeks.

Population vaccination coverage for 2 year olds across all vaccines has increased in particular for MMR vaccination rates (90% coverage) but there is a significantly higher rate for Dtap/IPV/Hib (95% coverage).

A&E attendances for all young people in Tameside are significantly higher than the England average. In older children hospital admissions for self-harm are similar to the England average, but hospital admissions for Asthma are the highest in England.

School readiness is improving for our 5 year olds but is still significantly worse than the England average, currently 60.1% of children in Tameside are school ready.

Tameside has significantly high numbers of children in care with health and social care outcomes being significantly worse than in the general population.

Please find more information here: [Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/child-maternal-health)

iii: Trafford

An estimated 59,467 children and young people aged 0-19 live in Trafford which makes up about 1 in 4 (25.2%) of the total population (ONS, Mid-2021 estimates).

In 2021 there were 2,413 live births to mothers resident in Trafford. Trafford's total fertility rate of 1.58 is slightly higher than the rate of 1.55 for England (ONS, 2022). Between the years 2011 and 2021, the Census indicated that the number of children aged under 15 in Trafford decreased from 14,870 to 13,466, a drop of 9.4%. The same sources indicate an increase in the population aged 5 to 19 from 41,634 to 45,650, a rise of 9.6%. (Census Data, Trafford Data Lab). Between the years 2022 and 2037, the 0-19 population in Trafford is projected to decrease by 2.3% (a drop of 1,420 children and young people). (ONS, 2020).

Around a third of children in Trafford (33.1%) belong to an ethnically diverse group, predominantly Asian or Asian British (17.2%), mixed or multiple ethnic groups (8.6%) and Black, Black British, Caribbean or African (3.9%) (Census 2021).

Trafford is the least deprived authority in Greater Manchester, however, there is variation in deprivation within Trafford (Index of Multiple Deprivation). Seven small areas within Trafford ('LSOAs') rank among the lowest 10% in England for deprivation. The Income Deprivation Affecting Children domain of the 2019 Indices suggests that in one area 44% of children are living in income-deprived families.

The rate of children in care (66 per 10,000 population under 18 years of age) in Trafford is similar to the England average 70 per 10,000 population under 18 years of age) (Child and Maternal Health Profile).

Trafford Joint Strategic Needs Assessment's section on children and young people can be accessed at <http://www.traffordjsna.org.uk/Life-course/Start-well.aspx>.

10. References

ⁱ HM Government, (2018), *Child Death Review Statutory and Operational Guidance*.

ⁱⁱ HM Government, (2018), *A guide to inter-agency working to safeguard children. A guide to inter-agency working to Safeguarding and Protecting the Welfare of Children*.

ⁱⁱⁱ Office of National Statistics <https://www.ons.gov.uk/peoplepopulationandcommunity>

^{iv} OHID (Office for Health improvement and Disparities) Maternal and Child Health Profiles, <https://fingertips.phe.org.uk/profile/child-health-profiles>.